



# Welcoming registration for Clinical Research Practitioners

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**#crpractitioner**

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# CRP Registration: Our Journey!

Fiona O'Neill

*Associate Director for Clinical Research Practitioner  
Leadership and Business Change Lead, NIHR CRNCC*



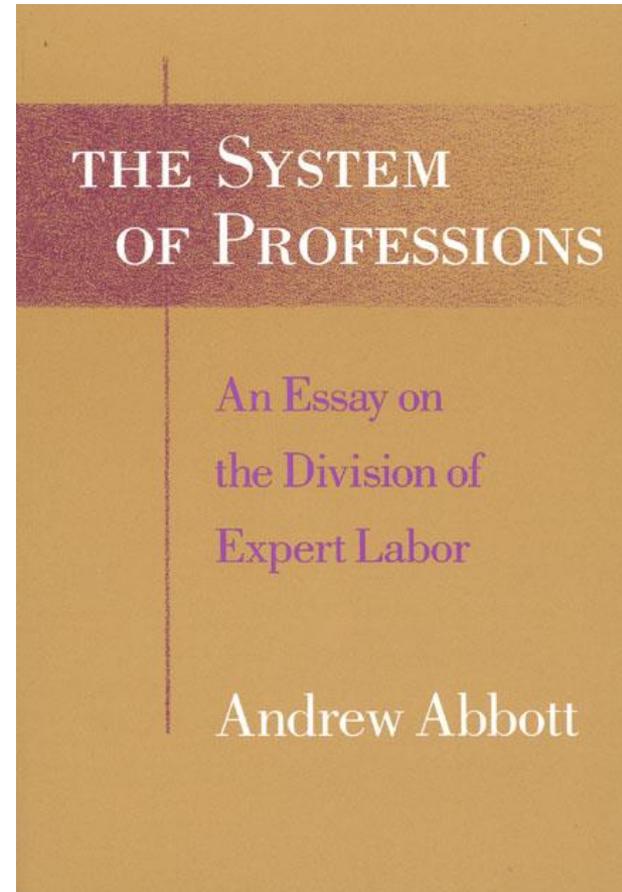
# Organisation, team and personal



# Sociology of the Professions

How and why professions evolve?

Professions exist in a system



# How does change happen?



# The urgency

- Workforce Intelligence - CRPs (band 5 & above) make up 25% of funded workforce by 2016
- Recognition of value, knowledge base and contribution of CRPs
- Lack of a consistent and coherent way of describing the role across the network
- No sense of community or professional identity
- Variation in training, development and scope of practice
- Workforce strategy - Focus on communities of practice & the future

# The solution (2016-2017)

- Describe the research workforce and what they do - Integrated Workforce Tool
- Alignment with UK regulatory framework - PSA & Right Touch Regulation
- Academy for Healthcare Science - Accredited registers
- Consultation and Engagement

Agreement to work with AHCS to develop accredited register by Dec 2019

# The Work!

- Working group - Development of Scope and Standards to meet requirements of Academy and PSA
- Launch of Directory (sept 2018)
- Consultation and communication
- Governance

# Engaging and Enabling



# Today!

- Feels a totally different landscape
- Implementing and sustaining is the next phase
- Celebrate our progress and thank you
- CRP Leadership
- Communicate, communicate and communicate!
- Ownership is key

