JOURNAL OF CLINICAL RESEARCH BEST PRACTICES

Vol. 4, No. 7, July 2008 "Can You Handle the Truth?"

Investigator Meeting Insanity

By Paul Latimer

Investigator meetings can be a nice perquisite of clinical research if you conduct one or two studies per year and the meetings are in exotic locations. However, if you conduct 10 or 20 studies a year, investigator meetings become a costly burden.

Our site is in western Canada, so we usually have to travel a day to a meeting and another day to return. Most meetings are two days in duration, so the entire trip requires four days away from the office.

Usually, each site sends a principal investigator and a coordinator, at a cost that varies from site to site. We estimate the bottom-line cost for our site to be about $7,000 ($1,500/day/physician and $250/day/coordinator). Plus, with the stress and hassles of travelling today, the traveler returns a bit worn around the edges, not exactly ready to plunge back into the fray.

Most study sponsors do not compensate sites for lost work time or travel inconvenience. The theory, apparently, is that paying physicians reasonable compensation for time away from the office for legitimate training may somehow induce them to improperly prescribe the sponsor's drugs or devices and bill the federal government in violation of federal law. You can be sure everyone else in the room is being paid.

Online meeting and learning products and methods have improved substantially over the past few years. Of course, they cannot provide the benefits of face-to-face meetings in building relationships. However, what does it do for the sponsor/investigator relationship to make the investigator sit through the same sessions meeting after meeting, regardless of his or her level of expertise or role at the site?

Why do investigators need to sit through sessions intended for study coordinators, and vice versa? Any sponsor I've worked with in the past knows I know GCP; an annual refresher course might be appropriate, but anything more is just insulting. In psychiatric studies, everyone is expected to endure rater training, even if they have already used the same scales in multiple studies that year for the same sponsor, to say nothing of clinical use.

Perhaps one day of the meeting could be accomplished online. The remaining time could be spent more productively, with training tailored to subsets of the audience based on their experience and roles in the study. Surely, the 20% of the investigators that will enroll 80% of the subjects should not be treated as dolts. On the other hand, novice investigators may need the extra day of training if they are to survive the study and continue in clinical research.

If relationship building is the objective, aggravating the investigators – and making them pay for the privilege – is an odd way to accomplish it. If study sponsors had to pay for site personnel time, they would find ways to make the training more efficient and productive. Sponsors may incur higher costs in the short term, but they will build strong relationships with investigators, unburdened by the hypocrisy of making their "valued partners" pay for so much wasted effort.

Acknowledgement

The author wishes to acknowledge the editorial assistance of Megan Stobbe.

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