

Q&A Coffee Sessions

with EDGE super users



Super User Q&A: Feb 2024

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– John Madine, Research Manager, Carn to Coast Health Centres, Primary Care GP Site



USER PROFILE

Name: John Madine

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EDGE user since: 2014

01

How and why did you move into your current role within clinical research?

The How: I began my role in primary care in March 2019, but before this, my research days started at our local hospital with the fabulous oncology research team in 2014. By nature, Oncology is intensely research active across the board, with a significant proportion of the portfolio coming from industry where trials can be substantially more complex, high frequency, and can attract GCP site inspections from the MHRA just

by the luck of the draw during Sponsor/CRO inspections. My five years with the Oncology team were great, as was the experience educationally of facilitating an MHRA GCP site inspection (I feel I should add untriggered, and purely luck of the draw). In 2019, Carn to Coast Health Centres, a large single partnership, multi-site practice (approx. 30,000+ population) began increasing their research activity, collaborating with a local established federation of practices in a hub and spoke model to deliver more industry studies to the local and underserved patient population. An opportunity arose to join the Carn to Coast team to support the development of this side of General Practice. I was ready for a new challenge and excited at the idea of GP sites delivering industry studies locally, where they had historically sat within secondary care, and within a whole new set of therapeutic areas. This meant learning a whole new set of terminology, medications, and pathways. The rest is, as they say, history and I’ve been here ever since.

The Why: Whilst the honest answer for many people may be a wage, clinical research can also

be burnout heavy, and so working across the spectrum, from academia to industry, we are all involved in changing, challenging, and improving quality of life across the board. For some that may be a study to understand more about how a patient feels going through a referral process, testing a new less invasive diagnostic exam, creating tools and software to reduce friction in carrying out our roles, or it’s delivering a double-blind placebo-controlled study that may or may not have benefit for a patient now, but would lead to shaping future treatment options.

For me, it’s a few things;

1. Increasing the visibility of clinical research in primary care, allowing more patients to have the opportunity and choice to participate and volunteer in research, particularly in an underserved population.
2. Collaborative working
3. Educational Opportunities for nursing and medical students to learn how research can complement patient care and options,

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and how this will usually vastly differ from the dissertation work that can often leave many not wanting to go near anything with the word 'Research' on it again.

4. A privilege

02

What does your role as Research Manager entail on a typical day?

It can depend on the day ultimately. Primary Care sites work with smaller overall teams and do not have research departmental infrastructure that secondary care sites have, and so it can be incredibly varied. Research is my fulltime role, but a typical day means being able to adjust at a moment's notice and accepting that the best laid plans are very likely not going to completely go the way you think they will.

Days can range all the way from;

- Seeing patients for certain follow up visits
- Performing venepuncture, ECG's and obs to support clinic visits
- Processing and shipping of samples
- Completing Expressions of Interest or feasibility for upcoming studies
- Contract review and negotiation
- Supporting Patient Identification Activity for studies we cannot offer ourselves
- Managing the setup processes of studies, coordinating all the training needs for all involved
- Equipment checks
- Governance checks
- Stock checks and requests
- Quality Assurance Checks

- Electronic Medical Record Template Building for source data capture per study.
- Reviewing all invoiceable activity for commercial trials
- Meeting with local stakeholders, partners, and organisations
- Supporting the PI's and investigators within Carn to Coast as well as our valued relationship with the Mount Bay Medical Ltd. hub we continue to collaborate regularly with.
- Dealing with and problem-solving issues or queries from a variety of sources internal and external to the practice
- Double checking any research notifications from other providers for our patients to ensure any relevant safety information or restrictions is clearly visible or flagged.
- Probably moaning about the amount of paper used in clinical research

The list could go on, but basically it all comes down to all of this and more and keeping forward momentum whilst dotting the i's and crossing the t's. It may seem like a lot, but it means every day is different and will be made of one or several of these points. It absolutely wouldn't be possible without receptive investigators (PI's/SI's), a supportive partner and management team, as well as Anna who is the Research Assistant for the practice.

03

How does the patient and research landscape currently look at Carn to Coast Health Centres Surgery?

We deliver Clinical Research as a sessional practice on the commercial and non-commercial portfolio. This is directly as Carn to Coast Health Centres with our longstanding PI, Dr Danielsen, a new developed PI Dr Sharp, with 3

Sub-I's at any one time, a dedicated research team, and research experienced GCP trained members of the nursing team. We also deliver Clinical Research as a spoke of Mounts Bay Medical Ltd. in collaboration with a number of other practices in Cornwall. Despite being a multi-practice site, we base all of our research out of one site. Collectively at this moment in time: 43 patients on commercial interventional studies, 23 patients on Observational Studies, 3 Studies Actively Recruiting, and 2 Studies in setup. This is also including, but not limited to, Cardiovascular, Dermatology, Respiratory, and Vaccine studies.

04

How do you utilise EDGE in your daily role?

We use it for patient tracking, appointments, document retention, but mainly, its key strength, in combination with a tool by Stevie Barre and Mat Davis who will be known to EDGE conference attendees, is its ability to help track all invoiceable costs and expenses related to research delivery. Without this functionality, it would take days to wade through, and would impact resources across the board. I will always be supportive of any process which either automates or makes a process as frictionless as possible.

05

You've been using EDGE for almost a decade! How has your EDGE use changed and evolved during this period?

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to our current methods. (Did I mention complaining about how much paper gets used in Clinical Research).

06

As the Research Manager at your site, what is your favourite functionality to use in EDGE, and why?

100 percent the finance template in combination with the import tool from Stevie and Mat. Without this functionality I would be spending an unreasonable amount of time dealing with study-related finances which has the potential to directly impact patient care should it create delays anywhere.

07

What are your favourite features of the new EDGE 3 system, launched 10 months ago?

Definitely the Favourite Studies widget. It's quite handy for jumping straight into the study you need rather than looking for it on a long list of studies.

08

What are your/site's plans for using and developing EDGE over the next 6-12 months?

World Domination! Too much? Hmm...looking at EDGE functionality and reporting to support adverse event recording and beginning to explore the electronic delegation log.

09

What is your "bigger picture?" That is, what do you find most fulfilling about your job?

Creating or supporting opportunities for patients, but really the patients themselves. Everyone is their own character and come with their own life stories. They're the 'why' to what we may call the boring bit of the job and make it worth it.

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Describe/explain one of your team's recent major achievements:

Becoming the highest recruiter in the UK on a COPD study that was based in both primary and secondary care. It was nice to prove that we could 'hit it out of the park' as a GP site.

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One clinical research superpower that you wish you possessed:

Hmm, the ability to click my fingers or wiggle my nose and have every CEO, Manager, or Leader of a vendor in Clinical Research around the world appear in a single room in order to brainstorm Clinical Research Solutions that improve the quality of life for sites, and by extension, patients. Less paper, more streamlined digital processes, with fewer vendors. Sometimes less is more 😊

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One thing that inspires you:

I'm a sucker for a good and meaningful quote. Whilst there are two, the one that I prefer and was told to me by my friend and colleague, and remind myself of occasionally is, "Perfect is the enemy of Good".

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One thing that you feel grateful for:

My partner and my children.

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One thing that people might not know about you:

I think tarantulas are cute, but house spiders freak me out.

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