

## **Research in America – reasons for and against**

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It's been a while since I last (metaphorically) put pen to paper for this esteemed publication. I've been in the USA for over 18 months now, and despite working in a 'center of excellence' I cannot wait to get home to the UK. You may wonder why this is when I work in a place that has what seems to be like an unlimited budget (the travel costs alone for the subjects in one of my studies totals over \$50,000, let alone the \$32,000 for remuneration and double that amount for the assorted miscellaneous expenses involved with running a clinical trial). Here they have over 80 consultant endocrinologists, many of the world's experts in their fields, and most involved in research in their respective areas of interest. In addition, the potential for earning money here is greater than in the UK, with a starting salary in a private hospital for endocrinologists at about \$350,000 (Pounds 220,000). This is what comes of working in one of the largest General Clinic Research Center's in North America (there are 7 Association of American Physician members and 11 American Society of Clinical Investigators here. This is along with more than 76 NIH grants). In addition, a recent annual newspaper poll again placed this institution as one of the best endocrine units in the USA (and possibly by extension, in the world) <sup>1</sup>. Having said all that, why do I want

to come back? It is because I have come to realise that it is not only what you do that makes a difference, but also where you do it. Something I was told when I was approaching the end of my SpR rotation was that it is equally important to be happy where you *live*, as well as where you work. The holistic approach to happiness – the combination of work, family and other aspects that make up ‘life’ - is an important consideration in eventual job selection. I know that I am happiest in England, and so I want to come back.

There are many things that I have come to realise now having been removed from the day to day running of the NHS. I am at the stage when I am applying for consultant jobs in the UK. I am continually reminded of the lack of forward thinking in the NHS and the ineptitude of so many people. This starts at the most basic level. When I first started applying, I asked medical staffing personnel to email me the job description and application form, or post it to me in the USA. At the moment, I live in Rochester, Minnesota, but the number of application forms that I have received that have taken up to 4 months to get to me – having been to Rochester in Kent, and then Rochester, New York before finally making to me. After this had happened three times, I tried to ring the medical staffing offices at the places that I had thought of applying – but the numbers given are usually 24 hour answering machines, and there is no way of knowing if they will make the same mistake again. Even when I have rung up the main hospital switchboard to be put through to medical staffing, and then managed to speak to someone (another saga in itself), the vast majority of ‘human resources’ departments say ‘the person you want to talk to isn’t here, but please call and leave your message on the

answering machine'! Despite the pleading to put the correct address and postage on the packs, it still seems to be beyond the capabilities of these departments to get it right. I have now almost given up going through medical staffing, and now just ring up the consultant directly and have them email me the job description themselves.

One of the things that astound me is the difference in the quality of the application packs that trusts send out. I always felt it was the first impression that counts when you are trying to sell something, and surely the trusts are trying to sell themselves to try and get the best quality candidates to come and work for them. The difference in the quality of the job descriptions and the 'welcome packs' is huge. In the time I have been in the USA I have asked for several job descriptions. This is in part to see what things I should be looking for when the 'right one' comes along. The packs vary from a single sheet of photocopied paper (half of one side was a poor quality black and white photograph of the new PFI hospital), to a half kilo pack telling me, amongst other things a list of all of the local estate agents and schools. Surely it is time to standardise this kind of information? I understand, however, that this is an issue for the Royal Colleges to sort out. I won't hold my breath, then.

Another thing I won't waste my time mulling over is the lack of progress in the IT infrastructure of the NHS. In April 2002 the Department of Health produced a document called 'Delivering 21<sup>st</sup> Century IT Support for the NHS'. This was a framework to set out the strategic goals for IT in the NHS over the next decade. It sets out a set of worthy goals to improve the running of the NHS. This goes hand in hand with a letter in the BMJ

recently about the lack of IT infrastructure in the NHS <sup>2</sup>. I hadn't thought about it much until I came here, and I realise that it would be incorrect to compare the facilities at a privately run institution like the Mayo Clinic to those in the publicly funded NHS. It has been, however, a distressing experience to hear these same medical staffing departments that I mentioned above, say that they cannot email me the job description as they either do not have them on computer (I find this strange, as they are not produced on a typewriter, they must have been produced by a software package), or that they have only 'partial access' to email. I don't understand what this last statement means, and it may be that they have only internal email access, but it is surely time to get the NHS IT infrastructure beyond the middle ages.

As I mentioned, applying for jobs from a distance is not easy. First there is the application process, and I've already mentioned that problem. The next concern is being shortlisted and attending for the interview. It used to be that one could get on a plane be in the UK for a couple of days, meet the relevant people, give the interview (hopefully successfully) and then fly back. This was before that days of "9/11". Now the process of leaving the USA is a lot harder. I am on a J-1 (exchange) visa, this is usually issued for 1 year, and if your academic institution extends it then, as long as you do not leave the USA, this is not a problem. However, if you want to leave and then return, then there are problems. The US government has put in place all sorts of barriers to people wanting to enter the country. Despite having lived and worked here in a legitimate capacity, despite having all of the correct paperwork issued by my place of work, the US consular service advises all persons wishing to enter the USA that they need to make an appointment to be

seen at the US embassy. To make the appointment you have to call a premium rate telephone number that is not accessible from outside of the UK. At the interview they will take your passport which they may then keep for '10 or more working days'. Thus you are effectively unable to leave the UK as the US embassy has your passport. Why am I making a big deal of this? For two reasons, firstly to make you aware of this, so that if you choose to come to the USA then be aware that there may be problems if you want to make a quick trip home after a stay of over 1 year. I wanted to come over for job interviews as a quick 'in and out' so that I didn't cause too much disruption in my research, but this rule meant that I could not. Secondly, to confirm the fact that the Americans have never heard of the phrase 'closing the barn door after the horse has bolted'.

If you were considering research in the USA I would strongly encourage you to do so. This has been an extraordinary experience for me and one that, whatever I eventually end up doing, will leave profound memories. One of the best sources of information about research opportunities in the USA was in a recent BMJ 'Career Focus'<sup>3</sup>. It covers all of the relevant aspects pertaining to research in the USA. The only thing that this article did not mention was the social security tax. It is often difficult to get information about this tax up front. This is a tax that is levied from the start of the second calendar year that you are in the USA. If you enter on 31<sup>st</sup> December, you would be taxed 366 days later, however, if you enter the USA on the 1<sup>st</sup> of January, you would not have to pay the tax for 730 days.

I may be sending out mixed signals about my time spent here in the USA. However, I have no doubt that it has been a very smart move, both in terms of personal academic satisfaction, and also as a horizon expanding experience. If you have any comments or issues that you want to bring up then please write in. I would encourage any matters for thought or debate. If you have experiences that differ to mine, then let me know.

In the past few columns that I have written, I have predominantly aimed at those of us in training. I would have to encourage every one to take some time out to do research. You may be the kind of person who wants to sit back, relax and enjoy life in a DGH, but the need to keep up, the need to keep abreast of all of the developments in our field cannot come through the skewed information given to us by the pharmaceutical industry<sup>4</sup>. It is important for the newer breed of endocrinologists to be better informed, better read, ask more questions and be more critical of the information we receive than our predecessors. That's the way we as a specialty will progress.

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