Reviewer’s report

Title: “A systematic review of training programmes for recruiters to randomised clinical trials”

Version: 1 Date: 24 February 2015

Reviewer: Janine Dretzke

Reviewer’s report:

Major Compulsory Revisions

• Can a sample search strategy (e.g. for MEDLINE) be presented as supplementary material. It would be of interest to see which search terms were used and how they were combined, particularly as this is a complex intervention.

• Were foreign language papers included? Were any experts in the field contacted? Were ongoing trials databases searched? Any ongoing trials may be relevant in the context of future research recommendations.

• 2.2. Selection of eligible studies. Can the relevant comparators and outcomes be stated.

• Methods. There is no section on analysis/synthesis.

• Quality assessment.

  o Was the method of randomisation appropriate for the RCTs?
  o How were the important confounders determined, and what were they?
  o Presumably blinding refers to outcome assessors only, as participants cannot be blinded. This may be worth stating.
  o How is confounding assessed for a pre-/post-test design?
  o How did one RCT have poorer quality in terms of confounding compared with some of the other study designs?
  o Why were the ‘intervention integrity’ and ‘analyses’ criteria of the EPHPP quality assessment tool not used, and how would this affect the global quality rating?

Page 6/7. “Key weaknesses related to the potential for selection bias and confounders”. Some more detail/examples would be useful here. Why weren’t participants representative? (E.g. were they self-selecting?) What were the most important confounders?

Overall, a bit more depth is needed for the description of quality assessment. Perhaps an assessment of how well the global tool worked across the different study designs could be added to the discussion.
The findings should also be discussed more in the context of quality, e.g. did the studies with strong or moderate quality rating find different results overall to those with a weaker quality rating? How did reporting issues affect the quality rating?

- How comparable were studies in terms of comparator arm (where applicable)? For example, standard practice in one hospital/study in terms of training may differ to standard practice in another. Further, standard practice in one hospital may be similar to the intervention in another hospital.

- Research recommendations. Which study design would you recommend for further studies? Which were the main biases identified that future studies should aim to minimise?

Minor Essential Revisions

- The labelling is not consistent between Figure 1 (3 non-randomised controlled trials) and Table 1 (2 non-randomised controlled trials and 1 prospective case controlled study). What is meant by a “prospective case controlled study”? Case-control studies are normally retrospective so this warrants an explanation.

- Table 3. Can ‘study design’ be added as a separate column.

- Can a distinction be made in Figure 1 between “studies” and “papers”

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

I declare that I have no competing interests.