



EPISODE 160 Getting A Nonclinical Job In Pharma Without a US Residency

With guest Dr. Annie Warsi

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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.

Hey there, and welcome back to The Doctor's Crossing Carpe Diem podcast. I'm your host Heather Fork, and you're listening to episode number 160. It's not that easy to navigate a career transition from clinical practice into a nonclinical job. And with so many physicians wanting to leave medicine, it has become a lot more competitive to land these jobs than it used to be.

However, in general, it is easier to make this kind of transition if you are a US trained and licensed physician. When you are an international or foreign medical graduate without a

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US residency or for other reasons, have not completed a residency here, the path into a nonclinical career can be extra challenging. Not always, but it certainly can be.

In our episode today, I have a very special guest, Dr. Annie Warsi, who trained as an OB-GYN in Pakistan, and then came to the US with plans to repeat her residency here. It turns out though, that her plans changed when she was in a master's program and she decided to aim for a nonclinical career instead in the pharmaceutical industry.

Dr. Warsi, who is currently a senior medical director and clinical development for a pharma company, is going to share her story of how she was able to find her way into her first nonclinical job against challenging odds. We will be hearing specific suggestions and advice for those without a US residency on how to start looking for opportunities to use your talents and abilities in the pharmaceutical world. It is my distinct honor and pleasure to welcome Dr. Annie Warsi to the podcast. Hello, Annie. Welcome.

AW: Hi, Heather. I'm thrilled to be here and thanks so much for having me.

HF: Well, I am thrilled, and I didn't really realize how much interest there is on career paths that you can do if you're a foreign medical graduate, or you maybe didn't complete residency here until I saw the downloads on the podcast.

AW: Wow.

HF: Yeah, because the episodes addressing this topic have more downloads than almost any other episode, so I'm really grateful for you to come on to give us some more information for those who are in this specific situation.

AW: I'm more than happy to help based on my experience how I transition and what inspired me to make this transition in industry. I'm happy to provide any insights, some tips, and advice.

HF: All right. Well, we are ready to roll. Take us back to the time when you were finishing up your training in Pakistan and how you ended up deciding to come to the US.

AW: Sure. I'm a licensed physician from Pakistan. I got my training in OB-GYN from there. While I was doing my residency, I got married. My husband lives in the US so I moved to the US. And as you would imagine, I started taking USMLE. I got all my USMLE and tried to prepare my application. And given that I had my basic training back in Pakistan, was OB-GYN, I definitely wanted to pursue my career as a gynecologist in the US. And so I got a lot of feedback from people that it's really competitive to land residency in OB-GYN in the US unless you have an AMPH degree or a master's degree. Your resume needs to be loaded in research.

And so, I started looking for different programs. I wanted to do something that's unique to clinical research. I got accepted at UCSF for a very competitive master's program. It's one of their ticker programs, which is a translational health science, a master's in advanced studies in clinical research.

While I was doing my master's in advanced studies in clinical research at UCSF, it occurred to me that this is exactly what I want to do, that I want to be affiliated, involved in clinical research and work closely with drug development. And so, with the help of a lot of other physicians who have transitioned into the industry or were transitioning into this pharmaceutical world, I found my way. I must say that it was not easy to land the first job as all hiring managers would want some industry experience, but the harsh reality is that they would not offer you the first job to get that experience.

But one thing that I learned is that a lot of people who transition, they advised me to start slow and be open to various different opportunities. In the beginning, obviously, I remember one of the people who was attending at UCSF, she transitioned into industry. She mentioned to me that her first job was not even equivalent to getting paid in residency, but she accepted it in order to get that experience.

HF: You started this program to be more competitive for an OB-GYN residency, Annie. How far into it were you when you actually started thinking, “Well, maybe I won't go in a clinical direction, I will go into research and more into the pharmaceutical world?”

