

Results of the 2017 EMWA salary survey

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Abstract

Between April 7 and May 31, 2017, EMWA members were asked to participate in a survey about their current salary levels. 317 individuals responded, of whom 266 (84%) were evaluable (191 employees and 75 freelancers). Most respondents were women (77%), and most lived in the United Kingdom (30%) or Germany (27%). Most worked as freelancers (28%), for a pharmaceutical company (22%), or for a contract research organization (CRO) (22%). About half had ≤5 years of writing experience. For employed medical writers, the mean annual income was €62,793 (median €58,000). For freelance medical writers, the mean hourly income was €81 (median €80). On average, income for employed medical writers was similar for men

and women and rose with work experience and responsibility. However, for freelance medical writers, the average hourly income was significantly higher for men (€102) than for women (€75). Highest academic degree and geographical location influenced income for employed medical writers but had less impact for freelancers. Both employed and freelance members with an EMWA Professional Development Programme certificate earned more than those without. The results suggest that the income of employed medical writers depends primarily on the type of company and the amount of work experience and training as a medical writer. For freelancers, income appears to depend mostly on the amount of writing experience and training they have.



Introduction

EMWA conducted its first salary survey in 2006 to which 145 employed EMWA members responded.¹ The survey was repeated in 2012, with 320 members responding.² A third survey was conducted in 2017 and is reported here. Although separate surveys were previously conducted for freelance medical writers (including 63 freelancers in 2003, 101 in 2007, 130 in 2010, and 123 in 2013),^{3–6} the current survey included both freelancers and employed medical writers, which allows for comparison of incomes and patterns between these 2 groups.

Methods

Survey details

The present survey was based on the previous questionnaires, although a few questions relevant to understanding the salary level (e.g. whether a person has supervisory responsibilities or not) were added and the survey was adapted to allow freelancers to participate. The questions included in the survey are summarised in the Appendix. The survey was set up and administered online via Survey Monkey (<http://www.surveymonkey.com>). EMWA members were invited to participate via email, social media, and announcements on the EMWA website and in *Medical Writing*. A reminder was sent to all invitees shortly before the end of the survey period. The survey was open for participation from April 7 to May 31, 2017. All answers were collected and kept strictly confidential. As the survey was anonymous, it was not possible to query missing or inconsistent data.

Statistical analyses

For the purpose of assessing income, the respondents were divided into two full analysis sets (FAS) based on whether they were employees (the employee FAS) or freelance (the freelance FAS). The employee FAS consisted of all respondents who selected employer type as anything except “I am a Freelance” and job title as anything except “Freelance” and who provided information for annual salary. The freelance FAS consisted of all respondents who selected employer type as “I am a Freelance” or job title as “Freelance” and who provided an hourly rate. When respondents provided both hourly and annual income, they were assigned to the freelance FAS or employee FAS according to their answer to employer type. Respondents missing any of this information or who did not

comply with these rules were excluded from the analyses. The combination of these two FAS comprised the total FAS.

Data on demographics, background, and job characteristics were summarised for each FAS (total, employee, and freelance). Means, standard deviations (SD), medians, and ranges were reported for income data (annual salaries and hourly rates). Simple analysis of covariance models were used to assess the impact of each explanatory variable on the annual income/hourly rate.

The annual income reported by a few freelancers was removed so that freelance incomes were only assessed based on hourly rates.

Missing values were not replaced. Pounds were converted to Euros using official exchange rates on 16 June 2017, where 1 £ = 1.14237326 €.

Results

Respondent characteristics

A total of 317 EMWA members responded to the survey of whom 221 (70%) were employees, 89 (28%) were freelance, and 7 (2%) did not classify their employment situation. The employee FAS comprised 191 respondents, and the freelance FAS comprised 75 respondents.

The majority of respondents in the total FAS were women (77%), and most lived in the UK (30%) or Germany (27%) (Table 1; Figure 1). Proportions were similar in the employee FAS

and freelance FAS. Among the employee FAS, 16% worked part-time (all but one of whom were women) compared to 48% among the freelance FAS (all but three of whom were women). In the total FAS, approximately one third of respondents (35%) worked an average of >40 h/week; however, this proportion was much higher among employed writers (41%) than among freelancers (17%).

