

SOCRA 2020 SALARY SURVEY

Summary Report 2020 Median Salaries, Sample Composition, and Differences vs. 2020, 2010 & 2004 Survey Results

February 17, 2021

Headlines

Median compensation (total sample) is \$73,514, up 9% *after inflation* since 2004.

- Possible driver: Post-graduate degree holders have nearly doubled from 22% of the 2004 sample to 42% now.

Women's average compensation has reached statistical parity with men's compensation, which was significantly higher than women's in the three prior salary surveys.

The majority now prefers **online** access to the SOCRA Source Journal. In prior surveys, a decreasing majority preferred the mailed hard copy.

Background and Method

In October 2020, SOCRA asked the clinical researchers in its database to complete an on-line salary survey. The questions were the same as in the prior SOCRA salary surveys conducted in 2015 and 2010, and similar to those in the initial 2004 survey. The data were analyzed by Peter DePaulo, Ph.D.

A total of 2,164 individuals responded this year and indicated their salaries. That was about half the number who completed the survey in 2015 (N=4469) and 2010 (N=4546), but about 40% more than the 1,550 who responded in 2004. (The effective sample bases for most questions were smaller than the total sample due to item non-response or skip patterns.) Nine in 10 respondents are SOCRA members.

Throughout this report, “significant” or “significantly different” refers to statistical reliability, which does not necessarily mean “important.” A difference that is greater (or smaller) than would be expected by chance may be trivial or meaningless to particular readers.

- *Technical note:* A sample group (e.g., non-members) was considered significantly different from average if it differed significantly from all other respondents who answered the question at the .05 significance level, i.e., the 95% confidence level. However, in the case of a subgroup variable with more than two levels (e.g., title, region), a particular subgroup was not examined for significance unless an omnibus test such as an overall ANOVA or chi square revealed significance at the 95% level or better.

The main statistic used to report salaries is the interpolated median. This statistic was calculated for all but the smallest sample subgroups (with less than 50 respondents).

2015 Highlights and Major Differences from 2010 & 2004

The main data are summarized in two Excel spreadsheets that accompany this narrative report: *Median Salaries in 2020 vs. 2015, 2010 and 2004*, and *Total Sample & Member Breakdowns: 2020 vs. Prior Surveys*. A third document, in Word, contains *Detailed Subgroup Analyses*, e.g., differences by gender, age groups, levels of education, types of experience, professional involvement, etc.

- As shown in the *Median Salaries* spreadsheet, the interpolated **median salary for all 2,164 respondents** (total sample) is **\$73,514**, which is **up 9.3% from 2004** and **5.4% from 2015**.
 - Raw (non-adjusted) percentage increases are also shown in the spreadsheet.
 - For example, the total sample median is up 49.6% in raw dollars but 9.3% after adjusting for inflation.
 - See the bottom of the spreadsheet for the inflation multipliers, which are from the Consumer Price Index (CPI) of the U.S. Bureau of Labor Statistics.
- Notable subgroups trending up considerably more than average since 2004 are highlighted in yellow. Those increasing considerably less than average (or actually losing ground to inflation) are highlighted in orange
 - Interestingly, the job title with by far the highest salary *increase* – Clinical Research Associates – has always had highest or nearly the highest median compensation to begin with. (It is the highest-paid title in 2020.)
- Readers interested in how their own salaries compare with the compensation of their peers can look through the *Median Salaries* document to find the average

salaries of relevant sample groups (e.g., the reader’s own gender, age group, education, experience in clinical research, etc.).

- Most of the salary differences between subgroups are what might be expected. For example, respondents with above-average salaries tend to be older, more educated, more experienced (in years working in clinical research and in number of therapy areas), and more engaged in professional activities (SOCRA annual conference attendance, workshop participation, etc.).
- The demographic profile of the 2020 respondent population and how it compares to the prior surveys is shown in the *Breakdowns* spreadsheet.
 - For every sample subgroup (e.g., men, master’s degree holders, etc.) the percent of **members** in that subgroup is shown separately from the percent of the **total sample** in that subgroup. These two percentages usually are very similar (differing only by tenths of a percentage point if at all), because 90% of the sample consists of members.
- The *Breakdowns* sheet suggests that survey respondents have been shifting demographically into mostly higher-income subgroups over the past decade. That is, from 2004 to 2020, most trends have been toward greater representation of respondent segments with above-average salaries (and, correspondingly, lesser representation of subgroups with lower incomes). For example, respondents are increasingly:

	2020	2015	2010	2004
More educated:				
Masters Degree	36.2%	28.2%	23.4%	19.3%
Doctoral Degree	5.9%	5.9%	4.2%	3.1%
More experienced:				
15+ years of experience in clinical research	34%	27.9%	21.7%	15.9%
More involved professionally:				
SOCRA member 5+ years	48.9%	39.6%	31.7%	22.8%
CCRP certified 4+ years	61.3%	48.8%	42.5%	33.6%
Attended SOCRA Annual Conference 2+ times	17.8%	13.2%	12.0%	10.4%
Attended 4+ SOCRA educational workshops	18.1%	11.3	8.6%	3.6%
Salaried (vs. paid hourly)	78.9%	77.6%	74.2%	70.0%

Despite the significant trends noted above and highlighted in the *Breakdowns* spreadsheet, the respondent profiles of the four surveys are quite similar in most respects:

- About 9 in 10 respondents are SOCRA members.
- About 9 in 10 are female, though men are up gradually from 9% in 2004 to 12% now.
- 70%-79% are salaried.
- Usually the same subgroups had above-average salaries (and the same groups had below-average salaries) in all three surveys.
- Nearly half hold bachelor's degrees as their highest level of education.
- 80%-88% are age 25-54.
- 83%-88% reside in the U.S.
- About half of the U.S. respondents reside in the South or Midwest (the regions with the highest representation). About 15%-20% reside in New England or the Southwest (the regions with the lowest representation).
- On average (mean), they have been in their current positions 4-5 years.
- The most common job title, by far, is Clinical Research Coordinator (held by about 3 in 10 respondents).
- By far the most common employers are hospitals (32% - 37%) and academic research centers/organizations (27% - 39%), though academia is up considerably from 2010.
 - Each of the other employers are represented by less than 10.0% of respondents.
- By far the most common area of study/trial experience is pharmaceutical (7 in 10 respondents).
- Oncology remains, by far, the most common therapeutic area of clinical research experience (53% - 60%), although there has been a significant downward trend since 2004.
- The percent of non-CCRP respondents planning to take the SOCRA exam remains at just above 50%.
 - Among those not certified and not planning to take the exam, the most common reasons continue to be “not needed for my current job” (38% - 53%) and “already certified through another organization (26% - 29%).
- The proportion who have never attended a SOCRA Annual Conference is 62%-71%. Likewise, about half have not attended a SOCRA educational workshop, although that proportion has decreased significantly from 57% in 2004 to 45% now.
 - However, as noted earlier, the percent who attended 4+ educational workshops has increased substantially since 2004 (4% to 18%).
- Employer incentives for obtaining professional certification are similar in all four surveys:
 - For about 6 in 10 respondents, their employers *pay for* professional certification (though up from 57% to 65% from 2004 to 2020).

- From 19% (2004) to 27% (2020) did get or will get financial compensation for receiving certification.
 - For nearly 80% of those who will receive financial compensation, it will be in the form of a salary increase.

For details on how various demographic and behavioral segments differ in ways other than compensation, see the *Detailed Subgroup Analyses* document.

Detailed Subgroup Analyses

METHODOLOGICAL NOTE: So as not to overwhelm the reader with hundreds of additional, minuscule differences between subgroups, these analyses do not show every percentage that differs between one subgroup and the total-sample figure (or between two contrast groups) at the 95% confidence level. Dr. DePaulo used discretion in deciding which to show and which to omit. For example, percentage differences of less than 7 percentage points are not included unless they seemed worth noting in particular cases. The purpose of these analyses was to convey some understanding of the various segments of the SoCRA database rather than to provide a complete listing of every statistically significant difference.

Largest or noteworthy differences in the data tables are highlighted.

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SoCRA Members vs. Nonmembers

These observations are illustrated in the data table on the next page.

As in the prior salary surveys, non-member respondents continue to report significantly higher salaries (on average) than members. This salary difference has increased since 2004: Non-members' median salary in 2020 was 13.7% higher than members' median, 12.7% higher in 2015, 12.3% higher in 2010, and 4.9% higher in 2004.

This member vs. non-member difference in average salaries may be explained to some extent by the following statistically significant differences, all of which were seen in prior survey data:

- Members are more likely than non-members to be hospital or academic employees (both of whom have below-average salaries).
- In job titles, members are substantially more likely than non-members to be Clinical Research Coordinators, one of the lower-paid positions.
- Non-members are more likely than members to belong to other professional organizations; respondents who claim other membership report higher salaries than those who do not.

Also in line with their higher salaries, non-members are more likely to be Clinical Research Associates, which has been the highest-paid job title in these salary surveys since 2010. However, in 2015, members and non-members were equally likely to be Clinical Research Associates.

Most other differences in the data table are as one might expect (and, again, replicate prior survey findings): Members are more likely than nonmembers to have their professional organization membership and their professional certification fees paid by their employers, and to have attended a SoCRA chapter meeting. Again in 2020, the largest difference we found is in preference for receiving the *SoCRA Source Journal*: By wide margins, members prefer to receive it in hard copy while nonmembers prefer it online.