AW: I think it was towards the end of my first year when an attending physician who is now full-time working for Genentech, she was taking my examination and the idea was to present ideas about best drug development. And at the end of that exam, she said that you have a better career. I'm sure you're a better physician, but you may have an astonishing career in industry. And then after speaking with her, “What does industry mean? What exactly is that industry? What physicians do in industry?” After hearing her, I started looking for different roles to see what exactly the role is, what exactly the job title comes with, what are expectations, what does the day-to-day look like?

I had a better understanding and then I talked to a couple of friends that I know who made that transition to seek their advice. I would say around the time when I was during my second year of my master's is when I decided that I'm not going to go for an NRMP match, but I'm applying for industry positions.

HF: We're going to do a podcast follow up on this to really talk about your role in clinical development and what physicians do in clinical development. So, just know that in this podcast we're not going to be diving into that, in case you're interested, it will be coming later.

But I'd love it, Annie, if you could talk briefly about the different areas in the pharmaceutical world, the industry world, that physicians who are foreign medical graduates or those without a residency could be eligible for. So, they have a little bit of a picture of where they might be able to find an opportunity.

AW: Physicians may have the option to choose between various positions in industry. I would start with medical affairs. And medical affairs is a big umbrella. Within medical affairs,



you may have medical communications or the medical science liaisons. In some cases, some companies do offer entry-level positions that are clinical science liaisons. Then you have clinical development.

Other positions include drug safety and pharmacovigilance. In drug safety, you can see the pre-approval stage versus the post-approval. But it all basically is monitoring the risk benefit of the investigational product.

You also have medical writing, which is how I started or transitioned in industry. My first job was as a medical writer. In clinical development, we have early clinical development, just to give a very high level overview. We have early clinical development, we have late clinical development. Early clinical development is basically monitoring all the phase one, phase two clinical trials. Whereas late phase clinical development is all phase two and post marketing clinical development, and it has a lot of other components that we can talk about in the other podcast.

Within clinical development, some people would only restrict their career to medical monitoring versus others who may really want to advance and grow in clinical development as a senior drug developer, which is more broader than just medical monitoring.

HF: Now, I know for a lot of people the terms are new. They might be familiar with medical affairs or drug safety, but it's still very confusing. And we're obviously not going to spend a 25, 30 minute podcast detailing and describing what these are. But I think one area of confusion is that we have physicians who are board certified and licensed who work in these different areas. And you can look at jobs where they say, "Oh, drug safety, it's required to be board certified, it's required to be licensed." However, you're telling us that foreign medical graduates can get these jobs. Are they coming in at a different entry point, obviously, is what they're doing different?

AW: Yes, that is correct. It's a difference between the entry level versus advanced level. And even if you are board certified, they still would want some industry experience in order to hire you. The idea of being board certified as a team member is that on the industry side or pharmaceutical side, what the hiring manager is looking for is bedside experience. If you're able to demonstrate that, yes, I'm not board certified for reasons that I moved to US while I was doing my residency, or I planned to do my residency, I didn't do my residency in the US for whatever reason. But if you're able to demonstrate that you have the bedside experience and the subject matter expertise within that particular therapeutic area, that helps a lot.

HF: For example, if someone is searching on LinkedIn for a drug safety job, if they look enough, should they be able to find some jobs where it's not stated that you need to have a US license or board certification, you just have to keep looking.

AW: Yes, that is correct. In that case, I will again reference to some entry level jobs like clinical scientists, or clinical safety scientists or drug safety associate. Those are very entry level positions. Those positions are not very demanding in terms of the hiring manager is not going to ask you to have 10 years of pharmaceutical experience or board certification. The job description on the LinkedIn or whatever the recruiter has, would still have a minimum three years of pharmaceutical experience. But those positions are relatively easier to get in compared to a senior director or a medical director where the company is oncology based and they want an oncologist as a medical director to run that clinical trial.

HF: You started out in medical writing. Can you tell us a little bit about how you got that job and if you felt like you were a writer? Did you have a lot of writing experience?

