

A Practical Guide to Success in National Selection

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Gidon Ellis and Jonathan Makanjuola were both selected at National Selection in 2012 for Urological Higher Surgical Training. Both were ranked first in their respective interview rounds that year. It is no mean feat. Having read their article – their (continued) success comes as no surprise. Clearly academic prowess and clinical acumen play a pre-eminent role in the success of candidates but they are seldom themselves sufficient. Likewise, even the most outstanding of candidates will fail unless they heed person specifications, etc. Having secured an interview there is all to play for. A glowing CV will help in part only. Success in ALL (and not just the academic) stations will decide who is awarded that all-important training number. As in all things, those who have taken the time and effort to prepare are those most frequently rewarded. Relying on past successes and an excellent local reputation will not get you through a selection system designed to be scrupulously fair and even-handed. For many, preparation for National Selection has effectively started in under-graduate years but even for more recent converts to the cause there is time to enhance, adapt and re-define CVs to allow for success. Be sure to read this – you can bet all the other applicants in the forthcoming round have already!

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Introduction

It's the time of year when the National Selection Process for Urology Higher Surgical Training has completed. Many of you will know people who have just been appointed to an ST3 post. Many others have experienced the disappointment of rejection and are now seeking advice on what to do next and how to improve chances next year. For those of you who have decided that a career in urology is for you, this article will attempt to help you get ahead and maximise your chances of success in your application to Specialist Training.

For the last five years, selection to Urology Higher Training has been run as a national process. At present National Selection is co-ordinated by the Yorkshire and Humber Deanery. Data from 2010 suggests that there were 149 applicants for 43 ST3 posts nationally [1]. Although numbers vary from year to year it is clear that National Training Numbers (NTNs) are highly coveted and in order to secure one you will have to stand out from many other highly qualified candidates. Furthermore, if you wish to secure a particular job, or work within a particular region you will need to ensure that you are at the top of the pecking order; candidates are ranked according

to their performance at National Selection and those who score highest get their first choice jobs.

In this article we will discuss how you can begin to prepare yourself and your CV in advance of applications; be they next year or further down the line. We will also talk about the application process itself, namely the form and the interview, and finally will give some advice on what to do if your application is not successful first time round.

Preparation

Preparing yourself to apply for an NTN in urology should begin as early as possible in your medical career. If you're reading this before you've even qualified – now is the time to act! If you're further on in the process, don't worry, there's still time to take action.

The Yorkshire and Humber Deanery publish useful information on their website, including an 'Applicants Guide' [2], which will help you with the application process. Be sure to read this document in good time as much of the fine detail within may help you complete your application form and give you a head start at interview. Pay particular attention to the 'Timeline' and make sure that you have all of your affairs in

Be sure to read the 'Applicants Guide' and 'Person Specification' in good time and have all your affairs in order according to the published 'Timeline'.

order in good time before the start of the recruitment process, which is usually around February of each year. In the past there have been two rounds of selection per year, but as of 2013 all recruitment will be done annually in one sitting. This is likely to result in more posts being available to apply for, although for those who aren't successful it will mean that you will have to wait until the following year to re-apply.

On the Modernising Medical Careers (MMC) website, also available through the Yorkshire and Humber website, is the 'Person Specification' document [3]. The form begins with a list of 'Entry Criteria', which are necessary in applying to this job. These include criteria such as having the correct medical qualifications and adequate English language skills. This may all seem obvious but don't stop reading there! The second section, entitled 'Selection Criteria' lists the criteria that are ultimately used to differentiate between candidates and

Make sure that you can provide evidence for both your application form and of things to talk in detail about at interview for every one of the essential and desirable characteristics as listed in the 'Person Specification'.

specifies which are essential and which are desirable. Of course, if you are looking to be in the top cohort of applicants you need to make sure that you can talk about both essential and desirable characteristics in some detail. Make sure that you can provide evidence for both your application form and of things to talk in detail about at interview for every one of these items. For those of you not planning to apply imminently now is the time to reflect on your CV and make sure that you rectify any potential 'white spaces' on your application. At each stage ask yourself the question "Does my answer to this section make me stand out from other applicants?" For example, the document lists attendance at relevant courses such as Advanced Trauma Life Support (ATLS), Basic Surgical Skills (BSS) and Care of the Critically Ill Surgical Patient (CCrISP) as 'desirable' aspects of your clinical skills, however many of these courses are mandatory for the completion of Core Surgical Training and will not necessarily distinguish you from the crowd.

