

# Fifth EMWA freelance business survey

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## Abstract

Following surveys in 2003, 2007, 2010 and 2012, the fifth EMWA Freelance Business Survey was conducted in 2015. 181 respondents, most based in Europe, completed the survey. The findings indicate that freelance medical writing and related activities continue to offer a varied and potentially lucrative business opportunity. The responses received indicate a wide range of types of work and client, from niche opportunities to more traditional medical writing activities. In addition, freelancing offers unique flexibility, as indicated by the range of hours worked. Chargeable rates have been stable since the first survey in 2003, and it appears that the freelance environment remains a healthy place within which to operate.

## Introduction

This fifth survey follows those conducted in 2003, 2007, 2010 and 2012.<sup>1,2,3,4</sup>

The survey has developed considerably, from the initial paper-based questionnaire distributed at the Freelance Business Forum held at the EMWA spring conference in 2003, to an online system shared with all potential respondents via SurveyMonkey. The number of respondents has grown almost three-fold, from 63 for the first survey in 2003 to 181 in 2015.



## Methods

### Questionnaire design and distribution

The EMWA Freelance Team developed the 2015 web-based survey, based on the 2012 instrument. Individual questions were revised to reflect feedback from EMWA freelancers, to take account of an interim survey on types of regulatory documents worked on by freelance writers, and changes in the medical writing field. The resulting questions differed considerably from previous years, so historical comparisons were generally not possible. To enable comparison across surveys, the questions on chargeable rates were not changed.

The 10-question survey was produced on SurveyMonkey and was available online from mid-January 2015 to mid-March 2015. EMWA sent an email with the survey web link to all members and an announcement was posted on EMWA's LinkedIn page and social media, with reminders sent out using the same channels. The survey was open to anyone conducting freelance medical writing activities in Europe, including non-members of EMWA.

### Statistical methods

Data were analysed using Stata version 13.1.

All data are presented using descriptive statistics only.

For the analysis of hourly rates, participants

were classified as doing mainly regulatory work, mainly med comms work, or a mixture of the two, as follows. The percentage of time spent working on documents that were clearly regulatory (summary documents, protocols, CSRs, other regulatory documents, and SOPs) or clearly med comms (journal articles, marketing materials, presentations, or product information) were summed to give a total for each type. If the percentages of each type were within 10% of each other, participants were classified as doing both kinds of work, otherwise they were classified as doing the type of work with the larger percentage. Where participants had given rates in British pounds, these were converted to euros at the rate prevailing on 27 September 2015 (£1 = €1.35).

## Results and Discussion

### Number of responses and geographical location of respondents and their clients

181 respondents participated in the 2015 survey, an increase of almost 50% compared with 123 in the previous survey in 2012. Almost two-thirds (115, 63.5%) were based in a European country and undertook work for clients in different countries. A smaller proportion (54, 29.8%) of respondents were based in Europe and worked only with clients in their own country. Few (12, 6.6%)

respondents were based outside Europe and had European clients.

### Employment status and EMWA membership

Almost two-thirds (110, 62.5%) of respondents were full-time freelancers, and most of the remainder (57, 32.4%) were part-time freelancers (Figure 1). Only a small proportion (9, 5.1%) of respondents were employed by a company and also undertook some freelance work. All employment categories were well represented by EMWA members and non-members.

