FOR TEACHERS AND CAREERS LEADS

Medicine mock interview

A seven station MMI circuit for medicine applicants, ready to print and run in an afternoon. Interviewers do not need to be doctors.

MOCK INTERVIEW 1 · MMI CIRCUIT · 7 STATIONS · 7 MINUTES PER STATION

BEFORE YOU START

How to run this mock

1. Set up seven stations, one room or clearly separated space each, with a door card from the back of this pack on the door and one interviewer holding the matching station page.
2. Run students round in order: 7 minutes in the station, 2 minutes to move on. Seven students fit in one 63 minute circuit, twenty one if you start three at different points.
3. Interviewers mark all four domains at every station on the 1 to 4 scale, and write one line of evidence before the next student comes in, while it is still fresh.
4. Collect the station pages, copy the marks onto the scoring summary, and give every student one strength and one thing to work on. The debrief is the part that changes results.

MARKED THE SAME WAY AT EVERY STATION

The four scoring domains

M Motivation and insight

Knows what the job really involves, hard parts included, and why it suits them.

1 Generic reasons that would fit any career.
4 Personal and specific, honest about the hard parts.

C Communication

Clear, structured and pitched at the listener. Listens as well as talks.

1 Rambling or memorised, or talks over the interviewer.
4 Plain, structured, and answers what was actually asked.

R Reflection and self awareness

Learns from experience rather than listing it. Honest about limits.

1 Describes what happened, with no learning attached.
4 Says what changed, and what still needs work.

V Professional values and ethics

Puts the patient first, weighs both sides, and knows when to ask for help.

1 Jumps to one answer, ignoring who it affects.
4 Weighs both sides, and knows where their authority ends.

MOTIVATION FOR MEDICINE

Why do you want to study medicine?

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- What first made you consider it, and what has kept you interested since?
- Which part of the job do you think you would find hardest?

WHAT A STRONG CANDIDATE COVERS: A LISTENING AID, NOT A MODEL ANSWER. DO NOT READ IT OUT.

- A specific starting point rather than a slogan: something they saw, read or did, with enough detail that it could only be theirs.
- Evidence that they have tested the idea, through work experience, volunteering, reading or talking to people who do the job.
- An understanding that the work is long, repetitive in places and emotionally hard, not only interesting.
- Why the combination of science and people suits them in particular, rather than why medicine is admirable in general.
- Some sense of why not the near neighbours: nursing, research, paramedic science or physiotherapy, without talking any of them down.

NOTE FOR THE INTERVIEWER

Everyone has prepared for this one, so listen for whether the answer is theirs. If it sounds recited, use the first follow up and mark what comes back, not the script.

MARK ALL FOUR DOMAINS

	Little evidence	Some evidence	Clear evidence	Strong evidence
Motivation and insight	1	2	3	4
Communication	1	2	3	4
Reflection and self awareness	1	2	3	4
Professional values and ethics	1	2	3	4

EVIDENCE: ONE LINE, IN THEIR WORDS, BEFORE THE NEXT STUDENT COMES IN

WORK EXPERIENCE AND REFLECTION

Tell us about something you saw or did on work experience that changed the way you think about being a doctor.

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- What did the people around you do that you would want to copy?
- What did you find uncomfortable, and what did you do with that feeling?

WHAT A STRONG CANDIDATE COVERS: A LISTENING AID, NOT A MODEL ANSWER. DO NOT READ IT OUT.

- One episode described briefly and concretely, rather than a tour of every placement they have ever done.
- What they noticed about how people behaved: how a team worked, how bad news was given, how someone was treated when they were frightened.
- The learning stated plainly, in their own words, and connected to how they would want to work.
- Honesty about the parts that were dull, upsetting or beyond them, without performing distress.
- Respect for confidentiality: no names, no identifying detail about a patient.

NOTE FOR THE INTERVIEWER

Work experience is not equally available to every student. A candidate who reflects well on a care home shift, a part time job or volunteering can score just as highly here as one who shadowed a surgeon.