The second-largest difference in the data table is in residing within the southwest region of the United States: 30% of U.S. *non*members are in the southwest, versus only 13% of U.S. members. In 2015, we also found nonmembers significantly more likely (than members) to be southwest residents, but the difference was much smaller (14% vs 9%) then.

	SoCRA Members	Non- members
	N=1963	N=197
Members significantly higher		
Hospital employee	37%	28%
Academic employment	40%	30%
Title: Clinical Research Coordinator	31%	24%
U.S. resident	88%	80%
Employee benefit package includes professional org. membership	43%	25%
Employee benefit package includes training/education	58%	45%
Employee benefit package includes certification fees	50%	33%
Professional certification fees paid by employer	67%	53%
Financial compensation for receiving professional certification	28%	17%
Attended at least one local SoCRA Annual Conference	39%	26%
Attended at least one local SoCRA chapter meeting	49%	29%
Prefer to receive <i>SoCRA Source Journal</i> by hard copy mailing	46%	27%
Non-members significantly higher		
Median salary	\$72,881	\$82,857
Contract Research Organization employee	8%	25%
Title: Clinical Research Associate	8%	20%
Employee benefit packages includes annual salary bonus	26%	36%
NON-United States resident	12%	20%
Southwest US resident (Base: US residents)	13%	30%
Prefer to receive <i>SoCRA Source Journal</i> online	54%	73%
Belong to other professional organizations	32%	44%

Gender

These observations are illustrated in the data table on the next page.

Women's average salaries have reached statistical parity with men's. The men's median is only ~\$250 higher, not even close to significant statistically. This appears to be the culmination of a trend noted in 2015, when men's salaries were still significantly higher than women's but the difference had decreased from about \$10,000 higher in 2010 to only about \$2,500 higher in 2015. Per the main (median salaries) table, the closing of the gap is due to women's salaries keeping up with inflation while men's lagged behind.

Significant gender differences in 2020 are mostly like what we observed in 2015. Notably, women on average are older, have more years of clinical research experience, and are more likely to be SoCRA certified. Men hold more advanced degrees and report more areas of therapeutic experience.

Men's and women's survey responses are more or less similar. The differences in the table, though statistically reliable, are not large.

See Table, next page.

	Female	Male
	1904	252
Women significantly higher		
Benefit package includes employee assistance program	69%	61%
Age (mean)	43.5	40.3
Years of experience in clinical research	12.3	10.0
Certified as a CCRP with SoCRA	80%	74%
Certified as a CCRP more than 3 years (BASE: SoCRA CCRP certified)	63%	51%
Men significantly higher		
Benefit package includes annual salary bonus	26%	33%
Gets salary increase for professional certification	78%	87%
Advanced degree (master's or doctoral)	41%	50%
Research/trial experience includes medical devices	32%	40%
Research/trial experience includes pharmaceutical	73%	82%
Number of therapeutic areas of experience	3.3	3.9
Men NOT significantly higher this year (statistical parity)		
Median salary	\$73,502	\$73,750

Age

Differences by age have been quite consistent across surveys. Most differences are clearest after age 44.

Regarding how clinical researchers want to receive the SoCRA Source Journal, the 2020 difference is simple: most younger respondents prefer online, while most older respondents prefer hard copy.

Younger respondents (versus older) are more likely to:

- be male, college graduates, and Clinical Research Coordinators
- have their professional certification fees paid by their employers and an annual salary bonus as an employee benefit.
- prefer to receive the SoCRA Source Journal online.

Older respondents are more likely to:

- be female, Research Nurses and members of other professional organizations.
- have higher salaries and more years of experience in clinical research and in their current positions
- have been more involved with SoCRA:
 - have been CCRPs longer
 - more likely to have attended a SoCRA annual conference, educational workshop, and chapter meeting.
- prefer to receive the SoCRA Source Journal in hard copy.

See Table, next page.

Age	Under 35	35-44	45-54	55+
	<u>642</u>	<u>606</u>	<u>488</u>	<u>415</u>
Younger respondents significantly higher				
College graduate	96%	93%	82%	78%
Employee benefit: annual salary bonus	30%	28%	26%	23%
Employee benefit: health insurance	95%	93%	92%	87%
Employee benefit: dental insurance	92%	89%	86%	82
Employee benefit: annual sick leave	91%	90%	85%	79%
Advanced degree (masters/doctorate)	43%	51%	37%	34%
Male	15%	12%	10%	7%
Clinical Research Coordinator	39%	27%	26%	26%
Clinical Research/Trial Experience in Public Health	21%	17%	14%	14%
Prefer to receive <i>SoCRA Source Journal</i> online	65%	61%	47%	45%
Professional certification fees paid by employer	70%	70%	62%	57%
Plan to take the CCRP exam with SoCRA (BASE: not CCRP certified)	69%	59%	49%	37%
Older respondents significantly higher				
Median Salary	\$64,645	\$76,163	\$78,944	\$79,141
Salary is \$75,000+	32%	52%	56%	56%
Female	84%	87%	90%	93%
Research Nurse	3%	5%	9%	12%
Therapeutic areas include cardiology	23%	27%	30%	35%
Years of experience in clinical research (mean)	6.2	11.2	14.6	18.9
Years in your current position (mean)	2.6	4.2	6.1	8.8
Prefer to receive <i>SoCRA Source Journal</i> in hard copy	35%	39%	53%	55%
Have been a SoCRA CCRP more than 3 years	31%	67%	73%	84%
Attended SoCRA annual conference at least once	25%	38%	41%	53%
Attended at least one SoCRA educational workshop	43%	57%	59%	64%
Attended at least one SoCRA chapter meeting (BASE: a chapter is close enough to attend)	57%	66%	69%	71%
Member of other professional organizations	23%	35%	38%	42%

Education

These observations are illustrated in the data table on the next page and are mostly consistent with prior survey results.

The biggest educational differences are between respondents with versus without bachelor's degrees. There are smaller differences between those with advanced degrees (master's, doctorate) and those with bachelor's as their highest degree.

The less-educated respondents are significantly more likely (than their more-educated cohorts) to:

- have lower salaries/compensation (as expected), and, accordingly, to be compensated hourly (vs. salaried)
- be women, clinical research coordinators, and employed in physician-based practices
- be older, and, accordingly, to have more years of clinical research experience and more longevity in their current employment positions.
- get financial compensation for receiving professional certification.
- in line with their older age, prefer to receive the SoCRA Source Journal in hard copy (vs. online).

The more-educated respondents are significantly more likely to:

- have higher salaries/compensation, and, accordingly, be more likely to be compensated by salary (rather than hourly)
- be men, research managers, project managers, and employed in an academic research center/organization
- have clinical research/trial experience in behavioral research and public health, and therapeutic area experience in pediatrics
- be younger, and, accordingly, have less longevity in clinical research and in their current positions, yet they are more likely to belong to other professional organizations
- get tuition reimbursement, an annual salary bonus, and an employee assistance program as employee benefits.
- prefer to receive the SoCRA Source Journal online
- have a SoCRA chapter close enough to attend.

Highest Degree:	High school/ Associates	Bach- elor's	Master's/ Doctorate
	246	969	916
Less educated respondents significantly higher			
Form of compensation is hourly	41%	19%	14%
Female	94%	88%	86%
Age (mean years)	49.4	42.1	42.1
Clinical Research Coordinator	44%	31%	25%
Physician based research practice employee	14%	5%	2%
Years in clinical research (mean)	15.3	11.7	11.2
Years in your current position (mean)	8.2	4.9	4.4
Prefer to receive SoCRA Source Journal: in hard copy	55%	44%	42%
Get financial compensation for receiving professional certification	33%	28%	24%
More educated respondents significantly higher			
Median salary	\$64,455	\$72,264	\$78,258
Salary \$75,000+	31%	46%	55%
Form of compensation is salaried	58%	81%	86%
Tuition reimbursement is an employee benefit	49%	58%	59%
Annual salary bonus is an employee benefit	18%	26%	31%
Assistance Program is an employee benefit	60%	68%	71%
Male	6%	12%	14%
Research Manager	9%	13%	19%
Project Manger	6%	8%	14%
Academic research center/organization employee	28%	38%	44%
Clinical research/trial experience: Behavioral research	7%	11%	21%
Clinical research/trial experience: Public health	10%	14%	22%
Therapeutic area experience includes Pediatrics	21%	28%	33%
Prefer to receive SoCRA Source Journal online	45%	56%	58%
SoCRA chapter is close enough to attend	54%	64%	68%
Belong to other professional organizations	31%	29%	39%

Resident Country

These observations are illustrated in the data table on the next page and are mostly consistent with prior survey results.

