

How to prepare for PYA & CCT



The big picture

For you to CCT you need to convince a panel of people that you are a fully trained, competent, safe, independent physician, practicing high-quality evidence-based, patient-centred Respiratory and GIM. No big deal right!

The key to getting through the process smoothly, is to know the requirements and fulfil them, providing sufficient evidence such that no-one can question your knowledge and skills.

Your PYA should happen in your penultimate year of training, with plenty of time to identify any knowledge or skills gaps. Start thinking about it and getting it organised 18 months before your CCT date. You may have to hassle HEE to arrange this. Do not wait for them to invite you when you know your PYA is due. Be proactive and contact them for a date. Remember that you need to have 2 PYAs – one for GIM and one for Respiratory Medicine. Make sure HEE arrange both, which are likely to be on different days, and may be months apart.

For PYA it is wise to leave one or two outstanding requirements that you can then arrange to do in your last year. Eg Pulmonary Hypertension placement, GIM audit, CF placement, leadership course. Ideally have these booked when you go to PYA so that you can give them a list of outstanding requirements. They are then much less likely to pick something random and difficult for you to do. Of course this means you need to make sure you have done most of the things on the ARCP decision aid before PYA, so stay on top of it throughout training.

Getting organised

ARCP decision aid

Know the ARCP decision aids very well:

- [JRPCTB ARCP Respiratory decision aid 2014](#)
- [JRPCTB ARCP GIM decision aid 2017](#)

You will need to have completed all the required workplace based assessments, MCRs etc, and be signed off for all relevant procedures in both Resp and GIM. Some of the key features of the decision aid as you approach CCT are:

- competence for all curriculum items (for both GIM and Respiratory) confirmed on the curriculum by both trainee, and educational supervisor
- Passed SCE
- 1 MSF in ST6 or 7
- 1 patient survey in ST6 or 7
- 1 QIPAT or audit assessment in ST6 or 7 for Respiratory and 1 in training programme for GIM
- valid ALS
- evidence of teaching competence and theoretical knowledge – teaching course recommended
- evidence of research competence – higher degree or published papers + courses
- leadership and management course
- attendance at national/international meetings
- register with RCP CPD online diary (app recommended)
- 100 hours of external GIM CPD
 - it is wise to create a spreadsheet to show where the 100hrs come from, in addition to the evidence in your library and in your reflections
- 1000 patients seen on the medical take – use the [JRPCTB calculator](#) to estimate numbers of patients seen
- 186 outpatient clinics done

Other things not specifically highlighted on decision aid but still essential:

- Evidence of training in safe sedation – this requires a course (eg Bronch training course in ST3) and formal signoff of your competency with a DOPS
- Subspecialty experience in PHtn, CF, OccLD and transplant as per the [JRPCTB guidelines](#)
- Integrated care – go on a home visit with the COPD community team and attend PR and write reflections
- HIV – If you do not rotate through the Royal Free Hospital, arrange a clinic visit in a HIV service and write a reflection. Make sure you include patients with HIV and Respiratory complications in your CbDs etc
- Genetic and developmental lung diseases – should be covered in a regional training day, and in your CF visit/placement. Try to attend a transition clinic and/or joint immunology clinic and write a reflection/get a CbD.

Procedures

Check carefully that you have fulfilled the requirements for procedure sign-off. Ensure you select 'summative, life-threatening' where relevant:

Respiratory

- Bronchoscopy: 2 satisfactory DOPS in ST3 and 4 then 1 per year ST5-7
- Safe sedation: 1 DOPS specifically for safe sedation (in addition to those for Bronchoscopy)
- Pleural ultrasound: Level 1 competence by ST5, maintained through ST6-7. Maintain a logbook throughout training even after level 1 sign-off.
- Pleural aspiration: 1 DOPS in ST3 required, after this logbook evidence is fine
- Chest drain: 1 DOPS in ST3 and 4, then logbook evidence
- NIV competence: 1 DOPS in ST3, then logbook of NIV initiation, CBDs and/or reflections
- Spirometry; Ed supervisor confirmation of competence (can just be signed off on curriculum)
- Lung function interpretation: Ed supervisor confirmation of competence (can just be signed off on curriculum)
- CXR interpretation: no specific requirements, but should have some evidence of competence eg supervisor comment

