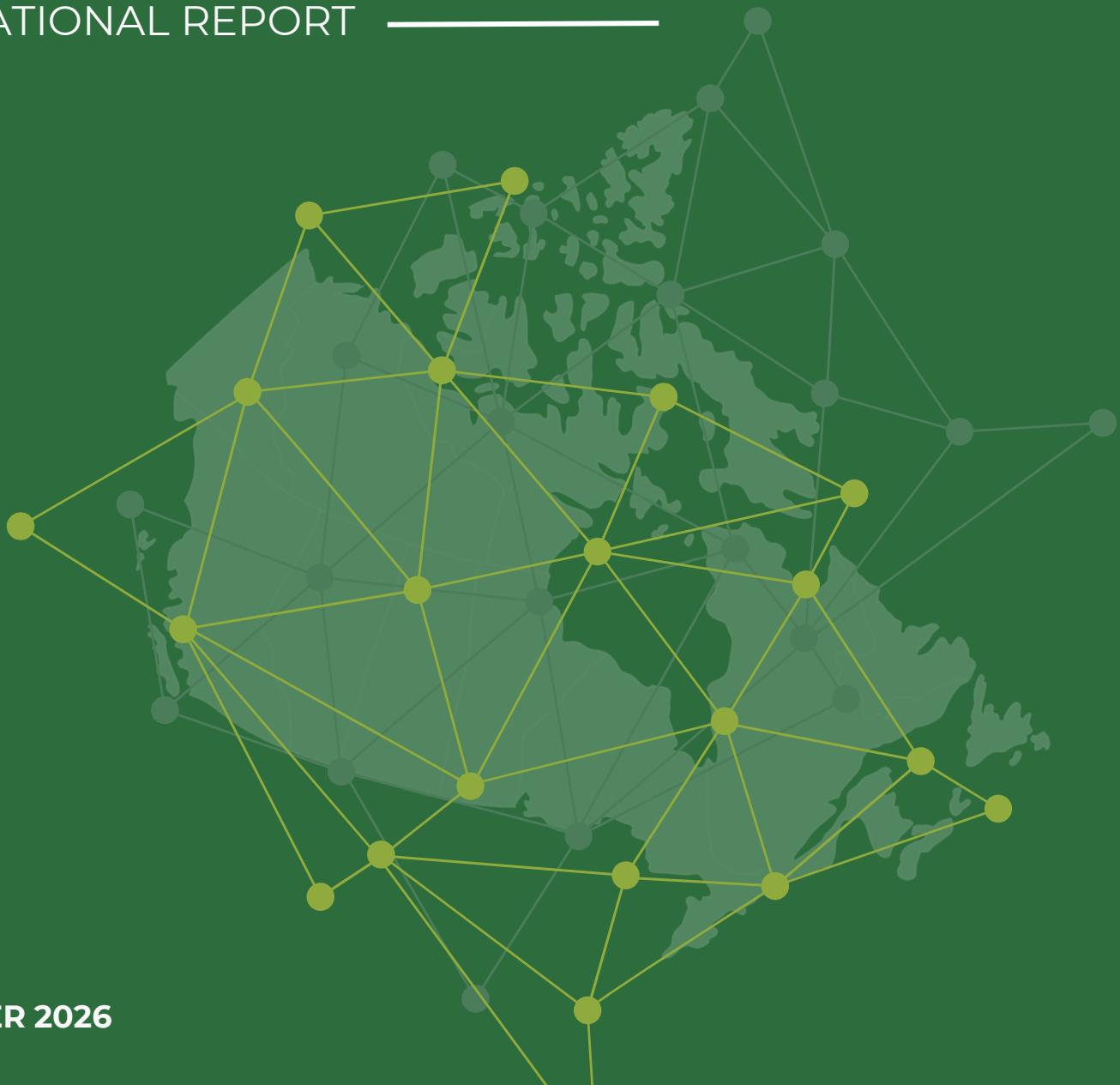
CANADA'S CLINICAL RESEARCH WORKFORCE STRATEGY

STATE OF THE

CLINICAL RESEARCH WORKFORCE

A NATIONAL REPORT



NOVEMBER 2026

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Executive Summary

Clinical trials are the backbone of modern healthcare. They afford patients early access to life-saving therapeutics, advance scientific discovery, and drive health system transformation. Beyond patient care, clinical research is a powerful economic engine, attracting foreign direct investment, generating high-skilled jobs, and anchoring a resilient life sciences sector. Therefore, strengthening our clinical trial ecosystem is vital to Canada's future health security and global competitiveness.

A clinical trial ecosystem is only as resilient as the people who power it. Canada's Clinical Research Professionals (CRPs) are highly skilled experts who ensure that promising discoveries move from the laboratory into practice and reach the patients who need them. Without a highly skilled, well-supported, and sustainable workforce, even the most innovative research initiatives cannot operationalize.

This national report reveals a workforce currently operating in a state of crisis:

Severe Flight Risk and Burnout: Currently, 47% of the clinical research workforce is actively looking for a new job or has considered leaving within the last six months, primarily driven by inadequate compensation, lack of career advancement, and burnout. Additionally, 51% of research teams are operating at or above maximum capacity.

Precarious Funding Models: Core institutional budgets cover just 19% of clinical research staff positions. Grants account for 34% of funding and industry contracts for 36%. Employers identify reliance on short-term funding as the greatest barrier to retaining skilled research talent.

The Productivity Deficit: Recruitment and onboarding create an estimated 8–18-month productivity gap. One illustrative scenario estimates a cost of $165,000 per resignation in lost revenue, reduced productivity, and training time.

Lack of Harmonized Training: The sector suffers from a profound skills shortage, with 63% of the workforce lacking post-graduate clinical research training and 73% holding no professional industry certification.

Capacity Bottlenecks: Staffing shortages are actively choking research capacity, with 48% of employers reporting delayed trial start-ups and 43% stating that current staffing levels limit the number of trials they can initiate.

Executive Summary

Addressing these workforce challenges is directly tied to Canada's economic position in a highly competitive global landscape.

Peer nations, including the United States, the United Kingdom, and Australia, are already investing in national talent strategies to build capacity in the research delivery workforce. Global sponsors and funders select research sites based on operational reliability, predictable timelines, and execution standards, not just on academic prestige alone. Therefore, a stabilized, professionalized CRP workforce represents Canada's ultimate competitive advantage in attracting life sciences investment.

To protect Canada's life sciences economy and stabilize its clinical trials ecosystem, immediate systemic reform is required. Driven by this imperative, Canada's Clinical Research Workforce Strategy has gathered unprecedented national data to form a robust evidence base for policymakers.

