From the NHS to Industry

A practical guide for physicians making the move into the life science sector.

Written by Andy Wise, Managing Director of Corvus Talent

The Life Science Sector offers a huge range of rewarding career paths to physicians across multiple domains. Physicians work at the core of everything the sector does and are deeply respected and valued for their expertise. This guide is intended to help you take your first steps into that world.

A word from Andy – Managing Director of Corvus Talent

I've been working as an external recruitment professional for three decades with 23 years in the life science sector. From the outset my focus has been on the recruitment of physicians across Medical Affairs, Clinical Research and Drug Safety / Pharmacovigilance.

The way physicians get hired into industry has changed. A decade ago, my ability to formally support medics making their first move into industry was straightforward. Today, most life sciences employers run their hiring through in-house talent-acquisition teams and the space for external recruiters has narrowed considerably. I therefore can't tell you with confidence that I can get you a job. What I can say with confidence is that I can *help* you get a job.

I've built my working life alongside the medical community and that commitment doesn't switch off just because the mechanics of hiring have shifted. I've written this guide as a map; a set of easy to implement actions that will shift the needle in favour of your industry career.

I hope it helps. If it does, please share it with colleagues who could also benefit from it. And if it helps you or someone else land somewhere great do let me know. It'd put a huge smile on my face.

Andy

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The reality check

Let's start with the numbers because they'll provide context for what follows. If you understand the market you're competing in, every subsequent chapter will feel less like generic advice and look more like a rational response to the odds.

The NHS side: a training bottleneck without modern precedent

Competition for specialty training has reached levels never previously recorded. Many of those reading this guide will be doing so for this reason.

In the 2025 recruitment round, there were **83,962 applications for 11,154 specialty training posts** across both rounds in England, roughly **7.5 applications for every post.** (Applications, not applicants: doctors apply to more than one programme, so the ratio of *unique* people to posts is lower. Still, based on the Government's own figures, competition has risen by around **150% since 2019**, from about 1.4 applicants per place to 3.5 per place. In headline terms, over **30,000 doctors competed for close to 10,000 places** in 2025, against roughly 12,000 for 9,000 in 2019.)

The trend is structural. Core surgical training applications rose from **1,296 in 2013 to 3,384 in 2024**, while the number of posts barely moved. Emergency medicine applications went from **534 to 2,718** over the same period. Around **75% of second-year foundation doctors in 2022 did not move straight into core or specialty training** the following year.

The British Medical Association notes that specialty training places have been oversubscribed since publicly available records began in 2013, "but never at such high levels."

Some individual specialties are brutal:

General Practice and Public Health Medicine (dual CCT), ST1, 2025: a competition ratio of **167 applicants per post**, 2,173 applications for 13 posts.

Community Sexual and Reproductive Health, ST1, 2025: roughly **99 per post.**

Cardiothoracic Surgery, ST1, 2025: around **74 per post.**

General Practice and Public Health, 2024: 112 applicants per post.

The "100 applicants for one role" figure you have heard is not an exaggeration. In several specialties it is an understatement.

Government has acknowledged the crisis: the **Medical Training (Prioritisation) Act 2026** prioritises UK and Republic of Ireland graduates and doctors with significant NHS experience for training places from 2026, alongside around 4,000 additional training places. Whatever your view of it, the fact that emergency legislation was needed tells you how tight the funnel has become.

The industry side: a real destination but not an easy option.

What does an ambitious doctor do in the face of this reality? Many dig in and prepare for a long slog, others consider alternative career paths. A clear alternative is a career in the life science sector.

Leaving a hyper-competitive NHS funnel does not mean walking through an open door into industry. The Faculty of Pharmaceutical Medicine, the professional body for doctors in industry puts it bluntly: Getting your first job in the industry, *"is not easy... it is probably the hardest obstacle you will face."*

Why? For one, because industry hiring rewards a different profile from the NHS. The clinical excellence that got you this far is necessary but not sufficient. Employers are hiring candidates with demonstrable skills in commercial judgement, communication, cross-functional teamwork and evidence of genuine interest in drug development.

More pressingly, you are not alone. Many of your peers and colleagues are facing the same challenges in the NHS and are making the same decisions. Competition for industry roles has never been higher. Hiring companies receive a large volume of applications from well qualified physicians who are often, prima facie, difficult to distinguish from each other.

That is the core problem I'm addressing with this guide. It'll cover how you

- Define your value
- Write your CV
- Build a target list
- Work with recruiters
- Develop your networking skills

Headline considerations.

Three conclusions follow from the numbers:

Volume is not a strategy.

Firing off 100 identical applications into job-board portals or LinkedIn ads is the single most common mistake job seekers make. The odds make it close to hopeless. A smaller number of well-targeted, well-differentiated approaches beats a large number of generic applications every time. Such an approach is more purposeful and limits the despondency that can arise from repeatedly being ignored or rejected.

You must become findable and credible before you apply.

The strongest candidates build their profiles through networking. They have a deliberate LinkedIn presence. They articulate a clear story before their application lands. Chapters 4, 6 and 9 outline how you can do that.

