ACE YOUR MEDICAL SCHOOL INTERVIEW

2021 EDITION

A comprehensive guide to medical school interview preparation

WE ARE MEDICS

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Survey + disclaimer

Survey

A survey is available here, this will allow you to leave a short review on the quality of the eBook.

Completing this survey is a way of supporting us, and we can use the results to secure more funding, which will allow us to create more exciting opportunities for you.

Please complete it **after** you have completed after you have heard back from a university after an interview!

Disclaimer

This advice is based on personal experience, and we cannot guarantee interview success based on it. However, as current medical students we believe it is high quality information.

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Introduction: Medicine Interviews

There are three main types of interview for Medicine and Surgery courses: multiple mini interviews, panel interviews and Oxbridge interviews. Each style of interview is designed to broadly assess applicant's qualities, motivation and understanding of a career as a doctor.

Types of Interviews

Multiple Mini Interview (MMI)

Multiple mini interviews are the most common type for medicine courses in the UK, being used by about three quarters of UK medical schools. Multiple mini interviews get their name from their structure; they are broken down into **multiple stations** which each last approximately 10 minutes from start to finish. Usually an MMI will consist of around 10 stations, although this varies from one medical school to the next. Interviews will often last for around 2 hours. However, for the 2021/2022 entry many of the universities are planning to hold interviews online, and so they are likely to be shorter and have slightly fewer stations.

Each station is completely independent from the next and is designed to assess the qualities which each medical school identifies as important in medical students and doctors. Candidates have a short period of time at the start of each station, during which they will **receive a scenario or question** and have the opportunity to prepare an answer. This time also serves as a short break to relax between the stations and clear your head. The common MMI stations will be detailed later in the eBook.

Panel Interview

Some medical schools use panel interviews, which are more traditional in style than multiple mini interviews. There are usually two or three interviewers, the

panel may include admissions officers, doctors, nurses, lecturers, medical students, or anyone else that the interviewers deem appropriate. The interviews typically last between **20-40 minutes** and are **one long interview** rather than multiple mini stations. The interview may be **structured with specific questions** or may be semi-structured, which means the interviewers will use your answers to develop further questions, making the interview more conversational in style.

Oxbridge Interview

Oxbridge interviews are very similar to panel interviews, in that you will typically have a couple of people interviewing you continuously. However, for Oxbridge you will often have more than one interview, each with a slightly different emphasis on the content of the questions. There is usually one interview for predominantly scientific questions and another interview with more general questions. There can, however, be a reasonable amount of crossover. The questions are designed to assess your **logical thinking** and your method of approaching and solving problems. It is likely that for 2021/2022 admission the interviews will be held online.

2021 Update - Online interviews

COVID-19 and social distancing are impacting all of our lives. Medical school interviews are yet another activity which are likely to 'go virtual' in 2021. Some medical schools have confirmed that they will be interviewing online in 2021/22 (such as the University of Glasgow and St George's). If you are in doubt about whether the medical schools you are applying to are using online or in-person interviews, the best bet is drop them an email to confirm.

Within the class of '**online interviews**' there are still different types of interviews. Some medical school interviews will be 'live' using a platform such as Skype, Zoom or Teams, to run online **MMI or panel interviews**. However, the Medical Schools Council suggests that some medical schools will use '**asynchronous interviews**'. This is where you record yourself answering questions, and these videos are then sent to the medical school admissions team for review. Find further guidance from the MSC here, with specific guidance on how to prepare for online MMIs too.

Setting up the tech

In order to participate in online interviews, you will need a **device with a camera and microphone.** If you do not have a suitable device, please reach out for support. Ideas of people to contact include your school or college – who may be able to lend you a device, or the medical school you are interviewing at – who may also be able to lend technology. Likewise, if you are concerned that you do not have **stable WiFi**, please reach out for support from your school, college or the institution you are interviewing at.

Medical schools are committed to supporting students from all backgrounds. Your ability to access technology, WiFi or a quiet environment should not stand between you and your medical school acceptance. If you are worried that these issues will affect you, please flag them early to your school/ college and medical school and ask them what support they can offer you.

Preparing for an online interview

Most of the advice about preparing for in-person medicine interviews will translate to online interviews.

The key way to prepare for an online interview is to practice! You can create a free Zoom account and set up a 'practice interview' meeting. Within Zoom settings you can set the video call to record, I would highly recommend this because it will allow you to review your interview technique and consider what your interviewer will see. Also, when answering questions try and look directly into the webcam!

Read ALL the emails that the medical schools send to you – these will include valuable information about the **structure of the online interviews,** the **software** that will be used and the joining instructions. If they suggest you test the software before the interview, it is VITAL that you do this! Likewise, if they require you to bring ID then make sure you have this ready on the day. Some universities post interview updates and guidance on their websites, such as University of Keele's applicant's area – make sure to stay on top of these by checking the pages regularly.

There is further guidance on preparing for an online interview in the **'Night before and morning of'** section of the ebook.

Background Knowledge

NHS

A Brief History

The NHS was set up in 1948 in the wake of the second world war with the purpose of providing free universal healthcare. Prior to its creation, patients in the UK would usually pay out-of-pocket if they needed to access healthcare. In the 1930s there was a movement to local authorities running services, for example the London County Council had responsibility for over 100 hospitals in its jurisdiction. However, there was **no centralised system** and the scope of public healthcare coverage varied across the country.

From its first days, the NHS was designed to be **taxpayer funded** and **free at the point of delivery**. Crucially, it was **available to everybody**, whether they contributed to national insurance or not.

The NHS Constitution

The NHS has a constitution which sets out the principles and values that it bases its healthcare provision on. As an institution, the NHS is constantly adapting as medical science advances and society changes. However, these principles and values protect the NHS and ensure it keeps the same purpose over 70 years after being founded.

There are **six NHS values** which seek to give patients the best quality of care, in addition to **seven guiding principles** which set out the NHS' duties as a public service. These are listed below as stated on the Health Education England (HEE) website.

Values

- Working together for patients
- Respect and dignity
- Commitment to quality of care
- Compassion
- Improving lives
- Everyone counts

Watch this HEE video series for a brief explanation of each of these values.

Principles

1. The NHS provides a comprehensive service, available to all
2. Access to NHS services is based on clinical need, not an individual's ability to pay
3. The NHS aspires to the highest standards of excellence and professionalism
4. The patient will be at the heart of everything the NHS does
5. The NHS works across organisational boundaries
6. The NHS is committed to providing best value for taxpayers' money
7. The NHS is accountable to the public, communities and patients that it serves.

Structure and Organisation

The **Health and Social Care Act 2012** shaped the NHS into the structure it operates with today. The NHS in each country of the United Kingdom oversees healthcare and is independent to the government, although the Department for Health is responsible for funding and healthcare policy. This means that the NHS relies on the government allocation for its budget, but it can then make its own decisions about how to spend this money.

Within the NHS, local healthcare services are divided up into **Clinical Commissioning Groups (CCGs)**. These are run by healthcare professionals

(including nurses, GPs and hospital consultants) who are responsible for assigning the budget to services that are needed in their area. NHS Foundation Trusts are commissioned by the CCGs to provide care.

The **NHS is devolved** so that each country of the United Kingdom is responsible for running their own healthcare service. It is very important that you are aware of the structure of the NHS in the country of the medical school you are interviewing at. Make sure you are aware of particular challenges that the healthcare service may face in the local area, as this is where you would receive your clinical training.

This is part of a movement to give back some of the power held in Westminster to each country, so they had **more control over their own national governance**. Scotland, Wales and Northern Ireland now receive an allocation of funding from the UK Parliament and it is then up to the national government to choose how to spend this money, including what proportion to use for the NHS budget. Spending on NHS England remains the responsibility of the UK Parliament, as England does not have its own devolved government.

There is a movement to devolve further such that regions would take charge of health and social care. The first of these movements has been underway in Greater Manchester since a devolution agreement was signed in 2015.

The advantage of devolution is that **healthcare services can be tailored to the local population**, with the hope this will improve wellbeing. An economic argument is that local areas will become more productive if people have fewer sick days and retire at an older age.

However, there are concerns that devolved healthcare services would be **more vulnerable to local financial difficulties**, and that it may be unwise to attempt such a large-scale reorganisation of the NHS is the midst of increasingly stretched budgets. The NHS, as the world's fifth largest employer, already has hugely complex operations and decreasing the amount of centralised control may only add to these pressures.

NHS England

This video gives a comprehensive overview of how the NHS is structured in England.

NHS Wales

You can learn more about NHS Wales here.
A key difference to NHS England is that the devolved administration in Wales have not adopted the prescription charge that patients in England pay (although there are many exemptions in England). Consider the difficulties of providing healthcare to remote rural areas, or the importance of the air ambulance in mountainous areas such as Snowdonia. Wales also has Welsh as an official language so the NHS must make provisions for this, and there are parts of Wales where Welsh may be a patient's only language, or where children do not learn English until they start school.

NHS Scotland

You can learn more about NHS Scotland here.
Healthcare spending per capita is the highest in Scotland compared to the other three nations. The country also benefits from more GPs, nurses and midwives proportionally to its population when compared to the UK as a whole. The greater number of GPs may lessen the strain on secondary and emergency care services in Scotland. This is reflected in Scotland having the lowest A&E attendance and the shortest waiting times of all four nations. Like in Wales, they must provide care to some very remote and mountainous areas.

Health and Social Care Northern Ireland

You can learn more about HSCNI here.

Unlike the NHS in the rest of the UK, in Northern Ireland healthcare is integrated with social care into one service. Prescriptions are free here, too. There are five CCGs which cover the same areas as the five trusts which they commission to provide health and social care. Ambulance services are under a separate trust (Northern Ireland Ambulance Trust) which covers the whole country.

Long Term Plan

In the beginning of 2019, the NHS published its new long-term plan which details how the service will run over the next decade and what its ambitions are for this time period. It builds on from the Five-Year Forward View, which in 2014 prioritised preventative care and gave power to GPs to make decisions about funding by the creation of Clinical Commissioning Groups (CCGs).

The goals of the long-term plan can be summarised as:

- To base care on **individual's needs**
- Improve the quality of **community healthcare services**
- Make services more accessible, including bringing them closer to people's homes and providing online GP consultations
- A focus on **cancer,** particularly preventing deaths by earlier diagnosis
- Supporting patients to **self-manage their long-term health conditions**
- Focus on **preventing illness** to reduce the demand for treatment in the future
- Address the **issue of short staffing** by training more new healthcare professionals

Budget

The Department of Health and Social Care in England planned to spend £140 billion this year (2019/20). 95% of this is allocated to the daily running of

healthcare services, e.g. the costs of medications and staffing. The rest (£7.1 billion) is for investments into the future, e.g. buildings and new technology.

