

Non-Clinical Career Opportunities for Physicians in as a Medical Science Liaison (MSL)

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

Moderator Okay, our next presentation is going to be on opportunities for physicians as a medical science liaison, which is an absolutely fantastic field which a lot of doctors go into.

We're very pleased to have back presenting for us [Dr. Nabhan Islam](#). Dr. Islam is an accomplished medical science liaison also known as an MSL. He's based in Vancouver, Canada. He first broke into the industry in 2019 and has since worked for a number of companies that I can't pronounce across multiple therapeutic areas, including: Respirology, vaccines and infectious disease and type one diabetes. Dr. Islam is a member of the MSL Society and the Medical Affairs Professional Society, also known as MAPS. It has a long-standing history of coaching and training, aspiring medical science liaisons. Prior engagements include workshops at the MSL Society [and] Annual Conference editorials for the MSL Society Journal and guest appearances on the MSL Talk Podcast. **In 2024, Dr. Islam began offering professional coaching and consulting services, and we have a copy of his website up here on the screen with a focus on Canadians, International Medical Graduates, Foreign medical graduates and minorities.** Dr. Islam received his Undergraduate degree from Western University in 2022 and [his MD] From St. George's University in 2007. And he also served as a medic with the Canadian Forces Army Reserve. He's a SEAK Alumna. So a warm welcome, and, thanks to Dr. Nabhan Islam.

Dr. Islam: Yeah. So my name is Dr. Nabhan Islam. I am an MS based in Vancouver, Canada. The title of my talk is, **So You Want to Be an MSL.**

So I do have to state for the record that the views and opinions expressed in this presentation are my own, and don't reflect any official position by my current or any previous employers. SEAK will be making a charitable donation in my name for this presentation. As Jim mentioned, **I currently do provide MSL Medical affairs career coaching services on a fee for service basis**, and I have no other conflicts of interest to declare.

So I just want to start off by telling you a little bit about my journey. This is usually interesting for most people, so I got my Bachelor of Medical Sciences from the University of Western Ontario, now just Western University, in London, Ontario, Canada. During that time I was a medic with the Army Reserve from 1999 to 2005, and in 2003 I went off to medical school in the Caribbean to St. George University. So I did my preclinical years in the Caribbean and my clinical years primarily in New York City. So while I was applying for Residency I took up a part-time job as a medical instructor. So I was basically teaching 1st aid and defibrillation for government corporate healthcare and daycare clients in the Toronto area. As I was having difficulty matching that part-time job into a full-time job and actually ended up doing it for almost more than a decade.

When I basically realized **that I wasn't going to be able to match**, I had to decide what I was going to do with my life.

My best friend, who is actually now a university professor, told me about the MSL role. He put me in touch with someone in his lab who had made the jump. I got in touch with her. She gave me some really helpful advice, and basically **what I ended up doing is joining the MSL**

society. I did some training with them. I attended their annual conference. And then basically, I started applying to industry.

MSLs are scientific and disease state experts who conduct unbiased, fair, and balanced scientific exchange.

So there's 3 words that I want everyone to focus on. So the 1st one is **unbiased**. What that means essentially, is that you are essentially not Up playing your company's efficacy and downplaying your safety signals. And conversely, you're not doing the opposite for your competitors. You're not basically trying to oversell their safety signals and downplaying their efficacy. **You basically have to present the data as it is.**

Fair means that you are drawing attention to or pointing out alternative treatments or alternative molecules, even if they're as good as, or even better than your own molecule. You have to basically give clinicians all of their options, so to speak, and **balance means that you're spending an equal amount of time essentially on efficacy as well as safety.** You have to be able to inform physicians, so they have an accurate benefit to risk profile when they're deciding treatment options for their patients. **So this is really the crux of how we conduct our conversations with KOLs, our key opinion leaders.**

The MSL position, believe it or not, was created in 1959 by Upjohn pharmaceuticals. Originally, they were selected from the most experienced sales reps. And you know that makes sense. Right. They've been in the field for years and years. They knew their customers inside and out. They knew the product, inside and out. So logically, for the 1st MSLs. You know, they were the best choice. **Nowadays MSLs are primarily Pharmds, PhDs and MDs and they're recruited from Academia and clinical practice.**

The industry has really shifted to a peer-to-peer model. So what that means essentially is, they want doctors talking to other physicians so essentially, almost all MSLs these days are expected to have a terminal degree. They're expected essentially to have a title of doctor. There are MSLs who are advanced care practitioners that have, for example, they may have, for example, their nurse, practitioner, or some other Master's program, and they can be MSLs. But for the most part most MSLs these days do hold a doctorate or equivalent.