GIM

- Knee aspiration – 1 formative then 1 summative DOPS by 1 assessor
- DCCV - 1 formative then 1 summative DOPS by 1 assessor
- Abdominal paracentesis - 1 formative then 1 summative DOPS by 1 assessor
- Intercostal drainage for pneumothorax – 1 formative then 2 summative DOPS with 2 different assessors
- Intercostal drainage for pleural effusion – 1 formative then 2 summative DOPS with 2 different assessors

NB there is a statement on the decision aid *"If a doctor has been signed off as competent in a procedure during CMT or GIM stage 1, then provided they continue to carry out that procedure it should not require further testing."* In practice, it is wise to get a DOPS to prove that this competence has been maintained, but you should be able to go straight to summative DOPS, not bothering with formative.

Before each PYA

Remember that you will need to have separate Respiratory and GIM PYAs. Your assessor may look at your ePortfolio in advance, so make sure it is ready for review a month before PYA.

Prepare your ePortfolio

1. Set up new folders within your personal library on the ePortfolio called 'Respiratory PYA paperwork' and 'GIM PYA paperwork'.
2. Ensure that the summary of clinical experience (SOCE) form is completed and uploaded to the above folder(s). SOCE form available on [JRPTB website](#).
3. Ensure that an up to date CV is uploaded to the above folder(s).
4. Ensure that your ePortfolio is up to date so that the assessor can check your progress.
5. Make sure any paperwork related to OOP is uploaded, including pre-approval of counting OOP towards training
6. Upload a Form R as you would usually do for an ARCP
7. Prepare a PYA presentation

On the day of PYA

You will receive an invitation to your PYA which will remind you of the forms you need to upload, as listed above. It will also ask you to prepare a PYA powerpoint presentation. This may come as a shock as this is not stated anywhere on the JRPCTB website.

The guidance from HEE is that the presentation should be:

- 5-10 minutes in length
- no more than 6 slides
- detailing your experience on the relevant programme (so either Respiratory OR GIM, remember these are separate)
- relating specifically to the sub-sections of the curriculum, your goals and any outstanding issues for the remaining period until your CCT date

An example PYA presentation is available here: xxxxxxxx

How to prepare for a Consultant interview



The end is in sight!

In the midst of sorting out your PYA/CCT requirements, and doing a no-doubt very busy day job as a Registrar, you also have to find yourself a consultant job. This is probably unlike any process you have been through before, so you need to think ahead and prepare, to give yourself the best chance of getting a job that will keep you happily employed for the foreseeable future! If you have not previously made use of the [Professional Support Unit's professional development services](#) now would be a great time to do so. They have a Careers Unit and Coaching Service which are excellent and free.

Also, take a moment to congratulate yourself on getting to the end! You will have loved a lot of your training, but also faced personal and professional challenges along the way. Many trainees struggle with the constant change of work location and job plan, the lack of control over your own time, and the burden of accumulating evidence for the ePortfolio. This is often felt most keenly in ST7. But think back to how you felt as an ST3, the things that worried you, and all the stuff you didn't know and couldn't do. You are now a highly skilled specialist and should be proud of everything you have achieved. Also, all the new Consultants I have spoken to are enthusiastic about their jobs, and think it's worth it. Consultant life, with all the challenges it brings, is worth it. So stay enthusiastic and look forward to this new phase of your professional life!

Context

People will repeatedly tell you that there are loads of jobs. This is not helpful, as the overall number of jobs is not relevant to you, unless you are happy to move anywhere in the country for employment, and do any subspecialty. However, it is true that there are lots of jobs and there are no unemployed Respiratory Consultants. Remember this! [The 2018 BTS Workforce Review](#) reported that >40% hospitals had vacant Respiratory Consultant posts, and >50% hospitals reported difficulties in making appointments (due to either a lack of applicants or lack of suitable candidates). The same report stated that *"At the present time, the UK respiratory specialty training programme is not training enough doctors to meet the current demand and, given the increasing call on the medical respiratory workforce to contribute to 7 day services, the number of respiratory trainees required must be increased."* This means that there will be jobs for all CCT-ing Respiratory trainees for the foreseeable future, and that trainees should feel empowered to find a job that suits their needs, and negotiate their job plans and work schedule (including working less than full time). You have far more bargaining power than you have ever had before, so use it wisely. Take your time to look around at what's available. Be clear in your own mind about what type of job you want to do, and what your priorities are in terms of travel time, on call commitment, procedures, sub-speciality, and colleagues.

