

Applying for a job

Introduction

Applying for medical jobs is stressful. Professional advancement and social happiness depend upon getting the job you want. This article describes the stages of the appointments process, the paperwork involved and suggests what you need to do to be successful.

The mechanisms for appointing doctors are constantly evolving, and this article describes typical contemporary appointment processes, but doctors may encounter more traditional systems, and it is likely that national matching schemes will soon develop to appoint graduates of the new foundation programmes to specialty training.

Choosing a job

You need to have a good idea about the type of jobs that you want to apply for. Much useful information is available on the web; if unsure about your career, obtain help by contacting a relevant adviser from the list in *Figure 1*. The most common place for advertising medical posts is the careers section of the *British Medical Journal* (www.bmjcareers.com), but weekly newspapers such as *Hospital Doctor* also publish job advertisements. Recruitment in the NHS is increasingly becoming electronic and some medical jobs are adver-

Figure 1. Sources of career advice.

Postgraduate deans – overall training requirements
 Royal colleges for specialty advice
 College regional adviser – specialty training in region
 Hospital college tutor – specialty training in unit
 Clinical tutor in postgraduate centre – foundation year courses and general advice
 General practice adviser in postgraduate centre
 Department chairman working in a specialty in a particular hospital
 Training programme director – for advice about a specialty regional rotation

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tised on www.jobs.nhs.uk Once a job has been advertised, obtain the application pack from the relevant human resources (HR) department; increasingly the necessary documents are available electronically. Study the application pack carefully, see if the job offers what you want and see if you can meet the requirements of the person specification.

The job description should include information about the nature and duration of the post, type of rota, training offered and availability of accommodation. Contact details should be provided for applicants seeking further information. You should also find a job application form, a list of relevant dates and the person specification for the job.

The appointments process

Strict rules govern medical appointments in the NHS. Equal opportunities legislation ensures that race, religion and sexual orientation should play no part in the process. Central to the appointments process is the person specification; a document that lists the characteristics that the appointments panel are seeking, states whether these characteristics are essential or desirable, and specifies how they will be evaluated. In theory, a doctor's capabilities should be judged only against the listed criteria, and characteristics not mentioned should not be discussed. In practice, not all person specifications are perfect: some are very detailed, others rather vague. Curiously, this important document is often found near the back of job application packs.

Until recently doctors submitted brief application forms, but supplied comprehensive curriculum vitae (CV) to support their job applications. Increasingly the CV is ignored and candidates are asked instead to complete a comprehensive application form. Application forms greatly improve the efficiency of short-listing by standardizing the presentation of information, while the various sections of the form prompt applicants to include information – for example logbooks, or acquisition of information and communication technology (ICT) skills – that they might otherwise inadvertently omit.

Application forms ought to be well laid-out, easy to complete, and enable applicants to clearly demonstrate their ability to match both the essential and desirable criteria listed in the person specification. Writing 'see CV' on a modern application form is very risky as the CV may never be distributed to the short-listing panel, and you may be automatically excluded from further consideration. Sometimes the front page containing your demographics will be separated from the rest of your information before short listing, so that your name, age and initial education cannot influence decisions. If you have an overseas qualification it can be helpful to explain what it involved – for example in some countries the MD is a primary medical degree, in others it involves writing a dissertation, while in the UK it requires at least a year's full-time research. If you describe a research publication you must provide its published reference, or state that it has been accepted or submitted.

Some application forms include sections to complete in your own handwriting: legible handwriting, good layout and correct spelling enable you to score in this section. Many doctors undersell their abilities and an experienced training supervisor can help you by spotting omissions; equally, do not exceed the truth, as experienced panellists can sense problems in an application and fraudulent claims can have serious consequences.

The application forms are used to draw up a short list of candidates for interview. Appointment panels must justify their short lists; initially candidates lacking an 'essential' criteria must be excluded, as they are, by definition, unappointable. Then the 'desirable' characteristics are ranked, typically using a points scoring system. Different specialties, different regions and different panels have different views on what they are looking for, and vary the scoring weight they give to, for example, experience outside a specialty, research, audit or ICT skills.

Some committees permit discretionary points to reflect outstanding abilities in fields outside clinical medicine. It has been my privilege to interview champion athletes, mission doctors, authors, orchestral

conductors, explorers and media personalities. Their outstanding personalities and experiences stimulate those that they come in contact with. The basic requirements of doctors in a specialty are similar everywhere, but there are variations between training programmes, and I believe that this choice is desirable. Medicine will lose much if appointment systems became so standardized that innovative and unconventional individuals could no longer progress in the profession.

