

Employment Brief 22/98

The Clinical Research Nurse in NHS Trusts and GP Practices:

Guidance for nurses and their employers

The Royal College of Nursing

Abstract: There is a growing trend to employ nurses to undertake various roles in the conduct of clinical therapeutic trials. These nurses work in an extended and specialised role and frequently work in isolation. There exists marked variation in employment practice. This Employment Brief:

- defines terms surrounding nursing in clinical research settings;
- summarises relevant codes of conduct and regulations;
- identifies jobs and outline job descriptions for 'CRNs';
- puts forward grading criteria for grading 'CRNs' in NHS Trusts and GP Practices;
- explores education and careers for nurses in clinical research;
- identifies further reading;
- compares NHS pay scales with those of researchers in other settings.

December 1998

RCN re-order no 001023

Contents

1 Introduction and scope

2 Nurses in clinical research: definitions

Clinical Therapeutic Trials (CTTs)

Phases I to IV

3 Codes of conduct and regulations

Codes of conduct

Regulations

Ethics committees

Insurance indemnity

Patients advocate

Fraud and misconduct

4 Jobs and job descriptions

5 Grading

Clinical Research Nurses: adapted grading structure

Clinical Research Nurses in GP Practice

6 Education and careers

Education for the current post

Education and experience for career progression

Education to meet the requirements of the UKCC

7 References and Further Reading

Appendix: Pay of researchers in related sectors

Employment Briefs

Acknowledgement

This Employment Brief was commissioned by the RCN Research Committee. The work was undertaken by a group comprising RCN members working as research nurses in a variety of settings, and staff of the RCN Employment Relations Department. It draws heavily on the work of the Association of Clinical Research for the Pharmaceutical Industry (ACRPI)

Brief 22/98: The Clinical Research Nurse in NHS Trusts and GP Practices: Guidance for nurses and their employers

1 Introduction and scope

There is a growing trend to employ nurses to undertake various roles in the conduct of clinical therapeutic trials. These nurses work in an extended and specialised role and frequently work in isolation. The RCN became aware of marked variation in employment practice and concluded that nurses working in clinical research, and their employers, might benefit from some outline guidance on the roles, responsibilities, pay and grading of such staff.

This Employment Brief deals specifically with nurses involved in clinical research in NHS Trusts and in GP practices. The RCN is aware that considerable variability in employment practice exists within these areas and believes that it is here that guidance can be most effective. While the guidance addresses drug trials, the RCN acknowledges that there are other types of trials, and advocates that the principles of this guidance be applied in other research settings.

The remainder of this Employment Brief is structured as follows:

- section 2 defines terms surrounding nursing in clinical research settings;
- section 3 summarises relevant codes of conduct and regulations;
- section 4 identifies jobs and outline job descriptions for 'CRNs';
- section 5 puts forward grading criteria for grading 'CRNs' in NHS Trusts and GP Practices;
- Section 6 explores education and careers for nurses in clinical research;
- section 7 identifies further reading.

The appendix looks at the pay of researchers in other settings and compares these with clinical grading pay scales.

2 Nurses in Clinical Research: Definitions

For the purpose of this Guidance Clinical Research Nurses (CRNs) are defined as nurses involved in one or more phases (I to IV) of clinical therapeutic trials (CTTs).

Clinical research nurses are employed as part of project based teams by national trials centres providing high quality services across the full spectrum of clinical trials within all phases of drug development. They are also employed to organise research programmes in hospitals (secondary care), and by general practices (primary care). The required expertise of the nurses in this field is wide and diverse; with research

activities frequently being undertaken by nurses already experienced within the particular speciality.

Clinical Therapeutic Trials

Clinical therapeutic trials are the prospective systematic study of medicinal products in human subjects. This may be in patient or non-patient volunteers comparing the effect and value of an intervention often against placebo as a control, or against another product. In order to ascertain the efficacy and safety of these products, trials are undertaken to observe the effects, absorption, distribution, metabolism and excretion and to identify any adverse reaction to products being investigated. The first studies in the development of a new drug are often conducted in the laboratory setting using tissue culture experiments and then sometimes animal studies, to evaluate the potential efficacy and any toxicity. This stage results in the formulation of the first dose of a new drug that can be evaluated in human subjects. At this stage the balance between risk and potential benefit to the patient is assessed.

