

Non-Clinical Career Opportunities for Physicians in Medical Communications

Edited Transcript from SEAK's 2025 Virtual Non-Clinical Careers for Physicians Program

Moderator: Our next presentation is going to be opportunities for physicians in medical communications and advertising, and we're very, very pleased to have [Dr. Dana Carpenter](#) as our presenter. Dr. Carpenter is currently Medical Strategy Development Director at [IPG Health](#).

She previously served as a senior vice president, medical director, and a key member of the leadership team for the Medical and Scientific Affairs Division of CDM New York, a leading healthcare advertising and medcoms agency, where she developed medical and scientific content and provided important strategic direction to numerous pharma brands. As an obstetrician gynecologist Dr. Carpenter lends her clinical experience and expertise to many women's health brands. However, her marketing experience spans a number of therapeutic areas. Prior to her transition from medicine to marketing in Dr. Carpenter was a lead physician in a thriving ob/gyn practice for [many] years.

She's a native of Chicago. She earned her undergraduate degree from the University of Illinois at Urbana-champaign, and her MD From Rush Medical College at Rush University Medical Center in Chicago. Welcome back, Dr. Carpenter.

Dr. Dana Carpenter: I'm so glad to be here. Like Jim said, I'm Dr. Dana Carpenter, and I'm super excited to talk to you about the world of medical communications and pharmaceutical advertising. I really hope to give you a terrific sense of what this industry is all about, and why, I think it's a great non-clinical career option for some of you.

But first I really wanted to start by having you think about the times when, let's say, reps show up at your office. Did you ever wonder when a rep a sales rep shows up at your office and hands you something to leave behind? It's a brochure, it's you know, a large leave behind that talks about their drug. **They might be showing you something that's got some really important data that they're trying to share some really interesting graphics.**

Do you ever wonder who created that? How did the rep get those materials to leave with you? Or let's say you go to a **dinner program right?** There's a speaker program in the evening. It's brought on by a pharmaceutical company. They're teaching you all about a disease state and a drug that's coming to market. That's very important. And you're learning all the high science behind it.

Who created that presentation? Did you ever wonder what about if you're at a conference? Right? And you go to the booth and the sales reps are there. And you see all kinds of really interesting, engaging things on the wall.

Physicians like you get to participate in the creation of these materials. So it's really a fascinating industry to join. I left the bedside based on a call from a random recruiter, and I'll tell you later in the presentation how that recruiter discovered me, but I fell in love with this industry.

I moved out to New York City and spent [many] years in my career in medical communications, and it was awesome. So I'm excited to tell you more about it. **Like Jim also said now I do something a little different since the pandemic. I'm not client facing anymore. But I am training junior medical people who come into the industry. So physicians like you, who might join our industry, new and helping them understand what the industry is about, what the work is, and help them really get a good foundation under them, so that they have a successful career, and then, of course, I help them develop their career.** So it's a really cool opportunity to help sort of my fellow physicians, and maybe some PharmDs and PhDs thrive in this industry. But that is way too much about me. Let's talk about why we're really here, which is, where does all this marketing magic happen?

Medical communications is kind of a broad term that covers sort of kinds of agencies. I came from the marketing and advertising side of the business and there we work with pharmaceutical company medical marketers. So they have a marketing division, and those are who our clients are, and the goal is to create materials, to communicate out to healthcare professionals. Not for patients. We don't need a lot of medical involved in the creation of material for patients. But for physicians, any information that a drug rep delivers to you, you see at a conference, that you see online that is sent to you from a Pharma company - all of that information is created by an agency. So those are the marketing and advertising agencies.