U.S. residents are significantly more likely than Canadians to:

- have higher salary/compensation
- be older
- get financial support from their employers for certification, including reimbursement of certification fees and financial compensation for achieving certification
- to have more in their benefit packages; **this is the one of the largest and most consistent differences** we see between countries, as it was in prior survey data
- to have academic research employment and to have experience in medical devices or behavioral research

Canadians are significantly more like to:

- be compensated hourly (vs. by salary) and, accordingly, to work less than 40 hours per week – **this also is among the largest differences**, consistent with prior survey data
- have attended at least one SoCRA chapter meeting

See table, next page

	U. S.	Canada
	<u>1847</u>	<u>228</u>
U.S. residents significantly higher		
Salary median	\$74,950	\$62,619
Age (mean)	43.4	41.6
Employer: academic research center/organization	41%	29%
Study/trial experience: Medical devices	34%	27%
Study/trial experience: Behavioral research	16%	8%
Professional certification fees paid by employer	68%	46%
Financial compensation for receiving professional certification	38%	16%
Benefit package includes certification fees	51%	30%
Benefit package includes training/education	59%	50%
Benefit package includes tuition reimbursement	61%	28%
Benefit package includes professional organization membership	44%	26%
Benefit package includes health insurance	94%	80%
Benefit package includes dental insurance	89%	82%
Benefit package includes retirement package	83%	66%
Benefit package includes annual/sick leave	89%	81%
Benefit package includes employee assistance	70%	56%
Benefit package includes long term disability	73%	64%
Canada residents significantly higher		
Form of compensation is hourly (vs. salaried)	17%	41%
Less than 40 weekly hours on clinical research	31%	58%
Attended at least one SoCRA chapter meeting	63%	77%

Region of the U.S.

BASE: U.S. residents only.

New England (N=91)

- Above average **median salary** (\$79,722), though not the highest among the regions as it was in prior surveys. In accord with their high compensation:
 - High percent working at the highest-paid employer type: **pharmaceutical company** employees (7%); was highest in 2015 and 2010.
 - Highest percent who are **salaried** (90%), versus paid hourly.
 - Lowest percent with the lowest-paid job title, **Clinical Research Coordinator** (20%).
- Highest with **employee assistance** in the benefit package (81%)

Middle Atlantic (183)

- Significantly higher:
 - Above average **salaries** again in 2020 (median \$83,864), as in prior surveys. In accord with their high compensation:
 - Highest percent with **post-graduate degrees** (53%); also highest in 2015 and relatively high in 2010.
 - Highest percent are with the highest-paying employer type, **pharmaceutical company** (8%); was relatively high also in 2015 and 2010.
 - Highest in having **attended at least one SoCRA Annual Conference** (47%, vs. 38% overall).
- Significantly lower:
 - Lowest with **certification fees in benefit package** (44%), as in 2015
 - Also lowest with **retirement package** (76%), **employee assistance** (62%), or **long term disability** (63%) in their **benefit packages**.
 - Low percent with the lower-paid title **Clinical Research Coordinator** (21%), consistent with their high salaries.

South (482)

- Salaries are close to average again this year (median \$72,126, not significantly different from the total sample).
- Relatively high percent of southerners are **non-members**: 19%, vs. 9% average
- **Lowest** percent with SoCRA **chapter close enough to attend** (51%, vs. 65% overall).

Midwest (459)

- **Lowest median salary** vs. other regions (\$67,554) again in 2020. Consistent with their **low average compensation**:
 - **Highest** percent **paid hourly** (21%, vs. 17% average) as in prior surveys.
 - Highest percent with title **Clinical Research Coordinator** (37%, a lower-paid title); also highest last year.

- Highest percent in **Academic employment** (49%), a lower-paid employer category
- **Highest with certification fees in the benefit package** (56%); similar to 2015 when mid-westerners were high in certification fees paid by employer.
 - Likewise, **highest percent who get financial compensation for receiving professional certification** (41%, vs. 28% overall), as also in 2015.
 - Accordingly, the Midwest **has the highest percent certified as CCRP** with SoCRA (86%, vs. 79% overall); also highest in 2015
- Highest with **retirement package** as a benefit (89%)

Southwest (253)

- Median salary (**\$78,000**) is above average significantly for the first time in these salary surveys back to 2004.
- **Lowest percent CCRP-certified** with SoCRA (65%, vs. 79% overall)
 - So it seems fitting that the non-CCRP Southwesterners are **highest in planning to take the CCRP exam** with SoCRA (71%, vs. 58% overall)
- Like in 2015, **highest percent with a SoCRA chapter close enough to attend** (78%, vs. 65% overall).

West (331)

- **Highest median salary among the regions (\$84,500)** in 2020; was above average but not highest in prior surveys.
- Highest percent of employees of **medical device firms** (8%) and **biotech firms** (6%); also highest in both employer types in 2015 and 2010.
- Highest percent who have **attended at least one SoCRA chapter meeting** (55%, vs. 46% overall).

Job Title

Clinical Research Coordinators (N=663)

- Significantly higher:
 - **About half (49%) work in hospitals** – vs. 37% of the total sample.
- Significantly lower:
 - **Lowest median salary (vs. other titles): \$58,599**; has been low in prior surveys. Accordingly:
 - **Most likely to be compensated hourly** (vs. salaried): **35%**, vs. 19% overall.
 - As in 2015, **fewer therapeutic areas of experience: mean 2.6**, vs. 3.2 for the total sample.

Research Nurses (150)

- Significantly higher:
 - Median salary (\$82,083)
 - **By far the oldest: mean age 49.1**, vs. overall average 42.6; also oldest in 2015. Consistent with their average age:
 - **The most longevity in their current positions: mean 7.0 years vs 5.2 overall.**
 - **Substantially more likely to be employed in a hospital (62%)**, vs. 37% overall).
 - Highest percent who **belong to other professional organizations: 59%**, vs. 31% total sample.
- Below-average:
 - **Least likely to have an annual salary bonus** as an employee benefit (15%, vs. 27% overall)
 - As in 2015, **fewer therapeutic areas of experience: mean 2.6**, vs. 3.2 for the total sample
- **Gender?** Although there was a higher percent of women among research nurses than average again in 2015 (93%, vs. 88% overall), the **job titles did not differ significantly by gender** in 2020.

Clinical Research Associates (197)

- Significantly higher:
 - **Highest median salary (vs. all other titles): \$95,981**; also highest in 2015 and 2010. Accordingly:
 - Most likely to be salaried (vs. paid hourly): 94%, vs. 80% overall.
 - **Percent NON-members: 22%**, vs. 10% overall
 - By far, the title **most likely to have an annual salary bonus** as an employee benefit (55%, vs only 27% overall); also highest in 2015.
 - **As in 2015, nearly half (48%) work in contract research organizations**, much higher than in the total sample (10%).

- Also, the **most likely by far to work in a pharmaceutical company** (16%, vs. 4% overall) or a medical device company (18%, vs. 4%)
 - Above average **number of therapeutic areas of experience: mean 4.3** vs. 3.2 total sample average. Specifically:
 - Highest percents with therapeutic areas of experience that include **cardiology** (45% vs 27% overall) and **dermatology** (26% vs 11%).
- Very unlikely to be employed by...
 - Again in 2020, Clinical Research Associates are the **least likely by far to be employed in a hospital** (4%, vs. 37% of the total sample), or in an **academic research setting** (8%, vs. 40%)
- **Lowest** percent whose **employers pay for professional certification (50%, vs 66% overall)**, and lowest percent who would **get financial compensation for receiving professional certification (11% vs. 28%)**. Accordingly:
 - **Lowest** percent who are **CCRP certified** with SoCRA: 69%, vs. 79% overall; lowest also in 2015
- **Younger**: mean 40.8 years vs. 42.6 for the total sample; also in 2015

Research Managers (N=330)

- **Above-average median salary (\$86,897)**, as in prior surveys
- **More likely to have an advanced degree: 58%, vs. 42%** overall; was highest in 2015.
- More work in an **academic research** setting: 48%, vs. 40% of the total sample, also as in 2015

Data Managers (N=48) – insufficient data for separate analysis

Project Managers (227)

- Significantly higher:
 - **Median salary (\$80,698)**
 - **Most likely (vs. other titles) to have an advanced degree: 58%, vs. 42%**; was highest in advanced degrees in 2015.
- Significantly lower:
 - Employed by a **hospital**: 21%, vs. 37% of the total sample.
 - **Younger** – mean 40.9 years vs. 42.6 for the total sample
- Similar results were found in prior salary surveys

Clinical Research Assistants (N=44) – insufficient data for separate analysis

Quality Assurance specialists (N=55)

- Above average:
 - **Median salary (\$85,893)**; also high in prior surveys
 - **Most likely to have particular employee benefits:**
 - **professional organization membership**: 55%, vs. 42% overall.
 - **annual salary bonus** 38%, vs. 27% overall.

- **retirement package** as an employee benefit: 95%, vs. 82% overall.
- As in 2015, **highest average number of therapeutic areas of experience: mean 5.1**, vs. total sample mean of 3.2. Specifically, Quality Assurance Specialists have the **highest percents with therapeutic areas of experience** that include:
 - **gastrointestinal** (36%, vs. 21% overall),
 - **hematology** (44% vs. 28%),
 - **OBGYN** (26% vs 11%),
 - **oncology** (76% vs. 58%),
 - **psychiatry** (29% vs. 11%), or
 - **urology** (27% vs 10%).
- **Highest average years of experience in clinical research: mean 15.4 vs. 11.6** total sample
- **Highest percents who have attended at least one SoCRA Annual Conference** (56% vs. 37% overall), and **at least one SoCRA Educational Workshop** (71% vs. 54%)

Regulatory Affairs specialists (N=137)

- **Below-average median salary (\$66,964)**, as in prior surveys
- As in 2015, **highest percent residing in the U.S.:** 94%, vs. total sample 88% overall.
- **Highest percent working in an academic research setting** (52%, vs. 40% overall); was above average also in 2015.
- The **most likely** to have **clinical research/trial experience in pharmaceutical: 91%**, vs. 76% overall, and in **biologics: 41%**, vs. 28% overall.

