DOCTOR'S CROSSING
CARPE DIEM PODCAST
BY HEATHER FORK, MD, MCC

TRANSCRIPT

EPISODE 101: Demystifying Jobs for Physicians in Pharma

With guest Dr. Laura McKain

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LM: "The thing that physicians need to realize is that that's for an entry level role. I guarantee that you will make more money every year and once you have some experience under your belt your earning potential dramatically increases in a way that you just do not see in clinical practice."

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 and welcome back to the Doctor's Crossing Carpe Diem podcast. You're listening to episode number 101. Today I have one of my favorite experts on nonclinical careers here to help demystify the different jobs physicians can have in what is referred to as industry, specifically pharma, biotech and medical devices.

Our wonderful guest OB-GYN physician Dr. Laura McKain has almost 15 years of pharmaceutical industry experience in clinical development and drug safety. She recently started her own company, McKain Consulting, where she does freelance pharma consulting and advising.

In addition, she also has created her own program where she guides physicians wanting to transition into the pharmaceutical industry. Dr. McKain is going to bring clarity to this often-confusing area of pharma by talking about the different positions available to physicians. We'll be looking at what these different jobs entail, the day-to-day skills involved, and the type of physician who might be a good fit.

Laura is a returning guest having first joined me in episode 43 where she offered a lot of very valuable and actionable advice on networking. Make sure to check it out if you haven't heard it.

You may also be familiar with Dr. McKain as she is the founder of the excellent Physician Nonclinical Career Hunters Facebook group. It is my distinct honor and joy to welcome Dr. Laura McKain to the podcast. Hey Laura, I'm so happy to have you back here.

LM: Oh, Heather, it is an absolute thrill to be back here. You're also one of my favorite people, so it's awesome to talk to you and to let physicians in on all of the career possibilities that they have.

HF: I know, and this is a really confusing area. I remember when I first started coaching and I was trying to learn about nonclinical careers, if you had asked me anything about pharma, I would've sounded like a total idiot because it's not something we often know about when we're in clinical practice.

LM: We think we know a little bit about it, but we rarely know a lot about it. And I'm so excited for this topic today because you have come up with an absolutely genius way to approach it and I'm just thrilled to do this.

HF: Oh my gosh. I don't know. I was just inspired because I know you're going to bring a lot of information and I think we co-created this idea together. Yeah, tell us a little bit of any intro that you want to give and how we're going to frame this up and we will just get started.

LM: Awesome. With Heather's idea to talk about a different position that physicians may have in the pharma industry by taking one drug or it could also be a device and kind of following it through the development process and talk about the different physicians that get their fingerprints on it along the way.

So, we're going to take a drug from the early part of it being assessed for safety and efficacy and follow it through approval and as it gets launched into the marketplace and talk about, like I said, the different physician roles, the jobs, the job titles that some of the audience may want to have one day.

HF: Well, I think you're the perfect person to do this because you've worked in pharma for a long time and you also mentor physicians in this area. So, you understand the gaps of knowledge and you've had a lot of success in helping them make their way. So she's legitimate. She knows what she's talking about here. All right? That's my seal of approval. Well, where would you like to begin?

LM: Okay, let me set the stage here. We are going to start with some new investigational drug that is being considered for development by a company. And it could not be a large company, could be a small company, but we're going to kind of assume that they have all the different functions within their company. And this particular drug already has an investigational new drug application approved by the FDA. Meaning that they've

completed all of their preclinical testing, the animal studies, the toxicology studies. They've provided all the information they need to the FDA about how they manufacture it. And they've also worked out at least preliminarily what clinical trials, human trials they're going to do to demonstrate that it's safe and effective.

And we're also going to assume in this little scenario that we're putting together that the company has already completed their first in human trials. I think those sorts of topics that we're jumping over here might actually be great for some other episode with you. But let's launch right into that later stage of human development with this product and talk about how they get a drug developed and who's working on it.

HF: I think that's perfect. And do you want to mention the different roles like the titles for the positions that we're going to be talking about?

LM: I am. I'm going to talk about the different functional areas and then also the different job titles that you may see within those functional areas. So, let's start out and let's say that they're preparing to launch a clinical development program. Of course, there's a clinical development team that's involved in that, but actually a little bit before that, oftentimes there are physicians who work in medical affairs, that's another functional area, that help to tee this whole process up.

