RESEARCH METHODOLOGY

MedTech Industry Priorities Survey

An independent primary-research program measuring business priorities, regulatory pressures, cost drivers, and innovation barriers across the medical device industry.

This methodology note documents the research design, sampling approach, data quality procedures, and analytical methods behind the MedTech Industry Priorities Survey.

2026 Edition • Inaugural Year
MedTech Intelligence Research
Conducted in partnership with PTC
Quantitative Online Survey

1. Study Overview

The MedTech Industry Priorities Survey is an independent, primary-research program designed to measure how medical device and diagnostics organizations are prioritizing operational costs, regulatory compliance, product quality, and innovation over the next 12 to 24 months. The study is conducted online among professionals with direct responsibility for engineering, quality, regulatory affairs, manufacturing, supply chain, IT/digital systems, and executive functions at MedTech organizations worldwide.

The research is designed to surface the business priorities, regulatory compliance challenges, cost pressures, and innovation barriers shaping strategic decision-making across the industry, and to reveal how these priorities differ by role, seniority, company size, revenue, region, and device segment. Findings are intended to give industry participants and technology providers an evidence-based view of where MedTech organizations are investing, where they are under the greatest pressure, and which capabilities they consider most critical to improving compliance, cost efficiency, and speed to market.

Study title	MedTech Industry Priorities Survey
Edition	2026 (inaugural year)
Primary audience	Engineering/R&D, Quality, Regulatory Affairs, Manufacturing/Operations, Supply Chain, IT/Digital Systems, and Executive Leadership professionals at medical device and diagnostics manufacturers
Geographic scope	Global, with coverage across North America, Latin America, Europe/Middle East/Africa, and Asia-Pacific
Research approach	Single-method: quantitative online survey
Target sample	N ≥ 150 qualified survey respondents
Fieldwork period	Q3–Q4 2026
Findings / Survey Close	Q1 2027

2. Research Design and Approach

The study employs a single quantitative online survey to produce statistically grounded, industry-wide estimates of current business priorities, regulatory compliance posture, cost pressures, and innovation barriers among MedTech professionals. A structured, closed-ended instrument was chosen over open-ended or interview-based methods because the research objective is descriptive and comparative in nature: to quantify how frequently specific priorities, challenges, and pressures are cited across the industry, and to compare those patterns across role, company size, revenue, region, and device-segment cohorts.

This approach enables broad, efficient participation — the instrument is designed for self-administration in 10 to 12 minutes — while producing a dataset suited to frequency analysis, cross-tabulation, and subgroup comparison across the industry.

DESIGN PRINCIPLE

All survey items use fixed, closed-ended response formats — single-select, multi-select capped at three choices, or 5-point rating scales presented as dropdown menus — to support consistent aggregation and, in future editions, year-over-year tracking of industry priorities.

3. Quantitative Survey

3.1 Survey Instrument

The survey instrument comprises 20 substantive questions (in addition to an introductory consent screen and a closing completion/redirect step), organized into six thematic sections that correspond to the study's core research dimensions:

- Business priorities and strategic drivers

- Regulatory compliance: current challenges, systems in use, and perceived management effectiveness
- Cost pressures and the greatest perceived opportunities to reduce cost
- Innovation, speed to market, and the capabilities seen as most critical to accelerating it
- Strategic initiatives planned over the next 12–24 months, and topics respondents want to learn more about
- Respondent role, seniority, tenure, and organizational firmographics, used to define cohorts for subgroup analysis

Question formats include single-select and capped multi-select items (respondents may select up to three options on priority and challenge questions) presented as button or radio-button lists, and 5-point rating scales presented as dropdown menus, consistently anchored from 1 (low/poor) to 5 (high/effective) or equivalent. Several questions include a write-in “Other” option to capture responses outside the fixed option set.

The instrument is self-administered via an online survey platform (Conjointly) and is estimated to require 12 to 15 minutes to complete. Participation is voluntary; respondents may decline to answer any question or exit the survey at any time, for any reason, without penalty.