In the aftermath of the 2009 recession, there has been only 1% growth in the NHS budget year on year. This austerity funding came at a time when the NHS needed to expand its services to support an ageing population and improve the quality of care for all patients. The King's Fund, an independent healthcare think tank, has suggested that the NHS actually requires a budget increase of 4% per year.

More healthcare spending in the future has been promised. The Prime Minister declared that by 2023/24 the spending on NHS England would increase by £33.9 billion compared to 2018/19. However, when inflation is taken into account, this is still not enough to allow the NHS to deliver better care.

Read further about funding for the NHS in this open letter by the King's Fund.

Medical Ethics

What is medical ethics?

As a prospective medical student, you will have a desire to help people and to make decisions that will benefit your patients and wider society. However medical decision making is not always straightforward, and simply having the intention to do the best thing for your patient will not always make it clear on which action is the right one to take. This is where medical ethics, and the principles behind it, can act as a guide.

Medical ethics is very important, as it applies to every clinical decision you will make as a medical student on placement, and later as a doctor. Some ethical decisions are fairly straightforward, whereas others can involve different medical ethics principles (outlined below) that can clash and contradict each other. Unlike most other things is medicine, there isn't always a right or wrong answer in ethical scenarios! This can make medical ethics challenging, but also very exciting, and why it is a great subject for medical schools to assess you on when it comes to the interview.

There are **key ethical principles that can guide decision making**, and we shall go through them in this chapter. In your interview, you should discuss arguments in ethical situations by supporting them with these ethical principles. Combined with your own knowledge and logic, these can help you decide which course of action to take when faced with ethical issues.

The Four Pillars of Medical Ethics

The four pillars of medical ethics are beneficence, non-maleficence, autonomy and justice. Together they make up a framework that can be used to decide the best action to take in any given scenario.

Beneficence

Put simply, 'beneficence' means to '**do good**'. Following this principle, when making a decision you should evaluate what would be best for the individual involved (thinking of the individual holistically) and weighing up the benefits versus the risks of any possible action.

Non-maleficence

Following on from beneficence, the focus in 'non-maleficence' is to '**do no harm**'. To uphold this principle, whatever course of action you chose to take must not cause harm to the patient - either directly (e.g. giving a patient an incorrect drug) or indirectly (e.g. through omission or neglect).
Beneficence and non-maleficence are often thought of together - when choosing the action that you think does the most 'good', you are automatically seeking to avoid harm.

Example: Beneficence and Non-Maleficence

Grace is 16-year-old. She needs an injection before she travels abroad but is terrified of needles. Your colleague has already tried to give her the vaccination, but Grace became so upset they gave up. What should you do?

Explanation: Although this may seem very trivial, this example demonstrates that to follow the principle of beneficence does not always mean that the patient will be happy with your actions. In this scenario you will have to find a way to give Grace the injection as it is in her best interest in terms of medical need, despite her fear of needles and any animosity she shows you for giving it to her. In terms of non-maleficence, you could justify not giving her the injection as by doing so you are causing harm in the form of distress.

Autonomy

Patient autonomy is a key concept in medicine, and the autonomy of individuals must always be considered in any ethical scenario. Ultimately, **it is up to the patient to make decisions regarding their own treatment (although there are notable exceptions to this rule, when patients do not have the capacity to make decisions for themselves)**. This is because patients have a right to control what happens to their bodies. However, for patients to make these decisions, we need to provide good explanations of medical issues and treatments available (and the advantages and disadvantages of all treatment options).

Example: Autonomy

A 32-year-old male attends A&E after getting into a fight. He has some cuts to his arms, a large bruise on his head and claims that his attacker hit him on the head with a bat. However, after explaining that you would like to arrange a scan of his head to look for any damage the patient becomes verbally abusive, refuses the scan and states that he wants to leave. What should you do?

Explanation: In this scenario, it is assumed the patient is competent and has capacity to make decisions. Therefore, respecting his autonomy, you cannot stop him from leaving, but you should have tried to explain the importance of having the scan and the risk of him leaving without proper medical assessment and treatment.

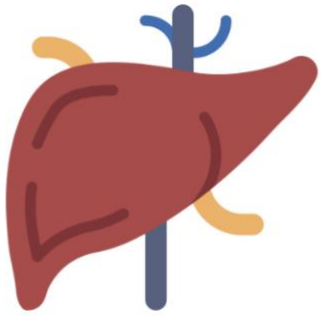
Justice

Justice essentially means behaviour that is 'morally right and fair'. The principle of justice has particular relevance when it comes to the issue of limited **resources and rationing in healthcare**. In this case, being fair means the **equitable distribution of resources**.

When thinking about the fair distribution of a limited resource, there are four other principles to consider - **clinical need, maximising utility, fairness and just deserts** (prioritising the most deserving).

Example: Justice

Jenna is a 24-year-old nurse. She is a single mum to two young children. She has an autoimmune disease which is causing her liver to fail and is waiting for a liver transplant. If she gets a transplant, she will require a long period of recovery.



Mark is a 60-year-old alcoholic who is also waiting for a transplant after years of drinking have caused liver failure. He has been told he will die if he doesn't stop drinking. He has struggled but has been teetotal for 3 weeks. He has a wife and a 10-year-old daughter. He has set up and helps to run a charity supporting homeless people.

There is only one liver available, that is compatible with them both. Who should you treat?

Explanation: This is a great medical ethics example where **there is no correct answer,** but you can use the principle of justice to justify your answer.
In terms of clinical need, both Jenna and Mark have liver failure and require a transplant. Mark may die sooner, but Jenna will also eventually die of liver failure or a complication if she doesn't receive a transplant.

What about maximising utility? Jenna is a nurse, and after the transplant and recovery period she will be able to go back to her job looking after patients. On the other hand Mark runs a charity, which reaches a large number of people and has a beneficial impact on the area it works in. Supporting homeless people to find a house and a job will create further benefits to society. Both Jenna and Mark have jobs which help others.

‘Fairness’ can mean different things - you may say it is fairer to give the liver to Jenna as she is younger and has two dependents, or fairer to give it to Mark as has a family who may depend on him, a charity which helps many people and may have a better chance of recovery post-transplant, provided he stops drinking.

Now, ‘just deserts’ - Jenna inherited her condition, whereas Mark developed liver failure due to his alcohol addiction (a self-inflicted cause). Jenna had no role in causing her disease, but you do not know what led Mark to start or continue drinking.

Working through the principle you can justify giving the liver to either Jenna or Mark. **Most importantly, you need to consider each argument and justify your thought processes during your interview**.

Other Important Concepts

Deontology

Deontology is an ethical ideology which focuses on the **duties and rights of individuals, and what their obligations are in a given scenario**. It is often referred to as ‘duty-based ethics’. Following this principle means adhering to rules, regardless of what the consequences of such actions are.

Utilitarianism

The principle behind utilitarianism is that the best action to take is the one that **benefits the greatest number of people** i.e. the action which produces maximum benefit for the maximum number.

Consequentialism

Using the concept of consequentialism, the correct action to take in a given ethical scenario is the one that has the **best consequences** (regardless of how this is achieved). It can be summarised by the saying 'the ends justify the means' i.e. as long as the outcome is beneficial, the actions taken to achieve it do not matter.

Modern Ethical Issues in Medicine

Charlie Gard

The case of Charlie Gard was widely reported in the media, and demonstrates the conflict that can arise between patients and doctors regarding difficult medical cases, in which complex ethical and legal questions arise. Charlie Gard was a baby who was born with a very severe form of a rare genetic condition, known as 'mitochondrial DNA depletion syndrome', or MDDS. MDDS has no cure. This syndrome causes progressive muscle weakness due to the body being unable to produce energy properly. At the time of Charlie's diagnosis, he was paralysed, requiring a machine to breathe and his major organs (heart, liver and kidneys) had been affected.

The doctors looking after him at Great Ormond Street Hospital (GOSH) in London felt that his prognosis was extremely poor, and questioned whether keeping him alive on life support was the correct thing to do. Ethics committees at the hospital decided that his quality of life was so poor that a procedure known as a tracheostomy should not be performed and Charlie should not receive long term ventilation. Charlie's parents disagreed and had found treatment in the US for a less severe form of MDDS (called 'nucleoside therapy'), that they wanted GOSH to try. Unfortunately Charlie's condition worsened, and he had begun to have epileptic seizures.

After further tests showed Charlie's brain was severely affected by MDDS, doctors at GOSH decided that they would not be able to try nucleoside therapy, and that any treatment at this stage would be 'futile' and would only prolong Charlie's suffering. Here is where the *ethical and legal problems arose* - both the doctors and Charlie's parents wanted what was *best for Charlie* (adhering to the principle of *beneficence*), but whereas the doctors wanted to stop treatment, his parents believed that continued life support and a trail of experimental therapy was in Charlie's best interests.

When no agreement could be reached, the care went to court. Legally a UK court can make decisions in a child's best interests if there is disagreement, as in this case. The judge looked at Charlie's quality of life, whether the nucleoside treatment could improve his quality of life and the cost of the treatment.

What are the ethical issues involved?

The main ethical issues centered around whether it was in Charlie's best interests to be kept on life support and to receive the nucleoside treatment his parents were advocating for. Consideration had to be given to whether the treatment would cause more harm to Charlie than good (weighing up risks versus the benefits of treatment). Other ethical issues were as follows:

- If Charlie was allowed the treatment, would he have been allowed to travel to receive it (sometimes called 'medical tourism')?
- Would Charlie's life, in the medical state he was in, be one that was worth living? Would the answer to this question be different if nucleoside treatment was given and achieved some improvement in his quality of life?
- To what extent should the opinions and interests of his parents be taken into account?
- The cost of treatment was not an issue in this case, but if it had been, should treatment have been denied on the basis of limited resources and the principles of distributive justice?

Conclusion and Considerations

After the initial court case and several appeals, GOSH withdrew all treatment and provided palliative care to Charlie until his death.

Cases like Charlie's, where medical professionals and parents disagree on what is in the best interest of a child, are complicated and emotionally difficult. There are many factors and issues - both legal and ethical - to consider. Using the four pillars and ethical principles outlined above, justify the conclusions you would come to in regards to this case.

Euthanasia

Definitions

In the UK, it is currently illegal for doctors to perform killing (euthanasia) or assist death (otherwise known as physician assisted dying). However, certain actions which may eventually lead to the death of a patient are legal, such as withdrawing treatment, withholding treatment, providing necessary pain relief and terminal sedation (in which palliative patients are deeply sedated to relieve their distress during the dying process, and which does not shorten their life).

In terms of euthanasia, it can be categorised into 'voluntary' (a competent patient requests to die), 'involuntary' (the patient is competent, but is given euthanasia without being asked) and nonvoluntary (a patient is not competent and receives euthanasia).

