**EPISODE 219 When Your Dream Specialty Isn’t What You Expected**

**With guest Dr. Edio Zampaglione**

**SEE THE SHOW NOTES AT:** [***www.doctorscrossing.com/episode219***](http://www.doctorscrossing.com/episode219)

[0:0:00]

EZ: “These are great positions to come out from clinical medicine and getting into the industry. Nowadays, as the industry has evolved these last number of decades, medical science liaisons are well known and really an important part of our industry.”

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 219. Finding yourself at a career crossroads is never easy. The thought of working another 15 or 20 years under the same pressures and constraints can feel overwhelming. Whether you're in your early career or more established, the frustration is often the same. You don't like how you're having to practice medicine, and it's hard to see another way forward.

You may still want to see patients. You still want to make an impact. But as medicine becomes an increasingly difficult place to have autonomy and flexibility, more physicians are looking for an alternative path, one that allows them to find fulfillment while using their medical expertise in a new way.

Our wonderful guest today, Dr. Edio Zampaglione, knows this feeling well. As an OB-GYN, he realized early in his career that the changes in medicine to a more corporate model were not working for him, and he needed a change.

That realization led him to a successful 23-plus years and counting in medical affairs within the pharmaceutical industry, a path he never initially planned on but has found deeply rewarding. He is currently the Senior VP of Medical Affairs at a global pharmaceutical company. In today's episode, Edio is going to help us look at the pivotal moments that led him to leave patient care, how he transitioned into medical affairs without prior industry experience. Hello? That's something everyone is wondering about in this Catch-22. What the day-to-day work in medical affairs actually looks like, because it can be kind of like a black box. Steps you can take if you're curious about this field, and some insights into compensation, career growth, and who thrives in this role.

Even if medical affairs isn't on your radar or pharma, Edio's story is going to be valuable to you if you're looking to transition into something new without specific experience beyond clinical practice. He has a lot of wisdom and pearls to share about making a career change, stepping into the unknown, and finding fulfillment in a new path. It is my absolute pleasure to welcome Dr. Edio Zampaglione to the podcast. Welcome, Edio.

EZ: Hi, Heather. Thank you so much for that wonderful introduction.

HF: You're so welcome. And I absolutely love your name. It's such a happy name. Well, wonderful. As I mentioned in the intro, you did not anticipate when you started OB-GYN, as most of us don't, that things are going to change significantly. So, take us back a little bit further to how you actually got into medicine in the first place.

EZ: Sure. Well, I started my real career, let's say, after high school as a retail pharmacist. I did that for a few years. Great experience, but it was basically, you have a lot of clinical background and clinical knowledge, and you're counting pills. And it was back in the late 80s, really where fill the prescription, move on to the next one and next one. I really wasn't using my clinical skills. And it was that decision I made. I wanted more fulfillment in my career. And I decided to go on to become a physician, and specifically an OB-GYN.

HF: Yeah, I could understand that. I know it's different which role you are in when you're a pharmacist. But I know when I go pick up my prescriptions, I think, oh, these pharmacists know so much. And they seem like really dedicated individuals. But it looks like it could get pretty dull after a period of time. And so you decided to switch paths and go into medicine. And how did you choose OB-GYN?

EZ: I was very interested in going into anesthesia, being a pharmacist trained in a big pharmacology background. I love the way medications work in the body, etc. But it was my first rotation as a third year med student. And seeing that first baby being delivered, that was an absolute beyond incredible experience that I really said, “This is my calling, and this is what I want to do.” So that's what made my decision to become an OB-GYN.

HF: And I love these stories of when we have that moment when we decide this is what I'm going to do. And sometimes it's about the people who are in that specialty. These are my people. But then it doesn't necessarily always stay that way. So how did it go from you witnessing a baby being born and saying, “This is what I want to do” to having some doubts?

EZ: It really was, unfortunately, when I was in private practice, pure private practice, I had a partner trying to build up the group and expand. And then you're hit with the realization that you're trying to run, in essence, a mom and pop type business. We were not business trained. We're trying to go by what we felt was the right thing to do for patients, always putting patient care first. But unfortunately, the system, especially the reimbursement system, sometimes it's not so patient focused or patient friendly. And that's when I started realizing I need to get more satisfaction. I need to be able to practice or wanting to practice the art of medicine as opposed to the business aspect of medicine.

