NAVIGATING THE NHS | MODULE 04

Applications, CVs and interviews

Make your evidence easy to score and your judgement easy to understand.

✓ 22 min reading

✓ Full teaching, practical next steps and reflection

✓ Six practice questions with answers and explanations

✓ Complete source list and jurisdiction notes

Prepared for SAS, locally employed and other UK doctors

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Using this module

Independent education

This is general professional information, not individual clinical, legal, employment, immigration, regulatory, tax or pensions advice. Current official instructions and the circumstances of the individual case remain controlling. Practice scores do not establish professional competence or accreditation.

The short answer

A good NHS application does not simply repeat a CV. It shows, criterion by criterion, that you meet the person specification. A good interview answer is relevant, structured, safe and concise.

Three next actions

- Create a person-specification evidence table before writing supporting information.
- Prepare a clear CV with accurate dates, roles, scope, achievements and professional evidence.
- Practise answers aloud and stop when you have answered the question.

Learning objectives

- Map application evidence directly to the person specification and translate unfamiliar experience clearly.
- Build a focused medical CV and a reusable bank of interview examples.
- Answer clinical, governance, values and challenge questions safely and concisely.

Write for the shortlisting decision

The supporting statement is not a second CV. Its job is to make evidence against the person specification easy to find and score. Begin with the essential criteria, then address the most relevant desirable criteria. Use headings or a clear sequence if the form permits. For each claim, state what you did, the setting and scale, the outcome and how the evidence could be verified.

Avoid unsupported adjectives such as excellent, expert or extensive. Replace them with observable facts: clinics managed, procedures completed with the relevant supervision, audit cycles led, teaching evaluated or service changes measured. Keep patient and colleague information confidential. If the form asks about employment gaps or conduct, answer accurately rather than hoping the panel will not notice.

- Criterion: what the employer needs.
- Evidence: what you personally did.
- Context: patient group, workload, team and supervision.
- Outcome: consequence, feedback or measure.
- Relevance: why this prepares you for the advertised work.

Build one evidence bank, then tailor it

Maintain a master CV and evidence inventory, but tailor every application. Translate overseas titles by describing function: level of decision-making, case mix, procedures, on-call responsibility, referral and discharge authority, supervision and governance. Do not describe a post as UK consultant-equivalent unless a competent formal process has determined that equivalence.

A responsible AI tool may help organise material or check clarity, but it must not invent experience, disclose confidential information or replace your judgement. Read every sentence and ensure it sounds like you. Generic language can weaken an application because it does not demonstrate the specific evidence the panel needs.

- Clinical judgement and acute scenarios.
- Communication and shared decisions.
- Quality improvement, audit and patient safety.
- Teaching, supervision and feedback.
- Leadership, teamwork and managing disagreement.
- Reflection, resilience and development needs.

Control the shape and length of interview answers

Listen to the whole question, pause briefly and answer it directly in the first sentence. For an experience question, use a compact structure: situation, your responsibility, reasoning and action, result, and learning. Usually one to two focused minutes is enough before inviting a follow-up. The exact length depends on complexity; the aim is a complete answer rather than a memorised time limit.

If you do not understand a term or question, ask for clarification. If interrupted, stop and listen. Interruption may reflect time or a need for precision rather than failure. Avoid forcing a prepared example onto a different question. Panels assess listening and judgement as well as content.

- Direct first sentence.
- One relevant example.

- Your own contribution, not only the team's.
- Outcome and learning.
- A definite finish rather than repeated conclusions.

Answer clinical scenarios from safety outward

Begin with immediate patient safety, structured assessment and the help required. Explain initial treatment, differential diagnosis and investigations in a prioritised sequence. Include escalation, communication, capacity or consent where relevant, documentation, handover and review. Do not jump straight to a sophisticated diagnosis while omitting basic stabilisation.

State the limits of your competence honestly. A safe answer can include calling a senior clinician or another specialty, but escalation should not substitute for the actions you can take. Adapt to the advertised grade: a first NHS post may emphasise early help and local protocols, while a senior role may require leading the response, allocating work and managing system risk.

- Recognise urgency and protect the patient.
- Assess and treat in parallel where necessary.
- Escalate early with a clear clinical question.
- Communicate with patient, family and team appropriately.
- Document, hand over and review response to treatment.

Make governance, values and leadership concrete

Values answers need behaviour, not slogans. A strong example shows how you treated a person, handled competing needs or improved fairness, and what consequence followed. For incidents or mistakes, demonstrate immediate protection, reporting, candour where applicable, factual review and learning. Avoid blaming an individual or presenting yourself as someone who has never made an error.

Leadership does not require a title. Use examples where you identified a problem, involved people, made a decision, implemented a change and reviewed the effect. For quality improvement, distinguish an audit that measured practice from an improvement process that tested and sustained change. Be explicit about your contribution while recognising the team.

- Patient-centred communication.
- Speaking up and responding proportionately.
- Equality, inclusion and fair opportunity.
- Data-informed improvement and governance.
- Difficult conversations and collaborative decisions.

Handle gaps, uncertainty and difficult questions

Panels may test a weak area because it matters to the role. Acknowledge the gap, explain relevant transferable evidence and propose a safe development plan with supervision and review. Do not become defensive or make an unsupported claim of competence. Insight into limitations can be stronger evidence than exaggerated confidence.

