

Non-Clinical Career Opportunities for Physicians in Pharma

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

Moderator: Our next presentation is going to be on **opportunities for physicians in the pharmaceutical industry**, and we're very pleased to have the second farthest distance from a speaker in this series. We had somebody presenting from Dubai earlier. We're proud to have **Dr. Nora Philbin** as our presenter, Dr. Philbin, is [a] Global Clinical Development Medical Director at AstraZeneca, and she's currently based in Cambridge, UK.

She supports clinical trials of monoclonal antibodies for prevention of infectious diseases.

Dr. Philbin is a board-certified pediatrician and practiced outpatient pediatrics in the Chicago area before transitioning to a medical director role in clinical development and being stationed overseas. Dr. Philbin is a SEAK alumna from a few years ago. So thank you, Dr. Philbin, for I will say, coming all this way. But thank you for doing this for us.

Dr. Nora Philbin: You're welcome. Thanks, Jim.

I'll get started. So I wanted to 1st give a background about Pharma. **What is Pharma? What do they do there, and what is working in the matrix, which is something you'll hear about throughout my talk.**

So Pharma versus biotechs. So what is Big Pharma? **Big Pharma are the huge global companies that make drugs. Right? They're the household names. Merck, Pfizer, Lilly. You've taken their drugs. You prescribe their drugs right? Their household names. Everybody knows them.**

So then there are medium small, and what they call biotech pharma. So these are smaller companies. They tend to have fewer employees. They may not be publicly traded, they may have external funding. They tend to have less products and smaller pipelines, which I'll explain later in my talk. And they could be looking for their big break. Right? So a lot of biotechs, they have a molecule or a drug or device that they think is awesome, and they're looking for a buyer. **Basically, they want a big Pharma to come through and buy them out.**

And I wanted to talk about what's Pharma-adjacent. **So before I started in Pharma, I didn't know about contract research organizations or CROs.** So these are companies that provide research and development services to other companies. Usually larger companies. If somebody refers to their study being contracted out. That means that they've hired a CRO to execute the study for them.

What's interesting about these companies is that they have a lot of the same roles as most Pharma companies. So if there's a medical director clinical development role within a Pharma

company, then generally there's in the CRO as well. So these may be more accessible for entry level physicians looking for positions and working for a CRO, there's a potential that you get exposure to many different pharma companies.

So I want to take a little bit of time just to go through the stages of drug development. So if we look at this slide on the left hand side, we have **discovery science**. So those are studies done in the lab or studies done in animals, so **it can be called preclinical studies sometimes**, and then there are phase studies, and those are some of the 1st studies, just to see how the drug responds within a human body. So that is referred to generally as early stage. So you may hear that, or see that when you're beginning your exploration then the drug moves through the different phases of clinical trials. **So a phase one is a trial that's done in a very small number of people primarily healthy adults looking at safety and sometimes at dosing.** So that's going to be usually less than people.

Then a drug would move through to phase which is a larger study. And those studies look at the drug's effectiveness and further evaluates its safety.

A [later phase] trial is when a larger number, could be thousands of people are enrolled, and these studies look at efficacy and safety and side effects, and they'll can be compared to another drug that does a similar thing.

And then, finally, there's post marketing. And these are studies that are done after the drug is on the market, right? So they could be something that the regulatory authorities recommended to be done after the drug goes to market. It could be just routine. Surveillance could be lots of different things. But it's a drug that's already been on the market. So now you're looking at hundreds of thousands of people being exposed to this drug and the phase one through the phase is considered late stage in drug development. So just that we have a vocabulary around drug development.

So I want to talk about the matrix. So within pharmaceutical companies there are many functions, right? They all do different things. They all have different focuses, but they all work together.

So you will often hear about matrix environment, right? So within the matrix different people [are] doing different things. **The ones that we're going to focus on in this talk are going to be patient safety or pharmacovigilance, medical affairs and clinical development. And those are the main areas that physicians work in within Pharma.** And I'm going to go through each one and to kind of describe what that function does and where the opportunities for physicians [in Pharma] are in that function.

So first, first we'll start with clinical development.

