Getting your CV into shape

Ask ten people how to write a CV and you may receive ten different answers. However there are some basic guidelines to follow and some common pitfalls to avoid.

Application forms have almost taken complete precedence over CVs – the idea being that shortlisting for interviews becomes a fairer process and an easier task for those doing the sifting. A well prepared job information pack despatched when you first apply for a post should define what documents are required from you. If this is not clear, then contact personnel.

Having a separate CV at hand may be important for several reasons:

- it is sometimes asked for by people who would like to see what you have done even if there is no job currently on the cards
- research posts or research applications may require a CV
- some job application forms clearly state that you should include a CV (or several copies)
- keeping an updated CV enables you to keep a note of potentially relevant information to transfer into application forms.

Integrating the CV and application form

Naturally there will be some overlap – but other than filling in the basic facts of your training to date on the application form, there will be some questions that are designed to reveal more about you as a person than, say, just a list of posts could do. These questions warrant some careful analysis as they reveal a lot about an individual, their motivations, attitudes and personality. A CV allows more self expression as it is not quite as rigid as an application form. There may not seem to be enough space on the application form so the CV allows some expansion.

What to include and what not to include

Recent achievements are generally more relevant than those over ten years ago - so increasingly minimise descriptions of things the further back they transpired and expand on relevant recent work. Overall - any information you put in should be relevant to the post in question. The fact you went to such and such school is generally not relevant to you becoming a consultant.

How long and in what order?

How long is a piece of string? There are no hard and fast rules here. A CV for one person could be double the length of another and both could still be appropriate. The traditional order is outlined on the web site link below. However, there are some situations where a departure from this order is appropriate - for example, if a person has an unusual job history or may not be perceived as a traditional candidate for the post. One thing to consider - the longer a CV is - the harder it is to read and trudge through it. Less can often be more - but only if well tailored.

CV targeting

There is the scatter technique (reel off as many CVs to as many posts as possible in the hope one of them will take root somewhere) or the bull's eye technique (where the CV is written with all the relevant documentation from the post at hand). Needless to say - both ways are time consuming but the latter method usually has a higher success rate.

The bull's eye method does not mean rewriting your CV from scratch each time but does require modifications to draw attention to areas where you are well suited to the post's requirements. This assumes you understand what the latter are from job and person specs, so a thorough read of documentation about the post is essential. A PC held "master" CV and its various tailored reincarnations can be filed in a folder for CV work; for example. 1StGeorgesTootingOct10draftfinal where the date is the closing deadline. An organised approach will pay dividends.

Getting input into your CV

Once you have a draft version of a CV or application form (it can be a good idea to make several photocopies of the latter and do several drafts before using the original) ask several people to be "brutal and picky" with it. Someone from another specialty, someone with good grammar/spelling and someone from your own field is a good start. Realise that their opinions are only that and take from their critique what you feel is right for you.

Writing style

Forming a good editorial style for a CV can be quite a challenge. The common mistakes are…

> too chatty, autobiographical, longwinded style

> apologetic negative style

> too indirect - describing hospitals or units rather than what was achieved in the post

> clinical imbalance - ie a heavy preponderance of lists, bullet points and descriptions of clinical skills with virtually no reference to non-clinical skills.

The ideal is a balance between selling oneself well but concisely and accurately, making it easy for the reader to scan and absorb information and not appearing verbose or pompous.

Do

> update your CV regularly. Leaving it until the job you want is being advertised will not leave you time to perfect your approach

> realise that honing a CV that sells you well is a skill in itself and a time consuming one that many people find difficult to do for consultant posts, because they often have not written one for five years (or more if in flexible training)

> ask to see others' CVs - not always easy to do, but even looking at those from another specialty can help you to spot things to avoid or ways to improve your own.

Don't

> allow your CV to grow out of control over the years. New data will be inserted but not without efforts at précis, editing and summarising along with standardising fonts/layout throughout

> have long paragraphs of text as these are hard going for the reader

> send off CVs (or application forms) without keeping copies of what you have sent. If you are tailoring documents for each post you need to have the right set to hand before the interview.

