From academic to medical writer

A guide to

going started in medical communications

Written by Dr Annick Moon
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For more information about medical communications see
www.medcommsnetworking.co.uk/startingout
Can you harness word power?

The written word has the power to educate, inform and persuade. It is a valuable resource, and one that is wielded every day by the editorial team at Succinct Healthcare Communications, a fast-growing, innovative medical education agency based in Amersham, Buckinghamshire. Our medical writers and editors underpin virtually every project, creating key documents for a wide range of blue chip pharmaceutical companies, leading healthcare organisations and influential charities. Their output includes formal primary research papers, chatty conference reports and eye-catching PowerPoint presentations. Whatever the task, they bring a passion for clarity and accuracy—and a love for the English language.

If you are interested in developing a career in medical writing, contact us.

Acknowledgements

Many thanks to the numerous members of the MedComms Networking Community who have contributed their thoughts and comments during the development of this publication. If you have any feedback please let us know.

Further copies are available to download directly if you visit www.medcommsnetworking.co.uk/startingout

Printed copies of this guide are also available if you contact the Publisher, Peter Llewellyn: peter@networkpharma.com
Foreword

The University of Oxford has been running career events in medical writing since 2007 in collaboration with NetworkPharma, and Annick has been a regular contributor. The combination of enthusiasm and professionalism that these medical communications experts have brought to our portfolio of careers events has made these events really successful. We have had participants from as far afield as Manchester coming along, and have recently opened up our 1-day events to Universities across the South of England and Midlands.

These events, and the interaction between the University of Oxford Skills’ Training group and the Careers Service, has opened doors for our Masters’ students, graduate research students and also our highly skilled post-doctoral community. The intensive 2-day events that have been organised in collaboration with NetworkPharma have been particularly successful in identifying those who would flourish in a career in medical communications. The events include a ‘speed-dating’ session, introducing attendees to medical communications agencies.

In this useful and clear introduction to the world of medical writing and the exciting careers it offers, it’s particularly pleasing to see contributions from former post-doctoral scientists from the Medical Sciences Division in the University of Oxford.

Professor Edith Sim
Director of Graduate Training
Medical Sciences Division, University of Oxford
March 2009

About the author

Annick Moon is a freelance medical communications consultant and writer, living and working in Oxford. After gaining a degree and doctorate in physiology from Newcastle, she undertook post-doctoral research at Oxford and Manchester. During her time as an academic, she was an editorial committee member for the Physiological Society’s magazine. Annick started her first job in medical communications eight years ago, working for five years at various agencies before setting up on her own.

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Introduction

After years of hard work, you have finally got your doctorate. Or maybe you’ve got a few post-docs under your belt. Lectureships are hard to come by. Grant application after grant application is unsuccessful. As one short-term contract begins, it is time to start looking about for the next. Sound familiar? Time to leave academia, but feel like you’ve occupied a narrow scientific niche for so long that you’ve specialised yourself out of the job market?

Leaving academia doesn’t mean turning your back on science. Your vast scientific knowledge, and your research and analytical skills are truly valuable – have you ever thought about a career in medical communications?

So what is medical communications?

No…

◆ Journalism
◆ Academic publishing

Yes…

◆ Providing consultancy services to the pharmaceutical industry to help raise awareness of medicines via education and promotion

Medical communications provides consultancy services to the pharmaceutical industry to help raise awareness of medicines via education and promotion

About this guide

This guide focuses primarily on the role of the Medical Writer in medical communications agencies. The Medical Writer’s role is to use science and language to deliver education and communication programmes for the pharmaceutical industry, while working to the highest ethical standards and adhering to industry regulations and guidelines.

The aim of this guide is to give the industry information you need to decide if you are suited to the role of Medical Writer, and to provide the insider knowledge you need to excel at interview.

For more information about starting out in medical communications and details of careers events, past and future, visit www.medcommsnetworking.co.uk/startingout
OK. So you know the pharmaceutical industry develops new drugs that treat diseases and improve the lives of people. But how much do you really know about bringing a drug to market?

From bench to benefit

A medicine starts out as a new chemical entity which, after many years of basic research, has emerged as a potential treatment for a particular disease. To put this in context, consider that of 10,000 promising new chemical entities, if 1 makes it to the first stage of a clinical trial, the R&D department are doing well. The new chemical entity must then undergo many years of clinical development, and must fulfil many criteria before eventually being approved for use as a medicine.

Getting a drug from the laboratory through all of the necessary clinical trials and regulatory administration, and approved for release on the healthcare market represents a major triumph for a pharmaceutical company; indeed, developing a drug can take up to 15 years and the cost can run into the £billions – but the story doesn’t end there. To get doctors to prescribe the medicine, you have to tell them about it, which usually involves marketing and communications activities: ensuring that doctors are well informed about a new medicine is essential if it is to be used appropriately, and ultimately improve the health of many thousands of people.

To appreciate the scale of the ‘from bench to benefit’ process, it is first necessary to consider the phases of clinical development.

Pre-clinical

Before a new drug can be tested in people, it must undergo rigorous pre-clinical testing both in vitro and in suitable animal models, also known as non-clinical testing. During this phase, important pharmacological data are obtained about drug dosing, and potential hazards and risks are identified. This allows the regulatory authorities to make a risk assessment and consider the drug’s suitability for testing in humans.