This report provides a national picture of the workforce crisis, and also highlights immediate, actionable opportunities to revitalize Canada's clinical research capacity, such as stabilizing funding models to support CRP roles, harmonizing education-to-employment pathways for CRPs, and recognizing the clinical research workforce as essential human health infrastructure.



National Workforce Survey at a Glance

Workforce Composition

84% women

31% visible minority

18% internationally educated health professionals (IEHPs)

Training

63% do not have any post-graduate training in clinical research

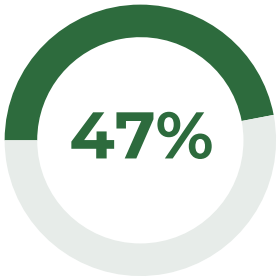
73% do not hold professional industry certification

Workload and Retention

58% report significantly increased role complexity over 2 years

51% say their teams are at or above maximum capacity

37% routinely work beyond contracted hours



Have been actively looking for a job or have considered leaving their current position in the last 6 months

Employer Perspective

48% say staffing shortages have delayed study start-up

43% say staffing levels limit the number of studies they accept

42% rate candidate quality a significant-to-critical hiring barrier

The workforce is in a state of crisis. The time to act is now.

Defining the Clinical Research Workforce



Clinical Research Professionals (CRPs) are the non-physician delivery workforce that operationalizes day-to-day clinical trial execution across Canada. CRPs serve as the essential bridge between the laboratory and the patient. To successfully run a clinical trial, they must navigate a highly complex healthcare ecosystem, interfacing with pharmaceutical sponsors, grant funders, ethics boards, regulatory agencies, scientists and clinicians. Most importantly, however, they interact directly with patients. The breadth of a **CRP**'s role is vast, from managing dense regulatory paperwork and coordinating trial logistics to safely preparing and administering experimental treatments. **CRPs** in Canada are employed by teaching hospitals, academic health science centres, cancer centres, community hospitals, primary care clinics, private research sites, as well as universities, research institutes, and public health organizations. **CRPs** also work in the pharmaceutical and biotechnology industries.

Workforce Intelligence

To build a resilient and competitive clinical research ecosystem, we first need to understand the realities of the people working within it. To that end, Canada's Clinical Research Workforce Strategy has implemented a multi-pronged approach to gather comprehensive workforce intelligence, combining quantitative and qualitative approaches.

Quantitative data were collected through the National Workforce Survey (May 2026), deployed via REDCap, covered demographics, education, job satisfaction, retention and career advancement. It received responses from 1,667 employees and 143 employers. The Funding Models Survey (n = 67) examined institutional reliance on temporary grant funding versus core operational budgets. *Note: The lower employer completion rate reflects the decentralized nature of workforce management, particularly in large, not-for-profit academic healthcare settings, where responsibility for workforce planning, recruitment, onboarding, retention, and turnover is often distributed across research teams, departmental leaders, and HR personnel. Consequently, many respondents lacked access to the full range of information required to complete the survey, limiting their ability to provide comprehensive responses.*

The National Workforce Survey was disseminated with the intention of reaching CRPs and employers across all work environments and sectors (including industry, academic, healthcare and government). The Funding Models Survey specifically targeted employers in the non-profit sector, where reliance on grant-based funding can create challenges in sustaining and funding CRP positions.

Qualitative insights were gathered through four focus group sessions conducted in Summer and Fall 2026 and the ongoing CRP Exchange, an engagement forum that captures frontline experiences, identifies common challenges and generates practical insights to inform solutions.

Together, these data streams establish the baseline intelligence necessary to guide targeted investments, policy alignment, and systemic workforce modernization.

Survey Participation at a Glance

1,667

employee responses

1,258 completed (~75%)

143

employer responses

48 completed (~ 33%)

67

Funding Models Survey

non-profit employers

National Survey: Employee Perspective

While Ontario and Quebec accounted for the largest shares of respondents, representation from across the country provides valuable perspectives on workforce experiences across diverse regional contexts.

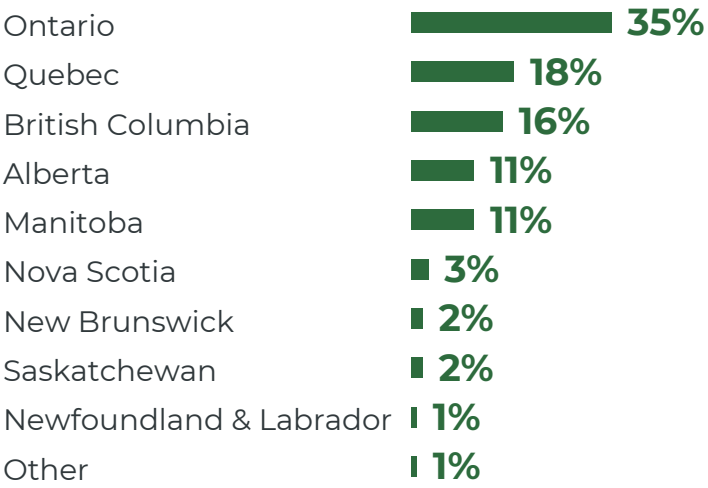
As per survey data, Canada's clinical research workforce is 84% female and benefits from strong diversity, with 31% identifying as visible minorities and 18% as Internationally Educated Health Professionals (IEHPs).

However, key representation gaps exist, as only 1% identify as Indigenous.

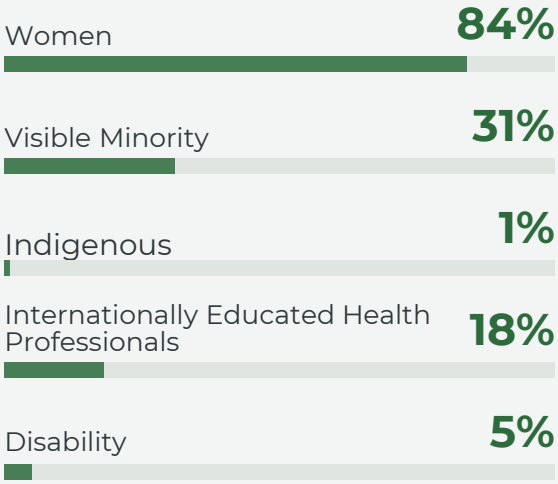
Additionally, 5% report a disability, half of which are mental health-related, highlighting a critical need for sustainable workloads and workplace wellness support.

