

AACI Clinical Trials Office Staff Retention Task Force 2022 – 2023 CTO Staff Retention Surveys



*Prepared by the AACI Clinical Trials Office
Staff Retention Task Force*

Introduction

The AACI Clinical Trials Office (CTO) Staff Retention Task Force was developed in response to the mass resignation of CTO staff amid the COVID-19 pandemic. Colleagues from 16 AACI member cancer centers have participated in discussions about ongoing workforce challenges, identifying efforts to reduce turnover and retain staff, minimize impact on clinical trial operations, and work with the National Cancer Institute (NCI) and industry partners on these issues. The task force is led by Leonidas C. Plataniias, MD, PhD, director of the Robert H. Lurie Comprehensive Cancer Center of Northwestern University. Task force members include cancer center directors and administrators and CTO medical and administrative directors.

Surveys

To assess the scope of the CTO staffing challenge at AACI cancer centers, the task force distributed a survey to cancer center directors in March 2022. Sixty-four centers responded to the eight-question survey. The findings revealed several common reasons behind staff turnover, which in turn informed recommendations the task force developed. The recommendations were established after meeting with NCI and industry partners as part of an ongoing effort to reduce staff turnover and restore trial activation and accruals in cancer centers.

A second CTO staffing survey was disseminated in March 2023, with 75 cancer centers participating. The survey consisted of 14 questions that covered many of the eight questions contained in the 2022 survey, with additional questions that drilled down to gather more data on the impact of flexible work arrangements and other measures implemented at cancer centers to address staffing shortages.

Summaries

2022 SURVEY

The data helped to identify key areas where cancer centers needed help with staffing, with survey respondents flagging the following reasons that CTO staff left their positions:

- Higher-paying opportunities at contract research organizations (CROs) and in the biotech industry
- Limited career growth in their current roles
- Personal reasons, including childcare, health, education, promotion, and retirement

Stress and burnout also contributed to job dissatisfaction, particularly related to heavy workloads and not enough staff to manage trial portfolios. Work-life balance was also consistently mentioned as an important factor.

Based on the most common reasons CTO staff cited for leaving their cancer centers, the task force formulated recommendations to help guide the centers in improving staff retention and recruitment, both immediately and in the long term. The recommendations were shared with AACI members in the September 2022 AACI Commentary.

2023 SURVEY

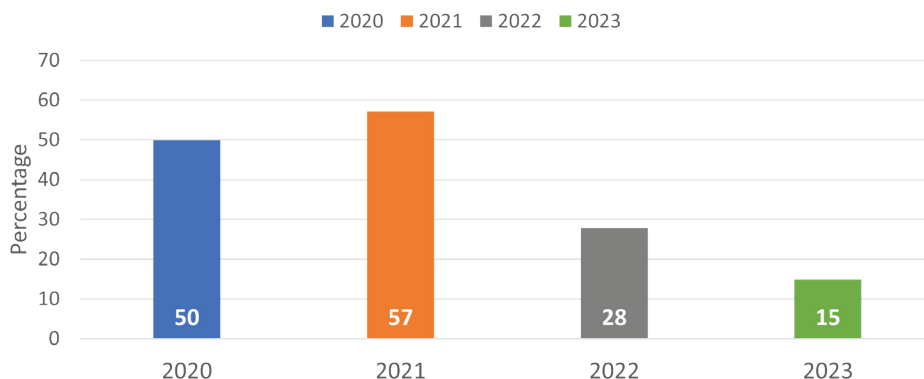
The data provided a snapshot of cancer center CTO staffing and highlighted that staffing challenges remain an ongoing problem across cancer centers, albeit with positive movement seen in some areas.

