PARADIGM
Patients Active in Research and Dialogues for an Improved Generation of Medicines

innovative medicines initiative

Planning Patient Engagement

Enhancement EUPATI industry guidance:

Suggested working practices

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1. Introduction

PARADIGM (Patients active in research and dialogues for an improved generation of medicines) was an IMI funded multi-stakeholder consortium to provide a framework for structured, effective, meaningful and ethical patient engagement along the lifecycle of medicines.

The project focused on three decision-making points: research priority setting; clinical trial design; and early dialogues with regulators and health technology assessment (HTA) bodies. The result of the consortium / the output of the consortium is a comprehensive set of tools and practices to support the integration of the patient perspectives into medicines development beyond the focal areas of the project.

Patient engagement should be a standard practice to improve medicines development and deliver results that are focused on patients' needs.

2. Purpose of the document

The EUPATI Guidance for Patient Involvement in Medicines Research and Development (R&D); Guidance for Pharmaceutical Industry-Led Medicines R&D was published in Frontiers in October 2018[1]. It is recommended that the original EUPATI guidance be read alongside this document, which supports the integration of meaningful patient involvement across the entire process of medicines research and development and recognises the value of relevance, fairness, equity and capacity building when developing working practices.

During the PARADIGM project further expansion of specific sections of this EUPATI guidance were suggested. The decision was to provide this in the form of appendices, thereby avoiding

revision to the existing published guidance but giving more detailed contents for better usability of the guidance.

The working practices section required further emphasis to provide more detail on how an engagement could be defined with specific actions and to describe what should happen during pre-engagement planning and discussions to ensure mutually beneficial interactions with adequate preparation. The output of this work is a checklist: a practical tool which may be used during the planning process.

[1] https://www.frontiersin.org/articles/10.3389/fmed.2018.00270/full

3. What is this tool?

The checklist is designed to help organisers planning patient engagement activities and addresses the PARADIGM defined recommendations on the required capabilities for patient engagement[2]. These recommendations can be matched with the PFMD Patient Engagement Quality Criteria[3] and are referenced for further information. The checklist includes a column

for organisers if they wish to self-assess the quality of their preparedness and identify areas for improvement.

Individuals responsible for coordinating patient engagement activities should use this checklist to enable the activity. For example, individuals in a patient engagement role, groups directly organising the activity, legal and other support functions should be aware of these recommendations and the checklist.

It is important to note that patient engagement does not only occur within the area of a specific disease; there will be interest in obtaining patient input/collaboration in areas unrelated to a disease. The checklist should be considered for all interactions.

[2] https://imi-paradigm.eu/wp-content/uploads/2019/11/M17_D4.1-Recommendation-on-stakeholders-required-capabilities-for-PE-in-RD.pdf

[3] https://patientfocusedmedicine.org/the-patient-engagement-quality-guidance/

4. Suggested working practices checklist

This checklist has been designed as a practical tool which may be used during pre- engagement planning of patient engagement activities. It defines specific actions that may be appropriate to the activity and can aid discussions to ensure mutually beneficial interactions with adequate preparation. Organisers can use the rightmost column to include comments addressing considerations such as: "What is the activity?", "who/what will it affect?", "what impact will it have?", "What is the benefit to the patient/community in participating?" and self-assess the quality of their preparedness and identify areas for improvement.

Action & associated description	Yes	No	Comments & self assessment (good, moderate, poor, Not applicable) (Aim to reach at least "moderate")
Is the purpose of the activity and the rationale for engaging patients clear to the project team? Refer to National Health Council Patient Activities in Medical-Product Development Framework (Patient Activities Framework)	☐	☐	
Are the main topics/areas that will be part of the activity defined?	☐	☐	
Is it clear to all involved when the activity should start and by when the results are needed? Indicate any flexibility in these timelines (+/- weeks/months), often patient identification can take longer than anticipated, depending on topic under discussion, stakeholder's capacity and capability	☐	☐	
What time commitment is required from patients? This should reflect total time invested: travel time (as appropriate), pre-read, preparation time as well as time in the activity	☐	☐	
Is there a central point of contact for the patients? Someone who can coordinate the patient engagement throughout, be on hand to liaise with patients before, during and after the activity. Do not underestimate how important this is for patients but also to follow data privacy regulations (e.g. restrict the exchange of personal information allowing the identification of a patient)	☐	☐	
Are the defined aims, priorities, expectations and purpose of the activity aligned with patients' needs and interests and all others involved to set a clear common goal?	☐	☐	

