

Meeting the evolving research agenda through effective research delivery

Karen Palmer & Hilary Campbell

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UK Forum for Trust/Health boards Research Leads
(nursing)

Clinical Research Nurse/Midwife

- Refers to any nurse/midwife who is employed principally to undertake/facilitate research within the clinical environment.
- This can include a variety of nursing roles but they all share the common feature that research is a central part of their employment
- The CRN may be a PI/ Co-investigator, but generally facilitates the effective/safe delivery of other people's research, rather than leading it.



Evolution of the Clinical Research Nurse/Midwife

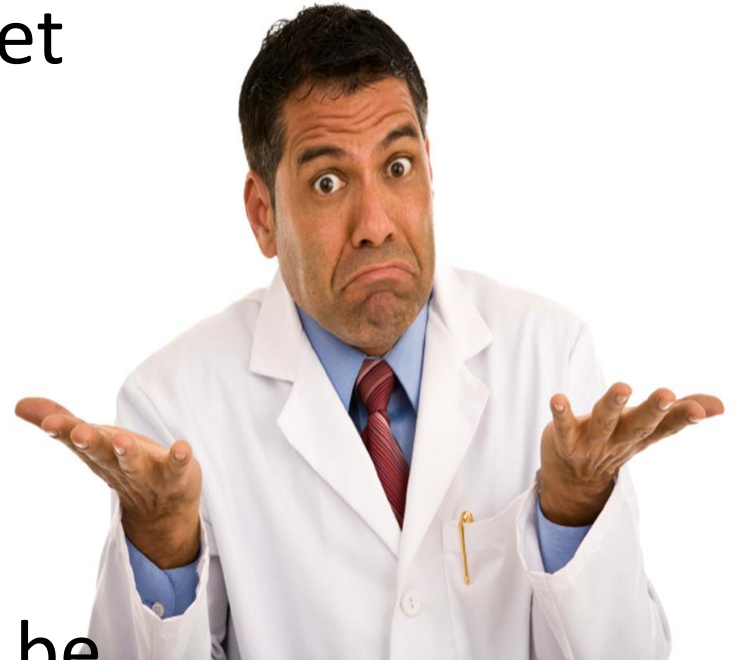
- In the past, many Clinical Research Nurses/midwives worked in isolation from their professional colleagues in an extended and specialised role (Kenkre and Foxcroft, 2001)
- In 2007, the UKCRC recognised CRNs as integral to the success of NHS research.

Nursing roles within research

Function	Clinical Research Nurse	Nurse Researcher
Experience/knowledge	Previous experience not initially required when choosing the role	Required to have initial knowledge and understanding of research methodologies
Research ideas	Carries out research related to other people's ideas	Develops own research ideas
Location	Usually based within a hospital	Often based within a university department.
Study areas	Studies are often treatment related	Studies answer academic questions relating to nursing
Patient care	Often directly involved with patient care pathways	No direct involvement with patient care

Why Assess Skill Mix?

- Reducing NIHR/ CRN budget
- Cost effective/ Efficiency
- Flexible Workforce
- Career Progression
- Most Appropriate Person
- Allow Nurses/Midwives to be more patient facing
- Changing patterns of Health Care

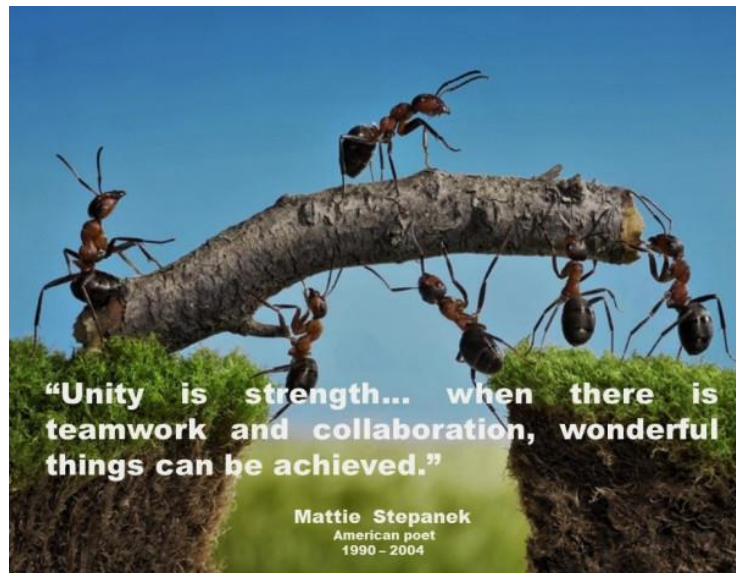


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Assessing Workload & Skill Mix