Make sure that you utilise your time between now and your application by improving your desirability. In terms of 'Clinical Skills' you will need to prove competence in basic urological theory and practice. Some of this will be tested directly at interview (see section below), however other ways to demonstrate this may be through your logbook and through work-based assessments; a certain volume of and proven competence at basic urological procedures (such as flexible and rigid cystoscopy, insertion of ureteric stents and scrotal exploration to name a few) will be expected. In terms of research skills, work hard to publish articles and to present audits and studies at national or even international conferences. Winning an award or prize will also really help you to stand apart as it demonstrates that you have been at the top of your cohort on a previous occasion and also reflects well on your abilities and work ethic. Another good idea is to try and demonstrate some commitment to the speciality; this may be in the form

of Special Study Modules or elective placements whilst at medical school, attendance at urological courses and conferences or anything else you can think of. Being original in this may well pay dividends, as once again it sets you aside from your peers.

Don't worry too much about not publishing in the top ranking peer-reviewed journals; anything which is PubMed referenced is valid to submit on your application and every little helps! Nor should you be daunted if you don't have as many publications as your colleague who has completed a PhD, or if your logbook is less impressive than someone who has done many years of urology senior house office (SHO) and middle-grade jobs; the interviewers will take into account your experience and the opportunities that have been available to you. To a large extent a hard-working core surgical trainee with a small number of published articles and a logbook that reflects hard work and an aptitude for surgery can be as impressive as someone with many more years' experience, especially if they haven't utilised their opportunities to the same extent.

If you're starting out in your training now think about how you are going to achieve all these things. Make sure you ask around core and specialist trainees about which jobs in your region will enable you to get the best clinical and academic experiences and then do your best to ensure you spend time working at these units!

Application form

Our advice here will be brief as most of this is self-explanatory. It is worth mentioning the importance of reading the entire document, including small print, in its entirety as candidates in the past have made minor errors which have resulted in them failing to progress.

It is also worth mentioning that due to large numbers of people trying to submit their applications at the last minute, the system has been known to crash resulting in a very stressful deadline-day!

Interview

Our three top tips for success at interview are prepare, prepare, prepare! Treat it as if it were an exam. Once you have made it this far you are more-or-less on an even footing with all the other candidates and will have just about one and a half hours to sell yourself. Don't leave anything to chance. You will need to study for

the knowledge sections, practise for the skills sections, and rehearse for the portfolio and communication sections. Find a friend and spend time delivering your responses to them, ideally someone who is at a similar level and applying for specialist training too. Listen to their feedback and listen to their own answers to the same questions and reflect on how you can improve your delivery and sell yourself better. If you can persuade consultants and senior colleagues to give you a mock interview that would be excellent practice too. The more the better! You may also find it helpful to record your voice and even video yourself so you can play it back and consider how you come across.

You will need to bring a number of documents with you to interview as well as your portfolio. Make sure you have these things prepared in good time as you will not want to be scrambling around trying to find copies of certificates and publications etc. in the days before your interview. Remember that your portfolio reflects directly upon your organisation and attitude and so just as you will attend your interview well groomed and wearing clean, elegant clothes and polished shoes, it is important that your portfolio reflects the same qualities. It is not necessary to spend a fortune getting it professionally bound but take the time to organise it (cover page, table of contents, clearly divided sections etc) and to present it well. If you don't yet have a portfolio start collecting things together now; it will make your life a lot easier and you can continue to add to it as you accumulate achievements during your career. A suggested section order is given by the Yorkshire and Humber Deanery and can be found in Table 1.

Make sure you're fully briefed on the format of the interview. As it stands currently there are five stations that you will rotate around, consisting of one

Table 1: Suggested order of portfolio.

