CRP Registration

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Documented Assurance and Line Manager Confirmation

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**Applying for CRP Registration - Section 2**

**Documented Assurance and Line Manager Confirmation**

**In addition to providing your three reflective statements using the templates provided, this form must be used to record documented assurance of your role, practice development and communication style.**

Overall confirmation for your application is required from your line manager. You will also need to discuss your practice knowledge and development with a statutory registered professional. This may be your line manager, or another colleague, and the person with whom you have discussed this should also sign to confirm their involvement in the relevant section below.

To ensure that the evidence being provided demonstrates that the requirements of the regulator are being met, you and your line manager will need to refer to the CRP Scope of Practice and the Standards of Proficiency for CRPs.

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2.1 ABOUT THE APPLICANT:

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| --- | --- |
| **Name of Applicant** |  |
| **Employing Organisation:** |  |
| **Role Title:** |  |
| **Start date of current role:** |  |
| **Length of (i) practitioner level experience and (ii) time working in delivery of health and care research:** |  |
| **Brief description of your current role, including your main responsibilities, key working relationships and the type of team you are part of:** |  |

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2.2. DOCUMENTED ASSURANCE:

**2.2.1 Practice Knowledge and Development**

Use this section to record and confirm that you have discussed your practice knowledge and experience with a statutory registered healthcare professional as part of a development conversation that includes review of your current practice in relation to the Standards of Proficiency for CRPs:

* The clinical contexts(s) of your clinical research experience in the last 12 months and preceding years where this is relevant.
* Your practice hours and clinical skills that are intrinsic to your clinical research activities within these clinical context(s). Depending on your context, this could apply to leadership roles where you are managing and/or educating others in research delivery roles.
* Your workplace setting(s)
* Feedback that you have received (2 examples)

Please discuss your most recent practice first. You can describe your practice hours in terms of proportion in relation to standard working days or weeks.

*Please refer to the CRP Scope of Practice and Standards of Proficiency for CRPs to guide you in completing this section.*

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| **Following discussion *with a statutory registered professional* about your practice knowledge and development as a Clinical Research Practitioner, summarise information for the each of the subject areas below, describing your practice and how it relates to the Scope of Practice for CRPs and Standards of Proficiency for CRPs:** | | |
| **your clinical context(s)** |  | |
| **your workplace setting(s)** |  | |
| **your practice hours and experience** |  | |
| **your knowledge and skills, including clinical skills** |  | |
| **Also note two examples of feedback that you have received:** | | |
| ***Where and when did this feedback come to you?***  e.g. reseaIcon  Description automatically generatedrch participants, colleagues, annual PDR, compliments or complaints | ***How did you receive it?***  e.g. verbally, via letter, email, report | ***What was the feedback about and how has it influenced your practice?*** |
|  |  |  |

**Statutory registered professional involved in discussion of your practice knowledge and development**

|  |  |
| --- | --- |
| ***Name:*** | ***Registration number/PIN:*** |
| ***Signature:*** | ***Date:*** |

**2.2.2 C**Icon

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Please record two examples. Where possible, these should be sourced from within the past 12 months. However, if circumstances do not permit this, examples from up to 3 years previously will be acceptable. Examples should demonstrate an effective, inclusive and appropriate communication style that has been observed for documentation as such by a supervisor. Examples may include the use of online communication tools, telephone and written content. If relevant to your role, please include an example that relates to you or a colleague obtaining Informed Consent from a clinical research study participant. Please ensure you do not record any information that might identify an individual, whether that individual is alive or deceased.

*Please refer to Standards of Proficiency for CRPs numbers 4, 5 and 12 to guide you in completing this section.*

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| **Date of observation** | **Brief description of the example** | **Name and position of observer** |
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**2.3 Line Manager Confirmation checklist**

## **Competency framework and knowledge and skills development**

* **You are satisfied that the applicant is meeting the requirements of a named Competency Framework or an equivalent evidence based approach to knowledge and skills development**
* **You have seen evidence that the applicant meets all the employing organisation’s statutory/mandatory training requirements for Clinical Research Practitioners**

## **Safeguarding and English Language**

* **You have seen evidence that a current DBS Certificate for the applicant is in place**
* **You are satisfied that the applicant meets the employing organisation’s requirements for English Language ability**

## **Practice-related feedback**

* **You have seen the applicant’s portfolio of evidence in relation to communication skills, practice development and reflective accounts of practice and how this relates to the Scope and Standards of Proficiency for Clinical Research Practitioners**

## **Confirmation of practice development discussion**

* **A statutory registered health professional has signed above to confirm that the Clinical Research Practitioner has discussed their practice knowledge and development with them.**

*This ma*Icon

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**2.4 Line Manager Confirmation Declaration and Signature**

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| **Line Manager Confirmation Declaration**  I have read information for line managers confirming applications to the Academy for Healthcare Science (AHCS) Accredited Register for Clinical Research Practitioner Register for the named applicant who has demonstrated to me that they have met all of the requirements as listed above.  I agree to be contacted by the AHCS to provide further information if necessary for verification purposes. I am aware that if I do not respond to a request for verification information I may put the Clinical Research Practitioner’s registration application at risk. | | | |
| **Line Manager Signature:** |  | **Date of Signature:** |  |
| **Line Manager Name:** |  | **Line Manager Job title:** |  |
| Icon  Description automatically generated  **Line Manager Email address, including postcode:** |  | **Line Manager Contact number:** |  |
| **If, as well as acting as line manager, you are also a statutory registered healthcare professional, please include your profession and registration number with your regularly body** | | **Profession and Registration Number or PIN** |  |