Also remember that your GIM dual accreditation gives you the additional option of being employed in an acute medicine post. Some of these jobs are ideal for a new Consultant with an acute/specialty split which means you keep up your Respiratory skills whilst you engineer your perfect Respiratory job. They are often very flexible and can allow you to further develop a subspecialty, or service development interest, which may enhance later job prospects.

Timelines

Ideally, you need to start thinking about your post-CCT plans more than a year before your CCT. This is because if a Trust is going to make a new job for you, the business case for that job takes a long time to go through. You should tell people you are in your final year, and ask them about upcoming job opportunities. You may be unaware of a department's plans to expand the service so even if no-one is retiring or leaving, there may well be job opportunities for you.

If for very good reasons (life etc) you do not start making plans until later, don't worry. Just start telling people you're finishing as soon as you feel ready. You can always take your [grace period](#) of up to 6 months, keeping the bills paid whilst you get sorted. But if you are planning to take up your grace period, do make sure you inform your TPD, as they will assume you are leaving at CCT date unless you let them know. And even if you CCT and/or finish your grace period without a job lined up, you can take some time off to travel, indulge your hobbies, or do a course, and/or locum through an agency. Plenty of people do this and later secure really great jobs that suit them well.

Think about where you might want to work as a Consultant. If you can arrange to have your final post there, then you can try and make a good impression and increase your chances of getting a job. There may be an opportunity to act up, if there is sufficient SpR cover for you to come off the SpR rota for a few months. Even if you are not applying for a job

there, you should ask about opportunities to act up in your final post as it is good experience and looks good when you go to interview.

You can act up as a Consultant at anytime within one year of your anticipated CCT date, for a fixed-term period of a maximum of 3 months (pro rata for less than full time trainees). Remember these important points:

- Opportunities to act up are not available to all trainees and are only possible if the opportunity arises and an employing or host local education provider/Trust extends an invitation.
- Trainees acting up as consultants will need to have appropriate named supervision arrangements in place at all times including on call work, and approval will only be considered if the acting up placement is relevant to gaining competences, knowledge, skills and behaviours required by the curriculum.
- Trainees with unmet objectives, unsatisfactory ARCP outcomes or outstanding competences are not normally eligible to apply to act up. Trainees will maintain their National Training Number throughout the acting up opportunity.

You can be interviewed for consultant positions 6 months prior to your completion date. So you can start applying just before this. It is worth creating your profile on [NHS jobs](#), and completing the generic parts of the application form in advance so that you are ready when a suitable job turns up. The application form looks daunting, but once the generic stuff is done, you can put the time needed into the job specific sections.

Preparation before you apply

1. Update your CV

You need to give your CV a good overhaul, making sure everything on it is relevant to a Consultant post. It should have an introductory statement summarising your interests and strengths, then have sections for: professional experience; education and qualifications; awards and prizes; professional bodies and memberships; publications; posters and presentations; other research activity (if relevant eg peer reviewer, research methods courses); management and leadership experience; audit and quality improvement; teaching experience; skills outside of medicine (may include volunteering, public engagement, fundraising etc).

You can do an initial CV update before you apply for any jobs, but once you identify a job to apply to you will need to review your CV and tailor it to that specific job. This includes targeting the introductory statement, moving sections and highlighting achievements specifically relevant to the post.

For each of the major sections (ie management and leadership, audit and quality improvement, teaching) you should add a statement summarising your beliefs, interests and skills which align with the job description and Trust values.

2. Go on an interview course

Sometimes courses are not worth the money, but this is not one of those situations. A course is worth the investment of time and money. It will focus your mind, help you prepare your answers and provide an opportunity for interview practice. There are definite benefits to going on a course early, before you feel fully ready. There are lots of tips on courses that you need time to put into practice, they give advice on the whole process, and it is often good to get scared into preparing by realising your answers are quite rubbish!

