Trials and Tribulations

NHS
National Institute for Health Research

The Newsletter for NIHR Trial Managers' Network

Issue 13, February 2013

IN THIS ISSUE:

Providing a forum for Trial Managers to network, collaborate and share information on best practice for the effective management and delivery of clinical trials

Welcome to the February 2013 Issue of the TMN Newsletter

During the winter gloom we have had some time to give the TMN newsletter a facelift. We hope you will find the new format much easier to read, fresher and more engaging.

This issue features some interesting articles; an interview with Tanya Simons on the new Clinical Trials Toolkit, an article from Duncan Courtney and Christopher Rhymes on "AcoRD" as well as a very interesting piece from Dr Jo Rick about the MRC START project.

Please do send us any suggestions for inclusion in our subsequent Newsletters or why not write a feature to share with your peers.

There are also a few notable developments worth highlighting;

TMN Guide: We have now received the formal comments on the new edition of the TMN Guide and there is need for some additional work before the document is finalised and published onto the TMN website.

TMN forum: We know that there is so much dormant expertise out there that is worth sharing with your fellow trial managers. Help us to turn the NIHR TMN forum into a focal point for discussing trial management issues. Please do subscribe for the forum digest and consider posting new topics and replying to previous threads to share your experience on trial management issues.

Trial Managers based outside CTUs: We would like to hear more from TMN members who are based outside CTUs. Tell us about your needs and what kind of support you would like to receive from the Network?

Annual Meeting: This year's NIHR Trial Managers' Network Annual Meeting is provisionally scheduled to take place in **October 2013**. The tentative theme is **'evidence-based trial management'** and the meeting is planned to address a mix of methodological and practical issues. We would like you to share your views and suggestions on potential topics and presenters taking into account the tentative theme of the meeting. All ideas and suggestions will be collated for consideration by the 2013 NIHR TMN Annual Meeting Programme Development Committee which is due to meet in March and is tasked with the development of the programme.

Svet Mihaylov

The NIHR TMN Coordinator

In this issue

News from NIHR and other organisations

Applying for Clinical Research Network Support ?

The process used to determine whether a non-commercial study (automatically eligible or potentially eligible) is eligible for Clinical Research Network (CRN) support has recently been reviewed as part of the NIHR CRN Service Improvement Programme.

A new interactive flowchart is now available guiding researchers through the process for applying for Clinical Research Network Support and getting their studies included on the NIHR CRN Portfolio.

View the new flowchart showing the process for applying for Clinical Research Network support.

Serious Breaches Guidance

The MHRA GCP Inspectorate has updated the Serious Breaches Guidance. This is now available from the MHRA website.

NIHRtv

Several new videos have been uploaded to the NIHRtv YouTube channel. You can browse a number of relevant NIHR videos at http://goo.gl/q54UN.

AllTrials campaign online petition

Around half of all clinical trials have not been published; some trials have not even been registered. If action is not taken urgently, information on what was done and what was found in trials could be lost forever, leading to bad treatment decisions, missed opportunities for good medicine, and trials being repeated unnecessarily.

AllTrials campaign for the full disclosure of data from public funded clinical trials and have launched an online petition that can be signed by organisations as well as individuals.

There are also some interesting and relevant articles on the subject

Deficiencies in proposed new EU regulation of clinical trials

Missing trials briefing note – 8 page briefing note on missing trials, prepared by Dr Ben Goldacre with Dr Carl Heneghan (CEBM), Dr Fiona Godlee (*BMJ*), and Sir Iain Chalmers (JLI):

'The Procedure for the Funding of Excess Treatment Costs framework' – update from DH

The NHS reorganisation and demise of Primary Care Trusts means there are several research related activities that need realignment. From 1st April 2013 the Clinical Commissioning Groups (CCGs) have a duty to "ensure the treatment costs for patients who are taking part in research are covered". A recent message from DH highlights that a framework to fund Excess treatment costs is still being developed. More details are available from the R&D Forum News Section.