Ethical issues

These ethical and legal issues only really come into play should the law in the UK change. Voluntary euthanasia has been considered several times in

Parliament. In 2015, MPs in the House of Commons rejected an Assisted Dying bill. Another Assisted Dying bill is currently going through the House of Lords.

The main ethical issues:

Autonomy: Does autonomy enable us to demand the right to euthanasia?

Beneficence: Can be justified using beneficence as this action seeks to alleviate the patient's pain and suffering

Non-maleficence

- A doctor should 'do no harm' to patients - this action directly causes the death of a patient.
- A counter argument could be that more harm is caused to the patient by not fulfilling their wish of a good death.

Capacity

- Another ethical issue in its own right. The patient's capacity to make this decision would have to be thoroughly assessed. However, there are issues with *how* capacity is assessed, particularly if a patient has co-morbidities which may be interfering with their decision-making process.

Abortion

Definitions

Abortion is legal in the UK, provided it follows certain legal requirements. The Abortion Act 1967 states that abortion can be carried out if it is in the first 24 weeks of pregnancy, and two doctors agree that one out of four grounds apply:

i. Continuation of the pregnancy would involve a greater risk to the pregnant woman's physical or mental health, or that of any existing children, than termination

ii. Abortion is necessary to prevent 'grave permanent injury' to the pregnant woman
iii. Abortion is necessary to save the life of the pregnant woman
iv. There is 'substantial risk' that the child will be born seriously handicapped

Ethical Issues

Autonomy: Respecting the principle of autonomy, patients should be allowed to have an abortion if the feel that is in their best interests

Beneficence:

- Using this principle, abortion can be supported if it will alleviate suffering or prevent negative consequences (e.g. the mental / physical suffering of existing children)
- In foetuses with severe deformities, who have a poor prognosis and are likely to have a poor quality of life, this may be the most 'good' action to take

Non-maleficence

- If any harm may come to the woman (or her children) if the pregnancy is continued, abortion can be justified using this principle.
- However, this action directly causes harm to the foetus.

Sanctity of Life

- Used by many as an argument against abortion.

Organ donation

Definitions

The organ donation system in England changed on the 20th May 2020 from an opt-in system to an opt-out system. This means that all adults become organ donors unless they are in an excluded group or they have opted out of donating.

Ethical Issues

Debates around transplantation often centre around the issue that demand is greater than supply - there are a limited number of organs, and a large number of people waiting for a transplant. Every day in the UK, a patient on a transplant list dies waiting for an organ. Arguments about which is the best system to sue for organ donation often occur and are particularly topical with the recent change.

When justifying different systems for organ donation, make sure to consider each using the four pillars:

Autonomy

- An individual has the right to decide what happens to their body, and this includes whether they wish to donate their organs after their death. This idea is used to support both the opt-in and opt-out model of organ donation.
- In the previous opt-in system, surveys showed that 65-90% people supported organ donation, yet only 25% were part of the organ donation register. The principle of autonomy was used to support an opt-out system, as previously people's wishes were not being upheld.
- Another option for transplantation is that no one has any choice and all organs are donated - the principle of autonomy could be used to support this by saying that the dead lack autonomy and personhood.

Beneficence

- Often used to support the opt-out method, as it increases the number of organs available in a fair way.

Non-maleficence

- The donor is dead, but the donor's family can come to 'harm' if they strongly disagree with the organs being donated. Most families do not consent to organ donation if they do not know what their family member's wishes were regarding donation.

Justice

- Transplants are more cost-effective than alternative medical treatments (e.g. kidney dialysis). Limited resources and budgets could be used to benefit more patients and provide other treatments if more people receive transplants.

Useful Resources

- The Medic Portal - Link 1, Link 2
- BMA website
- Medical ethics: principles, persons, and perspectives: from controversy to conversation
- Ethics, conflict and medical treatment for children: From disagreement to dissensus
- Hard lessons: learning from the Charlie Gard case

YouTube Videos:

- Series on Medical Ethics
- Charlie Gard - Medical Law and Ethics
- Medical Ethics in interviews
- Medical Ethics and Law at the end of Life
- Legalising Assisted Suicide? Medical Ethics and Law

Junior Doctor Contract

One of the biggest medical topics of recent times was the dispute over the Junior Doctor Contracts which led to **nationwide strikes** across departments in 2015 and 2016. As an applicant to medical school, it is important to consider the impacts of the talks surrounding Junior Doctor contracts on the NHS and General Practice specifically. This section will explore the events leading up to these disputes, as well as key questions you should bear in mind for your interviews.

What led to the dispute surrounding the Junior Doctor Contracts?

The original junior doctor salary scheme had been in place since the 1990s. In 2013, the Health Secretary, Jeremy Hunt, had said that the contracts were unfair and outdated. The government also wanted to ensure that doctors did not work more than 72 hours in a 7-day period, in the aim of reducing burnout and enhancing patient safety. On these premises, the government had a very thoughtful and carefully prepared plan to support junior doctors.

As part of the Conservative's Government to make a '7-Day' NHS system, they wished to hire doctors to work more unsociable hours at lower rates. The new contract increased standard working hours to include working Monday to Saturdays 7am to 10pm. This change would allow employers to include more unsociable hours in the base contract.

The original base-line junior doctor salary was around £23,000. Though it seemed like a small amount, it did not include bonuses for doing locum work, or working unsociable hours. With bonuses considered, it would rise above £30,000 comfortably. In addition, though basic pay increased by 13.5%, the inclusion of unsociable hours into the contract led to a real-world decrease.

It is also important to bear in mind what is considered as 'junior' in this context. 'Junior' can refer to someone who has just graduated, all the way to those who are in ST8 or CT3 training. This means an individual with 9 years working

experience, could be considered a 'junior'. As a result, this also affected the **speciality training pay scheme**.

Individuals on different stages of their career would have had a year by year pay rise. Under the proposed contract, the individuals would be tied down to a nodal point which was based upon a set rank and not experience for the base-line amount. For individuals who were completing short-training programs, such as GP training or Psychiatry, this meant they saw their pay rises earlier on in their career but, individuals in long-run through training, going from ST1-ST8 would have to wait up to 4 years in some cases to see a pay rise.

It is also important to note that undersubscribed specialities, such as General Practice, allowed junior doctors to obtain the Flexible Pay Premia. This allowed individuals to gain £20,000 per trainee, aimed at pulling doctors towards specialities which have lower numbers – research about GP numbers falling to get a reason why this scheme exists.

For more information about the Junior Doctors' Contract and what was proposed, please click here.

The Strikes

By July of 2015, negotiations had begun over the contract. By August of 2015, it had been made clear the British Medical Association, the BMA, and the government had been unable to move forward with talks. The BMA stated that the offer was unacceptable whilst the government threatened to impose the then new junior doctor's contract regardless.

What led was a **mass protest** by junior doctors. By November of 2015, the BMA carried out a vote on whether to take strike action or not, with **98% of doctors voting in favour of a strike**. Throughout January of 2016, a series of strikes were called, leading up to a full all-out strike by doctors within the NHS in April 2016. Unlike previous strikes, this involved those who were in A&E.

By May of that year, an amended contract was released which was voted down by the BMA members. As little to no progress was made, the government imposed the contract, claiming it was a good deal for both sides, despite there still being issues regarding pay and working hours for foundation doctors. In September, a group of Junior Doctors took the government to court over the contract, stating the imposition of the contract was not legal. This challenge

was thrown out but issues that were brought up were addressed in the 2018 review of pay.

Source(s):

- BBC News - Junior doctors' row: The dispute explained
- NHS Employers - Junior doctors' contract offer - what it means for you

Outcomes:

In June 2019, it was formally announced that the negotiations had come to an end as a new improved contract ended the four-year-long dispute. The contract benefitted around 40,000 junior doctors in England, note that Scotland, Wales and Northern Ireland work on separate plans to England.

The improved deal included a pay rise averaging 2% each year for the next four years, starting in 2020, increases to weekend and night shift pay as well as improvements in rest and safety entitlements, with no charges being given to doctors keeping their car parked overnight at the hospital if they were too tired to drive home.

Though not all BMA members were happy, it did show a significant move towards an improved contract for doctors, one with more assurances and a better structure of pay and conditions for most parties.

Going Forward

With the COVID-19 Pandemic likely to be around for a while longer, it is expected that doctor's contracts are likely to come up again. With an arguably small pay rise equivalent to £15-£24 being announced for doctors, and real-world pay decreasing, expect more contract negotiations and even strikes in the future.

In addition to this, the recent consultant dispute over pay, due to limits being put forward for their pension will likely bring tensions up again as a new generation of individuals take on leading roles for their hospitals and their areas. With only 30% of individuals who complete the foundation program now going onto immediate speciality training, expect more incentives to come and changes to working conditions for all health care specialists.

Questions to consider for the interview?

- What do you know about the Junior Doctor contract dispute?
- How do doctors get paid in the NHS? How does this compare to other countries?
- What challenges do Junior Doctors have when in foundation training?
- How do you think a Junior Doctor contract will look in the future?
- Do you think the 2019 Junior Doctor contract was fair for the doctors?
- Should doctors ever go on strike?
- Were doctors right to strike in 2015? What impact do you think the mass protests had on the NHS and delivery of patient care?

Public Health

Public Health is defined by the **UK Faculty of Public Health** as being 'The science and art of promoting and protecting health and well-being, preventing ill-health and prolonging life through the organised effort of society'. Public health seeks to target healthcare at the population level more so than the individual. In the UK, the first Public Health Act was passed in 1848 in response to another Cholera outbreak. The rationale behind this Act was economical; if more people are healthy then they would rely less on the state and in the long term this would save money and prove to be cost-effective. This has transcended to current policy, and has become more and more vital in our modern NHS most recently highlighted by its fundamental role in the COVID-19 pandemic.

Prior to COVID-19 Public Health was still a fundamental branch of medicine, with some key examples being **vaccination programmes**, **fluoridation of our water**, **family planning** and the **banning of smoking in public places**. Although public health is internationally adopted, we will focus on the situation in the UK. Despite the UK being a developed nation, with low infant mortality and increasing life expectancy, there is room for improvement.

Why is Public Health important?

We have identified and explained three long standing issues , which emphasise the importance of Public Health in the UK.

1. **Health inequalities still exist in the UK.** Although health has overall across the population improved, the distribution of health has not been equal. So not everyone has experienced the same improvement in health, this can be seen geographically and socio-economically. For more information about exiting health inequalities in the UK, please see here.

2. **Our spendage on healthcare is rising** and this cannot be sustained. This means we must spend more on preventive or primary care interventions to mitigate spending on treating pre-existing illness. This will also improve quality of life as well as extending life.