Innovative
roles in
research

Nursing Roles



Workload/
Capacity
Assessment

Calderdale
Framework

“Sobering reading,”

Janet Davies, RCN Chief Executive (2016)

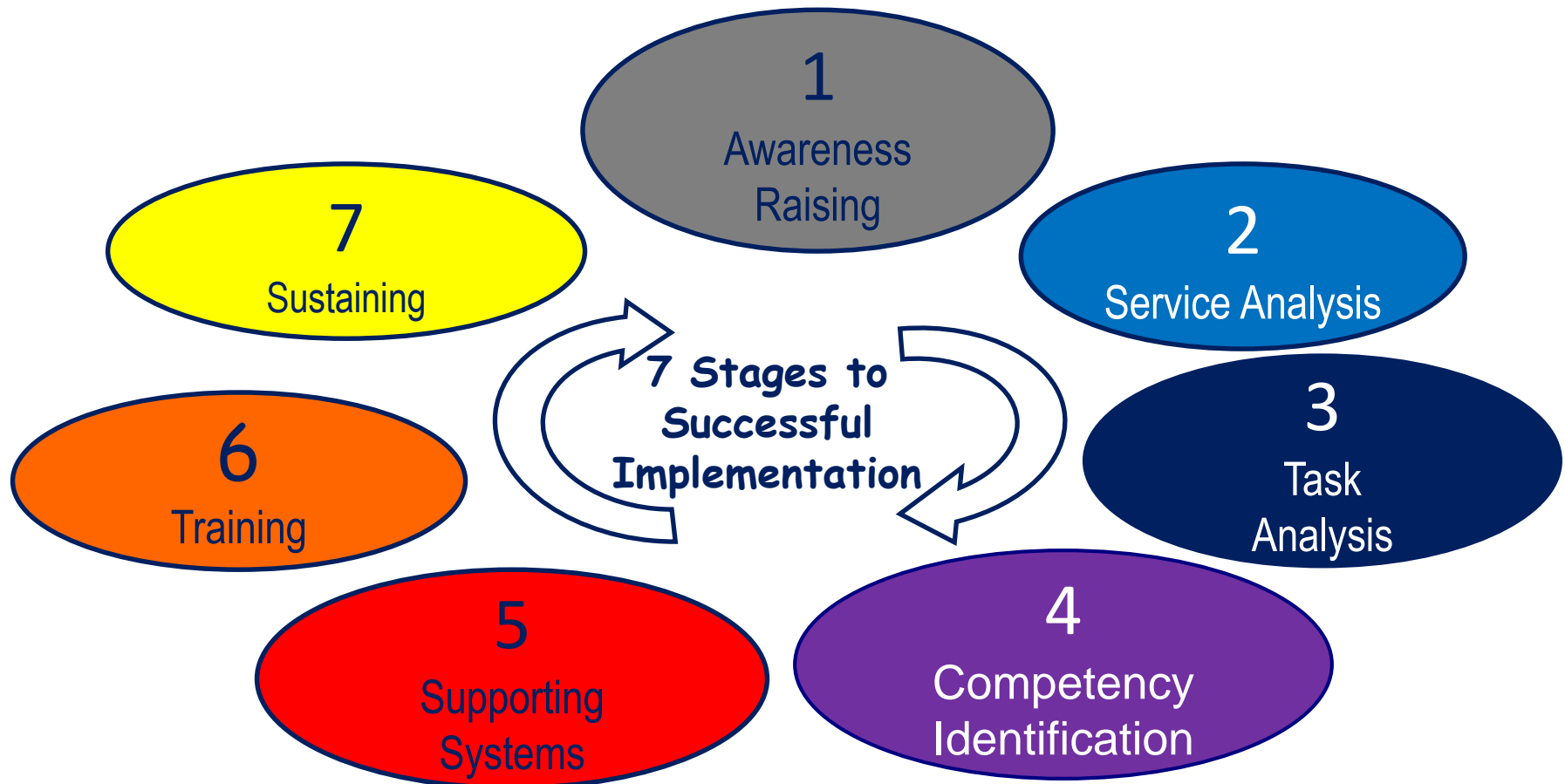
New research from The Institute of Employment Studies, commissioned by the Migration Advisory Committee, reveals the scale of challenges facing the NHS nursing workforce, with one in three nurses due to retire in the next 10 years and a lack of “home-grown” nurses to fill the imminent gap.