One of the most helpful little pearls I got from MSL society is that being an MSL is really a communications position about science as opposed to a scientific position that you have to communicate. So if anyone here has ever defended a thesis, that is the scientific position that you are trying to communicate, and that is not what an MSL is being about.

[Being a physician medical science liaison] is a communications position like you are literally a liaison. So what that means basically, is that **you are the face of the company for the medical community.** And, conversely, **you are the face of the medical community for the company.** You really need high emotional intelligence. **You need to be sort of be a people person, or at least diplomatic.** You really need to know how to adapt the content for the various people that you're going to be running into. It's going to be doctors. It's going to be allied healthcare professionals. It could be government officials, it could be a lay person. So you know, communication and adapting your communication is a very important skill for [Medical Science Liaisons-] MSLs.

If you are going to be an **MSL almost guaranteed, you are going to be attending medical conferences**. I think that's pretty self-explanatory. It's obviously where the latest and greatest research is presented. It's where researchers go to showcase themselves. It's where physicians go to learn about cutting edge treatment. It's where they go to network and to catch up with one another, so attending medical conferences, not surprising at all.

Relationship management means like establishing and maintaining and kind of nurturing KOL relationships. **Key Opinion Leaders. These are essentially the leading physicians in your field, and there's various criteria we use to describe them, but these are considered to be sort of the influential physicians. These are physicians that other physicians turn to for advice about their patients, or advice about treatment, options, advice about other things.** So you're going to be, you know, responsible for that for your territory. So essentially, you know, it would be unheard of to be an MSL and, you know, taking care of your KOLs.

Educating KOLs. Essentially, you're going to be keeping your KOLs up to date with basically the latest in clinical data. You're going to be feeding them safety updates. You could be educating them about fundamental sciences. You could be educating them about something about access for your molecule, for example, a patient support program, and this would extend to all members of the healthcare team.

Insights are the currency of MSLs. Is really kind of what we deal with right insights. Tell the company like, why physicians do the things that they do right. We read about things in textbooks. We read about things in practice guidelines. But we get out into the real world. We find it's not always like that. And you know, why is that? And that's, you know, basically the insights. So these insights have to be collected. They have to be organized, they have to be prioritized, and they have to be reported to the appropriate departments. Some could be for medical, but there are insights that could be applicable to commercial, to government affairs.

Research and development. So it's your job as MSLs to make sure that they get to where they need to be. And then, lastly, **delivering scientific presentations.** I will take this to mean, like delivering a formal presentation, for example, at a Congress or at a symposium, **you could be delivering for a formulary committee you could be delivering to a government organization or an NGO.**

And essentially you, as the MSL are essentially the speaker and the subject matter expert. The audience is going to be asking you about your company science, your company's data, your company's safety.

There's a couple more here, and I just want to highlight that are probably very relevant. You may have heard of before **competitive intelligence gathering. So you're expected to have a handle on your territory, and that includes what the competition is up to. So not only what do they have to offer in terms of treatment, but essentially like, what are they doing in their field? Are they having events? Are they having symposiums? Are they sponsoring this? Are they sponsoring that.**

You know, what are they doing in your territory? Because essentially, we're all competing for facetime with our KOLs.

So why do [physicians] make the jump [to become a medical science liaison (MSL)]?

A lot of you may appreciate this. Maybe you're pushed into medicine by your family, or maybe there was a cultural expectation. And **now that you're a physician, you find that you don't like it. For whatever reason.**

Perhaps you've been practicing medicine for quite some time, and you don't like it anymore. Okay, I chose this quite deliberately. I'm sure that during COVID after COVID, we all felt or looked like this. So maybe, you know, you find that just medicine isn't for you anymore.

We want better work, life balance. This is really, really common.

Perhaps you know you've started a new family. Perhaps you want more time to spend with you know your kids or your grandkids. Perhaps you're getting closer to retirement and salary isn't really an issue anymore. Whatever reason. People always essentially want work/life balance. Not only is the [Medical Science Liaison (MSL)] role conducive to work/life balance, but the industry as a whole.

It's very tragic when this happens. But some people do develop disabilities later in life they could have problems with their visual acuity. They could have, you know, problems with their hand eye coordination, and they find that essentially that clinical practice isn't an option anymore. So being an MSL is a really good option.

This happened to me personally, I wasn't able to match, You know, from the number of people that are reaching out to me personally through LinkedIn and at conferences. This is becoming more and more common. So, you think to yourself, what do I do with my education? What do I want to do.