3. The factors that are associated with poor health are often due to **lifestyle factors such as high BMI, high BP** and high fasting plasma glucose. These issues can often be tackled by public health.

There are core principles to public health, and despite the existence of different organisations across the devolved nations in the UK, their principles are universal. The three pillars of UK public health are detailed below:

1. **Health Protection**: This includes protecting people's health for example from environmental or biological threats such as food poisoning or radiation.

2. **Health Improvement**: This involves improving people's health for example helping people to quit smoking or improving their living conditions.

3. **Healthcare Public Health:** This is ensuring that health services are the most effective, most efficient and equally accessible to all

In order for public bodies to decide on suitable public health policies and interventions they must weigh up certain factors to decide what would be the most beneficial in the most sustainable way. In order to make these choices, the following factors underpin most decisions:

1. **The needs of the population,** and differential needs within it, as well as the relative importance of the problem for example equity equality and social justice.

2. **The evidence about cost-effectiveness** of different interventions to include effectiveness , efficacy and opportunity cost.

3. **The values of the population** and the ethical basis of those values to include principles such as autonomy, consent and participation.

Public Health Policy

For your medical interview it is important not only to understand what public health is and its importance in the future of a sustainable NHS, you should be able to identify some policies. The policies below are some examples you could familiarise yourself with, but is not an exhaustive list by any means.

Obesity

- In 2015 63% of adults were overweight.
- The prevalence in the UK has increased from 14% to 26% between 1993 and 2015.
- 28% of children are obese or overweight aged 2 to 15 years old.
- Children are becoming obese earlier in age.
- Obesity costs wider society £27 billion and spending on obesity and obesity related diseases is continuing to grow.
- Obesity causes an increased risk of other diseases such as diabetes, cancer, heart disease ect.

Sources:

Health Survey for England 2015

- Adult overweight and obesity
- Children's body mass index, overweight and obesity.

Example: Change4Life

This campaign aimed to tackle rising obesity rates through a targeted campaign to improve diet and increase exercise in families with young children. This was a multimedia campaign to increase knowledge of a healthier lifestyle and to motivate people to enact such changes. It looks to promote the adoption of key behaviours that guard against excess weight gain in both children and adults, and so help prevent the development of long term health conditions.

For more information about the Change4Life campaign please see here.

Change4Life Positives

- **Involved over 200 partners** drawn from the voluntary sector, businesses and local government. The campaign also involved over 50, 000 local community groups. The campaign was deemed successful, as partners knew what their responsibilities were and could minimise conflict. This cooperation between different sectors allowed for free gym memberships and discounted fruit and veg.
- **Awareness of the campaign,** one year on, was nearly 8 in 10 for mothers (9 in 10 on prompting with the logo), nearly 6 in 10 for adults aged 35-64 (7 in 10 recognising the logo). Over 480,000 members of the public (primarily families) have signed up to be part of or get more information about Change4Life. Please see here to read the full report detailing the achievement of Change4Life one year on.

To read more about the benefits of the Change4Life campaign please see here.

Change4Life Negatives

- The major criticism of the campaign is that there is **little evidence for social marketing** causing long-term behaviour change. Therefore, the campaign could lead to being a very cost-ineffective method of tackling the rising rates of obesity.
- It could be argued that the problem of obesity is **more complex than education and raising awareness** as it assumes that if people knew that they were unhealthy they would change.

Infectious diseases

Prior to vaccinations and other public health interventions communicable disease in the UK used to be a significant contributor to mortality and morbidity.

Example: Vaccinations

- By introducing your immune system to a disease through a vaccine, your immune system can develop an immunity to the infectious disease. This results in your body being able to fight the disease, and in many cases even before you display any symptoms of the infection. For a detailed look at how vaccinations work, refer to your GCSE and A-level biology knowledge or click here to read more.

- In the UK, we have a vaccination programme from birth and receive vaccinations into our teenage years; most recently the HPV vaccine was offered to teenage boys. To read more about the effectiveness of the HPV vaccination programme, please see here.

Vaccination Positives

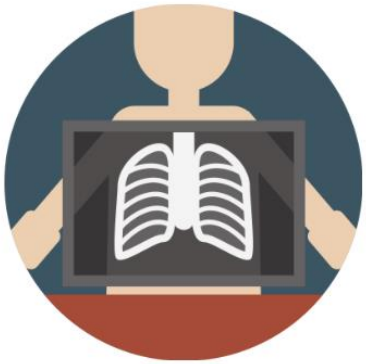
- It has been considered as of the most cost effective health care intervention, including the World Health Organisation (WHO). Click here to find out why.
- Diseases like **smallpox, polio and tetanus** that used to kill millions of people are now eradicated or rarely seen. Whilst data has shown that the incidences of measles and diphtheria have been reduced up to 99.9% since their introduction.
- The concept of **herd immunity**, meaning that those who are unable to receive vaccinations for reasons such as impaired immune system can still be protected due to such high uptake rates of the vaccine in people who are able to have them.
- Even those vaccinations that are not 100% effective, still reduce rates of infection such as the flu vaccine which means 40% to 60% less people will get infected and will reduce the burden of hospital admissions especially in the winter season.

Vaccination Negatives

- The vaccination programme has not been 100% effective with cases of measles and mumps rising due to incorrect information in the late 1990s circulating about the safety of the MMR vaccine leading to parents deciding not to vaccinate their children. This distrust has led to a movement of **'anti-vaxxers'** who put others at risk due to their decision not to vaccinate their children.
- There is variation in how effective different vaccines are for instance the flu vaccine, with it being only 40-60% effective, this is largely due to the strain of flu (influenza) changing from year to year.
- People can be **allergic** to the products within the vaccine for example egg products within the flu vaccine or for medical reasons for example live vaccines and patients who are immunocompromised.
- **Side effects** can occur. This can range from pain, swelling and redness to a mild fever.

- Issues surrounding administration of the vaccine can arise, due to people fearing needles.

Screening programmes



A major secondary preventive measure, which falls under the umbrella of public health, is its **eleven screening programmes**. These are methods of detecting a disease or precursors to disease or if someone is susceptible to a disease without signs or symptoms.

Examples: Breast Screening Programme

- Available to women aged 50- 71 years old.
- Occurs every three years and women will receive a mammogram (x-ray of breast tissue).

Breast Screening Positives

- Allows for early diagnosis of potentially fatal breast cancer, with an estimated 1000 deaths prevented per year.
- Early diagnosis could prevent more invasive treatment as the cancer is caught earlier allowing for more conservative treatment.
- Recent studies say it is likely a cost-effective intervention.

Fore more information about the benefits of the breast screening programme, please see here.

Breast Screening Negatives

- If results are falsely negative, this can lead to false reassurance and delay an important potentially life-saving intervention.
- If results are a true negative, it could be argued that the patient has exposed themselves to risks from radiation unnecessarily.

- If results are falsely positive, costs will be incurred in relation to future tests. This experience might also instill a fear of future screening in patients and expose them to risks associated with subsequent diagnostic testing.
- True positives – 'labelling' , someone can now be defined by their disease or increased risk of getting a disease.
- Overdiagnosis of breast cancers who ordinarily would never cause harm. For every breast cancer death through screening, three women will be over diagnosed. To find out more about the overdiagnosis of breast cancer as a result of screening, click here.

The future of Public Health is likely to only increase in value as the COVID-19 pandemic continues, with track and trace being a key feature of our life. You may have seen in the news that Public Health England is currently being disbanded and will be replaced with a new service.

It may be good to keep an eye on BBC News to see what the government plans are for the new service. Finally public health is vital to a sustainable NHS as it is always more cost-effective and beneficial to patients to prevent a disease than treat one.

Brexit

What is Brexit?

Brexit refers to the 'British exit', in other words; the UK leaving the European Union (EU). In **June 2016** there was a **referendum** held for the UK public to decide whether they wanted to leave or remain in the EU, the result being 52% siding with 'leave' and 48% siding with 'remain'. After the 2016 vote the UK officially left the EU on the 31st of January 2020 and is now currently in an **11 month transition period**, during which various **agreements** will be made between the EU and UK regarding specific terms of their relationship.

Source: BBC news article, which summarises some of the pain issues which have arisen as a result of Brexit.

This section will consider the double impact of both; Brexit and the current COVID-19 pandemic on the NHS and healthcare workforce.

What is the impact of Brexit on the healthcare workforce?

Prior to Brexit the NHS workforce was already stretched, with a shortage of approximately 100,000 staff including an array of key health care professionals – nurses, doctors, care staff. It is estimated that 5,000 internationally recruited nurses are required per year by the NHS in order to prevent growing shortages. According to NHS Employers, 1.2 million workers in the NHS are EU staff. This is why It is important to prevent as much post-Brexit migration due to the fact that the NHS has grown more and more reliant on EU workers over-time. The previous freedom of movement between professionals working within the European Economic Area (EEA) allowed health and social care workers to enter the UK workforce taking huge pressures off the NHS.

Brexit has left a huge pool of uncertainty for the public and professionals. At the moment, any EU citizens currently staying in the UK and those who arrive before

the end of the transition period (31st December 2020) are allowed up until the 30th of June 2021 to apply for the EU Settlement Scheme allowing them to live and work in the UK.

However, arrivals after the 2021 New Year will need to apply under the new points based immigration system. We highly recommend that you read the NHS Confederation website, as it provides information relating to the specific impacts of Brexit on healthcare. Additionally, as part of the NHS Confederations' latest Brexit updates – they discuss important updates as we move on to final stages of the Brexit transition period.

What is the impact of Brexit on the NHS?

There are many ways to consider the impact of Brexit on the NHS. This includes the effects on funding, healthcare workforce as previously discussed, impacts on social care, as well as the overall stability and continuity of the NHS.

When the UK stops paying its EU membership fees it is hoped that there will be a boost in the amount of funding available for the NHS, you might see £350 million as a figure that often gets thrown around. Although the figure is not 100% accurate, it is recognised that some additional money will be available and hopefully a portion will contribute to the NHS funds.

The economy was anticipated to take a 'knock' post Brexit anyway and now due to pressures faced by the pandemic, the UK government faces increasing pressures about how and where to direct funds so that they have the greatest benefits for as many people as possible.

According to one report, the NHS could end up spending approximately £1 billion extra per year if expat pensioners return to the UK, so negotiations will need to

ensure that they can continue to receive the care they need wherever they live within the EU (reciprocal healthcare).

What kind of deal is needed that helps the NHS post Brexit? The Nuffield Trust neatly touched upon this in a 2017 report, which details the impacts of Brexit on the NHS.

BMA and Brexit

The BMA have explored the impacts of Brexit on the NHS, and summarised their findings into eight key categories, which we have listed below.

1. **Impacts on Health Protection and Health Security**
2. I**mpacts on Health Improvement**: This refers to the ways in which the EU and UK were working together to address disparities in healthcare. This is especially important because it is a largely preventable issue. Through increased efforts in promotion of public health and increasing support in deprived communities, small carefully planned steps have the potential to reduce inequalities present.
3. **Impacts on patient care**
4. **Impacts on medical research -** It is essential that links between the UK and EU are maintained so that there can be coordinated efforts leading to further innovations in medicine.
5. **Impacts on medicine and medical device regulations**
6. **Impacts on reciprocal healthcare**
7. **Impacts on Workforce and future immigration policy**
8. **Impacts on Employment rights**

To read more about the findings by the BMA, please click here.

Please note, that many of these briefings were published a few years ago, so be mindful that many of the hypothetical situations or ideas proposed may be slightly different or even still undecided in current negotiations. We recommend

that you pick one or two of these aspects and carry out some extra reading of your own.

Summary

This is a tricky topic to navigate. It is easy to get overwhelmed by Brexit due to it's constantly evolving nature. As the UK government continues to negotiate the specific details of the agreements with the EU, the impacts and influences on healthcare delivery may change. However, having a baseline awareness of the key impacts will serve you well in your interviews.

The COVID-19 pandemic and the Brexit transition period should not be considered as two separate topics, the impacts on negotiations are unpredictable and the UK seems to be set on completing the transition period by the end of the year. You should bear this in mind, when discussing the topic of Brexit in your interviews.

Ensure that you think of all the key players involved; the public, the NHS workforce as a whole, EU workers in the NHS, UK workers in the NHS, the UK government, the EU, expats and healthcare students (home and EU). Everyone has different personal and professional stance on this topic and it's important to respect each of them and maintain a neutral but informed perspective on these.

You're not alone in trying to navigate through this brand new post-Brexit world, try to break down topics into manageable categories rather than tackling it all in one go.

Useful resources

- NHS staff shortages and the "Brexit Effect"
- The Kings Fund – implications for health and social care
- Brexit and the NHS (2017 Article)
- Risks to health and the NHS in the post-Brexit era

BBC News:

- Post Brexit Immigration Plan
- Six key questions Brexit poses for the NHS

Chronic Disease

What is a chronic disease?

Chronic diseases (sometimes called long term conditions) are conditions for which there is currently no cure and treatment involves managing the condition through the use of drugs or conservative methods, for example lifestyle changes and smoking cessation. To read more about chronic diseases and the impact of long term conditions on the NHS, please click here.

Some examples of common chronic diseases include asthma, diabetes, cancer and dementia. In this section we have provided you with some details about a few common chronic diseases from the NHS website.

Diabetes Mellitus

A condition where blood sugar becomes too high due to either lack of insulin production (type 1 diabetes mellitus) or because the body's cells can no longer react to insulin (type 2 diabetes mellitus). This leads to many complications, including eye disease and nerve damage, and can lead to development of other long term diseases such as kidney disease.

Asthma

A lung condition that causes breathing difficulties when patients are exposed to certain triggers, such as pollen, cold air, exercise or infections. This can lead to an asthma attack where patients experience wheezing, coughing and tightness in the chest which is relieved by using an inhaler to breathe in medicine. Asthma often develops in childhood, affecting **1 million children** in the UK! To read more about the prevalence of Asthma in the UK, please click here.

Hypertension

Hypertension means high blood pressure, and affects more than **1 in 4 adults** in the UK. To find out more information about the prevalence of hypertension, both nationally and globally, please click here. Suffering from high blood pressure briefly during illness or periods of stress is common, but having chronic high blood pressure is a risk factor for many other diseases, such as heart disease, kidney disease, and even a type of dementia called vascular dementia. It is most common in people over the age of 65, and managing hypertension through lifestyle changes (weight loss, drinking less alcohol, exercise) and medication if needed can reduce the risk of developing other diseases.

Have you noticed that most of these conditions can lead to the development of more diseases? Patients with chronic disease can have more than one condition. This is known as **'comorbidity'.**

Why is chronic disease important?

Chronic diseases currently affect about **15 million people** in England and account for 50% of all GP appointments. According to a report from the Department of Health, 70% of total health and care spend in England (£7 of every £10) is attributed to the care of patients with chronic disease.

Chronic diseases also have a major impact on the quality of life for patients. Managing an incurable condition comes with the challenge of learning to manage it, understanding how it might progress in the future, and adapting their daily life to meet the needs of their condition.

Looking at the diseases above, you might see that many of these conditions lead to development of other conditions (comorbidities), so it is important for doctors to understand how these diseases work in order to prevent patients developing more diseases. **Prevention** of disease is just as important as treating it, as this helps patients stay healthier for longer and reduces the burden on the NHS!

Interview Preparation

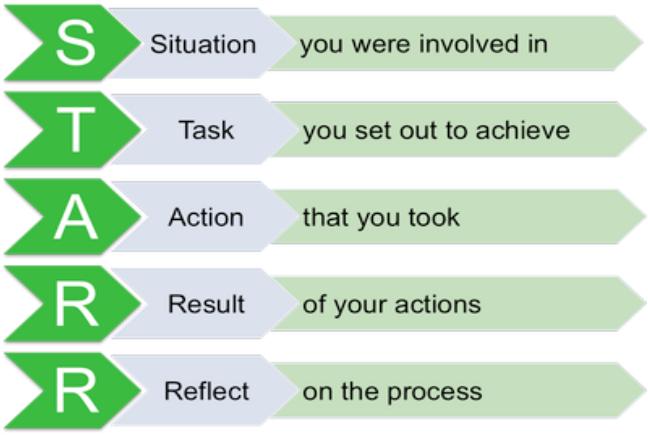
Interview Techniques

Confidence

Interviews can seem like daunting experiences, but being confident in your abilities will help you stay calm during your interviews. It is easy to be very nervous for a medical school interview, however you should try to ensure that you manage to maintain a natural and confident conversation.

STARR Framework

If you do have any difficulties in figuring out how to approach sections, we recommend the STARR framework for you:



We have included more detailed information about the STARR framework, in our session about the MMI station relating to personal attributes. Please read this section, to understand how to implement the **STARR framework** in your Medicine interviews.

Practice

We would strongly recommend that you practice for your interviews beforehand. Look up common interview questions you are likely to be asked and think about answers for them beforehand. Another very helpful tip would be to

arrange timed **mock interviews** with friends and family where they run through the common questions with you. This way, you can receive unbiased and objective feedback from other people and use this as a guide to improve. Additionally, try recording yourself to see how you performed. This way you'll be able to judge for yourself where you fall short and make the neccesary changes.

Since most universities use the MMI format, they'll usually publish a document online summarising what each station will be about. Read through this document and **research common questions/activities** they are likely to ask within each one. This will make you more confident to approach the sections in your actual interview. Our MMI section will also provide you with strategies to approach the different stations.

Practising thoroughly with friends and family cannot be stressed enough, even encouraging them to ask you non-medical interview questions will allow you to practice thinking on the spot and putting together structured answers as well as increasing your confidence in speaking confidently. Avoid waffling wherever possible – sometimes the most clear and succinct answers can be the most powerful.

Most importantly of all; **practice, practice, practice!** This will not only allow you to receive feedback and think through some ideas for answers, but will also massively increase your confidence and interview skills which is invaluable.

Make it a conversation!

Our last piece of advice would be to try to make the conversation as conversational as possible. Please don't go in with rehearsed, scripted answers because the interviewers can see through that. Instead, have the bullet points in your head to remind you of what you need to say for that station.

Communication and Clarity

When it comes to medical interviews, we are aware that this year poses a new set of challenges: interviews may look completely different to previous years! However, communication and clarity are still key skills for applicants to have the best chances of success in their interviews.

Whether interviews are in person or over a video call, the basic principles of clear communication are invaluable for applicants. Doctors and medical students alike should **maintain a high level of professionalism whilst being approachable and kind**; you should aim to reflect this within your interviews.

Professionalism

In terms of professionalism, a basic level of **appropriate dress is key** – most universities should give a dress code for this. As a rough guide, if you can imagine your GP wearing it, it's likely to be suitable! In addition to your attire, if your interview is conducted online ensure that the background is plain or suitable and you are as free from interruptions or distractions as possible.

Body language

In terms of body language, we would advise you to **present yourself with a good posture and a smile**. Also, try to **maintain eye-contact** with the interviewer when you speak as it makes a person sound more confident!

It is often said that body language conveys more information than your words alone. For this reason, you should be aware – but not overly aware – of your body language. Sitting naturally, without too much fidgeting and with an appropriate level of eye contact should be sufficient. Medical schools are looking for friendly and empathetic individuals, not just robots reciting perfect interview answers, so make sure to smile and relax as much as possible. To

practice this, it can help to record and watch back yourself answering interview questions – you should soon pick up on any ways to improve your body language, and feel free to ask friends and family for feedback too!

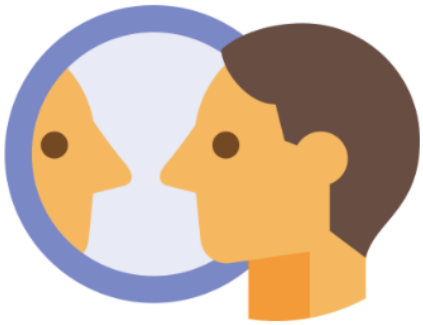
Online platform

As most interviews will be online this year, you have to take measures to make sure it flows as naturally as possible. Some things to check to make sure you communicate as efficiently as possible:

- Check your microphone is working - have a trial run of recording yourself and replay it to see if you can hear yourself well.
- Check your video is clear - test this through recording yourself too.
- Check the audio you hear is clear - have a practice call with a friend and check that your speakers are working and you are able to hear clearly.

Checking these basics will make sure you can avoid any communication barriers that may arise during online interviews.

Reflection



It is important to incorporate elements of reflection into your medicine interviews. Although the interviews themselves are short, you need to show that you have really considered a career as a doctor and you have thought carefully about whether it is the right job for you. Before your interview, think about the **skills** you have developed and the knowledge you have obtained as a result of volunteering or work experience and try to link all of these together concisely in your answers, so the interviewer has a full picture of who you are and why you would make an excellent doctor.

This section will provide you with a model to approach reflection and incorporate evidence of reflective practise into nearly all of your medicine interview stations or questions.

How to reflect in your Medicine interviews?

We will be using our What, Why, How, When framework to help you structure an answer for the following question:

'Tell me about some work experience that you've had and why you felt like you benefited from it?'

Let us imagine that the work experience you intend to talk about is a day spent on a respiratory ward where you were able to follow the ward rounds and observe different members of the multidisciplinary team interacting with patients.

What:

When talking about what you observed during your experiences, the key is to focus on what you learnt, rather than just what you saw.