Salaried vs. Hourly Compensation

As expected (and found in prior surveys), *type* of compensation (salaried vs. hourly) is related to many variables associated with *level* of compensation, e.g., education, therapeutic experience, U.S. residence, job title, etc. That is, subgroups with higher compensation tend to be salaried rather than hourly employees (and those subgroups with lower compensation tend to be receiving hourly compensation). One exception involves respondents with academic research employers: Their compensation is significantly lower than average, yet the percentage who are salaried is significantly higher than average (see table below). Other exception is that years of clinical research experience and years in one's current position are correlated with higher compensation but also hourly compensation.

The results below are very similar to what was found in 2015.

	Salaried	Hourly
	1,723	422
Salaried significantly higher:		
Median salary/compensation	\$78,102	\$56,789
Work 40 or more hours per week on clinical research	71%	47%
Benefit package includes health insurance - <i>This is just one example. Salaried respondents also are significantly more likely to receive every other employee benefit: tuition reimbursement, professional membership, certification fees, bonus, dental insurance, sick leave, etc.</i>	97%	84%
Education: Post-graduate (master's or doctorate)	46%	31%
Employer: Contract research organization	10%	3%
Employer: Medical device company	5%	1%
Employer: Academic Research Center/Organization	42%	32%
Professional certification is paid by employer	67%	58%
Number of therapeutic areas of experience (mean)	3.5	2.9
SoCRA CCRP	81%	73%
SoCRA chapter is close enough to attend	66%	57%
U.S. resident	90%	77%
Clinical Research Associate	10%	2%
Research Manager	17%	6%
Project Manager	12%	3%
Hourly significantly higher		
Employer: Hospital	35%	42%
Employer: Physician Based Practice	3%	13%
Plan to take the SoCRA CCRP exam (BASE: not CCRP certified)	57%	43%
Get financial compensation for receiving professional certification	25%	37%
Years of experience in clinical research (mean)	7.4	8.0
Years in current position	4.8	6.3
Canada resident	8%	22%
Clinical Research Coordinator	24%	55%
Clinical Research Assistant	1%	6%

Employer

Employers with at least 100 respondents are analyzed here.

Hospital employees (N=776)

- Significantly higher
 - Percent paid **hourly** is 23%, vs. 20% in the total sample; smaller difference than in 2015 but still significant.
 - Benefit package includes:
 - **tuition reimbursement**: 63% vs. total sample 57%.
 - **employee assistance**: 73% vs. 68%.
 - **Clinical Research Coordinators**: 41% vs. 30%.
 - **Research Nurses**: 12% vs. 7%.
 - Get **financial compensation for receiving professional certification** 31% vs. 27%.
 - Not certified but **plan to take CCRP exam**: 72% vs. 56%
- Significantly lower
 - Median salary \$69,496
 - Benefit package includes annual salary bonus: 21% vs. total sample 27%.
 - Clinical Research Associates: 1% vs. 9%
 - Number of therapeutic areas of experience: mean 2.8, vs. 3.2 in the total sample.
 - Years of experience in clinical research: mean 11.1 vs. 12.0.

Physician Based Research Practice employees: (107)

- **In several ways they are like hospital employees.** Exception: less in their benefit packages.
- Significantly higher
 - **Hourly** compensation: 50%, vs. 20% of the total sample.
 - Work less than 40 hours per week: 44% vs. 34%
 - **Clinical Research Coordinators**: 48% vs. 30%.
 - **Research Managers**: 22% vs. 15%.
 - Clinical **research/trial experience includes pharmaceutical**: 85% vs. 74%.
 - **Years in your current position**: mean 6.3 vs. 5.2.
 - Prefer to receive Source Journal by **hard copy** mailing: 60% vs. 44%.
 - Get **financial compensation for receiving professional certification**: 37% vs. 27%.
 - Not certified but **plan to take the CCRP exam**: 80% vs. 56%
- Significantly lower
 - Median **salary** \$59,048
 - **Have less in their benefit packages**: tuition reimbursement 33% vs. total sample 57%, dental insurance 79% vs. 88%, retirement 62% vs. 81%, annual/sick leave 75% vs. 87%, employee assistance program 45% vs. 68%, long-term disability 59% vs. 71%.
 - Have an **advanced degree (master's/doctorate)**: 19% vs. 43%.

- **Clinical Research Associates:** 0% vs. 9%.
- **Project Managers** 1% vs. 10%
- Clinical research/trial experience includes **behavioral research** 5% vs. 15%
- **Number of therapeutic areas** of experience: mean 2.7 vs. 3.4.
- **SoCRA chapter is close enough to attend:** 36% vs. 64%,
 - **Attended at least one chapter meeting:** 34% vs. 53%

Contact Research Organization employees (N=197)

- Significantly higher
 - Median salary \$94,375
 - **Salaried** (vs. hourly compensation): 93%, vs. 80% in the total sample.
 - **Work 40+ hours per week on clinical research:** 80% vs. total sample 65%.
 - **Benefit package includes annual salary bonus:** 56% vs. 27%.
 - **Canadians:** 18% vs. 11%
 - **Clinical Research Associates:** 46% vs. 9%.
 - **Clinical research/trial experience includes pharmaceutical:** 88% vs 74%
 - **Number of therapeutic areas** of experience: mean 4.8 vs. 3.4., including:
 - **Cardiology** (44% vs. 28%), **dermatology** (28% vs 11%), **oncology** (74% vs. 59%), and **vaccines** (32% vs. 16%).
- Significantly lower
 - **SoCRA member** 74% vs total sample 90%
 - Benefit package less likely to include **training/education** (44% vs 57%), **tuition reimbursement** 43% vs. total sample 57%, **professional organization membership** (25% vs. 41%), **certification fees** (25% vs. 48%), and **retirement package** 71% vs. 81%.
 - Age – **younger**. Mean 40.8 vs. 43.1.
 - **Clinical Research Coordinators:** 8% vs. 30%;
 - **Research Nurses:** 1% vs. 7%.
 - **Years in your current position:** 3.5 vs. 5.2.
 - **CCRP with SoCRA:** 67% vs. 79%;
 - (if not certified:) **plan to take CCRP exam:** 27% vs 56%.
 - Employer pays for **professional certification** 45% vs. 65%.
 - **Financial compensation for receiving professional certification** 10% vs. 27%

Academic Research Center/Organization employees (N=859)

- Significantly higher
 - **Salaried:** 84%, vs. 80% in the total sample; smaller difference in this survey vs. 2015, but still significant.
 - **Benefit package** is significantly more likely to include most of the benefits listed on the survey. Largest differences:
 - **Tuition reimbursement:** 70% vs. total sample 57%
 - **Retirement package:** 90% vs. 81%.
 - **Advanced degrees** (master's/doctorate): 48% vs. 43%.
 - **Research managers** 18% vs. 15%; small difference, but also significant in prior survey data.

- Clinical research/trial experience includes **behavioral research**: 21% vs. 15% and **public health** 22% vs. 17%.
- **Certified as a CCRP** with SoCRA: 84% vs. 79%.
- **SoCRA chapter is close enough** to attend: 74% vs. 64%
 - Whether a chapter is close enough to attend or not, more have **attended at least one chapter meeting** and by about the same difference: 70% vs. 65%.
- Significantly lower
 - Median salary \$69,496; also relatively low in prior surveys.
 - **Benefit package includes annual salary bonus**: 13%, vs. 27% in the total sample.
 - **Clinical Research Associates**: 2% vs. 9%.

Clinical Research Study/Experience

Pharmaceutical study/trial experience (N=3,168)

Because the great majority (75%) of respondents has pharmaceutical experience, significant differences from the total sample will tend to be small mathematically. Therefore, the differences below are versus respondents **without pharma experience**, rather than versus the total sample.

- Significantly higher
 - Job title: **Regulatory Affairs**: 8% vs. 2%
 - Work **40+ hours per week on clinical research**: 68% vs. 61% of respondents without pharmaceutical experience.
 - Employed by **contract research organizations** (11% vs. 5%), and, of course, **pharmaceutical companies** (5% vs. 1%).
 - **More therapeutic areas of experience** (3.7 vs. 2.4). Largest differences:
 - **Oncology** (65% vs. 41%) and **hematology** (35% vs. 14%)
- Significantly lower
 - Unlikely to be employed by **medical device companies**: 1% vs. 12%.
- Notable non-significant difference
 - **Median salary**: \$73,820 – above average but not quite significantly (p=.06); the difference vs. the total sample is \$306, smaller than in 2015, 2010, and 2004.

Medical device study/trial experience (N=712)

- Significantly higher
 - Median **salary**: \$76,386, second highest of the study/trial experience areas; was highest in 2015.
 - More **U.S. residents**: 90%, vs. 87% of the total sample; small difference but significant and also found in prior survey data.
 - **More therapeutic areas of experience** (4.2, vs. 3.4 total sample), especially **cardiology** (50% vs. 31%). See exception below
- Significantly lower
 - Fewer have therapeutic area experience in **oncology**: 48%, vs. 59% of the total sample.

