

- ²² Ardran GM, Coates R, Dickson RA, Dixon-Brown A, Harding FM. Assessment of scoliosis in children. Low-dose radiographic technique. *Br J Radiol* 1980;**53**:146-7.
- ²³ Whittle MW, Evans M. Instrument for measuring the Cobb angle in scoliosis. *Lancet* 1979;ii:414.
- ²⁴ Cobb JR. Outline for the study of scoliosis. In: Edwards JW, ed. *Instructional course lecture*. Vol 5. Ann Arbor, Michigan: American Academy of Orthopaedic Surgeons, 1948:261.
- ²⁵ Commission on Chronic Illness. *Chronic illness in the United States*. Vol I. Cambridge, Massachusetts: Harvard University Press, 1957.
- ²⁶ Whitby LG. Screening for disease. Definitions and criteria. *Lancet* 1974; ii:819-22.
- ²⁷ Sabatier. *Traite complete d'anatomie*. Paris: 1777. Quoted by A Farkas.²⁸
- ²⁸ Farkas A. Physiological scoliosis. *J Bone Joint Surg* 1941;**23**:607-27.
- ²⁹ De Smet AA, Fritz SL, Asher MA. A method for minimising the radiation exposure from scoliosis radiographs. *J Bone Joint Surg* 1981;**63A**:156-8.
- ³⁰ Dickson RA, Lawton JO, Archer IA, et al. Combined median and coronal plane asymmetry—the essential lesion of progressive idiopathic scoliosis. *J Bone Joint Surg* (in press).
- ³¹ Nachemson A. A long-term follow-up study of non-treated scoliosis. *Acta Orthop Scand* 1968;**39**:466-76.
- ³² Belstead JS, Edgar MA. Early detection of scoliosis. *Br Med J* 1978;iii: 937-8.
- ³³ Torell G, Nordwall A, Nachemson A. The changing pattern of scoliosis treatment due to effective screening. *J Bone Joint Surg* 1981;**63A**:337-41.

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Letters to a Young Doctor

Applying for jobs

PHILIP RHODES

You cannot get the job you want unless you get on the shortlist for interview, and to do this you need the right experience and the right qualifications. These, of course, vary a great deal according to the grade of post that you are applying for. Nevertheless, do not be too quick to decide that you are ineligible. It is up to the shortlisting committee to decide on the basis of your application whether you might be suitable.

But do not waste everyone's time—including your own. If you do not qualify on all ordinary criteria for the post then do not apply. For nearly all posts in the National Health Service at all levels, and certainly in the most desirable places, hospitals, and practices, there is now an enormous number of applications. So many of the applicants are of high quality that for those who have to prepare a shortlist it becomes a nightmare as to how to do it. Obviously, one looks for good or outstanding qualities, but in the nature of things these will be comparatively rare. Few of us stand out from the crowd when it is of high calibre, as in the case of doctors. So apart from looking for positive qualities one has to look for negative ones too.

You can imagine that in one way or another the people preparing a shortlist have three categories into which they put the applicants. In one small pile are those whom the panel ought to see, since they are very suitable, on paper at least. In the next pile are doubtful ones. And in the third pile are those rejected on the first round. Among these are the applications that are appallingly presented. The person who presents a bad application is thoughtless and slovenly and has not considered its importance to himself nor the difficulties of those who have to prepare a shortlist. Their time is short, and they assume that he who cannot be bothered to think about his application is likely to be careless in the job too. The quickest way to have your application put into the discard file is to prepare it badly and write it out in spidery longhand, cramming information into the boxes provided on application forms. It will then be too difficult to read and to abstract the relevant information about you.

Use the form provided

When the advertisement for the job tells you that there are application forms, send for one. If for any reason time is too short to send for the form because the closing date is too near, send in a typewritten application in the form suggested here with a typewritten covering letter explaining why you have not enclosed the formal application form.

Look at the application form carefully. In applying for pre-registration or senior house officer posts there may be plenty of room for you to enter your qualifications and experience under the various headings in the appropriate boxes. If so, use them. Have the entries typewritten by an expert. Use your own handwriting only if your calligraphy is first-class. Fill in all the boxes even if the entry is nil—that word can be used or a short line drawn. It shows that you have looked at the form, and it allows the reader to skim rapidly through it. Be careful about the layout of the information to make it as easy as possible for the reader to get the maximum information about you in the shortest possible time. There needs to be judicious use of capitals, headings, indentations, underlining, and abbreviations. This layout is very important. It must be neat, tidy, succinct, and accurate.

