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

TRANSCRIPT

EPISODE 114: Medical Affairs in Pharma - A Great Role For Physicians

With guest Dr. Mary Pinder-Schenck

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MPS: "If you're an immunologist, you may have broad experience that could be applicable to many different therapeutic areas. Just something to think about and always, I would not completely rule out a job just because it's outside of your specialty."

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 there and welcome back to the Doctor's Crossing Carpe Diem podcast. You're listening to episode number 114. One of our very popular episodes from last year was number 101 - Demystifying Jobs for Physicians in Pharma with Dr. Laura McKain. In that episode, Dr. McKain did a fantastic job explaining some of the most common roles for physicians such as in clinical development, medical affairs, and drug safety.

Today we're going to dive even deeper to talk about this specific area of medical affairs. My expert guest for this episode actually came to me by way of Dr. McKain herself. I asked Laura if she knew of someone who would like to come on the podcast to talk about medical affairs, and within a few hours I had a message from Dr. Mary Pinder-Schenck saying, "Yes, I'd be happy to come on the podcast."

I can't tell you how heartwarming it is when my guests, some of who do not even know me, are willing to take their precious time to do an episode with me. My guests are not paid to be on the podcast, and they put in a fair amount of time into making sure you get a lot of valuable information. I'm very grateful to all of my wonderful guests.
Now onto our special guest for today, Dr. Mary Pinder-Schenck is an oncologist who has been working in pharma for over eight years. She currently holds the title of Vice President and Head of Global Oncology Medical Affairs at her company. She is going to help us better understand what physicians do in the area for medical affairs, as well as what a typical day is like, qualifications, compensation, how to explore this area and more. I'm truly honored and delighted to be joined by Dr. Mary Pinder-Schenck. Hey Mary, how are you?

MPS: Hi Heather. It's so great to be here with you.

HF: I know, I'm super excited and I loved chatting with you in preparation for this podcast. I think you're going to really help demystify this medical affairs area, which is confusing.

MPS: It is, it is. Most of us have very little experience with medical affairs in our lives, in practice or academics, so I get that question all the time.

HF: And it's confusing too because they use it in clinical practice. The title is just thrown around anywhere.

MPS: It's true. It's true. And it doesn't tell you much about what you actually do in the job.

HF: No, nothing. Not really. But I don't even know how you got into this area, so I would love to hear your story and I'm sure my guests would too.

MPS: Thank you. I'd love to tell everyone about it because it's probably a pretty common story. I had been in academic practice as an oncologist, seeing patients doing clinical research, doing work, teaching medical students and fellows and residents, and working on guidelines for lung cancer, which was the primary type of cancer that I treated.

And about eight or nine years into my practice, I really started to think about is there something else out there? It wasn't that I was unhappy and I loved taking care of patients. I really enjoyed that aspect of my job. But I had done some work with pharma companies in clinical research and so I thought, let me explore this a little bit. I was in a field where research was having such a huge impact on patients. We went from having essentially one treatment for lung cancer patients when I was in my training to many treatments and treatments that offered better quality of life and were targeted to specific aspects of a patient's cancer. So, I thought, “Well, let's see what else is out there.”

At the same time, like many women in medicine, I was really trying to balance the demands of having a busy career, seeing patients, applying for grants, doing research, and trying to raise my own young family. It was a combination of all those things that led me to look at other options. And pharma was the one that was most appealing to me because I had some experience doing research as a PI for pharma.

I initially entered the pharma industry after spending about a year really trying to research options, talking to lots of people and thinking through it. And I initially entered as a physician in clinical development. And that was sort of a natural transition for me because I had worked on research studies and after a couple of years of doing that, I had interacted with people who were medical affairs physicians in the industry. And I had begun to understand what the role involved and I was offered a great opportunity in

medical affairs. And I have never looked back. I love medical affairs and hopefully we'll get to talk a little bit about some of the reasons why I love it so much.

HF: If I could say something stupid, it's like a love affair with medical affairs. When we were talking yesterday in preparation, I can just tell, you love this area and you also really have a great way of explaining what it is so we can come away having an idea rather than I just listened for 30 minutes and I still have no idea what you do.

I want to go back to one thing you said though in your story is you mentioned the word "impact." And this is something that can be challenging for physicians when they're trying to evaluate "What should I do?" Because we feel like when we're seeing patients that the impact of helping them should be enough, but in a strange way, which can be confounding. We can feel like we're really spending all day long "helping" patients, but for some reason it's not satisfying us.

