

The Netherlands as a Hotspot for Clinical Research?
From International Positioning to Local Feasibility

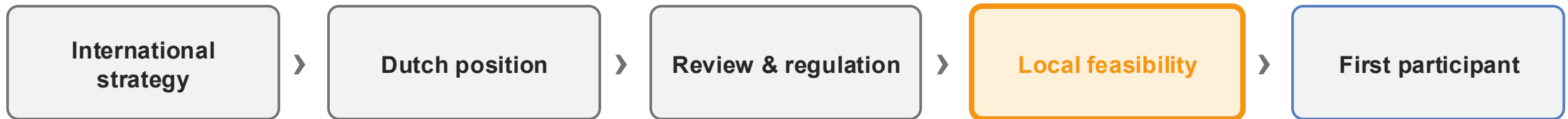
The Last Mile of Clinical Research

FROM NATIONAL AGREEMENTS TO LOCAL FEASIBILITY

THE LAST MILE

**A study only
starts when
national
agreements
become a local
way of working.**

The last link determines whether and when a study starts



QUICK SHOW OF HANDS

Where does your study usually lose momentum after approval?

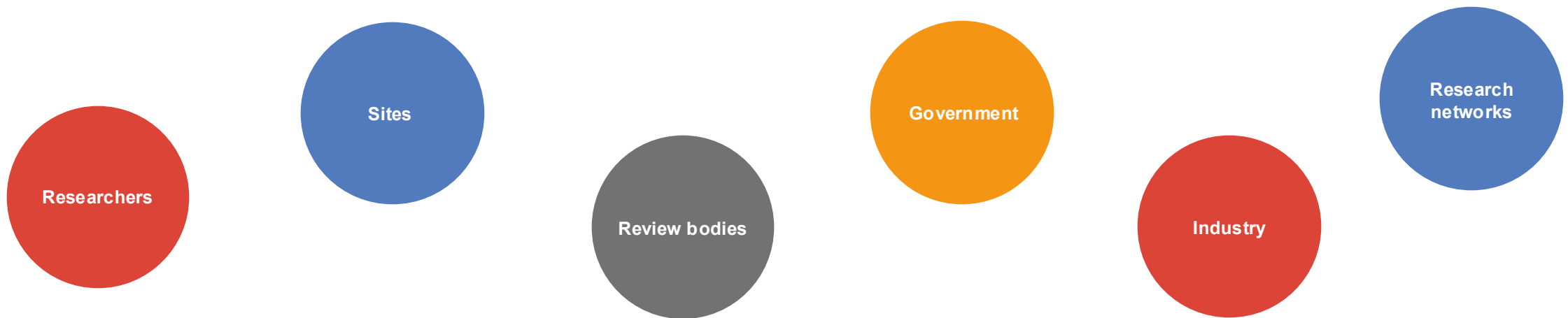
- A Local steps
- B Contract & budget
- C Site capacity
- D Participant inclusion

You are not alone, see also: Van Hout D, REMAP-CAP European Regional Investigators et al. Hurdles for the Delivery of Multinational Randomized Clinical Trials. JAMA Netw Open. 2025 Jul 1;8(7):e2518503. Jamanetworkopen.2025.18503.

DCRF connects the clinical research chain

An independent public-private partnership connecting the clinical research ecosystem

Turning shared expertise and goals into practical, replicable ways of working.



Clinical trials connect care, science and innovation

For both industry-sponsored and investigator-initiated medicinal-product trials

PATIENTS & CARE

Participation opportunities
Evidence for better care

SCIENCE & TEAMS

Knowledge and clinical
expertise
Skills and learning that
endure

INNOVATION & SOCIETY

R&D investment and skilled
jobs
Capacity to respond to
health crises

DCRF connects the chain, not just the paperwork.

