



**EPISODE 166 A Rewarding Job Open To IMGs And Others -  
Clinical Drug Development**  
**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.

Hi 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 166. Those of you who have not done a residency here in the US may believe that you are not eligible for a lot of the jobs in pharma and other areas, but our wonderful guest story today is proof that opportunities are out there.

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My special guest, Dr. Annie Warsi, is back to talk about how she was able to make her way into pharma as an IMG International Medical Graduate and the current work she is doing in clinical drug development. Dr. Warsi joined me in episode 160 titled “Getting a NonClinical Job in Pharma Without a Residency.” In that podcast, we talked about Annie’s change of plans from doing a second OB-GYN residency to finding a path into pharma and how she landed her first job as a medical writer.

Today I want to pick up where we left off with Dr. Warsi and hear more about how she progressed into the area of clinical drug development where she has advanced into the position of senior medical director.

We will be learning what physicians do in clinical development and what type of background skills and personality are a good fit for this area. If you’re thinking that pharma is only for US licensed physicians with a lot of research experience, Annie’s story is proof that that is not true. It is my sincere honor and pleasure to welcome Dr. Annie Warsi back to the podcast. Hi Annie. Welcome.

AW: Thanks, Heather. It's such a pleasure to be here and Happy New Year.

HF: Happy New Year to you too. And I was just commenting before I started recording on, you have a million dollar smile. I wish everybody could see it. It's gorgeous.

AW: Thank you.

HF: Yes, it just lights up the screen. Now I hope that the listeners have heard episode 160 because they can get a lot of great background on you that we're not going to go into detail here, but if they haven't, there will be a link in the show notes so they can check that one out too. But to kind of catch us up, would you like to give us a little overview of your professional situation and how you ended up coming to the US and then making this transition?

AW: Sure. I'm a licensed physician from Pakistan and did my training in OB-GYN. And after getting married in 2011, I moved to the US. I took all my USMLEs, got accepted at UCSF for a very competitive master's degree program. And at that time when I joined the master's, I thought that could be the back door for me to land into residency in OB-GYN. A lot of competitive university programs. They want something additional on your resume in order to give you that residency spot.

But while I was doing my master's in advanced studies in this clinical research, my majors were designing clinical trials and advanced biostatistics. At UCSF it occurred to me that this is exactly what I really want to do, I really want to work closer to designing clinical trials, closer to developing safe drugs. And I was very curious how that whole thing was.

And after speaking to a lot of people getting help from UCSF alumni as well as my medical school alumni, I was able to land my first pharmaceutical job. But it took me eight months from when I started looking for jobs to when I got the actual industry job. So, it was a long exercise. I started with not much, what to apply, what are the positions, what should be in my resume. I really hope that Heather, all your work, it's incredible work that you're doing. Really help those who are currently in the position that I was back then.

HF: Well, thank you for your kind words, Annie. I feel very lucky to have physicians like you come on who've actually lived some of these experiences that I have and to share your journey and your path. And we talked more in detail in episode 160 about how you found that first position, which was actually a medical writer position. And we're going to go forward from there in this episode. After you were in the medical writing position, how did you then get into clinical drug development?

AW: As I mentioned, my basic training was in OB-GYN. I happened to find a local small company, women's health. I applied there for an associate director in a clinical development role. The hiring manager, you know her, she also happens to be a gynecologist. We had that one-on-one interview. The interview initially was scheduled for 30 minutes, but I think that interview lasted more than an hour. We got that connection. She was able to assess whether I can be considered for that role. And then the rest of the team interviewed me and I was lucky enough to be hired for that particular role. So, I applied.

After coming to the medical writing role, I had a pretty good understanding that this is what the pharmaceutical world is. There is drug safety, there is medical monitoring, there is the big umbrella clinical development, there's medical affairs. I thought that as a physician, I really want to stay close to patient data, patients on trial. So, that's the reason why I started looking for a clinical development role and I landed one.

HF: Okay. There's a lot I want to unpack here, but let's start with a very brief definition of clinical drug development. Can you put it in the framework of the bigger pharma picture?

AW: In any pharmaceutical company you would see research and development. You would have clinical operations. Operations are basically responsible for the execution of trial. And then you have drug safety and you have clinical development. Clinical development, I feel is a core of any research development or pharmaceutical company because they're the ones who design the clinical trial. They're the one who run the clinical trial. They're the one who oversee all the safety in the clinical database as well as the safety database of trial, which is what agencies like FDA and European agencies are interested in.

And what they're doing is basically all dependent on the approval process of your drug. If you have a very robust clinical development system within your company, you have really good medical monitors who are critically looking at individual patient data,



assessing the safety trends. That's what in the end matters to agencies if your drug is safe.