# Journeys

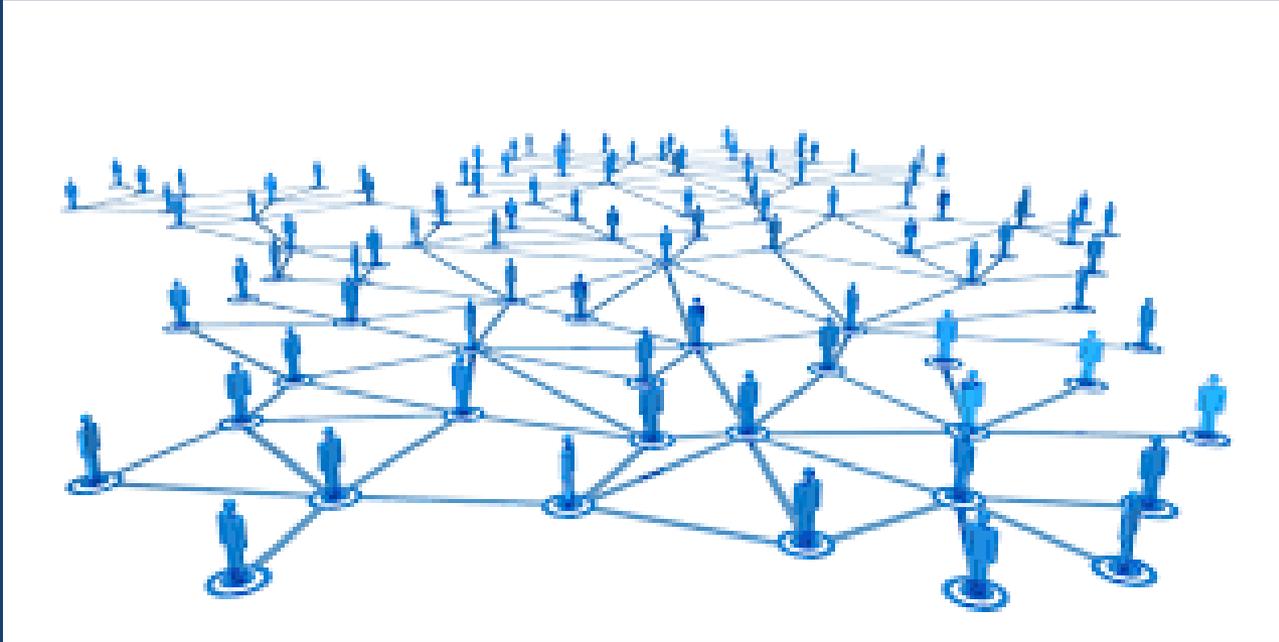




Thank you



# CRPs and the NIHR Clinical Research Network

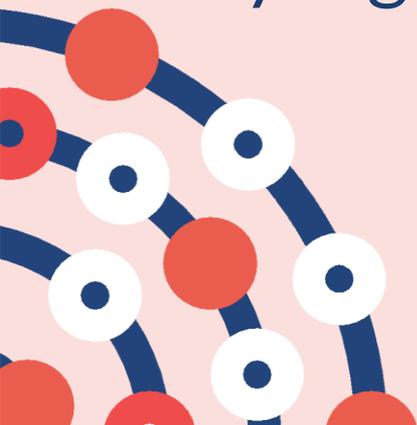


Dr William van't Hoff - CEO Designate  
NIHR Clinical Research Network



# Clinical Research Practitioner Voices

Angharad Williams  
Imogen Sargent  
Kayleigh Gilbert

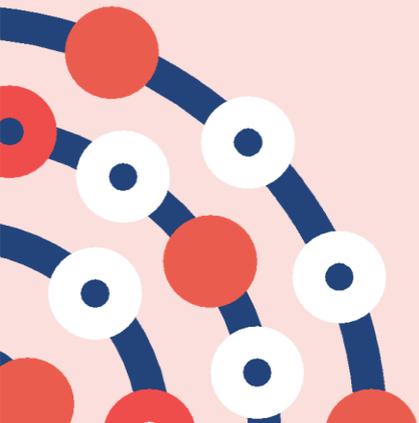




**NIHR** | National Institute  
for Health Research

# 'We have the experience, training and capability to deliver research'

Angharad Williams, Clinical Research Practitioner



# The Clinical Practitioner Voice

Imogen Sargent

Clinical Research Team Leader for Mental Health

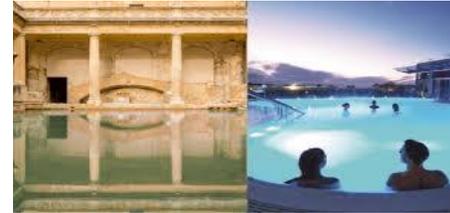
*Brilliant care through brilliant people*



# My Journey as a CRP

## Bath

- Interest in Mental Health and Psychology



## Cardiff

- BSC in Psychology and MSC in Health Psychology
- Funded: working on Acute Psychiatric Ward



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Caerdydd a'r Fro  
Cardiff and Vale  
University Health Board

## London

- Self Harm, Brain Injury and Mood Disorders
- Research could have saved the service. . . .



South London and Maudsley  
NHS Foundation Trust

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# My Journey as a CRP Research!

## Kent

- Joined the MHRN 2010  
Observational studies in Learning Disability



International Commercial CTIMPs



- GCP facilitator
- NIHR Advanced Leadership Programme
- Team Leader managing over 30 studies and **Delivery Team of CRP's**

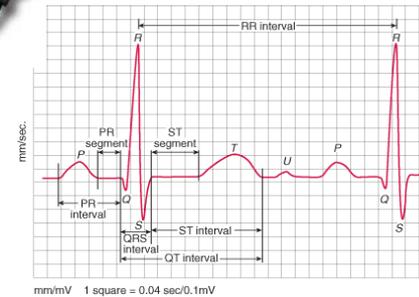


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# CRP's in Mental Health



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Yet we still face problems. . .

**Multiple job titles**

**No clear career path?**

**Always  
Proving self**

**Assumptions  
on ability**

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# Moving forward . . . . In my team so far

- We are lucky in Mental Health
- Change of Job titles
  - My team are now Clinical Research Practitioners
  - Aim to use framework to inform JD's and competencies
- CRP's consent to some CTIMPS
- Working together
  - Research **MDT**



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# Hopes for the Register . . . and Research!

