

Specialty doctor interviews

I started my training as an ophthalmologist in the Wild West of Carmarthenshire where I did my first laser procedure, first phacoemulsification and first slit-lamp examination. All of these firsts were done under the tutelage of very skilled staff grade doctors who were consultants in all but name, with the three actual consultants being very happy to share power and responsibility with the team at large. In fact many of these staff grade doctors had worked at Carmarthen since before I entered secondary school and carried an aura of power and respect that was very obvious. As a junior trainee I had full faith in these Titans to guide me through the ways of the craft and to teach me the practical aspects of surviving the clinics and getting on in theatre. The consultants were often tied up with managing service-threatening disasters and extinction level events so played less of an immediate role in teaching me the bread and butter of ophthalmology, though there would be occasional jam and cream moments, all the tastier for my having an increased confidence with carbohydrates thanks to the staff grades.

As I did my training tour of the deanery I came across many more such stalwarts propping up eye departments and keeping the show on the road, despite being largely invisible from the outside. While the consultants were managing difficulties, giving talks, examining and generally being the public façade of these eye departments, the staff grade and associate specialist doctors were a sort of internal skeleton keeping up the whole edifice. There were occasional bad apples, as is inevitable with any large group of people, with certain renowned individuals routinely turning up late for work, taking sick leave often for nebulous reasons and passing on work to other doctors that they should be doing themselves. But these transgressors stuck out because they were very much the exception and not the rule.

I came to realise through my training that these doctors were all quite similar in that they were pretty much all from the Indian subcontinent and were all at or close to retirement. And after I joined Swansea the inevitable started to happen and the experienced staff grade and associate specialist doctors started to retire. It would be a wonderful experience I thought to be a part of recruiting the next generation of specialty doctors, as they are now termed, and so volunteered to help with shortlisting and interviewing candidates. Perhaps naively I supposed that there were long lines of people wanting to work at our unit stretching right back to Delhi, but I soon found that this was not so true. The first shock was the fact that there were hardly any applicants. The first

time there were perhaps two people who had applied, neither of whom worked in the UK, with one of the two application forms being entirely blank and the other filled in with English so poor that it was difficult to read without getting a migraine. So there were multiple rounds of putting jobs out again and again and again, where there were always a mixed bag of applicants, and sometimes none. Very occasionally a seemingly brilliant applicant appeared that had GMC registration, a UK visa and had even worked at a UK hospital for two weeks. Then just as you praised your lucky stars that such a person applied you would ponder the significance of two weeks. Why only two weeks? Then doubt would set in, confirmed after speaking to someone at the unit in question.

It is difficult to know how low to set the bar with shortlisting. If you set it at a reasonable height you would filter off all your applicants entirely. But then you found yourself half considering the applicant from Bangladesh that had done no phaco, left blank the audit research and publications section and whom you got the distinct impression was actually an optometrist. Or the applicant from the Middle East who filled in the form in block capitals and no punctuation. Or the applicant from Iraq who currently worked as a minicab driver and who had no ophthalmic referees. Sometimes there would be a nice decent crop of applicants but the next difficulty was seeing who turns up to interview. Well okay, nobody ever comes to an actual interview nowadays it seems, as it's all done by Skype. Only a small minority of applicants respond to the interview invitation and of those only a minority are contactable. And of those a fair number have such poor wifi that it's like communicating with an astronaut on the far side of Mercury, with time delay, distorted voice and dangerous meteor showers interrupting communications every so often.

I think this is a difficulty experienced the country over outside the major population centres. Undoubtedly the Brexiteers are partly responsible, as there used to be a steady stream of EU applicants, particularly Greek. It's a seller's market now and everyone wants to work in London, but only Iraqi minicab drivers who write in block capitals and are not GMC registered apply anywhere else. These recurrent adverts draw the attention of a host of parasitic agencies who then write emails asking if you want to employ, for a phenomenal amount of money, a person who is excellently qualified and keen on working with us. Why they don't apply directly for the job is another matter. Unless it's the money. I suppose it is in fact the money. The well qualified people all want gigantic amounts

of money. And even the not so well qualified, after being offered a job, will very much be of the attitude that it is them doing us a favour by wanting to work at our institution and demand to know the timetable. Yes, that timetable is not suitable you see. They want eight theatre sessions a week, despite not being able to operate independently, no on-call and want their experience in ophthalmology and that of their father to be taken into account when deciding their salary. Only £18 gazillion a year they say! That's not good enough. And they drop out from the job, having written their apologies in block capitals. Or they ghost us entirely, with HR reporting that they neither accept nor turn down the job and instead disappear off the face of the earth. The job hunting equivalent of Tinder.

Thankfully, our problems were solved by one of our excellent old Egyptian staff grades spreading the word at his old institution in Cairo that Swansea was a nice place to work and we employed half their department after he encouraged them to apply. Otherwise I don't think there is an easy answer to this. It certainly isn't to make everyone a consultant, as those jobs are lying empty too around the region. In the long-term it might have something to do with increasing training numbers and decanting healthcare to non-medical professionals as much as possible. In the short-term it might be rebranding the whole of the UK as one gigantic suburb of London, or affiliate our unit with Moorfields in some way to encourage applicants. Moorfields West or Moorfields-lite perhaps? Something has to happen at some point or I can see my own cataracts being done, when they are ready, at an eye camp organised in a tent by the sea by the good folks doing charity work while visiting from the English capital.

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