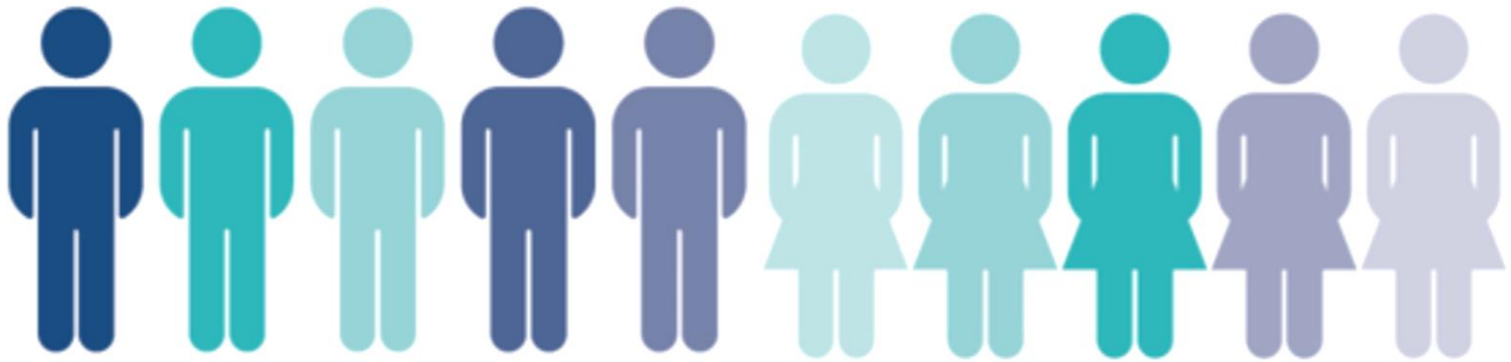


The United Kingdom and Republic of Ireland Clinical Research Nurse and Midwife Census 2021

Report



Editors
Whitehouse, CL
Hare, N
Tinkler, L.

“What struck me about reading this work is that I realised I read it from two perspectives, one as a nurse over 65 years ago when research was so few and far between, and certainly not something we were involved with, and once as someone who knows very little about healthcare now. In this view I was astonished at not just the number of clinical research nurses and midwives overall, which is wonderful in itself, but the number and breadth of the specialties being covered by these professional groups.

*Sometimes people think nurses and midwives can only be nurses and midwives when giving care at the bedside, but wouldn't it be wonderful if the general public knew and understood the impact that nurses and midwives are having, and how they are leading so many changes for patients. They really are **‘real’** nurses and midwives to the core!”*

Testimony provided by ‘MT’ (lay representative)



The UK and Ireland Clinical Research Nurse and Midwife Census working group

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Testimonies



Professor Ruth Endacott,
*Director of Nursing and
Midwifery,
National Institute for
Health Research*

“Research nurses and midwives are often key to building relationships between care delivery and research delivery, providing openings for other nurses and midwives to get involved in research and increasing opportunities for patients and the public to be recruited into studies. Until this census we didn't have a clear idea of how many nurses and midwives were in these pivotal roles; the census data have given us a foundation on which to develop career pathways for research nurses and midwives.

Being a research nurse or midwife is an amazing and fulfilling career. We want research nurses and midwives to know they are valued, recognise themselves as part of the wider research community and have opportunities to grow and develop in research.”



“I welcome the work that has been undertaken to identify how many nurses and midwives are involved in clinical trial and research activity across Scotland and more widely across Britain and Ireland. This is a much hidden community but one that has played a vital role not just during the COVID pandemic but prior to and now post pandemic. These nurses and midwives will be involved in some of the biggest clinical trial and research activity, not just at a Scotland and British level but globally. Helping to find ways of tackling disease but also ways to avoid things happening or to reduce the potential impact.

The range of trial work is significant, from cancer to mental health, respiratory to stroke and the list could go on. I am grateful for the work that they have done and will continue to do and look forward to supporting their endeavours through our recently constituted Scottish Research Advisory Group.”



Professor Alex McMahon,
*Chief Nursing Officer
Scotland Government*





Sue Tranka,
Chief Nursing Officer
Nurse Director NHS Wales.
Prif Swyddog Nyrsio
Cyfarwyddwr Nyrs Gig Cymru

“Research nurses and midwives are critical for the effective delivery of clinical research which drives positive quality improvement across the system. I am a strong supporter of nurse/midwife led research to further develop research capacity across the professions.

The census highlights the range and breadth of research nurse and midwife careers in Wales. The findings will be used to enhance understanding of safe and effective care and treatment. I am grateful to the UK and Ireland Clinical Research Nurse and Midwife working group for undertaking this valuable work.”



“Clinical trials, new drugs and treatments simply would not be possible without our research nurses and midwives. Their contribution is invaluable and critical. It impacts everyone here, and we call on everyone to join us in recognising and applauding this workforce”



Dr Janice Bailie,
Assistant Director, HSC R&D Division,
Public Health Agency,
Northern Ireland



Mairéad O'Driscoll PhD
Chief Executive Officer
Health Research Board
An Bord Taighde Sláinte
Republic of Ireland

“Research nurses and midwives are at the heart of high-quality clinical research and trials which help to improve outcomes for patients. I welcome this report which for the first time, provides the baseline data needed to inform the development of a proper career pathway for this important group of professionals.”



Laura Baker,
MS. RN. NE-BC
President
International Association
of Clinical Research Nurses

“Clinical Research Nurses and Midwives are foundational to a successful research program. They are uniquely qualified to balance patient needs and fidelity of the research protocol. Quantifying individuals who serve in these roles can be challenging, but understanding who these individuals are and where they work is a critical step in advancing the roles of these professional groups. Once the “who” is established, one can then focus on development of career pathways, and advancement of the profession and practice. Clinical Research Nurses and Midwives need to see their specialty practice recognized and valued so that this career pathway is strengthened, and more research opportunities are brought to more patients and families.”



“Clinical Research and Clinical Trials in Australia, as in many other similar regions, contribute significantly to improved health outcomes for our communities and deliver important benefits to our economy and life sciences sector. Whilst we have been successful in quantifying many aspects of the return on investment, we have yet to understand the granularity of our workforce that supports clinical trials here in Australia. Anecdotally we understand that our Clinical Research Nurses and Midwives form a critical part of this infrastructure, but there is no solid evidence to support this, and as a result our Clinical Research Nurses and Midwives remain largely undervalued and poorly recognised for their role in contributing to the success of the industry in our local context.

This landmark report provides us with an important tool that we can leverage to help us to better understand the size and nature of our Clinical Research Nurse and Midwife workforce nationally, so that we can develop and deliver more strategically focussed plans to address current skills gaps as well as longer term strategies that illuminate research as a career option for our future research nurses. We congratulate the authors on this report and look forward to exploring how these outputs can drive future collaboration and knowledge sharing across regions and borders to better serve our research nurse workforce, now and into the future.”

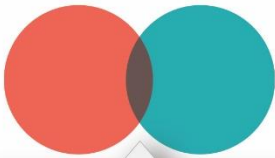


Melanie Gentgall,
Deputy Director,
University of the
Sunshine Coast,
Clinical Trials Deputy
Chair, Faculty of Clinical
Research Nurses,
Australian College of
Nursing

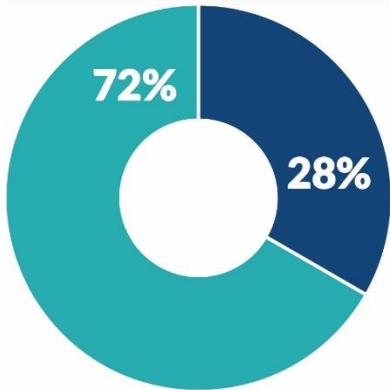
Executive Summary



7,469 respondents completed the survey between August and October 2021.
413 were Clinical Research Midwives,
7022 Clinical Research Nurses,
34 had a dual role



The Census was self-reported by those who identified as clinical research nurses and midwives as part or the whole of their roles. It is important to remember, when reading this report, that correlation does not imply causation.