Phase I

Once approved for testing in humans, Phase I can begin (sometimes known as a ‘first-time-in-man’ study). Phase I studies typically involve a small number of healthy human volunteers in whom the chemical toxicity and the clinical side-effects of the drug are investigated. Volunteers receive various doses of the drug, and the aim is to determine the drug’s pharmacokinetic and pharmacodynamic profile in humans.
Phase II

After the initial safety testing in human volunteers is complete, the drug can be tested in patients. The aim of a Phase II trial is to provide ‘proof-of-principle’ and to assess the clinical benefits of the drug, in addition to the side-effects, sometimes in comparison with placebo. The benefit/risk profile of the drug is then used to plan the next phase of development.

Phase III

If the Phase II study shows the drug to provide a good clinical effect without producing unacceptable side-effects, then a larger Phase III study can begin. A Phase III trial must compare the new medicine to the current standard treatment for the disease (although comparison with a placebo is possible if there is no suitable active comparator). A Phase III trial is designed to show a statistical difference between the new drug and the comparator, and establish its therapeutic benefit and side-effect profile.

If efficacy is established in Phase III trials, then all data are submitted to the regulatory agencies who will decide whether the drug can be marketed based on the strength of evidence.

Phase IV

Phase IV trials are often referred to as post-marketing surveillance studies – following a successful Phase III trial the drug will have been approved and marketed, so a Phase IV trial is used to gather information in large populations to assess optimal use and side-effects that may not have been identified in a clinical trial setting.

Lifecycle management

Most pharmaceutical products have patent protection for a limited number of years from launch, during which time the company must recoup the development costs as well as make a profit. Maximising sales involves regular marketing activities, while identifying additional diseases against which the drug could be used.

Why does the pharmaceutical industry need external consultants?

The simple answer to this question is that it makes financial sense for a pharmaceutical company to outsource certain activities to external partners. From running a clinical trial to manufacturing a box for the medicine, the pharmaceutical industry is supported by organisations and agencies, each with specialist expertise.

A useful resource...

A rough guide to agency services

There are a range of different agency services and it can be confusing trying to figure out which agency does what, especially as the terminology is often used inconsistently. Some agencies concentrate on legal and regulatory documentation, others support publications and medical education, and others focus on advertising and promotion. Some of the agencies offer a full range of consultancy services, such as medical education, public relations, market research and advertising, whereas some focus on a niche area.

Many of these agencies are part of a global group, with sister agencies covering the range of healthcare communications and marketing services, and there are also many small independent specialist agencies.

Medical communications agencies tend to have their roots in traditional medical education project work but position themselves as strategic communication partners with a wider spectrum of capabilities. You will often, therefore, find the terms medical communications and medical education used interchangeably.

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What is a medical communications agency?

Sometimes called a medical education agency or ‘MedComms’ agency, this type of company traditionally supports the development of materials such as journal manuscripts for peer review, learning resources, slide kits, and posters and presentations for conferences. However, the boundaries are often blurred, and medical communications agencies may also touch on media materials to support public relations activities, or more promotional materials at the commercial end of the spectrum (i.e. brochures, leaflets and animations). However, whatever the service offered, the objective is always the same – to educate and inform audiences such as doctors, patients, nurses and hospital managers about innovations and perspectives in healthcare.

Medical communications agencies also provide expert consultancy services to the pharmaceutical industry, advising them on maximising the dissemination of the available clinical data and devising campaigns to help the drug gain a slice of the limelight in a crowded marketplace. As far as medical education is concerned, the role of the agency is to advise the company on how best to educate and inform its customers (i.e. doctors, nurses, hospital managers, pharmacists, patients) about the benefits and risks of the therapy using clinical and economic data. All materials must comply with best practice guidelines, as issued by bodies such as the European Medical Writers Association and the International Society for Medical Publication Professionals.

Which job is for me?

**Account Manager**
New media agency

You will manage a diverse range of projects including on-line disease awareness and patient education websites, interactive... 

**Medical Editor**
Healthcare Communications Agency

Proofing copy to the highest standard for a full range of medical education and communications materials including scientific abstracts, papers, posters, oral presentations, print items, and multimedia; professional liaison with pharmaceutical industry key contacts; managing and co-ordinating materials through design.

**Medical Writer**
International MedComms

Suitable candidates will ideally have at least 18 months relevant writing experience with a background in Medical Communications, Clinical Research, Academic Research or Publishing. A life science degree is preferable. You will display excellent organisational skills and acute attention to detail.

**Editorial Project Manager**
Medical Education Agency

Are you an energetic, ambitious and passionate individual with the desire and potential to join one of the largest health communications agencies in the UK?

Medical writing

As a Medical Writer it is your job to write high-quality, scientific copy for the wide range of publications that a medical communications agency produces. It has been said that doctors leave university with a formulary in their head, which gets used for the rest of their careers; it is often said that a Medical Writer’s job is to ensure that new and improved drugs are added to that mental formulary. Although a PhD is not essential for a Medical Writer, it will be advantageous. A doctoral degree and maybe post-doc experience is particularly sought by agencies offering medical education, economics and regulatory consultancy services, and less so by public relations and advertising agencies.

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Pharmaceutical companies require good strategies to help deliver effective campaigns. What are you going to say? Who are you going to say it to? When are you going to say it? As a writer in a medical communications agency, as well as writing, you will help develop the communication strategy and publication plan that, for most pharmaceutical products, will run alongside the clinical development process and support the commercialisation of the drug. This plan will help ensure that the drug remains on the doctor's radar for the duration of its lifecycle. It will be your job to keep an eye on developments in any given scientific field, to recognise the big players in the therapeutic area, to assess the strategies used by your competitors by monitoring their publication activities and to identify opportunities to communicate your client's information.

