

The Great Rebound: Successful Clinical Trials Office Staffing Recovery Strategies

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1. Background

The Great Resignation affected all industries, leading to a record-breaking turnover rate. As a result of this trend, the University of North Carolina (UNC) Lineberger Comprehensive Cancer Center (LCCC) experienced an unprecedented staffing shortage. This was further exacerbated by pre-existing local, regional, and industry factors such as UNC LCCC's location in the Research Triangle Park where competition for clinical research professionals is fierce and pharmaceutical pay, benefits, and flexibility historically far exceeded academic research centers. LCCC's staffing crisis was further compounded by a hold on raises for state employees during this time frame, and a lack of a commensurate increase in staff to support substantial portfolio growth in 2019 during which the number of open to accrual studies and interventional accruals increased by 58 percent and 34 percent, respectively. In May 2021, LCCC hit its staffing low with 62 vacancies out of 174 positions. By spring 2022, clinical and regulatory vacancies led to accrual and clinical trial activation holds.

2. Goals

The goal of this initiative was to quickly onboard qualified staff and to increase office capacity while also retaining current staff to enable the LCCC Clinical Trial Office (CTO) to fulfill our mission: Extraordinary Research. Exceptional Care.

3. Solutions and Methods

Staff recruitment: to address immediate staffing needs, several initiatives were put into effect.

1. Increased use of contracting agencies
2. Expanded use of direct reach out as a recruitment tool
3. Creation of remote/hybrid roles to allow for nationwide recruitment
4. Development of roles that required no prior research experience which created an entry point for undergraduate students to join the workforce
5. Development of a workforce pipeline through internships
6. Realignment of salaries to appropriate benchmarks

Staff retention: to retain research staff, several initiatives were put into effect.

1. Metered enrollment based on staff morale and bandwidth
2. Creation of a trial activation slot system based on CTO capacity
3. New/expanded career ladders in key functional groups
4. Salary increases via formal human resources job reclassifications
5. Transition to remote work for non-patient facing staff and hybrid work for patient facing staff
6. In-person and remote teambuilding activities to reshape office culture
7. New career growth opportunities outside of personnel management
8. Professional development offerings for CTO leadership

4. Outcomes

Key outcomes metrics are provided in Table 1.

Table 1. Outcomes of Recruitment and Retention Efforts

Metric	Outcome
Onboarding <i>(January 2022 to December 2022)</i>	99 new staff members
Staff Attrition Rate <i>(# of staff leaving the CTO for an external opportunity ÷ total staff in CTO)</i>	2019: 12% 2020: 5% 2021: 13% 2022: 8.5% % Decrease from 2021 to 2022: 4.5%
Contractor Conversion Rate <i>(2022. Defined as the % of individuals invited to convert to permanent positions who ultimately accepted a permanent position)</i>	96% (24 of 25) <i>7 resigned prior to completing their contracts and being invited to apply.</i>
Growth in # of Positions <i>(2022 compared to 2019)</i>	Overall CTO: 46.4% Clinical: 34.4% Regulatory: 57.1% Workforce Development & Administration: 83.3% Clinical Trial Activation: 24.1% Data Management: 77.8% Clinical Development: 40.0% Sponsor Operations: 50.0%
Vacancies <i>(December of each year)</i>	2019: 22 of 137 positions 2020: 44 of 160 positions 2021: 55 of 184 positions 2022: 9 of 199 <i>Leadership growth positions only (being hired over the next 6 months)</i>
Salary Growth <i>(2023 compared to 2019)</i>	Clinical: 18% Regulatory: % <i>expected</i> 26% Sponsor Operations: 20%
Activation Capacity Growth <i>(2023 compared to 2019 & 2022)</i>	35 additional interventional treatment trial slots

5. Lessons Learned and Future Direction

The most successful recruitment efforts were the increased use of contractors from a variety of agencies and the creation of entry-level positions allowing for recruitment of undergraduate students. Salary increases and career ladders were the most successful retention methods when coupled with a positive workplace culture. Building workplace culture was driven by teambuilding activities; decreasing the staff to manager ratio, allowing for increased staff support; and creating subject matter expert training positions to alleviate the training burden placed on managers and staff. To ensure the continuation of staff recruitment and retention efforts, LCCC clinical research conducted strategic planning in 2022. Strategic planning led LCCC to initiate organizational structure optimization including hiring a Director of Workforce Development & Administration to lead and sustain focus on staff recruitment, development and belonging.