Behavioral research study/trial experience (N=323)

- Significantly higher
 - Employee **benefits include most on the survey list**. Largest significant differences: tuition reimbursement (69% vs. total sample 57%) and employee assistance plan (78% vs. 68%).
 - **U.S. Residents**: 94% vs. 87% among the total sample.
 - **Post-graduate degrees** (master's/doctorate): 60% vs. total sample 43%.
 - **In academic research centers/organizations**: 56% vs. 39%.
 - **More areas of therapeutic experience** (mean 4.2 vs. 3.4), especially **pediatrics** (45% vs. 27%), and, of course, **psychiatry** (36% vs. 12%).

- Clinical research/trial experience in **Public Health**: 45% vs. 17%.
- Significantly lower
 - **Younger**: mean age 41.5 vs. 43.4; smaller difference than in 2015 but still significant.
 - Fewer **Research Nurses**: 2% vs. 7%.
 - Fewer are in **pharmaceutical companies** (1% vs. 4%), **physician-based research groups** (2% vs. 5%) or in **contract research organizations** (5% vs. 9%).
- Notably **not** significantly different from total sample:
 - Median salary \$72,453. As in 2010 and 2004, average compensation is below the total sample median but not significantly. In 2015, the shortfall, though still relatively small, reached significance.

Biologics study/trial experience (N=633)

- Significantly higher
 - Median **salary: \$77,287; highest** of the clinical experience categories this year.
 - As might be expected and as found previously, respondents with biologics experience are more likely to work for a **biotech company**. However, the difference, though significant statistically, is small: 3.4% vs. total sample 2.2%, similar to 2015.
 - More have clinical research/trial experience in **medical devices** (44% vs. 33%) and **pharmaceutical** (83% vs. 74%).
 - More **areas of therapeutic experience** (mean 3.4 vs. 2.9), especially:
 - **hematology** (43% vs. 30%) and **oncology** (72% vs. 59%).
- Significantly lower: Nothing noteworthy

Public health and epidemiology study/trial experience (N=365)

- Significantly higher
 - **Post-graduate degrees** (master's/doctorate): 56%, vs. 43% of total sample.
 - In **academic research centers/organizations** (51% vs. total sample 39%)
 - Clinical research/trial experience in **behavioral research**: 39% vs. 15%.
 - **Number of areas of therapeutic experience**: mean 4.0 vs. 3.4., especially:
 - **Pediatrics** (44% vs. 29%)
- Significantly lower
 - Median **salary**, \$71,333; in prior surveys there were smaller, non-significant shortfalls.
 - **Younger**: Mean age 41.5 vs. total sample 43.1; smaller difference than in 2015 but still significant.
 - Fewer have clinical research/trial experience in **pharmaceutical**: 63% vs. 74%.

Number of Therapeutic Areas of Research Experience

As might be expected (and was seen in prior survey data), clinical researchers with more therapeutic areas of experience earn more money and tend to be in higher-paid categories: Clinical Research Associates, pharmaceutical or contract research firm employees, CCRP certified 3+ years, attended a SoCRA annual conference, and belong to other professional organizations.

One possibly counterintuitive finding is that respondents with more years in their current positions tend to have *less* therapeutic experience. Perhaps clinical researchers who gain more therapeutic experience use that leverage to get a new position rather than stay in their current ones.

	Therapeutic Areas		
	0-1	2-3	4+
	638	805	721
Less experienced (in number of therapeutic areas) respondents are significantly higher:			
Hourly (vs. salaried) compensation	25%	20%	15%
Clinical Research Coordinator	36%	35%	20%
Research Nurse	10%	6%	5%
Hospital employee	37%	40%	29%
Academic research center/organization employee	44%	40%	34%
Years in your current position (mean)	5.5	5.2	4.9
Financial compensation for receiving certification	31%	28%	21%
Plan to take the CCRP exam with SoCRA (BASE: not certified)	63%	60%	46%
More experienced respondents are significantly higher			
Median salary	67,442	71,586	\$81,127
Work 40+ hours per week on clinical research	59%	64%	74%
Benefit package includes annual salary bonus	22%	25%	34%
Male	10%	11%	15%
Resides in south region (base: US residents)	21%	27%	32%
Clinical Research Associate	5%	7%	14%
Contract research organization employee	5%	6%	17%
Pharmaceutical company employee	2%	3%	7%
Years of experience in clinical research (mean)	10.2	11.7	14.0
Have been a SoCRA member 4+ years	52%	57%	67%
CCRP certified more than three years (BASE: certified)	55%	58%	70%
Member of other professional organizations	29%	32%	40%
Attended SoCRA annual conference at least once	35%	37%	42%

Years in Clinical Research

As we found in prior surveys, some correlates of longevity in clinical research are more-or-less predictable: higher compensation; older age; having attained SoCRA CCRP status; having accumulated experience in a few therapeutic areas; and having achieved one of the highest-paid positions – Research Manager. However, what may not be so predictable is that **respondents who have been in clinical research the longest are the *least* educated, i.e., least likely to have a bachelor’s degree**; this also has been found in prior survey data.

Among respondents who are not CCRP certified, **intent to take the SoCRA CCRP exam declines with years of experience in clinical research**. Presumably, the later-career professionals perceive less need for certification.

	<u>Years in Clinical Research</u>		
	<u>0-4</u>	<u>5-9</u>	<u>10+</u>
	<u>329</u>	<u>622</u>	<u>1202</u>
<u>Fewer years of experience = significantly higher:</u>			
Hourly (vs. salaried) compensation	32%	18%	17%
Male	16%	16%	9%
Bachelor’s or higher (post-graduate) degree	92%	92%	85%
Clinical Research Coordinator	48%	35%	23%
Clinical Research Assistant	7%	3%	2%
Hospital employee	46%	39%	31%
Intend to take the CCRP exam with SoCRA (BASE: not certified)	77%	59%	37%
Professional certification is paid by employer	70%	66%	63%
Can/did get financial compensation for professional certification	37%	28%	24%
Prefer online access to the SoCRA Source Journal	67%	56%	53%
<u>More years of experience = significantly higher:</u>			
Median compensation	\$57,905	\$67,255	\$81,630
Benefit package includes long term disability	63%	71%	74%
Benefit package includes employee assistance program	62%	68%	68%
Research Manager	5%	12%	20%
Certified as a CCRP with SoCRA	52%	82%	84%
Member of other professional organizations	35%	36%	44%
Attended at least one SoCRA chapter meeting (BASE: chapter is close enough to attend)	46%	62%	71%
Attended SoCRA annual conference at least once	19%	30%	47%
Attended at least one SoCRA educational workshop	41%	50%	61%
Prefer mailed hardcopy of the SoCRA Source Journal	33%	44%	47%
Number of therapeutic areas of experience (mean)	2.4	3.0	3.8
Years in your current position (mean)	2.1	3.2	7.0
SoCRA member for more than 3 years	5%	39%	83%
Age (mean)	34.7	37.8	48.1

Years in Your Current Position

Several variables associated with longevity in the field (prior page) also correlate with longevity in one's current position: higher compensation, age, longevity as a SoCRA member, SoCRA CCRP status, declining interest in taking the SoCRA certification exam (among those not certified), SoCRA annual conference attendance, and *lack* of a bachelor's degree.

	<u>Years in Current Position</u>		
	<u>0-2</u>	<u>3-4</u>	<u>5+</u>
	<u>835</u>	<u>480</u>	<u>840</u>
<u>Respondents with fewer years in current position are significantly higher</u>			
Annual salary bonus is an employee benefit	32%	27%	22%
Bachelor's or higher (post-graduate) degree	93%	91%	82%
Contract research organization employee	14%	8%	6%
Plan to take the CCRP exam (BASE: not SoCRA certified)	63%	56%	43%
Prefer to receive SoCRA Source Journal online	63%	57%	49%
<u>Respondents with more years in current position are significantly higher</u>			
Median annual compensation	72,016	72,108	75,720
Not a college graduate	7%	9%	19%
Benefit package includes certification fees	42%	52%	51%
Professional organization membership is an employee benefit	35%	45%	46%
Certified as a CCRP with SoCRA	73%	79%	85%
Have been a SoCRA CCRP >3 years (BASE: certified)	47%	50%	80%
Attended the SoCRA Annual Conference at least once	33%	32%	47%^s
Years as a SoCRA member (mean)	4.4	5.0	8.6
Years of experience in clinical research (mean)	8.9	10.5	16.0
Age (mean years)	38.5	41.2	48.7
Prefer to receive SoCRA Source Journal mailed hardcopy	37%	43%	51%

Years as a SoCRA Member

Longevity as a SoCRA member is associated with high compensation, a highly paid job title (Research Manager), experience in oncology and hematology, membership in other professional organizations, and predictable correlates: older age, years of experience in clinical research, experience in more therapeutic areas in general, SoCRA annual conference and chapter attendance, and SoCRA CCRP status.

Conversely, planning to take the CCRP exam is associated with *fewer* years as a member, just as it is associated with fewer years in one's current position (see prior page).

