

The perfect interview to land the dream consultant job

Eight top tips for consultant interviews:

1. **A person is not just an ophthalmologist.** Trusts are appointing the person not just the ophthalmologist. On a consultant interview panel (AAC) there will be non-ophthalmologists (e.g. medical director, chief executive, lay chair) who will be interested to know what you can bring to the Trust as a senior member of staff not just your ophthalmology training and experience. It is therefore important to show the panel the whole person you are – be open, engaging, plenty of eye contact to the whole panel not just the person asking the question, be mindful about using too much jargon as that could alienate those from outside the specialty, listen to and understand the question and think before you answer.
2. **Do your pre-interview homework.** On the department, on the Trust, on the local health economy, meet key stakeholders prior to the interview, and look at their Twitter feeds. Understand what the long term strategy of the Trust is and how you and your specialty will need to adapt to align with the strategy. Be prepared for such questions as: Why do you want to come to this Trust? What can you bring that we don't already have here? What things need to change in the department / Trust and how will you bring about such change? How will you deliver a community ophthalmology service?
3. **Show leadership qualities.** As a consultant you will be considered a leader in the organisation and not necessarily just in your specialty. It is important that you can demonstrate to the panel that you have leadership qualities. This is not always easy in an interview setting. You should aim to show the panel you have a long-term vision, that

you can share that vision with others and have the ability to develop the service.

4. **Honest reflection.** You may be asked at interview to reflect on something that has happened to you at work. It could be when you last received a complaint, were involved in an incident or a complication, made a mistake or had a disagreement at work. Be open, honest and show insight. Saying "this has never happened to me" is not a good answer. We all make mistakes; it is important to acknowledge that but it is even more important to be able to show how you have learned from such things to become a better doctor.
5. **Who's in the team?** Medicine is a team sport. If you are asked about team working ensure that you approach your answer from a multidisciplinary perspective. Doctor-centric answers will indicate a narrow minded view and may suggest you don't value colleagues in other disciplines.
6. **Focus on the patients not just the numbers.** When asked about your clinical experience and acumen it's not just about the case numbers and the complexity of surgery. Try to emphasise the positive impact your clinical skills have had on patient care – outcomes, improvements in practice led by you, and safety initiatives.
7. **You don't work in a vacuum.** You need to know what's going on in the wider NHS. As a minimum you need to pass the Sunday Times test so look at the health issues that have been covered in the Sunday broadsheets in the last six months.
8. **Expect the unexpected, i.e. have a change of clothes in the car.** Things happen on days of high stress – shoe

laces snap, make up smudges, food and drinks get spilt on clothes, ink from pens leak. Bring a toiletry bag to freshen yourself up prior to interview and in case of emergency keep a change of clothes in the car.

*Philip Andrew,
Head of Medical Staffing,
Sandwell and West Birmingham
Hospitals NHS Trust, UK.*

TAKE HOME MESSAGE

Prepare well, network and sell yourself well without going into controversies.

Before you apply for a consultant post, it is absolutely vital that you have chosen the correct job to suit you. Please do not think that you can make big changes to the advertised job plan to suit your skills. Remember that the Trust and the local directorate have an agenda for the advertised job for which they have worked out a detailed business case prior to going out for the advertisement. Hence, it is always useful to find out the agenda behind the advertised post during the homework with the directorate and the Trust executives even if it is an advertisement for a post retirement vacancy or a repeat advertisement for the same job.

Homework

This is absolutely vital. Meet or chat with as many people as possible, to gain maximum knowledge in a minimum time. Fix up one to one appointments or at least give the impression that you are keen to meet with each one of them! Include a list of executive members – usually medical director, chief executive, chief operating officer, divisional director (clinical) and some allied people such as dermatologist for oculoplastics or rheumatologist for cornea, etc. Knowledge is power and this background

knowledge will give you confidence to speak in the interview with insight and confidence. Do some Googling on the consultants working in that unit prior to seeing them. Have a work book in hand to jot down all vital points.

Always look the part of a professional.

Interview

The interview panel usually consists of at least two local consultants, chief executive or his representative, medical director or his representative, College representative, university representative and lay chairman. One of the local consultants will be usually related to the subspecialty for the advertised post, while the other is usually the clinical lead for ophthalmology.

Presentation

The interview usually kicks off with a presentation, which ideally should be a general topic to know more about you but could be anything. Try and do justice to the topic more in terms of how you identify yourself with it and also how it interests you, etc. Better to rehearse this with your local consultant and always please keep to time.

What questions to expect

The College representative usually probes into how well you qualify for the job by way of your training and also to briefly verify how you fulfil the Certificate of Completion of Training (CCT) requirements. Some questions related to your awareness of the College's initiatives, especially in training

– log book or simulator surgery, for example, may also be covered.

The university representative will usually cover research and training / teaching aspects. Audits may be asked in detail based on the work mentioned in your CV.

The spectrum of questions **from local consultants** usually cover clinical aspects of the advertised subspecialty, especially if you have highlighted a special niche such as microinvasive glaucoma surgery, for example.

Management questions are usually related to practical aspects and problems, such as clinic backlog and how to address them, shortage of non-trainee grade doctors, ethical issues, etc. This will usually be from your second local consultant, often the clinical director or lead for the ophthalmic directorate.

The executive representatives often explore the motives behind your eagerness to join the Trust and the unit, including often your short, intermediate and long-term objectives. Your strengths and weaknesses will be explored directly and indirectly.

Keep your style of answering simple. Don't make big promises. Please find the exact degree of support required and come out with less threatening / intimidating and practical ideas. At the same time, it is important to constantly drive home your unique selling point and what you can bring to the post as a new attribute. It is a delicate balance.

Controversial topics such as how you will change the mind set of your team for some ongoing area of weakness such as

reduced number of patients in a clinic / theatre list or need for an anaesthetist in a local list, etc. will need to be handled carefully. Give a balanced view and always articulate your stance without sounding too emphatic.

Always have some questions for the end when the panel invariably offers you a chance.

Be prepared to give an answer if they ask for an approximate start date.

Preparation, the ability to sell your good attributes in an honest manner, along with your unique selling points and convincing the interview panel during the interview, as well as in your short listing meetings, that you have something to offer are vital to secure the post. Please remember that the unit is always looking for not only a skilled but also a pleasant colleague and team player who will gel with the rest of the existing team.

Mr S Sandramouli FRCS,
Consultant Ophthalmic Surgeon,
Wolverhampton Eye Infirmary, UK.

SECTION EDITOR



Mr Yajati K Ghosh,
MBBS, FRCSEd Ophthal,
Consultant
Ophthalmic Surgeon,
Birmingham &
Midland Eye Centre, UK.
E: yajati_ghosh@
hotmail.com