

*promoting access to White Rose research papers*



**Universities of Leeds, Sheffield and York**  
**<http://eprints.whiterose.ac.uk/>**

---

This is an author produced version of a paper published in **Health Information & Libraries Journal**.

White Rose Research Online URL for this paper:  
<http://eprints.whiterose.ac.uk/78257>

---

**Published paper**

Sen, B.A. (2003) *Research governance: implications for health library and information professionals*. Health Information & Libraries Journal, 20 (1). 3 - 14.  
<http://dx.doi.org/10.1177/0165551512470042>

---

White Rose Research Online  
[eprints@whiterose.ac.uk](mailto:eprints@whiterose.ac.uk)

## **Research governance: implications for health library and information professionals.**

## **Research governance: implications for health library and information professionals.**

### **Abstract**

The *Research Governance Framework for Health & Social Care* published by the Department of Health in 2001 provides a model of best practice and a framework for research in the health and social care sector. This article reviews the *Department of Health Research Governance Framework*, discusses the implications of research governance for library and information professionals undertaking research in the health and social care sector and recommends strategies for best practice within the information profession relating to research governance. The scope of the *Framework* document that covers both clinical and non-clinical research is outlined. Any research involving, amongst other issues, patients, NHS staff and use or access to NHS premises may require ethics committee approval. Particular reference is made to the roles, responsibilities and professional conduct and the systems needed to support effective research practice. Issues such as these combine to encourage the development of a quality research culture which supports best practice. Questions arise regarding the training and experience of researchers, and access to the necessary information and support. The use of the *Framework* to guide research practice complements the quality issues within the evidence based practice movement and supports the ongoing development of a quality research culture. Recommendations are given in relation to the document's five domains of ethics, science, information, health & safety and finance & intellectual property. Practical recommendations are offered for incorporating research governance into research practice in ways which conform to the *Framework's* standards and which are particularly relevant for research practitioners in information science. Concluding comments support the use of the *Research Governance Framework* as a model for best practice.

### **Keywords:**

Research governance, quality research, ethics, library and information profession.

## Background

Research governance in health care aims to ensure that research within the sector is carried out to high scientific and ethical standards, with appropriate use of finance, clear allocation of roles and responsibilities and robust monitoring, review and evaluation processes. The recently published Department of Health *Research Governance Framework for Health and Social Care*<sup>1</sup>, builds on a range of papers published to support the government's modernisation agenda including documents such as, *The New NHS; Modern and Dependable*<sup>2</sup> and *The NHS Plan*<sup>3</sup>.

Although research governance has been on the government's agenda for some time as part of the wider clinical governance remit<sup>4</sup>, the catalytic forces that cemented the need for clearer guidance for staff undertaking health and social science research have been a series of high profile inquiries into research fraud, negligence or misconduct.<sup>5,6,7</sup> The most emotive of these were the Alder Hey inquiry investigating the removal of organs and tissues from children without consent and retained for research purposes,<sup>8</sup> and the *Griffith's Report*<sup>9</sup> an inquiry investigating complaints against researchers carrying out a trial on premature babies without parental consent.<sup>10</sup> One clear outcome of the *Griffith's Report* was to recommend "...that formal guidance on research governance with the NHS be developed and issued to the NHS and partners whose research it hosts."<sup>9</sup>

The *Research Governance Framework* is put forward as a model for all those who participate, whether they host, fund, manage or undertake research, both clinical and non-clinical. Figure 1 outlines the roles and responsibilities of those involved in the research process as defined by the *Framework* (Fig. 1). Haines<sup>11</sup> recognises the skills librarians possess to support clinicians' research needs, and identifies the need for librarians to become more active in health information management research themselves. Such involvement will enable health care librarians to contribute to the knowledge base, supporting professional practice.

SUMMARY OF RESPONSIBILITIES OF PEOPLE AND ORGANISATIONS ACCOUNTABLE FOR THE PROPER CONDUCT OF A STUDY KEY	
<b>Principal Investigator and other researchers</b>	<ul style="list-style-type: none"> <li>• Developing proposals that are ethical and seeking research ethics committee approval</li> <li>• Conducting research to the agreed protocol and in accordance with legal requirements and guidance e.g. on consent</li> <li>• Ensuring participant welfare while in the study</li> <li>• Feeding back results of research to participants</li> </ul>
<b>Research Ethics Committee</b>	<ul style="list-style-type: none"> <li>• Ensuring that the proposed research is ethical and respects the dignity, rights, safety and well-being of participants</li> </ul>
<b>Sponsor</b>	<ul style="list-style-type: none"> <li>• Assuring the scientific quality of proposed research</li> <li>• Ensuring research ethics committee approval obtained</li> <li>• Ensuring arrangements in place for the management and monitoring of research</li> </ul>
<b>Employing organisation</b>	<ul style="list-style-type: none"> <li>• Promoting a quality research culture</li> <li>• Ensuring researchers understand and discharge their responsibilities</li> <li>• Taking responsibility for ensuring the research is properly managed and monitored where agreed with sponsor</li> </ul>
<b>Care organisation/ Responsible care professional</b>	<ul style="list-style-type: none"> <li>• Ensuring that research using their patients, users, carers or staff meets the standard set out in the research governance framework (drawing on the work of the research ethics committee and sponsor)</li> <li>• Ensuring research ethics committee approval obtained for all research</li> <li>• Retaining responsibility for research participants' care</li> </ul>

