# Screener Design & Best Practice Guidelines

## A BHBIA Fieldwork Forum Initiative

The BHBIA Fieldwork Forum have released updated recommendations to the Screener Design and Best Practice guidelines designed to support market research agencies and pharmaceutical companies. This updated version of the guidelines has also been endorsed by the EPHMRA Fieldwork Forum.

This guide is intended to act as a reference point for market researchers who design and implement screeners, raising awareness of potentially challenging areas from a fieldwork perspective, so that we can work in collaboration together, to successfully deliver the market research objectives in the most efficient, respondent-friendly way possible.

Throughout this guide we emphasise that your fieldwork provider should be used in a consultative capacity when there are elements of uncertainty surrounding best practice or feasibility considerations.

The document is born out of discussions about the negative effects unduly long screeners are having on respondent engagement, and ultimately their perceptions of the industry.

Please consider the recommendations made in this guide when designing screeners and refer your clients to it should the need arise.

## Overall duty of care & respect for respondents

Key considerations

- The screener respects the respondent's willingness to participate in MR
- The screener is no longer than required in order to deliver the market research objectives
- Respondents are not unnecessarily screened out
- Respondents understand why they have been screened out



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# Screeners: Action points

**Points I to IV are those you need to act on when designing screeners so as not to overburden the respondent or use the screening as an opportunity to collect free data.**

### 1) Length of screener: What is reasonable?

In conjunction with industry guidance[1,2] screeners should only be used for recruitment purposes and not data collection.

The recommend maximum length of screener is 5-minutes (post compliance and adverse event text) regardless of methodology, which includes project introduction, sub-questions, segmentation and demographic questions.

### 2) Question type

A screener should contain **only** two types of questions:

- Questions that respondents are being screened on
    - For example, for market research on CLL it shouldn't be necessary to ask questions on treatment habits relating to other diseases the respondent might happen to treat

- Questions that quotas are based on (and ultimately, can screen respondents out)
    - Any demographic criteria for Diversity, Equity & Inclusion should be included within this but please consider the ramifications on recruitment and understand there may need to be flexibility on this
    - If including this type of criteria, please be considerate of local demographics within each market

### 3) Placement of screening questions:

Key screening questions (e.g. asking if they treat a specific condition) should be asked as early as possible. This is to prevent wasting time for the respondent.


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### 4) Introductory information

We recommend that you consult local codes of conduct, but as a minimum you should state the broad purpose market research objectives in the introduction. The introductory information should be succinct, to the point and include the information that the BHBIA/EPHMRA Legal and Ethical guidelines require you to supply to the respondent.

# Screeners: Other aspects to consider

### 5) Respondent type

When considering which types of respondents are required, we suggest you consider the following factors:

- Screen on role and responsibilities rather than job title
- Include other 'please specify' to capture titles that may not have been considered
- Variations in job role/ job title across different markets
- Where possible, create a clear summary of respondents who definitely qualify, 'may qualify' and definitely will not qualify to provide clear guidance to the recruitment agency
    - This avoids unnecessary delays in accepting/declining respondents

### 6) Sub-specialities

For each market, it is key to recognise where your ideal respondent types are sub-specialities rather than primary specialities.

Consider that not all specialities/sub-specialities are relevant for all markets, as this can significantly impact successful fieldwork completion.

### 7) Patient numbers

The screening value should reflect the epidemiology of the condition/ patient population as well as usage of a particular treatment. To minimise the impact that patient load will have on your recruitment efforts, consider how the prevalence of certain diseases in certain populations and physician universe sizes will affect average patient loads.

Look to include "in a typical month" in question design for conditions with a high epidemiological incidence and "in a typical 3-month period" for orphan conditions. Be mindful that answers tend to be proportionally lower and less accurate the longer you extend the time-period.


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- Ensure variables related to separate questions are kept consistent
- For example, always refer to the same time duration throughout the whole screener
- (e.g. one month)
- Be aware that percentages will not always sum to 100% as some respondents are on multiple treatments for the same condition

### 8) Time spent in patient care

These levels should reflect typical time spent with patients, by market, so as not to be unduly restrictive e.g. 75% would be more appropriate in the US but 50% more appropriate for EU markets.

It is important to ensure that the question clearly defines what “time in patient care” means as opposed to, for example, “time spent in teaching or research”.

