

Non-Clinical Career Opportunities for Physicians with Medical Device Companies

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

Moderator: Our next presentation is going to be [non-clinical] opportunities [for physicians] with medical device companies, and we're very pleased to have [Dr. Juan Daccach](#) as our presenter. Dr. Daccach has [many] years' experience in the medical device industry, including Medical Safety Officer, Global Orthopedics, Joint Reconstruction for Johnson and Johnson and currently is a Vice President. Global Product Safety for Merck's Aesthetics.

Dr. Daccach is an orthopedic surgeon with fellowships on both total knee and hip replacements and prosthetic joint infection management. He received his MD at Pontificia Universidad Javeriana in Colombia and completed his fellowships at Universidad de Barcelona in Spain.

Dr. Daccach is a certified personal executive health coach and a fantastic speaker, a real evangelist, for non-clinical careers for physicians. It's a thrill to have him back here. Please welcome Dr. Juan Daccach.

Dr. Daccach: Thank you, James. First of all, I do want to thank [you for] this opportunity, and for those of you listening I hope you enjoy this, [I am very active on LinkedIn if you ever want to reach out and we can keep in touch.](#)

We are going to be talking about the opportunities for clinicians to do the swap or the flip into corporate, and specifically in the medical device world, because that's where I've been living in for the last years of my life.

So first of all, I have to throw in this disclaimer. And it's basically the same disclaimer as you're going to hear from everybody else. This is all [my] personal opinion and does not represent any of the views of my former company or my current company. So let's get that started.

So this is my story. I want you to learn a little bit about me, because, I like to consider myself as very lucky and very fortunate to be where I am today. And if you had asked me years ago, as I was wearing scrubs 1st Year Residency if I thought that I was going to be where I am now, the answer would be a resounding heck no, so it does move around. Your life does move around, and my life has moved around in so many places that you need to understand where I'm coming from. In order to get the idea of how things can fall into place without you even wanting them. **But seeking and seizing that opportunity is where you're going to be decisive in your career.** So I'm originally from Columbia, and, as you see there, it's Columbia with an O, not with a U.

I graduated in and I got drafted to the army. I did months in the Sinai Peninsula, and months in Bogota, and then I started in the University of Georgia (go Dogs) as a pre-med and because I was out of state and out of country, it was going to be very long and expensive for me to pursue my medical career within the United States. So I went back to Columbia, and I did my Med school there in the Universidad, I did orthopedics. Then I did joint reconstruction both in Colombia and Barcelona, and during that tenure I wanted to be a little bit different and introduce coaching to the rehab of my patients. So that's where I started getting certified as a life executive and health coach, and it's not coaching to be healthy like, you're probably thinking it's actually applying coaching strategy to the health industry. I did focus on emotional intelligence. And if you had asked me when I was a kid. What did I want to be? When I

grew up? I always had the same answer. I wanted to be a husband, and I wanted to be a dad and I am right now, husband and a dad to amazing young girls. So I did the switch. And when I did the switch it was unexpected.

I was contacted by my first company and they were exactly needing for an orthopedic surgeon with joint reconstruction background to join their medical affairs program and I didn't know what that meant. I didn't know what that was. We're talking here but I said, why not? Let's give it a try, and if nothing comes out of this, or if this doesn't work I can always go back to my clinical practice that hadn't started yet, but it was kind of the right moment at the right time. So I jumped on that boat, and I was hired, and I was transferred to Indiana with my family.

I started my tenure in Medical Affairs as being a Medical Affairs Director and then the company that I worked for initially opened up Medical Safety, which was completely independent from Medical Affairs and the commercial side of the business which resonated with me because it made a lot of sense.

Safety decisions have to be made from safety alone and not biased by any other thought process.

It was very hard and it was very difficult, because the change was very, very abrupt, and I used to put my phone in mute and make sure that the camera was not on, and I would bang on the wall questioning, What have I done? What is this? What am I doing? This is not what I wanted. So I started to understand that in this corporate world, and maybe in many aspects of life change is a constant, and the only constant thing is change.

In industry it's completely different [than clinical medicine]. It's being able and resilient and willing to go with all the changes that are going to happen. So that's [one] of the biggest things to understand. A lot of twists and turns. You start to understand [how] you provide your medical input to the corporate world. You understand the regulations or the laws or the laws of the game. The rules of the game for your devices to actually go into the market. And you start defining your path, even though you're going to have people that are going to try to find it for you.

When you jump on this boat, of changing your career. Bring your ideas. You're going to find allies, and you're going to find detractors always stay current. Keep a growth mindset, keep learning. Don't ever stop thinking that you know everything because you never will. There's always going to be something new.