**Figure 1.** Box D. Showing the key roles and responsibilities for partners and participants in health research. The Department of Health. *Research Governance Framework for Health and Social Care.*

As a model of good practice the *Framework* will have implications for library and information staff who have a supporting role in clinical research and who are involved in non-clinical research directly, especially with regard to projects including patient information or patient information needs. As information plays an increasingly important role in the delivery and support of health provision and health promotion, it makes sense that information professionals consider their own duty with regard to research governance.

The impetus for this paper came from the supervision of a postgraduate student information management research project in health care and social sciences. The project stressed the necessity to heighten awareness of research governance in relation to the field and the student research role, and developed into one of general interest to all library and health information professionals carrying out research projects. Through this investigation it became apparent that the issues of compliance with the *Department of Health Research Governance Framework*, or indeed the understanding of the research governance values, are not discussed in the health library and information professional literature.

Many organisations who are likely partners in health and social care research have their own guidelines or codes of practice; such as the Medical Research Council<sup>12</sup>, the Social Services Research Group<sup>13</sup>, the British Sociological Association<sup>14</sup>, Market Research Society (MRS)<sup>15</sup> and Higher Education and Research Opportunities in the United Kingdom (HERO).<sup>16</sup> Some of these are listed in the *Framework's* annex.<sup>1</sup> However, the *Department of Health Research Governance Framework* is guidance from a macro perspective. Professional groups working within the sector, and operating within their own codes of practice should ensure that there is no element of conflict with the *Department of Health Framework* and other guidelines they may operate within. The *Framework* may well provide a useful model for other professions, sectors such as education or voluntary services and indeed other Governments.

This paper considers research governance in relation to research likely to be undertaken by health library and information professionals by:

- Reviewing the *Department of Health Research Governance Framework*.
- Discussing the implications of research governance for library and information professionals

undertaking research in the health and social care sector.

- Recommending strategies for best practice within the information profession relating to research governance.

Work published in academic journals on research governance relates extensively to clinical research.<sup>17,18,19</sup> Earl Slater considers investment in terms of outcomes and value for money<sup>20</sup>. He highlights the problems of many research projects failing to meet their aims and suggests that improved research governance throughout the chain of responsibilities together with improved training in research skills may affect research outcomes. Much of the library and information literature focuses on the quantity and quality of research output with the more recent focus being on evidence based librarianship and the need for librarians to become involved in the production of systematic reviews as a way of improving the knowledge base. There is a lack of written material on research governance from within the profession, possibly due to a misconception that research governance is for clinicians. Quality research relies not just on appropriate methodology, but also requires a well managed project. The research project should be carried out in line with professional standards of best practice regardless of whether the research is clinical or non-clinical.

### **Scope of the DOH Research Governance Framework**

The role of the *Framework* document is to set standards, define mechanisms to deliver those standards and the means to monitor and assess the research. The aim of the governance process is to improve the quality of research and protect public health through the promotion and implementation of good practice.<sup>21</sup>

The *Framework* has five chapters:

1. Purpose and scope
2. Standards
3. Responsibilities and accountability
4. Delivery systems
5. Monitoring, inspections and sanctions

In addition, an annex to the *Framework* sets out standards, guidance and legislation relating to health and social science research including an extensive list of contacts for further information. This section is to be regularly updated.

Aspects of good practice are defined throughout with an emphasis on responsibility, not just for the individual undertaking research, but also for organisations that may have a role in hosting, funding, sponsoring, training or employing researchers. (Figure 1)

Accountability is a key theme. A sister document, *Governance arrangements for NHS Research Ethics Committees*,<sup>22</sup> outlines the roles of Research Ethics Committees (RECS) in research governance. A particularly important section, 3.1 outlines the remit of an NHS REC and states that ethical advice should be sought when research involves:

- a. patients and users
- b. relatives or carers of patients
- c. access to data, organs or bodily material
- d. foetal material
- e. recently dead
- f. use of or access to NHS premises or facilities
- g. NHS staff

## **Discussion and review in relation to the information profession.**

There are issues relevant to research in the information profession in each chapter. These are discussed in sequence.

### **Purpose and scope.**

Within the document there is recognition of working partnerships, a working environment increasingly familiar to health librarians. Much of the 2002 Health Libraries Group Conference is devoted to working with other organisations to provide services, support education and training, share knowledge, skills and research in the field.<sup>23</sup> The *Framework* clearly states that the standards apply not just to NHS staff, but to research undertaken by "industry, charities, research councils and universities within the health and social care system", organisations which could well share a role in partnership working and research.<sup>1</sup> Spink sees the need to develop research quality in an "increasingly interdisciplinary research environment".<sup>24</sup> Universities and other organisations external to the NHS may have to seek Local Research Ethics Committee (LREC) or Multi-centre Research Ethics Committee (MREC) approval for health related research carried out on behalf of, or within the NHS. The *Framework* also covers student

research projects and may have implications for students' information projects.