## Keep Skilled Staff

- Recruit staff and offer a **clear career progression**
  - Eg. psychology grads
- **Clear training opportunities** based on working towards CRP accreditation
- Improvements for **development potential**

## Recognise Their Skills

- **Standardised** competencies can cut multiple confusing job titles
- **Evidenced** competencies
- Develop a new **professional** role
  - Dream to have a drop down that fits



## Continue to Deliver high quality, meaningful research

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Department  
of Health &  
Social Care

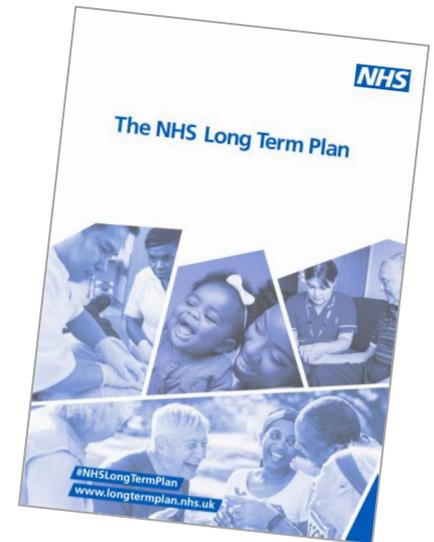
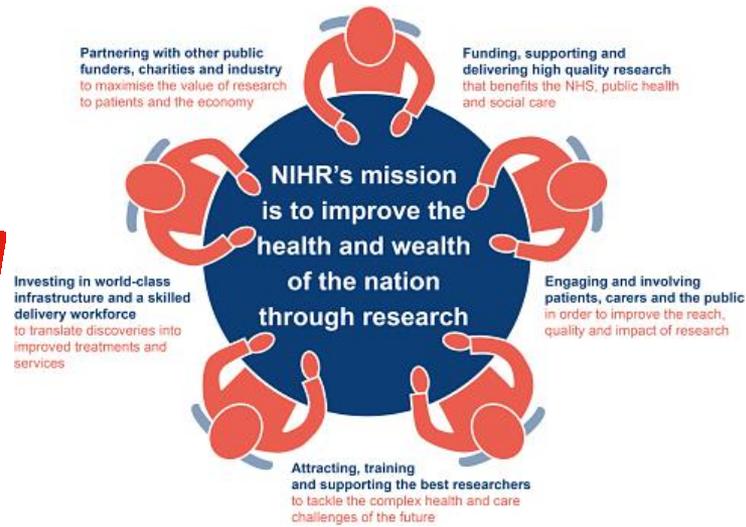
# **The Future Research Delivery Workforce**

**Emma Lowe**  
**Research Policy Senior Manager – Industry Relations  
and Growth**

 @emma\_k\_lowe

4 March 2020

# Our mission



# Our challenge

Nurses account for over a quarter of the NHS workforce in England (**fig 3**). However, over the past decade some specialties have lost numbers—mental health, community health, and learning disabilities, for example (**fig 1**). The general population has risen by about 7% in the same period,<sup>4</sup> and key aspects of the NHS workload have grown substantially: elective admissions up 26%, from 6.8 million to 8.5 million; emergency department attendances up 27%, from 19.6 million to 24.8 million; first outpatient attendances up 33%, from 14.4 million to 19.1 million.<sup>5</sup>

## **Nursing workforce crisis in numbers**

*BMJ* 2019;367:l6664



# Why are CRPs part of the answer?



# CRP Directory: credibility, confidence and trust





# Your thoughts so far...



# Accredited Registers



The contribution of accredited registers to public protection

# What is the Professional Standards Authority?

- Our main objective is to increase public protection. How do we do this?
- By overseeing organisations that register and regulate people working in health and social care.
  - Ten statutory regulators
  - Accredited Registers
- We are independent and accountable to Parliament.
- Report to the Health Select Committee

# What is the difference between accreditation and statutory regulation?

- Many health and care professions are protected by law and are regulated by one of ten statutory regulators (which we oversee)
- From 2012, professionals not regulated by law can choose to be on a register that is independently accredited by us
- The organisation which holds the register has to meet 11 demanding standards set by us
  - Education and training
  - Complaints procedure
  - Professional development
- Not compulsory for practitioners not regulated by law to be on an Accredited Register

# A risk-based model for professional regulation



# What is an Accredited Register?

- A register of health and care practitioners
- Accredited by the Professional Standards Authority
- Holds the Authority's Quality Mark
- Requires practitioners to meet high standards of personal behaviour, technical competence and where applicable, business practice



accredited register

# Accredited Registers: the story so far

- So far, 25 registers have been accredited under the AR programme
- The registers cover over 88,000 registrants and 50 different occupations across the UK, including:
  - Counselling and psychotherapy
  - Play therapy
  - Public health
  - Complementary therapies e.g. acupuncture, hypnotherapy, massage therapy
- Accredited Registers was set up to provide clear and accurate information to help choose a practitioner, minimising risk