	<u>Years as a Member</u>		
	<u>0-1</u>	<u>2-3</u>	<u>4+</u>
	<u>373</u>	<u>434</u>	<u>1151</u>
Respondents with fewer years as a member are higher			
Financial compensation for receiving professional certification	35%	29%	25%
Plan to take the CCRP exam (BASE: not SoCRA certified)	77%	63%	57%
Clinical Research Coordinator	45%	37%	24%
Hospital employee	44%	39%	33%
Prefer online access to SoCRA Source Journal	66%	60%	48%
Male	16%	13%	10%
Respondents with more years as a member are higher			
Median annual compensation	\$60,417	\$66,948	\$79,543
Benefit package includes professional organization membership	36%	43%	46%
Benefit package includes employee assistance	63%	69%	70%
Research Manager	7%	12%	19%
Number of therapeutic areas of experience (mean)	2.9	2.9	3.6
Therapeutic areas of experience include oncology	52%	58%	61%
Therapeutic areas of experience include hematology	24%	28%	33%
Certified as a CCRP with SoCRA	61%	87%	94%
Member of other professional organizations	28%	29%	35%
Attended the SoCRA Annual Conference at least once	19%	31%	49%
Attended at least one SoCRA chapter meeting (BASE: chapter is close enough to attend)	42%	60%	77%
Prefer mailed hard copy access to SoCRA Source Journal	34%	41%	52%
Years of experience in clinical research (mean)	6.2	8.3	15.4
Years in your current position	2.8	3.4	6.6
Age (mean years)	36.1	39.3	46.9

Preference for Receiving the SoCRA Source Journal

As in prior survey data, there are relatively few noteworthy differences between respondents who prefer to receive a mailed hard copy of the SoCRA Source Journal versus those who prefer to access the Journal online – as evident in the small size of the table below. The main differences are that the hardcopy folks are older and more involved with SoCRA than those who prefer online. In line with their age, they have more experience in clinical research and more longevity in their current positions, membership, and CCRP status.

Preference for how to receive the SoCRA Source Journal		
	Hard copy mailing	Online-SoCRA Homepage
	<u>950</u>	<u>1201</u>
Prefer hard copy significantly higher		
SoCRA members	94%	88%
(If a member) Have been a member 4+ years	66%	53%
Age (mean)	45.3	41.4
Years of experience in clinical research (mean)	12.9	11.3
Years in current position (mean)	5.9	4.6
CCRP certified by SoCRA	85%	75%
CCRP certified for more than 3 years	66%	57%
Plan to take the CCRP exam with SoCRA (BASE: not certified)	65%	53%
Attended at least one SoCRA chapter meeting (BASE: a chapter is close enough to attend)	58%	47%
Prefer online significantly higher		
Non-members	6%	12%

CCRP Certified with SoCRA

As in prior salary surveys, this year's SoCRA CCRP-certified respondents tend to be those who are involved with SoCRA in other ways – longer-term members who have attended the SoCRA annual conference and a SoCRA chapter meeting. Also, the following statement from SoCRA's review committee about the 2004 CCRP data also applies generally to the 2010, 2015, and 2020 data, in which mostly the same respondent categories again are correlated with SoCRA certification [exceptions in brackets]:

“Three subgroups -- Clinical Research Coordinators [except in 2020], hospital employees, and academic center employees – are particularly likely to be CCRP-certified with SoCRA, as persons working in those areas founded SoCRA. Also... three subgroups – males, master's/doctoral degree holders [though not significantly in 2020 & 2015], and pharmaceutical company employees – are *less* likely than average to be CCRP-certified with SoCRA. SoCRA's review committee *believes* that these sub-groups have only recently become aware of the benefits of SoCRA membership and certification based on trends we have seen within the organization.”

An implication of the above quotation is that the differences between SoCRA-certified and non-certified researchers should be narrowing as the noted subgroups become more aware of SoCRA benefits. In 2015, the data did indeed suggest at least a small shift in that direction: The *differences* between CCRP vs. non-CCRP respondents in the percentages who were male, post-graduate educated, or pharmaceutical employees were slightly smaller in 2015 than they were in 2010.

However, the picture regarding the “narrowing hypothesis” is mixed now. Among pharmaceutical company employees, the findings – 4% of CCRPs and 7% of non-CCRP -- are exactly the same in 2020 as in 2010. Among males, the difference is actually one percentage point greater in 2020 than in 2010 (11% & 15% vs. 9% & 12%). Nonetheless, the education data remain consistent with the “narrowing” hypothesis: masters/doctoral degree holders are only slightly (non-significantly) less frequent among CCRPs vs non-CCRP now (42% vs. 44%), whereas the difference was appreciable and significant in 2010 (27% vs. 32%).

Perhaps the best indication of clinical researchers in general becoming more aware of SoCRA *certification* benefits may be the dramatic increase in certification from 2004, when CCRPs were 59% of the total sample to now, 78%. Regarding awareness of SoCRA *membership* benefits, two of the three key subgroups (less likely than average to be certified) have also trended up: *males* from 9% of the total sample in 2006 to 12% in 2020, and *masters/doctoral degree holders* dramatically from 22% to 42%. (The trend among pharmaceutical employees is not consistent but down slightly overall by ~2%). If there is little or no “narrowing,” maybe the only remaining non-certified clinical researchers are those who are still unaware of CCRP benefits -- or have some limiting circumstance: Note that among the reasons for *not* planning to take the CCRP exam, “not needed for current job” is up considerably from 38% in 2004 to 53% now.

For the first time in these salary surveys, SoCRA certified respondents' median annual compensation is *higher* (though slightly and not significantly) than the median of non-CCRP respondents. In 2015 and 2004 the differences (non-CCRP higher) were large enough to reach statistical significance. In perspective, the median salary difference has stayed relatively small: <\$2,200 from 2004 through 2020. Future survey data will tell whether members' new apparent salary advantage is the start of a significant trend.

See table, next page.

	SoCRA certified?	
	Yes – CCRP	No
	<u>1714</u>	<u>449</u>
CCRPs are significantly higher		
SoCRA member	99%	60%
If SoCRA member, have been a SoCRA member 4+ years	64%	25%
Benefit package includes certification fees <i>NOTE: On 7 of the 11 benefit items listed in the survey, significantly more CCRP than non-CCRP respondents had the benefit.</i>	51%	37%
Midwest region (base: U.S. residents)	28%	18%
Hospital employee	37%	31%
Academic research center/org. employee	42%	30%
Therapeutic area experience includes oncology	61%	52%
Years of experience in clinical research (mean)	12.6	9.9
Years in your current position (mean)	5.4	4.2
Prefer to receive the <i>SoCRA Source Journal</i> in hardcopy mailing	47%	32%
Attended at least one SoCRA annual conference	39%	30%
Attended at least one SoCRA educational workshop	57%	47%
SoCRA chapter is close enough to attend	66%	58%
Attended at least one SoCRA chapter meeting (BASE: chapter is close enough to attend)	71%	40%
Non-certified are significantly higher		
Southwest region (base: U.S residents)	12%	24%
Male (<i>see discussion on prior page</i>)	11%	15%
Pharmaceutical company employee (<i>see discussion on prior page</i>)	4%	7%
Prefer to receive the <i>SoCRA Source Journal</i> online	53%	68%
Belong to other professional organizations	30%	46%
Notable non-significant differences-see discussion on prior page		
Median salary	\$73,638	\$72,653
Clinical Research Coordinator	30%	30%
Masters/doctoral degree holder	42%	44%

Years as a CCRP Certified by SoCRA

The results of this analysis are mostly predictable, as they were in prior survey data: Longevity as a SoCRA CCRP is positively related to annual compensation, age, SoCRA chapter and annual conference attendance, a higher-paid title (Research Manager), and experience in more therapeutic areas. Those with fewer years as a CCRP are more likely to have a lower-paid position (Clinical Research Coordinator) and hospital employment.

One difference that runs counter to the higher incomes of longer-term CCRPs is that they have, on average, *less* education than newer CCRPs. This also was found in the prior surveys.

	<u>Years as a CCRP</u>		
	<u>0 – 3 years</u>	<u>4 - 6 years</u>	<u>7+ years</u>
BASE: SoCRA-certified CCRPs			
Group	660	414	631
Respondents with fewer years as a CCRP are significantly higher:			
Bachelor's or higher degree	92%	89%	85%
Male	14%	12%	8%
Clinical Research Coordinator	41%	26%	21%
Hospital employee	42%	34%	33%
Prefer to access the <i>SoCRA Source Journal</i> online	58%	41%	48%
Professional certification paid by employer	74%	64%	64%
Financial compensation for receiving professional certification	32%	25%	24%
Respondents with more years as a CCRP are significantly higher:			
Median annual compensation	\$64,349	\$76,014	\$82,574
Age (mean)	37.6	42.8	49.4
Research Manager	11%	18%	19%
Number of therapeutic areas of experience (mean)	2.9	3.7	3.6
Years of experience in clinical research	7.6	12.0	18.0
Years in your current position	3.3	5.1	7.9
Professional organization membership is an employee benefit	40%	42%	48%
Member of other professional organization	25%	33%	34%
Attended the SoCRA annual conference at least once	29%	39%	55%
Attended at least one SoCRA chapter meeting (BASE: chapter is close enough to attend)	59%	76%	79%
Prefer to receive the <i>SoCRA Source Journal</i> in hardcopy mailing	42%	49%	52%

Intention to take SoCRA's CCRP Exam

Like we found in 2010 and 2004: Among respondents who are *not* certified as a CCRP with SoCRA, those *intending to take SoCRA's certification exam* tend to be lower-paid, less experienced (i.e., in fewer therapeutic areas), younger, and newer members who have not (yet) attended the SoCRA annual conference – compared to those non-certified respondents who are *not* planning to take the exam. Also, those intending to take the exam tend to have a title associated with lower pay (Clinical Research Coordinator or Clinical Research Assistant) and a lower-paying employer (hospital). Evidently, they seek certification to help them advance in the field of clinical research.