72% of respondents aligned themselves to one specialism (eg. specialist disease area or area of practice).
28% worked across multiple specialisms.

Bands and grades in the UK and Ireland

Band 5 / Staff Nurse

Respondents' bands or grades ranged from:

Assistant Director of Nursing / Midwifery - Director of Nursing / Midwifery



The true size of the clinical research nurse and midwife (CRNM) workforce across the UK and Ireland is unknown. The actual number is anticipated to be higher than the number in this survey.

34% **34%** are working in joint roles as a CRNM and other role.

1ST This UK and Ireland CRNM census is the first of its kind.

The data presented can be used as a catalyst to build on elements of the work, drawing out key themes and further areas for investigation by posing questions in relation to the findings. This work holds much potential in relation to CRNM roles, their visibility, implementation, positioning and strategic planning for this key workforce.

Background

The centrality of research during the international response to the Coronavirus pandemic in 2020/2021, highlighted its unquestionable value in enabling early diagnoses, improving outcomes and reducing mortality. Clinical Research Nurses and Midwives (CRNMs) were crucial to the United Kingdom's (UK) response (Maxton *et al.*, 2021), with research activity remaining pivotal to the path out of the pandemic, pursuing both treatment options and developing and rapidly implementing vaccine programmes (Lopez *et al.*, 2021; RECOVERY Collaborative Group *et al.*, 2020).

The value of research is illustrated by established associations between the extent to which healthcare organisations engage in research, and their subsequent performance (Boaz *et al.*, 2015). Evidence indicates that research active organisations have lower mortality rates and improved Care Quality Commission ratings (Ozdemir *et al.*, 2015; Jonker and Fisher, 2018). Ensuring the success of research in the UK National Health Service (NHS) however, is complex, and the role of the CRNM whilst essential to this agenda can be poorly understood by those outside these roles (Hernon *et al.*, 2020; Tinkler *et al.*, 2022).

The role of the CRNM is dynamic and multifaceted (Gordon, 2008; Johnson and Stevenson, 2010; Hansen *et al.*, 2022). The CRNM works across a range of settings and specialisms, operating at the interface of research and clinical practice. The role is central in leading and contributing to the care, safety, protection, support and monitoring of study participants as part of an interprofessional team. Nurses and midwives are central to the delivery of safe research and clinical care. As registered professionals, CRNM's have a duty to provide fundamentals of care and advocate for patients, participants and their families as they deliver clinical research within academic, industry, health or social care settings. The CRNM will then continue to provide care, interventions, follow up and support to patients along the entirety of their clinical research journey (Hardicre, 2013; Jones, 2015; Hernon *et al.*, 2020). The role is often politically impacted and subject to a range of opinions on how it is best implemented within regions, organisations and teams (Whitehouse & Smith 2018; Tinkler & Robinson 2020; Hernon *et al.* 2020; McNiven *et al.* 2021).

A growing body of literature presents encouraging discussion regarding the increasing scope of research roles in terms of clinical settings, complexity of studies and development of complex skills. Whilst this is improving visibility of the research agenda more broadly, it adds further complexity in understanding and support of the CRNM role (Hill, Ellis and Irvine, 2022).

An accurate representation of the number of CRNMs across the UK and Republic of Ireland has historically been impossible to attain, and it is not possible to describe the current size of the workforce, regardless of how roles are funded or implemented within an organisational structure. Previous attempts in recent years have been made to collect this data with little success. Although never empirically proven and official figures are unavailable, numbers of clinical research nurses alone anecdotally range from 4,000 and 12,000. This has been discussed at various conferences and meetings between 2008 and the present. As a result, whilst the evidence base related to the CRNM role is vibrant and growing, we propose the collective strength of the workforce has yet to be fully realised because accurate data has not previously been collected on the number, reach and range of places where they work.

It is imperative that a more accurate picture of the workforce is gathered in order to address perceived complexities associated with the CRNM role and enable greater collective influence in workforce planning, training and education. This can ultimately lead to improved experiences, confidence and

competence of CRNMs to ensure high quality research and patient care is delivered consistently regardless of setting. To this end, a group of senior nurse and midwife leaders from the inaugural National Institute for Health and care Research (NIHR) 70@70 Senior Nurse and Midwife Research Leader cohort, worked with CRNM leaders from the devolved nations of Wales, Scotland, and Northern Ireland, and also The Republic of Ireland to develop a census with a view to collecting this essential data. The project aimed to compliment and build on the established evidence base, focusing upon the role of CRNMs and providing a baseline figure of CRNM staff upon which future research activity may be developed. Descriptions of the workforce incorporate the numbers reported in the census, and reported hours worked as a CRNM. Data is then reported as percentages in relation to alignment to a specialty or group, geographical location and banding / grading (reflecting level and pay).

The inclusion of infographic (picture) summaries to describe data as well as data presented in table format was intentional to ensure and support inclusivity across our potential readership.

Aims and objectives

Aim

To capture the size of the CRNM workforce across the UK and Republic of Ireland between August and October 2021.

Objectives

1. To provide comprehensive understanding of the scale (by number) of the CRNM workforce at a single point in time.
2. To identify the breadth of bandings / grading available to work as a CRNM.
3. To describe the range in the number of hours staff are working as a CRNM.
4. To establish the geographical spread and range of sectors covered by CRNMs.

Design and method

Multiple stakeholders co-authored a set of categorical / binary response survey questions related to the size and composition of the CRNM workforce. These were developed and tested to achieve the aims of the project. The project did not intend to draw inferences from the data, rather to present a description of the UK and Republic of Ireland workforce via a snap-shot in time.

Stakeholder engagement

From the outset of the project stakeholders were included from a number of organisations and groups;

- NIHR Nursing and Midwifery Office, Association of UK Lead Research Nurses (AUKLRN), International Association of Clinical Research Nurses (IACRN) UK and Ireland branch, and the Irish Research Nurse and Midwife Network, as the largest leadership groups focused on Clinical Research Nursing and Midwifery across the UK and Republic of Ireland.
- Patient groups and individuals across each country, multidisciplinary colleagues including allied health professionals and medics were invited to share and contribute their thoughts as to the benefits of conducting the census and the value and impact it might contribute to the workforce, research arena and profession more widely.
- Social media, particularly utilising the hashtag #WhyWeDoResearch via the micro-blogging service Twitter, was included in scoping and stakeholder engagement to include international perspectives.

Stakeholder engagement activities included formal and informal presentations and feedback / discussions with groups, and tweet chats using #WhyWeDoResearch and #YourPathInResearch. Stakeholder involvement continued throughout the project, including promotion of the survey once launched. We were responsive to opportunities which arose to share further information or

promotional activities through these groups such as the UK Industry Roadmap group and regional events.

Designing survey content and questions

Survey questions were initially developed within the census working group, offered for discussion with our stakeholders and refined accordingly. Questions aimed to elicit information which reflected the objectives of the project: the overarching number of CRNMs in the UK and Republic of Ireland, the geographical spread of these posts, the breadth of grades/banding and sectors of work, and their areas of specialty practice.

They were tested at two UK NHS health organisations to understand whether the wording was appropriate, understood and whether the staff felt the survey was easy to access and complete, despite pandemic pressures. Minor alterations were based upon the feedback of these groups.

The table below describes each objective, the question asked and the rationale.

Objective	Question	Rationale
To provide the most comprehensive understanding of the scale (by number) of the UK and Republic of Ireland CRNM workforce to date.	Are you a; CRN / CRM / Both?	Understanding the scale of this workforce will guide the development of appropriate interventions to support.
To understand the breadth of bandings / grading within which CRNM's currently practice.	Which band / grade are you?	The ability to describe banding/grading will contribute to the development of career pathways and opportunities for nurses and midwives to develop research skills and knowledge.
To describe the number of hours staff are working as a CRNM.	How many hours per week are you contracted to work? How many of these hours are contracted to research delivery activity?	Mapping current working hours may provide insight into the composition of the workforce.
To understand geographical spread of CRNMs.	Which county is your main work base? And for England, which Local Clinical Research Network are you aligned to (if known).	Describing the geographical spread of the workforce may enable connections and networks to enhance role opportunities.
To understand area of focus (eg. Disease) and geographical location.	Which clinical research specialty do you work in?	Understanding how geographical spread correlates with the variation in research focus will support development of the role.

