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Association for Multisite Research Corporations

AMRC 2026 Positioning Paper

Innovation. Consistency. Longevity.

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The Association of Multisite Research Corporations: Assessing and Defining Quality in Practice

Introduction

At the beginning of 2025, AMRC set out to champion the multisite clinical research corporation (MCRC) model and to ensure that Sponsors, CROs, policymakers, and the wider industry understood its advantages. That work focused on the structural challenges facing clinical research, including investigator and coordinator burnout, fragmented site infrastructure, increasing protocol complexity, and the growing burden of data management, and made the case that MCRCs are uniquely positioned to address them.

Throughout 2025, AMRC deepened this work through extensive engagement with industry stakeholders and original research, published in its whitepaper: *The MCRC Advantage: Making the case for consolidation and consistency in clinical trials*. That research showed that the industry largely understands the MCRC model and recognizes its strengths. Sponsors and CROs consistently described MCRCs as capable of delivering on the metrics they say matter most to them, including speed, consistency, reliability, and operational performance.

However, this work also revealed a more subtle and persistent challenge. Despite acknowledging strong performance, Sponsors and CROs do not consistently perceive MCRCs as the highest-quality providers of clinical research, particularly when compared with academic medical centers. In many cases, MCRCs were rated as performing on a par with models that are regarded as high quality, yet this performance did not always translate into the same perception of quality. Long standing assumptions and narrow proxies, often centered on individual credentials or institutional reputation, continue to shape how quality is judged.

Addressing this disconnect now sits at the heart of AMRC's advocacy. The challenge is no longer demonstrating that MCRCs can deliver the outcomes the industry values. It is ensuring that those outcomes are recognized as indicators of quality.

OUR MISSION

To serve as a dedicated advocate and interface between MCRCs, Sponsors, CROs, regulators, and patients, ensuring that the unique advantages of multisite organizations are understood and leveraged to advance clinical research.

OUR VISION

Build a future where MCRCs are recognized by policymakers, regulators, Sponsors, and CROs for advancing clinical trial research through enhanced data quality, improved patient safety, and streamlined operations.

Industry Challenges

Despite broad agreement on the pressures facing clinical research, progress in addressing them has been uneven. Many of the challenges identified at the beginning of 2025 remain firmly in place, and in some cases have intensified.

Operational inefficiency

The investigative site landscape remains highly fragmented. Sponsors and CROs must work across multiple site models, each with different processes, systems, and levels of infrastructure. This fragmentation increases administrative burden, introduces variability in execution, and makes it harder to achieve predictable trial delivery across geographies.

Burnout and workforce instability

Investigators and research staff continue to face significant pressure from administrative burden, complex protocols, and competing demands. High turnover and the “one-and-done” phenomenon among investigators remain widespread, undermining continuity, institutional knowledge, and long-term quality.

Increased protocol complexity and data burden

Protocols are becoming more complex, with more endpoints, tighter eligibility criteria, and greater data collection requirements. Sites are expected to manage this complexity while maintaining compliance and data integrity, often without corresponding changes in how quality is assessed or supported.

Misalignment between performance and perception of quality

While Sponsors and CROs consistently state that speed, consistency, reliability, and data integrity are critical to trial success, these attributes are not always recognized as indicators of quality. Organizations can deliver strongly against the metrics the industry says matter most, yet still not be perceived as high-quality providers.

Reliance on narrow proxies for quality

Assessments of site quality remain heavily influenced by historical assumptions, individual credentials, and institutional reputation. However, these proxies do not consistently reflect how trials are delivered in practice and can obscure the role of systems, governance, and operational maturity in driving reliable outcomes.

AMRC's 2026 advocacy focus

In response to these challenges, AMRC will continue to advocate for solutions that reflect how clinical research is actually delivered in practice and that align quality assessment with outcomes.