So what is it? **Clinical development is the process of developing new drugs, treatments or devices and clinical development is responsible for designing and conducting clinical trials collecting, analyzing, and interpreting the data, and then presenting and reporting that data to anybody who needs it.** Somebody in the company, regulatory authorities, or within the scientific community. **In clinical development what do [pharma] physicians do? [Pharma physicians in clinical trials] design clinical trials, they develop clinical development plans, they do medical monitoring, which is where we assess the safety data from a trial and look at adverse events.** So adverse events are just anything, basically that happens to a participant during a trial after they've been exposed to the drug - could be a cold could be a broken arm.

But all of that data comes in while the participant is on the trial.

Another thing that [pharma] physicians [in clinical development] do is ensure data integrity. So they make sure that the right people have been enrolled in the study, that they've met the eligibility criteria, and that the sites that are doing the trial are following the protocol or the script of what's supposed to be done in this trial, and looking for any deviations to make sure that when the data comes through that it is trustworthy you can rely on it.

Another thing that [pharma] physicians [in clinical development] do is data interpretation. So, reviewing the results of a trial determining if the drug is doing what it was intended to do, and then looking at risk benefit analysis.

Another thing that [pharma] physicians [in clinical development] do is often answering questions about the protocol, about the drug from ethics committees, or institutional review boards (IRBS) or regulatory agencies. Things like that.

Now, since I work [as a physician] in [pharma] clinical development. I can tell you what an average day looks like. I can't do this for the other functions, but I'll do it for clinical development.

So what does an average day look like? **There's a lot of emails. There are a lot of meetings.** **There's a lot of interaction with other functions**, whether that be patient safety or medical affairs, the CROs, the sites, anybody who's involved in the clinical trial or the Clinical Development. Key Opinion leaders, so these people who are outside of the organization. So specialists in GI disease, a specialist in cardiology, you may interact with people like that.

There is some writing. So you draft management plans, you draw draft protocols, study reports. So there's quite a bit of writing involved. **There's presentations, presenting data, presenting results.**

And then, obviously, **there's a lot of reading documents, scientific papers, and of course, emails.**

So who do you work with when you work in clinical development [in pharma], do you work with other physicians? You work with scientists generally, PhDs, but some PharmDs or other types of backgrounds, and then other people in the matrix regulatory. They're the people who work with regulatory agencies like the FDA, the European Medical Association, or EMA in Europe.

Okay, moving on to patient safety. So what is it? Pharmacovigilance, patient safety - they're the same thing. And that is the science and activities relating to detection, assessment, and understanding of adverse effects like I mentioned, or any other medicine problem that might come up.

So I always think of them as the detectives in Pharma, right? They're looking for signals, signals in the data so you can make decisions about whether or not there's a problem with the drug. If the drug, the clinical trial, should go forward or it should stop.

What do physicians [in pharmacovigilance] do? Physicians [working in pharmacovigilance] report and analyze incidence, the adverse events. They investigate medical errors and near misses in drugs that are out on the market. So that is one thing about patient safety. They're going to look at drugs that are both in development and that are marketed so they may be responsible for a drug that's been on the market for years or years, and also be responsible for drugs that are, in phase one early in the clinical development.

[Physicians working in pharmacovigilance] help develop safety guidelines. They create and implement checklists to make sure that you can reduce risks.

Signal detection. As I mentioned, you want to know, is there something actually going on because of the drug and then monitoring patient safety metrics and utilizing the data to identify if there's any trends.

So who do you work with again, primarily, people within the organization [and] outside of the organization, patient safety may interact with regulatory agencies like the FDA or licensing authorities, governments within countries that are deciding whether or not to license or to continue to license a particular drug. **Job titles for [physicians working in pharma] for patient safety [include] patient safety physician, a medical director, principal patient safety physician, [and] director pharmacovigilance.**

Medical affairs [in pharma] is about communication of information. So a core story about a product, a drug, a molecule - medical affairs generates this information, and they

communicate it to healthcare professionals, physicians scientific leaders, patient advocacy groups, payers, [and] policymakers. **It's very outward facing and they generate new data about the market of drugs and about emerging treatments. And then they send that information out into the world.**

So what do physicians [in pharma] do in medical affairs. They develop this medical communication. They develop the strategy around how they're going to deploy it. They engage with experts outside of the company. They provide medical education, whether that's to docs or to other individuals who are interested like payers. They can generate real world evidence. So look at the data of the drugs as they're being used in the world and report that back to the organization, and they can also do health economics and outcome research. So, looking at trends in healthcare that they can then report back to the organization.