There are local [Consultant interview courses put on by HEE](#) and you should make sure you get on one of these early, particularly as they are free. They cover a lot of useful content and are a good start to your preparation. They include some interview question practice. However, I also recommend you find the cash for the [ISC Medical Consultant Interview Course](#), which is a painfully cringe-inducing day but excellent preparation. The facilitators are experienced, and there are a maximum of 6 candidates per course so you get lots of individual feedback.

3. Prepare predictable question answers

There are a number of very obvious interview questions related to your CV, generic topics such as clinical governance, or questions asking for examples. You can start preparing these answers in advance, before you have applied to a specific job. Talk your answers and examples through with other senior SpRs who are also preparing, and with Consultants.

Examples of such questions include:

- Tell us about your training.
- What are you most proud of on your CV?
- Tell us about your teaching experience.
- What research experience have you had?
- Tell us about a quality improvement project that you have been involved in.
- Give us an example of a time when you showed leadership.

- Tell us about a mistake that you have made.
- Talk us through a situation in which you had to deal with conflict.
- How would you deal with an underperforming trainee?
- What would you do if a colleague arrived at work drunk?

3. Prepare thoughts on hot topics

There are always hot topics in a speciality/sub-speciality and it is important to have a considered view on these. These topics may relate to workforce issues, new techniques, availability/rationing of expensive treatments, structure and location of services, threats from competition from other services/specialities, GIM on call contribution etc.

You also need some awareness of National reports and recommendations that are relevant. You do not need an encyclopaedic knowledge of all reports but the basics of any particularly influential report or statement is important. Interview courses may provide you with a summary of the highlights of any major reports, saving you a lot of reading. Otherwise the following are a few that you should have some idea about:

- Patient safety: Francis Reports – duty of candour. Berwick Report.
- Efficiency: The Carter Review, the Model Hospital, and NHS Improvement
- Education: Tooke Review, Greenaway Review (Shape of Training)
- Commissioning/structure: Five Year Forward View,

Other things to know something about, because Consultants are expected to deliver them:

- CQUINs (eg Smoking and Alcohol)
- Best Practice Tariffs (eg COPD, pleural)
- Unwarranted variation – the Keogh review, Right Care and GIRFT (Getting it Right First Time)

Preparation for the application

1. Ask Google

You need to know that the Trust is right for you, and the panel will want to know that you are interested in the local population's needs, and are committed to the Trust's value and future plans. So you need to know what these are! A lot of information is publicly available and can be found with a quick Google search. There is therefore no excuse for not having made use of it.

- What are the Trust values? Available on the Trust website.
- What is the Trust's financial state? Find in the Annual Report, on the Trust website.
- What did the last CQC report say? Available on the CQC website.
- What is the Trust's vision for the next few years? Find in the Trust and STP strategic plan, and from Trust Board meetings (publicly available from the Trust website and Chief Exec's secretary).
- Which CCGs does the Trust work in? What are the local population's needs? Look at Public Health England website, the STP report/plan.
- What is the local medical school's ethos and teaching methods? Available on the medical school's website.
- What are the department's and Trust's research interests?
- Which other local organisations might be relevant?

2. Phone a friend

If you have not worked in the department you are applying to, is useful to talk to someone working there currently. You may know someone, or know someone who knows someone who works there. Get a phone number and ask them about the job and the department. If you don't know anyone, ask for an informal meeting with the department lead. Clarify anything not clear from the job description, ask about working less than full time or compressed hours, ask about plans for service development, and about current challenges. You don't need to go into lots of detail, but you do want to make sure you definitely want to apply for the job before you put any more effort in.

3. Drop hints

You should weave all this useful information into your application form. This may mean you change which courses you choose to highlight, and which examples you use for the sections on teaching, change management and research. You should think about which referees you choose (other than your current employer) as you can use this to signal specific interests/expertise if you have worked for a big name in the field. This preparation should also inform your personal statement, in which you should link your experience and interests specifically to the job description, person specification, Trust values, relevant local population issues (eg deprivation, ethnic groups, smoking rates, age), linked medical school ethos, and local research interests. Show that you have taken an interest in the Trust, and that you know what the job will

entail. Refer to headline statements from the Trust’s annual report or strategic plan. Drop in skills you have that are relevant, which you would want to expand on at interview.