Action & associated description	Yes	No	Comments & self assessment (good, moderate, poor, Not applicable) (Aim to reach at least "moderate")
Do you need support to facilitate the patient engagement activity? If the activity involves vulnerable groups, has the support of a caregiver, legal guardian or a professional (such as the facilitator of young person's advisory groups) been requested? In this scenario if involvement of a supporter within a group discussion with other individuals is not feasible, it is important to consider how this support can be provided during the planning of the activity.	■	■	
Is there a feedback system in place to inform patient about the outcomes/on the final output?	■	■	
To aid identification and prepare for outreach, is the type of patient and level of expertise the activity requires described? **Recommendation:** • Consider representativeness of typical patient population, diversity by age; demographics, geographies, socio-economic status, disease experience/status; stigma associated with the illness, substance use, etc.; time from diagnosis; specific symptoms experienced; gender (where applicable), knowledge about the topic to be addressed (e.g. basic or advanced knowledge about R&D processes incl. regulatory). • Would the activity benefit receiving views from someone who has a community role and/or can represent a broader patient population? • Consider if disease progression and/or if patient experience in previous research or training courses is a factor • In some cases the contribution of carers is essential to provide a more holistic view of the disease and treatment burden. Has this been considered? Is it understood what is needed to be able to engage the carers? • Is the patient population truly represented? Is the outreach unbiased and does it include patients from all walks of life? Are there any "invisible" patient groups? • Are skills such as public speaking, negotiation, diplomacy, creative thinking, etc., required?	■	■	

Action & associated description	Yes	No	Comments & self assessment (good, moderate, poor, Not applicable) (Aim to reach at least "moderate")
Have the roles and responsibilities of all individuals involved been defined and agreed? Provide in a clear and accessible manner, in writing including a plan to be maintained throughout the project/timeframe of interaction.	■	■	
Have rules of engagement been defined in terms of format? For example face-to-face, online meetings etc., frequency, and time commitment (including payment when/if possible)	■	■	
Is there agreement on what can be shared between the different participants involved?	■	■	
Have conditions for patient interaction with each other and other patients outside of the group been agreed?	■	■	
Has sufficient budget been secured to cover the full activity to include payment to patients (e.g. expenses and time (where allowed))? Don't forget to allow for any patient organisations costs, audio/visual recording, transcription services, service providers, etc.	■	■	
Respect and accessibility			
Action & associated description	**Yes**	**No**	**Comments & self assessment (good, moderate, poor, Not applicable) (Aim to reach at least "moderate")**
Is the PE activity established as an equal partnership, with mutual trust, respect and transparency?	■	■	
Has consideration been given to where patients are acting as consultants?	■	■	
Does the activity consider the diversity, rights and autonomy of the individuals involved?	■	■	