Early on in my career, somebody told me that if you don't have a safe drug, you don't have a drug. And it's very true. Clinical development. If I have to break down what clinical development itself is, I would say the core of the job is patient safety. Patient safety is first and foremost. Patients who are enrolled in your trial and you're looking at their labs, you're looking at their adverse events, you're closely looking at their vital signs. It's just like you are seeing a patient in a clinic, but here it's not you who's looking at the patient, it's the physician treating physician who's looking at the patient. But all the data is coming to you to assess are there any safety concerns for this patient? Do you need to stop the study drug? Or is this patient telling you of something new that you did not know about your product?

Then the second component is obviously assessing the data trends, understanding that patient, understanding how that patient fits within your drug profile and vice versa. Is the patient informing you of something new that you as a pharma person, as a pharma physician does not know about your drug?

The first two are the pure medical monitoring, but then clinical development is beyond medical monitoring. The third or the biggest component is that you, yourself will become a senior drug developer. You would see, "Okay, this is my product. What other indications can come under this molecule? Let's say if you are working on Tylenol. You know the generic of what the Tylenol is, but can the Tylenol be used more than for pain or more than as a fever reducing agent? That's the skillset that you eventually develop understanding your product and where else this can be used.

When you think about the information you know from your patients in the trial, how it's going to inform the scientific community, how it's going to inform or fill in the gaps for



patients who are in dire need for a treatment of management that's not available right there in the market.

HF: It sounds to me Annie like this job position has features that we see in other roles. For example, we have drug safety positions who really just focus on that. They're also medical monitors who are overseeing the trials, but you're doing that as well as sort of looking at future uses, potential uses of the drug and also indications that maybe aren't being used, but could be helpful.

AW: That's correct.

HF: There's a lot of overlap in these pharma jobs. Well, thank you for that. I'd like to ask you, when you were applying for this position, you had been or were still in the medical writing role. If you had not done that master's in clinical research, do you think you would've been an eligible candidate having been as a medical writer rather than having all this clinical trial experience that you learned in your master's?

AW: Yeah, I think the masters in general helped me understand the big picture as a senior drug developer. But in order for me to start working as a medical monitor in the clinical development, my first role, obviously, I got a lot of support and help from my manager who trained me. But a lot of it is very basic science that you learn in your medical school or during your training. If you have a solid bedside, then you would know that the patient's TSH is rising. What is other that I need to look at? Or a patient is on this treatment, what are the side effects? If you have really good bedside skills and then your basic signs knowledge, that's definitely going to help you. I think one thing that really helped was my USMLE, refreshing all the first four years of medical school, the basic health science, competence, and then pathophysiology and then biochemistry. That definitely helped.

HF: Oh, that's helpful because if there's someone listening, likely they may not have done a master's or be able to do one, but they still might want to get into a clinical development role or drug safety or something else. How would you describe a typical day, Annie?

AW: A typical day, it varies. I would say a lot of meetings, sometimes it's back-to-back meetings, but the main chunk is involved in the data review and whether it's reviewing patients labs, whether it's looking at individual patient, aggregate data. A lot of it is on day to day basis, patient data review. Right now I work for a small pharmaceutical company. We are also planning for future programs. We are also thinking what other indications we can launch a phase three or a phase two program? What the design is going to look like? And what's the rationale behind running a trial in a certain way? Getting FDA or other agencies feedback in that.

The third component, I would say it's not on a day-to-day basis, but I think as an industry physician in pharmaceutical companies, you always have in your mind, whatever you are doing, is there something that could be an inspection risk. You're also looking at are you yourself in violation of your own study protocol. Is there a violation that you are yourself indulging in your own company's SOP, which are standard operating procedures or work instructions? So, it's always in your subconsciousness, but it's not that it's part of your day-to-day work stream.

HF: Right. You want to check the boxes. In this kind of work, especially, there's a lot of regulatory compliance that you need to do. If we're thinking about what kind of physician personality would make a good fit for this job, maybe even a little bit in distinction to some of the other pharma roles, how would you speak to that?

AW: I think attention to detail. I think you are not expected to know everything inside out. Sometimes you would find resources, go in and read literature to understand things, but attention to detail is critical. Promptness. If you see an issue, you promptly act upon it. And I think in industry what I have so far learned is never hesitate to escalate. You always

have someone above you and if you feel that, “Yeah, this could be a potential risk” or “This could be this could be a problem”, or “I feel this patient may be having an adverse event”, let's explore more. So, never hesitate to escalate to someone or seek advice, but promptly act. Don't think, don't assume that, “Oh, it's nothing.” And that's where sometimes you miss the big picture.

HF: Attention to detail and also someone who's looking out for potential problems and being proactive. You're an OB-GYN physician, we often hear that oncologists are in really high demand, allergy and immunology and some of the other specialties. What would you say to someone who's wondering, “Well, I'm internal medicine or I'm family medicine, or I'm in emergency medicine, anesthesiology, would I be eligible for a job in pharma?”