Half of the people you work with [in clinical medicine] are experiencing some sort of burnout, and now that burnout has become a thing. Emergency Medicine physicians experience the highest burnout rate of any medical specialty. Levels are pretty high and pretty scary internal medicine, pediatrics, OB/GYN and infectious diseases, Family medicine, and then neurology, critical care and anesthesiology. These are scary numbers, because these are the physicians that are going to treat you and your family.

Now, what is a medical device? And I'm not going to bore you with the logistics and the and the definitions of it. But here are some of the definitions that are critical, because they have to mimic what the Regulators consider as a medical device. **So it is an instrument for medical purpose. There's also devices that can be used therapeutically, diagnostically and interestingly enough, the regulations have some medical devices that are used with no clinical purpose. So, for example, the fillers that my company provides are medical devices with no medical purpose, because if they had medical purpose they wouldn't be aesthetic.** They would be therapeutic and there's a long list of those as well.

When you go down the route of what is a device for FDA, it goes down very technically with the food drug and cosmetic act. So it kind of falls out of a normal day to day definition of what a device is, and **you'll be amazed of how many things that you use in practice are considered a device.**

Now, how do you classify medical devices again? Basically, the FDA classifies them into classes. Class one, class based on the risk. And with a stoplight kind of design, you can see from left to right, low risk, moderate risk and high risk. In order for your device to be cleared, to go into the market, and **you as an MD [in the medical device industry] you're going to play a critical role in having those conversations with the Regulators in providing them your rationale from a medical perspective on why this device should be in the market.**

Now the device development process. I'm going to summarize it very, very, very gently, because it is very complex. But basically what you do. And in these steps that you see here, and sometimes it's steps is that you're going to have an idea, or your company is going to have an idea. Then that idea needs to be funded by your company, and that is when it gets chartered. Once it gets chartered, it'll go into the verification and validation process for you to understand.

How am I going to test this and based on the results is my device going to be okay or not.

And then you're going to start generating evidence. And when you generate evidence, that's when you bring in the clinical studies. That's when you do real world evidence. Because all of this, the verification and validation testing and the evidence generated is going to go to the regulatory team to provide to the regulator in order for the regulator to say Yay or nay, your product can go out into the market. So those are basically the steps of how a device from ideation to launch go. **And even though this was seconds, this can take years in the making.**

Risk management and risk assessment has become one of my passions. That was one of the things that I determined was a gap in my knowledge, and I still believe that medical student curriculums should include this in some way or another, because this is so important. **[Risk Management and Risk Assessment] is the meat and potatoes of what you or what I can provide as an MD within my company in medical devices.** So you're going to be having to have these conversations with engineers based on the ISO risk management process. And it's going to be a conversation of saying - all right what can go wrong with our device? And if it goes wrong, what are the harms? And if these are the harms, what are the probability of those harms occurring? And then you're going to score those, and then you're going to come up with an excel sheet that's going to have an initial score. Then you're going to ask yourself, how can we mitigate that?

So this is when your experience in the field is going to be critical, because you're going to be having those conversations in order to reduce that immediate risk into a lower level of risk. You have this table that every person that works with risk management is aware of in which you're going to score this, and you're going to be providing this assessment of risk of your device. This is one of the things that I enjoy most about working with medical devices.

What are the opportunities for MDs [in the medical device industry]? There are many, and as you probably have been hearing in other presentations, there are different sectors. So you have to define the sector that you want to get into. We're now talking about the device sector. It could also be pharma, consumer care, nutrition, cosmetics or others. Right? So define your area before applying. I

frankly know and knew from the get go that Pharma was never my thing. It wasn't in Med School. It has never been so. I was very fortunate and lucky to land as that Lego piece Tetris style, in the exact place where I had done my clinical training in a moment in time where the device sector was actually looking for MDs that were trained in that specific area. So when you define your area before applying, you're going to have to better understand and see kind of the menu of options in where you want to join or where can you provide your MD Knowledge within that [medical device] company, you or you know, or from an outsourced type of vendor perspective, so you can become a consultant. [You can become an expert witness, and I know, SEAK provides with a lot of opportunities for you to learn more about this.](#) You can land in medical affairs that has more of a joint type of perspective with the commercial side of the business, although you will be providing your medical knowledge within those key opinion leaders outside of your company. Then you could also land in medical or product safety, like I did. And in the majority of companies, this area is under R&D or it could be like in my first company, completely independent.

You can become a clinical study expert. You can even work for regulatory risk, become a chief medical officer. You can open up into startups that are dealing with AI and machine learning within the medical device industry. Or you know, you can also become a medical director in a hospital which would entail a completely different line of training.