# Value for accredited registers

- External audit – review of processes, procedures
- Increasing recognition of accredited register status by stakeholders (GPs, CCGs, employers)
- Collaboration with other registers and the Authority – communications, project work

## Value for practitioners

- Government-backed initiative assuring the public that practitioners are registered
- Practitioners can display our Quality Mark to give clients reassurance
- Recognised by NHS employers, commissioners and the public
- A community of practitioners committed to high standards

## How does this help the public?

- Provides the public with clear and accurate information to help them choose a practitioner – [checkapractitioner.co.uk](http://checkapractitioner.co.uk)
- Commitment to quality and public protection
- Demonstrate that meet high standards
- We make sure Accredited Registers handle complaints fairly and robustly
- If a practitioner is struck off they are unable to join another accredited register, so the public can avoid poor practice
- All practitioners are required to have indemnity insurance

# Why is it important for employers?

- Assurance of workforce
  - Codes of conduct
  - Fitness to practise
  - Education and training
  - CPD
- If a practitioner is struck off they are unable to join another Accredited Register, so employers can avoid poor practice
- Organisations must have robust, transparent complaints processes in place

## More information

- Website: [www.professionalstandards.org.uk](http://www.professionalstandards.org.uk)
- Twitter: @prof\_standards
- Email: [accreditationteam@professionalstandards.org.uk](mailto:accreditationteam@professionalstandards.org.uk)
- Tel: 020 7389 8037



[www.professionalstandards.org.uk](http://www.professionalstandards.org.uk)