Promotion and dissemination routes

The survey was shared via a range of dissemination routes to maximise engagement, response rates and sharing. This included via social media, email circulation and promotion through the networks and contacts of the NIHR 70at70 Senior Nurse and Midwife Research Leaders Cohort and those represented by each of the countries involved. The survey was promoted across the UK and Republic of Ireland and by the organisations and routes illustrated below, as well as through an advertisement in the Nursing Times journal.



#WhyWeDoResearch
#YourPathInResearch
#BePartOfResearch
#WeNurses #WeMidwives



[Nurse and midwife clinical researchers urged to complete first national census | Nursing Times](#)



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RESEARCH AND INNOVATION

Nurse and midwife clinical researchers urged to complete first national census

16 AUGUST, 2021 | BY GEMMA MITCHELL

A first-of-its-kind census has been launched to find out the true size of the nursing and midwifery clinical research workforce and to identify any "gaps". The survey is being carried out as part of the National Institute of Health Research (NIHR) 70@70 Senior Nurse and...



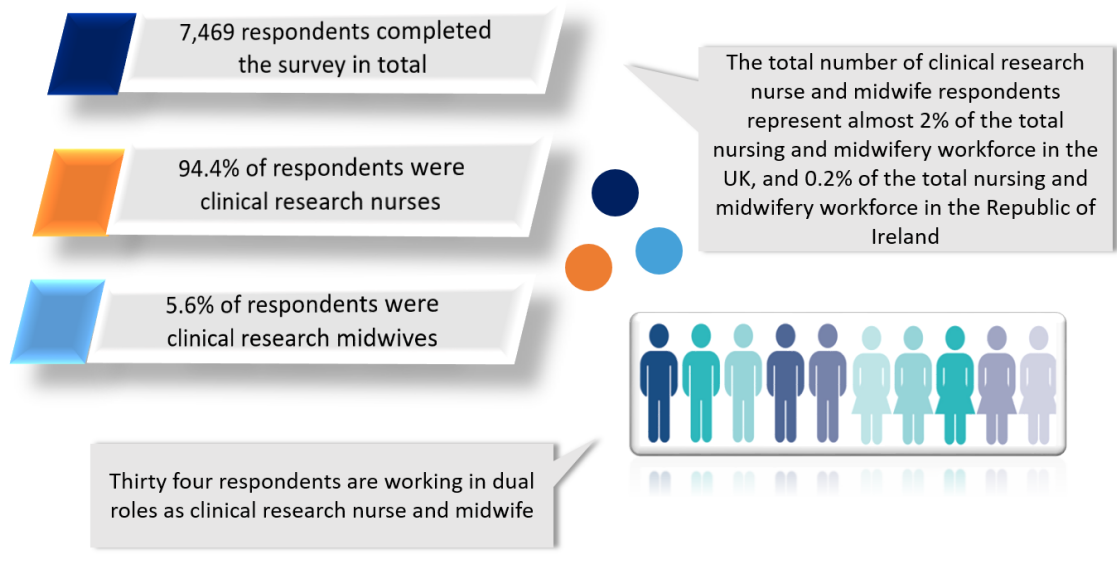
Results

All data are presented as numbers and percentages. Where total responses are equal to or less than nine participants, and where the tables are extensive (by size) the results are reported as <10, for ease of viewing for the reader. In total, across the UK and Republic of Ireland, 34 respondents identified as both research nurse and research midwife. These data will not be stratified by devolved nation or country. Both actions have been taken to protect the anonymity of those participating in the census and to avoid any respondents being correctly or incorrectly identified through their answers.

Total numbers of Clinical Research Nurses and Midwives per country

The first section of results illustrate the responses to question 1, and was linked to countries.

“Are you working as a clinical research nurse, clinical research nurse, both/dual, or none?”



There were a total of 7,469 responses to the census, including those who identified within dual roles. Nearly 95% (n=7,022) of respondents were clinical research nurses, with 5.6% (n=413) working as clinical research midwives. The total number of clinical research nurse and clinical research midwife respondents represents almost 2% of the total nursing and midwifery workforce across the four countries within the United Kingdom (total of 382,566 as per NHS workforce statistics April 2022). The total number of clinical research nurses and clinical research midwives in the Republic of Ireland represent almost 0.2% of the total nursing and midwifery workforce (total of approximately 80,000 as per Nursing and Midwifery Board of Ireland November 2022). An additional 50 responses were removed where the respondents had indicated they worked in ‘neither clinical research nurse, midwife, nor dual role’, making them ineligible for inclusion in the census.

A total of 34 respondents identified as working in a dual role (as both a clinical research nurse and clinical research midwife). Due to the comparatively low number of these respondents, their potentially identifiable data has not been included in most of the totals below (Table 1, 2, 4 and 5).

Dual roles were identified in all four countries and across primary, secondary, tertiary and Higher Education Institution (HEI) settings. The respondents were spread across each country and were not aggregated in specific areas. Respondents holding dual roles ranged from Band 6 – Band 8a and worked within eight specialties; Cancer, Critical Care, Hematology, Trauma, Multi-specialty, Public health & prevention and Management. Multi-specialty roles are where a CRNM works across a range of clinical and disease specialties. 16 out of the 34 (47%) worked in joint clinical roles alongside their research roles.

Table 1: Total numbers of CRNM'S per country

***NB Does not include 34 respondents who identified as both research nurse and midwife**

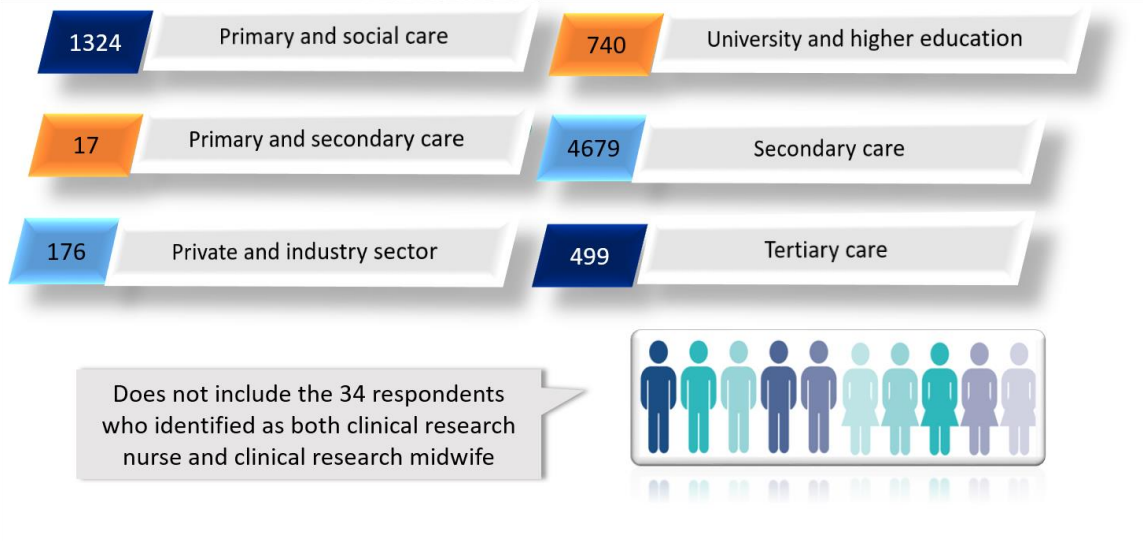
	Number of respondents	% of total respondents
Clinical Research Midwife		
England	353	4.7
Northern Ireland	<10	0.1
Republic of Ireland	15	0.2
Scotland	22	0.3
Wales	20	0.3
<i>Total</i>	<i>413</i>	<i>5.6%</i>
Clinical Research Nurse		
England	5973	80.3
Northern Ireland	99	1.3
Republic of Ireland	141	1.9
Scotland	564	7.6
Wales	245	3.3
<i>Total</i>	<i>7022</i>	<i>94.4%</i>
Grand Total	7435	100%



Total numbers of Clinical Research Nurses and Midwives per sector

This section of results illustrate the responses to the Question 2,

“In which sector do you work?”