MARK ALL FOUR DOMAINS

	Little evidence	Some evidence	Clear evidence	Strong evidence
Motivation and insight	1	2	3	4
Communication	1	2	3	4
Reflection and self awareness	1	2	3	4
Professional values and ethics	1	2	3	4

EVIDENCE: ONE LINE, IN THEIR WORDS, BEFORE THE NEXT STUDENT COMES IN

ETHICAL REASONING

An adult patient who is fully able to make her own decisions refuses a blood transfusion that her doctors believe she needs, because of her religious beliefs. What are the issues, and what should the team do?

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- Does it change anything if the doctors think she will probably die without it?
- What if she were fifteen rather than thirty five?

WHAT A STRONG CANDIDATE COVERS: A LISTENING AID, NOT A MODEL ANSWER. DO NOT READ IT OUT.

- Names the tension rather than rushing to an answer: the patient's right to decide against the team's wish to save her life.
- Recognises that an adult with capacity may refuse treatment even when the refusal looks unwise to everyone else.
- Thinks about what the team can still do: check she has the information she needs, explore alternatives, make sure the decision is hers and not pressure from someone else.
- Considers the people around the decision, including her family and the staff who have to live with the outcome.
- Says clearly where a student's judgement runs out and a senior colleague or the hospital's own advice is needed.

NOTE FOR THE INTERVIEWER

You are not marking legal knowledge and neither are the medical schools. Mark the reasoning: did they see both sides, did they stay with the patient as a person, did they know when to ask for help. The second follow up should open up a new consideration, not catch them out.

MARK ALL FOUR DOMAINS

	Little evidence	Some evidence	Clear evidence	Strong evidence
Motivation and insight	1	2	3	4
Communication	1	2	3	4
Reflection and self awareness	1	2	3	4
Professional values and ethics	1	2	3	4

EVIDENCE: ONE LINE, IN THEIR WORDS, BEFORE THE NEXT STUDENT COMES IN

THE NHS AND ITS PRESSURES

What do you think is the biggest pressure on the NHS at the moment, and what would you want to understand better before proposing a solution to it?

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- Who would your solution be hardest on, and why?
- Where did what you have just told us come from?

WHAT A STRONG CANDIDATE COVERS: A LISTENING AID, NOT A MODEL ANSWER. DO NOT READ IT OUT.

- Picks one pressure and stays with it, rather than listing headlines: waiting times, staffing, social care, an ageing population, prevention, funding.
- Explains why it matters to patients in practice, not only why it is in the news.
- Accepts that the obvious fix has a cost, and says who pays it.
- Knows the limits of their own information and says where it came from.
- Talks about the NHS as something they want to work in and improve, rather than something they are judging from outside.

NOTE FOR THE INTERVIEWER

Sixth formers are not expected to know health policy. A confident wrong number is worse than an honest 'I am not sure of the figure, but what I have read suggests'. Mark the reasoning and the honesty about sources.

MARK ALL FOUR DOMAINS

	Little evidence	Some evidence	Clear evidence	Strong evidence
Motivation and insight	1	2	3	4
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Reflection and self awareness	1	2	3	4
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EVIDENCE: ONE LINE, IN THEIR WORDS, BEFORE THE NEXT STUDENT COMES IN

COMMUNICATION ROLE PLAY

You are leading a group project due tomorrow. One member has not sent you their part, and without it the group misses the deadline. Speak to them now.

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- If they had told you they were struggling two weeks ago, what would you have done differently?
- What will you say to the rest of the group afterwards?

BRIEF FOR THE PERSON PLAYING THE PART

Your part	You are in the candidate's group. Your part is not done, because your grandmother has been in hospital for a fortnight and you visit every evening. You have told nobody, so you start defensive and short. If the candidate asks openly and gives you room, you explain.
Open with	Look, I know what you are going to say. I have had a lot on.
If handled well	Soften, tell them about your grandmother, and agree what you will do tonight.
If handled badly	Stay closed and short if they lecture you. Never aggressive, never walk out.