[Some medical communications agencies] partner with the medical affairs team in a Pharma company. In partnering with medical affairs, what they do is they create peer-to-peer communications, so communications that a medical and scientific liaison or a key opinion leader will share out at a conference, for example, with other HCPs. Highly, highly scientific always about a brand, **but it is never to sell a drug. It is not about promoting. It's just about informing, whereas marketing is actually about promoting.**

We're also [working] on the **publication planning** side of things. I call that the driest side of the [medical communications] business, if you will. **It is the most highly scientific,** and we'll talk in more detail toward the end of the presentation about that. **Medical affairs departments are also the clients for publication planners. And the reason it's the most highly scientific is because you can see here they're creating materials, truly, for peer reviewed journals. So it's the abstracts. The posters that you see at congresses, and then, of course, articles. And again, we'll hit on that a little bit more later. But no matter which side of the [medical**

communications] industry you're on, your clients will be pharma, biotech or device companies. They come in all shapes and sizes. But Pharma will be your clients. So if you hear Pharma [and think they are the “dark side”] medical communications is probably not the non-clinical career for you. But if you think Pharma and think they can do great things for the world. This could be a great non-clinical career option for you.

So let's dive deeper first into the world that I know the most about – [the] **marketing and advertising [side of medical communications]**.

A career in marketing and advertising for physicians is great for a number of different reasons. One is that you get to stay abreast of all the latest news, the latest advances in whatever therapeutic area you are working in. So you are a part of cutting-edge medicine, which is super cool. You get to bring medicine to millions, right? The information that you're creating with a team of people is shared out to physicians which is shared out to millions of patients. **So you're making an incredible impact. And one of the best things I thought was the growth and the learning that's involved.** So, for example, I was an ob/gyn. I often worked on women's health brands, but I also worked in cardiology, oncology, nephrology, endocrinology, like you will go outside your field of expertise and broaden your therapeutic area expertise enormously. **And so the learning is amazing.** Every single day it's awesome. And you get to just create really compelling cool materials like we already talked about. We are just part of a team. **It really does take quite a village to create all these materials and get them out into the universe with these pharma companies. So let's talk about that team for a second.** The account team. They're the people who run the business right? They manage client relationships, and they keep everybody on track.

The copy and art people. They are creative and collectively they truly make sure that the materials are the most visually and, from a text perspective, engaging and compelling.

There's a whole department of strategists who really think about what motivates physicians to prescribe a particular drug? Why do physicians behave the way they behave? And then they sort of strategize, based on any given brand and therapeutic area how to maybe alter their prescribing habits based on whatever it is. And you will get to think strategically as well about how your brands are going to be communicated out into the world.

Collaboration is the key to success. Without one little cog in this wheel, it all kind of falls apart. So you really have to be on board with collaboration when you join [a medical communications] agency and I think I already kind of touched on the fact that, you know, we cross a vast amount of therapeutic areas. You can work on like cutting edge stuff. So we learn in advance of everybody else. We're in the thick of the science long before the science really gets out into the universe. And then, of course, you know, how can you not talk about GLP-1s,

the revolutionary metabolic health kind of craze that's out there now. Agencies have been at the forefront of communicating that out to physicians, and why these GLP-1s are so important for certain patients.

The work that we do [in medical communications] is not just diverse, It's meaningful. The way we look at is we're communicating important information out to thousands, if not millions, of physicians. And then that's getting communicated out to millions of patients in the form of prescriptions. And you're impacting their health, the health of millions of patients. So it can be really meaningful and broad reaching, whether it's primary care or rare disease. It doesn't matter. We're really making an impact.

If you're lucky, will get an opportunity in this [medical communications] industry to, if not, change or transform a therapeutic category. But maybe even create one. And that's what Pfizer did with Viagra when in the eighties and early nineties, impotence is the word that everyone used for this problem, and men's health wasn't even a category if you will. Right. Nobody wanted to talk about impotence. It was taboo and embarrassing for everyone, physicians, patients alike. **But Pfizer had this drug that they knew could help men so what did they do? Their agency created the term erectile dysfunction.** They clinicalized something that men were suffering with, and brought it to the masses, and the masses, as you know, embraced it, and they created that category. **It didn't exist before the agency brought it to life with Pfizer.** And so these are some of the campaigns here, and I think we can all agree that the cultural and clinical shift of Viagra has been seismic in men's health for sure. So it was really, this was very important marketing and we can still feel that today, for sure.