The UK NHS is divided into primary care, secondary care, and tertiary care. Primary care is often the first point of contact for people in need of healthcare, usually provided by professionals such as General Practitioners, dentists and pharmacists. Secondary care, which is sometimes referred to as ‘hospital and community care’, can either be planned (elective) care such as a cataract operation, or urgent and emergency care such as treatment for a fracture. Tertiary care refers to highly specialised treatment such as neurosurgery, transplants and secure forensic mental health services. A [useful tool](#) for further information is available.

Higher education is third level education after leaving school. It takes place at Universities and further education colleges and normally indicates undergraduate and postgraduate studies. In the context of this Census, higher education institutions include universities conducting health research in clinical trials units and / or health and care settings. Private or industry sector includes private practice, and commercial companies conducting research activities.

The data demonstrated that clinical research nurses and clinical research midwives work across a range of sectors with 62.9%, the majority, working within secondary and 17.8% working within primary or social care. Just 0.2% (n=17) of respondents reported roles spanning secondary and primary care sectors.

Table 2: Total numbers of CRNM'S per sector

***NB Does not include 34 respondents who identified as both research nurse and midwife**

Sector	Number of respondents	% of total respondents
Clinical Research Midwife		
Primary & Social Care	150	2.0
Private & Industry sector	<10	0.1
Secondary Care	169	2.2
Tertiary Care	26	0.3
University & Higher Educational Institution	63	0.8
<i>Total</i>	<i>412</i>	<i>5.5%</i>
Clinical Research Nurse		
Primary & Secondary Care	17	0.2
Primary & Social Care	1174	15.8
Private & Industry sector	171	2.3
Secondary Care	4510	60.7
Tertiary Care	473	6.4
University & Higher Educational Institution	677	9.1
<i>Total</i>	<i>7022</i>	<i>94.5%</i>
Grand Total	7434	100%

Banding (UK) and Grade (Rol) of Clinical Research Nurses and Midwives per country

The following data presents the total number of clinical research nurses and clinical research midwives per country participating in the census and includes the thirty four respondents identifying as in dual roles. Bands 8a-9 (UK) are collapsed into a single category order to protect potential for identification of those individuals. In the context of our objectives for this report, we are understanding whether there are options to include CRNM roles at all levels within the professions.

Table 3: Banding and grading of CRNM's per country

Country and banding/grading	Number of respondents	% of total respondents
England		
Agenda for Change Band 5	320	4.3
Agenda for Change Band 6	4163	55.7
Agenda for Change Band 7	940	12.6
Agenda for Change Band 8a -9	233	3.1
Private / Industry sector post	132	1.8
University Post	567	7.6
<i>Total</i>	<i>6355</i>	<i>85.1%</i>
Northern Ireland		
Agenda for Change Band 5	<10	0.0
Agenda for Change Band 6	76	1.0
Agenda for Change Band 7	<10	0.1
Agenda for Change Band 8a – Assistant DON	<10	<0.0
Private / Industry sector post	<10	0.1
University post	<10	0.1
<i>Total</i>	<i>104</i>	<i>1.4%</i>
Republic of Ireland		
Junior Staff Nurse (Ireland)	12	0.2
Senior Staff Nurse (Ireland)	15	0.2
CNM 1	44	0.6
CNM 2	42	0.6
CNM 3	<10	0.1
Assistant Director of Nursing	<10	<0.0
University Post	33	0.4
Private/Industry sector post	<10	0.0
<i>Total</i>	<i>157</i>	<i>2.1%</i>
Scotland		
Agenda for Change Band 5	31	0.4
Agenda for Change Band 6	430	5.8
Agenda for Change Band 7	62	0.8
Agenda for Change Band 8a	<10	0.1
Private/Industry sector post	<10	0.1
University Post	51	0.7
<i>Total</i>	<i>588</i>	<i>7.9%</i>
Wales		
Agenda for Change Band 5	20	0.3
Agenda for Change Band 6	178	2.4
Agenda for Change Band 7	28	0.4

Agenda for Change Ban 8a-8b	<10	0.0
Private/Industry sector post	<10	<0.0
University Post	31	0.4
<i>Total</i>	265	3.5%
Grand Total	7469	100%

NB. The total for Wales has an extra 0.1. This is the case for any small discrepancies throughout the raw data as we chose to display only 1 decimal place and round up and down accordingly.



Clinical Research Specialty

The data presented in this section relates to the question

‘What research specialty do you work in? If you work in more than one specialty, click multi-specialty.’



A total of 34 distinct clinical specialties were represented within the respondents’ data. CRNMs in England worked across all 34 different clinical specialties, 19 in Ireland, 33 in Scotland, 28 in Wales and 19 in Northern Ireland respectively.

Clinical research midwives predominantly worked in reproductive health, however, representation was noted across 25/34 clinical specialties (not including those with dual roles). The three single specialties with the highest number of clinical research nurses and midwives were Cancer (n=485), Reproductive health (n=394) and Children and Young people (n=385). The lowest representation was noted within oral and dental (n<10), social care (n=23) and research governance (n=32). 320 CRNMs identified as working in a management or leadership specialty across all countries. There were 2,086 (27.9%) CRNMs within multi-specialty roles.

Specialties with between 1-9 (ie <10) respondents have been removed from the table for ease of reading but include cardiovascular disease, critical care, dementias and neurodegeneration, diabetes, ear nose and throat, hematology, health services research, infection, kidney disorders, management / leadership, mental health, metabolic and endocrine disorders, musculoskeletal disorders, neurological disorders, oral and dental health, primary care, public health and prevention, research governance, respiratory disorders, social care, stroke and surgery.

Table 4: Clinical research specialty

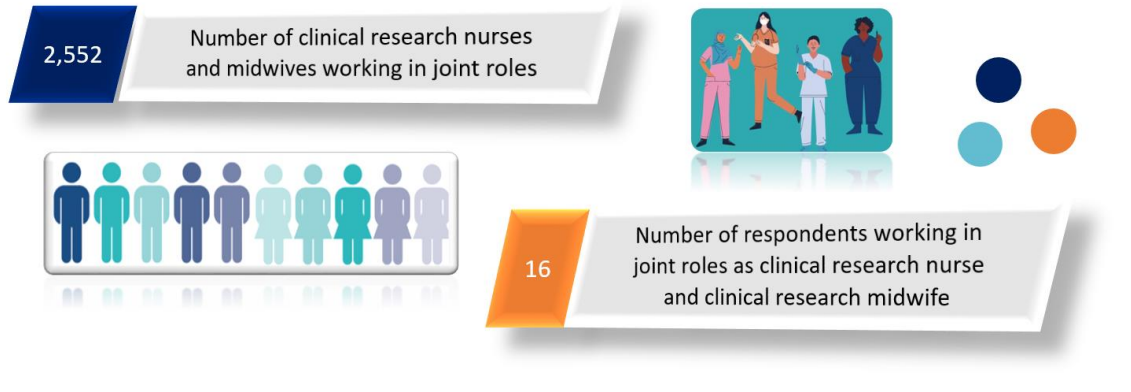
Specialty	Number of respondents	% of total respondents
Clinical Research Midwife		
Children and Young people	11	0.15
Multi-Specialty	36	0.5
Reproductive Health	318	4.3
Other* (incl 22 specialty areas with responses <10 in each)	48	0.7
<i>Total</i>	<i>431</i>	<i>5.6%</i>
Clinical Research Nurse		
Ageing	67	0.9
Anaesthesia, Perioperative Medicine and Pain Management	126	1.7
Cancer	483	6.5
Cardiovascular disease	281	3.8
Children and Young people	374	5.0
Critical care	153	2.0
Dementias and Neurodegeneration	171	2.3
Dermatology	76	1.0
Diabetes	105	1.4
Ear, Nose and Throat	65	0.9
Gastroenterology	147	2.0
Genomics and rare diseases	44	0.6
Haematology	182	2.4
Health Services Research	76	1.0
Infection	204	2.7
Kidney disorders	120	1.6
Liver	54	0.7
Management / Leadership	312	4.2
Mental Health	277	3.7
Metabolic and Endocrine disorders	103	1.4
Multi-Specialty	2035	27.4
Musculoskeletal disorders	153	2.0
Neurological disorders	202	2.7
Ophthalmology	123	1.7
Oral and Dental health	<10	0.08
Primary care	191	2.6
Public Health and Prevention	126	1.7
Reproductive Health	68	1.0
Research Governance	31	0.4
Respiratory Disorders	217	3.0
Social care	21	0.2
Stroke	191	2.6
Surgery	118	1.6
Trauma and Emergency care	120	1.6
<i>Total</i>	<i>7022</i>	<i>94.4%</i>
Grand Total	7435	100%

*NB Does not include 34 respondents who identified as both research nurse and midwife

Total number of clinical research nurses and midwives working within a clinical and a research role

The data presented in this section relates to the question

'Is this a joint role (eg working as a clinical nurse or midwife specialist)?'