HF: Do you have any specific examples of what that looked like for you?

EZ: Yeah, unfortunately, there are two that come to mind. One was we had insurance for our own health insurance. And we get a letter in the beginning of the week how they're increasing our premiums. And later on in the week from that same insurance company, they send us a letter how they're decreasing our reimbursement. I started seeing a gap in our revenue versus our expenses.

But it was really the main thing that pushed me out was how the art was getting lost. And especially when I would have patients coming in for their well woman visit, their annual visit. And of course, they make an appointment. It's usually a month or so by the time they come into the office. And invariably, something else would happen in that time frame. When the patient would come in, I would treat everything that they were there for.

But then I was getting grief from our office manager that we're not getting reimbursed for everything. I need to pick one of the multitude of things the patient has, treat that or take care of that, and then bring them back again and again for the others. And I thought, that's crazy. This is a human being in front of us, took time off from work or from the busy day, has children, whatever, to come see me to get their health and their care taken care of. And here I am now being forced to look at it as a commodity or as a business. The writing on the wall and the frustration was really there. And I said, I've got to figure something else out to do with all this clinical and medical background I have.

HF: I think you articulate something that so many physicians feel, and we don't experience it really so much as residents, or at least I know I didn't when I was in training. The money never factored in to it. And I know there's so many things that happen when we get out into practice. We can feel like we're around people all day long, but we can feel very lonely. We're not with our peers and the buck stops with us. And for OB-GYNs, one of the big issues can be anxiety coming in that, “Oh, it was fun to deliver a baby when I had an attending, but now it's just me, and I'm scared.” I don't get the sense that anxiety was a big issue for you and imposter syndrome, but I know it is for some physicians.

EZ: Sure. No, it wasn't for me. I had a great residency experience. It was an inner city hospital, a lot of high risk patients. So I felt I was quite prepared when I came out into private practice and after finishing my residency and passing the boards. It wasn't the fear. It was the frustration. It was the frustration of all that I've trained, all the knowledge I have, and I'm gaining my experience. And we're somewhat being forced to treat patients as something that's built on an assembly line, that everything is the same and it's not. Each patient is different. Each patient requires something different. Some require a little bit more. Some may require a little bit less at that given time period. But having my hands literally being tied behind my back and being forced to do certain things for the almighty dollar alone was just, I just couldn't stomach that. Yeah, I just couldn't.

HF: Now, I know this is a hypothetical question, but looking back, if that had not been an issue, if you felt like you were able to practice the way you wanted to, the reimbursement felt fair, do you think you would have stayed?

EZ: It's always hard to turn the clock back and say, “What if exactly?” But I can tell you this, I would have been less likely to look for something else. If I was really practicing the art of medicine and also being able to have a good work-life balance, that was also a big factor that came into play in my decision.

But I think it's tied into how the business of medicine has evolved, being forced really to have to give so much time and so much effort to achieve the same goals. Again, it was a bit challenging for me. We started having our children, me and my wife, and I wanted to be around for them. I wanted to be the little league coach or go to their recitals or see graduations, etc. I just felt that, again, what I was having to do to give to my patients in the environment that I was having to practice in was just not going to give me the balance as well as the reward of being a clinical physician.

HF: To put a number to this, if it's possible, if you think back to that time, could you rate your satisfaction level on a scale of 0 to 10? With 10 being I was really happy, when you factor in pluses and minuses, with 0 being Calgon, take me down the river, away from this, where would you put yourself at that time, Eddie, 0 to 10?

EZ: About a 3.

HF: 3. Okay.

EZ: And that was all when I was with my patients, either in the exam room or in the operating room or on the floors, whatever. When I was with that patient next to me, it was great. But the rest was extremely frustrating. And yeah, a 3 to 4 would be as best as I could give it.