01

Championing a systematic view of quality – what quality is

AMRC will advocate for quality to be understood as a system-level outcome, shaped by infrastructure, governance, workforce stability, and repeatable execution. This shifts the focus from individual credentials to the organizational capabilities required to deliver high- quality research at scale.

02

Recognition of operational performance as quality – how quality should be assessed

AMRC will challenge over-reliance on investigator CVs, training completions, and institutional reputation as primary indicators of quality. Instead, AMRC will advocate for assessment approaches that recognize organizational maturity, professional oversight, workforce stability, and demonstrated performance, helping to align perceptions of quality with how trials are delivered in practice.

03

Build trusted, anonymized benchmarks to promote transparency and support improvement – how to improve quality over time

AMRC is uniquely positioned to collect sensitive performance data from across multisite organizations and, where appropriate, non-member sites willing to contribute anonymized data. By aggregating and anonymizing this information, AMRC can provide industry benchmarks that allow organizations to understand how they are performing relative to peers, identify areas for improvement, and track progress over time. These benchmarks are intended to support learning and quality improvement, not public comparison or ranking.

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Introducing working groups

Advancing a more consistent, evidence-based understanding of quality in clinical research cannot be achieved by any one organization or stakeholder group alone. Many of the challenges identified through AMRC's engagement and consultation sit at the intersections between Sponsors, CROs, and sites, and require shared ownership to resolve.

To support this, AMRC will convene three cross-industry working groups, bringing together MCRCs, Sponsors, CROs, and other site models to develop practical, agreed approaches to defining, evidencing, and recognizing quality in clinical trials. These groups will focus on areas where there is broad alignment on direction, but where further work is needed to translate principles into practice.

They are:

Defining systemic quality in clinical research:

This working group will focus on developing a shared understanding of what system-level quality looks like in practice. Building on AMRC's research findings, it will explore how infrastructure, governance, workforce stability, leadership, and repeatable processes contribute to consistent trial delivery at scale.

Patient experience as an indicator of quality:

We understand from our research that views on the role of patient experience are varied, but there is broad agreement that poorly defined and inconsistently measured patient experience data reduces it to little more than anecdotal feedback. This working group will focus on how patient experience can be captured and interpreted in ways that meaningfully inform assessments of trial quality, without conflating experience with clinical outcomes.

Quantitative metrics and benchmarking for quality improvement:

This working group will focus on defining the quantitative indicators of quality, such as operational performance, predictability, data timeliness, audit outcomes, and continuous improvement. It will have a secondary role of defining which metrics are most meaningful for industry benchmarking, how data can be collected and anonymized responsibly, and how benchmarks can be developed to support self-assessment and improvement across multisite organizations. The emphasis will be on using data to enable learning, transparency, and maturity, rather than comparison or ranking.

Alongside these cross-industry working groups, AMRC may establish additional member-focused groups during the year where specific needs, priorities, or opportunities for collaboration emerge.

We welcome participation from across the clinical research ecosystem. Organizations involved in the design, delivery, or oversight of clinical trials, including Sponsors, CROs, multisite organizations, and other site models, are invited to take part in this work. Those interested in contributing to any of the working groups are encouraged to contact AMRC at info@amrc.org.

Conclusion

The challenges facing clinical research have not changed in the last twelve months, but the opportunity to address them more effectively is clearer than ever. Multisite clinical research corporations are already delivering many of the outcomes the industry says it values, including consistency, predictability, and operational performance at scale. The remaining challenge is ensuring these outcomes are recognized and rewarded as indicators of quality.

AMRC's advocacy will continue to focus on aligning how quality is defined with how trials are actually delivered. By championing a system-level view of quality, promoting recognition of operational performance, and supporting the development of trusted benchmarks, AMRC aims to help shift perceptions and decision-making across the clinical research ecosystem.

Progress in this area will depend on collaboration. Through continued engagement and the work of its cross-industry working groups, AMRC will work with Sponsors, CROs, sites, and other stakeholders to develop practical, evidence-based approaches that support high- quality clinical research and enable delivery models that can meet the demands of the future.