DON'T - Say *'I followed a consultant around on his ward rounds and it was a really good experience because being on the wards was a great opportunity'*

DO - Say *'I was able to shadow an MDT going about their daily interactions with patients, something which gave me an insight into how important good communication skills are, both between colleagues and healthcare professionals and their patients'*

- **Why:** Speaking about what you've learnt from your experience shows the interviewer that you are engaging with the experiences rather than just regurgitating memories. If you can, maybe even reference a negative point you saw such as *poor doctor-patient communication* – as this can prove further that you've really been invested in the experience and not just blind-sighted by the fact you had the privilege of being on wards.

Why:

This step is about thinking about why the experience influenced you enough that you wanted to talk about it. Again, looking back at our scenario:

DON'T: Only talk about the experience because you think that it's what the interviewer wants to hear if you haven't actually gained anything from that particular situation.

DO: Focus on the parts of the experience that actually taught you something, no matter how 'cool' they are. For example, on the respiratory ward, you may have seen an emergency chest tube being placed, and you may want to talk about it as it sounds impressive... However, at your pre-med stage, observing the clinical

skill was probably not as beneficial as observing nurses talking to and building rapports with patients.

- **Why:** It's easy to get caught up in how exciting Medicine can be sometimes, and on your work experience you have probably seen a few cool procedures you really want to talk about! However, an interviewer will be more impressed by the fact that you were able to identify and explore why the way a nurse interacted with a patient was so positive rather than simply tell them about an exciting procedure.

How:

Here, we will consider how the experience you've had has impacted and influenced you! In our question, we would apply this in the following way:

DON'T: Just mention superficial statements such as the experience 'making you want to be a doctor even more' or 'making you consider respiratory medicine'.

DO: Talk about the experience, perhaps highlighting to you that certain skills are much more important than you previously thought they might be, or did a particularly bad interaction between a doctor and patient stick in your memory and make you vow to never treat a patient in the same way?

- **Why:** Medical schools are aware that most applicants have no idea what specialty they want to do even once they arrive at medical school. Hence, it is a much better idea to use these experiences to highlight that you have really gained something that is going to stick with you in your future career. Medical schools want students who are self-aware and easily learn lessons from their clinical experiences, because this is what you're going to be doing every day of your medical education.

When:

It is all well and good having learnt something, engaged with it and reflected on how you think it'll influence your practice, but now it's time to think about how you could actually put it into practice!

DON'T: Make sweeping statements about situations in the far-off future – for example 'when I'm a doctor'.

DO: Think about realistic opportunities you might have, in the near future, to begin implementing the lessons you've learnt. If you've already had the chance to implement these lessons, for example in voluntary work you did after this experience, then definitely mention this and discuss how you thought implementing your skills impacted the situation.

- **Why:** Quite simply, if you're actively discussing the fact you want to implement the positive skills you've picked up, you're really showing the interviewer that the work experience you've gained has really influenced you. Obviously, the whole reason you're applying to medical school is to be a doctor at the end of it, but that is still quite a long time away... Therefore, focussing on the near future – for example when you start seeing patients in medical school – can give the interviewer an insight into the fact that you know the medical school is going to offer you many opportunities to practice your patient interactions which is something you are looking forward to.

So now you've learnt how to use the model, let's have a look at an 'exemplar' response to our question:

'Tell me about some work experience that you've had and why you felt like you benefited from it?'

'A few months ago, I was able to get some work experience on a respiratory ward, where I did things such as shadow many different members of the multidisciplinary team and see a lot of doctor-patient interactions during ward rounds. The main thing I learnt from this week was the importance of building a good rapport with patients and also how important it is for members of the MDT to communicate well with each other and respect each other's roles.

The situation that stood out to me in highlighting this was a conversation I observed as part of a ward round, where the consultant I was shadowing took the time to sit and talk to the patient, asking him about his life and family rather than just the pneumonia he had been admitted for. The patient quickly warmed to the consultant as it seemed that he felt that his doctor was interested in him as a person, not just a medical condition.

Later, in a conversation between the same consultant, a junior doctor, a nurse and a physiotherapist about the patient's care, I saw how the staff members took time to actively listen to each other and formulate the best care plan for the patient.

Observing this made me realise how essential patient-centred care is and showed me how vital it is that I remember this going forward. I took this lesson on board, and the next time I spoke to a resident at the care home I volunteer at, I made a conscious effort to ask about his family, his hobbies and other personal factors. I was unsurprised to find that he engaged with me really well during this conversation and now every time I visit enjoys chatting to me.'

MMI Interviews

Introduction to MMI Interviews

Multiple Mini Interviews (or MMIs) are used by the majority of medical schools to assess a wide variety of skills and qualities. Each student rotates around a circuit of multiple 'stations' with an interviewer, normally a professor, healthcare professional or teaching fellow, who will have a task or some questions prepared for you.

Many universities will give you a **'prompt'** with the task before you begin the station which means that you might have up to a minute to think about what you are going to say and how you will structure your answer. It is really important to use this time wisely and perhaps consider some of the themes you might want to cover. For example, you could mention the four pillars of ethics in an ethical scenario or qualities that you wish to demonstrate so that you stand out to the interviewer. Do not panic, however, if you come across a question that really stumps you - the interviewer will guide you and may give you some more questions to ease you into a conversation.

How long are Multiple Mini Interviews (MMIs)?

Each 'station' normally lasts **10 minutes or less** (some may be as short as 5 minutes) and tests different skills including communication, problem-solving and decision-making. Something which students often find difficult is keeping to the timeframe and structuring their answers correctly. A great idea is to practice giving small presentations (of around 5 to 10 minutes) in response to questions. This does not mean learning your answers - your interviewer will know if you sound too rehearsed!

MMIs most commonly consist of around 5 to 10 stations, with each station lasting a couple of minutes, the entire circuit can last as long as 2 hours in length. However, do remember that this will usually include the briefing before the circuit begins, as well as 'rest' or 'break' station, where you have some time to gather your thoughts!

MMI Stations

MMIs often include more practical elements such as **group discussions** and **prioritisation tasks**. You may be asked to **role-play** a scenario with an actor or you could be given some **data**, such as a graph, that you need to describe and analyse. There often tend to be stations where you will be asked traditional panel interview-style questions, perhaps centred around your **work experience** or why you are motivated to study Medicine and ultimately become a doctor. Knowledge of current affairs is very important, and it is really important that you keep up to date with medical headlines in the months leading up to your interview - especially any news related to the NHS!

Benefits of MMIs

The best thing about MMIs is that each interview is independent of the other and the marking of one station has no effect on the next. This firstly reduces any bias but also gives you the chance to score highly even if you have had a bad station and feel like you have not managed to perform to your full potential.

Which Universities use MMIs?

To the best of our knowledge, at the time of publication, the universities that use MMIs in their admissions process include:

- ★ Aberdeen
- ★ Anglia Ruskin
- ★ Birmingham
- ★ Brighton and Susex
- ★ Bristol
- ★ Cardiff
- ★ Dundee
- ★ Exeter

- ★ Hull York
- ★ Keele
- ★ King's College London
- ★ Lancaster
- ★ Leeds
- ★ Leicester
- ★ Liverpool
- ★ Manchester
- ★ Newcastle
- ★ Norwich (UEA)
- ★ Nottingham
- ★ Plymouth
- ★ Queen's Belfast
- ★ Sheffield
- ★ St Andrews
- ★ St George's
- ★ Suderland
- ★ Warwick

The number and type of stations at each university will differ, so it is important to do your research! Most universities change their interview questions each year although their station types remain fairly similar. However, it is very important that you refer to the medical school website to find the most up-to-date information about the format and type of stations the MMI will include.

The following sections will provide you with an in-depth insight into the most common MMI stations which tend to crop up in medical school interviews. We will share some example questions, as well as some strategies to help you structure your responses.

Reflection is so important during these interviews. Although they are short, you need to show that you have really considered a career as a doctor and you have thought carefully about whether it is the right job for you. Before your interview, think about the skills you have developed and the knowledge you have obtained as a result of volunteering or work experience and try to link all of these together concisely in your answers, so the interviewer has a full picture of who you are and why you would make an excellent doctor.

Motivation

Motivation is not just a prerequisite for a long and demanding career in Medicine but also an essential trait to give you the durability for a challenging degree course. It's no wonder that this gets tested regularly at the MMI stage. And remember, an interviewer may well test your **enthusiasm** for the University you have applied for as well! This section will help you answer some of the most common questions which can be asked in a 'Motivation and Insight' MMI station. Most commonly you may be asked one or more of the following questions:

- Why do you want to study medicine?
- What made you decide to study medicine?
- Why do you think you are suited to working as a doctor?
- Is there anything about working as a doctor that doesn't excite you?
- Is there anything in your personal life that has contributed to you wanting to study medicine (hobbies or work experience)?
- Why have you chosen to study medicine over a biomedical sciences degree/biology/chemistry etc?
- What would you do if you did not get into medicine this year? This inadvertently tests how motivated you are – would you do another degree and try graduate entry medicine, or take a year out to get experience in healthcare/nursing etc.

How to answer 'Why Medicine?'

Prospective students will often prepare answers for that old chestnut 'Why do you want to study Medicine?'. For this reason, interviewers tend to avoid such a transparent line of questioning! However, this may still come up or be asked in a more subtle way. Therefore, you must truly reflect on why you want to study

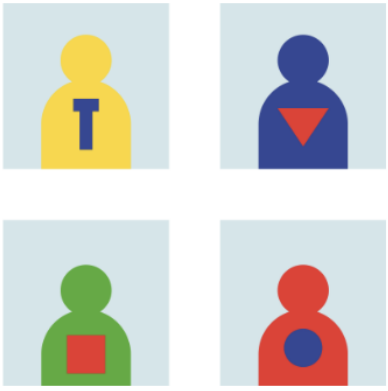
medicine. If you cannot articulate this well enough in an interview setting, it might seem as if you haven't truly considered your motivations.

It is imperative that you **do not rehearse** your answer as interviewers are experienced enough to be able to distinguish natural answers from rehearsed ones. Many people struggle with putting their motivation into words as it feels 'obvious' to them, this is why you do need some reflection time to really pinpoint your reasoning.

There are many different motivations for why people want to study medicine and practise in the healthcare system. One method to approach reflecting on your motivations, is to consider both **internal** and **external factors**.

Internal Factors

Internal factors are those which relate to your **personality.** Personality often plays a huge role in the decision to pursue medicine. Whilst you should showcase empathy and a genuine desire to help others in your interview, you must back up these claims with examples of times you have demonstrated these qualities. We recommend that for each of your personal attributes, you **prepare a list of examples** which show how you have developed these attributes. You can ten refer to these examples in your interview.