And those medical affairs people, they may be medical science liaison, they may be medical directors, associates or medical directors in medical affairs. They play a role in this by going out and speaking to physicians in practice, academic people, experts in their area.

They talk to physicians to investigate what are the unmet needs for some target condition that they think that their drug may work in. They identify these opinion leaders and they get insights from these key opinion leaders about what the current therapies are to treat those conditions, what they don't do for the patients who have

these conditions, what gaps there are in treating symptoms or mechanism of action or what have you.

And the medical affairs people take all of those insights back to their company and then they typically closely work with the clinical development team to work out what a target product profile might be for the drug that they're thinking about developing. It's called TPP. It's a great term to know and to think about. Then it's the medical affairs people working with the clinical development people to determine what kinds of studies may need to be done to assess the safety and efficacy of the trial.

The clinical development team oftentimes employs a lot of physicians who will work out and map out what kind of studies need to be done in order for them to submit a new drug application for approval. Clinical development roles, the titles that you may see there may range anything from a clinical scientist, which sometimes are physicians, but they can also be pharmacists. They may include associate medical directors, medical directors, senior medical directors, executive medical directors, and all the way up to a VP of clinical development.

And they are really involved in that whole process of mapping out the development program. The medical directors are going to be responsible for writing the different protocols that are needed to conduct those clinical trials. And they will be working with other internal people at the pharma company to do all of that planning. That would include working with the clinical operations team, working with the regulatory team, working with biostatisticians and a whole bunch of other functions within the pharma company. So, I'm going to stop there and see what questions you have now Heather, or what kind of questions do you think our audience might have? Just about that preliminary piece that I told you about, at least covering those two different functions.

HF: Sure. So, we're talking about medical affairs and then clinical development.

LM: Exactly.

HF: I liked how you told me earlier before you started recording that you like to think of medical affairs as a bridge. So, they're helping sort of that earlier stage and the more internal stage of developing this drug and doing the clinical studies. But then we're also going to see how later they're also external facing with bringing it to market and that end. I love that image of them as sort of a bridge.

LM: They are.

HF: Right. And the clinical development that's more understandable in helping clinically develop this drug or medical device. Now I know we're going to get into some more specifics about who might be a good physician for these different roles and we also are talking about what kind of experience you might need. But do you want to bring in the other big roles that we're going to be talking about so we have this complete picture of how you go from developing the drug to then marketing it? And then we'll get more granular.

LM: Yeah, let's talk about it. Let's think about it in terms of, "Okay, they're going to do clinical trials." So, who else is going to be involved in these clinical trials? We've already talked about the medical affairs people. We've talked about the clinical development people.

There are two other important folks to talk about. One of them actually is going to be the principal investigators. We're talking about the physicians out there in the world everywhere who have access to these patients that are actually going to conduct the study. And I think this is a role that's oftentimes overlooked by physicians as a career possibility. You don't just have to be an academic physician to conduct clinical research, to be a principal investigator. There are lots of opportunities and I've actually worked with many physicians who execute clinical trials within the context of their private

practices, believe it or not. Or they work at a site that does only industry sponsored clinical research. It's a great job. It can be a part-time job. It can be a full-time job.

So, there's principal investigators out there for the clinical trials that actually find the patients and conduct the studies, give the patients the drugs, assess safety, assess efficacy.

And then the other important role, the last piece that we're going to bring in here today are the drug safety physicians. Drug safety physicians, their whole purpose in this process is to define the safety, the risk profile of a drug. And that begins with the early development of the drug when they're just discovering for the first time what the risk profile looks like for that drug, what potential adverse events that a patient may experience, what patients may be at greater risk for adverse events. That's a job of drug safety in development. And it's a continuous job that begins while the drug is being developed but also goes on and it should be a very scientific and proactive monitoring system that's in place even after a drug is developed.

There is preapproval drug safety and post-approval drug safety so that when a population, the large population begins to use a marketed drug, there's still surveillance that's going on. There are still physicians that are looking very closely at what patients who are using the drug are experiencing and looking for things that patients need to be aware of to be able to use a product safely.