Phase I trials

The first human studies usually involve healthy volunteers. However, in certain cases such as the use of cytotoxic drugs, the first administration of the new treatment can only be given to patients due to the nature of the drug. The end points in phase I studies may include the maximum tolerated dose, tolerability, drug interactions, absorption, distribution, metabolism and elimination of the drug. These studies are conducted in specialist units within hospitals, independent research units or within the pharmaceutical company premises. They are supervised by doctors and nurses specially trained and experienced to conduct these type of trials to the standard required by Good Clinical Practice (GCP).

Phase II trials

Phase II studies are quite often 'open labelled' studies. However, the first randomised clinical trials of the drug under investigation are frequently placebo controlled and are to determine the therapeutic effect and effective dosage of the drug for the treatment of specific disease categories. Not all are placebo controlled due to ethical issues of the case of the patient as with studies of cytotoxic drugs, which observe toxicity and management of toxicity. Phase II studies involve ascertaining the dose range so that the safe dose is defined for phase III trials. These clinical therapeutic trials are conducted under closely monitored conditions in a hospital environment or within the primary care setting.

Phase III trials

Phase III studies are also conducted in the same settings. These studies are to confirm the therapeutic effect and dosage range, in comparison with established treatments or placebo. Phase III trials are designed to give statistically relevant results in large numbers of patients. These phase III trials are pre-marketing and when satisfactorily completed an application may be made for a Product License (PL). The licensing authority grants a PL for a new drug after consultation with the Committee of Safety of Medicines.

Phase IV trials

Even though a new active substance has been given a licence to be marketed, research continues in Phase IV studies. Phase IV studies include comparisons with other drugs, different dose regimens and sometimes establishing new therapeutic use. Formal post-marketing surveillance is conducted so that if a high incidence of toxicity occurs with a new compound this may be withdrawn at an early stage. However, some adverse events cannot be identified until there has been extensive exposure in human subjects.

3 Codes of conduct and regulations

Codes of Conduct

All personnel involved in CTTs should have a comprehensive knowledge of the principles of practice laid down by various governing bodies. It is unethical and unscientific to conduct clinical research in any manner other than to the highest standard. The fundamental principle of practice, expressed in the World Medical Association Declaration of Helsinki which was adapted in 1964 and amended in 1975, 1983, 1989 and 1996, is that the patient's interest must come first.

The term Good Clinical Practice (GCP) was inspired by the Food and Drug Administration (FDA) in the United States of America (USA) for a set of guidelines of minimum standard for the conduct of CTTs. There is also a strict European Code of Practice; the principal aim of both GCP and the European code is the protection of the human subject. In the UK, the source of guidelines/regulations for Good Clinical Research Practice (GCRP) is the Association of the British Pharmaceutical Industry (ABPI) document written in 1988. All nurses involved in clinical research should have knowledge of these codes of practice.

Many research sites have developed clear standard operating procedures (SOPs) concerning the management of clinical research, which has enabled them to implement GCP effectively. The International Conference of Harmonisation (ICH) has recently come into force so as to achieve a consistent standard across the USA, Europe and Japan.

Regulations

Law regulating research on animals has been in place for more than 100 years when the Cruelty to Animals Act was passed in 1876. However, there is no specific legislation covering research on human beings except for embryo research. The Human Fertilisation and Embryology Act 1990, a statute law was passed in response to public pressure. At present, research on human subjects is covered by the Laws of the Land by which the research team of which clinical nurse researchers, as an integral part of the research team, must abide.

The most recent legislation that affects nurses is the Nurses, Midwives and Health Visitors Act 1979, which was revised in 1992 and consolidated in 1997. This allows the profession to regulate itself through the United Kingdom Central Council for nurses, midwives and health visitors (UKCC). The UKCC determines through rules the type, content and standard of training leading to registration. The UKCC also sets

standards for professional conduct as identified within the 'Code of Professional Conduct'.