HF: Okay. And if anyone out there has already listened to a podcast or two, I do mention that 7 out of 10 is my cutoff for where we want you for long term. We really like 8, 9, and 10. But 7, if it's not at least a 7, you're starting to hemorrhage, which I call hemorrhaging happiness. And when you're at a 3 to 4, that's serious blood loss. Serious blood loss. And as doctors, we know we don't let that happen to our patients, but we can let it happen to ourself. And I'm glad that you decided to make a change.

Now, this point when you go from, “I know I can't keep doing this” to “I need to do something else”, there's so much meat in this point. And this is where I really think you can help our listeners, especially because you weren't an NIH fellow. You weren't doing clinical trials in your office, but you ended up getting into pharma. So can you go back and like connect the dots for these two pivotal points here?

EZ: There's one big reason why. I basically grew up around it. My dad's a pharmacologist, worked in the pharma industry about 26 years during my childhood through college, so I'd always been around it. I found it fascinating. My dad did a lot more research and developments or early stage studies.

But it was just fascinating to me how a molecule from being discovered makes its way all the way out into a store or the back of the pharmacy. There was the pill or good cream is dispensed, etc.

I do really like teaching. I do like sharing my knowledge. So even when I was in practice, I was part of the speaker bureau for a couple of companies. We were not heavily involved in research. Like you said, I was in academia or NIH and whatnot, but my office, we were a site for actually for the HPV vaccine way back when it was being developed. So again, all these little tastes that I had when I was in practice, but the big thing was my dad and being in the industry. And I knew he worked with physicians.

Really, I was struggling at the time when I was at that satisfaction of a three to four. What am I going to do? I tried as a pharmacist. Now I'm a physician. Where else do I go with this? But I felt like the little bit that I saw from when I was in practice working with some companies, really a lot what I saw was my dad, I felt like this was going to be a good calling, that it was going to potentially give me something where I would have better satisfaction, but utilizing the skills that I learned over the years.

HF: Okay, so that's good. So you did do some clinical studies at your site.

EZ: We're not involved as a P.I. We were screening patients that were going to be brought into the into the study. But still, you had to see the protocol. We spoke with the company. So I got a little taste of how does the industry do clinical trials as they develop drugs. Again, a small maybe just a spoonful of a flavor, but enough that it was it was intriguing to me and it was it was opening my eyes a bit to what else is out there for physicians.

HF: Well, that's helpful because it really is true. If you don't have major experience in pharma, these toe dips and anything that helps you understand what's actually going on is helpful and you can use it to your advantage. Now, briefly, can you tell us how you went from being an OB-GYN to landing that first job? Because I think that's the hardest thing is getting that first job.

EZ: That was really one of the hardest things I've done in my life, even more than applying for schools. Because you kind of have an idea of your grades and where you are. You've got counselors and whatnot. This was literally, how do I even get in the door? So it all started with me looking through one of my medical journals. There was an advertisement in the back, literally one of the few for a pharmaceutical physician. It ended up being the phone number of a recruiter.

And that was really one of the best things that I did was getting involved with a recruiter early on. Somebody that knew the industry for physicians, what opportunities would be there? What am I looking for in my career? What would be enticing to me? Because there's so many areas a physician can go into the industry that really require very different personalities. Some people would do great in some areas. Others would not. And really, it comes down to your personality.

Working with that recruiter as to based on what I like and what things for me excite me, what are the opportunities out there? And the biggest thing I had to have was patience, because I had no experience, as you said in the beginning, Heather. And I was getting hit with the age old, “Well, we really want somebody with experience.” So it's the chicken and the egg. How do I get the experience if you don't give me the experience.

It was patience. It was looking then at other ways to get into the industry rather than right into a pharmaceutical company. For example, there's a lot of agencies, a lot of vendors out there that work closely with pharmaceutical companies that do either medical education or even if they work with the commercial teams, they need a medical director because everything we're doing in this industry is around medicine, science, disease states. So you need that clinical background.

Working for a clinical research organization. Again, these what are called entry type level positions. Medical science liaisons also is another way of getting into the industry. Back when I was starting, it wasn't as or they weren't as common, much more like in the oncology spaces, not so much women's health. But nowadays, as the industry has evolved these last number of decades, medical science liaisons are well known and really an important part of our industry. But these are great ways or great positions to come out from clinical medicine and getting into the industry.

