

The interview



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We continue our series in which Consultant Interventionist Dr Michael Norell takes a sideways look at life in the cath lab...and beyond. In this column, he advises on how to be the perfect candidate.

A senior trainee, who had taken an interest in an upcoming consultant post, sought advice from me as to how he might frame his application. In years gone by such a request would be expected only to receive an encouraging response along the lines of "I know the guys there; I'll give them a ring".

I doubt that such a supportive action – even if sincere – ever altered the final outcome of any consultant interview, and nowadays this type of communication runs contrary to good employment practice anyway. Over many years I have come to realise that the outcome of these events is down to two factors: you, and whether or not what you offer fits into the required role; essentially it's "horses for courses", as it were.

As I talked with our registrar about the philosophy involved, what might have been a cursory 30-second corridor chat ended up as an hour's sermon and a later than usual trip home. I thought it might be useful to distil the elements of that conversation into this column so that readers in a similar position might – just might – benefit.

Top 10 tips

1. It's not personal

So I present the 10 top tips for the consultant interview. These do not guarantee success; for the reasons above there may be factors outside your control that will determine the outcome. Nevertheless, you still have to do your utmost in order to give yourself the best chance; the rest is out of your hands. If unsuccessful, at least you will be satisfied that you could not have done more. Don't take it personally; you were just not the right fit for the post.

2. To apply or not?

The job description will indicate the specific interests and activities of the unit and this knowledge might be enhanced by your own enquiries. You should craft your application to be relevant to the post on offer and indicate which of your attributes might be particularly valuable and suited to the department advertising the vacancy.

You should always apply for a job you want; never be put off by a locum in post or rumours that it is "sewn up". I remember a world gone by of very senior registrars who were lined up for jobs they didn't get.

The NHS application is not an easy document to complete. Still, you should deal with it diligently and avoid the perception that this is the same form you submit regardless of the nature of the post for which you are applying. You will still have the opportunity to present your well-constructed, comprehensive and more personalised CV when you visit – which brings us on to number three.

3. Should you visit before short listing?

I wonder how often I have been asked that question? My view is yes. Consultant posts used to be for the remainder of a doctor's working life, although it is increasingly common to see 'sideways movers' nowadays, often after 10 years or so, as priorities, interests, aspirations and horizons inevitably alter (believe me).

Nevertheless, if you are genuinely interested in a position in which you might work for a good few years it seems appropriate, let alone sensible, to scope the job. It gives you the opportunity to meet key players and potential colleagues and thereby better orientate your approach to the job. It also serves as an opportunity to broaden your appreciation of the workings of a department other than your own, as well as non-clinical issues with which consultants must be familiar – particularly the dynamics of the Trust as a whole, not to mention the wider NHS.

Even if you end up withdrawing your application, the experience of visiting another unit and engaging with senior colleagues will be valuable when you are looking subsequently at a post that really whets your appetite.

4. Meet with senior managers

This is an important component of preparation enabling you to understand the threats to, and pressures upon, the Trust, as well as its aspirations and direction of travel. Much of the language and terminology used by managerial staff is not familiar, even to senior trainees. This type of meeting helps you to familiarise yourself with commonly-used terms so that you can begin to become fluent and are not surprised when they are used in an interview, for instance.

THE OBLIQUE VIEW

Meetings with the medical director, business manager and chief executive (CEO), should all be requested, although this often takes place after short listing. Meeting with these individuals should not be seen as box ticking and simply doing what you are supposed to. You should enter these discussions displaying genuine interest and with your own questions thought about beforehand and relevant to each interaction.

5. The interview

By the time you attend you should be utterly familiar with the post and how this appointment fits into the Trust's strategic plan. On the panel will be clinicians, the CEO (or a deputy such as the medical director), a representative from the Royal College of Physicians (to ensure that you have the training background and credentials to be appointed) and a university representative who will focus on your research (if the post has academic involvement). It will be chaired sometimes by a lay individual but be aware that this list is not exhaustive; increasingly nursing and patient interests can also be represented at these interviews.

All the panel members will be introduced to you; take note of their designation and try not to look surprised!

6. Be honest...

The purpose of the interview is for the panel to get a complete picture of your experience, interests and aspirations, and see how well you would fit into the post on offer. Your job is to ensure that all this information comes across. You cannot pretend to be something you're not, so don't try to con anyone – for two reasons: firstly, it will be obvious and, secondly, why

would you wish to take on a role for which you are not suited?

7. ...objective

It is not a viva; there is usually no right or wrong answer to many – if not most – of the questions that will be posed. The important thing is to at least have a view and express it, acknowledging that there are usually a minimum of two sides to any issue, and therefore for you to be aware of other opinions. Provocative examples might be, "Do you think there is any utility in having MDT meetings?" or "Where have we gone wrong in the training of cardiologists?" Either way, pause and consider your reply; remember that there maybe someone on the panel who is evangelical about MDTs, or has spent most of their working life on training committees.

8. ...and interesting

Some interviews are preceded by a slide presentation, the brief of which can itself be an attempt to discriminate between candidates. How applicants interpret a title such as "What do I do when not at work?" or present a talk on "What would I have done instead of cardiology?" is quite informative. It is a lot more interesting than the panel hearing five or six very similar versions of "How would I construct a cardiac department to deliver 21st century care?" or "What are the main issues threatening the sustainability and foundations of the NHS?"

9. Prepare...

You cannot revise for an interview but you can prepare for it. You can expect certain predictable questions that might be phrased differently but are still structured to get your familiarity with subjects such as clinical

governance ("What do you understand by it?"), audit ("What is the most recent audit you have been involved with?") and probity ("You notice that a colleague often smells of alcohol; what do you do?").

Don't panic or rush to answer; pause, take a breath and think. Often common sense will guide you and when all else fails, it is a safe bet to suggest that you would seek advice from a senior and more experienced colleague (unless he is the one with the alcohol problem!).

In answer to the question "What makes you special for this post?", be prepared to highlight those sellable aspects that make you stand out above the other candidates. 2,000 first operator cases, 20 first author publications and a passion for hard work, counts for nothing; the others will all have that. Mention that of course, but also emphasise elements that are unique to you and make you the right fit for the position. And be ready for the converse question and to identify any weaknesses or areas in which you might seek improvement; that will demonstrate insight and a willingness to learn, fit in and adapt.

10. ...and practice

Go through typical interview questions with your supervisors and other colleagues beforehand so that you will learn to control any nerves and to come across as confident (but not forceful), considered (but not vague) and consultoid.

And for goodness sake smile occasionally (if appropriate). At the end of the process you should feel that you have given your all and, regardless of the outcome, the experience will make you stronger for your next encounter.

Oh! And good luck! ●

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