



SOCIETY OF CLINICAL RESEARCH ASSOCIATES

SoCRA 2010 SALARY SURVEY:

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

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August 2010

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Background and Method

In June 2010, SoCRA asked the clinical researchers in its database to complete an on-line salary survey. The questions were almost all the same as in SoCRA's prior salary survey, which was conducted in December, 2004. The data from both surveys were analyzed by Pete DePaulo, a research consultant with Ipsos Understanding Unltd.

A total of 4,755 individuals responded this year, nearly three times more than the 1,604 who responded in 2004. (As was also the case in 2005, the effective sample sizes for most questions were somewhat smaller than the total sample due to item non-response.) With the larger 2010 sample, some between-group differences that were not statistically significant in 2004 were significant in 2010.

The 2010 respondent pool included 4072 members and 513 non-members (plus 170 others who did not identify their membership status).

Throughout this report, "significant" or "significantly different" refers to statistical reliability, which does not necessarily mean "important." A difference that is greater than would be expected by chance may be trivial or meaningless to particular readers, depending on their needs.

A particular 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 descriptive statistic used to report salaries is the interpolated median. This statistic was calculated for all but the smallest sample groups (with less than 50 respondents).

2010 Highlights and Major Differences from 2005

The main data are summarized in two Excel spreadsheets that accompany this narrative report: *Median Salaries in 2004 and 2010* and *Total Sample & Member Breakdowns 2004 and 2010*.

- Readers interested in how their own salaries compare with the 2010 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, educational level, years of experience in clinical research, etc.
 - Also shown in this document is the change in median salary since 2004 for those groups whose medians were calculated for 2004. (In 2004, usually only groups that differed significantly from average had their medians calculated, versus most major groups with n>50 for 2010.) Due partly to inflation, all of the changes since 2004 were increases.
 - The median salary increases from December 2004 to June 2010 were compared to what would be expected from inflation alone. Inflation from December 2004 to June 2010 was 14.5%, according to the Consumer Price Index (CPI) data in the web site of the U.S. Bureau of Labor Statistics.
- Readers interested in the composition (profile) of the 2010 sample and how it compares with the 2004 sample can find the answers 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), because nearly 90% of the sample consists of members.

Perhaps the most striking finding in 2010 is that the (interpolated) **median salaries, on average, rose nearly \$4,000 more than what would be expected from inflation alone.** For the total sample, the median salary would have been expected to rise from \$49,143 to \$56,287 based on the (approximately 14.5%) increase in the CPI since December 2004, but it actually rose to \$60,221 in 2010. In fact, almost all the groups with 2004 data available had median increases that exceeded inflation.

- As is evident in the *Median Salaries* spreadsheet, the groups with the largest increases in median salaries (relative to inflation) tended to be the groups that already were above-average in salary in 2004. In other words, the “rich got richer.”
 - For example, the median salaries of the following groups (already above average in 2004) increased by more than \$8,000 above inflation: non-members, men, Clinical Research Associates, employees of pharmaceutical companies, having anti-infectives or inflammation/immunology as an area of therapeutic experience, and having attended a SoCRA Annual Conference.

However, the above-inflation increase in the total sample is not necessarily due to clinical researchers being “valued” more in 2010 than in 2004. At least *some* of the increase can be attributed to 2010 vs. 2004 differences in the sample *profiles*. Specifically, several subgroups with above-average salaries (as indicated in the *Median Salaries* spreadsheet) tended to be more heavily represented in 2010 than in 2004 (as shown in the *Breakdowns* spreadsheet). These higher-income subgroups included those who are:

- older
 - age 55-64: They are 17.1% of the total sample in 2010 vs. 10.7% in 2004.
 - age 65+: 1.3% in 2010 vs. 0.4% in 2004.
- more experienced
 - at least ten years in clinical research: 45.2% vs. 33.7%
 - more therapeutic areas of experience: mostly higher percentages in the various areas in 2010 vs. 2004.
- more educated
 - master’s degree: 23.4% vs. 19.3%
 - Ph.D.: 4.2% vs. 3.1%

- engaged in more professional development:
 - attended the SoCRA annual conference more than once: 12.0% vs. 10.4%
 - attended more than one SoCRA educational workshop: 26.1% vs. 16%
- salaried (vs. hourly) employees: 74.2% vs. 70.0%
- working at least 40 hours a week: 64.6% vs. 59.9%
- non-members: 11.2% vs. 9.2%
- men: 10.2% vs. 8.2%

Put simply, 2010 survey respondents tended to be older, more experienced, more educated, etc., than 2004 respondents. Thus, one would expect the 2010 salaries to be higher than the 2004 salaries even after adjusting for inflation. Nevertheless, there is still the possibility that at least some of salary advancement is due to clinical researchers generally gaining in status and authority since 2004.

In addition to the higher median incomes and greater representation of key higher-salaried groups (noted above), there were some other remarkable differences in the profiles of the 2010 vs. 2004 respondents:

- The percent of respondents with a SoCRA chapter close enough to attend rose considerably from 37.5% to 52.5%.
 - Consistent with the increase in chapter proximity, the percent of respondents who have attended a SoCRA chapter meeting at least once increased sharply from 17.7% to 29.8%.
- The percent who “belong to other professional organizations” declined from 56.2% to 47.5%.
- Respondents who were in their current positions at least 10 years had significantly below-average incomes in 2004 but significantly above-average incomes in 2010 – and the increase in the median income was nearly \$11,000 above inflation.
- There was a shift in preference for the means of receiving a SoCRA publication, perhaps because the publication mentioned was different. In 2004, 6 in 10 respondents preferred receiving the *SoCRA Annual Membership Directory* **online** via the SoCRA home page. In 2010, about 6 in 10 respondents indicated they prefer receiving the *SoCRA Source Journal* via **hard copy** mailing.

However, in most respects, the 2010 respondent profile is quite similar to the 2004 profile. Most notably, in both 2004 and 2010:

- About 9 in 10 respondents are members.
- About 9 in 10 are female.
- About 7 in 10 are salaried.
- Usually the same groups had above-average salaries (and the same groups had below-average salaries) in both 2010 and 2004.
 - Groups with significantly **higher** salaries in both surveys included higher educated, older, males, New England residents, having various employee benefits, Research Nurses, Clinical Research Associates, Research Managers, Project Managers, contract research organization employees, pharmaceutical company employees, medical device company employees, having experience in medical devices or biologics, having more experience (in years or number of therapeutic areas), belonging to other professional organizations, and salaried / full time employees.
 - Groups with significantly **lower** salaries in both surveys included lower educated, younger, females, Midwest residents, Clinical Research Coordinators, Data Managers, hospital employees, academic center/organization employees, employees of physician-based practices, having relatively little experience (in years or therapeutic areas), not having a membership in other professional organizations, and hourly / part-time employees.
 - One major **exception**, noted earlier, was people with 10+ years in the current positions, who went from below average to above average in median salary.
- In both surveys, nearly half hold bachelor's degrees, but have not (yet) earned an advanced degree.
- At least 8 in 10 are age 25-54.
- Over 80% reside in the U.S.
 - However, the percent residing in Canada dropped from 15.4% to 10.9%.
 - Representation of countries other than the U.S. and Canada doubled from 1.6% to 3.2%.
- Approximately 50% of the U.S. respondents reside in the South or Midwest regions. Just under 5% reside in New England.

- The most common job title, by far, is Clinical Research Coordinator (held by just under 30%)
 - The next-most common titles were Research Nurse and Clinical Research Associate (each held by 11-14%).
- By far the most common employers are hospitals (about 1 in 3 respondents) and academic research centers/organizations (about 1 in 4).
 - Each of the other employers were represented by less than 10% of respondents.
- By far the most common area of study/trial experience is pharmaceutical (just over 70%).
 - However, the next-most common area, medical devices, increased from 16.1% in 2004 to 23.5% in 2010.
 - Behavioral research also increased notably, from 5.7% in 2004 to 9.0% in 2010.
- Oncology is by far, the most common therapeutic area of clinical research experience (nearly 60%).
 - The next-highest is now cardiovascular (31%) whereas last year it was hematology (28%).
- Respondents represent a broad range of clinical research experience (over 20% have less than 5 years experience, and over 15% have at least 15 years).
 - However, the average amount of experience has increased significantly, as noted earlier. The mean is up from 8.4 years in 2004 to 9.9 years in 2010.
 - Likewise, mean number of years in one's current position has increased from 4.4 years to 5.1 years.
- About 6 in 10 are certified as a CCRP with SoCRA.
 - However, among those certified, the mean number of years certified has increased from 3.1 to 3.8.
- The percent of non-CCRP respondents planning to take the SoCRA exam remains at about 55%.
 - Among those not certified and not planning to take the exam, the most common reasons continue to be “not needed for my current job” (about 40%) and “already certified through another organization (just under 30%).

- The proportion who have never attended a SoCRA Annual Conference remains at about 7 in 10. Likewise, over half in both surveys have not attended a SoCRA educational workshop.
 - However, as noted earlier, the percent of respondents who have attended the SoCRA Annual Conference more than once and attended more than one SoCRA Educational Workshop increased significantly from 2004 to 2010.
- Employer incentives for obtaining professional certification are essentially the same in both surveys:
 - For nearly 60%, their employers pay for professional certification.
 - Nearly 20% did or will receive 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. A bonus and/or some other form of compensation were each mentioned by less than 20%.

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% 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, encyclopedic listing of every statistically significant difference between subgroups.

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SoCRA Members vs. Nonmembers

As evident in the table on the next page, non-members in the sample have significantly higher average salaries than members.

- This may be due in part to non-members being older than members and having more experience –in more therapeutic areas and more years of experience in clinical research as well as in their current positions.
- Another contributing factor may be differences in employers: non-members include more pharmaceutical company employees (who have above-average salaries) than members, while members include more hospital employees (who have below-average salaries).

Most other differences in the table are as one might expect: Members are more likely than non-members to have their professional organization membership and their professional certification fees paid by their employers, and to have attended a SoCRA chapter meeting.

The largest difference is in preference for receiving the *SoCRA Source Journal*: By 2:1 margins, members prefer to receive it in hard copy while nonmembers prefer it online.

These 2010 member vs. non-member differences were generally similar to what was found in 2004. Some differences that were not large enough to be significant in 2004 are significant this year. Here are a few examples:

- Perhaps the most important example is that the difference in median salary was about three times as large this year as it was in 2004 year: Specifically, non-members were approximately \$7,300 higher than members in 2010 vs. \$2,400 higher in 2004. Accordingly, the difference is highly significant this year ($p < .001$) whereas it was only marginally significant ($p = .08$) in 2004.
- The difference in average age (non-members older) is larger and significant this year.
- The difference in country of residence – a higher proportion of members than non-members are from outside the U.S. – is significant this year.
 - Also, the U.S. regional differences in the table below were evident but smaller in 2004.

See table, next page.

	<u>SoCRA Members</u>	<u>Non- members</u>
	<u>N=4072</u>	<u>N=513</u>
Members significantly higher		
Employee benefit package includes professional organization membership	45%	34%
Professional certification fees paid by employer	60%	49%
Non-US resident	14.4%	9.3%
Resident of the South U.S.	29%	22%
Title: Clinical Research Coordinator	30%	17%
Hospital employee	36%	28%
Prefer to receive <i>SoCRA Source Journal</i> by hard copy mailing	65%	30%
Attended at least one local SoCRA chapter meeting	31%	21%
Non-members significantly higher		
Median salary	\$59,491	\$66,813
United States resident	86%	91%
Resident of the Midwest region of the U.S. (BASE: U.S. residents)	23%	31%
Pharmaceutical company employee	5%	10%
Number of therapeutic areas of experience	3.1	3.8
Age (mean)	43.5	44.7
Years of experience in clinical research (mean)	9.8	10.7
Years in your current position (mean)	5.0	5.6
Prefer to receive <i>SoCRA Source Journal</i> online	35%	70%

Gender

Men's average salaries are higher than women's. This could be attributed to a number of other differences correlated with *higher* salaries: Men are more likely than women to be salaried (vs. hourly) employees; working at least 40 hours a week; holders of advanced degrees; working for pharmaceutical companies, contract research organizations, or medical device companies; experienced in more therapeutic areas; and members of other professional organizations. By contrast, women are more likely to be hospital employees, whose median salaries are below average.