The academic background, level of training, and average time in the industry were similar among employed and freelance writers. In the total FAS, most respondents had an advanced academic degree (master’s degree or higher, 89%), and the most common fields of study had been biological and other life sciences and healthcare (86%). Only 32% had already obtained an EMWA professional development programme (EPDP) certificate, and 93% had not completed any other formal training or certification in medical writing (e.g. certificate from the American Medical Writers Association or the Drug Information Association). The majority of respondents had been working in the pharmaceutical industry for >5 years (78%), but half (50%) had ≤5 years of experience as a medical writer (Table 1).

Among employed medical writers, most worked for either a pharmaceutical company (31%), a contract research organisation (CRO) (31%), or a company offering medical writing

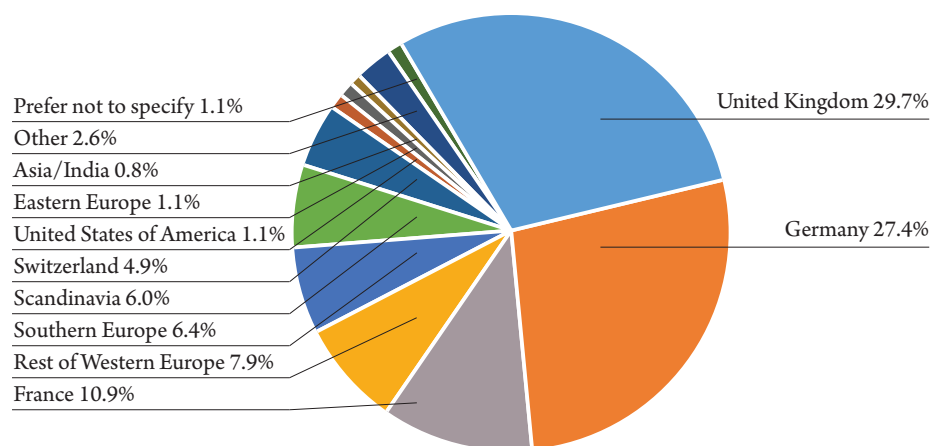


Figure 1. Geographical location of medical writers (Total FAS population)

Any country with fewer than 5% of total respondents was grouped by region as follows: Asia/India (China, Hong Kong, India, Japan, Singapore, Thailand), Eastern Europe (Czech Republic, Lithuania, Poland, Romania, Russian Federation, Serbia), Rest of Western Europe (Austria, Belgium, Ireland, The Netherlands), Rest of World (Turkey, Israel, other), Scandinavia (Denmark, Finland, Sweden), and Southern Europe (Greece, Italy, Spain, Portugal).

Table 1. Demographic and work-life characteristics

Characteristic	Number (%) of respondents		
	Employee FAS	Freelance FAS	Total FAS
Total	191 (100)	75 (100)	266 (100)
Women	148 (77) ^a	56 (75) ^a	204 (77) ^a
Country working in			
UK	57 (30)	22 (29)	79 (30)
Germany	54 (28)	19 (25)	73 (27)
France	20 (10)	9 (12)	29 (11)
Scandinavia (Denmark, Finland, Sweden)	10 (5)	6 (8)	16 (6)
Switzerland	12 (6)	1 (1)	13 (5)
Spain	6 (3)	3 (4)	9 (3)
Belgium	6 (3)	2 (3)	8 (3)
Austria	6 (3)	–	6 (2)
Italy	5 (3)	1 (1)	6 (2)
Other	15 (8)	12 (16)	27 (10)
Full-time employment	160 (84)	39 (52)	199 (75)
Hours worked per week			
1–10	0	5 (7)	5 (2)
11–20	2 (1)	8 (11)	10 (4)
21–30	15 (8)	18 (24)	33 (12)
31–35	17 (9)	15 (20)	32 (12)
36–40	78 (41)	16 (21)	94 (35)
>40	79 (41)	13 (17)	92 (35)
Time working as medical writer			
≤5 years	102 (53)	30 (40)	132 (50)
>5 years	89 (47)	45 (60)	134 (50)
Employer type			
Contract research organisation	59 (31)	–	59 (22)
Pharmaceutical company	59 (31)	–	59 (22)
Medical writing company	41 (21)	–	41 (15)
Communications/advertising agency	10 (5)	–	10 (4)
Biotech company	7 (4)	–	7 (3)
Other	15 (8)	–	15 (6)
Freelance	–	75 (100)	75 (28)
Supervisory responsibility ^b			
Line management	42 (22)	7 (9)	49 (18)

FAS: full analysis set

^a 5 respondents in the FAS populations (3 employees and 2 freelancers) preferred not to reveal their gender.