MPS: Yeah, and I think there are a couple of pieces to that, at least from my own perspective. One is that many of us in medicine are doing a lot of things that we're not what we thought medicine would be and we're spending a lot of time doing non-patient care activities. So, I think that's part of it. I always joke with people that when I was in college to help put myself through school, I had a job as a data entry clerk. And then lo and behold after spending 12 years in training, I felt like I was back to being a data entry clerk at times.

HF: Oh my God, that's so true. A high paid data entry clerk.

MPS: I know. And I think for me it was some of the challenges of getting access to medicines for patients and dealing with some of the hoops that we have to jump through to get our patients medicines approved. It was really tough, especially when patients have cancer and time is of the essence. There were a lot of aspects of the job that didn't feel very impactful and the patient care aspects certainly did.

The thing I really love about the industry is that although I'm no longer taking care of patients on an individual basis, I really feel like I have the opportunity to have an impact on the lives of thousands of patients by working on medicines that may come on the market and be offered to patients.

HF: Yes. And we'll be learning more about how you do that because it is a big shift to be going from impacting one person at a time to populations and like you mentioned, bringing on more drugs that can eventually save a lot of lives. So, let's start with your definition of what medical affairs is. How do you see it as distinct from some of these other roles?

MPS: Yeah. There are two ways that I like to think about it. The first is when you think about how a drug gets approved by the FDA. Well, the first step is clinical development, meaning a clinical trial is designed and conducted and that data is shared with the FDA. And then on the other hand, you think about something that we're all familiar with, which is commercialization. Seeing ads on TV or having sales reps come and talk to you about a drug.

But in between there is this bridge from clinical development to commercialization and medical affairs really provides that bridge. So, if you think about the medical science liaisons that you might speak to, they will often be sharing data or helping to educate physicians about how to manage side effects, things like that. So, it's really about moving from a clinical trial to being able to implement a new therapy in clinical practice. And that's the area where medical affairs focuses.

The other way I like to think about it is as medical affairs, we're really responsible for bringing the outside perspective in. And a lot of the activities that we do that I'll talk about are focused on that. And when I say the outside perspective, that's the

perspective mainly of physicians, but also of other members, the healthcare team, nurses, pharmacists, and also patients.

And so, we might do that by doing an advisory board and saying, "We're going to convene a group of experts and ask them what they think about our clinical trial program." Do they think we need to change the way our clinical trials are designed? What do they think about our data? Are there gaps that they think we need to address before they feel that the data are applicable to their patient populations?

And then your medical science liaisons, they're out speaking to physicians in their offices and one of the things that they do is they bring back some of the insights that you might share with them. And as a global medical affairs person or headquarters based medical affairs person, one of my jobs, my team's job is to really consolidate all that information coming in from physicians externally and share that with our colleagues in clinical development or in the commercial organization if that's appropriate.

HF: I love this metaphor you use of a bridge, internal to external. And you're mentioning the medical science liaison, which we did have one podcast on this job, and you don't have to be an MD to do it, however, if they're under the medical affairs umbrella and you are also under that umbrella as a clinician. Help us understand sort of this umbrella of medical affairs and some of the different roles for physicians or those with an MD or those maybe even have a PharmD or another degree serve.

MPS: Yeah. We typically divide medical affairs into field medical affairs, which are basically medical science liaisons who are out in the field. They're based in Florida, they're going and talking to doctors who are near them in Florida, and then headquarters based medical affairs folks.

And I'm a headquarters-based person. I always have been in medical affairs. And most, but not all MDs and DOs who come into industry are headquarters based, although some of them do become medical science liaisons.

In headquarters it's more about early strategies. So, we get involved pretty early in a clinical trial to start to anticipate. Okay, we have a new clinical trial, where we're going to have data. What sort of education are we going to need for physicians? What sort of materials would an MSL need? One of the things that my team does is we design those slide decks that MSLs use to help educate physicians about a disease state or about a clinical trial.

The other things that we might think about on the headquarters side is what are the evidence gaps? We did a clinical trial, but it was in patients who were younger or fitter or they didn't have certain comorbidities that you might see in practice. As medical affairs folks on the headquarters side, we'll be talking to physicians to say, "Hey, what are the gaps that you see in our development program that we need to fill?"