That's really what the recruiter helped me. And it was patience. It was applying, learning the interview process, very different than an interview for residency program or a fellowship program. So just going to that, honing some skills, patience, and yeah, I was able to land my first position.

HF: All right, you made a lot of great points there, so I want to make sure we don't lose them. You said patience, and that is so key because we're used to, as clinicians, doing an interview, which we don't have to do prep for. And then we're often offered the job. We don't have to have a lot of patience. There are open doors, whereas in pharma, I've seen it take everywhere from three months to three years. And it's different for different specialties and what you're looking for.

You also made another really great point, which is that you may not, out of the gate, be able to get that job at a big pharma company doing senior VP medical affairs or even like medical affairs, but you may be able to get something that's more adjacent or more of an entry level. Like you mentioned, working for a contract research organization, a CRO, which do the clinical trials for the big pharma companies. Those can be better for entry level. You might also work in something like medical communications, where you're doing more writing and slide deck preparation and white papers and things like that.

And then you also mentioned the medical science liaison role, where you don't even actually have to have a medical license. You don't have to be board certified. Can you give us a one line description for people who aren't familiar with what the MSL role is, the medical science liaison, and then we'll get on to some more details about what you're actually doing, medical affairs.

EZ: The way to explain the MSL role is that you are the field extension of the medical affairs department. You're primarily doing what's called thought leader engagement. Interacting with the folks that are writing guidelines, chairman of the department, big academic centers, doing a lot of research. These are the folks that the medical science liaisons primarily interact with.

HF: Right. And I know a lot of people are familiar with the sales reps and those individuals who came to our offices with samples. And the MSL does travel and they may keep opinion leaders and positions in practice and in research. And so, people sometimes think, well, is the MSL selling? They're not, they're providing education and they're bringing information back, going back and forth, and they travel a fair amount. So that's a really neat role for any of you listening who perhaps don't have an active license, maybe you're not board certified or you want more of an entry point into pharma. That's under the umbrella of medical affairs, but medical affairs is broader.

Last thing I want to say about your getting into this job too, is that you got help. You know, this recruiter helped you, you worked on interview prep, I'm sure your resume was something that you worked on too. All these things and networking. I imagine networking was a big part.

EZ: Yes, networking is so critical. And my networking really started with the sales reps. Tell me a little bit about obviously I knew the company itself Orson McNeil or Wise at the time, what have you. I knew the companies, but what opportunities for physicians or is there somebody I could talk to by signing up and being on their speaker bureau gave me some ability to network. But that's exactly right. Even if you're going to the medical conferences, go to the exhibit hall, go to the company's boots, not so much the sales reps, because they're great folks, very knowledgeable, but they're on the sales side. Go to the medical information side and that's where you can start getting some information or some networking going. But definitely, Heather, networking is so critical.

HF: I'm glad you mentioned that because it's often the thing we're afraid to do, because I think we're going to ask a stupid question or people are going to be like, “Oh, you think you could get into this?” But you don't need to worry about that. And these are the people who will often open doors for you. And this translates to any nonclinical area. We're talking about pharma here, but these steps apply to whether you want to get into something like a physician advisor or at the FDA or CDC, like anywhere. You did all this prep work and then you got your first job. And help us understand in a way, using a metaphor or something to understand medical affairs.

EZ: Literally, medical affairs is like the hub of that wheel. We really are in the center of so many things that go on in the company or in the industry. It's really why I gravitate. And then I got very lucky.

My first position was in medical affairs and I had no idea what medical affairs did. I really had that little bit of luck that got me to where I am today, because this area, I should say, this department really fits my personality. You're in the center. You work with many, many different folks. You work with the deep science folks, the research and developers. You work with the regulatory folks who are the ones interacting with the FDA. You get the opportunity to also interact with the FDA. You work with the market access folks.

Those that are ensuring or trying to make sure that our product is on formula and getting covered. Now you get that little exposure to the business, part of the business side of it. You work very closely with the marketing team, supporting them and even the market access team.

Our role is not to get the coverage. Our role is to support the team in getting the formulary coverage, how we bring in the clinical data. We explain the clinical data in a way that is digestible and understandable for the P&T committee, the committee that reviews the product to see if we're going to cover it or not.

