Competency-based tier advancement for research professionals

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CONFLICTS OF INTEREST

• None to declare
• Describe the benefits of a workforce initiative, build upon clinical research competencies
• Detail the process and components of competency-based tier advancement for clinical research professionals
• Describe the results of the tier advancement process for the clinical research workforce at Duke
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BENEFITS OF A WORKFORCE INITIATIVE
Changing the workforce matters

- Sites have a culture of “good enough” aka mediocrity
- Mediocre site performance is expensive
- Who else pays? PATIENTS (slow and expensive clinical advancement)

“We’ve found in all our research studies that the signature of mediocrity is not an unwillingness to change; the signature of mediocrity is CHRONIC INCONSISTENCY.”

Goldfarb, N. “Promoting a Culture of Excellence in the Clinical Research Site Community” Journal of Clinical Research Best Practices, December 2017
Best sector for upward mobility

Which one of the following sectors do you believe would offer the most opportunity and upward mobility?

- Major pharmaceutical and biotechnology companies
- Mid-size pharmaceutical and biotechnology companies
- Small and start-up pharmaceutical and biotechnology companies
- Large CROs
- Mid-size CROs
- Small CROs
- Academic medical centers
- Community-based investigative sites
- All Other

Base: Total (n=612), Academic Medical Center (n=267), Private Practice (n=191), Clinical Study Site (n=154), Sample Size = 612

Statistically significant at 95%: 1 > C,D; 2 > A; 3 > B
Return On Investment (ROI)

- Develop clearer pathway for professional growth
- Develop leaders, create opportunity
- Enhance recruitment efforts to entice and retain the best and brightest
- Focus on creating a new workforce
- Be competitive with our peer institutions
- Consider new hiring models
- Align with industry using competency-based model
Components of the initiative

- New job descriptions
- Map incumbents; mechanism for new job postings
- Career advancement
- Competency-based training program
- Incorporating competencies into performance appraisals
Using the JTFCTC competencies, allows for consistency, not only in our organization, but within the industry.

Gives the workforce a true “framework” for thinking about their career.
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PROCESS & COMPONENTS OF COMPETENCY-BASED TIER ADVANCEMENT
Recap:
• The clinical research staff at Duke are in competency-based positions
• 4 of those positions comprise roughly 80% of the staff, and are considered “tiered” positions:
  • CRC
  • CRNC
  • Reg Coordinator
  • Research Program Leader
What do the tiers mean? In broad terms:

- Tier 1 staff are working at the **FUNDAMENTAL** level
  - require some coaching and assistance
- Tier 2 staff are functioning at the **SKILLED** level
  - can do tasks independently
  - navigate resources well
- Tier 3 staff are **ADVANCED** level
  - demonstrate advanced skills and knowledge
  - have the ability to teach/coach
  - consistently apply critical thinking and problem solving
How do people get tiers?

- Initially through “mapping” based on employee self-report and manager endorsement of skills. Staff were given:
  - Tier 1
  - Tier 2
  - Tier 3 (except for Research Program Leader, which only has 2 tiers)
- Staff newly hired into positions are defaulted to Tier 1
- If a staff member wishes to move up a tier, they go through the Tier Advancement Process
Our Tier Advancement System at-a-glance

• Available twice per year
• All but Research Program Leader advancements are point based
• Objectively-measured competencies
• Committee review of portfolio for ”top” tiers
Schema for:
- Clinical Research Coordinators
- Clinical Research Nurse Coordinators
- Regulatory Coordinators

LEADERSHIP

COMPETENCIES

PORTFOLIO
Schema for:
- Research Program Leaders
  - Only option is to move from Tier 1 to Tier 2
Components of the Process

Leaders agree that candidate is ready

Employee + Manager select competencies for testing

Candidate completes assessments

- Direct Observation
- Proctored
- Case Studies
- Self-Report/Attestation
- Central Review

Committee review of portfolio (Applications for top tiers only)
Components of the Process

