

Stakeholder Mapping for Emerging Clinical Trial Networks

Guidance for CTNs October 2020

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PURPOSE OF THIS GUIDANCE

This document will assist emerging Clinical Trial Networks (CTNs) to conduct stakeholder mapping.

THE ROLE OF ACTA IN CONDUCTING STAKEHOLDER MAPPING

The Australian Clinical Trials Alliance (ACTA) is providing advice to assist CTNs in conducting stakeholder mapping. The general advice provided by ACTA should be considered and applied by each CTN, taking into account the specific requirements of the CTN and governance at the startup phase.

ACKNOWLEDGEMENTS

This document draws on an original document developed by Simone Yendle, ACTA CEO, with input from Dr Fiona Nemeh. This initial document was used as the basis for this guidance. We acknowledge the contributions of the ACTA team, ACTA members and members of ACTA's CTN Sector Expansion Reference Group, in the preparation, development, and review of this document.

USE OF THIS DOCUMENT

ACTA encourages the use of all materials listed on its website (https://clinicaltrialsalliance.org.au/) in the pursuit of improving the clinical research enterprise. ACTA requests the following acknowledgement is included in any documents that are developed using knowledge gained from this document. This will assist ACTA in identifying the usefulness of this resource in relation to mapping of stakeholders for emerging CTN groups in Australia.

'[Name of CTN] acknowledges the contribution of ACTA to the development of stakeholder mapping processes within our network (reference: *Stakeholder mapping for emerging CTNs: Guidance for CTNs*)'.

We encourage you to contact ACTA for further advice in establishing a CTN via acta@clinicaltrialsalliance.org.au

DISCLAIMER

The information in this document is for general guidance only. ACTA does not make any representations or warranties (expressed or implied) as to the accuracy, currency or authenticity of the information provided.

DOCUMENT HISTORY

Version	Date	Changes made to document	Authors
0.1	12 August 2020	First version	SY, FN

TABLE OF ABBREVIATIONS

АСТА	Australian Clinical Trials Alliance
CTN	Clinical Trials Network
KOL	Key Opinion Leader

RATIONALE FOR CONDUCTING STAKEHOLDER MAPPING

Stakeholders are individuals or groups who affect or are affected by an organisation and its activities.¹ It is critical to get the right people together to form a CTN with a shared vision. There is no generic list of stakeholders for CTNs. Relevant stakeholders will differ for each sector. Stakeholder mapping is the process of laying out key individuals or groups on a map. This enables a visual representation of key stakeholders. The purpose of stakeholder mapping is to ensure that all relevant stakeholders have been identified. A targeted stakeholder mapping may prompt emerging CTNs to think broadly beyond stakeholders they already know. Effective collaboration between diverse stakeholders within Australia is needed to forge a successful CTN. Forming international collaborations with leading researchers from other countries such as New Zealand and beyond should be considered. This stakeholder mapping exercise can be done alone. However, it is often better to do this with a cross-functional group of people who have broad knowledge about the sector. These could include but are not limited to clinicians, trialists, academics and consultants.

Stakeholder mapping enables the identification of key opinion leaders (KOLs) in a field or disease area. As a recognised leader in their field, a KOL will be reputable and well known to others, having built this reputation over many years. They have often published widely and have a strong academic track record. As well as built a strong network of connections. These KOLs may have a shared interest in developing a CTN. They may put aside self-interest to work together for the greater good of the sector. This enables discussions between KOLs to advance the formation of a network. Actively identify and target these KOLs. KOLs can often make things happen quickly. This may lead to the faster formation of a CTN. If KOLs are engaged early on, they can create a groundswell of interest in a CTN as others may view the CTN as a valuable addition to the sector and want to get involved. The networks of KOLs may be leveraged to grow the CTN and may even lead to funding opportunities through their connections.

It is best to engage key stakeholders early. Leveraging contacts and establishing long-term partnerships is critical as well as building trust and credibility.² Risks to a potential CTN should be considered if key stakeholders are not included in roundtable discussions. Trial groups that are not involved in the network may compete for funding opportunities.³ If others learn of an emerging CTN in their sector and are not invited to join the group, they may feel excluded. Even if omitting them from the group was an oversight. Another issue might be a failure to involve consumers early on. Including consumers early on can lead to increased participation in clinical trials because trials may be designed to appeal to a broader population.⁴

Although initial mapping can take place without systematic involvement of stakeholders, as engagement takes place, key stakeholders should be involved in this process.⁵ It is suggested each emerging CTN conduct their own stakeholder mapping, and there are many ways to undertake this.

HOW TO CONDUCT A STAKEHOLDER MAPPING

Stakeholders may be identified by a variety of methods, such as:

- Recommendations by individuals, project teams or organisations.
- Published literature searches for potentially relevant individuals and organisations.
- Clinical Trial Registry searches for potentially relevant individuals and organisations.
- Internet searches for potentially relevant individuals and organisations.
- Snowballing technique (see below for further information on this method).