The other thing that I wish for everyone who gets an opportunity to work in [medical communications] is the ability to touch a rare disease brand so rare diseases because they're rare. They impact a small, a very small, often group of patients, and because of that, congresses, for example, are so small that scientists, clinicians, caregivers, and patients are all attending the conference, which is pretty unusual. It's not at all that way in larger categories. And what's really great is, you get to know the patients and the caregivers and the clinicians, and even the scientists who are behind the scenes, of course, developing new therapies for these rare diseases, and you get a chance to, even during photo shoots invite patients like Sophia and Lauren to be in the communications out to physicians. Which is super impactful number one. When you can actually see a patient who's having success on a brand.

But it's cool that you get to actually witness over the span of time on a brand. You know. **You might be on a brand for years, and you can see that the therapy work for these patients.** And that's really not the case in most therapeutic areas. So rare disease is really transformational and gives marketing really a whole lot of meaning. I think okay, so hopefully, you get a sense of all kinds of exciting things that we do on the marketing side of things.

But what can you expect when you even, you know, think about a career [for a physician] in this [medical communications] industry. Well, first of all, there's a very long runway. **So the career ladder, if you will, that exists in this industry, is very tall, and you can climb it very quick, quickly and efficiently if you will.**

Most physicians bring, of course, lots of clinical expertise and experience. What they're missing naturally is marketing and strategy. Right those are, you know, things that we just don't do a lot of in medicine. And so, even though you think you might want to enter on the right hand side of this arrow, you know, at the VP level you may end up closer to the other end of the Arrow more at the earlier part of the career again, because you'll need to learn marketing skills and strategic thinking. **But they're climbing this ladder very efficiently, and there are lots of stepping stones along the way and just unimaginable growth. So there's definitely a career, a lovely career that awaits you and a career that lets you still use your clinical knowledge.**

So for all those people who say to you, Oh, no, you're wasting your [medical] degree [in medical communications]. **You won't be wasting your degree. I promise you everything you learned clinically in medical school residency, and in your practice will be applicable in some way given any of these roles that you might be playing in the in your [medical communications] job.** You might be serving as an expert one day on a specific topic and teaching all the other people on your team about the science, or you're, you know, digging deep, doing research you know, on a new therapeutic area that's completely new to you. You get to learn, but also put on your marketing hat and think about your drug where it fits into the space and talk to people about that. You get to brainstorm and talk to KOLs (key opinion leaders). It's really it's a terrific opportunity to take everything that you've learned and just build upon it.

You have clinical knowledge. **You have all these other skills and abilities to bring to the table.** Let's not forget **you communicate on a daily basis with patients, with medical colleagues,** whether they're within your specialty or outside of your specialty. I know you know how to communicate, and you bring those skills to the industry. And you have some natural abilities that we already touched on a little bit. Because you, we've all gone through residency. So we've all taught someone something along the way, right? We teach our patients as well. So you have the ability to teach and distill really complex scientific information into very digestible bits of information. And that's super important in this industry. And then, of course, you're passionate about growing and learning and functioning as a team. So bringing all of that to the industry will definitely help you. **Think about it for just a minute - you [as a practicing physician] are literally the audience for which agencies in marketing and advertising are creating materials right?** These materials are for the healthcare professionals out in the world, and you are that healthcare professional. **So who better to help create those materials than**

somebody like yourself? So you're bringing a lot to the table. So keep that in the back of your mind, as you, you know, kind of begin to think about this as a non-clinical career path for yourself.

When you do land [a medical communications] job you're not going to be in a hospital. You're not going to be in an office. You're going to be in a corporate environment, whether it's remote or not. It's still very corporate. So just know that that is the case. And what comes with that are some really great things like pretty regular hours. We're mostly kind of the banker hours.

That's not the case for all of the disciplines within an agency, but medical by and large is roughly to like you kind of set your own hours, whatever works for you and your brands. If you're on a new business pitch [as a physician in medical communications] you know it can get fast and furious, and really busy with tight timelines. So sometimes we would be in one day for a couple of hours on the weekend just to rehearse, you know, or you might be there late at night, helping the creatives make sure that all of the imagery in the pitch deck is just perfect for the client.

