

Understanding the perspectives of recruiters is key to improving randomised controlled trial enrolment: a qualitative evidence synthesis – Additional File 5

Summary of review finding	Studies contributing to the review finding	CERQual assessment of confidence in the evidence	Explanation of CERQual assessment
Theme 1: Recruiting to RCTs in a clinical environment			
1. Recruiters generally expressed that identifying eligible patients for an RCT was difficult to do in normal clinical practice, recognising factors such as the way patients engaged with clinical services, insufficient record keeping, and there being fewer eligible patients than anticipated as impacting the opportunity to identify patients	(1-14)	High confidence	No or very minor concerns about methodological limitations and coherence, minor concerns about adequacy and relevance
2. Recruiters identified that there were issues related to patients' abilities or motivations to attend visits related to the RCT, which impacted recruitment. These included practical issues such as accessing hospitals and committing time to the RCT	(1, 4, 8, 14-18)	High confidence	No or very minor concerns about coherence, minor concerns about methodological limitations, adequacy and relevance
3. Recruiters felt that they had insufficient time to dedicate to recruitment as they had other commitments and busy workloads. This was particularly prevalent for primary care recruiters	(1, 3, 5, 6, 8, 9, 14, 18-21)	High confidence	No or very minor concerns about coherence and adequacy, minor concerns about methodological limitations and relevance

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<p>4. Recruiters generally noted the value of sufficient staff resource, and the benefit of having additional recruitment support was recognised. Recruiters perceived that if they had additional resources (such as nurse time) it would be beneficial for recruitment</p>	<p>(2, 3, 7, 12, 14, 19, 20, 22)</p>	<p>High confidence</p>	<p>No or very minor concerns about methodological limitations, adequacy and relevance, minor concerns about coherence</p>
<p>5. Recruiters sometimes had attitudes towards the RCTs that were understood to not be conducive to recruitment, such as suspicion towards research and believing there were other priorities over recruiting patients. These attitudes were often rooted in a belief that day to day care of patients should take precedence</p>	<p>(1-3, 5, 6, 10, 13, 20-24)</p>	<p>Moderate confidence</p>	<p>Minor concern about methodological limitations, adequacy and relevance, moderate concern about coherence</p>
<p>6. A culture of research at a site was believed to be beneficial to recruitment, as in some cases it encouraged engagement from the wider clinical team. What constituted a research culture was not uniformly defined and varied between RCTs</p>	<p>(3, 12, 21, 25)</p>	<p>Moderate confidence</p>	<p>No or very minor concerns about methodological limitations, coherence and relevance, moderate concern about adequacy</p>
<p>Theme 2: Recruiters' enthusiasm for the RCT</p>			
<p>7. Enthusiasm for an RCT was considered beneficial for recruitment and often stemmed from a desire to</p>	<p>(2, 4-6, 10, 14-17, 19-21, 23, 26-28)</p>	<p>High confidence</p>	<p>No or very minor concern about methodological limitations, coherence or adequacy, minor concerns about relevance</p>

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improve patient care and outcomes, and resolve uncertainty			
8. Some recruiters identified that motivation to recruit participants came from a desire to access treatments available within the RCT as they believed them to be beneficial	(2, 18)	Low confidence	No or very minor concern about methodological limitations, minor concern about relevance, moderate concern about coherence and serious concerns about adequacy
9. Obtaining support from team members who were not directly associated with recruitment was considered to be important, as a supportive clinical team was understood to improve the recruitment process, but this could be difficult to achieve and could require ongoing effort on the part of the recruiters	(2, 7, 8, 10-12, 14, 25, 26, 29)	High confidence	No or very minor concern about methodological limitations, coherence and adequacy, minor concern about relevance
Theme 3: Making judgements about whether to approach a patient			
10. Not all patients who are eligible to take part in the RCT are approached, with recruiters applying inclusion and exclusion criteria variably and suggesting reasons outside of these criteria why patients may not be approached, such as having preferences for patients to receive certain treatments	(4, 5, 9, 11, 13, 17, 19, 21, 23, 25, 28, 30)	High confidence	No or very minor concern about methodological limitations, coherence adequacy, and relevance

