



Episode 27 - Prepare Ahead For A Transition Into Pharma with Guest Dr. Kelly Curtis

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HF: Welcome to The Doctor's Crossing Carpe Diem podcast. If you're questioning your career in medicine, you've come to the right place. I'm Heather Fork, a former dermatologist and founder of The Doctor's Crossing. As a master certified coach, I've helped hundreds of physicians find greater happiness in their career, whether in medicine, a nonclinical job, or something else. I started this podcast to help you discover the career path that's best for you and give you some resources and encouragement to make it happen. You don't need to get stuck at the white coat crossroads. So pull up a chair, my friend, and let's carpe that diem.

Hello, hello. Welcome back to the Doctor’s Crossing Carpe Diem podcast. In this past year, I've had a record number of physicians landing jobs in pharma. They came from a diverse range of specialties and only a few of them at significant clinical trial experience. If you're interested in a possible career in pharma, or just curious, I don't want you to talk yourself out of this direction because you “lacked” the right background or experience.

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The truth is with some planning and preparation, there are a number of things you can do to significantly increase your chances of getting into pharma. As physicians, we are familiar with doing whatever it takes to reach our goals. When we want to get into medical school, we might've volunteered in the ER, gone on a medical mission trip or worked in a lab to answer an application. When we were applying for a competitive residency, we may have published papers, done some research with a mentor or signed up for extra rotations in our area of interest. We have always been willing to do the extra work. We just need to know the steps, right guys?

Today on the podcast I have a wonderful guest and former client who's going to share with us some very actionable steps you can take to build your pharma transition platform from ground zero. Our guest is Dr. Kelly Curtis, a board-certified oncologist who works as the senior medical director for a CRO, where he oversees industry sponsored clinical trials as a medical monitor.

We'll be looking at a number of different things you can do, whether you have six months to a year or several years or more to build your pharma platform. Without further ado, I am very honored to welcome our guest, Dr. Kelly Curtis.

KC: Oh, hi, Heather. Thanks for having me and I'm glad to be here and shed any light I can on industry and pharma jobs for people looking to make a transition.

HF: And you have a lot of great tips for those who maybe feel like they don't have a chance. They're not an oncologist. They don't have pharma experience and you're going to help show us the way.

KC: I hope so.

HF: It wasn't like you were always here in a pharma job. When you first reached out to me, you were practicing oncology, you were doing research, but your job satisfaction, this is

what you wrote to me, was 3 to 4 out of a 10. And you knew you wanted to leave, but you didn't know how. Take us back to that time, Kelly, and tell us what was going on.

KC: Well, yeah. As I recall at that time I was trying to balance so many competing demands in the job and the position that I had between the clinical responsibilities, and then research responsibilities. And then working with trainees, it was very difficult. I felt like every day I was getting pulled in a thousand different directions. And so, my real interest was in research and drug development. And that's where my passion was. And I didn't feel like in the role I had at that time, I got enough time to do that. It was much more heavily focused on clinical responsibilities. So, I really wanted to go into an area where I could follow my passion and work in research and drug development. And that's what led me to think about industry jobs.

HF: Yeah. And I remember something you said, which was you're pulled in all these different directions and you're trying to give, give, give, like anyone can tell you're a super nice guy and one day a patient got angry at you because you weren't calling them enough and checking on them enough. I think that was sort of your "aha" moment.

KC: Yes, yes. I still remember that particular encounter quite vividly. And it was for me that the expectations I could probably never live up to for that particular patient. And it's one of those things where one negative experience outweighs hundreds of positive experiences that you have with patients, unfortunately.

And you try to tell yourself not to let it get to you and not to let it bother you. But I guess it's just maybe my personality or to some degree it's human nature that you tend to focus on the negatives. And so, that was kind of an "aha" moment for me, where it just dawned on me that spending the next 30 years of my career, dealing with situations like that, even though they may not occur every day, it really weighed me down and bothered me. And I didn't really want to be in an environment where I had to do that for



an entire career. And that's what set me off thinking that I need to do something different with my career.

HF: Exactly. And I hear from so many physicians that patients' expectations have really changed in the past couple of years. So, there isn't a sign that it's actually going in the other direction. I'd love to hear what you're doing now. Can you describe your day to day for the listeners?

