FOR TEACHERS AND CAREERS LEADS

Medicine mock interview

A sixth seven station MMI circuit for medicine applicants, built around the limits of what medicine can do and of what the candidate knows. Interviewers do not need to be doctors.

MOCK INTERVIEW 6 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

What have you read, listened to or watched about medicine recently, and what did it change in the way you think?

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- What did you disagree with in it?
- What did it make you want to find out next?

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

- Has something real to name, and can describe it in their own words rather than by its title alone.
- Says what changed, however small, instead of summarising the thing from beginning to end.
- Engages with it rather than endorsing it: agrees with part of it, doubts part of it, and says why.
- Chose it for a reason they can explain, whether curiosity, a placement or something in the family.
- Is comfortable saying it was a podcast or a documentary rather than a journal, which is perfectly respectable.

NOTE FOR THE INTERVIEWER

Do not reward name dropping. A student who genuinely engaged with one newspaper article beats one who lists three books they have not opened. A blank answer here is worth noting, gently.

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

From anything you have seen or done, what have you learned about the limits of what doctors can actually do for people?

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- What did the people around the patient do when medicine ran out?
- How do you think a doctor lives with that?

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

- Grounds it in something they witnessed, in a hospital, a care home, a family or a job, rather than in the abstract.
- Names a real limit: an illness that cannot be cured, a home life nobody can fix, advice a patient will not or cannot follow.
- Sees that care continues when cure stops, including pain relief, explanation, and simply staying with someone.
- Does not treat the limit as a failure, and does not sound defeated by it either.
- Thinks about what it costs the staff, and shows some awareness of how people carry that.

NOTE FOR THE INTERVIEWER

This answers as well from a care home or a relative's illness as from a ward, and often better. If the example is personal, let the candidate set the pace and do not probe the detail.

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 a patient who carries on smoking have the same access to an operation as anyone else? Set out the arguments, then tell us where you land.

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- Does it change anything if smoking makes the operation much more likely to fail?
- Would you apply the same rule to any other behaviour?

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

- Separates two different arguments: whether smoking changes the clinical outcome, and whether it makes someone deserve care less.
- Can argue the medical case for delaying an operation without sliding into punishing the patient.
- Notices that smoking is not evenly spread across the population, and is bound up with addiction, stress and income.
- Asks what support the patient has been offered before any decision is taken about them.
- Lands somewhere and says why, rather than balancing forever without ever committing.

NOTE FOR THE INTERVIEWER

Take no side in your face or your voice, because candidates read you quickly on this one. Mark whether they hold the two arguments apart, and whether they can commit to a position when asked.

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	Little evidence	Some evidence	Clear evidence	Strong evidence
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THE NHS AND ITS PRESSURES

What is the difference between the NHS and social care, and why does the gap between the two cause problems?

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- Who pays for each of them?
- Where does that gap show up for a patient lying in a hospital bed?

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

- Gets the basic distinction: healthcare free at the point of use, social care arranged and paid for on a different basis.
- Names a practical consequence, such as somebody medically ready to leave hospital with nowhere safe to go.
- Sees the knock on effect: a bed occupied is a bed unavailable, so the gap shows up in ambulance and emergency waits.
- Mentions who carries it when the system does not, which is usually family, and usually unpaid.
- Says what they are unsure of, rather than inventing a structure that merely sounds authoritative.

NOTE FOR THE INTERVIEWER

Few sixth formers have this clearly, and that is fine. Reward a candidate who admits uncertainty about the funding but can still describe what the gap does to a real patient.

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

COMMUNICATION ROLE PLAY

A friend in your year has said they are thinking of leaving sixth form. They are waiting to talk to you now. Speak to them.

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- What would you do if they asked you to tell nobody?
- Who at school would you want them to speak to?

BRIEF FOR THE PERSON PLAYING THE PART

Your part	You are in the candidate's year. You are behind in two subjects, working most evenings in a shop, and you have decided that leaving is the only way out. You want agreement, not advice. If they listen properly, you admit you have told nobody at home.
Open with	I have made up my mind. I wanted to tell someone before I do it.
If handled well	Admit you have told nobody at home, and agree to speak to your tutor this week.
If handled badly	Say they sound like everyone else, and go flat if they start listing reasons to stay.

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

- Asks what has brought them to this, and listens without arguing them out of it.
- Takes the idea seriously instead of telling them they are being silly.
- Does not promise secrecy they cannot keep, and says so kindly.
- Ends on one concrete step and someone else they could talk to.

NOTE FOR THE INTERVIEWER

Two people run this station: one marks, one plays the friend. Mark the listening, and flag anything worrying to staff, not to the student.

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DATA AND PROBLEM SOLVING

Look at the table. Did the new system work? Say what the figures show and what they cannot settle.

AVERAGE AMBULANCE RESPONSE TIMES, ONE SERVICE, BEFORE AND AFTER A NEW SYSTEM

Category	Before (mins)	After (mins)	Calls per month
1 life threatening	9	7	1,100
2 emergency	41	36	5,800
3 urgent	118	142	3,200
4 less urgent	170	205	900

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

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- The service wants to put out a press release calling this a success. What would you tell them?
- Which category would you be most worried about, and why?

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

- Reads both columns and notices that the change is not in the same direction in every category.
- Sees that the most urgent categories improved while the least urgent got worse, and asks whether that was the intention.
- Wonders what else changed at the same time, since the new system was not the only thing happening that year.
- Asks what period is covered, because a winter month and a summer month are not comparable.
- Separates what the figures show from what somebody announcing them would like them to show.

NOTE FOR THE INTERVIEWER

Print this station page so the candidate can see the table. Mark whether they resist a single headline verdict and can offer a rival explanation for the change.

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PERSONAL INSIGHT

Tell us about a decision you made without enough information. How did you decide, and how did it turn out?

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- What would have changed your decision if you had known it at the time?
- How do you work out when you have waited long enough to choose?

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

- Picks a decision that mattered and where the information genuinely was not available, not one they simply failed to look into.
- Explains how they decided anyway: what they weighed, whom they asked, and what they were willing to risk.
- Is honest about the outcome, including a decision that went badly.
- Distinguishes a bad decision from an unlucky one, which is a distinction doctors live with daily.
- Says what they would carry into the next one, without claiming they would always get it right.

NOTE FOR THE INTERVIEWER

Deciding on incomplete information is most of medicine, which is what this station is really about. Do not let a candidate turn it into a story about research skills: use the second follow up.

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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.

What have you read, listened to or watched about medicine recently, and what did it change in the way you think?

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

From anything you have seen or done, what have you learned about the limits of what doctors can actually do for people?

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

STATION 3 OF 7

ETHICAL REASONING

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What is the difference between the NHS and social care, and why does the gap between the two cause problems?

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

A friend in your year has said they are thinking of leaving sixth form. They are waiting to talk to you now. Speak to them.

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

Look at the table. Did the new system work? Say what the figures show and what they cannot settle.

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STATION 7 OF 7

PERSONAL INSIGHT

Tell us about a decision you made without enough information. How did you decide, and how did it turn out?

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