

# Practice what you teach

Over the last 12 months the NIHR Clinical Research Network (CRN) Coordinating Centre training provision has undergone radical change. The focus has shifted from breadth to depth and has led to a new direction of travel for Good Clinical Practice (GCP) training. As this fresh approach is rolled out through the Network, we ask: what's the verdict?



*GCP training delegates plan their interactive workshops*

Until recently the Coordinating Centre has provided a variety of training courses for research staff supporting NIHR CRN Portfolio studies. During the last year the number of courses has declined. Fiona O'Neill, CRN Workforce Development Lead, explains why,

"We've transformed the way we work because as demand for training increased so did concerns about sustainability. We began to question if the provision would continue to meet the needs of the research community. An evaluation suggested it wouldn't. So we reviewed resources and that, coupled with a mandate from the Department of Health to strengthen the GCP training provision, led us to developing a new coherent Network-wide approach that would be sustainable, fit-for-purpose and improve engagement with the entire Network. Because GCP training is crucial we knew we had to get that right before looking at any other areas."

GCP training evolved out of the need to protect the rights and wellbeing of patients in research and to ensure that the results are credible and scientifically valid. It's a legal requirement for all trials involving medicinal products, and is accepted as 'best practice' for all people-based research. A GCP certificate is recognised as an assurance that the holder can meet the quality and safety standards needed to be involved in clinical research.

So how do you make this essential training readily available and cost effective as well as being interesting and relevant? Paul Maher, CRN GCP Training Manager tells us how,

"First of all we developed a robust one day GCP training course, then we created a Facilitators Development Programme (FDP) to train trainers to deliver the one day course locally. The first facilitator's course took place in February this year and the figures show how the new model is already boosting access to this vital training. In the year leading up to February 2010 only 268 people received GCP training via the old model. But in just five months from the launch of the new model 925 delegates have been trained. And the projected figures for a full 12 month period speak for themselves."

But it's not just the quantity that's important. Historically the quality of GCP training has varied across the board. Suzanne Samara is the Unit Manager and Lead Research Nurse at the medical research unit based within Sandwell NHS General Hospital. She is also a CRN Workforce Development Associate.

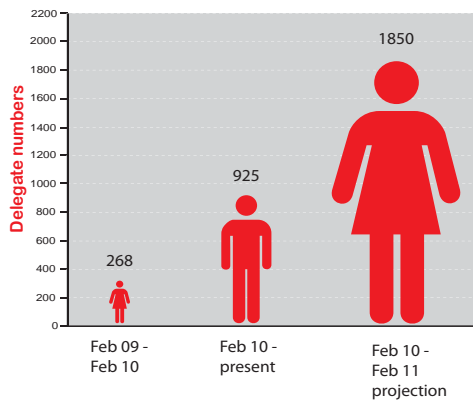
Suzanne was instrumental in developing the course content. She says,

"I have come across lots of GCP training in the 14 years that I have worked in clinical research. External trainers seemed to focus on the legislation and didn't relate theory to practice. Feedback I received pointed to a huge deficit in understanding GCP and it didn't meet the needs of the research staff. So I decided to take several elements; informed consent, essential documents and safety reporting, and develop something that was practical, interactive and tailored to coal face researchers. It evaluated really well so I shared my ideas with the CRN Workforce Development team. We then worked together to create materials for a full one day GCP course based on this new approach."

Fiona O'Neill explains how they ensured the one day course was of the highest standard,

"It was developed over a seven month period during which time nine pilot courses took place. Thirty delegates attended

**"It was stimulating, interesting, inspiring, interactive, and a good learning experience"**



GCP training delegate attendance numbers before the new model was introduced (12 month period), after the model was introduced (6 month period), and projected (12 month period).

each course, that's 210 in total. Each pilot underwent a rigorous multi-technique evaluation. The course content was also peer reviewed at each stage by a panel of experts from Network, research and education backgrounds. Tweaks were constantly being made in response to delegate feedback."

The challenge then was to train trainers to deliver the one day course to the same high standard. Paul Maher describes how the intensive three day residential facilitator's course works:

"It equips delegates with the information and skills they need to deliver high quality GCP training in their locality. Day one is spent familiarising them with the GCP course content. Day two is spent learning effective facilitation skills. Day three is all about putting all that into practice by delivering sessions to one another. We don't allow them to use PowerPoint on day three which forces them to be creative; GCP has never been so much fun!"

Beverley Haynes is an independent training consultant who designed and delivers day two of the facilitator's course entitled *Workshops that Work*.