Or if you're on a brand launch [as a physician in medical communications]. You have a drug that's just going to market soon. Also, you could be a little bit busy - but beyond those sort of extremes everything in between is kind of great after the pandemic, **everyone, obviously during the pandemic everyone [in medical communications] went remote, and they're pretty much still remote.** So what's good about that is couple of things most importantly, **it is so much easier to get a job now, before we all had to uproot ourselves and move to mostly New York. You know, most of the agencies are there in that area because most of the pharmaceutical companies are there.** There are some across the country, but by and large it's centered [in New York]. So you don't have to do that anymore. **Most [medical communications] agencies are fully remote, if not partially remote.** There are a handful of [medical communications] agencies that ask you to be back in the office a few days a week, but those are few and far between. The other thing is when I worked in the industry you know, years ago, pre pandemic, remote, was so difficult. You were just a little voice and a conference machine in the middle of the table. And now we are fully functioning with mural boards, and you know Zoom calls like this. So it's so much easier to do your work and still collaborate remotely.

If you do show up in a [medical communications] office, what you should know is that you're going to walk into an open office space. There are a handful of offices here and there, but mostly everybody is **at a desk where they can work today, but at a different desk tomorrow.** So it's this kind of hoteling mentality, if you will. That's so common in the corporate world

today, and honestly in our industry to have that kind of energy and collaboration out in the open, as opposed to in individual offices, makes a lot more sense.

Finally, [there is] lots of paid time off [for physicians in the medical communications industry]. We do get many, many, many holidays, far more holidays than I've ever had in my life. Lots of vacation, paid sick all of that. Where I work, we have unlimited days off as long as we get our work done. **The week between Christmas and New Year's every year, pharmaceutical companies close, and so do we [in the medical communications industry].** And so, and that's just paid time off. That doesn't count towards any kind of vacation tallies, and then **in the summers most [medical communications] agencies have half have a half day on Friday, so we get slightly longer summer weekends. So those are just a few of the corporate benefits.**

I'm sure you can tell I'm pretty stoked about this [medical communications] industry. I really think it's fab. So let's talk about that for just a second. It is obviously fast paced high energy with people that are really passionate about making sure the right patients get the right drugs for whatever disease. But everyone wants to learn and teach.

There's great work, life balance [in the medical communications industry]. You get to collaborate. You know the clients. Your relationship with the clients can be really terrific. We've already talked about how you can feel it really make a difference across millions of patients lives. Another interesting thing is in this corporate environment. There's often a lot of philanthropy that happens. And so you can get involved in that. For example, my agency back when I was in the industry, we did a fundraiser every year for the American Heart Association. We took the entire month of February to raise awareness.

So lots to love. [There are] a handful of things [about working as a physician in medical communications], you should know that, aren't [the best]. **First and foremost medical does not run the show [in a medical communications agency].** So if you're used to being a surgeon or physician running your own office -that's not going to be the case here. There are occasionally demanding clients setting tight timelines [when working as a physician in medical communications]. That's not always fun, but it doesn't happen very often. And honestly, it's the account team's job to manage the clients away from that kind of behavior But when it does happen we always step up.

And then there are these tiny little tedious tasks that sometimes just have to be done. **Annotating pieces, for example, making sure that everything that leaves the agency and goes to the pharmaceutical company into the world is % accurate.** And so medical plays a pretty vital role in that which can be a little bit tedious. But it is a pretty minor part of our job because we have editors to help us with that.

Can you even make a living [as a physician working in medical communications]? And the answer is a hundred percent. The good news is as you get into the VP And SVP level, your salary really begins [top get much bigger]. **So there's ample opportunity to make a good living in [as a physician working in medical communications].** For those of you in particular, who feel like that's going to be quite a pay cut for me, just keep in mind **you don't have to round anymore. You don't have to take call anymore. You never have to hear the answering service again.** And then, of course, the risk. All of that goes away when you're in this corporate environment. So for me the trade-off was 100% worth it. Obviously, that's a very personal decision for everyone as they think about [being a physician working in medical communications] as a viable non-clinical career for themselves.