So who do you work with? **So within medical affairs there's another position that's called a medical science liaison and those are individuals who are who go out to hospitals, clinics, and they talk to physicians about drugs. Medical affairs isn't commercial. They're not selling anything. They're not trying to convince you to buy the drug. They're giving you information about the drug. And they're gathering information from you about your experiences with the drugs.**

So job titles again: medical affairs director, field medical director - because the medical affairs is going to have more field-based roles. They're doing a lot of stuff outside the company. So that's primarily what medical affairs does.

So we want to take a minute just to talk about lifestyle and location. So a lot of times, if I talk to people who are considering a pharmaceutical job in a pharmaceutical company, they want to know about the lifestyle, right? It is office work. So there are more routine hours mostly, and more flexibility.

So the reason that I emphasize the mostly is because although I would say in the years, and that I've been working [as a physician] for Pharma I've only had to work on a weekend, maybe once or twice because we had something that was due right. We had a deadline. We had something that needed to get in, and it needed to be done, and when it needs to be done you do it until it's finished.

Now there are people that I know in Pharma who work many hours, who work nights, who work weekends, who work vacations, holidays, etc. I would say you don't have to, but there are those that do so. If you're considering a position, it will be wise to try to figure out the lifestyle and what the routine hours are, and how often people work nights and weekends when you're evaluating a position within pharma. **There are annual shutdowns. We get time off between Christmas and New Year's every year.** Obviously there are holidays and vacations,

and I found that it is much easier to truly switch off, especially if you have a backup. So if there's somebody else who does your equivalent job, and you can hand off your responsibilities to them when you go on vacation, then you can truly switch off.

And then I wanted to talk about onsite, hybrid and remote [when working as a physician in pharma]. I think this is changing, they are returning to a hybrid model, which means [a certain] % of your time in the office or [so many] days a week in the office.

So most of the big Pharma companies they're on the east coast, and there are a few on the west coast, but mostly they're in the east, on the east coast, up and down the east coast. So if you're somebody like me who comes from Chicago right in the center. You may need to consider relocation if you're looking at one of the big pharma companies that has a hybrid model in the office days a week, something to consider well. Smaller companies and biotechs seem to be remaining remote. Many of them have always been remote and don't have central offices. So there may be more opportunities for remote work in the smaller companies and the biotechs whereas if you're looking at a big pharma, you may need to consider relocating if you're not on the east coast or close to the company that you want to work for.

Okay, so what? Now, right hopefully, you're interested potentially in a role in Pharma [as a physician]. So what do you do next? Right? Where do you even start [to land a job as a physician in pharma].

My recommendation is based off what I did so I'm sure there are other ways of to do it, but I'm going to take you through what I did so I leveraged LinkedIn to gather data. And I found people on LinkedIn who are physicians who work in Pharma.

And once you've got a list of these people, it's easy to check out their profiles. You can look at the job descriptions of what they do, you can figure out how long they've been out of clinical work, how long they were in clinical work if they still do clinical work, and you can note the companies that they work for.

It's easy enough to follow somebody - you don't have to reach out and connect with them. You can just follow them on LinkedIn, and if you do, then when they post something, it'll pop up in your feed, you'll be able to kind of keep track of their interactions what they do.

And it's a good way to gather some information.

The other thing is, when you get the list of companies, you can explore their LinkedIn pages and go to their websites. So you can figure out what they do, how they do it. How many employees they have. How big of a company is it? Where is their location, and what does their pipeline look like?

The other thing that's on LinkedIn. There are professional organizations. **And then there's groups that you can join that have to do with Pharma or other topics of interest. And that's a good way to gather more information.**

Let me take you through pipelines. Pipelines are the list of the drugs the company currently has. And at what stage of development they're currently in.

You can assess a company based on its pipeline - what it's going on. So a company like this may be more attractive than, say, a small company that's got one drug that's in [an early] phase. So again, that phase readout could be positive, and it could be negative. So if it's positive that company could be in a good way, if it's a negative readout for a company that's got one drug in [an early phase] that could be the end of that company, right? So something to consider when you're looking.