"It's about making sure the delegates fully understand what facilitation really means," say Beverley. "First of all it's important to differentiate between traditional learning and adult or accelerated learning. Accelerated learning involves interaction, participation, activity, creativity, music, images and other methods to get people engaged. It's evidence based and proven to increase learning effectiveness. So as a group we look at how different people learn and how to incorporate these learning styles so that every delegate has a positive learning experience. We also cover all the key areas of facilitation from creating the right atmosphere to managing difficult situations. It's useful too to understand that people

take on different roles that enable a group to work effectively, such as questioner, peacemaker etc. and the responsibility of the facilitator in relation to those roles. The aim of facilitation is to get delegates thinking for themselves and relating the information to their own experiences. So we draw on their existing knowledge and build upon it rather than 'teach'. My job is to give people the tools to get their messages across in the most stimulating and engaging way."

All newly trained facilitators are provided with a standard support package. This includes course literature and further coaching opportunities as well as access to an electronic support forum where the community of facilitators can share best practice and stay informed about new developments. A system coordinated by the CRN Workforce Development team continually collates and monitors feedback from delegates and from facilitators. This

helps to quality assure the provision as well as continually informing the review process.

The facilitator's course is open to Network staff who must apply in pairs. This guarantees mutual support from the outset. Sean Chinnathumby is Training and Education Lead and Rowena Fletcher is a Clinical Research Officer for the Thames Valley Cancer Research Network. They attended the first facilitator's course in February. Sean says,

"The external GCP trainers we used before had different approaches and standards and the courses were infrequent. Going on the facilitator's course has allowed us to change all that. Our GCP materials are excellent and the course really made you feel comfortable in delivering it. We can now confidently cater to our local training demands. And in Thames Valley all our experiences of delivering GCP workshops have been positive. Despite working in different research topics, researchers share common issues. Some delegates have commented that they no longer feel like a lone researcher; they feel part of a wider team. Also everyone is local so the issues and discussions are real and directly relevant to their work. That's what makes it so interesting and valuable."



FDP course facilitator Suzanne Samara helps delegates get to grips with delivering GCP training

"GCP has never been so much fun!"

Julie Dixon, Research and Development Officer for Buckinghamshire Hospitals NHS Trust, attended a local GCP course delivered by Sean and Rowena in May. She gives her views,

“I learnt a vast amount of information in one day. I really liked the practical aspect and it was good that the tables were mixed so that you were sat with doctors, nurses, surgeons, and admin staff. We’d think of a real scenario then apply what we had learnt and discuss what our different roles and responsibilities were in relation to specific GCP issues. This made it feel really concrete. Also I liked the double act of having two facilitators. The different styles helped to get the info across and the alternation made it interesting. What’s more, I didn’t have to travel far.”

Christopher Khuoge, Trails Coordinator and GCP Facilitator for Essex and Hertfordshire Comprehensive Local Research Network (CLRN) also attended the FDP course. He lists the benefits of rolling out this training locally,

“We’ve delivered four local courses and trained over 50 people. The main advantages are that it’s time and cost-effective because no travel is required. And it’s flexible because we can organise the training on demand and to the convenience of the participants, so that might mean two mornings rather than a full day. We’ve recently collaborated with two other CLRNs in the east of England and our courses are open to all research staff in the three areas so our training spans all Networks, trusts and specialties. Alternatively we can tailor a course to meet the specific needs of a site. At the moment we’re planning a course specifically for a mental health trust.”

Dr Sarita Bhat, Consultant Stroke Physician, Pennine Acute Hospital NHS Trust, attended a one day GCP course in Manchester in July. She comments on her learning experience,

“I thought it was brilliant! It made it clear how important GCP is but it did it in an interesting way and it reminded us that it’s all about the patient - not the research. The facilitators made sure we knew why we were there and really engaged the whole group. The course materials are excellent. You get a proper book instead of a pile of papers which includes documents and tools that I can actually use with patients and a pocket guide which I know I will definitely use. It was stimulating, interesting, inspiring, interactive, and a good learning experience.”

The new GCP provision continues to gather momentum. To date 60 facilitators have been trained and another two facilitator’s courses are planned which will take the total to 100 by December. Plus, positive comments have been received from Medicines and Healthcare products Regulatory Agency (MHRA) inspectors who have observed the course.

So what’s next? Fiona O’Neill looks to the future,

“We’ve always wanted to go beyond a tick box approach and base our training on interaction and evidence-based learning models. But not only that, we’re at a stage now where we have something cost effective, sustainable, consistent and fit-for-purpose. The same model will ultimately be expanded to apply to other key training areas such as informed consent and work is already underway to develop an online introduction to GCP course and a GCP refresher course.

“In terms of ‘workforce development’ we are really developing our workforce. We’re building a network of people within the Clinical Research Network who have good facilitation skills and access to quality materials. We’re no longer on the edge; we’re right in the heart of the Networks.”

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