That pretty much covers it. We've got medical affairs, we've got clinical development, we've got our principal investigators out there, boots on the ground, and then we have our drug safety people overseeing safety through the whole process.

HF: I think that's a great overview and I know in an upcoming episode down the road, it's going to be a bit now, I will be talking about medical communications which we put in

sort of a different category and we won't be diving into that here, but do you want to just say maybe one little nutshell description about medical communications?

LM: Medical communications is sort of a subgroup within medical affairs often. They are responsible for ensuring that information about drugs is communicated to patients and prescribers according to regulatory guidelines. And they can provide a lot of information. They can be answering questions that come in from patients and prescribers. They can be proactively communicating things out to the medical community or patients. It's really sort of a subset I would say more of a post marketing role that some people in medical affairs play.

HF: Okay. Well, that's a good framework for that because there are some physicians who love to write and they want to think "Where I can use these skills?" And I think pharma is a good place.

Next, I want to go on and really look at, if the physician's asking that question of "Where would I fit? How would you even think about what would be a good entry point for me?" I want to take a quick break so I can share some resources with you and then we'll be right back. Don't go away.

LinkedIn has been one of the most helpful resources for my clients in landing great jobs. Initially many of them were reluctant to put themselves out there and network on this platform, but once they created a profile and learned how to use LinkedIn strategically, they had a lot of success.

My LinkedIn for Physicians course shows you how to create your own standout profile, have success networking and land nonclinical jobs. To learn more about this online course, go to doctorscrossing.com/linkedincourse or simply visit the Doctors Crossing website and hit the products tab at the top of the page. Now back to our podcast.

Hello. Here we are back again with Dr. Laura McKain and now she's going to help us look at this question of, "As a physician, based on my experience and my specialty, where might be a good entry point for me and what would I be doing in this job?"

LM: Okay. Let's start with medical affairs. I think that's a function that is oftentimes very appealing to people who don't have prior pharma experience or clinical research experience. So, people that do well in medical affairs, obviously they have to have a medical background. I think clinical experience is also important.

Very key is the ability to communicate. They need to be really strong speakers and they need to be able to speak to different audiences. Everyone from a key opinion leader who's an expert in their field down to even potentially a patient advocacy group because they may be communicating with any of those folks. The ability to do great presentations and also the ability to write because oftentimes medical people in medical affairs are involved in generating medical evidence, writing manuscripts, helping to put together presentations for scientific congresses, et cetera.

Also because of it being sort of a very forward-facing type of role, they need to be folks that have great interpersonal skills. Somebody who's comfortable in a cocktail party. I always think of those.

HF: Exactly. Right.

LM: Yeah, those are great medical affairs people.

HF: This is not someone who just wants to be looking at spreadsheets and not have anybody bothering them all day long.

LM: Absolutely. They do need to be people that are comfortable working a room.

HF: In medical affairs, I think you mentioned that the medical science liaison comes under that. How is this different in terms of qualifications and some of the other medical affairs roles?

LM: Sure. A medical science liaison position is a great entry into pharma because they will oftentimes hire people who have a lot of different backgrounds. Sometimes you'll see nurses, sometimes you'll see pharmacists. You will also definitely also see physicians, people who have practiced for many years. But they will oftentimes also hire people that a physician who has graduated medical school but perhaps hasn't completed a residency or even somebody who may have trained outside the US and is not medically licensed in the US. Having a medical license or a board certification is not a necessary requirement to work as a medical science liaison.

HF: I love that you said that. And if you're listening and didn't quite hear that and you're thinking there's not a job for you if you didn't finish residency, go back and listen because the MSL is a great job and we have a podcast that was done earlier on this and you can learn more about it.

Now when you were describing the medical affairs physician, I could see if I didn't know better that someone might think, “Wow, you must have to know a lot about pharma to even be in this role. How would I as a clinician without much pharma experience actually get into a medical affairs role out of the gate?”

LM: I think having a healthy interest in pharma is going to be very important. Proving that you can take on that kind of role is something that you can do by simply doing a lot of reading, looking at the scientific literature, attending conferences, doing all of your CME. There's just so much evidence that's generated by industry that is truly scientific in nature. Just becoming familiar with that and being able to speak intelligently about it is great preparation for medical affairs.