1,258 completed employee surveys

Where respondents work



Demographic Profile and Workforce Composition



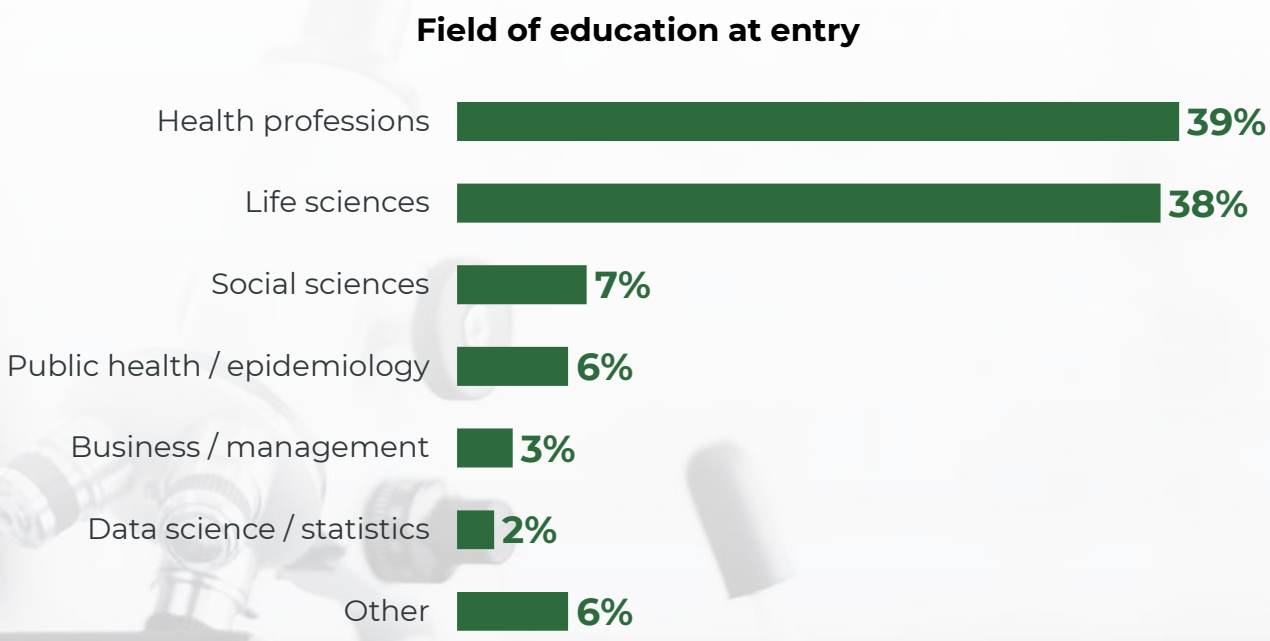
76%
work in front-line patient facing roles

78%
work in academic/ healthcare settings

60%
are aged 25-44 years

Education and Training

The survey data highlights a critical gap between foundational education and trial-ready capability. The workforce draws primarily from two streams: 38% hold a Bachelor's degree in life sciences and 39% migrate from allied health (predominantly nursing). Neither background offers formal preparation for complex trial logistics, ethics, or regulatory compliance. Professionals must seek out specialized training to bridge the gap between their foundational education and their daily operational roles. Yet, the survey indicates a stark lack of formalized upskilling: 63% of respondents report having no post-graduate training specifically focused on clinical research.

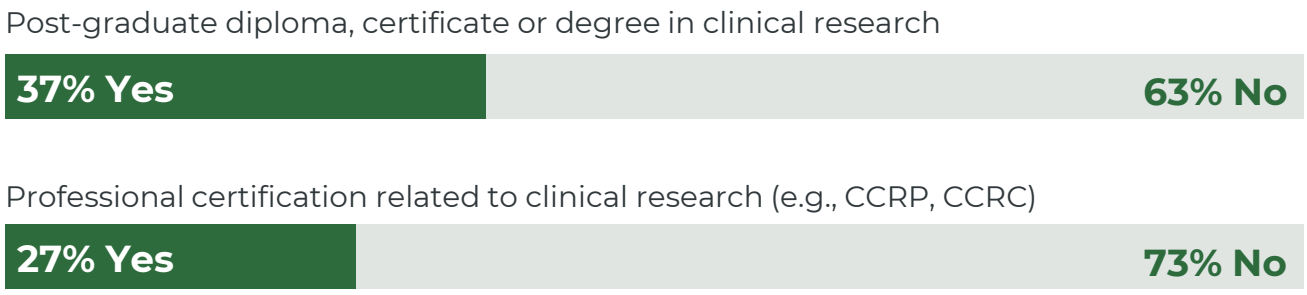


Education and Training

This deficit largely exists because clinical research lacks a structured career entry pathway. Many professionals fall into the field indirectly or by chance; without prior knowledge of the role's highly regulated operational demands, and without institutional mandates requiring prior credentialing, this specialized educational step is frequently bypassed. Similarly, 73% have not pursued formal industry certifications, such as those offered by the Association of Clinical Research Professionals (ACRP) or the Society of Clinical Research Associates (SoCRA).

The Recognition Disconnect

Why aren't more clinical research workers getting specialized certifications? Simply put, employers don't reward them. Only 19% of certified staff report getting higher pay, a promotion, or formal recognition for their efforts. This metric is highly revealing. Specialized industry certifications require a significant investment of time and money, often borne by the employees themselves. If employers do not structurally reward or recognize these credentials within their hiring frameworks, salary bands, or promotion pathways, there is virtually no incentive for professionals to pursue them.



The Canadian clinical research ecosystem is relying heavily on slow, ad hoc "on-the-job" learning

“Without the right people in place, trials slow down, particularly in smaller and regional centres. A coordinated national workforce strategy can strengthen skills, standardize training, and help ensure high-quality research is accessible across Canada.”

- Dr. Naveen Poonai, London ON

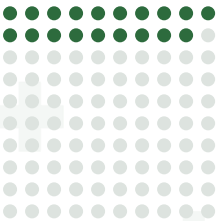
Career Advancement

This lack of recognition is made worse by minimal employer support on the job. Clinical research professionals are effectively being asked to execute highly complex, heavily regulated work with very little institutional backing. They must often fund their own specialized training, only to find that their newly acquired expertise is neither financially rewarded nor tied to a clear pathway for promotion.

For the broader healthcare and research ecosystem, the implications are severe. Without structured ladders for upward mobility, the frontline of clinical research is a temporary stepping stone rather than a sustainable, lifelong profession. This ultimately drains the system of the deeply experienced, veteran talent required to lead and execute complex global trials.