1	Degree, MRCS, Foundation competencies
2	Courses
3	Prizes
4	Audit
5	Teaching experience
6	Presentations / publications
7	Log-book / Workplace based assessments (WBA)
8	Miscellaneous

Table 2: Interview format
(Adapted from http://www.yorksandhumberdeanery.nhs.uk/specialty_recruitment_2013/specialties/urology/documents/NationalUrology2013ApplicantsGuide.pdf).

Station	Description
Portfolio / Interview	Prior to entering the portfolio station, one of the two assessors will have spent 30 minutes reading through your portfolio and marking the content. Before entering the station you will have three minutes to read a brief vignette. Once you enter the station there will be a series of questions, lasting a total of 27 minutes. You will be scored independently by two assessors.
Clinical Scenario 1	The first clinical scenario is an outpatient setting. You will be scored independently by two assessors. There will be a short vignette to read in the three minutes before the interview.
Clinical Scenario 2	The second clinical scenario is an emergency setting. You will be scored independently by two assessors. There will be a short vignette to read in the three minutes before the interview.
Communication	In the room there will be an actor and an interviewer, you will be marked independently by both. There will be a short vignette to read in the three minutes before the interview.
Skills	There will be a short vignette to read in the three minutes before the interview. You will then complete a task before being asked some questions. You will be scored independently by two assessors.

Table 3: Personal skills
(Adapted from http://www.yorksandhumberdeanery.nhs.uk/specialty_recruitment_2013/specialties/urology/documents/NationalUrology2013ApplicantsGuide.pdf).

Judgement under Pressure	Capacity to operate effectively under pressure and remain objective in highly emotive / pressurised situations. Awareness of own limitations and when to ask for help.
Communication Skills	Capacity to communicate effectively and sensitively with others. Able to discuss treatment options with patients in a way they can understand.
Problem Solving	Capacity to think beyond the obvious, with analytical and flexible mind. Capacity to bring a range of approaches to problem solving.
Situation Awareness	Capacity to monitor and anticipate situations that may change rapidly.
Decision Making	Demonstrates effective judgement and decision-making skills.
Leadership and Team Involvement	Capacity to work effectively in a multidisciplinary team. Demonstrate leadership when appropriate. Capacity to establish good working relations with others.
Organisation and Planning	Capacity to manage time and prioritise workload, balance urgent and important demands, follow instructions. Understand importance and impact of information systems.

portfolio station lasting for 27 minutes and four other stations lasting 12 minutes each, with a three minute gap in between [2]. See Table 2 for further details. Remember though that by the time you are reading this the format may have changed so make sure you read the up-to-date literature and are well prepared.

The portfolio station is often the biggest discriminator in terms of scoring. Once again, refer to the Person Specification for guidance. You are likely to be asked some generic interview questions such as “Why urology?”, “Why you?” and “Why your chosen deanery?” There are a number of medical interview resources such as books and websites that can provide you with an exhaustive list of this type of question. Although tiresome, if you prepare an answer to each of these questions you will find yourself well prepared when the interview comes. As you practise more questions you will begin to find that the content and skills are often transferable and you will notice yourself improving.

You may be expected to be able to talk in detail about your clinical skills and academic skills. Be sure to know your CV and portfolio in great detail! You may also be asked about your ‘Personal Skills’. This is another section in the Person Specification and there are a number of sub-sections as seen in Table 3. Think of a scenario in which you have demonstrated these qualities for each of these attributes (this may be clinical or not – non-clinical examples give you a chance to demonstrate some breadth to your personality and show-off some of your other achievements) and practise delivering an answer succinctly whilst emphasising your own contribution in each scenario, what you have learned and how you will utilise the experience in your future career as a urologist. If you get into the habit of doing this you will find yourself well prepared.

What to do if you are not successful
The anticipation of waiting for the outcome email and the disappointment of finding out you were unsuccessful can

be extremely disheartening, especially if colleagues you have been practising with are successful. After you have had time to get over the initial disappointment, you must turn your thoughts to how to improve next time. People may offer to go through your CV with you, this can be helpful but do not approach too many people as this will only serve to confuse you. Approach consultants that are currently involved in national selection as their advice is often very insightful.