WHAT A STRONG CANDIDATE COVERS: A LISTENING AID, NOT A MODEL ANSWER. DO NOT READ IT OUT.

- Opens by finding out what is going on before deciding what to do, and lets a silence run rather than filling it.
- Separates the person from the problem: the work is late, the person is not written off.
- Notices the difficulty behind the missed deadline once it is mentioned, and responds to it.
- Moves to something concrete and agreed: what happens tonight, who does what, when they check in.
- Keeps the group's deadline in view without threatening or going over the person's head straight away.

NOTE FOR THE INTERVIEWER

Two people run this station: one marks, one plays the group member. A sixth former or a colleague can do it, using the brief above, read before the circuit starts.

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DATA AND PROBLEM SOLVING

Look at the table. What does it tell you about this practice, and what would you want to know before changing anything?

APPOINTMENTS AT ONE GP PRACTICE, ONE WEEK

Day	Appointments offered	Patients who did not attend	Did not attend rate
Monday	120	6	5%
Tuesday	110	5	5%
Wednesday	115	7	6%
Thursday	105	6	6%
Friday	130	26	20%

These figures are invented for this exercise. They are not data from a real practice and should not be quoted as such.

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- The practice is thinking of moving every Friday appointment online. What would worry you?
- Which single extra piece of information would be most useful to you here?

WHAT A STRONG CANDIDATE COVERS: A LISTENING AID, NOT A MODEL ANSWER. DO NOT READ IT OUT.

- Reads the table accurately first, including the units, before interpreting anything.
- Notices the pattern that matters: Friday has the most appointments offered and by far the most missed.
- Offers more than one possible explanation, rather than settling on the first that occurs to them.
- Names what the table cannot tell them: who these patients are, how they were reminded, how they travel, whether Friday slots are booked further ahead.
- Thinks about the patients a change would affect before recommending it, particularly anyone without a reliable internet connection.

NOTE FOR THE INTERVIEWER

Print the station page so the candidate can see the table while they talk. There is no right answer. Mark whether they read carefully, reason out loud and stay aware of what they do not know.

MARK ALL FOUR DOMAINS

	Little evidence	Some evidence	Clear evidence	Strong evidence
Motivation and insight	1	2	3	4
Communication	1	2	3	4
Reflection and self awareness	1	2	3	4
Professional values and ethics	1	2	3	4

EVIDENCE: ONE LINE, IN THEIR WORDS, BEFORE THE NEXT STUDENT COMES IN

PERSONAL INSIGHT

Tell us about a time you were not good enough at something that mattered to you. What did you do next?

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- What would you do differently if it happened again tomorrow?
- Who did you tell, and what did they say?

WHAT A STRONG CANDIDATE COVERS: A LISTENING AID, NOT A MODEL ANSWER. DO NOT READ IT OUT.

- Chooses something that genuinely mattered, rather than a disguised strength such as caring too much.
- Says plainly what went wrong and takes their share of it, without blaming everyone around them.
- Describes what they actually changed afterwards, with enough detail to believe it.
- Shows they can ask for help, and names who they asked.
- Connects it to the job: doctors are wrong sometimes, and what matters is what happens next.

NOTE FOR THE INTERVIEWER

Students find this the hardest station of the seven. Give them a moment of silence to think before you prompt. A long pause followed by an honest answer beats a quick polished one.

MARK ALL FOUR DOMAINS

	Little evidence	Some evidence	Clear evidence	Strong evidence
Motivation and insight	1	2	3	4
Communication	1	2	3	4
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Scoring summary

One row per student. Copy each mark across from the station sheets, then total the row. Every station is marked out of 16, so the circuit totals 112.