Visits

Except in the case of permanent career posts where they remain common, few jobs now expect you to make pre-shortlisting visits. If you score highly enough on the application form you will be called for interview and the application pack should have indicated whether you are expected to make a pre-interview visit. If in doubt, contact the relevant training programme director or department and offer to visit. Visits are an opportunity to confirm that the job is the one you want and get your questions answered.

Interviews

Interviews matter, so prepare accordingly. Try to arrange some practice interviews with your trainers but, if they are busy, get your colleagues to ask you some questions and obtain their feedback. Many interviews are predictable: questions often relate to recent journal articles, medical reports or medicopolitical topics, so ensure that you are up-to-date with your reading. On the day, select clean, comfortable, well-fitting clothes. A smart suit and tie for men and a tidy outfit for women are uncontroversial. Sixth-form suits left over from a time when your waist was narrower are obvious; high feminine hemlines may amuse the male members of a panel but don't improve the chances of appointment. On the interview day, assume unreliable public transport and heavy traffic – plan accordingly, ensure that you can get to the venue, park and find the correct room in good time. Charge your mobile phone so that you can be contacted later in the day.

All doctors should maintain a professional portfolio and appointments committees are increasingly examining the contents of these folders. Ensure that

your portfolio is effectively organized, comprehensive, and that certificates are up-to-date.

The standard interview involves a panel of questioners who ask a pre-determined sequence of questions. Typical subject areas are listed in *Figure 2*. Each candidate will be asked similar questions, so it is silly to forewarn later candidates by discussing your interview immediately afterwards. Interviewers are required to keep records of the discussion, so do not be surprised if what you say is written down. If coping with a big panel, turn to face the current questioner and concentrate on them. Speak clearly and not too fast, particularly if your intonation or accent differs from that of the area you are visiting. Brief, but well-stated answers score highly; often candidates would be twice as effective if they said half as much.

A recent development has been the introduction of sequential appointment panels. Instead of one panel, candidates encounter a series of stations, rather like those in an OSCE (objective structured clinical examination). At some a topic will be discussed, at others you may encounter an examination of your professional portfolio, a simulated patient or a test of computer skills.

The object of an appointments panel is to get a feel for the candidate. The application form will have revealed the hard facts about an applicant, but interviewers want to know more about the individuals. Do they demonstrate enthusiasm, initiative and good communication skills? Most importantly in training posts, will they be successful enough to move the next rung up the ladder at the end of their contract? The person with the strongest CV is not

Figure 2. Typical topics discussed at interview.

Career to date
 Experience and competencies
 Personal characteristics
 Audit
 Research
 Education and teaching
 Information and communication technology skills
 Administration and management
 Plans and ambitions

always the correct person to appoint; personality, capabilities and the balance of the team must be considered.

Once the interviews are over, the final selection takes place. The interview panel must justify its choices and ranking or points systems are often used, but these may have arbitrary elements to them. Outstanding candidates are easy to select, but on days when there are several posts and numerous candidates there may be very little to choose between the middle ranking candidates and there can be considerable debate about the relative merits of similar doctors. So at the end of the day, there may well be an element of luck involved.

In big rotations the highest-ranking candidate usually gets the first choice of available posts, with other successful candidates being asked their preferences in sequence. Appointment panels have varying policies about feeding back information to unsuccessful interviewees. Feedback may reflect the unit: 'We were looking for something different from what you had to offer'. This is not a criticism of you, you will probably be happier in the long term elsewhere. It may reflect certain deficiencies: 'You clearly hadn't read any research articles recently, and had no opinions on how your career might be affected by proposed changes in training?'. Go away and do the donkey work. But most commonly: 'You just weren't good enough to beat the competition on the day'. This is depressing, but honest, and means that you need to get your training supervisor, mentor or colleagues to do some more interview practice with you. And then pick yourself up, look again at the adverts and try another day. **BJHM**

Conflict of interest: none.

KEY POINTS

- Know what you want from a job.
- Keep up-to-date with your reading.
- Carefully complete all the paperwork; be honest, but sell yourself.
- Practise interview technique; succinct, effective answers are required.
- The interview panel are looking for competence, confidence, knowledge and enthusiasm.