With my experience, you know. How can I put this to good use? **Similarly, you could be a [foreign medical graduate]. You might have a medical license from overseas.** When you get to the US, you find that it's too difficult. You might be required to complete a preceptorship. You might have to repeat your Residency. Whatever the reason there could be insurmountable obstacles to getting your US. License.

Some people are looking for a different challenge. So maybe you've been a clinician for 5, 10, 15, 20 years, and it just doesn't have the same appeal. There's no opportunity for growth and development. You feel like you're not learning anything new. You feel that you're essentially at the top of your game, and you're looking for a different challenge. So the industry can offer that.

What are the pros and cons of a physician] getting into [the field of medical science liaison (MSL)]?

I think one of the biggest advantages is that you are going to be, you know, leveraging your education and your clinical experience. Everyone here went to Undergrad for 3 or 4 years, went to medical school for 4 years, and if you completed your residency, that's a minimum of 3 years. We don't want that clinical experience to go to waste. So, being an MSL lets you take advantage of all that education. And you know, personally speaking, that's very gratifying. The other aspect is **that you're still able to improve patient care. You're just doing it indirectly by helping other clinicians to make better decisions for their patients. Or you're working to make medicines more accessible to patients overall, and that is very gratifying.**

Work-life balance. So as an MSL [Medical Science Liaison] you're basically able to set your own schedule. So, if you're the kind of person who wants to wake up every day at 4 am and then clock off at noon, you can do that. If you need to take uh, you know a day off to go for you know a doctor's appointment, or because, you know, a sofa is being delivered, you can do that. **You're setting your own schedule.** You can decide, you know, when you do work, and when you don't work.

[Being a physician medical science liaison (MSL)] is a results-based environment. So, you are going to have your role and responsibilities. You're going to have a list of tasks and assignments. **[You're] going to have deadlines, but as long as they get done no one really cares how you spend your time.** So again, you can work Monday, Tuesday, Wednesday, Thursday, and take every Friday off if it suits you as long as the work gets done. **The company is happy.**

Travel. This is a big Perk [for physician medical science liaisons]. MSLs are usually expected to be in the field 50, 60, 70, 80% of the time. So, there's going to be a lot of travel within your territory. There could be occasional travel nationally or even internationally - typically for conferences. You're being paid to travel so essentially, if your suitcase is delayed or your suitcase is lost, or your flight is delayed, or something along those lines, you know, that's coming out of the company's pocketbook. So again, it's quite a relief when you're traveling, and you run into these issues to know that you're going to be taken care of. So, the other nice perk is that you know, if you're going somewhere new, what a lot of MSLs do was to tack on a personal day, and then you can go explore and see somewhere new.

There's a lot of career branches in medical affairs. So, after you have a couple of years of experience under your belt, you'll find that there's quite a bit of opportunity in industry. So, for example, **you could become an MSL manager.** So typically, you might start off with a small team at a regional level, then become a national manager, and then you could potentially become a global manager. If you're more interested in the science, you could essentially **move from MSL to medical advisor**, and then for medical advisor, you could work into head office, working more on like medical strategy or strategic partnerships, and the path goes on and on. **You could also branch out [from physician medical science liaison] into pharmacovigilance or opportunities in regulatory and government affairs.**

What's not great [about being a physician medical science liaison]? So you're not going to be on top of the food chain. So you know, speaking from the standpoint of a physician, there's a very clear hierarchy in healthcare. Essentially you have the medical students, you have the interns, the junior residents, the senior resident, the chief resident, and then the attending. And then you have essentially you have the nurses, the technicians. The full bottom is, you know, the extended healthcare team. But at the end of the day the attending has final say over the patient care. So that is not going to be the case. You are not going to be on top of the food chain. You are not always going to get your way.

Availability and stability are not guaranteed [when serving as a physician medical science liaison]. So just like the economy is prone to boom and bust, the pharmaceutical industry also is prone to boom and bust. I'm sure everyone here can appreciate that. Sometimes clinical trials don't meet their primary endpoints, and these molecules are pulled

from the market, so those people essentially would lose their jobs overnight. Sometimes molecules make it to market, and then, after a few years they're withdrawn typically over safety concerns. So again, those people could potentially lose their jobs overnight.

You know, stability, long-term stability is not always guaranteed. And then job availability.

Typically [if you want to be a physician medical science liaison (MSL)], you're going to be expected to live in a major city with access to an airport. So, depending on where you live right now, there may or may not be MSL jobs available. There's really no way around it. You really have to be kind of in a big city with access to the major hospitals, the University hospitals. You need access to the airports that you can travel to do your job so that could be an obstacle.