And then as a medical affairs organization, we can conduct those studies. Sometimes you'll hear those called phase 3b or 4 studies, which are meant to supplement the registrational clinical development program and fill some of those gaps that a physician might have. Like, well, maybe we need to have more elderly patients, or maybe in oncology we need to have patients who have brain metastases. Things like that.

HF: You're talking about some of the things that you do on this job. Would you like to flesh it out even more and talk about a typical day, although there's never really a typical day, but to give us sort of a bird's eye view of that?

MPS: Yeah. I hope that for most medical affairs folks, and now in my role, it's more of a management role. A lot of my typical day is advising, mentoring, managing the team

that does these activities. But I'll try to take a step back to when I started in medical affairs.

And so, on my typical day, I might have a meeting with colleagues in clinical development and other functions to talk about the publication plan. Usually, all these studies get presented at congresses and get published in journals. And the medical affairs team is really at the center of helping to decide when will it be appropriate, and then helping working with the investigators to put together those publications. That might be something I would do on a typical day.

Later that day I might hold an ad board and or I might be involved in planning an advisory board. Selecting what physicians have the right expertise to come and talk about this subject matter, planning out what questions am I going to ask these physicians so that I can get the most out of our time together. And I can really ask the questions that are really important to the company as we're thinking about further developing a medicine and also elicit what's important to the physicians. That might be something that I would do in a typical day.

Something else I might do is I might work with some of my colleagues in marketing or commercial to say this is the patient population. Let me help you clarify who the patient population is that a sales rep might be speaking to a doctor about once a medicine is approved.

Those are just some of the activities. And again, it's one of the reasons I love medical affairs because every day is different and a lot of the activities involve talking to colleagues who are physicians out in community practice or in academic practice. And it's so much fun to hear their perspective and to understand the challenges that they face in clinical practice and how we can try to address some of those.

HF: How would you describe the personality of a physician who makes a good fit for medical affairs?

MPS: I think the first thing is really scientific curiosity. That's probably the number one thing is really being curious. And sometimes physicians feel like "I have to know everything. I have to be the expert." And the important thing about being a physician in medical affairs is that you're really trying to figure out how your peers think, or maybe even how physicians who are trained in another field than you think. So, maintaining that curiosity and not being worried about "I have to know all the answers and I have to have the perfect way of framing this discussion." It's really about being able to talk to others and elicit their opinions.

A lot of people think you have to be an extrovert. I don't think that's true. Many of my colleagues in medical affairs are more on the introverted side and are just generally very thoughtful physicians who once they have a subject that they feel comfortable talking about, are perfectly capable of having those conversations, whether they're an introvert or an extrovert.

And then I think just really being passionate about making the physician's voice heard and the patient's voice because we are as close to the patients as anyone other than the patient. And so, as physicians we have a really unique perspective to bring in because we care directly for patients.

Those are some of the things that I look for in someone on my team. Because I work in oncology, it helps to have oncology experience. But I would say that it's not a hundred percent required. So really some of these skills can be learned on the job and if someone really has the right attitude and is passionate about a therapeutic area, they're able to pick up those skills.

HF: And if the drug that they were working with or the therapeutic area was really specific to their specialty, say OB-GYN or something in like psychiatry, it wouldn't necessarily have to be in oncology in that sense, but just they had the expertise or knowledge in the therapeutic area.

MPS: Yeah, that's right. And like I said, a lot of it is about that curiosity. And sometimes where I see physicians go wrong is when they are an expert in the disease. And so, instead of really focusing on what are people outside of the company thinking, sometimes it becomes more about, "Well, this is what I think." And that's valuable too, right? We are hired for our expertise, but you have to strike the right balance between imposing your expertise and really gaining a broad perspective.

HF: Being able to zoom the lens in also zoom the lens out.

MPS: Yes.

HF: I want to talk a little bit more about qualifications, but before that we're going to take a short break and we'll be right back. Don't go away.

LinkedIn has been one of the most helpful resources for my clients in landing a great job. 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 Physician's 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 Doctor's Crossing website and hit the products tab at the top of the page. Now back to our podcast.

All right, we're back here with Dr. Mary Pinder-Schenck and we're going to talk a little bit more about qualifications. What do you need to get into this area? And I'm sure it's different for the MSLs and the other roles, but yeah, can you help us out, Mary?