SPIRIT

The Spirit Statement is now published and is available through its dedicated website. Many of you heard Professor Doug Alltman speak about this international initiative at our Annual Meeting in November, it aims to improve the quality of clinical trial protocols by defining an evidence-based set of items to address in a protocol.

Tanya Symons, the GCP expert who led on the content redevelopment of the new Clinical Trials Toolkit, tells us about her involvement with the project and why the Toolkit is needed by the R&D community

Clinical Trials Toolkit: an interview with Tanya Symons

Tanya has worked in the field of clinical research for over fifteen years, monitoring and managing a variety of trials. For the past twelve years, she has worked as a freelance Good Clinical Practice (GCP) & clinical research expert training sponsor organisations, ethics committees and study site staff in the processes and requirements of clinical research. Tanya worked with the NIHR Evaluation, Trials and Studies Coordinating Centre (NETSCC) to deliver the new site that was launched in December 2012.

Q. What is the CT Toolkit and why is it important?

A. There is a vast amount of information on the internet relating to clinical trials which make the process of navigating through the regulatory and governance minefield quite daunting! The CT Toolkit is designed to help this process. It is a one-stop-shop for those who want information relating to the set-up and management of clinical trials. It is primarily designed to signpost users to resources that already exist such as the National Research Ethics Service (NRES), Health Research Authority (HRA) and Medicines and Healthcare products Regulatory Agency (MHRA) websites but many of the CT Toolkit documents, that were produced by the Toolkit originators, have been revised and updated. These are comprehensive guidance documents which summarise key activities.

Q. How and why did you choose to get involved with the Clinical Trials (CT) Toolkit?

A. The NIHR asked me to lead the update of the CT Toolkit content earlier this year and I was more than happy to get involved. When the CT Toolkit was launched in 2004, it was one of the few comprehensive resources available to help those involved in publicly funded trials interpret the then new Clinical Trials Regulations. This is a complex and changing area for those conducting clinical trials, so I felt the Toolkit's update was very important.

Q. Why was the update of the CT Toolkit necessary?

A. Any resource like this needs constant review because of the speed at which the regulatory environment evolves. In the recent update, we have worked to incorporate the changes to the UK Regulations since 2004, to review all the website links and have taken the opportunity to tap in to the knowledge and experience of a number of clinical trial professionals who have successfully run trials since the legislation was introduced.
Needless to say, a resource like this is only of use if it provides up-to-date information so I would encourage users to actively participate in keeping its contents current. Users can report issues such as broken links or out-of-date content and suggest new areas or items for inclusion by emailing ct-toolkit@southampton.ac.uk. Feedback from users will be reviewed on a regular basis to keep the CT Toolkit as up to date as possible.

Q. Who would you recommend should be using the CT toolkit?

A. It was primarily designed for those involved in publicly funded Clinical Trials of Investigational Medicinal Products (CTIMPs). Chief investigators setting up their own account trials, pharmacists, R&D staff sponsoring or hosting trials and Clinical Trials Units have always found it useful and I hope will continue to do so. Even though the CT Toolkit was designed for CTIMPs, many of the good practice requirements for CTIMPs are also very applicable to other types of trial. The CT Toolkit indicates where this is the case.

