Discussion document

Prepared by the British Association of Perinatal Medicine (BAPM) Clinical Trials Group as a result of the BAPM Clinical Trials Group Annual Meetings, May 1999 & May 2000

Background

The importance of evidence from randomised controlled trials is well established in perinatal practice and many important perinatal trials have been undertaken in the UK. However, a number of changes (clinical, social and organisational) represent major challenges for the successful completion of future trials relating to maternity and neonatal care.

1. The primary outcomes of future trials are likely to be based on either very small improvements in survival (requiring large numbers of women and/or their babies) or improved morbidity rate (requiring extensive and expensive follow-up arrangements for large numbers of women and/or their babies).

2. In addition to the development of a trial protocol, the organisers of each newly funded randomised trial have to enlist adequate numbers of collaborating centres and largely re-invent the complex administrative and clinical structures necessary to achieve good recruitment and to ensure good quality data collection.

3. The number of perinatal trials ongoing in the UK has increased dramatically in recent years. As a consequence two or more funded trials may be recruiting women and/or their babes with the same condition. Trials therefore compete for collaborating centres, increasing the likelihood that each trial will not achieve the required sample size.

4. Changes to junior doctor's hours, midwifery and nurse staff shortages, rising demand and increasing public expectations have placed major pressures on perinatal services across the UK. Given that most recruitment and consent are carried out by clinical staff as an "extension" of their normal duties it is understandable that recruitment to trials is not always a high priority within individual units.

Aim

To improve the health and wellbeing of women and their children by effectively and efficiently facilitating multicentre randomised controlled trials in the perinatal field in the UK.

Objectives

1. To develop and maintain an effective Network of clinical units who recruit eligible women and/or their babies into multicentre RCT's in the UK so streamlining the process of initiating each trial.

2. To ensure trials are effectively completed by maximising and facilitating recruitment. This will be achieved by providing funded, supervised staff in participating units who would be responsible for educating and motivating staff.

3. To develop a network of paediatricians and other professionals with skills in the assessment of babies and children to carry out trials follow-up.

4. To increase research excellence by providing ongoing appropriate training and support to clinical staff.

Justification of the need for a network
These problems would be overcome by a dedicated network of centres with funded infrastructure support recruiting to trials and with additional professionals performing follow-up.

Key elements of this network would include:

1) adequate funding both at central and local level to facilitate recruitment to individual trials.

2) appropriate and efficient follow-up of children enrolled in the networks trials.

Benefits to participating centres
In order to be successful, the Network will need to provide benefits to local participating centres. These will include:

1) specific funded time for clinical staff to educate and motivate local staff and facilitate data collection within participating units thus minimising the additional workload involved in trial participation

2) research accreditation for NHS departments because funds for the above posts would go directly to participating units

3) benefits to professionals involved in the Follow-up Group include involvement in a national research group as well as enhanced opportunities for training and continued professional development.

Benefits to individual principal investigators (PIs)
1) funding for each individual trial will continue to be awarded to the PI through their host institution as currently occurs

2) linking into a Network of experienced collaborators will reduce the work involved getting centres started

3) utilising the Networks experience of effective trial management will ensure good quality data collection and follow-up of women and their babies

4) using the Network will maximise recruitment and increase the likelihood of trials completing within their given funding and timescales.

Unresolved issues
Currently, participation in multicentre trials led from other institutions does not attract accreditation for academic staff contributing patients to multicentre trials, through the research assessment exercise (RAE). It is envisaged that the Network will highlight the need for a change in this approach to ensure that academic staff receive the necessary recognition for their contribution.

Structure of the Network
In order to initiate and maintain such a Network there needs to be a robust and sustainable framework for the running of multiple perinatal trials ensuring that recruitment to each was maximised from the outset and that duplication of effort was avoided. To provide this framework, the following structures would be necessary:-

1. A Perinatal Trials Development Committee to assist in the strategic planning of trials. This will include a Management Committee to oversee the central and local facilitation of recruitment and a facilitator to manage and co-ordinate recruitment to the trials prioritised by the network.

2. A Follow-up Group which will facilitate standardised follow-up of children enrolled in the Networks trials. This will include a Management Committee which will oversee the central and local organisation of this activity and a Scientific Advisory Group which will review and develop appropriate instruments and assessments suitable for such follow-up.

Administrative support would be required to develop and maintain membership of the network and provide support to the above structures.

1. Perinatal Trials Development Committee

This Committee will take responsibility for processing trials for the Network. The Committee will develop a standard process for potential investigators to submit trials to the Network for their consideration. Attempts would be made to agree with major funding bodies concurrent deadlines for applications.

The suggested process will involve the following steps:

- An outline proposal will be submitted to the Development Committee by a potential investigator (the outline template will be produced by the committee and will be no more than 4 pages in length).

- The Development Committee will ensure proposals are circulated to all members of the Network and their responses collated and returned to the investigators.