The first role is the hard one.

Once you're in, moving within industry is dramatically easier. Your entire early strategy should be orientated towards getting a foot in the door, even if it isn't the perfect role, rather than holding out for a dream title. For example, a bank physician role at an SMO is a clear first step into clinical research, a final signatory role with a consultancy is a solid entry point into medical affairs.

ACTION THIS WEEK

Look up the current competition ratio for your own specialty (NHS England publishes this data). Write down, in one sentence, the honest reason you are considering industry. You'll use that sentence in Chapter 4.

02

The landscape: Where Physicians go and what they do.

Before you can target roles you need an accurate map of the territory. The word ‘industry’ encompasses a range of different types of organisations and the prevalence of specific domains of expertise varies between them.

Categories of Hiring Organisations

The life sciences industry spans a diverse spectrum and each part hires physicians differently:

Large pharmaceutical companies ‘Big Pharma’

The classic destination. Structured graduate-style entry is rare for physicians but big pharma hire the most physicians overall and offer the clearest career development. A huge benefit of joining large organisations is that they have multiple career paths you can follow through internal job moves, allowing you to build a portfolio of skills and experiences. A downside is the siloed nature of functions that may limit your ability to gain true breadth outside of your core responsibilities.

Big Pharma used to be seen as a safe option with protection from risk of job loss. This is not the case; mergers and acquisitions (M & A), late stage clinical trial failures and a plethora of other factors can result in large scale restructures and redundancy programmes.

Smaller pharma and Biotech

Faster-moving, often built around a specific therapeutic area or platform.

Broader roles, more responsibility, more risk. These companies value people who can wear several hats and are happy to do so. Candidates with existing industry experience are often preferred as smaller businesses don’t have the resources available to big pharma to train entrants from the ground floor.

Contract Research Organisations (CROs).

Companies that run clinical trials and related services on behalf of pharma and biotech.

Often an underrated entry point for doctors as they are service providers rather than discoverers of new therapies. They hire in volume for clinical research and drug-safety functions. Medical affairs roles are significantly less represented as they don't commercialise drugs. The value of experience in a CRO should not be underestimated. Clinical research is the bedrock of industry and you'd gain exposure to a variety of therapeutic areas and client company cultures.

Some of the largest life science companies are CROs. Don't neglect the many smaller, boutique research organisations that could offer an outstanding start.

Site Management Organisations (SMOs)

Organisations that run the clinical trial sites themselves; the ground level where studies are delivered and participants are recruited and cared for.

Where a CRO manages trials on behalf of the sponsor an SMO sits at the patient end of the same spectrum and the two often overlap. For a doctor leaving the NHS this can be one of the more natural entry points as the work stays recognisably clinical and patient-facing. It's also a fast way to build real clinical research credibility.

FROM AN INDUSTRY PHYSICIAN

Nubli Mustapa
Senior Clinical Industry Physician Leader

> For me CROs and SMOs are on a spectrum, each at one end. CROs manage trials and may or may not own sites. While SMOs are basically clinical trial sites, but may or may not provide extra services that CROs offer like protocol writing or medical monitoring

Medical device and diagnostics companies.

A different product world (hardware, diagnostics, digital) but they employ physicians in medical affairs, clinical, and regulatory roles. These organisations trend towards employing physicians with existing niche clinical skills in areas related to their portfolios.

MedTech and digital health

A new wave of companies bringing software, data and devices into clinical care. Clinical safety, medical, and product roles. Highly variable and worth understanding on a company-by-company basis.

Consultancies

There are a huge variety of businesses that offer outsourced consultancy services outside of the context of core clinical research. As they charge their clients a lot for their services, they usually hire for experience and existing industry expertise but may offer opportunities to gain exposure and experience if you approach them in the right way

The core functions physicians move into

While physicians are represented in all areas of industry they tend to work in three core domains.

Clinical Research / Clinical Development.

Designing and running the trials and programmes that generate efficacy and safety data for new drugs, existing drugs in new indications or in ongoing post marketing surveillance studies. Ranges from early-phase (first-in-human) through to large late-phase programmes. CROs are a major employer here as a lot of clinical development is outsourced to them.

It's worth noting that the majority of physicians occupying the top jobs in industry Chief Medical Officers (CMOs) and Chief Scientific Officers (CSOs) for example) tend to skew towards a clinical development background rather than medical affairs or pharmacovigilance although all three domains are within scope for C-Suite medics.

Pharmacovigilance / Drug Safety.

Monitoring the safety of a product continuously across its lifecycle. A domain with a focused agenda and a diverse range of activities. Areas include signal detection, case assessment and risk management. A large, regulated function that hires steadily and is often more open to first-time industry entrants than aspirants expect.

In some ways drug safety could be considered analogous to a clinical specialism in that drug safety physicians often develop a deep and narrow focus in the domain rather than having a broader, more holistic industry career.

Medical Affairs

The scientific and clinical face of a company's licensed products. Ensures the information a company communicates about its medicines is accurate, ethical and evidence-based; builds relationships with the clinical community; generates and communicates evidence.