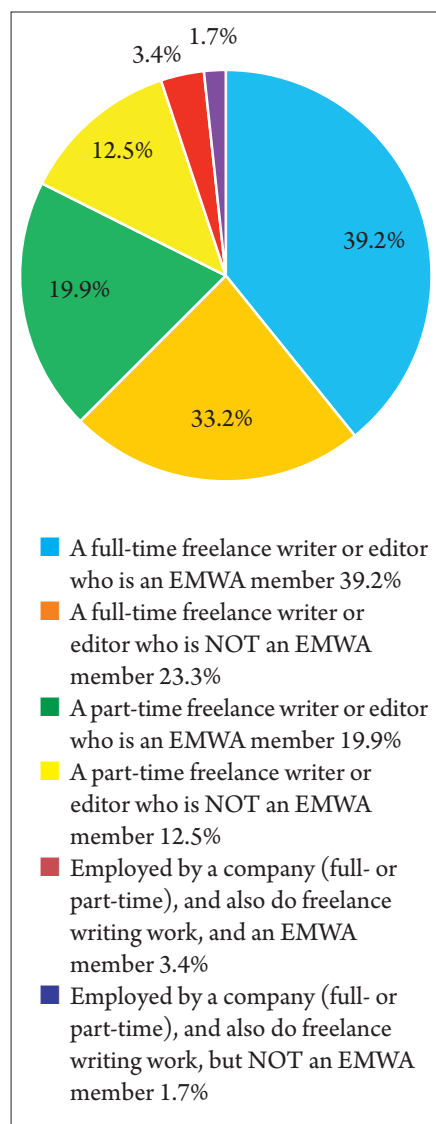


Figure 1. Employment status and EMWA membership (N=176)

### Number of hours worked

Respondents were asked how many hours they worked per week, based on typical workload over the last 3 years (Table 1). It is interesting to note that slightly less than half (81, 46.3%) of respondents worked for more than 30 hours per week, but almost two-thirds (62.5%) of respondents consider themselves to be full-time freelancers. In the context of a standard working week of approximately 40 hours as an employee, it appears that freelancing may offer a favourable work-life balance compared with the 'employed' sector.

Hours per week <sup>a</sup>	Response count (%)
1–10	8.6
11–20	16.6
21–30	28.6
31–40	30.3
41–50	13.1
>50	2.9

<sup>a</sup> Average number of hours, based on typical workload over the last 3 years

Table 1. Number of hours worked (N=175)

### Sources of work and work providers

Respondents categorised sources of work (Table 2) and providers (Table 3).

By a considerable margin, the most significant source of work (56.5%) came

Sources of work	Response average (%) <sup>a</sup>
Longstanding customers	56.5
Referrals from colleagues	17.2
Referrals from customers	14.5
Professional or social networking sites	11.6
Own advertising, including own website	6.1
EMWA Freelance Directory	2.3
Other	9.4

<sup>a</sup> Average percentage of total work undertaken, based on typical workload over the last 3 years

Table 2. Sources of work (N=163)

from long-term customers. Referrals from colleagues and customers also provided for a large proportion (31.8%) of work undertaken. The pattern of sources of work has been similar in all surveys so far. These findings are not surprising, as interpersonal relationships are the building block of any service business. However, other more 'virtual' approaches, including websites and professional and social networking sites, provided for approximately 20% of work on average, and therefore are also of considerable value when building a broad and stable client base.

The most significant providers of work

Work providers	Response average (%) <sup>a</sup>
Medical communications agencies	43.2
Research-based pharmaceutical companies	27.9
CROs on behalf of any of the above	13.4
Academic institutions or academia-based individuals	12.2
Publishing companies	10.3
Medical device companies	6.9
Medical writing companies	3.9
Biotech companies	3.5
Non-profit organisations	3.0
Generic companies	2.8
Work placement agencies	2.4
Any other sponsor (eg, investigator-led research groups)	1.9
Other	3.6

<sup>a</sup> Average percentage of total work undertaken, based on typical workload over the last 3 years

Table 3. Work providers (N=157)