MPS: For MSLs, typically an MSL can be a PharmD, a PhD or an MD. Typically some doctoral degree is required to be an MSL. And then depending on the company, a medical director role might be required to be an MD or a DO, or some companies will be more open to medical directors with other degrees as well. So, we talked a little bit about specialty before. It's always easy if you have the specialty that the company is looking for. If it's an oncology company and they're working on an oncology medicine, being an oncologist can be helpful.

I do talk to physicians a lot though and say "You're a gynecologist, didn't you treat cervical cancer? Didn't you treat endometrial cancer?" Many times, surgical specialties who may treat cancer aren't necessarily thinking of themselves as candidates for oncology roles, but they definitely are. And other specialties might be candidates too.

Always think about that. If you're an immunologist, you may have broad experience that could be applicable to many different therapeutic areas. Just something to think about and always I would not completely rule out a job just because it's outside of your specialty.

HF: What would you say to an emergency medicine physician or pathologist or someone who is like "Yeah, I just don't know about pharma being plausible?"

MPS: I've worked with many emergency medicine physicians in pharma. Many times, the route that they take in is through clinical safety because many of the clinical safety physicians do have a more generalist background. Emergency medicine, internal medicine, family practice is more common.

Now there are still companies that are working on cardiovascular medicine, so an emergency physician would be a great person to talk about cardiovascular medicines in a medical affairs role or potentially pulmonary medicine. So, it really just depends on what your experience has been, whether you're willing to enter in a specific role and say, "Wow, after a couple of years I'd like to transition to medical affairs."

And the nice thing about industry, and this is one of the key points I want to get across, is that I came in clinical development and then built my career in medical affairs. It's unlike academic medicine or in some cases clinical practice and that there's a ton of flexibility and you can take your career in many different directions once you established yourself.

HF: I just wanted to go back and check on something. You mentioned clinical safety. Is that the same thing as drug safety and pharmacovigilance?

MPS: Yes, that's right.

HF: Okay.

MPS: It is the same.

HF: Okay, perfect. Now how about years in clinical practice for those medical director jobs? What's required, if anything there?

MPS: Yeah. For a director level job, typically we would expect a candidate to have some clinical experience, to have done their residency and have some experience as an attending.

We do have jobs that are more entry level, typically at the associate director level. And I have seen physicians enter industry with less experience in those roles and then gain the experience that they need on the job.

If you look at a typical medical director role, they're going to say three to five years of experience minimum. Sometimes they'll have that requirement as industry experience, but in reality, people don't always have to meet all of those requirements. And I encourage physicians to really think about how the experience that they have is relevant to the job that they might be applying for. They might not have industry experience, but perhaps they've been a sub-investigator or a PI on an industry trial or they've been on a committee at their institution that gives them valuable leadership experience, they've been on an IRB. Different types of experience may count towards that requirement.

HF: And when you mentioned three to five years, is that say three to five years clinical experience post-residency that's helpful to have?

MPS: I think it is helpful to have that level of experience, but again there's always room for flexibility and especially say someone's done a residency and a fellowship. We would certainly take that into consideration.

HF: You brought up a really great point, when people look at job descriptions, they'll often see three to five years of industry experience. Sometimes it's two years of industry experience and a lot of people see that and they're like, "I'm not qualified." For someone who's a clinician without say research experience, how should they interpret those job descriptions, Mary?

MPS: They should interpret them with caution and with a grain of salt. They're a guideline. But once you make a connection with someone, a hiring manager, someone at the company, and you're able to explain your experience, many times it becomes obvious that the experiences that you have would position you really well for success in the job. I definitely take those with a grain of salt. And in high demand specialties, a lot of times they're completely relevant because we have so many roles open and it's very competitive to find physicians in certain specialties.

HF: Well, that's encouraging. And now maybe for some more encouraging news, what would you say about the compensation?

MPS: Yeah. I get a lot of questions about compensation and the first thing I'll say is that compensation varies across specialties. It varies across companies. For example, at a biotech startup, you might get more stock options rather than salary. It depends on that.

What I will say is that compensation for a medical director could be anywhere from the mid $200,000 to $300,000 plus in terms of salary. The one thing a lot of physicians make the mistake of is not looking at the total compensation in the industry, which is very different than you might get certainly in academic medicine. You really have to look at your salary, but then a bonus in the range of 20% to 25% every year is very typical for industry and it's very unusual not to have that. That bumps up your compensation quite a bit.

And then one of the best things in terms of your long-term financial future is that most companies at the director level will offer stock to the employees every year. So, you will then get another chunk of compensation in the form of stock or in some cases stock options, but it's actually more common for you to actually receive stock.