However, some gender differences run counter to the salary correlations: Women, despite their lower salaries, are more likely than men to be Research Nurses, who reported above-average salaries. Also counter to their lower average salaries, female respondents are older, in clinical research and in their current positions longer; and certified as a CCRP longer than male respondents.

These 2010 gender differences are very similar to what we found in 2004.

	<u>Female</u>	<u>Male</u>
	<u>4244</u>	<u>481</u>
<u>Women significantly higher</u>		
Compensation is hourly	26%	16%
Age (mean)	44.0	41.2
Title: Research Nurse	14%	4%
Hospital employee	36%	28%
Years of experience in clinical research	10.0	9.0
Years in current position	5.1	4.4
Certified as a CCRP with SoCRA	63%	55%
Certified as a CCRP more than 3 years (BASE: SoCRA CCRP certified)	45%	30%
<u>Men significantly higher</u>		
Median salary	\$59,543	\$69,625
Compensation is salaried	73%	83%
Work 40+ hours per week	64%	70%
Benefit package includes annual salary bonus	24%	35%
Advanced degree (master's or doctoral)	26%	43%
Title: Clinical Research Associate	11%	18%
Contract Research Organization employee	8%	17%
Pharmaceutical employee	5%	10%
Medical device company employee	4%	10%
Number of therapeutic areas of experience	3.1	3.8
Member of another professional organization	47%	54%

Age

Older respondents tend to have higher salaries than younger respondents. This probably is due at least in part to older respondents having more years of experience in clinical research and in their current positions. The higher salaries of older respondents also can be attributed to their higher involvement in SoCRA: they have been CCRPs longer and are more likely than younger respondents to have attended a SoCRA annual conference, a SoCRA educational workshop and a SoCRA chapter meeting. Also, they are more likely than younger respondents to be members of another professional organization.

Other noteworthy differences are: younger respondents are more likely than older respondents to be male; residents of foreign countries; and to be Clinical Research Coordinators. Older respondents are more likely than younger respondents to be U.S. residents and Research Nurses.

Across all ages, respondents prefer to receive the SoCRA Source Journal in mailed hard copy, but the preference is not as strong among younger respondents, who are more open to receiving it online.

Mostly similar results were obtained in the 2004 age analysis.

Age	Under 35	35-44	45-54	55+
	<u>1292</u>	<u>1084</u>	<u>1444</u>	<u>858</u>
Younger respondents significantly higher				
Male	13%	13%	8%	6%
Professional certification fees paid by employer	67%	58%	55%	52%
Will receive financial compensation for obtaining professional certification	24%	19%	18%	16%
Employee benefit: annual salary bonus	29%	24%	25%	21%
Reside outside the U.S.	18%	17%	11%	9%
Clinical Research Coordinator	36%	28%	25%	21%
Prefer to receive <i>SoCRA Source Journal</i> online	42%	41%	35%	35%
Plan to take the CCRP exam with SoCRA (BASE: not CCRP certified)	65%	55%	51%	40%
Older respondents significantly higher				
Salary is \$65,000+	28%	41%	48%	51%
Female	87%	87%	82%	94%
U.S. resident	82%	83%	89%	91%
Research Nurse	5%	11%	17%	21%
Years of experience in clinical research	5.7	9.1	11.5	14.5
Years in your current position	2.9	4.5	6.0	7.5
Prefer to receive <i>SoCRA Source Journal</i> in hard copy	58%	58%	65%	65%
Have been a SoCRA CCRP more than 3 years	22%	40%	52%	64%
Attended SoCRA annual conference at least once	19%	29%	33%	39%
Attended at least one SoCRA educational workshop	37%	44%	57%	57%
Attended at least one SoCRA chapter meeting (BASE: a chapter is close enough to attend)	43%	45%	55%	58%
Member of another professional organization	36%	48%	52%	57%

Education

The well-known correlation between education and income is evident in the survey data this year, as it was in 2004: More than twice as many advanced-degree holders have \$65,000+ salaries as do respondents with less than a Bachelor's degree. Consistent with the education-income correlation, we also see in the table below:

- The following groups have above-average salaries and educational levels: Men; salaried employees; Research Managers; Project Managers; "other" titles; respondents with more than 3 therapeutic areas of experience; and have a SoCRA chapter close enough to attend.
- The following have below-average salaries and educational levels: Women, Clinical Research Coordinators; employed in physician-based practices;

However, there were exceptions to the income-education correlation:

- More education but lower salaries: Academic employment; not certified but plan to take the CCRP exam;
- Less education but higher salaries: Research Nurses; older respondents; respondents with more years in their current positions; CCRP certified more than 3 years.

Highest Degree:	High school/ Associates	Bach- elor's	Master's/ Doctorate
	<u>1017</u>	<u>2230</u>	<u>1306</u>
Less educated respondents significantly higher			
Form of compensation is hourly	42%	23%	13%
Female	95%	90%	84%
Age (mean years)	47.0	42.0	43.2
Clinical Research Coordinator	33%	28%	24%
Research Nurse	15%	14%	7%
Physician based research practice employee	16%	9%	5%
Years in your current position	6.2	4.8	4.4
Certified as a SoCRA CCRP more than 3 years (BASE: CCRP certified)	52%	41%	39%
More educated respondents significantly higher			
Salary \$65,000+	25%	41%	54%
Form of compensation is salaried	57%	76%	85%
Male	5%	10%	16%
Research Manager	6%	9%	13%
Project Manger	3%	7%	9%
"Other" title	15%	13%	24%
Academic center/organization employee	20%	24%	29%
Clinical research/trial experience: Behavioral research	4%	8%	14%
Clinical research/trial experience: Public health	7%	10%	18%
Number of therapeutic areas of experience	2.9	3.2	3.4
Plan to take the SoCRA CCRP exam (BASE: not certified)	38%	46%	53%
SoCRA chapter is close enough to attend	47%	53%	57%

Resident Country

In 2004, Canadians reported salaries that were significantly lower than those of their U.S. counterparts, but this year their average salary is slightly higher (though not significantly). This salary difference runs counter to Canadians being more likely to be paid hourly (vs. salaried).

The most consistent difference in the table below is that the U.S. residents have more in their benefit packages than residents of other countries. One exception is that residents of “other” countries are more likely to get an annual salary bonus.

Unlike in 2004, this year we have enough data from residents of countries “other” than Canada and the U.S. to look for significant differences. One is that their average salary is relatively low.

	U. S.	Canada	Other
	<u>4008</u>	<u>507</u>	<u>152</u>
U.S. residents higher			
Professional certification fees paid by employer	60%	49%	41%
Benefit package includes tuition reimbursement	61%	29%	25%
Benefit package includes professional organization membership	45%	32%	25%
Benefit package includes health insurance	89%	75%	66%
Benefit package includes dental insurance	84%	74%	40%
Benefit package includes retirement package	76%	54%	41%
Benefit package includes annual/sick leave	86%	71%	57%
Benefit package includes employee assistance	60%	52%	25%
Age	44.0	41.6	39.5
Research Nurse	13%	11%	5%
Employer: academic	25%	19%	12%
Employer: physician-based practice	10%	7%	3%
Years of experience in clinical research	10.0	9.5	8.0
Study/trial experience: Medical devices	25%	14%	19%
Therapeutic area: Hematology	26%	17%	21%
Canada residents higher			
Form of compensation is hourly (vs. salaried)	24%	34%	19%
CCRP certified	61%	69%	58%
Other countries higher			
Benefits package includes annual salary bonus	25%	19%	40%
Male	10%	9%	21%
Advanced degree (master's or doctorate)	28%	24%	38%
Clinical Research Coordinator	27%	33%	37%
Hospital employee	34%	39%	52%
Therapeutic area: Metabolic disease	17%	18%	30%
Other countries lower			
Median salary	\$60,440	\$61,136	\$47,963
SoCRA chapter is close enough to attend	53%	53%	39%

Region of the U.S.

New England (N=198)

- Highest median **salary** vs. all other regions this year (\$70,227) as well as in 2004.
- Highest percent of **advance-degree** (master's/doctorate) holders (37%)
- Highest number of **years in their current positions** (mean 5.7).
- Highest percent of **pharmaceutical company** employees (11%)
- Highest percent of **hospital** employees (45%) – runs counter to the high median salary
- Highest percent who prefer to receive the *SoCRA Source Journal* in **hardcopy** (68%)

Middle Atlantic (675)

- Significantly higher:
 - **Salaries** (median \$64,375). In 2004 they were about average.
 - More are **pharmaceutical company** employees (10%)
 - Highest percent of **government** employees (6%)
 - Highest percent with a **SoCRA chapter close enough** to attend (60%)
- Significantly lower:
 - Lowest percent who have attended at least one SoCRA chapter meeting: 36% (BASE: respondents with a chapter close enough to attend)
 - Lowest percent who get financial compensation for receiving professional certification (14%).

South (1,138)

- Average salaries this year (median \$60,215) as well as in 2004..
- Low percent with a SoCRA chapter close enough to attend (48%)

Midwest (945)

- Lowest median salary this year vs. other regions (\$54,520); also below average in 2004.
- Low percent with a SoCRA chapter close enough to attend (48%)

Southwest (372)

- Median salary close to average this year (\$58,000); was significantly below average in 2004.
- Highest percent who have **attended at least one SoCRA chapter meeting**: 61% (BASE: respondents with a chapter close enough to attend)
- Highest % who get financial **compensation for receiving prof. certification** (28%).

West (658)

- **Salaries** above average this year (median \$62,523); were average in 2004.
- Highest percent of **hourly** compensation (30%) – despite their high salaries.
- Highest percent of **Clinical Research Coordinators** (36%)
- Highest percents of employees of **medical device firms** (9%) and biotech firms (6%)
- Highest percent who prefer to receive the *SoCRA Source Journal* **online** (46%)

Job Title

Clinical Research Coordinators (N=1,323)

- Significantly higher:
 - 93% are **SoCRA members**, highest of all the titles.
 - About half (49%) work in **hospitals** – vs. 35% of the total sample.
- Significantly lower:
 - Low median salary this year (\$49,616) and in 2004
 - Very unlikely to work in a contract research organization (2%, vs. 9% of total sample) or a pharmaceutical company (<1% vs. 5% total sample).
 - Fewer therapeutic areas of experience: mean = 2.5, vs. 3.2 for the total sample
- Similar results were found in 2004.

Research Nurses (611)

- Significantly higher:
 - Median **salary** this year (\$63,846) and in 2004, but theirs did not rise as much as the median salaries of the other titles.
 - Highest percent who are **women** (97%, vs. 90% in the total sample).
 - By far the **oldest** (relative to the other titles): mean age 48.5.
 - **The most years in their current positions:** mean = 6.3, vs. 5.1 in total sample.
 - About half (49%) work in **hospitals**, vs. 35% of the total sample..
- Below-average:
 - Percent with advanced degrees (master's/doctoral) (15%).
 - Very unlikely to work in a contract research organization (1%, vs. 9% of total sample) or a pharmaceutical company (<1% vs. 5% total sample).
 - Fewer therapeutic areas of experience: mean 2.5, vs. 3.2 for the total sample
- Similar results were found in 2004.

Clinical Research Associates (533)

- Significantly higher:
 - Highest median **salary** of all the titles this year (\$78,579). Theirs increased the most since 2004, when they were above average but not highest.
 - Nearly half (45%) have an **annual/salary bonus** in their benefit package. This is highest vs. the other titles and well above the total-sample percent (25%).
 - Highest percent who are **men**: 16%. The total sample is 10% male.
 - More **therapeutic areas of experience**: mean = 4.1, vs. 3.2 for the total sample.
 - One in three (33%) work in **contract research organizations**, much higher than the overall proportion of 9% in the total sample.
 - More likely to work in a **pharmaceutical company** (18% vs. 5% of total sample), a **medical device company** (17% vs. 5%), or a **biotech firm** (7% vs. 2%).
 - More likely to be a **contractor/self-employed consultant** (4% vs. 1%).
- Unlikely to work in:
 - Hospitals: 11%, vs. 35% of the total sample.
 - Academic centers/organizations: 8% vs. 24%
- Similar results were found in 2004

Research Managers (N=444)

- Median **salaries** well above average this year (\$74,368). In 2004 theirs was the highest of all the titles.
- High percent hold **advanced degrees** (37%)
- Relatively **young** – median age 40.9.
- More work in an **academic** setting: 35%, vs. 24% of the total sample.
- Similar results were found in 2004.