The research shows the NHS is heavily reliant on the current supply of nurses from EU countries like Spain, Portugal and Ireland, with EU nurses comprising 4.5 per cent of the total nursing workforce.

The report warns that the effects of Brexit are likely to bite because of uncertainty around the status of EU workers in the UK, which could lead to EU nurses returning home and far fewer nurses from the EU able to work in the UK.

© Calderdale Framework

(Duffy & Smith, 2007)



Workload Analysis Tools

- BRIStool
- Study Intensity Tool
- NIHR workload tools
- New app development
- Great Ormond Street workload analysis tool
- NIHR capacity audit tool

Range of Roles in Research



A word cloud illustrating various roles in research. The words are arranged in a circular pattern, with 'Manager' and 'Assistant' being the largest and most prominent. Other roles include 'Administrator', 'Research Project', 'Data Associate', 'Co-ordinator', 'Practitioner', 'Clinical', 'Facilitator', 'Apprentice', 'Trials', and 'Programme'.

Manager
Research Project
Assistant
Data Associate
Administrator
Co-ordinator
Practitioner
Clinical
Facilitator
Apprentice
Trials
Programme

Examples of Innovative Practice

- Lyn Wilson Mid Yorks Hospital
- York Hospital New Roles
- Claire Whitehouse James Paget University Hospital



Teamwork

- https://www.youtube.com/watch?v=UdZ9P_tWFSw

Heather Iles-smith, PHD, RGN

Head of Nursing Research and Innovation/ Honorary
Clinical Associate Professor

Heather McClelland , MSc, RGN

Head of Nursing Workforce and Education

Registrant workforce

- **Gap in workforce**
- Guidance around safer staffing (2014)
- Widespread investment in nursing workforce
- Increase numbers of all staff required (particularly registrants)

Francis report (2013)

THE MID STAFFORDSHIRE
NHS FOUNDATION TRUST
PUBLIC INQUIRY

Chaired by Robert Francis QC

Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry Executive summary

Transformation of clinical workforce

- Introduction of Shape of Caring report (Willis, 2015)
 - Description of future nursing workforce
 - Introduction of the nursing associate and nursing apprentice
- Productivity review (Carter, 2016)
 - Increasing productivity required
 - right people, right place, right time
 - Introduction of Care Hours Per Patient Day as a measure