3.2 Target Population and Eligibility

Eligible respondents must meet the following criteria:

- Currently employed at an organization that designs, manufactures, or brings to market medical devices, diagnostics, or related combination products
- Hold a role with direct or indirect responsibility for engineering/R&D, quality, regulatory affairs, manufacturing/operations, supply chain, IT/digital systems, or executive leadership
- Have sufficient familiarity with their organization's business priorities, regulatory posture, and technology or process investments to answer the survey's questions substantively

Respondents affiliated primarily with technology vendors, consultancies, or service providers to the MedTech industry — rather than device manufacturers themselves — are identified during screening and, where present, reported separately from the core benchmark sample to preserve the practitioner perspective.

3.3 Sample Design and Target Size

The study targets a minimum of 150 completed, qualified responses, a threshold calibrated to support directional subgroup analysis across the cohort dimensions captured in the instrument's firmographic section, while remaining achievable within a realistic fieldwork window. Subgroups with fewer than 20 respondents will be reported directionally, with appropriate caveats, rather than as statistically representative findings.

The study seeks representative coverage across the following cohort dimensions:

Cohort dimension	Categories
Job role / function	Engineering/R&D, Quality, Regulatory Affairs, Manufacturing/Operations, Supply Chain, IT/Digital Systems, Executive Leadership
Seniority level	Individual Contributor, Manager/Senior Manager, Director, VP/C-Suite
Industry experience	Less than 2 years, 2–5, 6–10, 11–20, more than 20 years
Company size (employees)	Fewer than 50 / 50–249 / 250–999 / 1,000–4,999 / 5,000 or more
Annual revenue	Under $10M / $10M–$99M / $100M–$999M / $1B–$4.9B / $5B or more
Region	North America, Latin America, Europe/Middle East/Africa, Asia-Pacific, Global – multi-region
Device segment	Diagnostics/IVD, Cardiovascular, Orthopedics, Surgical Devices/Instruments, Imaging, Patient Monitoring, Digital Health/SaMD, Drug Delivery/Combination Products, Dental, Ophthalmic, Neurology/Neuromodulation, Other

Quota controls will be applied to prevent any single role, company-size band, or region from accounting for more than 40% of the total sample. Given the study's inaugural, exploratory scope, any resulting coverage imbalance will be disclosed alongside the findings rather than corrected through post-stratification weighting.

3.4 Respondent Recruitment

Respondents will be recruited primarily through MedTech Intelligence's editorial and subscriber channels (email, website, and social promotion), supplemented by outreach through the study sponsor's (PTC) customer and partner networks, relevant industry association contacts, and paid or organic social promotion. The survey's sponsorship is disclosed to respondents in the introductory screen.

To limit self-selection bias, recruitment messaging emphasizes the value of contributing to an independent industry benchmark rather than a direct incentive. Where any incentive is offered through a recruitment partner, it will be modest and disclosed to respondents in advance.

3.5 Data Collection and Quality Controls

The survey is administered online via the Conjointly platform. The following data quality procedures are applied:

- Completion-time monitoring: responses submitted in a small fraction of the median completion time are flagged for review and excluded where they show evidence of inattentive or random responding
- Logic and range validation: fixed answer ordering, minimum/maximum selection limits (e.g., “select up to three”), and required-response settings are enforced at the point of entry to prevent incomplete or out-of-range submissions
- Duplicate detection: multiple submissions from the same respondent or IP address within the fieldwork window are reviewed and deduplicated

- Open-text review: write-in “Other” responses are reviewed manually to reclassify or exclude non-substantive or clearly invalid entries
- Vendor/consultant screening: respondents affiliated with technology vendors or consultancies are identified and reported separately, per Section 3.2

3.6 Fieldwork Timeline

Phase	Timing	Activities
Phase 1	Weeks 1–2	Instrument programming and QA; soft-launch pilot; timing, logic, and comprehension review; instrument refinement
Phase 2	Weeks 3–8	Full fieldwork launch; rolling data quality review; quota monitoring; supplemental recruitment to close coverage gaps
Phase 3	Weeks 9–10	Fieldwork close; final data cleaning and quality audit; dataset and codebook finalization

