
Patient, Client and Consumer Recruitment in Community Pharmacy Practice Research - Tools, Mechanisms and Strategies

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Executive Summary

Introduction

Recruitment of study subjects is one of the most difficult aspects of research. The same applies across clinical trials, pharmacy practice, nursing and other health disciplines. (1-3) Competent recruitment to empirical research is fundamental to the success of healthcare research. It influences the internal and external validity and the power of studies.

Aim of Report

The overall aim of this report is to identify important considerations and subsequently make recommendations for the development of an ideal framework for recruiting patients, clients and consumers into community pharmacy practice research.

Goals of Report

1. Identify current tools, mechanisms and strategies used to recruit and retain patients, clients and consumers in pharmacy practice as well as other health profession research.
2. Explore the views and experiences of a representative group of stakeholders in pharmacy practice research.
3. Develop a model for recruiting patients, clients and consumers in pharmacy practice research.

Methods

1. Literature Search and Review

Nine electronic databases were systematically searched to review examined recruitment tools and strategies used for healthcare research. The review also examined considerations and issues affecting the planning and developing of a model for recruiting patients, clients and consumers in pharmacy practice research, as well as reasons for non-participation and attrition.

2. Stakeholders Focus Groups

Teleconference focus groups were held with stakeholders in pharmacy practice research.

-
- Community Pharmacists and Pharmacy Assistants
 - Pharmacy Practice Researchers

A planned teleconference with patients, clients and consumers did not eventuate.

Literature Review Findings

The complexity and extent of recruitment methodologies and efforts, and the difficulty associated with the retention of participants in research are often underestimated. An array of recruitment methods and strategies has been used, which ranged from passive strategies, through strategies that use an intermediary, to active strategies. Most studies used a combination of these recruitment methods.

A review of the literature identified many components and considerations for developing a strategy for the recruitment of patients, clients and consumers to pharmacy practice research.

Planning and Assessing Recruitment Strategy

A fundamental consideration in developing a recruitment model is a realistic estimate of time for recruitment and targeted numbers. (4) Many studies discuss the importance of monitoring recruitment and a flexible recruitment protocol. (1, 5) Documenting the recruitment process, ensuring it is adaptive, is also very important. (6)

Recruitment strategies need to be continually assessed and changed according to the recruitment numbers and their demographic profile. They should be tailored to the population. Most studies evaluated the recruitment process whilst it was on-going and subsequently modified their recruitment strategies.

Passive versus Active Strategies

Recruitment efficacy of passive recruitment is generally lower than that of active recruitment. (7) Active strategies also produce a more representative sample, but refusal rate, attrition rate and implementation expense of active recruitment is generally higher than that of passive recruitment. (7) Recruitment that uses gatekeepers to refer potential participants poses many difficulties. One difficulty in using people other than the researcher to recruit participants is the potential lack of interest, commitment, understanding and urgency on the part of these gatekeepers. (8)

Whilst Interpersonal recruitment methods are more persuasive than mass media in most cases, (9) mass media has been proven to be effective for large community based studies.

The use of monetary and other reward incentives has proven to be effective at enhancing recruitment although the effectiveness is debatable. (6) (10)

Rapport between Recruiter/Researcher and Potential Participants

Establishing a rapport between the recruiter/researcher and the potential participant has been established as fundamental to the recruitment process and demonstrated to improve recruitment. (11-14) Good communication regarding the clear provision of information enables the participant to make informed decisions. (15)

Minority Groups and Vulnerable People

Many challenges exist in recruiting minority group and vulnerable people. Employing a diverse ethnic and cultural research team, in particular a person of the same ethnic background has been demonstrated to facilitate recruitment in minority groups. (11, 13) Sensitivity and caution must be exercised when recruiting certain populations, for instance, those with specific disease states, or of certain age groups, or who are vulnerable and fragile. (7)

Informed Consent

A paramount part of ethics and research studies is the issue of patient informed consent. (16) It is important that the support and information is provided, and potential participants are not pressurised so they can have control over their decision-making process. (12, 17) It is also fundamental that participants understand that they can withdraw at any time during the study. (16)

A comprehensive understanding of the research project and expectations of participants should help to reduce attrition. (12)

Ethical Considerations

Proper attention to ethical considerations is paramount to the rigour and findings of research. Obtaining approval from individual institutional human ethics committees is mandatory for all research involving humans.

Barriers to Participation and Reasons for Attrition

Numerous barriers and issues have been identified that contribute to patients', clients' and consumers' non-participation and/or attrition in research. These include disease state, health concerns, time constraints, fear of invasiveness, travel distance, transportation, language barriers, low literacy, low self-esteem, concerns about privacy and confidentiality, suspicion of large institutions, distrust of the research process, lack of interest, inconvenience, anxiety, and depression. (1, 7, 8, 11)

Results

Representative groups of stakeholders who were currently or had been involved in pharmacy practice research assessed critically existing models of patient recruitment and their applicability in pharmacy practice research as well as brainstorm new ideas.

Summary of opinions from community pharmacists, pharmacy assistants and pharmacy practice researcher on various recruitment methods is in the table below.

Summary of opinions from community pharmacists, pharmacy assistants and pharmacy practice researcher on various recruitment methods (Table)

Recruitment methods	Advantages	Disadvantages	Points to remember
Mail-out	Has potential to reach large audience	Usually gets thrown out; People are sceptical; Not effective with elderly people and people with poor or no English; May not reach everyone; increasingly difficult to get access to the electoral roll; May not be cost-effective.	Aim must be clear; Should be streamlined, targeted and personalised by the pharmacy or pharmacist; May be included in routine pharmacy mail-out
Telephone	Can help establish a relationship with potential participants; May increase recruitment rate	Invasive	May use telephone to find out if potential participant is interested.
Orientation Visit	Suitable for non-English speaking patients, clients and consumers and people with chronic illness	Time-consuming; Potential to get skewed group.	Discretion is important.
The Use of an Intermediary	Suitable for recruiting minority or community-based groups.	Intermediary 'too' protective of their patients, clients and consumers.	Must consider ethical and privacy issues when introducing 3 rd person; Must instruct intermediary adequately; Physicians unlikely to cooperate; Should remunerate intermediary.
Worksite Recruitment		Internet setup required	Emails may not be effective; Wording of the subject heading is important.
Flyers, brochures or posters	Can reach wide population.	May not be cost-effective.	Content must be interesting and eye-catching
Make announcements in community forums	Effective; Give opportunity to explain project properly.		Must target group
Media Campaign (including, newspaper, radio, television)		Potential recruits may not be suitable candidates; People may misunderstand project; May not be cost-effective;	Only small amount of general information can be given; advertising via regional stations more effective; Research has to be big enough to warrant this method.
Payment and compensation	Is an incentive for people to participate.	May attract unsuitable people.	Amount must not be too much; Can consider voucher; Should consider other ethical rewards: free medical free medical check up, or free medication review short reports to participants.

Discussion

It is evident from all aspects of this review that competent patient, client and consumer recruitment is fundamental to the success of healthcare research and influences the research rigour and results. (1-3) This process is, nevertheless, often the least thought-through and least planned step in the whole course of most research.

It is clear, and the pharmacy practice researchers in the teleconference focus group concurred, that a continuous and regular process of assessing and modifying the recruitment method and strategy is essential to ensure adequate recruitment. Recruitment strategies need to be tailored to the population to be targeted.

The pharmacy practice researchers explained that the most effective way to recruit is active recruitment with the researchers as recruiters, even though ethical boundaries means that this is not always possible. They emphasised the need to liaise, communicate and work together in an ethical manner with other healthcare professionals.

Community pharmacists and their staff explained that it is their professional responsibility to participate in research and that research improves their practice and increases professional satisfaction. Pharmacists are in a unique situation of being able to effectively recruit potential participants in pharmacy practice research. They feel that the trust and rapport they have with their patients, clients and consumers enable them to help potential participants make an informed decision about their involvement in research. Nevertheless, they realise their limitations and are realistic about the difficulties of recruitment and research. They emphasised the importance for everyone involved to be adequately informed of the recruitment and research process. They also emphasised that potential participants should be adequately informed about the research, given ample time to consider and must not be pressured into participating. This partly stems from their own experience on the receiving end of recruitment efforts. Some felt that a small payment for participants' effort is reasonable. Others felt that incentives like increased health knowledge, improved disease management are more beneficial and ethical. Pharmacists also explained the frustrations of trying to enlist general practitioners and medical specialists in research.

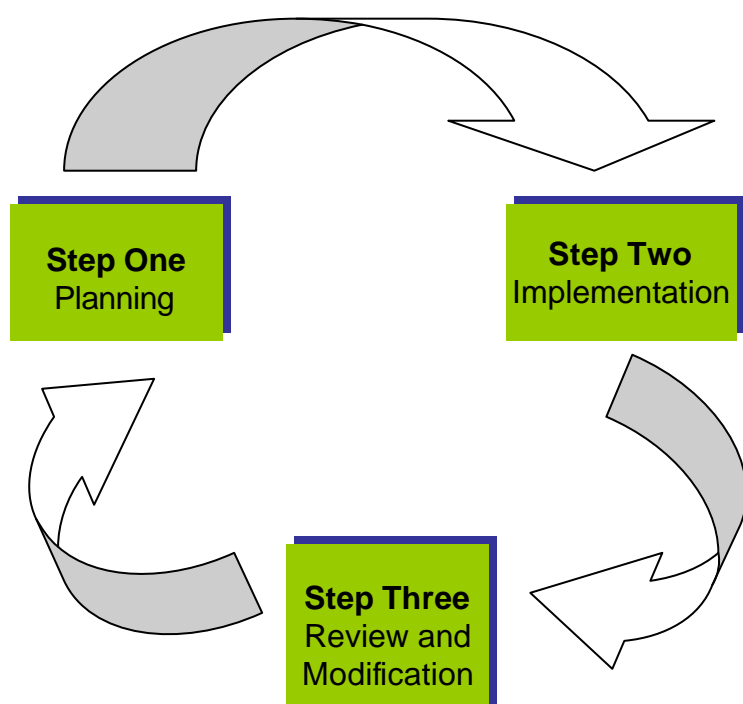
An innovative way of using SMS on mobile phones to recruit was suggested. Another way could be to collaborate with other projects and use the information that has already been collected.

The originally planned focus group for patients, clients and consumers did not eventuate as no potential participant contacted the researcher to express an interest in participating. This problem

highlights two key issues: the difficulty of relying on a recruiter who is not directly involved in the research and the difficulty of relying on potential participants themselves to initiate contact. Valid ethical considerations prevented the researcher from directly and actively recruiting potential participants using information from previous research. The extremely short timeframe of this project did not allow for modification of the recruitment plan. This outcome is a reminder of the importance of planning and assessment of recruitment strategies. Ethical considerations, while they may be frustrating, are important as they protect the interests of the patient independent of the research itself.

Recommendations

Based on the findings of this review, we are recommending the following recruitment process to be the basis for the development of an ideal model for pharmacy practice research.