 professional  
standards  
authority



AHCS  
Academy for Healthcare Science

# Motivation

*Janet Monkman*  
*CEO/Registrar AHCS*

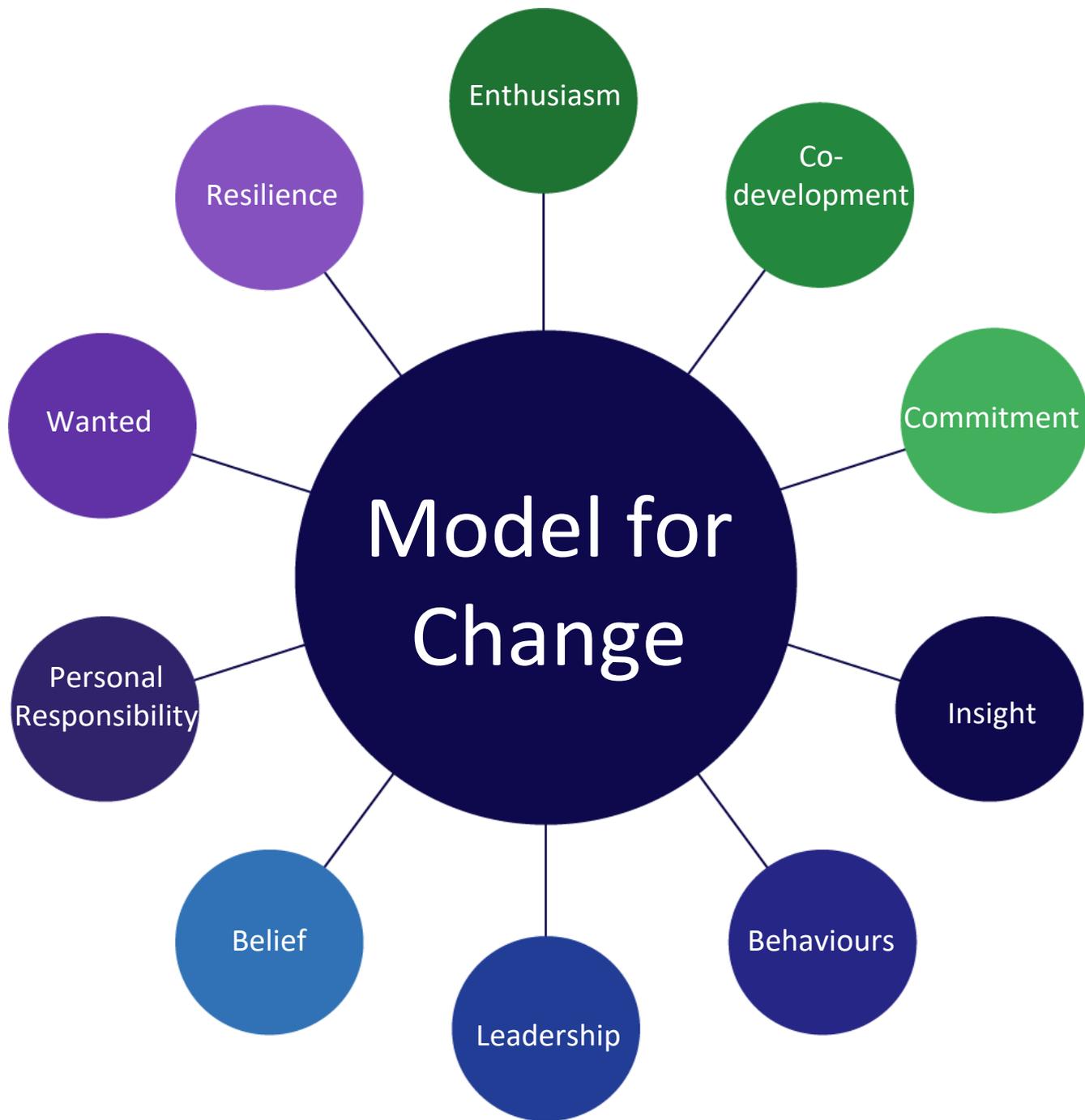
Personal

Development

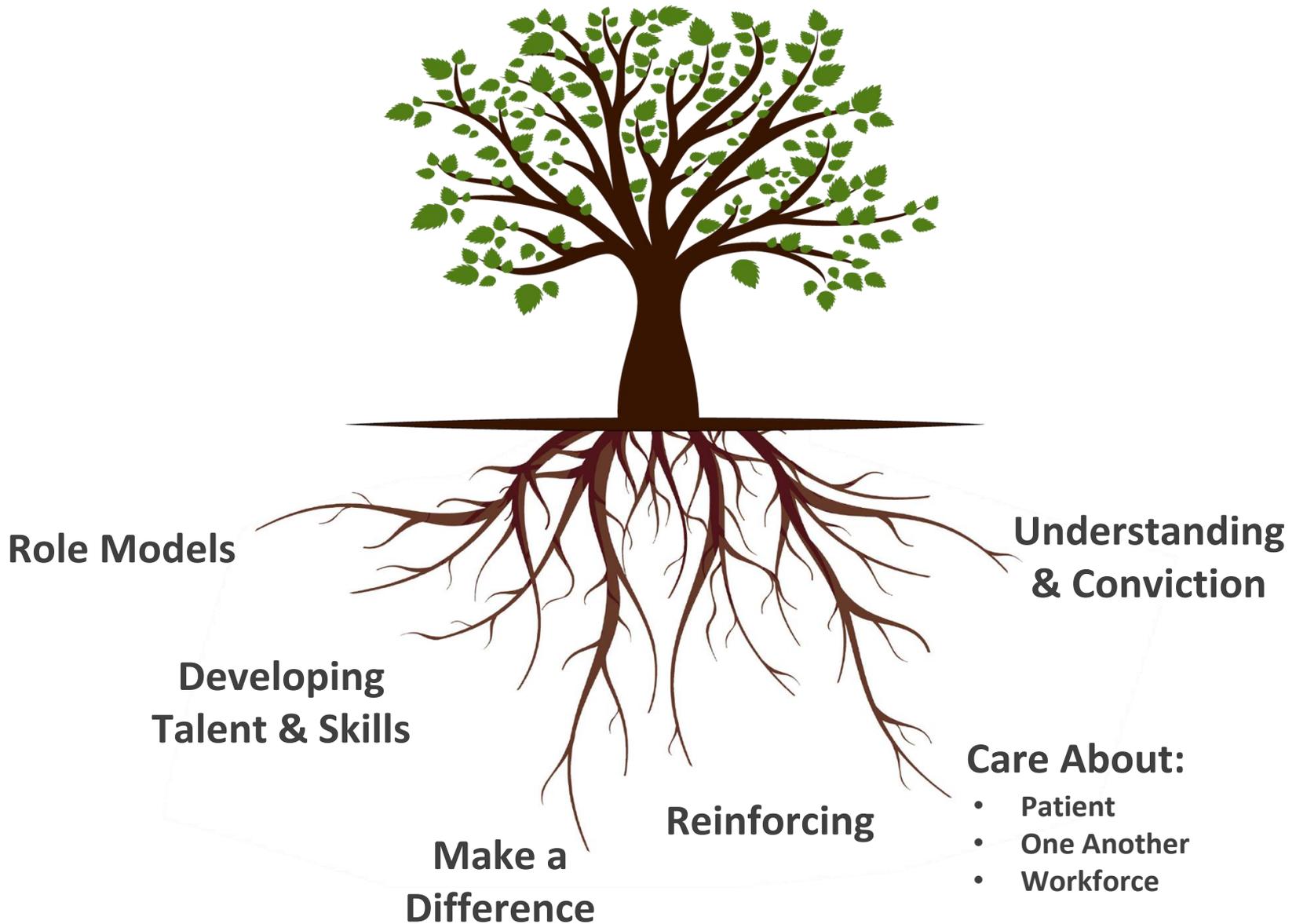
# Why?







# Implementation





# Plenary Q & A



# Closing Reflections

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# How is CRP registration going to work?