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<p>11. Discomfort about recruiting patients due to the appropriateness of the eligibility criteria can be pronounced when recruiters believe that patients are on the periphery of the eligibility criteria. The prevalence of this struggle was highlighted in particular for recruiters who were also clinicians when they felt less (un)certain about the best treatment for a patient</p>	<p>(4, 10, 13, 14, 17, 19, 23, 25)</p>	<p>Moderate confidence</p>	<p>No or very minor concerns about methodological limitations and relevance, minor concern about adequacy and moderate concern about coherence</p>
<p>12. Recruiters often made additional judgements about individual patients' personal, social or other non-clinical factors when deciding whether to approach them about RCT participation. This sometimes resulted in recruiters acting as 'gatekeepers' and denying patients the opportunity to make a decision for themselves</p>	<p>(2, 4, 5, 9-11, 13, 14, 16, 18-21, 25, 27-30)</p>	<p>High confidence</p>	<p>No or very minor concerns about methodological limitations, coherence and adequacy, minor concern about relevance</p>
<p>13. Recruiters also reported that others involved in the patient's care may act as gatekeepers, preventing access to their patients who may be suitable for inclusion in the RCT</p>	<p>(3, 7, 9, 22, 29)</p>	<p>Moderate confidence</p>	<p>No or very minor concern about coherence or relevance, minor concern about methodological limitations and moderate concern about adequacy</p>
<p>Theme 4: Communication challenges</p>			

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<p>14. Some recruiters, who approached patients despite having treatment preferences, were found to influence patient preferences when doing so, such as by giving direct treatment recommendations. They also believed that other members of staff had preferences for certain treatments, which also influenced patients' preferences</p>	<p>(4, 6, 10, 11, 13, 17, 19, 22, 23)</p>	<p>Moderate confidence</p>	<p>No or very minor concerns about methodological limitations, minor concerns about coherence, adequacy and relevance</p>
<p>15. Difficulties explaining the study to patients were noted and terms which were perceived by study authors to be 'problematic' were often used to describe elements of the RCT, such as randomisation. The use of problematic terms was understood to act as a barrier to recruitment</p>	<p>(3, 6, 8, 11-13, 16, 17, 19-21, 28, 30)</p>	<p>High confidence</p>	<p>No or very minor concerns about methodological limitations and adequacy, minor concern about coherence and relevance</p>
<p>16. Recruiters believed that patients often had preferences for particular treatments. Recruiters often accepted patients' treatment preferences, with justifications for doing so being influenced by recruiters' personal beliefs</p>	<p>(1, 4, 10-13, 17, 19, 20)</p>	<p>High confidence</p>	<p>No or very minor concern about coherence or adequacy, minor concern about methodological limitations and relevance</p>
<p>Theme 5: Interplay between recruiter and professional roles</p>			
<p>17. Recruiters with clinical or other roles in addition to their recruitment roles had to strike a balance between the two roles, often acting both as a recruiter and an advocate for the patient. This was particularly prevalent</p>	<p>(2, 4, 5, 8, 10, 13, 14, 18, 21, 23-25, 27, 30)</p>	<p>High confidence</p>	<p>No or very minor concerns about methodological limitations, coherence or adequacy, minor concern about relevance</p>

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for nurse recruiters who reported conflict between the roles			
18. Whilst the 'dual role' of being a clinician and recruiter was acknowledged, the clinical role was often prioritised. Traditional perceptions of recruiters' own roles emphasised their caring and advocacy responsibilities, which took precedence over their recruitment role and could not be encroached upon. This was identified in particular for nurses and GPs	(2, 4-6, 21, 24, 25, 27)	Moderate confidence	Minor concern about methodological limitations, coherence, adequacy and relevance

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