There is an emphasis on professional responsibility, with the recognition that all staff involved in research should display proper conduct. Commitment is needed not only from the Department of Health, but also from partner organisations in order to ensure that researchers are supported with clear guidance, education, information, and resources. Supervision should be available where necessary, minimising the likelihood of poor research performance, adverse incidents and misconduct. Communication of best practice is crucial for this support.

The sharing of best practice and managing the knowledge within the research community conforms to the *Framework's* agenda. Examples of knowledge sharing can be found on the RDInfo website<sup>25</sup>. Susan Barnes identifies the implications of R&D activity for knowledge management.<sup>26</sup> Improved quality and coverage of data and information produced through research requires improved management and access through the use of knowledge management techniques. Barnes identifies knowledge management as an issue in the modernisation of the NHS in which librarians have a role to play.

## Standards

This section of the report is split into five domains:

- Ethics
- Science
- Information
- Health and safety
- Finance and intellectual property

There is recognition for professional judgement to be employed in the interpretation of the guidance published by the various organisations listed. The need for those involved in research to be appropriately qualified in terms of their skills and experience is emphasised, a view shared by Clough.<sup>21</sup> An additional requirement is the consideration of research outputs in relation to impact and best value. Chivers provides evidence of the achievement of best value through the development of a research culture.<sup>27</sup> Communication and development of the research culture can be achieved through publication and presenting opportunity for critical review in our professional journals and at conferences.<sup>28</sup>



One possible cultural change for many is the increasing trend towards consumer involvement or participatory research. Telford proposes that R&D management can take an active role in supporting researchers to involve consumers in research.<sup>29</sup>

### **Responsibilities, accountability & agreements**

Item 3.1. of the *Framework* states:

“All those involved in research also have a duty to ensure that they and those they manage are appropriately qualified, both by education and experience, for the role they play in relation to any research. They must be aware of, and have ready access to, sources of information and support in undertaking that role.”<sup>1</sup>

There are questions to be asked here with regards to information professionals working in the health and social care sector and responsibility for:

- *Education* of the research process
- *Gaining experience* in research
- *Access* to information sources
- *Support* for those undertaking research

### ***Education***

Booth states that research in the curriculum is “not yet having a major impact on the quality or quantity of research in the information field.” He also recognises that librarians need to be equipped with the skills required to retrieve and appraise their own literature and the skills required to conduct and produce evidence based research.<sup>30</sup> This indicates a need to develop basic research skills.

Research is a core competence in accredited library schools, and should be supported by continuing education initiatives,<sup>31</sup> with an emphasis upon the issues of quality, research management and standards of research governance. Groups such as the Library and Information Research Group (LIRG) have an important role to play across all sectors with their training programmes in supporting educational development.<sup>32</sup>

Library schools encourage placement opportunities that serve to inspire project and research topics for the students. It is possible that there is greater scope for

the placement supervisor to play in terms of mentor and research supervisor in co-operation or partnership with the academic staff.

Research capacity, the volume of research output, is also a concern. There is a need for educating enough researchers to contribute to the field.<sup>33</sup> In addition these researchers must be capable of producing quality research material.

### *Experience*

The findings of the Library and Information Co-operation Council (LINC) health panel, now Health Libraries and Information Consortium (Helicon), relate to the poor levels of research in the health information sector. The Research and Horizon Scanning Task Finish Group (ResearchHos) forum acknowledges the situation where information workers are supporting evidence based practice when they are unable to cultivate the evidence base for their own profession.<sup>34</sup> A recent training needs analysis of 1017 health librarians carried out by the Library and Information Statistics Unit at Loughborough found that, "Training in research methods had been fairly widely received, and was not required by very many respondents." However the same survey showed that only 34% of the respondents said they regularly undertake research.<sup>35</sup> The results of this survey suggest that there are possible barriers to research. These statistics seem to be reflected throughout the profession, as demonstrated by a study of library and information science professionals in the USA and Canada carried out in 2002 in which 32% indicated that they occasionally or frequently do research related to the library and information profession.<sup>31</sup> Powell offers possible reasons for barriers to research including poor communication between practitioners and active researchers who could act in a mentoring role, research jargon, time, inadequate education in research, lack of practical need, lack of funding and lack of ideas.<sup>31</sup> In a quality research culture these issues would be addressed.