Attending conferences, and advisory board and stand-alone meetings is a large part of agency life, so if you like travelling, this is a definite perk. Most Medical Writers have visited a few of the major conference venues of Europe such as Prague, Copenhagen, Amsterdam, Paris, Barcelona, Berlin, Munich, Nice, Rome and Milan… not to mention some of the popular global venues such as Cancun, Toronto and Sydney. However, although you may find yourself staying at a nice hotel, you won’t necessarily get much sleep or see much of the scenery.

A Medical Writer's job is to ensure that new and improved drugs are added to a doctor’s mental formulary

Opinion Leaders

The early data are impressive

Pharmaceutical Client

Can you get the data published by August?

Medical Writer

• Writing and strategic development
  • Primary papers
  • Reviews
  • Case studies
  • Conference materials
  • Newsletters
  • Monographs
  • Websites
  • Videos
  • Slide kits

• Build relationships with clients and opinion leaders

• Liaise with Designers, Writers, Editors, Account Managers, Project Managers

Medical editing

Many agencies combine the roles of writing and editing. In such agencies, a Medical Writer is expected not only to produce original articles but also to be able to ‘edit’ other writers’ work – checking it for scientific accuracy, and grammatical and editorial errors. However, some agencies split these roles, employing both Medical Writers and Editors. In such agencies, Medical Editors tend to have a wider function, adding proofreading and print production skills to their editing role. In terms of entering an agency as a trainee, agencies more commonly recruit writers than editors. Trainee editors are often known as Editorial Assistants.
Account management
An Account Manager/Executive is responsible for making sure that projects are delivered on time and on budget. This role includes tasks such as preparing cost estimates, tracking projects, liaising with internal team members and external suppliers, negotiating with clients and preparing invoices. Usually, Account Managers progress to become Account Directors, a position that may additionally involve looking for new business opportunities and promoting the agency to potential clients (although some agencies employ dedicated sales staff). Account Managers often have a scientific background, but it is not essential.

Event management
Attending conferences, and advisory board and stand-alone meetings is a large part of agency life. Conference Managers are involved in all aspects of event management, including the production of materials to promote the events, sourcing venues, programme development, and booking flights and hotel rooms for attendees.

A scientific background is not essential for this role, and many people come to the job from a background in hospitality or event management. Arranging the travel for 20 doctors, making sure that they are all assembled at a specific time on a specific day, while making sure the congress organisers supply coffee, and making sure the pens have been shipped on time, and ensuring the writer has brought the slides, and briefing the audio-visual technician – is somewhat of a challenge. However, if you like travelling and you can cope with stress, then this may be the job for you.

Why join a medical communications agency?
When it comes to getting a broad experience, a medical communications agency is the place to be. One day you’ll be writing a highly technical document and using all of your scientific and research skills, and the next you’ll be using your creative powers to summarise the entire document in one diagram. Also, in a medical communications agency, it is possible to find a job that suits you: some people prefer the more scientific, educational element of the job and are happy to write nothing but technical manuscripts that may focus very specifically on narrow therapeutic fields, whereas others enjoy the challenge of a new therapy areas.

Other people prefer the more creative element of writing a range of materials, or prefer to be out of the office talking to clients.

Career progression
Whatever position you choose as a starting point, once in the industry, there is scope to change direction and to progress in various ways. The editorial route leads from Medical Writer to Senior Writer; beyond this, job specifications tend to vary between agencies, offering the opportunity to define and develop your career according to your strengths. Some writers choose to focus on writing in roles such as Principal Writer and Editorial Team Leader; others do less writing, focussing more on managing and directing accounts.
So you want to be a Medical Writer…

There’s an equation to describe Medical Writers:

\[\text{Likes science} \times \text{likes writing} = \text{Medical Writer}\]

Common characteristics of a Medical Writer in no particular order

**Established scientist**

A doctorate and post-doctoral experience will be advantageous when applying for a job as a writer, although not essential. The basic entry requirement is a science degree.

**Enjoys writing**

It goes without saying that you’ll be the type of person who actually enjoyed writing your thesis rather than seeing it as a necessary evil.

**Pedantic**

If the use of an apostrophe in a plural word makes your blood boil, or if you have ever told a checkout girl that it is ‘10 items or fewer’ not ‘10 items or less’ then you are a true pedant (mention this at your interview for extra points). This type of pedantry is often called attention to detail.

**Good listener**

Whereas in academia your opinion about *Drosophila* eyelids was valued, in medical communications, although you’ll be expected to have a good knowledge of numerous therapeutic areas, your opinion may not be asked for. You will be required to listen to the client and the medical experts, and to communicate their opinions.

**Excellent research skills**

You will be expected to get to grips with numerous new clinical fields very quickly. Although it’s always nice to get a project that is related to your research background, this doesn’t happen very often. For example, your existing knowledge may be in microbiology, but you may be expected to become an expert in psychiatry. You will have to be able to research new areas, to take on board a large amount of information quickly and to discuss the diseases with confidence in a variety of situations. This may seem like a daunting task, but you’ll be surprised at how far the research skills you developed during your doctorate can carry you.