Patient, Client and Consumer Recruitment Process in Pharmacy Practice Research (Diagram)

The recruitment process consists of three steps:

Step ONE Planning

This involves background and literature search to refine the aims and goals of a research project, and define the target population. Using these criteria, define the recruitment population to include demographic and geographic details. Taking into consideration any issues relating to the recruitment population, decide on one or more recruitment methods and devise a plan of action. This is best done by consulting with the personnel who are likely to do the recruiting. All documentation should be kept simple, interesting, informative and to an adequate minimum. Submit project application including the recruitment plan to institutional ethics committee(s) for review and allow a realistic length of time for this review process to occur.

Wherever possible, active recruitment methods and strategies that use researchers directly as recruiters should be employed. If personnel other than the researchers are to be involved, there should be proper communication/liaison with appropriate professional bodies and organisations. Remuneration for recruiters should be considered.

Step TWO Implementation

Once ethics approval has been obtained, spend adequate time preparing the recruiters as this is essential to the eventual successful recruitment. During recruitment, it is important for researchers to maintain contact and rapport with recruiters to address any issues when they arise. Recruiters and researchers must also endeavour to build and maintain relationships with the patients, clients and consumers who have been recruited.

Step THREE Review and Modification

Review the recruitment process regularly. If initial recruitment methods and strategies did not produce desirable results, consider implementing fall-back plans, subject to ethical approval, as soon as possible to minimise the risk of the recruitment process losing its momentum. Fall-back plans may be the ones devised during the planning stage or, if deemed unsuitable given the information that has emerged after recruitment, devised after consideration feedback from recruiters. Return to Step One and repeat the recruitment process.

1 Introduction

A key objective of the Research & Development Grants Program in the Third Community Pharmacy Agreement between the Pharmacy Guild of Australia and the Commonwealth Department of Health and Ageing, was to “develop and support research expertise and capacity in community pharmacy”. Recognising the positive outcomes it would have, the aim of this program was to improve the quality and range of pharmacy services in Australia. The Community Pharmacy Research Support Centre (CPRSC) was funded as part of the program and, in collaboration with various universities and education institutes, has an objective of generating reports on issues of interest to the profession and practice of pharmacy.

As part of Community Pharmacy Research Support Centre’s (CPRSC) objective no. 4 *‘To generate reports on issues of interest to the Pharmacy Guild of Australia and the Commonwealth Department of Health and Ageing’*, this report reviewed and analysed the various tools, mechanisms and strategies in use for recruiting patients, clients and consumers in community pharmacy practice research as well as other health profession research. Their applicability in pharmacy practice research was critically examined to develop a model for recruiting patients, clients and consumers in community pharmacy practice research.

These considerations have formed the basis for the aims and goals of the study outlined below.

Recruitment of study subjects is one of the most difficult aspects of research. The same applies across clinical trials, pharmacy practice, nursing and other health disciplines. (1-3) Competent recruitment to empirical research is fundamental to the success of healthcare research. It influences the internal and external validity and the power of studies.

2 Aim of Report

The overall aim of this report is to identify important considerations and subsequently make recommendations for the development of an ideal framework for recruiting patients, clients and consumers into community pharmacy practice research.

3 Goals of Report

1. Identify current tools, mechanisms and strategies used to recruit and retain patients, clients and consumers in pharmacy practice as well as other health profession research.
2. Explore the views and experiences of a representative group of stakeholders in pharmacy practice research.
3. Develop a model for recruiting patients, clients and consumers into pharmacy practice research.

4 Methods

A literature search and review was performed and teleconference focus groups with stakeholders in pharmacy practice research were conducted.

4.1 Ethical Approval

This project received ethical approval from the Monash University Standing Committee on Ethics in Research Involving Humans (SCERH).

4.2 Literature Search and Review

A literature review was carried out by searching nine electronic databases: Pubmed, Medline, Psycinfo, EBM reviews (included CDSR, ACP Journal Club, DARE & CCTR), Cochrane Collaboration Database, Google Scholar, International Journal of Pharmacy Practice, International Journal of Pharmacy Education and The Kings Fund. Broad search terms with Boolean methods were used. Verbatim search terms included 'patient recruitment', 'client recruitment', 'consumer recruitment', 'subject, participant recruitment', 'participation and engagement recruitment', 'retain, retention', 'attrition'. The searches were focused on last ten years, from January 1995 and to February 2005, and limited to human studies and the English language.

The literature review examined recruitment tools and strategies used for healthcare research. It also examined considerations and issues affecting the planning and developing of a model for recruiting patients, clients and consumers in pharmacy practice research, as well as reasons for non-participation and attrition.

The empirical research studies identified through the extensive literature search used a broad range of recruitment strategies. Comparison between studies was tenuous because of the variation in the research. Variations in disease states, study designs, primary or secondary goals, care settings, subject populations, subject sample sizes, cost constraints, inclusion criteria (whether broad or limited), the use of incentives and the variations of incentives are just some of the differences between different studies. Furthermore, some studies concentrated more on the recruitment of physicians rather than patients, clients and consumers.

Due to the large number of papers identified, only studies where adults were the target population were included. Papers in which children, families, cognitively impaired or vulnerable populations

were the target population were excluded. Recent ethical and moral development discourse around people with learning disabilities having a voice in research that affects their lives has caused some major funding bodies in UK to insist on the inclusion of people with learning disabilities. (18) The complexity of research in this population poses many additional challenges so the search strategy did not seek to identify these papers. The decision-making process is more complex with these groups of people thus a separate literature review would be required to adequately address these issues. Papers which had very poor methodologies, in particular regarding their descriptions of the recruitment process were excluded from this literature review, although it must be noted no structured appraisal was carried out.

4.3 Stakeholders Focus Groups

Stakeholders in community pharmacy practice research were identified to include community pharmacists, pharmacy assistants, patients, clients and consumers of community pharmacy and pharmacy practice researchers. Semi-structured teleconferences were organised with these stakeholders to critically assess existing models of patient, client and consumer recruitment and their applicability in community pharmacy practice research as well as brainstorm new ideas. Results of these focus groups were used to develop a model for patient, client and consumer recruitment most applicable to pharmacy practice research.

The format and questions posed during the teleconferences is in Appendix 1.

Teleconferences were arranged and took place at a mutually agreed time and date. Discussions were chaired by a professional focus group facilitator and audio-taped by Telstra Conferlink® directly over the phone line to allow for an accurate record. These audio-tapes were transcribed by the facilitator and subsequently analysed by the researchers.

4.3.1 Teleconference with Community Pharmacists and Pharmacy Assistants

A number of community pharmacies were contacted by telephone and asked if they were or had been involved in pharmacy practice research. Pharmacists and pharmacy assistants who were or had been involved in pharmacy practice research were invited to participate. They were sent an Explanatory Statement (Appendix 2) and Consent Form (Appendix 3).

4.3.2 Teleconference with Patients, Clients and Consumers

Pharmacists who expressed interest to participate (see above) were asked to approach one or more of their patients, clients and consumers who were or had been involved in pharmacy practice research with them. Pharmacists were asked to send an Explanatory Statement (Appendix 4) to potential patients, clients and consumers who expressed interest to participate, who could then contact the researcher. Eligible patients, clients and consumers would then be sent a Consent Form (Appendix 5) and be invited by the researcher to participate in a teleconference.

This complicated process was a requirement of the ethics process consistent with the obligation of researchers to protect the confidentiality of participants from previous research. This is an important factor in the protection of participants in research and ethics committees rightly act in their favour

This process did not result in any patients, clients or consumers contacting the researcher, hence, a focus group of these stakeholders was not able to be convened for the purpose of this study (see *Discussion*)

A more direct approach would have been to invite consumers who have had experience in research for interviews to explore their experience of the process and factors influencing their decisions. This was not possible as it is an element of the consent process that their information would not be used for any other purpose, however, it affected the progress of this project in the very limited time frame available for its completion.

4.3.3 Pharmacy Practice Researchers Teleconference

Pharmacy practice researchers were selected on the basis of having substantial involvement in pharmacy practice research within the community pharmacy setting, on the assumption that they would therefore be extremely experienced and knowledgeable regarding issues of patient, client and consumer recruitment. Potential participants, whose contact details were readily available via university websites, were contacted and invited to participate in a teleconference. Researchers who expressed interest to participate were sent an Explanatory Statement (Appendix 6) and Consent Form (Appendix 7).

When all consent forms were signed and sent back to the research team, a teleconference was arranged and took place at a mutually agreed time and date.

5 Results of Literature Review

The **complexity and extent of recruitment methodologies and efforts** are often underestimated. Many considerations and issues may arise, ranging from simple considerations, such as whether to source your subject sample from the telephone book or the electoral roll, to complex social and ethical issues, such as the effect of financial incentives on participation or information provided.

The **recruitment of participants** is equally challenging. An over-estimated pool of eligible participants is the most common mistake which inadvertently leads to the recruitment process taking laboriously longer than planned. (5) Inclusion/ exclusion criteria, recruitment population, subjects' characteristics (eg. age (12, 19-22), gender, disease-type), subjects' demographics (eg. residence, occupation (1, 19, 23)) and length of study are just some of the factors that may present many challenges even before the act of recruitment begins.

The **retention of participants** in research is by far the most challenging of the process, particularly in controlled studies. Retention rate of subjects in control groups is traditionally very low.

5.1 Recruitment Methods Used

Recruitment strategies identified from the literature search and review used ranged from passive strategies, through strategies that use an intermediary, to active strategies. (see Table 1) Most studies used a combination of these recruitment methods.

Passive recruitment strategies include mass mail-out, distribution of educational materials (eg. flyers, brochures, pamphlets), posters, and announcements to community support groups (eg. churches, retirement villages, community centres), single media release and multiple media distribution.

Strategies that use an intermediary include recruitment or referral via GPs, specialists, pharmacists, nurses or word of mouth eg. family and friend referral, worksite recruitment.

Active recruitment strategies include targeted mail-out, telephone, orientation visits and/or presentations to community groups or condition specific clinics.