Experienced researchers have an important role in encouraging novices.<sup>30</sup> Mentoring schemes are an opportunity for the experienced researcher to offer support. Commitment is required on behalf of the mentoring buddy. The development of mentoring schemes offer the opportunity for research experience to be acquired with support and supervision.<sup>36</sup> The Medical Library Association (MLA) have an established mentoring

scheme throughout the USA which offers help, advice, knowledge and expertise from a team of experienced researchers whose details are held in a "Research Mentors Index"<sup>37</sup>

There is a growing need for librarians to be active on research committees and programs in their organisations, an ideal way to gain experience.<sup>11</sup> Booth describes the librarian as the "poor relation of the health sciences team".<sup>38</sup> The Library Research Committee has long played an important role for librarians in academic settings providing encouragement, money and support, and a Framework for research activity.<sup>39</sup> Involvement in research committees will communicate to other health professionals that health librarians speak their language, understand the way they operate and have skills to offer in the research process. Promoting the librarian's research skills can be done through involvement with research staff; in the early stages supporting and training staff with their literature searching and reviews; assisting with critical appraisal of the literature either directly or again through training and assisting with data storage, analysis, or presentation. A well-trained, confident library and information professional has a range of skills to offer to the research community. It is through deployment of such skills and increased activity in research that influential relationships can be cultivated that could present the opportunity for more active involvement perhaps on research committees or formal research training processes within the organisation. Familiarity with the research structure within an organisation could encourage increased research activity from the information sector. The opportunities for library and information workers to be involved are great, ranging from student projects; supporting clinical research; work-based evaluation of library and information services and practice, and offering expertise in information related research throughout the organisation such as knowledge or information audits. Activity of this kind by library and information staff can serve to raise the individual and professional profile within employing organisations.

Widening the range of the research methods used will also develop experience. Considering the use of systematic reviews related to the information field is a suggestion by Booth.<sup>30</sup> Quality research published in quality journals will improve not just the knowledge available to the profession but the researchers, experience, profile and employability.

## *Access*

Access to professional literature is being made available in several regions with Library & Information Science Abstract (LISA) being added to database collections supporting research and professional practice.<sup>30</sup> There are other initiatives such as the Medical Library Association (MLA) Research Section, which has a gateway to research resources for health information professionals.<sup>40</sup>

Development on the National Electronic Library for Health (NeLH) will be ongoing with both health informatics and research links. The professional portal for health librarians and information professionals, the resource portal for knowledge management and the virtual branch library in health informatics are already very useful gateways with potential for development.<sup>41</sup> The management of the knowledge generated by increased research activity is an issue, but knowledge management is yet another area of expertise in which information professionals have the skills and abilities to play an important role.<sup>42</sup>

Working partnerships, which include academic institutions may assist with access to sources and educational support, for example where NHS Trusts and Universities combine to provide library services. Skills, expertise and mentoring opportunities may be additional benefits from cross-sector partnerships.

## *Support*

Support for individuals carrying out research can come from other individuals, from within the employing organisation and from their professional organisations.

The British Association for Information and Library Education Research (BAILER) is just one organisation supporting those involved in research. It does this through the development of teaching staff in the library and information schools via its professional network, meetings and conferences.<sup>43</sup> The Health Libraries and Information Consortium (Helicon) provides a forum for generating a co-ordinated approach to research activities concerning health information professionals.<sup>34</sup> More recently, the Chartered Institute of Library and

Information Professions (CILIP) published their Corporate Plan which identified the need to encourage research and scholarship within the profession.<sup>44</sup>

Incentives to carry out research are needed. Examples of this are the "Research in the Workplace Award" ResearchHos and LIRG prizes.<sup>45,46</sup> There is an important role for continued networking through professional groups such as the Library & Information Research Group (LIRG), whose objectives conform to research standards expressed in the *Department of Health Framework*. Such organisations also support the commissioning of studies, for which there is a huge amount of scope for development, both work based and academic.<sup>30</sup>

Incentives to publish are also needed.<sup>30</sup> Crumley states that "...librarians do not publish their research."<sup>47</sup> Certainly, librarians could publish more. Raising awareness of the publishing process through cross professional networking at conferences and training events, may help remove any fear and build the confidence to participate fully in research activity. Publishers could increase their activity in the sector at conferences and exhibitions and increase their involvement in incentives such as the United Kingdom Serials Group (UKSG) "serials road shows" that travel the library schools.<sup>48</sup> The road shows primarily aimed at helping students understand the complexity of serials management, helps in demystifying the role of the publisher to library students who may wish to publish their work.

Employers and professional organisations need to support the profession through lifelong learning initiatives and the identification of training needs in staff appraisals. Employees could help themselves by negotiating protected research time at staff appraisals. The time could be used to read, carry out or write up research. Many work based research projects never get written up due to other work priorities.

### ***Agreements***

Increasingly, library and information professionals are working across a range of organisations, or working in teams with colleagues from other organisations. They may be delivering services to professional communities, or to user groups within geographical areas as with the projects resulting from the Local Implementation Strategies.<sup>49</sup> The *Framework* identifies the need for clear agreements to be reached, in such circumstances.

Collaborative arrangements may have complex funding mechanisms. Work can be carried out across multiple sites, with the researcher working for more than one organisation. Such complex collaborations require clear documentation, with key responsibilities, and the organisation accountable for the proper conduct of the research defined. Clear communication of the sponsor's role with regard to quality assurance, approval requirements and monitoring (figure 1) is particularly important in collaborative projects.

