What makes a candidate stand out at interview?

Raphael: Good performance at the clinical station and wide-ranging knowledge of the modern NHS.

Andre: Having confidence, answering questions succinctly with a logical and rational approach, and having an ability to interact and engage with interviewers.

Liz and Ian: The interview is a bit like the practical assessment of clinical examination skills (PACES): candidates get marks from different interviewers in three stations. When a specialty is very competitive, you need to score good marks for all questions asked in all stations. You will do better overall if you perform well in all three stations than if you are brilliant in one but mediocre in others. You should try to predict what will be asked (the broad question areas are published on the RCP’s ST3 recruitment site) and practise your answers.

Do appearance and demeanour really matter at interview?

Liz and Ian: Yes, each clinical interviewer is looking to appoint a doctor who looks and behaves professionally, who would treat their patients (and other NHS staff) with courtesy and respect, and who could communicate effectively with patients and the clinical team. A candidate needs to look and behave professionally while allowing some of their personality to show through. Interviewers make allowances for nerves, but if a candidate turns up to a potentially life-changing interview in inappropriate clothes (too casual or too revealing), the interviewers may wonder what they are going to look like on the wards.

What advice would you give a prospective trainee who attained an ST3 interview but failed to get the job?

Liz and Ian: Think hard about the interview and how you presented yourself. Were you prepared for the questions? Could you improve things sufficiently for next time? Get feedback on your shortlist and interview scores from the deanery to determine how far below the ‘cut-off’ score you were. Look at the RCP’s ST3 website to glean as much information about the interview as possible and practise your interview technique. If your marks were a long way off the ‘appointable’ bar, seriously reconsider your goals.

Sarah: Don’t give up! Try again! Seek feedback from your interviewers. Ask if it was your interview or application (or both) that let you down and what you can improve for next time. Ask someone with experience to look at your application form. Attend an interview course. Attend the ‘Career in Cardiology’ and ‘Research in Cardiology’ symposia organised by the BCS.

What should an unsuccessful candidate do between one application period and the next?

Liz and Ian: Look at the part 2 application forms on the MMC website (www.mmc.nhs.uk/) to identify the Department of Health’s standard domains. Look at the person specifications on the MMC site to ensure that you meet the essential requirements and try to achieve as many of the desirable attributes as possible. Look at the RCP’s ST3 recruitment website, particularly the applicant’s guide, to make sure you don’t fail due to a technical reason. Pass the MRCP(UK) or equivalent examination, if you haven’t already done so. Develop a fail-back plan.

A candidate is unsuccessful during the ST3 selection process but is offered a LAT post in a DGH with GIM on-call duties and limited exposure to interventional procedures as well as an unrecognised clinical fellow post in a busy tertiary centre with cardiology on-call duties and 1–2 sessions a week in the catheterisation laboratory. Which job should they...
Grant: They should identify what they need to fill the gaps identified earlier: to learn echocardiography, perform diagnostic angiography, produce papers and bolster their GIM background. They should then visit both centres to talk to the people in post and gauge which will best fulfil their needs.

Liz: I need my registrar to be able to recognise that a sick patient might have pneumonia rather than heart failure and, for example, to diagnose tamponade. I don’t need them to be able to do diagnostic angiography or a pacemaker on day 1, because that is the purpose of the training programme. The standard for LAT appointments is the same as for a substantive post, so if you have been appointed to a LAT post, the clinical recruiters will see that you have already been judged to reach the required standard. In addition, you will have gained some extra useful experience rather than have learned how, for example, to place a right atrial lead. On balance, I would say go for the LAT and get some GIM and echocardiographic skills.

Andre: For me, the LAT post is slightly better than the clinical fellow post. Ideally, a LAT post with access to procedures would be best; however, a candidate can always go to courses and take the British Society of Echocardiography’s examination.

If a prospective candidate has been knocking on the door for a number of years, at what point should they throw in the towel?

Sarah: We have a duty to give candidates advice at all stages of their career so that they can make appropriate choices. It is difficult to advise someone who has all the credentials to give up, but it is important that they can make progress and enhance their CV as time goes on. If someone does not have all the credentials, a pragmatic discussion is needed about how likely it is that they will fill the gaps in their CV. Cardiology remains an attractive and highly competitive career option, so all candidates need to be realistic.

Andre: An honest TPD will give a candidate an honest answer. There is a point beyond which a repeatedly unsuccessful candidate will be too old or will not already have made enough progress to make any further effort anything other than futile and a waste of time.

Liz and Ian: Sooner rather than later. They should ask what it is they think they like about cardiology? If it’s action and procedures, they can get that from the other acute specialties. If it’s thinking and solving problems, again that is plentiful in other specialties. In medicine, we are very fortunate to have such enormous diversity in the field.

Most candidates who enter the ST3 cardiology selection process will inevitably emerge empty handed because it is such an oversubscribed and acutely competitive specialty. Potential applicants must take on board and put in practice the guidance from the varied opinions given above. They should be prepared to work extremely hard and go the extra mile because their efforts will certainly be noted by the people that matter. The lucky few who go on to secure an NTN in cardiology will embark upon a hugely rewarding, ever expanding and truly kaleidoscopic specialty training experience.

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Read the rest of the article

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