

Medicine mock interview

A seventh seven station MMI circuit for medicine applicants, built around what the job costs the person doing it. Interviewers do not need to be doctors.

MOCK INTERVIEW 7 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

Someone tells you that medicine is not the job it used to be, and that you are applying about ten years too late. What would you say back to them?

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- Which part of the job do you think has genuinely got harder?
- What would have to be true for you to agree with them?

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

- Takes the claim seriously rather than brushing it off: pay, workload and morale have been in the news for years and the student will have heard it.
- Separates the conditions the work is done in from the work itself, and is clear which of the two they are applying for.
- Draws on something they have actually been told by someone who does the job, rather than a general impression from the news.
- Can disagree with the person and still concede the parts that are true, without the answer becoming an argument.
- Ends somewhere honest, including the possibility that the job is harder than it was and they want it anyway.

NOTE FOR THE INTERVIEWER

Some students hear this line at home every week, so it may be a live argument rather than a hypothetical. Stay neutral in your face as well as your words. A candidate who agrees with much of the criticism and still gives good reasons to apply is answering this well.

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 had to keep something to yourself that you had been trusted with. What did keeping it teach you?

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- Was there a moment you were tempted to tell someone? What stopped you?
- When would keeping something to yourself be the wrong thing to do?

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

- Tells the story without giving the confidence away in the telling, which is itself part of what is being marked.
- Says why it mattered to the person concerned, rather than only that they had been told not to repeat it.
- Is honest about what it cost them: awkwardness, being asked directly, or being left outside a conversation.
- Knows that confidentiality has limits, and that a risk of serious harm gets passed to an adult rather than held.
- Connects it to the work without sounding rehearsed: a patient tells a hospital things on exactly that understanding.

NOTE FOR THE INTERVIEWER

A shop job, a care home, a club or a family all work here, so do not mark the setting. If the student begins handing over the detail, note it quietly: how they tell the story is the evidence. A deliberately vague example is not a thin one.

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

ETHICAL REASONING

A fifteen year old girl asks her GP for contraception and does not want her parents told. What are the issues here, and what should the doctor do?

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- What would you want the doctor to ask her before deciding anything?
- Does it change your thinking if her boyfriend is nineteen?

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

- Names the tension rather than rushing at it: her confidence and her health against her age and her parents' expectation of being told.
- Understands that being under sixteen does not settle it, and that what matters is whether she understands the decision she is making.
- Wants the doctor to explore the relationship and any pressure she may be under, instead of simply prescribing or simply refusing.
- Sees the cost of turning her away, which is that she is likely to go ahead anyway with less protection and nobody to ask.
- Knows where confidentiality stops: if there is a risk of harm this goes to someone senior, and the girl is told that it will.

NOTE FOR THE INTERVIEWER

Students are not expected to know the legal test or to use the word Gillick. Mark whether they keep the girl's welfare in view, weigh both sides and spot the safeguarding limit. Stay unembarrassed, because your discomfort will quickly become theirs.

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THE NHS AND ITS PRESSURES

Why do you think staff leave the NHS, and what would you need in order to still be doing the job twenty years from now?

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- Which of those reasons do you think is the cheapest to put right?
- What could one ward change by itself that would make a difference?

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

- Gives more than one reason: workload and rota gaps, pay, being moved around the country to train, burnout, and work abroad or outside clinical medicine.
- Separates the things a hospital can act on from the ones only national funding and workforce planning can touch.
- Answers the second half personally, naming what they would need: a team, someone they can ask, and time off that is actually protected.
- Avoids the answer that they simply care more than the people who left, which is both unkind and untrue.
- Has some sense that keeping an experienced person is cheaper than replacing them, without pretending to know figures.

NOTE FOR THE INTERVIEWER

Listen for whether they can talk about people leaving without judging them. A candidate who says plainly that they cannot know how they will feel at forty, and then names what would help, is doing the harder and better thing.

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COMMUNICATION ROLE PLAY

You missed a club event you had promised to run, and left someone to cover it alone. Speak to them now.

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- What if they keep saying it is fine when you can see that it is not?
- What would you put in place so it does not happen again?

BRIEF FOR THE PERSON PLAYING THE PART

Your part	You run a club with the candidate. You covered their event alone for two hours and were embarrassed in front of everyone. You are hurt and playing it down. If they apologise properly and let you speak, you say how it actually felt.
Open with	Honestly, do not worry about it. It was fine. We managed.
If handled well	Drop the act, tell them it was humiliating, and accept the plan they suggest.
If handled badly	Stay breezy, say it is fine again, and let the conversation run out. Never angry.

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

- Apologises early and plainly, before any explanation of themselves.
- Lets the other person say how it was, and does not rush past it.
- Owns it without collapsing, which would make the other person comfort them.
- Offers something concrete for next time, and does not over-promise.

NOTE FOR THE INTERVIEWER

Two people run this station: one marks, one plays the person let down. Mark the apology, not the excuse.

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DATA AND PROBLEM SOLVING

Look at the table. What is happening to smoking in these age groups, and what would you want to know before acting on it?

ADULTS WHO SMOKE, BY AGE GROUP, ONE REGION

Year	18 to 24	25 to 49	50 and over
2010	28%	26%	21%
2015	22%	23%	19%
2020	16%	20%	17%
2025	11%	17%	16%

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

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- If you had money for one prevention campaign, which group would you spend it on?
- What could make the youngest group look better here than it really is?

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

- Reads the direction before the detail: every group has fallen, so the story is not one group getting worse.
- Notices that the youngest group has fallen fastest and the oldest least, and asks out loud why that might be.
- Offers more than one explanation: price, indoor smoking bans, advertising rules, vaping, and long-term smokers finding it hardest to stop.
- Sees what the table leaves out, including vaping, deprivation, and whether the same people were asked each time.
- Thinks about who a campaign would land on before choosing, rather than picking the group with the biggest number.

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 it accurately, reason out loud, and say plainly what the figures cannot tell them.

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PERSONAL INSIGHT

What have you had to give up to get to this point, and was it worth it?

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- Who else was affected by that choice?
- What would you not be willing to give up, whatever it cost you?

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

- Names something real and particular, a sport, a job, time with friends, rather than a vague sense of having been busy.
- Is honest about missing it, instead of presenting a sacrifice they are quietly proud of.
- Shows the choice was theirs, or says plainly where money or family circumstances made it for them.
- Has kept something back for themselves, which is the part that suggests they will survive a five year course.
- Answers the second half as well, and is allowed to say that it was not entirely worth it.

NOTE FOR THE INTERVIEWER

Some students have given up a great deal, including paid work their family relied on. Take this one gently and do not press if the answer turns personal. Mark the self-awareness, not the size of the sacrifice.

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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.

**Someone tells you
that medicine is
not the job it used
to be, and that you
are applying
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Take a moment to think before you answer. The interviewer may ask you more.

Tell us about a time you had to keep something to yourself that you had been trusted with. What did keeping it teach you?

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A fifteen year old girl asks her GP for contraception and does not want her parents told. What are the issues here, and what should the doctor do?

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**Why do you think
staff leave the
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**You missed a club
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Speak to them
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Take a moment to think before you answer. The interviewer may ask you more.

**Look at the table.
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**What have you
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