If your experience and the jobs you have done, together with dates and places, will not easily fit into the form, then have your application typed on separate sheets of good quality white A5-size paper on one side only. This will be the same size as the form and fits in with the size of the other application forms, making a neater pile so that the reviewer does not have to scabble about with odd sizes that fall out. You can use the form as the top sheets of your total application. You may be able to fill in the boxes on the front page with such things as your name, marital state, nationality, medical school, qualifications, and the job being applied for. In other boxes you can have typewritten the words "see attached sheet." Do not duplicate information, except for those just mentioned, on the form and on the attached sheets. That just wastes the time of the reader. Your object is to impress him with your thoughtfulness, for he may then get the impression that you will have this characteristic in your work if you should be appointed.

The attached sheets should be headed in the form "Application for the Post of" It may be best to have this as a separate sheet, which is usual in applications for consultant

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and senior registrar posts. It may then read "Application of (name) for the Post of Consultant in (subject) at (hospital or District)." The date of the application should appear on this front sheet. This front sheet can be changed for other applications without your having to alter anything in the curriculum vitae.

The attached sheet should give your name first. If you are from overseas underline the name by which you are known and which appears in the *Medical Register*. Serious misunderstandings may occur if this is not done. Some Asian doctors in particular seem to use any of their names at different times, and this may be confusing to people who are not aware of these variations. It is wise to choose one name and stick to it while you are working in Britain. Apart from anything else, changing the name that you use may mean that at a later date you may be unable to get a reference, since those for whom you have worked may not remember you under a different name.

Next comes date of birth. It helps to put your age in years after this. Your nationality, marital status, and number of children, with age and sex, should follow. Some doctors object strongly to giving such details, saying that they have nothing to do with suitability for the post. In a strict sense they are right. Yet appointing panels like to know of such things simply out of interest and as part of the total assessment of who and what you are. The panels are often concerned about whether you will have difficulties in placing children in schools, and if you are appointed they may be able to help with this. The occupation of your wife or husband may also interest them, since difficulties may arise in your family life if you have to move. If there should be strains these may affect your work, or there may be ways to help to ease them. The occupation of your spouse is of interest, and members of the panel may be able to give guidance about how he or she may go about finding a job.

If none of this convinces you then do not give the information, but panels that I have served on have had a genuine interest in the applicants being interviewed. Most of the members of the panel are doctors, who in their everyday clinical work try to assess their patients as completely as possible. In this they expect to know name, age, marital status, country of origin, number of children, religion, and so on. This is not normally thought to be unnecessary prying but rather trying to understand the patient's background and the various problems that may affect him.

Even at cocktail parties you normally find out the names and occupations and about the homes and families of your companions of the moment. Knowing about people is the commerce of everyday life, and we get clues about them in many ways. A doctor is not simply and merely a professional. He is a person who has to fit into a variety of roles as a member of a team. This requires personal as well as professional qualities. You are what you are, and there seems to be no reason why you should not be open and frank about yourself and the factors that are important in your life. Not to be so suggests a degree of prickliness that might make it difficult for the team into which you hope to be recruited.

Heart of the job application

After entering personal information on your job application form you will enter your qualifications with the year in which they were gained in brackets after each one. Information about your education should include the name of your school and the name of your medical school with the dates you attended in brackets following them. Then comes your present appointment. This includes the grade, the hospital (or other place), and the month and year of appointment. If you are a locum say so, since if it emerges at the interview that you are a locum and not in a substantive post, as your application may suggest, it may seem as though you are trying to hoodwink the committee. Two or three sentences explaining the duties of the post are helpful.

Previous experience should next be listed in chronological

order. It is probably best to start with your preregistration posts and work onwards to your present post. Nevertheless, some applicants seem to prefer to work backwards from the present post, but I think that this is a little harder on the reader than the first method. The dates on which you held posts, giving the months and years, are probably best put first, followed by the grade and then the hospital. After each entry consider whether to add a line or two explaining the nature of the post and its duties. These may be very general and wide-ranging in a district general hospital, or more restricted in a specialised unit in an undergraduate teaching hospital. Only you know the points in your experience to which you would wish to draw attention.

