

# **Summary of Workforce Interviews with Cancer Center Directors**

Conducted at AACI 2008 Annual Meeting

Center for Workforce Studies

October 2008

## Overview

AAMC Center for Workforce Studies staff members met with Cancer Center Directors and Associate Directors from 8 Cancer Centers in conjunction with the AACI Annual Meeting held in Chicago, IL, Oct 5-7, 2008. Participants shared their insights on current workforce issues and strategies for addressing recruitment and retention challenges. Information gathered from these interviews will be used to help design a survey instrument that will be administered to all centers in 2009. While we asked the participants to discuss the workforce concerns in general, they indicated they were more knowledgeable about the research side of center workforce needs. Therefore, the findings presented here relate primarily to the research side of cancer center activities and not patient care. Nearly all of the directors said they are expanding either due to receipt of new dedicated funding streams or as part of an effort to apply for NCI designation.

Overall, those interviewed seem to feel that they are not facing current shortages, though they do have some recruitment and retention challenges with faculty and even more so with ancillary staff such as clinical trials coordinators and informatics staff. Many cite the need for stable funding streams as critical to recruitment and retention efforts. They feel this is key to making academic positions attractive to physicians and researchers who could go elsewhere and make more money and not have to compete for grant funds. Coordinating recruitment efforts across departments is challenging and many are now hiring staff to coordinate recruitment and minimize delays in the hiring process. Retention strategies are centered on providing organizational support, mentoring and career development.

## General Consensus Shortages Ahead

Few indicated they are facing current shortages but all anticipate that recruiting faculty will be increasingly difficult in the future. Though many have noted long delays in filling appointments, it seems as if they perceive this difficulty as a normal state of affairs versus a new development that is related to workforce shortages. *“If we have this conversation next year, I might have different things to say.”* Some did mention they are having a particularly hard time recruiting clinical faculty. One director indicated a high level staff member has been assigned to manage searches for clinical faculty. Another indicated they are having difficulty recruiting medical oncologists. Some indicated their location made recruitment challenging, for others this was a plus. Another indicated he was more concerned with mal-distribution of oncologists in his state than the workforce needs at the Center. They all seem to agree however that the future will be different.

Several directors stated that “fewer are going into academic type settings these days,” and fear this could lead to challenges in the future. However, this could just be perception as recent survey data from ASCO suggests that the numbers interested in academic positions has been fairly stable the past few years. Nonetheless, this seems to be the conventional wisdom among center directors and worth tracking in the future.

Some notable quotes on additional workforce challenges include:

- *“Centers will be competing with each other for a limited pool of candidates and unwilling to share recruitment and retention strategies.”*
- *“There is a male driven culture in academic medicine with few women in leadership positions and half of current medical students are female.”*
- *“The cost of setting up labs is going up and the equipment often goes out of use in just a couple of years.”*
- *“The nature of science today is much more expensive (eg biomarkers)”*

- *“Personalized medicine will lead to increased staffing needs. Relies on being able to genotype people. Need people who can provide these types of tests.”*

### **Need for Stable Funding Streams Critical**

*“NCI wants more and gives less”* was a constant refrain linked with recruitment and retention challenges. Many centers rely on philanthropy and anticipate this will be increasingly challenging to do in the current economic climate. Directors felt that lack of consistent and reliable funding streams will make it increasingly difficult to provide a stable research environment that will be attractive to physicians. There are strong incentives for new physicians to go into private practice or industry where they can likely have a more lucrative as well as more secure position. Programs that have benefitted from large grants spread out over multiple years have had an easier time with recruiting. One director noted a new large funding stream allowed them to recruit six positions in under 18 months, which is unheard of normally. They had another position open on the translational side (and not eligible for the new funding stream) that took two years to fill and the person will not start for another six months. This recruit required a package of *“enormous numbers”* that required financial support from all quarters. They have had a number of other failed recruitments. One director noted that buying protected time for research is not a sustainable model. Another said, *“New state funding is the life support for our Center.”*

### **Few Have Staffing Numbers Readily Available**

None of the center directors indicated they regularly track any staffing metrics and they did not have solid data on staffing numbers readily available. A few offered to provide additional detail later if requested. This level of data will likely be difficult to collect in a uniform fashion. On the other hand, sources and levels of funding for the Centers is likely to be something that could be tracked and used when comparing and analyzing recruitment and retention issues.

### **Extremely Difficult to Coordinate Recruitment Efforts**

Most of the directors we met with were in matrix centers that involved teaching hospitals, medical schools and other organizational units and therefore had to coordinate the recruitments with departments, deans, and other centers. Department chair hiring goals or hiring schedules are not always consistent with those of the Cancer Center. The fact that centers can offer resources (seed packages, lab equipment, post doc or research staff, tuition support for graduate students, protected time for research, grant funds, and endowed chairs) helps but final decisions rest with the department chairs as they are the ones who will officially do the hiring. Many recruiting efforts can end up being lengthy processes with little communication with potential recruits. Several indicated they are now moving to act on CVs as soon as they come in rather than wait for all CVs to come in before convening a review committee and responding to the applicants. A new trend appears to be hiring a recruitment coordinator to serve as the central point of contact between the candidates, the departments, and the Cancer Center. One director noted, *“This is a mission critical endeavor for us.”* They have one dedicated person who identifies the unique interests of the individual, sets up the appointments and seminars for recruits, and is the main point of contact. One benefit is that the primary contact has a spreadsheet with the status and follow-up required for each hire that can be shared with deans, program directors and others involved with the hiring decisions. *“We have lost people because we didn’t show enough love.”*

### **“Trailing Spouses” of Senior Faculty Recruits Growing Concern**

Finding positions for spouses of senior faculty recruitments is a major issue that emerged in all of the interviews. Several indicated they have lost good candidates because they cannot find a suitable

opportunity for a spouse. Many of the spouses are also physicians or researchers and it is difficult to find a match for them in the other departments who do not see an automatic fit with their own clinical and research needs. This will likely continue to be an issue for all physician settings as more and more women go into the field of medicine. Several of the centers are working with their community leaders as another avenue for facilitating job placement for spouses.