- The Development Committee would not have any direct input into the development of the proposals but if requested would recommend appropriate support to potential investigators.

- The Development Committee will be responsible for the strategic planning of funded trials to ensure that trials competing for the same population of participants run sequentially.

Suggested Membership of the Development Committee:

Chair
Obstetrician
Paediatrician/neonatologist
Chair of Follow-up Scientific Advisory Group
Midwife
Neonatal nurse
Trials facilitator
Trialist
Statistician
Health Economist
Consumer representatives
MRC representative
NHS R&D representative

Members of this Committee will be elected by the members of the Network following proposals at the annual meetings. Membership of this Committee will be for 3 years (staggered). Meetings of the Development Committee will occur every 6 months. Members of the Development Committee will be accountable to the core funder of the Network and will be expected to produce yearly reports detailing achievements and budget.

(i) Management

A Management Committee will oversee the day-to-day central and local facilitation of recruitment. The Committees responsibilities include:

- Overseeing the facilitation of recruitment to each trial

- Negotiating with individual PIs about local funded time allocated to each trial and setting targets for recruitment, monitoring these targets, providing feedback to local centres and initiating actions to improve recruitment.

- Organising the programme of trials within the Network in liaison with Development Committee. This will be achieved by monitoring the progress of each trial, modifying projected duration and providing the Development Committee with this information.

- Implementing the suggestions of the Development Committee for strategic planning.

- Organising ongoing training provided by the Network.

- Liaising with follow-up Management Committee.

Suggested Membership of the Management Committee

Chair of Development Committee
Facilitator
Regional facilitators
Administrator
Relevant PIs

Meetings of the Management Committee would occur monthly, including one after each Development Committee meeting.

(ii) Facilitation

Recruitment to the trials included in the Network would be headed by a facilitator. He/she would have responsibility for training of local facilitators for strategically maximising recruitment of women and/or their babies to each trial.

He/she would plan and implement a training programme in partnership with the PI and the prospective funding body for that particular trial and would then implement it across the network if the trial was funded. Recruitment targets would also be agreed with the PI and then with each unit. Each unit would then be responsible for claiming the allocated funds. Units would receive on-site visits to discuss progress and check data collected.

Short term contracts would be agreed with local facilitators, and funding removed if those targets fail to be met. This would not be done easily or lightly and would have to be considered in the broader context of overall recruitment to that trial. Decisions regarding withdrawal of funding would be made by the Management Committee. The head facilitator would meet regularly with:

1. Management Committee, to discuss progress of individual trials and plan facilitation of newly funded trials.

2. Area facilitators to discuss regional progress.

3. PI's to discuss trial progress.

The area facilitators would be full time posts based around the country who would implement the trial facilitation strategy. They will have responsibility for a limited number of Units where they will conduct site visits and on-site training as developed by the head facilitator. Area facilitators could be midwives or neonatal nurses. The main criteria is that they must be able to train and motivate local recruiting staff.

2. Follow-up Group

The Follow-up Scientific Advisory Group will take responsibility for advising on the necessary follow-up of the trials undertaken by the Network. The Management Committee will coordinate training and liaison with the on-going trials. This will be achieved by:

1. identifying paediatricians and other relevant health professionals who are interested in participating in the network, including hospital based paediatricians, community paediatricians, psychologists, educationalists etc.

2. forming a scientific working group which would both initially and in an ongoing way, review the appropriate instruments and assessments suitable for large trials and recommend these for inclusion in the follow-up components of such studies.

3. providing training in these instruments for relevant professionals active in the network. This would include training or updating in a range of standardised assessments including assessments of developmental (DQ/IQ), neurological function, motor function, vision, hearing and growth. This approach would ensure the precision required for high quality research and it would involve training in and understanding of research methodology and common agreement on key outcome definitions and standards.

4. providing an annual meeting for all members of the Follow-up Group, to discuss both scientific matters regarding the assessment of children and issues regarding developing and improving the Group and strategies for following up children.

Suggested Membership of the Scientific Advisory Group:

Chair
Chair of the Development Committee
Paediatrician/neonatologist
Developmental paediatrician
Psychologist
Educationalist
Statistician
Social scientist
Health economist
Consumer representatives
MRC representative
NHS R&D representative

The mechanisms for electing or appointing members of the committee needs to be determined as it involves cross disciplinary collaboration in areas where no cross disciplinary structures exist. It is possible that they could be elected through the mechanisms of the annual meeting or membership in the network. Membership of the committee will be for 3 years (staggered). Meetings of the Scientific Advisory Committee would occur every 6 months.

Members of the Scientific Advisory Committee will be accountable to the core funder of the Network and will be expected to produce yearly reports detailing achievements and budget.

(i) Management Group

A management group would enrol and manage the network membership. This would include reviewing study proposals for suitability for network use, making the names of members available to the study teams and managing training.

Membership

Chair of Follow up Group
Administrator
Facilitator
Relevant PIs of planned or on-going follow-up studies

Meeting would occur monthly.