- Manager approval (use readiness tool)
- Faculty
- Others as needed
### CRC and CRNC Readiness Tool

<table>
<thead>
<tr>
<th>Competency</th>
<th>Assessment Method</th>
<th>Self-Assessment</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electronic management of research participants</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Screening</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subject level documentation</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Consent</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Study level documentation</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Data collection/entry</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Data Security &amp; Provenance</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Identify/document AEs</td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>Managing risk</td>
<td>X</td>
<td>X</td>
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</tbody>
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**Assessment Method**
- **K** = Knowledge Assessment
- **O** = Direct Observation
- **Q** = QA of Existing Records/Systems
- **R** = Self + Manager Report
- **C** = Case Studies

**Self-Assessment of Level**

Although determination of level will be made via assessment during tier advancement/setting, you can estimate/self-assess your own current level.

- **F** = Fundamental
  - Can perform the task and/or exhibit the knowledge at an essential or foundational level. May require some coaching or supervision.

- **S** = Skilled
  - Can perform task or skill independently, consistently, accurately, and has a moderate level of expertise. Efficient and high-quality work. Able to independently navigate resources and uses tools well.

- **A** = Advanced
  - Demonstrates advanced skills and knowledge and the ability to teach, coach, or supervise others. Consistently applies critical thinking and problem solving.

- **E** = Expert - Senior Classification
  - Provides oversight and high-level expertise to multiple research teams in this skill/area. Designs and implements innovative processes in this area. May serve as an expert resource across Duke in this area.

<table>
<thead>
<tr>
<th>Competency</th>
<th>Points per competency</th>
<th>Total points in CORE competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # self-assessed</td>
<td>1 2 4 8</td>
<td></td>
</tr>
</tbody>
</table>
Components of the Process

Employee + Manager select competencies for testing
Components of the Process

- Multi-modal
- Time-intensive
- Took place over ~ 8 weeks
Assessments
Components of the Process

• 5 voting members per committee
• “Senior” staff; eventually include peers
• Determine if candidate provides evidence of:
  • leadership
  • professionalism
  • contribution

Committee review of portfolio (Applications for top tiers only)
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TIER ADVANCEMENT RESULTS
Portion of workforce attempting:

- CRC, CRNC, Reg – roughly 10% started the process
- Research Program Leaders - ~12%
Results – CRCs, CRNCs, Regulatory Coordinators

**TIER 2**
- 20 staff completed
- 75% passed the bar, 25% have no change
- Mean points achieved = 43
- Mean points attempted = 54

**TIER 3**
- 10 staff completed
- 80% advanced to committee review
- Of those, 7 of 8 advanced to Tier 3
- Mean points achieved = 88
- Mean points attempted = 108
Results – Research Program Leaders

- 7 staff completed
- 5 passed
- Those not passing did not provide ample evidence of leadership
Feedback about the process

• Time consuming (staff - 30-40 hrs; managers almost 20 hrs)
• Management of paperwork was difficult
• Knowledge testing was a challenge
Feedback about the process

- Managers more confident ($X=61$) than employees ($x=56$) that the process allowed employees to exhibit competencies.
Tracking the initiative moving forward

Incumbent Staff

- Stayed in position: 577
- Left Duke: 29
- Left Research: 34
- Reclassed: 5
- Switched departments: 82

New Hires

- Stayed in position: 209
- Left Duke: 20
- Left Research: 1
- Reclassed: 1

Results
Lessons learned

• Streamlining needing
  • Append scoring guide to assessments
  • Pare down to most necessary components of competency
  • Remove as much back-and-forth as possible
• Important to call managers of those who did not succeed
• Managers began seeing the value of the assessments for training and onboarding
• As always… you can never communicate enough
Conclusions

• Comprehensive workforce initiative aimed at consistency and professional growth
• Key has been use of competency framework, incorporating levels
• Just because someone is hard-working does not determine future success
• Competency + Leadership = highest quality clinical research professionals = advances in population health!
Thank you!

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