Managing Clinical Research Nurses: the Edinburgh Experience

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Background

NHS Lothian is a Health Board in central Scotland covering 700 square miles (2.3% of Scotland) and has a population of 814,000 (16% of Scotland).

Clinical research is a key part of NHS Lothian’s core activity with 1068 studies undertaken in 2016. Work by MacArthur et al. 2014 examining professional issues for Clinical Research Nurses (CRNs) identified the need for a clearer management structure in NHS Lothian.

A new post (Clinical Research Nurse Manager) was introduced in 2014. This was the first post in Scotland established to line manage stand-alone CRNs and to have professional accountability for those working for the University of Edinburgh as well as NHS Lothian.

Aims of the new CRN Manager post

• To ensure consistent ways to provide specialist and professional support
• To promote ongoing education and training
• To provide a safe and effective workforce providing quality research across NHS Lothian.

Methods

• A scoping exercise, including telephone or face to face discussion, was undertaken by the Clinical Research Nurse Manager with CRNs to identify their line management arrangements.

• Links were made with:
  - Principal Investigators
  - Research and Development
  - University of Edinburgh Human Resources Team
  - Clinical Research Facility (CRF) Nurse Manager
  - National Research Networks e.g. Cancer, Stroke, Dementia

• Meetings were held with all the Directorate Clinical Nurse Managers who had CRNs embedded in their service.

Discussion

In 2016, a total of 173 CRNs were identified as working within NHS Lothian including:
• 39 University of Edinburgh
• 134 NHS Lothian.

NHS CRNs

80 nurses (60%) of the NHS CRNs, work in the CRF and Scottish Cancer Network with clear line management structures. 54 (40%) work either in isolation or small teams and had indeterminate line management.

Global Professional Challenges

• Need for education, training and competency assessments
• No standardised induction programme
• Inadequate job descriptions
• Working in isolation
• Varying types of contractual/management arrangements
• Diverse performance review
• Limited continuing professional development arrangements.

Additionally there was little management oversight of the growing workforce, with no planning or rationalisation of resources and a general lack of engagement with the wider organisation.

Outcomes

• Clear management structure for stand-alone CRNs either:
  - Local Directorate Clinical Nurse Manager
  - Clinical Research Nurse Manager
  - Quarterly Professional Research Nurse Forum
  - Clinical Research Nurse Manager acts as advocate to tackle operational issues
  - Enhanced communications creating a sense of teamwork
  - Standardised induction booklet
  - Lone workers provided with contacts for support
  - Band 5, 6 & 7 generic job descriptions
  - Expert oversight of clinical and research governance issues
  - Dedicated CRN web pages on NHS and University intranets
  - Up-to-date database of CRNs in post.

Reference: