

# CT1/ST1 recruitment – what to expect

**Lisa Stone** 

## Getting ready to apply to CT1/ST1 training for 2020 recruitment

The 2020 main recruitment round for CT1/ST1 opened in November 2019. Doctors who are currently training as F2s, or those that have taken a break from training, but who are now wanting to get back into it, will be focussing on choosing their specialty or specialties.

#### DIAGRAM OF TIMELINE



Below are some ideas for trainees to think about to get ready for the 2020 recruitment round:

#### **Decision-making**

There are several sources of support for decision-making and recently the London careers team at HEE adapted a model used frequently in careers work. They called this the SCAN model:

- 1. Self-awareness
- 2. Career Exploration
- 3. Arriving at a Decision
- 4. Next Steps

There are e-modules aimed at foundation doctors available on HEE's E-learning for Healthcare platform for each of the stages. You will notice there are two stages before decision-making. Often foundation doctors think, 'applications open next month, I've got to make a decision now'. They don't consider the first two stages, which are really important to complete before you arrive at that decision. It is fully-recommended that doctors complete the first two stages and then they will be better equipped to narrow that decision down.

A previous BMJ article gives some advice on choosing a specialty.

#### The competition ratios

The competition ratios were published in January 2020 and are updated annually, usually around recruitment time. The list below shows the competition and post numbers for last year's main recruitment round (2019). The ratios include doctors who have applied to more than one specialty and therefore, as any person can only take up one post, this will make the competition appear higher than it is in actuality. The specialties at the bottom of the table, therefore, often do not fill all their posts and there are further recruitment episodes throughout the year.

## UK competition ratios CT1/ST1 for 2019

These figures are taken from <a href="https://specialtytraining.hee.nhs.uk/Competition-Ratios">https://specialtytraining.hee.nhs.uk/Competition-Ratios</a>. Note: some trainees apply for more than one specialty and are their multiple applications are counted in these figures, although they can only take up one post.

Specialty	Applications received	Post Numbers	Competition ratios
Community Sexual and Reproductive Health	83	7	11.86
Public Health	804	86	9.35
Child and Adolescent Psychiatry	120	14	8.57
Cardiothoracic Surgery	101	12	8.42
Neurosurgery	157	24	6.54
Oral and Maxillo Facial Surgery	29	7	4.14
Clinical Radiology	1095	302	3.63
Ophthalmology	356	110	3.24
Core Surgical Training	1896	648	2.93
Anaesthetics (including ACCS Anaesthetics)	1333	568	2.35
ACCS Emergency Medicine	777	363	2.14
Histopathology	194	93	2.09
Obstetrics and Gynaecology	529	262	2.02
Core Psychiatry Training	814	473	1.72
Internal Medicine Training (including ACCS Acute Medicine)	2229	1563	1.43
General Practice	5166	3861	1.34
Paediatrics	564	476	1.18
Totals:	16247	8869	

Labour Market Information (LMI) should not be the main determinant of a foundation doctor's decision, however it does form part of the career exploration stage in the above SCAN model. It's helpful to see which specialties recruit in greater numbers. Going for a specialty, where there are fewer posts and/or higher competition will require the candidate to show more evidence of commitment to that specialty. Having a plan B or C, is recommended in these cases, even if it is to try to gain more experience and evidence for applying again next year.

## Number of Posts UK: patterns over last 4 years

**Green** indicates a rise in post numbers, **red** indicates a fall, compared to the previous year. Numbers in brackets represent the percentage of the posts in that specialty, eg. GP represents 44% of all posts etc

Specialty:	Posts 2016	Posts 2017	Posts 2018	Posts 2019
ACCS Emergency Medicine	344	340	369	363
Anaesthetics (including ACCS Anaesthetics)	603	601	581	568. (6%)
Cardiothoracic Surgery	6	10	11	12
Child and Adolescent Psychiatry			11	14
Clinical Radiology	251	267	291	302
Community Sexual and Reproductive Health	7	4	10	7
Core Psychiatry Training	497	495	510	<b>473</b> . (5%)
Core Surgical Training	642	629	636	648. (7%)
General Practice	3802	3857	3763	3861. (44%)
Histopathology	83	95	102	93
Internal Medicine Training (including ACCS Acute Medicine)	1640	1657	1637	1563. (18%)
Neurosurgery	26	29	34	24
Obstetrics and Gynaecology	272	263	275	262
Ophthalmology	90	77	101	110
Oral and Maxillo Facial Surgery	3	8	8	7
Paediatrics	430	437	451	476. (5%)
Public Health Medicine	70	77	78	86
Totals:	8766	8846	8868	8869

The table on the previous page shows the patterns of UK training over the past four years. The numbers of posts generally are increasing, but you can track the specialities to see movement over the years.

### Complete a 'ROADS check'

The 'ROADS check' has come from the publication: 'The ROADS to Success' by Caroline Elton and Joan Reid (2010). This is a check on your decision-making, to test the robustness of your ideas:

Realistic – are you being realistic about yourself and the post?

