Good Clinical Practice (GCP) Facilitators Community
Sharing best practice in a Clinical Research Network
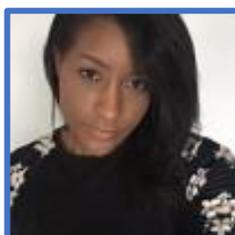
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Background

As part of a series profiling networks across the country, this Source4Networks case study describes the journey of the Good Clinical Practice (GCP) Facilitators Community, led by the National Institute for Health Research (NIHR).
These case studies are being developed by NHS England and NHS Improvement's Networks team on the experiences of a rich mix of system leaders from a wide range of sectors, all committed to and involved in providing health and care services.

About the Good Clinical Practice (GCP) Facilitators Community

Good Clinical Practice (GCP) Facilitators are members of staff across the Clinical Research Network who train staff involved in research. We set up the Good Clinical Practice (GCP) Facilitators Community in 2010 to enable GCP Facilitators to share learning and best practice. GCP Facilitators are vital to the NIHR in delivering research and supporting the delivery of face-to-face training in our Good Clinical Practice suite of programmes. The GCP suite are a range of courses designed to train staff in the principles of research, GCP and research regulations. They were developed to standardise research training across the CLRN and NHS.

The GCP Facilitators draw upon their professional experiences to deliver high quality research, training, share best practice and valuable insights. In addition to our face-to face-training, we also offer a suite of online training. We recommend a blended approach to learning: a combination of face-to-face and online courses. There is a structured pathway of training for our community of GCP Facilitators.

This community space is the central hub for all GCP Facilitators that enables them to communicate, collaborate, learn from others and share good practice. It is also an easy way to access resources to support their continuing professional development. We regularly update the social learning areas with useful links, podcasts, relevant content and other eLearning opportunities.

The GCP Facilitators JISCmail list, a shared email account for sharing best practice via email, was created by the Learning Programme Manager in 2010. Members also had access to learning and development resources via a closed website and shared folders. Originally, there was one member of staff who led the GCP community initiative. Over time, the working group expanded to more members of the Clinical Research Network (CRN) team as well as network staff. The person responsible for setting up then left the organisation. At that point, it was recognised that there was a greater programme of work required which required input from several key stakeholders across the network. This was when the GCP Facilitator Community was formally launched. Experts across the network, each with their own experience and knowledge in GCP, were selected to join the GCP community as Facilitators.

In 2019 our team began work on developing the mailing list by moving it to an online discussion forum. NIHR Learn is a key part of the suite of learning programmes, resources and learning communities actively managed by the NIHR Clinical Research Network Coordinating Centre (CRNCC) to support the research delivery workforce.

Who is currently involved in the network?

GCP Facilitators are subject matter experts in research delivery and come from a range of backgrounds. They are Research Nurses, Pharmacists, Allied Health Professionals, Quality and Improvement Managers, NIHR Managers and Trial Coordinators. We also recently appointed our first physician. The fact that a busy clinician gives their time in this manner is evidence of the high-quality training which is delivered by the community, and the importance of good clinical practice for participant safety and data integrity.

How do your network members connect with each other?

"NIHR Learn communities provide support and a space for communication and collaboration, for NIHR staff and the wider workforce, on a range of subject areas."

Members use the discussion forum (and #NIHRGCP on Twitter) to interact regularly and learn from each other in order to provide a better service and to further personal development.

The GCP Community on NIHR Learn supports ongoing collaboration in addition to our regular face-to-face meetings and teleconferences. The community runs various training courses and meetings: GCP courses (both introductory courses and refreshers) as well as training specifically for the Facilitator Community. This training is important

so that the Facilitators remain up-to-date with their own knowledge, enabling them to deliver the most recent updates with regards to guidance and legislation around clinical research delivery.

In the past year what, in your opinion, has been the most significant thing you have learnt with regards to the role and value that networks can play in supporting quality improvement?

"By sharing best practice and/or quality issues, the whole community can benefit."

We discovered that many of our GCP Facilitators had the same issues with regards to undertaking their role, enabling us to develop guidance suitable for all. This supports our ongoing strategy of quality improvement and transformational change. One example would be around clinical research deviations. The regulator of clinical trials of medicines, the MHRA, often highlights similar trends in deviations across multiple hospitals and trusts. By sharing best practice across the GCP Facilitator Community, we're able to share not only incidents but their resolutions, benefitting all. This is essential for quality improvement.

We also realised it's important to have a clear vision with our learning strategy e.g. using a blended approach, and direction of travel for your community or network and understand what it is that you want to achieve and that you communicate this not only to members but others involved in helping to co-create that space. Without a clear vision and sense of purpose, you may find that your community struggles to take off if members are unsure of the value that it adds.

What action did you and your network take based on what you have learnt?

A new approach we took was to poll the GCP community, gaining their feedback on various issues, to ensure any changes we made to materials and / or decisions we made had the input and support of the community. For example, there had been previous disagreements across the community on whether or not to include reference to the Nuremberg Code in the Good Clinical Practice course materials. Some members felt that the Nazi atrocities were difficult to discuss during training and therefore requested for it to be removed. However, others felt it was incredibly important to include this vital part of history. A poll was therefore circulated and 80% of respondents wished to keep the reference to the Nuremberg Code. Although there had been disagreement, this was a fair and democratic way of coming to a decision, ensuring all members of the community could have their say.

Another example is the continued development of course content. Various groups around the CRN networks had their own versions of materials. The GCP Community has since contributed to developing one set of national slides to ensure a standard approach, also contributing to our continuous improvement strategy.

What tools/resources and connections did you make use of to help you take forward your improvement?

Using advanced features via the Moodle LMS platform and associated custom plugins we were able to ensure that the needs of the community were met when transitioning them from a previously static form of engagement and communication to that of an

interactive experience. This included forums where they engage on a variety of topics and share both their experience and documentation. Additionally we link community members cross-platform and to external sites such as Twitter from a central point of access to reduce the time in finding relevant information. Further to this we provided personal development to the community via the Dedicated Learning Virtual Environment, the NIHR Learn bite-sized learning initiative.

What improvement came about as a result of the action that you took?

"By involving the community in decisions that affect them, morale has been improved and strategic decisions are made in the knowledge that the community is aware and supportive."

Efficiency has been improved, as different groups are sharing tools and templates rather than repeating work already completed elsewhere.

What would be your three key messages that you would like to share in relation to this work?

Don't make any assumptions, seek input from current and potential members and ask for their thoughts and ideas.

In what other ways would you be happy to support others?

We have created a virtual communities resource library to support staff across the CRN to develop vibrant online communities and networks:

https://sites.google.com/nihr.ac.uk/accelerating-digital/digital-enablers/virtual-communities-library

Read the NIHR Rethinking your CPD blog post - it focuses upon the impact of virtual communities in supporting our CPD and life-long learning:

https://www.nihr.ac.uk/blog/rethinking-your-cpd-transform-your-learning-join-a-virtual-community/24151

Contact

If you'd like more information on the GCP Facilitators Community, please contact nihrlearncommunities@nihrlearn.ac.uk