Category: Training, Career Development, and Staff Retention - Work in Progress

Launching a Clinical Trial Coordination Team: A 12-Month Report

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1. Background

Fred Hutchinson Cancer Center is an NCI-Designated Comprehensive Cancer Center comprised of three organizations that form the Cancer Consortium. The Cancer Consortium has over 650 faculty members and the clinical research is organized into 15 research groups with associated disease-based study teams. Clinical Research Support (CRS), the consortium's CTO, provides central resources, including staffing resources, to investigators in support of their research. Between August 2021 and February 2022, study staff turnover rates exceeded 30 percent with some disease teams experiencing >50 percent vacancy rates. Staffing shortages resulted in decreased accrual and delayed start-up, necessitating a rapid, coordinated response. In March 2022, CRS launched the Clinical Trial Coordination Team (CTC), with the goal of a sustainable, long-term solution for the consortium's clinical research staffing.

2. Goals

To assess the uptake of a clinical research staffing model that provides:

- Clinical research staffing with the flexibility to take on long-term assignments or interim project support
- Rapid hiring, onboarding, and standardized training of clinical research roles (manager, clinical research coordinator, data coordinator, research assistant) to deploy staff within six-weeks of start date
- Standardized workflows and resources that can be integrated into existing teams

3. Solutions and Methods

In Spring 2022, CRS hired the first 14 coordinator staff to be part of the CTC team. Staff were hired in cohorts to streamline onboarding and training, and to create peer groups. Nine of the new staff were assigned to permanent positions within disease teams to address immediate staffing needs and five staff were assigned to teams for interim support. A chargeback model with service agreements was employed with monthly invoices for actual effort with role-based fees.

Based on need, two service models were developed:

1. Portfolio management providing full program support, including a research manager, with staffing hired and/or managed by CTC
2. Project support where team members would be deployed for short-term or long-term assignments

4. Outcomes

One year post launch, CTC has doubled in size from its first hire to 28 team members providing full portfolio management to four disease teams (Breast Oncology, GU Oncology, Neuro Oncology, Nuclear Medicine) and 22 project support deployments to an additional six teams (NCTN, Cancer Genetics, Surgical Oncology, GI, Head & Neck, Public Health Sciences). Rapid onboarding and training with structured mentorship have enabled us to meet our goal of assigning staff to teams within six weeks of their start date.

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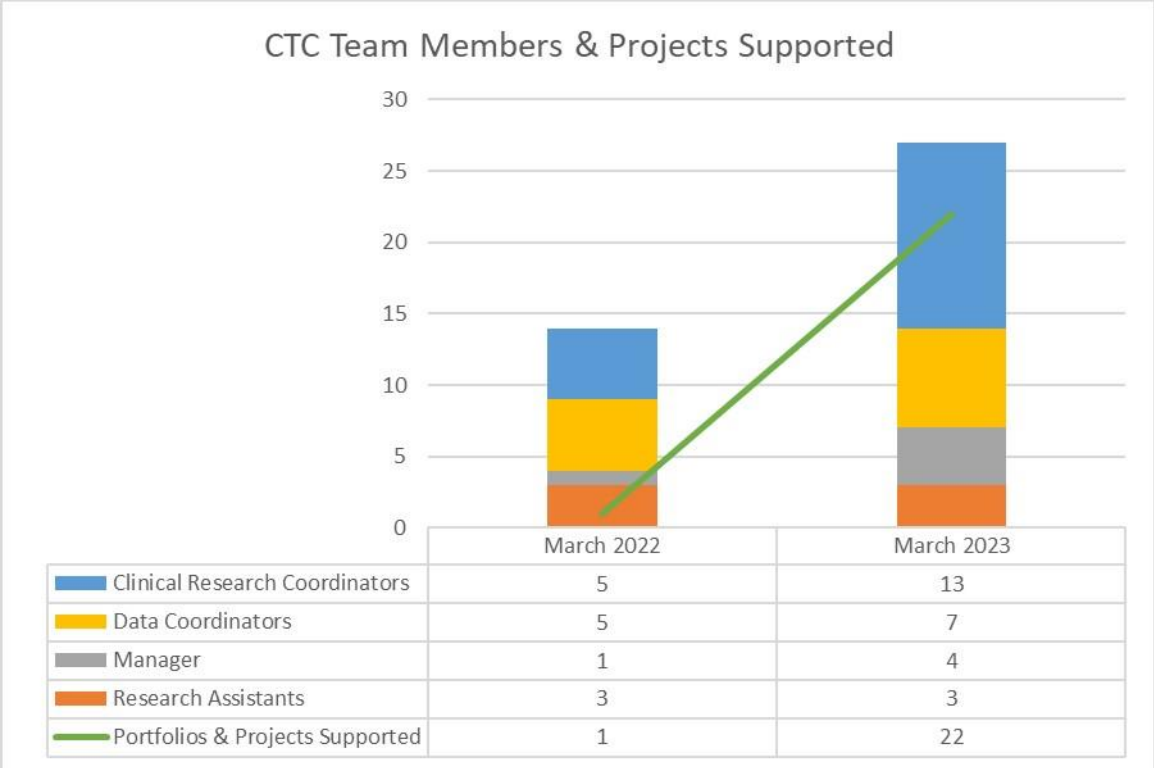
In addition, increased standardization of roles, including competencies, training, and experience, has led to better-defined career pathways and retention. In this first year, the CTC has promoted six staff members, terminated one for cause, and received one resignation.

5. Lessons Learned and Future Directions

With leadership and its CRS allied service lines' support, the CTC team met the demand for its services. To continue to provide efficient, compliant, and high-quality clinical research team members, we plan to:

- Expand and standardize our onboarding through the addition of a dedicated manager of training and preceptorship
- Focus on team development and retention by offering hybrid/remote work options for eligible roles, education/certification opportunities and promotion pathways
- Increase bandwidth by hiring and training staff prior to new staff being requested/gap in staffing
- Assess the continued adoption of this staffing model and integration challenges

Figure



	March 2022	March 2023
Clinical Research Coordinators	5	13
Data Coordinators	5	7
Manager	1	4
Research Assistants	3	3
Portfolios & Projects Supported	1	22