Medical affairs is a highly collaborative domain and acts a bridge between a wide variety of internal company functions as well as acting as an interface with the external environment.

Traditionally the de facto standard entry to industry role for a physician would have been Medical Advisor. Increased competition for these roles (from other physicians as well as pharmacists and PhDs) demands a more open minded approach. Other excellent entry to industry positions include dedicated Medical Final Signatory and Medical Science Liaison (MSL) roles.

Medical Affairs recruitment has been at the heart of what I've been doing professionally for over 23 years. It's an incredibly diverse discipline and difficult to encapsulate in an easy tag line.

FROM AN INDUSTRY PHYSICIAN

Chris Worth

Experienced Industry Physician Consultant

> Chris notes that aside from the above 'Medics also move into commercial roles; medical writing; regulatory affairs; compliance and many more areas and all of these can be at early career stages'

What industry values

Across all domains the same underlying requirements recur

Clinical credibility

Real patient-facing experience that lets you speak the language of the clinicians the company deals with.

Communication and translation

Turning complex science into something a non-specialist stakeholder can act on.

Commercial and cross-functional awareness

Understanding that medicines have to be developed, approved and funded and therefore that you'll be working alongside a wide range of people with different perspectives.

Genuine hands on Clinical Insight

As a physician you'll see and hear things that would pass less medically educated experts by. You'll see the non-proprietary name before the flashy branding and you'll be far more sensitive to mentions of side effects for example.

Evidence-based rigour

The habit of grounding claims in high quality data.

Demonstrable interest in drug development

One of the most common gaps in medic applications. Employers want to see that you understand and are drawn to *their* world, not just leaving yours.

Patient Focus

I've yet to meet an industry clinician who's lost their focus on the patient. Your commitment to patient benefit will never go to waste.

How much clinical experience do you need?

A common question and (to my mind) not an easy one to answer. The Faculty of Pharmaceutical Medicine recommends completing at least four years of clinical practice before entering the industry. Many doctors move during NHS training (before CCT). Some move at consultant level or after GP experience. There is no single right moment, but very early-career doctors sometimes find the move harder because they have less clinical credibility to trade on. There's also a strong argument around you developing a deeper sense of confidence in your decision making from additional clinical experience as well as engendering trust from stakeholders.

FROM AN INDUSTRY PHYSICIAN

Sophia Le Mere
Experienced Industry Physician Leader

> There's really good reason for this, my knowledge of the patient / pathways etc having CCTd and practiced is truly so much better than if I'd left in F2. When I speak with my colleagues they afford me the time to listen but also I'm confident in my opinion because of my clinical experience

Importantly you do not need specialist pharmaceutical-medicine training to work in the industry. Pharmaceutical Medicine Specialty Training (PMST) and the Diploma in Pharmaceutical Medicine (DPM / DipPharmMed) are both highly valued but they are not entry requirements. Do not let their absence stop you applying.

ACTION THIS WEEK

Identify the function (rather than the type of company) that feels like the best fit for you based on what you actually enjoy about medicine. Make it your purpose to become as expert in this area as possible. This choice will inform the kind of company that you end up working for.

03

What do you want?

When you begin your job search it's imperative that you are clear on your goals. These may change and evolve over the course of your job search but at the outset you should have a destination in mind.

It's a useful exercise to define the continuum between the perfect role and one that is just about acceptable.

CONSIDER

- Your ethical values. What would cause you to walk away from a company or role offering?
- Your long term ambition. Every career choice you make should be in service to this.
- The nature of the role
- The size, culture and focus of the business
- Therapeutic areas that draw you

Just as importantly be clear on practical contraints.

- Location. Can you relocate or work away from home?
- Are you prepared to do out of hours / weekend work and / or be on call? This is sometimes a requirement for Clinical Research Physicians / Principal investigators and SMOs.
- How much time you can spend commuting. Is a full time in the office 9-5 role viable? If not what is?
- Money. What would you be delighted with? What is the minimum affordable income you can live on?
- When would it be realistic for you to start a new role if offered?

FROM AN INDUSTRY PHYSICIAN

Emily Powell-Griffin
Medical Affairs Physician

> Some advice I got when deciding between industries and roles: determine your north star before embarking upon any changes and ensure any moves you make are driving towards this. Particularly I also found value work key on a personal note - and using your values to direct your career aims.

04

Defining your true value

This is the most important chapter in this guide and the one where many may get stuck. If Chapter 1 indicated why differentiation matters, this chapter is where you develop it.

The problem is not that you lack value. It's that clinical training teaches you to describe yourself in clinical terms; rotations, competencies, procedures, exam passes.

Start from considering the employer's problem

Many doctors define their value by listing what they've done. Strong candidates define their value by what problems they can solve for a specific employer. Before you write a word about yourself, be able to answer these questions: What problems does this company need to solve and which of my capabilities help solve them?

A medical affairs team needs someone who can build trust with senior clinicians and communicate evidence clearly and accurately. A drug-safety team needs someone rigorous, methodical and comfortable with regulated processes. A clinical development team needs someone who understands trial conduct and patient realities. Your clinical career contains proof of all of these skills and you need to frame your experience to demonstrate them.

