AAHRPP

Association for the Accreditation of Human Research Protection Programs, Inc.®

2025 Metrics

for

AAHRPP-Accredited Human Research Protection Programs

Hospitals

September 2026



AAHRPP
Association for the Accreditation of Human Research Protection Programs, Inc.®

About the 2025 Metrics

AAHRPP is pleased to present the 2025 metrics for Human Research Protection Program (HRPP) performance.

These data are intended to help research organizations, researchers, sponsors, government agencies, and participants identify and support high-performing HRPP practices.



Where the data come from

Data is submitted by accredited organizations and include:

- Annual Reports
- Step 1 Applications
- Step 2 Applications



How the data was derived

All the quantitative data were derived from the most recent reports submitted by AAHRPP organizations.

AAHRPP Association for the Accreditation of Human Research Protection Programs, Inc.®

Abbreviations Used and Definitions

DHHS	US Department of Health & Human Services
DoD	US Department of Defense
ED	US Department of Education
DoE	US Department of Energy
DoJ	US Department of Justice
EPA	US Environmental Protection Agency
FDA	US Food and Drug Administration
ICH-GCP	International Council for Harmonisation Good Clinical Practice
VA	US Department of Veterans Affairs

Definitions of metrics, including how times are calculated, are available here.

AAHRPP
Association for the Accreditation of Human Research Protection Programs, Inc.®

Annual Metrics Report for Hospitals

Table of Contents



Description of Hospitals

5. Where Accredited Hospitals are Based



Description of Research

6. Where Research Occurs
7. Types of Research Hospitals Sponsor Conduct, Manage, or Review
8. Percentage of Hospitals Sponsoring, Conducting, Managing, or Reviewing Each Type of Research
9. Research Involving Vulnerable Populations



Research Funding & Regulations

10. Type of Funding
11. US Regulations & Guidelines
12. Adherence to ICH-GCP Guidelines



IRB/ECs & Reliance

13. Internal IRBs/ECs
14. Reliance on External IRBs/ECs
15. IRB/EC Member Compensation
16. IRB/EC Membership Compensation by Type



Research Review: Number of Studies

17. Open Studies
18. Median Number of Open Studies by Quartile
29. Open Studies per IRB/EC by Hospitals
20. Review Times



Resources & Budget

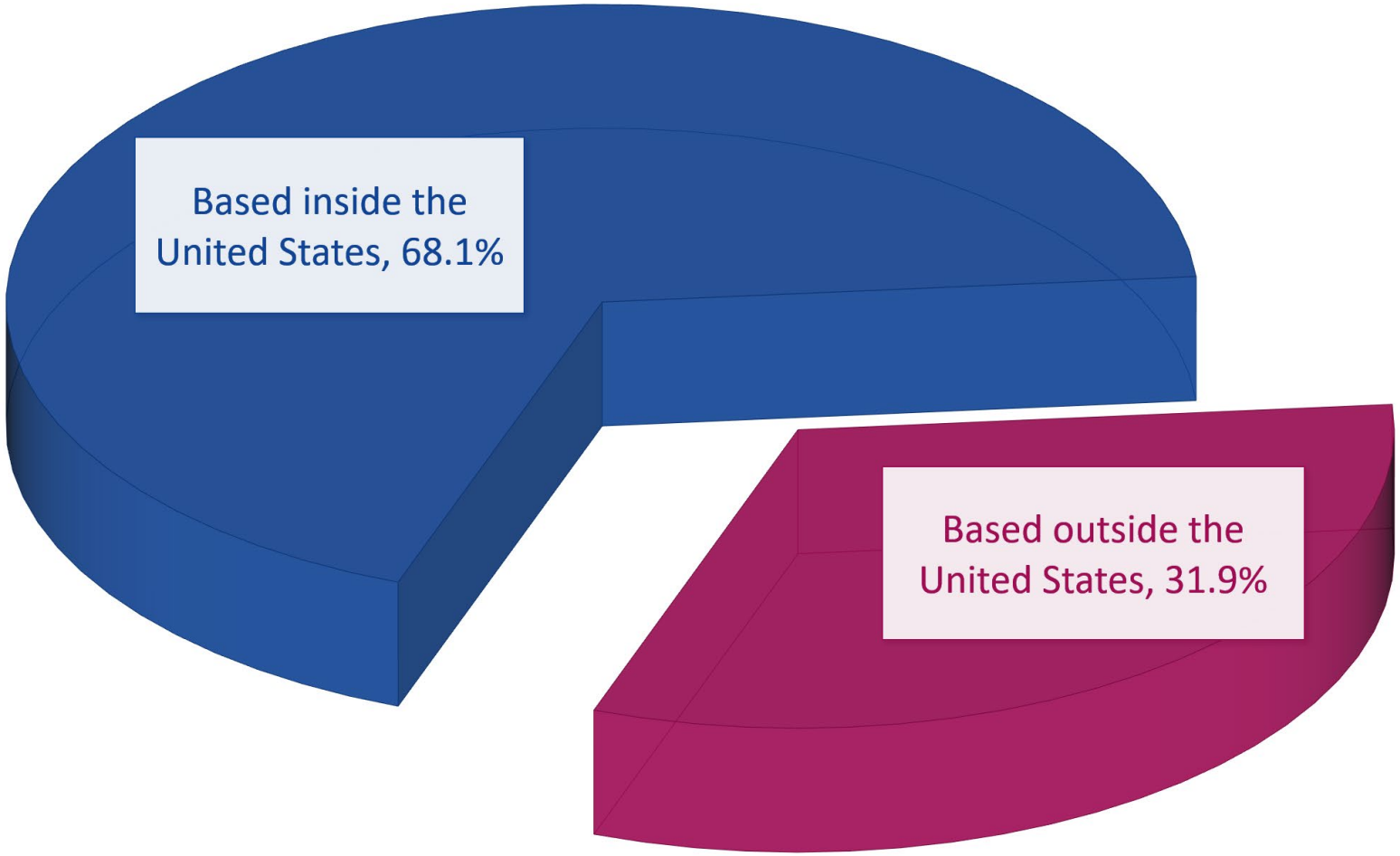
21. IRB/EC Technology
22. IRB/EC Staffing