Table 1 Types of recruitment methods

Recruitment/Methodology	Description and/or Comments
Mass mailing(5)	➤ Can generate large number of responses.
Flyers/ brochures/ pamphlets(1, 5, 7)	<ul style="list-style-type: none"> ➤ Flyers posted at hospitals. ➤ Negligible number responded, none was eligible. (1) ➤ Cons: impersonal (8), inertia of potential participants to respond (8)
Posters (7)	
Newspaper Announcements (5, 7)	➤ Advertisements, newsletter
Radio advertisements(5, 7)	
Multimedia campaign(5, 7)	<ul style="list-style-type: none"> ➤ Newspaper interview, internet press release, television interview ➤ News release described the purpose and importance of the research ➤ Television interview
Interested participants initiate contact with researcher(7)	➤ Information provided by brochures, advertisements, letters from physicians
Physician as intermediary (1, 5, 7)	<ul style="list-style-type: none"> ➤ Contacted physicians and other service providers to request referral of potential participants. Researcher then contacted potential participants by phone, in person or by letter after initial approval obtained from the patients by the physician. ➤ In one study, recruitment period extended additional 12 months because of poor rate of recruitment. 26% consented; 18% enrolled. (1) ➤ Cons: possibility of coercion (8)
Worksite recruitment(5)	➤ Via internal mail systems to distribute brochures
Tumour registry(7)	➤ Researcher initiates contact with potential participants
Personalised letter(5)	➤ A letter packet consisted of letter & brochure (summary of study components & participants' responsibilities)
Telephone Recruitment (1, 8)	<ul style="list-style-type: none"> ➤ Recruitment preceded by a letter. ➤ Potential participants given option to return postcards if they did not want to receive any phone call – 80% did not return postcard, less than 40% able to be contacted by phone. Only 6% consented and enrolled. ➤ Potential participants given option to return postcard if they were interested to receive phone call – 7% return post card, 100% contacted by phone. 2% consented and enrolled. ➤ Cons: possibility of coercion (8)
Orientation visit(5)	<ul style="list-style-type: none"> ➤ Talk, video, discussions. ➤ Designed to generate interest, comfort and trust in the research. ➤ An effective recruiting tool. (5)
Compensation(1, 5, 7)	<ul style="list-style-type: none"> ➤ Participants reimbursed with \$50 for completing 1st half of study, and another \$50 after completion of study. Also reimbursed for travel expenses. ➤ \$25 after 1st interview and another \$25 after 2nd interview. ➤ "Name-a-friend" program – for each "friend" participant, a gift certificate to a popular retail store was given to the referring participant.

5.2 Components and Considerations in Recruitment

Many studies and clinical trials have conducted in-depth analyses of their recruitment strategy. A review of the literature identified many components and considerations for developing a strategy for the recruitment of patients, clients and consumers to pharmacy practice research. As already stated the papers are very diverse but there are some generic salient issues.

Table 2 lists the consideration identified in the papers from the literature search and review.

Table 2 Issues and consideration in recruitment

Considerations	Comments
Inclusion/exclusion criteria (1, 8)	
Availability of clinical results (1)	
Age(1, 5)	Recruiting elderly people has been considered to be difficult, time-consuming and expensive(5) =<65yo generally more responsive (5)
Culture/ethnicity/race(5)	
Gender (5)	
Socioeconomic status (5)	Low income population may be suspicious of research/clinical trials (5)
Recruitment population	eg. Spread over large area (geography) (1), previously underrepresented (5), suspicious of research(5), minority (5)
Health status (1)	
Study duration (1)	
People with learning disability(18)	
Multisite/multistate (7)	Advantages: to increase sample size; to obtain a more representative sample; to recruit in a shorter time; to enhance knowledge and problem-solving by having researchers with different areas of expertise. Disadvantages: high costs; difficult to maintain scientific integrity; logistical problems like staff duplication; ethics application at different sites.; difficult to sustain cooperation and commitment.
Physically vulnerable population(7)	eg cancer
Emotionally vulnerable population(7)	eg cancer
Distrust of research (7)	
Literacy level (7)	
Education level (5)	
Community-based care(7)	
Sample size (8)	
Representative sample(8)	
Time available for recruitment (8)	
Cooperation from colleagues and other healthcare providers(8)	
Possible dependent or unequal relationship between potential participants and recruiter(8)	
Researcher bias(8)	Hence the importance of randomisation
Patient information letter – language used (8)	
Motivation to maintain retention	Cancer patients tend to be more motivated to continue (24)
Prompt follow-up of recruitment efforts	Train recruitment staff to follow up each enquiry within 24h of initial contact (5)
Eligibility screening	eg. survey/questionnaire by mail or telephone. Advantage of this is demographic and general health data can be gathered. (5)

5.2.1 Planning and Assessing Recruitment Strategy

It is not always a simple process to determine which recruitment strategy will work most effective in healthcare research.

A fundamental and important consideration in developing a recruitment model is a realistic estimate of time for recruitment and targeted numbers. (4) Many studies discuss the importance of monitoring recruitment and a flexible recruitment protocol. (1 , 5) Documenting the recruitment process ensuring it is adaptive is also very important. (6)

Where possible and if necessary, recruitment strategies need to be continually assessed and changed according to the recruitment numbers and demographic profile. Recruitment strategies need to be tailored to the population. Most studies evaluated the recruitment process whilst it was on-going and subsequently modified their recruitment strategies. Studies which had tight inclusion criteria or were trying to recruit minority groups usually included more than one strategy and amended their recruitment strategies more than most. Studies that involved recruitment at more than one site allowed each site to devise their on recruitment strategies to suit the local population. (19, 25) Although this restricts the external validity of the studies, it could be responsible for higher recruitment figures reported. (8)

5.2.2 Passive versus Active Strategies

Efficacy of passive recruitment, where potential participants are required to initiate contact with the researchers, is generally lower than that of active recruitment, where potential participants are directly contacted by intermediaries or by researchers in person or by telephone. (7) Active strategies also produce a more representative sample because potential participants who otherwise may not initiate contact are approached directly about the study. However, refusal rate, attrition rate and implementation expense of active recruitment is generally higher than that of passive recruitment. (7)

5.2.2.1 The use of Gatekeepers

Recruitment that relies on people – gatekeepers - other than the researcher to refer potential participants poses many difficulties. (8) This strategy lies mid-way between active and passive methods. Strategies identified were word-of mouth (5, 26, 27), healthcare professionals' referral and

using people responsible for community groups, organisations, agencies and churches to spread the message. (11, 25, 28)

One difficulty in using people other than the researcher to recruit participants is the potential lack of interest, commitment, understanding and urgency on the part of these gatekeepers. (8) Researchers understand more about the study and appreciate the time and funding constraints. Other reasons why gatekeepers are obstructive include antagonism towards the research (for example, research that evaluates the gatekeeper's own practice), perceived conflict of interest, stepping into their 'territory' or on their 'turf', concern that the research is potentially harmful to patients, clients or consumers, and not wanting the responsibility of initiating someone's entry into research.

Taking part in a research, whether clinical or non-clinical, can be time consuming and appears to lack rewards particularly for medical practitioners. Studies in which feedback was sought from recruiters, they found that medical practitioners were too busy and too removed from research for it to be a priority for them. It seems that medical practitioners may be more enticed to participate in a study where there are more tangible rewards for them. Hence, potential participants could be lost to academic research. (29) Researchers and recruiters also felt that medical practitioners consider how the study will impact on their waiting rooms, staff and practice. (11) The development of protocols to simplify the work of recruitment for medical practitioners and to enhance the relevance of the research for them has proven effective (4) "Factors that are associated with an appropriate recruitment rate include previous experience of research, simplified recruitment and methods and administrative and clinical support for GPs." (4)

5.2.2.2 The use of Mass Media

Whilst Interpersonal recruitment methods are more persuasive than mass media in most cases, (9) mass media has been proven to be effective for large community-based studies. Research that has to recruit a large sample has to target a large population. Mass media also has the advantage of not introducing sampling bias as would a convenience sample.

Literature review found that most smoking cessation trials relied on mass-media and that this strategy produces one of the lowest recruitment rates, (9) however, a double-blind randomised controlled trial in the United States that looked at smoking cessation in 600 African Americans found the targeted campaign using television, radio and newspaper to be their most successful recruitment tool. The study reached a large audience and attracted participants who were ready to quit smoking. (26)

The Women's Health Initiative (WHI) study that recruited more than 160,000 postmenopausal women for a multi-arm randomised controlled trial to examine major causes of death and disability in women from September 1993 to December 1998 critically analysed and reported its recruitment methods and strategies. The study also found the media (television, radio, newspaper) a useful tool, although they reported a very poor recruitment of minority populations by this means. (5)

Other studies found radio to be one of their most successful tools. A multi-site pilot randomised controlled trial in the United States found radio to be particularly effective when recruiting women (with chronic pelvic pain for more than six months) aged between 18 and 45 years. (30)

The use of television and radio were, however, not successful strategies for some community based studies, possibly due to the brevity of media coverage. There were inadvertent misunderstandings about the nature of the research or about the research project. These strategies became labour-intensive as a result of the amount of time that had to be spent explaining the study to potential participants. (19, 27) A double-blind randomised controlled trial in Australia did find local free newspapers and mail-outs to be more effective than radio advertising as they were better at explaining the nature of the project and what was involved. (27) Another multi-site randomised controlled trial in the United States found their national and local campaigns targeted at frail and elderly people created confusion in that population. (19)

Studies have found media dissemination together with mail-outs to be very successful when targeting large populations. (5, 30) Mail-outs are a very effective method of obtaining a large sample. (27, 31) A Swedish smoking cessation program for mothers with children under 6 years old found direct mail-out of brochures and questionnaires to be very effective. (31) Enriched lists from a register containing date of birth, gender, etc. allows mail-outs to be targeted at the population required. (5) Although mail-outs have been reported as effective in the general population, they seem poor at recruiting minority groups.

5.2.2.3 The use of Incentives

Monetary incentives have proven to be effective at enhancing recruitment although the effectiveness is debatable. (10)

5.2.2.4 Establishing Credibility

Personal experiences have shown that there is a trust element associated with names of academic institutions and professional organizations. Potential participants seem to respond more positively

during recruitment by personnel from such bodies. Some studies have found the use of logos can reinforce participants' bond with the study. (6)

5.2.3 Rapport between Recruiter/Researcher and Potential Participants

Establishing a rapport and relationship building between the recruiter/researcher and the potential participant has been established as fundamental to the recruitment process and demonstrated to improve recruitment. (11-14) Adequate time spent at the recruitment stage, ensuring the participants are fully informed and consenting to take part in the research project, allows a relationship to be built, trust to be established and provides an opportunity to explain the benefits of the study and for potential participants become more comfortable. This enriched relationship allows a greater understanding of the research project by offering an opportunity for feedback from participants. (12, 13) Good communication regarding the clear provision of information to enables the participant to make informed decisions. (15) Relationship building is particularly important for minority groups and when researching an invasive treatment.

5.2.4 Issues related to Recruiting Minority Groups

When trying to recruit minority groups, gatekeepers should be considered. Lay gatekeepers often hold invaluable information about the community's health needs have a general knowledge of the population and can provide input to recruitment strategies as well as the possibility of access to these people. (32)

Similarly in community-based studies, gatekeepers are a valuable contact for recruitment purposes. (1, 11) When using people responsible for community groups, organisations, agencies and churches, or even healthcare professionals like doctors, pharmacists and nurses as gatekeepers to recruit participants, it is important to ensure that these gatekeepers are properly briefed if they are approaching potential participants before the research team. (28)

Some studies tried to recruit ethnic minority groups. Two studies which targeted African Americans reported that this population was under-represented in medical research. (13, 33) An American study that applied a physical activity intervention in hypertensive African Americans suggested that this societal group has a distrust of medical research. (13, 34) Employing a diverse ethnic and

cultural research team has been demonstrated to facilitate recruitment, in particular employment of a person of the same ethnic background when recruiting minority groups. (11, 13)

Gorelick et al developed a recruitment triangle from their experiences with a minority group. Patients, clients or consumers form the bottom of the triangle, key family members and friends are on one side and the primary physician or allied health professional make up the final axis. Their experiences demonstrated the effects that these individuals can have on a patient's decision-making process. (33) This triangle can of course be used to describe the recruitment and research dynamics that exist in most medical and healthcare research.

