

So you've been dumped...

Oct 14, 2017 | 0



| [ontheblogs](#), [onthejobs](#), [Working & training in healthcare](#)

Author:  Abhijit Pal



Abhi is a medical oncology advanced trainee in the final year of his core training and has an interest in healthcare economics, decision making, ethics and JMO wellbeing. He plans to go overseas in 2019 to the Royal Marsden Hospital to work in the Drug Development Unit as a clinical trials fellow.

Editor: Ken Liu

The first round of job offers are out and you just found out you've been dumped. You thought you were a shoe-in for that amazing job at your home hospital or preferred hospital and everyone was smiling at you at the interview. You had an amazing CV, amazing references, and you had scoped out the competition and you had done all your homework - but then you opened that email and you found out that you were going to another hospital or you did not receive a job offer at all. The common experience can be roughly mapped out by Elizabeth Kubler-Ross's classic 5 stages of grief - most people will experience some of these thoughts in some order.

1. **Denial** - "Maybe this email is wrong? Maybe they made an error? Maybe I wrote my preferences incorrectly? Perhaps a clerical error?"
2. **Anger** - "That consultant said I was guaranteed a job! That advanced trainee said I was highly regarded in the department! They were lying to me! My CV is three times as long as the other candidate!"
3. **Bargaining** - "I guess it was a competitive year and they would have picked me if they had more space."
4. **Depression** - "I am not a great junior doctor. The consultants don't like me. I probably should not have done medicine."
5. **Acceptance** - "I have a job in the field I want to train in but just not in the location where I thought I would be" or "I will wait for second round offers but otherwise I have a year off to work on my application to get in to that specialty I want to train in."

This process can be distressing and trainees can question their reputation, competence and future prospects. All of us work extremely hard every day in our hospitals, and the feeling of being abandoned can be hard to shake - it can genuinely feel like being dumped. Also remember that getting into medicine was not easy - all of us were hard working, perfectionist and achievement focused. Not getting that job offer can be a big blow to the ego and it might be the first setback we have faced in our lives. We are not used to failing - we worked hard in high school and we got ourselves through medical

school. Often there is no feedback from the interview panel - there may be a cursory phone call or a brief email from the consultant coordinating selection and being left in the dark can add to the distress.

In this distress and opacity, trainees reflect on the whole process and can often speculate if the job selection was based on factors other than the stated criteria on the [NSW Health \('the selection process'\)](#) webpage - there will be a similar website for other states in Australia.

Common factors that trainees will speculate upon...

1. **“Likeability” or “Popularity”** - we all know that junior doctor who is a lot of fun to be around but has not worked as hard as other junior doctors might have, and consultants love talking to them about their weekend. Consultants will often discuss picking candidates who are “easy to work with” which seems to be a reasonable criteria but has an undercurrent of being likeable which seems less reasonable. Did you miss out on the job because you were not the popular candidate?
2. **Preference for internal candidates** - some specialty training programs in some hospitals appear to consistently hire candidates from their own hospital while other training programs seem to evenly distribute trainees across all hospitals. Did you miss out on a job just because you were at the wrong hospital? For prevocational trainees in NSW this can seem particularly unfair as the internship hospital is allocated on a ballot system.
3. **Choice of referees** - it's a fact that not all trainees get along with all consultants, but it does not seem particularly fair that a candidate needs to gain favour with a particular consultant who might wield more power in a particular department than other consultants. Did you miss out on a job because you chose the wrong referee or perhaps you annoyed the wrong consultant?
4. **Preference deals prior to the interview process** - this is the practice where a training director ensures a particular candidate preferences them at the pre-meet in exchange for that training network preferencing the candidate. This is to avoid the unfortunate situation where a training network misses out on good candidates. Candidates can become unstuck with this practice in two ways - either they are not offered a preference deal and are in the dark as to the training network's intentions or they are offered a preference deal but they find out that the network changed their mind. All of the above factors are tough to think about, are speculative and only add to the distress because it adds a sense of unfairness to the entire experience and can lead to the disabling sense of being a victim.

A guide to being “dumped”

1. This is a distressing time. You could experience a range of negative emotions from low self-esteem, regret, anxiety and low mood. Get support. Talk to colleagues, talk to senior colleagues, talk to your referees, talk to loved ones. Give yourself some time. In today's job market, getting straight on to a training program of your choice is becoming the exception and not the norm, particularly for some specialties like plastic surgery, dermatology and orthopaedics where (several) unaccredited years are a must.

2. The goal is to reach acceptance. If you need to binge on junk food to get through the depression then do it. Just don't take too long because in the time you take to move through that stage of grief, you might move your BMI to the next stage as well.

3. If you are finding things tough and you have tried the usual things (mindfulness, yoga, relaxation) then consider speaking to the Employee Assistance Program or seeing your GP who can refer you to a psychologist if required

4. When you are feeling better, think through the entire experience (it will be hard to be objective in the initial period)

a. What could you have changed at the pre-meets?

b. How could you improve how you met the selection criteria?

c. How could you improve your CV? Research? Teaching? Quality improvement?

d. How could you improve your interview performance?

e. Finally, this is a good time to really consider whether your passion or love for that specialty is worth the extra time and effort in doing the above.

5. There is a common misconception that changing your mind or choosing a less competitive training program is "giving up on your dreams" or "copping out". I feel this is at least partly fueled by Hollywood and inspirational movies which tell us that we must follow our dreams at all costs. Notable movies include The Shawshank Redemption, Rocky, Remember the Titans, Forrest Gump, A Beautiful Mind – the list will go on where viewers are left feeling they absolutely cannot give up on their dreams.

a. Life is not all about medicine however overwhelming your current job may seem. Training is a finite period and relationships, hobbies, interests outside of medicine are all arenas where you can also demonstrate the grit and perseverance shown by the characters in those movies.

b. Some specialties appear "sexy" and it appears that if you were accepted onto that program and being part of that college you would receive some sort of eternal validation that you are in fact a valuable and useful doctor. You can obtain this feeling very easily by seeing through this fallacy and relying on your own internal compass and feedback from your mentors.

c. Really consider the sacrifices that a particular specialty will require and balance it against your other priorities in life. Will you have to do a PhD? How many unaccredited years are trainees doing to get into that special college? How many fellowships are new graduates of that college doing? Will you have to work in a regional area because there are too many specialists in metropolitan area? The answers will vary for each individual but they are important to consider and now might be a good point to do that.

6. If you do decide to continue pursuing your chosen specialty, embrace whatever path you take. If it means taking a role at a lower responsibility level (e.g. SRMO instead of registrar), then embrace it and take it as an opportunity to improve the other parts of your CV. If it means taking a role in a different specialty (perhaps a general SRMO year

instead of a surgical SRMO year) then take it and seek out experiences in your specialty of interest. You could perhaps use that year to develop a relationship with a consultant in that specialty and further your research profile. If you are passionate about your chosen specialty and enjoy your work, there will be a way. Otherwise, as with point 5, pursue a different specialty and you may well be surprised as well!

References

- NSW Health - The selection process. Available from www.health.nsw.gov.au/careers/guide/nswhealth/Pages/selection-process.aspx

Useful Resources

- Lifeline 13 11 14
- Employee Assistance Professional Association of Australasia
- Doctors Health Advisory Service
- Beyond Blue

Related Blogs

- [Obtaining that next job](#)
- [Curriculum vitae \(CV\) inflation](#)

Tags: #beyond blue,#career in medicine,#career planning,#CV inflation,#FOAMed,#job interviews,#job selection process in medicine,#jobs in medicine,#juniordocs,#medical recruitment,#professional development