FOR TEACHERS AND CAREERS LEADS

Medicine mock interview

A fourth seven station MMI circuit for medicine applicants, built around explaining and challenging: every station asks the candidate to put something into plain words. Interviewers do not need to be doctors.

MOCK INTERVIEW 4 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 Year 9 tells you that being a doctor is like it looks on television. How would you describe the job to them so that they end up with a truer picture?

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- Which part of the television version would you take away first?
- What would you be careful not to put them off with?

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

- Pitches it for a thirteen year old: short sentences, ordinary words, no jargon and no lecture.
- Replaces the drama with something concrete: the length of training, the paperwork, the size of the team, the repetition, the waiting.
- Keeps something genuinely appealing in the picture, so the correction is honest rather than discouraging.
- Names what television gets wrong specifically, for example that one heroic doctor does everything alone.
- Checks the listener is still with them and invites a question, rather than talking at them for two minutes.

NOTE FOR THE INTERVIEWER

This is a communication station wearing a motivation question. Listen for the pitch as much as the content: a candidate who forgets the Year 9 and answers you instead has missed the point.

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 heard on a placement, at a job or while volunteering that you did not understand at the time. What did you do to find out?

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- Who could you have asked, and what stopped you?
- What do you still not understand about it?

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

- Is willing to admit confusion at all, and describes the moment plainly rather than tidying it up afterwards.
- Says what they actually did next: asked someone there, looked it up, waited and watched, or raised it with a teacher later.
- Shows some judgement about sources, and knows a search result is not the same as asking the person who was there.
- Ends somewhere honest, which may be that they now understand it or that they still do not.
- Keeps any patient or customer unidentifiable while telling the story.

NOTE FOR THE INTERVIEWER

A shop, a care home or a charity shift works as well here as a ward. The station is about what they did with not knowing, so do not reward the student with the most impressive 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

ETHICAL REASONING

A man's family ask the team not to tell him that he has a serious illness, because they say the news would destroy him. What are the issues, and what should the team do?

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- What if the man has already said he would rather not know?
- How should the team handle the family, who mean well?

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

- Puts the patient at the centre: the information is about him, and an adult who can decide is usually owed the truth.
- Takes the family seriously rather than dismissing them, and asks what they are frightened of.
- Finds the middle ground: asking him how much he wants to know and at what pace, rather than a blunt yes or no.
- Notices what a lie would cost, including his trust in everyone who treats him afterwards.
- Knows this is a conversation for a senior member of the team, not something a student settles.

NOTE FOR THE INTERVIEWER

Candidates often start out siding with the family. Use the first follow up rather than correcting them, and mark whether they can hold the patient's right to know alongside a family acting out of love.

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 artificial intelligence will change about a doctor's job over the next twenty years, and what do you think it will not change?

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- Who is responsible if a computer gets a diagnosis wrong?
- Which part of the job would you least want handed over?

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

- Names plausible changes with a reason attached, such as reading scans, drafting notes, or sorting who is seen first.
- Is specific about what stays human: examining someone, breaking bad news, working out what a person actually wants.
- Raises accountability, because a tool can be wrong and somebody still has to answer for the decision.
- Thinks about who might be left behind by a change, rather than only about the technology itself.
- Separates what they have read from what they are guessing at, and says which is which.

NOTE FOR THE INTERVIEWER

No technical knowledge is expected and confident predictions are not the point. Mark whether they can argue both halves of the question, and whether they notice that responsibility does not move to a machine.

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

A friend on the same placement as you had their phone out on the ward all morning. They are here now. Speak to them.

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- What would you do if they said everyone does it?
- Would you tell the placement supervisor, and when?

BRIEF FOR THE PERSON PLAYING THE PART

Your part	You are on the same placement and you are the candidate's friend. You were on your phone because your mum was texting about a hospital appointment of her own. You are embarrassed and brush it off at first. If they ask kindly, you explain.
Open with	Go on then, say it. You have been looking at me all morning.
If handled well	Admit it, explain about your mum, and agree to leave the phone in your bag tomorrow.
If handled badly	Laugh it off and say everyone does it if they lecture you. Never aggressive.

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

- Raises it directly rather than hinting, and does it early in the conversation.
- Says what they saw, not what kind of person the friend is.
- Asks for their side before deciding what it meant.
- Names why it matters on a ward, and agrees what happens tomorrow.

NOTE FOR THE INTERVIEWER

Two people run this station: one marks, one plays the friend. Mark how the truth was said, not whether they won.

MARK ALL FOUR DOMAINS

	Little evidence	Some evidence	Clear evidence	Strong evidence
Motivation and insight	1	2	3	4
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DATA AND PROBLEM SOLVING

Look at the table of attendances by time of day. What do you notice, and what would you need to know before staffing differently?

ATTENDANCES AT ONE EMERGENCY DEPARTMENT, ONE DAY

Time	Patients arriving	Average wait (hours)	Staff on duty
08:00 to 12:00	62	2.4	14
12:00 to 16:00	78	3.1	14
16:00 to 20:00	104	4.6	12
20:00 to 00:00	88	5.2	9
00:00 to 08:00	41	2.9	7

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

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- Two staff could move from the morning to the evening. What would worry you?
- Why might the waits be longest in the block that is not the busiest?

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

- Reads the hours and the numbers accurately before interpreting anything.
- Notices the evening peak, and that the longest waits do not sit where the most patients arrive.
- Suggests why waits might lag the peak: staffing changes, beds elsewhere, or a queue already waiting.
- Names what the table cannot show, such as how ill people were and which day of the week this is.
- Thinks about patients before recommending a change, including anyone who can only come after work.

NOTE FOR THE INTERVIEWER

Print this station page so the candidate can see the table. There is no right answer. Mark whether they read carefully, resist the obvious fix, and say what they do not know.

MARK ALL FOUR DOMAINS

	Little evidence	Some evidence	Clear evidence	Strong evidence
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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 had to say no to someone who wanted something from you. How did you do it, and what happened afterwards?

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- What made it hard to say?
- What would you do differently if the same person asked you again tomorrow?

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

- Picks a real refusal with something at stake, rather than a small logistical no.
- Says what they weighed before answering, including what the other person needed.
- Describes how they actually said it: the words, the timing, and whether they explained themselves.
- Is honest about the aftermath, including a friendship that cooled or a decision they now regret.
- Connects it to the work: doctors say no often, and how it is said is most of the job.

NOTE FOR THE INTERVIEWER

Watch for a candidate who only ever describes saying yes. A student who could not say no and knows it is reflecting well. Do not push for a dramatic example.

MARK ALL FOUR DOMAINS

	Little evidence	Some evidence	Clear evidence	Strong evidence
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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 Year 9 tells you that being a doctor is like it looks on television. How would you describe the job to them so that they end up with a truer picture?

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

Tell us about something you saw or heard on a placement, at a job or while volunteering that you did not understand at the time. What did you do to find out?

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

STATION 3 OF 7

ETHICAL REASONING

A man's family ask the team not to tell him that he has a serious illness, because they say the news would destroy him. 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 artificial intelligence will change about a doctor's job over the next twenty years, and what do you think it will not change?

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

A friend on the same placement as you had their phone out on the ward all morning. They are here now. Speak to them.

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

Look at the table of attendances by time of day. What do you notice, and what would you need to know before staffing differently?

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 had to say no to someone who wanted something from you. How did you do it, and what happened afterwards?

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