[There is a] salary hit [to being as physician medical science liaison (MSL)]. I'm not privy to what everyone makes, but what, from what I remember from medical school, even a family physician could be expected to make, you know, probably 200 to 350k a year. So industry is not going to be paying that, you're going to be probably taking a hit of 50%, more or less. I have a table coming up to show you the actual numbers, but it's safe to say that industry does not pay what clinical practice pays.

There are expense reports. You have to essentially account for all the money that you're spending on behalf of the company. So, every 2 weeks you have to scan your receipts, submit expense reports. You're going to be issued IT equipment. Every IT department in the world is the same. Okay, you're going to have to open a ticket. It's going to get escalated. It's going to go in circles a few times, and it's going to take days, if not weeks, to get the simplest of things done. Okay, and this is just corporate life where you have. These companies are several 1,000, or, you know, tens of thousands of people, and sometimes things move very, very slow.

I do have to point out that if you're coming from Academia, [becoming a physician medical science liaison] is almost certainly going to be a 1 way ticket. My understanding once you leave academia, you're out. So just keep that in mind. **A practicing physician, if they find that [being a medical science liaison] isn't for them, could obviously just go back to clinical practice.** But that's not going to be an option if you're coming from academia. So just make sure you consider the consequences if you decide to go this route.

This is essentially what an entry level [physician medical science liaison (MSL)] salary could be expected to be. The average is \$161,000, but there's a range from \$100,000 to \$210,000. Now you might think to yourself, okay, it's an entry level position. I understand. Salaries may not be great. What can I expect to be making in 5 years? What can I expect to be making when I'm an experienced MSL. So if you go down a couple of rows after 5 or 6 years, that the average is \$194,000. But again, there's a range from \$105K to \$236K.

Now that being said there are, **there's typically a benefits package that tends to be quite generous. So you will definitely get a medical, dental, life and long-term disability. You will get a company car, or a stipend. To essentially lease a company car, there will be something for your retirement. You will have paid vacation. Typically 3 weeks is the average. You may have stock options. Some companies offer tuition grants or reimbursement. Parental leave is usually quite generous, and there will be various perks for travel and things like that.**

To anyone looking at this, I would just say, you know, consider the whole package right. There are tangible benefits like the salary and your benefits. And then there's the intangible aspect which is essentially your work, life balance, and that in itself is worth something as well. So put everything together and then decide if you know if this package is something you can live with.

So, what do [physician medical science liaisons (MSLs)] do on a typical day? So, you know, this would be considered what I would call a slack day. Basically, you're just working from home. So you're going to wake up in the morning, catch up on email, typically, you will have your team meetings in the morning. So typically, half an hour to an hour apiece. Hopefully, you scheduled a meeting with your KOL. This could be done through Zoom or Teams, and then afterwards you have to report the insights while the details.

[Physician Medical Science Liaisons (MSLs)] have to respond to MIRs. So MIRs are Medical Information Requests. So basically, if a healthcare professional asks the company for information. The company has a legal obligation to respond to those HCPs, so these have to be done in a timely basis. So essentially try and do it same day. And then in the afternoon, with a couple hours, you have left typically this is spent doing some of the other things. So, for example, there could be an ad board coming up. So, you're going to spend some time working on the ad board, making sure that everything is set up. You will have to get caught up on journal articles and your competitors, so you might spend some time reading a research article or something along those lines.

And then you will have admin right. For example, your expense reports. **So this is like, you know what I would call, you know, a typical 9 to 5 day.**

When you're in the field [as a physician medical science liaison] your days become a little longer, so we'll say you wake up a little earlier to catch up on your email, you run off to Starbucks, get some coffee drive to your KOL office. You're going to have a meeting hopefully for half an hour to an hour since you're in the field you want to make use of that time so hopefully pick up lunch, have a second lunch meeting with your KOL, and then afterwards you might again go to Starbucks.

Open up your laptop, start to report insights, start to respond to those MIRs, and then you might work on again some of the ancillary things. So, working on your ad board, reading a journal article working on your expense report, and then eventually you have to drive to the airport and you know, get home. **So, you can see that when you're in the field [as a physician medical science liaison (MSL)] your days do become a little longer.**

Attending a conference. So typically, [as a physician medical science liaison (MSL)] at a conference, you have to get up quite early. You're going to have a briefing with your team. You have to set up your medical booth. There will be plenary sessions, breakout sessions that you have to cover all day long. There's typically networking breaks one in the morning, one in the afternoon. There's networking lunch.