The translation exercise

Take each major thing you've done clinically and translate it from a task into a transferable capability with evidence.

For example:

WHAT DID YOU DO CLINICALLY?		WHAT DOES THIS OFFER TO INDUSTRY
Ran a busy on-call / managed acute deterioration	→	Decision-making under pressure and uncertainty; prioritisation
Led an MDT or handover	→	Cross-functional coordination; influencing without authority
Audit or QI project Data-driven improvement	→	project delivery; understanding of process and standards
Taught juniors / students	→	Communication, mentoring, distilling complexity
Research, posters, and papers	→	Evidence generation and interpretation. This one is hugely relevant, emphasise it
Rota or service management	→	Operational and resource awareness which is a bridge to commercial thinking

The point is not to abandon your clinical identity. This is the basis of your credibility. You are seeking to frame your experience and expertise in a way that is relevant to the roles you're applying for.

Find your differentiators

Everyone in the applicant pile should be a competent doctor. The question becomes: what makes *you* the obvious hire for the role you're applying for? Here are some examples of clear differentiators.

Therapeutic-area depth.

Sorry GPs but this can be a big one. Genuine, narrow expertise in a disease area maps directly onto companies working in that area. Your therapeutic depth should be front and centre of any application it's applicable to.

↔ Breadth and adaptability

This is where GPs have a straightforward value proposition. Primary care physicians have excellent profiles for businesses that value adaptability and breadth as opposed to therapeutic depth. Consultancies, Health Tech and CROs being examples.

A second string.

Research experience, a data or coding skill. Health economics, regulatory exposure, an MBA, prior commercial work, publications, committee or guideline involvement.

Expertise with AI

This could be the subject of a guide in itself. Demonstrable fluency with AI platforms and technology is going to be a key differentiator across all industries.

Demonstrated interest.

Anything that shows you've engaged with the industry world already: a pharma-relevant course, FPM membership, a relevant webinar series, an informational interview you can reference, a project touching drug development.

FROM AN INDUSTRY PHYSICIAN

Martin Johnson
Experienced Industry Physician Leader

> In Clinical Research we like the generalisation of GP! We tend to sell clinical research as experts in clinical research rather than specific disease areas.

Write your value proposition

Distil all of the above into a short, plain statement you can reuse wherever you need to introduce yourself. The top of your CV, your LinkedIn headline, your opening line in a networking conversation and how you introduce yourself in interviews.

If you can state that sentence with conviction and back every clause with evidence, you will be ahead of the field.

ACTION THIS WEEK

Action this week: Complete the translation table for your own career, then draft your one-sentence value proposition. Chapters 5 to 10 draw on these activities.

05

Your application toolkit

Now turn your value into material. The mistake to avoid is treating this as a pure formatting exercise. The content; specifically including the translation exercise you completed in Chapter 4 is what matters. Proper presentation just stops good content being discarded.

The industry CV is not a clinical CV

A clinical CV can be long, exhaustive, chronological, and list every course, audit and rotation. An industry calibrated CV is short (two pages is a good target), focused, and heavily weighted towards achievements rather than responsibilities. Hiring managers, (poor quality) recruiters and Talent Acquisition (TA) professionals spend only a few seconds on a first pass so the content should be impactful and engaging.

FROM AN INDUSTRY PHYSICIAN

Martin Johnson
Experienced Industry Physician Leader

> The use of AI in CV's and accompanying letters is often obvious and puts people off - we want to know about the real you and the way you think, not a computer programme

Principles that separate strong industry CVs from clinical ones:

Brevity. The ability to make your point efficiently is directly transferable to the role you're applying for. Demonstrate that here.

A compelling introduction: Who you are, what you want to do and why you're a great prospect.

Key achievements. What are you most proud of in your career? What are the projects you'd speak most passionately about? You're demonstrating exceptionalism here so you can go a bit off piste.

Lose the jargon. Find elegance in simplicity. The first reader may not be a clinician. Spell out acronyms; frame clinical work in transferable terms.

Always tailor per application. A generic CV will be comparatively bland when read next to a document that's been calibrated to the company and role. Adapt your language to mirror that used in the role profile. It'll make your CV more AI friendly and a human will have a stronger sense of simpatico when reading it.

Explain any significant gaps in your CV clearly and honestly. They're red flags without context.

TIP

Tip. Once your CV's in good shape do a word count. See if you can edit to strip out an additional 200 words. This may sound arbitrary but the exercise has value.

LinkedIn is not optional

YOUR PROFILE

A professional, well taken photo for your profile picture. Almost certainly not something taken at a social event. Please avoid the use of AI touch-up tools. This should be an authentic representation of the way you look.

A headline that states your value proposition, not just "Doctor at [Trust]." Aspirant industry physician is a good start.

An "About" section written in the first person that includes your transition story. This will be similar to the introduction in your CV but can include more of your own voice.

Experience framed the same way as your CV; main responsibilities and an emphasis on notable achievements.