KC: Right now, I'm working at a contract research organization and I'm a medical monitor for clinical trials, specifically in oncology drug development. So, in our organization, we oversee hundreds of clinical trials that are run by various drug companies, what we call them sponsors. And they hire us as a contract research organization to run the clinical trial. And medical monitors on a clinical trial at a contract research organization are charged with ensuring the medical safety of the patients on the study, which doesn't mean that we provide any direct care to the patients. But we act as a resource for the physicians at the study sites who are treating the patients as well as our own colleagues within our organization who go out to the sites and work with the sites on running the clinical trials.

Each day it really is quite variable in terms of what I might be doing on any given day. Some days it's a lot of data review, or I'm looking at the data coming in from the patients on our studies to see that there aren't any worrisome trends, for example, lab data or ECG data. I'm reviewing all of that to see that there isn't anything popping up that's particularly worrisome on the study with the patients.

Other days, I am helping to develop study protocols where I'm on calls with our drug company partners, and we're talking about the study they want to do and we're talking about how the study will be designed. And other days I'm working on what we call bid defenses, where our company is bidding on a new study that's going to be awarded by a drug company. The drug company is evaluating several different contract research



organizations to hire one of us to run their study. And so, we go to that company and present to them why they should hire us.

And so, we have to put a whole presentation together about why we're the best company to run their study. And the medical monitor is tasked with explaining to our own team, what is the disease, what is this drug that this company wants to study? So, we educate our own team before we go into those meetings to make sure everybody's up to speed on the disease and the drug.

Those are just some examples. There's a lot of other aspects of the job, but I would say those are the kind of the three main tasks. It's data review, it's protocol development, it's working on bids for new studies. And then also, I guess the fourth bucket might be educating our own teams internally. Once we are working on a study, all of our team members need to be educated on the disease and the drug that the study is working in. So, they need a lot of education. We provide that to our teams.

HF: It sounds like you're using quite a variety of skills and that you're working independently, but you're also interacting a lot and you're doing things internally, but you're also presenting externally. So you're really pulling from a lot of different skills and abilities.

KC: I really do. I remember learning at some point that the word “physician” means teacher in Greek, I believe. And so, I feel that that's very true in this job. You do a lot of teaching to the people you work with, a lot of explaining, a lot of presenting, but you also draw on the skills that you've acquired in your training and your practice experience. You look at the data that you're reviewing and analyze it to see if something is concerning, based on your medical knowledge. So, it uses all of the skills really, other than perhaps directly physically examining a patient.

HF: Right, right. And we're not going to be talking about all the different areas that physicians can go to in pharma and there are quite a number of them. But we are going



to be talking about how physicians from a wide variety of specialties with different talents and abilities can get into pharma. We're going to look at two big buckets. One is if you have two to five years, the longer-term bucket of things that you can start doing now. And then we'll also look at a shorter-term bucket if you have six months to a year, and then you want to get into pharma, what you can do with that timeframe. Well, let's start with this longer-term bucket Kelly and tell us some of the things that someone might be able to begin doing, no matter what specialty they're in.

KC: I think that for physicians out there that are not currently at working in an academic center and publishing papers, it can seem intimidating to transition into pharma, because if you're seeing patients all day long and that's your job, and then you're looking to go into pharma where it's all research, it's so different and how can you get started?

And some of the things I've seen, and colleagues of mine who've been successful in making that type of transition have done a few things in their careers leading up to the transition. For example, some of the colleagues I work with in oncology may not be trained oncologists, but they worked a lot with cancer patients. So, for example, they were a hospitalist, but primarily saw hospitalized cancer patients, or they may have been in primary care, but they worked a lot with cancer survivor patients and became familiar with oncology that way.

Similarly, one might think that if you were looking at a pharma job in a diabetes drug development or cardiovascular drug development that you could tailor your career in, if you were a primary care physician to work in with a lot of diabetic patients or to work with cardiovascular disease patients to hone your skills in those areas. So, even if you don't have subspecialty training in endocrinology or cardiology, or you haven't worked in an academic center publishing papers on these diseases, you do have a lot of familiarity with those particular areas when you're looking for a transition to a job in industry that might be working in diabetes or cardiology or oncology, for example.