The range of responsibilities could be those of the researcher, the principal investigator, the research funders, the sponsor, the universities or other organisations employing the researchers, the organisations or professional staff providing care; and responsibilities relating to ethics committees. (Figure 1).

Patient information projects or projects involving NHS staff or premises may well require Research Ethics Committee (REC) approval or at least informal advice from the Research Ethics Committee chairs responsible.<sup>50</sup>

## Delivery systems

Support from within organisations, include having the proper systems in place to ensure that staff understand and follow the standards of good practice in the Framework. These are:

- Expert independent review appropriate to the scale and complexity of the document
- Permission for the research to proceed
- Systems to monitor, audit, detect failures and minimise risk.

The Department of Health is to work with other research funders and universities to promote the coverage of research governance in relevant degree courses and continuing education for research workers and research managers. Parallel to building a quality research culture across the organisations involved will be the promotion of "learning networks" to support good practice and knowledge sharing and communicating best practice.<sup>1</sup>

## Monitoring, inspection and sanctions

Detailed in the *Framework* document is the requirement for organisations to demonstrate and adhere to the *Framework*. Incentives for this include law, duties of care and ethical standards.

Mechanisms for monitoring include audit, risk management, staff appraisal, registration of clinical trials and the policing of research misconduct and fraud in the NHS through the Directorate of Counter Fraud Services.<sup>51</sup>

Failure to comply with the *Framework* will be addressed through lines of accountability, performance management or other management channels.

In cases of research misconduct some professional groups will be subject to disciplinary action by their professional bodies; for doctors the General Medical Council, for Nurses the Nursing and Midwifery Council, Social Care professionals – General Social Care Council. For the information profession, CILIP would be responsible through the professional code of ethics.<sup>52</sup>

## The quality research culture.

The ResearchHos assessment of research in the health information sector, identifies the need “to ensure that service-led research is of high quality”.<sup>34</sup> Observing standards of good practice helps to promote a quality research culture, essential for proper governance in health and social care. This is best maintained when that excellence is supported by “strong research leadership and expert management”.<sup>1,28</sup>

Library and information professionals are well placed to serve an active role in promoting a quality research culture within an organisation. With time and motivation they could carry out research of their own either academic or work based, evaluating their own services. They possess skills in information retrieval, information management and critical appraisal which can be used to support other staff, and many are excellent trainers with a role to play in cascading and disseminating knowledge throughout the workforce.

The *Framework* defines the key elements of a quality research culture as:<sup>1</sup>

- Respect for participants dignity, rights, safety and well-being

- Valuing the diversity within society
- Personal and scientific integrity
- Leadership
- Honesty
- Accountability
- Openness
- Clear and supportive management

All of these values are incorporated in the *Department of Health's Research Governance Framework*. It would therefore seem logical and necessary if librarians wish to improve the quality of their research output to consider and adopt the *Framework* to guide their investigations. With the proper support and leadership in place the *Framework* could act as an aid rather than a barrier to the health information research process.

In a quality research culture, the research process should be strategic, linking local, and national needs. The Department of Health Research website outlines strategic research objectives, which include research capacity, and national programmes but as yet no specific health information agenda.<sup>53</sup>

Rowley discusses the importance of the research planning process. She stresses the importance of incorporating personal research plans into the wider departmental or organisational context and facilitating the cultivation of a research culture through strategic development.<sup>28</sup> In UK public libraries the Developing Research in Public Libraries (DRIPL) project has provided a foundation for a research culture by demonstrating a range of research activity supported by research training events and incorporating local need with national strategy.<sup>54,55</sup> Whilst in the health sector Booth sees the strategic vision to some extent not being achieved, with research activity more "opportunistic than strategic".<sup>30</sup> Attempts to map research projects like the National Research Register require the motivation of everyone to buy into the scheme, possibly explaining their limited success.<sup>56</sup>

### **Recommendations for best practice.**

There are recommendations of good practice detailed under the *Framework's* five headings of ethics, science, information, health and safety and finance and intellectual property.<sup>1</sup> Examples would include conforming to data protection laws, and communicating research clearly, openly and effectively.



### *Ethics*

- Primary consideration should be given to the rights, safety, and well-being of the participants.
- The research should be reviewed to ensure it meets with ethical standards.
- The researcher should always obtain consent.
- The researcher should be aware and ensure data protection and confidentiality.
- Where appropriate and practical involve participants in the research design, conduct, and analysis and reporting.
- Diversity in the population should be reflected in the research.
- Risk should be kept to a minimum.

### *Science*

- The researcher should consider existing evidence to avoid duplication without a purpose.
- Experts who are able to offer advice on the quality should review the proposal. This may be a supervisor for a student project or a research committee for larger projects.
- Data should be stored and retained appropriately for further analysis, research or audit.

### *Information*

- There should be free access to information on how the research is conducted and also the findings, which should be reported in a comprehensible style.
- However, certain consideration should be taken with regard to confidentiality when data protection, or intellectual property is a concern.
- Research should be open to critical review through publication or other appropriate means.