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Comfortable with statistics
You don’t have to be an expert in statistics, but presenting data and making them easy for doctors to understand will be part of your job. Medical statistics are a far cry from the odd t-test you had to do for your doctorate, and whereas you won’t be expected to number crunch, you will have to produce evidence-based arguments based on clinical data. A basic understanding of the analyses used in clinical trials will be essential, and you should find that you quickly get to grips with various statistical concepts.

Thick skinned
It may seem like a step backwards going from being a respected scientist to being a trainee, and learning to be a writer will be tough to begin with. You will hand over a piece of work on which you have laboured, only to have it covered in red ink by a Senior Writer. Nevertheless, if you stick with it, you will gradually develop a set of much sought-after skills. However, once you become an experienced writer, this still doesn’t mean that people will coo and cluck over your every word: many a beautiful piece of work has been picked apart by a client, so you have to be able to take it on the chin, and re-write it numerous times if necessary.

Getting your foot in the door
Preparing a good CV is essential when applying for any job, but when applying to be a writer, editorial accuracy is extremely important. Unlike other sectors, your CV and covering letter will be assessed by a panel of editors who will spot grammatical errors, spelling mistakes and clumsy sentences, and these things will not be forgiven.

Additional experience
Writing experience outside of your academic work will help get you noticed and will show that you have a genuine interest in communications. Getting published is easier than you think. Many of the academic societies produce a publication for their members and the Editor will be happy to consider your contribution. For example, the Physiological Society produces Physiology News, a quarterly magazine, and the Genetics Society produces Genetics Society News, a bi-annual newsletter. Or, if you are feeling really ambitious, you could enter the Daily Telegraph’s science writers’ competition. Failing that, consider setting up your own blog – a good way to get published with no barrier to entry. If none of these options appeal, don’t worry, you still have plenty of transferable skills to use to sell yourself.

A useful resource…
Transferable skills

When leaving academia it is very easy to understate your skills and experience. Something you may consider to be a mundane everyday task may represent a valuable skill to a potential employer:

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<tr>
<th>Skill</th>
<th>Example</th>
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<tr>
<td>Writing</td>
<td>Doctoral thesis, peer-reviewed manuscripts, slide presentations, conference posters/abstracts, grant applications</td>
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<tr>
<td>Presentation skills</td>
<td>Transfer talk, conference and other presentations, journal club</td>
</tr>
<tr>
<td>Project management</td>
<td>Designing experiments and scheduling resources</td>
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<tr>
<td>Project leading and mentoring</td>
<td>Mentoring project students, teaching/demonstrating</td>
</tr>
<tr>
<td>Teamwork</td>
<td>Liaising with colleagues and collaborating with other research groups</td>
</tr>
<tr>
<td>Opinion leader experience</td>
<td>Confidently discussing complex issues with leading experts (e.g. in the pub on a Friday night!)</td>
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The writing test

As part of the interview process, you will be asked to do a writing test. Sometimes this will be before you are invited to interview, and sometimes after your first interview. There is no industry standard for the test. Examples of what you may be asked to write include:

- an abstract for a poster or a manuscript
- a mini review based on a small number of papers that have been supplied
- a news article based on a conference report, manuscript or other background documents
- a conference report based on a slide presentation and abstract book.

Whatever the task, it is important that you prepare properly. Even if your writing skills are excellent, you are unlikely to be an expert in drafting clinical documents, and it is even less likely that you will be aware of the ins and outs of writing copy. Don't worry though, because the reviewers will not expect you to be an expert, but they will be looking for:

- attention to detail – avoid spelling mistakes and grammatical errors
- structure and flow – provide a well-structured document with a logical flow of ideas
- simplicity – don't overcomplicate the project by doing extensive background research about the disease: it is unlikely that a writing test will need this, and the test nearly always involves reporting the information you have been given.

The agency will probably give you a guide as to how long the test should take. You may find that it takes quite a bit longer, but this is fine and is often the case. If you go over the suggested time by days, rather than hours, maybe you should consider other roles within the agency.

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Using your initiative can make all the difference when it comes to getting through the writing test. For example, if you are asked to write a newsletter aimed at nurses, buy a copy of *Nursing Times* to get an idea of pitch and tone. Also, there are many guides to medical writing available that are definitely worth a read before attempting the test. *How to Publish in Biomedicine*, by Jane Fraser, gives excellent advice and tips.

However, sometimes using too much initiative can be an applicant’s downfall. If you already know someone who is a Medical Writer, it is fine to ask for advice, but do not ask them to do the test for you. The people reviewing your test will know what standard to expect based on the experience outlined on your CV. If you get offered the job based on dishonesty, you will be found out when the work you produce on your own falls below the standard of your test.

As well as a writing test, you may be asked to complete an editing test, to assess your eye for detail. If you use standard editing marks, this will be viewed favourably, although this is not what is being tested so it is fine to mark-up the mistakes using whatever method suits you.

### Editing test

The following editing test contains 20 editorial errors – these include errors of spelling, punctuation, grammar, consistency or meaning. For fun, how many can you spot?

(Answers on page 15.)

Over a median followup of 8.4 years, 64 patients (9.7%) experienced disease recurrence (median time to recurrence 5.6 years). The 5, 10- and 15 year recurrence-free probabilities were 0.93, 0.87, and 0.81, respectively. Using time-to-event estimates to adjust for differences in follow-up between groups, radiotherapy was found to reduce tumour recurrence in patients who received a sub-total resection ($p<0.001$) but not in those undergoing gross-total resection of the tumor ($p=0.63$). Multivariate analysis identified cavernous sinus invasion (hazard ration 3.6, 95% CI 1.5-6.4, $p<0.001$) and STR without radiotherapy (HR 3.6, 95% CI 1.4–14, $p=.01$) predictive of an increase in disease recurrence. Median follow-up for overall survival was 14.0 year. The 5-, 10-, 15- and 20-year estimates for overall survival were 0.91, 0.81, 0.69 and 0.55, respectively. Mortality was higher in patients who underwent radiotherapy with or without SRT than would have been expected in the general USA population.