5.2.5 Issues related to Recruiting Vulnerable People

Sensitivity and caution must be exercised when recruiting certain populations, for instance, those with specific disease states, or of certain age groups, or who are vulnerable and fragile.

A multisite, multistate 6-month prospective cross-sectional study conducted in 2000 in the US, which that focused on quality of life among 230 women with lung cancer described the challenges associated with recruiting women with lung cancer to participate in clinical trials. (7)

5.2.6 Issues related to Informed Consent

A paramount part of ethics and research studies is the issue of participant informed consent. A number of papers were identified which specifically dealt with informed consent. People should be informed and empowered to make autonomous decisions. (16)

Understanding could become harder for people as the methodology becomes more complex. A qualitative study that measures the experiences of healthcare provision is relatively simple for participants to understand in comparison to a double-blinded placebo randomised controlled trial. The ability to give consent should be project-specific depending on the nature of the decisions required to be made for each study. (12) Providing meetings prior to commencing the study allows the building of a relationship and adequate time for answering questions about the study. Although this strategy is time-consuming and costly, it has proved to be successful, advantageous and pragmatic. (19) Communication between the research team and the potential participant is crucial and support from the research team is essential although some participants may require more

support and explanation than others. Some “participants may hold unrealistic expectations of what research may hold”. (11), and may be looking for an increase in healthcare provision, support, etc. which may or may not be provided by the research project. It is important that the support and information is provided in a variety of ways to suit each participant. (12, 17)

For randomised controlled trials, specific strategies and informing patients about the randomisation process all helped to improve recruitment, for instance, ensuring people feel comfortable with the trial design and potential participants completely understand what is required of them all help to reduce attrition. (12, 15, 17, 35-37) There is evidence that a major cause of hesitation for patients in participating in randomised controlled trials was concern about not knowing which treatment arm would be better. (12) A North American double-blind randomized controlled trial that looked at primary prevention of cardiovascular diseases using aspirin found people “wanted to know exactly what they were taking and expressed hesitation about taking a placebo”. (37) It found that a lack of understanding prevented people from taking part in their research project. Potential participants were apprehensive of the commitment required and did not understand the significance of the research project. (37)

Whilst researchers understand more about the study, they are usually under pressure of tight deadlines, constraining overheads, and restrictions from funding bodies. Hence, in the haste of obtaining informed consent, they may lack time and effort to ensure that participants are fully informed. A systematic review of trials found in most cases there was only a reading of the consent form. (38) It is important not to pressurise potential participants, so they can have control over their decision-making process (12) and it is fundamental that participants understand that they can withdraw at any time during the study. (16)

Wendler has proposed that even people with no cognitive impairments fail to give valid consent. They do not understand the importance of informed consent and it is crucial to assess participant's perception of the research project and what is entailed. “Valid informed consent requires individuals to understand and provide voluntary consent for the study in question.” (39) All participants should be assessed by post-questionnaire evaluating the essential study components such as confidentiality and randomisation. Once perception has been evaluated, an educational intervention can be introduced if required.

5.2.7 The Ethics Process

Obtaining approval from individual academic institutional human ethics committees (IEC) is mandatory for all research involving humans. The committees operated under clear guidelines from the National Health and Medical Research Council (NHMRC), the peak advisory body to the federal government on health and health research. This process may at times be complicated and appear cumbersome and retard the commencement of research. The primary function of an IEC is to protect participants in research and the rigour with which it is conducted.(40)

5.2.8 Barriers to Patient, Client and Consumer Participation in Research

There are many barriers to successful recruitment of patients, clients and consumers into healthcare research. Over the years, recruiters and researchers have identified numerous barriers inherent in the participants themselves. Disease state, time constraints, fear of invasiveness and risk to health, language barriers, low literacy, not being worthy, concerns about privacy and confidentiality (in particular with smaller communities) suspicion of large institutions, distrust of the research process, (11), lack of interest, inconvenience (1, 7) and anxiety/depression (8) are but some of the barriers.

Equally crucial is the rate of attrition. Table 3 lists the reasons for attrition identified in the papers identified from the literature search and review.

Table 3 Reasons for attrition

Reasons for attrition
Death(7)
Health limits(7)
Time constraint (7)
Lack of interest (7)
Lost to follow-up (7)
Travelling time (8)
Heavy work commitment (8)
Erratic work pattern(8)
Psychological difficulties - Denial of diagnosis (8)
Lack of efficacy of treatment/control - Particularly placebos (8)
Treatment protocol - Unpleasant clinical tests, unpalatable medicines, incomprehensible patient diary (8)
Adverse reactions(8)
Intercurrent illnesses(8)
Lack of motivation(8)
Unpleasant experiences (8)
Poor compliance to study protocol (8)

5.2.8.1 Health concerns and Disease State

A survey was conducted in New Jersey in 2003 with clinical research nurses directly involved in active recruitment of patients for cancer clinical trials. It is important to emphasises to patients, clients or consumers that their current treatment would not be compromised, (1, 7, 24) and that they will not be penalised if they do not participate or withdraw at any stage of the research. Strategies to increase enrolment and retention should actively involve personnel who can be in a position to build rapport with and advocate for the participants. (24)

5.2.8.2 Time Constraints

Time is also an important consideration. It is crucial to factor in the need for a mutually convenient time when recruiting and when conducting the research with the patient. It is essential to reassure the potential participants and to ensure that the intervention is conducted in the shortest time frame possible. It is paramount to reduce the burden or perceived burden of participating. (1, 14)

5.2.8.3 Travel Distance and Transportation Difficulties

In 2003, a 3-armed randomised controlled trial recruited patients in clinic and by phone from the Veterans Affairs Boston Healthcare System to evaluate efficacy and cost of an intervention – relaxation response – for chronic heart failure. (1) Factors influencing patients to accept or reject study participation were analysed critically in a qualitative sub-study. It was found that travel distance was the main deterrent to participation, whilst benefit to the patient him/herself was the main motivating factor.

It is important not to inconvenience the participants more than is necessary the distance required to travel can be off-putting for some participants, particularly those who are pregnant, ill, and elderly or who rely on public transport. Whilst home visit is an option, it is important to spend time making sure the participant is comfortable with having the researcher in their home. Essentially, researchers must be open and flexible. (14)

5.2.8.4 Language Barriers

Language should be kept simple, with the use of medical or technical terminology kept to a minimum. (11)

5.2.9 Strategies used to Overcome Barriers at Recruitment and during Study

Listed in Table 4 are some of the strategies used to address issues and overcome barriers in the papers identified from the literature search and review.

Table 4 Strategies used to address issues and overcome barriers

Strategy	Purpose	Description
Schedule interview in mutually convenient places/time(7)	To overcome challenge of physical vulnerability	Participant's home or after clinic appointment; scheduling appointments in evening or weekends
Allow rest/breaks during interviews (7)	To overcome fatigue	
Make reminder phone calls prior to appointment(7)		
Maintain communication with participants throughout study(7)		Send birthday and holiday cards
Employ research personnel from surrounding communities (7)	To overcome distrust of research	
Maintain consistency of research staff communicating with participants (7)		
Research staff to ensure participants understand the risks/benefits of study (7)	To overcome low literacy	
Research staff to assist participants in completing data collection (7)		
Establish collaborative relationships with community-based agencies (7)	To identify healthcare providers, patient population, influential local practitioners	
Community outreach activities (5)	To reach minority population	Church presentations, health fairs.
Personal referral (5)		"Name-a-friend" program – for each "friend" participant, a gift certificate to a popular retail store was given to the referring participant.
Culturally appropriate recruitment material(5)		
Highlight participants in past trials (24)		
Stress value of the research through campaign sponsored by non-profit organisations prior to recruitment (24)		
Educate physicians on the value of the research(24)	Oncology physicians tend to know the value of research anyway (24)	

5.2.10 Reasons for Patient, Client and Consumer Participation in Research

Equally important to understand are the reasons participants give for participating in research. Table 5 lists some of these reasons identified from the literature.

Table 5 Reasons for participation

Reasons for participation	Comments
Benefit to self (1)	eg learn more about origin and manifestations of condition; learn additional ways to cope with symptoms & limitations; ease boredom and inactivity imposed by health problems.
Benefit to others(1)	Either people with the same condition or health research in general
Gratitude to the research body/institute (1)	
Positive comments from a trusted professional(1)	
Certain characteristics of the recruiter (1)	Appearance, personality, manner, persuasiveness, gender, competence, knowledge of the recruiter
Monetary compensation (1)	Not the only motivating reason
Referral by friends(5)	Good for ethnic populations

6 Opinions sought from Stakeholders

For the purpose of this study, representative groups of stakeholders who were or had been involved in pharmacy practice research were organised to participate in a focus group teleconference to critically assess existing models of patient recruitment and their applicability in pharmacy practice research, as well as brainstorm new ideas.

6.1 Community Pharmacists and Pharmacy Assistants

Five participants - 4 male pharmacists and 1 female pharmacy assistant - participated in this focus group teleconference. A summary of their responses to the questions (Appendix 1) follows:-

6.1.1 Types of Research Currently and Previously involved in

- GP referral project and a national project called MediConnect conducted by a local Division of General Practice (DGP);
- Pharmacy Asthma Care Program conducted by Monash University;
- e-Pharmacy trial conducted by Ballarat University;
- Survey on client satisfaction with methadone/buprenorphine program;
- 'Stop Smoking Project' conducted by the Guild;
- Loyalty card project
- Pharmacy Diabetes Care Program conducted by Monash University
- Multi-disciplinary health professional training and education programs conducted by local council.

6.1.2 Recruitment Methods or Strategies Currently and Previously used

- Used dispensary database to identify patients, clients or consumers who use certain medications or have disease states which fitted study. Patients, clients or consumers were then approached directly. Pharmacist made a list of patients, clients or consumers whom he thought were approachable and fitted the criteria. Once patient consented, details of the patient were recorded onto a template and assessed against the inclusion criteria. If the standard was met by this patient then they were referred to the program.

-
- Approached patients, clients or consumers directly, explained the project and the time involved to them and invited them to participate in the survey or project.
 - Left leaflets that contained the survey at events run by local District Nurses and Primary Care Partnership outreach program. The leaflet instructed participants to return completed surveys.
 - Used print media advertising, advertising within doctors' surgeries, bulletins in pharmacies. The highest recruitment rate occurred when clients were approached directly by the pharmacists themselves (pharmacist estimated his strike rate at 95%)
 - Recruit asthmatics through football clubs to participate in an asthma care project.
 - Used pharmacy assistants to 'butter up' potential participants. Pharmacist then took over to collect details, etc. Made pharmacist's job simpler because all preliminary work had been done.
 - Acted as third party and asked potential participants to ring researcher.