^b Oversight of a project but not line management.

services (21%) (Table 1). Although the majority of employed writers worked for medium-sized (50–1000 people; 40%) or large companies (>1,000 people; 37%), almost one quarter (23%) worked for small companies (<50 people).

While both employed and freelance writers reported having supervisory responsibilities (e.g. oversight of a project but not line management), the proportion was much higher for employed writers (Table 1). More than half of employed writers (62%) said they have supervisory responsibilities, and 22% said they have line

management activities.

Employed writers spent, on average, 45% of their working time on creating new texts based on data, 16% on editing texts that need considerable rewriting, 15% on supervision or administration (not line management), and 12% on quality control activities. On average, they also spent 33% of their time on documents for clinical and nonclinical development (clinical study protocols, clinical study reports, or statistical analysis plans), 15% on articles for scientific journals and the scientific press, and 14% on

documents for submission dossiers (Common Technical Document Module 2, Integrated Summary of Safety, or Integrated Summary of Effectiveness).

Freelance writers mostly spent their time creating new texts based on data (65% on average), followed by editing texts that need considerable rewriting (13%); the proportions of time for other predefined activities did not exceed 6%. The average percentage of time spent by freelancers was similar for documents for clinical and nonclinical development (24%) and scientific articles (25%) and less (13%) on documents for submission dossiers.

Gross annual income—employed medical writers

In the employee FAS, the mean gross annual income was €62,793 (SD €28,771), with a median of €58,000 (range €16,000 to €210,000). The mean income of the 40 men in the employee FAS (€63,755) was only slightly higher than that of the 148 women (€61,305), and the difference was not statistically significant.

The average starting salary of employed writers (those with ≤2 years of experience) was €45,376, which rose by approximately €15,000 for those with between 2 and 10 years of experience as a medical writer, and by another €20,000 for those with >10 years of experience (Table 2). Likewise, mean salaries also increased with more senior job titles: the lowest salary was earned by associate medical writers (€36,987) and junior medical writers (€43,637) and was highest for department heads (€109,050) (Table 3). Those respondents with supervisory responsibilities earned more (mean €69,045) than those without (€52,459), as did those with line management responsibility (€79,224) compared to those without (€58,161).

The mean salary was higher in respondents with an advanced academic degree (MBBS, MD, PhD, MBA or equivalent) (€66,265) than in those with a master's (€55,334) or bachelor degree (€55,544). Although only one third of respondents had an EPDP (EMWA Professional Development Programme) certificate, they earned more (mean €70,596) than those who did not (€59,131).

The average annual income differed considerably based on geographical location: it was highest in Switzerland (€122,417) and lowest in Austria (€47,397) (Table 4). It was also higher for writers employed at pharmaceutical

Table 2. Gross annual income of employed medical writers by years of experience (employee FAS, N=191)

Years working as medical writer	N (%)	Gross annual income (€)			
		Mean	SD	Median	Range
≤2 years	53 (28)	45,376	19,080	42,000	16,000–145,000
>2–5 years	49 (26)	60,145	25,334	53,500	25,000–156,000
>5–10 years	43 (23)	61,288	18,065	61,250	26,000–110,000
>10–15 years	31 (16)	88,673	35,063	70,500	55,000–210,000
>15 years	15 (8)	83,810	30,520	72,000	44,000–150,000

FAS: full analysis set; SD: standard deviation

Table 3. Gross annual income of employed medical writers by job title (employee FAS, N=191)