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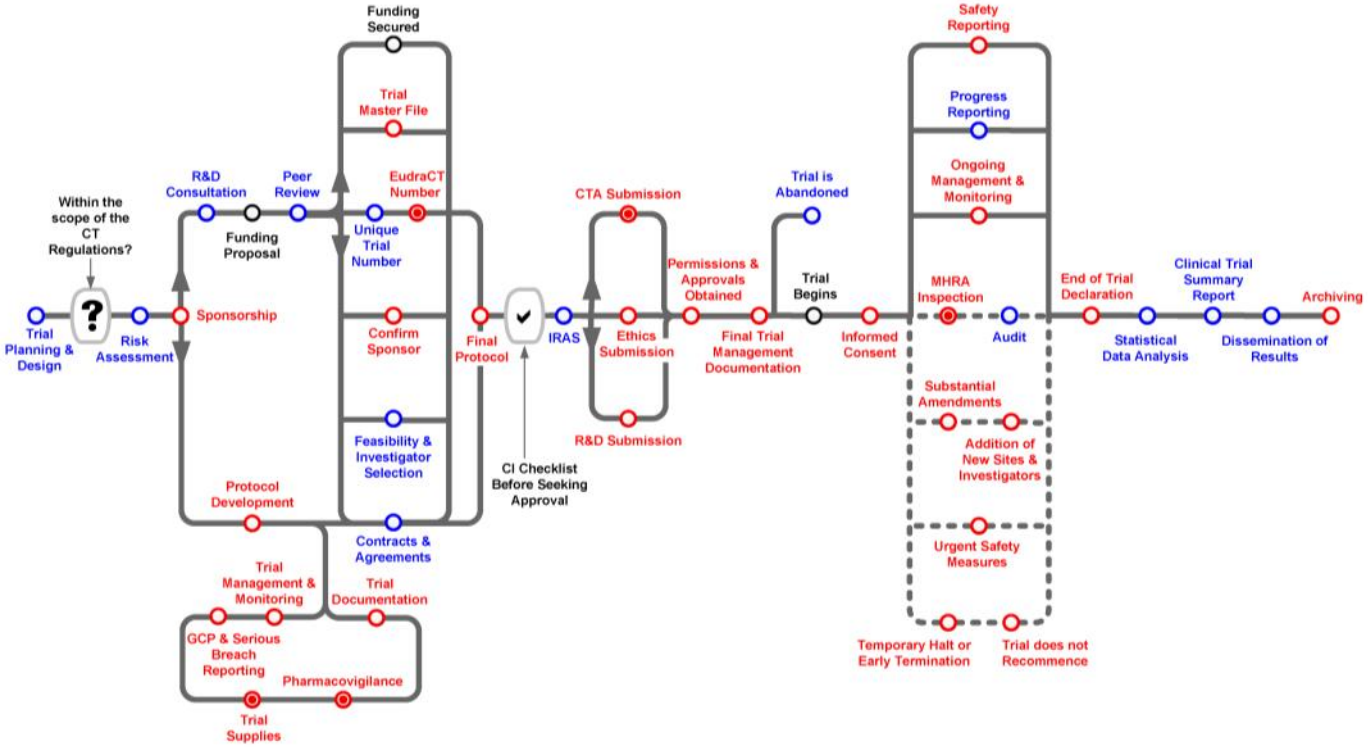
►Clinical Trials Toolkit: an interview with Tanya Symons

The Clinical Trials Toolkit – Routemap



*Version 1 – January 2013. Please visit www.ct-toolkit.ac.uk to ensure you have the latest version of the routemap.

Q. The CT Toolkit looks a bit like a tube map; what was the rational for this?

A. The original developers came up with the interactive colour-coded routemap, based on the design of a tube map and we have maintained this approach. This format helps the user to navigate through the legal and good practice arrangements surrounding setting up and managing a trial. This format not only gives users an idea of the critical path for trial set-up and management activities, it also provides more detailed information at the 'stations' along the route. The colour coding of stations to differentiate between legal and good practice requirements is very helpful too. The design of the CT Toolkit allows users to quickly access their areas of interest and to dip in and out, when required.

Q. What are the challenges for those working with CTIMPs going forward?

A. I think one of the biggest immediate challenges will be to ensure that trial set up and conduct processes and operations meet the challenges of the government's plans for growth, such as the delivery of clinical trials to time and target. It has never been so important to ensure trials are well designed and feasible.
Another challenge we all face is the speed at which requirements for research are changing. At present we are getting to grips with the process of risk adaptation and on the horizon, we have the forthcoming European Regulations which will replace the current European Directives. It is worth pointing out that the proposal published by the European Commission has not been finalised yet, and could be subject to change before it is due to come into force in 2016. Therefore, it does not feature highly on the CT Toolkit at present but we will add further guidance when it becomes available.

To find out more on the CT Toolkit, visit: www.ct-toolkit.ac.uk

MRC START

Developing the science of recruitment

Systematic Techniques for Assisting Recruitment to Trials (START) is an MRC funded programme of research to develop and test interventions to increase recruitment to RCTs.