### *Health and safety*

- The safety of participants, and of research and other staff should be given priority at all times, and health and safety regulations should be strictly observed.

### *Finance*

- Appropriate and legal uses of public funds are an important issue. Considering the research outputs in relation to impact and best value.

- Organisations must be able to compensate anyone harmed as a result of negligence.
- Commercial opportunities should be exploited when appropriate.

Some of the guidance is universal and should be applied to any research project. Other aspects will require the professional judgement of the researcher to determine if they are relevant to the specific project e.g. exploitation of commercial opportunities; hence the recommendation for the researcher to have appropriate training, or supervision and review. A crucial requirement is ethics committee approval. Research involving patients, staff or NHS premises may well require Local Research Ethics Committee (LREC) or Multi-centre Research Ethics Committee (MREC) approval.

### **Advice to researchers.**

- When in doubt it is circumspect to ask advice from the chair of the appropriate research ethics committee.
- Set aside protected research time in the work schedule. If possible negotiate this with a line manager or employers. Communicate to staff or clients that at this particular time you will not be available.
- Take advantage of local, regional or national training initiatives to develop research skills and build confidence and expertise. Courses are run by CILIP or professional subgroups details available via the CILIP website.<sup>52</sup>
- Consider enlisting the support of a research buddy or mentor. Even an experienced researcher can benefit from sharing ideas and practice and the discussion of problematic issues.
- Take time to plan the research project. There are many good texts to support the planning process.
- In planning, consider the five headings within the *Department of Health Framework*; ethics, science, information, health and safety, finance and intellectual property.<sup>1</sup> Ensure research conforms to all legal, ethical and quality standards and requirements.

- Develop systems to manage the research process, the data and to monitor the proceedings. Build risk management strategies into the systems to minimise the risk of mistakes. This is particularly important when dealing with patient information or other confidential or sensitive material.
- Seek Local Research Ethics Committee (LREC) or Multi-centre Research Ethics Committee (MREC) approval prior to commencing the research. If in any doubt it is always best to seek advice. The LREC and MREC contacts are available at the Central Office of Research Ethics Committee (COREC) website.<sup>57</sup>
- Throughout the process, be aware of professional duty, and consider at each stage the key elements of the quality research culture. Use and incorporate the elements throughout the research project.
- On completion of the project, disseminate the findings to all those involved and through professional publication channels such as professional journals or conferences. Communication of the knowledge ensures its availability to support decision-making, change processes or ongoing research. Publication means the research is less likely to be repeated unnecessarily.

## **Conclusions.**

Research governance needs to be incorporated into research practice. Health librarians have a professional duty when involved in research to adhere to standards of practice. Quality of research is already an issue with regard to information retrieval and research outcomes as the impetus grows for evidence based librarianship.<sup>38,47,58,59,59</sup> At the first Evidence Based Librarianship Conference in September 2001 the "nature and quality" of health library research was high on the agenda.<sup>38</sup> The quality of the research process and research management should be given equal concern and in conjunction with other professionals in the health and social care sector. Working alongside clinical and other health and social science researchers in research committees and on multidisciplinary research projects, can only serve to raise the profile of the profession and raise research standards and research activity through the experience and confidence gained. To quote Nankivell "Research is everyone's business" - a mantra for an

enduring research culture.<sup>55</sup> Above and beyond any legal requirements, the duty and responsibilities as researchers should reiterate the values of the *Research Governance Framework*. The aim should be to carry out research to high quality scientific and ethical standards, with appropriate use of finance, clear allocation of roles and responsibilities and robust, monitoring, review and evaluation processes. The *Department of Health's Research Governance Framework* provides that quality and standards guidance.<sup>1</sup> It is worth repeating that this *Framework*, when adopted by librarians researching within the health and social care sector, could act as an aid rather than a barrier to the health information research process.

## Acknowledgements

Chris Watts, Research Assistant, Liverpool John Moores University for his support and encouragement.

Ann Kenyon, MA student whose Masters project on Community Development Workers in the North West triggered the idea for this paper.<sup>60</sup>

## Bibliography.

1. Department of Health. *Research Governance Framework for Health and Social Care* [online] 2001 [cited 2002 Nov 16]. Available from: URL: <http://www.doh.gov.uk/research/rd3/nhsandd/researchgovernance/pdf/researchgovframework.pdf>
2. Department of Health. *The New NHS; Modern: Dependable* [online] 1997 [cited 2002 Jul 8]. Available from: URL: <http://www.archive.official-documents.co.uk/document/doh/newnhs/contents.htm>
3. Department of Health. *The NHS Plan: A Plan for Investment. A Plan for Reform.* [online] 2000 [cited 2002 Jun 16]. Available from: URL: <http://www.nhs.uk/nationalplan/nhsplan.pdf>
4. Halligan A. and Donaldson L. Implementing clinical governance: turning vision into reality. *BMJ* 2001, **322**, 9 June, 1413-1417.
5. Hey E. and Chalmers I. Investigating allegations of research misconduct: the vital need for due process. *BMJ* 2000, **321**, 16 Sept, (7263) 752-756.