Data Managers (191)

- Significantly higher:
 - Nearly half (45%) are **paid hourly**.
 - More work in **hospitals**: 45%, vs. 35% of total sample.
 - More have **oncology** as a therapeutic area of experience: 86%, vs. 56% of the total sample. However, they report fewer areas of experience overall – see below.
- Significantly lower:
 - Median salaries are among the lowest this year (\$46,071), as they were in 2004.
 - More than half (52%) work fewer than 40 hours per week.
 - Fewer therapeutic areas of experience: mean 2.3, vs. 3.2 for the total sample
- Similar results were found in 2004, except that Data Managers are not as distinctive this year – fewer significant/noteworthy differences than in 2004.

Project Managers (296)

- Above-average:
 - High median **salary** in this survey (\$70,698) and in 2004.
 - Highest percent (vs. other titles) who hold **advanced degrees** (40%).
 - More work for a **pharmaceutical company** (12% of project managers vs. 5% of total sample), a **contract research organization** (17% vs. 9%), or a **biotech firm**: 5% vs. 2%
- Fewer work in a hospital: 13%, vs. 35% of the total sample.
- Similar results were found in 2004.

Clinical Research Assistants (157)

- Significantly higher:
 - More work in a **hospital**: 46%, vs. 35% of total sample
 - Most (56%) are **paid hourly** – highest of all the titles.
- Significantly lower:
 - Age – they are the **youngest**, compared to the other titles (mean age 39.8).
 - Lowest median salary (\$42,075). Insufficient data in 2004.
 - More than half (54%) work fewer than 40 hours per week.
 - Lowest percent with advanced degrees (14%)
 - Fewer work in an academic setting: 12% vs. 24%
 - Fewer therapeutic areas of experience: mean = 2.3, vs. 3.2 for the total sample.
 - Fewest years of experience in clinical research: 6.6, vs. 9.9 in the total sample.
 - Lowest percent with CCRP certification: 45%, vs. 62% in the total sample.

- Lowest percent who are members of another professional organization: 28%, vs. 48% in the total sample
- 2004 sample: not analyzed – too few respondents with this title

Quality Assurance specialists (137)

- Above-average median **salary** in this survey (\$70,000). Insufficient data in 2004.
- More **therapeutic areas of experience**: mean = 4.5, vs. 3.2 for the total sample.
- Above-average likelihood of working in:
 - A **pharmaceutical company**: 12%, vs. 5% of total sample.
 - **Contract research organization**: 15% vs. 9%.
 - **Biotech firm**: 6% vs. 2%
 - **Government**: 6% vs. 2%
- Highest percent who have **attended at least one SoCRA educational workshop**: 69%, vs. 49% in the total sample.
- 2004 sample: Subgroup data not analyzed because N was under 100.

Regulatory Affairs specialists (236)

- Above-average:
 - Percent **residing in the U.S.**: 96%, vs. 86% for the total sample.
 - Percent working in an **academic** setting: 34%, vs. 24% of total sample.
- Below-average median salary in this survey (\$51,408). Insufficient data in 2004.
- 2004 sample: Subgroup data not analyzed because N was under 100.

Salaried vs. Hourly Compensation

As expected (and as found also in 2004), *type* of compensation (salaried vs. hourly) is related to many of the same variables associated with *level* of compensation, e.g., education, gender, therapeutic experience, job title, etc. That is, subgroups with higher compensation tend to be salaried rather than hourly employees. One exception involves respondents with academic employers: Their compensation is significantly lower than average, yet the percentage who are salaried is significantly higher than average (see table below). Another exception is that years in one's current position is correlated with higher compensation but also hourly compensation.

	Salaried	Hourly
	<u>3363</u>	<u>1128</u>
Salaried higher:		
Median salary	\$64,026	\$48,288
Work 40 or more hours per week in clinical research	71%	45%
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>	95%	80%
Male	11%	6%
Education: Post-graduate (master's or doctorate)	32%	15%
Employer: Contract research organization	10%	3%
Employer: Medical device company	6%	2%
Employer: Academic Research Center/Organization	28%	16%
Number of therapeutic areas of experience (mean)	3.3	2.9
Years of experience in clinical research (mean)	10.2	8.9
SoCRA chapter is close enough to attend	55%	45%
Member of another professional organization	50%	41%
U.S. resident	88%	83%
Resident of Mid-Atlantic U.S. region (BASE: U.S. residents)	18%	13%
Clinical Research Associate	13%	6%
Research Manager	12%	4%
Project Manager	8%	2%
Hourly higher		
Female	89%	94%
Employer: Hospital	33%	44%
Employer: Contractor – self-employed consultant	<1%	3%
Employer: Physician Based Practice	7%	16%
Years in your current position (mean)	4.8	5.7
Plan to take the SoCRA CCRP exam (BASE: not CCRP certified)	50%	65%
Canada resident	9%	15%
Resident of West U.S. region (BASE: U.S. residents)	15%	21%
Clinical Research Coordinator	25%	37%
Research Nurse	12%	17%
Data Manager	3%	7%
Clinical Research Assistant	2%	7%

Current Employer

Specific employers with at least 100 respondents (N) were analyzed separately.

Hospital employees (N=1,674)

- Significantly higher
 - Percent paid **hourly** is 31%, vs. 25% in the total sample
 - Benefit package includes:
 - **tuition reimbursement**: 67% vs. 56%
 - **employee assistance**: 66% vs. 58%
 - **Clinical Research Coordinators**: 39% vs. 28%
 - **Research Nurses**: 18% vs. 13%
 - Therapeutic experience includes **oncology**: 64% vs. 56%
 - **Years in your current position**: mean 5.5 vs. 5.1.
 - **Hourly** compensation: 31% vs. 25%
- Significantly lower
 - Median salary \$55,756.
 - Benefit package includes:
 - Professional organization membership: 35%, vs. 42% in total sample.
 - Annual salary bonus: 16% vs. 25%
 - Clinical Research Associates: 4% vs. 11%
 - Number of therapeutic areas of experience: mean 2.7, vs. 3.2 in the total sample.
 - Years of experience in clinical research: mean 9.1 vs. 9.9.
 - Work 40 or more hours per week on clinical research: 57% vs. 65%
- 2004 survey: mostly similar results

Physician Based Research Practice employees: (441)

- In several ways they are similar to hospital employees.
- Significantly higher
 - **Hourly** compensation: 42%, vs. 25% of the total sample
 - **U.S. resident**: 91% vs. 86%
 - **Clinical Research Coordinators**: 43% vs. 28%.
 - **Research Nurses**: 22% vs. 13%.
 - **Research Managers**: 16% vs. 9%
 - Clinical **research/trial experience includes pharmaceutical**: 82% vs. 71%.
 - **Years in your current position**: mean 5.8 vs. 5.1.
- Significantly lower
 - Median salary \$51,975
 - Benefit package includes tuition reimbursement 30% vs. 56%, dental insurance 66% vs. 81%, retirement 59% vs. 72%, employee assistance program 32% vs. 58%, long-term disability 47% vs. 65%
 - Have an advance degree (master's/doctorate): 16% vs. 28%.
 - Clinical Research Associates: 2% vs. 11%.
 - Therapeutic areas of experience: mean 2.4 vs. 3.2.

- Years of experience in clinical research: mean 9.1 vs. 9.9.
- SoCRA chapter is close enough to attend: 36% vs. 53%.
- 2004 survey: mostly similar results.

Contact Research Organization employees (N=412)

- Significantly higher
 - Median **salary** \$73,636. Also above average in 2004.
 - **Salaried employees**: 88%, vs. 74% in the total sample.
 - **Work 40+ hours** per week: 78% vs. 65%.
 - Benefit package includes **annual salary bonus**: 42% vs. 25%.
 - **Male**: 20% vs. 10%.
 - **Canadians**: 18% vs. 11%; **other countries** (besides US & Canada) 6% vs. 3%.
 - **South region** of the U.S. (BASE: U.S. only): 42% vs. 29%.
 - **Clinical Research Associates**: 42% vs. 11%.
 - **Number of therapeutic areas** of experience: mean 4.8 vs. 3.2.
- Significantly lower
 - Benefit package includes tuition reimbursement 45% vs. 56%, retirement package 59% vs. 72%, employee assistance 46% vs. 58%.
 - Age – **younger**. Mean 41.4 vs. 43.7.
 - Clinical Research Coordinators: 6% vs. 28%; Research Nurses: 1% vs. 13%.
 - Years in your current position: 3.5 vs. 5.1.
- 2004 survey: mostly similar results.

Pharmaceutical company employees (250)

- Significantly higher
 - **Very high median salary**: \$91,595. Also very high in 2004.
 - **Work 40+ hours per week**: 79%, vs. 65% of the total sample.
 - Benefit package includes **annual salary bonus** 68% vs. 25%; **professional organization membership**: 54%, vs. 42% in the total sample.
 - **Male**: 20%, vs. 10% of the total sample.
 - **Advanced degree** (master's/doctorate): 36% vs. 28%.
 - **Canadians**: 19% vs. 11%.
 - **Middle Atlantic region** of the U.S. (BASE: US residents): 35% vs. 17%.
 - **Clinical Research Associates**: 38% vs. 11%.
 - **Project Managers**: 14% vs. 6%.
 - **Number of therapeutic areas** of experience: mean 4.5 vs. 3.2
 - **Years of experience in clinical research**: mean 11.3 vs. 9.9.
 - Prefer to receive *SoCRA Source Journal* **online**: 49% vs. 38%.
- Significantly lower
 - SoCRA members: 80%, vs. 89% of the total sample.
 - South region of the U.S. (BASE: US residents): 18% vs. 29%.
 - Clinical Research Coordinators: 1% vs. 28%.
 - Research Nurses: 1% vs. 13%.
 - Years in your current position: mean 4.5 vs. 5.1.
 - SoCRA CCRP certified: 51% vs. 62%.
 - Plan to take the CCRP exam with SoCRA (BASE: not certified): 32% vs. 54%.

- Attended at least one SoCRA chapter meeting (BASE: Chapter close enough to attend): 26% vs. 52%.
- Would get financial compensation for receiving professional certification: 7% vs. 20%.
- 2004 survey: similar results

Academic Research Center/Organization employees (N=1,152)

- Significantly higher
 - More are **salaried**: 83%, vs. 74% in the total sample.
 - **Benefit package is significantly more likely to include every listed item** except an annual salary bonus (see below). The largest difference is in having a retirement package: 86% of academic employees have it vs. 72% of the total sample.
 - Much higher percent with **advanced degrees** (master's/doctorate): 60% vs. 28%.
 - More **Research Managers** 14% vs. 9%.
 - More clinical research/trial experience includes **behavioral research**: 14% vs. 9%; **biologics** 28% vs. 19%; **public health** 18% vs. 11%.
 - More **years of clinical research experience**: mean 10.4 vs. 9.9.
 - More are **certified as a CCRP** with SoCRA: 69% vs. 62%.
 - Of those with a SoCRA chapter close enough to attend, more have **attended at least one chapter meeting**: 56% vs. 48%.
- Significantly lower
 - Median salary \$56,737. Also below average in 2004.
 - Benefit package includes annual salary bonus for only 9%, vs. 25% in the total sample.
 - More Clinical Research Associates: 4% vs. 11%
 - Fewer therapeutic areas of experience: mean 2.9 vs. 3.3.
- 2004: Mostly similar pattern, although some noteworthy differences in 2004 were small or non-significant this year.