Preparation once you are shortlisted

Don't be downhearted if you don't get shortlisted. There are many factors out of your control: they may have a candidate in mind, or they may have had lots of applications who have more experience than you have accumulated yet. Draw a line, and move onto the next application.

When you do get shortlisted this is when things really get interesting. For most of your career you have applied to generic training posts, rather than specific jobs, and have been interviewed by panels of people who are seeing many candidates and are not personally invested in the appointments. Not so for the Consultant interview! This is a long-term relationship you are embarking on, and both you and the Trust should be sure that it is going to work before committing!

Having been shortlisted you will receive a list of interview panel members, and information on whether you need to prepare a presentation.

Panels are usually made up of the following:

- The Lay Chair (chair of the Trust or a non-exec director)
- The Chief Exec
- The Medical Director
- The Clinical Director
- One or more Consultants from the speciality
- A Royal College Representative
- A University Representative

Others may include:

- The Divisional Manager
- Consultants from related specialities (incl acute medicine if the post includes GIM)
- A patient representative

Most interviews last around 45mins, during which you should expect to be asked 10-15 questions (plus some clarification or follow-up questions). For a substantive post, in which you may be employed for decades, this is actually not a very long interview. You need to give yourself the best chance of convincing the panel you are the right person for the job, and this requires preparation. If you are an external candidate (ie not currently working in the department) you need to get information on the Trust, the department, your colleagues and all the politics of the organisation.

1. It's good to talk – arrange pre-interview visits

Pre-interview visits and phone calls are absolutely essential. You need to rapidly get over the fact that it feels very weird to pre-interview for the interview, and use these meetings to your own advantage. People will tell you everything you need to say in interview, if you are smart and ask them the right questions. You should also keep dropping in your interests and experience during these meetings so that they have a positive view of you before you walk into the formal interview.

Arranging and attending pre-interview visits can be time consuming, and you may need to negotiate a day or two off your current job to go to them. It is worth the effort so prioritise these visits. You should try to meet everyone on the panel. Before you meet them Google each person and work out their research/clinical interests. Think about what aspects of the job they are most likely to be interested and what information you want from them which will help you at interview.

Who to call / meet	What they are likely to ask at interview	Things to ask them about at the pre-meeting
Royal College Rep	The opening question, which will be something like 'talk us through your CV'	Depends who they are – may be another speciality, may be able to tell you about acute medicine and/or general state of the Trust
Consultants	Service / speciality specific questions	How the department functions, what the current challenges are, what the aspirations are, how well staffed the ward is, what opportunities there are for research/teaching, how busy the Trust is, what the on call arrangements are.
Clinical Director	Clinical governance or service development questions. How you will address specific challenges for the dept/speciality.	What they want from a new appointee. What the current challenges are, what the vision for the department is, what the interests are of

		colleagues. What the job plan will be and whether this is likely to change soon. Job-sharing and/or working LTFT.
Medical Director	Service improvement, patient experience, inter-departmental working, GIM/acute issues incl patient flow	Where are the main pressures on the service. Is there competition from other organisations. What are the ambulatory care arrangements. How well does Resp interact with acute/ICU etc. What they want from a new appointee. How they see on call arrangements developing (7 day services?). What are the key priorities for the Trust. View on the CQC report. How Trust is working with STP.
Chief Exec	Clinical governance or patient safety related questions.	Usually will not meet you until the interview. Ask for a meeting anyway unless told not to.
Chair	Personal skills, why you are applying for this job in this Trust, what you will bring to the Trust	Usually will not meet you until the interview. Ask for a meeting anyway unless told not to.
University Rep	Teaching and research experience, including previous challenges, and how you see your future job plan developing re: these interests	What teaching commitment is expected, UG / PG. Whether other people in dept have particular interest in teaching. Whether there is eg sim centre on site. Is there an opportunity to become an educational supervisor? How research active dept is. Established partnerships with other groups/ collaborative projects. Level of support from Trust/University. Lab facilities. Expectations of this job in relation to research.
Manager	Service development questions. How you would increase income and/or reduce costs whilst maintaining high standards of patient care.	Finances. Recent successful business cases. How they are trying to meet current challenges. What they want from a new appointee. What are their priorities for service development.
Patient Rep	Communication skills, complaints, professional challenges	Will not meet you until the interview.