Resources

> a list of sections to consider for your CV: **www.medicalforum.com/cv_headings.html**

> article on shortlisting: **http://bmj.bmjjournals.com/cgi/content/full/324/7328/S3**

> tips on developing a CV: **http://bmj.bmjjournals.com/cgi/content/full/323/7304/S3-7304**?

> CV postal review service: **www.medicalforum.com/CV_interview.html**

Notes

Interview preparation

If it is years since you last had an interview – you could be forgiven for feeling a little daunted by the prospect of consultant interviews. Not only is it a hard decision to know which posts to apply for but the whole process will be more time consuming and intensive than past interviews.

Different interview elements

Sometimes appointments are made through interview alone. However the limitations of the lone interview are apparent so trusts are using a variety of assessment methods to ascertain more information about the candidates. Some of these are also used at SpR level so you may be familiar with them. Methods used have included (but not invariably):

- psychometric testing
- trial by sherry or lunch - where an informal gathering of departmental members and the candidates enables a more relaxed chat
- in-tray out-tray exercise - where you will have a list of items to action and prioritise
- presentation - where you are given a topic or paper to present (the same as the other candidates) to work on with predefined aims
- simulated patient interactions - where an actor will present you with a particular situation.

Know your panel

It may or may not be possible to find out exactly who will be on the interview panel (quizzing the departmental secretary or personnel department is probably the best bet) but you should assume two things: there will be a wide range of personalities and opinions so being dogmatic about any topic is probably not a good idea; and there will be at least one non-medical person, maybe more, so tending to get very technical all the time might not win you any points from them.

The perfect answer ...

- answers the question (you'd be surprised how many people don't do this)
- doesn't ramble on too long and thereby get lost or repetitive
- involves eye contact with everyone there at least once
- uses gentle humour at appropriate points
- is well-balanced (ie not overly opinionated so as to alienate half the room)
- interjects and includes examples of personal experience which demonstrate skills and abilities
- incorporates evidence of non-clinical skills.

All these things are hard to do "off the top of your head" so preparation is the key.

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Expected questions vs the unexpected

Interview panels are increasingly instructed to keep to the same questions for each candidate as this is perceived to be a fair way of conducting comparative interviews. This does not mean you can't swing the questions onto things you would most like to talk about at times - but it does mean that over 90% of questions tend to come up again and again. So it can be a good idea to ask anyone going for consultant interviews (even if not in your own field) what questions were asked.

The unexpected question requires thinking on the feet. But even here there are certain principles. For example - can the question be swiftly categorised into a broad "type" of questions - eg clinical, management, personality or skills focused, political?

Similarly - if you don't know an answer you can approach it as if it was something that had arisen at your work that you did not know. For example - the question "how would you computerise this department?" instantly classifies as a management question. You admit no personal experience of such a project but that if it fell to you to co-ordinate this you would find out what departments had undergone a similar process recently, liaise with the IT people for advice/trust policy and the finance department for budgets and canvass colleagues and other personnel as to perceived needs and barriers.

The awkward interviewer

This can be more your perception of them being awkward - ie if they ask about something you don't want to be asked about. In that situation the best form of defence is not attack but preparation. If you have any sensitive areas such as feeling that you don't have enough publications - try to imagine what you would say to a point blank aggressive question about that. Then - if it comes, you will have prepared your stance and be less easily thrown.

If an interview panel member starts to get very picky or you don't understand what they are trying to get at - the key thing is to not get flustered. The other members of the panel will probably feel embarrassed and realise that you are being harassed. However - you are merely demonstrating how you would deal with a difficult patient or colleague, so you just have to be assertive, pleasant and state that you don't seem to have understood the question.