[elaine.jenkins@ahcs.ac.uk](mailto:elaine.jenkins@ahcs.ac.uk)

[janice.paterson@nihr.ac.uk](mailto:janice.paterson@nihr.ac.uk)



# Pilot and roll out of CRP Register Processes

- Applying to register as a CRP
- Verifying confirmed applications
- Timeline to sustainability

# Applying to register as a CRP

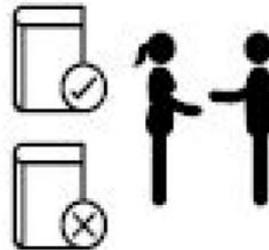
## Prepare portfolio of evidence

- Critical narrative
- Documented assurance
- Education



Discuss your practice development with your line manager and a statutory registered professional

This could be the same person or two different people



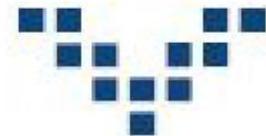
Your line manager must confirm your application

The confirmation signature assures that the evidence is a true reflection of you as an applicant and that your practice within clinical research is appropriate

## Upload locally confirmed application to AHCS system



AHCS allocate applications received for verification



# Group Discussion and Feedback 1

1. What will your practical challenges be?

1. What will you need?

1. What will others need?

# Verifying confirmed applications

Outputs from verifier follow up to agree process



- range for acceptance
- process flow
- necessary guidance

Process is complete when AHCS confirm registration as a CRP

Confirmation of CPD is required annually to maintain registration

Verifiers review applications



Review 4 applications each  
1 face to face meeting  
1 follow up teleconference

National cohort of AHCS-NIHR verifiers



named, registered health professionals

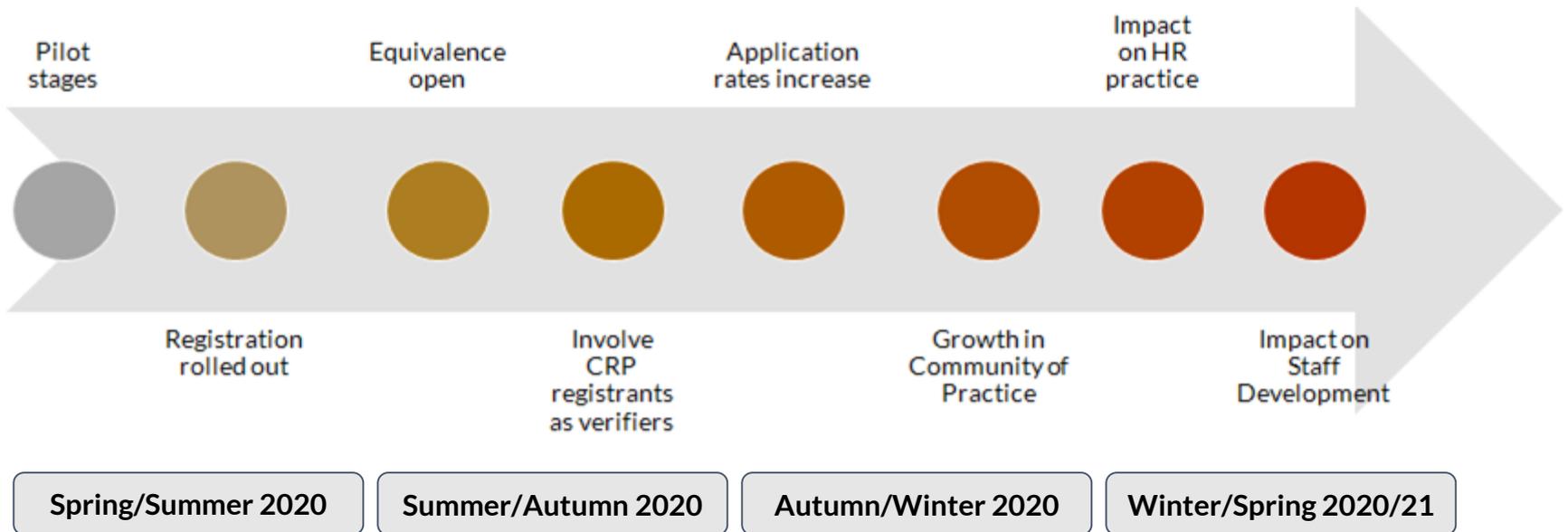
N.B.: The verifier cohort will move to inclusion of registered CRPs as early as possible

# Group Discussion and Feedback 2

1. What experience do verifiers need to have?
1. Do you anticipate interest in the verifier role in your organisation?
1. What support will they need to fulfil this role?

# Timeline to sustainability

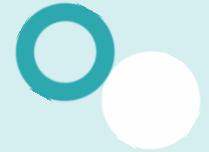
## Implementation: building trust, confidence and value



**Dedicated engagement and iterative evaluation**

# Questions to take away ...

1. How soon will CRPs in your organisation be ready to apply for registration?
1. What barriers do you think might be in the way?
1. What needs to happen for these to be overcome?
1. What help might you need?