HF: I know for a fact because I've had clients who have gotten into medical affairs without prior experience and that's just not the MSL. That's other positions too where you have to have clinical experience. I know it's true and you've seen that as well. But I guess it depends on the job in the company whether they want that prior experience in pharma or not.

LM: Yeah, even serving on a speaker's bureau for a pharma company, that could be something that you leverage or giving talks to your community about a disease that you care for a lot in your practice. Being a local expert on something and having a reputation of speaking with other physicians and having connections within that specialty. All of those are the types of things that can be leveraged for that type of a role.

HF: Well, that's encouraging. Let's next go to the clinical development. Who might be a good fit for this?

LM: I'm going to consider principal investigators to be part of clinical development, although they may not be employed by the pharma company, their work definitely feeds up into the industry. So, I think anyone with a medical license is qualified to be a principal investigator or a sub investigator for a trial. That's one thing that people should look into.

Even a great place to start is to find out who in your area is doing clinical research and what studies are going on and whether you care for patients that may benefit from participation in those studies. That can be one way to get your foot in the door for those types of jobs. And it's a terrific role to leverage for other jobs in clinical development. Not a hundred percent necessary, but it's a great starting place for sure. And honestly, Heather, I should probably do a one-off talk on just being a principal investigator because it's something that physicians should think about.

HF: Sold. I had a client who just recently got a job there. So yes, let's definitely earmark that for the future.

LM: You definitely need to do that. But other people that fit into clinical development are anyone that is interested in the science of developing drugs. Heck, I talked my way into a role and I was just a bread-and-butter obstetrician gynecologist.

HF: Go Laura. I love that. Great. Yes.

LM: And you can make it happen. Having some therapeutic specialty or therapeutic expertise in a particular area can be very helpful. Liking data, understanding how clinical trials work. But again, these are all things that somebody who's with a healthy interest can learn about. Liking the behind the scenes, I'm not saying that it's completely behind the scenes, but liking like I said, the data, how clinical trials are run, how protocols are developed, how results are reported out. I think those are the types of things that make for a good clinical development physician.

HF: I like how you brought in that the principal investigator or even being a subinvestigator can help give you some background for doing this. It may not even be required. You may also have clinical trial experience but that's a good avenue.

LM: And physicians oftentimes get hired, especially those who have particular therapeutic expertise to service medical monitors in clinical development. Again, not necessarily a job title but a definite role. Medical monitors are those physicians who are responsible for overseeing trials to ensure that they're being conducted correctly and that the data that's being produced is of great integrity. They're using their clinical knowledge without actually hands-on patient care. And physicians who have particular therapeutic expertise oftentimes will get hired on to serve as a medical monitor for clinical trials. So that's also a great entry role.

HF: All right. We hadn't really talked about the medical monitor, but that is a position and would you put that under the clinical development section.

LM: And you could work at a contract research organization as a medical monitor or you could work for the pharma company as a medical monitor or you could be someone like me who is a part-time job consultant. I served as a medical monitor for some trials also.

HF: Perfect. Do you mind just giving a quick definition on what a contract research organization is CRO since you mentioned that term?

LM: Sure. A contract research organization runs clinical trials for pharma companies and they provide people of different functions for that purpose.

HF: Excellent. And so, that could be a place for physicians to apply to as well as the big pharma companies who look for a CRO. Now we have a lot we still want to cover. We're getting close to time so we're going to really give you a lot of value quickly here. The next area we wanted to talk about is drug safety. Who would be a good fit here?

LM: Drug safety physicians really need broad therapeutic expertise. So, internists and pediatricians and emergency medicine physicians, people who take care of all sorts of different patients make great drug safety physicians. And essentially, they are people that can assess particularly serious events that patients may experience while using a pharmaceutical product either investigational or marketed.

HF: Now this might be where a physician or patient reports an adverse event to a drug and that if you're a drug safety physician, you're going to evaluate whether it really should be attributed to the medication or the device.

LM: Exactly. They'll take a good history about the event and they'll review all of the objective information that's available about that patient and they will look at individual cases and

then aggregate review of all the events that have been reported to determine how those events may inform the risk profile for that drug. So, they're detectives in a way quite frankly.