Agree or Strongly Agree

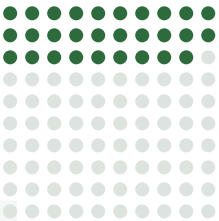
19%



Career Ladder

My organization provides a clear, documented career ladder that shows how I can progress from my current role to more senior positions.

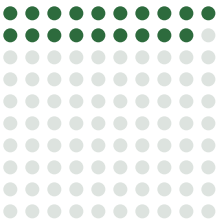
29%



Professional Certifications

My organization provides tangible support for obtaining and maintaining professional industry certifications

19%



Tangible Benefits

Holding a formal credential (CCRP, CCRC) has led to tangible benefits in my career, such as higher pay, promotion or increased professional recognition

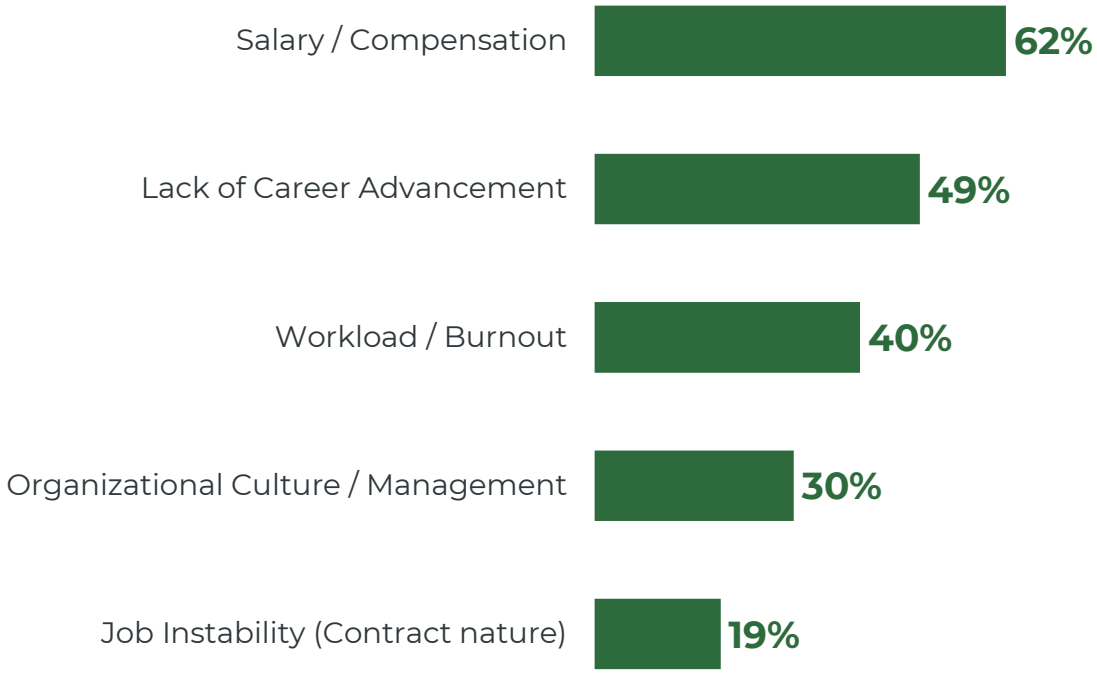
Job Movement and Intent to Leave

The survey data reveals a critical vulnerability at the heart of Canada's research ecosystem: an alarming 47% of CRPs are either actively looking for a new job or have seriously considered leaving their current role within the last six months.

This represents a massive flight risk.

47% Have been actively looking for a job or have considered leaving their current position in the last 6 months

What are the primary factors influencing your decision to look for a new role or leave your current position?
n = 526



What is Driving the Exodus?

The leading cause of turnover points to pay structures (62%) that do not accurately reflect the highly technical, heavily regulated nature of the work.

Nearly half of those looking to leave are doing so because they cannot see a viable pathway upward (49%), echoing the profound lack of documented career ladders. A stretched workforce (40%) is carrying the weight of the system. Burnout is often exacerbated when experienced staff leave, forcing remaining team members to absorb the complex workload of vacant positions. A significant portion of the workforce (30%) feels culturally disconnected or unsupported by their institutional leadership. The reliance on short-term, project-based grant funding creates chronic employment anxiety (19%).

These numbers tell an urgent story. When an experienced CRP leaves, the impact ripples across the entire trial ecosystem. They take critical institutional knowledge, trial-specific expertise, and established patient relationships with them. Replacing these professionals requires immense time and financial resources, temporarily reducing site productivity and stalling trial timelines. To global sponsors looking to invest in clinical trials, site stability is paramount. A site with high staff turnover is a site prone to delays and data errors.

"After six years in [my current role] and 11 years in clinical research, my position was terminated. Despite years of specialized experience in both nursing and research, I am now without a research position. Without sustainable funding, highly skilled and experienced CRPs are being pushed out of a workforce that the country cannot afford to lose."

- Sheila Bazett, Victoria BC

A Workforce in Crisis

As trial protocols grow increasingly complex, 58% of CRPs report a significant increase in role complexity over the past two years. Yet, 51% of research teams operate at or above capacity, 50% struggle to meet study timelines due to staffing shortages, and 37% routinely work beyond contracted hours. Meanwhile, 42% lack the time or financial support to pursue further training, increasing operational, compliance, and data integrity risks.

These pressures are compounded by limited career development: 59% report no clear, documented career progression pathway, while 47% have recently considered changing roles or leaving. Without standardized, clinical research-specific entry-level training, employers rely heavily on on-the-job learning. When experienced CRPs leave, they take critical expertise with them. Replacing them is a massive operational hurdle; **due to the vast diversity of the entry pipeline, employers never know exactly what baseline knowledge a new hire will bring, or just how much intensive, on-the-job training they will require before they are truly "job-ready."**

Role Complexity

58% report significantly increased role complexity in the last 2 years

Unsustainable Workload

51% say their teams are operating at or above maximum capacity

37% routinely work beyond contracted hours to keep studies on track

Barriers to Growth

42% cannot pursue training due to non-protected time and lack of access to financial support.

59% report that their organization does not have a clear career progression ladder

Workforce Capacity Crisis

50% teams struggle to meet study start-up timelines or protocol requirements because of a lack of available staff

47% actively looked for a new role or considered leaving in the last 6 months

National Survey: Employer Perspective

86% of employers who responded to the survey operate within the non-profit sector, representing academic institutions, public healthcare facilities, charitable foundations, cancer agencies, and regional health authorities. This metric underscores a defining feature of Canada's clinical research landscape: the day-to-day execution of clinical trials is firmly anchored in our public health systems.