But keep it brief. Nothing is more daunting to the person who makes up the shortlist than having to wade through reams of paper. This may be pardonable if you are applying for a chair or a consultancy, though even then there is a fine line between brevity and prolixity. If you are shortlisted for a more junior post it will always be possible at the interview to expand on brief written statements about your experience. If there are obvious gaps in the continuity of your professional experience, perhaps due to illness or time out from medicine or unemployment, explain the gap in a sentence. Someone will pick it up and ask about it at interview in any case, even if you try to hide it.

Including research and publications is obvious enough. In more junior jobs there will usually be nothing to enter, though if you have helped in a research project say so. If you have been concerned in formal research, particularly if you have been a prime mover in it, give a brief statement about it. If you have an MD or Mastership in Surgery, or some other higher degree, give the title of your thesis and briefly explain the work that was done. Publications should be given in chronological order. They should be listed in the order of articles; letters to journals; chapters in books; books, articles, and other productions in press; and articles written but not yet accepted for publication. Remember that publications should be properly referred to according to convention—which is authors' names (surname followed by initials), title of article in full, the name of the journal, the year of publication, the volume number, and then the first and last page numbers of the article. To do less than this is clumsy and shows that you do not understand about references to published work. The academics on the panel will certainly recognise this as a failure.

Teaching experience should be given. Apart from teaching undergraduate medical students, mention other groups such as nurses, midwives, and physiotherapists. All such experience is valuable. Presentations of cases at local clinicopathological conferences or other meetings may be mentioned here. Presentations to learned societies might be better listed under a separate heading after publications. Administration deserves a mention. Running a ward, preparing rosters of duties, helping with the mess, committee work, and organising meetings all show that you understand that an organisation cannot run without being administered by willing helpers. Examining does not much come the way of junior doctors, except perhaps at senior registrar level. If you have examined nurses, midwives, or others, including first-aiders, say so, giving some details of the examining board for which you have been working.

Hobbies and interests outside medicine should simply be listed, and will be picked up by members of the appointing committee if they wish. In this you may help to direct the panel's thoughts, and this must be in your favour. But be careful of such wide subjects as English literature or modern art, for some member of the panel may know a lot about it and unwittingly expose your ignorance.

Finally come the names of referees together with their qualifications, positions held, and addresses. Normally three referees are asked for. They should usually be consultants with whom you have recently worked. Try not to call on referees with whom you have not worked for, say, the past five years because they cannot give adequate references to recent experience. Always ask your referees if they will provide references

for you *before* you include their names on your application. Many referees hate to have a request for a reference come to them out of the blue. They may even say so in the reference they write, and that is a black mark for you. It is only courteous to ask beforehand, since you request a favour. Moreover, if your consultant does not think much of you it gives him a chance to suggest that you try someone else. That is better than him writing a damning reference.

If in fact you are frequently shortlisted for jobs and keep on failing to get a post consider whether your referees are suitable ones. If you have doubts about any one of them change him, even if you have to go far back in your experience. Regrettably, some referees may be careless in what they write, and a sentence or two in their letters may be enough to swing the balance against you at the interview. Panels who know their duties properly will recognise this and delegate someone of their number to tell you so after the interview.

Finding out about the job

In scanning the journals for jobs coming up it may be difficult to know which ones you should apply for. It is then worth asking your consultants and the clinical tutor of your district what they think. Try to make sure that each new job you apply for will be a real progression in your career, in both the experience likely to be offered and the grade. You must try to keep moving on. In the rearmost pages of the *Medical Directory* every hospital in the United Kingdom is listed and under each entry is the number of beds in the hospital, the disciplines practised, and the names of the consultants in each subject. The size of the hospital may be very important. The really small ones can scarcely offer wide experience. The very specialised hospitals may get you out on a limb from which it may be hard to clamber back to the main trunk. You can then look up the consultants in the main part of the *Directory* and decide something of their calibre. At least you will learn where they were educated medically, and from the date of qualification you can make a reasonable guess at their ages, assuming that qualification is normally about the age of 24 or 25.