Another intrinsic motivation, may be the degree to which medicine facilitates the unique application of science for the betterment of society. A specific event or **personal experience** with medical professionals may also enhance your desire to work in the field and support families dealing with similar situations. Personal stories such as watching a loved one suffer through cancer can really ignite a passion for helping people. It is perfectly reasonable to mention personal experiences when questioned about motivation in your interview.

Now when questioned about the demanding nature of the course, you should acknowledge that it will be stressful at times. However, avoid being overly cynical, and suggest ways in which you hope to cope with difficulties and maintain a work-life balance. You need to strike a well-considered balance that shows you recognise the highs and lows of life as a doctor.

External Factors

External factors for motivation, refer to other aspects of the course and university which appeal to you. You must **research the societies** and sports they have to offer, note down specific activities that may be of interest and make note of any specific medical focused groups.

Appreciate the **location** of the university without making it the focal point of your discussion, include this at the end as another reason in addition to the 'internal factors' of motivation discussed earlier on. You can also go one step further to read about some of the recent research that has come from the medical department of the university. This may give you more talking points and highlights that you are eager to start learning!

How to answer 'Why Medicine at this University?'

Preparing for your interview is not just about your motivations to study Medicine, but also about the university and the department too. Interviewers want to see that you've put effort into researching their specific university and thought carefully about why you would actually like to study there. When you leave the interview, the interviewers should feel like they are your first choice.

You may also be asked a variety of follow-up questions on this topic, we have listed a few examples below:

- What teaching style do we use and how much do you understand about this?
- Why do you think your learning style is suited to our teaching methods?
- Do you think **dissection** is an important tool for medical students, have you considered this in comparison to online 3D anatomy models?

- How much do you know about the hospitals in our catchment area?
- What societies or sports are you interested in joining here?
- Do you know much about the **demographics** around this area and what impact this might have on the diseases/health issues we might see?

When answering the question, ''Why Medicine at this University?' and any follow-up questions, you should consider the course type, course specifics and the opportunities offered by the university itself.

1. Course Type

You should be aware of the main teaching method the medical school utilises. Is it **integrated, PBL, traditional,** or some combination of them?

With regards to integrated course types, clinical exposure and scientific theory are combined from your first year of study. This is the most widely used teaching method now. You should have a clear reasoning for why you would prefer an integrated course and how you will benefit from the early patient contact.

Whilst some courses have an element of PBL (problem-based learning), others are largely PBL based. It is a very different style of teaching, so it is even more important that you can explain why this method appeals to you. PBL involves self-directed learning and critical thinking to explore an open-ended problem. To show that you will benefit from this style of learning you should prepare examples where you have developed problem solving skills from previous experiences. You need to be able to explain why this would make you suited to this specific style of teaching.

For courses with predominantly traditional teaching methods you need to have a solid understanding of why a more science-based degree for the first few

years of your course, appeals to you. A traditional course will feature more intensive tutorial sessions, which can be highly beneficial in aiding your understanding and consolidating lecture material. These courses also typically involve essay writing, which will rapidly improve your academic skills.

2. Course Specifics

Other factors which can influence your motivation to study medicine at a particular university may include:

- How much **patient contact** will the course involve?
- How is anatomy taught at the medical school? Prosection or dissection?
- Can you **intercalate?**
- Which hospitals will you be placed at during your clinical years?

It is important to take some time to research the answer to the question listed above. Showing your understanding of the various course specifics in an interview setting will demonstrate that you have a genuine interest in the medical school.

Do not be daunted by motivation testing within MMIs. You are a motivated individual - your exam success coupled with the challenging application for medical school prove this. Try to articulate your enthusiasm for Medicine and evidence your claims with examples for the interviewer. You'll pass this station with flying colours!

Roleplay

Roleplay scenarios can be daunting at first glance, but a little preparation goes a long way. This section will detail exactly what a roleplay scenario entails, what skills you are being assessed on, how to prepare as well as some mock scenarios for you to practise.

What is a roleplay scenario?

Roleplay scenarios are common stations within MMIs. You'll receive a short prompt with some background information, and are then expected to act out a scenario with an actor. Although this can feel awkward, it can be a welcome break to talking about yourself!

Preparing for these scenarios is absolutely possible. What's more, time spent preparing will not be wasted as roleplay scenarios are a common assessment method throughout medical school. Master the basics before your interview, and you'll be ahead of the game when you make it to medical school.

What does a roleplay scenario assess?

To explain what a roleplay scenario assesses, let's use a mock scenario. Imagine the prompt outside the station reads:

'You are the only one working on the (extremely busy) checkout at a supermarket. Your colleague is busy restocking the shelves. An angry customer cuts to the front of your line, and says they want to make a complaint.'
Take some time now to think about how you'd approach this situation. What skills can you demonstrate here that a medical school would be looking for?

The main skill being tested is **communication**. Can you communicate clearly and effectively? These scenarios often also test your **response to stress**, as in the example above. Are you able to communicate politely whilst under pressure? Are you able to **empathise**, and defuse stressful situations?

Communication isn't just about words, you're also being tested on **non-verbal communication**. Your body language is important- it can show that you're engaged and listening, or on the other hand disinterested and bored. Sitting forwards in your chair, making eye-contact, smiling, and nodding at appropriate times, are all examples of good non-verbal communication.

It's also important to pick up on **non-verbal cues**. Pay attention to the actor's body language. You may be able to use it to work out whether you're saying the right or wrong thing.

For example, in the above situation, you may start by saying *'I'm sorry that you have a complaint.'* The actor may nod- you've said the right thing! However, if you started with *'I'm busy right now'* the actor might frown, or cross their arms, or exhale heavily. These are clues you've said the wrong thing! If this happens, try to backtrack: *'-however, I'm sorry you have a complaint. Give me a moment to call my colleague over to take over at the checkout, and then I'll be able to address your complaint without distractions.'*

In this situation, you're also being tested on **teamwork**, **delegation**, and **prioritisation**. Your colleague is 'busy restocking shelves', but can it wait? As a doctor, the care of the patient is your first concern. Here, the queuing customers and the complaining customer are the priorities. Calling your colleague over to take over the checkout would be a sensible response.

Another part of communication being tested are your **listening skills**. These are probably *the* most important attributes of a doctor. To quote William Osler: 'listen to your patient, he is telling you the diagnosis!' Around 80% of diagnoses can be made from having good listening skills and asking the right questions.

One specific tool is **active listening**. This means listening, and *showing* that you're listening. It involves non-verbal cues, such as nodding and leaning forwards, and verbal cues, such as saying 'yes', 'okay', or 'right'. This also

involves summarising- *'so let me just recap…'*, picking up on emotions - *'it looks like you're quite angry'*, and empathising- *'I agree, that sounds really irritating!'*

You may be tested on your **explaining skills** if there's something you need to explain to the actor. Useful techniques include 'chunking and checking' which means breaking the information down into small chunks, and after each chunk, asking the actor if that makes sense if they have any questions.

A good conclusion is helpful- you may want to briefly **summarise** what you've talked about and what further steps you'll be taking.

To summarise, you may be assessed on your:

- Communication (verbal)
- Communication (non-verbal)
- Empathy
- Response to stress
- Teamwork
- Delegation
- Prioritisation
- Listening skills
- Explaining skills

How to approach the MMI Roleplay scenarios

1. **Introduce yourself.** Then ask the actor to introduce themselves.
2. **Ask an open question**, such as *'what can I do for you today?'*
3. **Listen!** Identify the problem and respond accordingly. Always show empathy and understanding, before trying to deal with the situation.
4. **Apologise,** if appropriate, and try to solve the problem or suggest solutions. Talk the actor through the various options, and explain your reasonings.
5. **Conclude** and summarise. Ask the actor if there's anything else you can do for them, and thank them for their time.

Tips for tackling the MMI roleplay station

- **Use the concept of the 'golden minute'**- ask a broad opening question, and then wait for around a minute. This may involve an awkward silence, but persevere and you may be rewarded with more information than you'd otherwise be able to gather.
- **Validate feelings to show that you're empathising,** e.g. 'I'm sorry to hear that', 'that sounds like it would be quite upsetting', 'I can see why you're angry'
- **Be aware that an actor may have very specific cues,** such as 'calm down if you're offered a cup of tea', or 'start crying if security is called' and on that note, offering a fake cup of tea can be really helpful!
- **Think about positioning and levels.** Ideally, try to be on the same level, such as both sitting down.
- **Practice, practice, practice!** Roleplay scenarios can be awkward and feel fake, but the more you do, the more natural they will feel.

You may want to look up the following techniques for more information:

- Active listening
- The Calgary Cambridge model
- The golden minute
- The open-to-closed-cone of questioning
- Chunking and checking
- Motivational interviewing

Example MMI Roleplay Scenarios

Ideally, practice with a friend or family member who doesn't mind going all out with the acting! I've provided a number of quick prompts, and one scenario in more depth, with a script for the "actor" and a "markscheme". Try not to read the actor's script before you try out the scenario. Good luck!

Below, we have listed a number of roleplay prompts which you can use to practise with a friend or family member.

1. Your friend needs to achieve ABB in their A-Levels to meet their university offer. They ask you to open their envelope for them. Unfortunately, they scored ABC. ***Break the news to them.***

2. You're a concierge at a hotel. A family of five arrive and ask to check in, but for some reason there is no record of them on the system, and you're fully booked for the night. They're in a foreign country with nowhere else to go, and their three children are tired and screaming. ***Deal with the situation.***

3. You accidentally run over your neighbour's cat when reversing out of your drive. The cat seems okay, but you're worried it might need to be checked over at the vet. ***Inform your neighbour.***

4. You're a lifeguard at an extremely busy swimming pool in the middle of summer. You have to clear the pool, because a young child has done a poo in it. An angry parent is furious with you, and wants their children to keep swimming. ***Deal with the situation.***

5. You're a medical student at a GP surgery. A patient comes in saying they are unhappy with their nose, and would like a nose job. ***Explain to them*** that it's not something available on the NHS.

6. You're a medical student on a general surgery ward. While you're having lunch in the cafeteria, you overhear another medical student gossiping about one of your patients. They are using their name and the patient is clearly identifiable, and they are calling the patient rude names. Later,

you're alone with the medical student. ***Confront them about their actions***.

7. You're a medical student placed on obstetrics, and are about to witness your first caesarean section. When you introduce yourself to the surgeon, you notice that they smell of alcohol, their speech is slurred, and they seem unsteady on their feet. Confront them.

8. You're a doctor on a paediatrics ward. One of your patients is the nephew of another doctor in the hospital, who works in respiratory medicine and is not involved with their nephew's patient care. You notice them on the paediatrics ward outside of visiting hours, reading their nephew's medical notes. ***Confront them.***

9. It's your first day as a medical student on the wards. A doctor asks you to take some urgent blood samples from the patient in bed 4, as they are very busy and need to look after the very unwell patient in bed 9. You have never taken blood from a patient before. When you explain this to the doctor, they get angry, and ask you to try to take the bloods anyway. ***Respond to this.***

For our last scenario, we have provided a script for the actor and an accompanying mark scheme. Try not to read the actor's script before you try out the scenario.