In the evening, there's almost always a reception or a poster gallery. And then finally, eventually, you get back to your hotel, and then you have to kind of do all the things that you were supposed to do. So again your days are getting very long. If these conferences go on for several days, you know this can be very, very exhausting. So, the moral of the story is as a

[physician medical science liaison (MSL)] no 2 days are the same. Some days are a little slack. Some days are, you know, very, very, very busy. You're going to be busy, and you're going to have a lot of things to manage. **So it really is not the typical 9 to 5 office job.**

What about your job prospects? So the industry does need more [physician medical science liaisons (MSLs)]. I remember from medical school when I was trying to memorize all of the biologics. There were only about 20 of them, and they all fit on one piece of paper. Nowadays. There are so many biologics I can't even keep track of. **The number of therapeutic classes is growing. And there's more molecules in each of those classes. So we need essentially more MSLs to essentially keep the medical community up to date.**

Precision medicine is expanding. So, it started off in oncology. It's kind of been trickling down into the other specialties. But even now, you know, working in diabetes. I can see that it's coming. We just can't lump buckets, lump our patients into buckets and just kind of throw medicine at them. **We really have to tailor our medication. We really have to tailor treatment for each of our patients. So, again, we need MSLs to sort of explain this to physicians to make sure that they're implementing.**

Standard of care. Biologics, immunomodulators, antineoplastics. These protocols change every single day. **The way that we treat breast cancer, for example, today is not the same way that we did it 5 years ago. It's not the same way that we did it 10 years ago, and this pretty much goes for any disease. So again, we need MSLs. To keep physicians informed of all of these changes.**

COVID-19 was another great example. Every day there were a dozen new studies about the vaccines, about their safety signals, about their interactions with other medications, or their interactions or implications for other diseases. And again, this is where MSLs can really demonstrate their value, keeping physicians up to date with all these rapid changes. **Clinicians actually do prioritize and value time with their [physician medical science liaison] (MSLs). So this is not supposition on my part.** MSL Society puts out surveys with physicians and KOLs, asking them, do you meet with industry? Who do you meet with? How long do you spend with them and that sort of thing? And they found that even during COVID-19, that their contact with MSLs was the same, or actually even increased. **The people that took the hit were actually the sales reps. They're the ones that couldn't get any face-to-face time. And now that we're in the post COVID era, this is really kind of carried forward.**

MSLs really did, I think a fantastic job demonstrating our value to clinicians. And now clinicians know that, and they want to keep that momentum moving forward. So, clinicians really want facetime with [physician medical science liaison (MSLs)]. So at the end of the day it sounds glib, but essentially the more facetime you have with your HCPs, the more familiar they are with your science and your products, the more likely it is they're going to be using your product versus a competitor - all things being equal.

If they're using your product, that means you have a better market share. That means you have better revenue, and that means that the company is generating better profit. So at the end of the day, more [physician medical science liaisons (MSLs)]. One way or the other leads to better profitability for the for the company, and most companies have sort of realized this. So the industry definitely, you know, needs more MSLs.

Now, that being said, the industry needs more [physician medical society (MSLs)]. So historically, medical affairs have been dominated by PharmDs and Phds. The MSL Society does a survey every year. I've been following them for quite some time. Generally speaking, 10 to 15% of MSLs are MDs. And the rest are evenly split between PharmDs and PhDs so overwhelmingly you will find the majority of your colleagues are PharmDs and PhDs. That being said, there's a skill set that physicians bring that they can't match, and it should be kind of obvious. But essentially, we are clinicians from day one. Okay, we have the bedside manner. We're the ones that are up, you know, keeping up to date with clinical science. We're the ones who actually define what standard of care is. We know what's important to patients. We know what's important to our fellow clinicians and that sort of thing. Now, that being said, we don't always do a very good job of illustrating this. **So when physicians come to me, and they tell me that they have difficulty with the recruiter. They're having difficulty with the hiring manager. It's not because you're unintelligent. It's not because you're unskilled. It's because you're not doing a very good job highlighting what we call the transferable skills. So transferable skills are the skills that you have that would also be useful in industry.**

Your cover letter and your CV [for a physician medical science liaison (MSL) role] should really be a package, so that it's one cohesive application. So it's going to take some time to get your CV up to snuff. **Start applying and keep applying, this takes time.** So people sometimes think, Okay, you know, 20 min after dinner, before the kids go to bed. I'm going to work on my application. **It is probably going to take you about an hour for every application [to become a physician medical science liaison (MSL)].** Most companies have an application portal. You have to upload certain documents in certain places. You're going to have to cut and paste. The system's always going to be fighting.

Initially, you're going to end up with a lot of rejections. You're going to revamp your CV. Revamp your cover letter. You're going to apply again, and then you might start to get callbacks and things like that. So start applying, keep applying. It really is a numbers game. It is going to be quite difficult at the beginning.