I think you get this the gist. [Working as a physician in the medical communications industry] is exciting. You get to apply your degree and your experience and your expertise every single day. You're on the cutting edge of medicine. You get to use all your communication skills, and you get to teach, and you get to learn. Every day you will grow in unimaginable ways, and truly your work will have ripple effects out into the world for years to come. So it's really a pretty rewarding and exciting space to work in but it's not for everybody, right. Some people just even hearing marketing and advertising just doesn't feel good to them. And that's cool. You still have other options, - Promo med and pub planning.

So we talked about these just briefly earlier, starting with promo Med. **So their clients are not the marketers at the pharmaceutical agencies. They are the medical affairs teams, and they partner with them to arm medical and scientific liaisons and KOLS and other physician speakers with all of the right information about disease states and drugs to communicate out to physicians.** There are no sales reps involved, because there's no selling of a drug. Here it is simply information for information's sake. It's all the same information. Just minus the marketing spin on it.

So the material feels even more scientific and more clinical when you're in the promo med ed space. Another really cool thing is that you get to not just interact now and again with KOLs, which we do on the marketing side. You get to know the KOLs in your space in promo med ed. And and you really, when you see them at a conference, you can have a conversation with them.

[There is also] publication planning. So those agencies again, they partner with medical affairs. But now they're creating the abstracts and the posters that you see at congresses. So anytime you've stood around a pharmaceutical sponsored poster and heard the poster presentation at a conference that poster was created by an agency in partnership with their pharma client.

But that's not all they do. **[Publication planning medical communications physicians] work with the investigators on the studies as authors to write the journal articles that go into the peer reviewed publications.** And probably the best part of all is that they really get to think strategically about which articles are going to be published in which journals, which conference they're going to roll out that data. Which of all the investigators on the trial should be the lead author or authors. What data even should make it into that publication? Not all the data goes into the publication. So like, which data should be in there or what are we going to published next? So you really get to think like what makes sense over the course of any given year for a pharmaceutical company as they put out their publications on their different trials. So if thinking in that way appeals to you then publication planning would really be a terrific avenue for you no matter what.

All of these [medical communications] agencies are discoverable online and their websites are very built out. And they also have career pages. So [online is] a great place to look for careers.

Sometimes just getting into the door [as a physician in a medical communications agency] can be tricky. Particularly for a full-time job. So a lot of physicians in our industry do freelance work first. So you might just be a consultant, and they come to you now and again for some like thumbs up or thumbs down, or some advice or you could be truly embedded into a brand. So freelance is a great way to get started [as a physicians] in the [medical communications] industry.

When I have conversations with people who want to get into [working as a physician in a medical communications company], they often ask, should they get, you know, certified in something, and the answer is, Look, it can't hurt. It might help, but it is not necessary. I don't have a certification. Joining the [American Medical Writers Association](#) is a great idea, especially if you're still practicing and just thinking this might be an avenue for you. Go ahead, and you know, join up. It will give you a place to network, and it will definitely give you a place to get certifications.

It's important not just to network, but make sure that you get noticed. You need to be discoverable out in the world and you need to be informed. And by all of that I mean, **create an online presence for yourself, not to promote yourself, but to share, to show the world that you know how to share medical information, some sort of health information needs to be out in the world, whether it's in the form of a website or a blog or a podcast whatever - put information out there.** And the reason that I say that is I had a women's health website of my own, and it was just communicating out to patients. I had a podcast for pregnant women called a minute for moms, and I had a gynecology blog that was kind of funny and a random recruiter [of physicians in the medical communications industry] saw that online, and I was

discovered, and the rest is history. If I didn't have that, they would have had no way to find me because I was just a clinician in a private practice. **So be discoverable and share out information that feels authentic to you,** but also, you know, does good in the world right. It shares some expertise that someone can benefit from.

Network, network, network. Network online. Network in person. If you join those organizations, they do have conferences, **try and attend those conferences.** If you can, and meet people, shake their hands, talk to them about their career. Go on LinkedIn and connect with as many people as you can connect with. **You could find a company and you can search people and find who their HR Reps are.** Connect with them, **connect with [physicians], medical people in those [medical communications] agencies that have jobs** so you can understand how they made the transition from their previous career, whether it was a clinician or a pharmacist into the industry. Or connect with someone more senior and ask them what their career path has been like? So people are very generous with their time if you really ask them politely and respectfully on LinkedIn.

