

Chapter 1 **The medical interview**

Introduction

The aims of this chapter are to give an overview of the application process prior to the interview, the aims of the medical interview and the different types of medical interview. The chapter also discusses the make-up and role of the different members of the interview panel, the types of questions asked at the medical interview and how candidates are selected.

The application process

Although the main focus of this book is on the interview stage, it is important to cover the process that precedes the interview. This will vary according to the post for which you are applying.

The Modernising Medical Careers (MMC) process led to the development of Foundation (F1 and F2), Core Training (CT, CT1 and CT2) and Specialist Training (ST) programmes for each specialty (ST1, ST2, ST3, etc.). For the majority of Foundation posts, candidates are matched and interviews are not carried out. However, for Foundation posts that remain vacant, a shortlisting and interview process is still used to select candidates.

For those who are applying for ST, the shortlisting is mostly undertaken by Deanery-based selection panels. For General Practice (GP) and some other specialty training programmes, there is a national selection process. You are advised to check the MMC website for updated information that relates to your chosen specialty (www.mmc.nhs.uk).

Structured application forms may be preferred as the basis for shortlisting and interviewing candidates rather than the traditional curriculum vitae (CV). However, there are many situations in which CVs are likely to be requested. The most likely posts that CVs will be required for are:

- vacant Foundation posts
- trust doctor or locum posts
- senior medical posts.

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For GP training, there are three stages that candidates need to undergo in order to get selected.

- *Stage 1:* an electronic application form, the purpose of which is to check the eligibility of the candidate.
- *Stage 2:* national ‘Clinical Problem-solving’ and ‘Situational Judgement’ tests.
- *Stage 3:* a written exercise and three simulation exercises carried out by individual deaneries.

Full details of the GP application and selection process are available at the National Recruitment Office (NRO) at www.gprecruitment.org.uk.

How are candidates shortlisted for ST and GP training posts?

Each post comes with a Person Specification and consists of entry criteria (minimum standards) and selection criteria. The entry criteria allow non-medical staff to screen candidates prior to shortlisting. Those who are shortlisting decide who should be interviewed according to the selection criteria. There will usually be an agreed subset of *main* selection criteria:

Entry criteria

- Qualifications
- Eligibility
- Career progression
- Fitness to practise
- Competency
- Language skills

Selection criteria

- Clinical skills
- Personal skills
- Commitment to specialty
- Probity
- Academic and research achievements

It is vital that you read through the Person Specification criteria for the post that you are applying for in detail.

Box 1.1 shows an example of requirements for a CT1 post in General Medicine (Acute Care Common Stem).

Box 1.1 Example of a CT1 Post Specification General Medicine (Acute Care Common Stem)

Entry criteria (mostly obtained from the application form)

Qualifications

- Appropriate medical qualification, for example, MBBS

Eligibility

- Eligible for General Medical Council (GMC) registration
- Evidence of achievement of Foundation competencies in line with GMC standards/good medical practice

Good clinical care

- Maintaining good medical practice
- Good relationships/communication with patients
- Good working relationships with colleagues
- Good teaching and training
- Professionalism/probity
- Delivery of good acute clinical care
- Eligibility to work in the UK

Fitness to practise

- Up to date and fit to practise safely

Language skills

- Capable of effective communication with patients/colleagues (medical training in English or appropriate International English Language Testing System (IELTS) scores)

Health

- Meets professional health requirements

Career progression

Can provide complete employment history details

No more than 18 months' experience of medical specialties (post-foundation)

Selection criteria (from application form and subsequently from interview and references)

Clinical skills

- Appropriate knowledge base and ability to apply clinical judgement

Personal skills

- *Communication:* adapting language appropriate to situation

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- *Problem solving/decision making*: using logic and thought to solve and decide
- *Managing others/teamwork*: working effectively with others
- *Sensitivity/empathy*: taking in others' perspectives and treating others with understanding
- *Organisation/planning*: managing and prioritising time and situations effectively
- *Vigilance/situational awareness*: monitoring and anticipating issues
- *Coping with pressure*: operating under pressure, initiative and resilience

Probity

- *Professional integrity*: takes responsibility and respects all others

Commitment to speciality

- Other activities and achievements relevant to medicine

Academic/research skills

- Demonstrates understanding of audit and research
- Evidence of academic/research achievements (desirable)
- Participation in audit (desirable)
- Experience and interest in teaching (desirable)

Useful websites

- *National GP recruitment*: www.gprecruitment.org
- *MMCs*: www.mmc.nhs.uk
- www.ct1recruitment.org.uk
- www.ct3recruitment.org.uk

The aims of the medical interview

Why does the medical interview exist?