Make sure that you learn from every interview [to become a physician medical science liaison (MSL)]. In Med school there's a saying every patient has something to teach you. **So make sure that you're learning something from every interview. If you get asked a question and you don't have a very good answer. Make sure you practice that question at home. So the next time you're asked you have a much better answer. If someone makes a comment that you were fidgeting or you weren't making eye contact well again, work on that at home.** So the next time you have an interview, those aren't issues anymore. Learn from every interview. Every successive interview should be better for you.

Join a networking group. There are networking groups on Facebook. I'm sure there are networking groups on those other social media platforms. But you really want to join a networking group. Some of them are just based on being an MSL, some of them might be regional based. Some of them actually might be based on the fact that you're a clinician, but there are lots of networking groups out there, so make sure you try and find one or two that are amenable to your schedule, and **then I would also recommend joining one of the 2 professional societies. So I mentioned, there is MSL Society and there is also Medical**

Affairs Professional Society or MAPS. So those are the 2 big professional societies that represent MSL, so you can join one or the other, or both. They have a lot to offer, so you know, strongly recommended.

Lastly, I really recommend that everyone completes a recognized training course. There is no such thing as a degree in medical affairs. So, even if you have your undergrad, even if you have your master's, even if you have your doctorate, you don't have a degree in medical affairs, so to speak, so **doing a training course lets you have something on your resume.** It demonstrates your dedication, and it's a good talking point with hiring managers and recruiters during your interviews. I do want to caution that this should be a recognized training course, so that means recognized by industry. Unfortunately, there are a lot of organizations and individuals who just sort of act as diploma mills, and essentially you pay them several hundred or several thousand. You get a diploma, but then, when you get out into the real world, you find it's actually not valued by industry. They don't consider it to be a very good credential.

Make sure that if you do a training course, that it is one of the recognized and valued training courses. Again, **if you're networking with people. You can ask them if they've done the training. And did they find it useful?** Who did they go through, and all of that? So just make sure you do your due diligence before you start to pay hundreds or thousands of dollars for these training courses.

And you're just going to repeat the cycle over and over and over until you break in. **It takes on average about a year to break in [and get your first job as a physician medical science liaison (MSL)]. So again, this is from MSL society.** Some people do take longer. It could be one to 2 years, but the average is about a year.

If you are a clinician and you have a patient base, you know you have to transition them to other health care providers. You just can't leave them high and dry. If you are in school, you want to make sure that you time your applications with your graduation.

So networking, two ways to network networking from home. This is primarily going to be done through LinkedIn. I would recommend looking for people with a common background. So these are the people who get attended your university, or your medical school, or your residency depending on where you live. This could be people within your geographical area. This could be if you're a clinician, this could be people who are practicing in your specialty.

You might be lucky enough to have a friend or a colleague who is already an industry and you can reach out to them.

This is really important. Be clear and concise about what you're looking for. So lots of people reach out to me on LinkedIn. And they basically say something like, I'm looking for advice. Or can you give me some pointers and you know, that's very nonspecific and vague. I could speak to you for hours, if not days, giving you advice. So if you want to make use of this time that you have with this person, I would recommend to make sure that's as concise as possible. So, for example, I'm having trouble with behavioral questions. Can you help me work on them? Or, I'm having trouble with my cover letter. Can I ask you how you did yours? I can't seem to develop rapport with the hiring managers.

Do you have some pointers for me? I'm you know, looking to complete one of these training courses. Which one did you do? Did you find it helpful? OK, those are sort of the questions that you want to be asking, so that you know you get a specific question answered, and then you have a plan of action.

Make sure that you accommodate their schedule. They're donating their time. They're donating their expertise. They're donating the benefit of their experience. So make sure you accommodate their schedule. It's very off-putting when people try and negotiate with you to find a schedule that suits them, and you might find that people actually just ghost you entirely. So, **whatever time that they offer, you know, be grateful for it, and take it.**

Respect their time [while networking to become a physician medical science liaison (MSL)]. So if you book half an hour, and that's what I would recommend, for in an introductory meeting, make sure that you stick to that half an hour. Okay, tell the person that, hey, we're coming on time. I want to respect your time. Would it be okay to book something next week or next month. And most people are going to be okay with that.

If you try and monopolize their time, if you try and keep them on for 45 min or an hour, when they only agreed to half an hour the next time they're going to remember. Oh, my God! I was talking to that person forever! It threw my schedule off. I don't want to do that again, so make sure you respect their time and again, come prepared. Okay, have a list of questions ready to go through a little agenda with them, you know. Tell them, hey, doctor, thanks for your time.

