Redefining Site Relationships in Clinical Trials

Insights from WCG 2025 CenterWatch Global Site Relationship Survey

At the heart of every clinical trial lies a complex network of relationships between sponsors, contract research organisations (CROs), trial sites, investigators, coordinators and patients. The quality of these relationships has a direct impact on every stage of a study, from protocol design and recruitment to data integrity and final outcomes. Cultivating a strong partnership between sites, sponsors and CROs ultimately benefits all parties. Identifying areas where site satisfaction is low provides sponsors and CROs with the necessary knowledge to drive meaningful improvements.

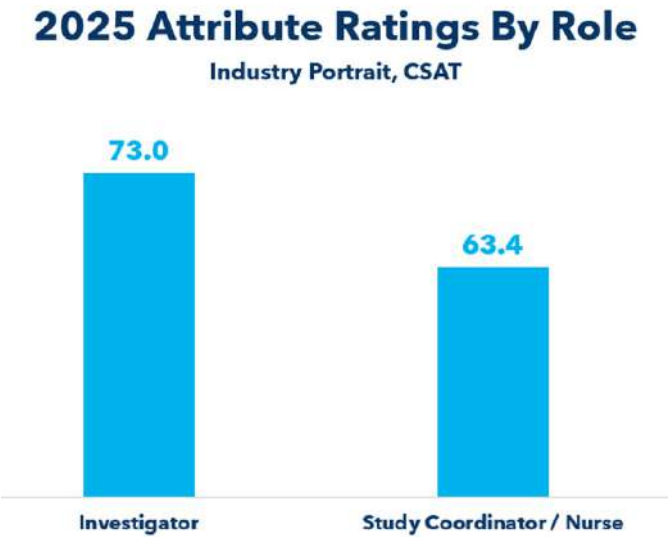
How Partnership, Feedback and Innovation are Shaping the Future of Sponsor-CRO-Site Collaboration

WCG's CenterWatch Global Site Relationship Survey has been evaluating site satisfaction since 1997. Conducted every two years, the survey provides sites an opportunity to rank specific sponsors and CROs on a series of trial processes, including protocol design, study support, training, diversity and technology. In 2025, survey improvements included refining survey attributes, expanding language options and enhancing mobile accessibility. As a result, the survey procured over 12,000 responses from a diverse, global audience. Given that sites could select more than one sponsor or CRO to rate, this translated to over 19,000 sponsor ratings and almost 10,000 CRO ratings.

The analysis of the survey centered on a derived Customer Satisfaction (CSAT) Score. Participating sites were directed to rate sponsors and CROs using a 1–5 scale, with responses of four or five indicating satisfaction.

Respondents spanned diverse roles and geographies, with North America and Western Europe accounting for 23% and 29% of responses, respectively. While Japan accounted for only 4% of responses, it was the region with the lowest satisfaction ratings, with a total CSAT of 36, nearly 30 points below the next lowest region. Cultural elements may partly explain this, as a rating of three is generally considered positive by Japanese respondents.

While various site roles were represented, investigators and study coordinators were 84% of respondents. The survey revealed the continued gap in satisfaction between study coordinators and investigators. Study coordinators, the site personnel at the frontline of site operations, reported lower satisfaction by almost 10 CSAT points.



Among the eight categories evaluated, Diversity and Technology received the lowest CSAT scores. As newly introduced areas in the survey, these categories reflect emerging challenges related to recent regulatory changes, technological advancements and efforts to recruit a more diverse patient population to enhance scientific rigor. Sponsors agree that study-by-study tailoring of diversity efforts is needed, with attention to cultural and epidemiological differences across geographies. Despite ongoing shifts in the political and regulatory landscapes, the global momentum toward inclusive trials is expected to persist.

When asked to identify the factors most critical to their satisfaction, respondents highlighted overall protocol design, quality of communication with study team/site staff and professionalism, knowledge and training of monitors/CRAs as the top three attributes.

Study coordinators placed particular emphasis on support for technology platforms and the inclusion of their feedback in protocol design. Meanwhile, investigators prioritised clear communication, patient enrolment viability, contract flexibility and monitor knowledge and professionalism.

