Staff Turnover: Is Lower Healthier?

Some time ago, during the course of a bid-defence meeting, the medical director from the small biotechnology company requested me to keep our clinical research associate (CRA) turnover as low as possible should we successfully win the bid for his company's project. Project management (PM) turnover was not even on the table for discussion. He specifically emphasised that it simply should not happen. In essence his message to me was very clear – we are not an accomplished contract research organisation (CRO) if we so much as even consider thinking that we would change our PM during the course of the project. But how can anyone guarantee a completely stable team?

Sponsors are not willing to invest any additional project budget in CRO staff retention. Any measures a CRO could try and undertake are completely at its own expense and may not always be effective. This issue specifically comes to light for longer-term trials. During such longer-term studies, staff will understandably expect to receive salary increases as well as bonuses, and direct labour costs will therefore increase incrementally year on year for a given project. Even if you do make all the appropriate provisions in this regard in your initial budget, you can never guarantee that your team members will still remain completely stable. Some may leave for personal reasons (marriage, pregnancy, other family reasons, etc.) whilst others may simply want a change of activity or focus. If as a CRO you do not meet their individual expectations, just as in a sponsor company, they may simply leave.

I asked myself the question – did that medical director really believe that CRAs and PMs are individuals who choose a particular company and then will only work in that role or that company for the rest of their career? Prior to any bid-defence meeting, I always check the readily available information on the individuals I plan to encounter during such meetings. It's important to have this information in advance. What can you then conclude about this individual(s)? For example, has that medical director only ever worked an average of one-and-a-half years in any one company? Has he changed his job role three times in the last five years? If so, why should he expect other people to stay in one job role or one company? One should always reflect on one's own behaviour first.

Historically, turnover rate in CROs has been relatively high, varying between 15% and 25%. According to the 2017 CRO Hot Topics Survey, conducted by HR+Survey Solutions, turnover in the US for clinical monitoring positions was 25% in 2016, 25.1% in 2015 and 25.4% in 2014. However, it must be noted that underlying these figures is the fact that some individual companies were experiencing turnover in excess of 50%. For countries outside the US, the same survey recorded turnover in clinical monitoring as 22% in 2016 and 16.4% in 2015[1,2]. It is generally accepted that a low turnover rate is a very respectable attribute of a healthy CRO, – in fact for any company. As the sponsor or as a CRO PM you can be relatively sure of the consistency of your monitoring operations with lower turnover rates. The possible negative impact on study quality resulting from turnover may be limited by the low number of site handovers from one CRA to another. In addition, the CRO will not be required to invest additional time and resources training new / replacement staff and furthermore the potential negative consequences that may result from information loss during handover are likewise minimised, etc.

Indeed, it is not uncommon for sponsors to implement a variety of different measures with the intention to pressure CROs to maintain their turnover rate as low as possible. For example, in a typical contract with a CRO you will find the statement that, in the event of staff replacement, the CRO is responsible for their training and shall bear the entire cost of such training of the replacement staff. In addition, there are quite often limitations imposed, such as specific requirements concerning the professional background and experience of the replacement CRA, e.g. a replacement CRA should have at least two years of relevant job experience. Indeed, ICH GCP E6 (R2) standards place the responsibility on the sponsor to appoint trial monitors (ICH GCP 5.18.2 (a)) and to utilise appropriately qualified individuals to supervise the overall conduct of the trial, to handle and verify the data, to conduct the statistical analysis, and to prepare the trial report (ICH GCP 5.5.1). It is a common procedure that a potential candidate for a clinical trial-related position should first 'pass' a CV review / assessment, and only then undergo a personal interview. However, this process is not without its challenges too. It can be difficult to quickly and easily identify an appropriately experienced candidate. You could identify one from a competent CV review, but perhaps he/she may simply not be proficient during the interview process. Besides, sponsors are usually very uneasy with replacements[3], because it typically means an extra amount of work for them too; for example, providing access to systems and even taking part in the interview process in some countries, where permitted.

Low turnover rate is an attractive goal for a CRO and it is also one of the key criteria as to why a sponsor likely chooses to work with a particular CRO. During system audits, assessment visits or bid-defence meetings, it is often a fundamental question. However, from my perspective, low turnover is not the only factor we should consider. There should also be a focus on the personal skills we often require from people who work in clinical operations. Most of the time when we are looking to fill CRA or PM vacancies, we are looking for individuals with initiative, ambition, and a goal-oriented attitude. We are essentially looking for individuals that are not likely to work too long in a single role in a typical clinical research organisational structure. These individuals are good, profitable, valuable employees, but come to work in such positions with a clear purpose, often with a career step in mind. They may join your organisation, but they may equally leave too. One to two years is approximately the average time that such 'aspirational' individuals may stay in their role or at the company. This time period is usually enough to gain acceptable professional experience for their CV before moving on further in their career.

Those individuals who stay long longer in their role may sometimes be less aspirational, less innovative and overly tolerant. These more 'settled' individuals may not necessarily be excellent (when compared to the 'aspirational' individuals), but they can be very satisfactory performers. It's important therefore that you should clearly understand the differences between 'settled' and 'aspirational'

individuals when you are interviewing and selecting people for your team. If your study is a longer-term study (e.g. >1–2 years), then ideally you should perhaps target recruiting or positioning CRAs who are more likely to be "settled" employees and who will deliver for you a very satisfactory quality of work. If you hired such 'settled' employees, then you should be more confident that such employees will work through to the end of the project. One of the main advantages of having such individuals in your team is that they usually have a wealth of experience in clinical trials. Their CV is typically packed with a broad array of therapeutic areas in a way that could satisfy any demanding person. Such experienced candidates usually pass with ease through any interview or assessment.

However, if your study is relatively short and intense, you may consider the option to hire less experienced employees but who are manageable, astute, ambitious, with initiative and with a goal-oriented approach to their work. Such individuals have interest in everything that's new, they learn fast and may demonstrate impressive deliverables. With a shorter study, you can be relatively certain that they will complete their project to the end. Another benefit in selecting these 'aspirational' individuals is that these employees are generally less demanding because their main objective in their position is to acquire experience and knowledge. They typically receive starting salaries which are often significantly lower than the salary paid to longer-term employees. However, in general sponsors and/or CRO PMs are more anxious about hiring less experienced individuals and it is a comprehensive CV with an abundance of experience that tends to predominate when completing the selection process.

The hiring managers are often blind to the potential benefits they could get from hiring some less experienced but very capable, 'aspirational' individuals.

Typically sponsors will choose a CRO whose turnover rate lies within mean industry standards – neither high nor low. The negative impact of high turnover is broadly discussed elsewhere. But what is so good about a low turnover rate? When the turnover rate is too low it may be a reflection of an organisation with very satisfactory people but with a lower percentage of aspirational members in the team you may potentially get into a backwater with your trial[4]. Employees in such organisations may feel themselves so comfortable in their positions that they do not need to operate to their full potential[5]. This type of situation creates an uncompetitive environment, where people may become lethargic to learn something new and to evolve and grow in their profession.

In conclusion, it's important to understand that whilst turnover is an important and understandable concern of sponsors, natural turnover is a fact of life. However, if the CRO shares with the sponsor all its efforts to minimise turnover, selects the best-fit candidates for the specific study and has effective processes in place to manage turnover during a trial, then any rational sponsor should be comfortable with such an approach.

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