Audits, Reportable Events, & Conflicts of Interest

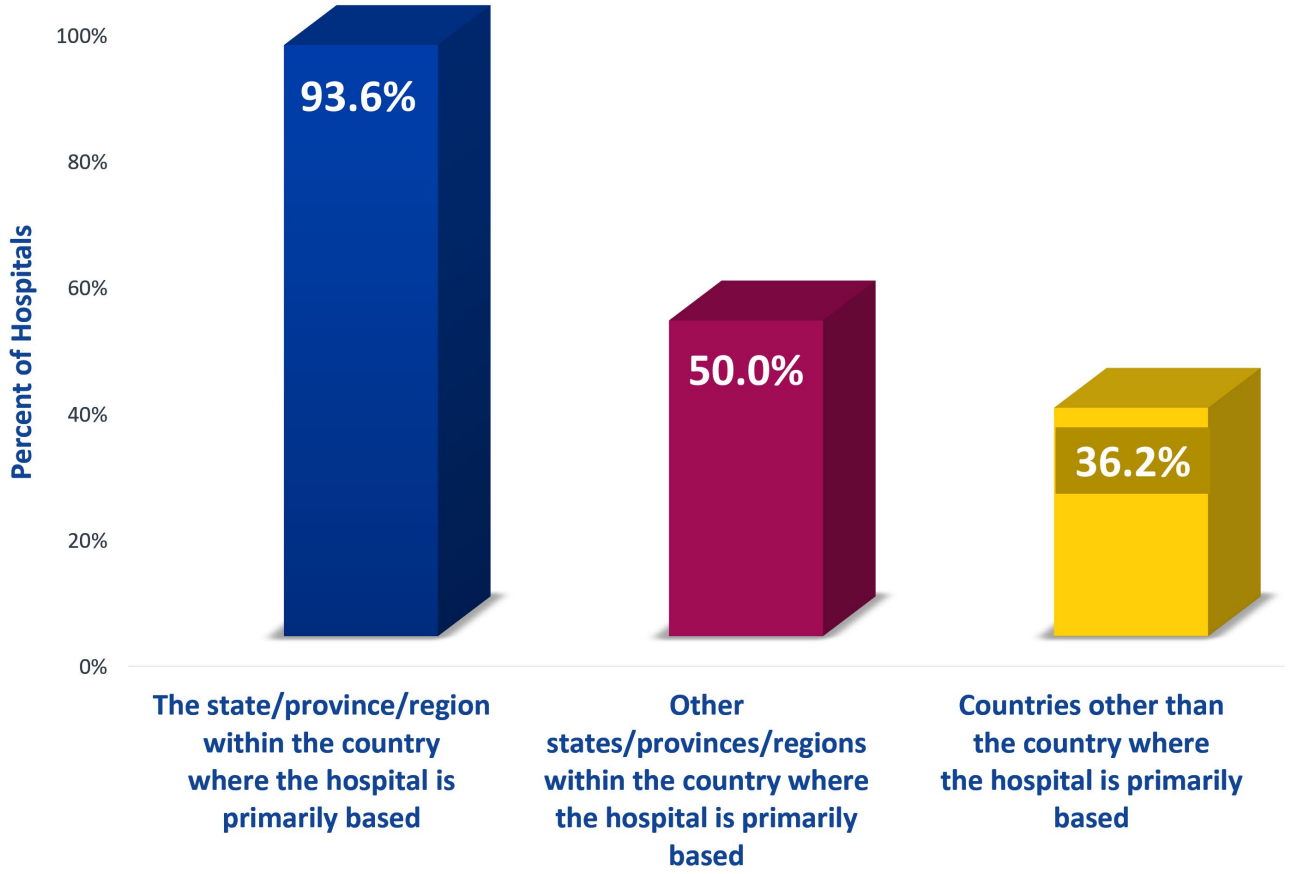
23. Audits of Researchers
24. Audits of IRBs/ECs
25. Noncompliance and Unanticipated Problems
26. Conflicts of Interest: Studies with Management Plans