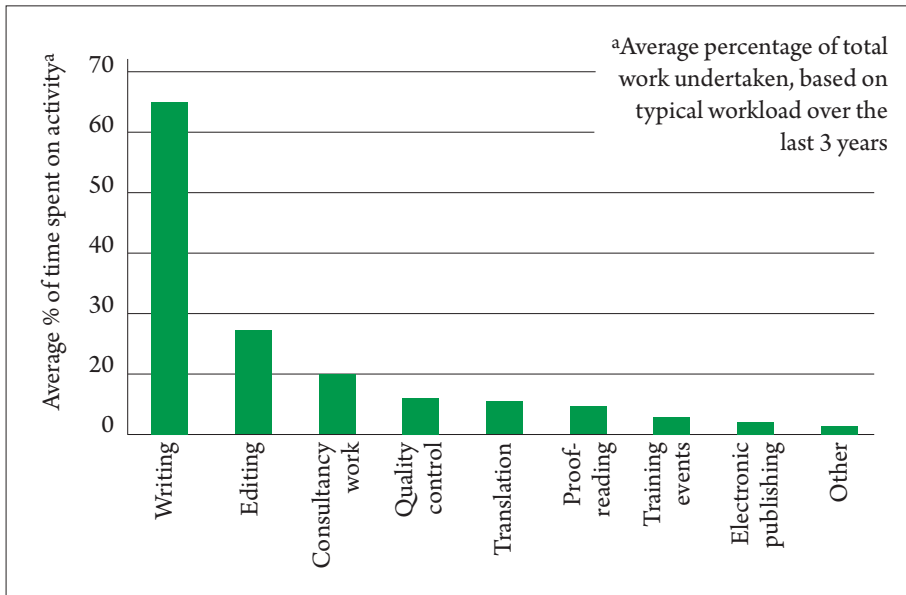


Figure 2. Types of work undertaken (N=156)

were medical communications agencies (43.2%), research-based pharmaceutical companies (27.9%). Contract research organisations (CROs), academia and publishing companies each provided for more than 10% of work on average. Opportunities

also exist in the biotech, generics and medical device fields. This was the first survey where the proportion of providers working mostly in the area of medical communications (56.4%) exceeded those doing mostly regulatory work (22.1%). This

may reflect that this survey was more widely publicised on LinkedIn and social media.

### Types of work undertaken

Respondents categorised their work by broad 'type' (Figure 2) and also more specifically by document type (Table 4).

Writing constituted the most significant portion of work (62.3%), with editing (19.1%) and consultancy work (10.3%) also providing significant amounts of work. Opportunities also exist in the fields of quality control, translation, proof-reading and training.

Slightly over half of all work can be categorised under the general headings of 'medical communications' and 'publications', including articles for scientific journals and congresses, product information and educational materials for patients and healthcare professionals. Approximately one quarter of work fell under the heading of 'regulatory writing', including work for regulatory submissions, clinical and non-clinical study reports and protocols, and patient safety documentation and other annual updates. 'Presentations' also comp-

### Type of document

	Response average (%) <sup>a</sup>
Articles for scientific journals and the scientific press	32.2
All other (non-protocol-related) supporting documentation contributing to non-clinical and clinical study reports, and the reports themselves	9.8
Marketing materials, including congress materials and proceedings	9.7
Presentations	9.7
Summary documentation for regulatory submissions, eg, clinical overviews and summaries of efficacy and safety (including non-clinical), including regulatory prescribing information (eg, SmPCs)	8.1
Educational materials for patients and health professionals, including audiovisual media	6.8
Preparatory documents for non-clinical and clinical trials including study protocols and supporting documentation	5.3
Product information for marketing purposes, including product monographs	3.9
Consultancy documentation	2.2
Training documentation	2.0
Other regulatory documents, eg, variations, PBRERs, RMPs, Annual Reports, responses to authority questions	1.9
Websites	1.9
Medical and scientific textbooks	1.5
Standard operating procedures	1.0
User manuals for devices	0.3
Other	5.4

<sup>a</sup>Average percentage of total work undertaken, based on typical workload over the last 3 years.

Abbreviations: PBRER Periodic benefit-risk evaluation report; RMP Risk management plan; SmPC Summary of product characteristics

Table 4. Types of documents authored (N=148)

Type of work activity	N	Minimum	25th percentile	Median	75th percentile	Maximum
Writing (total)	134	0	68	78	90	384
Med Comms writing	90	0	66	75	82	384
Regulatory writing	39	48	69	90	104	160
Editing	108	0	55	70	83	384
Translation	37	0	30	60	80	160
Proof reading	53	0	40	60	87	384
Quality control	51	0	50	70	83	139
Consultancy	63	0	66	83	110	186
Electronic publishing	21	0	0	62	79	139
Other	21	0	0	45	71	139
Training	16	50	70	84	125	150
Training preparation	12	55	68	95	115	150
Training (half day rate)	14	200	280	385	500	800
Training (whole day rate)	21	350	560	840	1000	1750

<sup>a</sup>All rates are in euros per hour

Table 5. Chargeable rates in euros, by type of work activity

rised about 10% of work undertaken, by 'document' type.

### Hourly rates

Respondents provided hourly rates in euros, which are summarised by the type of work activity undertaken in Table 5. Whilst minimum and maximum values can be misleading, presentation of 25th, 50th and 75th percentile values provides a more useful overview of rates charged.