And I would also consider subscribing to some of these free newsletters. **I subscribe to Fierce Pharma, which I felt has been very helpful for me.** So it gives, I think, a really good overview of what's happening in the pharmaceutical world.

I would recommend updating your LinkedIn profile. Add a picture. Refresh your experience section with transferable skills. Update your skill section, put your licenses, your certifications, your courses. Put all the information that you possibly can into your LinkedIn profile.

The other thing that's on LinkedIn, that I'll just mention very briefly are endorsements. So these are skills that you list, that other people can then endorse you for. So say you have clinical medicine as one of your skills. You can have colleagues, people that you've worked with, go in and endorse it to say, Yeah, I support. I've worked with this person in clinical medicine, and they've done a good job. So [that] just helps raise the impression, say, of your experience.

There's lots to do on LinkedIn, and there are courses. I'm sure you could take many courses that would teach you lots of things about LinkedIn. But this is just a place to get started.

Transferable skills [for physicians going into pharma]. So transferable skills are skills that you have right now that are going to make you successful in any job in Pharma. So interpersonal skills, oral communication skills, public speaking skills, creative thinking, critical thinking, research skills. They're all things that you have done in your career as a physician that you can transfer to a job in Pharma right. And looking at lists like this just helps kind of clarify how you say that in a job interview, in your resume, in your cover letters, right, so that you're putting forward the best picture of what you have to offer the pharmaceutical company.

Resume [for physicians looking to transition into pharma]. A CV is not a resume. CVs are

long, they can be pages. They list every single thing you've ever done, every paper you've ever done. They're fantastic, but they're not what people use in Pharma. **Pharma [uses] resumes [and resumes] are short.** They usually have a summary section, which is a couple of sentences that sort of lay out who you are and what you've done, your skill section that's full of your transferable skills. If you struggle with this, there are lots of online examples. And you could also, once you've got contacts, you can ask them to share their resume with you if they're willing. Like I said, there's lots of resources out there, you'll be able to figure it out. [You will want] to get your resume past what I call the bots.

Okay? So you've updated your LinkedIn profile. You've transformed your CV into a resume.

My recommendation is, now build your build your network seriously - right now make your connections on LinkedIn.

What I did when I 1st started out was that I sent out requests to people that I don't know on LinkedIn. And I asked them for a [short] phone call to talk about their job path, right? Their job trajectory. **These are called informational interviews.**

And basically, you figure out from these people how they got where they are, what they do all day, and whether or not it seems interesting to you, and whether it's something that you want to pursue. And for every [so many] that you sent out you're probably going to hear from [only] one or [two] people back.

And that's okay, because **the people that write you back are going to be fantastic.** They're going to be so helpful and so supportive and so willing to discuss their job, their career trajectory that is going to be worth it right? And they'll help you build your connections.

So have your [quick] phone conversation. Get all the information that you possibly can glean from this person, and then **at the end ask for introductions to other people that you can talk to and sometimes they'll be able to come up with that easily, and sometimes they won't.** **And that's okay, too.** But ask. Because that's [how] you can then build your network. It could be people in their in their department. It could be people in their organization. It could be people outside of their organization, people with a similar background to you. **Just build your network.**

Other things that you can do to build a network [for a physician job in pharma] would be become involved in research if you can, if it's available, and where you're working you become a principal investigator or a PI. They're the people who run the clinical trials in organizations. You could be a **sub [investigator]**, which is not the person in charge, but their main backup.

You could serve on an institutional review board, an IRB. They review any protocols that come through and approve whether or not they can be done at the organization.

If you're really established in your field [as a physician] then think about becoming a key external expert for a pharma company.

If you are attending big conferences, the big ones, the big cancer ones, any of the really large conferences, go and chat to the folks at the Pharma Booth. Almost all pharmaceutical companies will have a representative at the really big conferences, and these are going to be your medical affair folks. So **they're going to be the MSLs. They're going to be the field medical directors, and they're looking for talent.** And they're looking for people to tell about their drugs. Right? **So they're a really good resource. They're also going to know if their company is hiring, or if their company has a hiring freeze, and what's available so definitely go chat to them. I think that would be a really good way to meet people.**

Speaking of MSLs, if you have MSLs that come to your office, or they come to the hospital. I don't think I ever encountered an MSL when I was in practice, but I certainly encountered drug reps, and they're also good contact. They're also going to know if their company is hiring or not hiring, if it's a good company to work for, or if it isn't so.