Where Accredited Hospitals are Based

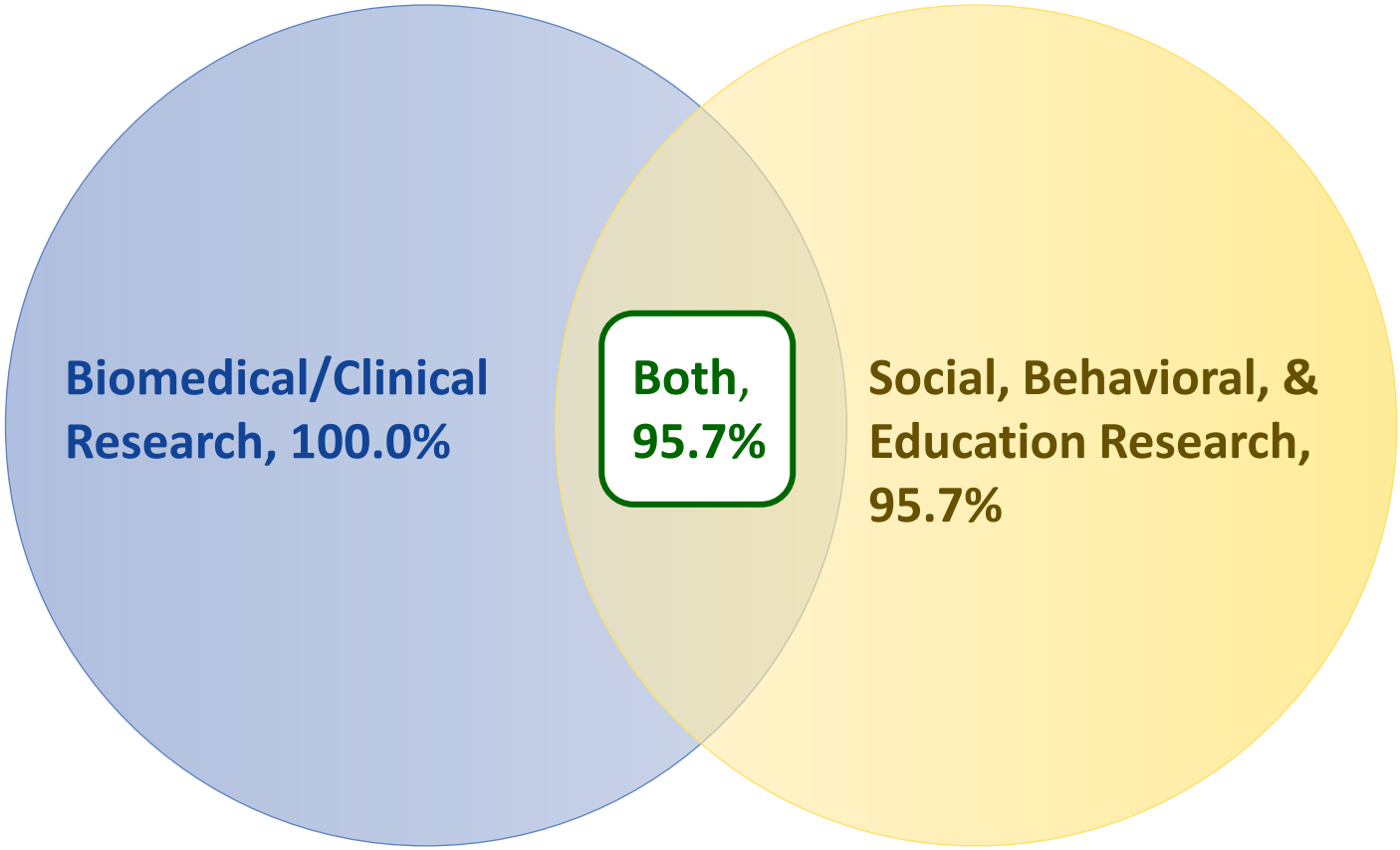


Where Research Occurs

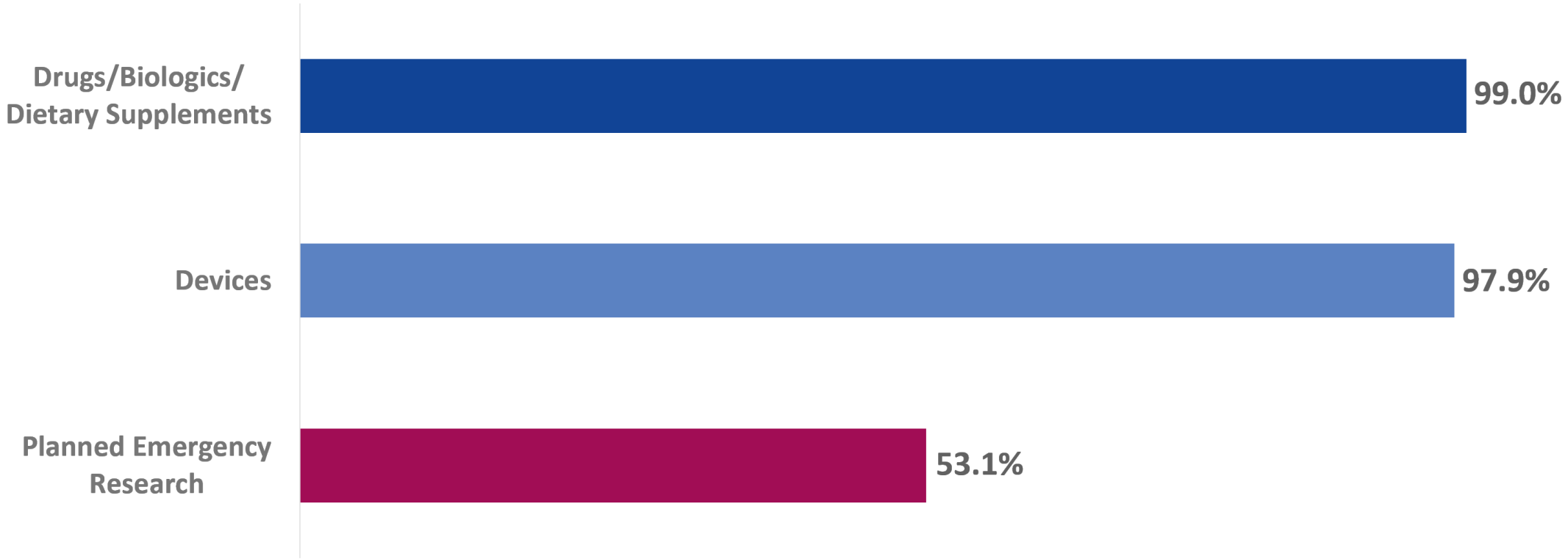
This chart shows where hospitals sponsor, conduct, review, or manage research



Types of Research Hospitals Sponsor, Conduct, Manage, or Review

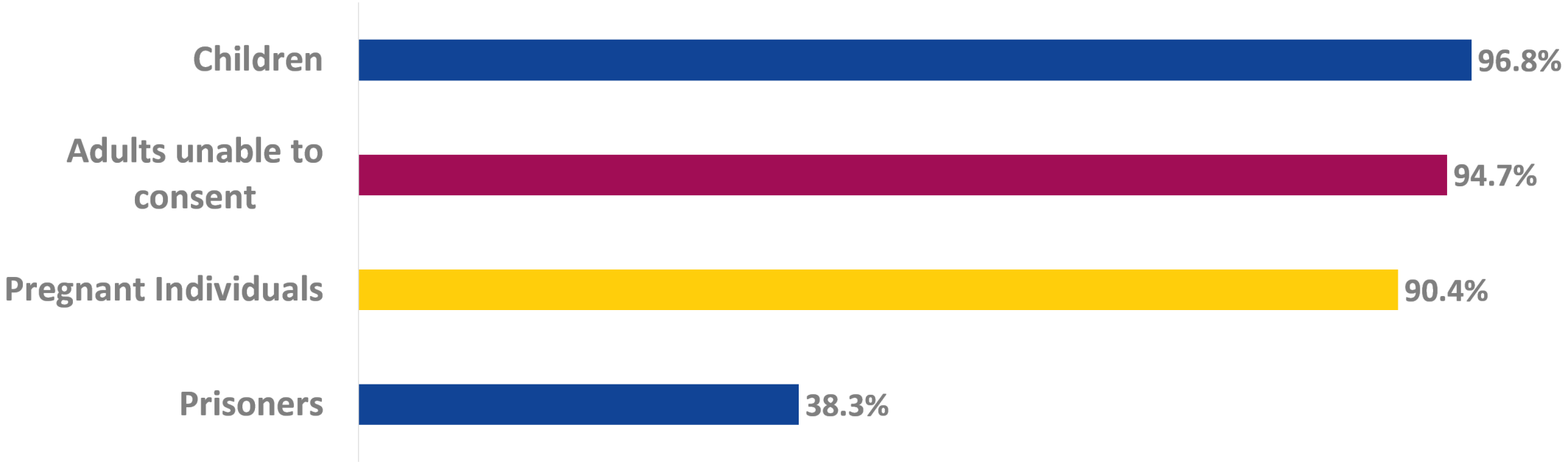


Percentage of Hospitals Sponsoring, Conducting, Managing, or Reviewing Each Type of Research