Unsurprisingly, training work demands the highest premium, with daily rates in excess of €840 (50th percentile) not uncommon, and with rates rising up to €1750. Of course, this high rate is likely to be offset by the fact that opportunities for such work may be more sporadic than other activities. Writing work also tends to be charged at higher rates than most other types of activities, with regulatory writing commanding a higher median hourly rate at €90 than med comms work at €75. The median rate for consultancy work was €83 per hour.

It is of note that hourly rates have remained stable during the 12 years since the first survey in 2003 (Figure 3). Consultancy work appears to be the exception, with rates consistently lower than the 2003

peak, but this may reflect there being fewer respondents in previous surveys.

### Differential charging by client type

Data were also summarised for hourly rates by type of client, with respondents indicating whether they charged a particular type of client more, less or the same as their 'regular' rate (Figure 4). Overall, it appears that most writers charge most types of clients the same rate. The main exception to this observation is that almost half (40/90, 44.4%) of respondents indicated that they charged research-based pharmaceutical companies a higher-than-usual rate. Conversely, some types of clients were offered lower rates by some respondents, most notably academic clients, non-profit organisations and publishing companies, although the difference was much less pronounced than for the pharma companies.

### Conclusion

Our survey shows that freelance medical writing and related activities continue to offer a varied and potentially lucrative business opportunity. The responses received indicate a wide range of types of work and clients, including niche opportunities in addition to more traditional activities. In

addition, freelancing offers unique flexibility, indicated by the range of hours worked. Chargeable rates remain stable, and it appears that the freelance environment remains a healthy place within which to operate.

We hope that these data will allow you to assess your own business model, client profile and chargeable rates, so you can make the most of your own freelancing in the future.

EMWA would like to thank all respondents for taking the time to contribute to this survey.

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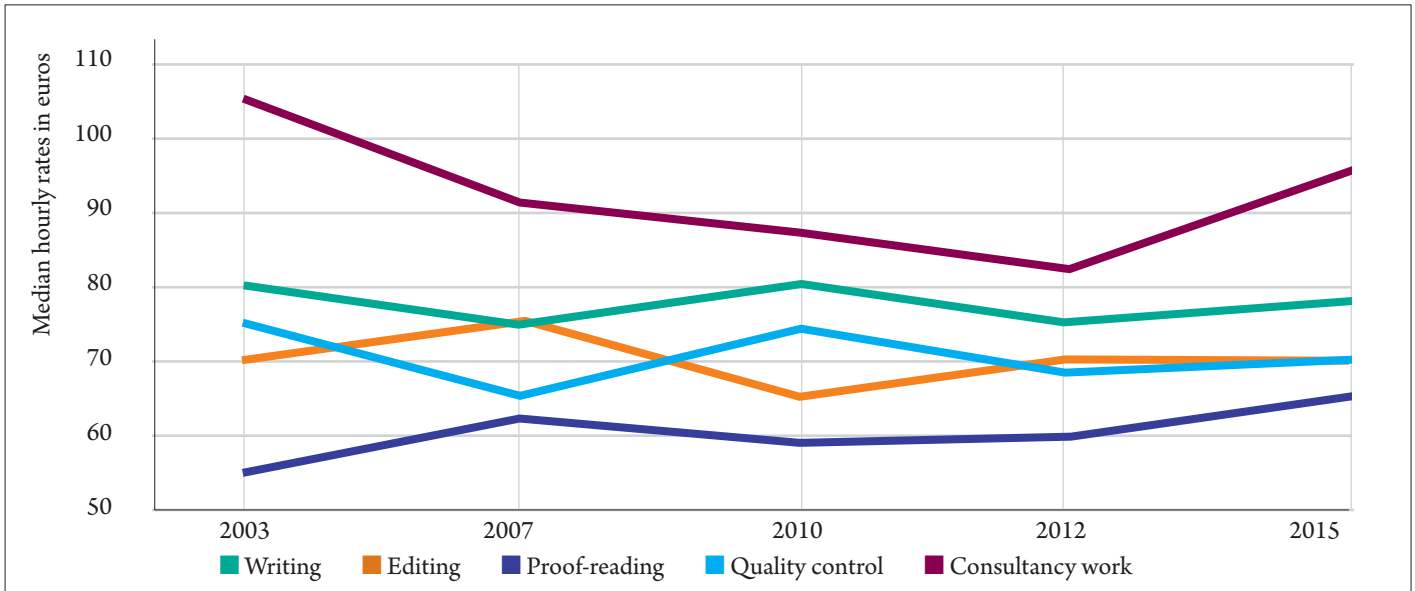


