A jobbing trainees perspective to research in endocrinology and diabetes

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I'm in training for a job. The 'holy grail' that those of us who stayed in hospital medicine strive for and ultimately aspire to be – a Consultant. I'm sure we all know some of our peers who have gone off to become GP's (an idea I myself toyed with and dabbled in for a mercifully short time) or other branches of hospital medicine. But all of us have different ideas of what constitutes that ideal job. Many people want - and would be satisfied - with a DGH post, with a nice mixture of general medicine with the odd (one would hope none too onerous) on call rota, diabetic and endocrine out patient clinics and possibly the icing on the cake a little private hospital in the area to finance all those nice little extras one needs from time to time (the holiday, the car, the kids school fees……...).

What about those amongst us who do not want such a quiet life, but want to pursue a life of serious academia and maybe change the face of medicine as we know it? What about their careers? Along the way those few extra letters after one's name have to be collected, the MSc maybe, the MD or even the PhD. It would seem sensible that to live a life of research that one must have some sort of track record in order to be appointed a Senior Lecturer, or to a consultant post in which research will play a large part. This is one of the areas that I will credit Calmanisation for (and there aren't that many complimentary things that can be said of it), but all of us have to rotate through centres of excellence for at least part of our time on the scheme and so be exposed to research in whatever form it takes in those departments. Having said that, though, unlike the pre Calman days, the system has become more rigid and trainees are forced to move on after a year, and so may not have the time (or the inclination) to set up and run a reasonable project – indeed, a recent publication from another speciality showed that there had been a significant drop in the number of peer reviewed articles in those who had become consultants after the introduction to those who were appointed pre Calman (1). I lived out in DGH land for many years before being exposed to this world and whilst not being discouraged whilst I was there, I was certainly not actively *encouraged* to do any form of research. I was fulfilling my service commitment, learning on the job and that was it. Now, most of us are Mr or Ms average and most of us cannot get 'golden circuit' jobs from the outset and have to rely on our central time to a) realise to what extent this world of academic medicine exists and b) start things off in this area. For myself, I was happy living

in DGH land as this was all I had ever seen and the ‘other world’ was but a pipe dream. When suddenly exposed to this plethora of papers, meetings, lectures and Professors I suddenly realised that that was the kind of life that I’d like to live and not be tied to the local BUPA. Suddenly I was too young, too thick - and certainly too inexperienced - to be a consultant. Research beckoned.

How have you gone about it? I feel like ‘yes, I want to do research’, ‘yes I want to do it badly enough to give up 2 or 3 years of my life to be anally retentive about the minutiae of a specific subject ’ and ‘yes I’m keen and eager’. This, of course is not enough. How, or who picked the topic that you do? I know that I want to do something in a certain field (the endocrinology of the critically ill), I know that there is a vast amount to be done but that there are only a few intensive care unit’s in the country that will be able to accommodate my need for both a big enough patient turnover, a good laboratory and the appropriate senior staff in all the relevant areas and all in the same place. Once again, the need to write a good proposal and do all the research that that involves is almost overwhelming, to pitch it to a number of funding bodies. Who told you where to apply or how to write that proposal and what to put down, how much to apply for, etc., etc.,?

Funding seems to be such a hit and miss thing. There are different levels of funding and there is definitely a ‘hierarchy’ of prestige – there are those grants that are given to the individual research fellow for a specific proposal and those funds which are given to a unit to appoint any old person who the head of that

unit sees fit to do the research that needs to be done. I don't have a research grant (yet!) so I can't say one way or the other which is the better of the two, although the latter seems to be looked down upon by the holders of the former. I do wonder, however, if it is the type of award that was given makes a difference at the end of the day. Will prospective appointment committees say 'right sort of research grant, definitely the person for us', or 'may have got the degree, but wrong kind of funding'? I suspect that if it were a head to head then it may make a difference, but until then??? At the end of the day will it make a difference to how one is perceived? The letters at the end of the name are the same regardless of how they are come by. After a few months or years do people actually still refer to the degree, to the sweat, blood and tears involved in getting the few extra letters? Or do people just shrug, 'oh, you've got a higher degree, good for you', or a mildly interested 'what was your thesis on?'

Is it controversial to say that maybe trainees are getting into research because they need the 'CV points'? Maybe it is not for the altruistic benefit of mankind, nor the commitment for self betterment, but the desire to get a good job that drives the need for research. That has certainly been shown to be the case elsewhere (1).

There is, of course that difficult question – does having research experience make us better doctors? That I will leave for discussion and it has been raised before (2).

Am I being totally naïve? What are the experiences that you have had, dear reader. For those of you out there who are going through the process or have been through the process, what have you been through? Write in and let us mere mortals know what we should be aspiring to. Spread the benefit of your wisdom and experience. The more recent the experiences, the better.

We are possibly being made into consultants slightly faster than those who were accredited pre Calmanisation. However, there may be a sacrifice being made for that more structured training, to produce a consultant who may not have any research behind them, or worse – one who may not be able to critically appraise data before them because they lack the skills to do so. If this becomes the case (and it may happen) then when the current trainees themselves sit on the consultant appointment committees, there may be gaps in the system. For this reason alone, maybe research grants should be made more readily available.

I also wonder at the number of us who have got other evidence of 'extra service commitment' activity, by this I mean presentations, posters, communications, book reviews, etc. Again, reading the steady pile of journals that come through my door there seem to be a few names that tend to repeat themselves every so often. Why not have a special 'Trainee section' at the poster displays at the BES or BDA? That way, more trainees would be able to present their work – which may have been produced under the already difficult circumstances of DGH life

and so get their foot onto the publications and presentations ladder? This need for publications to succeed is not new (3), and will probably continue for some time. If we don't have time to do research then to get those extra skills maybe we ought to have regular critical appraisal rather like our GP colleagues.

Why did I start on this? I went to the BES meeting in London in November last year and they were very good having thought about the needs of the trainees. They had a whole session on 'PhD's and how to survive them'. I went to this as a possible source of trying to find out some of the answers to the questions that I posed above. I know that there were a number of people in the (very hot) room who were already embarking on their projects and for whom the session was useful, but by the fact that I am still posing the questions - you may have gathered - that my questions weren't answered – nay – not even addressed! It is all very well making sure that 'everything is written down as you go along' and 'keeping everybody sweet and updated on how your project is going', but what I wanted to know (as did quite a few of the people there) was how did one go about getting a project in the first place?

I admit that I may not be representative of a number of you, there may be lots of trainees who may not want to do research, and there are those for whom the opportunity for research falls into their lap but I'm equally as sure that some amongst you without research may feel as I do - too inexperienced and too

young to be a consultant physician just yet and who have to struggle to get a research project in a subject that we want to do.

Even though I personally officially have less than a year of my endocrine and diabetes training to go, I want to delay things for a little longer and get experience in other areas. As well as getting some research experience I hope that Calmanisation continues to evolve to such an extent that projects can be made available to those who want to do them (ideally where they want to do them) and that there is sufficient funding to accommodate them all without any stigma attached to a grant. They should all be prestigious and equally well thought of.

Until next time – if you have any thoughts on this, or any other subject you feel should be aired, write and let me know.

References:

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