Dual roles have been included in this dataset due to the relevance to the question being asked.

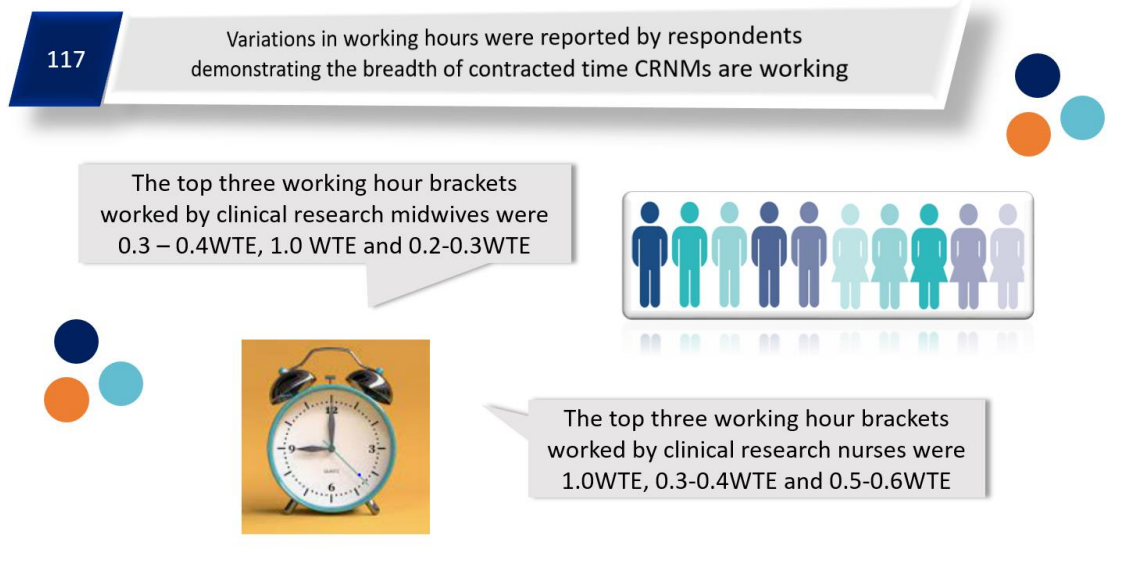
Table 5: Responses to the question 'Is this a joint role?'

Role	Number of respondents	% of total respondents
Dual role as CRN and CRM		
No	18	0.2
Yes	16	0.2
<i>Total</i>	34	0.4%
Clinical Research Midwife		
No	183	2.5
Yes	230	3.0
<i>Total</i>	413	5.5%
Clinical Research Nurse		
No	4716	63
Yes	2306	31
<i>Total</i>	7022	94.0%
Grand Total	7469	100%

Hours worked in clinical research nurse or clinical research midwife roles

The data presented in this section relates to the question

“How many hours per week are you contracted to work as a clinical research or midwife?”



A total of 117 variations in working hours were reported by respondents demonstrating a range of contracted hours worked by CRNMs.

The full data set for this question appears in **Appendix Two**, however, for the purpose of the table below, hours are collapsed into categories split by half days (3.75hrs and 0.1 whole time equivalent (WTE)) and reported WTE only.

Table 6 Whole time equivalent (WTE)

***NB Does not include 34 respondents who identified as both research nurse and midwife**

	Whole time equivalent	Number of responses	% of total respondents
Clinical research midwife			
	>0.1	<10	0.0
	0.1-0.2	38	0.5
	>0.2 -0.3	50	0.6
	0.3 - 0.4	122	1.6
	>0.4 - 0.5	13	0.2
	0.5 - 0.6	33	0.4
	>0.6-0.7	<10	0.1
	0.7 - 0.8	42	0.5
	>0.8-0.9	<10	0.4
	0.9 - 1.0	99	1.3
	>1.0	<10	0.0
	Variable	<10	0.0
	<i>Total</i>	413	5.6%

	Whole time equivalent	Number of responses	% of total responses
Clinical research nurse			
	<0.1	16	0.2
	0.1 - 0.2	360	4.8
	>0.2 - 0.3	533	7.1
	0.3 - 0.4	1158	15.6
	>0.4 - 0.5	151	2.0
	0.5 - 0.6	549	7.4
	>0.6 - 0.7	120	1.6
	0.7 - 0.8	445	6.0
	>0.8 - 0.9	51	0.7
	0.9 - 1.0	3604	48.5
	>1.0	22	0.3
	Variable	13	0.2
	<i>Total</i>	7022	94.4



Protected characteristics of respondents

Of the 7,469 respondents, 3,608 opted to complete the demographics section



Three sets of protected characteristic data were collected in this survey: ethnicity, age and gender

It is believed this is the first time this level of data has been collected in a survey of the CRNM workforce

Of the 7,469 respondents, 3,608 opted to complete the optional demographics section. The percentages below include the 3,861 respondents who opted out. The data gleaned from the respondents who opted to complete this section is the first to provide any understanding of the diversity of CRNMs working in research delivery roles. We collected three sets of protected characteristics in this survey; ethnicity, age and gender. Each of these require further exploration in their own right to establish the true diversity of the workforce and the associated impact of this on research delivery.

Gender

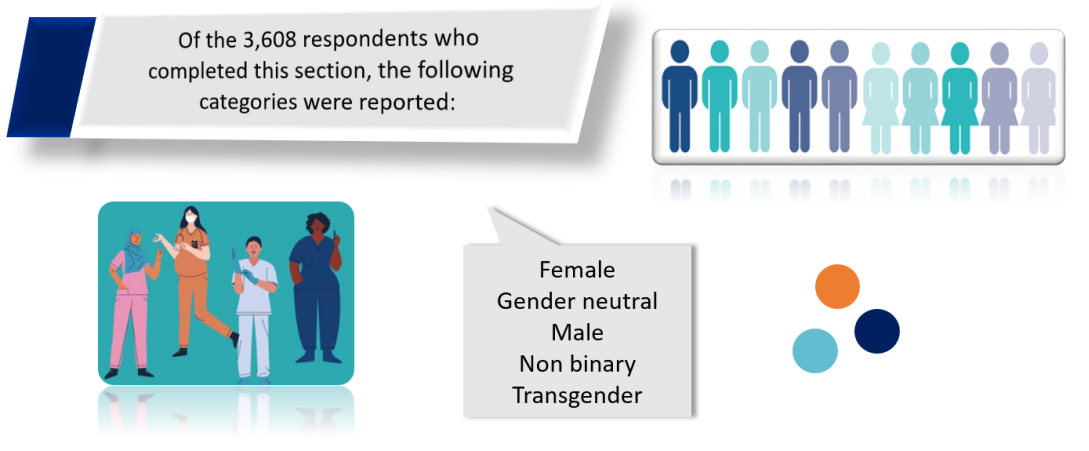


Table 7a: Gender

	Number of respondents	% of total respondents
Female		
Both / Dual	28	0.4
Clinical Research Midwife	213	3.0
Clinical Research Nurse	2934	39.3
<i>Total</i>	3175	43%
Gender neutral		
Clinical Research Nurse	17	0.2%
Male		
Both / Dual	<10	0.0
Clinical Research Midwife	<10	0.0
Clinical Research Nurse	336	4.5
<i>Total</i>	341	4.5%
Non binary	53	0.7%
Clinical Research Midwife	<10	0.07
Clinical Research Nurse	48	0.6
<i>Total</i>	53	0.7%
Prefer not to say	16	0.2%
Clinical Research Nurse	16	0.2
Transgender	<10	0.08%
Clinical Research Nurse	<10	0.08
Choose not to answer	3861	52%
Grand Total	7469	100%