Historically, across all spectra of business and industry, the interview has been used to select applicants for posts, with candidates usually having been shortlisted on the basis of an application form or CV.

The interview gives employers the opportunity to meet potential employees face to face and decide if they wish to employ that person. It provides an opportunity to test applicants' competencies and motivation in a structured environment, thereby attempting to provide a level playing field on which the best applicants can shine.

Medical interviews are no different in this respect, and the aim is to select the best candidate for the vacant post.

Does everything hinge on the medical interview?

There may be factors other than performance at interview that impact on whether a candidate is successful. Some candidates will have an advantage based on their past experience and performance, including their responses to questions on the application form. As part of some selection processes (such as GP), there is a written assessment under exam conditions. A good performance, or additional qualifications or experience, may add to the overall strength of a candidate's application.

It is also possible that candidates will have gained an advantage prior to interview through previous contact with members of the panel. Occasionally, an interviewer has witnessed a candidate's performance first-hand in the workplace. In other instances, a trusted colleague may have recommended a candidate to a panel member. Sometimes, candidates have made the effort to meet with panel members for the first time prior to interview, but this is frequently not possible.

However, do not fall into the trap of thinking that the outcome of an interview is predetermined. This is rarely the case, and is frequently used by unsuccessful applicants as an easy excuse to explain their failure.

There can be no doubt that interview is the most crucial component of candidate selection. The interview process, in whatever shape or form it takes, is labour-intensive for those who are organising and running it. Applicants who have made it to that stage will be of similar calibre, and performance at interview may be the only way to distinguish between them.

What does the interviewer expect?

Much is made of the personal biases of people who sit on interview panels, and naturally there may be individual preferences according to personalities and styles. You may be surprised to know that there is usually broad agreement among interview panel members when it comes to selection. In other words, the best candidate is usually obvious. Your aim should be to convince the panel that you are the best candidate. The key to achieving this is good preparation!

Remember (this might sound obvious), each member of the interview panel usually wants to select the best candidate at interview.

Types of medical interview

For many years, the format of the medical interview has been similar for all grades of doctors, except that with increasing seniority longer interviews and larger interview panels could be expected.

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However, in many cases, the traditional medical interview has been supplemented or replaced with other mechanisms for selecting candidates. These are typically multistation assessment centres testing relevant attributes. However, maintained within these newer processes are portfolio stations and presentation stations that very much mirror aspects of the traditional medical interview.

A loose distinction can be made between the older style 'traditional medical interview' and newer interviews that incorporate competency-based tasks. We encourage you not to think of these as mutually exclusive, as medical interviews frequently incorporate elements of both.

In general, interviews are carried out in an educational setting based within a Hospital, General Practice or Deanery.

The traditional medical interview

This is the type of interview that many senior doctors will be familiar with. The interview typically involves a panel of interviewers asking a series of questions, with all candidates being asked similar questions.

Interviews may last anything from 15 minutes to 1 hour. Shorter interviews generally occur with smaller interview panels.

Competency-based assessments

The idea of using different selection tools, other than the traditional interview, to select doctors has gained widespread acceptance, and we discuss these tasks at length in Chapter 7.

Competency-based assessments have been implemented in the selection for all GP trainees and most ST interviews. They are frequently standardised at a national level.

Assessments are designed to test various competencies, with an emphasis on generic skills rather than the candidate's clinical knowledge or past experience. Examples of exercises include:

- simulation exercises
- written exercises
- group tasks
- presentations
- tests of medical ability.

How is a competency-based interview day structured?

Typically, a Postgraduate Educational Centre is the location for a competency-based interview. Approximately 30–40 candidates are assessed during the day. Candidates will normally have three or four assessments, each lasting 10–30 minutes. Candidates should expect to spend at least half a day at the centre.

The interview or selection panel

For ST posts, there are national recommendations for England, Wales and Northern Ireland that determine who should be present on interview panels. You can expect the following people:

- lay chairperson
- regional College adviser or deputy
- postgraduate Dean or deputy
- Programme Director or chair of Specialty Training Committee
- two to four Consultants from training locations
- a Trust Senior Manager
- university representative (for academic posts).

For Deanery-based selection panels that are grouped into stations, there will typically be two Consultants allocated to each station with a lay person, a regional college adviser and a Programme Director involved in assisting a fair selection process.

The interview panel for stand-alone or trust-grade posts typically consists of a number of Consultants (any number between 1 and 10) and a representative from Medical Personnel who takes no part in the decision-making process. When a post is relevant to just one department, it is not unusual to find just two interviewers.

Interviews at Consultant level will include a Senior Manager (typically the Chief Executive or Medical Director) and a representative from the appropriate Royal College and from the Deanery.