Ethics Committees

Local Research Ethics Committees (LREC) are the mechanism set up to monitor and approve research within the UK. Unfortunately, these committees are hampered by the lack of legal requirement for researchers to inform them of research activities being conducted. All research on patients should have received approval from the LREC. It is essential to ensure that all the appropriate documentation has been sent to the relevant committees, approval must be given prior to entering a patient into a trial. The LREC should be informed of any serious adverse events occurring during and on conclusion of the trial.

The new Multi-centre Research Ethics committees (MRECs) are advisory bodies that provide independent advice on the science and general ethics of research proposals being conducted in 5 or more centres. Once MREC approval has been obtained, application to each separate LREC is required. The LREC may require purely local application amendments to be made which do not affect the integrity of the protocol such as to the information sheet. The LRECs should notify MREC of their decisions especially if they decline to give approval.

Insurance Indemnity

Insurance indemnity is provided by the sponsor of a CTT to compensate injured parties as a result of the direct or indirect effect of the drug on the patient. There is usually a clause which states that indemnity which excludes cover for negligence by the investigator. However, in practice this is hard to prove. Many institutions participating in research also take out insurance cover for each study to cover compensation to the patient and to site personnel. The potential problems for a nurse working in an extended role is that they may not be covered by the normal professional insurance indemnity as the procedure undertaken may not be included in the Code of Professional Conduct. The investigator must therefore be satisfied that the nurse is competent, trained and able to cope with the task to be undertaken.

Patients advocate

During a CTT, the clinical research nurse may often experience conflicts of interest between loyalty to the investigator, responsibility to the sponsoring company and most important, responsibility as primary advocate for the patient. As the patient's advocate, the nurse has the primary responsibility to protect the patient's interest. However, the investigator needs to depend on the research nurse to ensure strict adherence to the protocol. It is therefore imperative that, before commencement of a study, all parties involved in a CTT have read and agreed to the protocol.

Fraud and misconduct

Although health professionals consider that fraud should not take place, it does occur. Unfortunately findings sometimes may appear fraudulent even when fraud has not taken place. Thus it is important to always adhere to GCP so that the auditors are

convinced that the trial has been conducted to a high standard of practice. It is not uncommon for a doctor to be struck off the medical register for fraud when conducting a clinical therapeutic trial. However, patients, for different reasons, such as wanting to please the investigator or wanting the new treatment to work, frequently perpetrate fraud. The nurse in either situation should be alert to the possibility and able to address the situation. It will not be pleasant to question integrity in either case, but necessary as the care of future patients may be affected to their detriment.

4 Jobs and job descriptions

Nurses working in clinical research have a variety of job titles, including the following:

- Clinical Research Nurse
- Clinical Nurse Researcher
- Study-site co-ordinator
- Clinical Trials Co-ordinator
- Research Nurse
- Research ?Co-ordinator
- Research Manager
- Senior Staff Nurse - Research
- Research Sister/Charge Nurse
- Clinical nurse specialist - research.

Within the NHS, nurses working in clinical research are generally employed on NHS Clinical Grading Scales, either under Whitley terms and conditions, or on Trust contracts which generally mirror Whitley conditions. However, Clinical Grading was not designed with the role of clinical research in mind, and so the application of clinical grading to nurses in clinical research has been variously applied as posts have emerged. Hence the need for guidance.

However, while there is a clear need, it is important to emphasise that the RCN can only issue guidelines in this area. Research posts are, necessarily, an often quite complex mix of clinical, managerial, educational, professional and research aspects. Job descriptions include a range of skills, knowledge, tasks and attributes under a variety of headings, and combine mixes of skills (see box).

Skills, knowledge and attributes associated with working as a CRN

<i>Clinical, managerial, educational, professional</i>	<i>Research</i>
• knowledge of clinical developments	• evaluation of medical records
• assessment, health promotion & advice	• patient recruitment
• dealing with patient/relative	• informed consent

queries	procedure
• liaison with multi-disciplinary team	• liaison with sponsor companies
• care & care planning	• patient compliance
• diagnostic procedures	• policy development
• lab techniques	• planning/organisation of clinical studies
• screening	• protocol design & development
• interpreting results	• adherence to protocols
• clinic co-ordination	• data collection
• management/supervision of staff	• data preparation
• induction of staff	• maintenance of records
• education, staff development	• co-ordination of trials
• liaison/communication	• data analysis
• standard setting	• reporting & dissemination
• staffing & off-duty	
• budgetary responsibility	

5 Grading

The central premise of this guidance is that, where nurses are employed in a research capacity in NHS trusts, their contribution to research should be rewarded and reflected in their grading. It is considered that a universally accepted separate grading structure for CRNs is unlikely to be achievable at any level for the time being. In the absence of suitable acceptable alternatives, the present clinical grading structure, adapted to reflect the role of CRNs, represents a reasonable starting point.