Ethnicity

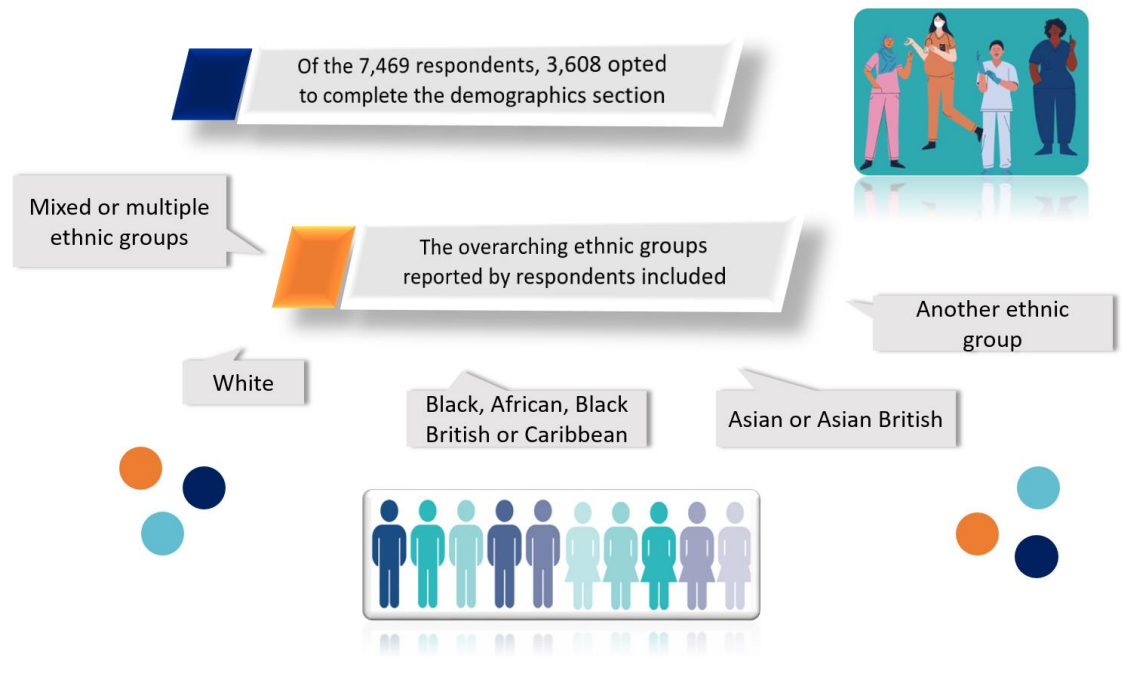


Table 7b: Ethnicity

	Number of respondents	% of total respondents
Another ethnic group		
Both / Dual	<10	0.0
Clinical Research Nurse	52	0.7
<i>Total</i>	53	0.7%
Asian or Asian British		
Clinical Research Midwife	<10	0.08
Clinical Research Nurse	276	3.7
<i>Total</i>	282	3.8%
Black, African, Black British or Caribbean		
Clinical Research Midwife	<10	0.08
Clinical Research Nurse	158	2.1
<i>Total</i>	164	2.2%
Mixed or multiple ethnic groups		
Both / Dual	<10	0.01
Clinical Research Midwife	<10	0.09
Clinical Research Nurse	221	3.0
<i>Total</i>	229	3.1%
Prefer not to say		
Clinical Research Nurse	23	0.3
<i>Total</i>	23	0.3%

White		
Both / Dual	27	0.4
Clinical Research Midwife	203	2.7
Clinical Research Nurse	2627	35.1
<i>Total</i>	<i>2857</i>	<i>38%</i>
Choose not to answer	3861	51.7
Grand Total	7469	100.00%

Age

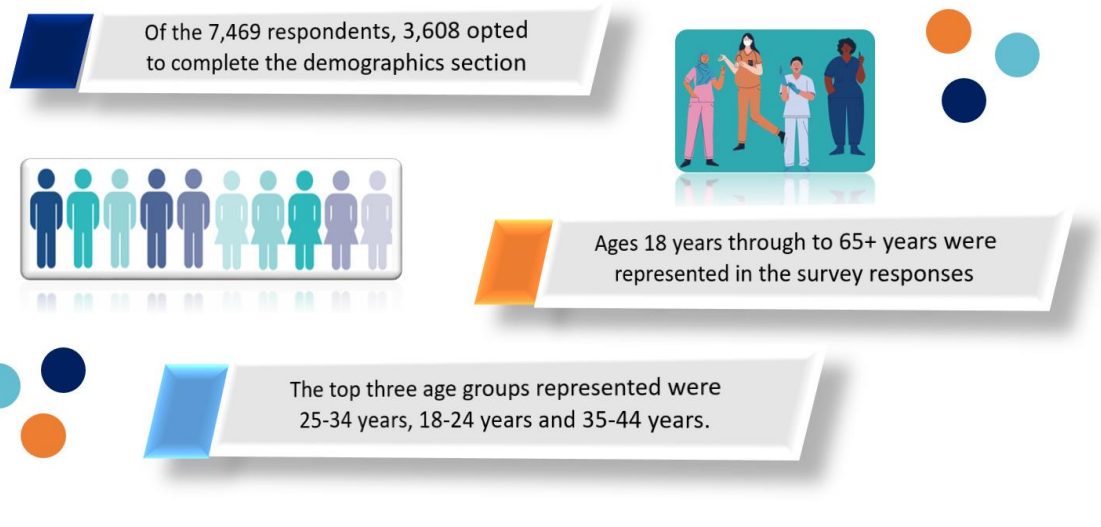


Table 7c: Age

	n	%
18-24		
Clinical Research Midwife	<10	0.0
Clinical Research Nurse	36	0.5
<i>Total</i>	37	0.5%
25-34		
Both / Dual	<10	0.0
Clinical Research Midwife	72	1.0
Clinical Research Nurse	941	12.6
<i>Total</i>	1016	13.6%
35-44		
Both / Dual	10	0.1
Clinical Research Midwife	68	0.9
Clinical Research Nurse	1037	13.9
<i>Total</i>	1115	14.9%
45-54		
Both / Dual	10	0.1
Clinical Research Midwife	50	0.7
Clinical Research Nurse	847	11.3
<i>Total</i>	907	12.1%
55-64		
Both / Dual	<10	0.1
Clinical Research Midwife	29	0.4
Clinical Research Nurse	463	6.2
<i>Total</i>	498	6.7%
65 and over		
Clinical Research Midwife	<10	0.0
Clinical Research Nurse	24	0.3
<i>Total</i>	26	0.3%

Prefer not to say		
Clinical Research Nurse	<10	0.1
Total	9	0.1%
Choose not to answer	3861	51.7%
Grand Total	7469	100%

Strengths and limitations

Challenges were faced in developing and circulating a scoping survey of this nature during a pandemic, with no knowledge as to whether CRNMs would see its value. Survey fatigue was an experience already felt by members of the working group. The working group therefore sought to combat this through intentionally keeping the survey as short as possible, whilst collecting minimal required descriptive data over and above the 'number' of CRNMs in the workforce. The complexities of reaching a workforce of undefined size were acknowledged, with no knowledge of the exact location of potential participants. Reaching across the variety of organisations and geographical boundaries was a challenge; accepting some CRNMs would be working in silos. The working group attempted to reach as many CRNMs as possible through utilising multiple communication routes. The group made a conscious decision to be 'comfortable with being uncomfortable' at the outset of this project, acknowledging a number of unknowns until the project was launched. For example, the working group could not predict a response rate, if any at all, and were aware it was unlikely all CRNMs would be captured across the UK and Republic of Ireland. This was likely due to survey fatigue, disinterest in completing the survey or simply not being aware of the survey's existence despite efforts to spread the opportunity to participate. The working group were also aware that this was perhaps why previous attempts to undertake such a project had not come to fruition.