Achieving high rates of participation in RCTs has traditionally been difficult with published data showing that only a minority of RCTs recruit successfully to time and participant number targets.[1,2] The NIHR vision sees 'more patients and health professionals participating in health research'[3] and much has been done since the publication of the 'Best Research for Best Health' strategy in 2006. However, recruitment is an area that continues to pose serious challenges for many teams delivering RCTs.

What improves recruitment to RCTs?

Little rigorous evidence exists to support research teams in recruitment and retention of participants. Despite the large numbers involved in RCTs (635,167 records on CENTRAL as of October 2010) a Cochrane systematic review of the same year[4] identified only 26 nested studies testing recruitment approaches directed at potential participants in real trials.

Process studies and qualitative research has explored the recruitment process in depth,[5,6] but a more robust test of the effectiveness of a recruitment method is an RCT comparing one method with an alternative, nested in a real trial. By nesting, we mean that patients being recruited to an ongoing RCT are randomised to two different methods of recruitment.[7] Such studies allow an unbiased assessment of effectiveness.

Previous qualitative research by the MRC START team has shown that whilst nested RCT methodology appeals to various stakeholders there are concerns over control and impact on host studies.[8] The MRC START study is designed to develop the conceptual, methodological and logistical framework for nested studies, and to assess feasibility. At the completion of MRC START, we will have rigorously tested two potential interventions for adoption into routine practice, and provided the framework to make delivery of nested recruitment RCTs a routine activity. This will assist the rapid development of recruitment to meet policy goals.[9]

Dr Jo Rick is the Programme Manager of the MRC START research project based within the Centre for Primary Care, Institute of Population Health at the University of Manchester.

"Little rigorous evidence exists to support research teams in recruitment and retention of participants."

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Our Interventions

Enhanced participant information sheets

Existing participant information sheets are put through a process of user testing and design demonstrated to improve patient comprehension. We currently have four trials signed up for this intervention and funding to support two more.

Multi-media intervention

Multi-media resources are being developed to complement existing participant information sheets. Drawing on previous research and the MRC intervention framework a modular output is being designed which supports a mixture of generic and bespoke content. We are currently recruiting host trials for this intervention.

What does MRC START offer?

- Access to interventions designed to boost recruitment based on available evidence and current expert thinking
- Support with implementation
- Opportunity to lead on trial level publications and contribute to the overall MRC START findings

Are you eligible?

Host trials need to:

- Be approaching (not recruiting) a minimum of 800 potential participants
- Have recruitment processes amenable to MRC START interventions

Interested? Find out more about what MRC START can offer your trial and what being a host trial involves:

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http://www.medicine.manchester.ac.uk/mrcstart

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MRC START
Developing the science of recruitment

MRC Medical Research Council

MANCHESTER 1824
The University of Manchester

Attributing the costs of health and social care Research & Development (AcoRD)

This article was jointly written for the NIHR TMN Newsletter by Christopher Rhymes who is the Lead Research Nurse at the North and East Yorkshire and Northern Lincolnshire Comprehensive Local Research Network and Duncan Courtney, Lead Research Management and Governance Manager based at York

New guidance (AcoRD) was issued by the Department of Health in May 2012 which aims to clarify how the NHS and its partners identify, attribute and recover the various costs associated with research in the NHS, in a transparent, robust and consistent manner.

AcoRD replaces ARCO but builds upon the Health Services Guidance (97)32 and is applicable to all new grant applications submitted after 1 October 2012, however shall not be applied retrospectively. The guidance with annexes can be accessed at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_133882.

AcoRD is applicable to non-commercial studies and also in some instances where the funder is a medical research charity that is a member of the Association of Medical Research Charities (AMRC). (Please see Annex A of guidance for details).

All research studies comprise a number of activities which cost money, for the purposes of agreeing funding for these activities, 3 broad cost categories exist:-

Research Costs – the costs of the R&D itself that end when the research ends. They relate to activities that are being undertaken to answer the research questions.

NHS Treatment Costs – the patient care costs, which would continue to be incurred if the patient care service in question continued to be provided after the R&D study has stopped.