The average turnover rate dropped from a seven percent increase between 2020 and 2021 to a 29 percent decrease from 2021 to 2022. (Figure 1) While moving to industry or CRO roles remained the top reason for leaving a cancer CTO position, survey results showed that strategies implemented by centers to attract and retain CTO staff were having a positive impact. Such measures included:

- Flexible work arrangements
- Increasing salaries and retention bonuses
- Expanding career development and training
- Hiring more full-time equivalents (FTEs)

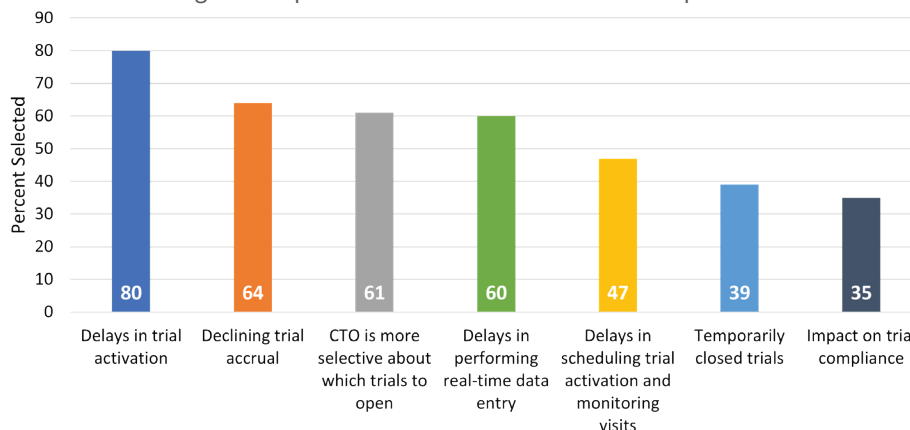
Other areas, such as assessing work performance for hybrid arrangements, still need to be fine-tuned to determine overall benefits.

Figure 1: Average Estimated Turnover Percentage Rates, Calendar Year 2020-2023



Looking at the impact of staff turnover on clinical trial conduct, the 2023 survey found that 80 percent of respondents experienced delays in trial activation, 64 percent saw declining trial accruals, 61 percent were more selective about which trials to open, and 60 percent reported delays in performing real-time data entry. Less than 50 percent of survey respondents reported delays in scheduling trial activation and monitoring visits, temporary trial closings, and impacts on trial compliance. (Figure 2)

Figure 2: Impact of Staff Turnover on Clinical Trial Operations

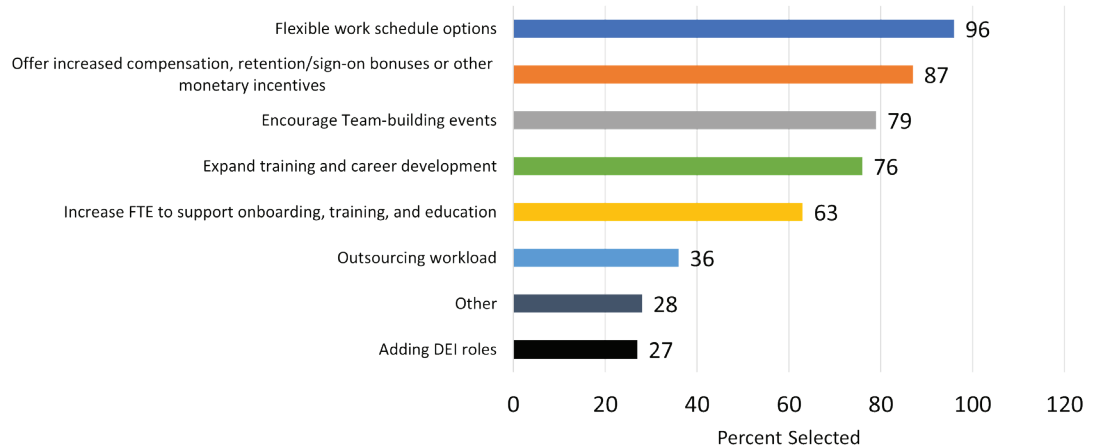


Strategies

A wide variety of efforts to reverse CTO workforce departures were reported, with more than three-quarters of respondents saying that they implemented flexible work schedule options, increased compensation (e.g., sign-on bonuses), team-building events, and expanded training and career development. (Figure 3)

Other strategies implemented by a significant portion of survey respondents included using more FTEs to support onboarding, training, etc., outsourcing workload, and adding diversity, equity, and inclusion (DEI) roles.

