A Structured Study Coordinator Pipeline Model for Workforce Development and Operational Continuity

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Background

The Cooperative Group study coordinator (CGSC) serves as an entry-level role focused exclusively on activation, maintenance, and closeout of NCTN trials. NCTN trials have significantly less administrative burden and involves less intensive sponsor interaction and regulatory maintenance compared to industry-sponsored or investigator-initiated trials. This position is intentionally structured to build foundational study coordinator competencies in study management, regulatory compliance, and trial coordination. Once proficient, the individual transitions laterally into a Disease-Oriented Team (DOT) study coordinator role as positions become available. This approach enables efficient integration into the DOT structure, leveraging existing training in core processes so the individual can take on study responsibilities with minimal incremental onboarding.

Goals

- Allow study coordinators to build competencies through a structured, progressive training model aligned with trial complexity
- Minimize operational disruption within DOTs during staff transitions or promotions
- Decrease productivity loss associated with new coordinator onboarding
- Build confidence and role readiness before exposure to higher-complexity trials
- Decrease training burden on DOT teams while maintaining operational continuity

Solutions and Methods

One CGSC position was approved as a pilot to support all stages of NCTN trials across the Breast, Gynecologic, and Supportive Oncology programs. The role was intentionally structured to provide progressive exposure to core study coordination competencies, including regulatory document management, protocol activation workflows, participant tracking, and ongoing study maintenance within a controlled operational environment. In parallel, centralizing NCTN trial responsibilities within the CGSC role allowed DOT coordinators to focus on higher-complexity industry-sponsored and investigator-initiated trials, improving allocation of coordinator effort and operational efficiency.

Entry-Level CGSC

- Foundational skills
- Gain confidence
- Lower admin burden

Move to DOT

- Seamless DOT integration
- Increased complexity
- Operational Continuity

Future State

- CGSC for each team
- Tiered role progression
- Salary Advancement

Outcomes

The first coordinator in the CGSC role served approximately seven months before transitioning into a Breast Oncology study coordinator position. The CGSC role was subsequently backfilled, and the second coordinator remained in the position for approximately 18 months before transitioning into a Gynecologic Oncology coordinator role. In both cases, coordinators had already developed foundational study coordination competencies and gained familiarity with breast and gynecologic oncology. As a result, onboarding into the DOT roles required minimal additional training and transition time.

Future Directions

Even with a single CGSC position, the model demonstrated success in minimizing disruptions to DOT operations during staff transitions while providing a structured, stepwise approach to developing coordinator skills and competencies. Future expansion includes establishing at least four CGSC roles to support all 14 DOTs across the office. Each CGSC would specialize in three to four disease areas, enabling targeted experience development and facilitating seamless transition into aligned DOT positions as vacancies arise. While movement from the CGSC role to a DOT coordinator position currently occurs as a lateral transition, future plans include formalizing this pathway into a tiered role progression with corresponding salary advancement to recognize increased competency and responsibility.