### Earning potential

Starting salaries vary between agencies, and depend upon your experience. As a ballpark, trainee writers can expect to start on £20–30K. However, this is just a starting point, and the rate at which your salary increases is entirely dependent on how you progress. It is often a source of frustration to trainees with many years of post-doctoral experience that they have started on a similar salary as someone straight out of their doctorate; however, don’t be disheartened. With more experience and knowledge, it is likely you will progress quickly. For example, some trainees can take a year or two to gain ‘experienced writer’ status, whereas others do it more quickly. Either way, your career and salary progression are in your own hands. Salary bands aren’t set in stone, and earning potential within the industry can be huge – it is not unknown for a writer to go from being a trainee to running their own department, or even their own company, within a few years.

*Moon A. From academic to medical writer. March 2009. [www.medcommsnetworking.co.uk/startingout](http://www.medcommsnetworking.co.uk/startingout)*
Further information

Useful books
A-Z of Medicines Research
Stephen Bartlett, ABPI, 2007
Available free of charge from www.abpi.org.uk

Creating Effective Conference Abstracts and Posters in Biomedicine
Available from www.radcliffe-oxford.com
ISBN-13 9781857756876

Available from www.radcliffe-oxford.com
ISBN-13 9781857756876

How to Publish in Biomedicine Second Edition
Available from www.radcliffe-oxford.com
ISBN-13 9781846192630

Specialist Jobs Boards
eMedCareers – www.emedcareers.com
InPharm – www.inpharm.com
Pharmiweb – www.pharmiweb.com

Professional bodies
European Medical Writers Association – www.emwa.org
Healthcare Communications Association – www.hca-uk.org
International Society for Medical Publication Professionals – www.ismpp.org
MedComms Networking – www.medcommsnetworking.co.uk

Pharmaceutical industry news, views and information
First Word – www.firstwordplus.com
PharmaFocus – www.pharmafocus.com
PharmaTimes – www.pharmatimes.com
Pharmaceutical Executive – www.pharmexeurope.com
Pharmaceutical Marketing – www.pmlive.com
The Publication Plan – www.thepublicationplan.com

Answers

Over a median follow-up of 8.4 years, 64 patients (9.7%) experienced disease recurrence.

Further information

Further information

Further information
I started out as a biochemist, completing my training at Imperial College in the Biochemistry Department, then moving on to University College London for a post-doctoral position. It became clear early on that funding for academic research was scarce to say the least, and particularly so in my chosen field of gene therapy (a term uttered only in a whisper at the turn of the century). I thought a move into biotechnology would prove a more stable option but it was, in fact, the opposite. The problems with British biotech, then and now, are many fold: investors are afraid to invest and pharmaceutical companies are not often interested in buy-outs. The latter problem stems back to the conservative attitude towards state-of-the-art medications held by the National Institute for Health and Clinical Excellence.

With these issues in mind, an increasing propensity of vacancies for Medical Writers began to catch my eye, but without any agency writing experience I needed to build my skills base to get a foot in the door:

**Stage 1** – Editing experience: communications companies need to see evidence that a potential Medical Writer has excellent language skills and can work to tight deadlines. To achieve this I began proofing primary manuscripts via email for a plant journal published by Springer Ltd while their in-house language editor was on maternity leave (a lucky break from overhearing a conversation at a party).

**Stage 2** – Communicating scientific principles to a wider audience: an essential skill as a Medical Writer. To this aim, I began lecturing to life science undergraduates at the London Metropolitan University in the evenings after working in the lab. Many of the new universities regularly use ‘hourly-paid lecturers’ (usually post-doctoral scientists) on an ad hoc basis due to the unpredictability of student intake from one year to the next.

**Stage 3** – Getting interviews with communications agencies. Despite the current high demand for Medical Writers, academics are an unknown quantity and actually getting to the interview stage doesn’t happen without completing a series of writing tests. Recruitment consultants were a useful resource in this respect, and for advice on agencies, writing positions and salaries.

Following successful writing tests and an interview I now work for Zaicom Medical Marketing Communications (MMC) Ltd as a Medical Writer on a fast-track for a Senior Writer position. The work so far has included primary and review papers, product monographs, advisory board reports, competitor analyses, business research, therapy area newsletters, posters and slide packs. The therapy areas I’ve covered since the summer of 2007 include neuropathic and nociceptive pain, heart disease, contraception, stomach cancer, bacterial infections and solid organ transplantation.

Medical writing is a rewarding position for academics wanting exposure to a wider and more varied therapeutic landscape. The career prospects are excellent and the salaries are at least on a par with those of academic positions, and better as one’s career develops.

Matthew Booth
Medical Writer, Zaicom MMC

Communicating scientific principles to a wider audience: an essential skill as a Medical Writer

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Imogen Childs
Editorial Team Leader, Complete Medical Communications

As the daughter of a hippy piano tuner and a Morris-dancing art graduate, I was seemingly destined to end up in a creative profession. Much of my childhood was spent drawing my cat or playing the piano, and it appeared that my fate as a musical artist or an arty musician was sealed. However, when I wasn’t drawing or making music, I was organising Smarties by colour into lines or arranging buttons by size and shape. Did I have an analytical streak struggling to make itself heard, or were these the first signs of obsessive–compulsive disorder?