Medical Device Company employees (226)

- Significantly higher
 - **Very high median salary**: \$88,355. Also very high in 2004.
 - More **salaried**: 90%, vs. 74% of the total sample.
 - More **work 40+ hours per week**: 76% vs. 65%.
 - Benefit packages include more: **annual salary bonus** (60% vs. 25%), **professional organization membership** (75% vs. 41%), **certification fees** (64% vs. 41%), **training/education** (75% vs. 58%), **tuition reimbursement** (66% vs. 56%), **long-term disability** (75% vs. 65%).
 - More **men**: 21% vs. 10%.
 - Almost all **U.S. residents**: 99%, vs. 86% in the total sample.
 - Among U.S. residents, more in the **West region**: 27% vs. 17%.
 - Many more **Clinical Research Associates**: 40% vs. 11%.
 - More **Project Managers**: 14% vs. 6%.
 - Many more have therapeutic area experience in **cardiology**: 58% vs. 31%.
 - Member of other professional organizations: 61% vs. 48%.

- .Significantly lower
 - Among U.S. residents, fewer in the South region: 16%, vs. 29% in the total sample.
 - Very few Clinical Research Coordinators (2% vs. 28%) or Research Nurses (1% vs. 13%)
 - Much less likely to have therapeutic area experience in oncology: 25% vs. 56%.
 - Fewer years in one's current position: mean 3.7 vs. 5.1.
 - Fewer are certified as a CCRP with SoCRA: 50% vs. 62%.
 - Among those close enough to a SoCRA chapter to attend meetings, fewer have been to at least one chapter meeting: 29% vs. 51%.
 - Fewer would receive financial compensation for receiving professional certification: 7% vs. 20%.
- 2004 survey: Subgroup data not analyzed because N was under 100.

Biotech Company employees (N=106)

- Significantly higher
 - Very high median **salary**: \$89,773. Not calculated in 2004 (N<50).
 - Many more benefit packages include **annual salary bonus**: 64%, vs. 25% of the total sample.
 - More **men**: 20% vs. 10%
 - More U.S. residents are in the **West region** (40% vs. 17%).
 - More **Clinical Research Associates** (36% vs. 11%) and **Project Managers** (13% vs. 6%).
 - More clinical research/trial experience includes **biologics** (41% vs. 19%).
 - More **areas of therapeutic experience** in general (mean 4.0 vs. 3.2), especially **inflammation/immunology** (34% vs. 17%) and **neurology & pain** (38% vs. 23%).
- .Significantly lower
 - SoCRA members are 81%, vs. 89% of the total sample.
 - Fewer benefit packages include retirement package: 61% vs. 72%.
 - Fewer U.S. residents are in the Midwest (10% vs. 24%) or Southwest (2% vs. 9%) regions
 - Very few Clinical Research Coordinators (2% vs. 28%) or Research Nurses (1% vs. 13%)
 - Fewer years in their current positions: mean 3.4 vs. 5.1.
 - Fewer are CCRP certified with SoCRA: 45% vs. 62%.
 - Of those who are not CCRP certified, fewer plan to take the SoCRA exam: 37% vs. 54%
- 2004 survey: Subgroup data not analyzed because N was under 100.

Independent Research Site employees (N=157)

- Significantly higher
 - More **hourly** compensation: 38%, vs. 25% of the total sample.
 - More benefit packages include **annual salary bonus**: 34%, vs. 25% of the total sample
 - More U.S. residents are in the **South region** (48% vs. 29%).
 - More **Research Managers**: 16% vs. 9%.
 - More clinical research/trial experience includes **pharmaceutical**: 81% vs. 71%.
 - More **therapeutic areas of experience** (mean 3.9 vs. 3.2), especially **neurology & pain** (44% vs. 23%) and **cardiology** (48% vs. 31%).
- Significantly lower
 - Median salary \$55,769. Not calculated in 2004 (N<50).
 - Fewer benefit packages include tuition reimbursement (26% vs. 56%), health insurance (73% vs. 87%), dental (62% vs. 81%), retirement (47% vs. 72%), annual/sick leave (69% vs. 83%), employee assistance (29% vs. 58%), long-term disability (43% vs. 65%).
 - Fewer U.S. residents are in the Middle Atlantic region: 5% vs. 17%.
 - Very few Clinical Research Associates: 1% vs. 11%.
 - Fewer include oncology in their therapeutic experience: 29% vs. 56%.
 - Fewer have a SoCRA chapter close enough to attend: 33% vs. 53%.
- 2004 survey: Subgroup data not analyzed because N was under 100.

Government employees (111)

- Significantly higher
 - Median **salary**: \$82,813. Not calculated in 2004 (N<50).
 - Many more U.S. residents are in the **Middle Atlantic** region (which includes Maryland but not Washington DC or Virginia): 44%, vs. 17% of the total sample.
 - More **“other” job titles**: 32% vs. 17%.
 - More have clinical research/trial experience in **public health** (29% vs. 11%), **biologics** (32% vs. 19%), or **behavioral** research (20% vs. 9%)
 - More **years of experience in clinical research**: mean 11.9 vs. 9.9.
 - More have attended at least one **SoCRA annual conference**: 48% vs. 29% and one **educational workshop** 61% vs. 48%.
 - More are members of **other professional organizations**: 64% vs. 48%.
- Significantly lower
 - Fewer benefit packages include certification fees (14%, vs. 42% of the total sample), tuition reimbursement (32% vs. 56%), professional organization membership (23% vs. 43%), or long-term disability (48% vs. 65%).
 - Fewer U.S. residents are in the Midwest: 13% vs. 24%.
 - Fewer have clinical research/trial experience in pharmaceutical (55% vs. 71%).
 - Fewer are certified as a CCRP with SoCRA: 52% vs. 62%.
 - Of those not certified, fewer plan to take the SoCRA exam: 27% vs. 54%.
- 2004 survey: Subgroup data not analyzed because N was under 100.

Clinical Research Study/Experience

Pharmaceutical study/trial experience (N=3,361)

Because the great majority (71%) of respondents has pharmaceutical experience, even significant differences *from the total sample* will tend to be very small mathematically. Therefore, the differences below are *versus respondents without pharma experience*, rather than versus the total sample.

- Significantly higher
 - Median **salary**: \$61,084. Also slightly above average in 2004.
 - More work 40+ hours per week: 67% vs. 59% of respondents without pharmaceutical experience.
 - More **Canadians**: 12%, vs. 8%.
 - More U.S. residents are in the **South region**: 30% vs. 25%.
 - More are employed by **contract research organizations** (11% vs. 4%), **physician-based practices** (11% vs. 6%), and, of course, **pharmaceutical companies** (7% vs. 1%).
 - More **therapeutic areas of experience** (3.5 vs. 2.3).
- Significantly lower
 - **Younger** age: mean 43.3, vs. 44.6 for respondents without pharma experience.
 - Fewer U.S. residents are in the Midwest region: 22% vs. 27%.
 - Unlikely to be employed by medical device companies (2% vs. 12%).
 - Fewer years in their current position: 4.9 vs. 5.5.
 - Of those not CCRP certified, fewer plan to take the SoCRA exam: 52% vs. 59%.
- 2004 survey: Mostly similar results.

Medical device study/trial experience (N=1,095)

- Significantly higher
 - Median **salary**: \$66,296. Also above average in 2004.
 - More **U.S. residents**: 91%, vs. 86% of the total sample.
 - More **therapeutic areas of experience** (3.7 vs. 3.2), especially cardiology (53% vs. 31%)
 - More are **members of another professional organization**: 55% vs. 48%.
- Significantly lower
 - Fewer have therapeutic area experience in oncology: 40%, vs. 56% of the total sample.
 - Fewer years in one's current position: mean 4.5 vs. 5.1.
 - Fewer are certified as CCRPs with SoCRA: 56% vs. 62%.
- 2004 survey: Mostly similar pattern, except that some noteworthy differences in 2004 were small or non-significant in 2010.

Behavioral research study/trial experience (N=417)

- Median **salary**, \$58,902, is close to average, as it was in 2004.
- Significantly higher
 - More **salaried** (vs. hourly) compensation: 82%, vs. 74% of the total sample.
 - More have **post-graduate degrees** (master's/doctorate): 44% vs. 29%.
 - More are in **academic** organizations: 40% vs. 24%.
 - More **areas of therapeutic experience** (mean 4.1 vs. 3.2), especially **public health** (35% vs. 11%), **pediatrics** (37% vs. 22%), and, of course, **psychiatry** (40% vs. 13%).
- Significantly lower
 - **Younger**: mean age 41.8 vs. 43.7.
 - Fewer Research Nurses: 7% vs. 13%.
 - Fewer are in physician-based research groups (3% vs. 9%) or in contract research organizations (4% vs. 9%).
 - Fewer years in one's current position: mean 4.4 vs. 5.1.
- 2004 survey: Similar results.

Biologics study/trial experience (N=890)

- Significantly higher
 - Median **salary**: \$63,160. Also above average in 2004.
 - More work in a **biotech** company: 5%, vs. 2% of the total sample.
 - More have clinical research/trial experience in **medical devices**: 33% vs. 23%.
 - More **areas of therapeutic experience** (mean 4.0 vs. 3.2), especially **oncology** (69% vs. 56%), **vaccines** (26% vs. 15%), and **inflammation/immunology** (27% vs. 17%).
 - More **years of experience in clinical research**: means 10.6 vs. 9.9.
- Significantly lower
 - Fewer Clinical Research Coordinators: 23% vs. 28%.
- 2004 survey: Mostly similar results.

Public health and epidemiology study/trial experience (N=541)

- Median salary, \$59,592, is close to the total sample median, as was the 2004 median.
- Significantly higher
 - More **post-graduate degrees** (master's/doctorate): 45%, vs. 29% of total sample.
 - More are in **academic** organizations (39% vs. 24%) and **government** (6% vs. 2%).
 - More have clinical research/trial experience in **behavioral research**: 27% vs. 9%.
 - More **areas of therapeutic experience**: mean 3.7 vs. 3.2.
- Significantly lower
 - **Younger**: Mean age 41.9 vs. 43.7.
 - Fewer have clinical research/trial experience in pharmaceutical: 55% vs. 71%.
- 2004 survey: Mostly similar results.

Number of Therapeutic Areas of Research Experience

As might be expected, clinical researchers with more therapeutic areas of experience earn more money and tend to be in higher-paid categories: higher education, male, Clinical Research Associates, work in pharmaceutical or contract research firms, CCRP certified 3+ years, attended a SoCRA annual conference, and membership in another professional organization. A mostly similar pattern of results was found in the 2004 salary survey.

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 experience use that leverage to get a new position. Also intriguing is the fact that SoCRA membership and certification peaks at the *middle*-level of therapeutic experience. Perhaps those with the most experience feel less need for a professional organization or credentialing.

	Therapeutic Areas		
	<u>0-1</u>	<u>2-3</u>	<u>4+</u>
	<u>1603</u>	<u>1663</u>	<u>1498</u>
<u>Less experienced</u> respondents are higher:			
Hourly (vs. salaried) compensation	30%	25%	20%
Clinical Research Coordinator	32%	32%	20%
Research Nurse	16%	14%	9%
Hospital employee	40%	39%	26%
Physician-based research practice employee	12%	9%	6%
Years in your current position (mean)	5.5	5.2	4.6
Plan to take the CCRP exam with SoCRA (BASE: not certified)	58%	58%	45%
<u>Middle-level experienced</u> respondents are highest			
SoCRA member	89%	92%	86%
Certified as a CCRP with SoCRA	61%	67%	58%
Benefit package includes retirement package	70%	77%	70%
<u>More experienced</u> respondents are higher			
Annual compensation \$65,000+	32%	38%	55%
Work 40+ hours per week on clinical research	58%	64%	72%
Benefit package includes professional organization membership	39%	42%	46%
Benefit package includes annual salary bonus	21%	23%	32%
Male	10%	8%	13%
Bachelor's or higher (post-graduate) degree	75%	78%	81%
Clinical Research Associate	8%	9%	18%
Contract research organization employee	5%	7%	16%
Pharmaceutical company employee	2%	4%	10%
Years of experience in clinical research	8.7	9.8	11.4
CCRP certified more than three years (BASE: certified)	39%	45%	46%
Member of another professional organization	42%	45%	56%
Attended SoCRA annual conference at least once	28%	28%	32%

Years in Clinical Research

As we found in 2004, some correlates of being in the field a long time are more-or-less predictable: higher compensation; older age; having attained SoCRA CCRP status; and having accumulated experience in several study/trial and therapeutic areas; and having 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.