Turn on "open to work" discreetly if appropriate, targeted at the functions you want.

Signals of interest. Follow the companies on your target list, engage thoughtfully with industry content, and connect deliberately (Chapter 9).

Posting. Set out to generate and post content on a regular basis that has relevance to your job search. This can cover a wide range of areas. Stay positive, speak well of people.

Be open to who you accept invitations from if the approach looks even peripherally relevant. Having a lot of first line connections will aid you in identifying relevant people to approach in target companies.

TIP

Tip. Change the landing URL for LinkedIn from LinkedIn.com to your own profile URL. Bookmark that. If you're like me you'll avoid hours a week doomscrolling the hellscape that is the LinkedIn Feed

Cover notes and supporting material

A short, specific cover note. Addressed to the recipient by name. Three tight paragraphs: why this company, why this role and what you bring. Mention something real about the company. Demonstrate you've done your background work. Reference an ongoing clinical trial or some recent news about the business for example.

THE THROUGH-LINE

Your CV, LinkedIn, cover note and the way you talk about yourself should all tell the same story with the same value proposition at their core. Consistency makes you credible.

ACTION THIS WEEK

> Action this week: Build a two-page master industry CV and rewrite your LinkedIn headline and About section to match. Have one person who knows industry read both.

06

Building a target list

As Previously mentioned; volume is not a strategy. You need a focused target list. A deliberately chosen and prioritised set of organisations you are pursuing, rather than a reactive scan of whatever jobs happen to be posted.

Why a target list changes everything

Most job applicants wait for the right job to appear and then apply. The best roles are often filled through networks before they're widely advertised. Reactive applicants are always in the largest, most generic pile. A target list flips this: you decide who you want to work for, then build relationships and visibility with them over time. The result is that when a role appears, or even before, you're already known. It also makes the tailoring in Chapter 5 feasible and turns networking (Chapter 9) from aimless to purposeful.

How to build a target list

Aim for a working list of 20–40 organisations tiered by fit. Sources to build it from are suggested in appendix C.

Therapeutic-area mapping. Start from your clinical expertise and list the companies active in that area. This is your strongest natural fit and the easiest place in which to be credible.

Professional bodies and directories. The ABPI membership list, FPM connections, and industry directories give you the universe of relevant employers.

CROs and mid-size players, not just the household-name pharma companies. They hire plenty of entry-level physicians and are less swamped with applicants.

Location and working-pattern filters that reflect your real constraints so the list is genuinely actionable. There's no sense in applying for a bank physician role with a Manchester based business if you live in Surrey and can't relocate.

Company news and pipeline. Companies expanding, launching a product, or opening a new therapeutic area. Following industry news keeps you informed.

How to tier and use it

Sort your list into tiers. For example, dream-fit, strong-fit, and pragmatic-first-role. Then for each, capture a few things in a simple tracker: why they fit you, any connection you have or could build, roles they typically hire, and your status with them. Keep it live.

COMPANY	TIER	WHY IT FITS ME	MY CONNECTION	STATUS

The list is not a one-off. It's the backbone of your campaign and is a living document. It directs your networking, your LinkedIn following, your direct approaches, and your applications. It turns a scattered job hunt into a focused, purposeful one.

ACTION THIS WEEK

> Action this week: Draft a list of your first 20 target organisations, starting from your therapeutic area. It doesn't need to be the finished article, just the start.

07

Making approaches

With a target list in hand, you can do what many aspirants never do: approach in-function people directly. The alternative is clicking the APPLY HERE button and keeping your fingers crossed

Why human to human beats the queue

An application to a LinkedIn ad or company career portal drops you into a largely automated and algorithmic process alongside tens or hundreds of others. A direct, warm approach to a named and relevant person with a specific reason can bypass that pile entirely. The effort-to-reward ratio is far better than mass applying.

The routes in, in rough order of strength

- A warm introduction through your network to someone at the company who knows and can advocate for you (Chapter 9).
- A direct approach to a hiring manager or in-function team member, typically via LinkedIn.
- The company's own careers site, applied to after you've done the above, so your name is already familiar.
- Pharma-specific boards (such as Pharmiweb), external recruiters will still post here and the good ones will engage more often than not.
- LinkedIn last, and even then, tailored (again not with AI. Do the work)

How to make a direct approach that works

The initial LinkedIn invitation request should include a short, warm, polite and generic message. Do **not** reference your job search.

Once connected you can follow up with a more detailed message.

Be specific. Reference the contact's experience, company, the team, or a recent piece of news. Avoid being too sycophantic.

Ask for a brief conversation, not a job. "Could you spare 15 minutes to tell me how about your team?" is far more answerable than "are you hiring?"

Be respectful of their time and have one clear ask that's easy to say yes to.

Follow up once, politely, then move on. Persistence is good; pestering is not.

Managing expectations

You will hear more silence than replies to the follow up. This is normal and not personal. A courteous, well-researched approach that gets ignored has still cost you little and can open a door. Play the numbers with quality, patience and gentle tenacity.

ACTION THIS WEEK

Identify three people at target companies and apply the process above.