If asked about a previous unsuccessful application, complaint or difficult relationship, keep the answer factual and proportionate. Explain what you learnt and changed. Do not disclose confidential details or attack an absent person. Where a matter is ongoing or legally sensitive, answer within appropriate boundaries and say if individual advice limits what can be discussed.

- Acknowledge the issue.
- State evidence you do have.
- Protect safety now.
- Describe the specific development or support required.
- Show how progress will be reviewed.

Use your questions as due diligence

Prepare questions that cannot be answered reliably from the advert. Ask about the first weeks, supervision, service priorities, development, cross-site expectations and how readiness for the rota is assessed. For a fixed-term post, ask what previous doctors progressed to and what portfolio evidence the role normally supports.

Avoid making the final minutes entirely about promotion or leave, but do not conceal material practical needs. Clarification about nights, sites, sponsorship or flexible working may be essential to deciding whether the post is feasible. Phrase the question professionally and focus on the working arrangement.

- What would successful performance look like after six months?
- How are induction and initial scope agreed?
- Who provides clinical and educational support?
- Which service challenge should the successful candidate help address?
- How are development time and study leave managed?

After the interview: preserve learning and assess the offer

As soon as practical, record the questions, examples used, areas of difficulty and information provided by the panel. This is a learning record, not a transcript. If unsuccessful, request feedback and convert it into specific action rather than a general judgement about your worth.

If offered the post, return to due diligence. Review the written offer, contract, rota, start conditions and sponsorship rather than accepting solely from relief or excitement. Clarify material differences between the advert, interview discussion and documents before resigning from another role.

- Post-interview reflection.
- Feedback request and development actions.
- Written offer and unresolved conditions.
- Contract, rota and scope comparison.
- Professional and household decision record.

Common mistake

Avoid this	More information is not always a better answer. Long answers can hide judgement and force the panel to interrupt. Aim for a clear first sentence, a structured example and a definite finish.

Pause and reflect

Which interview example currently demonstrates your judgement most clearly, and which important criterion still lacks a convincing example?

Takeaways

- Write to the person specification using verifiable evidence.
- Structure answers around safety, personal contribution, outcome and learning.
- Interview preparation includes assessing whether the post is safe and suitable for you.

Knowledge check

Choose one best answer. These practice questions support reflection; they do not assess a real case or confer accreditation. Answer positions match the browser edition.

1. What is the principal purpose of supporting information?

A. Repeat the CV in prose.

B. Describe every achievement.

C. Use impressive terminology.

D. Make evidence against the person specification clear and scoreable.

2. How should an unfamiliar overseas title be presented?

A. Leave it unexplained.

B. Describe duties, scope, supervision, case mix and decisions in clear functional terms.

C. Use only an abbreviation.

D. Translate it automatically as consultant.

3. Which opening is safest in an acute clinical scenario?

A. A rare definitive diagnosis.

B. A promise to follow local policy.

C. A list of all investigations.

D. Immediate safety, structured assessment, initial treatment and help.

4. What best demonstrates leadership?

A. A leadership title.

B. Attendance at meetings.

C. Being the most senior doctor.

D. Purposeful influence, action, outcome and learning in a relevant situation.

5. A genuine experience gap is raised. Which response is strongest?

A. Acknowledge it and describe transferable evidence, supervision and a reviewable development plan.

B. Say you will learn after appointment without detail.

C. Criticise the criterion.

D. Deny it.

6. What should follow an offer?

A. Immediate resignation from your current role.

B. Review of written terms, rota, scope, conditions and sponsorship before final commitment.

C. Reliance on interview discussion only.

D. No further questions.

Answers and explanations

1. D — Make evidence against the person specification clear and scoreable.

Shortlisting is evidence-based and linked to the stated criteria.

Create a criterion-to-evidence table before rewriting the statement.

2. B — Describe duties, scope, supervision, case mix and decisions in clear functional terms.

Functional evidence lets the panel assess relevance without false equivalence.

Rewrite the role description using scope and verifiable outcomes.

3. D — Immediate safety, structured assessment, initial treatment and help.

The answer should demonstrate prioritisation and early action.

Practise an answer from ABCDE through escalation and review.

4. D — Purposeful influence, action, outcome and learning in a relevant situation.

Leadership is shown through behaviour and consequence, with or without title.

Prepare one example using problem, people, decision, action and impact.

5. A — Acknowledge it and describe transferable evidence, supervision and a reviewable development plan.

Insight and a specific safety plan are credible.

Draft a gap answer with current evidence and a time-bound development plan.

6. B — Review of written terms, rota, scope, conditions and sponsorship before final commitment.

An offer remains a decision requiring written due diligence.

Use the offer checklist and reconcile documents with the advert.

Official and professional sources

Confirm the current source version and applicable nation, contract, scheme or specialty. A source list is not a statement that every rule applies to every reader.

NHS Jobs
UK / nation-specific · https://www.jobs.nhs.uk/candidate/search

Trac jobs
UK / nation-specific · https://apps.trac.jobs/

NHS Employers: recruiting overseas doctors
UK / nation-specific · https://www.nhsemployers.org/articles/recruitment-overseas-doctors-and-dentists

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