FOR TEACHERS AND CAREERS LEADS

Medicine mock interview

A tenth seven station MMI circuit for medicine applicants, taking the long view of a career and of the system it sits in. Interviewers do not need to be doctors.

MOCK INTERVIEW 10 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

Where do you expect to be ten years after you qualify, and how sure are you about that?

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- What would have to happen for that plan to change?
- What do you actually know about how that kind of career is reached?

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

- Has a picture rather than a blank, and can say what appeals about it in terms of the work itself.
- Is honest about the uncertainty, and does not pretend a specialty chosen at seventeen is settled.
- Knows roughly how the path runs: a degree, then foundation years, then training that takes several more years.
- Names what would change their mind, which shows the plan has been thought about rather than borrowed.
- Avoids choosing a specialty for effect, and is not put off saying they have no idea yet if that is true.

NOTE FOR THE INTERVIEWER

There is no right destination and no penalty for not having one. Mark whether they can hold a plan and their own uncertainty at the same time, which is exactly what the two follow ups are there to test.

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 a time you watched a team deal with something going wrong. What did you take from the way they handled it?

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- Who took charge, and how did everyone else know to follow them?
- What would have made it go worse?

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

- One episode described concretely, from wherever it happened: a shift, a kitchen, a match, a rehearsal, a care home.
- What the team actually did: who spoke, how information moved, and whether anybody was left out of it.
- Notices the calm rather than only the drama, and has a view on what produced the calm.
- Says what they would copy and what they would avoid, in their own words rather than in borrowed ones.
- Describes their own part honestly, including if their part was simply to stay out of the way.

NOTE FOR THE INTERVIEWER

This needs neither a hospital nor an emergency: a busy Saturday shift that went wrong is a strong answer. Mark what they noticed about the people, not how serious the incident was.

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

Should vaccination be compulsory for people who work with patients? What are the arguments on each side?

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- What should happen to someone who still refuses?
- Does it matter which vaccine and which illness we are talking about?

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

- Puts the patients into the argument early: many are frail, and some cannot be protected any other way.
- Takes the person refusing seriously rather than mocking them, and separates fear from principle.
- Sees the cost of a mandate, which is staff lost from services already short of people.
- Looks for what comes before compulsion: making it easy, answering the worries honestly, and asking properly.
- Notices that compulsory means nothing until you decide what happens to the people who still say no.

NOTE FOR THE INTERVIEWER

This is recent enough to be political, so keep your face as neutral as your words. A candidate can land on either side and score well: the reasoning and the fairness to the other view are what you are marking.

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 a waiting list actually measures, and why do some people end up waiting longer than others?

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- Would you rather a hospital treated the longest waiters first, or the sickest first?
- How could a waiting list get shorter without anybody being treated sooner?

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

- Understands that a list is people waiting for something specific, and that the wait starts at a point somebody has defined.
- Sees that it measures the gap between demand and capacity, rather than how hard the staff are working.
- Gives real reasons for unequal waits: the specialty, where you live, whether you can travel, and how readily you push.
- Knows urgent cases are taken first, so a long average wait and a fast route for serious illness can both be true at once.
- Spots that the figure can move without care improving, by counting differently or by taking people off the list.

NOTE FOR THE INTERVIEWER

Students often open with a headline number. The second follow up is what separates a memorised answer from a thinking one, so use it early if the first answer sounds fluent and rehearsed.

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

COMMUNICATION ROLE PLAY

You mentor a Year 11 student who has not been given a place on a summer programme. They do not know yet. Tell them now.

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- What would you say if they asked whether it was their own fault?
- What would you want to leave them with at the end?

BRIEF FOR THE PERSON PLAYING THE PART

Your part	You are fifteen and had counted on this place. You go quiet first, then ask whether you were simply not good enough. You are not rude, only deflated. If the candidate is honest and gives you room, you start asking what to do next.
Open with	You have gone all serious. It is bad news, is it not?
If handled well	Ask what you could do differently next year, and take the answer seriously.
If handled badly	Go quiet and give short answers if they rush in to cheer you up.

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

- Says the news early and plainly, without a long warm-up first.
- Stops after it, and lets them react before offering anything.
- Is honest about the reasons where they know them, and says so otherwise.
- Ends on one concrete next thing, not a stream of reassurance.

NOTE FOR THE INTERVIEWER

Two people run this station: one marks, one plays the Year 11. Mark the pacing as much as the words.

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

DATA AND PROBLEM SOLVING

Look at the table. What is happening to how these appointments are held, and what would you want to know first?

APPOINTMENTS AT ONE GP PRACTICE BY CONSULTATION TYPE

Year	In person	Telephone	Online
2019	84%	15%	1%
2021	46%	46%	8%
2023	58%	32%	10%
2025	62%	26%	12%

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

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- Who might be worse off if telephone appointments keep growing?
- What would you measure to find out whether this is working?

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

- Reads the shape: a sharp move away from seeing people, then a partial move back, with online growing slowly.
- Offers more than one explanation for the change, and notices the years these figures cover.
- Sees the advantages: less travel, easier access for people at work, a quicker answer for simple things.
- Names who loses out: anyone deaf, without a private space, uneasy on a phone, or whose problem needs examining.
- Says what percentages hide: the total number of appointments, and whether patients chose the type.

NOTE FOR THE INTERVIEWER

Print this station page so the candidate can see the table. Percentages of an unknown total are the trap. Mark whether they spot it, and think about who a change suits least.

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 something you do that has nothing to do with medicine at all. Why does it matter to you?

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- What would it take for you to give it up?
- What does it give you that school does not?

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

- Talks about it for its own sake, without steering it back to what it supposedly proves about them.
- Sounds genuinely interested: detail, opinions, and the parts other people find boring.
- Says what it does for them, whether that is company, quiet, competition, or being ordinarily bad at something.
- Shows they mean to keep something of their own at university, which matters across five years.
- Is at ease, because this is the station where a candidate is allowed to sound like a seventeen year old.

NOTE FOR THE INTERVIEWER

Many students will try to make this one count for something. Let them relax and mark the person you meet. There is no wrong answer here, and a quiet hobby is worth no less than a heroic 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
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

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.

Where do you expect to be ten years after you qualify, and how sure are you about that?

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

Tell us about a time you watched a team deal with something going wrong. What did you take from the way they handled it?

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

STATION 3 OF 7

ETHICAL REASONING

Should vaccination be compulsory for people who work with patients? What are the arguments on each side?

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

What do you think a waiting list actually measures, and why do some people end up waiting longer than others?

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

You mentor a Year 11 student who has not been given a place on a summer programme. They do not know yet. Tell them now.

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

Look at the table. What is happening to how these appointments are held, and what would you want to know first?

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

STATION 7 OF 7

PERSONAL INSIGHT

Tell us about something you do that has nothing to do with medicine at all. Why does it matter to you?

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