Opportunities- is this your only option? (N.B. The tables above are a useful list of all the opportunities available at ST1/CT1 level.)

Anchors – have you factored in what is important to you?

**D**evelopment – Will this specialty fulfil your potential?

Stress – Which parts of this role will you find challenging?

## **Specialty recruitment websites**

Each specialty will have a website dedicated to its recruitment at CT1/ST1. As the adverts come out, the recruitment sites will be updated for 2020. There will be information about the application and also the selection centres, so all foundation doctors will know well in advance, what to expect. Details such as the interview stations, as well as what needs to be covered in the evidence (or portfolio) folder will be outlined on these sites.

As there is quite a lot to prepare before interviews, having such information ahead of time, gives trainees a head start in knowing what to prepare.

## Applications to CT1/ST1 for 2020 recruitment: what to expect at the selection centres

It's important to allow preparation time for applications and panel interviews. Recruitment to specialty at CT1/ST1 is national and opened on 7<sup>th</sup> November, closing on 28<sup>th</sup> November 2019.

### The Multi-Specialty Recruitment Assessment (MSRA)

The following specialties have a computer-based test, called the Multi-Specialty Recruitment Assessment:

- general practice
- obstetrics and gynaecology
- ophthalmology
- psychiatry
- radiology.

The dates set for this are 3-11 January 2020. The GP recruitment website has information about what to expect and it also has some example questions (this can be downloaded from the bottom of this page: <a href="https://gprecruitment.hee.nhs.uk/resource-bank/recruitment-documents-forms">https://gprecruitment.hee.nhs.uk/resource-bank/recruitment-documents-forms</a>).

## **General practice recruitment**

Those applying to GP, who score highly on the MSRA, bypass the next stage of the selection centre, and are offered a post. This is known as the 'direct pathway' and is a real incentive to do well at this stage. However, most applicants will need to take part in the next phase of the recruitment process which is set from 3-14 February 2020.

Here there will be a simulation exercise where applicants are observed in three consultations with a patient, a relative or carer and a non-medical colleague. There will also be a 30-minute written exercise, which is a prioritisation or ranking of issues task, as well as an exercise in giving a justification of the responses. Example simulations plus the written exercise can be found on this page: <a href="https://gprecruitment.hee.nhs.uk/resource-bank/recruitment-documents-forms">https://gprecruitment.hee.nhs.uk/resource-bank/recruitment-documents-forms</a>.

### Panels for recruitment into hospital specialties

A typical panel comprises three stations lasting 10 minutes each, internal medicine training, core surgery and xx operate in this way. Psychiatry has two 15 minute stations. Some specialties (xx) have more.

The following is a list of popular stations:

- Clinical skills
- Commitment to specialty via an evidence folder (or portfolio)
- Presentation skills
- Patient interaction this will be a simulation where personal skills, such as empathy and sensitivity will be tested
- Ethical/management scenario responses.

Candidates will be made aware of what to expect before the interview and for this information it is best to review the specific specialty recruitment websites.

Each specialty is likely run the stations, in a slightly different way.

### **Person specifications**

The person specifications are released on the specialty training website (<a href="https://specialtytraining.hee.nhs.uk/">https://specialtytraining.hee.nhs.uk/</a>) in early October every year. Look out for the latest ones, as they are updated every year.

If you compare person specifications for different specialties, there are nuances between them. Have a look at the eligible criteria, to see if there is any specific information about having too much experience in the specialty. This will be relevant for those taking a break in training after F2. There are several specialties that do not allow you to have, say, more than 18 month experience, post-foundation.

Then look at the selection criteria, especially the desirable column. Do you meet any of these bullet points, is there anything you can do to become more desirable? These criteria will be looked at in both your application and your performance at the selection criteria.

## **Completing your preparation for interviews**

The phrase, 'fail to prepare, prepare to fail', often attributed to Benjamin Franklin, is appropriate here. So, look at all the information given by the recruiters, the person specification, the recruitment website, as well as any job description. Think about how you can meet that evidence. Talk to those already training at that level in the specialty, prepare to answer why you are interested in the specialty and what you can bring to it.

Being ahead of the game and not leaving everything to the last minute, will help with how you feel about the interview. You'll feel as prepared as you can be. Given the time scale between applying and the interviews, you'll have at least six weeks to prepare, in some cases longer.

## Interview performance – how to succeed

For those applying to CT1/ST1, many will not have had an interview since going into medical school. Therefore, below you will find some tips to help with your preparation towards honing your interview skills.

In addition, conveying confidence without appearing arrogant, coping with nerves and what to do if things go wrong at interview are discussed.

#### Thinking about your achievements

It is really important to spend some time preparing for what you really want to get across at interview. 'Practice makes perfect', so ask your peers/senior colleagues to interview you. You could also ask your postgraduate education centre to organise some mock interviews.

