FOR TEACHERS AND CAREERS LEADS

Medicine mock interview

A third seven station MMI circuit for medicine applicants, weighted towards honest answers about the unglamorous parts of the work. Interviewers do not need to be doctors.

MOCK INTERVIEW 3 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

A doctor's week is not all emergencies. Which part of the working week do you think you would find most satisfying, and which part would you find most tedious?

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- What has shown you that the tedious part exists?
- How would you keep doing the tedious part well on a bad day?

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

- Names real parts of a week: clinics, ward rounds, paperwork, handovers, phone calls to other teams, teaching, rather than only the dramatic moments.
- Says what appeals about the satisfying part in terms of the work itself, rather than how the work looks from outside.
- Is willing to call something tedious out loud, which most candidates avoid, and does not pretend to enjoy admin.
- Knows the tedious part still matters to the patient: a discharge letter written late is a real problem for someone.
- Draws on something they were told or saw, rather than guessing at a week from a drama.

NOTE FOR THE INTERVIEWER

Candidates often refuse to admit anything is boring. Push gently once, because an honest answer here is worth more than a polished one. Do not penalise a student whose picture of a week came from a relative or a video rather than from a placement.

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 learned from a job, from volunteering or from looking after someone at home that a hospital placement could not have taught you.

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- What did it ask of you that you had not been asked for before?
- Where would that learning show up on a ward round?

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

- Picks one setting and stays in it, with enough concrete detail that they were plainly there and doing the work.
- Names learning a placement genuinely could not give: being relied on week after week, or being the one who turns up when it is dull.
- Talks about the people they were with as people, rather than as material for an application.
- Connects it to the work of a doctor without forcing the link or claiming too much from it.
- Is honest about what was hard or unglamorous, including the parts they did not enjoy.

NOTE FOR THE INTERVIEWER

This station is built for the student with no hospital contact at all. A care home shift, a supermarket job or caring for a grandparent is the ideal answer here, not a weaker one, so say nothing that suggests shadowing would have scored higher.

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

One intensive care bed is free and two patients need it. How should a team decide who gets it, and what would you want them to leave out of the decision?

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- Does it matter if one of them is a doctor and the other is not?
- Who should speak to the family of the patient who does not get the bed?

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

- Slows down and asks what the decision should turn on, rather than choosing a patient in the first sentence.
- Reaches for clinical need and likely benefit, and can say why those are more defensible grounds than age alone or usefulness to society.
- Names what should stay out of it: wealth, job, whether the staff like the patient, whether a relative is shouting loudest.
- Sees that the decision falls on real people, and that it should be made by more than one person and recorded.
- Holds the second patient in view: they are still owed care, an explanation and honesty about what happened.

NOTE FOR THE INTERVIEWER

There is no right answer and no medical school expects one. Mark whether they separate the grounds of the decision from the outcome, and whether they can name a factor that ought to be excluded.

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 understand by health inequality, and is there anything a school like this one could actually do about it?

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- Why might two people of the same age in the same city have very different health?
- What would make a school's effort more than a gesture?

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

- Explains the idea plainly: health differs systematically between groups, and the difference is not down to luck or personal choice alone.
- Gives an example with a mechanism attached, such as housing, food, air quality, shift work, or reaching a GP during working hours.
- Distinguishes access to care from the conditions that make people ill in the first place.
- Suggests something a school could genuinely do, and is modest about the size of it.
- Does not blame individuals for their own health, and does not claim a school could fix any of this alone.

NOTE FOR THE INTERVIEWER

The school half is the harder half and is meant to be. Students who have felt this themselves may answer personally: let them, and stay neutral. No statistics are expected.

MARK ALL FOUR DOMAINS

	Little evidence	Some evidence	Clear evidence	Strong evidence
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Professional values and ethics	1	2	3	4

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

COMMUNICATION ROLE PLAY

A Year 11 student you mentor is very upset about a mock result. They are waiting for you now. Talk to them.

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- What would you do if they said this to you every week?
- Who else, if anyone, should know about this conversation?