M Motivation and insight C Communication R Reflection and self awareness V Professional values and ethics

	Station 1				Station 2				Station 3				Station 4				Station 5				Station 6				Station 7				Total
STUDENT	M	C	R	V	M	C	R	V	M	C	R	V	M	C	R	V	M	C	R	V	M	C	R	V	M	C	R	V	/ 112

THE SCALE, AT EVERY STATION

1	Little evidence	Barely addressed, or addressed in a way that raises a concern. Would need substantial work before a real interview.
2	Some evidence	Touched on it, but thinly or only when prompted. The material is there and the answer is not.
3	Clear evidence	Covered it well and unprompted. The kind of answer that does the candidate no harm at a real interview.
4	Strong evidence	Covered it with insight and specifics, and made the interviewer want to hear more. Rare, and should stay rare.

Briefing for interviewers

Read this once before the circuit starts. It takes about three minutes, and it is the difference between a mock that flatters everyone and one that tells a student something they can act on.

You do not need to be a doctor to interview

You are not judging medical knowledge. You are judging whether a seventeen year old can think out loud, listen, reflect honestly and hold more than one side of a problem. Everything you need is on your station page, and the four domains mean the same thing at every station in the circuit.

Before the circuit starts

- Read your station page twice, including the two follow up prompts, and check the door card outside matches your station.
- Have the page, a pen and a watch or a phone timer in front of you. Someone will call the changeover, but keep your own eye on the time.
- Decide with the coordinator who calls time if you are running the role play station, because that station needs two people.

Running your station

- Ask the question exactly as written, so every student gets the same station.
- Then stop talking. Let a silence run for a good five seconds before you prompt: thinking time is not a fault.
- Use a follow up only if the candidate has stalled or has finished early. Two prompts is the maximum.
- Do not teach, correct or react. Nodding along warmly to one student and sitting stony faced with the next is the most common way a circuit becomes unfair.
- Keep the listening aid beside you, not in front of the candidate. It is there to help you hear a thin answer, and it is not a checklist to tick off or read aloud.

Marking

- Mark all four domains, every time, even at a station that leans on two of them. A candidate who communicates beautifully and says nothing can score 4 and 1 on the same answer.
- Mark immediately, before the next student walks in. Marks written at the end of the afternoon are memories of the strongest and the weakest, and nothing in between.
- Write one line of evidence per student, in their words if you can. That line is what makes the debrief useful, and it is the part students remember.
- Use the whole scale. If everyone gets a 3, the circuit has told the student nothing.

Afterwards

- Hand your station pages to the coordinator with every mark and evidence line filled in.
- Flag anything that worried you, for example a student who was very distressed or an answer that raised a safeguarding concern, to the member of staff running the day rather than to the student.
- If you can stay for ten minutes, the students get far more from hearing one strength and one improvement from you directly than from a score.

Why do you want to study medicine?

Take a moment to think before you answer. The interviewer may ask you more.

Tell us about something you saw or did on work experience that changed the way you think about being a doctor.

Take a moment to think before you answer. The interviewer may ask you more.

STATION 3 OF 7

ETHICAL REASONING

An adult patient who is fully able to make her own decisions refuses a blood transfusion that her doctors believe she needs, because of her religious beliefs. What are the issues, and what should the team do?

Take a moment to think before you answer. The interviewer may ask you more.

What do you think is the biggest pressure on the NHS at the moment, and what would you want to understand better before proposing a solution to it?

Take a moment to think before you answer. The interviewer may ask you more.

STATION 5 OF 7

COMMUNICATION ROLE PLAY

You are leading a group project due tomorrow. One member has not sent you their part, and without it the group misses the deadline. Speak to them now.

Take a moment to think before you answer. The interviewer may ask you more.

Look at the table. What does it tell you about this practice, and what would you want to know before changing anything?

Take a moment to think before you answer. The interviewer may ask you more.

STATION 7 OF 7

PERSONAL INSIGHT

Tell us about a time you were not good enough at something that mattered to you. What did you do next?

Take a moment to think before you answer. The interviewer may ask you more.