Research Involving Vulnerable Populations

Percentages of hospitals sponsoring, conducting, managing, or reviewing research by vulnerable population



Note
98.9% of hospitals reported they sponsored, conducted, reviewed, or managed research involving a vulnerable population

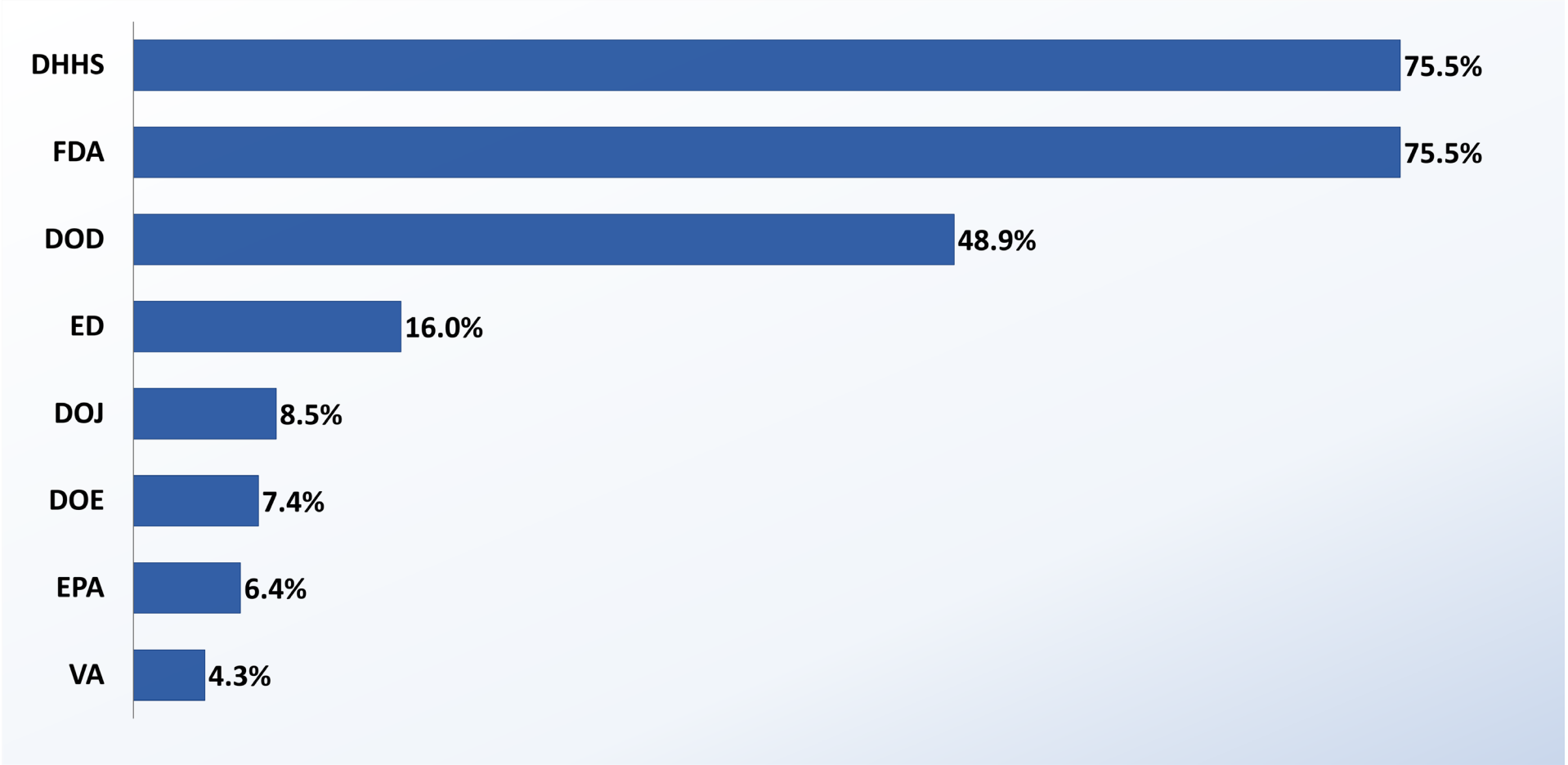
Research Funding

Percentage of hospitals that sponsor, manage, conduct, or review research by funding type that supports the research