Intent to take the CCRP exam declines with years of experience in clinical research. Presumably, the early-career professionals want certification to help them advance in the field.

	<u>Years in Clinical Research</u>		
	<u>0-4</u>	<u>5-9</u>	<u>10+</u>
	<u>999</u>	<u>1595</u>	<u>2139</u>
Respondents with fewer years of experience are higher:			
Hourly (vs. salaried) compensation	33%	24%	21%
Male	13%	10%	9%
Bachelor’s or higher (post-graduate) degree	80%	81%	74%
Clinical Research Coordinator	36%	31%	22%
Clinical Research Assistant	7%	3%	2%
Hospital employee	42%	37%	31%
Plan to take the CCRP exam with SoCRA (BASE: not certified)	74%	56%	37%
Professional certification is paid by employer	63%	60%	55%
Respondents with more years of experience are higher:			
Median annual compensation	\$48,732	\$57,434	\$69,349
Work 40+ hours per week on clinical research	59%	63%	69%
Benefit package includes employee assistance program	51%	58%	61%
U.S. resident	84%	85%	88%
Research Manager	3%	8%	13%
Pharmaceutical company employee	2%	5%	7%
Certified as a CCRP with SoCRA	44%	68%	66%
Member of another professional organization	40%	43%	55%
Attended at least one SoCRA chapter meeting (BASE: chapter is close enough to attend)	41%	50%	54%
Attended SoCRA annual conference at least once	14%	24%	40%
Number of therapeutic areas of experience (mean)	2.4	3.0	3.7
Years in your current position (mean)	2.6	4.0	7.1
Age (mean)	37.2	40.8	48.8

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, SoCRA annual conference attendance, and lack of a bachelor's degree. However, it might not be expected that being *relatively new* in one's current position (less than 2 years) is associated with salaried (vs. hourly) compensation, a higher-paying employer (contract research organizations) and having more therapeutic areas of experience. Perhaps many respondents who do not stay in their current positions very long are "fast trackers."

The one job title clearly associated with job longevity is Research Nurse.

Except for job title associations, the results were similar in the 2004 survey.

	<u>Years in Current Position</u>		
	<u>0-2</u>	<u>3-4</u>	<u>5+</u>
	<u>1523</u>	<u>1293</u>	<u>1909</u>
<u>Respondents with fewer years in current position are higher</u>			
Compensation is salaried (vs. hourly)	78%	74%	71%
Bachelor's or higher (post-graduate) degree	84%	78%	72%
Contract research organization employee	12%	11%	5%
Number of therapeutic areas of experience (mean)	3.4	3.2	3.0
Plan to take the CCRP exam (BASE: not SoCRA certified)	65%	53%	42%
<u>Respondents with 3-4 years in position are highest</u>			
Benefit package includes certification fees	38%	47%	42%
Benefit package includes annual salary bonus	25%	29%	23%
<u>Respondents with more years in current position are higher</u>			
Annual compensation \$65,000+	37%	40%	47%
Compensation is hourly (not salaried)	21%	25%	28%
Research Nurse	9%	12%	17%
Certified as a CCRP with SoCRA	54%	63%	69%
Have been a SoCRA CCRP >3 years (BASE: certified)	34%	30%	58%
Attended the SoCRA Annual Conference at least once	24%	27%	36%
Have been a SoCRA member >4 years	21%	21%	48%
Years of experience in clinical research (mean)	7.8	8.2	12.8
Age (mean years)	40.1	41.4	48.1

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 a few more-or-less predictable correlates: older age, years of experience in clinical research, annual conference attendance, and SoCRA CCRP status.

Conversely, having more education and planning to take the CCRP exam are associated with *fewer* years as a member, just as they are associated with fewer years in one's current position (see prior page).

Mostly similar results were found in 2004. One exception is that fewer associations were significant and noteworthy in 2004.

	Years as a Member		
	<u>0-1</u>	<u>2-3</u>	<u>4+</u>
	<u>1249</u>	<u>1216</u>	<u>1676</u>
Respondents with fewer years as a member are higher			
Compensation is hourly (vs. salaried)	29%	25%	23%
Bachelor's or higher (post-graduate) degree	80%	80%	73%
Plan to take the CCRP exam (BASE: not SoCRA certified)	69%	60%	38%
Professional certification is paid by employer	63%	60%	57%
Respondents with more years as a member are higher			
Annual compensation \$65,000+	31%	37%	49%
Spend 40+ hours per week on clinical research	60%	63%	68%
Benefit package includes retirement package	70%	76%	78%
Benefit package includes employee assistance	54%	61%	63%
Benefit package includes long term disability	61%	67%	71%
Female	88%	89%	92%
Research Manager	6%	9%	13%
Therapeutic areas of experience include oncology	48%	52%	64%
Certified as a CCRP with SoCRA	41%	71%	85%
Member of another professional organization	43%	46%	51%
Attended the SoCRA Annual Conference at least once	11%	25%	45%
Attended at least one SoCRA chapter meeting (BASE: chapter is close enough to attend)	36%	49%	64%
Years of experience in clinical research (mean)	7.1	8.2	13.0
Age (mean years)	40.0	41.9	47.4

Preference for Receiving the SoCRA Source Journal

This year, we asked about preference for receiving the *SoCRA Source Journal* by hard copy mailing or online via the SoCRA home page. Last year, we asked about the same question about a different publication, the *Annual Membership Directory*. This change evidently reversed the overall preference: Online was preferred by about a 3:2 ratio in 2004 (for receiving the *Membership Directory*), whereas hard copy is preferred by about the same 3:2 ratio in 2010 (for receiving the *Source Journal*).

Nevertheless, there are a few key similarities across the two surveys: In both 2010 and 2004, those who prefer online are higher-paid, younger, and more likely to be non-members than those who prefer hard copy.

However, several significant differences found in 2004 did not appear or were insignificant this year. We now see no notable differences between the two preference groups in education, title, employer, or country of residence.

Preference for how to receive the SoCRA Source Journal		
	Hard copy mailing	Online-SoCRA Homepage
	<u>2,789</u>	<u>1,731</u>
Prefer hard copy higher		
SoCRA members	95%	82%
Age (mean)	44.1	42.7
CCRP certified by SoCRA	68%	54%
Plan to take the CCRP exam with SoCRA (BASE: not certified)	60%	48%
Attended at least one SoCRA chapter meeting (BASE: a chapter is close enough to attend)	54%	47%
Prefer online higher		
Median annual compensation	\$59,607	\$61,081
Non-members	5%	18%

CCRP Certified with SoCRA

As in the 2004 survey, this year's clinical researchers with SoCRA CCRP certification 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 to the 2010 data, in which the same respondent categories again are correlated with SoCRA certification:

“Three subgroups -- Clinical Research Coordinators, hospital employees, and academic center employees – are particularly likely to be CCRP-certified with SoCRA, as persons working in those areas founded SoCRA. Also, as indicated in the bottom panel of the table [next page], three subgroups – males, master's/doctoral degree holders, 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.”

Actually, the differences between CCRP vs. non-CCRP respondents in the percentages who are male, post-graduate educated, or pharmaceutical employees are rather small: 3-5 percentage points. Nevertheless, these differences are statistically significant due to the large sample size.

One notable difference between the surveys: In 2004, there was a small but significant difference in compensation: Non-certified respondents reported higher compensation, on average. This year non-certified respondents again reported higher salaries than CCRP respondents but the difference between the medians was smaller (<\$1,500) and not statistically significant.

One new finding: In 2010, CCRP respondents have more experience in terms of longevity in clinical research and in their current position, while non-certified respondents have broader experience across therapeutic areas – with the exception of oncology, in which more CCRPs have experience than non-CCRPs.

See table, next page.

	SoCRA certified?	
	Yes – CCRP	No
	<u>2,843</u>	<u>1,735</u>
CCRPs higher		
SoCRA member	99%	73%
Have been a SoCRA member at least three years	65%	28%
Benefit package includes certification fees <i>NOTE: On 8 of the 11 benefit items listed in the survey, significantly more CCRP than non-CCRP respondents had these in their benefit packages.</i>	47%	38%
Clinical Research Coordinator	32%	23%
Hospital employee	38%	31%
Academic research center/org. employee	27%	20%
Therapeutic area experience includes oncology	59%	50%
Years of experience in clinical research (mean)	10.4	9.1
Years in your current position (mean)	5.4	4.5
Prefer to receive the <i>SoCRA Source Journal</i> in hardcopy mailing	70%	53%
Attended at least one SoCRA annual conference	32%	24%
Attended at least one SoCRA chapter meeting (BASE: chapter is close enough to attend)	58%	35%
Get financial compensation for receiving professional certification	21%	16%
Non-certified higher		
Male	9%	12%
Post graduate degree (master's/doctorate)	27%	32%
Number of therapeutic areas of experience (mean)	3.1	3.4
Prefer to receive the <i>SoCRA Source Journal</i> in online	33%	47%
Member of another professional organization	43%	55%
Pharmaceutical company employee	4%	7%

Years as a CCRP Certified by SoCRA

As in the 2004 survey, the results of this analysis are mostly predictable this year. 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) or employer (hospital).

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 2004 survey.

One difference between 2004 and 2010 findings: Residence in Canada was significantly correlated with *fewer* years as a CCRP in 2004 but with *more* years as a CCRP this year. Actually, this shift is consistent with long-time CCRPs having higher compensation: Canada residents had significantly below average salaries in 2004 but this year their median is slightly (though not significantly) above average.

	Years as a CCRP		
	0 - 1 year	2 - 3 years	>3 years
BASE: SoCRA-certified CCRPs			
Group	307	306	298
Respondents with fewer years as a CCRP are higher:			
Bachelor's or higher degree	82%	81%	73%
Clinical Research Coordinator	39%	31%	28%
Hospital employee	42%	38%	36%
Professional certification paid by employer	69%	61%	57%
Respondents with more years as a CCRP are higher:			
Median annual compensation \$65,000+	28%	36%	49%
Age (mean)	39.3	42.0	47.8
Canada resident	9%	12%	13%
Research Manager	7%	9%	13%
Number of therapeutic areas of experience (mean)	2.9	3.1	3.2
-- Oncology experience was by far the most correlated:	50%	56%	67%
Years of experience in clinical research	6.7	8.8	13.6
Years in your current position	3.6	4.6	7.0
Attended the SoCRA annual conference at least once	14%	26%	47%
Attended at least one SoCRA chapter meeting (BASE: chapter is close enough to attend)	50%	56%	66%
Member of another professional organization	39%	41%	46%

Intention to take SoCRA's CCRP Exam

Like we found in 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., have fewer therapeutic areas), younger, and newer members who have not (yet) attended the SoCRA annual conference, compared to 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, Clinical Research Assistant) and a lower-paying employer (hospital).

Likewise, as we also found in 2004, respondents who are not certified with SoCRA and do NOT intend to take the exam are older and already have higher compensation. In addition, we found this year that those not certified are more likely to have a post-graduate degree as well as a higher-paying title (Research Manager) and employer (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, toward non-members, longer-term SoCRA members, and annual conference attendees.

In 2004, men were significantly more like to intend (than not intend) to take the test. Men were slightly more likely to intend to take the test this year too (13% vs. 11%), but this difference was not statistically significant.

This year we also find that those who intend to take the certification exam have more incentives to do so than those who do not intend to take the exam: employer-paid certification fees and financial compensation for receiving their certification.

See table, next page.