Job title	N (%)	Gross annual income (€)			
		Mean	SD	Median	Range
Associate MW	11 (6)	36,987	11,454	35,358	16,000–65,000
Junior MW	33 (17)	43,637	12,115	42,000	27,000–78,000
Senior MW	60 (31)	62,619	21,448	60,000	26,000–156,000
Principal MW	17 (9)	70,973	28,670	60,643	43,200–145,000
MW manager	22 (12)	83,168	30,931	79,500	30,000–154,000
Department head	10 (5)	109,050	47,006	101,250	58,000–210,000
Communication specialist	4 (2)	53,000	18,129	49,500	35,000–78,000
MW scientist	10 (5)	53,497	16,214	54,500	25,000–82,450
Other	23 (12)	63,287	26,351	60,000	28,559–130,000

FAS: full analysis set; MW: medical writer; SD: standard deviation

Table 4. Gross annual income of employed medical writers by geographical location, sorted by mean income (employee FAS, N=191)

Country of employment	N (%)	Gross annual income (€)			
		Mean	SD	Median	Range
Switzerland	12 (6)	122,417	40,673	120,000	60,000–210,000
Scandinavia	10 (5)	74,286	19,202	72,000	47,412–110,000
Germany	54 (28)	67,701	22,718	63,250	38,000–130,000
Italy	5 (3)	54,800	15,401	54,000	40,000–78,000
UK	57 (30)	53,568	22,409	47,000	26,000–150,000
Belgium	6 (3)	52,742	14,058	49,150	40,000–70,000
Spain	6 (3)	48,500	20,869	40,500	30,000–85,000
France	20 (11)	48,247	11,587	46,000	29,000–82,500
Austria	6 (3)	47,397	13,603	41,000	35,000–70,000
Other	15 (8)	62,767	32,463	64,000	16,000–145,000

FAS: full analysis set; SD: standard deviation

companies (mean €82,600) than any other company type (Table 5). The mean salaries at all other types of employer ranged from €48,902 to €57,918. The variability between minima of the salary ranges across company types was much lower than for the maxima. The maximum salaries were lowest for biotech companies and communications agencies. Mean annual salaries were also higher at larger companies (>500 employees; €70,136) than at smaller companies (€54,732). Further analyses showed that the higher incomes in these companies were from those who had worked longer (>10 years) as a medical writer.

Annual income increased with the hours worked every week: mean income was €59,162 for those who worked ≤35 h/week compared to €63,579 for those who worked >35 h/week, €68,595 for those who worked >41–50 h/week, and €95,480 for those who worked >50 h/week (Table 6).

The mean annual salary also differed with the type of document respondents primarily worked on (≥ 50% of their working time). Those who primarily worked on documents for submission dossiers (n=19) had a mean salary of €78,389, while those primarily working on documents for clinical and nonclinical development (n=64) had a mean salary of €59,406, and those primary working on scientific articles (n=28) earned mean of €48,897.

Most of the employed writers were satisfied with their work (91%) and their salary (63%). As expected, salary satisfaction correlated directly with a higher annual income: the mean salary among satisfied respondents was 28% higher (€68,286) than that of the dissatisfied respondents (€53,508) (p<0.01).

Hourly income – freelance medical writers

In the freelance FAS, the mean hourly income was €81 (SD €35.1), with a median of €80/hour, and a range of €15 to €200/hour. The mean hourly income of the 17 men (€102) was notably higher than that of the 56 women (€75), and the difference was statistically significant (p<0.01).

The average starting rate of freelance writers (those with ≤2 years of experience) was €56/h, which doubled to €113/h for those with between 5 and 10 years of experience as a medical writer, but was slightly less for those with >10 years of experience (Table 7). Among women, those with >10 years of experience were charging more

(mean €87/h) than those with ≤10 years of experience (€66/h), while the opposite was true for men (€111/h for ≤10 years of experience, €94/h for >10 years of experience).

Freelance rates did not differ for those with supervisory responsibilities (mean €82/h) and those without (€81/h). Unexpectedly, the few freelance writers with line management responsibility were charging less (mean €68/h) than those without (€83/h). The mean freelance rate was higher in those with a master's degree (€91/h) than those with either an advanced degree or a bachelor's degree (€79/h for both). Freelance writers who had an EPDP certificate were charging more (mean €91/h) than those who did not (€77/h).