The ending question

Do you have any questions? In theory, by that point you should have had all your questions answered. Keep a couple of questions in reserve which sound intelligent, are not ones you should already have established details on and are not undiplomatic. Asking what specialisation they are seeking would not look good nor would asking where the nearest private hospital is. Asking about the secretarial support for the post would be more reasonable, or whether there is a new consultant group in the hospital and if not, would there be any support for starting one? Or - say that you have had ample opportunity to discuss the post in depth and you feel clear about the remit of, and challenges in the post. Take the opportunity to end on a high note by drawing their attention to any key aspects of the post where you feel you particularly meet the criteria sought, ie - don't just say "no".

Nerves

With consultant interviews approaching fast, if you have always had extreme nerves at interviews, it is not the ideal moment to address this as work should start a good few months beforehand. For example - seeking some training and regular experience in public speaking can really help to raise confidence. Hypnotherapy can help but won't do much good if you try to learn it the day before. Nerves are also usually more controllable when a person is really well prepared and confident in their skills. If you have always had difficulty selling yourself - starting to prepare only a week before an interview is not going to be enough.

Where to get help

Peer groups - even from other specialties. Getting together on a regular basis, say once a week, to grill each other can help not only for your own trial run, but seeing where others may be going wrong can be very instructive. Ask seniors - they may be busy and tend to want to boost your confidence rather than give a critique as they may not feel able to train you in where you are going wrong. Be sure to ask anyone who gives you a dummy interview to be ruthless but constructive in their feedback on things like voice pitch and volume, body language, answer relevance and facial expressions.

The best way to get help is to help yourself. Prepare your key selling points particularly clearly in your mind and on paper beforehand, as at every relevant opportunity in the interview you want to draw these into the conversation. Keep an interview questions list and formulate clear concise answers to them but don't memorise verbatim as this might come across at the interview - far better to memorise bullet points to expand upon more naturally.

Resources

> A sample list of interview questions: www.medicalforum.com/interview_qlist.html

> Being an observer on interview panels: http://bmj.bmjjournals.com/cgi/content/full/325/7372/S151

> Interview phone assessments and video training on a one-to-one basis: www.medicalforum.com

Notes

How to prepare a successful business case

What types of business case might I get involved in?

The main types of business case that you might want to be involved with and the type of funding that you will need to attract include the following:

> **refurbishment of a department** - you may want to improve the quality of the environment in your clinical area

> **expansion of a service/team** - service planning may include additional staffing resources

> **medical equipment** - capital (and revenue) - a new piece of equipment or replacement of failed or obsolete equipment

> **new buildings.**

How would I establish a case for need?

> **demand** - demand and capacity theory is at the forefront of a lot of modernisation work. You will need to demonstrate that the demand on your service exceeds its capacity, whether that is staff, buildings or equipment. Activity data is a powerful tool and most trusts will have an Information Team who would be able to provide you with a range of activity information linked to you or your service

> **ability to hit government targets** - it's a 'must do' and it is currently where most resources are prioritised

> **clinical risk** - quality of equipment and the ability to provide your service safely in a suitable environment for patients and staff.

What type of funding might I access?

There are two types of funding:

> **revenue** - this funding is added to your budget year on year; for example, staff salaries have a revenue implication

> **capital** - this funding is a one-off resource allocation and is usually linked to equipment or buildings.

In the examples listed above you may need a combination of both.

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Where would the funding come from?

- > **Trust Capital** - probably a yearly internal allocation of capital funds for equipment, building or refurbishment
- > **Primary Care Trusts** - now responsible for securing health care for the population. All revenue resource comes from them
- > **Strategic Health Authority** - holders of significant amounts of capital funding
- > **'Collaborative' programmes** linked to specific specialties - not so much resource in recent schemes
- > **various incentive schemes** - can provide useful funding opportunities. This type of scheme and the 'Collaborative' allocations will usually have a proforma which will tell you the information that will be considered in the bidding process - it will also be explicit in what it requires to be delivered in return for the investment, particularly around waiting times and access.

Who will help me prepare a business case?