08

Working with recruiters

This has been my world for thirty years. I've seen it all and I'm very well placed to help you navigate it.

What recruiters can and can't do for you

As in-house talent-acquisition teams have grown, much hiring now runs through the company directly. The space for a search professional to make a formal, warm introduction on your behalf is smaller than it once was.

Good recruiters will approach your relationship through the lens of service and mutual benefit. They'll give you market intelligence, flag roles you'd never have seen, and prepare you well for specific processes. Where they have a genuine relationship with a hiring company they can represent you and advocate for you.

What they cannot do is manufacture demand that isn't there.

How to be a candidate a recruiter fights for

Recruiters have limited time. They'll back the candidates who make them look good and are easy to work with. In order to improve how you're treated:

- Be clear and realistic about what you want and what you offer. The value proposition from Chapter 4 makes a recruiter's job easier.
- Be responsive and reliable. Reply promptly; do what you say you'll do; don't go dark or ghost them.
- Be honest about your other applications, timelines and constraints. Recruiters are burned by candidates who hide relevant information, and it invariably surfaces. There's a caveat to this; see the tip box below.
- Be coachable. If a recruiter gives you feedback on your CV or interview skills, act on it. It's free market intelligence.

How to find the good ones

Look for recruiters and search firms that specialise in life sciences and medical hiring specifically. Find those who demonstrate market knowledge and are honest with you about your prospects. A recruiter who tells you something you don't want to hear is often more valuable than one who flatters you. LinkedIn testimonials are a great indicator as is tenure in relevant recruitment businesses.

QUICK TIPS

Never let a recruiter submit you somewhere without your explicit consent, and never let your CV be submitted to the same role by two recruiters. It creates a mess that can cost you the job.

Never pay a recruiter for their services. It's illegal for us to charge jobseekers under the Employment Agencies Act 1973. This includes CV writing services.

Some recruiters are obnoxious. Regrettably they may happen to be working with a client who could be great for you. Hold your nose if you need to.

Never allow your CV to be sent to a company where you haven't been told the company name unless there is a legitimate demand from the hiring company to maintain anonymity in which case a non-disclosure agreement (NDA) is preferrable.

Don't tell recruiters where you're interviewing. They'll usually approach the companies you mention and offer candidates in competition to you.

ACTION THIS WEEK

Identify one or two specialist life-sciences recruiters, connect and have an honest conversation about how your profile reads. Treat it as intelligence-gathering.

09

The value of networking

If you take one strategic idea from this guide, take this: being *known* is the single biggest advantage you can build. Networking is not schmoozing. It's the deliberate work of becoming an authentic person to those who hire.

Why it matters more than anything else here

Everything in Chapter 1 points to the same conclusion. When applications vastly outnumber posts, employers lean heavily on people they know, people who come recommended and people they've encountered before. Most of the best transitions happen through relationships. The doctors who struggle are often those doing everything else well but applying as strangers.

The mindset that makes networking work

The doctors who find networking uncomfortable usually imagine it as asking strangers for jobs. Reframe that perception: you are **learning about a world you want to join, and building genuine professional relationships over time.** You are not asking for anything for most of the relationship. Ask people about their work; most are glad to talk about it. Offer something where you can. The job conversations come later and more naturally when you've built real connections.

Where to network

Industry Physician networking events. RSM symposia or faculty events for example. These are the highest-value networking environments.

LinkedIn, used as relationship infrastructure, not a broadcast channel: thoughtful connections to people in your target companies, genuine engagement, and direct, respectful conversations.

Professional bodies the FPM, ABPI events, therapeutic-area societies.

Informational interviews, as in Chapter 7, which are networking one relationship at a time.

Alumni and existing contacts. Doctors you trained with who've already moved into industry are your warmest possible route in and there are more of them than you may think. They may even get a monetary bonus if they successfully introduce you to their employer.

Facebook specifically 'UK Pharmaceutical Medicine Doctors group' who also run an annual networking event.

How to make an event count

Go in with a goal: a small number of genuine conversations, not a stack of business cards.

Lead with your value proposition when someone asks what you do you've already written it (Chapter 4).

Be curious, not transactional. Ask people about their path; listen more than you pitch. Two ears, one mouth. Use them in that ratio.

Follow up within a couple of days a short, specific LinkedIn message referencing your conversation.

Give before you get. Share a useful article, make an introduction, offer help. Reciprocity builds the relationships that later produce referrals.

TIP

Tip. Send me a LinkedIn connection request. You'll be adding over 10,000 industry 2nd line connections to your network in one fell swoop. https://www.linkedin.com/in/andypjwise/

Networking is a long game

The relationships you build today may produce nothing for a year and then produce the introduction that lands your first industry role. Start developing these skills now before you urgently need them and keep them warm. The candidates who network only when forced to do so can frequently appear desperate. The ones who've been genuinely networking for months are typically those who get the call.

ACTION

Identify an event that would be relevant for you taking place over the next 6 months. Attend where financially and practically feasible, get a delegate list where not.