Hence a research nurse undertaking clinical activities which imply a certain grade may warrant a higher grading to reflect the additional skills, knowledge or responsibility associated with the research role. The employment situation of many CRNs provides a further rationale for considering grading outside the mainstream application of clinical grading: CRNs are often employed in a 'medical environment'

(by doctors in primary and secondary care or within research teams) and thus 'line accountability' is not located in nursing.

All grading systems are subject to different interpretation and varying definitions of certain terms. This is reflected in this draft proposed guidance. Research nurses of any grade may become involved in the entire range of research activities. The distinguishing features from a grading perspective are the extent to which that involvement carries with it responsibility, accountability, autonomy, or managerial, supervisory or educational aspects.

Grades E and F are thought, by CRNs, to be where the majority of the difficulties arise. In the higher grades the clinical expertise, managerial role and issues of accountability are generally more clear cut.

Grade E is deemed (by the RCN) as a minimum grade for nurses where the application of knowledge of research methods is integral to their role as a research nurse. It is suitable for nurses whose are involved in CTTs in the capacity of research assistant. In some areas of research (such as oncology), in order to work even as a research assistant requires a higher level of clinical expertise. E would not be considered an appropriate grade in such circumstances.

An F grade CRN will no longer be working in the capacity of 'research assistant' but will have developed knowledge of research methodology, or of aspects of methodology. In this sense they will be able to act with a degree of autonomy as researchers in addition to performing their clinical role.

For grades G and above the levels of responsibility, autonomy, accountability and managerial skills are significant factors. The distinguishing feature of G grade research nurses, over and above clinical responsibilities which result in such a grade, will be their responsibility in relation to other research staff, or to the project as a whole. Supervision of research nurses, and direction of nursing element of research, and control of resources, is deemed comparable to such activities in other settings.

Clinical Research Nurses in NHS Trusts: adapted grading criteria

Grade E: An E Grade is appropriate to nurses working in clinical research in posts in which the non-research components would normally attract an E grade (or below) and where the postholder:

"

- would gain their first experience in a research capacity
- works under quite close supervision
- collects and inputs routine data
- identifies and screens suitable patients

Grade F: Where the non-research component of the job would normally attract an F Grade, the grade should be applied. Where such work would normally attract an E

grade and the postholder is identified as being involved in clinical research, an F Grade should be considered where one or more of the following criteria are met.

- screening, identification and recruitment of patients
- responsibility for eliciting informed consent
- is actively involved in ethical matters pertaining to research
- is involved in the research component in several concurrent research studies
- undertakes research work under minimal supervision or has overall responsibility for an aspect of the research
- is involved in liaison with sponsor companies and multi-disciplinary teams
- acts as a source of advice on research methods

Grade G: Where the clinical component of the job would normally attract a G Grade, the grade should be applied. Where such work would normally attract an F grade and the postholder is identified as a clinical nurse researcher a G Grade should be considered where one or more of the following criteria are met.

- specialist in topic field
- responsible for liaison with sponsor organisations
- ensures adherence to protocols
- has research education/development role within the project/s

Grade H. Where the non-research component of the job would normally attract an H Grade, the grade should be applied. Where such work would normally attract a G grade and the postholder is identified as a clinical nurse researcher an H Grade should be considered where one or more of the following criteria are met.