Spend some time reflecting on your achievements, what distinguishes you from the other candidates? Some of the areas below will help show commitment to the specialty:

- Courses
- Royal College exams
- Conference attendance (remember to keep attendance certificates)
- Tasters, or attending outpatient clinics
- Presentations and teaching sessions
- Audits or quality improvement projects
- Getting papers or articles published
- Talking to consultants/trainees in the specialty (this shows that you have done your research well).

#### Some useful interview tactics

Whether you are practising interview skills, or are at the interview itself, these are some useful interview tactics:

### Stay focused and slow down

Give yourself some thinking time, it is fine to pause for two-three seconds, this will give you some time to think of some key features. You can also use phrases such as 'That's a very interesting question...', or 'In answer to your question about ... I'd like to begin talking about...'. These strategies give you some time to get your thoughts together.

## • Have some structure, even if it is retrospective.

The STARR structure (see diagram below) helps you to structure concise answers, consciously spending less time on the 'S' and 'T' part of the answer, as this is just scene-setting, so that you can talk more about the 'A' and the two 'R's. These are the parts of the answer that the interviewers will really want to hear about and where you will be more likely to impress them.

#### Introducing the STARR mnemonic Situation -set context This may help you structure answers to questions such as: Describe a time when... Task Reflection What had What you learnt Give an example of..... to be done What skills etc.... How would you..... Actions Result - What you did - What happened

## Checking how you are doing

Some interviewers won't give you much indication of how well you are performing during the interview. If you are unsure that you are giving an effective answer to a question, it will be fine to ask for feedback, saying "Is this example useful?' or 'Would it be helpful if I expanded on this?'

#### When in a hole, stop digging.

If you find that you are not answering the question well and have lost the thread of what you are saying, the best and only way forward it so say 'Sorry, I got a bit lost, I'd like to start again, please'. Although, of course this is not ideal, however, the interview stations are often only ten minutes long, so you do not want to be using up the time when you get stuck at an answer. The interview panel will usually account for nerves and they may help by guiding you and prompting you through to an appropriate answer.

#### Conveying confidence without appearing arrogant

It really helps the interview panel if you answer the questions confidently. Having a person before them who is self-assured, will make them think that this is a person who seems to know what they are doing. You will come across as a safe pair of hands.

An interview is the time to talk about your achievements, it is no time to be modest. However, if you are talking about unrealistic sounding achievements, without substantiating them, you may be in danger of appearing arrogant. The list of arrogant-sounding boasts includes:

- Taking all the credit for something, saying for instance 'During that four month rotation, I totally carried that ward'.
- Saying that you are best trainee at something, whilst denigrating your colleagues.
- Telling the panel that you are faultless and have nothing left to learn, for example 'my only weakness is that I work too hard'.

Appearing to be arrogant at interviews does not often happen, in fact very often trainees underplay their achievements.

## **Coping with interview nerves**

Interviews are nerve-wracking, the majority of people will find they are feeling a bit nervous as the selection centre approaches. This is totally normal and to be expected, there is often a lot at stake and after all, you are being tested.

The best strategy is to prepare and know that you have done as much as you can, given the time available, to practice questions and give some thought as to what you really want to get across to the panel.

In addition, think about strategies that have worked for you in the past, when you have been in stressful situations. The advice given above to slow down and focus should help, but also remember that you can concentrate on how you are controlling your breathing. Give attention to your breath and that will help the tendency to go into 'flight or fright' mode, where you may feel that you freeze or lose your train of throught.

If you are fully-prepared, this will also help give you the knowledge that you have done your best. Simply having this thought will give you extra confidence.

## What if things do go wrong?

Sometimes, even after the best of intensions, things do go wrong. The transport you relied on to get to the venue early could fail, nerves might get the better of you or you could be really ill on the day.

Having the mindset that if this happens, then that it is not the end of the world, there will be other opportunities available, is really important here. If you do not perform well at one interview station, remember the other ones will have completely different panels, so compose yourself between them. Also, there will be other chances to apply. Sometimes if the specialty does not fill in the main round there are other recruitment episodes later in the same year. Or, there will be another chance the following year and this could mean that you will have some time to get more experience in the specialty. Your application will be treated afresh, so the next time you are being interviewed, the interview panel will not know that you have been unsuccessful previously.

## A final note

According to the latest F2 career destination report

(https://www.foundationprogramme.nhs.uk/sites/default/files/2019-

<u>01/F2%20Career%20Destinations%20Report FINAL.pdf</u>), page 14, 88.6% of F2s who applied for specialty training, were offered posts. Some may have applied to more than one specialty and these posts may have been offered in locations that are not the trainee's top preference, however this gives the impression that most are successful at interview.

Lisa Stone is a freelance careers consultant and coach (lisastonecareersandcoaching.co.uk). She runs workshops in hospitals in South London and Kent, Surrey & Sussex for F2s, to prepare them for the GP and Speciality interviews.