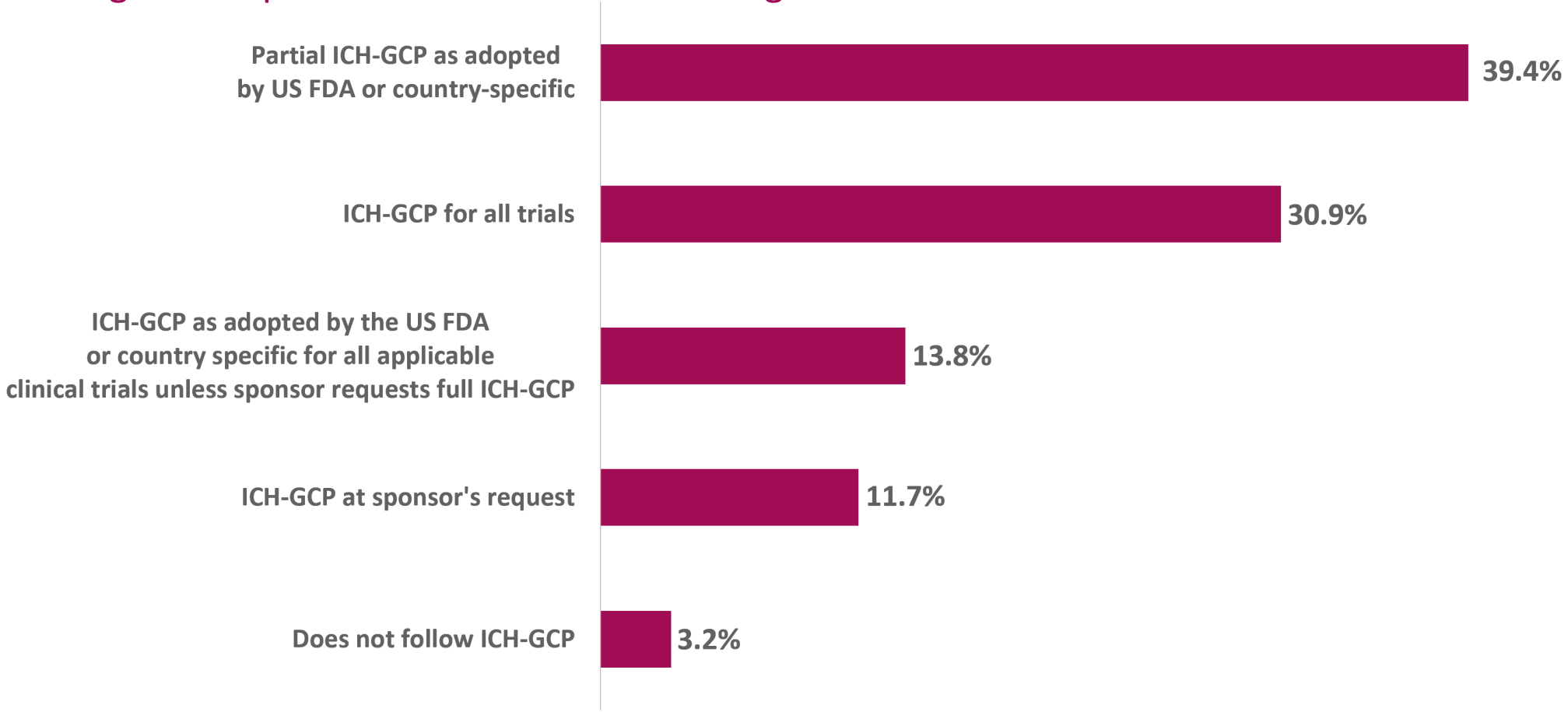
US Regulations & Guidelines

Percentage of hospitals that apply specific US regulations and guidelines to the research they sponsor, review, manage or conduct



Adherence to ICH-GCP Guidelines

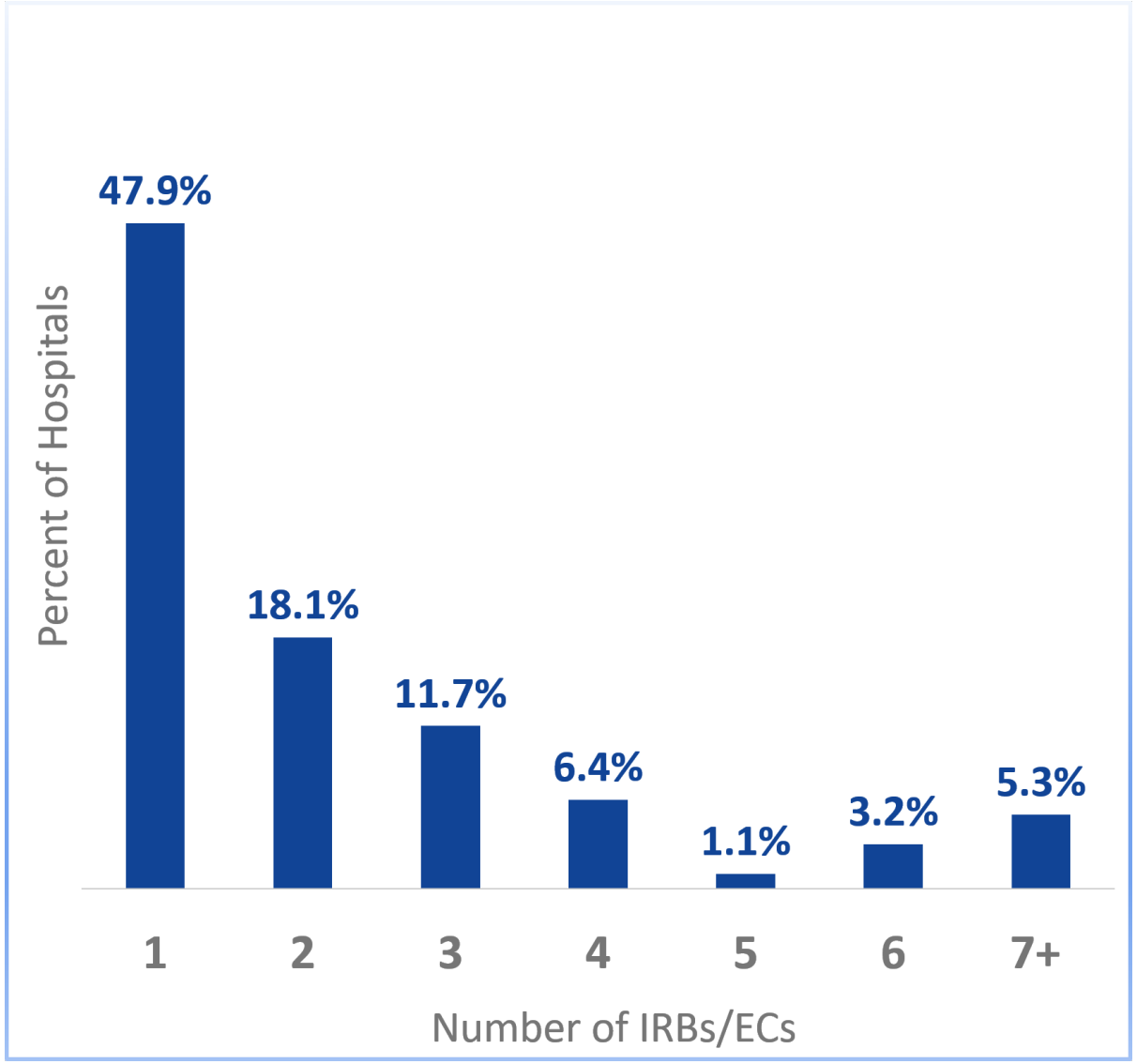
Percentage of hospitals that adhere to ICH-GCP guidelines