AW: My first industry job was medical writing. It took me eight months to get that first job. I was looking for different positions. And I think why it took me eight months was because I was not looking for the right positions. I was not in the right direction. In the beginning,

I had no idea. I would just be making slides or I would just be proofreading a manuscript versus I, as a physician, writing a manuscript or I, as a physician, would be preparing a slide deck to train someone. And there's a difference between a content editor versus author.

But when I started that job, I realized that it's mainly the editor role, not the actual author level role. I felt that this is not where I am using my expertise. I wasn't very happy with that. After all these years of experience and then education, I think this is not what I really want to do. And so, I started looking for jobs which are clinical development related or have medical monitoring. And then my second job was as a medical monitor. And again, in a pharmaceutical company.

HF: And this is interesting because I just recorded a podcast that's going to be coming out with a physician who's an oncologist, who's a medical monitor, and he's board certified and licensed. And it gives the impression that's what you need to be able to do that medical monitor job. But as you're saying, there are different levels, and so it is possible to do this as a medical graduate.

AW: Yeah.

HF: I'm curious, Annie, if you're comfortable sharing this. What was your compensation for that first job that you got?

AW: Sure. I'm more than happy to share that. It's no longer relevant. I started my first industry job, and they were paying me somewhere around \$80,000. \$80,000 was my initial. And \$80,000 was my base salary and that's it. I had no bonus. I had no equity, stocks equity. And when you talk about industry or pharmaceutical compensation, in general, 90% or even more than 90%, it's not just your base. It's in addition to several things that you are being offered. When I say \$80,000, I don't exactly remember what



the number was, but it was I think \$87,000 or \$88,000 or along those numbers. But that's it.

And so, I had only one week of time off. The second week if I go for consecutive two weeks, it's a different story. When we talk about compensation, I think it's also really important, which I learned pretty late in the game, is that when you start a position and you try to negotiate your compensation with your hiring manager, don't only focus on your base salary, also negotiate on your bonus, also negotiate on your time off, also negotiate on some other healthcare related or insurance or something else that your company is already providing to you. Stock options, RSUs, and the list can go on.

HF: I'm glad that you shared this because it can be hard when we're a physician starting out to accept that kind of salary, but as you demonstrate that's an entry point, that's the hardest job to get. What kind of range do you see once people are in these jobs and they're more established, what could they be looking forward to?

AW: Yeah, as an entry level position, I would say around \$200,000 at the entry level. And that includes your bonus. It's not just your base salary. But as you advance your career in industry, this number, what I have seen, exponentially increases.

HF: And that's what we've seen and that's what we talk about on the podcast. So thank you. Let's go back to the physician who is at a crossroads, maybe like you, they decided, "Okay, I'm not going to go for residency." Or maybe they weren't able to get into one and they're at this place of "I have no idea what I can do. I don't even know how to begin." How do they even start thinking about navigating this new terrain?

AW: I would say networking, networking, networking. It's very, very important. It's the key. One thing a lot of people would not know is, and I cannot emphasize enough, to have a very professional LinkedIn profile. Customize your resume. Networking, networking, networking.



The first thing you should check is your alumni. You should check who in my medical school is working for a pharmaceutical or a CRO or a biotech company. Reach out once you have your profile ready and LinkedIn. Reach out to physicians who were medical graduates or even US board certified licensed physicians, and then they transitioned to industry. Ask them for advice. Always, always ask them what's their story, what's their advice. A thing that I have seen is people will reach out to me, and I am happy to help them, but their availability is so restricted that I feel that's a barrier.

Be open, be available. Be open to advice because you are the one who needs that job. You are the one who needs to transition to the industry. Be available to whoever is available to give you that advice. Reach out to different people. Send them your resume. Ask them if they have an open position. And if they don't have an open position, ask them do they know anybody who may have an open position? Reach out to different recruiters. Be specific about you're a physician, you want to transition in industry as an industry physician, that really helps.

HF: Now how did you find that first job in medical writing? Did you find that by applying blindly or did you do some networking and have a connection?