HF: And it's true that I know a lot of my clients go up in salary when they go into pharma. And those salaries continue to go up unlike in medicine where they may stay more stagnant or even go down.

MPS: Definitely. It really depends on your specialty. If you are a neurosurgeon, making one of the highest paid specialties, your compensation might go down. But for the majority of physicians, their compensation will either be equal or they'll get to a point where they're higher. And I really think the benefits of having stock, that's just such a great long-term

investment and the company does that because it's really about your performance is tied to the company performance, right?

HF: Incentive. It's a good thing. Now we're getting close to the end here, but there's such an important piece that we want to get to now, which is if a physician is interested in this, what are some steps they can do to begin exploring?

MPS: First thing is really networking. And I know everybody says this, but when you're thinking about industry, one of the things that I did was I started looking for classmates, med school classmates, residency classmates who went into industry and sure enough, get on LinkedIn and you'll realize that almost everyone has someone from their training who has gone into industry. Reach out to that person. People I know from training do that with me all the time. So, that's a great way. Talk to someone you know and trust and explore their experience. And that's also a great way of making contact with someone at a company that might turn into a job.

The other thing that can be really helpful is to reach out to the company recruiters. If you're applying for a job at Merck, you do a search on LinkedIn for a Merck recruiter and reach out to them, set up a call. They're typically very open to having calls. And the other thing that they do is at medical congresses, they'll often set up open office time. So, all the recruiters from the company come to medical congresses. And you can typically before you're going to your congress, make contact with a recruiter and say, "Hey, are you going to be at the Congress? I'd love to sit down and talk to you for a few minutes."

HF: Those are excellent suggestions. And we often feel a little funny about networking, especially when we're new at something because we're like, "Oh, I don't know what I'm talking about or I'm wasting people's time." But we can get comfortable with it.

And if I can make a little plug for my LinkedIn course, I have lessons in there which teach you how to reach out to these alumni connections, which Mary mentioned, people you've trained with, people you went to college and med school with because they are great folks to start with. And I have examples of what to put in your message, how to reach out to recruiters.

So, if you want a little help, the course will walk you through it and you can find more information about it on the products tab at the Doctor's Crossing website. Well, Mary, thank you for mentioning this because it's where we need to go, but we haven't really had to do it to be doctors.

MPS: No. We're so used to you take a test. And if you do well on the test then you're rewarded. So, it is a really different way. And the other thing that I think is it sets you up for success later because one thing you realized in the pharmaceutical industry is that your reputation is really everything. And so, people really start to think about you and "Wow, how did that person treat me? How was that person to work with?" I also encourage you that every interaction is important and treat every interaction with the appropriate seriousness. People will remember.

HF: Agreed. Agreed. Exactly. If you make an appointment for an informational interview, show up.

MPS: Right, right.

HF: Now lastly, you had a couple things that folks can do to increase their platform for applying to pharma. Would you like to mention a few of them?

MPS: Yeah. I think I mentioned earlier sitting on an IRB can be very, very helpful. Just going through that process. Taking courses and GCP courses are a good one that's required for anybody in pharma.

HF: The GCP.

MPS: The Good Clinical Practice.

HF: The Good Clinical Practice.

MOS: Yes.

HF: Okay.

MPS: Yes, you can usually find those. One organization I really like is the Medical Affairs Professional Society. If you're specifically interested in medical affairs, there's a lot of great free content on their website. And again, another great place to network, attend a conference that they hold or reach out to one of the members of the Medical Affairs Professional Society. Those are great.

Sometimes people ask me, "Should I get a master's degree outside of the US?" It's really common for some physicians to get additional training in the form of a master's degree in pharmaceutical sciences or pharmaceutical research. Those sorts of things. It's not really required in the US but certainly if it's a passion of yours, it wouldn't hurt.

HF: Well, I'll make sure to give a link for that Medical Affairs Professional Society in the show notes. And I can't thank you enough for all this valuable information. Also bringing your passion for medical affairs to this show because it's infectious. I feel it.

MPS: Thank you. I love my job. I feel like it's one of the greatest jobs in the world to try to make things easier for physicians and patients as new medicines are coming out. So, it's a great field. There's lots of potential for growth and it's just one that physicians aren't typically aware of.

HF: Well, thank you again. This is really lovely and helpful. And so, guys, thank you for listening. Don't forget as always 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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