Internal IRBs/ECs

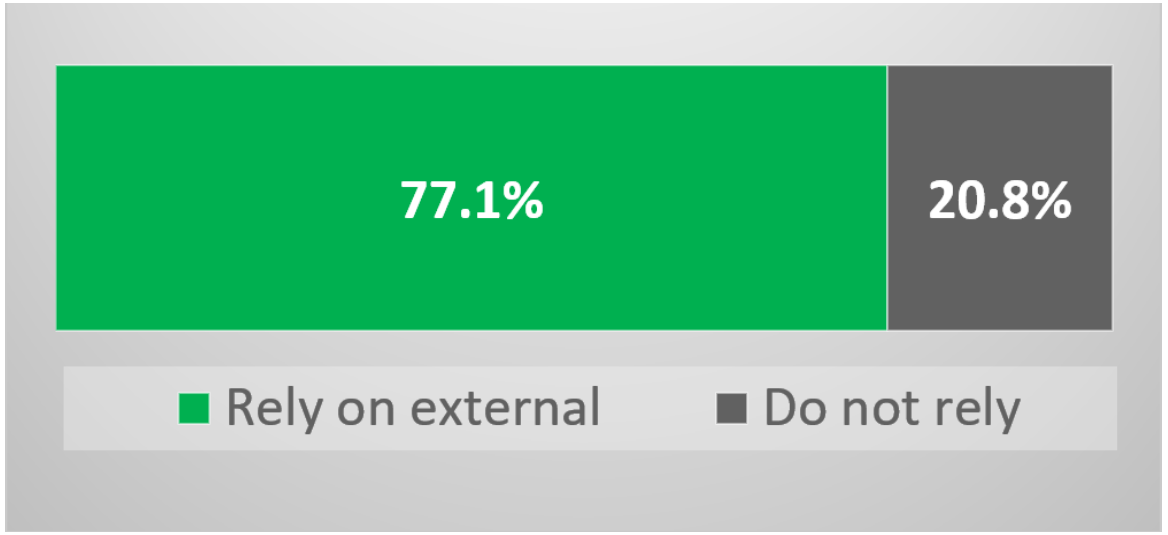
Number of internal IRBs/ECs hospitals support

% of hospitals with internal IRBs/ECs	Median number of IRBs/ECs per hospital
93.6%	1