6.1.3 Issues related to the Recruitment Methods and Strategies used

- Great difficulty in gathering information from other healthcare professionals (in this case, doctors) in a timely fashion to judge whether a patient was eligible for the study. Too many different healthcare professionals mean more than one step in the process.
- Recruitment by the pharmacist was far more effective than that by pharmacy assistants or dispensary staff because the former has a personal relationship with and high level of trust from patients, clients or consumers.
- Disclaimer statements and many forms to sign made it difficult to get patients, clients or consumers to be involved, even though they expressed interest.
- Owing to ethical considerations and legal requirements, the recruitment pack consisted of 20-25 pages, which patients, clients or consumers just did not want to read.
- The survey was lengthy and hence difficult to get clients interested. Clients may have been more inclined to participate if it consisted of multiple choice questions with a comment section at the end. Also gave clients the option of filling the survey in at home, so it is more flexible and convenient for them.
- Unable to get a representative sample because the outreach program mainly ran from a women's clinic and so 30-40 women aged 60-70 were recruited. Results were unusable also because these women were people who had a preconceived idea of what the research was trying to find out.
- Recruited people who were very keen and did not really need help.
- Recruitment rate when pharmacists acted as third party is very, very low.

6.1.4 Retention methods or strategies used

- Minimised inconvenience and discomfort of patients, clients and consumers when pharmacists explained the importance of their input in the research and offered ownership of the program to them.
- Demonstrated to patients, clients or consumers the benefits for them — improvement of health management and an increase in knowledge

6.1.5 Barriers for consumers

- Privacy issue – when their medical information will be sent back and forth between different healthcare professionals.
- Privacy issue – when pharmacists were recruiting them in a very open-spaced pharmacy
- Apprehensive about looking bad or silly if unable to do the study well or answer the questions ‘correctly’.
- Anonymity is important for some people.
- Research was too involved and invasive.
- Being involved in research is like admitting that they are ill. The ones who need help most are more likely to have the ‘head in the sand’ mentality.
- Monetary reward is an incentive for some people.
- Timing is inconvenient eg. get a phone call when busy at work.
- Hates surveys! (*Commenting from a consumer’s point of view.*)
- Fear of being asked to do beyond what they are currently doing.

6.1.6 Barriers for Pharmacists

- Lack of time
- Interrupted constantly in the pharmacy to explain the study to patients, clients or consumers properly. This could be avoided if there were subsidy for employing a locum when pharmacists need to devote quality time to recruitment and research. Another solution is to take the details of patients, clients and consumers if they are interested so pharmacists can contact them later when the pharmacy is not so busy.
- Difficult and sometimes impossible to remove oneself from the operation to a separate counselling area just to do recruitment.
- A lot of information to give to potential participant but not enough time to do it professionally.

-
- Dispensing database should not be used for targeting people for recruitment. Pharmacists do not have a right to use patients, clients or consumers' information that way.

6.1.7 Impact of Recruitment on Research Rigour and Findings

- Targeted and focused recruitment on the types of patients, clients or consumers who would benefit most and also in terms of the data they could provide. This is OK if you are looking at achieving a specific outcome and not a general outcome.
- Satisfaction surveys – people were either very positive or very negative. Not much in between. Because people usually respond to satisfaction surveys if they feel strongly one way or the other. Single issue often clouded the negative ones.
- Recruiting at a pharmacy was perfect when needed to investigate the occurrence of thrush in women on antibiotics. More appropriate than at doctor's surgery.
- Recruitment criteria were too narrow – too many potential participants were turned away.

6.1.8 Ways to Improve Recruitment

- Offer to provide a summary of the information/results for patient, clients and consumers. Perhaps a debrief session.
- Recruit potential participants by having a coffee morning with a speaker and then having that captive audience to approach to invite to participate.
- Lots of encouragement from recruiter when recruiting participants. (*Commenting from a consumer's point of view.*)

6.1.9 Opinions on various methods and strategies:

6.1.9.1 Mass Mail-out

- Mass mail-out often ends up either in the bin or in the fire, especially when people receive them in so many forms, and with elderly people and people with poor or no English.
- Mass mail-out should be streamlined, targeted and personalised by the pharmacy or pharmacist.

6.1.9.2 Telephone Recruitment

- Hate it themselves so wouldn't do it to their clients! (*Commenting from a consumer's point of view.*) Some clients want to tell you their life story or tell you where to go!
- A letter sent in advance giving potential participants the option to be phoned will not make up for it.

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- One pharmacist thought that it is OK if the initial call is to find out if potential participant is interested. If so, then make a time later to follow up. People are quite happy to speak to you when they find that their local pharmacist had rung personally.

6.1.9.3 A Letter Package of Material about the Project and What is Involved

- Hesitant if it was the first point of contact. Should be done as follow-up after the initial one-on-one. It implies that person was targeted rather than just a random hit. Clients get sceptical very quickly.
- More justifiable if it is included as an insert in mail-out that your pharmacy already does.

6.1.9.4 The Orientation Visit—maybe give a talk, show a video or have lunch meeting

- Time-consuming
- Depending on the sort of research. Might get a skewed group of people
- If end point of project is clear, can target recruitment this way.

6.1.9.5 The Use of an Intermediary

- Ethical and privacy issues to consider when introducing a third person
- The intermediary must be sensitive and know how to approach people. Sometimes, you might be held responsible for what your intermediary did to offend people.

6.1.9.6 Clinic Recruitment via GPs or Specialists

- Complete waste of time.
- Not enough money to pay doctors.
- Will not get support from doctors.
- Doctors might stick a poster up for you on the wall amongst 500 others.
- More success if enlist help of the practice manager or the front desk receptionist.

6.1.9.7 Worksite Recruitment—through Email or brochures sent at workplaces

- Most people filter email from unknown sources out, or delete without reading them. *(Commenting from a consumer's point of view.)*
- Pharmacy industry isn't big enough to have those sorts of internet setups other than chat forums amongst groups of pharmacists. There is no access to consumers that way.

6.1.9.8 Passive Recruitment by flyers, brochures or posters

- Pharmacists gave the example of a Health Department initiative where pharmacists were sent prescription repeat backings with information about drink-driving, recommended alcohol consumption rate, etc. All found that to be clever, non-intrusive and cost-effective (because

pharmacists normally have to pay for these). People were quite engaged with reading the repeat backings and provided pharmacists with an opportunity to interact and discuss drink-driving them. Because those repeat backings were recyclable, they were used again and again, circulating to a large population.

- Content is important.
- Must be eye-catching.
- Posters need to be able to attract attention of passers-by and say something they want to hear or are interested in. Otherwise it is a waste of time.
- Posters could be placed in appropriate areas in the pharmacy eg. poster for recruiting for the Guild 'Smoke Stop' Program can be placed in the 'Stop Smoking' section of pharmacy.

6.1.9.9 Making Announcements in Community Forums (eg. at churches, retirement villages, community centres)

- Can be spectacularly successful with people who are motivated enough to attend such a group. Resources unlikely to be wasted on them.
- Gives pharmacists the opportunity to demonstrate the value of the project.
- Need to target group well, eg. not advisable to recruit people for a Viagra project in a church setting!

6.1.9.10 Advertisements in Newspapers or on Radio

- Potential recruits from such advertisements may not be suitable candidates.
- Cost effectiveness doubtful.
- Only general information can be given because of the high cost involved. Not enough to inform, so run the risk of people misunderstanding nature of project.
- Advertising via regional stations would be better because people take more notice.

6.1.9.11 Multi-media Campaigns

- Cost-effectiveness doubtful. More effective if offer an incentive (does not have to be money, even like a diary or a T-shirt) to participate, or use other methods discussed earlier.

6.1.9.12 Payment and Compensation

- Incremental payment to consumers as they progress through the study is a good strategy.
- Amount must not be too much, otherwise may run the risk of attracting unsuitable people for the study.

-
- Recruiter may want to be paid as well. It may induce the recruiter to put more effort into recruiting because there's monetary gain. It has a flow-on effect. (*Comment from one who had been offered payment to attend training.*)
 - The greatest lure would be to be able to give participants something at the end that would help their situation.
 - A voucher to be spent in the pharmacy is a good idea. It is a win-win situation for pharmacy and for participants.

6.1.10 Important Considerations for developing a Recruitment and Retention Strategy

- Should go back to smaller-scale hands-on recruitment. The one-on-one interaction is very effective.
- Privacy issues, particularly in a busy open-space pharmacy.
- Be realistic about the sort of information we can convey in a couple of minutes and the sort of printed information that needs to be given to people to read in their own time.
- Give potential participants enough time to consider the study. Must not pressure them into it.
- Ensure that everyone involved in the recruitment process has good understanding of the aim of the study and that they are able to convey that to the patients, clients or consumers.
- Recruitment process should be simple, interesting, and light-hearted. DO NOT put roadblocks as you go through it!
- Avoid excessive pressures and demands on community pharmacists who are already overworked and, in many cases, under-remunerated.

6.1.11 Advice to other pharmacists about recruiting

- Not to get involved with a GP as part of a research project
- The best recruitment strategy is face-to-face within the pharmacies because pharmacists have a high level of trust and integrity within the community.
- Encourage pharmacists to do research because research is satisfying, particularly when one is able to use the information to improve practice.
- Inform pharmacists that recruitment will not be easy.
- Make sure pharmacists have time to do the study.
- Recruitment can be a bit of a struggle. Pharmacists must be prepared for disappointment

6.1.12 Brainstorming New ideas

- Offer money or sponsorship community groups (to community groups such a football club or mother's group or kindergarten) if needed to enlist help in recruitment.

6.2 Pharmacy Practice Researchers

Five participants – one from University of Newcastle, one from University of South Australia, one from both Deakin and Flinders Universities, and two from Monash University. Summary of their responses to the questions (Appendix 1) follows:-

6.2.1 Types of Research Currently and Previously involved in

- Research on public opinion on medicines use
- Model practices projects
- Evaluations of in areas of pharmacy practice, economic analysis and consumers issues
- Public health research projects
- Development of on-line palliative care program for community pharmacists and cancer oncology patients

6.2.2 Recruitment Methods or Strategies Currently and Previously used

- Recruit from a palliative care service
- Telephone
- Mail-out – used electoral roll, health service records; database from a commercial group (Hunter Valley Research Foundation in Newcastle conducts studies on behalf of councils and other organisations. It recruits people into a database for random sampling, and maintains a database of consumers who have been involved in all sorts of research.)
- Email
- Facsimile
- Recruit via pharmacists (in this case, pharmacists were asked to hand out an invitation to people who had a repeat on particular antibiotics).
- Contacting consumers via health professionals to conduct interviews
- Used data retrospectively from patient records and off databases of patient information.
- Used secondary data collected by another public health project
- Advertised in local press and through patient support organizations.