The best personal assessment of a post is to be made by visiting the hospital, and except for the most pressing reasons you should always do this. Some time in advance you should try to see the consultants concerned with the post. They may

show you the unit they work in or arrange for a junior colleague to show you round. At interview many consultants will ask if you have visited the unit and will be irritated if you have not, taking the view that if you want to work there you should be interested enough to have a look at it beforehand. This may be unreasonable, but you cannot afford to take the chance that the panel will not mind. Apart from this, you might not like what you see either of the unit or of the people who run it, and you may then withdraw or not send in your application. Even if you cannot get to visit the place some time in advance you can nearly always arrange to go the night before the interview or the morning before an afternoon or evening interview to look around.

If you are called for an interview arrive in good time: trains and planes run late, cars break down. You will not be considered for the post if you arrive after the interviews are over. If you change your mind about going to the interview or have obtained another post let the personnel officer or the consultant know in good time. It is infuriating for the panel to assemble and then find that several of the candidates simply do not turn up. If the members had known this before they might have cancelled the meeting and got on with something worth while. So try not to waste their time. You may think it does not matter much, but just remember that you might wish to apply for another job in that hospital or, indeed, in that region. Some members of the panel may remember you and your previous discourtesy. There are one or two panel members who are on every registrar appointment committee in the region, and similarly for senior registrars. You cannot rely on their memories being short.

It is not intended to produce a specimen application here. Doctors should require not instruction but guidance. Each applicant is an individual and so his application should have an individual flavour. Moreover, the kind of application must vary somewhat with the grade of post being applied for. No single stereotype will cover everything. But enough has been written here to suggest how important the application is. It needs most careful consideration, since not to do so may be the cause of not obtaining the post one wishes to have. Even when an application is written it is wise to ask someone else to criticise and perhaps amend it. The obvious persons to do this are your consultants and clinical tutor. With a well-prepared application you have a chance of being shortlisted and so of getting the post. With a badly presented application you do not even get to the starting line.

Next I shall discuss the interview for a job.

MATERIA NON MEDICA

Macduff to down under

How would you like to cross the Equator for the first time in a wooden sailing ship on your twenty-first birthday? A distant relative of mine did so en route to Australia in 1869 and kept a meticulous record in his daily log of his 77-day voyage aboard the *Macduff*. I cannot now work out his exact relationship to me—the vagueness being due to lack of attention when my paternal aunts and mother were attempting to explain the family genealogy.

Young Alexander determined to seek his fortune down under, and left his native Gigha in the Inner Hebrides for the last time in April 1869. When he came of age on Friday 14 May King Neptune and his wife came on board and shaved with tar those sailors who had not crossed the line before, after which they were immersed in a large tub of water. Tribute of a bottle of rum was paid by each passenger, and later the captain treated them to a champagne dinner.

The 21-year-old's notes on shipboard life make interesting reading at this distance. Any passenger caught by a crew member climbing the rigging for a better view had to pay the penalty of a bottle of rum on the first occasion but not subsequently—fortunately for our diarist, whose favourite perch was on the cross-tree of the mizzen mast. There were various mishaps on board as the voyage progressed: one sailor was locked up for striking the first officer, and the third

mate attempted to commit suicide by jumping overboard while intoxicated and had to be restrained in chains. One of the steerage passengers was washed overboard from the fore-castle poop and, because of the seas, it was deemed unsafe by the captain to put the ship about to attempt a rescue. The second mate was more fortunate—he was only washed by a heavy sea a distance of 20 yards from the stern up to the poop front. In those vast oceans they nearly ran down a schooner which had no lights up and whose crew seemed to be asleep.

The doctor and his wife turned out to be "perfect drunkards"—she was a Yankee and had "the largest hands I ever saw on woman kind"; he was found with the sailors in the fore-castle "uttering seditious language against the captain." The parson was a great smoker and nobody cared for his company! There was also a Mr B, "a fast young man who had been to all parts of the world" and claimed to be the cousin of an earl in England. Everyone on board was obsessed by the weather, understandably so on a sailing ship. With a favourable wind the 1135-ton wool clipper made 15 knots after passing the Cape of Good Hope, and she could run over 2100 miles in a week.

The *Macduff* was finally wrecked on 16 May 1900. Correspondence from young Alexander gradually diminished and finally dried up. Did he make his fortune? Have I got a rich uncle in Australia?—R M MACNEILL, general practitioner, Glasgow.