

2022 CTO Staff Retention Task Force Findings and Recommendations

Below are the recommendations and findings developed by the AACI CTO Staff Retention Task Force to help reduce staff turnover. (Please note, numbering is included for review and referencing and does not indicate priority.)

Causes of Staff Turnover

1. Team members leave for higher paying opportunities both internal (e.g., in different departments) and external (e.g., CROs/biotech) and positions with better work-life balance
2. Number of full time equivalents (FTEs) does not match the workload and trial portfolios (new, open, and follow-up trials), leading to stress and burnout¹
3. Staff leave for personal reasons (e.g., childcare, health, education, promotion, and retirement)
4. Poorly defined growth trajectory or career ladder within CTO
5. Lack of education and training

Immediate Solutions

1. Make salaries and compensation more competitive and equitable, with the caveat that some centers may struggle to match private sector recruitment packages
2. Offer remote work or hybrid options for all positions; consider higher pay for staff that cannot work remotely or provide financial incentives for staff returning to the office (e.g., free or reduced-rate parking)
3. Utilize university or medical center temp services to recruit staff and provide a "try before you buy" option; use staffing firms to identify candidates for vacancies and engage contracted workers as employees after six months
4. Encourage team-building events to improve staff morale and increase buy-in; for example, disease team physicians could include staff in tumor board or other research meetings, or leadership could help staff understand how they contribute to the National Cancer Institute (NCI) Cancer Center Support Grant renewal
5. Structure work hours to accommodate work-life balance if full-time remote work is unavailable
6. Add support positions to allow staff time to complete more labor-intensive tasks
7. Outsource data entry and management when possible
8. Work with human resources teams to create career ladders and competency assessments to promote staff as they meet job competency benchmarks
9. Offer sign-on and retention bonuses, recognition awards, and relocation assistance
10. Increase FTEs to support staff onboarding, education, and training

¹ *JCI Oncology Practice* article [Clinical Trial Metrics: The Complexity of Conducting Clinical Trials in North American Cancer Centers](#) | [JCO Oncology Practice \(ascopubs.org\)](#)

11. Use existing acuity trial scoring methodology, workload assessment tools, and, if none are present, create an assessment tool to measure the staff effort necessary to support trial portfolios
 - a. Assessment tool should score studies based on varying elements of complexity (e.g., sponsor type, frequency of monitoring, number of centralized study procedures, number of study visits, phase, types of interventions, etc.)
 - b. Continuously review FTEs comparing current and projected trial workload to support new and existing investigators and proactively hire staff to align FTEs with trial portfolios
12. Create a culture of inclusion among investigators and staff so that capacity and capabilities can be assessed during the feasibility phase for new trials and underperforming trials can be identified for close-out
13. Associate directors and clinical research leadership should provide guidance and support of investigators to resist sponsor and CRO requests to open low-priority trials when staff capacity is limited
14. Expand training and development opportunities for all leaders and staff, include staff pursuing academic career opportunities to author research publications, and establish succession plans for all positions
15. Provide protected time for staff to complete research-related tasks or obtain clinical trial certifications (e.g., SOCRA, ACRP, etc.)

Long-Term Solutions

1. Establish pipelines to clinical research opportunities (e.g., educating high school or college students and graduates)
2. Establish staff, management, and leadership education programs to ramp up staff training
3. Over-staff so there is a constant influx of people who are being trained and available to provide coverage during vacancies, and create a training “float pool” of coordinators to fill positions promptly in response to unexpected turnover or provide coverage for busy programs
4. Outsource workload to external vendors for tasks like data entry and management
5. Leverage technology or tools such as order sets that are shared with industry partners and other organizations, like the NCI, to alleviate administrative burden