- accountable for project finance and/or nursing elements
- directs the nursing element of research
- has responsibility for developing protocols
- advises and manages patients within the study (with reference to medical team as necessary)
- has overall responsibility for written submissions to ethics committees
- has overall responsibility in relations with sponsoring organisations
- has overall responsibility for publication and dissemination of findings related to the research
- advises specialists in the field on application of research

Grade I. For posts that are more heavily research oriented, use of the NHS clinical grading structure is more problematic. However, the salary step is considered appropriate. The following criteria for I Grade salary therefore extrapolates the key skills and responsibilities from the clinical grading criteria and converts them into skills appropriate to a research setting.

The postholder is identified as:

- working as a researcher at a high level
- responsible for large teams involved in multi-centre studies
- in charge of a nurse-led unit

Clinical Nurse Researchers in GP Practice

It has sometimes proved difficult to grade practice nurse posts according to clinical grading criteria as these posts (like research posts) were not the prime focus or the development of the system. However, the RCN has produced separate guidance on the application of the clinical grading structure to practice nurses and believes that practice nurse posts can be clinically graded, with grades F or G likely to be the most appropriate.

Grade G. Practice nurses working at grade F will be able to practice a range of clinical skills developed through experience. They will also undertake the delivery of nursing care in general practice as a self-directing practitioner, working with the GP to meet medical needs as appropriate. Where the post-holder meets these criteria, and also meets one or more of the criteria outlined for grade G Clinical Nurse Researchers in NHS Trusts (above) grade G should be considered.

Grades H and I. Where the practice nurse component of a post is already graded G or above, higher grades should be considered in accordance with the research grading H to I above.

6 Education and careers

Education for the current post

Employers have an obligation to provide all employees with the skills necessary to undertake the work for which they have been employed. Nurses in research posts are no exception to this general principle, and they have a duty also to ensure that they are appropriately skilled to undertake the work asked of them. This may involve a range of skills at different degrees of specificity related to job tasks and involve on the job training and/or attendance at specific training courses.

It is important that the job elements are clearly specified in the job description and that education and training needs are identified at interview. If the scope of the job changes with attendant changes in its elements, then educational requirements should be reviewed.

It is important that work is not expected to be undertaken for which research nurses do not have the required skills and no training has been provided to enable these to be acquired.

Education and experience for career progression.

While some nurses may embark on a career in research, for the majority it is likely that research work will comprise a short term appointment in a series of jobs and the research nurse will go on to other kind of work or revert to doing clinical nursing. Whatever the career progression of the research nurse, it is important that doing a research job enhances rather than impedes that progress.

Career progression therefore needs to be considered earlier rather than later during a research contract and the educational requirements for the next job identified. Doing a research job may enable the development or enhancement of generally transferable skills such as database management or other IT skills, project management, specific clinical skills, writing or teaching. working as a researcher at a very high level. For those wishing to embark on a research career formal training in research at certificate, diploma, MSc or PhD level may be appropriate to enhance career progression. Opportunities need to be sought and provided to enable these to be developed. Employers therefore need to consider how these can be provided.

For those who regard research as a short term job, or for whom continuing to work in research may not be feasible because of the short term nature of many research contracts, maintaining clinical skills to enable a route back into clinical work needs to be assured. One means of doing this is for research contracts to include time for regular opportunities for appropriate clinical experience, e g one session per week of appropriate clinical work. This is important if research nurses are not to be disadvantaged by stepping out of a clinical career path to gain other types of experience and for a period in research to be recognised as an asset.

Education to meet the requirements of the UKCC

All nurses have a responsibility to meet the education and practice (PREP) of the UKCC in order to protect the public through maintaining professional standards.

In order to re-register on a three yearly cycle, nurses must undertake at least 35 hours study activity. If nurses have not practised for a minimum of a 100 working days or 750 hours in the five year period leading up to renewal of registration then they are required to undertake a return to practice programme. It is important to note that the actual information on PREP does not state that these hours are clinical hours as practice is not solely about clinical practice. It is the responsibility of the clinical research nurse to provide evidence that these requirements have been attained and are themselves charged with maintaining records within their portfolio.

7 References and Further Reading

(ACRPI, 1996) The Association of Clinical Research in the Pharmaceutical Industry Response to the Royal College of Nursing on the Role of the Nurse as a Study Site Co-ordinator in Clinical Therapeutic Trials. ACRPI 1996.