Employer findings reveal a striking disconnect between current workforce constraints and future expectations. Nearly half of employers (48%) report that staffing shortages have delayed trial start-ups, while 43% say current staffing limits the number of trials their institutions can initiate or accept. Despite these challenges, 66% of employers remain confident in their ability to meet anticipated trial demand over the next three years. This optimism raises important questions about how future capacity will be achieved, particularly in the financially constrained non-profit sector.

Employer respondents (n = 48)



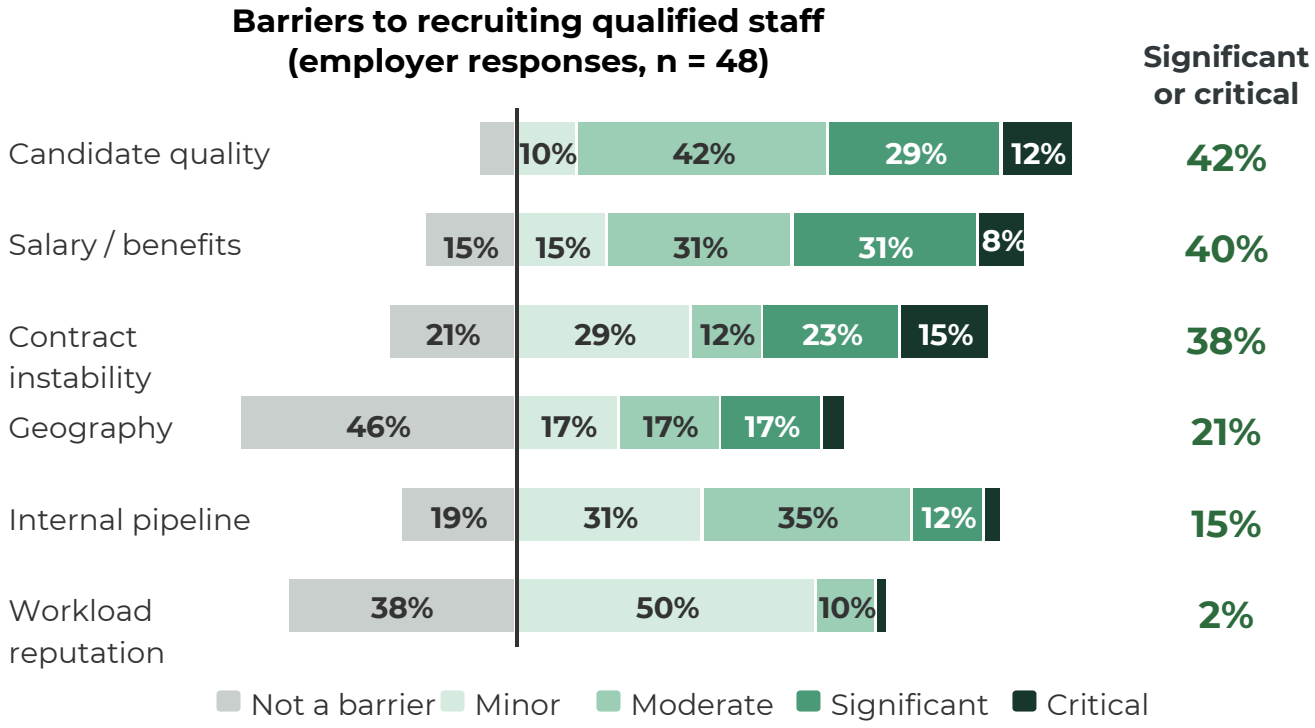
Staffing levels: agree or strongly agree

43%	Current staffing levels limit the number of trials we can initiate or accept.	
48%	Staffing shortages have delayed trial start-up.	
66%	We are confident in our ability to meet anticipated trial demand over the next 3 years.	

Relying on an already exhausted workforce to meet expanding future demand is not a viable strategy. Confidence in future capacity must be matched by concrete workforce investments.

Barriers to Recruitment

Employers face multiple barriers when filling vacant clinical research roles, led by candidate qualifications (42% identify this as a significant or critical barrier). The lack of standardized, clinical research-specific training and qualification pathways leaves employers struggling to find candidates with the specialized regulatory and operational expertise required. Salary and benefits are another major obstacle, cited by 40% of employers. With 86% operating in non-profit settings, many face constrained, grant-dependent budgets that limit their ability to compete with private industry. Geography appears less problematic, with 46% reporting it is not a recruitment barrier. However, this may reflect the experiences of urban institutions and may not capture the challenges facing sites in rural, remote, northern, and other underserved communities. Internal talent pipelines present another challenge: half of employers identify their ability to recruit or transition existing staff into vacant clinical research roles as a moderate, significant, or critical barrier. This aligns with the finding that 59% of CRPs report no clear, documented career progression pathway.



Left of the line: "not a barrier". Right of the line: minor to critical. Segments are rounded individually and may not add to the totals.

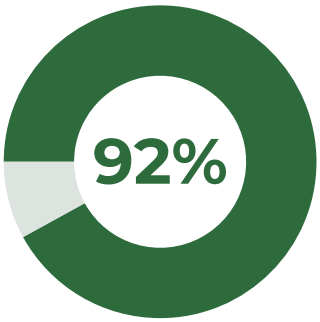
The Hiring Experience

Recruiting CRPs takes time. During these vacancies, existing staff must absorb additional responsibilities, intensifying workload pressures and burnout.

Hiring does not immediately restore capacity. Without standardized, entry-level clinical research education, organizations must invest months in intensive, on-the-job training.

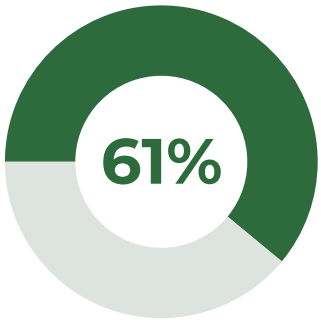
These timelines underscore the importance of retention. When replacing an experienced CRP can mean months of recruitment and up to a year before a new hire becomes fully autonomous, retaining skilled staff is essential to protecting trial timelines, data integrity, and organizational resources.

Time to fill a vacancy and reach independence



1–6 months

of employers need 1–6 months to fill a vacancy



7–12+ months

report another 7–12+ months before a new hire is fully independent.

The Illusion of Abundance

Nearly half of employers (46%) report an increase in application volume over the past three years, while 17% report no change. Yet, despite more applicants, candidate quality remains the leading recruitment barrier. This suggests the sector's challenge is not simply a shortage of applicants, but a skills gap.

Without a standardized entry point or qualification pathway, applicants arrive from diverse backgrounds with varying levels of clinical research-specific expertise. This makes identifying qualified candidates more difficult and contributes to prolonged recruitment and onboarding timelines.