4. Quantitative Data Analysis

Analysis proceeds in two layers. Descriptive analysis characterizes the overall sample: frequency distributions for all single- and multi-select items (top-cited business priorities, compliance challenges, systems in use, cost pressures, innovation barriers, and planned initiatives), and mean and top-box (rating of 4–5) summaries for the instrument's five-point rating-scale items covering compliance handling, compliance-system effectiveness, cost-reduction pressure, and the importance of speed to market. These descriptive statistics form the primary benchmark figures published in the report.

Subgroup analysis compares response patterns across the cohort dimensions defined in Section 3.3 — role, seniority, company size, revenue, region, and device segment — using chi-square tests for categorical items and ANOVA or Kruskal–Wallis tests for the rating-scale items, with statistical significance assessed at the $p < 0.05$ level. Differences that are both statistically significant and practically meaningful will be highlighted in the report; comparisons involving fewer than 20 respondents in a given cell are reported directionally, per Section 3.3.

Where relevant, related items are examined together — for example, comparing the systems respondents report using to manage compliance and traceability against their self-rated compliance-management effectiveness, to explore whether particular system types are associated with higher perceived effectiveness. These are descriptive, associative analyses and are not designed to establish causation (see Section 7, Limitations).

5. Ethical Standards and Respondent Confidentiality

Before beginning the survey, respondents are presented with a clear description of the study's purpose, data use, and confidentiality protections, consistent with the ICC/ESOMAR International Code on Market, Opinion and Social Research and Data Analytics and with applicable data protection regulations including GDPR and CCPA. The following principles govern respondent data handling throughout the research program:

- Voluntary participation: participation is voluntary; respondents may decline to answer any question or exit the survey at any time, for any reason, without penalty.
- Confidentiality and de-identification: individual responses are transmitted and stored securely and are de-identified prior to analysis.
- Anonymity in reporting: findings are reported only in aggregate; no individual respondent or organization is identifiable in any published output, and subgroups with fewer than 20 respondents are not reported as standalone statistics.
- Data security: response data is stored on access-controlled systems that are kept separate from any publishing or marketing systems.
- Data retention: raw data is retained for a limited period following publication to support quality review and potential longitudinal comparison in future editions, after which it is securely deleted.
- Sponsorship and conflict-of-interest disclosure: the study's sponsorship by PTC is disclosed to respondents in the survey introduction and is disclosed alongside any published findings.

6. Study Outputs and Deliverables

Deliverable	Description
Benchmark Report	A publicly available summary of findings presenting the industry's stated business priorities, regulatory and cost pressures, and innovation barriers, with breakdowns by role, seniority, company size, revenue, region, and device segment.
Methodology Note	A published technical note documenting the research design, sampling approach, data quality procedures, and analytical methods (i.e., this document).
Sponsor Content	Respondents completing the survey are directed to related educational content from the study sponsor, PTC, on MedTech regulatory and cybersecurity topics.

7. Limitations and Researcher Caveats

As with all primary benchmark research, the findings of this study are subject to inherent limitations that readers should consider when interpreting results.

- **Self-report bias.** All quantitative data is collected via self-report. Respondents' assessments of their organization's priorities, compliance effectiveness, and cost or time-to-market pressures reflect individual perception and may differ from independently verified measures.
- **Sampling limitations.** Recruitment relies on opt-in participation via MedTech Intelligence's editorial channels and the sponsor's networks. Despite quota controls, the sample cannot be guaranteed to be perfectly representative of the global MedTech manufacturing population, and organizations more engaged with industry media may be over-represented.
- **Cross-sectional design.** The survey captures a single point in time using a cross-sectional design. Associations observed between related items — for example, between systems used and perceived compliance effectiveness — should not be interpreted as causal.
- **Inaugural edition.** As the first fielding of this instrument, no historical baseline is yet available. Results from the 2026 edition will serve as the reference point for tracking change in any future editions.