Unlike the salaries of employed medical writers, the average hourly income did not differ much across most geographical locations: although it was higher in Scandinavia (€103/h), it was between €77 and €87/h in the other regions (Table 8).

When assessed based on average hours worked per week, mean hourly rates were slightly higher for those who worked longer: those who worked ≤35 h/week were charging an average of €74/h, whereas those who worked >35 hours/week were charging an average of €92/h.

Similar to the observation made in the employee FAS, the mean hourly rate for freelancers differed according to the type of document respondents primarily worked on (≥50% of their working time). Those who primarily worked on documents for submission dossiers (n=10) had a mean rate of €99/h, while those primarily working on documents for clinical and nonclinical development (n=20) had a rate of €87/h, and those primarily working on scientific articles (n=20) had a rate of €81/h.

Most of the freelance writers were satisfied with their work (91%) and their salary (77%). As expected, salary satisfaction correlated directly with a higher income: the mean rates were higher among satisfied respondents (€88/h) than among dissatisfied respondents (€59/h) ($p<0.01$).

Discussion

These survey results can provide a useful benchmark both for medical writers who want to assess how their current salaries compare to those of similar positions across the industry in Europe and for employers of medical writers to ensure

Table 5. Gross annual income of employed medical writers by type of company, sorted by mean income (employee FAS, N=191)

Type of employer	N (%)	Gross annual income (€)			
		Mean	SD	Median	Range
Pharmaceutical company	59 (31)	82,600	35,456	73,000	28,559–210,000
Communications/advertising agency	10 (5)	57,918	16,933	54,000	38,000–82,500
Contract research organisation	59 (31)	56,488	22,993	49,000	25,000–145,000
Biotech company	7 (4)	49,197	20,072	42,000	16,000–70,000
Medical writing company	41 (21)	48,902	15,356	46,000	30,000–115,000
Other ^a	15 (8)	57,243	16,622	58,300	34,000–89,000

FAS: full analysis set; SD: standard deviation

^a Other includes research/consulting, medical device company, public sector organisation, consultancy including providing medical writing services, health technology assessment institute, governmental institution, medical communications & education agency, National Health System, consultant to the pharmaceutical industry, consulting, pharmaceutical consultancy, both freelance and employed (10 h per week), and charitable organisation

Table 6. Gross annual income of employed medical writers by hours worked per week (employee FAS, N=191)

Hours worked per week	N (%)	Gross annual income (€)			
		Mean	SD	Median	Range
1–20	2 (1)	71,000	1,414	71,000	70,000–72,000
21–30	15 (8)	61,615	19,465	63,000	26,000–95,000
31–35	17 (9)	55,605	22,038	46,400	29,000–110,000
36–40	78 (41)	55,051	22,486	48,500	27,000–156,000
41–50	69 (36)	68,595	34,136	60,000	16,000–210,000
>50	10 (5)	95,480	28,491	90,000	58,300–150,000

FAS: full analysis set; SD: standard deviation

Table 7. Hourly rate of freelance medical writers according to years of experience (freelance FAS, N=75)

Years working as medical writer	N (%)	Hourly rate (€)			
		Mean	SD	Median	Range
≤2 years	11 (15)	56	27.7	60	20–100
>2–5 years	19 (25)	67	37.0	55	15–170
>5–10 years	10 (13)	113	45.7	105	50–200
>10–15 years	13 (17)	93	31.5	80	60–160
>15 years	22 (29)	85	15.4	90	60–110

FAS: full analysis set; SD: standard deviation

Table 8. Hourly rate of freelance medical writers according to geographical location (freelance FAS, N=75)

Country employed	N (%)	Hourly rate (€)			
		Mean	SD	Median	Range
Scandinavia	6 (8)	103	43.7	115	50–150
France	9 (12)	87	16.0	90	60–110
Germany	19 (25)	79	32.8	80	35–170
UK	22 (29)	79	19.3	70	50–120
Other	19 (25)	77	52.0	70	15–200

FAS: full analysis set; SD: standard deviation

that the salaries being offered are competitive. With the results of this salary survey, the three surveys provide insight into salaries of medical writers in Europe over an 11-year period. With these data, we can begin to look for trends over time. Future surveys will expand the data and may strengthen the conclusions that we can draw.