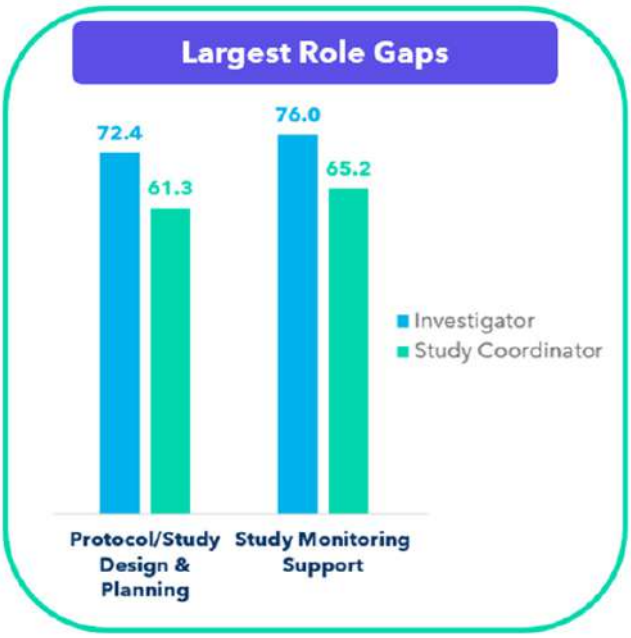
Bridging Protocol Design and Operational Reality

An effective clinical trial is grounded in a rigorously designed protocol that integrates the perspectives of both sites and patients. Sponsors acknowledge that balancing patient and site-centric considerations is fundamental to achieving successful outcomes. Findings from this survey for the Protocol Design category indicate that sites perceive

Top 10 Most Important Attributes to Sites

1. Overall protocol design*
2. Quality of communication with study team/site staff*
3. Professionalism, knowledge, and training of monitors/CRAs*
4. Professionalism of staff in clinical operations functions*
5. Responsiveness to site staff inquiries*
6. Access to staff for escalation and resolution of issues*
7. Protocol patient-friendliness*
8. Organization and preparedness*
9. Timeliness of drug availability
10. Alignment of protocol with clinical practice realities

* Indicates attribute was also top 10 in 2023



the industry as not making significant progress in addressing the increasingly complex and demanding nature of high-burden protocols.

Protocol Design was one of two categories, the other being Study Monitoring Support, that demonstrated significant discrepancies between investigators and study coordinators. The former highlights the frontline capability to implement a protocol effectively, while the latter underscores the sponsor's responsibility to furnish sufficient support throughout the study duration.

Within the Protocol Design category, the attributes receiving the lowest ratings were protocol-patient friendliness and the solicitation and inclusion of site feedback in protocol development. Satisfaction levels for both attributes declined compared to previous years, indicating a negative trend in site perception. In fact, four of the top five declines in satisfaction were within the Protocol Design category.

A significant challenge identified by sponsors is the presence of organisational silos that impede progress. Sponsors have noted that protocol development frequently occurs with limited collaboration between clinical sciences and clinical operations. It is commonly observed that protocol authors may not always be fully aligned with the practical considerations of clinical execution. The result is protocols that may be scientifically robust but operationally burdensome and insufficiently attuned to the realities of patient care.

When sponsors do gather site feedback, they typically prioritise input from investigators, often overlooking valuable insights from study coordinators. Even when investigators are involved, some sponsors restrict feedback to a limited group of individuals, not covering a strong geographical base.

There is a clear industry trend toward large-scale initiatives that incorporate both sites and patients earlier in protocol development to obtain actionable feedback. This strategy not only improves the quality and practicality of protocols but also demonstrates recognition for the skills and experience of site personnel. Sponsors increasingly appreciate the value of input from diverse site perspectives, as these stakeholders are best positioned to identify potential challenges with enrolment and patient retention.

Several innovative approaches have demonstrated potential to drive meaningful transformation. Engaging patients in detailed trial simulations during the design phase has been viewed as particularly effective. Additionally, employing data-driven burden scores enables the quantification of protocol demands on both patients and site staff. Alongside regulatory guidelines that support decreasing patient and site burden, the integration of these metrics reflects a significant cultural shift toward enhanced accountability and collaborative practice.

Site perspectives around ongoing study support were captured as part of the Study Monitoring Support category. Both the structure and style of sponsor and CRO organisations profoundly affect site experiences related to monitoring support. Sponsors agree that in-house monitoring and high staff retention for monitors are correlated with positive site relationships, while outsourced models can introduce variability and opacity. Retention of monitors/CRAs had the lowest satisfaction rating within this category.

