

A simple way of assessing the suitability of programmes to RCT research

Our study collected evidence to help assess seven Business Growth Hub services against the feasibility and value added of conducting an RCT evaluation. The information was collected through face-to-face interviews with Service leads and a document review and covered the following:

1. National policy-relevance of the service
2. Regional / Local policy relevance of the service
3. Potential generalisability of findings to other contexts
4. Likely sample size for evaluation
5. Nature of the intervention (level of standardisation of delivery)
6. Ease of implementing an RCT
7. Potential comparisons
8. Availability of administrative data for outcomes of interest

This information and evidence was entered into a matrix, the outline of which is provided below.

This exercise demonstrated the difficulty of using a categorical scoring system across in many instances very different Services and various dimensions. Therefore the team concluded that a qualitative assessment of each Service's fit against the characteristics bulleted above was a more suitable approach to identifying a preferred service for an RCT.

Some of the categories in our matrix speak to the feasibility of conducting an RCT, and some to the value added by an RCT. We briefly outline these below.

Value added

National, regional and local policy relevance of the programme: Given the amount of time and resources required to conduct an RCT, we believe that it is important to assess the value added of evaluating a programme using an RCT approach. RCTs can be suitable for the evaluation of programmes that are delivered widely and reach large numbers of participants, but where little is known about their effectiveness. They are also useful to assess the efficacy of a programme which is likely to be rolled out nationally. Equally valid is the use of RCTs in the evaluation of programmes with local relevance to assess whether these make notable contribution to a region's economy and populations, or new innovative programmes that may have local, regional or national benefits.

Potential generalisability of findings: Related to the policy relevance of the programme is the potential for the findings of the RCT to be generalised to other contexts. Generalisability of findings depends on how widely implemented the intervention is beyond the study context, and how (dis)similar the evaluated programme, population and study context are to the programmes, settings and populations implemented more widely.

Feasibility

A large enough sample size. A trial with an insufficient sample size will not be able to reliably draw conclusions about programme impact. Required sample sizes will differ from context to context, and will depend on the unit of analysis and unit of randomisation and the minimum meaningful effect size that one would expect the programme to achieve.

Sufficient standardisation of the programme: A trial assesses the average impact of an intervention on its beneficiaries. It is therefore important that the resources, activities and services provided are sufficiently consistent across programme beneficiaries. Otherwise, it will be difficult to interpret what is being evaluated and what resources, activities and services the average effect refers to.

Feasibility of implementing an RCT: An essential requirement for the success of an RCT is the possibility to integrate an RCT into programme delivery. This may depend on contractual obligations, flexibility of the delivery model, capacity and buy in from programme delivery teams and acceptability to those eligible for the programme/service.

Potential comparisons: An RCT requires random allocation of units that are eligible for a programme into two or more conditions (such as treatment and control, different types of treatment, or different treatment delivery modes). It is therefore crucial to assess the feasibility of random allocation, as well as relevance of the feasible comparison condition(s). There should be a well-founded expectation for the conditions being compared to differ in their effectiveness and/or cost-effectiveness.

Availability of data and costs of data collection: Each trial will have specific requirements in terms of the data needed to assess programme impact. In some instances, it may be possible to access and use existing administrative datasets. In others, primary data collection may be required. The data needs and their availability have notable repercussions on the feasibility of the trial and its costs. Our matrix looked for the availability of suitable admin data to enable us to assess whether it would be possible to conduct the trial without additional primary data collection and therefore more cost-effectively.

Matrix for assessing feasibility and value added of RCT evaluation

Intervention	Policy relevance		Feasibility					
	National	Regional / Local (GM)	Generalisability of findings	Estimated sample size	Discrete intervention	Ease of implementing	Potential comparisons	Availability of administrative data
Intervention 1								
Intervention 2								
Intervention 3								
Intervention 4								