TALKING POINT

Medical manpower—a stand against Russian roulette

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I have got a job. I have got the job I wanted and my employer wanted me. Now after two months, when I can put my mind to other things again, I have been reflecting on the very serendipity of such an unusual arrangement.

Why did I have to apply for 18 other jobs and in three earlier interviews secretly hope that they whom I dared not reject would reject me? Why did my employer have to sift through over 100 applications, mostly from candidates who were either unsuitable or who would rather have worked elsewhere? Why did he have to shortlist 15 to be sure of interviewing five? Why have so many of my contemporaries taken jobs that they did not want with people who did not want them? Why in three months' time will most of us be prepared to go through the same process again? Why in a profession supposedly overflowing with intelligent, caring, imaginative people has such a system survived, and is it not about time that someone improved on it?

Jobs are advertised anything from six weeks to a year before they become vacant. Each requires a separate application, and the discerning candidate will take to tailoring his or her curriculum vitae to the individual demands of different jobs. A place on every shortlist requires another set of glowing references, freshly typed by a long suffering secretary. In our busy unit, with five of us making applications, poor Margaret sacrificed almost every lunchtime for six weeks rather than short change any of us with a carbon copy. Although some consultants now stipulate that they will not meet candidates before the job interview, most are still game to participate in the ancient ritual of the preinterview crawl. Having carefully determined his least busy afternoon, you turn up in starched shirt and sensible shoes to be given the well trodden tour of his unit and ask enthusiastic questions about his research interests. You are careful not to stay longer than 15 minutes, for the psychology of the preinterview crawl is to breeze crisply in and out, flattering his ego without interrupting his routine, and leave just enough impression for him to put a face to a name at the definitive interview.

The interview will go on all day, with the atmosphere and administrative ease of a badly run cattle market. A dozen or so of you will all have been told to arrive at 9 am, and you will sit stiffly on wooden chairs in a dim corridor or a stuffy waiting room for the next few hours. Dr A will be interviewed for 45 minutes and Dr Z for 12. No one will touch the stale sandwiches or tepid coffee. After an hour there will be jokes from the emerging candidates and nervous laughter from those yet to go in. After two, you will all be sharing your hard luck stories. After three, when every one of you has "been in" and there is still no hint of activity from behind the closed wooden door, it will be clear that four of you are only here to practise for next week's interview at the Royal St Stephen's, three are waiting to see if they

get this job before they belatedly confirm an offer that they had last week, two only want the job because their husbands or wives have got jobs down the road, and the rest have been to so many interviews lately that they cannot remember which specialty this job is in, why they applied for it, or whether they want it. You have all told the standard lies to the standard questions and you have all pretended that this job is the ideal bridge connecting your flawless academic record and sound post-graduate training with a glittering professorial career—in whatever specialty it happens to be this time.

Behind the wooden door they have got problems. They now realise that if they had put the advertisement in a month earlier they would have pre-empted the St Elsewhere's rotations, which creamed off all the best candidates—except the ones who are holding out for the renal job at the King Alfred—and that it was silly to demand part I of the membership of the Royal College of Physicians for a job more suited to someone immediately post-registration. There was no shortage of good applicants, nor, it had seemed, of suitable ones, but somehow this lot are not quite what we had in mind. There seems to be no alternative but to offer the senior house officer post to Dr K, who funnily enough seems just the sort of chap that old Harry could have used last week when he had all that trouble finding a research registrar.

There must be a better way

I know very little about computers, but I do know that gaining a place at medical school via my Universities Central Council on Admissions form was an infinitely less painful experience than the recent steeplechase for senior house officer jobs. It was fairer; it wasted a lot less time; and, I believe, it left many more people on both sides of the interview table satisfied with the results. For my next job, I would like to apply to one central body for a list of all jobs in my grade and specialty over the next six months in all the hospitals who had opted into the system. I would then like to make one application, stating my career plans and ranking my preferences. I would like it to be known to a prospective employer that I badly want his job while Dr X would work for six others in preference. I would like to attend all my interviews before deciding which to accept if offered, and I accept that if I am genuinely less suitable a candidate for a job than Dr Y he or she would now be more likely to get it.

If a small town general practitioner can, at the touch of a keyboard, distribute his repeat prescriptions, monitor his patients with hypertension, and screen different at risk populations for their appropriate cancers, all on a programme written by his 12 year old daughter, I fail to see why more brains with wider resources cannot produce the goods for a more efficient, more humane, and more professional way of organising the job market for junior hospital doctors.

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