The original project concept came from the inaugural NIHR 70@70 Senior *Nurse* and *Midwife* Research Leaders cohort. As such, the intention was to focus on these two professional groups. Whilst recognising the existence of a multi-professional workforce in research delivery who may benefit from such a piece of work, a historical lack of understanding of the volume of each group is further challenged by the variety of job titles used to describe roles. During the early planning of the census, a range of discussions - balancing advocacy with inquiry - took place to articulate the value of this work. This was in part to ensure collective support for the work and to address a range of perceptions noted in relation to the value and need for this piece of work at the time.

From a practical perspective, it was identified early on that using an online survey would be the most appropriate route. The logistical aspects of operationalising this represented a challenge in working across country-based boundaries. There was no single-platform which was accessible across each country due to organisational information technology policies and cyber certificates. It was decided that google forms would be used, because of all the options considered, this was the one which appeared to have the most access by each country. It is recognised that with this decision, the numbers in Scotland may not have been as high as they might otherwise have been. There may also be a minority group that may not have access to IT equipment however it was challenging to quantify what this might look like. With this in mind CRNMs were encouraged to complete the survey through their work IT access wherever possible.

Conclusion

This census provides the first UK and Republic of Ireland wide indicator of the size and composition of the CRNM workforce. Historical literature has repeatedly highlighted the need for a definitive figure, which might better enable strategic planning, support, and workforce development. Until now this has not been achieved. A minimum of 7,469 nurses and midwives are now confirmed to work in research delivery roles across the UK and Republic of Ireland. Whilst it is considered likely that there are many more due to the timing and reported limitations of the census, the data demonstrates the existence of a substantial community of highly trained CRNM professionals with specialist knowledge, that was previously unconfirmed and therefore perceived to be little known.

The early outcomes of this work highlight the strong potential of a collective professional voice across geographical boundaries. It is hoped the data collected and presented here will act as a catalyst to build on elements of the work, drawing out key themes and further areas for investigation by posing questions in relation to the findings. This first census holds much potential in generating further meaningful contributions to the evidence base related to CRNM roles, their visibility, implementation, positioning, and strategic planning for this key workforce. The working group acknowledges the baseline nature of this data and the associated limitations in drawing conclusions or making inferences from the results, however there is much potential to explore specific elements of the dataset and explore the implications in depth, with a view to releasing and furthermore realising the potential of this key workforce in driving improvements in the health and wellbeing of the population.

References

- Boaz, A., Hanney, S., Jones, T. and Soper, B. (2015) 'Does the engagement of clinicians and organisations in research improve healthcare performance: a three-stage review', *BMJ Open*, 5(12), pp. e009415. <http://dx.doi.org/10.1136/bmjopen-2015-009415>
- Gordon, C. (2008) Exploring the new specialty of clinical research nursing. *Nursing Times*. 104(29), 34-35.
- Hansen, B. Whitehouse, CL. Nkimbeng, M. Beer, K. Mackintosh, K. Allgood, S. Petchler, C. and Wright, R. (2022). Capturing the value and core concepts of the Clinical Research Nurse. *Journal of Research in Nursing*. 27(1-2), 32-74. DOI: [10.1177/174498712111073760](https://doi.org/10.1177/174498712111073760)
- Hardicre, J. (2013) An exploration of the role of the research nurse and its impact. *British Journal of Nursing*. 22(3), 168-169. DOI: [10.12968/bjon.2013.22.5.168](https://doi.org/10.12968/bjon.2013.22.5.168)
- Hernon, O., Dalton, R. and Dowling, M. (2020) 'Clinical research nurses' expectations and realities of their role: A qualitative evidence synthesis', *Journal of Clinical Nursing*, 29(5-6), pp. 667-683. DOI: [10.1111/jocn.15128](https://doi.org/10.1111/jocn.15128)
- Hill, G., Ellis, M. and Irvine, L. (2022) 'Duality of practice in clinical research nursing', *Journal of Research in Nursing*, 27(1-2), pp. 116-127. DOI: [10.1177/174498712111070976](https://doi.org/10.1177/174498712111070976)
- Johnson, S. and Stevenson, K. (2010) 'Nursing research or research nursing? Two separate terms, two separate careers', *Nurse Researcher* (through 2013), 17(3), pp. 32-40. DOI: [10.7748/nr2010.04.17.3.32.c7744](https://doi.org/10.7748/nr2010.04.17.3.32.c7744)
- Jones, H. C. (2015) 'Clinical research nurse or nurse researcher?', *Nursing Times*, 111(19), pp. 12-14.
- Jonker, L. and Fisher, S. J. (2018) 'The correlation between National Health Service trusts' clinical trial activity and both mortality rates and care quality commission ratings: a retrospective cross-sectional study', (1476-5616 (Electronic)). <https://doi.org/10.1016/j.puhe.2017.12.022>
- Lopez, B., Andrews, N., Gower, C., Robertson, C., Stowe, J., Tessier, E., Simmons, R., Cottrell, S., Roberts, R., O'Doherty, M., Brown, K., Cameron, C., Stockton, D., McMenamin, J. and Ramsay, M. (2021) 'Effectiveness of the Pfizer-BioNTech and Oxford-AstraZeneca vaccines on covid-19 related symptoms, hospital admissions, and mortality in older adults in England: test negative case-control study', *BMJ*, 373, pp. n1088. DOI: [10.1136/bmj.n1088](https://doi.org/10.1136/bmj.n1088)
- Maxton, F. Darbyshire, P. and Thompson, DR. (2021) Research nurses rising to challenges of COVID-19. *Journal of Clinical Nursing*. E13-e15. doi: [10.1111/jocn.15504](https://doi.org/10.1111/jocn.15504)
- McNiven, A., Boulton, M., Locock, L. and Hinton, L. (2021) 'Boundary spanning and identity work in the clinical research delivery workforce: a qualitative study of research nurses, midwives and allied health professionals in the National Health Service, United Kingdom', *Health research policy and systems*, 19(1478-4505 (Electronic)). <https://doi.org/10.1186/s12961-021-00722-0>

Ozdemvir, BA. Kathikesalingam, A. Sinha, S. Poloniecki, JD. Hinchcliffe, RJ. Thompson, MM. Gower, JD. Boaz, A. Holt, PJE. (2015) Research activity and the association with mortality. PLoS One. 26;10(2). <https://doi.org/10.1371/journal.pone.0118253>

RECOVERY Collaborative Group, Horby, P., Lim, W. S. and et al (2020) 'Dexamethasone in Hospitalized Patients with Covid-19', New England Journal of Medicine, 384(8), pp. 693-704. DOI: 10.1056/NEJMoa2021436

Tinkler, L. and Robinson, L. (2020) 'Clinical research nursing and factors influencing success: a qualitative study describing the interplay between individual and organisational leadership influences and their impact on the delivery of clinical research in healthcare', Journal of Research in Nursing, 25(4), pp. 361-377. <https://doi.org/10.1177/1744987120904778>

Tinkler, L. Robertson, S. and Tod, A. (2022) Multi-professional perceptions of clinical research delivery and the clinical research nurse role: a realist review. Journal of Research in Nursing. 27(1-2) pp 9-29. doi: [10.1177/17449871211068017](https://doi.org/10.1177/17449871211068017)

Whitehouse, CL. and Smith, HA. (2018) The Whitehouse Report: Review of research nursing and midwifery structures, strategies and sharing of learning across the UK and Ireland in 2017. The Florence Nightingale Foundation. [The-Whitehouse-Report-2018.pdf \(irnm.ie\)](https://www.irmn.ie/whitehouse-report-2018.pdf)

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We would like to acknowledge all clinical research nurses and midwives who took the time to participate in this survey. Thank you to the entire research workforce for your hard work, dedication and tenacity to continue forging progress in science for the benefit of health and care of the population.