If you're not active on LinkedIn, be active on LinkedIn. That's another place where you can have an online presence. **Recruiters are on LinkedIn every day I know firsthand that that is what recruiters do. They scour not just the Internet, but LinkedIn in particular.** So be on LinkedIn and post there as well. If you can **join the Dropout Club.** The Dropout Club is a bunch of us who've dropped out. We've all left the bedside, and so you have a plethora of physicians who have come from all kinds of different clinical backgrounds and are doing something different now, something non-clinical. So connect with them. There's actually even non-clinical career Facebook pages [John Jurica](#) [and] [Heather Fork](#) are other people to check out. They are physicians, and they help other physicians kind of get into the breadth of different non clinical careers that exist out there

You really want to look informed, not just from a networking perspective, but also when you land that interview again, you want it to feel like you already have done your due diligence, and you know what you're getting into.

And at the end, if you have any other questions I'm always happy to talk about the industry. As you can tell. I have a lot of passion for it, but for now I'm just going to wish you a whole lot of luck as you search for that non-clinical career that's just perfect for you, and I hope to see you in the [medical communications] industry one day.

Moderator: Are boards or a license required for these roles [as a physician working in the medical communications industry]?

A: No, [boards or a license are not] in any way [required for a physician to work in the medical communications industry]. That's the beautiful thing. So we had physicians [who] were

physicians like myself that had practiced and were board certified. There are physicians who didn't even finish Residency like they just did their 1st year, and they thought, Oh, this isn't for me. We had some who'd finished fellowship, but then came straight into this and some that just finished medical school and thought I don't want to practice. **As long as you have finished medical school you're good [to work in the medical communications industry].**

Q: And any physicians from overseas that didn't want to go through the whole rigmarole or get license – [can they work in the medical communications industry]?

A: Totally totally fine.

Q: So medical science liaison you know, somewhat related to what you do somewhat in terms of communicating information. Can that career path to do that first, 1st and then to go into medcomms? Have you seen that?

A: You know I've seen it more in the other direction. MSL jobs are tough to come by so I have seen more people use agencies as a springboard to Pharma, whether it's MSL or Medical Affairs. But you could do it in reverse if you're lucky enough to land an MSL Role for sure.

Q: How would you evaluate or articulate the intellectual stimulation you had as a practicing obstetrician, obstetrician/gynecologist versus what you have now in your career in medcomms?

A: That's a great question. Honestly there's way more stimulation in [the medical communications] industry [than as a practicing physician]. I know that sounds strange. The amount of growth and learning that you experience on a day-to-day basis is unimaginable. It'll dredge up things that you like vaguely remember from medical school. And you really learn now because you have to learn it right, because it's your brand, or **you're just learning brand new things that didn't even exist when you were in medical school. If you're as old as me, so I would say, hands down. Intellectual stimulation is actually much higher here.**

Q: So I want to talk about freelancing just a little bit. Have you seen [physicians] as they get more advanced in their career that they don't want to work as much, but they don't want to retire, and so they leave the full time Med coms industry, and do, and kind of have a semi-retirement doing freelance work?

A: Yes. That's less likely on the marketing side of things than it is, maybe in the promote Ed side of things, only because marketing, you know, involves I mean, they all involve teams. I'm just trying to think we don't have a lot of retired freelancers. They are typically like in the you know, in the prime of their career. **I think there are a lot of freelance writing options for physicians who are wanting to retire or slow down their practice.**

Q: Fair enough, no worries, and last question I have for you. **Is moonlighting in a clinical role, or other roles allowed or encouraged?** Say, you want to pull a shift on an ER on a Saturday, or you have all this time off that week between Christmas and New Year's. You want to go do locums?

A: You know I don't know anyone who does, because most people just kind of want to, you know, leave the bedside and never look back. That said it would be tricky to do locums at night, for sure, you know, to do like moonlighting. If you you were going to just take that week of Christmas, though, and go do a locum one week - absolutely there would be no issue with that.

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