Action & associated description	Yes	No	Comments & self assessment (good, moderate, poor, Not applicable) (Aim to reach at least "moderate")
Is the written information / material adapted to use respectful plain language? Content reflects the patients' age and specific condition / disease limitations with technical terms explained	■	■	
Does a definition and explanation exist of what is appropriate (or not) to ask and expected from patients and how to ask relevant questions? **Note**: Training is being developed for Pharma professionals by PFMD & EUPATI. Also refer to Transcelerate P-PET which has a question bank developed with patients.	■	■	
Are participants hosting the activity prepared to answer questions asked by the patients with relevant information?	■	■	
If the engagement with patients is face-to-face, has consideration been given to accessible venues and facilities at the venue and those issues beyond physical and practical barriers such as patients' ability to travel to certain locations / countries? Refer to enhanced EUPATI guidance on events and hospitality	■	■	
Has consideration been given to adapting the time and duration of activity to patients' needs of care and abilities?	■	■	
Do the patients/patient organisations require subject matter training prior to the engagement activity? If yes, consider if this could be provided by a patient organisation or sourced via EUPATI toolkit.	■	■	
Is it possible that patients can receive training or support to develop new subject matter skills and knowledge during the engagement activity? If so, think about how this will be provided whilst not compromising conflict of interest	■	■	

Representativeness			
Action & associated description	**Yes**	**No**	**Comments & self assessment** (good, moderate, poor, Not applicable) (Aim to reach at least "moderate")
Is it determined how patients will be identified, e.g., through patient organisations (via existing relationships/new approaches), through Healthcare Professionals, experts, institutions, etc., and method of outreach (such as open letter or adverts)? Refer to PARADIGM's recommendations on How to find the right match for the right patient engagement activity	■	■	
Do the patients or patient groups identified fully represent the topic of the planned PE activity?	■	■	
Is the patient organisation involved in a position to represent the patient community?	■	■	
Does the plan aim to engage with underrepresented groups who are appropriate to the population and questions being asked (sometimes referred to as seldom-heard) or vulnerable populations with specific needs? If so, make sure you have adapted the engagement to the needs and possibilities of these groups	■	■	
Have the challenges and barriers for engagement of a given community been understood so that flexibility with different methodologies can be considered to achieve appropriate patient representativeness?	■	■	
Has geographical diversity been considered to capture differences that may exist between regions and countries, and also to provide equal opportunities for all patients to be involved?	■	■	

Transparency in communication and documentation			
Action & associated description	**Yes**	**No**	**Comments & self assessment** (good, moderate, poor, Not applicable) (Aim to reach at least "moderate")
Has an appropriate agreement and contract been prepared and agreed with consideration for confidentiality clauses included where appropriate? Refer to guiding principles and contract templates developed by WE CAN/PFMD/MPE. Refer to Patient engagement agreements explained			
Is it ensured that communication to participants is transparent throughout the project?			
Does the appropriate contract account for differences between involving individual patients vs patient organisations?			
Does the confidentiality agreement and contract clearly describe the activity and its objectives, the nature of the interaction, consent (if relevant*), release, confidentiality, compensation, data privacy, compliance, declaration of conflict of interest, timelines, intellectual property and copyrights to not limit appropriate knowledge sharing? **Note**: Clauses will be different depending on whether you are involving individual patients or patient organisations * remember to respect the autonomy of the person and for vulnerable populations legal capacity to sign may be different			
Does the confidentiality agreement take into account the possibilities of the individual patients in terms of having their names mentioned outside of the project, their options for compensation, contact person within the company?			
Has a generic discussion guide with questions been developed to ensure consistency in approach?			
Are the questions written in lay language?			

Action & associated description	Yes	No	Comments & self assessment (good, moderate, poor, Not applicable) (Aim to reach at least "moderate")
If discussing a medicine early in development to gain patient input, can the features of the medicine such as dosage, target organ(s), mode of action, method of administration, etc., be described in lay language?	☐	☐	
Has an after-action review linked to the aim of the PE practice been planned with all involved?	☐	☐	
Is it clear to all involved how findings from the activity will be released?	☐	☐	
Is a thank you letter to patients planned and will this include a summary of findings and the impact described?	☐	☐	
Has it been determined if the impact of the activity will be measured?	☐	☐	
How will information about the activity be shared as an example of meaningful patient engagement? For example, submission through PFMD (Synapse), via EUPATI or a peer-reviewed publication? Multiple options can apply at the same time. Refer to PARADIGM guidance to facilitate report and dissemination of patient engagement activities	☐	☐	

5. Limitations

Advice given in this document is not intended to be exhaustive or applicable at all times. Judgement is needed to decide whether or not a recommendation can, should or must be followed.