### **Work Life Balance Concerns Do Not Resonate with Center Directors**

None of the center directors indicated that their hiring policies had changed significantly over the past five years. They are still offering similar packages as they have in the past. None indicated they are receiving any requests for work life balance accommodations and feel that simply does not fit in an academic environment, particularly for tenure track positions. When probed on the issue of work life balance, most of the directors responded by discussing their community and what it had to offer versus the concept of time for personal pursuits. When the issue was clarified, some directors indicated they would definitely not be interested in candidates who were looking for work life balance. This is at odds with what residents and fellows all state they are looking for in a desirable practice setting. In fact, similar interviews with residents and fellows reveal profound interest in work life balance. Most consider academic settings as better suited for work life balance since there is the possibility of working from home on papers and other research activities in the evening after kids have gone to bed, and because there are fewer on-call demands since trainees are there to be the first line of call after hours. This may be at odds with the realities of the academic life, but points to a potential edge in the recruitment arena if a center can offer flexible schedules, support for working at home, and other resources that allow time for family.

There is a potential parallel in the cancer center arena. Many of the directors indicated they had become magnet sites for nursing and now no longer face nurse staffing shortages or recruitment/retention challenges. Offering more flexible work schedules was cited as a key factor for the center that elaborated on how they achieved magnet status.

### **Retention Strategies Focus on Organizational Support, Mentoring, and Career Development**

In order to retain faculty, some centers have focused on providing research support and mentoring as a component of their retention strategies, particularly for junior faculty. One director emphasized this is key to retaining faculty. In addition to money and protected hours, people want to be valued and know they will have what they need. Beyond the usual assistance with lab space, equipment, post-docs or other research staff, some are offering new programs that provide grant writing assistance, grant management staff, administrative support staff, and formal mentorship programs. They find that in these days of limited and increasingly competitive funding, they have an interest in supporting their investments by providing additional resources. One institution recently started assigning 3 mentors to each junior faculty member. They provide career development and help junior faculty to transition out from under a senior researcher and work independently. They plan to survey faculty to assess the success of this new initiative. Another indicated they decided to prioritize retention efforts to focus on the “ten most important people in the program.” They plan to participate in open discussions about how special these faculty are, and tell them they would like to do something special for them which could include: funding for a post doc, endowed chair, or an opportunity to hire a junior faculty member to bring along and develop. They are also looking to pursue new technology such as DNA sequencing. They are also contemplating developing career enhancing and leadership opportunities. They noted that

the organization is top heavy and that people don't retire so are looking to develop centers of excellence as venues for advancement and development.

### **Challenges with Research Support/Informatics Turnover**

Two key roles in cancer research are clinical trials managers and informatics staff but the Centers have experienced frequent turnover in these positions and this has an impact on clinical trial continuity. Once trained, they are quickly recruited away to industry where they can sometimes double their salaries. One of the directors noted there is no natural funding stream to support these positions, particularly IT jobs, and they are expensive even for basic decision support. Only one of the center directors we spoke with indicated this was not a big concern. He cited the limited local options as a possible reason why they remain in their positions. One director noted they have an increasing issue around gasoline prices and are considering "telecommuting" options for some positions but haven't quite worked out which ones would be eligible or what the logistics would entail. Protocol nurses say it could work, and those with writing positions could do so from home but many questions remain. Other positions that are difficult to recruit for include: certified tumor registrars and tech transfer people who protect intellectual property when translating bench research to practice. *"Grants managers are also difficult to retain. Faculty are not nice to them, they have to work nights and weekends writing grants, and are treated as subordinates."*

In order to stem these losses, cancer centers are implementing various recruitment and retention strategies, including:

- Developing internal career ladders
- Moving expenses, signing bonuses
- Covering maintenance of certification expenses (advantage to have clinical trials managers certified when competing for a clinical trial)
- Training junior staff to prepare for role (benefit of creating loyalty as well as developing people for the position)
- Hiring associate clinical trial workers (biology degree) that can focus on the regulation and paperwork
- Considering giving a tuition break to participants in exchange for a one-year commitment.
- Local area salary survey to help justify changing the salary range for state position.

### **What Can AACI or Other Organizations Do to Help?**

Center directors offered a number of ideas on how AACI or other organizations can help out with recruitment and retention issues.

- *"Lobby to have sustainable NCI funding. Congress needs to understand how important it is for the country to be at the top scientifically and that scientific research generates big business."*
- *"AACI needs to raise legislatively the issues/impact of NCI regime – more regulations, fewer people getting support, have to apply more times to get the ROI grant, the average age of getting your first ROI grant has gone up a lot."*
- *"Change the negative picture being painted for young people who might choose medicine or biomedical research."*
- *"Help provide data on work life balance issue that can help get the battleship to understand what lies ahead and change course."*
- *"AACI job bulletin board similar to the one ASCO does."*

- *“Quantify workforce issues – salary data, expected needs of supply, goals of supply, what do fellows want?”*
- *“Mentorship training – what kinds of mentoring are effective? Are strategies different for lab-based versus clinical?”*
- *“Salary survey would be helpful for senior leadership. Find out what people are paying for clinical trial coordinators (adjusted for region or by region).”*
- *“Need to train and certify more tumor registrars.”*
- *“Leadership training.”*