Your local directorate management - usually a service or general manager. They are there to support you in delivering your clinical service. The service manager and/or a member of the financial team can help convert your ideas into the required business case.

Case Study examples

Case Study 1 - The Clinical Nurse Specialist

Problem: busy clinics, long waiting list and perhaps an NSF requirement

Solution: introduction of a clinical nurse specialist to work alongside consultant teams in clinic and undertake a telephone follow-up clinic.

In your business case you will need to:

- establish the case for need
- provide an analysis of current and predicted demand
- assess how the proposal will resolve future service demands (activity flow changes, operational policy changes)
- estimate costs of the proposal - capital or revenue - e.g. salary, equipment, accommodation etc.
- provide the associated support costs e.g. perhaps an increase in diagnostics.

Case Study 2 - Medical Equipment

Problem: equipment at the end of its asset life and/or opportunities for advances in equipment to support service provision

Solution: replacement of equipment with a revised specification.

In your business case you will need to:

- establish the case for need
- provide options for purchase including changes in practice and operational requirements
- cost assessment - total purchase or lease, consumable costs, staff changes and maintenance requirements
- clinical risk assessment and quality advantages
- the implications of 'do nothing'.

Case Study 3 - The refurbishment and extension of a department

Problem: current accommodation not big enough for staff and clinics, quality of the environment not acceptable

Solution: expand the department's physical area and refurbish the existing facility.

In your business case you will need to:

> establish the case for need

> provide analysis of the impact of a change in facilities (one-stop treatment facilities, additional clinic space)

> offer an option appraisal - what you could do with different levels of resource and what the outcomes would be for the service

> appraise cost and available funding resources (associated design costs for the new build, furniture and equipment and associated revenue costs - staffing, maintenance and hotel support services)

> make a proposal for project management structure - how you would be involved in the design and planning

> estimate timescale and impact of the building period on service provision - do you need to move the service while work is carried out?

And finally...

> private company funding - look for funding from pharmaceutical companies - it may be a useful way to kick start funding for a new initiative, but if it's not agreed with the Trust or Primary Care Trust when the money runs out, you may well have increased the pressure on your service without any continuing resource.

> pump-prime funding - charities may provide you with up to three years' revenue funding for a member of staff but again, you need to consider ensuring that your Trust or Primary Care Trust agree to continuing the funding when the charity pulls out.

> impact on other departments - is one of the major causes of tension; if you have acquired a new clinical nurse specialist, he or she may not be requiring more diagnostic services, but the introduction of the post may have freed up consultant time and this may have an impact.

> maintenance contracts - very expensive and must be included in your first business case submission, even if it will be three years before the invoice arrives.

Job Plans

Thrive and survive with your job plan:
Like a new pair of shoes, your job plan must fit you perfectly and it is important that you take time to think carefully about it. Your job plan is a mutual agreement developed in partnership by you and your employer setting out prospectively your reciprocal duties, responsibilities and objectives for the coming year.

The main emphasis of this is your service commitment to the trust and your patients, but it must also describe the facilities and resources you need to allow you to do your job effectively and flexibility to accommodate your agreed personal objectives. Your job plan is personal to you, and should be adapted to suit you and the circumstances in which you work. It is a critically important foundation for a long, happy and successful career and has a central role in helping you to achieve a work/life balance.

Used correctly, the annual job plan review can be a powerful tool to help improve your career satisfaction and help balance the stresses and responsibilities with an enjoyable and rewarding working week. Nothing is more undermining than the feeling that you do not have time to do your job properly, and your job plan can support you and avoid this.

Using your job plan to prepare a happy first year
Prior to your appointment, it is ideal to discuss the proposed job plan with your consultant colleagues and with the Clinical Director of the trust you may be working for. Do not be afraid of asking the details of the plan, as you may only have been sent the weekly timetable. For example, find out about what junior staff you will have, availability of beds, and your secretarial and office arrangements. Your specialty body should give you advice on what should be available to you when you start and you should check their web site.