Indeed, clinical researchers not yet certified and planning to take the exam are more likely to have a couple of incentives to seek certification (compared to those who do not intend to take the exam): (1) certification fees paid by their employers and (2) financial compensation for receiving their certification.

Likewise, as we also found in the prior surveys: respondents who are not certified with SoCRA and do NOT intend to take the exam are older, already have higher compensation, and are more likely to have a post-graduate degree as well as a higher-paying title (Clinical Research Associate) and employer (contract research organization, pharmaceutical company). In short, they may lack interest in SoCRA certification because they feel they don't need it. They also skew, as in 2004 and 2010, toward non-members, longer-term SoCRA members, and annual conference attendees.

See table, next page.

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Plan to take the CCRP certification exam with SoCRA?		
BASE: Not certified as a CCRP with SoCRA.	Yes, plan to take it	No
	<u>248</u>	<u>188</u>
Plan to take the exam are significantly higher		
SoCRA member	74%	42%
Compensation is hourly	30%	19%
Benefit package includes certification fees	43%	28%
Professional certification is paid by employer	63%	46%
Will get financial compensation for receiving professional certification	32%	14%
Clinical Research Coordinator	41%	15%
Clinical Research Assistant	6%	3%
Hospital employee	40%	20%
Prefer to receive the <i>SoCRA Source Journal</i> in hardcopy mailing	36%	25%
Not planning to take exam are significantly higher		
Median annual compensation	\$62,273	\$91,500
Non-member of SoCRA	26%	58%
Benefit package includes annual salary bonus	30%	38%
Post-graduate degree (master's/doctorate)	32%	38%
Age (mean)	39.9	45.1
Clinical Research Associate	7%	22%
Contract research organization employee	7%	25%
Pharmaceutical company employee	2%	12%
Number of therapeutic areas of experience (mean)	3.0	3.8
Years of experience in clinical research (mean)	7.5	12.9
Years in your current position (mean)	3.3	6.0
Have been a SoCRA member 4+ years	20%	33%
Prefer online access to the <i>SoCRA Source Journal</i>	64%	75%
Have attended at least one SoCRA annual conference	28%	39%
Member of other professional organization	40%	53%

Attended the SoCRA Annual Conference

Compared with non-attendees, SoCRA conference attendees tend to be:

- higher paid
- older and more experienced
- more involved with SoCRA in other ways (besides conference attendance): attending chapter meetings and Educational Workshops, and CCRP certified.

Those who never attended the Annual Conference tend to be:

- in lower-paid employment:
 - Clinical Research Coordinators
 - hospital employees
- planning to take the SoCRA CCRP exam

These findings are consistent with prior survey results.

Attended the SoCRA annual conference?		
	Yes, at least once	No
	<u>1169</u>	<u>975</u>
Conference attendees are significantly higher		
Median annual compensation	\$80,851	\$69,493
Benefit package includes professional organization membership	49%	38%
Age (mean)	46.0	41.2
Number of therapeutic areas of experience (mean)	3.5	3.0
Years of experience in clinical research (mean)	14.5	10.5
Years in your current position (mean)	6.1	4.6
CCRP certified with SoCRA	82%	78%
CCRP certified for more than 3 years (Base: CCRP certified)	76%	52%
Attended a SoCRA chapter meeting at least once (BASE: chapter is close enough to attend)	72%	61%
Attended a SoCRA Educational Workshop	72%	44%
Have been a SoCRA member 4+ years	73%	50%
Never attended are significantly higher		
Clinical Research Coordinator	23%	35%
Hospital employee	31%	39%
Plan to take the CCRP exam with SoCRA (BASE: not certified)	48%	61%

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Attended a SoCRA Educational Workshop

The results for having attended a SoCRA educational workshop are mostly the same as for having attended the annual conference – see the prior page. Workshop attendees are more highly paid, older, more experienced (in number of years in clinical research and their current positions), and more involved with SoCRA than workshop non-attendees.

The only differences are that workshop attendees, relative to conference attendees, are not significantly more likely to plan to take the CCRP exam and do not claim significantly more therapeutic areas of experience (though the small differences are in the same direction), but they are significantly more likely to have a SoCRA chapter close enough to attend.

Attended a SoCRA educational workshop?		
	<u>Yes, at least one</u>	<u>No</u>
.	<u>1,161</u>	<u>975</u>
<u>Conference attendees are significantly higher</u>		
Median annual compensation	\$77,052	\$69,394
Benefit package includes professional organization membership	46%	37%
Age (mean)	44.6	41.2
Years of experience in clinical research (mean)	13.0	10.8
Years in your current position (mean)	5.4	4.9
CCRP certified with SoCRA	82%	76%
CCRP certified for more than 3 years (Base: CCRP certified)	67%	54%
Attended the SoCRA annual conference at least once	50%	23%
SoCRA chapter is close enough to attend	67%	60%
Attended a SoCRA chapter meeting at least once (BASE: chapter is close enough to attend)	75%	51%
Member of other professional organization	37%	30%
Have been a SoCRA member 4+ years	66%	50%
<u>Never attended are significantly higher</u>		
Clinical Research Coordinator	27%	34%
Hospital employee	34%	39%

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SoCRA Chapter is Close Enough to Attend Meetings

As in prior survey results, respondents who have a chapter located close enough for them to attend meetings are more likely (than respondents without a close chapter) to be higher paid, academic research employees, with at least a bachelor's degree, who have attended a SoCRA educational workshop, and who, of course, have attended a chapter meeting.

Is there a SoCRA chapter close enough for you to attend meetings?		
	Yes	No
.	<u>1376</u>	<u>765</u>
Respondents "close enough" are significantly higher		
Median annual compensation	\$74,793	\$70,144
Benefits include retirement package NOTE: Those "close enough" also are significantly more likely than their cohorts to get almost all the other employee benefits listed in the survey.	86%	76%
Bachelor's or higher degree	90%	85%
Academic research center/organization employee	47%	29%
Attended a SoCRA educational workshop	58%	50%
Attended a SoCRA chapter meeting	65%	15%
"Not close enough" are significantly higher		
Compensation is hourly	18%	24%
South region resident	21%	37%

Attended a Local SoCRA Chapter meeting

BASE: Respondents who indicated that a SoCRA chapter is close enough to where they live or work to attend meetings.

As we found in prior salary surveys, attendance at a local chapter meeting is correlated with other forms of involvement with SoCRA: SoCRA membership, longevity as a SoCRA member, attendance at the annual conference, and certification as a CCRP with SoCRA. And, as in 2010, the current data show chapter attendance also correlated with age, academic employment, longevity in clinical research and in one's current position, and residence *outside* the U.S.

Also consistent with prior salary surveys, chapter meeting attendance is *not* correlated significantly with annual compensation.

Attended a SoCRA chapter meeting? (BASE: close enough to attend.)		
	Yes—at least one	No
BASE: A chapter is close enough to attend	894	481
Chapter attendees are significantly higher		
SoCRA member	95%	87%
Have been a SoCRA member at least 4 years	69%	43%
Certified as a CCRP with SoCRA	89%	68%
Has been a certified CCRP at least 4 years	68%	48%
Attended the SoCRA annual conference at least once	43%	32%
Attended at least one SoCRA educational workshop	67%	41%
Age	44.0	41.2
Years of experience in clinical research (mean)	12.9	10.7
Years in your current position	5.4	4.6
Canada resident	13%	7%
Employee of academic research center/organization	49%	39%
Prefer to receive <i>SoCRA Source Journal</i> by hard copy mailing	45%	37%
Never attended are significantly higher		
Benefit package includes annual salary bonus	24%	29%
U.S. resident	86%	92%
Prefer to access <i>SoCRA Source Journal</i> online	55%	63%

Belong to Other Professional Organizations

In 2015 as in prior survey results, the clearest correlations are with professional status and experience: Respondents who are members of other professional organizations (relative to their cohorts who do not hold other professional membership) tend to have higher incomes, higher degrees, a higher-paid title (Research Nurse), and more experience in terms of both therapeutic areas and time in field.

SoCRA involvement may seem to be correlating in opposite ways with membership in other professional organizations: On one hand, SoCRA membership and CCRP status are associated more with *not* having a membership in other professional organizations than with having one. On the other hand, *longer-term* SoCRA membership and CCRP longevity, and attending a SoCRA educational workshop, are associated more with *having* a membership in other professional organizations than with not having one. This interesting pattern also was observed in prior survey data. The new table on the next page may clarify the effects of professional organization membership.