I want to talk about this, and this, and make sure that you know you set expectations, and you get through all the things that you want to talk about.

If you don't hear back, this is pretty common, it's okay to send a reminder. I would give them 2 weeks minimum, maybe 3, maybe 4. But just keep in mind. You know, they're also, you know, human beings. They have full-time jobs. They could be volunteering elsewhere. They have families. They go on vacation. They have, you know, the same challenges in life that we all do, and they just may not have the time for you. So I would send one reminder, and if you don't hear back I would move on. There's no point sort of pestering them every day or every week.

Networking in person [to become a physician medical science liaison (MSL)]. I would recommend going to one of the major Medical Affairs conferences.

I would recommend bringing business cards. Don't ask me why, but your hiring managers and the directors love business cards they're probably going to be, you know, baby boomers, or Gen. X. Or kind of older millennials, and they just like to have something physical in their hand. And, to be honest, it's just much, much easier than technology, right? Whenever people try and do things with Bluetooth, or whatever.

Someone's phone isn't working or configured or batteries die. People drop these things. It's just a disaster. So go to vista print, pay 50 bucks. Get 250 business cards with your name, your LinkedIn, your phone number, your email, make it look pretty and just hand these out at conferences. It really does go a long way.

Make sure you introduce yourself and chat with everyone that you meet. Basically, you never know the person standing next to you, or the person sitting next to you could be

your future hiring manager. This happened to me personally. So at every table you know, every lunch, every networking break you want to, you know introduce yourself and talk with talk with everyone.

Most [medical affairs] conferences will have an aspiring [medical science liaison] (MSL) track. So essentially, that means there will be sessions that are recommended for aspiring MSL. Obviously you can attend any session that you want, but in your best interest I would attend the aspiring MSL Track. This is you know these are orientated for people who are trying to break into industry, so why not attend them?

Most [medical affairs] conferences will have an exhibition hall, and you will find recruitment boots there. So there are some CCOs contract commercial organizations that recruit MSLs on behalf of clients. I worked for one in the past. Larger companies typically send one or 2 recruiters, because they're always looking for talent.

A booth and some recruiters that you can talk to directly. **And then there are head hunting organizations, so companies that work with MSL Candidates to help them essentially find a job again.** You'll find them throughout the exhibition hall. So go talk to them, talk about your aspirations, talk about what you might be interested in, and you never know they could be a position that hasn't been posted yet, or there could be a position that they've had trouble filling and you could be the perfect candidate.

And then, lastly, make sure you follow up with everyone once you get home. This is because all the details are still fresh in their head. So make sure you reach out to them on LinkedIn. Send them a message. Send them an email something along those lines, and hopefully they'll make a note of it, and try and keep in touch.

You know, as time goes by.

There's a couple of good resources I can recommend.

[So break into your 1st role is from Samuel Dyer](#). That book has been around for quite some time. [Job Search Mastery](#) was actually just published about a year ago from Tom Caravalla. He's the one that also hosts MSL talk. I haven't read it personally, but I've heard it's very, very good, and knowing, Tom, I'm sure it's outstanding.

There is a medical affairs reference textbook from MAPs. If you really want to get into the nitty gritty of medical affairs and how they interact with the other cross-functional departments. This is literally a textbook. But it's very detailed. Very well put together. And then there's the famous [MSL Talk Podcast](#) I myself have been on several times.

Jim, if you have any questions for me? Happy to answer.

Q: A few follow up questions. You kind of implied it. But can you confirm that for these particular [medical science liaison (MSL)] roles in Pharma neither license nor boards are generally required of a physician?

A: Yeah, that's right. You do not require uh current licensure in any country. And you don't require board certification to essentially work in industry. The fact that you have essentially your MD or the equivalent, like an MBBS is enough. They just basically want

people that hold the title of doctor. If you do happen to have a license you'll find that it's a very strong advantage, but, as a general rule, just to be sort of a you know, bread and butter, for [physician medical science liaison (MSL)] jobs you do not require board certification or licensure.