10

Interviews

Getting a first interview is the hardest battle in this market. This chapter is about making the most of that opportunity. Industry interviews differ from NHS ones in ways that surprise unprepared clinicians. Preparation is everything.

How industry interviews differ from clinical ones

Expect less clinical quizzing and more of the following:

- **Competency and behavioural questions** ("Tell me about a time...")
- **Motivation and fit** ("Why industry? Why us? Why this role?")
- **Commercial and strategic awareness**

and often a **case exercise, presentation or task.**

The bar is not "are you a good doctor" but rather "will you thrive in a commercial, cross-functional environment, and do you understand the role?"

Preparing well

Research the company deeply: its products, pipeline, therapeutic areas, recent news and how the role fits. This is where your target-list research (Chapter 6) pays off. The use of AI can strongly help here.

Ensure you have a full role profile for the position and learn it by heart. Rehearse situations from your past that relate to the competencies listed.

Review the all of the interviewers' LinkedIn profiles thoroughly.

Prepare your story: a crisp, confident answer to "Why are you leaving clinical medicine?" that is positive and forward-looking. You're moving *towards* something.

Build a bank of examples using a simple structure (situation, task, action, result) that translate professional (and significant personal) experiences into the competencies the role needs. Draw these from the achievements and projects in your life that you're most proud of. Ensure you're referring to your own achievements rather than accomplishments of your team.

Learn the language. Understand the basics of drug development, the function you're applying to, and the relevant regulatory and commercial context well enough to hold a conversation. You don't need to be an expert; you need to show genuine, informed interest.

Prepare for the "demonstrated interest" probe. Be ready to evidence *why* industry and what you've done to prepare for such a role.

Questions you should ask

Strong candidates interview the company back signalling seriousness and curiosity. Ask about how the team is structured, what success looks like in the role's first year, how the function works with commercial and regulatory colleagues, and what they're looking for that they haven't found. Never raise salary and benefits. Do ask about forward career options and how training and development are managed

TIP 1 MY FAVOURITE QUESTION;

Ask where the pain is for the hiring manager and the organisation and ask how you'd address that if you were to get the role.

TIP 2 'OPEN' QUESTIONS'

Open questions are those that cannot be answered with a 'yes' or 'no'. 'Who?', 'What?', 'When?', and, most usefully, 'Why?'. Use these in conversation rather than closed questions. You'll get richer and more interesting answers.

TIP 3 LEARNING FROM PAST EXPERIENCES

When asked to give competency based answers a reflection on what you'd have done differently with the benefit of hindsight shows excellent self awareness.

Handling the "Why are you leaving medicine?" question

The wrong answer is any version of "The NHS is broken and I want out." A good response is a positive account of what draws you *to* this work which honestly reflects your interest supported by what you've already done. Acknowledging that there is a push is absolutely fine. Keep it in proportion.

The best answer here (as is almost always the case) is the direct and simple truth. Authenticity is never going to go out of fashion.

11

Making the move: your action plan

You've got the map. This chapter turns it into a sequence and a mindset.

The realistic timeline

This is usually a campaign of months, perhaps years and acknowledging this protects you from the discouragement that makes many give up right before it starts working. A rough shape:

Months 1–2: Foundation. Define your value (Ch. 4), build your CV and LinkedIn profile and presence (Ch. 5). Draft your target list (Ch. 6).

Months 2–4: Visibility. Start networking in earnest (Ch. 9), begin informational interviews and direct approaches (Ch. 7). Engage with your target companies so you become known.

Months 3–6+: Applications and interviews. Apply selectively to well-fitted roles. Draw on the relationships you've built, and convert these to interviews (Ch. 10).

These overlap and iterate. The point is that visibility precedes applications

The mindset that sustains a hard search

Expect rejection and silence. Don't take this personally. Strong candidates hear "no" or nothing far more than "yes." Persistence, consistency and iterative improvements will combine to improve outcomes.

Aim for the first role, not the perfect role. The hardest step is getting in; once inside, movement is far easier. A pragmatic first role that's a genuine fit beats waiting indefinitely for the ideal title.

Protect your energy. This is a marathon run alongside a demanding clinical job. A steady, sustainable pace beats bursts of frantic applying followed by burnout.

Keep learning as you go. Every conversation, rejection and interview is market intelligence. Adjust.

Your one-page action checklist

- [ ] Written my one-sentence value proposition (Ch. 4)
- [ ] Completed the clinical-to-industry translation of my experience (Ch. 4)
- [ ] Built a two-page, targeted industry CV (Ch. 5)
- [ ] Rewritten my LinkedIn headline and About section to match (Ch. 5)
- [ ] Drafted a target list of 20–40 organisations, tiered by fit (Ch. 6)
- [ ] Sent my first three specific, warm direct approaches (Ch. 7)
- [ ] - [ ] Had an honest conversation with a specialist life-sciences recruiter, ideally me (Ch. 8)
- [ ] Had three real networking conversations and followed up within 48 hours (Ch. 9)
- [ ] Reconnected with contacts who've already moved into industry (Ch. 9)
- [ ] Committed to a realistic, months-long timeline and a sustainable pace (Ch. 11)

A closing word

I had a lot of help in preparing this guide from existing industry medics who were kind enough to offer their time and insights. I'm hugely grateful.