AW: That is correct. Everyone, if you're a physician, you're eligible. Sometimes hiring managers specifically want a subject matter expert. Like if it's an oncology company, they want to hire. And you would always see in the job description minimum three years or five years' experience in oncology, board certification is preferred or recommended. I would advise your audience to still proceed to apply to those positions, but highlight your associated skillset in your CV. Because there are two things that hiring managers are looking. One is the personality, which obviously a certification is not going to replace, but certification itself.

HF: I know sometimes we talk about how when you don't have any experience at all, that if it says zero to two years, that's probably doable. But if it's often three to five, then if you have no experience at all, that probably is not going to work out. But are you suggesting that maybe they try anyway?

AW: Yeah. Actually three to five years. I feel that as a hiring manager, these are just numbers. You are really looking for someone who's seasoned and you can learn. Like in my first job, in the clinical development, I got two drug approvals under my belt. It was a shorter duration, but I was able to achieve more. So, yes, number is important, but if you are



able to demonstrate, if you're able to communicate to the hiring manager that this is what skillset I have, this is what experience I have, this is what I have learned, and this is whatever you don't have, just be honest and tell them this is what I plan to learn. Because sometimes hiring managers, although they want experience, they're also passionate about mentoring you. They're also passionate about making you learn, what they were initially looking to hire for.

HF: Interesting. You're saying that you function as a hiring manager and you'll even look at candidates who don't have that three to five years' experience and try to really assess if they are a good fit and could actually be trained up to do this job.

AW: Yeah, that's correct. If you're able to demonstrate that you have that personality, that you're going to hustle-bustle and you're going to learn and roll up your sleeves, get the job done, attention to details. As I mentioned, personality, it's very critical to getting hired.

HF: How about this? I don't want to go down the weeds too far in this because we don't have a ton of time left. There's other things I want to address. But real briefly, some might be wondering, "Well, if I send in my resume and it's obvious I don't have any pharma experience, how am I going to convince them to even give me an interview? How am I going to add that personality and the attention to detail and these things really just come through on a piece of paper?"

AW: I would say persistently continue to apply. Connection, connection, connection. If it's your first industry job, it is going to be difficult to get. It's a vicious cycle. Everyone wants experience, but they don't want to give you that first job to get experience. But I remember once a hiring manager told me, it's just a matter of the right hiring manager who's going to give you that job. I would say continue to apply. Look for entry positions, look for whatever you are getting. My first job, medical writing, I came with a different mindset that this is how my job is going to look like. It turned out a little bit different.

And then I had the opportunity to transition because I had that experience. I would tell your audience, talk to a lot of people who can help you and apply as much as you can and whatever you get, get that to get that experience.

HF: Right. It worked for you. So you're living proof of it. I'm curious, Annie, what is it that you really enjoy about clinical drug development? Because it's so much different than delivering babies.

AW: Yes. I think two things I really like is looking at the patient, trying to see the big picture trends, individual patients as well as how my drug is. Either it's helping or is it the safe drug? And then the second thing is getting a drug approved. I'm unable to express the feeling that once your drug is approved, you feel accomplished that somehow you were part of something that's helping many people. I think looking at the patient data, understanding your drug inside out and getting a drug approved is very rewarding.

HF: Not to make a cheap metaphor here, but in a way it's like the birth, you're birthing a drug, you're bringing it into the world.

AW: That's correct.

HF: Could you give us an idea of a couple more steps that a physician might take to prepare themselves if they don't have that pharma industry experience, whether that's being on an IRB, taking any courses, anything to pump up that resume?

AW: I would say when you write your resume, give it to people to read it, to give you advice on how your resume looks. If you're fresh to industry, brand new to industry full green, then I would say highlight more and more on your bedside skills, on your clinical work, any academic research, or any industry sponsored research that you have been involved in during your residency back in your country or during medical school. Highlight that as much as possible. Always attach a cover letter if you don't have enough experience, or

no experience. Try to highlight your passion, why you want to work in industry. A lot of times I see myself as a hiring manager, “Oh, I want to transition to industry because we have nothing else to do because residency is not an option.” Don't write that.

HF: That's what you see in a cover letter? Seriously?

AW: Yeah. Don't tell your hiring manager that.

HF: Oh, no.

AW: You have to be passionate about it. If I have to give you that chance, you need to prove to me that you're passionate about that. Whether in your resume or your cover letter, highlight your passion and highlight your skillset. And consistency and connections will help a lot.

HF: I really don't have that awareness to say, “You're my last resort. I don't have any other options, so I want this job.”

AW: This is the reason why I said once you think it's a finished letter or finished piece of your experience, send it to someone and just have them read it and advise you on how you can better customize or modify your resume. Because your resume, your CV is the first thing that the hiring manager is going to see.