In the Snowballing technique, a few known stakeholders are asked to identify new stakeholder groups and provide further contacts.⁵ This is an organic approach to identifying stakeholders. It is one of the most common techniques used by emerging CTNs.

How to perform the snowballing technique:

- Begin with a conversation with a few earlier identified stakeholders.
- Ask these initial stakeholders to name some new stakeholder names, categories and organisations or groups.
- Use the known stakeholder's contacts to connect with new stakeholders.
- A broad list of stakeholders and categories can be created.

The methods listed above, however, may result in a biased list of stakeholders who are identified through familiarity rather than through any logical connection or relevant perspective. A more systematic approach for identifying stakeholders is to identify individuals and organisations who might have a personal or professional interest in the work of the CTN.²

INITIAL STAKEHOLDER MAPPING FOR EMERGING CTNS

1. IDENTIFY YOUR STAKEHOLDERS

Step 1: Determining stakeholders who would be affected by or have an interest in the CTN. A systematic mapping approach using stakeholder categories is recommended.² Table 1 identifies some of the stakeholders who might be relevant in the initial stages of forming a CTN.

 Table 1: Stakeholders who might be relevant in the initial stages of forming a CTN.

Key Opinion Leaders	Network Champions	Clinicians	Health service providers	Primary Care including regional centres
Consumer/Advocacy groups	Universities	Professional Colleges	Registries	Special interest groups
Overlapping CTNs	International Researchers/groups	Charities	Prospective members	Philanthropic organisations
Affiliated partners or Coordinating centres	Peak Bodies and members	Researchers	ACTA	Allied Health

Remember: Stakeholders can be both organisations and people, but ultimately you must communicate with people. Ensure to identify the correct individual stakeholders within a stakeholder organisation.

Step 2: Determining stakeholders who would be affected by or have an interest in the CTN using the stakeholder categories above as a guide.

2. PRIORITISE YOUR STAKEHOLDERS

You may now have a list of people and organisations would have an interest in being part of a CTN. Some of these may have the power either to block that work or to advance it. Some may be interested in what you are doing, while others may not care, so you need to work out who you need to prioritise.⁵ You can map out your stakeholders and classify them according to their influence over your work and their interest in it, on an Influence/Interest Grid (Figure 1).



Figure 1: Influence/interest grid for stakeholder prioritisation. Adapted from Mendelow, A. (1981). Environmental scanning – the impact of the stakeholder concept, *ICIS 1981 Proceedings*, 20.⁶

The position that you allocate to a stakeholder on the grid shows you the actions you need to take with them:

- High influence, highly interested people (Manage closely): you must fully engage these people and make the greatest efforts to satisfy them.
- High influence, less interested people (Keep satisfied): put enough work in with these people to keep them satisfied, but not so much that they become bored with your message.
- **Low influence, highly interested people (Keep informed):** adequately inform these people and talk to them to ensure that no major issues are arising. People in this category can often be very helpful with the detail of your project.
- **Low influence, less interested people (Monitor):** again, monitor these people, but do not bore them with excessive communication.

A peak organisation, for example, might have a high interest in a CTN but low influence. Funders, however, may have high influence but low interest. Those who have both high influence in their field and high interest in forming a CTN may become network champions. Identifying network champions is key to growing a network. Network champions who are engaged and well-networked can spread the word about an emerging CTN. This may lead to a ripple effect of interest in joining a CTN when network champions circulate information to their individual member organisations.

UNDERSTAND YOUR KEY STAKEHOLDERS

The next step is to discover how your key stakeholders feel about your emerging CTN. It is also vital to work out how best to engage and communicate with them.⁵

Key questions that can help you understand your stakeholders include:

- What financial or emotional interest do they have in the outcome of the work of the CTN? Is it positive or negative?
- What motivates them most of all?
- What information do they want from the CTN, and what is the best way of communicating with them?
- What is their current opinion of the need for a CTN? Is it based on good information?
- Who influences their opinions generally, and who influences their opinion of the CTN or the CTN establishment Lead? Do some of these influencers, therefore, become important stakeholders in their own right?
- If they are not likely to be positive, what is the reason for this?
- What will win them around to support a CTN?
- Are they involved in a competing bid to establish a CTN?
- If you do not think that you will be able to win them around, how will CTN leadership manage their opposition?
- Who else might be influenced by their opinions? Do these people become stakeholders in their own right?

You can ask your stakeholders these questions directly. People are often quite open about their views and asking for their opinions is often the first step in building a successful relationship with them.

3. CONDUCT A STAKEHOLDER ANALYSIS

Characterise stakeholders' potential level of influence and support by doing a stakeholder analysis. A simple way to summarise the level of backing you have from your stakeholders is to colour code them. For example, show advocates and supporters in green, blockers and critics in red, and those who are neutral in blue (Figure 2). Figure 2 shows that a lot of effort will need to be put into persuading rival Research Group B of the benefits of a CTN. Whereas Research Group A also need to be managed as powerful supporters.