Plan to take the CCRP certification exam with SoCRA?		
BASE: Not certified as a CCRP with SoCRA.	Yes, plan to take it	No
	<u>911</u>	<u>779</u>
Plan to take the exam higher		
SoCRA member	85%	57%
Compensation is hourly	32%	20%
Professional certification is paid by employer	59%	50%
Will get financial compensation for receiving professional certification	20%	12%
Reside outside the U.S.	14%	9%
Clinical Research Coordinator	30%	15%
Clinical Research Assistant	7%	2%
Hospital employee	38%	23%
Prefer to receive the <i>SoCRA Source Journal</i> in hardcopy mailing	58%	47%
Not planning to take exam higher		
Median annual compensation	\$52,486	\$66,814
Work 40+ hours per week on clinical research	57%	71%
Benefit package includes annual salary bonus	24%	34%
Post-graduate degree (master's/doctorate)	28%	36%
Age (mean)	41.6	45.3
U.S. resident	86%	91%
Research Manager	6%	11%
Pharmaceutical company employee	4%	10%
Number of therapeutic areas of experience (mean)	3.0	3.8
Years of experience in clinical research (mean)	7.2	11.3
Years in your current position (mean)	3.8	5.3
Have been a SoCRA member at least 3 years	20%	40%
Prefer online access to the <i>SoCRA Source Journal</i>	42%	53%
Have attended at least one SoCRA annual conference	17%	33%
Member of another professional organization	46%	66%

Attended the SoCRA Annual Conference

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

- higher paid – and less likely to be in a lower paid position (Clinical Research Coordinator) or with a lower paid employer (hospital);
- older;
- more experienced; and
- more involved professionally in other ways (besides conference attendance): attending SoCRA chapter meetings, CCRP certified, and holding membership in another professional organization.

A similar pattern was found in 2004, except that there were fewer significant/noteworthy differences then.

Attended the SoCRA annual conference?		
	Yes, at least once	No
.	<u>2889</u>	<u>1183</u>
Conference attendees are higher		
Median annual compensation	\$67,193	\$57,254
Benefit package includes professional organization membership	50%	42%
Age (mean)	46.4	42.6
Number of therapeutic areas of experience (mean)	3.4	3.1
Years of experience in clinical research (mean)	12.5	8.9
Years in your current position (mean)	6.0	4.7
CCRP certified with SoCRA	69%	60%
CCRP certified for more than 3 years (Base: CCRP certified)	64%	34%
Attended a SoCRA chapter meeting at least once (BASE: chapter is close enough to attend)	63%	44%
Member of another professional organization	54%	45%
Have been a SoCRA member at least 3 years	77%	44%
Never attended are higher		
Clinical Research Coordinator	23%	31%
Hospital employee	31%	37%
Plan to take the CCRP exam with SoCRA (BASE: not certified)	37%	59%

Attended a SoCRA Educational Workshop

Directionally, the results were almost all the same as for having attended the SoCRA 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 professionally involved than workshop non-attendees.

The only difference is that breadth of therapeutic area experience did not differ significantly between educational workshop attendees vs. non-attendees, whereas conference attendees are higher than conference non-attendees in number of therapeutic areas of experience (see prior page).

In 2004, a skew toward the Middle Atlantic region was found for educational workshop attendees. This year, we do find a significantly higher percentage of Middle Atlantic residents among the workshop attendees vs. non-attendees. However, it is not listed below because the difference, though statistically reliable, is so small— 4 percentage points (19% vs. 15%).

Attended a SoCRA educational workshop?		
	<u>Yes, at least once</u>	<u>No</u>
.	<u>2175</u>	<u>2290</u>
Conference attendees are higher		
Median annual compensation	\$63,545	\$57,827
Benefit package includes professional organization membership	47%	40%
Age (mean)	45.4	41.9
Years of experience in clinical research (mean)	10.9	8.9
Years in your current position (mean)	5.3	4.8
CCRP certified with SoCRA	65%	60%
CCRP certified for more than 3 years (Base: CCRP certified)	57%	38%
Attended the SoCRA annual conference at least once	43%	15%
SoCRA chapter is close enough to attend	59%	46%
Attended a SoCRA chapter meeting at least once (BASE: chapter is close enough to attend)	61%	36%
Member of another professional organization	52%	44%
Have been a SoCRA member at least 3 years	64%	43%
Never attended are higher		
Clinical Research Coordinator	25%	32%
Hospital employee	32%	38%
Plan to take the CCRP exam with SoCRA (BASE: not certified)	43%	62%

SoCRA Chapter is Close Enough to Attend Meetings

As in 2004, respondents who have a chapter close enough to attend meetings are more likely to be highly paid, academic employees, and SoCRA annual conference attendees than respondents without a close chapter. Also as in 2004, respondents with a close chapter are less likely to be employees of a physician-based research practice than those with a close chapter.

This year we also found correlations between chapter proximity and other aspects of SoCRA involvement (in addition to annual conference attendance): attendance at an educational workshop and membership longevity.

Unlike in 2004, this year there was no significant correlation between chapter proximity and gender or residence in Canada. Also, the correlation with membership was, in a way, reversed: In 2004, members were *less* likely to have a close chapter, which seemed counterintuitive; this year there was no significant correlation with membership itself but, as noted above, membership longevity was associated significantly and positively with having a close chapter.

Is there a SoCRA chapter close enough for you to attend meetings?		
	Yes	No
.	<u>2366</u>	<u>2141</u>
Respondents “close enough” are higher		
Median annual compensation	\$62,633	\$57,827
Benefit package includes tuition reimbursement NOTE: Those “close enough” also are significantly more likely than their cohorts to get annual salary bonus, health & dental insurance, retirement, annual/sick leave, and disability benefits.	63%	53%
Bachelor’s or higher degree	80%	75%
Resident of the Middle Atlantic region of the U.S.	19%	14%
Academic Research Center/Org. employee	28%	21%
Attended the SoCRA annual conference at least once	32%	27%
Attended a SoCRA educational workshop	55%	42%
Attended a SoCRA chapter meeting	50%	7%
SoCRA member for at least 3 years	56%	51%
“Not close enough” are higher		
Compensation is hourly	21%	29%
Resident of the South region of the U.S.	26%	32%
Physician Based Research Practice employee	7%	13%

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 2004, 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. In addition, the 2010 data show correlations with age and employment in an academic setting.

Another new finding this year is an association with residence: Chapter attendees are more likely than non-attendees to reside *outside* the U.S. (note that these percents are based only on respondents who have a chapter close enough to attend) and, within the U.S., to reside in the South or Southwest. Non-attendees are more likely than attendees to be U.S. residents, and, within the U.S., to reside in the Middle-Atlantic region of the U.S.

As in 2004, there was no significant correlation between chapter attendance and annual compensation.

<u>Attended a SoCRA chapter meeting?</u>		
	<u>Yes</u>	<u>No</u>
BASE: A chapter is close enough to attend	<u>1179</u>	<u>1180</u>
<u>Chapter attendees are higher</u>		
SoCRA member	93%	86%
Have been a member at least 3 years	66%	45%
Certified as a CCRP with SoCRA	75%	52%
Attended the SoCRA annual conference at least once	40%	24%
Age	45.0	42.4
Years of experience in clinical research (mean)	10.5	9.5
Years in your current position	5.2	4.7
Reside <i>outside</i> the U.S.	17%	10%
Resident of the South region of the U.S. (BASE: US residents)	30%	22%
Resident of the Southwest region of the U.S. (BASE: US residents)	12%	7%
Employee of academic research center/organization	31%	24%
Prefer to get <i>SoCRA Source Journal</i> by hard copy mailing	64%	57%
<u>Never attended are higher</u>		
Benefit package includes annual salary bonus	24%	31%
U.S. resident	83%	90%
Resident of the Middle Atlantic region of the U.S. (BASE: US residents)	14%	23%
Pharmaceutical company employee	3%	9%
Prefer to get <i>SoCRA Source Journal</i> online	36%	43%

Belong to Other Professional Organizations

The clearest correlations are with professional status and experience: Respondents who are members of another professional organization (relative to their cohorts who do not hold another professional membership) tend to have higher incomes, a higher-paid title (Research Nurse), higher degrees, and more experience in terms of both therapeutic areas and time in field.

SoCRA membership and CCRP status are associated more with *not* having a membership in another professional organization than with having one. However, *longer-term* membership in SoCRA, and attendance at SoCRA national and chapter meetings, are associated more with having a membership in another professional organization than with not having one.

The 2004 findings on this variable were mostly similar, except that fewer associations were found to be significant then, due to the smaller sample size.

Member of another professional organization?		
	Yes	No
	<u>2175</u>	<u>2401</u>
Members of another professional organization are higher		
Median annual compensation	\$68,681	\$53,691
Work 40+ hours in clinical research	69%	61%
Post-graduate degree (master's/doctorate)	36%	22%
SoCRA member for at least 4 years	44%	38%
Attended the SoCRA annual conference at least once	33%	26%
Attended at least one SoCRA chapter meeting (BASE: chapter is close enough to attend)	53%	47%
Age (mean)	45.4	42.1
Number of therapeutic areas of experience	3.6	2.8
Years of clinical research experience	10.8	9.1
Years in your current position	5.3	4.8
Research Nurse	17%	10%
Clinical research/trial experience includes medical devices	27%	20%
Not members of another professional organization are higher		
Compensation is hourly (not salaried)	21%	28%
SoCRA member <i>(Though only a 3% difference, it is statistically reliable. It is included here to contrast with the association with membership longevity above).</i>	87%	90%
Clinical Research Coordinator	20%	36%
Hospital employee	32%	38%
Certified as a CCRP with SoCRA	56%	68%
Planning to take the CCRP exam with SoCRA (BASE: not certified)	45%	65%

Professional Certification Paid by Employer

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 younger; U.S. residents; salaried (vs. compensated hourly); recipients of a broad range of other employee benefits, and either CCRPs with SoCRA or planning to take the CCRP exam.

However, respondents who have been CCRPs *more than 3 years* are more likely to be among those who do *not* get certified paid, along with other older respondents who have been in the field longer.

As in 2004, no significant correlation with amount of compensation was found, though we did find that those getting certification paid are more likely to be salaried than those who do not get their certification paid. Unlike in 2004, we see no correlation this year with having a bachelor's degree.

Is professional certification paid by your employer?		
	Yes	No
	<u>2661</u>	<u>1888</u>
<u>Certification paid by employer are higher</u>		
SoCRA member	91%	86%
CCRP with SoCRA	65%	59%
Plan to take the CCRP exam with SoCRA (BASE: not certified)	59%	49%
Compensation is salaried (vs. hourly)	77%	71%
Benefit package includes training/education <i>NOTE: Getting certification paid by the employer is significantly and positively associated with every specific benefit listed in the survey. After "certification fees," the largest difference was for training/education.</i>	73%	43%
U.S. resident	89%	83%
<u>Not paid are higher</u>		
Age (mean)	42.7	45.1
Years of experience in clinical research (mean)	9.5	10.4
CCRP with SoCRA more than 3 years	40%	49%
Attended at least one SoCRA chapter meeting (BASE: Chapter is close enough to attend)	48%	54%
Resident of Canada or other ex-US country	11%	17%

Financial Compensation for Receiving Certification

Respondents who did or would get financial compensation (a raise) for receiving their professional certification, compared to their cohorts who did/will not receive compensation, tend to be lower-paid; with a lower-paid title (Clinical Research Coordinator) or a lower-paying employer (hospital); less educated; less experienced; younger; and either a SoCRA CCRP or intending to take the CCRP exam.

Those who will not get compensation for receiving certification are more likely than their cohorts to be Canadian and, if in the U.S., Middle Atlantic residents.

The 2004 results were similar in a few key respects, specifically, the associations with compensation, education, and U.S. vs. Canadian residence. However, the associations with age, experience, and CCRP status are new this year.

Was/will there be financial compensation (a raise) for receiving professional certification?		
	Yes	No
	885	3647
Respondents who will get compensated are higher		
Benefit package includes certification fees <i>NOTE: Getting a raise for receiving professional certification also is positively associated with having tuition reimbursement, training/education, professional organization membership, and retirement in the respondents' employee benefit packages. The strongest association is with certification fees.</i>	57%	41%
United States resident	92%	85%
Clinical Research Coordinator	36%	27%
Hospital employee	44%	33%
CCRP with SoCRA	69%	61%
Plan to take the CCRP exam with SoCRA (BASE: not certified)	65%	52%
Respondents who will not get compensated higher		
Annual compensation \$65,000+	31%	44%
Postgraduate degree (master's/doctorate)	22%	30%
Age (mean)	42.1	44.0
Canada resident	5%	12%
Resident of the Middle Atlantic region (BASE: U.S. residents)	12%	18%
Contract Research Organization employee	5%	10%
Years of experience in clinical research (mean)	8.9	10.1

NOTE:
Medians were not calculated on groups deemed too small, i.e., if the number of respondents who answered the income question was less than 50 ("n<50").