Figure 3: Strategies Implemented to Decrease Staff Turnover



Looking Ahead

Fluctuations in staffing can lead to unforeseen budgetary challenges for many cancer center CTOs. With that in mind, some task force members have expressed interest in the results of an AACI Clinical Research Innovation (CRI) benchmarking survey that may offer insights into how much more funding is being dedicated to staff salaries, how many FTEs are being added compared to prior years, and whether higher salaries and more staff correlate with increases in accrual and patients. Beyond the recommendations formulated after the 2022 survey, further collaborative work will be necessary among various stakeholders to minimize burnout and stress among CTO staff and decrease their migration to private CROs. The AACI CTO Staff Retention Task Force will continue working on this issue and develop updated recommendations in the future.

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Appendix: CTO Staff Retention Survey Questions

2022 Survey

1. What was your CTO turnover rate for the fiscal year 2020 (July 1, 2019 – June 30, 2020)?
2. What was your CTO turnover rate for the fiscal year 2021 (July 1, 2020 – June 30, 2021)?
3. What was your CTO turnover rate for the beginning of fiscal year 2022 (July 1, 2021 – December 31, 2021)?
4. Examining the fiscal year 2021, please calculate the percent of the turnover rate as it correlates with each reason for departure indicated below.
 - a. Left for CRO/industry
 - b. Left for a position outside of the cancer center but within university or health system
 - c. Promotion outside the CTO
 - d. Went to a different academic institution/cancer center
 - e. Workload/burnout/stress
 - f. Personal reasons (family, school, career change, declining COVID vaccine)
 - g. Retirement
 - h. Unknown
5. Has staff turnover affected the following aspects of clinical trials?
 - a. Delay for opening new trials
 - b. Temporarily closing trials
 - c. Accrual for trials has decreased
 - d. Being more selective in which trials to open
 - e. Delays in scheduling trial activation and monitoring visits
 - f. Delays in data entry
 - g. Impact to data/study conduct quality
6. Has your cancer center found strategies that appear to make an impact on decreasing turnover?

2023 Survey

1. What was your CTO turnover rate for permanent staff for the fiscal year 2022 (July 1, 2021 - June 30, 2022)?
2. What was your CTO turnover rate for permanent staff in the first half of the fiscal year 2023 (July 1, 2022 - December 31, 2022)?
3. For fiscal year 2022, please rank the reasons for staff departure indicated below (1 = most common, 6 = least common).
 - Left for a clinical research organization (CRO) or industry
 - Left for a position outside the cancer center but within university or health system
 - Left for another academic institution or cancer center
 - Left due to workload/burnout/stress
 - Left for personal reasons (family, school, career change, declined COVID vaccination)
 - Retired
4. Since the beginning of fiscal year 2023, how has staff turnover affected clinical trials at your center? Check all that apply.
 - Delays in trial activation
 - Temporarily closed trials
 - Declining trial accrual
 - CTO is more selective about which trials to open
 - Delays in scheduling trial activation and monitoring visits
 - Delays in performing real-time data entry
 - Impact on trial compliance

5. Which of the following strategies has your cancer center implemented to decrease staff turnover? Check all that apply.
 - Accommodating flexible work schedule options (remote or hybrid)
 - Offering increased compensation, retention/sign-on bonuses, or other monetary incentives
 - Encouraging team-building events
 - Increasing FTE to support onboarding, training, and education
 - Expanding training and career development opportunities
 - Outsourcing workload (e.g., data entry and management)
 - Adding DEI roles

6. What percentage of CTO staff are working offsite full time (36+ hours per week)?
 - None
 - 1-15
 - 16-30
 - 31-45
 - 46-60
 - 61-75
 - Greater than 75

7. What percentage of CTO staff are working offsite part time (less than 36 hours per week)?
 - None
 - 1-15
 - 16-30
 - 31-45
 - 46-60
 - 61-75
 - Greater than 75

8. Does your cancer center plan to continue to offer flexible working arrangements for CTO staff?

9. If you answered “Yes,” as of January 1, 2023, how long will flexible working arrangements be offered?

10. Which staff are currently being offered a flexible working arrangement? Check all that apply.
 - Leadership
 - Clinical
 - Administrative support
 - Regulatory
 - Data management
 - Finance
 - Not applicable

11. How have flexible working arrangements impacted your cancer center?
 - Decrease in performance
 - Increase in performance
 - No impact
 - Hard to assess
 - Not applicable