

Building a Clinical Career Ladder

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1. Background

During interviews, most study coordinator (SC) candidates say they seek growth and upward mobility. The reality in our Clinical Protocol Office (CPO) was that once an SC wanted growth, they had three options: become a manager (limited opportunities), switch to another role laterally within the CPO, or leave altogether. Staff would often go to industry (common given our location within the Research Triangle) in search of more opportunities.

Providing regular support for staff was also challenging. Our clinical branch consisted of two leadership positions overseeing approximately fifty staff across four buildings. Between physical barriers and numerous obligations, supervisor availability to all staff was insufficient. Staff need and deserve consistent resources for assistance and support.

2. Goals

We sought a way to provide SCs with support and growth opportunities. We posited that implementing a career ladder would embed more support within the office, resulting in greater protocol compliance. We also felt this would provide built-in growth and professional development opportunities, resulting in greater staff satisfaction and retention.

3. Solutions and Methods

In November 2017, we implemented phase one of our career ladder. SCs were designated to an SC1 or SC2 role. SC1s have one year of SC experience or one year of experience in oncology clinical trials; SC1s spend 100% of their time coordinating trials and learning the role. SC2s have two years of SC experience, one of which must be within oncology; SC2s spend most of their time coordinating trials, but also help train new staff, participate in advisory groups, facilitate site selection visits, etc.

In November 2018, we implemented phase two of our career ladder. We sought to identify SC3s to lead SC1s and SC2s. SC3s have three years of SC experience, two of which must be within oncology, and are certified through SOCRA or ACRP; SC2s meeting these qualifications could apply into the SC3 role. SC3s spend 50% of their time coordinating trials and 50% providing portfolio management and program support, as well as being a team lead for daily tasks like training, leave approvals, and being a resource. Once identified, SC3s were provided support, regular leadership meetings, and HR training, as we recognize that this new part of the role is vastly different than what they have previously experienced.

4. Outcomes and Future Directions

Though phase two of the career ladder is still new, we are already seeing positive effects, such as:

- More clinical staff are interested in obtaining professional certification
- More leaders who can provide mentorship, being closer to the work
- Staff feel more supported via daily interactions with their leads
- Better portfolio management (identifying trial needs, monitoring activation timelines, etc.)

Our SC3s are still new to their role, so we are gradually giving them more responsibilities in order to not overwhelm them. We continue identifying more HR trainings for them to attend and occasionally have HR leadership attend our meetings to help address specific areas of interest. We will also read a leadership book together and facilitate discussions. In the next several months, we also plan to hire additional managers to provide additional support and oversight.