Another place to glean information [if you are a physician looking to break into pharma is to] touch base with friends. College, med school, residency, fellowship. I actually got my connection to the job that I work in now through a friend of mine that I had worked with, who worked for AstraZeneca, and she put me in touch with other people in AstraZeneca, who, I then had conversations with. It was through one of them that I actually got the recommendation for the job that I have now. So it works. And it's important. So something to think about.

Okay, now you're ready to apply [for a physician job in pharma]. You've got your resume.

My recommendation is set up a baseline resume. Right? So it's just a sort of a generic resume for a particular function, right? So you could have a clinical development resume, you could have a patient safety resume. **And as you're looking at companies, you might find on their website something called a talent community, right?** It's like, join our talent community. So what that means is, you fill out some information, and then you upload your resume and it goes into a pool which, in theory, if they're looking to fill a post that they will pull people from that candidate pool.

Now, whether or not that happens I don't know. But what I do know is that when I've joined talent communities I will periodically get emails from that company with open positions. The majority of those open positions have absolutely nothing to do with clinical development or

anything else I would be interested in. **But every once in a while I'll see a listing that I can click on and apply for.** So I think there is some value in that.

The other thing with a baseline resume is that it's what you can send to recruiters. So don't be afraid of recruiters.

When you actually apply for a job, you need to tailor your baseline resume for that job posting to get past the bots. So there are these AI filters, that look at all the resumes that come through and gatekeep and kick out the ones that don't meet the basic requirements. **So what that means is, if the job description says, experience in clinical medicine and your resume says years of healthcare experience, it's not going to recognize that.** It's going to kick it out because it says healthcare experience and not clinical medical experience. **So you need to match the words on your resume exactly to the words that are on the job posting.** It's tedious, but it will get you through. It will get you through the bots.

My other recommendation, when you're ready to apply [for physician jobs in pharma], keep an excel spreadsheet of who you've applied to. I applied to a lot of jobs a lot and I could easily lose track of what I've applied to and what I haven't. Jobs get reposted right. So you could apply to a job be rejected. And then, weeks later, that exact job comes back on the market. You've already applied for it. **You've already been rejected. You don't need to apply for it again.** If I didn't keep an excel spreadsheet I wouldn't be able to keep track of what jobs I've applied for, and which ones I haven't, and which ones I've been rejected from.

Prepping for an interview [of a physician looking to work in pharma]. You've applied. You've been accepted. You got an interview. Excellent. So what's going to happen? So the 1st interview is going to be a screening interview with an HH person or a recruiter, and it's going to be a very generic screening interview. They're going to want to know, why are you leaving clinical medicine? When are you going to be available? Why are you interested in this company? **The second interview is going to be what's called the hiring manager. So they are the person who is spearheading this hiring process.** It doesn't mean that's the person you're going to be working with or even working for. They could be just somebody in the department who is the one who is responsible for the interview process.

The questions in that interview are going to be much more specific. They're going to want to know about your experience. They're going to want to know things that are much more relevant and specific to the job. They will also tell you more information then, and you'll get a better feeling for what the job will entail. It's going to be much more specific if you get a 3rd interview. **Sometimes things go to 3rd 4th 5th interviews.** It could be with a panel, so a bunch of people could be on teams. People are going to be asking you questions, and it may require a presentation, which is something, I think, that happens quite frequently in medical affairs. So

something to be prepared for. The other thing, and this was brand new to me when I applied to Pharma, was situation or behavioral interview questions. I had a whole interview that was based on behavioral interview. **And these are questions like, tell me about a time when you disagreed with your manager.**

Okay, they want you to tell a story and you need to answer. **Learn to answer these questions in what's called the star format or situation, thoughts, actions, results.** Okay, so these are things like, okay. The situation was, I disagreed with my line manager on how to proceed with the document? My thoughts were, we won't be successful in completing this document if we don't get aligned. So my action was, I sat down with my line manager, and we discussed both of our needs for this document. The result was, we finished the document on time with excellent results. There's lots of Youtube videos on star format and how to answer those questions. Like, I said, it's basically a story. They want you to tell a story that includes all these things.

