



Title	Payment to Healthcare Professionals for Patient Recruitment to Trials: Systematic Review and Qualitative Study
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Aim

To: i) synthesize evidence on the effectiveness of offering monetary incentives to healthcare professionals to recruit patients to clinical trials; ii) overview the ethical issues as debated in the published literature; and iii) identify UK guidelines on financial incentives to healthcare professionals to recruit patients to trials.

Conclusions and results

The primary research aimed to: i) identify attitudes, beliefs, and behavior of healthcare professionals and consumers in relation to financial incentives for recruitment to trials; ii) explore how financial incentives are viewed in relation to other barriers and facilitators to healthcare professionals recruiting patients to clinical trials; and iii) overview UK practices regarding payment of financial incentives to healthcare professionals for recruiting patients to trials.

Three cross-sectional surveys met the inclusion criteria of the review. These considered recruitment rates and the attitudes and characteristics of clinicians in relation to some financial incentive or reimbursement. One primary care study reported that successful patient recruitment is determined more by motivation driven by the research group than by financial incentives, the research topic, or research experience.

Recommendations

Evidence on the effectiveness of payment to healthcare professionals for patient recruitment to trials is very limited in quality and quantity, and it is inconclusive.

The ethical stance outlined in Good Clinical Practice in research, despite lacking scientific support, was widely endorsed. This precludes payment to patients and allows reasonable payment to clinicians, subject to disclosure of any possible conflicts of interest.

Methods

See Executive Summary link at www.nchta.org/execsumm/summ1210.shtml.

Further research/reviews required

The authors recommend research on: i) improved reporting on organizational aspects of trials known to affect recruitment, eg, on type and extent of payments; ii) retrospective analysis of factors associated with different levels of recruitment to RCTs, eg, payment of expenses to patients; iii) prospective comparative research on trial recruitment, eg, between commercial and publicly funded trials in NHS research networks and between the roles of investigators and collaborators; iv) qualitative research on participants' experiences of being involved in different kinds of trials and the appropriateness of guidelines on payment for participation; and v) consideration, by funders of clinical trials, of proposals to include trial experiments of payment methods, comparing different levels of disclosure and payment.