As my genes had predicted, I did well in art, and studied this subject until my 'A' levels. But I also enjoyed science. I think I can pinpoint my first scientific epiphany to a visit to the Children’s Science Museum on an early holiday to New York. Mystified by clear plastic hexagonal structures and a dome containing the entire solar system, I persuaded my parents to take me back again and again.

At school I studied maths and sciences but, with a very dull teacher, I quickly became disillusioned with physics, and biology fell by the wayside when I was asked to hammer a yellow mouse to a board. Faced with a choice between art and chemistry, I decided to study chemistry at university. Art was something to do in my spare time and offered a career in which I would spend my life borrowing money from other people.

There were lots of very square people on my chemistry course – a warning sign that I failed to recognise at the time – but I enjoyed most of the lessons and decided to do a PhD in chemistry. During my PhD I started to realise that I was surrounded by people who were passionate about the 2% increase in product yield they could achieve by adding trifluoroacetic acid to their reaction mixture. I was not one of these people. After realising chemistry was not for me, I managed to bag myself a job in a biotech company, doing really glamorous things like genomics, proteomics and transcriptomics (although sadly no metabolomics).

After four years at the bench, the company casually announced that it would be 'slimming down its R&D department' and made me and 80 of my colleagues redundant. As well as providing me with the means to pay off my (ex-) boyfriend’s ever spiralling credit-card debts, redundancy gave me the opportunity to find a new career. If I was honest with myself, I found bench work pretty unrewarding when the science didn’t work (which was most of the time) and the few jobs in industry that were up for grabs were poorly paid. So I looked for something different. I found medical writing.

I started as a trainee writer in 2003. I had gone to university in the hope that it would lead me to a job I really enjoyed, not just a means to earning a living. I think I have found one! As well as writing (and learning) about diseases ranging from multiple sclerosis to glaucoma, my job gives me the opportunity to travel and meet interesting people at the forefront of medicine and the pharmaceutical industry. Medical writing satisfies my lust for science but also uses my creativity. As Confucious said – find a job you love and you’ll never work again! My university training hasn’t gone to waste either – I’m currently working on a chemistry paper. The circle is complete.
Laura Harrington
Medical Writer, Ogilvy 4D

I've recently started working for a medical communications agency as a Medical Writer. This was a big change for me as until that stage my CV had all the hallmarks of the early stages of a typical academic career. I did my undergraduate degree in medical science at the University of Birmingham before a PhD at Cambridge University. Next I moved to the Institute of Cancer Research in London for a post-doc followed by a second one at the Weatherall Institute of Molecular Medicine in Oxford. Though I'd spent so long in academic research (which I still enjoyed), I knew I had to make a decision, which I worried was somewhat overdue, about my future. I'd come to the decision that I didn't want to be a group leader but I still wanted to be involved in science and I didn't know how I could satisfy these two criteria.

I heard about alternative scientific careers events and went along to one run by NetworkPharma. Here, I discovered the world of medical writing, which I hadn't really known existed before. I'd always liked the writing parts of my job so it appealed immediately. I got the contact details of people from about eight agencies around Oxford and sent my CV off to three of them. Two were actively recruiting, though in one case in an area in which I had no experience. All three sent me timed writing tests to do. These included editing a poster, writing an abstract for a primary paper and writing a newsletter article for GPs from a research article. On the strength of the tests I got one rejection, one formal and one informal interview. The formal interview turned into a job offer, which I accepted.

I've now had three weeks in my new career and thoroughly enjoy the new challenge. My research background is necessary and useful to understand the science. I am working on several different projects, so variety, which I enjoyed in the lab and thought might be missing from an office-based job, is present. I also relish the chance to broaden my scientific horizons again as my career to date had led me down the path of deep but narrowing knowledge. So far, I'm involved in writing primary research papers, review articles and slide presentations.

Medical writing is fast-moving and always interesting but lacks the frustration of the bench projects. It's fast-forwarded to the interesting results of years of someone else's work! I'm so pleased that I can pursue a scientific-based career, albeit away from the lab, that uses my scientific education and has the possibility to progress. If this type of career appeals to you then go to careers events, which are well attended by agencies eager for writers with PhDs. Doing so certainly opened my eyes to the possibilities. The lack of formal writing experience is not a barrier and doesn't necessarily mean you need to take a cut in salary either. I'm so pleased I took charge of my career and made the leap.
Lucy Hyatt

Freelance Medical Writer

Like many, I fell into medical writing. When my biochemistry post-doc in Hong Kong was coming to an end, I knew I didn’t want to stay in academia. After writing one ‘advertorial’, before the end of my post-doc contract, for one local agency, I worked freelance for another agency after I left university, and this rapidly became a permanent post. As an Editorial Project Manager, I ran various journals, newsletters and one-off publications in a wide range of therapy areas for multiple regional clients. I loved the variety of topics, sense of teamwork, client contact and coming to grips with commercial realities.

I returned to university life after 18 months, but on the service/administration side. The main focus was to help staff who were not native English speakers with the language of their papers, grant proposals and research reports – anything from civil engineering to computer science and from basic science to business studies. In addition, I prepared the university’s research newsletter, over which I had almost complete control.

