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# Commentary

## CTO Staff Retention Task Force Recommendations *Retaining and Recruiting Top Talent Amid the Great Resignation*

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### Commentary Overview

- The "Great Resignation" has created an urgent need for cancer centers to retain and recruit staff to clinical trials offices (CTOs).
- AACI's Clinical Research Innovation (CRI) established a CTO Staff Retention Task Force in early 2022.
- Based on the results of a March 2022 survey, the task force developed recommendations for AACI cancer centers, to be implemented immediately and on a long-term basis.

**The COVID-19 pandemic spurred a mass departure from the workforce that has been dubbed the "Great Resignation." This shift has had a significant impact on many industries, including health care and clinical research. Recognizing the urgent need to retain and recruit talented staff to cancer center clinical trials offices (CTOs), AACI's Clinical Research Innovation (CRI) established a CTO Staff Retention Task Force in 2022.**

To assess the scope of the problem at AACI cancer centers, the task force distributed a survey to cancer center directors in March 2022. The findings revealed several common reasons behind staff turnover, which in turn have informed **recommendations the task force developed**. These recommendations were established after meeting with the National Cancer Institute (NCI) and industry members as part of an ongoing effort to reduce staff turnover and restore trial activation and accruals in cancer centers.

When asked why they left their positions, CTO staff cited higher-paying opportunities at contract research organizations (CROs) and in the biotech industry; limited career growth in their current roles; and personal reasons, which spanned childcare, health, education, promotion, and retirement. Stress and burnout also contributed to job dissatisfaction, particularly related to heavy workloads and not enough staff to manage trial portfolios. It did not come as a surprise, then, that work-life balance was also consistently mentioned as an important factor.

Based on the most common reasons CTO staff cited for leaving their cancer centers, the task force formulated recommendations to help guide the centers in improving staff retention and recruitment, both immediately and in the long term.

## **Leveraging Human Resources to Maximize Staff Productivity**

Many of the recommendations were related to human resources and changes to the CTO structure. For example, cancer centers should be encouraged to utilize temporary services within their affiliated universities or medical centers to recruit staff on a trial basis, when possible. Contracted workers could then be engaged as permanent employees after a six-month trial period.

Within the CTO, support positions should be added to allow staff to dedicate their time to more labor-intensive tasks. Duties such as data entry and data management should be outsourced to support staff or external vendors when possible. It would also be beneficial to increase the number of full-time equivalent employees (FTEs) to support onboarding, education, and training for new staff. Cancer centers should be encouraged to work with human resources teams to establish career ladders and competency assessments so staff can be promoted as they meet job performance benchmarks. It is also important to expand leadership training and development opportunities within cancer centers and establish succession plans.

Using acuity trial scoring methodology and workload assessment tools, CTOs should continuously measure the staff effort necessary to support trial portfolios. By regularly reviewing the current and projected trial workload of current FTEs, cancer centers would be better positioned to proactively hire new staff to better align staff with trial portfolios. When staff capacity is limited, associate directors and clinical research leadership should provide guidance and support investigators in resisting sponsor and CRO requests to open low-priority trials. To maximize staff productivity, protected time should be provided for staff to complete research-related tasks and obtain clinical trial certifications.

By building a culture of inclusion among investigators and staff, CTOs can assess capacity and capabilities during the new trial feasibility phase and identify underperforming trials for close-out. An inclusive culture can be built over time through 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 NCI Cancer Center Support Grant renewal.

## **Striving for Work-Life Balance**

Outside of staffing changes, financial incentives and efforts to improve work-life balance are essential to retaining staff in the current employment climate. Salaries and compensation should be evaluated and made more competitive and equitable. Of course, despite their best efforts, cancer centers may struggle to match private sector recruitment packages. Other recommended financial incentives include sign-on and retention bonuses, recognition awards, and relocation assistance. Staff returning to the office may be further incentivized by free or reduced-rate parking, when possible, or higher pay.

Within an inclusive work culture, accommodations must be made to reflect the diverse experiences and backgrounds of staff members. Caregiving responsibilities, long commutes, and other factors may prevent talented staff from returning to the office. Remote and hybrid options should be made available whenever possible and CTOs should structure work hours to allow for work-life balance.

## **Developing Long-Term Solutions**

In the long term, CTOs should aim to build on the successes of the changes described above. To sustain these positive changes, the task force recommends "over-staffing" CTOs so there is a constant influx of people who are being trained and available to provide coverage during vacancies, thus creating a "float pool" of coordinators to fill positions promptly in response to unexpected turnover or provide coverage for busy programs. CTOs should also consider engaging high schools and colleges in their catchment areas to establish pipelines to clinical research opportunities and create education programs for staff, management, and leaders to increase training. To further alleviate administrative burdens, cancer centers must also leverage technology and other tools that are shared with the NCI and industry partners.

## Conclusions and Future Directions

The Great Resignation affected the operations of CTOs in cancer centers across the nation and has had a negative impact on cancer clinical research. These effects were unexpected and concerning. For many patients with cancer, participation in a clinical trial is the only option at a certain point during the course of their disease. Therefore, effectively addressing this urgent issue is of utmost importance. The AACI CTO Staff Retention Task Force created practical recommendations to help address the problem and decrease the impact on clinical research and patients with cancer.

Beyond these recommendations, further collaborative work will be necessary among various stakeholders to minimize burnout and stress among CTO staff and decrease their migration to private CROs. The AACI CTO Staff Retention Task Force will continue working on this issue and develop updated recommendations in the future.

### CTO Staff Retention Recommendations

## CTO Staff Retention Task Force

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**About AACI Commentary**

To promote the work of its members, AACI publishes *Commentary*, a monthly editorial series focusing on major issues of common interest to North American cancer centers, authored by cancer center leaders and subject matter experts.