# CRP Directory website

<https://nihr.ahcs.ac.uk/>

[elaine.jenkins@ahcs.ac.uk](mailto:elaine.jenkins@ahcs.ac.uk)

[janice.paterson@nihr.ac.uk](mailto:janice.paterson@nihr.ac.uk)





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# Enabling active engagement with CRP registration



# Aim

- Explore approaches to enabling active, measurable, organisation-wide engagement with CRP registration

# Driver Diagrams

**Driver Diagrams** are a schematic view that helps identify and better understand drivers that would contribute towards achieving an overall improvement aim.

Helpful for complex changes and interventions because they help you to...

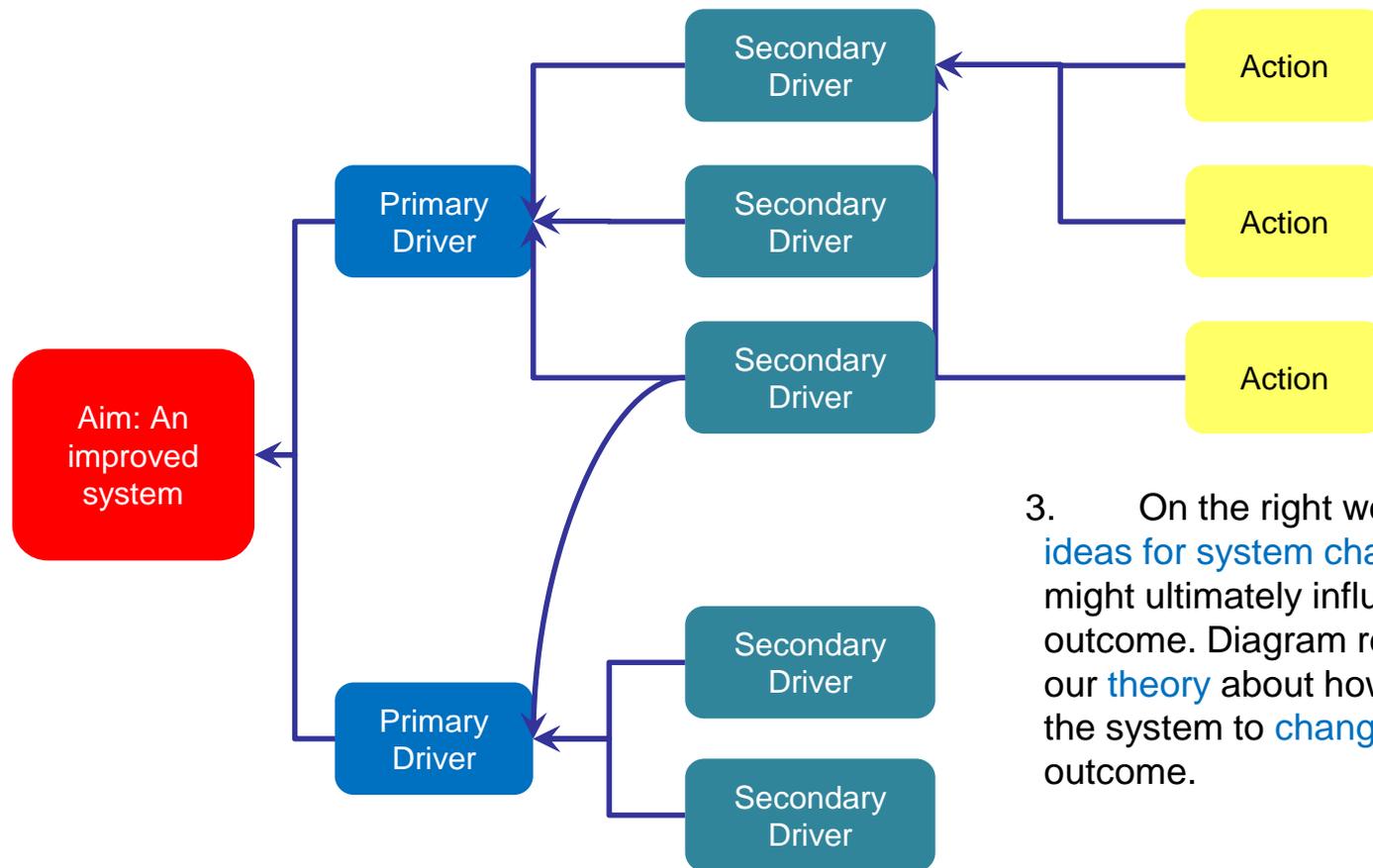
- Break down the aim into underpinning ‘drivers’
- Identify the work to be done

# Driver Diagrams

1. On the left, we have the outcome we are aiming for.

2. As we move right we drill down into the network of causes that drive the outcome, from 'primary' to 'secondary' drivers.