If you were not successfully shortlisted for interview, you need to have an honest appraisal of your application form. Perhaps try and look at the application form of someone who was offered an interview. Maybe the style in which they constructed their answers can help you. If you did have empty spaces on your application form, you will now have almost a year to try and rectify that. Be proactive and make sure that next time round you will have an achievement to write about in that area.

If you were unsuccessful at the

An unsuccessful candidate

In one station (where I thought I had done reasonably well) the comments written about me were; "almost destroyed the scope" and "not sure if he has ever used this equipment before". I had been very nervous at the time but thought I had managed to do ok, clearly not!

With the new information to hand I then took the next six months to practise all the stations with colleagues in a similar position to me on a weekly basis. I filmed myself in some of the sessions to see how I came across in an interview setting. I visited the skills lab and spent time with the theatre nurses to ensure that I knew the names of the equipment and understood all the components, so that I was able to put the kit together in my sleep. I also attended an interview skills course to give me the tools I needed to perform well at interview.

interview stage, the first step is to obtain feedback. The interviewers will have scored you for each station and made comments about your performance. You are entitled to apply to the co-ordinating deanery to see a copy of that information. It may take some time and you may even have to pay, but the feedback you receive may be invaluable. Candidates are often surprised to learn that they scored poorly in areas of perceived strength. You may also get precious feedback regarding your interview style and attitude. These are things that you must address in the coming year. For a testimony from a recent unsuccessful candidate see the box below.

If you're coming towards the end of core training you will have to think about what to do next as another year will pass before you can re-apply. Think carefully about your next step as this may be a crucial factor in helping you to be successful next time. Rather than looking to extend your time in core training or applying for 'SHO-type' jobs, you could seek a clinical fellow or middle grade

post. These jobs are an opportunity for you to step up to registrar level; you will most likely work a middle-grade on-call rota and will probably have similar theatre, clinic and ward responsibilities as the numbered trainees. These jobs will give you a great opportunity to build your logbook, your portfolio and your confidence in general. Some candidates may be offered a Locum Appointment for Training (LAT), a deanery approved post, usually for six to twelve months, which again gives you the opportunity to gain registrar-level experience. Furthermore, time spent in a LAT will count towards your overall training. It's important that you know what you want to achieve from your next post before the next application. For example, if your logbook numbers are light try to find a job that offers a lot of operating and clinical work. If your weakness is a lack of publications or presentations then an academic unit may be better for you.

Many people decide to take time out in a formal research post, for example towards an MD or PhD. This is a fantastic thing to do if you genuinely want to, but think hard about enrolling just because you think it will help you to get a training number. Obtaining a higher research degree is a gruelling process for those who are fully committed, so if you're not you'll have a challenging few years ahead. Furthermore, an MD or PhD alone may not fill all the gaps in your portfolio that have prevented you from being successful at National Selection and will certainly not guarantee you success in the future. If you do decide to go down this route, make sure you continue to do some clinical work (urological of course!).

Conclusion

Like all things in life, being successful at National Selection will require determination and hard work. However, if you are prepared to put it in, you give yourself the best chance of succeeding.

Prepare your CV and portfolio in good time before the interview and reflect upon it candidly. Identify your areas

of weakness and then go and work on them; all of them. Get a colleague, or your consultant to do the same as often a fresh pair of eyes will reveal gaps that you may not see yourself.

Research the recruitment process; long-listing, short-listing and interviews. Bear in mind that the system may have changed by the time you apply so don't rely on information in this article alone. There is a huge amount of information available to you in the public domain and be assured, other candidates will all have seen it so don't put yourself at a disadvantage.

Prepare in great detail for the interviews. Practise delivering answers to all the commonly asked questions and ask friends / family / colleagues to listen to your delivery.

And if you don't make it first time, don't be too disheartened; remember that everyone's path is different and this is a marathon not a sprint. If you want it and are prepared to work hard to get it you will get there eventually.

References

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