That's one way is to kind of hone your career and your skills working with certain types of patients, where you have a particular passion, and that would be very attractive to a company that's looking to hire you to know that you have a lot of experience in those areas, even if you aren't necessarily sub-specialty trained in those areas.

Some other areas one can look at is institutional review board. Institutional review boards review protocols they do need physicians, but often generalists, to review protocols with an eye towards a patient's safety. So, volunteering for an institutional review board at an institution can be a good way to gain experience in research.

The other option, there are companies out there, contract research organizations that have actual clinical trial sites, clinical trial units, where they enroll patients on drug safety studies. So, they get healthy volunteers to come in, they pay them to take a drug, and then they measure their blood levels and they look at their ECGs and they see how the healthy volunteers do after they take the drug.

And a lot of times those organizations will need physicians to do basic history physicals and screening exams of the healthy volunteers as they come in. So, doing work at a place like that can be a great way to get something on your resume of having worked in research. And that may not necessarily be a full-time job. That could just be part-time to get that experience.

And then I think another area could be even helping with guideline writing or writing book chapters, and papers. Those are some other good areas where you can publish and get your name out there as having worked in the academic types of endeavors.

HF: Well, there is a lot to unpack there. Those are some great recommendations you gave. So just to recap, you mentioned focusing on an area of interest, such as if it's oncology patients, if you're an internist, or diabetic patients. There's something to show that you have a focus and you can keep honing that focus.

Then you mentioned getting on an IRB. And it's interesting, you mentioned that because one of my clients was interested in pharma and wanted to do that. She just Googled IRB at some different academic institutions around her. She pulled them right up and right there was the contact information, the contact information for the people, and she could just reach out and she actually found an IRB to be on.

KC: Wow, that's amazing. That's perfect. Yeah. And that's a great thing to have on a resume. If you don't have published trials to put on a resume, but you can say I was a member of this institutional review board for five years, two years, or however long it might be and I reviewed protocols. Then that's a great way to show that you are familiar with the way protocols work and clinical trials work.

HF: Right. And also, I kind of joke and say that it also shows intent that you want to go into pharma. And it isn't just because you're burned out looking for the exit. And when you're on trial for capital murder intent, isn't a good thing.

KC: But in this case, it is. Right. Exactly. It shows that you are planning to make the transition, and it's not just a decision you made one night after a bad day.

HF: Right. Exactly, exactly. And then you also mentioned getting involved in the clinical trials at a site where they're doing healthy volunteer studies. How might they find an opportunity like that?

KC: Probably the easiest way would be to do an online search for healthy volunteer studies at contract research organizations. And that would give you a number of different CROs that run these types of studies. They don't necessarily have sites everywhere, but there are a lot of cities in the U.S. where these types of CROs have study sites where they're bringing in healthy volunteers. So, with a quick web search you could find the types of

CROs in your area that have actual physical sites and there probably would be a need of physicians to come to their sites and help with their intake process.

HF: Okay. Well, thank you for those specific details. Is there anything you want to add to the longer term bucket before we go on to the shorter timeframe?

KC: Well, I think it is just like the things that you work with your clients on is helping to develop your goals and kind of what you're looking for, what is your interest in it, and to understand more about what pharma jobs are. Is your interest going to be in the drug development side of things, or is your interest more in say drug safety? Because they're very different. So, as you write down your goals and your plan for the transition, gaining a better understanding of what the pharma jobs are, doing more reading to really try to understand what it is you're going for and what you'd be happy doing, I think would be very important.

HF: That is great advice and it really resonates with me. Pharma is complicated, so that is going to take some time for folks to do some informational interviews, talk to other physicians and get that sense of which direction would be best for them.

KC: Right. And I think that's where we're networking, it does help. And getting to know some people, some physicians in pharma who can give you that background, talk to you about what they do, talk to you about what other physicians do in pharma, and then that gives you an inside view.

HF: That's absolutely right. And I think you did a fair amount of that too, as you were looking.

KC: For sure. Yeah. I was very fortunate to have some colleagues where I work too, who had a lot of pharma contacts and could put me in touch with physicians in pharma. And not to say that I talked to hundreds of physicians in pharma by any means, I talked to maybe

a handful, but it was quite helpful to have that network to go to and learn about what they did and what the different roles were.