* > = incomes significantly higher
(vs. respondents not in the group, 0.05 level)
< = incomes significantly lower
ns = incomes not significantly different

Group	December 2004		June 2010			2010 vs. 2004:
	N	Inter-polated Median	N	Inter-polated Median	Significance* vs. others	increase (decrease) vs. 14.5% inflation
TOTAL SAMPLE	1550	\$49,143	4546	\$60,221		\$3,934
SoCRA members	1401	\$48,935	4025	\$59,491	<	\$3,442
Non-members	143	\$51,346	503	\$66,813	>	\$8,002
EDUCATION--highest level completed						
High school education	90	\$39,516	225	\$48,955	<	\$3,694
Technical or trade school education	117	\$38,438	277	\$46,923	<	\$2,898
Associate's degree	190	\$47,174	467	\$57,389	<	\$3,357
Bachelor's degree	713	\$49,858	2139	\$60,103	ns	\$2,997
Masters degree	298	\$55,851	1062	\$67,857	>	\$3,887
Doctorate	46	(n<50)	184	\$78,158	>	n/a
Some other degree	93	\$54,688	177	\$61,974	ns	(\$664)
AGE						
25-34	90	\$39,516	1198	\$53,175	<	\$7,915
35-44	416	\$49,653	1038	\$60,534	ns	\$3,662
45-54	492	\$53,155	1382	\$63,951	>	\$3,068
55-64	165	\$51,538	763	\$65,565	>	\$6,534
65+	6	(n<50)	56	\$70,556	>	n/a
GENDER						
Male	142	\$53,649	457	\$69,625	>	\$8,177
Female	1396	\$48,636	4067	\$59,493	<	\$3,786
REGION OF THE U.S.						
Resident of the New England region of the U.S.	54	\$63,000	185	\$70,227	>	(\$1,931)
Middle Atlantic	230	\$50,714	641	\$64,375	>	\$6,288
Resident of the South region of the U.S.	332	\$50,897	1095	\$60,215	ns	\$1,918
Resident of the Midwest U.S.	296	\$47,432	917	\$54,520	<	\$192
Southwest U.S.	157	\$46,500	364	\$58,000	ns	\$4,740
West U.S.	201	\$50,833	640	\$62,523	>	\$4,300

NOTE:
Medians were not calculated on groups deemed too small, i.e., if the number of respondents who answered the income question was less than 50 ("n<50").

* > = incomes significantly higher
(vs. respondents not in the group, 0.05 level)
< = incomes significantly lower
ns = incomes not significantly different

Group	December 2004		June 2010			2010 vs. 2004:
	N	Inter-polated Median	N	Inter-polated Median	Significance* vs. others	increase (decrease) vs. 14.5% inflation
COUNTRY					***	
U. S. resident	1285	\$50,000	3858	\$60,440	ns	\$3,171
Canada resident	230	\$46,296	470	\$61,136	ns	\$8,110
Other countries	25	(n<50)	140	\$47,963	<	n/a
BENEFIT PACKAGE INCLUDES:						
Training/education	1025	\$50,844	2750	\$62,010	>	\$3,775
Tuition reimbursement	921	\$51,060	2673	\$62,004	>	\$3,521
Professional organization membership	709	\$51,007	2009	\$63,715	>	\$5,293
Certification fees	674	\$50,161	1990	\$61,034	ns	\$3,580
Annual salary bonus	422	\$58,200	1193	\$72,164	>	\$5,503
Health insurance	1403	\$49,686	4120	\$60,684	>	\$3,776
Dental insurance	1293	\$49,614	3849	\$61,065	>	\$4,239
Retirement package	1198	\$49,832	3417	\$60,894	>	\$3,817
Annual/sick leave	1346	\$49,906	3941	\$60,917	>	\$3,755
Employee assistance program	881	\$50,474	2748	\$63,129	>	\$5,317
Long term disability insurance	1073	\$50,428	3085	\$62,640	>	\$4,881
Other (Please specify)	131	\$55,882	322	\$66,628	>	\$2,622
TITLE						
Clin. Res. Coordinator	456	\$39,912	1285	\$49,616	<	\$3,902
Research Nurse	215	\$55,072	587	\$63,846	>	\$767
Clinical Research Associate	190	\$57,558	506	\$78,579	>	\$12,653
Research Manager	116	\$61,471	432	\$74,368	>	\$3,962
Data Manager	90	\$37,143	173	\$46,071	<	\$3,529
Project Manager	82	\$58,636	285	\$70,698	>	\$3,537
Clinical Research Assistant	48	(n<50)	145	\$42,075	<	n/a
Quality Assurance	35	(n<50)	136	\$70,000	>	n/a
Regulatory Affairs	47	(n<50)	227	\$51,408	<	n/a
Other (Please specify)	233	\$55,962	754	\$73,148	>	\$9,051

NOTE:
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* > = incomes significantly higher
(vs. respondents not in the group, 0.05 level)
< = incomes significantly lower
ns = incomes not significantly different

Group	December 2004		June 2010			2010 vs. 2004:
	N	Inter-polated Median	N	Inter-polated Median	Significance* vs. others	increase (decrease) vs. 14.5% inflation
EMPLOYER						
Hospital	492	\$44,695	1598	\$55,756	<	\$4,564
Contract Research Org.	146	\$58,333	391	\$73,636	>	\$6,823
Pharmaceutical Company	99	\$72,105	239	\$91,595	>	\$9,007
Medical Device Company	51	\$72,500	215	\$88,355	>	\$5,316
Biotech Company	26	(n<50)	100	\$89,773	>	n/a
Academic Res. Center./Org.	416	\$47,054	1118	\$56,737	<	\$2,843
Site Management Organization	22	(n<50)	57	\$51,786	<	n/a
Contractor/Self-Employed Consultant	20	(n<50)	50	\$90,000	>	n/a
Independent Research Site	48	(n<50)	150	\$55,769	<	n/a
Government	47	(n<50)	103	\$82,813	>	n/a
Physician-Based Practice	151	\$41,023	429	\$51,975	<	\$4,989
Other	124	\$48,438	321	\$58,981	ns	\$3,502
Clinical Research Study/Trial Experience:						
Pharmaceutical	1118	\$49,979	3229	\$61,084	>	\$3,839
Medical Device	247	\$54,237	1057	\$66,296	>	\$4,174
Behavioral Research	86	\$47,727	400	\$58,902	ns	\$4,237
Biologics	223	\$52,315	850	\$63,160	>	\$3,239
Public Health	136	\$48,571	520	\$59,592	ns	\$3,959
Other	313	\$45,743	670	\$56,417	<	\$4,024
FORM OF COMPENSATION						
Salaried	1082	\$52,509	3351	\$64,026	>	\$3,883
Hourly	453	\$40,630	1125	\$48,288	<	\$1,751
Therapeutic Areas of Experience:						
Anti-infective	209	\$58,971	527	\$75,636	>	\$8,093
Cardiovascular	425	\$56,479	1401	\$68,730	>	\$4,041
Dental	22	(n<50)	107	\$70,667	>	n/a
Dermatology	146	\$59,783	418	\$75,208	>	\$6,735
Gastrointestinal	305	\$55,532	910	\$67,435	>	\$3,830

NOTE:
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< = incomes significantly lower
ns = incomes not significantly different

Group	December 2004		June 2010			2010 vs. 2004:
	N	Inter-polated Median	N	Inter-polated Median	Significance* vs. others	increase (decrease) vs. 14.5% inflation
Hematology	437	\$48,654	1145	\$61,786	>	\$6,059
Inflammation/Immunology	247	\$55,641	758	\$72,358	>	\$8,629
Metabolic diseases	206	\$58,171	777	\$69,810	>	\$3,182
Neurology & pain	321	\$54,615	1051	\$65,581	>	\$3,026
Obstetrics & gynecology	156	\$53,636	496	\$66,571	>	\$5,138
Ophthalmology	92	\$60,000	358	\$71,250	>	\$2,527
Oncology	919	\$48,230	2538	\$59,895	ns	\$4,653
Otolaryngology	51	\$57,500	134	\$69,500	>	\$3,641
Pediatrics	291	\$51,985	1000	\$62,750	>	\$3,207
Psychiatry	160	\$55,000	585	\$67,470	>	\$4,474
Urology	207	\$57,097	542	\$67,208	>	\$1,811
Vaccines	188	\$56,860	705	\$68,971	>	\$3,844
Other	358	\$51,087	1038	\$61,776	>	\$3,262
<i>Fewer than 3 therapeutic areas of experience</i>	883	\$46,763	2516	\$56,660	<	\$3,098
<i>4+ therapeutic areas of experience</i>	438	\$56,519	1426	\$68,368	>	\$3,632
<i>8+ therapeutic areas of experience</i>	120	\$65,000	364	\$79,324	>	\$4,875
YEARS WORKED IN CLINICAL RESEARCH						
10+ years	524	\$53,908	2036	\$69,349	>	\$7,605
5 - 9 years	555	\$50,117	1551	\$57,434	<	\$31
Less than 5 years	465	\$42,958	948	\$48,732	<	(\$471)
YEARS IN CURRENT POSITION						
10+ years	180	\$46,277	634	\$63,889	>	\$10,885
One year or less	340	\$51,310	691	\$58,220	<	(\$549)
YEARS AS A SoCRA MEMBER						
More than 3 years	426	\$51,449	1659	\$64,570	>	\$5,642
2 years or less	779	\$47,574	1903	\$54,487	<	(\$3)
1 year or less	514	\$46,228	1231	\$53,451	<	\$502

NOTE:
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(vs. respondents not in the group, 0.05 level)
< = incomes significantly lower
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Group	December 2004		June 2010			2010 vs. 2004:
	N	Inter-polated Median	N	Inter-polated Median	Significance* vs. others	increase (decrease) vs. 14.5% inflation
Preference for receiving SocRA membership directory (2004 only)						
By online access through the Socra home page	905	\$50,208				
By hard copy mailing	617	\$47,235				
Preference for receiving SoCRA Source Journal (2010 only)						
By online access through the Socra home page			1708	\$61,081	>	
By hard copy mailing			2759	\$59,607	<	
CCRP CERTIFICATION						
Certified as CCRP through SoCRA	917	\$48,265	2817	\$59,785	ns	\$4,504
Not certified as CCRP through SoCRA	619	\$50,423	1706	\$61,250	ns	\$3,497
Certified as CCRP more than 3 years	295	\$51,284	1204	\$64,244	>	\$5,504
Certified 2 years or less	477	\$45,802	1445	\$54,895	<	\$2,434
INTENT TO TAKE THE CCRP CERT. EXAM						
Not a CCRP but planning to take the CCRP exam	346	\$46,067	0	\$52,486	<	(\$278)
Not a CCRP and Not planning to take the CCRP exam	266	\$58,333	763	\$66,814	>	\$7,480
- because of lack of interest	20	(n<50)	56	\$65,000	>	n/a
- because not needed for current job	112	\$64,231	317	\$83,542	>	\$9,973
- because employer will not pay or reimburse	63	\$45,417	148	\$65,625	>	\$13,606
- because already certified through another org.	80	\$65,909	217	\$75,313	>	(\$178)
SoCRA ANNUAL CONFERENCE attendance:						
Attended the SoCRA annual conference 1+ time	479	\$51,473	1303	\$67,193	>	\$8,237
Attended the conference 2+ times	157	\$53,125	535	\$69,931	>	\$9,082
Never attended the SoCRA annual conference	1034	\$48,074	3135	\$57,550	<	\$2,487