The clinical research sector has a profound skills shortage.

National Survey: Job-Seeker Perspective

To gain a complete view of the clinical research talent pipeline, the survey captured a targeted subset of responses from individuals actively seeking employment within the field. Job seekers and employers face a mutually disconnected hiring process marked by a lack of structured preparation and qualification gaps.

High competition, low experience: 56% of candidates face steep competition, while 53% lack the specific experience employers demand.

Prolonged job hunts: 56% search for over six months, with 33% looking for over a year.

Support deficits: Candidates critically lack networking opportunities (83%), hands-on clinical placements (69%), and mentorship (69%).

Systemic barriers: 50% struggle with unclear career pathways, and 50% cite the non-recognition of foreign experience, with 44% noting a lack of bridging programs for IEHPs.

"I was eager to pursue a career in clinical research and applied for roles many times, but I never felt that I was given an opportunity to demonstrate what I could contribute. Eventually, I accepted a job outside clinical research. Yet my passion for clinical research remains strong, and I continue to hope that one day I will have the opportunity to contribute to the field and put my skills to use."

– Focus Group Participant, Internationally Educated Health Professional

National Funding Models Survey: Key Insights

Canada's clinical trial infrastructure cannot operate reliably without a stable financial foundation. While federal strategies aim to expand trial footprints, research institutions across the country face chronic turnover and operational bottlenecks. To diagnose the economic root causes of this instability, the Workforce Funding Models Survey was conducted in Fall 2026. A total of 67 responses were received from across Canada. All employers are from the not-for-profit sector.

Five Key Findings

01

Canada’s Trial Infrastructure Relies on Unstable "Soft" Money

02

Workforce Shortages Are Actively Choking Research Capacity

03

Trial Volume is Scaling Faster Than Staffing, Causing Burnout

04

Core Funding is the Primary Driver of Organizational Stability

05

Hybrid and Centralized Structures Mitigate Risk Best



National Funding Models Survey: Detailed Findings

01 Canada's Trial Infrastructure Relies on Unstable "Soft" Money

On average, permanent institutional budgets* (core funding) cover just 19% of clinical research staff positions.

The system is highly dependent on unpredictable, time-limited sources, with 34% of funding coming from grants and 36% from industry contracts.

Employers identify this reliance on short-term funding as the absolute greatest barrier to retaining skilled research talent.

19% of staff positions covered by core funding

34% of funding from grants

36% of funding from industry contracts

02 Workforce Shortages Are Actively Choking Research Capacity

Over 88% of responding organizations confirm that workforce shortages restricted their ability to deliver clinical trials over the past year.

The outlook is worsening: 92% of organizations expect staffing bottlenecks to moderately or significantly block their ability to grow or open new clinical trials over the next three years.

>88% reported restricted trial delivery

92% expect limits on trial growth

03 Trial Volume Is Scaling Faster Than Staffing, Causing Burnout

Organizations are taking on more trials than their current staffing levels can safely support.

The most common scenario involves small teams of 1 to 5 staff members attempting to manage 11 to 25 active clinical trials simultaneously, with some extreme outliers juggling over 100 studies with the same headcount.

1–5 staff members manage **11–25** active clinical trials

National Funding Models Survey: Detailed Findings

04 Core Funding Is the Primary Driver of Organizational Stability

Organizations that classify their five-year outlook as “highly stable” fund nearly 43% of their staff through core, permanent budgets.

Conversely, organizations that anticipate significant structural blocks to their future research growth fund only about 2% of their staff through core budgets.

~43% core funded staff · highly stable outlook

~2% core funded staff · growth blocked

05 Hybrid and Centralized Structures Mitigate Risk Best

**Centralized staffing models report the highest overall funding stability (71%), largely because this pooled approach allows them to draw heavily (52.7%) on industry funding.

However, when calculating a combined score that balances stable funding with a low negative operational impact on the research itself, the Hybrid model scored the best overall.

71% funding stability in centralized models

52.7% industry funding in centralized models

Funding and staffing definitions

*Permanent institutional budgets (core funding) refers to ongoing institutional funding used to support permanent staff positions, rather than funding tied directly to time-limited research grants. The underlying institutional budget may be supported by various sources, including overheads, philanthropy etc.

**Research staffing is typically organized into three primary models: a dedicated approach where personnel are permanently assigned to a specific team or investigator, a centralized system that pools staff for distribution across various projects as needed, and a hybrid model that blends both strategies.

The Economic Cost of Inaction

Workforce instability in Canada's clinical research sector carries economic consequences for research institutions, healthcare systems, industry, and the broader clinical trials enterprise. Skills gaps, high turnover, short-term contracts, and unsustainable workloads can drive repeated recruitment and training costs, lost productivity, delayed trials, underused research capacity, and the loss of experienced professionals and institutional knowledge.

This section examines the potential economic impact through illustrative scenarios and assumption-based models informed by available workforce data. It explores how persistent workforce challenges may translate into direct and indirect costs for employers and the broader research ecosystem.

These scenarios provide a starting point for understanding the cost of inaction, identifying opportunities for intervention, and making the case for sustained investment in the clinical research workforce as essential infrastructure for Canada's research enterprise.

The Productivity Deficit

Recruitment

1–6 months

92%

of employers need 1–6 months to fill a vacancy

+

Time to autonomy

7–12+ months

61%

report another 7–12+ months before a new hire is fully independent.

→

8–18 MONTHS

OF PRODUCTIVITY DEFICIT

Estimated Cost of Lost Productivity per Staff Departure

The loss of an experienced CRP carries financial consequences. An illustrative model estimates the potential impact of losing a Clinical Research Coordinator at $165,000 per resignation, accounting for lost clinical trial revenue in an industry-sponsored trial, during a vacancy and onboarding period, payroll costs during reduced productivity, and the time senior staff divert to training and supervision.

Model assumptions

4 months
vacancy

9 months
for a new hire to reach full autonomy

Cost component	Estimated cost
Lost revenue during four-month vacancy [1.5 x $10,000 x 4 months]	**$60,000**
Lost revenue during nine-month onboarding period (50% capacity) [1.5 x $10,000 x 9 months x 50%]	**$67,500**
Sunk payroll during onboarding [$5,000 x 9 months x 50%]	**$22,500**
Senior staff time diverted to training [$8,333 x 9 months x 20%]	**$15,000**

$165,000 per CRP

In this illustrative model, the cost of losing a single coordinator drastically exceeds their annual salary. For investigator-initiated or grant-funded programs where revenue is not tied to a per-patient budget, the "Lost Revenue" variables become "Wasted Grant Funding", representing the portion of the grant's timeline and budget consumed without generating the proposed research deliverables.