One additional advice is when you talk to recruiters, ask them as well, “Do you think my CV is good enough?” Don't hesitate to get that feedback. Feedback is important. It always helps you grow. Even if it's a recruiter, just say that you work closely with the hiring manager, what do you think about my resume? Give me advice, how can I customize my resume?

HF: Those are great suggestions and I know some people ask and they don't get feedback, but when you can, I think it's really valuable. And do you have any other specific suggestions that almost anyone could do if they wanted to add to their platform?

AW: Sure. There are courses like good clinical practices and there are pre courses on IRB. You can try to get a sponsorship or work on a trial as a sub investigator. There are NIH funded programs as well, academic research where you can be looped in. Those can be helpful resources. A lot of time people also write in main journals about your disease area expertise in relation to what pharmaceutical products are or vaccine or something that can also keep you going and then have something new closely related in your resume.

HF: I love those suggestions. And those are things that a lot of my clients do who don't have any pharma research background and they're able to manage them while still working clinically full-time. I had one client, she's an OB-GYN too, who wrote a couple articles about pregnancy and the COVID vaccine. That was when it was just starting. And she put that on her LinkedIn because you can post any article you write on LinkedIn.

And then when recruiters came to look at her profile, they saw images. Because images are really powerful, grab people's attention. And these articles they had written, they could see, "Oh, she's thinking about pharma, she's talking about it. She writes well." And did that make a difference? I have no way of knowing because she did 10 things but I think it all helped. Those are excellent suggestions.

And lastly, what I wanted to ask you about is what's on most people's mind, which is money. What typically do you see as the range for physicians coming into pharma?

AW: I would say somewhere around starting at \$170,000 and could be \$250,000 to \$300,000. But it depends on the company, your geographical location, your experience, whether you have a certification, what credentials you have.

And when we talk about compensation, the way I see it is the amount that you're getting every month in addition to other benefits. Your salary plus your benefits and your benefits includes a certain percentage of your salary. It's a bonus. Sometimes you are getting 15% of your bonus as high as 30, 35% of your base salary.

Then you're getting other benefits like stock options, restricted stocks, and some other cash incentives. You may be getting health benefit, not just your medical health coverage. My company reimburse a certain amount of my gym, if I have home equipment for exercise. So, it depends. Your compensation is not just your salary. When you communicate with your hiring manager or your company, make sure you know all the benefits.

HF: That's interesting. Maybe you could get a Peloton. Now we've been talking about this job for foreign medical graduates. I'm wondering, is there a big difference if someone is a foreign medical graduate, international medical graduate coming into clinical development versus someone who was a clinician here, board certified, they've been in practice for a while. Are they going to come in at a much higher entry point salary wise?

AW: That is correct. There would be some range difference when someone is a fresh graduate with no clinical experience versus someone. That's the big difference versus someone who has a clinical experience, whether it's foreign or whether it's in the US. That's another layer. But if someone who's practicing in the US and is now transitioning would be more compensated than someone outside of the US or with no clinical experience.

HF: Well, thank you Annie. I do want to ask you if you're comfortable saying this. On a scale of zero to 10, how would you rate your job satisfaction? With 10 being really happy, zero being not at all.

AW: I would call it 9.5, 10.



HF: Wow. Well, that's fantastic. I am so grateful to you for coming on the podcast, not once but twice. You've been incredibly valuable and inspiring. Thank you and I'm wishing you all the best in your continued career.

AW: Thank you so much. And I must say that, Heather, what you are doing, it's incredible work. I wish when I was in my job search, I had somebody like you to guide. Your podcast and all the material that you have out there for these people, it's incredibly helpful. Continue to do whatever you're doing and continue to help people.

HF: That is incredibly sweet and kind, Annie. I really appreciate that. I love getting help doctors and I love getting to have wonderful guests like you come on my podcast and help me out. Thank you again.

All right, my dear listeners, as you can see, I'm thrilled to have Annie on here. She did mention about networking and using your alumni network and making connections. And I wanted to mention my LinkedIn course for physicians.

If you don't know about that, that is a video course that's three hours with lots of short videos that help you customize your LinkedIn profile. And you could do it for pharma, but you could do it for any other sector that you're interested in. I have videos on how to connect with your alumni, how to send messages, how to find recruiters, and how to customize your profile so that when someone comes and sees it, they have an idea of really what you're looking for.

If you're interested in this, you can go to the link in the show notes for the LinkedIn course or you can go to [doctorscrossing.com](http://doctorscrossing.com), the website. At the top of the page, there is a products tab. And there you'll find my LinkedIn course as well as my resume kit.



And thank you also for sharing this podcast with anyone you think it could be helpful for. I greatly appreciate it. Thank you. And 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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