### 9) Previous participation restriction

Our objective for these guidelines is to protect the MR industry and be accessible for Healthcare Professionals and, with that in mind, we recommend the following:

- Be as specific as possible about the topic
- Minimise impact – ask about participation within the last month
    - For certain conditions there is a limited pool of respondents so questions on past participation should be avoided
- Past participation questions should not be included for list recruitment studies due to the restrictive nature of this type of recruitment

### 10) Quotas

Quotas can be very difficult to manage, and when they are applied to your market research, you should consider:

- Quotas make recruitment much more challenging, and potentially impossible
- Making any quotas ‘soft’ and keeping in touch with your recruitment partner can ensure fieldwork challenges are addressed in a timely manner

We suggest making quotas representative of the target respondents, using the screening data to help segment respondents, rather than imposing quotas which may not be realistic.


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It's also important to remember that your recruitment partner cannot target respondents based on attitudinal questions like 'which drug is your preference', so it may be necessary to consider whether these sorts of quotas are needed.

Overly restrictive quotas can impact on recruitment timeframes, overall feasibility and ultimately costs from your fieldwork partners.

### 11) Location and practice settings

If restrictions on location and practice setting are required, these should be based on the distribution of physicians by region and setting within each market.

Be mindful that many respondents will work in multiple settings.

### 12) Respondent grade

We recommend that respondents are screened based on patient workload and treatment decision responsibility rather than grade alone.

Should a question regarding respondent grade need to be included, it should be market-specific. Your fieldwork partner will be able to help you with this information at the set-up stage.

### 13) Years in speciality

Typically, we recommend a minimum of 2 years of experience is considered acceptable to guarantee a suitable level of experience, whether it be since qualification or board certification.

The inclusion of Diversity, Equity & Inclusion, and longevity of healthcare professionals within the industry, means that years in service should no longer be a necessary criterion for exclusion from market research.

### 14) Personal Data

Personally identifiable information should not be requested from respondents at any point during a screener.

### 15) Tracking studies

If you need respondents from previous waves to complete market research, is there a need for the full screener to be completed again by respondents who have already participated? If not, consider reducing/removing/pre- populating the screener answers for this group, or consider concentrating re-screening to key questions only. This will streamline the process and help ensure respondent engagement for future waves.

### 16) Non-qualification

We strongly recommend that all recruiters and panel companies issue polite, factual, responses for non- qualification to the respondent. For online market research this can be as easy as ensuring that once the respondent has been screened out, they are re-directed to a page with a short message informing them that they haven't qualified.

### 17) Rates of non-qualification

Incidence rate is the percentage of treaters of a disease qualifying for a screener.

Due to falling response rates and to ensure the successful delivery of full samples we recommend that all stakeholders work towards a minimum 60% incidence rate accounting for all market research studies.

### 18) Screener collaboration

We recommend sharing your draft screener with your fieldwork agencies prior to legal approval to ensure they are realistic and specific to the markets involved.


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# Help is at hand!

These principles have been designed to offer support and understanding on some very specific considerations surrounding screener design and best practice. The BHBIA and EPHMRA each offer a wealth of information to support their members in this area. Guides and templates relating to the topics covered in this document and related areas such as compliance, ethics and codes of conduct are readily available on the associations' websites.

We strongly recommend that all members take the time to familiarise themselves with the documentation available and where it can be easily accessed.

BHBIA : www.bhbia.org.uk

EPHMRA : www.ephmra.org

# Screener Guide Working Group Members

Our thanks go to the BHBIA Fieldwork Forum working group members who have updated this guidance on behalf of the Association.

| BHBIA Working Group | |
|---|---|
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| Adam Irwin | Gillian Kenny Associates (GKA) |
| Melanie Bayley | deFacto Research |

Thanks also to Bernadette Rogers (EPHMRA) and Roni DasGupta (Atlas Primary) for their support in the preparation of this guidance.

| **References** | |
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| 1 | Screening questions MUST only be used to pre-screen potential Market Research subjects for participation in the research, they MUST NOT be used to collect additional data.<br>[EPHMRA Code of Conduct, 4.15, September 2020 version] |
| 2 | Screeners should be used purely for recruitment purposes and not data collection. All questions included should screen respondents in or out. Screening interviews should be concluded when a respondent is definitively screened out. Screeners are generally brief and potential respondents are not reimbursed for the time it takes to complete them. However, if a screener is unusually long or complex, it is reasonable to reimburse those that have completed the full screener.<br>[BHBIA Legal and Ethical Guidelines, 5.1, August 2021 version] |



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