[So what does working as a physician in the medical device industry] consist of on a day-to-day basis? The one thing I do want to answer this question is you're going to have a calendar, and your calendar is going to start getting filled with many things. You can be one day talking about risk assessment of one of your products the next day you're going to be in an escalation of a product that had a signal. Then the next day you can have a meeting on post market surveillance trending, or the next meeting. You're going to have a managerial type meeting to discuss issues with your team. And all of these can happen in a week, weeks or in the same day. **But it is very, very nice to have different things to think about, to just move out of that monotony of a day to day, because things will happen on the go. And remember, the only constant thing is change.**

What types of doctors are [medical device] employers looking for? Well, it's getting more specific right now. So if your background is in OB/GYN and you are interested in devices, you may want to look into a company that develops devices for OB/GYN doctors. If you use scopes in your day to day, you might want to be looking into a company that does that in my example. I was an orthopedic surgeon, and I fell again like the Lego piece in a joint reconstruction Hip and Knee company. So right now it's getting more specific. So it may be that if you are a surgeon you may not get an opportunity in Pharma. But if you're an internal medicine doctor, that's probably Pharma, where you're going to be potentially having more opportunities.

What skills are needed? Do you need more? You need the opportunity to get your foot in the door, and then you're going to develop more skills. But just being an MD and being proficient in what you do and are willing to learn and understand your handicap. **That is what you need to bring into your interview, to let them know that you're willing to learn that you don't know everything, that you're ready to be humbled down to a position of being sort of an intern again and hit the ground running.**

Is it interesting fun, rewarding and challenging [to work as a physician in the medical device industry]? Yes, there is no other answer to it, and you make great part of that. And would this field be a good fit for me? Well, there's only one way to find out.

All right, let's talk about what a lot of people want to understand – [compensation for physicians working in the medical device industry]. The first thing that you want to understand is that [as a physician working in the medical device industry] you're going to get benefits in the majority of the companies that you join. That includes, you know, your insurance [&] wellness. **It is going to be a [regular hours] job. Very rarely you're going to work nights or weekends. There are very rare urgencies [when working as a physician in the medical device field].** I laugh when I see an email that says **urgent**. And you open up the email and you have to review a document by tomorrow.

[Do] I miss my [clinical] practice? The answer is, yes, I miss the thinking really quick. I miss that feeling of helping people and their families when you're in a vulnerable situation. Of course I feel that, but to put it in balance I don't miss working nights or weekends.

You're going to get a salary. You're going to get in the majority of times a pension plan. You're going to get incentives. Some companies depending on the level you enter are going to give you a company car, and they're going to pay for gas, and you're going to get multiple discounts because of the company you work at. So it sounds pretty good. When you enter the company, you're going to be entering in a certain title and a certain level.

Now, the smaller the company it is highly probable that you're going to get less money. Again, this is not written in stone. This is what the data says. Obviously, if you're given the chance, you're always welcome to negotiate and land in a place that provides you with satisfaction.

So. A lot of people say, **well, what about [working as a physician in the medical device industry in] Europe?** And I bring this because I lived years in Barcelona. The average salary it's not as high as what you were looking at for the US. With this money you get more and when I say more there is a generally perception that quality of life is better in Europe with less money. **So if you're considering moving to Spain, Germany, Netherlands, Italy, France, or the UK consider that your salaries are going to be less. But your quality of life is probably going to be really, really good.**

Networking is critical [if you want to transition into a physician role at a medical device company]. What you guys are doing now, even virtually listening to me is part of that. **Go to meetings, go to conferences and social media.** I want to bring up the importance of LinkedIn. Having an active LinkedIn profile is a plus for you.

Now don't go overboard. Don't start, you know, boring people with posts and stuff. There's a cadence. There's an art to using your LinkedIn profile. But I will tell you that if your LinkedIn profile does not have a picture or, worse than that, has a picture of your dog or your cat and does not look professional, it will not be seen. If you don't have what recruiters are looking for in LinkedIn, you might get cut off in the 1st filter, so pay attention to LinkedIn.

Do I need a business degree? Do I need an MBA [to work as a physician in the medical device industry?]. Well, again, that's up to you. I will tell you it's optional. It adds more than it takes away, but it takes away a lot of money, so I don't know if spending [the] amount of dollars on an MBA is actually going to land you a job. But I will tell you that unfortunately, people look at MBAs, and if there are candidates with or without, sometimes they will go for that. People [c]ould have additional learning credentials, and it doesn't have to be an MBA. It can be a master's in public health. It can be something else. That kind of links you more a little bit to the corporate way of thinking about mentoring or

coaching. I highly suggest it. It doesn't hurt to have somebody help. You understand the differences between mentoring and coaching. But what you need to bring to the table is a clear focus on your desired outcome. But remember to be flexible, because, as my life has shown me, it can change any day of the year.

So what are my recommended actions [for physicians looking to transition into a medical device company]?