Discuss and agree your personal objectives: these are important measures against which your work will be judged. Provision can be made in agreed job plans for you to undertake reasonable quantities of work for Royal Colleges in the interests of the wider NHS.
Finally, ensure that your weekly timetable includes the agreed number of Programmed Activities (PAs), typically, 7.5hrs direct clinical care PAs and 2.5hrs supporting professional activity PAs.

Remember that direct clinical care includes all administration involving patients, such as reading referrals and dictating letters, chasing results and discussing management as well as ward rounds and out-patient clinics. This workload will increase once you are in post, as local colleagues get to know you, so be careful there is sufficient time for it initially. Your specialty body will include details of suggested out-patient profiles. Supporting activity sessions include the vitally important Continual Professional Development (CPD) time as well as teaching, junior staff appraisals and research and audit commitments.

If you have reservations about your job plan, discuss them prior to the interview with the Clinical Director. Be confident enough to ask how it would work in practice, and do not attend the job interview unless you are sure you would be happy in the post. Once you are appointed, it is generally best to avoid changes to your timetable for the first year and until you are known and have settled in. Problems with the trust's promises to you must be put in writing in a calm and non 'shroud-waving' style - a secretary and a desk will be found for you eventually!

Once you are appointed…

This is when the art of job planning really takes off, because you want to enjoy your career for many years and changes will probably be needed each year. Think hard and record any difficulties or stresses you are finding in the three areas of your job plan - the trust's commitments to you, your timetable and your personal objectives.

You do not have to wait for your first yearly job plan or appraisal meeting to discuss problems, but as previously mentioned it is often best to let the dust settle for a few months. Document your workload precisely, in terms of all your direct clinical care and supporting activity sessions, and include hours you are working and those you work at home (eg. CPD). Note if there has been time each week for you to attend educational meetings and how interrupted each task has been. Record your actual on-call commitments and phone calls out of hours.

It is easy to forget extra work done, and the BMA produces a CD-ROM to help record this if you find it difficult. Register for CPD with your Royal College if they have on-line provision for this and be sure to include all your activities in this diary and thence into your appraisal folder. Keep a record of clinical governance initiatives you are involved in, and of 'thank you' letters from patients and colleagues - it all helps to make your trust realise what a good job you do.

And as time goes by…

It is only to be expected that during the course of your career, changes will occur in your personal circumstances and your job plan should be flexible to accommodate these. Thus you may wish to drop PAs, and this should be discussed and considered seriously by your trust at your job plan meeting. Try to find possible solutions to this to help your colleagues, and look at the Department of Health's Improving Working Lives website: www.doh.gov.uk/iwl and your Royal College website: www.aomrc.org.uk for details of how you may be able to work a reduced session contract. A specific IWL initiative can support your trust in paying for your sessions for 3 three years at 50% of full time. Remember that flexible working opportunities are your right but that things change slowly, and you should help your trust accommodate your needs. The details of your working productivity in your job plan may be instrumental in motivating them.

Give your trust ideas for possible solutions to your reduction in PAs, and be pro-active in suggesting changes.

If you feel that the person conducting your appraisal and job plan is unlikely to be familiar with your particular need for flexible working then choose a colleague who is, and ask if they can take over this duty for you.

Revalidation

If you attend regular job plan reviews and work to an agreed job plan, then you are half way toward revalidation. The second half - appraisal - should ideally be done at a different time from your job plan.

Mentors

The first few years after appointment can be stressful, and the most difficult thing is usually related to over-commitment in the job plan. Find a colleague who you can discuss problems with, and remember that no-one has a perfect job plan. There is often a feeling that it is a sign of failure to admit you are stressed, but it is important to share these feelings and colleagues may have found solutions to the problems you experience already.

The Department of Health is looking at mentoring schemes currently, but you should keep in touch with trainers with whom you can discuss things - and remember the BMA has a sick doctors' website: www.ncssd.org.uk

Written for the Department of Health by Helen Fidler, Consultant Gastroenterologist, University Hospital, Lewisham.

Notes