This helps to then identify interventions that will drive improvement. Also enables identification of measures for improvement.



3. On the right we depict ideas for system changes that might ultimately influence the outcome. Diagram represents our theory about how to modify the system to change the outcome.

# Activity (35 minutes) - How can you enable measurable, organisation-wide engagement with CRP registration

Work around your tables in groups of 5-6

1. Secondary Drivers (10 minutes)

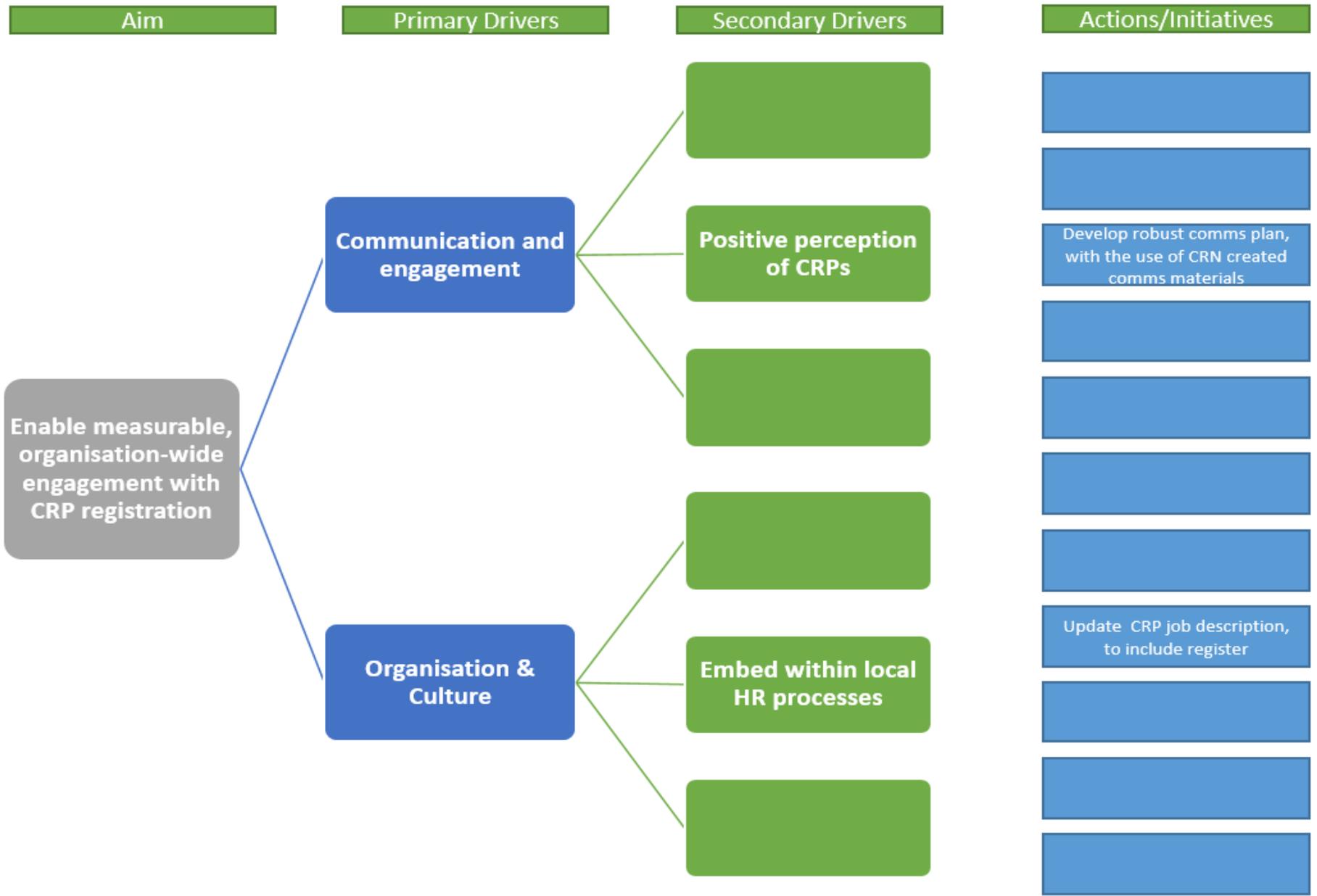
1. Feedback (5 minutes)

1. Actions / Initiatives (10 minutes)

1. Feedback (10 minutes)

**Try to keep in mind...**

**who to engage, what needs doing & how to measure**





# Putting this into practice...

Please take a few minutes to think about which of these actions you can put into practice within your organisation





## Contacts :

[crpdirectory@nihr.ac.uk](mailto:crpdirectory@nihr.ac.uk)  
[crpadmin@ahcs.ac.uk](mailto:crpadmin@ahcs.ac.uk)

CRP Directory website <https://nihr.ahcs.ac.uk/>