The reported average salary of employed medical writers rose much more between the initial salary survey in 2006 (mean €54,924; median €50,000) and the second survey in 2012 (mean €61,505; median €54,000) than between the second survey and the current survey (mean €62,793; median €58,000).^{1,2} This difference is certainly influenced by several factors including differences in inflation and cost of living in different European countries, differences in the number and type of EMWA members and respondent characteristics, differences in companies' working models, and, generally, differences in social and political changes across Europe.

Indeed, there was substantial geographical variability in salaries across Europe, which appears to reflect differences in cost of living, with the highest salaries in Switzerland and Scandinavia. However, since only a few medical writers responded from these countries, these averages may not reflect the true average in these regions. Because 58% of the employed medical writers resided in Germany or the UK, the average salary reported for these countries could be a good benchmark for the average income of a large proportion of employed medical writers across Europe.

While more than 90% of respondents in the total FAS were satisfied with their work, only two-thirds were satisfied with their salary. This suggests that factors other than the salary contribute to being satisfied with work.

Consistent with previous reports,^{1,2} annual income in this survey increased with experience as a medical writer and more advanced job titles.

In particular, the mean salary jumped considerably for writers with >10 years of writing experience. The increase in average income for highly experienced writers is much higher than what was reported in the 2006 survey.² This may be due to an ever-increasing demand for highly experienced writers, which increases their market value. However, it may also reflect the fact that the pharmaceutical industry has been reducing spending over the last 20 years.⁷ Data from the German statistical office show that the proportion of revenue that pharmaceutical companies spend on their employees as wages (the wage share) began to decrease in the early 1990s and has decreased significantly more than in the total economy, reaching a trough point 9 years ago (Figure 2). (Note that data for this comparison were not available from any of the other main European statistical offices and so only the German data are presented.) Thus, those writers with >10 years of experience started in the industry at a time when pay was generally higher and continue to be paid more now, while those who joined the industry within the last 10 years came in at lower levels and have not received large raises that were previously common.

The upper limit of annual income earned by employed medical writers depended on the type of company they work for. While the starting level income appears to be similar across company types (based on the lower range of incomes reported), the maximum was earned at the three most common employers of medical writers—pharmaceutical, CROs, and medical writing companies. However, both the mean and maximum income was, by far, the highest at pharmaceutical companies. Interestingly, the proportion of writers employed by specialised medical writing companies continued to increase in this survey (21% vs. 19% in 2012 and 3% in 2006). This may reflect a growing employment option for medical writers as more companies become specialised in medical writing.

Importantly, differences in salaries between men and women appear to be disappearing. Whereas salaries were 28% higher for men in 2006 and 15% higher in 2012, they were only 4% higher in this survey. This suggests that the medical writing industry is overcoming sex biases in pay for salaried employees. However, for freelance medical writers, men were charging higher hourly rates than women. Hopefully these data will improve women's awareness of their

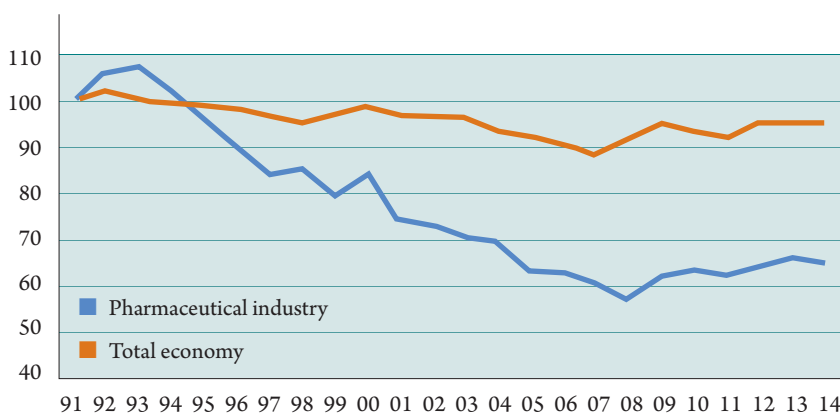


Figure 2. Wage share in the pharmaceutical industry and the total economy in Germany

Index 1991=100; compensation of employees as % of gross value added.