My previous employers head-hunted me as Managing Editor after only 8 months, giving me my first experience of running a team: three (later four) full-time Editorial Project Managers, one full-time writer who worked remotely, and various freelance editors and writers. I set up a Chinese-language editorial section (how do you assess the skills of someone writing in a language you can’t speak, let alone read?!?) and was involved in setting up our first Chinese-language edition (Gut). We also published in Korean and once in French. Experience of working with translators was useful when, in my next post, my first project involved publishing guidelines in all European languages.

My next move was to Editorial Department Manager in the European office of the agency I’d been with in Hong Kong. This gave me my first exposure to working with the global divisions of the pharmaceutical industry. The main difference was that projects were at an earlier stage of drug development and budgets were larger. My knowledge of how local operating units see materials produced by ‘global’ was helpful: the most fantastic materials that thrill the global team may only be appropriate for, and used in, a fraction of markets. From this, I learnt not to be too precious about my work!

After only a year, the freelance life, and the UK, beckoned. Although it had been a hard year in a difficult working environment, I had made some good contacts and acquired invaluable experience. Even when things don’t work out, there are positive aspects to each job. I have now been freelance for 8 years, making more money than in any employment and having the flexibility to juggle work as necessary. To work freelance you need to be happy with your own company, self disciplined and able to be fairly relaxed about when work (and payment!) arrives, to juggle multiple projects with ridiculous deadlines and to say no when you have enough work.

However, I am now looking for the next challenge... and there are plenty of opportunities for change.

To work freelance you need to be happy with your own company and self disciplined

Moon A. From academic to medical writer. March 2009. www.medcommsnetworking.co.uk/startingout
Rowena McMenamin
Principal Medical Writer
Alpha-Plus Medical Communications

Like most health professionals, I had never heard of medical writing as a career option – until I met a real-life Medical Writer, courtesy of my amateur theatre group. I was living in Sydney at the time, working as a Clinical Dietitian at a major teaching hospital. Sadly, my am-dram days were numbered after I began study for a Masters in Public Health (MPH) at Sydney University’s Faculty of Medicine. However, I stayed in touch with my thespian Medical Writer friend. One thing led to another, and following some baffling interviews and gruelling ‘test-writes’, I beat off stiff competition to win the position of Medical Writer in a small medical education agency.

Having worked as a Senior Dietitian for some years, I found it quite a leap to go back to being the resident ingénue, but I hung on for the ride, and have never regretted it. My work consisted of handling a wide variety of editorial projects, aimed mostly at the Australian GP readership, with some writing for medical specialists thrown in for good measure. I spent a lot of time writing, but also a good part of the day doing project management, including liaising with clients and colleagues. There was also a lot of interaction with graphic designers and other creative types, which was good fun. All in all, I felt that the creative and scientific aspects of my skill-set and personality blended harmoniously in this mysterious and challenging role of ‘Medical Writer’ – what luck! My MPH was a real asset, and I am not sure I would have had the confidence to take on such an intellectually challenging role had I not acquired this highly relevant qualification.

I worked for over 8 years in this small med ed agency, eventually becoming Business Manager. After a couple of years heading up the business I came to the realisation that I wasn't cut out to be a Business Manager, and that I would prefer to pursue my options within the much larger arena of medical communications in the UK. In 2002, I packed up my life in sunny Sydney to embark upon a new and mad venture in Ye Olde Dart. Happily, I fell in love with Henley-on-Thames and worked there for a while for an agency specialising in multimedia. Since then I have changed jobs twice, ending up in a small agency in High Wycombe, which specialises in clinical writing (e.g. journal manuscripts and publication planning). Along the way, I acquired a fiancé and a baby, and have reduced my workload to 4 days a week for the time being.

I guess my path through the medical communications maze is a little unusual, but it has proven rewarding, and I recommend MedComms as a career choice to others. Like any job, you need to be honest with yourself about what you want out of a job and what your qualities are – and we’re not just talking qualifications here!

Good luck to all of you in your quest to find rewarding careers!

I spent a lot of time writing, but also a good part of the day doing project management, including liaising with clients and colleagues.
After completing a reasonably successful and hassle-free PhD I realised that, although I liked laboratory work, I wanted a job where the satisfaction of actually completing something occurred on a more regular basis. I attended several science career days, which appeared to focus on careers either directly related to bench science or that required at least three years post-doc experience. Neither of these options filled me with much inspiration as I had already recognised that I didn’t want to work in the laboratory any more. What I really wanted was a career that would make use of my skills, that would not reach a dead-end within a few years and, crucially, that I had actively chosen to do.

My first job involved working for a cancer research institute in Oxford, where I was involved in science writing and other administrative roles on behalf of the Director so that she could focus on the laboratory research. I held this role for just over a year and it gave me further experience of writing papers, as well as other forms of science writing, such as grant applications and website copy. However, most importantly, I realised that I did not miss the laboratory and that I was actually enjoying the work.

Although I was happy with my position, the one thing I felt was missing was the opportunity to progress and climb the so-called career ladder. As part of Oxford University, I was informed of a 2-day workshop run by NetworkPharma focussing on careers in medical writing. I attended the workshop and realised, for the first time, that a career actually existed which appeared to have the elements that I enjoyed in my current job: a scientific basis, writing, deadlines and interaction with scientists, plus a little bit more. The workshop itself was valuable in explaining precisely what the job entailed and how different medical communications agencies work, and also gave a very honest account of the good and bad points of a career in medical writing. It was also incredibly beneficial for me, as it was where I met my current boss.