2. Call on me – call people who are not on the interview panel list

If you really want the job, particularly if there is serious competition, you need to go beyond what is expected. Everyone will meet people on the panel, whose contact details are supplied on the invitation. But who else might be helpful in giving you insights into the job, the department and the Trust? Who will be important strategic partners when you start in the post? Who will have an overview of the direction of the department/Trust? People are very generous with their time, and if you get in touch they are very likely to arrange time to chat to you. You can mostly talk to these people on the phone rather than having to meet in person if you are struggling to get the necessary time off. Who you should call will depend on what type of job you are applying for and what it involves.

People to consider contacting include:

- Specialist nurses (eg lung cancer nurse, community team/supported discharge nurse etc)
- Specialist physiotherapist (eg sleep/vent specialist, community team advanced practitioner, oxygen service lead)
- Network cancer lead (if it's a cancer job)
- Microbiology/infectious disease consultant (if it's an infection/TB job)
- Research nurse, someone in the Academic Health Sciences Network if you are interested in doing research
- Someone in the medical school (eg UG lead/sub-dean) if you have an interest in medical education
- Community partners eg CCG lead, local GP (particularly if you plan to develop integrated services or develop a new service)

3. Getting to know you - research the Trust

Before you meet anyone you need to research the Trust and the department. This information will help you to determine the most important current issues, and therefore what questions to ask to show off your knowledge and to get the lowdown so you can craft your interview answers. Do the same search as you did before you applied, but read more in depth and pick out areas that are specifically relevant to the post you are applying to.

Your dossier should include the following, highlighted and annotated:

- Job description and person specification
- Trust's Annual Report
- Trust Values
- CQC report (and the Trust's response)
- GMC report on teaching at the Trust
- Trust Board meeting minutes
- Trust/STP strategic plan
- Academic Health Sciences Network report and strategy (if part of an AHSN)
- Minutes of CCG/STP meetings
- Relevant national reports/strategy documents eg on NIV care, Optimal Lung Cancer Pathway, ambulatory care
- Public Health profiles of local boroughs

Interview practice

People vary in how comfortable they feel at interview, and how well they interview. You know yourself, and therefore know how much you need to prepare. Everyone needs to prepare their examples and some parts of their answers to predictable questions. Everyone needs to practice structuring answers so that they are coherent and concise. Whether you practice individual questions, or have 1 or more full mock interviews is up to you.

It is very important to remember that thinking about questions, writing bullet points and reading them in your head is not the same as practicing being able to answer questions. You must practice by speaking your answers out loud. You can do this alone, into the mirror, with a friend or partner or with colleagues. All are useful, and the key is to practicing answering out loud. It is particularly important to practice closing your answers, to avoid tailing off and ending on a mumble.

It is better to practice structuring answers, and explaining your examples, rather than trying to learn scripts of model answers. You want to sound genuine and thoughtful and reading scripts does not achieve this. The only question where this may work is your opening statement, your response to the 'talk us through your CV,' or 'why do you want this job,' or 'tell us about your training' question. Some people find prepping this question in a more detailed way helps them to get the first question over, make a good impression and settle into the rest of the interview.

There are lots of places to get interview technique advice, including on an interview course. Do remember to be yourself - an interview version of yourself, but yourself.

Good luck!

This is a stressful time. Many people find the uncertainty that comes at the end of a long training programme disconcerting. So be kind to yourself. Take a holiday, do things you love, see friends, and take your mind off your application. You will get a job, even if it is not the first one you apply to, or the one you thought you'd get. And then you can start the next phase of your professional life with the title 'Consultant' attached. It's what you've been working towards for a decade or more! Good luck!

LJ

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