But you need to prep. Prep Prep Prep for these interviews. Find out about the company. Find out about who's going to be interviewing. Find out about the drugs that they [produce], find out about the latest papers that they have, **find out everything you can in order to be super prepared for the interview, and know why you want to join the company** and why you'd be good at it.

Evaluating an offer [to be a physician working at a pharma company]. They're offering you the job. Fantastic. A [job] offer [for a physician] from a pharmaceutical company is not as complicated [as some other offers], but there are some subtle nuances to it. An offer is going to include a base salary plus a bonus structure or short-term incentives. Long term incentives, which are company shares if the company is publicly traded and then a benefits type package. Consider the whole package and not just the base salary, and always ask about relocation, support, and other sign on bonuses, and try to figure out, you know, if there's other money that might come in from somewhere. Remember [base salary] doesn't include your bonus.

Keep in mind that this is the 1st step on a very tall staircase. This is an entry level job, and the only way there is to go is up right. And the salaries increase as you get to higher levels. So there's medical director. And then there's senior medical director. And then there's, you know, global lead. **And then there's, you know clinical Head. And there's lots of areas for promotion all the way up to vice Presidents and senior Vice Presidents, and they make a lot more money. So something to think about.**

The other thing you might want to look into when you're looking at an offer [for a physician job at a pharmaceutical company] is whether or not, **if you want to continue to do clinical medicine part time one week, a month every other weekend whatever, can you can you do it**

while you work for the company? And if that's going to be supported, if you have a side business or anything else, something to think about when you're evaluating the offer, whether that's going to be a problem or not.

My final thoughts. **Be patient with yourself and the process.** [It] can take a really long time. Consider maybe getting an intermediate job, or somehow changing what you're doing right now, so that you can give yourself the time and the energy to look and to look into Pharma. And just remember you are not alone. Reach out talk to people, make connections right. It's a huge community. **Just remember, you are qualified to do a job in Pharma. No question. You absolutely are so like, I said, give yourself the time and the energy to really find what you're looking for.**

And remember, if you don't like it, you can always go back.

Alright. That's it. Thanks any questions.

Q: So you were a practicing pediatrician in Chicago? Why'd you decide to transition [to pharma]?

A: I think the primary one was that fundamentally, it just wasn't a good fit for me. The stress and the level of responsibility got to be too much in the long run. Leaving was sort of an easy decision. I wanted to spend more time with my family, and I wanted less stress. **I went into research was because I had that previous experience and it seemed like a easy, easier transition, or just made sense within my career trajectory.**

Q: And how'd you end up in London, doctor?

A: So it's interesting, actually, so as I said, most of the pharmaceutical companies are based on the East coast. So my family and I were in Illinois and Astrazeneca has an office in Gaithersburg, in Maryland and neither myself nor my husband had any interest in moving to the East coast, so I am an Irish citizen through my grandparents. So when they offered me the job, I asked if I could go to the Cambridge office as opposed to one of the places in the US. And they said, Yes.

Q: I love it. How long did your particular transition take to like?

A: It took it took about a year.

Q: Do you need to maintain your boards and your license to do these jobs?

A: Some [physician jobs in pharma] you do [need to maintain your boards and license] some you don't. In the current role that I'm in right now, I don't. I've kept up my license. I've kept up my board certification. There will be roles where that will be a requirement. You'll have to.

Q: I think those things may vary, but **does your company pay for you to take the CME?** And to keep the license [and] the boards and things like that? Or is that all kind of on your own?

A: They'll pay for part of it. They'll pay for the license through the State of Illinois, but they won't pay for CME.

Q: So you talked about the stress and obviously the lifestyle and things like that. Let's talk about the intellectual stimulation. **How would you compare the intellectual stimulation of your current role [as a physician working in pharma] versus, you know, being a primary care, pediatrician?**

A: I think it's much broader. I think it's a good question, because yes, there's intellectual stimulation. It's not so much about, you know pediatric stuff. There's hardly any of that. But there's a lot of other things. So I've learned about monoclonal antibodies. I've learned about COVID and COVID infections. You know, I've moved on to other molecules, and I'm learning about, you know the disease processes that those treat. So it's much broader. Lots of different kinds of medical conditions but also about drugs, about learning, about clinical trials, learning about regulatory reporting, learning about safety monitoring. It's a much broader intellectual stimulation.