Source: created from data provided by the German statistical office, and available at www.destatis.de at the time of writing the paper.⁸

market value and give them the courage to charge rates equivalent to their male colleagues.

Unlike the income of employed medical writers, the income of freelance writers did not appear to increase with increased responsibility (through line management activities) or relative to their geographical location; however, the sample size was small, so this may not be a general trend. For freelancers, the only factor that played a role in charging higher hourly rates was experience: those who had worked > 5 years as a medical writer or had an EPDP certificate charged more than those who did not.

Although this analysis included 266 respondents, which represents roughly one-fourth of the EMWA membership, the numbers of respondents in many individual categories assessed was often low. For example, 10 or fewer individuals responded for some countries, employer types, or job titles. As a result, the data from these groups may not be representative of the population as a whole. In addition, the sample may be biased by the type of medical writer who chooses to participate: individuals who earn large amounts tend to be less willing to share financial information, while new medical writers may not yet be members of EMWA (and thus not in the eligible population) or may not yet feel qualified to participate in a survey.

Conclusions

Overall, the results of this survey were consistent with those of the previous survey for employed medical writers. As medical writers gain experience and take on more responsibility, their salaries increase. The highest salaries were paid for experienced medical writers working for pharmaceutical companies, followed by CROs, and medical writing companies. Salaries were also higher for writers with EPDP certificates. Geographical location may influence annual

income for employed medical writers but appears to play less of a role for the hourly rates charged by freelance writers. The discrepancy in income between men and women has now all but disappeared among employed medical writers, but it continues to be an issue for freelance medical writers, leaving room for improvement.

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Conflicts of interest

The authors did not receive compensation for writing this article and declare no conflicts of interest. Julia Forjanic Klapproth and Ansgar Dressler are full-time employees of Trilogy Writing & Consulting, GmbH. Andrea Rossi is a full-time employee of Eli Lilly & Co.

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Author information

Julia Forjanic Klapproth, PhD, has been a medical writer since 1997. As Senior Partner in a company that employs over 40 medical writers, the topics of medical writing salaries, responsibilities, working hours, and motivators are of particular interest for her.

Ansgar Dressler, Dipl.Stat, joined Trilogy Writing & Consulting as a medical writer in 2006, after working in the pharmaceutical industry as a biostatistician for approximately 9 years.

Andrea Rossi is a biologist who, after a brief spell at the University of Florence, started working in the Italian affiliate of Eli Lilly as a Clinical Research Associate. In the years that followed, he was responsible for Statistics, Health Outcomes and Medical Information. Andrea has been working in medical writing since 2003 with growing responsibilities. Andrea managed the previous EMWA salary survey.



Appendix. Survey questions

Demographic information

1. Are you...?
 - a. Male
 - b. Female
 - c. Prefer not to say
2. Where are you employed?
(list of countries, with option to indicate if they prefer not to specify)

Education

3. What is the highest academic degree that you hold?
 - a. Associate's degree or below (i.e. an academic degree for a programme of 2 years or less)
 - b. Bachelor's degree or equivalent
 - c. Master's degree or equivalent
 - d. Advanced (MBBS, MD, PhD, MBA or equivalent)
4. In what field of study did you obtain your highest academic degree?
 - a. Biological science (Biology, Biochemistry, Chemistry etc.)
 - b. Healthcare (Medicine, Pharmacy, Public Health, Epidemiology, Nursing, etc.)
 - c. Applied sciences (Mathematics, Physics, Engineering, etc.)
 - d. Humanities (English, History, Journalism, Communications, Technical Writing, etc.)
 - e. Languages, Translation, etc
 - f. Other (please specify):
5. Have you obtained an EMWA professional development programme (EPDP) certificate?
 - a. Yes
 - b. No
6. If yes, which EPDP certificates have you obtained (tick all that apply)?
 - a. The 'original' EPDP multidisciplinary or specialised certificate
 - b. The current foundation level certificate
 - c. The current advanced level certificate
7. Have you completed any other formal training or certification in medical writing (e.g. AMWA certificate, DIA)?
 - a. Yes (specify)
 - b. No