Total Sample and Member Responses:
2010 vs. 2004 SoCRA Salary Surveys

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	-- December 2004 ---		--- June 2010* ---	
	<u>Total sample</u>	<u>Members</u>	<u>Total sample</u>	<u>Members</u>
Number of respondents (base) Actual percentage bases were somewhat less due to item non-response	1,604	1,424	4,755	4,072
Members	90.8%		88.8%*	
Non-members	9.2%		11.2%*	
Annual pre-tax salary/compensation				
Over \$175,000	not a response option		0.9%	0.7%
\$150,000 - \$175,000	not a response option		0.9%	0.8%
\$125,000 - \$150,000	not a response option		2.0%	1.8%
\$100,000 - \$125,000	not a response option		6.1%	5.4%
Over \$100,000	3.1%	2.6%	9.8%*	8.7%
\$85,000 - \$100,000	4.0%	3.6%	9.2%*	8.9%
\$75,000 - \$85,000	4.7%	4.6%	9.4%*	9.6%
\$65,000 - \$75,000	9.6%	9.9%	13%*	12.9%
\$55,000 - \$65,000	15.4%	15.2%	17.9%*	18.1%
\$45,000 - \$55,000	22.6%	23.1%	19.1%*	20.1%
\$35,000 - \$45,000	22.3%	23.3%	14.2%*	15.3%
\$25,000 - \$35,000	15.5%	14.8%	5.0%*	5.1%
\$0 - \$25,000	2.8%	2.7%	1.4%*	1.4%
Interpolated median salary	\$49,143	\$48,935	\$60,221	\$59,491
Form of compensation				
Salaried	70.0%	70.0%	74.2%	73.8%
Hourly	29.3%	29.5%	24.9%	25.3%
Other	0.7%	0.5%	0.9%	0.8%
Benefits included in current package (Base: indicated at least one benefit or "other")				
Health insurance	92.9%	93.1%	92.8%	92.8%
Annual/Sick leave	89.2%	89.0%	88.7%	88.7%
Dental insurance	85.7%	85.6%	86.7%	86.7%
Retirement package	79.3%	79.2%	77.0%	77.2%
Long term disability insurance	71.1%	71.1%	69.5%	69.1%
Training/education	68.7%	68.6%	61.9%	62.0%
Tuition reimbursement	60.9%	61.5%	60.2%	60.2%
Employee assistance program	58.3%	57.7%	61.9%	61.4%
Professional organization membership	46.9%	48.5%	45.2%	46.4%
Certification fees	44.6%	46.5%	44.8%	46.4%
Annual salary bonus	27.9%	28.9%	26.8%	26.3%
Other	8.6%	8.2%	7.3%	7.2%

Total Sample and Member Responses:
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	-- December 2004 ---		--- June 2010* ---	
	<u>Total</u> <u>sample</u>	<u>Mem-</u> <u>bers</u>	<u>Total</u> <u>sample</u>	<u>Mem-</u> <u>bers</u>
Number of respondents (base) Actual percentage bases were somewhat less due to item non-response	1,604	1,424	4,755	4,072
Education -- highest level completed				
High school	5.8%	5.7%	4.9%	5.0%
Technical or trade school	7.8%	7.9%	6.2%	6.1%
Associate degree	12.2%	11.8%	10.3%	10.3%
Bachelor degree	45.7%	46.0%	47.1%	47.3%
Master degree	19.3%	19.5%	23.4%	23.1%
Doctoral degree	3.1%	3.2%	4.2%	4.1%
Some other degree/grade	6.1%	6.2%	3.9%	4.1%
Age				
Under 25	1.2%	1.1%	1.0%	1.0%
25-34	28.9%	29.2%	26.2%	27.4%
35-44	27.4%	27.4%	23.3%	23.0%
45-54	31.4%	31.4%	30.9%	30.7%
55-64	10.7%	10.5%	17.1%	16.6%
65+	0.4%	0.4%	1.3%	1.3%
Mean age	41.9	41.9	43.7	43.5
Median age	42	42	44	44
Gender				
Female	90.8%	91.1%	89.8%	89.9%
Male	9.2%	8.9%	10.2%	10.1%
Country of residence				
United States	82.9%	83.0%	85.9%	85.6%
Canada	15.4%	15.4%	10.9%	11.2%
Japan	0.5%	0.5%	1.0%	1.0%
United Kingdom	0.1%	0.1%	0.5%	0.5%
Other countries (<0.5% each)	1.0%	1.1%	1.7%	1.7%
(Results for country of <i>employment</i> were very similar)				
Resident region of the U.S. (base = U.S. Respondents)				
New England	4.3%	4.3%	4.7%	4.5%
Middle Atlantic	17.9%	18.2%	16.8%	16.6%
South	26.3%	26.7%	28.7%	29.4%
Midwest	23.2%	23.2%	23.9%	23.4%
Southwest	12.2%	11.5%	9.4%	9.5%
West	16.0%	16.2%	16.6%	16.6%

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	-- December 2004 ---		--- June 2010* ---	
	<u>Total</u>	<u>Mem-</u>	<u>Total</u>	<u>Mem-</u>
	<u>sample</u>	<u>bers</u>	<u>sample</u>	<u>bers</u>
Number of respondents (base) Actual percentage bases were somewhat less due to item non-response	1,604	1,424	4,755	4,072
Job title				
Clinical Research Coordinator	29.4%	29.3%	28.0%	29.8%
Research Nurse	13.8%	13.7%	12.9%	12.8%
Clinical Research Associate	12.7%	12.6%	11.3%	10.8%
Research Manager	7.3%	7.8%	9.4%	9.4%
Data Manager	5.8%	6.0%	4.0%	3.7%
Project Manager	5.4%	5.1%	6.3%	6.3%
Clinical Research Assistant	3.0%	3.2%	3.3%	3.2%
Regulatory Affairs	2.9%	2.9%	5.0%	4.9%
Quality Assurance	2.2%	2.3%	2.9%	2.9%
Institutional Review Board	1.1%	0.8%	not a response option	
Trainer/Educator	0.8%	0.8%	not a response option	
Clinical Investigator	0.4%	0.4%	not a response option	
Research Pharmacist	0.2%	0.2%	not a response option	
Student	0.1%	0.1%	not a response option	
Other	14.8%	14.8%	16.7%	16.2%
Employers - percents sum to more than 100% because multiple answers were allowed.				
Hospital	31.7%	32.4%	35.5%	36.2%
Academic research center/organization	26.6%	26.7%	24.4%	25.0%
Contract research organization	9.6%	9.7%	8.7%	8.4%
Physician based practice	9.6%	9.7%	9.3%	9.4%
Pharmaceutical company	6.5%	6.0%	5.7%	4.8%
Independent research site	3.4%	3.3%	3.3%	3.4%
Medical device company	3.3%	3.2%	4.8%	4.8%
Government	3.0%	2.9%	2.4%	2.1%
Biotech company	1.6%	1.6%	2.2%	2.0%
Site Management Organization	1.4%	1.4%	1.3%	1.3%
Contractor/Self-employed consultant	1.3%	1.1%	1.2%	1.1%
Other	8.0%	7.9%	6.6%	7.1%

Total Sample and Member Responses:
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	-- December 2004 ---		--- June 2010* ---	
	<u>Total</u>	<u>Mem-</u>	<u>Total</u>	<u>Mem-</u>
	<u>sample</u>	<u>bers</u>	<u>sample</u>	<u>bers</u>
Number of respondents (base) Actual percentage bases were somewhat less due to item non-response	1,604	1,424	4,755	4,072
Study/trial experience - <i>percents sum to more than 100% because multiple answers were allowed.</i>				
Pharmaceutical	73.0%	72.4%	72.2%	72.3%
Medical Device	16.1%	16.0%	23.5%	23.3%
Biologics	14.6%	14.7%	19.1%	18.8%
Public Health & Epidemiology	8.9%	8.4%	11.6%	11.6%
Behavioral Research	5.7%	5.6%	9.0%	9.2%
Other	7.0%	7.0%	15.1%	15.1%
Therapeutic areas in your clinical research experience. <i>Percents sum to more than 100% because a multiple answers were permitted.</i>				
Oncology	59.8%	60.2%	56.1%	56.6%
Hematology	28.4%	28.4%	25.1%	25.3%
Cardiovascular	27.7%	26.7%	31.3%	29.7%
Neurology & pain	21.0%	20.3%	23.3%	22.8%
Gastrointestinal	19.8%	19.0%	21.0%	19.6%
Pediatrics	18.9%	18.3%	21.9%	21.6%
Inflammation/Immunology	16.3%	15.8%	16.7%	16.2%
Anti-Infective	13.7%	12.9%	11.7%	11.0%
Urology	13.4%	13.1%	12.2%	11.4%
Metabolic diseases	13.4%	12.7%	17.2%	16.6%
Vaccines	12.3%	11.9%	15.6%	15.0%
Psychiatry	10.4%	10.1%	12.9%	12.6%
Obstetrics & gynecology	10.3%	9.7%	11.0%	10.4%
Dermatology	9.3%	8.7%	9.3%	9.0%
Ophthalmology	5.8%	6.1%	7.9%	7.6%
Otolaryngology	3.2%	3.3%	3.1%	2.9%
Dental	1.5%	1.3%	2.4%	2.2%
Other	23.2%	23.3%	22.9%	23.0%

Total Sample and Member Responses:
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	-- December 2004 ---		--- June 2010* ---	
	<u>Total sample</u>	<u>Members</u>	<u>Total sample</u>	<u>Members</u>
Number of respondents (base) Actual percentage bases were somewhat less due to item non-response	1,604	1,424	4,755	4,072
Years you have worked in clinical research (including full/part time employment and education)				
Less than 3 years	10.9%	10.4%	5.4%	5.1%
3 - 4.5 years	19.5%	19.8%	15.7%	16.0%
5 - 6.5 years	19.6%	19.8%	15.6%	16.2%
7 - 9.5 years	16.3%	16.4%	18.1%	18.6%
10 - 14 years	17.8%	18.1%	23.5%	23.5%
15+ years	15.9%	15.6%	21.7%	20.6%
Mean	8.4	8.4	9.9	9.8
Median	7	7	8	8
Years in your current position				
Less than 2 years	24.2%	24.4%	15.1%	15.6%
2-4 years	43.6%	43.3%	44.5%	45.0%
5+ years	32.2%	32.3%	40.4%	39.4%
Mean	4.4	4.4	5.1	5.0
Median	3	3	4	3
Years as a SoCRA member (base: SoCRA members only)				
0-2 years		56.3%		46.5%
3-4 years		20.9%		21.8%
More than 4 years		22.8%		31.7%
Mean		3.4		4.0
Median		2		3
Preference for receiving the SoCRA Annual Membership Directory (2004 only)				
Hard copy mailing	40.8%	41.8%		
On-line access via SoCRA home page	59.2%	70.5%		
Preference for receiving the SoCRA Source Journal (2010 only)				
Hard copy mailing			61.7%	65.2%
On-line access via SoCRA home page			38.3%	34.8%

Total Sample and Member Responses:
2010 vs. 2004 SoCRA Salary Surveys

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	-- December 2004 ---		--- June 2010* ---	
	<u>Total sample</u>	<u>Members</u>	<u>Total sample</u>	<u>Members</u>
Number of respondents (base) Actual percentage bases were somewhat less due to item non-response	1,604	1,424	4,755	4,072
Certified as a CCRP with SoCRA				
Yes	59.4%	64.6%	62.1%	69.1%
No	40.5%	35.4%	37.9%	30.9%
Years certified as CCRP through SoCRA (Base: SoCRA CCRP certified)				
0-1 year	33.7%	33.8%	25.6%	25.7%
2-3 years	33.6%	33.6%	31.0%	30.9%
More than 3 years	32.7%	32.6%	42.5%	43.4%
Mean	3.1	3.1	3.8	3.9
Median	2	2	3	3
Planning on taking the CCRP Exam with SoCRA? (Base: Not certified with SoCRA)				
Yes	56.2%	62.8%	53.9%	63.2%
No	43.8%	37.2%	46.1%	36.8%
Reasons for not planning to take the CCRP Exam with SoCRA (Base: not CCRP certified and not planning to take exam)				
Not needed for current job	38.1%	35.7%	42.6%	39.1%
Already certified through another org.	26.8%	26.1%	28.5%	30.9%
Employer will not pay of reimburse	21.2%	18.4%	19.9%	16.7%
Lack of interest	6.6%	7.7%	7.6%	6.8%
Other	23.5%	27.1%	18.9%	19.0%
Number of times attended the SoCRA Annual Conference				
Never	68.4%	67.9%	70.7%	70.8%
1 time	21.2%	21.3%	17.3%	16.8%
More than once	10.4%	5.5%	12.0%	12.4%
Mean	0.6 times	0.6 times	0.6	0.6
Median	0	0	0	0