FOR TEACHERS AND CAREERS LEADS

Medicine mock interview

An eighth seven station MMI circuit for medicine applicants, weighted towards care outside hospital and the cost of a decision. Interviewers do not need to be doctors.

MOCK INTERVIEW 8 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

The job will have changed a great deal in twenty years. Which of your own qualities do you think will still matter then, and why those?

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- Which part of a doctor's work do you think a machine will do better by then?
- How would you hold on to that quality on a day when you are tired and behind?

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

- Picks one or two qualities and defends them, rather than reciting every word on a person specification.
- Gives evidence from their own life for each one, so the claim is something more than an assertion.
- Has a view on what changes and what does not: the tests and the tools change, sitting with a frightened person does not.
- Is realistic about technology rather than either dismissive of it or starry-eyed about it.
- Stays modest, and talks about something they have started rather than something they have mastered.

NOTE FOR THE INTERVIEWER

This is a strengths question in disguise, so expect a prepared list at first. Use the follow ups and mark what comes back rather than the list. Naming one quality well beats naming five.

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 someone you met on a placement or through volunteering who has stayed with you. Why that person in particular?

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- What did the people looking after them do well, or badly?
- What do you do with that memory when it comes back to you?

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

- One person, described with enough care that they sound like a person rather than a case to be reported.
- No identifying detail at all: no name, no ward, nothing that would let anyone work out who is being described.
- Says what it was about them that stayed, and can admit it was partly about the candidate themselves.
- Shows feeling without performing it, and does not turn the story into a story about how much they care.
- Takes something usable from it about how they would want to treat a person in that position.

NOTE FOR THE INTERVIEWER

A resident in a care home or a regular at a food bank counts every bit as much as a hospital patient, so do not mark the setting. If the detail starts to identify someone, steer them back gently rather than stopping them.

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 new drug helps a small number of very ill people and costs a great deal for each one treated. Should the NHS pay for it, and how would you decide?

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- What would you say to the family of someone who would benefit from it?
- Does it matter whether the illness is rare or common?

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

- Sees that money spent here is money not spent on someone else, and can say so without sounding cold about it.
- Asks what the drug actually does: a cure, several extra years, or a few better months, because the answer changes everything.
- Wants evidence and a negotiated price rather than accepting the first figure the manufacturer asks for.
- Recognises the case for rare illnesses: if numbers alone decided, those patients would never be treated at all.
- Knows a decision of this kind belongs to a body with a published process, not to one doctor at a bedside.

NOTE FOR THE INTERVIEWER

They do not need to know how NICE works and should not lose anything for not naming it. Mark whether they can hold the individual patient and everybody else in view at the same time, and whether they stay humane while doing it.

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	Little evidence	Some evidence	Clear evidence	Strong evidence
Motivation and insight	1	2	3	4
Communication	1	2	3	4
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EVIDENCE: ONE LINE, IN THEIR WORDS, BEFORE THE NEXT STUDENT COMES IN

THE NHS AND ITS PRESSURES

What does a GP actually do, and why does it matter that the great majority of NHS care happens outside hospital?

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- What can a GP do that a hospital specialist cannot?
- What would happen tomorrow if general practice simply stopped?

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

- Describes the work accurately: short appointments, problems that arrive undiagnosed, and deciding who needs a hospital and who does not.
- Understands continuity, and that knowing a person and a family over years is the thing a hospital cannot copy.
- Names the gatekeeping role without using it as an insult, and sees why any system needs one somewhere.
- Knows the scale: the overwhelming majority of NHS contacts happen in general practice on a small share of the budget.
- Resists the idea that general practice is what people do when they cannot manage hospital medicine.

NOTE FOR THE INTERVIEWER

Most students only know general practice from the waiting room, which is fine. Mark whether they can see the work from the other side of the desk, not whether they can quote numbers at you.

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	Little evidence	Some evidence	Clear evidence	Strong evidence
Motivation and insight	1	2	3	4
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EVIDENCE: ONE LINE, IN THEIR WORDS, BEFORE THE NEXT STUDENT COMES IN

COMMUNICATION ROLE PLAY

A classmate keeps putting off a form that closes on Friday, and will miss out if it is late. Speak to them now.

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- What if they told you they did not expect to get in anyway?
- How would you leave it if they still refused to start?

BRIEF FOR THE PERSON PLAYING THE PART

Your part	You are in the candidate's year. You have not done the form because you are certain you will be rejected and would rather not find out. You make excuses about being busy. If the candidate is kind and not pushy, you admit the real reason.
Open with	I will do it tonight. I know, I keep saying that.
If handled well	Admit you think you will be rejected, and agree to start it with them now.
If handled badly	Agree cheerfully to everything, mean none of it, and change the subject.

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

- Asks why it has not been done before pushing, and listens to the answer.
- Hears the fear behind the delay rather than treating it as laziness.
- Makes the next step small, and offers to do part of it alongside them.
- Leaves the decision with them, without nagging or taking it over.

NOTE FOR THE INTERVIEWER

Two people run this station: one marks, one plays the classmate. Mark whether they listen before they persuade.

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DATA AND PROBLEM SOLVING

Look at the table. A thousand people take this test. What does a positive result actually tell the person who gets one?

A SCREENING TEST USED ON 1,000 PEOPLE

Result	Has the illness	Does not have it	Total
Test positive	18	97	115
Test negative	2	883	885
Total	20	980	1,000

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

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- How would you explain that to someone who has just opened a positive result?
- What would you want to know about what happens after a positive result?

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

- Reads the table before reasoning from it: twenty people in the thousand have the illness, and one hundred and fifteen test positive.
- Gets to the point that most positive results here are wrong, whether or not they can put a number on it.
- Sees that the test also misses two people, so a negative result is not a guarantee either.
- Notices what a false positive costs the person: weeks of worry, further tests, and sometimes treatment they never needed.
- Talks about the person receiving the result, not only about the arithmetic in front of them.

NOTE FOR THE INTERVIEWER

Print this station page so the candidate can see the table. The arithmetic is not the point and no calculator is needed. Mark whether they see that most positives here are false, and what that means for the person holding the letter.

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

PERSONAL INSIGHT

What would your closest friends say is your most annoying quality?

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- When did it last cause an actual problem?
- Have you tried to change it, and how did that go?

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

- Names something genuinely annoying, rather than a strength in disguise such as caring too much or being a perfectionist.
- Says something a friend would actually recognise, and puts an example next to it.
- Understands the effect it has on other people, instead of treating it as a private quirk of their own.
- Is honest about whether they have changed it, including saying plainly that they have not.
- Can laugh at themselves without turning the whole answer into a joke to get out of it.

NOTE FOR THE INTERVIEWER

Expect a disguised strength first. If you get one, use the first follow up, because the example is where the honest answer lives. Do not reward the opposite extreme either: a student listing their faults at length is not scoring higher.

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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

The job will have changed a great deal in twenty years. Which of your own qualities do you think will still matter then, and why those?

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

STATION 2 OF 7

WORK EXPERIENCE AND REFLECTION

Tell us about someone you met on a placement or through volunteering who has stayed with you. Why that person in particular?

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

STATION 3 OF 7

ETHICAL REASONING

A new drug helps a small number of very ill people and costs a great deal for each one treated. Should the NHS pay for it, and how would you decide?

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

What does a GP actually do, and why does it matter that the great majority of NHS care happens outside hospital?

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

A classmate keeps putting off a form that closes on Friday, and will miss out if it is late. Speak to them now.

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

Look at the table. A thousand people take this test. What does a positive result actually tell the person who gets one?

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

What would your closest friends say is your most annoying quality?

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