6. References

European Patients Academy (EUPATI): provides education and training to increase the capacity and capability of patients and patient representatives to understand and meaningfully contribute to medicines research and development (R&D) and to improve the availability of objective, reliable, patient-friendly medical information for the public.

Patient Focused Medicines Development (PFMD) aims to transform the way in which we understand, engage, and partner with patients globally in the design and development of research and medicines by focusing on unmet patient needs.

P-PET (Protocol-Patient Engagement Toolkit) developed by Transcelerate provides tools and resources to use in engaging patients during protocol development with the goal to improve patient experience and reduce patient burden as a study participant.

8. Glossary

Disclaimer

The terms used here have been defined or agreed upon within the context of this project. They should not be considered as exhaustive, finite or purposely exclusive of other considerations, but are representative of the specific focus of this project and its actions.

Code of conduct

Collection of rules and regulations that include what is and is not acceptable or expected behaviour (PARADIGM)

Community Advisory Board

Community Advisory Board (CAB) refers to a group of patients who offer their expertise to sponsors of clinical research and who advise several sponsors in their field. CABs are autonomous bodies, not related to the sponsor or chosen by them.

Confidentiality Agreement (CA)/Non-disclosure agreement (NDA):

Legal contract between at least two parties that outlines confidential material, knowledge, or information that the parties wish to share with one another for certain purposes but wish to restrict access to.

(Wikipedia https://en.wikipedia.org/wiki/Non-disclosure_agreement)

Consultancy

Advice provided on company- or academia sponsored clinical trial protocols including related documents, regulatory documents or information about the products under discussion (e.g. medicinal products, biomarkers), strategic initiatives and other projects of commercial or academic relevance (PARADIGM)

Design of clinical trials

Designing protocols, discussing patient burden, discussing patient related outcomes (PARADIGM)

Early dialogues with regulators and Health Technology Assessment bodies

Early (multi-stakeholder) discussions between industry, HTA agencies and/or regulators (and

in some contexts with payers) to discuss developmental plans for a medicinal product and to ensure they meet the requirements.

** Early dialogue is not a decision-making time for any party. In practice it more closely resembles consultation with the chance for feedback and input (two-way communication).* (PARADIGM)

Health Technology Assessment (HTA)

Systematic evaluation of the properties and effects of a health technology, addressing the direct and intended effects of this technology, as well as its indirect and unintended consequences, and aimed mainly at informing decision making regarding health technologies. HTA is conducted by interdisciplinary groups that use explicit analytical frameworks drawing on a variety of methods.

(HTA glossary http://htaglossary.net/health+technology+assessment)

Health technology assessment (HTA) body

A body that undertakes or commissions health technology assessment to form recommendations or advice for healthcare funders and decision-makers on the use of health technologies (PARADIGM)

Healthcare professional (HCP)

This category of stakeholders is broad and heterogeneous as it encompasses general practitioners, nurses, clinical investigators/academics, pharmacologists, etc. (PARADIGM)

Medicine developer

Includes any organisation involved in the research, development, manufacture, marketing and/or distribution of medicinal products and/or any other health products such as medical devices or digital solutions. Clinical/contract research organisations (CROs) or consultancy companies providing advice or services relating to the above activities, fall under the definition of medicines developers.

Research organisations including universities and learned societies (i.e. an organisation that exists to promote an academic discipline, profession) are also included in the definition of medicines developers (PARADIGM)

Medicines development/medicines research and development (R&D)/ medicines lifecycle (in PARADIGM these terms are used interchangeably)

A medicines lifecycle comprises research and discovery, development (preclinical and clinical),

marketing authorisation, post-approval, HTA, pricing and reimbursement, commercialization, lifecycle management and Pharmacovigilance until deregistration.