BRIEF FOR THE PERSON PLAYING THE PART

Your part	You are in Year 11 and the candidate mentors you. You got a 4 in a mock and have decided you are not clever enough for sixth form. You are tearful. If they listen instead of reassuring you, you calm down and say your sister got all 9s.
Open with	There is no point. I am going to fail everything anyway.
If handled well	Calm down, say the thing about your sister, and agree to one small step this week.
If handled badly	Go quiet and agree with everything if they lecture you. Never angry, never walk out.

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

- Asks what has happened, then lets them talk instead of reassuring straight away.
- Sits with the upset rather than rushing to fix the grade.
- Finds out what the result means to them before offering any advice.
- Ends on one small agreed step, and promises no outcome.

NOTE FOR THE INTERVIEWER

Two people run this station: one marks, one plays the student. Mark the listening, not the advice.

MARK ALL FOUR DOMAINS

	Little evidence	Some evidence	Clear evidence	Strong evidence
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EVIDENCE: ONE LINE, IN THEIR WORDS, BEFORE THE NEXT STUDENT COMES IN

DATA AND PROBLEM SOLVING

Look at the table. Why might uptake differ between these areas, and what would you want to know before acting on it?

VACCINATION UPTAKE IN ONE CITY, FOUR AREAS, ONE CAMPAIGN

Area	Deprivation rank	People invited	Uptake
A (least deprived)	1	4,200	88%
B	2	3,900	81%
C	3	4,400	72%
D (most deprived)	4	4,100	59%

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

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- The service wants to run an advertising campaign in area D. What would worry you?
- Which single extra column would help you most here?

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

- Reads the table accurately first, including which column is which, before offering any explanation.
- Notices that uptake falls as deprivation rises, and states it as a pattern rather than as a verdict on any one area.
- Offers several possible reasons: clinic opening hours, travel, time off work, trust, language, how the invitation arrived.
- Resists explaining it purely by attitude, and avoids blaming the people who live in area D.
- Names what the table cannot show, such as how many people live in each area or when the clinics were open.

NOTE FOR THE INTERVIEWER

Print this station page so the candidate can see the table while they talk. There is no right answer. Mark whether they read carefully, hold more than one explanation at once, and notice what is missing.

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

What do you actually do when you are under real pressure? Not what you think you should do.

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- Who around you would notice first, and what would they see?
- What have you changed about the way you handle it?

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

- Answers the question that was asked, unflattering part included, rather than describing an ideal routine.
- Gives a real example with enough detail to believe: a deadline week, a family illness, a results day.
- Knows their own warning signs, and can say what other people see before they say anything.
- Names something that genuinely helps, and can say how they know it works.
- Connects it to the job honestly: a doctor under pressure still has to be safe, and asking for help is part of that.

NOTE FOR THE INTERVIEWER

Give a long silence before prompting. A student who admits they snap at people or stop sleeping is answering well, not badly. If anything they say worries you, pass it to the member of staff running the day rather than to the student.

MARK ALL FOUR DOMAINS

	Little evidence	Some evidence	Clear evidence	Strong evidence
Motivation and insight	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.

STATION 1 OF 7

MOTIVATION FOR MEDICINE

A doctor's week is not all emergencies. Which part of the working week do you think you would find most satisfying, and which part would you find most tedious?

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

Tell us about something you learned from a job, from volunteering or from looking after someone at home that a hospital placement could not have taught you.

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

STATION 3 OF 7

ETHICAL REASONING

One intensive care bed is free and two patients need it. How should a team decide who gets it, and what would you want them to leave out of the decision?

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

What do you understand by health inequality, and is there anything a school like this one could actually do about it?

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

STATION 5 OF 7

COMMUNICATION ROLE PLAY

A Year 11 student you mentor is very upset about a mock result. They are waiting for you now. Talk to them.

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

Look at the table. Why might uptake differ between these areas, and what would you want to know before acting on it?

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

STATION 7 OF 7

PERSONAL INSIGHT

What do you actually do when you are under real pressure? Not what you think you should do.

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