With the marketing team, you're providing the support of, “Well, what does this product have? What are the benefits and the risks that support the direction you want to go in or help them even develop the direction to go in based on what this product does?” Even what the potential is doing in the future. For example, that's where you work with the clinical development folks and other folks on the lifecycle management of the product. What other studies can be done? Maybe a potential, another indication. You got to manage big budget. You're on the business side of things and you're on the clinical side of things. So you straddle, you're like at that hub, at that center.

And our most important role is really making sure, as best as possible, that the clinical world, the providers out there really understand our product. I no longer see patients every day. I am not writing prescriptions for patients. How do I affect the patient? How can I help that individual patient? Well, by making sure the healthcare providers have everything they need and all the support they need so that they fully understand our product, who to write it for, who not to write it for, how to manage expectations, how to manage adverse events, etc. It's on a bigger scale, but that's really what medical affairs does. It's never a dumb moment, to be honest.

HF: Truly at the hub of pharma. I think that's a great way to describe it. Now, based on what you just described about this job and what you knew when you were a clinician, how did you convince whoever hired you for this first job that you could do this role?

EZ: My passion really here is bringing in the clinical side. And I don't mean just clinical data. I don't mean just biology or physiology. Talking about my experiences in clinical practice, my day-to-day patient care. Companies would come to me, their sales reps would come to me, or what have you. How did I feel things were done best or that things could be done better? Bringing in really what goes on the other side of the fence, let's say from the pharma industry, bringing that clinical experience and really showing that, “Look, I'm going to be able to bring a lot more than just the day-to-day book science.” That was really, really important for the company at the time that I first joined. That's what they were looking for. They were starting to really expand in their women's health side and they did not have the clinical expertise. They had the scientific and research expertise, but not that day-to-day clinical.

And in fact, it's something that over the years for me, as I've moved up the ladder and became a manager and hiring people, I always put a good value on because we're smart people. Most people are smart and can come in and if they go through medical school and pass it, they can read stuff and information on a product and be able to regurgitate it. But it's more than just that. It's what else are you able to bring to the table that you can truly help guide and advise the team?

Another way that I look at medical affairs is we're sort of like the internal consultant and advisors for all the other functions, the business side. I have to be able to bring more than just, “Oh, yes, I understand how the body works or I understand what's the proper blood pressure”, things like that.

HF: And I think this is a good role for someone who likes to have a lot of pots cooking at the same time, can handle the pots cooking without them boiling over, is a good communicator, good with people, and maybe has a fair amount of extroversion or just enjoys that kind of interaction.

EZ: The reality is I'm a bit more of an introvert than an extrovert, but you have to have that ability to flip a switch and be more extroverted. I've given many presentations to hundreds and hundreds of sales reps, sometimes to the entire company, which in the audience was over a thousand people. When you're dealing with commercial folks, you have to have that personality and that ability. But if you're not, if you're much more on the book science, let's say or more of a same day-to-day kind of thing. Things like clinical development are fantastic. There's excitement. There's something new, of course, it's not just everything. You're doing the ones, you're developing this product. Or if you work in regulatory working with the FDA or working in drug safety. Again, it's similar type of things every day. You're not having to juggle multiple things at once. So if you are more than introvert, those areas are wonderful.

HF: Yeah, I think you're juggling at least five balls riding a unicycle, I don't know how you picture it with medical affairs.

EZ: I know, that's where I find it fun and exciting at times. Of course, I'm cursing and screaming while I'm doing it, but nevertheless, I find it very fulfilling and just that exciting.

HF: Oh, wonderful. We're going to take a short break. I want to share a resource that's going to be very pertinent to this conversation. And then we'll be right back with Dr. Edio Zampaglione.

All right, my dear listeners, if you don't know about it already, I have a freebie on the different pharma jobs. If you're thinking, “God, this is kind of confusing, drug safety, clinical development, medical affairs, MSL, I don't even know what I'm qualified for”, you can go to the doctorscrossing.com website, hit the freebie tab at the top of the page, and there's a bunch of them on there. So scroll down till you see the pharma one, and then you can download that. You'll get a short description of each of these, and you can dive in more with additional podcasts on the Doctors Crossing site just by going to the podcast app, and you can put in “MSL”, you can put in “medical affairs”, you can put in “clinical development”, and then the applicable podcast will come up.