HF: All right. So, would you like to go on to the shorter timeframe bucket, which might be six months to a year out from a transition?

KC: Sure, yeah. I think for physicians out there that they may not have the years to put in, trying to hone a special area, special focus, or make a job transition from a primary care practice to an academic center, those types of things take a long time. So, if you really don't have that type of timeframe and you're looking to do something more quickly, I think there are several good ways to build your resume more quickly. And I think there are several examples I could cite, but a few that I came to mind as we were preparing for this today, one idea we talked about, and I think is good, is to just simply write some papers, even just some opinion pieces.

I know that it can be hard to get published. For example, in JAMA they have "A Piece of My Mind" section and Annals of Internal Medicine has a special section for opinion pieces, but it may be tough to get those published. But trying at least writing those types of pieces to have something to put on your resume would look good. Even just writing a brief review article and not to say conduct a systematic review and meta-analysis, but a basic review article that you could get published, even if it's just on an online only journal talking about a disease area, like workup of hyponatremia in outpatients or approach to DVT and patients under the age of 60 or something that you could summarize the relevant medical literature and publish it.

It doesn't need to be published in a New England Journal but like I say, there are a lot of online journals now that they may not have a high impact factor, but I'm sure they would be interested in publishing those types of papers. So, getting something published is one way.

HF: That's a great suggestion because it's something you can actually do. You don't have to wait for someone else to ask you to do it. I've had clients publish articles on their LinkedIn profile, and they're maybe writing about the COVID vaccine or some type of topical issue that's going on related to pharmaceuticals or medical devices. And again, you're showing intent because you could link to that, recruiters could see it. And again, it shows that you really have an interest in this and you're willing to invest the time.

KC: Yeah, that's a great point and I agree. I think that LinkedIn is a place I see a lot of physicians writing and I wouldn't say publishing, I guess necessarily, because it's not really a publication, but certainly putting things out there that they have written. I see a lot of my colleagues in industry, especially doing that, where they talk about latest drugs that have been approved or this type of thing. So, writing a review article with 200 references that can take some time, but writing up something on LinkedIn about a topic you've recently read about or it's interesting to you, that's another good way to do that.

HF: Excellent.

KC: So, that was one area. And then I think the other area that's available to demonstrate intent, like we've been talking about and to show an interest in the area is to take a GCP course. So, a good clinical practice, that's the type of training that people in industry take to make sure we're doing everything in line with the federal and international guidelines about how to conduct clinical trials.

There's a whole set of federal regulations and the whole set of codes published by international bodies that regulate how clinical trials are run. Everything from drug manufacturing to ethical enrollment of patients, making sure they've signed informed consent forms and how those forms are designed and how the studies are run.

So, taking a course in GCP can be another good way to show your intent. And there's a lot of different courses online just simply doing a web search for GCP courses. I believe



there's free courses, as well as paid courses available. It wouldn't be a huge time commitment, but it would show that you have an interest in this area and you're coming into an interview and potentially a job in pharma armed with that knowledge.

HF: And all of the things that you're mentioning, Kelly, you can put on your resume. And these will keep building your platform in a direction that shows that you have been focused on getting into pharma and not just doing random things.

KC: That's right. Yeah. So, between posting things on LinkedIn that are relevant to pharma, as well as the GCP course and publishing if you have the opportunity to write up something and publish it in a journal, it does, it really bolsters a resume.

HF: Over time I've seen resumes go from pretty basic to having a very strong platform in this direction when you don't think it's possible, but you just have to trust that, do one step at a time and they will keep building up.

KC: I think the other thing we had mentioned too that might help build resumes is the Speakers Bureau and using your pharma, if you have pharma contacts, they may need physicians to be on Speakers Bureaus. I know there can be a lot of regulations at different institutions about physicians being on Speaker Bureaus so that may not always be allowed, but that is one way to potentially gain some experience in working with pharma is to be on a Speakers Bureau.

HF: That's another excellent idea. And I think you had a couple more things too, Kelly.

KC: Yeah. We came up with a couple more. I think one of the one thing I had written down was that if you do have any opportunity to collaborate. So, for example, if you're not at an academic institution, but you work with subspecialists at academic institutions, and if you have a particularly close relationship with any one of them, you may be able to partner with them on some of their research.