Reliance on External IRBs/ECs

Hospitals with internal IRBs/ECs that also rely on external IRBs/ECs



Median number of studies externally reviewed

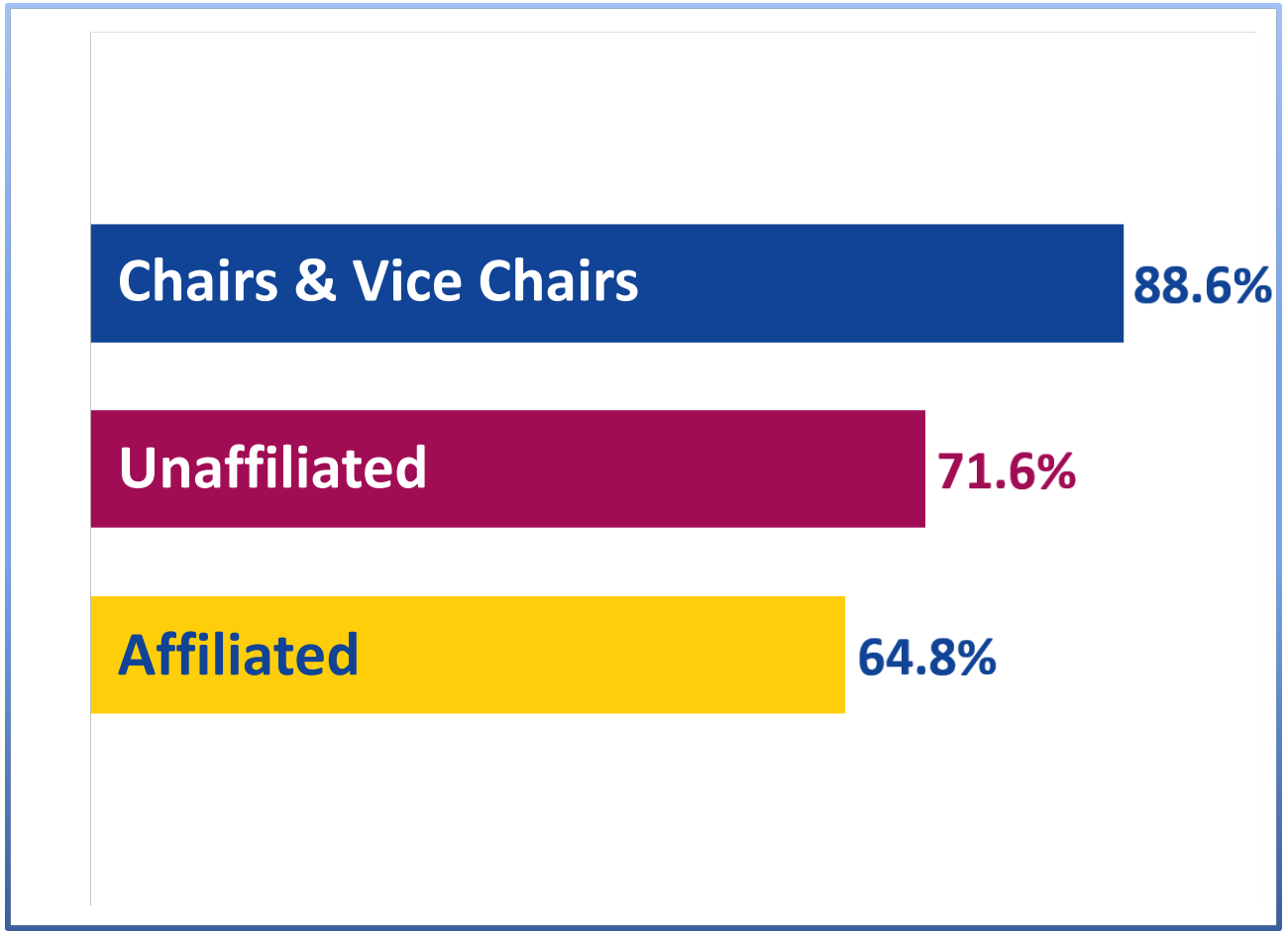
241

IRB/EC Member Compensation

Prevalence of financial compensation overall and by member type at hospitals

95.5%

of hospitals provide some form of financial compensation



IRB/EC Member Compensation by Type

Types of financial support by member type at hospitals

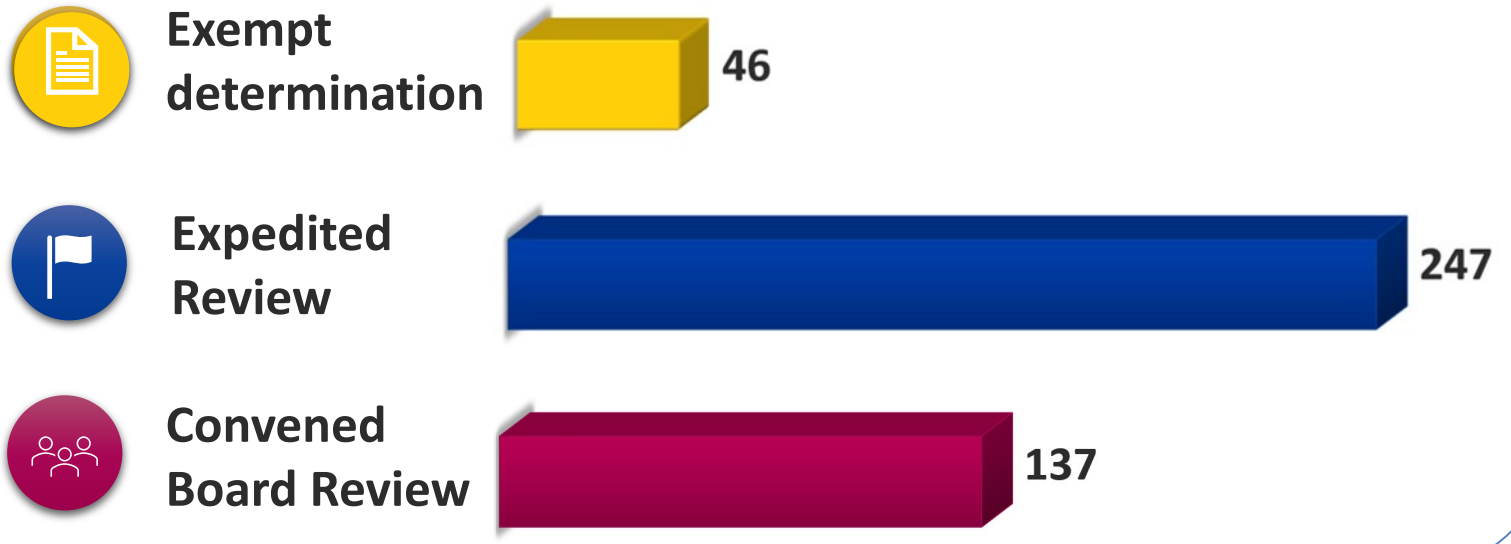
Member role	Salary support	Specific activity pay	Stipend / Honorarium	Conference/ Education support	Department/ Clinic reimbursement
Chairs/Vice Chairs	40.9%	28.4%	17.0%	50.0%	11.4%
Unaffiliated	0.0%	31.8%	26.1%	31.8%	Not applicable
Affiliated	10.2%	22.7%	8.0%	35.2%	5.7%

Open Studies

630

Median number of open studies overall

Median number of open studies by review type



Notes

- Open studies include studies include studies reviewed by internal and external IRBs/ECs
- Expedited and Convened Board Review figures only include studies reviewed by an internal IRB/EC
- Exempt determinations reflect those made during a 12-month period (i.e., the calendar year prior to the AAHRPP report)

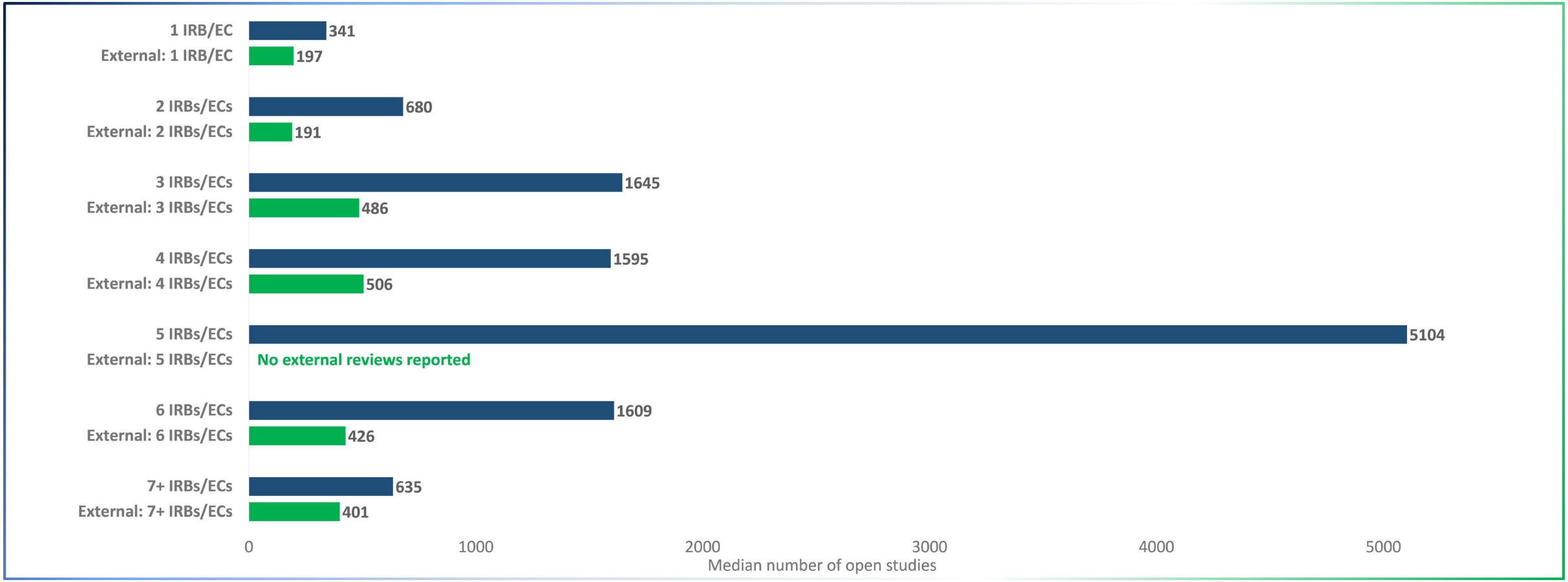
Median Number of Open Studies by Quartile