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- Publicity in the local press (in this case, got local papers to interview local doctors who were involved)
 - Offered compensation for travel and lunch to meetings.
 - Offered free medical checkups to consumers.

6.2.3 Issues related to the Recruitment Methods and Strategies used

- Recruitment strategy needed multiple modifications in order to get the numbers.
- Resistance from healthcare professionals who were doing the recruiting (in this case, the palliative care service was very protective of its service as well as its patients, so did not want any direct involvement of a researcher at the recruitment phase)
- Heightened sensitivities attached to particular groups of patients, clients or consumers (in this case, palliative care patients who have poor prognosis)
- Researcher recruited patients, clients or consumers with their protection and best interests at heart. It was done professionally, personally (face-to-face), and aimed at building trust with the potential participants.
- Explained the project (and, if possible, what will happen with the information collected) briefly, clearly and in a way that patients, clients or consumers can understand.
- Explained the project (and, if possible, what will happen with the information collected) and demonstrated “hands-on” the recruitment process so that all involved in the recruitment (in this case, nurses) knew exactly what the goals were, what the benefits to patients, clients or consumers were, what to do and therefore become confident to recruit.
- Had to use an intermediary to recruit because researcher was unable to gain direct access to the patients, clients or consumers. Hence, felt “a couple of people removed” from the people doing the recruiting and the recruitment was ineffective. Recruiters did not have the same understanding of the information and the evaluation and research process.
- Patients, clients or consumers who know that the research is endorsed by a health professional that they know and trust, are more likely to participate.
- A challenge to find a time suitable for consumers to participate in focus groups.
- Ethical issues were particularly emphasised during this focus group teleconference.
 - Need to be aware and resist the temptation to recruit using coercion
 - Need to be aware and resist the temptation to change method of recruitment without formally changing the initial methodology or proper thought processes, planning, etc.
 - Need to remunerate or acknowledge properly everyone who helped in recruitment.
 - The use of trust of the pharmacists in recruitment is not coercion.

6.2.4 Retention methods or strategies used

- Personal contact with patients, clients or consumers
- Patients, clients or consumers who know that the research they are involved in is endorsed by a health professional that they know and trust, are more likely to stay in the research.
- Relevance and applicability of the research

6.2.5 Barriers for consumers

- For some patients, clients or consumers (in this case, palliative care patients), participating in a study is their last priority.
- Relevance eg. 'How is this going to help me NOW?'
- Previous negative experience with participation in research
- Fear of the process, eg. fear of being interviewed, fear of the unknown, fear of the impact on their care (like the relationship with their GP).
- Time constraints
- Restricted physical and mental capability (that could be due to disease) eg. fatigue, depression.

6.2.6 Barriers for Researchers

- Lack of trust or heightened sensitivity in a particular group of healthcare professionals and patients, clients or consumers can lead to unnecessary delays in recruitment. (Researcher commented on the importance of still working patiently and ethically with fellow healthcare professionals)
- Ethical constraints that forbid direct access to the patients, clients or consumers' personal information means researchers often had no choice but to use an intermediary for recruitment.

6.2.7 Impact of Recruitment on Research Rigour and Findings

- Recruited mainly females into focus groups because females have a tendency to participate in things like that and it is hard to attract males into these sorts of studies.
- Sample size too small because part of the study analysis is quantitative. To convince people that this is credible data will be an issue. (Researcher commented that literature supports the fact that recruitment and attrition in palliative care research are very difficult issues.)

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- Recruitment from a group that has literacy issues that could result in a slightly biased response on a postal survey

6.2.8 Ways to Improve Recruitment

- Use pharmacists (instead of nurses in the clinic) as first port of call as recruiters
- To involve the Australian Divisions of General Practice (ADGP) in some of the liaising with general practitioners (GP), etc. It certainly will smooth the way for the projects to go ahead without resistance and with some understanding from GPs in the area.
- Recruit using a geographic area.

6.2.9 Opinions on the following strategies

6.2.9.1 Mass Mail-out

- It is increasingly difficult to get access to the electoral roll, even though there are clauses that allow access to the electoral roll for medical research.
- Aims must be clear.
- Research has to be relevant.
- The material has to be concise, eg. questionnaire should be short and not take much time to complete. "You have to play the numbers game in order to get your desired response rate."

6.2.9.2 Telephone Recruitment (with a letter in advance)

- Can increase recruitment rate.
- Can help establish a relationship with potential participants.
- Must be very cognisant of what the purpose of the study is and the sampling frame - important patient groups (eg. who have been transient or living in hostels or just passing through an area) could be lost using mail-out and telephone strategies.
- Not necessary if a specific group of patients, clients or consumers can be targeted more effectively via community pharmacies.

6.2.9.3 A Letter Package of Material about the Project and What is Involved

- Too much information. People will not bother.
- Should personalise letter with recipient's name (therefore acknowledging them as people) (But one researcher commented, from his own experience on the receiving end of such mail, that personalised, computer-generated mail has lost its impact these days.)
- Cost effectiveness has to be considered.

6.2.9.4 The Orientation Visit—maybe give a talk, show a video or have lunch meeting

- Need to consider time involved and how busy the people you are trying to recruit are. In other words, whether they are willing to oblige.
- Discretion is an issue. Certain patients, clients or consumers may prefer to do things quickly and discreetly, particularly if it is about a sensitive subject.
- May be effective with patients, clients or consumers who have chronic illnesses or who want to learn more about their condition.
- Appropriate for non-English speaking patients, clients or consumers (better than telephone recruitment). There is always somebody with that patient who could speak English.

6.2.9.5 The Use of an Intermediary including Clinic Recruitment via GPs or Specialists

- Difficult working with physicians because they are busy people and are not inclined to collaborate unless they see the research as important. They are, however, usually willing for you to contact patients using their records or hospital records.
- Easier to cooperate with healthcare professionals other than physicians.
- Should give intermediaries proper incentive to want to do it.
- Intermediaries like GPs, specialists, nurses are protective of their patients, especially patients with particular conditions or who are particularly fragile. There is an element of paternalism in their relationship (particularly true in rural areas). However, this often hinders the 'patient informed consent' process. Usually, GPs or specialists make the decisions (not to participate) for the patients without telling them. Also, it might skew the type of patients who are recruited.
- Must ensure intermediary understands the proper process of recruitment, for instance making sure that potential participants are fully aware that their contact details are being given to a researcher and that a researcher will be contacting them.

6.2.9.6 Passive Recruitment by flyers, brochures, posters or worksite recruitment through email or brochures sent at workplaces

- Can reach wide population over wide geographic areas.
- Need to consider cost-effectiveness.
- Information must be eye-catching, honest, concise and relevant, with clear instructions on how to participate.
- Must consider carefully the wording of the subject heading when sending emails. With fear of SPAM and viruses, emails often get deleted without being read.
- Cannot assume everyone has email access.
- Cannot assume that people who give you email addresses necessarily access them!

6.2.9.7 Making Announcements in Community Forums, Advertisements in Newspapers or on TV/Radio including Multi-media Campaigns

- Limited in how much information can be put in an announcement.
- Have to be prepared for it to take on a life of its own because the project is open to criticism by other media or certain scare stories might develop. More individual approaches can better control the way information is being related.
- The form of advertising to use will depend on the project target population, i.e. whether it is an appropriate method and how representative the sample is going to be through using that method.
- Likely to get many consumers who don not fit the inclusion criteria.

6.2.9.8 Payment and Compensation

- It is easier to get ethics committee approval to compensate doctors for participation than it is to get approval to compensate patients, clients or consumers. Ethics committees consider compensation to patients, clients or consumers a form of coercion. (One researcher commented that there has been no expectation of payment by the patients, clients or consumers that he came across) (Another researcher commented that the situation is the same as issues of parity between the professions. It is known as 'perverse incentives'.)
- Depending on the socio-economic status of the target population, the same amount of payment for some people is nothing and for others is a large sum.
- Should try to make it as convenient as possible so that participants do not need to be offered compensation.
- Payment does not have to be monetary. It may be a medication, a free medication review, or a free health check up and full follow up. This sort of incentives would be quite ethical.
- Another type of 'payment' is giving short reports to participants.

6.2.10 Important Considerations for developing a Recruitment and Retention Strategy

- Be clear about who the target participants are.
- Make sure the strategy used will return a representative sample, especially for quantitative research.
- Emphasise the relevance of the research during recruitment.
- Make sure that the research strategies used are most appropriate to your goals or aims, the pros and cons that will affect your results and their validity.

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- Make sure enough time is allocated for recruitment (Time required is often underestimated) (One researcher said that one should multiply by three the time that you think recruitment will require.)
 - Be realistic about return rate – 40 to 50% is a good return rate.
 - Be clear and rigorous about who the research is for and whose interests we are serving.

6.2.11 Brainstorming New ideas

- Short Message Service (SMS) is being used more frequently in certain projects for patient reminders. It is currently being investigated for advertising purposes. It is less invasive than actual phoning. People would have the information readily accessible to them and have the option of deleting the messages if they do not want to be involved.
- Identifying other projects that you can collaborate with and use the information that has already been collected.

6.3 A summary of opinions from Stakeholders on various recruitment methods

Table 6 Summary of opinions from community pharmacists, pharmacy assistants and pharmacy practice researcher on various recruitment methods

Recruitment Methods	Advantages	Disadvantages	Points to remember
Mail-out	Has potential to reach large audience.	Usually gets thrown out; People are sceptical; Not effective with elderly people and people with poor or no English; May not reach everyone; increasingly difficult to get access to the electoral roll; May not be cost-effective.	Aim must be clear; Should be streamlined, targeted and personalised by the pharmacy or pharmacist; May be included in routine pharmacy mail-out.
Telephone	Can help establish a relationship with potential participants; May increase recruitment rate.	Invasive.	May use telephone to find out if potential participant is interested.
Orientation Visit	Suitable for non-English speaking patients, clients and consumers and people with chronic illness.	Time-consuming; Potential to get skewed group.	Discretion is important.
The Use of an Intermediary	Suitable for recruiting minority or community-based groups.	Intermediary 'too' protective of their patients, clients and consumers.	Must consider ethical and privacy issues when introducing 3 rd person; Must instruct intermediary adequately; Physicians unlikely to cooperate; Should remunerate intermediary.
Worksite Recruitment		Internet setup required	Emails may not be effective; Wording of the subject heading is important.
Flyers, brochures or posters	Can reach wide population.	May not be cost-effective.	Content must be interesting and eye-catching.
Make announcements in community forums	Effective; Give opportunity to explain project properly.		Must target group.
Media Campaign (including, newspaper, radio, television)		Potential recruits may not be suitable candidates; People may misunderstand project; May not be cost-effective.	Only small amount of general information can be given; advertising via regional stations more effective; Research has to be big enough to warrant this method.
Payment and compensation	Is an incentive for people to participate.	May attract unsuitable people.	Amount must be small; Can consider voucher; Should consider other ethical rewards: free medical free medical check up, or free medication review short reports to participants.