So, an example would be if you have a subspecialist in an academic center who's in hepatology, let's just say, and they may need some help writing a book chapter and they may not have anyone to do it. So, it might be possible for you to help them out and write the book chapter or to help them out writing review articles.

Obviously, those types of things can take some time if agreements need to be signed with the institution and this and that, but at least using the networking opportunity with the subspecialists to see what they might have that you could help them with, it's worth pursuing anyway, at least seeing what opportunities there might be.

HF: Yeah. And there's a variety of different things here. Some things may resonate with certain physicians more than others. I think you even had something else about reaching out to your medical science liaison as well.

KC: Yeah, that was another idea. I know a lot of places, this was not true where I practiced previously. We didn't have really any contact with pharma representatives coming in the door to approach us about their products. But I know at many, many practices, pharma representatives come in to talk about the drugs. And so, oftentimes those are either medical science liaisons, or those individuals know medical science liaisons at the drug company.

And it would be good to network with them because medical science liaisons work many times with physicians at the drug company -- you may not want to broadcast that you're looking to make a transition, but if you could somehow in confidence to the medical science liaison ask to be put in touch with a physician at the drug company to talk and to do some networking, that might be one, I guess, sort of foot in the door, perhaps. Not necessarily to a job, but at least to make some contacts in pharma and that can lead to other contacts and other opportunities.



HF: All right. So, I think we have a really great list here. Just to briefly recap, you mentioned doing some writing, taking some courses. And you're absolutely right, the Good Clinical Practice course is free. They can find one of those online. If they like speaking, they might be able to get involved with the Speakers Bureau. You can do some collaboration with a researcher at a local academic center.

And also, if they're able to do this on the down low, talk to their sales reps, the drug reps and see if they can get in touch with the medical science liaisons, or if they're able to be out in the open about their career transition, then they can speak with anybody.

KC: Yeah, absolutely.

HF: I know, even though we list all these ideas and it seems like it's very possible, it's common for physicians to think "Well, but I'm different". Other people can do this, but whatever their situation is, they might be having doubts. What might you say to a physician in that situation?

KC: Well, I would say don't lose confidence, don't lose hope because industry needs physicians. There is definitely a demand for physicians in industry. And so, getting some of the skills together to put yourself in the right position to be a good candidate will get you in the door. There's no shortage of jobs. It's really more a shortage of well qualified candidates. And so, having the MD is the first big hurdle. And then after that, getting a few of these extra things today on your resume that we've talked about will shape you up to be a good candidate to find the right jobs.

So, it's definitely possible. Like anything in life, it takes a little bit of work, but it's doable. And I would never say it's not possible because you're an X, Y or Z type of physician, therefore you can never find an industry job. I would not say that and don't even let that thought enter your mind.



HF: That is perfect, Kelly. It's such a great note to finish on. And it reminds me of the two things that physicians who come to talk to me on the first coaching calls want, even if they don't articulate it, which is hope and a plan. And you have given incredible hope and you've also given a great plan for how to do the things you need to do that are going to make you a great candidate. So thank you. Thank you.

KC: Well, thank you so much, Heather. I hope this was helpful. And there are so many things that a physician can do to bolster their resume. And so, I'm glad to provide some ideas and I hope that helps people.

HF: I know it will, and I'm sure it already has. I cannot thank you enough, Kelly. I'm also really proud of you and the transition that you've done, you're rocking your career. And I hope that you're at a 9 or a 10 instead of a 3 or a 4.

KC: Absolutely. Much closer to 9 or 10 than before, for sure.

HF: Awesome. That's great. So thank you again. Thank you. Thank you.

KC: Thanks Heather.

HF: All right guys. So we have a lot of tips here and I'm going to put a number of the things that Dr. Kelly Curtis mentioned in the show notes. So just go to the website doctorscrossing.com for this podcast episode, and I'll have links for you. I'm also going to link to three prior podcasts that I did that are related to pharma so you can learn more about some of these areas that you could consider. All right. That's all for now. Don't forget to carpe that diem and I'll see you in the next episode. Bye for now.

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Podcast details

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