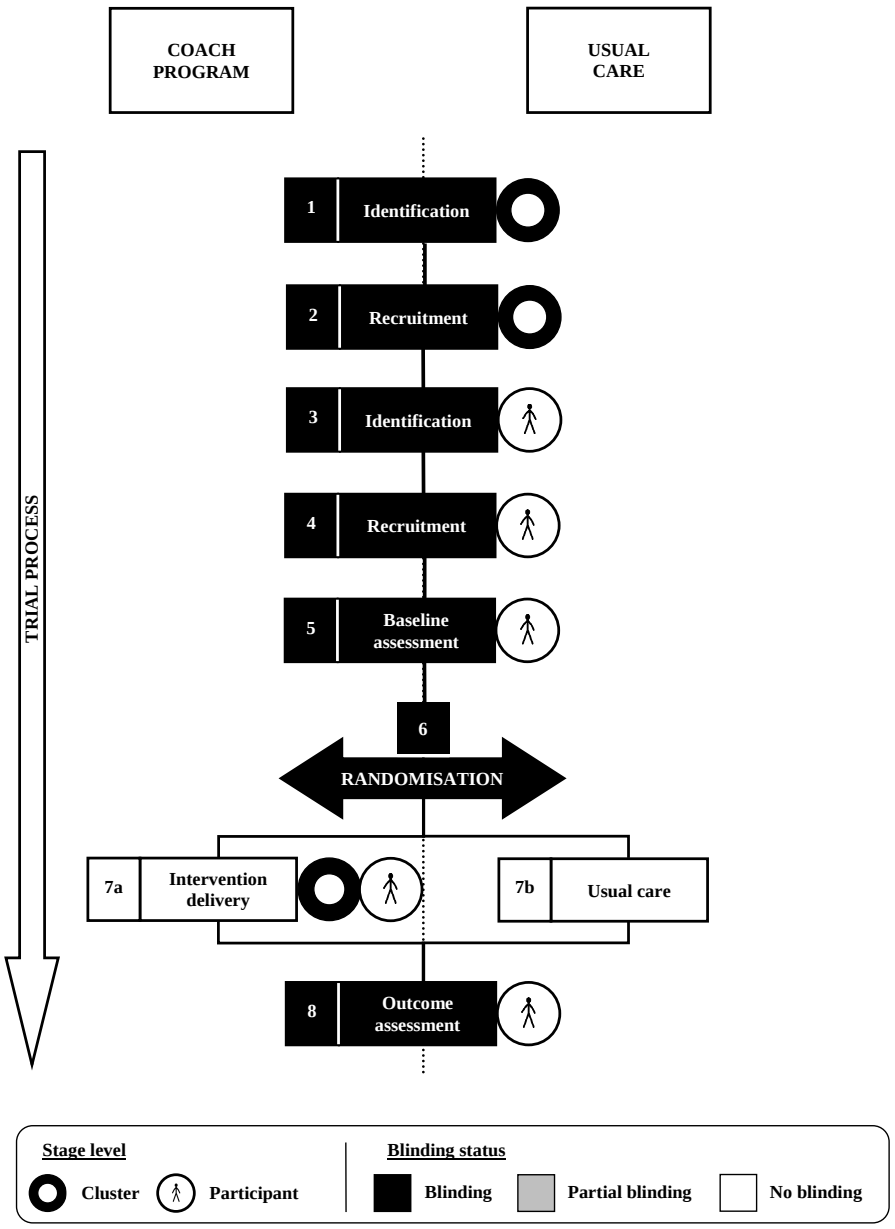

Figure 1: **Example of a Timeline cluster diagram for a cluster trial with no risk of recruitment bias: The PEACH trial, assessing practice nurses coaching for patients with type 2 diabetes[11,12]**

1	**Cluster identification** The study team identifies general practitioners (GPs) from the membership lists of Divisions of General Practice in the state of Victoria in Australia.
2	**Cluster recruitment** All GPs on the membership list from practices that employ at least one practice nurse (PN) are invited by post. The research team visits the GPs expressing their intention to participate and provides an oral explanation of the study in detail, along with a complete, written information pack. Written consent is obtained from GPs and PNs (not all GPs from the practice need to consent to participate for the practice to be included in the study).
3	**Participant identification** Participating GPs obtain a list of all eligible patients from the practice electronic database. GPs then apply the eligibility criteria.
4	**Participant recruitment** An information pack is mailed to a random sample of a maximum of 40 eligible patients for each practice. For all patients who indicate an interest to participate, their details are forwarded to their GP's practice, then the PN contacts the patient to arrange a face-to-face interview. Further rounds of randomly assigned mailing continue until at least 6 patients per practice are recruited or the practice list is exhausted. At face-to-face interviews with the PN, (i) the study is fully explained to the patient and (ii) written consent is obtained.
5	**Participant baseline assessment** Performed by the PN during the face-to-face interview after consent is obtained. HbA_{1c} is measured at the patient's local laboratory.
6	**Randomisation** The randomisation schedule is generated by an independent statistician from the research team, with blinding to the identity of the GP. The allocation sequence is computer-generated by block randomisation with random block sizes (of 2 and 4). Randomisation is stratified on the organisational and financial arrangements of GPs (fee-for-service private practice or state government-funded community health centre status) and whether GPs are participating in the National Primary Care Collaborative Program. Clusters are randomised one after the other, once participants are recruited. Following randomisation, GPs are informed by a letter from the chief investigator of their group assignment.
7a	**Intervention delivery** PNs receive a 2-day training in the COACH program (goal-focused telephone coaching) and then apply the COACH program to participants from their practice combined with usual care from the GP. No blinding for GP, practice nurses and patients.
7b	**Usual care** Patients receive usual care. No blinding for GP, practice nurses and patients.
8	**Participant outcome assessment** Mean absolute change in HbA_{1c} level between baseline and 18 months is measured by the same local laboratory as for baseline assessment*; if not completed, the closest HbA_{1c} level between 15 and 21 months is obtained from patient medical records or pathology provider. Other outcome data are collected by an independent blinded research assistant.

*We used the protocol and report of the trial to apply the Timeline cluster tool post hoc for illustrative purpose. We assumed that those who performed determination of $HbA1_c$ were blinded although this is neither clearly specified in the protocol or in the report.