Now, we're going to come back and talk a little bit about the different qualifications for this role and compensation, and a few steps to get started, then we'll wrap up.

We are back here now with my wonderful guest, Dr. Edio Zampaglione, and we're going to dive into some more concrete things for you. Now I'd like to ask you, Edio, could you talk about qualifications for the medical affairs role? Because this can be confusing too.

EZ: As I'd said, there's so many varied roles, even within medical affairs. The qualifications, each posting will have what they're looking for. But for us as physicians, MD, DO, MD, PhD, many times in medical affairs, you're taking PhDs or PharmDs. They usually want some type of terminal degree. There are roles for RNs, also nurse practitioners, PAs. Again, it's varied, and depending on what the position. As long as you have that terminal degree, you're good.

Others, they will be more specific. Oncology tends to really want people with an oncology training and background, for obvious reasons. Some positions will even want the candidate to be board certified. Again, depending what the company is looking for, and what really they have in that role. Because a medical director at company A could be somewhat different than the medical director role at company B. And I'm talking the day-to-day stuff, what the company really is looking for.

HF: I think that's where people can get confused, because they may go looking, they may see a job that says, we want you to be sometimes licensed and board certified, or at least board certified, and they might be an IMG, an international medical graduate. So then they get the idea that they're not eligible, but you're suggesting, keep looking, keep looking for different job descriptions. There's going to be a different probably job description, but that you could be qualified for.

EZ: Exactly. This is where the recruiter really comes into play. Because if you just go look at the website or LinkedIn, many companies that are posting on LinkedIn, you're going to see words like, is preferred, board certificate is preferred. What the heck does that mean? What they're telling you is, look, we need the best candidate, the best person. This is what we're looking for primarily, but we'll consider not having it if you're really exceptional. How the heck do you know? You don't, because these are just words. These are just things that are put on. Getting a recruiter that's going to really know, and the recruiter will talk with the company and the hiring manager, and will present you as a candidate. And it's going to be able to speak more about you than just what it is on a resume.

HF: Now, you mentioned some things that are helpful when we're talking about your transition to increase your platform for getting into pharma, but let's just review some steps, say a physician who's in clinical practice thinking, “Well, I don't have anything special to offer.” What can they start doing now to make themselves a better candidate?

EZ: Really, networking is first and foremost. Understanding the roles that are out there in the pharma industry. I think first and foremost, what area do you want to get into? Over the years, I've had so many colleagues or friends of colleagues or friends of friends who are in a similar situation. They want to speak to me. First thing I ask them is, “What would excite you?” Here's what, there's clinical development, drug safety, regulatory, and medical affairs. And look, MDs can go on to become a sales rep as you want. Really the sky is the limit. I've known MDs that become CEOs or head of marketing. So I'm not even going there yet because I don't have that background. But let's keep it to what I was saying before.

Number one, what area do you really feel that would be most interesting for you? Once you identify that, I definitely think, like I said, at conferences. And there's so much stuff out there. There's so many podcasts. There's so many virtual presentations and things where you can get information. There's organizations like the Medical Affairs Professional Society called MAPS. Research it out. Think about maybe even becoming a member or just even attend a meeting, not even becoming a member. That's where you really start understanding more.

Your sales reps are really good. Hey, what did you do, or who could I speak to? I'm just curious. And like I said, I've had many sales reps. Hey, one of my docs is interested and I'll talk to them. So those are the things really that I would say right off the bat.

And on LinkedIn, again, try to find some recruiters that you could start talking to. Even if you don't have anything in mind, just exploring, they're going to be willing to talk to you, the good ones will be willing to talk to you and give you some advice and guidance.

HF: Okay, nuts and bolts question real quick here, Eddie-O. People often will be like, “Well, how do I reach out to a recruiter? What recruiter do I find? What do I say in that message?” In less than 30 seconds, could you answer that question?

