AMRC.org

Association for Multisite Research Corporations

Industry Consultation 2025: Defining and Demonstrating Quality in MCRCs

Innovation. Consistency. Longevity.

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Background

Research from the Association of Multisite Research Corporations (AMRC) shows that multisite clinical research corporations (MCRCs) already perform on par with academic medical centres (AMCs) across the measures Sponsors and CROs say they value most: speed, consistency, and efficiency. Across 23 operational areas and site attributes, Sponsors and CROs selected MCRCs as best in class 26% of the time, almost equal to AMCs at 29%. MCRCs were particularly associated with consistency, faster start-up, scalable infrastructure, and access to diverse patient populations – arguably the most important factors in site selection.

Despite this, AMCs remain the preferred model for many decision-makers. The reason lies in perception of quality. While those with direct experience rated MCRCs as "good" (3.7 out of 5), almost none described them as "excellent." Investigator experience, in particular, is viewed as stronger at AMCs.

This perception runs counter to the facts. Across the AMRC network, PI turnover is just 7.8% and CRC turnover 15.4%, compared to industry averages of 54.2% and 33% respectively. Far from lacking experience, MCRCs provide greater continuity and stability than the wider industry and access to career PIs.

This gap between performance and perception matters. Operational excellence is not yet recognized as a marker of quality, and MCRCs remain under-credited for the very attributes that drive reliable data and better patient outcomes.

About this consultation

With this in mind, AMRC is launching this industry consultation with the aim of seeking feedback from member and non-member multisite clinical research corporations (MCRCs), Sponsors, CROs, and industry partners on how multisite networks can better define and demonstrate quality in clinical research. The insights gathered from respondents will inform AMRC's advocacy priorities for 2026, including benchmarking and tools to strengthen the industry's understanding of MCRC quality.

The consultation period will run from **15 October 2025 to 3 December 2025**. When the consultation period ends, AMRC will openly publish an anonymized summary of public feedback, and share its 2026 strategy with members, highlighting how these findings have been incorporated.

All consultation responses should be returned as an attached word document to **info@amrc.org** no later than **5pm (ET) on 3 December 2025**.

Consultation Question

How can MCRCs better define and demonstrate 'quality', moving the conversation beyond investigator CVs to include retention, training, data consistency, and patient outcomes?

About you

Please tell us a little about yourself to provide context for your responses. Which best applies to you:

- I am responding as an individual
- I am responding on behalf of an organization

About your organization

Organization type:

- MCRC (member)
- MCRC (non-member)
- Other site network organization (including academic medical centres)
- Trade Association or Charity
- Sponsor (pharma / biotech)
- Contract Research Organisation (CRO)
- Regulator/Policymaker
- Other (please specify)

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Geographical focus

Does your organization operate in:

- North America
- Europe and the UK
- APAC
- Global (multi-region)
- Other

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Guidance on how to answer

When preparing your response to the consultation questions, we encourage you to:

- Provide examples, data, or case studies where possible.
- Identify both current strengths to build on and areas for improvement.
- Suggest potential solutions to problems you identify.
- Highlight whether your observations apply broadly across the industry or are specific to certain therapeutic areas or trial types.

1. Defining quality

When you think about 'quality' in clinical research, what comes to mind:

1.1 Should quality be measured through investigator experience, or are other factors, such as staff retention, training, patient outcomes, and data consistency, equally or more important?

1.2 Are there any quality metrics that clearly distinguish top performing clinical trial providers? What examples of metrics can you point to?

1.3 How does staff certification impact your perception of site quality?

2. People and professionalism

MCRCs are often recognized for efficiency, but less often for professionalism.

2.1 What cultural or operational practices (e.g. standard operating procedure (SOP) adherence, staff development, site oversight) best communicate professionalism from trial sites?

2.2 How important is research staffs' experience, tenure, and training to perceptions of 'quality'?

2.3 In what way can networks better demonstrate professionalism to customers and the wider industry?

3. Data maturity and technology

MCRCs are one of the few groups within in the industry with the resources to develop and deploy purpose-built technologies at a site level.

3.1 Are technologies, such as operational AI solutions, an effective measure of 'quality' among trial providers?

3.2 What evidence, tools, or benchmarks would help validate data quality across networks?

4. Patient recruitment and outcomes

MCRCs have access to a diverse, and often international, patient population:

4.1 To what extent do patient outcomes and trial experience influence perceptions of 'quality' from a clinical trial provider?

4.2 In what ways can MCRCs demonstrate their value in providing accessible, consistent, patient-centred research at scale? How should these be measured or evidenced?