The model assumes a four-month vacancy, followed by nine months for a new hire to reach full autonomy. Based on an illustrative sponsor payment of $10,000 per enrolled participant, an average enrolment rate of 1.5 participants per month, a monthly salary (including benefits) cost of $5,000 for the new coordinator, and $8,333 for a senior coordinator, the estimated costs are listed above.

The Compounding Cost of Turnover

The illustrative model estimates approximately $165,000 per staff departure and an 8–18-month productivity gap. The scenarios below show how that cost could scale across studies and sites.

Illustrative turnover costs at three scales

Individual impact: one study

In a single-study scenario, one staff departure creates an estimated 8–18-month productivity gap and costs about $165,000.

$165,000

Operational impact: five studies

Applying the full per-departure estimate to each of five studies produces $825,000. This assumes the full modeled cost recurs for each study.*

$825,000

System-level impact: eight sites

With one separate departure at each of eight sites and the same modeled cost per departure, the total is about $1.3 million.

$1.3 million

*These scenarios illustrate potential scale. Actual costs vary with study revenue, milestones, complexity and the duration of the productivity gap. An estimate for a portfolio would need to separate study-specific losses from payroll and training costs shared across studies.

Workforce stability is a component of clinical trial delivery capacity.

Illustrative Cost of Turnover in a Grant-Funded Position: Individual Impact

Turnover in grant-funded clinical research positions creates substantial costs even when a replacement is hired and no study revenue is directly lost. An illustrative model estimates ~ $30K in combined recruitment and productivity costs when a Clinical Research Coordinator is hired on a 12-month contract but requires seven months to reach full autonomy.

Total estimated cost per hire

$29,867

Model assumptions

The model assumes an annual salary and benefits cost of $60,000 for the new coordinator and $100,000 for the manager providing mentorship.

Cost component	Calculation	Estimated cost
Reduced productivity during onboarding	Seven months of salary and benefits, adjusted for an average 42% learning-phase inefficiency	**$14,700**
Senior staff time diverted to training	Seven months of manager costs, with 20% of capacity dedicated to mentoring	**$11,667**
Recruitment and administrative costs	Estimated organizational time spent filling the position	**$3,500**

This illustrates how a substantial portion of a fixed-term contract can be consumed by onboarding, training and recruitment rather than independent research delivery. When contracts are short and turnover is frequent, organizations may repeatedly incur these costs, limiting the time and resources available to deliver research activities, as the scenario on the next page demonstrates.

Illustrative Cost of Turnover in a Grant-Funded Position: Organizational Impact

Illustrative Scenario: The Cumulative Cost of CRP Turnover

Organization profile

25 full-time CRP positions (FTEs)	**90%** (approximately 23 positions) grant-funded or supported by time-limited contracts
Estimated replacement cost: **$30,000** per departure	Time horizon: **three years**

We can model an illustrative annual turnover rate of 10% across the total workforce, including both contract endings and voluntary resignations. At that rate, the organization would experience an expected 2.5 departures annually. At $30,000 per departure, this represents approximately $225,000 in cumulative replacement-related costs over three years.

This estimate accounts for the combined organizational investment required to recruit a replacement, onboard and train them to full autonomy, and divert supervisory and management time from other responsibilities. Contracts would not necessarily all end simultaneously, but staggered departures will still create a persistent cycle of recruitment, training and lost productivity. The estimate excludes any additional costs from study delays, workload redistribution or lost research revenue.

Estimated organizational impact

2.5	×	**$30,000**	×	**3**	=	**$225,000**
departures annually		per departure		years		over three years

Without sustainable workforce investment, organizations perpetually leak money, expertise and research capacity through the costly cycle of turnover.

Economic Toll of Burnout

A strong theme emerging from national data is the toll of overwhelming workload volume and burnout. These are challenges that carry a massive, quantifiable economic cost. When a workforce experiences burnout, they typically either leave, or stay and succumb to "presenteeism," where exhaustion reduces their operational output.

Canadian data reveals that a burned-out mid-level employee costs approximately 17% of their annual salary.* For a Clinical Research Coordinator earning a salary of $60,000, this equates to ~ $10,200 in wasted expenditure per affected employee annually.

$10,200 in lost productivity each year for every burned-out coordinator earning $60,000

37% of CRPs regularly work beyond their contracted hours to keep studies on track

Workload and its effects

Furthermore, exhausted staff can be operationally hazardous; fatigue leads to an increase in data collection errors and protocol deviations, which directly compromise the integrity of the trial and jeopardize patient safety.

Currently, this economic deficit is being masked by the sheer willpower of the workforce, with 37% of professionals reporting that they regularly work beyond their contracted hours.

Crucially, this systemic unsustainability carries a profound societal cost. With women comprising 84% of the clinical research workforce, the burden of chronic burnout, under-resourcing, and unpaid overtime disproportionately falls on female professionals. The physical and emotional exhaustion carried home by this predominantly female workforce inevitably strains their capacities and social dynamics.

Team productivity

Using an estimated annual productivity loss of $10,200 per burned-out coordinator earning $60,000, a given research team would experience an estimated $20,400 in annual lost productivity if two coordinators were affected, or $30,600 if three were affected. These scenarios recognize that burnout is rarely just an isolated individual concern; sustained workload pressures, staffing shortages and reliance on work beyond contracted hours can affect multiple members of a team, creating shared pressures that undermine collective capacity and study delivery.

Modelling the impact across two or three coordinators therefore illustrates how these pressures may translate into a broader organizational productivity loss. Workload pressures can affect not only individual well-being and retention, but also team performance, productivity and research delivery. Addressing these pressures is therefore both a workforce sustainability priority and an investment in the organization's ability to deliver clinical research effectively.

**Mental Health in the Workplace 2025 Report.* Mental Health Research Canada.

The clinical trial ecosystem is actively subsidizing its operations through the unpaid labour of an exhausted workforce, a model that is both fiscally and operationally unsustainable.

Voices from the Field

To complement the quantitative survey findings, four targeted focus groups were conducted with selected cohorts to capture the qualitative, ground-level operational experiences. Alongside, we also gathered perspectives from CRPs via The CRP Exchange. The following matrix identifies the most critical systemic themes that emerged from each cohort's discussion:

Clinical Research Coordinators

With increasing protocol complexity, the challenge is not a lack of guidance, but a lack of standardized, practical workflows to translate high-level rules into day-to-day site practices.

Coordinators describe career advancement as slow, linear, and poorly defined. Industry certifications are expensive and not recognized.