The numbers at the start of this guide are sobering but they describe a market that is *navigable rather than insurmountable*. The doctors who make the move to industry well are not always the ones with the best clinical background but those who understand and can articulate their value, make themselves known and keep going with quality and patience in the face of silence and rejection.

I hope the guide helps (let me know!) and wish you the very best of luck with your job search.

This is entirely within your control. Good hunting.

Andy – Corvus Talent

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A

APPENDIX A

Glossary of industry roles and terms

ABPI Association of the British Pharmaceutical Industry. The trade body. Its member list is a useful map of employers, and its code governs how medicines are promoted.

Biotech Smaller, often research-intensive life-sciences companies, frequently focused on a specific therapeutic area or technology platform.

CCT Certificate of Completion of Training. The endpoint of NHS and Industry specialty training.

Clinical Development / Clinical Research Designing and running clinical trials to generate efficacy and safety data.

CRO Contract Research Organisation. Runs trials and related services for pharma and biotech; a significant employer of physicians, often at entry level.

DPM Diploma in Pharmaceutical Medicine. A qualification in the field; not required to work in industry but one that will offer value throughout the course of your industry career.

FPM Faculty of Pharmaceutical Medicine. The professional body for pharmaceutical physicians; oversees PMST.

Medical Affairs The scientific/clinical function that ensures accurate, ethical communication about a company's licensed products and builds relationships with the clinical community.

Medical Director Senior medical leadership role within a company; a career destination rather than an entry point.

MHRA / EMA / FDA The UK, European and US medicines regulators.

MSL (Medical Science Liaison) Field-based scientific role building peer relationships with senior clinicians; a common first industry role for doctors.

Pharmacovigilance (PV) / Drug Safety Ongoing monitoring of a medicine's safety across its lifecycle.

Medical Final Signatory a GMC registered physician or UK registered Pharmacist are required to 'sign off' all promotional material ensuring that the ABPI code of conduct is being met.

PMST Pharmaceutical Medicine Specialty Training. Structured specialty training leading to a CCT in pharmaceutical medicine; optional for working in industry.

Regulatory Affairs The function managing a company's interactions with medicines regulators.

SMO – Site Management Organisation An organisation that runs a group of dedicated clinical research sites.

TA team (Talent Acquisition) In-house recruitment function; now the primary route through which most industry hiring runs.

B APPENDIX B

Curated resources

Faculty of Pharmaceutical Medicine (FPM) careers information, PMST/DPM details, and events. fpm.org.uk

ABPI (Association of the British Pharmaceutical Industry) careers resources, member directory, and the industry code. abpi.org.uk

NHS Health Careers - Pharmaceutical Medicine overview of the pathway for doctors. healthcareers.nhs.uk

Pharmiweb and other pharma-specific job boards for role listings once you're applying selectively.

NHS England competition ratios to check the current competitiveness of your own specialty.

C

APPENDIX C

Company and pipeline research sources

The Biotech Voyager: https://www.thebiotechvoyager.com/ biotech company discovery and pipeline round-ups.

ClinicalTrials.gov: https://clinicaltrials.gov/ pipeline discovery by condition/intervention and sponsor.

EU Clinical Trials Register / CTIS: https://euclinicaltrials.eu/ European trial sponsors by condition.

PatSnap Discovery topic pages: https://discovery.patsnap.com/ 'top companies in X' maps by technology/indication

Research & Markets articles: https://www.researchandmarkets.com/ 'key companies in X' articles

ABPI / TOPRA news & member pages: https://www.abpi.org.uk/ UK pharma landscape and regulatory community.

Fierce Pharma / Fierce Biotech: https://www.fiercepharma.com/ launches, restructuring, M & A, hiring context.

Endpoints News: https://endpts.com/ biotech funding, pipeline and company news.

PharmaTimes / pharmaphorum: https://pharmatimes.com/ UK-slanted industry news.

REFERENCES

Sources

The statistics in Chapter 1 are drawn from the following, accessed July 2026:

NHS England / NHS Medical Training 2025 competition ratios (83,962 applications for 11,154 posts; specialty-level ratios). medical.hee.nhs.uk

House of Lords Library *Competition for specialist training programmes in the NHS* (2024 ratios; core surgical and emergency medicine application trends; BMA "two to one" and "never at such high levels"; foundation-doctor and overseas-registration figures).

GOV.UK *Government to prioritise UK medical graduates for training places* (competition up ~150% since 2019; 1.4→3.5 applicants per place; ~30,000 applicants for ~10,000 places in 2025; Medical Training (Prioritisation) Act 2026; additional training places).

British Medical Association statement on specialty training application bottlenecks.

Faculty of Pharmaceutical Medicine Careers in Pharmaceutical Medicine FAQs (four-years'-experience recommendation; "hardest obstacle you will face"; PMST/DPM optional).

ABPI Pharmaceutical careers for doctors (role definitions across medical affairs, clinical development, pharmacovigilance, early research).