6. Farthing M. Horton R. and Smith R. Research Misconduct: Britain's failure to act. *BMJ* 2000, **321**, 16 Dec, (7275) 1485-1486.
7. Smith R. Inquiring into inquiries. *BMJ* 2000, **321**, 23 Sept, (7263), 715-716.
8. Baucher H. and Vinci R. What have we learnt from the Alder Hey affair? *BMJ* 2001, **322**, 10 Feb, (7282) 309-310.
9. Department of Health. *West Midlands Regional Office report of a review of the research framework in North Staffordshire Hospital NHS Trust*. [online] 2000 [cited 2002 Nov 8]. Available from: URL: <http://www.doh.gov.uk/wmro/northstaffs.htm>
10. Smith R. Babies and consent: yet another NHS scandal. *BMJ* 2000, **320**, 13 May (7245) 1285-1286.
11. Haines M. Libraries and the R&D strategy: a way forward. *Health libraries Review* 1996, **13**, 193-201.
12. Medical Research Council (MRC). *Medical Research Council. Ethics and best practice*. [online] 2002 [cited 2002 Nov 15]. Available from: URL: [http://www.mrc.ac.uk/index/publications/publications-ethics\\_and\\_best\\_practice.htm](http://www.mrc.ac.uk/index/publications/publications-ethics_and_best_practice.htm)
13. Social Services Research Group (SSRG). *SSRG: the network for research, information, planning & evaluation in social, housing & health services. Code of good practice for research, evaluation, monitoring and review studies in social, housing and health studies*. [online] 1990 [cited 2002 Nov 15]. Available from: URL: <http://www.ssrsg.demon.co.uk/policy/goodpra.htm>
14. British Sociological Association (BSA). *Statement of ethical practice*. [online] 2002 [cited 2002 Nov 16]. Available from: URL: <http://www.britisoc.org.uk/about/ethic.htm>
15. Market Research Society (MRS). *MRS Codes/guidelines*. [online] 2002 [cited 2002 Nov 16] Available from: URL: <http://www.marketresearch.org.uk/left2.htm>
16. Higher Education and Research Opportunities in the United Kingdom (HERO). *Research zone*. [online] 2002 [cited 2002 Nov 16]. Available from: URL: <http://www.hero.ac.uk/research/index.cfm>

17. Taylor M. Research governance Framework for Health and Social Care. *Health Social Care and the Community* 2002, **10**, (1), Jan 6-9.
18. Griffiths R, Struthers J, Stacey T. Report of the review into the research Framework in North Staffordshire. *Bulletin of Medical Ethics* 2000, **158**, May 2-4.
19. Mayor S. New governance Framework for NHS research aims to stop fraud. *BMJ* 2002, **321**, 23 Sept. 725
20. Earl-Slater A. Research governance and the fate of research *British Journal of Clinical Research* 2002, **7**, (1), 57-62.
21. Clough E. Putting governance into research and development. *British Journal of Clinical Governance* 2002, **7**, (1), 7-9.
22. Department of Health. *Governance Arrangements for NHS Research Ethics Committees* [online] 2001 [cited 2002 Jun 19]. Available from: URL: <http://www.doh.gov.uk/research/documents/gafrec.doc>
23. Health Libraries Group. (2002) Health Information United: Aiming for the same goal and playing the winning team. Edinburgh July 14-17 2002. [online] 2002 [cited 2002 Jun 19] *Health Libraries Group Conference 2002*. Available from: URL: <http://www.cilip.org.uk/groups/hlg/conf.html>
24. Spink A. The quality of library and information science research: implications for Australia. *AARL* 1994, March, 9-12.
25. Department of Health. RDInfo [online] 2002 [cited 2002 Jun 20]. Available from: URL: <http://www.rdinfo.org.uk/>
26. Information and Libraries Development Service (ILDS). *Modernisation of the NHS Research and Development*. [online] 2001 [cited 2002 Jul 9]. Available from: <http://www.telh.nhs.uk/>
27. Chivers B. and Thebridge S. Best value in public libraries: the role of research. *Library Management* 2000, **21**, (9), 456-465.