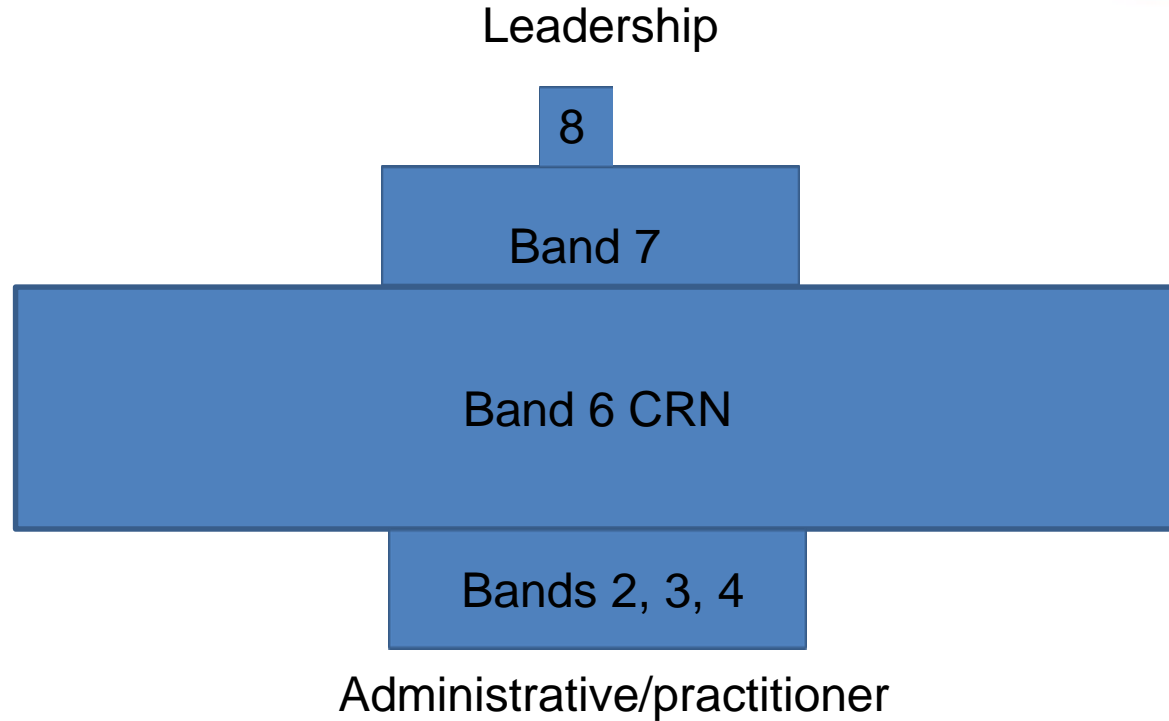


The changing shape of nursing



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Historical/ current research workforce models



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Describing clinical roles

Unregistered workforce

- **Clinical Support Worker**
- Level 2 (12 month) & level 3 (18 months)- apprenticeships (adhere to an agreed national framework)
 - *Level 2*- Communication, ADL, basic care, basic clinical skills (all CSW's)
 - *Level 3*- additional specialisms (specialist areas)
- **Assistant Practitioner**
- level 5 (2 year foundation degree) – likely to become an apprenticeship
 - In partnership with HEI
 - High dependency/specialist area- in future could take up a combined therapies role (assessment, intervention)
 - Leeds AP about to take up role within research



Describing clinical roles

Registered

- **Nursing Associate** (apprenticeship in future)
- Foundation degree (2 years)
- Assessments, planning of care, evaluation of care for a group of patients (rather than a ward)
- Will be able to give medicines
- Similar to role of an RN without the managerial responsibilities
- Will be registered through NMC

- **Registered Nurse**

- Change in bursary may lead to reduced numbers applying to do RN
- Apprenticeships for RN training introduced 2017/18

- **Clinical Academic Nursing role-**

- level 8 (PhD apprenticeship) being explored!

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Other roles

- **Advanced Clinical Practitioners**
 - ACP's from across the professional groups
 - works autonomously within clinical teams
 - Post graduate level training (graduate entry)
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- **Physicians Associates**
 - Post-graduate from outside traditional professional groups e.g. health scientists, non-health graduates
 - works autonomously within
 - PA's currently limited by lack of registration, cannot prescribe or request clinical investigations
 - Future – hope to regulate through GMC or Medical Colleges

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How could these roles be adapted?

- Integrate research and evidence-based practice in all new unregistered training programmes
- Shift in education commissioning from central government to employers – opportunity to drive innovation
- Work with local educational provider to include evidence base in training
- Influence the national apprenticeship standards
- Research as a specialty throughout the career ladder
- Use of the Integrated Workforce Framework (NIHR- to be launched in May)

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Examples of innovative roles

- CSW level 3- shared between research and practice (working in pain clinic)
- Advanced Practitioner- Oncology research (Leeds)
- Advanced Nurse Practitioner- Clinical Research Facility (Manchester)
- Taking consent for CTIMP
- Physical examinations and
- Prescribing



Considerations

- How do we integrate registered/ non-registered nursing research roles with non-registered research practitioner roles?
- Which roles are helpful to us as a professional group?
- How do we make the most of new funding models including apprenticeship schemes for training research staff?