NHS Support Costs – the additional patient care costs associated with the research, which would end once the R&D study in question had stopped, even if the patient care involved continued to be provided.

Whether the Research Grant, NHS patient care service (NHS, social enterprise etc) or Network should fund these costs depends upon what the primary purpose of the activity is, whilst recognising the context within which the activity takes place.

A two-step approach to where these costs should be attributed to has been developed. The first step determines if the cost is a research cost or patient care

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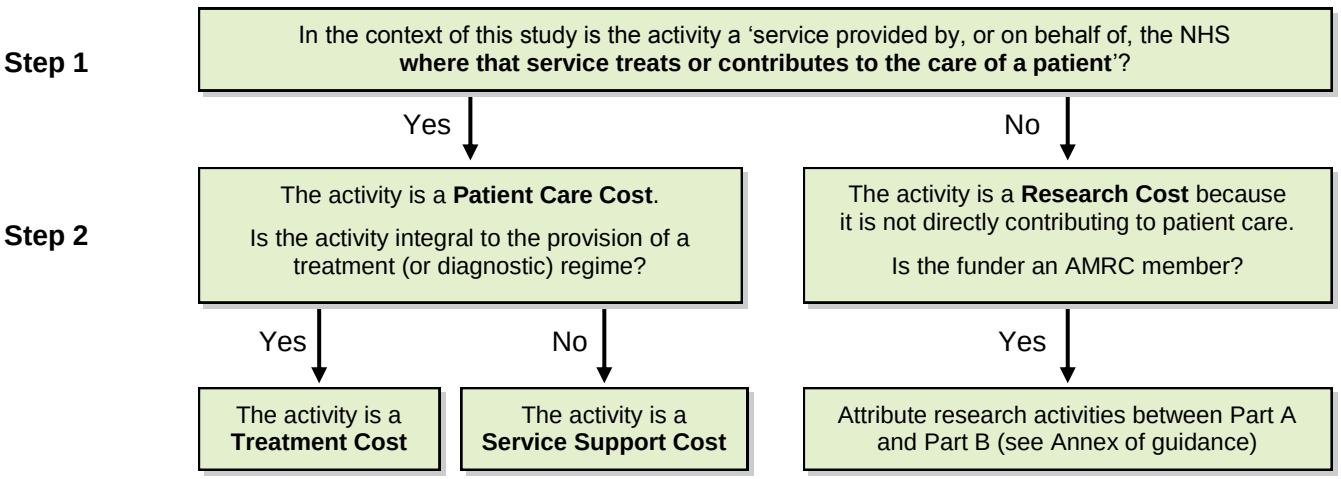

service; with the second step determining whether the patient care service is a treatment or support cost.

Annex A provides a useful list of common research activities attributed to the Research Costs, NHS Treatment Costs and NHS Support Costs.

Research costs should be funded in full by all grant funders some examples are

1. Any screening test/assessments to determine whether a patient is eligible to participate in a study
2. Investigations, assessments and tests relating to if, how and why and when an intervention/procedure works – in other words, activity which is intended to answer the research question.
3. Investigations, assessments and tests where the results are anonymous and unlinked to a patient identifier, or where the results are not reported back to the clinical team.
4. Data storage archiving of clinical research records.
5. Training where new skills are required to carry out the R&D activity, but not training in obtaining informed consent.

NHS support activities are listed as

1. The processing of the patient record to identify NHS patients who may be suitable to approach to ask if they wish to participate in a research project.
2. Obtaining informed consent from patients when the study is a health research study taking place in the NHS.
3. Additional investigations, assessments and tests where the results are required by the patients care team to ensure safety and where arrangements are in place to feed the results back to the team.

With Annex B providing an FAQ section. It is recommended that both Annexes to this guidance are always accessed via the Department of Health website to ensure the most recent version is accessed.

Please ensure that you access the link and read all the available information. There are some areas of key change that will need to be taken into account when funding your research.

Is the funder an Association of Medical Research Charities member?