Thank you to the employing organisations of those in the working group and the country-wide organisations who supported this project and the promotional activities associated with it.

Thank you to everyone who contributed to, and disseminated the survey links to reach as many CRNMs as possible.

We would like to thank Professor Ruth Endacott for her support, encouragement and belief in the project and its potential impact for the workforce, and Hazel A. Smith, Mehar Shiju, Katherine Mackintosh and Rachel Dance for acting as critical friends in the development of this report. Particular thanks to the individuals who wished to remain anonymous who contributed to our considerations of inclusivity and neurodiversity throughout the final document design and presentation of data.

Appendix One

Survey questions and answer options

The survey questions

Section 1 of 19

Census for Registered Clinical Research Nurses and Midwives

Calling all clinical research nurses and midwives!

Please complete this brief survey which will take a few minutes and help us to identify how many registered research nurses and midwives there are across England, Wales, Scotland, Northern Ireland and the Republic of Ireland and their specialties.

This survey has been developed by the NIHR 70@70 Senior Nurse and Midwife Research Leader Programme and research leads in each country of the UK and Ireland. It is relevant for all registered research nurses or midwives regardless of employer and including health and social care settings. It does not matter whether you are funded by the NIHR or not, and we would like to hear from you whether you work as a research nurse or midwife from 1 - 37.5 hours.

This survey is not aimed at nurse / midwife researchers. For the purpose of this scoping exercise; A nurse/midwife researcher develops their own research ideas and goes on to lead/undertake that research. A clinical research nurse/midwife supports patients taking part in research developed by others. If you are in a dual role between the two, please record your clinical research nurse/midwife hours for this project. Thank you.

The Department of Health and Social Care are the data controller for the information obtained and by clicking on the submit button at the end of the questionnaire you are giving us consent to use the anonymous information that you are providing.

Please complete the survey once only.

1. Are you working as a... *

1. Clinical Research Nurse
2. Clinical Research Midwife
3. Both / Dual
4. None

After section 1 Continue to next section

Section 2 of 19

Which Country are you based in

Description (optional)

2. a. Which Country are you based in? *

1. England
2. Scotland
3. Wales
4. Northern Ireland
5. Republic of Ireland

After section 2 Go to section 8 (Sector)

When participants selected one of these options, they were directed to the appropriate county/province/health board option. These choices were decided by the leads in each country as to what would be the most appropriate / useful for them. In England, we also included NIHR Clinical Research Network region which could be completed where appropriate.

1. In which sector do you work?
 - a. Primary / social care
 - b. Secondary care
 - c. Tertiary care
 - d. Private/industry sector
 - e. University / Higher Educational Institution
 - f. Other (free text)
2. Banding/Grade
 1. Agenda for chance Band 5
 2. Agenda for chance Band 6
 3. Agenda for chance Band 7
 4. Agenda for chance Band 8a
 5. Agenda for chance Band 8b
 6. Agenda for chance Band 8c
 7. Agenda for chance Band 8d
 8. Agenda for chance Band 9
 9. University post
 10. Ireland: Junior staff nurse
 11. Ireland: Senior Staff Nurse
 12. Ireland: CNMI

13. Ireland: CNM2
 14. Ireland: CNM3
 15. Ireland: Assistant Director of Nursing
 16. Ireland: Director of Nursing
 17. Private / Industry sector post
 18. Other
3. What research specialty do you work in? If you work in more than one specialty, click multi-specialty.
1. Multi-specialty
 2. Management / leadership
 3. Ageing
 4. Anaesthesia, perioperative medicine and pain management
 5. Cancer
 6. Cardiovascular disease
 7. Children and young people
 8. Critical care
 9. Dementias and neurodegeneration
 10. Dermatology
 11. Diabetes
 12. Ear, nose and throat
 13. Gastroenterology
 14. Genomics and rare diseases
 15. Haematology
 16. Health services research
 17. Infection
 18. Kidney disorders
 19. Liver
 20. Mental health
 21. Metabolic and endocrine disorders
 22. Musculoskeletal disorders
 23. Neurological disorders
 24. Ophthalmology
 25. Oral and dental health
 26. Primary care
 27. Public health and prevention
 28. Reproductive health
 29. Research governance
 30. Respiratory disorders
 31. Social care
 32. Stroke
 33. Surgery
 34. Trauma and emergency care
4. How many hours per week are you contracted to work as a clinical research or midwife?
- a. Variable (bank staff)
 - b. 1 hour
 - c. 1.5 hours

- d. 2 hours
- e. 2.5 hours

Then every half hour continued up to 40 hours a week

Other*

*If respondents selected other, they were taken to a free text option 'please advise of the hours per week you work as a registered nurse or midwife.

- 5. Is this a joint role? Eg. As a clinical nurse / midwife specialist?
 - a. Yes
 - b. No

We included an optional 'about you' section. Respondents could skip the whole section, or certain questions if they wished.

- 6. Age
 - a. 18-24
 - b. 25-34
 - c. 35-44
 - d. 45-54
 - e. 55-64
 - f. 65 and over
 - g. Prefer not to say
- 7. Do you identify as...
 - a. Male
 - b. Female
 - c. Transgender
 - d. Nonbinary
 - e. Gender neutral
 - f. Prefer not to say
- 8. Ethnicity
 - a. Asian or Asian british
 - b. Black, African, black british or caribbean
 - c. Mixed or multiple ethnic groups
 - d. White
 - e. Another ethnic group
 - f. Prefer not to say

These groups were taken from the NHS ethnicity categories. When a-e were selected, it took respondents to further options.

- a) Asian or Asian british
 - a. Indian
 - b. Pakistani
 - c. Bangladeshi
 - d. Chinese

- e. Any other Asian background
- b) Black, African, Black British or Caribbean
 - a. African
 - b. Caribbean
 - c. Any other black, African or Caribbean
- c) Mixed or multiple ethnic groups
 - a. White and black Caribbean
 - b. White and black African
 - c. White and Asian
 - d. Any other mixed or multiple ethnic background
- d) White
 - a. English, Welsh, Scottish, Northern Irish or British
 - b. Irish
 - c. Gypsy or Traveller
 - d. Any other white background

Close form

Thank you for your time, please share this survey link with your registered clinical research nurse and midwife colleagues to contribute too.

With thanks.

Appendix Two

**Full dataset of contracted hours within a clinical research nurse or clinical
research midwife role**

Total number of contracted hours within CRNM role

Clinical Research Nurse	7022	94.45%
4	149	2.00%
4.5	11	0.15%
6	17	0.23%
7	11	0.15%
7.5	168	2.26%
8	88	1.18%
9	20	0.27%
9.5	10	0.13%
10	355	4.77%
10.5	32	0.43%
11	25	0.34%
12	255	3.43%
12.5	104	1.40%
13	30	0.40%
14	88	1.18%
15	664	8.93%
16	29	0.39%
18	51	0.69%
18.5	57	0.77%
19	30	0.40%
20	195	2.62%
20.5	10	0.13%
21	17	0.23%
21.5	19	0.26%
22	15	0.20%
22.5	255	3.43%
23	11	0.15%
24	49	0.66%
25	25	0.34%
26	20	0.27%
26.5	10	0.13%
27	28	0.38%
28	25	0.34%
28.5	11	0.15%
30	358	4.82%
32	32	0.43%
34	43	0.58%
34.5	12	0.16%
35	37	0.50%
36	15	0.20%
36.5	11	0.15%
37	16	0.22%
37.5	3466	46.62%
40	11	0.15%
Variable (Bank staff)	13	0.17%
All other hours combined	x	1.65%
Grand Total	7435	100.00%

Clinical research midwife	413	5.55%
4	17	0.23%
7.5	18	0.24%
10	37	0.50%
12	33	0.44%
12.5	13	0.17%
15	61	0.82%
20	11	0.15%
22.5	17	0.23%
30	31	0.42%
33	10	0.03%
37.5	90	1.21%
All other hours combined	x	1.19

NB. All responses below 10 (but at least 1) have been collapsed in to 'all other hours combined' with percentages descriptors.