Registered nurses transitioning from research nurse to research leader – fact or fiction?

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FRoNT Research Nurse Symposium

6 April 2017

RCN International Research Nursing
Conference

Our Southampton story

- How we are making this a reality
- Opportunities for nurses and midwives in research delivery and how we can support them to develop their own research ideas.
- Challenges include:
 - Better sign posting
 - Capturing the enthusiasm and passion for research in a way that translates into developing as clinical academics and PIs of the future but keeping research nurse expertise



Brief history - Why I am interested in this?

- Do not want to lose research nurses to 'academic posts', but do both roles
- Research Nurses develop sound methodology and delivery knowledge - *“this operational understanding is a skill that is not valued in the same way as academic expertise”*. (Munro & Bayliss-Pratt 2016)
- Real not fictional protocol design so that trials recruit to time and target and can be delivered in real situations i.e.alcohol study design
- Interested in what research nurses can offer to study design and success and how overlooked this valuable group is
- We are all academic and research nurses work like CNSs and know about issues that really concern patients and that nursing research can address



Progress to date at UHS

- Embedding research with clinical colleague collaboration and empowerment
 - Joint Clinical and Research posts – CNS/Research Nurse and Ward Nurse/Research Nurse
 - Clinical academic career pathways alongside and as part of research nursing not just step on and off approach –
New JDs for PhD nurses interested in a blended role developing with clinical service – previously only academic/clinical role JDs ignoring research nurse delivery workforce expertise
 - More nurse led research delivery and protocol design input
 - Increasing student nurse placements and mentoring
 - Companion studies for all new trial protocols like NIH

Staffing

Boaz et al 2015

- Attract high quality staff
- Change in attitudes and behaviour that research engagement can promote
- Research-active staff may differ from their peers in non-research-active settings because of: personal characteristics, multidisciplinary collaboration, additional training and education or specialisation
- Applying the processes and protocols developed in a specific study (not counting any impact from regimens in the intervention arm) to all patients with specific illness, irrespective of their involvement in the trial
- Centres within networks build up a record of implementing research findings
- Network membership increases the likelihood of physicians recommending guideline concordant treatment
- Use of the infrastructure created to support trials more widely, or for a longer period, to improve patient care

“Boaz A, Hanney S, Jones T, Soper B. Does the engagement of clinicians and organisations in research improve healthcare performance: a three-stage review?” BMJ Open 2015;5:e009415 doi:10.1136/bmjopen-2015-009415

The real journey:
Introducing Sarah

Transition from research nurse to research leader: a personal journey

Sarah Bailey NIHR Clinical Doctoral Research Fellow
6th April 2017



Career to date ... in a nut shell!



NHS
*National Institute for
Health Research*



Why research nurse to nurse researcher?

- Gap in care/service
- Passion for clinical care
- Respect and understanding of the value of health research
- To research new ways of improving patient care/outcomes
- Opportunity to pursue research interest whilst developing specialist clinical skills
- Personal challenge and aspiration!

Being a clinical academic

- Clinically active health researcher
- Dual role undertaking an academic role whilst simultaneously providing clinical expertise
- Developing lead nurse role c/o recurrent miscarriage patients
- Research investigating development of coping interventions for recurrent miscarriage patients.
- *‘A successful clinical academic will be able to demonstrate not only that they are an excellent researcher but also that they can lead and inspire others in their clinical field*

(Building a research career: A guide for aspiring clinical academics and their managers 2016)

A Feasibility and Acceptability Study and a Qualitative Process Evaluation of a Coping Intervention for Women with Recurrent Miscarriage



Challenges....

- Establishing completely new clinical role – learn on your feet!
- ‘Imposter syndrome’
- Can feel isolated
- Lack of understanding of clinical academic role amongst other clinicians
- Research labour intensive
- Ring fencing time for clinical academic components



... and rewards and successes!