In academic institutions, there may be a University representative present for interviews for ST level and above. This is usually an academic clinician at a Consultant-equivalent grade.

Although Medical Personnel departments and Deaneries will not usually give out the details of those involved in the shortlisting process, it should be possible to discover in advance who will make up the interview panel.

For posts where there is a local selection process, those individuals will usually make up part or all of the interview panel.

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Questions asked at the medical interview

How are interview questions decided?

Fortunately, with the traditional interview, the types of questions that you are likely to be asked are fairly predictable. Naturally, for senior medical posts, questions may be more difficult, but the preparation should be similar for whichever post you are applying for.

Typically, the format of the traditional medical interview will be as follows:

- questions about your CV and medical career to date
- questions about your portfolio
- questions that test your motivation – why this job? why this area? why should we choose you?
- questions about audit and/or research
- questions about National Health Service (NHS) and management topics
- questions about medicine (e.g. recent articles read/recent advances/medical knowledge)
- questions that test your generic skills
- questions about your interests outside of medicine
- an opportunity for you to ask questions.

At least one interviewer will choose to run through the candidates' experience to date, and this is often the opening enquiry. This question gives the candidate an opportunity to provide a quick summary of their medical career and experience to date whilst enabling them to relax ahead of potentially more difficult questions.

This will be followed by questions from other interviewers that will focus on all other aspects of their CV, their motivation, their understanding of health policy, knowledge of relevant literature, education and ethical issues.

At interview, each panel member will decide in advance which questions they are going to ask. Interviewers may have their personal favourite questions that they consider to be 'discriminatory'. It is considered good interview practice for the same questions to be asked of each candidate (although this is rarely adhered to rigidly).

For this reason, you may wish to enquire gently of departing candidates the nature of questions they received. However, be wary of information received from those you do not know or trust.

Our advice is that you should not tell other candidates the questions that you have been asked.

The following statements regarding interview questions are likely to be true.

- Questions will be based on the relevant Person Specification.
- Questions will be consistent across interviewers and for all candidates.

- Questions will be scored according to a scoring framework that links to the Person Specification.

Minimum standards for training and the format for selection have also been determined nationally for many specialties including core medical and specialty medical training so that there will increasingly be less variation between interview centres.

All of these topics and other commonly asked questions are covered in detail in the rest of this book.

Candidate selection at interview

During a traditional interview, each member of the panel will adjudicate and score the candidate. Each panel member is asked to score an individual according to a number of characteristics that are considered important for the post.

Each member of the interview panel plays an equal part in adjudicating, with the exception of the Medical Personnel officer, those simply sitting in for interview experience and sometimes the chairman. A simple scoring form looks something like this:

| Name | Experience (score 1–5) | Qualifications (score 1–5) | Other factors (score 1–5) | Overall impression (score 1–5) | Comments | Rating (score 1–5) |
|------|---------------------------|-------------------------------|------------------------------|-----------------------------------|----------|-----------------------|
| | | | | | | |
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With this scoring system, there is plenty of scope for subjective assessment on behalf of the interviewer. More detailed forms may be used based on essential and desirable criteria.

For selection processes that use assessment stations, the characteristics looked for will be different but the scoring process is similar.

Figure 1.1 shows an example ‘professional dilemma’ question about coping with stress for an ST1 training post in General Medicine. After the question, you will note a number of positive and negative indicators that help guide the interviewers. A scoring scale accompanies these indicators. This helps provide an assessment of candidates that is based on objective measurements.

| | | |
|---|---|---|
| <p><i>Describe a time when pressure at work has led to you feeling angry</i> <i>(Probes: What was the cause? What did you do? What was the outcome?)</i></p> | | |
| <p>Indicators</p> | | |
| <p>Positive indicators</p> <ul style="list-style-type: none"> ● Remains calm ● Aware of wider situation ● Knows when to seek help ● Deals with situation alone ● Responds quickly and decisively ● Uses strategies to deal with stress | <p>Negative indicators</p> <ul style="list-style-type: none"> ● Recognises own limitations ● Defensive or uncompromising ● Only dealt with immediate needs ● Hesitant and unsure ● Uses inappropriate coping strategies ● Deals with situation alone | |
| <p>Scoring scale</p> | | |
| 0 | No evidence | No evidence reported |
| 1 | Poor | Little evidence of positive indicators Mostly negative indicators, many decisive |
| 2 | Areas for concern | Limited number of positive indicators Many negative indicators, one or more decisive |
| 3 | Satisfactory | Satisfactory display of positive indicators Some negative indicators but none decisive |
| 4 | Good to excellent | Strong display of positive indicators Few negative indicators and all minor |

Figure 1.1 ‘Professional Dilemma’ Example Question with assessment guide.