The costs of activities listed in **Part B** will also need to be funded in full by grant funders **except** where the funder is a medical research charity that is a member of the Association of Medical Research Charities (AMRC) and the activity is undertaken by existing staff employed by the NHS, NIHR Clinical Research Network or other organisations funded by the NHS to provide patient care services. **Under these circumstances, the cost of the activities in Part B will be met by the Department of Health.**

NHS organisations may have access to several sources of DoH research funding, dependent on local arrangements between themselves and their CLRN. These are:

- NIHR Trust Research Capability Funding – centrally awarded to trusts by the NIHR (activity based funding for research active trusts).

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►Attributing the costs of health and social care Research & Development (AcoRD)

- Network Research Capability Funding awarded to CLRNs, based on Member Organisations' research activity, to be disbursed via local schemes.
- Service Support Costs (discussed here).

The table below offers an interpretive guide in making decisions regarding the award of SSCs to trusts in receipt of RCF. There is no intention to state formal 'like for like' between the items, merely that it may usually seem appropriate to spend RCF on items where SSCs may be requested. Where trusts have fully committed RCF in a spending plan for example, it would be inappropriate to refuse to consider awarding SSCs on the basis that the category in question should be covered by RCF. In other situations, the potential to cover the cost from RCF should be taken on a case by case basis.

The link to the ARMC members list is www.amrc.org.uk/our-members_member-profiles, please ensure that you check your study funder against this list as this will costing implications for your study as previously mentioned by Dr Jonathan Sheffield in the December newsletter. The cost of data collection and local study coordination and management activities undertaken by the Clinical Research Network will need to be charged back to funders unless they are member of the Association of Medical Research Charities.

Trust Research Capability Funding – consider prior to:	SSC for AMRC Funded Projects
The research-related component of an NIHR Faculty member's salary, which is not covered by other funding sources.	The time taken by Chief and Principal Investigators (CI and PI) to explain the study to professional colleagues, and to understand, the research elements of a study. For example the time taken to explain the criteria for patient eligibility or to explain the randomisation protocol.
Salary costs of new staff who are expected to be Faculty members, but who have not yet obtained funding from other NIHR sources.	*No equivalent*
Salary costs of existing Faculty members who are 'between grants'.	Regulatory preparation and compliance including obtaining ethical approval and complying with the Medicine for Human Use (Clinical Trials) Regulations 2004. The processing of the patient record to identify NHS patients who may be suitable to approach to ask if they wish to participate in a research project.
The time of Faculty members in contributing to the wider research endeavour (e.g. membership of peer review panels).	The time taken by Chief and Principal Investigators (CI and PI) to explain the study to professional colleagues, and to understand, the research elements of a study. For example the time taken to explain the criteria for patient eligibility or to explain the randomisation protocol.
The research-related time of NHS-employed scientific, administrative and secretarial staff who support Faculty members in their NIHR-related work.	Local study trial co-ordination and management. Obtaining informed consent from patients where the study is a health research study, taking place within the NHS.

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►Attributing the costs of health and social care Research & Development (AcoRD)

Trust Research Capability Funding – consider prior to:	SSC for AMRC Funded Projects
Meeting the accommodation costs, finance management costs, and human resource management cost incurred in hosting NIHR-funded research, where these costs are associated with staff leading or undertaking research. In the case of finance and human resource management costs, these costs must relate to dedicated and identifiable people providing these services.	*No equivalent*
Meeting the cost of the time of Faculty members in preparing grant proposals.	Regulatory preparation and compliance including obtaining ethical approval and complying with the Medicine for Human Use (Clinical Trials) Regulations 2004.
The net costs incurred by a host organisation in meeting the salary of an individual supported by NIHR, while on maternity, paternity or long-term sick leave, less any recoverable statutory pay that the employer is entitled to claim.	*No equivalent*
Back-filling key NIHR-grant funded posts left temporarily vacant during the award period by a member of staff taking maternity, paternity, or long-term sick leave, where absence will seriously compromise success of NIHR-funded research.	*No equivalent*
The cost of training in research management and governance for staff of the Trust's R&D Office, provided the Trust can demonstrate outcomes showing that the Trust is using the national standards, systems and operating procedures described in the NIHR Research Support Services (RSS) framework. Research Capability Funding may also be used to train R&D Office staff so that the Trust can establish the base capability needed to begin to demonstrate such outcomes.	*No equivalent*
Where the Trust is meeting RSS standards, contributing towards the sponsorship and governance costs associated with research included in the NIHR CRN portfolio, where these costs are not met in other ways.	Sponsorship fees such as MHRA fees, and CTA annual renewal fees.
No equivalent	Data collection needed to answer the questions that the research study is addressing (including collecting data for and completing the report).
No equivalent	Additional investigations, assessments and tests where the results are required by the patient's care team to ensure patient safety and where arrangements are in place to feed the results back to the clinician.