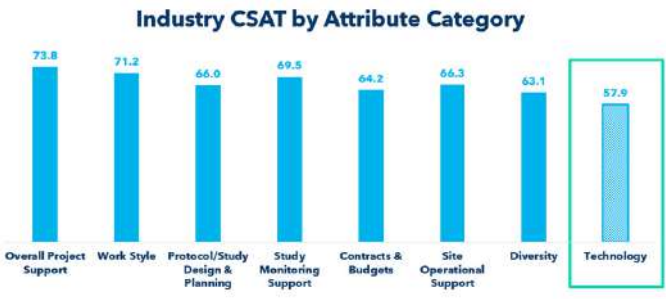
Technology in Clinical Trials: Balancing Innovation and Site Burden

Technology received the lowest satisfaction ratings among all survey categories, with only 57.9% of sites awarding sponsors a high score (four or five) in this area. Even organisations that performed better acknowledged significant opportunities for improvement. These companies noted that, while their performance is comparatively strong, there is still considerable progress to be made in easing the burden technology poses to sites.

Site frustration in this context arises from the volume of platforms required to conduct a clinical trial, along with concerns regarding the adequacy of support and training provided for these systems. The complexity is compounded by divergent requirements from sponsors, CROs and sites, often leaving sites with the burden of integrating disparate systems. While each platform may be effective and valuable individually, their combined use has resulted in significant challenges for site staff, including the burden of managing multiple logins (even with single sign-on) across systems that are not interoperable. Site turnover has increased significantly, driven in part by the challenging new era of technology and the associated strain.

A significant factor contributing to the increase in portals and platforms is the incorporation of decentralised clinical trial (DCT) elements. While these components offer enhanced convenience and support high-quality data collection, they also introduce multiple systems, each of which may require separate logins and procedures. One leading organisation in this field has shared that they are intentionally embracing DCTs cautiously, favoring a gradual implementation over an immediate, large-scale rollout to avoid potential disruptions and user dissatisfaction.

Organisations that performed on the higher end of the spectrum highlight the advantages of appointing a single, dedicated resource to assist sites in transitioning to new systems. Pilot programs that deploy specialists to offer site support during pivotal events, such as



Protocol/Study Design & Planning Attribute Summary	Industry Top 28
★ 1 Overall protocol design	72.6
★ 2 Alignment of protocol's scientific rationale with clinical practice realities	69.9
3 Viability of project timelines	65.9
4 Viability of patient enrollment goals	65.3
★ 5 Protocol patient-friendliness	63.3
6 Solicitation and inclusion of feedback from sites in protocol design	58.2
7 Clarity of protocols developed	67.6

★ = Top 10 Most Important attribute

Study Monitoring Support	Industry Top 28
★ 1 Organization and preparedness	72.5
★ 2 Responsiveness to site staff inquiries	71.3
★ 3 Professionalism, knowledge, and training of monitors/CRAs	71.4
4 Monitor/CRA retention (monitor/CRA staff does not change frequently)	64.0
5 Ongoing help/support provided in running the study	71.2
6 Communication with site about critical to quality (CTQ) factors and protocol rationale	70.1
7 Communication with site about Risk-Based Monitoring (RBM) factors and rationale	67.7
8 Support provided for issue resolution/CAPA development and follow-up	68.7

★ = Top 10 Most Important attribute

investigator meetings, have yielded positive results. In models where full-service CROs manage the work, such roles act as vital bridges between the sponsor and the site.

Other efforts to streamline technology through vendor curation and ongoing feedback sessions are underway, but industry-wide improvement has been slow. The consensus is clear: technological innovation must be grounded in the real-world needs of sites, with an unwavering focus on reducing administrative burden.