Median number of studies by review category and hospital volume

Quartile Organization volume	Exemption Determination	Expedited Review	Convened Board Review	Reviewed by External IRB/EC	Total Reviews
Q1 1–264 studies	14	25	17	90	173
Q2 265 – 630 studies	46	113	45	191	418
Q3 631 – 1,602 studies	98	405	176	358	875
Q4 1,603 – 17,109 studies	125	1,438	566	401	2,664

Open Studies per IRB/EC by Hospitals

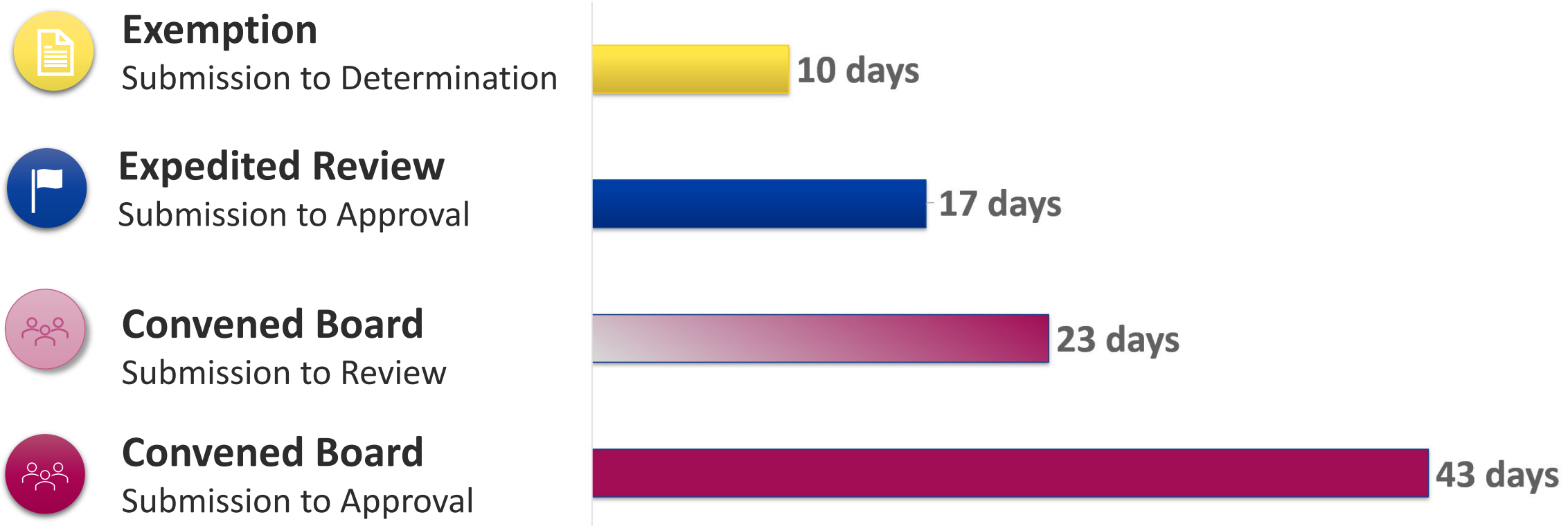
Median number of open studies reviewed internally vs. externally by number of number of Internal IRBs/ECs



Note: Median study count reflect exemption determinations that may be made by either internal or external IRB/ECs

Review Times for Hospitals

Median days from submission to review or determination/approval



Notes

- Review time metrics reflect hospitals with internal IRB/ECs
- Exemption review times are for hospitals regardless of whether they have an internal IRB/EC

IRB/EC Technology

How hospitals use electronic systems to support IRB/EC review



96.8%

of hospitals
use electronic systems
for IRB/EC review



3 hospitals reported
no electronic system



Prepare and/or submit applications — **93.2%**



Review applications and materials — **92.1%**



Communicate about applications — **88.9%**



Document decisions and Study-specific Determination — **91.0%**

IRB/EC Staffing

Staffing and study volume among hospitals with internal IRBs/ECs

Number of Active Studies	Median Number of Studies	Median Full-Time Equivalent Staff	Median Number of Studies Per Staff
All	**460**	**8.0**	**87.6**
0–100	38	2.2	18.8
101–500	212	4.8	55.5
501–1000	652	8.0	94.6
1001–2000	1,576	10.6	131.3
2001–4000	2,708	16.5	191.7
4000+	4981	20.4	250.2

Notes

Open studies include exempt, expedited, and convened reviews by internal IRBs/ECs

Audits of Researchers

Researcher audit activity at hospitals

92.6%

of hospitals reported conducting researcher audits

Audit Type	Median per Hospital	Total Reported
 Internal: For Cause	1	1443
 Internal: Random/ Not for Cause	13	3421
 Regulatory Agency Inspections	0	69

AAHRPP Association for the Accreditation of Human Research Protection Programs, Inc.®

Data updated 11/5/2026

Audits of IRBs/ECs

IRB/EC audit activity at hospitals

66.4%

of hospitals reported IRB/EC audits

Audit Type	Median per hospital	Total Reported
Internal: For Cause	2	4907
Internal: Random/ Not for Cause	0	197
Regulatory Agency Inspections	0	86

Noncompliance and Unanticipated Problems

Open Studies	Serious Noncompliance		Continuing Noncompliance		Unanticipated Problems	
	Median	Total	Median	Total	Median	Total
All	**1**	457	**0**	390	**1**	1277
0 – 100	**0**	7	**0**	2	**0**	73
101 – 500	**1**	96	**0**	27	**0**	128
501 – 1,000	**1**	40	**0**	49	**0**	60
1,001 – 2000	**2**	161	**0**	29	**1**	77
2,001 – 4,000	**5**	81	**1**	200	**8**	521
4,001+	**7**	72	**1**	83	**32**	418

Notes

- Data represent reports in the most recent calendar year prior to the organization's AAHRPP report
- Total represents all reported events for hospitals within each open studies category

Conflicts of Interest: Studies with Management Plans



4

Median number of studies reviewed by hospitals during a 12-month period (i.e., the calendar year prior to the AAHRPP report) by an internal or external IRB/EC that included a management plan, either at initial review or through a study change adding a new plan