Q: Because AstraZeneca and any of these big pharma companies [are] global companies, do you have like conference calls at like crazy times? Does that kind of happen in your field?

A: It does. I work with Europeans. It basically in the morning, they're online. An hour before I am in the UK. So I'll touch base with my European colleagues in the morning, or people who are in Cambridge, and then at one o'clock the US comes online. And then we have our meetings and our conversations and everything with everybody in the US. You accommodate all of the time zones.

Q: For these entry level jobs [for physicians in pharmaceutical companies], are they looking for generalists like a primary care physician or are they looking for specialists?

A: It [varies]. There are ones that they're going to be interested in generalists. And you're going to have positions where they want a neurologist, or they want an ophthalmologist or oncologist. So you're going to have both. I've seen a lot of different specialties listed. It's just going to depend on the role. What they're after.

pediatrics. But adults 1st and then kids basically.

Q: You mentioned key external expert, KEE if I wrote that down correctly. Do those people get paid?

A: They can. Yeah, so you can be on a contract, I guess, with the pharmaceutical company to be their expert. That they, you know, turn to you when they need feedback on how do we develop this protocol? Or you know, how are we? How do we get this drug into the market? So there is a compensation for that. I've never been a KEE, so I don't know the other end of it.

Q: Now I'm assuming you apply for a [physician] job that said [so many] years of [pharma] experience. [Did they train you]?

A: Yeah, there are so many SOPs and work instructions and guidance about how you do everything. You get trained. Basically, you have company based training on everything that the company does. But you also learn as you're doing it from other people who are doing it. So I **had other physicians who'd been in the [pharma] company for longer than I am that basically I could reach out to** and say "What am I doing", "How do I do this?", "What is this involved?" **They were really supportive to get me up to speed on what I needed to do and how to do it.**

Q: Can you give a few thoughts about how much [job security] there is [for physicians in pharma], how much mobility there is if things do go awry?

A: There can be a lot of fluidity in big companies. If they decided that they're going to focus their workforces in, say, London and Dubai and not in Canada or in the US or Mexico, then there is a potential that your job will be eliminated in the location that you're in. **Things can change, priorities can change and jobs may be eliminated because of it.**

Q: I'm just guessing here that there's more risk and more reward in the smaller companies that have fewer bets and fewer employees, because they're giving you stock and things like that than in the big giants?

A: I think that's accurate. Yeah.

Q: Because you're going to have insider information that could really move markets and things like that, do they have restrictions on your investment activities when you work with clinical trials and things like that?

A: Yeah, there's definitely levels of confidentiality. And they're very specific about what can and cannot be shared right with anybody, but specifically with other people who work in pharmaceutical companies.

Q: I think it's going to be the last question, and I save the most loaded one for the back, and I already know what the answer is. Do you get any sense that you are working for the dark side now that you're [in big pharma as a physician, right? Because people can say "Work for a] drug company," no way in hell. Could you address that?

A: I have never felt that way. I have always been appreciative of new treatments, new drugs, new vaccines, that are going to help people and help the world. I think we need to be continuing to develop new treatments. There are emerging infectious diseases. You know there's a need. So I have never felt that it was the dark side, or you know that it was some sort of evil entity. I accept that it is a for profit. Right at the end of the day these companies need to make money to stay in business. They're a business but I don't see it as the dark side. I see it as a reality.

Q: And fair to say you've never been encouraged or instructed, or you know, tolerated to fudge anything to, you know, to wink and to blink and nod to get something with the data or anything like that. That's not going on?

A: No, no, it's like the exact opposite. The impetus is make sure that this is absolutely accurate and absolutely correct, and we're not saying anything that isn't the truth, you know, as transparent as you possibly can be. That is always the emphasis.

Moderator Dr. Philbin, thank you so much for your time.

Dr. Philbin: Oh, you're welcome! Thanks for the opportunity.

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