With interviews that involve a number of stations, trained assessors evaluate and score candidates’ performance during each exercise. Information is then summated for each candidate in separate files. After the final exercise, an assessor studies each file. The assessor should have had no earlier involvement with that candidate, and provides an independent evaluation of every doctor’s performance.

Assessors then discuss performance across all exercises, and selection decisions are made. An independent facilitator oversees this process and asks assessors to provide evidence for their evaluations in order to increase objectivity and fairness. Decisions are based on the evidence observed according to objective parameters similar to those outlined in the earlier example. The objective is to avoid decisions based on ‘gut feeling’ or unsubstantiated judgements.

After all of the interviews have been completed, the final rating scores are added up and the posts are offered in order according to which candidate ranks most highly. If there is a choice of posts, then the candidate ranking most highly gets the first choice.

Important! All interview selection processes should not discriminate against those candidates who are willing to accept some posts but not others.

Generally, this principle is adhered to and it is in your best interests to be honest about which posts you are interested in and which you are not.

How do candidates find out if they are successful?

With Consultant and stand-alone posts, candidates are likely to be told on the day of the interview if they have been successful. This may take the form of the successful candidates being invited back to the interview room or being telephoned. Formal confirmation may then follow in the post.

Selection for ST programmes can be fairly time consuming. Candidates may have to wait for several somewhat anxious days before they discover whether they have been successful, and will be informed by telephone or e-mail.

Before a final decision is made, there is a review of the candidates' references. A more formal offer is then usually sent by post within a few days. Unsuccessful candidates should be given the opportunity for face-to-face or telephone feedback.

What does an interview process feel like?

Some of you may not have been interviewed before. We thought it would be helpful to recall the experience of one interview candidate (Box 1.2):

Box 1.2 A candidate's ST1 interview experience

My ST1 Ophthalmology interview consisted of two interview panels, each interviewing for 15 minutes, although speaking to friends going through the same process indicated that this varied between Deaneries. Some Deaneries elected to stick to a one-panel 30-minute interview. As a rule, interview time was 30 minutes at a minimum, and included examination of candidates' portfolios. The emphasis was placed on generic medical skills and aspects of good medical practice. Assessment focused on the Person Specifications. The following areas were included:

- commitment to the specialty
- practical skills (specialty specific)
- teamwork and communication skills

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- management skills
- decision-making skills
- critical appraisal skills
- presentation skills.

One member of the panel was assigned to examining and then marking my portfolio. The first interview station included a 'history taking' type Organization for Security and Co-operation in Europe (OSCE), similar to Medical School Finals, lasting approximately 6–7 minutes. This tested a range of skills such as acquiring necessary information using a series of open and closed questions, addressing expectations, beliefs and concerns, and so on. It appeared that the panel had a 'mark sheet' on which points were allocated.

Part two of the interview involved a practical assessment. Candidates were either asked to examine fundi, using a direct ophthalmoscope, or use microsurgical instruments to demonstrate suturing. In other Deaneries, panels assessed stereoscopic and binocular vision.

Prior to the second interview station, I had been given a scientific paper to read for 20 minutes. I was immediately questioned on the strengths and weaknesses of the paper, with reference to the study methodology, and asked what I would change in the scientific method. The panel was using two or three different scientific journals to minimise candidates discussing the papers. In other Deaneries, candidates were asked to appraise and then present a paper using Microsoft PowerPoint. This indirectly assessed their information technology (IT) skills.

Other interview questions I was asked included:

- 'As a member of a clinical trial, you have suspicions that a treatment is harming patients. What would you do and why?'
- 'Tell us about a time when you made a mistake. What did you do? What happened?'
- 'Tell me about a time when you were involved in clinical audit.'
- 'You come into work and a colleague is drunk; what would you do?'
- 'What is consent? How would you consent a patient? Do you think you should consent a patient for a procedure?'

The interviews generally followed a structured format so appearing to maximise objectivity, and were strictly run to time. In my experience, there was generally little opportunity to ask questions at the end. I noticed immediate reactions when certain words or phrases such as 'communication' or 'patient safety' were mentioned, giving the implication of indicators in the answers determining a score. As each question was predefined, it was more difficult to establish a rapport with the panel members.

It was evident from the interviews that panels were keen on assessing candidates across a range of skills, as outlined in the Person Specifications.

Summary

- Although the format of the medical interview may vary, interview questions will broadly fall into predictable categories.
- The competency-based assessment focuses on testing a candidate's generic skills and competencies for the post, and may or may not include a structured interview.
- Interviewers try, as much as possible, to be objective when scoring and selecting successful candidates.
- Effective preparation is the key to success.