National action plan helps to focus and to join forces

**EFFECTIVE
EXECUTION OF
TRIALS**

**STUDY
PARTICIPANT
AS PARTNER**

**ACADEMIC
EXCELLENCE**



Today's focus

Formulate concrete goals and identify actions to improve and optimize clinical research in the Netherlands

National agreement is not yet a local routine

AGREED NATIONALLY

Standard templates

Common procedures

Clear roles



EMBEDDED LOCALLY

- Which version is current?
- Who owns each dependency?
- When do support departments join?
- How are exceptions escalated?

QUESTION: Which local step is still redesigned in every institution/site?

Use national tools as a shared local method

01

Standard CTA

Reduces local redrafting and repeated negotiations

02

VGO + local feasibility procedure

Makes site-specific requirements visible before submission

03

Local feasibility checklist

Clarifies ownership, timelines and dependencies early

04

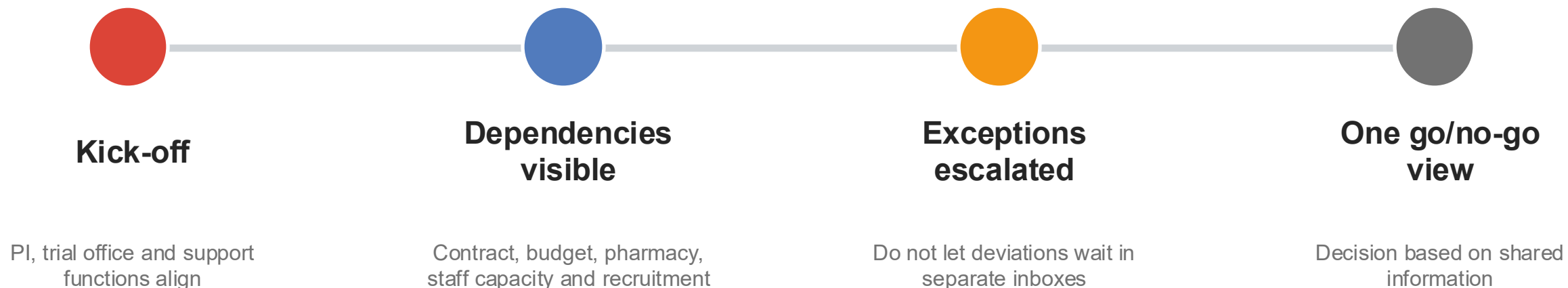
Information for study participants (IVO model)

Supports clear and consistent participant information across sites

A multicentre study should not require five different interpretations of the same national agreement.

The DCRF tools aim to make the multi-stakeholder-agreed route the easiest and most compliant route.

A better start is parallel, visible and owned



Illustrative sequence, not a prescribed national timeline

Some barriers cannot be solved by one site

Which support belongs locally, and which is better organised together?



DCRF connects expertise, identifies shared bottlenecks and helps define joint priorities.

The renewed DCRF Knowledge Base puts tools in one place

Three practical entry points

01

Starting a study

VGO, CTA and local feasibility

02

Research participants

IVO model and participation guidance

03

Monitoring

Plans, site visits and practical templates

Scan to find the tools for
your next study



dcrfonline.nl/kennisbank

Use the tools and give feedback
about practical experience to
DCRF.

What would close the gap for your institution?

Choose the one intervention that would make the biggest difference in starting the next study?

A

One mandated
current template

B

Clear local
ownership

C

Earlier support-
department
involvement

D

A clear escalation
route

What is the first concrete change you would make?

Your input will help DCRF to identify recurring implementation gaps across the clinical research field.

Make the national agreement the standard local option



Adopt

Use the national tool as the default



Embed

Assign ownership and a shared rhythm



Improve

Return exceptions and experience to the chain

Clinical research needs agreements not only to be available but routinely used in a uniform way.

We all share that responsibility

dcrfonline.nl/kennisbank | Thank you

What should we organise together?

DCRF's independent exploration

- 1 Map existing support and capacity
- 2 Identify gaps, overlap and priorities
- 3 Compare local, network and national options

YOUR EXPERIENCE

Which barrier can you not solve alone?

What already works and should be reused?