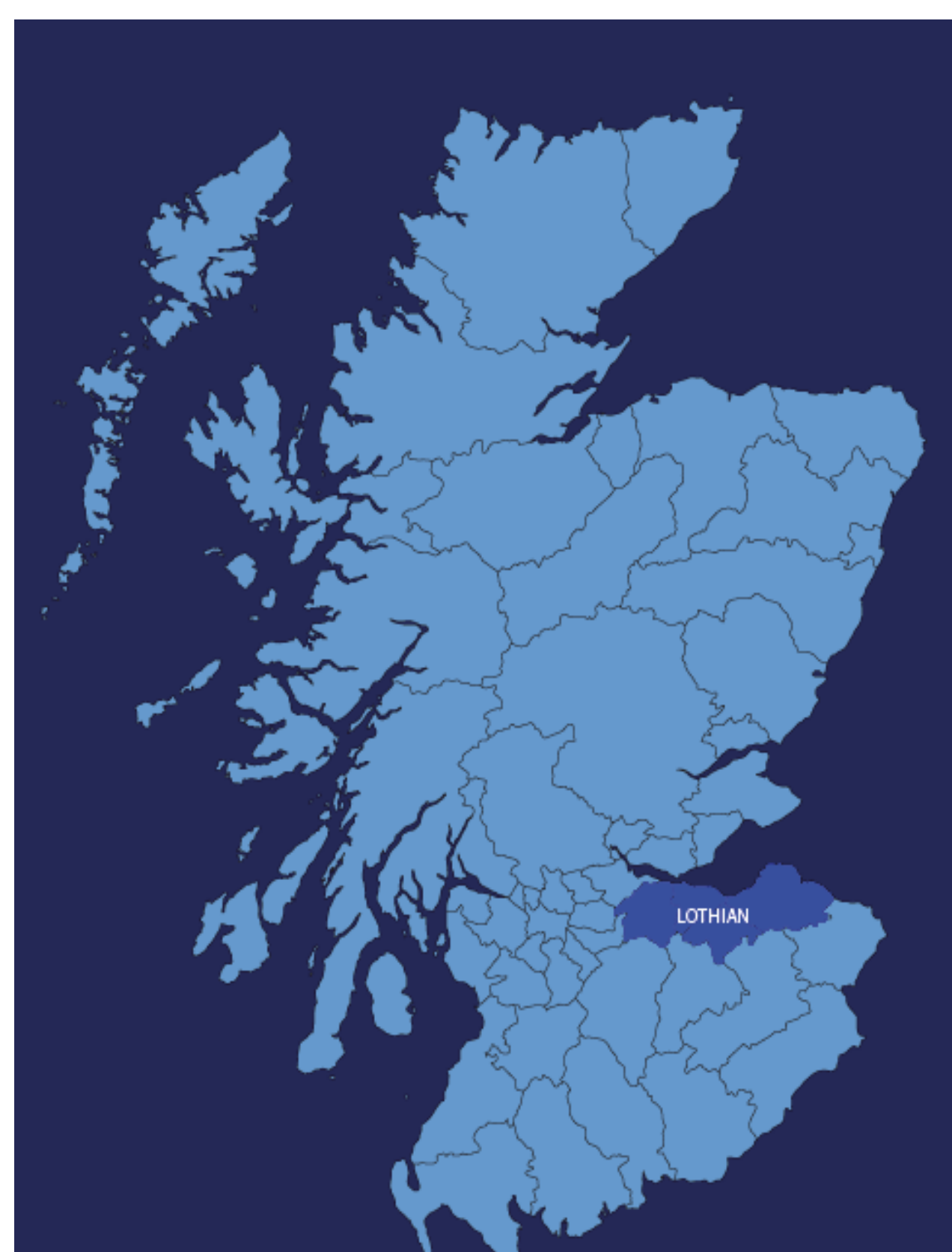


Managing Clinical Research Nurses: the Edinburgh Experience

Jean Bruce, Corporate Nursing, NHS Lothian, Edinburgh, UK.

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. 2014¹ 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.