Contracting:
Navigating Payment and Accountability Challenges

Contracting and payment processes present additional challenges in managing site relationships. While sponsors may acknowledge that these processes are less critical than protocol design, they are frequently identified as significant contributors to delays in site activation, highlighting the importance of improving efficiency to reduce study timelines. Survey findings showed that the provision of fair payment amounts and overall flexibility in contract and budget

Technology	Industry Top 28
1 Technology/software provided is useful and efficient	60.5
2 Number of technology/software platforms provided is manageable	56.0
3 Training for technology/software provided is effective	58.1
4 Site and patient support provided efficiently for tech/platforms usage	57.2

Attribute/Category	2025 CSAT: Industry (Top 28)	2023 CSAT: Industry (Top 28)	Change from 2023
Contracts & Budgets category	**64.5**	69.5	-5.0
Attribute 1: Efficiency and flexibility in contract and budget negotiation	**64.4**	69.1	-4.7
Attribute 2: Provision of fair overall payment amounts	**63.3**	68.9	-5.6
Attribute 3: Timely payments in accordance with payment schedules	**65.7**	70.4	-4.7

negotiations satisfaction has decreased about 5–6% from 2023 to 2025.

Companies noted that widely accepted Fair Market Value (FMV) vendors and benchmarking tools suggest organisations should be making comparable payments. However, there remains a wide gap in site perception of payment amounts across sponsors, suggesting that further analysis on the use of FMV tools and company strategies on payment caps is warranted.

Site-specific feedback also highlights frustration with some CROs failing to make timely payments, sometimes requiring months of back-and-forth before funds are released, even when the principal investigator intervenes. There is an industry-wide need for more accountability and advocacy mechanisms to protect site interests.

One proposal for improvement in this space is to simplify contracts and budgets. For example, simplifying budgets into higher-level categories rather than individual procedures is a method implemented by top-performing organisations.

Training: The Foundation of Productive Site Partnerships

A recurring theme in conversations surrounding the survey results is the importance of optimising site training, not merely as a box-ticking exercise, but as a critical component in fostering productive long-term site relationships. Sponsors emphasised that effective training ensures that sites both choose to work with them again and are better equipped to reduce audit or inspection findings. This, in turn, protects the performance and reputation of both the site and the sponsor.

Feedback from sites indicates that training tends to be too long and repetitive. One example frequently discussed is that investigator meetings are often too long and fail to target the audience sufficiently. In response, some study teams are experimenting with more focused sessions, such as short, high-quality training on the mechanism of action (MOA) and drug profiles. These initiatives can make site personnel more engaged and effective.

It is widely accepted that sites require training that is customised, concise and relevant, with a preference for reciprocal recognition of training across studies and ideally, among different sponsors.

Site Feedback Loops: Building a Culture of Listening and Responsiveness

Maintaining robust site feedback loops is crucial for fostering a culture of listening and responsiveness between sponsors, CROs and research sites. Effective feedback mechanisms allow sponsors to address site-specific frustrations, while also enabling them to tailor support and resources more precisely to site needs. Embedding feedback into protocol design, technology use and training will strengthen site satisfaction and loyalty. By systematically integrating site input into performance analyses and operational decisions, organisations can identify root causes of challenges, adjust processes proactively and ultimately build more productive, mutually beneficial partnerships. This continued dialogue is essential for optimising efficiency, upholding quality standards and ensuring the valuation of site perspectives in the rapidly evolving landscape of clinical research.

Charting a Collaborative Future for Site Partnerships

The insights captured in the 2025 CenterWatch Site Relationship survey paint a picture of a clinical trial industry in transition. Across protocol design, technology, contracting, diversity, training and study support, the imperative is clear: sponsors and CROs must move from transactional to partnership-oriented relationships with sites.

Furthermore, linking these results with performance metrics is essential for evaluating and developing site relationships. Sponsors seek to associate site satisfaction with variables such as speed and quality and to compare planned outcomes with actual results.

Achieving this transformation will require:

- Robust, multi-level feedback loops that genuinely influence protocol and operational decisions.
- Streamlined, interoperable technology that lightens rather than adds to the site burden.
- Resources are allocated to support sites with required platforms.
- Continual investment in targeted, high-quality site training.
- Transparent, timely and fair contracting and payment practices.
- Diversity initiatives that are ambitious yet pragmatic and locally relevant.
- Vendor partnerships based on measurable impact and site preference.
- Organisational structures that prioritise consistency and clarity in site interactions.

Ultimately, the future of clinical research depends on the ability of sponsors, CROs and sites to listen, adapt and collaborate. Through these principles, the industry can tap into the expertise and dedication of the individuals who make clinical trials possible to accelerate scientific discovery.

Melissa Hutchens

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