Work Experience

8. How many years of experience do you have working as a professional in the pharmaceutical/medical/devices industry or associated institutions (e.g. universities)?
 - a. ≤2 years
 - b. >2–5 years
 - c. >5–10 years
 - d. >10–15 years
 - e. >15 years
9. Of these years, how many years have you spent as a medical writer?
 - a. ≤2 years
 - b. >2–5 years
 - c. >5–10 years
 - d. >10–15 years
 - e. >15 years

Employer Information

10. How would you classify your employer?
 - a. Pharmaceutical company
 - b. Biotech company
 - c. Communications or advertising agency
 - d. Contract research organisation (CRO)
 - e. Association or professional society
 - f. University or medical school
 - g. I am a Freelance (If freelance move to question 13)
 - h. Other (specify)
11. Approximately how many people work for your employer? (Do not answer if freelancer)
 - a. <50
 - b. 50–250
 - c. 251–500
 - d. 501–1000
 - e. 1001–5,000
 - f. >5,000

Job Information

12. Which of the following departments is your function assigned to in your company? (Do not answer if freelancer)
 - a. Medical Writing
 - b. Medical Affairs
 - c. Pharmacovigilance
 - d. Statistics
 - e. Marketing/Branding
 - f. Clinical Operations
 - g. Regulatory Affairs
 - h. Publishing
 - i. Other (specify)

13. Which of the following best describes your job title?

- a. Associate medical writer
- b. Junior medical writer
- c. Senior medical writer
- d. Principal medical writer
- e. Manager, medical writer
- f. Communication lead/specialist
- g. Publishing scientist
- h. Medical writing scientist
- i. Drug safety specialist
- j. Head of a department
- k. Owner of medical writing company
- l. Freelance
- m. Other (specify)

14. Do you have supervisory responsibilities (e.g. oversight of a project but not line management)?

- a. Yes
- b. No

15. Do you have line management responsibilities?

- a. Yes
- b. No

16. What is your full-time equivalent yearly income before tax deductions? Please specify to the nearest 1,000 Euros using the valid exchange rate for your local currency

17. For Freelancers only: What is your hourly rate before tax deductions? Please specify to the nearest 10 Euros using the valid exchange rate for your local currency

18. Do you work full-time or part-time?
 - a. Full-time (>35 hours per week)
 - b. Part-time (1–35 hours per week)

19. On average approximately how many hours per week do you actually work?

- a. 1–10
- b. 11–20
- c. 21–30
- d. 31–35
- e. 36–40
- f. 41–50
- g. 51–60
- h. >60

20. Thinking of your typical workload, please indicate the proportions of different activities you do from the following:
 - i. Writing

- j. Editing
- k. Translation
- l. Proof-reading
- m. Quality control
- n. Electronic publishing
- o. Supervision (not line management)
- p. Other (please specify)

21. Considering your typical workload, please indicate the proportion of different types of documents that you work on from the following (regardless of whether you write, edit, QC, translate or publish them):
 - q. Documents for clinical and nonclinical development (CSPs, CSRs, SAPs)
 - r. Documents for submission dossiers (CTD Module 2, ISS, ISE)
 - s. Investigators' brochures
 - t. Pharmacovigilance documentation (PSURs/PBRERs, DSURs, RMPs, PADER/PAERs)
 - u. Articles for scientific journals and the scientific press
 - v. Marketing materials, including congress materials and proceedings
 - w. Slide presentations
 - x. Product information
 - y. PIPs/PSPs
 - z. Briefing books
 - aa. SmPCs/PILs
 - bb. Medical and scientific text books
 - cc. Educational materials for patients, including audiovisual media
 - dd. Educational materials for health professionals, including audiovisual media
 - ee. User manuals for devices
 - ff. Consultancy documentation
 - gg. Grant writing
 - hh. Training documentation
 - ii. Other (please specify)

Job and Salary Satisfaction

22. Are you satisfied with your current work?
 - a. Yes
 - b. No
23. Are you satisfied with your current salary?
 - a. Yes
 - b. No