I have been working as an Associate Medical Writer now for 5 months and I can safely say that I love it. The work itself is incredibly varied and interesting, and I certainly don’t feel like I have sold-out intellectually, as I am learning new things every day. Since starting, I have worked on projects relating to heart disease, diabetes and neuropathic pain, all of which I had very limited or no experience of before I started working here. I have always enjoyed working with other people and I was really pleased to find that as a medical writer you work very closely with others and that there is a real sense of being part of a team. I haven’t regretted the move from research and I’m genuinely looking forward to gaining more responsibility and developing my career, in what I feel is an interesting, enjoyable and rewarding role.
Colette O’Sullivan
Freelance Medical Communications Consultant

“I’m a writer who sells drugs...” was the flippant reply I’d often give when asked at parties what I did for a living. Well, let’s face it, to the uninitiated, medical writing does sound a bit obscure – conjuring an image of speccy geeks glued to their laptops. While such a stereotype may be appropriate, the reality is much more multifaceted: from the manic reporter darting between congress symposia, to the dynamic regulatory writer spearheading the submission of a new drug application, these are just two of the many guises of the Medical Writer. A flair for writing and a sound knowledge of science are the twin foundations upon which to build a successful medical writing career and, unbeknownst to me, as a published PhD student I was halfway there already.

It was my PhD supervisor who first suggested that I consider a career in medical writing. Being a perfectionist, I had toiled over my thesis, refusing to let him see any part of it until I was totally happy with the content. This was partly driven by insecurity as I really had no idea of my writing ability. So, as he toddled off home with my ‘blood, sweat and tears’ tucked under his arm, declaring he would read it in the bath, I have to confess to being more than a little nervous. The next day, I was so surprised by his positive feedback that I really thought he was teasing. But no, he was adamant; in fact he urged me to seriously consider becoming a Medical Writer. Having never heard of this as a career option, I assumed he meant journalism and, thanking him for his kind words, continued with my applications for post-doctoral positions. His encouragement, however, must have had some impact on me, as although I did go on to do a post-doc, I always kept an eye out for medical writing opportunities, combining my research with writing reviews and a stint as a Medical Editor for Oxford University Press.

My formal career as a Medical Writer began when I finished my post-doc and left the dreaming spires behind to travel northward to take up a position as a Regulatory Medical Writer at (Astra)Zeneca. For the next 6 years, I found myself in the perfect environment for keeping up to date with science while honing my writing skills and familiarising myself with the rigours of regulatory drug development.

Nowadays, I have my own medical writing consultancy and work on projects across the full MedComms spectrum. This allows me the flexibility of juggling a much-loved career with the demands of family life. Believe me, with three school-age children and a partner working full-time there is never a dull moment! Yes, life is busy, but that is my choice and if the truth be told I wouldn’t have it any other way. For working mums this truly is the perfect job!
Abbie Pound

Editorial and Publications Manager, Succinct Healthcare Communications and Consultancy

Sitting behind my desk, I can’t help but be pleased at how things have worked out. Far from being the embryologist I had intended to be when I left university, I am currently the Editorial and Publications Manager at Succinct Healthcare Communications and Consultancy. I supervise a group of experienced Medical Writers, Editors and Designers in the production of high-calibre publications for print and e-media, and provide consultancy services to pharmaceutical companies and independent authors with papers to publish. But how did I get into medical writing?

Over the course of my childhood, I moved with my family to a different country every 4 years – born in Nigeria, toddler in Dominican Republic, teenager in Yemen. Languages, and the importance of effective communication, figured highly in my upbringing and engendered then, as now, a sense of curiosity and a creative opportunity.

Like many school leavers though, I had no clear idea about what I wanted to do ‘when I grew up’. So, I headed off to university to do a combined studies degree in biology, psychology and French, unable to decide whether I was a scientist or a linguist.

During university I spent a year in the lab at the Imperial Cancer Research Fund, where I learnt a valuable lesson: focussing on one component of a disease pathway, having little contact with people, wasn’t for me. It was then that I turned my attention to more medical options – namely, embryology. Whilst attending job interviews, however, a friend offered me a job covering conferences – essentially summarising posters and presentations for print in the Gray literature (publications targeted at specific groups of people and not easily found by anyone else!). I loved it, and spent the next year travelling between conferences, publishing work where I could.

Working up from a globe-trotting conference hack, I dabbled in drug profiling with PharmaProjects and honed my trade in freelance review writing for various medical and trade magazines before joining the staff of The Lancet. It was there, over 8 years and rising through the ranks to Senior Editor, that I discovered the true skill (and rewards) of writing, editing and contextualising primary research.

Supported by my experiences, I moved to agency life in 2005. The fast pace, short deadlines, high client expectations and huge variety of work I deal with every day maintain my enthusiasm. Initially, my move was a cautious one, being concerned as I was about the ethical pitfalls of ghost writing, data spinning and biased accounts. Happily, these problems haven’t arisen. Instead, I work hard to inspire confidence in our clients to trust me to work with authors in an open and acknowledged way; my writing is honest and balanced in the interest of responsible reporting and increased credibility.

So, if you want to be a writer, I recommend that you start as I did. Pick up a copy of the Writer’s Handbook, choose a publication to submit to and go for it. You have nothing to lose. Ultimately, you could discover the perfect career.
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