Q: Follow up question on the compensation. So it's my understanding that in the insurance industry and the pharmaceutical industry and the device industry typically people are compensated with both salary, and like a cash bonus like a performance bonus. **Do [physician medical science liaisons (MSL)s] typically get bonuses as well?**

A: Yeah. **So most companies will offer a bonus. It's not a commissioned based bonus, as is sales, because obviously that would be a conflict of interest.** So companies use essentially a different metrics to award bonuses. Some companies will offer a fixed bonus. **The average would be 15%.** Other companies use a sliding scale depending on your performance. **But again, these are non sales metrics that they're going to be using. But again, typically they're aiming for you to have a bonus of, you know, in the ballpark of about 15%. So that's pretty standard.**

Q: One of the things that we teach, and I thought you did an excellent job with is building your resume or your CV to be more attractive for a particular industry. And you mentioned, you know, the MAP Society, the MSL Society, going to the meetings, taking training courses. It's wonderful all this stuff is available. **Are there any other things in terms of work experience, doing clinical research that you would recommend to really make that resume or CV pop from the pile [for a physician medical science liaison (MSL) position], saying, well, this person would be a really good fit.**

A: **It's a really good question.** I mentioned earlier that it takes like an hour, you know, to apply for just like one job. Part of that is like you really have to customize your CV, and your cover letter for that specific role. **If you're let's say, let's say you're applying to cardiovascular. You want to make sure that you highlight all of your cardiovascular experience and training on your CV.** If you're applying to 20 companies you can expect to have 20 slightly different versions of your CV and Cover letter on your computer. So it's a lot of work.

Q: You mentioned at the at the society meetings, oftentimes in the exhibit hall they will have booths and recruiting. Um, you know, terminal degree folks to become an MSL. Are there any other resources [for physicians looking to become a medical science liaison (MSL)]? Job boards online? Networking that you would recommend to identify opportunities in the field of medical science liaison [for physicians]?

A: Yeah, so I would. You know, I had always a sort of a multi-pronged approach. So there are obviously job aggregators. **So I'm sure everyone has heard of Indeed, Glass door and things like that, so you can set up a search for medical science liaison as well as some of the other terminology that's used for that role.** And basically, you know, use that as one avenue. **Another thing is that I would just bookmark the career sites for the each individual companies, because sometimes the aggregators don't pick up on certain jobs. I would also check LinkedIn. So jobs are posted on LinkedIn. You can also connect with recruiters, and that's often.** Make sure that your approach is multi-pronged and you're essentially casting a wide net.

Q: So you said that there's maybe different ways that they would describe an MSL as a job position. What are some of the different ways that that could be articulated as a company?

A: Medical science liaison is by far the most common. But there's also clinical science liaison, community science liaison. They're also science liaisons that focus on other things apart from clinical practice.

Q: The last question is for those doctors who are looking for one-on-one help and coaching [to become a medical science liaison (MSL)]. Can you talk a little bit more about how you can help them, doctor?

A: So on my website, if you go to the contact, me section, there's an intake questionnaire. It's actually quite comprehensive. So basically, I'm just going to be asking about your background. I'm going to be asking about kind of if you've had any luck with interviewing, as it is kind of looking at where you want to go, and then, you know, I can sort of come up with a plan. **So usually what happens 1st is like, you know, I like to identify strengths. So we like to find out what your transferable skills are.** So some people, for example might already have a lot of presentation experience just through academia or something along those lines. So that's something that we can work to make sure that we highlight during interviews. So that's, you know, kind of just examples. **Then we're looking at areas of improvement.** So usually, you know these are pretty easy to find out, and then usually, what I do is like **I will come up with basically sort of like plan with milestones.** So in the industry you often hear this expression, what's your 30, 60, 90 day plan? So I do something similar. It's more like 3, 180 and 360. **But the point is, find out what you're good at what you're deficient at.** And then, you know, this is what we're going to do for the first 30 days, and that's going to be like fixing your LinkedIn profile, fixing your CV, fixing your cover letter. And then starting to apply. And then, what are you going to do in 6 months? Okay, I'm going to attend this conference. I'm going to try and meet with these people. I'm going to do this training course or something along those lines. And then, you know, a year from now. You know, um, set similar milestones and try and hold people to that. **If there are specific, you know gaps, then I can help to work with that. So I find that.**

So a lot of what I do is just helping people navigate those stages. Explaining to candidates like this is what they're going to ask. This is when you give them the cookie cutter answer. Just answer the question and be quiet. And then when you get to the hiring manager, and now they're asking you about your experience. Now they're asking about what you bring to the table. Now is the time you showcase yourself and go through that. **So again, if you're having trouble with specific interview stages, I know what all the questions are, I know how it works. I can help with that.**

Moderator: I just want to close with this. When you spoke for us in person last year I was in the other breakout session. I didn't get to hear you speak and Kelly told me that you did just absolutely fantastic. I'm glad I got to hear you speak, because this is absolutely fantastic. You are a wealth of knowledge. You're just an inspiration. Thank you so much. And thank you for doing this.

Dr. Islam: Well, thank you for having me. It was a pleasure.