AW: Yes, it was through another friend of mine who completed her residency in Pakistan. She came to the US, started her residency at University of Nevada, but then for some reason she couldn't complete her residency and transition to industry. She connected me to her manager and her manager connected me to a couple of his friends via LinkedIn. And one of them reached out to me and said, "I'm in desperate need of a medical writer, and I want someone who understands science because we have a higher turnover. I haven't hired the right fit." And I said yes. So, long story short, networking.

HF: Oh, that is a great story because that is how people find most of their jobs. And if we don't reach out and put ourselves out there and ask, it doesn't really happen. I'm going to



take a short break to share a resource and then we'll be right back to dive into a few more questions before we wrap up. So, don't go away.

All right, my dear listeners, Annie mentioned using your alumni network to find connections, and this is such a powerful network because these people already feel like you're family and they're more willing to help you.

In my LinkedIn course for physicians, I have a specific video lesson on how to search your alumni network, and they're also examples of what to say in that first message and how to follow up. In the LinkedIn for physicians course it also will be helpful for you for optimizing your profile, networking, building those contexts, searching for other people in the job that you're interested in, who you can do informational interviews with.

If you'd like to get more information about my LinkedIn course for physicians, I will have a link for it in the show notes. You can also go to the doctorcrossing.com website, and at the top of the page there's a products tab and you can learn more about the LinkedIn course.

All right, we're back here with our lovely guest, Dr. Annie Warsi, and we're talking about this big topic of how as a foreign medical graduate, international medical graduate, or someone without a US residency, how do you find jobs where you can get hired and you can make an impact and use your talents and abilities? We've been talking mostly about the pharmaceutical world and industry, but I wanted to ask you, Dr. Annie Warsi, what other areas have you seen physicians go into who didn't have that US residency?

AW: Besides pharmaceutical industry, physicians can also look for academic research settings where they need physicians, digital health, some startup companies looking for chief medical officers where they have certain expertise. For example, I know this company, they are working on physician's or employee's burnt out, and they really want a physician in that position to be able to make the pathophysiology of burnt out behind

them. And there are several similar other positions that are not explicitly working as a physician, but you're able to still utilize your credentials and your experience in those fields.

HF: Right. Well, when you think about it, you are a physician, you have a lot of medical knowledge and abilities. And so, in any sector where they're addressing health and medical issues and concerns, you could potentially have a role.

AW: Yes, like FDA, CDC, those organizations or regulatory agencies also hire physicians in order to provide expertise from a clinical physician's point of view.

HF: You could be a consultant.

AW: Yes.

HF: You could help with the flow of patient care, you could help optimize patient care. There's so many different levels, so don't feel like because you don't have certain credentials that there are barriers of entry to be able to use your talents. There are many places where you can have a lot of impact.

AW: Yeah. Medical journals. They're open to hire physicians for medical graduates and they do not need a board certification in order to have medical reviewers on their panel.

HF: Excellent. Well, I'm sure we could create a much longer list, but just know that if there's healthcare involved, there's probably some area of entry that you could be of value and you can also start your own company too. Don't forget about that.

AW: Exactly. I know this person from Eastern Europe. He was practicing obstetrics and gynecology there. He came to the US, I guess he tried to take USMLE. He couldn't pass the USMLE or one of these steps he couldn't pass. And then after a couple of attempts



he decided to give up. He started his own small boutique clinical research organization. He has a team of medical affairs, he has a team of clinical development of his own and he's helping small to midsize pharmaceutical companies who are able to outsource their medical affairs or their medical writing or their medical monitoring.

HF: That's so interesting. He started his own contract research organization. That's wonderful. Well, on that note, which I think is a very positive one, I would like to thank you so much for coming on the podcast, Annie, and I'm excited to have you back where we're going to dive into the job of working in clinical development.

AW: I'm happy to be back again.

HF: Yeah. We'll do that pretty soon. And thanks again. I really appreciate you being here.

AW: Thanks.

HF: All right, my dear listeners, thank you for listening and please feel free to share this podcast with anyone you think it could be helpful for. It's how we spread and grow the podcast and be able to help more physicians find their way to happy careers. Thank you so much for listening. 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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