HF: Oh, I love that way of thinking of it. And that will be appealing to physicians who really like to get into the chart and look at all the details and then come up with an answer where it might be challenging. I liked how you said before too that this can be a role in the clinical trials as the patients are going through this process looking for side effects and reactions, but they're also involved in the post market of the drug. Is that correct?

LM: Absolutely. That's definitely a role for drug safety. It's both preapproval and post approval and they're different. There's a lot of similarities but they're also very different because the amount of information that you get from a patient in a trial is different than the amount that you may get from a patient who experiences an event out there in the real world.

HF: True, absolutely. That's a good point. I love these descriptions that you've been giving and I know another question that might be coming up is "What's the compensation?" Are you able to give some type of ballpark range?

LM: That's always a hard question because it can be highly variable from one company, one role to the next and also really can depend upon the physician's experience and what they're bringing to the table. I can give you some really broad numbers, but you need to take them with a kind of a grain of salt but at least a ballpark.

Medical science liaisons in the medical affairs division, starting salary somewhere around, and I'm talking just base salary $160,000 to maybe $200,000 for an entry level MSL position. Other folks in medical affairs an associate medical director or a medical director could command anywhere from $200,000 to $300,000 in base salary a year.

A principal investigator, again, kind of a peri-clinical development role, I've seen physicians getting entry level salaries anywhere from $200,000 to $260,000 as a base salary. Clinical development physicians, those who do medical monitoring and more of the entry level positions in clinical development, anywhere from say $220,000 to $350,000, potentially even higher in some specialties like oncologists can really command very robust entry level salaries. And then drug safety physicians. An entry level drug safety physician role could range anywhere from maybe $180,000 to $230,000 as a base salary. And these are very rough estimates, Heather. I hope that's helpful.

HF: No, that's very good guidance because often it's a very black box. What you'd even make, and I hear you saying base salary. So, of course, there could be some bonusing, which can be pretty hefty. Sign on bonuses, other stock options that can pad out that compensation.

LM: And annual bonuses play a huge role in pharma. You could expect a bonus somewhere between 12% to 25%. I know I've gotten bonuses some years that have been 40 plus percent of my base salary. It can be highly variable. And people hear these numbers and they get really turned off. They're like, “There's no way I could take that much of a pay cut.” But the thing that physicians need to realize is that that's for an entry level role and I guarantee that you'll make more money every year and once you have some experience under your belt, your earning potential dramatically increases in a way that you just do not see in clinical practice.

HF: Well, that's encouraging. And I like that distinction because in medical practice we often stay flat or we go down.

LM: Exactly. And that is not going to be the case in pharma.

HF: All right. Now this brings us to the end of the episode here and I'd love it if you could tell the folks about anything that you're offering that you'd like us to learn about.

LM: Well, sure, thanks very much. I love helping physicians who are thinking about transitioning their careers and I really have honed in on helping physicians who are thinking about pharma or biotech as a potential next step in their career.

I am running a group called the Pharma Industry Special Interest Group, PISIG. It's a coaching and professional development group. I'm actually closed to new members right now, but I am taking names for a wait list for when I open membership back up at the beginning of next year. So, if that's something that physicians are interested in, I'll provide a link for you so that they can get their name on a wait list for the opening of the group in January. I also do some coaching and I help with resumes. And again, we'll provide you a link so you can find out about some of those passions of mine.

HF: Well, if you need any help with pharma, definitely check out these resources by Dr. McKain. As I mentioned before, she really knows her stuff, but she has a huge heart for helping physicians.

She does not do this to get rich. She does this because she really has the intent and the desire to really be of service. I know she's helped a lot of physicians. So, I will include those links in the podcast show notes. I'll also have a link to our prior podcast and a couple others on pharma that could be of interest to you.

There's also a free guide I have that goes over these different roles that we were talking about that you can download. So, thank you again, Laura. It was so great to have you here.

LM: Thank you so much. It's been a whirlwind. I hope the audience gets something from this overview.

HF: Oh, I know they will. And they might need to listen to it a couple times because there's a lot of meat in here, like no fluff. So, go back and listen again and this will start to make

more sense to you. So, thanks so much guys. 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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