Member of other professional organizations?		
	Yes	No
	<u>723</u>	<u>1432</u>
Members of other professional organizations are significantly higher		
Median annual compensation	\$81,510	\$70,360
Professional organization membership is in employee benefit package	49%	39%
Post-graduate degree (master's/doctorate)	50%	40%
SoCRA member for 4+ years	64%	56%
Years as a SoCRA member (mean)	6.5	6.0
CCRP with SoCRA for 4+ years	68%	58%
Attended at least one SoCRA Educational Workshop	62%	52%
Age (mean)	45.2	41.9
Number of therapeutic areas of experience	3.8	3.2
Years of clinical research experience	12.7	11.6
Years in your current position	5.5	5.0
Research Nurse	12%	4%
Clinical research/trial experience includes medical devices	31%	24%
Those who are <i>not</i> members of other professional organizations are significantly higher		
SoCRA member	88%	92%
Clinical Research Coordinator	22%	34%
Certified as a CCRP with SoCRA	72%	83%
Planning to take the CCRP exam with SoCRA (BASE: not certified)	49%	63%

Professional Organization Memberships – SoCRA, other, both...?

(New for 2020)

This new table clarifies the effects of membership in SoCRA vs. other professional association. One might have expected that members of both SoCRA and other organization would have the highest compensation and that those in neither organization would be lowest. Actually, those with membership in “Other” professional organizations but not SoCRA are the highest paid, while members of “Both” are second, followed by those with no professional membership, i.e., “neither.” SoCRA-only members have the lowest annual compensation, but – as noted in the Summary report – they may be catching up: Their compensation has increased faster, i.e., by 18% above inflation since 2004 vs. 10% above inflation for members of “Both” and 8% for members of “Other Only.”

The 45% above-inflation rate of the “Neither” group is an outlier. Their 2004 median salary was one of the lowest in that survey and was based a small subsample (N=59).

The Other Only respondents’ salaries are highest, due at least partly because they also are highest in career longevity: 13.3 years of experience in clinical research and 6.4 years in their current position.

As might be expected, members of SoCRA Only are the most likely to be SoCRA CCRP certified. Among those not certified, SoCRA Only members are by far highest in intent to take the CCRP exam.

However, members of *both* SoCRA + other professional organizations are *more* involved in SoCRA (than SoCRA Only members) in two ways: more likely to have attended an Educational Workshop and more longevity as a SoCRA member.

Results were similar in 2015 except as noted in the footnote at the bottom of the table: The small “Neither” group may be anomalous regarding their four outstanding high percentages flagged with an asterisk (as they may be anomalous regarding their very high above-inflation gain in compensation since 2004). They are the youngest and have the lowest career longevity of these subgroups, so maybe many of these will eventually join a professional organization.

Professional organization memberships:				
SoCRA? Other professional organizations?	Member of Both	SoCRA Only	Other Org Only	Neither
	638	1320	84	110
Members of OTHER professional organization ONLY are highest				
Median annual compensation	\$80,877	\$69,789	\$87,500	\$79,167
Years of experience in clinical research (mean)	12.6	11.8	13.3	10.1
Years in current position (mean)	5.2	5.2	6.4	4.0
Members of SoCRA only are highest				
SoCRA certified CCRP	80%	89%	8%	14%
Plan to take SoCRA CCRP exam (base: not certified)	62%	76%	28%	44%
Clinical Research Coordinator	21%	35%	24%	25%
Members of BOTH SoCRA + orgs. are highest				
Training/education is in employee benefit package	64%	56%	51%	45%
Professional org. membership in benefit package	50%	40%	35%	21%
Postgraduate degree (master's/doctorate)	51%	39%	38%	42%
Attended 1+ SoCRA Educational Workshop	61%	54%	55%	28%
Years as a SoCRA member (mean)	6.5	6.0	n/a	n/a
Members of BOTH and OTHER ONLY are high				
Number of therapeutic areas of experience (mean)	3.8	3.1	3.7	3.6
Members of BOTH and SoCRA only are high				
Prefer SoCRA Source Journal mailed in hard copy	46%	46%	33%	22%
Attended 1+ SoCRA chapter meeting (base: close)	69%	66%	53%	37%
Members of NEITHER organization are highest				
Prefer SoCRA Source Journal online	54%	54%	68%	78%*
Southwest region resident (base: US only)	14%	12%	24%	35%*
Clinical Research Associate	5%	9%	9%	26%*
Contract Research Organization employee	7%	8%	11%	35%*
Members of NEITHER organization are lowest				
Certification fees included in benefit package	53%	49%	41%	30%
Professional certification paid by employer	65%	67%	62%	44%
Age (mean)	45.0	42.2	46.3	38.9

* Not nearly as high in 2015

Professional Certification Paid by Employer

Differences between respondents who do versus do not get professional certification paid by their employers have been similar in the four salary surveys.

Respondents who have **professional certification paid by their employers** are (compared to their cohorts who do not get this employer benefit) more likely to be either CCRPs with SoCRA or planning to take the CCRP exam. In other words, most clinical researchers whose employers pay for professional certification either already have taken advantage of that benefit or plan to take advantage of it in the future.

Those who get this benefit also tend to skew toward younger, U.S. residents, salaried (vs. compensated hourly), recipients of a broad range of other employee benefits, and SoCRA members.

Interestingly, although respondents who get certification paid as a benefit are more likely than their cohorts to be SoCRA members and CCRPs, it is their cohorts (whose employers do not pay for their certification) who are more likely to have *longevity* (more than 3 years) as members and CCRPs. This seeming contradiction may be explained by age: Those who get certification paid as a benefit tend to be younger, hence have less longevity.

We continue to see no significant difference in salary *levels* between those who do versus do not get their certification fees paid as an employee benefit. However, we also find (again) that those getting certification paid as a benefit are significantly more likely to *be salaried* (versus paid hourly) than their cohorts.

See data table, next page.

Is professional certification paid by your employer?		
	Yes	No
	1410	749
Certification paid by employer are significantly higher		
Compensation is salaried (vs. hourly)	83%	76%
SoCRA member	93%	88%
CCRP with SoCRA	82%	74%
Plan to take the CCRP exam with SoCRA (BASE: not certified)	64%	47%
Benefit package includes professional organization membership <i>NOTE: Getting certification paid by the employer is significantly and positively associated with every specific benefit listed in the survey. This is simply because if an employee gets one benefit, he/she is likely to be with an employer who gives other benefits as well. After "certification fees" (which defines the subgrouping), the largest difference was for "professional organization membership," i.e., employers who pay for certification usually also pay for the same organization's membership.</i>	61%	6%
Get financial compensation for receiving professional certification	31%	18%
U.S. resident	91%	80%
Academic research center/organization	44%	31%
Certification not paid are significantly higher		
Compensation is hourly	17%	24%
Age (mean)	42.2	44.7
Years of experience in clinical research (mean)	11.6	12.8
Number of therapeutic areas of experience (mean)	3.2	3.7
SoCRA member more than 3 years	57%	64%
CCRP with SoCRA more than 3 years	58%	68%
Resident of Canada or other ex-U.S. country	9%	20%
Contrast Research Organization employee	6%	15%

Financial Compensation for Receiving Certification

Respondents who did or would get financial compensation (a raise, bonus, etc.) for receiving their professional certification tend to be lower-paid overall and in the following lower-paid subgroups: Clinical Research Coordinators, hospital or academic employment, paid hourly, less educated, less experienced, younger, Midwest residents, and intending to take the CCRP exam (compared to their cohorts who did/will not receive compensation). However, respondents compensated for certification also are more likely to be U.S. residents, who on average are *higher* paid than non-U.S. residents.

The cohorts who do *not* get compensation for certification are largely the mirror image of the above: more likely to be higher paid overall and in the following higher-paid subgroups: salaried; employed by a contract research, pharmaceutical, or medical device company; more educated; older; more experienced; and residing in the Middle Atlantic region of the US. Consistent with their older average age, they tend to have more longevity as SoCRA members and CCRPs. However, they also are more likely to be Canadians, who report lower compensation than do U.S. residents.

These results are similar to the prior survey findings.

See table, next page.

Was/will there be financial compensation (a raise) for receiving professional certification?		
	Yes	No
	577	1,580
Respondents who will get compensated are significantly higher		
Compensation is hourly	27%	17%
Benefit package includes certification fees <i>NOTE: Getting a raise for receiving professional certification also is significantly associated with having most other employee benefits, specifically: tuition reimbursement, training/education, professional organization membership, retirement, and an employee assistance program in the respondents' employee benefit packages. The strongest association is with certification fees. Put simply, employers who pay the fees for certification also tend to be those who will reward employees financially if they do get certified.</i>	60%	45%
Professional certification paid by employer	76%	61%
United States resident	93%	86%
Resident of the Midwest region (BASE: U.S. residents)	37%	21%
Clinical Research Coordinator	44%	25%
Hospital employee	42%	34%
Academic research center/organization employee	47%	37%
Plan to take the CCRP exam with SoCRA (BASE: not certified)	75%	51%
Respondents who will not get compensated are significantly higher		
Median annual compensation	\$66,699	\$76,471
Compensation is salaried (vs. hourly)	73%	83%
Postgraduate degree (master's/doctorate)	38%	45%
Age (mean)	42.1	43.4
Years as a SoCRA member (mean)	5.6	6.4
Years of experience in clinical research (mean)	10.8	12.5
CCRP with SoCRA for 4+ years	55%	65%
Number of therapeutic areas of experience (mean)	3.0	3.5
Canada resident	7%	12%
Resident of the Middle Atlantic region (BASE: U.S. residents)	7%	12%
Contract research organization employee	3%	11%
Pharmaceutical company employee	2%	5%
Medical device company employee	2%	5%