- Fantastic professional opportunities
- Study progression
- Making a difference
- Collaborations with other researchers
- Publications
- Personal level

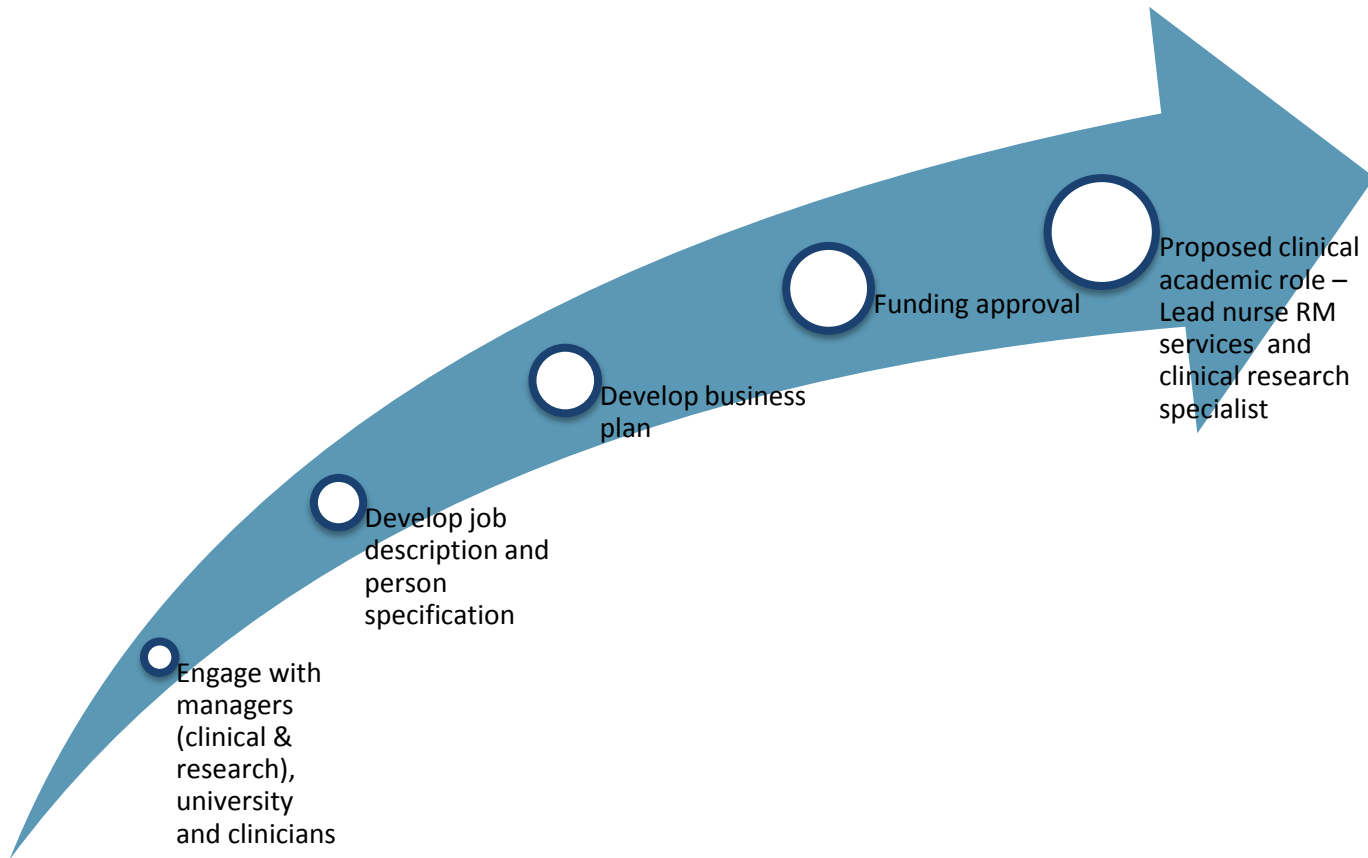


Key to success

- Support
- Networking
- Flexibility
- Develop your skill set
- Share your passion!
- Tenacity and determination



Next steps ...



Fact not fiction

- Post doc – Lead Nurse for recurrent miscarriage services and clinical researcher/research nurse specialist
- Clinical Education Fellow - UoS
- Vision of on and off career path not a linear one
- Must have support of employers, managers, education
- But also a culture of valuing the contribution that research and nursing makes to patient care and outcomes



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