Have clarity on what truly motivates you. LinkedIn and CV. You heard me? I'm not going to repeat it. Start looking. Are you going to be willing to move out of state, out of country? Involve your family - when I've had the or job opportunities The 1st people I ask are my daughters and my wife. Involve your family in your decisions, think about your financials, start contacting recruiters. Again networking. **Find a point of entry – [a] foot in the door. It might not be the specific job you're looking for, but once you get in the door of a company and you become corporate, then you start navigating on the different avenues that your life can take.**

Moerator: So I want to talk about licenses and boards. So can you address? You kind of touched on it? I think a little bit, but maybe explicitly, are for doctors that trained overseas, doctors that haven't completed their training and gotten their board certification and things like that are there roles in the United States for doctors without a board or even a medical license in the medical device industry?

A: The answer is, yes, and I'm a living example of it. I am not board certified in the US. I never practiced in the US. And this job came to me with that caveat. Obviously the company did their research to make sure that I was really an MD but it's not a requirement - some [medical device] companies may ask for board certification preferred but it's not a condition.

Q: And networking. I totally agree with you best way to go in terms of finding a job and things like that. So you mentioned meetings and conferences. So what are the top one or two meetings, conferences, programs in the medical device field that you might recommend somebody interested in this field for both networking and knowledge, to maybe check out, because various little niches and non-clinical endeavors tend to have their own conferences? That does medical devices have anything like that?

A: Well, that is a very good question, and that is something that I've been trying to look for in my years of doing this? **And the true answer, Jim, is that there should be more. There are a lot of conferences that are not specific on devices but that will allow you to network with people that work in different sectors. There is one that I highly recommend, that has a venue both in the US and in Europe, and it's called the [World Drug Safety Congress](#).** Don't get fooled by the fact that it has the name drug in it because it covers drugs, devices, cosmetics, risk, assessment, safety, quality. It is a very comprehensive conference. Now, that is growing into including devices. But to answer your specific question. **There's also one meeting that's called the [American Medical Device Summit](#).**

Q: Publication. So one way to kind of get the lay of the land, prepare for an interview, see if you would like this or whatnot and kind of train yourself is to read a trade publication in the field. **Are there any trade publications that you would recommend, probably online, maybe print, maybe both in the field of medical device, medical device, safety, anything you could recommend there, doctor?**

A: I don't have something specific to recommend. But unfortunately there should be more publications. There aren't any.

Q: Perfect. And then the last question. I probably already know the answer based on what you're telling me. I assume that there's not a Medical Society dedicated to you know, medical directors or medical people that work in a device industry because a lot of little niches, so I assume, [there is] no such society as of today, for the medical device doctors?

A: I'm not aware of one.

Q: Now, job boards, are you aware of any specific job boards that are for the device industry or would you need to go to the individual companies. If you're aware.

A: I am not aware of any specific ones. My suggestion is to contact recruiters that focus on medical devices

Q: Now, let's talk about resumes and CVs. So for either an employer or recruiter. What would you like to see emphasized on a CV that would make somebody look like they could do a[physician] job in in medical devices? And what would you recommend for experience that a doctor doesn't have that if they want to position themselves, maybe they go and get some? If that makes sense.

A: So let's start with the elephant in the room, which is AI and machine learning right? A lot of people, I'm sure, already know that the filtering of the CVs is now being done by AI. And what is done is that they're looking for keywords. But a lot of people, what they do is that they grab words from the job description and place it in their CV. That way when the AI machine reads, it's going to compare the amount of hits from your CV. And the job description and get you through the next filter. It sounds odd. It sounds weird, but a lot of people are doing that now to answer your question from a human perspective.

Q: Any advice on specific one or interview questions to be ready for that would make you stand out and show that you're [a doctor who is] knowledgeable and really interested and committed to medical devices?

A: If you haven't had experience in the corporate world they're probably going to ask you what are, why are you wanting this job. Why are you applying for this job? And this is where honesty has to come through. The tip is to be yourself, and be straightforward in acknowledging your handicap, but your willingness to learn. The second question that I would prep myself for is to be ready for questions regarding experiences you have had that could relate to X or Y like you had a problem. How did you solve it? There was an issue with something that wasn't working. How did you solve it? What are you willing to get? What is your salary? Are you willing to move? Be yourself, be honest, and be willing to learn. Those are my tips on that end.

Q: It seems to me, from what you're saying, is that the doctors tend to be hired ,which makes sense, in their own therapeutic area. So if you're a cardiologist you may be going to a sonography type company, or something like that. [How do you identify] the companies that are active in your own particular therapeutic area?

A: Think about what products you use in your day-to-day practice. What are the brands of those machines? Right? Then look for that brand and look for that company online

Q: You mentioned pension is that typically in a device company [for a physician] [would that be] defined benefit, defined contribution, like so defined benefit would that be a traditional pension define contribution.

A: I have been very fortunate, Jim, that the companies that I have been working for [as a physician in the medical device industry] provide both [types of pensions].

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