(PARADIGM, adapted from: EUPATI: https://toolbox.eupati.eu/resources/making-a-medicine-step-7-phase-ii-proof-of-concept/ European Commission: https://ec.europa.eu/competition/sectors/pharmaceuticals/cycle.html EFPIA: https://www.efpia.eu/about-medicines/ Frontiers 'The Life Cycle of Health Technologies. Challenges and Ways Forward, Iñaki Gutiérrez-Ibarluzea et. al. 2017' https://www.frontiersin.org/articles/10.3389/fphar.2017.00014/full)

Memorandum of Understanding (MoU)

Type of agreement between two (bilateral) or more (multilateral) parties. It is not legally binding, but it expresses willingness between the parties to take forward a common line of action. (Investopedia https://www.investopedia.com/terms/m/mou.asp)

Participating organisation/engaging partner

An organisation which is organising and/or participating in a PE activity (PARADIGM)

Patient covers the following definitions:

- **"Individual Patients"** are persons with personal experience of living with a disease. They may or may not have technical knowledge in R&D or regulatory processes, but their main role is to contribute with their subjective disease and treatment experience.
- **"Carers"** are persons supporting individual patients such as family members as well as paid or volunteer helpers.
- **"Patient Advocates"** are persons who have the insight and experience in supporting a larger population of patients living with a specific disease. They may or may not be affiliated with an organization.
- **"Patient Organization Representatives"** are persons who are mandated to represent and express the collective views of a patient organization on a specific issue or disease area.
- **"Patient Experts",** in addition to disease-specific expertise, have the technical knowledge in R&D and/or regulatory affairs through training or experience, for example EUPATI Fellows who have been trained by EUPATI on the full spectrum of medicines R&D.

  (The European Patients' Academy on Therapeutic Innovation (EUPATI) https://www.frontiersin.org/articles/10.3389/fmed.2018.00270/full)

Patient community

Patients, patient representatives including their family and carers, patient advocates and patient organisations (PARADIGM)

Patient engagement

the effective and active collaboration of patients, patient advocates, patient representatives and/or carers in the processes and decisions within the medicines lifecycle, along with all other relevant stakeholders when appropriate (PARADIGM)

Patient organisations

Patient organisations are defined as not-for profit organisations which are [patient-]focused, and whereby patients and/or carers (the latter when patients are unable to represent themselves) represent a majority of members in governing bodies (EMA 2018a)

Payer

Institution, organisation or individual paying for healthcare or health services (PARADIGM)

Pharmaceutical industry

The pharmaceutical industry is comprised of many public and private organizations that discover, develop, manufacture and market medicines for human and animal health. In short, the term "industry" is used to refer to the pharmaceutical industry (PARADIGM)

Policy-maker(s) (or policymaker(s)):

A member of a government department, legislature, or other organization who is responsible for making new rules, laws, etc.

https://dictionary.cambridge.org/dictionary/english/policymaker

Regulatory authority (or regulatory agency or in short 'regulators'):

A body that carries out regulatory activities relating to medicines, including the processing of marketing authorisations, the monitoring of side effects, inspections, quality testing and monitoring the use of medicines. (EMA)

Representative for pharmaceutical industry

An employee of the pharmaceutical industry designated to represent the company position in project/consortium/body (PARADIGM)

Research priority setting

Providing opinion, providing evidence and/or being part of a group that decides what is important to research. Design of clinical trials (PARADIGM)

Three main decision-making points

The term, 'decision-making points' is defined as the key points in the development lifecycle of medicinal products. The three decision-making points relevant to PARADIGM are: research priority setting, design of clinical trials and early dialogues with regulators and Health Technology Assessment bodies (PARADIGM)

Vulnerable / underrepresented groups

Children and young patients, people living with dementia and their carers. This definition can also include underrepresented groups (e.g. migrant and non-settled populations, substance users, incarcerated people and people with mental health disorders other than dementia). (PARADIGM)