Ankier SI, Warrington SJ. Research and Development of New Medicines. Journal of International Medical Research 1989; 17:407-416.

Audley T, Harrison M. Study site co-ordinators - a 'job definition' challenge! *Clinical Research Focus* 1995; 6(6): 12-17.

Barnes G. The nurse's contribution to the Medical Research Council's trial for mild hypertension. *Nursing Times* 1981, 1240-5.

Bohaychuk W, Ball G. *Standard Operating Procedures for Investigators*. 1993 Second Edition. Good clinical Research Practices, Hampshire, UK.

Culyer Report - Supporting R & D in the NHS. Department of Health 1997.

Rawlins MD, Jefferys DB. Study of United Kingdom product licence applications containing new active substances, 1987-9.

International Conference of Technical Requirements for the Registration of Pharmaceuticals for Human Use. *Good clinical practice: Consolidated guidelines*. Brussels May 1996.

Scott G. SSC Survey. *Clinical Research Focus*. 1993; 4 (8): 14.21.

McDonald V. Surviving and FDA audit. *Clinical Research Focus* 1994;5 (2); 12.

Moody G. Informing the patient. *Clinical Research Focus* 1994; 5 (1): 17.

Royal College of Nursing. *Ethics Related to Nursing Research*. London 1997. RCN.

Tingle J, Cribb A. *Nursing Law and Ethics*. Cornwall 1995, Blackwell Science.

United Kingdom Central Council for Nursing, Midwifery and Health Visiting. *The Scope for Professional Practice*. London 1992, UKCC.

United Kingdom Central Council for Nursing, Midwifery and Health Visiting *Code of Professional Conduct*. London 1992, UKCC.

United Kingdom Central Council for Nursing, Midwifery and Health Visiting *Guidelines for professional practice*. London 1996, UKCC.

Appendix A: Pay of researchers in related sectors

Nurses may be employed in a research capacity in the NHS, in both 'old' and 'new' universities and by pharmaceutical companies. Each of these employment sectors adopt different approaches to employment, pay and conditions of service. Hence it is not feasible, at this stage, to produce prescriptive guidance relating to the pay and conditions of nurse researchers in general because:

- nurse researchers are a disparate group, engaged in a range of activities for numerous employers. No single pay and conditions system would suit all nurse researchers

- implementation of guidance is predicated on employers' co-operation as there is no means of compelling employers to implement any RCN approved approach. Neither the RCN nor any other professional body or trade union negotiates on behalf of nurse researchers as a recognisable group in any sector.

However, it is possible to compare current **pay** rates across the different sectors, and this may assist employers and employees in taking decisions and coming to agreements about pay and grading.

'Old' universities

In the 'old' university sector research staff comprises of four grades, although staff on the separate academic scales would also be normally be expected to be involved in research.

'Old' universities: research salary ranges (1 April 1998)

<i>Grade</i>	<i>min</i>	<i>max.</i>	<i>discretionary points</i>
Res IB	£15,735	£17,570	
Res IA	£15,735	£23,651	
Res II	£21,815	£29,048	£32,457
Res III	£27,515	£34,464	£37,257
Lecturer A	£16,855	£21,815	
Lecturer B	£22,726	£29,048	£42,457
Senior Lecturer	£30,496	£34,464	£37,257

Source: AUT, 1998

'New' universities

The 'new' universities have two research scales - A and B.

'New' universities: research salary scales (1 September 1998)

<i>Grade</i>	<i>min</i>	<i>max.</i>
Research A	£10,399	£14,398
Research B	£15,205	£23,199
Lecturer	£14,398	£24,002
Senior Lecturer	£22,400	£29,600
Principal Lecturer	£27,746	£35,204

Source: NATFHE, 1998

The Pharmaceutical Industry

Many research nurses seek employment in the pharmaceutical industry from NHS/University based posts, this may be due to financial benefits provided. Unfortunately this leads to the loss of experienced nurse researchers to other employers. The Pharmaceutical industry comprises a large number of generally multi-national organisations. There is no industry-wide approach to pay, grading and conditions, and no countrywide approach taken in UK based organisations within this sector. Nurses are most likely to be employed on terms and conditions that relate to the employment sub-group within which they work and to be treated in the same way as other 'graduate' staff. Information on pay and conditions is collected through participant only surveys, which cannot be accessed by non-participants. There is, therefore, no means of determining 'industry averages' for research staff. Payment is often based on 'competence', and salary progression guided by 'performance'.