7 Discussion

It is evident from all aspects of this review that competent patient, client and consumer recruitment is fundamental to the success of healthcare research and influences the research rigour and results. (1-3) This process is, nevertheless, by far the least thought-through and least planned step in the whole course of most research. Over-estimation of recruitment pool and over-enthusiastic expectation of recruitment rate all lead to under-estimation of time required for recruitment and are the two most common reasons why recruitment is, more often than not, spectacularly unsuccessful. (5)

Active strategies produce a more representative sample because potential participants who otherwise may not initiate contact are approached directly about the study. However, refusal rate, attrition rate and implementation expense of active recruitment are generally higher than those of passive recruitment. (7)

It is evident that many recruitment methods and strategies have been used in research. Most studies used a combination of active and passive recruitment methods. There is evidence that the recruitment efficacy of passive recruitment, where potential participants are required to initiate contact with the researchers, is generally lower than that of active recruitment, where potential participants are directly contacted by intermediaries or by researchers in person or by telephone. (7) Whilst the use of an intermediary, or a gatekeeper, has a role to play in the recruitment of minority and other community-based groups, (32) there is also evidence that it presents many challenges under normal circumstances, (8) particularly the use of physicians as intermediaries. (29) (11)

Whichever recruitment method or strategy used, it is clear, and the pharmacy practice researchers in the focus group concur, that a continuous and regular process of assessing and modifying the recruitment strategy is essential to ensure adequate recruitment. Recruitment strategies need to be tailored to the population to be targeted.

The pharmacy practice researchers in the teleconference identified the lack of trust and a desire to protect the patients, clients and consumers to be some of the reasons why intermediaries might be resistant and therefore ineffective as recruiters. They also felt that intermediaries generally would not have the same understanding of the information, evaluation and research process. Hence, it is important to brief intermediaries with as much information as possible so that the aim and purpose of the study are understood. Researchers recognise that by far the most effective way to recruit is

active recruitment with the researchers as recruiters. They also recognise the ethical boundaries they have to abide by mean that this is not always possible.

Pharmacy practice researchers in the teleconference were very aware of the importance of ethical requirements in research. They were keenly aware of the need to stay focused on the true aim of research and not be tempted to use the quickest and shortest route in order to meet deadlines. They also emphasised the need to work together in an ethical manner with other healthcare professionals, and felt that liaison and communication with other healthcare professionals is important.

From the community pharmacists and pharmacy assistants' focus group, it is clear that community pharmacists and their staff felt that they are in a unique situation of being able to effectively recruit participants into pharmacy practice research, and they themselves are suitably placed to understand and conduct research. They explained that being actively involved in research motivates them much more to recruit enthusiastically than if they were only the third party. This involvement may include promotion of the project, data collection, etc. and being able to then use the results to effect change in their own practice or to substantiate their own beliefs. They felt that the trust and rapport they have with their patients, clients and consumers enable them to put the message across, build further on the trust and rapport, and help people to make an informed decision about whether to participate in research and practice.

Pharmacists realise their limitations of time and business/practice constraints and are realistic about the difficulties and struggles of recruitment and research. However, they overwhelmingly felt that it is their professional responsibility to participate in research and believed research improves their professional practice and increases their professional satisfaction. They emphasised the importance for everyone involved to be adequately informed of the research aims and processes, and that realistic timeframe and expectations should be given to them to complete their tasks. Whilst none in the focus group insisted on remuneration for themselves as recruiters, they admitted that it can be an incentive since they are relatively under-remunerated in other areas.

The pharmacists and pharmacy assistant in the focus group also seemed to be mindful and of their patients', clients' and consumers' limitations and fears, and therefore 'protective' of them. This partly stems from their own experience on the receiving end of recruitment methods. They felt that patients, clients and consumers should be adequately informed about the aims and process of the research, given ample time to consider the study and must not be pressured into participating.

On the subject of money, there were mixed feeling about the offer of money or gifts as a lure to recruit patients, clients and consumers. Whilst some pharmacists and pharmacy assistants felt that a small payment for their effort or a gift voucher to spend in the pharmacy is reasonable, others felt that incentives like increased health knowledge and improved disease management are more beneficial and ethical.

It is also clear that pharmacists felt the frustrations of trying to enlist the cooperation in research of general practitioners and medical specialists. Their impression was that, unless there is relevance and reward for them, doctors are not interested in pharmacy-related research.

An innovative suggestion involved using SMS on mobile phones to recruit patients, clients and consumers. It is less invasive than telephoning and potential participants would have the option of responding to or deleting the message. Another novel way to 'recruit' is to collaborate with other projects and use the information that has already been collected. Ethical considerations, of course, have to be addressed before this can take place.

For the purpose of identifying recruitment methods and strategies that will work best for patients, clients and consumers, it was originally planned to conduct three focus group teleconferences, each with about 4 to 6 participants. However, the focus group for patients, clients and consumers that could have given the most valuable information was not able to be formed as no potential participant contacted the researcher to express an interest in participating. This problem confirms and highlights two key issues with regards to recruiting consumers for research in an ethically sound context. Firstly, relying on a recruiter who is not directly involved in the research may present a problem. They may not have the same investment in the research process and outcome as the investigating team, leading to a reduced priority for recruitment in context of the many other tasks and responsibilities they may have. The second key issue is the difficulty of relying on potential participants themselves to initiate contact. This may represent a difference in priority in context of other activities and outcomes in their daily lives or may be a reflection of the evaluation of the apparent benefit from participation. Valid ethical considerations prevented the researcher from directly and actively recruiting potential participants using information from previous research with which they had been involved, even though these individuals were known to the researchers and had demonstrated enthusiasm for participation in previous work. The extremely short timeframe for the production of this report did not allow for modification of the recruitment plan (e.g. advertising in local media), as this would also require consideration and approval from the ethics committee to vary the methodology, a process which takes at least several weeks. This outcome is a reminder of the importance of careful planning for recruitment and assessment of recruitment strategies. Ethical

considerations, while they may be frustrating, are important as they protect the interests of the patient independent of the research itself.

8 Recommendations

Based on the findings of this review, we are recommending the following recruitment process to be the basis for the development of an ideal model for pharmacy practice research.

The Recruitment Process

The recruitment process requires comprehensive preparation and planning as a crucial element of successful research. The process should have a cyclical element about it to enable ongoing development, assessment and modification. (Diagram 1)

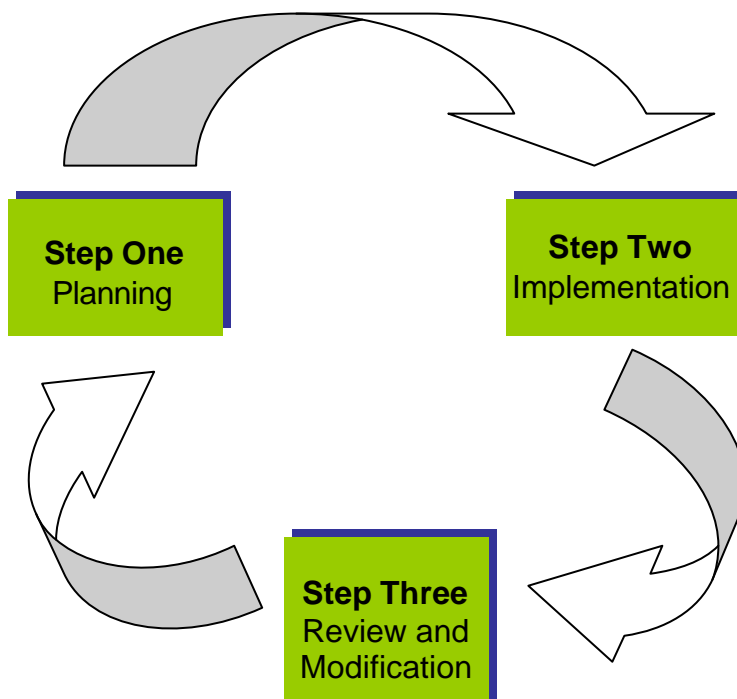


Diagram 1 Patient, client, consumer recruitment process in pharmacy practice research

The recruitment process consists of three steps:

Step One Planning

This involves, firstly, background and literature search to determine the aims and goals of a research project, and define the target population, i.e. inclusion and exclusion criteria. Using these criteria, define the recruitment population, including demographic (occupation, age, gender, race, residence, socioeconomic status, education level, health status, disease states, etc) and geographic details. If possible, use these details to decide on the best source, of information about the recruitment population, eg. electoral roll, hospital records, pharmacy records, health services, etc.

Taking into account or considerations relating to the recruitment population, decide on one or more recruitment method. This is best done by consulting with the personnel who are likely to do the recruiting. Working within the limits of funding restrictions, factor in a realistic recruitment timeframe and rate, and devise a plan of action to include who will do the recruiting, where to do the recruiting, issues and considerations relating to the particular recruitment population, specific strategies to address these issues and considerations, any ethical or legal considerations, whether and how to compensate participants, the documentations (including ethical and legal documents, data collection documents) required during recruitment, etc.

Wherever possible, active recruitment methods and strategies that use researchers directly as recruiters should be employed. If personnel other than the researchers are to be involved, there should be proper communication/liaison with appropriate professional bodies and organisations, in order to establish a basis for expecting cooperation during the actual recruitment. Remuneration in the form of salary, reimbursement, acknowledgement, etc. should also be considered.

Documentation should be kept simple and to an adequate minimum so as to not hinder the recruitment process. It should be interesting and informative, keeping in mind the limitations of patients, clients and consumers.

Submit the project application including the recruitment plan to individual institutional ethics committee for review at an earliest possible time, and allow a realistic length of time for this review process to occur.

It is advisable to devise a recruitment fall-back plan at this stage if possible. If, for whatever reason, the initial recruitment methods and strategies did not produce desirable results, fall-back plans,

subject to ethical approval, could be implemented quickly to minimise the risk of the recruitment process losing its momentum.

Step Two Implementation

Once ethics approval has been obtained, ensure all recruitment documentation is ready and confirm all recruiting personnel. Spend adequate time briefing the recruiters, as this is essential to the eventual successful recruitment. Explain in detail to recruiters the aims and goals of project, the importance and relevance of the project, the spirit and importance of informed consent, the characteristics of the recruitment population, any issues or considerations in relation to that population, any ethical and legal issues, and most importantly, the expected timeframe and rate of recruitment. If it is face-to-face recruitment or telephone recruitment, training in language and mannerism (i.e. use lay, non-invasive, non-coercive, friendly language, emphasizing importance of participant's input, using role-play or demonstration) should be done whenever possible.

During recruitment, it is important for researchers to maintain contact and rapport with recruiters to address any issues when they arise. When personnel other than the researchers are the recruiters, consideration should be given to their time constraints, work/business commitments, and relevance of the project to them. Strategies to address these issues should be discussed with the recruiters, for example, providing funds to employ a locum one afternoon a week to enable the pharmacist to spend time to recruit patients, clients and consumers in a professional manner.