Training and events

Society for Clinical Trials 34th Annual Meeting (2013)

Boston, Massachusetts, USA

May 19-22, 2013

The Society for Clinical Trials, created in 1978, is an international professional organisation dedicated to the development and dissemination of knowledge about the design, conduct and analysis of government and industry-sponsored clinical trials and related health care research methodologies.

Registration is now open for the 34th SCT Annual Meeting. This year's keynote speakers are Atul Butte and Richard Saitz. More information is available from the SCR website.

Register by 1 April 2013 for Early Bird Discounts.

European Training Conference

The European Training Conference, run by the Spire Initiative will take place in Portugal, April 17–18. If your role involves training anyone working in clinical research this may be a good conference to attend. This year's theme is Setting the Standards and the conference will look at the important issues in clinical research training, such as accreditation, training methods, training records and cultural awareness. More details are available from the conference webpage.

NIHR R&D Forum Event Listing

26 February 13	Good Clinical Practice & EU Directive
27 February 13	Good Clinical Practice & EU Directive - UPDATE
01 March 13	An Introduction to Clinical Research
06 March 13	Workshop on How to Read A Scientific Paper
13 March 13	Introduction to Questionnaire Design
12 April 13	Project Management of Clinical Research
01-05 July 13	Systematic Review Training

More courses are available from the NIHR R&D External Events Listing webpage

We are happy to advertise for free courses and conferences run by other organisations that would be of interest to Trial Managers. If you have attended or are aware of any forthcoming course or training event that may be of interest to our members please let us know and we will advertise it on our website.

Please note that the NIHR TMN does not endorse any of above courses and they are provided for information only.

Job Opportunities

We have regular updates of jobs on the NIHR TMN website – if you are on the lookout for a new position, make sure that you select the 'Subscribe' button within the 'search openings' page of the Careers Section, that way you will receive automatic updates by email whenever any new jobs are posted to the NIHR TMN website. See below for current vacancies posted on our website:

Clinical Trial Manager, ICR, Sutton, Surrey

Research Programme Coordinator, Cambridge

Head of Trial Management, CTRU, University of Leeds

Clinical Trial Manager?/research Fellow, University of Nottingham

Clinical Trial Manager (Maternity Cover), ICL, London

If your organisation has any Trial Manager positions that they would like to promote through the NIHR TMN – then do please get in touch. You will be reaching out to over 400 registered experienced Trial Managers to enable you to attract the right applicant to your position.

Remember that as a member of the NIHR TMN you can post new job opportunities directly to the website.

Who would you like us to interview next?

We welcome suggestions of interesting and inspiring researchers and the great and the good in the world of trial management and clinical research that you would like to see interviewed in the future editions of our Newsletter. Please forward your suggestions and any burning questions you wish to ask.

Please continue to send us your views and suggestions for improvements. We look forward to hearing from you with any information that you would like to share with your colleagues through this Newsletter.

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Please note that the views expressed in articles within the newsletter are those of the contributors and may not necessarily reflect the views of the NIHR

International Clinical Trials Day: 20th May 2013

How are you going to celebrate???

James Lind started his famous trial on the 20th of May in 1747. This day gives everyone an opportunity to celebrate the importance of what being involved in Clinical Trials has achieved for us all to date—so get your thinking caps on and do drop us a line to let us know how you intend to mark this day.