Wider Economy

Key findings from the most recent Reward survey of salaries for research and development staff are summarised below.

	<i>Lower Quartile</i>	<i>Median</i>	<i>Upper quartile</i>
R&D manager	£35,450	£38,998	£47,223
Technical manager	£31,026	£34,678	£39,646
Senior scientist	£28,638	£32,304	£36,000
Senior technologist	£22,960	£25,264	£28,382

Source: Incomes Data Services Management Pay Review, July 1998 (from Reward Survey)

Employment Briefs

Employment Briefs are research based reports for the RCN staff and busy negotiators and are available in the Employment Relations public folder on the RCN network, or from Tracey Roberts of the RCN Employment Relations Department. Titles currently available include:

3/96 Education and Training Commissioning - an explanation of the new 'consortia' commissioning arrangements for nurse education and training.

4/96 Analysing Pay Offers - An introductory guide - Based on experiences in 1995

7/96 Competence Pay and Clinical Ladders: an introduction and some examples defines competence and competence pay, explores current examples, summarises the main issues which competence pay raises, and sets out some questions which might be asked of potential competence pay systems

8/96 Clinical Ladders in Practice: a Review reviews the development and implementation of clinical ladders for registered nurses. The Brief describes case studies, and focuses on international experience of the implications for nursing professional organisations and trade unions representing nurses whose salary and career structure are determined by a form of clinical ladder.

9/97 Mapping the non-NHS Labour Market presents the results of an exercise to map the non-NHS labour market for registered nurses. Employment areas within the non-NHS sector are described, and information sources identified.

10/96 Understanding Trust Accounts describes the structure of Trust accounts and explains how accounts can be of use in formulating pay claims.

11/97 Attendance Management or Absence Control? defines terms used, summarises employers' duties, and explores absence measurement and monitoring. The Brief

considers attempts to link absence to pay and sets out some tips on developing good practice policies and strategies.

12/97 *Stress and Morale in Nursing*. reviews research into stress in nursing and identifies declining morale amongst NHS nurses. Explores the links between stress, mental health and morale.

13/97 *Harassment, Bullying and Violence at Work* discusses the seriousness of harassment as an issue in nursing and provides guidance on implementing local anti-harassment policies. The Brief accompanies the RCN Harassment Policy, launched in May 1997.

14/97 *Time off for Activists* raises some issues of particular concern when negotiating time off agreement for RCN activists, rehearses arguments to put to employers about the mutual advantages of satisfactory arrangements and agreements. The Brief contains an introduction section aimed specifically at new stewards.

15/97 *Two NHS Competence Pay in Nursing Case Studies* provides an overview of competence and competence pay 'concepts' and considers two current and quite distinct approaches to competence pay taken in Derby City NHS Trust, and Ealing Hospitals NHS Trust.

16/97 *Progress with Clinical Ladders* builds on Employment Brief 8/96. The Brief contains an updated literature review, describes new case studies and assesses trends in the use of clinical ladders.

17/97 *Nursing Employment Issues in a European Context* describes the EU Social Dialogue, examines the parties involved and explores the future development of consultation and collective bargaining at European level.

18/97 *Towards an inclusive framework for multi-skilling: a discussion paper* outlines the context and examines the issues for nurses and nursing posed by the drive towards multi-skilling.

19/98 *Helping Health Professionals Deal with Violence* examines definitions of violence at work, outlines legal constraints and employers duties and proposes strategic solutions.

20/98 *Broad banded pay structures*: an introduction describes the key characteristics of broad bands, contrasts these with more conventional structures such as clinical grading, and discusses equal opportunities implications.

21/98 *Carry on Nursing?* Explores the employment implications of the ageing of the nursing workforce through an analysis of the main demographic characteristics of the ageing nursing workforce; an exploration of likely implications for nurses and for their labour market behaviour; and an examination of the impact on employers.