Recruiters and researchers must endeavour to build and maintain relationship with the patients, clients and consumers who have been recruited. Recruiters and researchers must recognise the participants as persons, and hence acknowledge their physical limitations, mental limitations, health limitations, fears, apprehensions, idiosyncrasies, etc. This relationship should be maintained throughout the recruitment and research process, and extend beyond if appropriate.

Step Three Review and Modification

Review the recruitment process regularly. Seek feedback from recruiters. If initial recruitment methods and strategies did not produce desirable results, consider implementing fall-back plans, subject to ethical approval, as soon as possible. Fall-back plans may be the ones devised during the planning stage or, if deemed unsuitable given the information that has emerged after recruitment, devised after consideration of feedback from recruiters, i.e. return to Step One and repeat the recruitment process.

Wherever possible, a summary of results, feedback or a debrief session should be organised for participants at the conclusion of the research. This is not only ethical but enhances participants' sense of achievement and satisfaction.

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Tools, Mechanism, Strategies to engage clients/ consumers in Pharmacy Practice Research

Focus Group Questions and Topics for Discussion

Teleconference will be conducted by a focus group facilitator. One or all of the researchers will be present to participate in discussion to ensure all key areas are covered.

Facilitator Records

Facilitated by _____

Date _____

Time _____

Researcher(s) present	Phyllis Lau	?
	Kay Stewart	?
	Greg Duncan	?

Model Question (Round Robin Introductions)

I am Ros Hurworth, the Director of the Centre for Program Evaluation at the University of Melbourne and have been working for the Centre, carrying out evaluations in health and education, for more than 25 years. We often have to recruit people to help us with our research. There are many ways to do this and they can often be very challenging!

Now please tell me something very briefly about yourself – whereabouts is your practice or work - and your connections with pharmacy research.

(Please collect the following details about each participant in the focus group prior to commencement.)

	City/Town or Suburb of Practice	Pharmacist (P) or Pharmacy Assistant (PA)?	Brief description of Current/Previous involvement/role in Pharmacy Practice Research
Participant 1			
Participant 2			
Participant 3			
Participant 4			
Participant 5			
Participant 6			

Introductory Question (Round Robin--all have to answer)

1. Now when I say the words 'Recruiting consumers for research' what is the first idea or picture that springs to mind?

(There is no right or wrong answer --and response should be no more than a couple of words, a phrase and certainly no more than a sentence.)

Transition Questions--free for all

(Running on hopefully from model & introductory question)

2. Building on from what you said at the beginning, and from some of your pictures,

- a. Tell me more about the type of pharmacy research in which you have been engaged recently.
- b. What were the research methods involved?
- c. How have consumers been involved in the research? (Prompt: why did you need them?—what was their role in the research?)

3. a. How did you recruit them?
b. What worked well in the recruitment?
c. How did you retain them?

4. a. What were the issues associated with recruitment/retention from the point of view of the pharmacist-researcher? (ethical, costs, different needs for different groups)
b. What are the barriers from the consumers' point of view? (Why are they not keen to participate?)

5. Looking back, how do you think recruitment impacted on the research rigour and findings?

6. If you were to run these projects again what would you do differently in way of recruitment?

7. Now we are going to look at a series of strategies and methodologies for recruitment, that we have come across during a literature review concerning research recruitment tools, mechanisms and strategies.

Recruitment Strategy/Methodology	(Prompts: description and comments)
Mass mailing	<ul style="list-style-type: none"> ➤ Eg. questionnaire sent to potential participants in a particular geographical area ➤ May generate large number of responses.
Telephone Recruitment	<ul style="list-style-type: none"> ➤ Recruitment may be preceded by a letter and potential participants may be given option to indicate whether they want to be contacted by telephone. ➤ Con: Possibility of coercion.
Personalised letter	<ul style="list-style-type: none"> ➤ Eg. A letter packet consisted of letter & brochure (summary of study components & participants' responsibilities)
Orientation visit	<ul style="list-style-type: none"> ➤ Designed to generate interest, comfort and trust in the research. ➤ Eg. talk, video, discussions, luncheon meeting ➤ Con: possibility of coercion
Clinic Recruitment	<ul style="list-style-type: none"> ➤ ie Recruiting via GPs/specialists. ➤ Con: Possibility/perception of coercion
Word of mouth	<ul style="list-style-type: none"> ➤ Eg. Participants recommending the research to a friend
Worksite recruitment	<ul style="list-style-type: none"> ➤ Eg. Via internal mail systems to distribute brochures
Flyers/ brochures/ pamphlets/posters	<ul style="list-style-type: none"> ➤ Where do we post these? ➤ What information should go on this? ➤ Hit and miss approach? ➤ Cons: Impersonal; inertia of potential participants to respond
Announcements in community support groups eg. church, retirement villages, community centres	<ul style="list-style-type: none"> ➤ Con: Inertia of potential participants to respond
Announcements/Advertisements in newspaper/radio	<ul style="list-style-type: none"> ➤ Con: Inertia of potential participants to respond
Multimedia campaign	<ul style="list-style-type: none"> ➤ Eg. Newspaper interview, internet press release, television interview ➤ Television interview more successful? ➤ Con: Inertia of potential participants to respond
Letters from Physicians	<ul style="list-style-type: none"> ➤ Con: Inertia of potential participants to respond
Compensation	<ul style="list-style-type: none"> ➤ Money or coupons or gifts? ➤ Eg. Promised reimbursement of \$50 for completing 1st half of study, and another \$50 after completion of study. ➤ Eg. Promised \$25 after 1st interview and another \$25 after 2nd interview ➤ Eg. Promised reimbursement for travel expenses. ➤ Eg. "Name-a-friend" program – for each "friend" participant, a gift certificate to a popular retail store was promised to the referring participant.

Let's think about the first one (articulate the strategy)

- a. What might be the sociological or ethical issues behind this model?
- b. For what types of consumers would be this be suitable? Why?
- c. For what types of consumers might this not be suitable? Why?
- d. (If not pharmacy related) how could this model be applied to pharmacy—if appropriate?

(Repeat for each strategy)

Key Questions

8. Imagine that we are about to commence a new piece of research that requires consumer participation
 - a. From what we have talked about already what needs to be considered when developing a recruitment/retention strategy in pharmacy practice research?
 - b. What advice would you give to pharmacists entering the research world for the first time about recruitment/retention?
9.
 - a. Be creative and try to think up some completely new ways to engage consumers.
 - b. Once engaged, how do we retain them?



Date

Tools, mechanism, strategies to engage clients/consumers in pharmacy practice research

The recruitment of clients/consumers in the community into pharmacy practice research is an important component of pharmacy practice research methodology. However, there is currently little or no information on evaluation of the effectiveness of such recruitment process. This research project, funded by the Community Pharmacy Research Support Centre, aims to review and evaluate critically past and current strategies in client/consumer recruitment in research. It will have information that will be of interest and value to the Pharmacy Guild of Australia and the Commonwealth Department of Health and Ageing. The information will form the foundation and plans of future research in pharmacy practice. This project is being conducted by Dr Phyllis Lau, Dr Kay Stewart and Mr Greg Duncan from the Faculty of Pharmacy at Monash University.

You have been invited to participate in a teleconference to assess critically past and existing client/consumer recruitment models, their applicability in pharmacy-related researches, as well as brainstorm new ideas. You have been selected on the basis that you are, or have been, involved in pharmacy practice research and thus your opinion is of vital interest. The one-off teleconference will take about one to two hours at a time and day most convenient to all participants. The information collected will be retained at the university for 5 years.

No findings which could identify any individual participant will be published. Only the combined results of all participants will be published. However, if you would like me to acknowledge your help in my report to the Community Pharmacy Research Support Centre, I can include your name. It is hoped that the findings will be published as a journal article or book or chapter as well as being presented at appropriate conferences.

Participation in this research is entirely voluntary. If you agree to participate you may withdraw at any stage and will not be disadvantaged or penalised in any form. If you decide to withdraw at any stage, data collected up to that point will not be retained, unless you have specifically given consent for us to do so.

If you have any queries or would like to be informed of the project finding, please contact Dr Phyllis Lau by phone 9903 9526 or fax 9903 9629 or email phyllis.lau@vcp.monash.edu.au

Should you have any complaint concerning the manner in which this research (insert project number) is conducted, please do not hesitate to contact the Monash University Standing Committee on Ethics in Research Involving Humans at the following address:

The Secretary
The Standing Committee on Ethics in Research Involving Humans (SCERH)
Building 3D
Research Grants & Ethics Branch
Monash University VIC 3800
Tel: +61 3 9905 2052 Fax: +61 3 9905 1420 Email: scerh@adm.monash.edu.au

Thank you.

Dr Phyllis Lau



Tools, mechanism, strategies to engage clients/consumers in pharmacy practice research

I, _____ agree to take part in the above Monash University project. I have had the project explained to me, and I have read the Explanatory Statement, which I keep for my records. I understand that agreeing to take part means that I am willing to:

- participate in a teleconference at a time/date convenient to all participants
 - allow the conference to be audiotaped
-
- ☐ I understand that any information I provide is confidential, and that only the combined results of all participants will be reported or published. No information that could lead to the identification of any participant will be disclosed in any reports, publications, or to any other party.

OR

- ☐ I would like my name to be included in the project's report to the Community Pharmacy Research Support Centre and my help in the project acknowledged. I understand that I will be given a transcript concerning me for my approval before it is included in report.

AND

- ☐ I also understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage of the project without being penalised or disadvantaged in any way.

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You have been invited to participate in a group interview with a research pharmacist to assess critically past and existing client/consumer recruitment models, their applicability in pharmacy-related researches, as well as brainstorm new ideas. Your pharmacist (name of pharmacist) at (name and address of Pharmacy) has nominated you on the basis that you are or have been involved in pharmacy practice research and thus your opinion is of vital interest. The one-off group interview will take place at the Department of Pharmacy Practice in Monash University (Parkville campus) for about one to two hours at a time and day most convenient to all participants. The information collected will be retained at the university for 5 years. Travel expenses will be reimbursed.

No findings which could identify any individual participant will be published. Only the combined results of all participants will be published. However, if you would like me to acknowledge your help in my report to the Community Pharmacy Research Support Centre, I can include your name. It is hoped that the findings will be published as a journal article or book or chapter as well as being presented at appropriate conferences.

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You have been invited to participate in a teleconference to assess critically past and existing client/consumer recruitment models, their applicability in pharmacy-related researches, as well as brainstorm new ideas. You have been selected on the basis that you have substantial involvement in pharmacy practice research within the community pharmacy setting, and that you are extremely knowledgeable regarding issues of client/consumer recruitment. The one-off teleconference will take about one to two hours at a time and day most convenient to all participants. The information collected will be retained at the university for 5 years.

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