EZ: Yeah, getting a LinkedIn profile where you have it set that I am open to work, creating your profile that will attract recruiters. They're fishing and looking too. And if they see somebody that's interested, they'll reach out to you. And again, patience, that's the key.

HF: And I'll just add in here, if you're confused about LinkedIn, Edio just mentioned a great tip about optimizing your profile. And there's a thing you can turn on to say that you're open to recruiters. And you can also put in certain job titles is kind of limited. And no one else will know, you're like your boss won't know, no one else is going to know this. And if you need help with this, I do have course LinkedIn for Physician that walks you through baby steps for how to do all of this, even how to find recruiters, how to message them what to put in your message. If you want to take the guesswork out of it, if you go back to the doctorscrossing.com where you get that freebie, go to the products tab and you can learn more about the LinkedIn for Physicians course.

And I just thought of one more freebie I'm going to add to this specific episode is we'll put in a document you can download which has all of our pharma related podcasts to date. So you don't have to go hunting for them, but if you want to look in the show notes, it'll be something you can download with the different podcasts on different pharma topics.

One last question and maybe two before we go, can you speak a little bit to compensation? Because people often are in the dark, they think, all right, if I leave medicine, I'm going to have to like sell things on eBay on the side to be able to make ends meet. I know there's many different jobs, but just kind of tell us what you think would be helpful here.

EZ: Listen, first and foremost, don't try to join the industry just because you think you're going to make more money because while yes, you can, it's so varied. It depends on the size of the company. Are they publicly held or not? What are the bonus structures? Do they give stock? Is it a startup where your compensation is primarily keeping equity and you hope that their product moves through and then they get sold and you get a little peg of money or what have you.

But I can say this, my experience overall in these past 20 years and all the folks that I've either brought in or know that join the industry, for the most part on average, you do make more money in the industry because there are bonuses and there's other things too. There's the 401(k)s, the matching. There's a lot when you look at the total package, you can't just look at the salary. You got to look at the total package that a company is offering. But like I said, it's so varied. It depends on your level of expertise and what I mean by that, obviously a thought leader oncologist or subspecialized rare disease kind of physician, thought leader will command more money right off the bat than somebody who just finished residency and only has a few years experience. Again, that's what I'm saying, it's varied, but overall I think you do make more at the end of the day.

HF: Yeah, I think that's very accurate. And just in my experience from the clients I work with, the range I've seen for that first job is between I'd say $150,000 to $350,000, $400,000. And with an average usually $200,000 to $300,000.

EZ: That's about right. In all the therapeutic areas I've been over the years, that's the base.

HF: The bonuses, the stock options, all those things, people sometimes get their base again, one time again. It just depends, but people tend to do well, I think overall.

EZ: That's been my experience.

HF: Okay, last question, Edio, where would you put your career satisfaction overall at this point, zero to 10?

EZ: Between an eight and a nine.

HF: All right. Well, that's high, that's great. No hemorrhaging there. That's wonderful, that's wonderful. Well, thank you so much for coming on the podcast and sharing your story and your experience and helping people. I know this will give a lot of hope to those and some very clear guidance, so thank you again.

EZ: My pleasure, thank you so much for the invite and I do hope everybody found this helpful.

HF: You're so welcome, and I'm sure they have. All right, my dear listeners, just to recap, if you want any resources about pharma, look in the show notes, there'll be a link for the freebie tab. There'll also be a link for a document that has all of our pharma related podcasts to date, so you can peruse those. And then if you're interested in the LinkedIn course, I'll also have a link for that too. And as always, don't forget to carpe that diem and I'll see you in the next episode. Bye for now.

You've been listening to the Doctor's Crossing Carpe Diem podcast. If you've enjoyed what you've heard, I'd love it if you'd take a moment to rate and review this podcast and hit the subscribe button below so you don't miss an episode. If you'd like some additional resources, head on over to my website at doctorscrossing.com and check out the free resources tab. You can also go to doctorscrossing.com/free-resources. And if you want to find more podcast episodes, you can also find them on the website under the podcast tab. And I hope to see you back in the next episode. Bye for now.

[00:41:55]

Podcast details

END OF TRANSCRIPT