28. Rowley J. Developing research capacity: the second step. *The International Journal of Educational Management* 1999, 13, (4), 208-212.
29. Telford R, Beverley C A, Cooper C, Boote J. Consumer involvement in health research: fact or fiction? *British Journal of Clinical Governance* 2002, 7, (2), 92-103.
30. Booth A. Research; mirage or reality? *Health Information Libraries Journal* 2002, 19, 56-58.
31. Powell R. R, Baker L M, Mika J. J. Library & information science practitioners and research. *Library & Information Science Research* 2002, 24, 49-72.
32. Library & Information Research Group (LIRG) [online] 2002 [cited 2002 Jun 24]. Available from: URL: <http://www.lirg.org.uk/>
33. O'Connor, D O Park S. Guest editorial: Crisis in LIS research capacity. *Library and Information Science Research* 2001, 23, 103-106.
34. Health Libraries and Information Confederation (HeLICon): *HeLICon*. [online] 2002 [cited 2002 Nov 16]. Available from: URL: <http://www.helicon-info.com/>
35. Maynard S, Kinnell M, White S, and Yu L. *Training needs census of NHS library staff*. Library and Information Statistics Unit, Loughborough University. [online] 2002 [cited 2002 Jun 24]. Available from: URL: <http://www.londonlinks.ac.uk/rlg/publications.htm>
36. Klasen, N. *Implementing mentoring schemes: A practical guide to successful programs*. Edinburgh Butterworth-Heinemann 2002
37. Medical Library Association. *Research Section, MLA Research Mentoring Service*. [online] 2001 [cited 2002 Jun 24]. Available from: URL: <http://research.mlanet.org/mentor.html>
38. Booth A. "Librarian heal thyself" Evidence based librarianship, useful, practical, desirable? *Proceedings of the 8<sup>th</sup> International Congress on Medical Librarianship; 2000 July 2-5, London UK*. [online] 2000 [cited 2002 Jun 20]. Available from: URL: <http://www.icml.org/tuesday/themes/booth.htm>

39. Lee, T. The library research committee: it has the money and the time. *The journal of academic librarianship* 1994, March, 111-115.
40. Medical Library Association (MLA). [online] 2002 [cited 2002 Jun 20], Available from: URL: <http://research.mla.net.org/mentor.html>
41. National electronic Library for Health (NeLH) [online] 2002 [cited 2002 Jun 27]. Available from: URL: <http://www.nelh.nhs.uk/>
42. Skelton, V and Abell, A. *Library and Information Commission Research Report 122/RE112*. London, TFPL Ltd. 2001
43. British Association for Information and Library Education Research (BAILER) [online] 2001 [cited 2002 Jun 19]. Available from: URL: <http://www.bailer.ac.uk/>
44. Chartered Institute of Library and Information Professionals (CILIP). *Draft Corporate Plan*. [online] 2002 [cited 2002 Aug 4]. Available from: URL: <http://www.cilip.org.uk/about/corporateplan/corplan.pdf>
45. LINC Health Panel Research. *Research in the workplace award*. [online] 2002 [cited 2002 Jun 16]. Available from: URL: <http://www.york.ac.uk/inst/crd/ifmh/riwa.html>
46. LIRG Awards & Prizes. [online] 2001 [cited 2002 Jun 24]. Available from: URL: <http://www.lahq.org.uk/groups/lirg/awards/theaward.htm>
47. Crumley E, Koufogiannakis D Developing evidence-based librarianship: practical steps for implementation. *Health Information and Libraries Journal* 2002, 19, 61-70.
48. United Kingdom Serials Group (UKSG). *Serials Road shows*. [online] 2002 [cited 2002 Nov 16] <http://www.uksg.org/events.htm>
49. NHS Executive. *Building the Information Core: Implementing the NHS Plan*. Leeds, Dept. of Health, 2000. [online] 2000 [cited 2002 Aug 4]. Available from: URL: [http://www.nhsia.nhs.uk/pdf/info\\_core.pdf](http://www.nhsia.nhs.uk/pdf/info_core.pdf)



50. Izadi, S. Central Office for Research Ethics Committees. *Research governance*. E-mail to B.A.Sen ([B.A.Sen@livjm.ac.uk](mailto:B.A.Sen@livjm.ac.uk)) 2002 Jun 25 [cited 2002 Jun 27].
51. Dept of Health. *Directorate of Counter Fraud Services* [online] 2002 [cited 2002 Jun 19]. Available from: URL: <http://www.doh.gov.uk/dcfs/remit.htm>
52. Chartered Institute of Library and Information Professionals. [online] 2002 [cited 2002 Aug 4]. Available from: URL: <http://www.cilip.org.uk/>
53. Department of Health. *Research and development*. [online] 2002 [cited 2002 Nov 16]. Available from: URL: <http://www.doh.gov.uk/research/index.htm>
54. Chivers B. and Thebridge S. Best value in public libraries: the role of research. *Library Management* 2000, **21**, (9), 456-465.
55. Nankivell C. and Thebridge S. "Research is everyone's business." *Public Library Journal* 1999, **14**, (3), 65-66
56. Dept. of Health. *The National Research Register*. [online] 2002 [cited 2002 Aug 4]. Available from: URL: <http://www.update-software.com/National/>
57. *Central Office for Research Ethics Committees (COREC)*. [online] 2002 [cited 2002 Jun 7]. Available from: URL: <http://www.corec.org.uk/>
58. Cullen R. and Mason D. Quality assurance in health sciences literature searching: applying the ISO 9000 quality standard. *Health Libraries Review* 1995, **12**, 173-189.
59. Eldredge J, D. Evidence Based Librarianship: an overview. *Bulletin of the Medical Library Association* 2000, 88, 282-302.
60. Kenyon A. *An investigation into the information needs of community development workers in the North West*. 2002, Liverpool John Moores University.