Figure 3. Median hourly rates 2003–2015 in euros

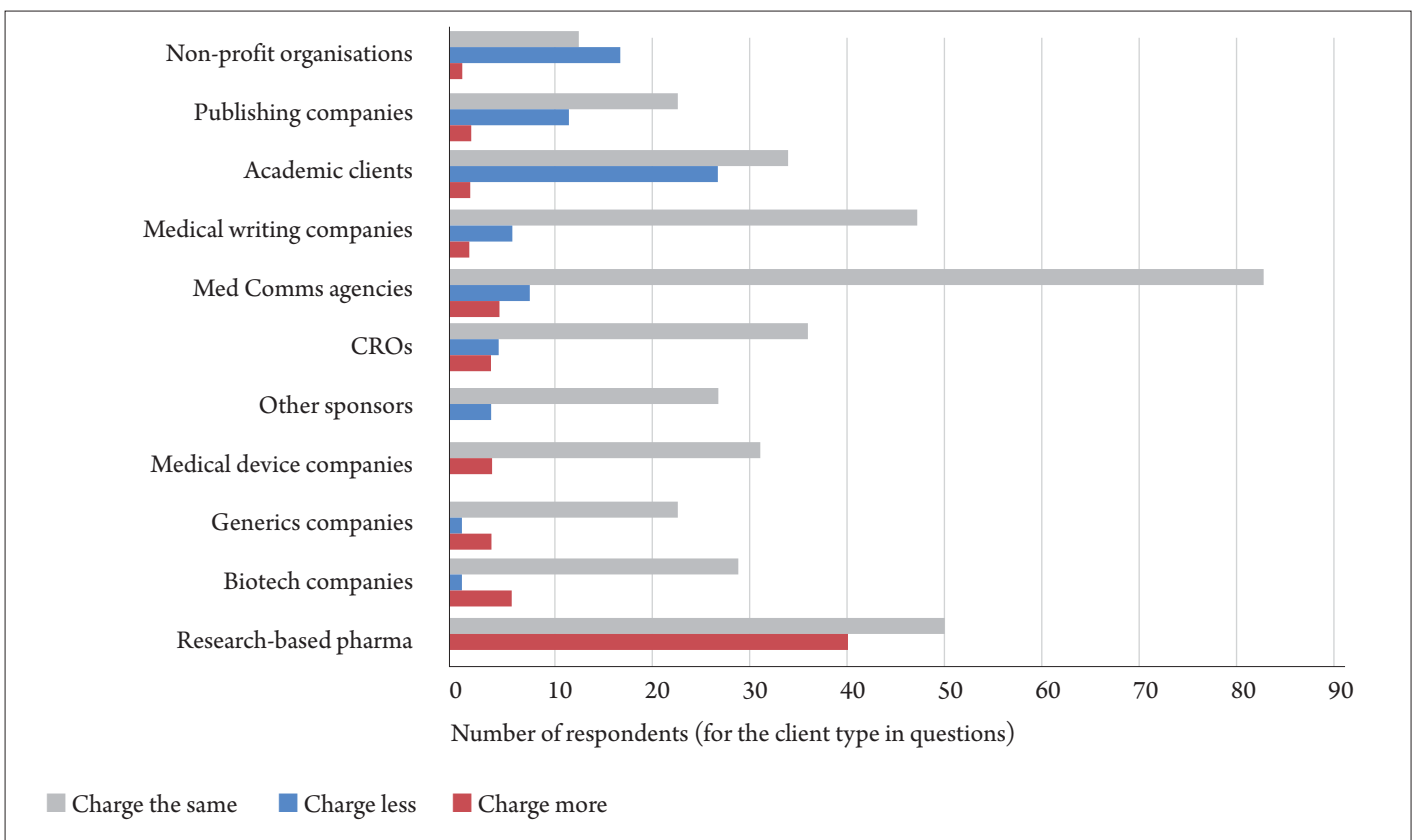


Figure 4. Differential charging by client type (N=141)