Short-term contracts lead to high attrition. Departing staff rarely have transition windows with incoming hires, forcing remaining coordinators to absorb additional workload, and train new staff from scratch without dedicated operational resources.

CRPs frequently feel undervalued and isolated within their own organizations, operating in the shadows with almost no public or patient awareness of their critical work and lacking a formalized voice in the broader research community.

"When the PI referred to our research team as 'Walmart greeters,' I felt deeply devalued, as though our expertise & skills were insignificant."

Research Nurses

Participants described considerable variation in onboarding practices. Several participants reported having to self-learn with limited guidance.

Clinical nursing experience was considered valuable but participants emphasized that clinical experience alone does not necessarily prepare nurses for the regulatory, administrative, and operational requirements of clinical trial delivery.

Participants identified a gap between formal online learning/certification and the practical complexities of coordinating and delivering clinical trials, leading to a significant learning curve.

Clearer role definitions and competency expectations could help employers allocate responsibilities appropriately.

"For eight months, I was on my own trying to figure out what I'm supposed to be doing."

Voices from the Field

Principal Investigators

CRPs must possess multiple skill sets. Non-clinical CRPs often lack essential clinical literacy (e.g., medical chart review, clinical jargon, patient interaction). PIs find it significantly easier to teach "research" to clinically trained staff than to teach clinical/medical practice to non-clinical research professionals.

PIs report shallow talent pools. **One PI based in New Brunswick said, "if we received 40 applications for a role, often only 1–2 candidates possess suitable qualifications to advance in the hiring journey."** Talent scarcity is acutely exacerbated in smaller community research centres.

The lack of standardized pre-entry training means onboarding takes significant time before a CRP reaches operational autonomy. **"Grant money is already constrained, but we are paying full salaries to those who are not at 100% productivity."**

PIs emphasize the need for proactive & collaborative discussions with their research teams, regarding trial feasibility and complexity before bringing on new protocols to prevent staff burnout.

Int'l Educated Health Professionals

There should be a shift to competency-based hiring: reducing reliance on "local experience" as an informal filter would allow employers to evaluate an applicant's actual transferable skills and international medical knowledge through objective testing.

IEHPs encounter an implied requirement for Canadian experience without any structured entry mechanisms (i.e., internships) to acquire it, creating a barrier where candidates cannot get an opportunity without experience and cannot gain experience without an opportunity.

Participants agreed that experiential learning components, along with mentorship, and bridging programs, are absolutely required to help them transition into the research sector.

Call to Action

Stabilizing Canada's clinical research workforce is a national health, research and economic imperative. Canada's ability to attract clinical trials, advance medical innovation and compete in the global life sciences sector depends on a skilled, stable and adequately supported workforce. Yet funding uncertainty, fragmented employment models, limited career pathways and inconsistent professional recognition continue to undermine recruitment, retention and workforce capacity.

Addressing the challenges identified in this report requires coordinated action by governments, funders, healthcare and academic institutions, industry sponsors and research leaders.

Priority Recommendations

01 **Establish sustainable workforce funding models.** Develop and implement funding approaches that reduce dependence on short-term grants and support stable CRP employment, including the integration of workforce costs into institutional operating budgets and research funding programs.

02 **Address compensation inequities.** Use national compensation evidence to inform equitable pay practices, strengthen employment conditions and reduce avoidable turnover and the associated loss of expertise, productivity and research capacity.

03 **Adopt a national role classification and career framework.** Advance consistent role definitions, qualifications and career pathways to improve professional recognition, mobility and progression across institutions and jurisdictions. Develop foreign credential recognition and bridging approaches for internationally educated health professionals.

04 **Embed CRPs in research talent/workforce planning.** Integrate clinical research workforce data into broader planning, policy and investment decisions to better anticipate talent needs, identify capacity gaps and align workforce supply with current and future research demand.

05 **Convene a national cross-sector leadership forum.** Bring together federal and provincial governments, funders, healthcare and academic institutions, industry sponsors, principal investigators and CRPs to align priorities, mobilize investment, assign accountability and advance implementation of a coordinated national workforce agenda.

From Recommendations to Results

These priorities require collective leadership, sustained investment and measurable commitments. Canada's Clinical Research Workforce Strategy provides a foundation for coordinated action; the next step is to translate workforce evidence into practical policy, funding and institutional changes.

Canada must act now to build a clinical research workforce that is skilled, valued, sustainable and ready for the future. **Investing in the clinical research workforce is investing in Canada's research capacity, health system resilience, and future economic competitiveness.**

The cost of inaction is too great to ignore.



CRPs must be recognized as essential human infrastructure. The time to act is now.

About Us

Canada’s Clinical Research Workforce Strategy

Canada’s Clinical Research Workforce Strategy is a pan-Canadian initiative, bringing together interest holders from across Canada’s clinical research ecosystem to strengthen the workforce responsible for delivering clinical trials. Launched in 2025, the Strategy aims to build a skilled, valued, and sustainable clinical research workforce through national workforce intelligence, occupation standards, workforce integration, and sustainability. By advancing coordinated, evidence-informed solutions, the Strategy seeks to ensure that Canada has the workforce capacity needed to support clinical research, drive innovation, and improve outcomes for patients.



national workforce intelligence



occupation standards



workforce integration



sustainability

Connect with Us!

Visit **Canada’s Clinical Research Workforce Strategy** to learn more about our priorities, initiatives and progress.

Follow us on LinkedIn.

Get in touch with the National Director at munaza.jamil@n2canada.ca

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This report reflects a collective commitment to recognizing, strengthening, and sustaining the people who power clinical trials across Canada.

Funding Partners

Clinical Trials British Columbia
Clinical Trials Ontario
Population Health Research Institute
N2 Network of Networks Réseau des réseaux
Research Manitoba

Collaborators

BC Cancer
McMaster University Continuing Education

The CRP Exchange

We recognize and celebrate the following organizations that have hosted The CRP Exchange to date. This ongoing knowledge-exchange initiative brings CRPs together through locally hosted conversations to share experiences, exchange knowledge, and foster connections. We invite organizations across Canada to join this growing initiative by hosting a CRP Exchange and helping strengthen connections and collaboration across the national clinical research workforce.

CanSPARK LTC Consortium, Bruyere Research Institute
CIUSSSE-CHUS (Santé-Québec Estrie-CHUS)
Lakeridge Health
Ottawa Heart Institute
Princess Margaret Hospital, UHN
Research Institute of the McGill University Health Centre
SickKids
Sunnybrook Health Sciences Centre
University of Calgary
University of Saskatchewan