Figure 2: An example Influence/Interest grid with potential stakeholders identified. Adapted from Mendelow, A. (1981). Environmental scanning – the impact of the stakeholder concept, *ICIS 1981 Proceedings*, 20.⁶

STAKEHOLDER MAPPING FOR MORE ESTABLISHED CTNS

Stakeholder mapping is an ongoing process and should ideally take place once a year. Once an emerging CTN has been formed the list of stakeholders may expand to other groups. Additional stakeholder categories relevant in more established CTNs might include:

- Patients existing and emerging
- State and Commonwealth Department of Health
- Government advisory bodies and working groups
- Regulators sector
- Funders such as the Medical Research Future Fund (MRFF), National Health Medical and Research Council (NHMRC), National Institute of Health (NIH), and Australian Research Council (ARC) Linkage
- Other specialist funding organisations such as private philanthropic funders
- Health governing boards
- Contract Research Organisations to provide monitoring, project management, databases and statistics
- Tertiary teaching hospitals
- Suppliers of clinical trial-related equipment or drugs
- Policymakers
- Clinical Translation in Primary services and Specialists
- Research community including emerging researchers wanting to enter a therapeutic area
- Industry (Pharmaceutical/Biotech/Medical device)
- Media
- The public
- Advanced Health Research and Translation Centres (AHRTCs)
- Centres for Innovation in Regional Health (CIRHs).

This document may be useful for prompting discussion in an emerging or more established CTN. These steps will ideally be conducted in a participatory manner with KOLs in the sector. Once stakeholder mapping and analysis is complete, the next step is to engage the key stakeholders identified. Use a stakeholder's level of influence and support from the prioritisation exercise (Appendix 1) to develop a stakeholder engagement plan. A targeted approach to stakeholders is important. Draw on KOLs only as needed. Each KOL has different priorities so be mindful of their time and goodwill. Be tailored in your

approach when communicating with KOLs. It is best to use existing communication strategies. However, some stakeholder groups have strict protocols about interacting with their members. Tailor your approach accordingly to what works for them. Most stakeholder organisations would not mind including a story about a CTN in their newsletter.

With the launch of a CTN, there is often a steep rise in memberships in the first year. Try to capitalise on this by using a tiered strategy of engagement. Developing a CTN website is key. Build the profile of the network at events where your members congregate. Meeting a KOL at a General Scientific Meeting can lead to them becoming a key stakeholder in the network. Or even a network champion. One strategy for growing a CTN is to invite potential recruits then reinvite them a few months later. Growing members of a CTN is an ongoing process. See ACTA's Communications and Marketing Strategy Guidance document for further information.⁷

REFERENCES

- 1. Freeman, R. (1983). Strategic management: a stakeholder approach. *Advances in Strategic Management*, *1*(1):31–60.
- 2. O'Haire, C., McPheeters, M., Nakamoto, E., LaBrant, L., Most, C., Lee, K., Graham, E., Cottrell, E., and Guise, J-M. (2011). Methods for Engaging Stakeholders To Identify and Prioritize Future Research Needs. Methods Future Research Needs Report No. 4. Accessed 30 September 2020 from: http://www.effectivehealthcare.ahrq.gov/reports/final.cfm
- 3. Piana, R. (2014). The evolution of US cooperative group trials: Publicly funded cancer research at a crossroads. *The ASCO Post* [Internet]. Accessed 30 September 2020 from: http://www.ascopost.com/issues/march-15-2014/the-evolution- of-us-cooperative-group-trials-publicly-funded-cancer-research-at-a-crossroads/
- 4. Nass, S., Balogh, E., and Mendelsohn, J. (2011). A national cancer clinical trials network: recommendations from the Institute of Medicine. *American Journal of Therapeutics*, *18*(5):382.
- 5. Thompson, R. (2012). Stakeholder analysis. *Mind tools* [Internet]. Accessed 30 September 2020 from: https://www.mindtools.com/pages/article/newPPM_07.htm
- 6. Mendelow, A. (Ed.). (1981). Environmental scanning the impact of the stakeholder concept. ICIS.
- 7. Australian Clinical Trials Alliance (ACTA). (2020). *Communications and marketing strategy: Guidance for CTNs*. Available on the ACTA website.

APPENDIX 1: TEMPLATE FOR STAKEHOLDER ANALYSIS AND PRIORITISATION

Instructions on how to use this template: List relevant stakeholder groups in the following table and use the drop-down boxes to rate their level of influence, interest and support for the CTN. Based on these responses, rate the priority of stakeholder groups from 1–5 (with 1 being the highest priority and 5 being the lowest). Engagement of stakeholders should be targeted based on their priority rating.

Stakeholder groups	Influence/ power	Interest	For/against/ unknown	Priority
International experts				



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