10. You're a medical student on a busy ward, it's 2pm. You notice that one of the patients looks upset. You go and talk to them.

Script for Actor:

You're an elderly patient called Mr Hodges. You're hard of hearing- if the student isn't speaking loudly enough, say "What?" and explain that you're hard of hearing. If the student asks whether you have hearing aids, suddenly remember that you do, and pretend to switch them on. If the student doesn't mention hearing aids, continue to ensure the student is speaking loudly and clearly.

You're upset because you're hungry, and because everyone is ignoring you! You didn't manage to eat anything for breakfast or lunch today, because the food was placed on a side table, and your vision is too poor to see it well enough to eat. You usually wear glasses, but they're at home. Your partner could probably bring them in tomorrow, if only there was a way to contact them. You know their phone number. If not suggested by the student, ask if there's a way to phone your partner to bring in your glasses.

Only explain why you feel ignored if asked specifically! You feel ignored because you called out to one of the doctors earlier, while they were running towards a loud alarm in the next bay- they ignored you completely! You later tried to ask someone else for help, but they apologised and said they were a relative of a patient, and couldn't help you. After that you felt rather embarrassed, and you haven't tried to ask anyone else for help.

If not addressed by the student, ask how you're going to be able to eat dinner today. Ask if there's anything you can eat now, as you're very hungry. If the student offers a cup of tea or a piece of toast, or offers to ask, thank them. If the student says there'll be nothing to eat until dinner, get angry or start crying.

Only if asked if there's anything else they can do, or if you have any further questions, ask the student whether they could adjust your bed, as you're uncomfortable.

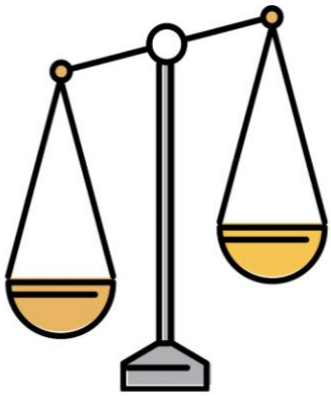
Mark Scheme

- Introduces self and identifies patient
- Asks open questions, e.g. 'Are you okay?' or 'Is there anything I can do to help you with anything?'
- Gathers information and establishes that:
  - ❑ The patient is hard of hearing.
  - ❑ The patient's hearing aids aren't turned on.
  - ❑ The patient is upset because they are hungry.
  - ❑ The patient is upset because they feel ignored
  - ❑ Nobody appears to have ignored the patient maliciously.

- ❏ The patient usually wears glasses.
- ❏ The patient's glasses are at home.
- ❏ The patient's partner could bring the glasses in.
- ❏ The patient would like some food now.
- ❏ The patient is slightly uncomfortable because the bed needs adjusting.

- Solves the problems:
  - ❏ Gets the patient to turn on the hearing aids.
  - ❏ Offers some tea/ toast/ biscuits for now.
  - ❏ Finds a solution for dinner tonight, e.g. offers to let the nurses know/ bring the table nearer/ explain where the plate is and put the cutlery directly in the patient's hand.
  - ❏ Finds a long-term solution, i.e. arranges for the glasses to be brought to the hospital.
  - ❏ Apologises that the patient feels ignored, potentially explains that it sounds like the doctor was running to an emergency.
  - ❏ Explains that the patient can ring their buzzer if they need anything and someone will be with them shortly.
  - ❏ Adjusts patient's bed position and thanks patient.

Medical Ethics



As the MMIs, or 'Multiple Mini Interviews' become an increasingly popular method of interview for medical schools, one type of questions you should expect to encounter are the ethical scenarios. These feature in both panels and MMIs. The ethical scenario questions can vary greatly, but there is a general structure you should follow to make sure you answer the question fully, and without bias.

How to approach the MMI Ethical Scenario Station

When presented with an ethical scenario, such as 'Should Doctors Ever Allow Patients to Use Alternative Medicine?', you shouldn't jump straight in with your answer. In some ethical scenarios, it may be obvious what your standpoint will be, but doing this will not show your ability to weigh up and consider both sides.

When presenting the arguments to the interviewer, it is expected that you back-up your claims using the **four pillars of medical ethics.** These form the backbone of many tough medical decisions doctors have to make on a daily basis, so it's a good idea to refer to them in your answer to show your understanding.

- **Autonomy:** The ability of the patient to make informed choices about their medical treatment.
- **Beneficence:** Making decisions in the best interest of the patient.
- **Non-maleficence:** Doing no harm.
- **Justice:** Making decisions in the best interest of society.

Example MMI Ethical Scenarios

In this section, we will provide you with a step by step guide to answering the following question:

Should Doctors Ever Allow Patients to Use Alternative Medicine?

Before reading through the worked example, please brainstorm a few points which reflect both sides of the arguments to the question above.

Worked example

Always start off with an introduction, explaining what the question means: *'The question is asking whether doctors should be allowed to prescribe homeopathic medications or complementary treatments to patients. Homeopathy refers to the non-medical approach to treating and managing medical conditions, such as through essential oils and diluted chemicals, and complementary treatment includes non-conventional procedures like crystal healing, chiropractice and acupuncture.'*

Many of you may have formed your own opinion on this, but refrain from stating it too soon. **Start off with your 'for' argument, explaining why doctors should prescribe alternative medicine:** *'Many patients research the use of alternative therapies to help manage their health conditions or symptoms, and may have come across success stories from patients in the past who have reaped benefits too. One main benefit to these complementary therapies is that they come with few side effects, unlike prescription medications which can sometimes be hard for a patient to deal with. In addition, certain forms of alternative therapy like clinical hypnotherapy are recommended for managing some psychological disorders and mental health issues, so the benefits of certain holistic approaches have already been recognised. This gives the patient autonomy over their body and allows them to use methods of treatment they feel comfortable with.'*

As you can see, this example focuses on only two points - the fact alternative therapies come with few side effects, and its existing use in clinical practice. Sticking to a few main points is favourable over just listing reasons with no

elaboration. The example also includes one of the pillars of medical ethics; **autonomy**, and contextually explains what this means.

Now, make sure to give a counter-argument:

'On the other hand, doctors and other healthcare professionals should be reluctant towards allowing patients to receive alternative therapies. The main reason for this is because they have no science based evidence, nor are they regulated by a body (such as NICE), and so we know very little on the long-term effects of their use. Furthermore, unlike medical doctors, those who practice alternative therapies do not receive standardised training, therefore, this can result in further harm being caused to a patient if the practitioner does not have adequate knowledge and practice. Doctors have the duty of beneficence and mustn't cause harm to the patient, therefore permitting a patient to use or even replace evidence-based medicine willingly may be considered a form of harm or negligence.'

The counter-argument explains another two points; the fact that non-medical treatments are not scientifically backed, and that those who carry out these procedures do not receive standardised training (unlike doctors who train under the GMC). The counter-argument also includes the pillar of **'beneficence'**.

After you have given both sides to the argument, **conclude with your own opinion whether it be for or against the question.**

'Overall, I believe doctors should not be able to prescribe alternative therapies to patients to manage their health, because whilst they may provide few side effects and provide a spiritual upliftment, the efficacy of these are unregulated and haven't been through the rigorous clinical trialling to observe the effects like prescription drugs have. The duty of a doctor is to ensure you put the patient's health first, and the safest way to do this is through prescribing evidence-based medicines and therapies.'

Or

'Overall, I believe doctors should be able to prescribe alternative therapies to patients to manage their health. We have seen many benefits over the years from patients who take part in certain approaches such as chiropractice for osteological conditions, and hypnotherapy for psychological conditions. Whilst there has not been wide research into this field of medicine, the existing use of alternative and complementary care has shown its place in the treatment of patients.'

So, from this worked example, you should have been able to recognise the clear structure your answer should take. Begin with a clear introduction outlining the meaning behind the question, a for-argument agreeing with the statement, a counter-argument and a conclusion summarising your personal opinion. Always make sure to refer back to the pillars of medical ethics. As you can see by the worked example you do not need to state all four; trying to include at least one into both arguments will suffice.

More example scenarios

- A patient has recently been diagnosed with HIV and refuses to tell his partner. Is it ever okay for doctors to tell the partner if the patient refuses?

- A 13 year old girl visits her GP for the oral contraceptive pill as she has recently become sexually active. Should you prescribe it to her?

- A 63 year old alcoholic and an 18 year old intravenous drug user are both in need of a liver transplant. Who should get it?

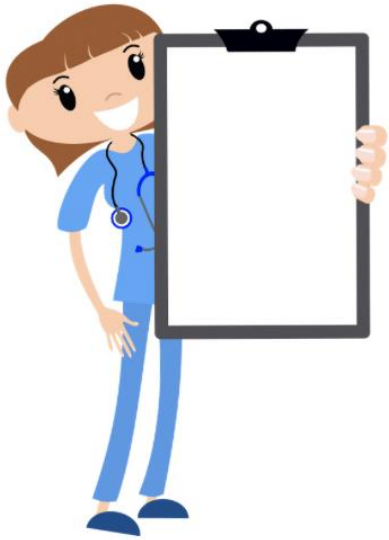
- Organ donation should be an opt-out system rather than an opt-in system in this country. Do you agree or disagree? Please discuss your thoughts.

- An eighteen year-old female arrives in the emergency department with a profound nosebleed. You are the doctor, and you have stopped the

bleeding. She is now in a coma from blood loss and will die without a transfusion. A nurse finds a recent signed card from Jehovah's Witnesses Church in the patient's purse refusing blood transfusions under any circumstance. What would you do in this situation?

- You are a medical student. One day at hospital placement, you see one of your fellow students putting medical equipment from the stock room into their bag. When you ask them about it, they say they only want to practise their clinical skills and not to tell anyone. Discuss how you would approach this situation and explain your reasoning.

NHS Hot Topics



Healthcare information and **misinformation** commonly hit the headlines. These **'hot topics'** can cause controversy and subsequently catch media attention. It is common for hot topics to come up in interviews, with a whole MMI station exploring one or more hot topics in depth. It is therefore important to **keep up to date** with hot topics and be prepared to debate and discuss them in interviews.

How to approach debating 'NHS Hot Topics' in your MMI?

What do interviewers want to see from the candidate?

- Remaining calm under pressure
- Clear reasoning – be able to form well-structured, coherent arguments
- Critical thinking
- Understanding of all sides of the argument
- Good decision making
- Communication skills
- Empathy – show an insight into both the doctor's and patient's perspectives

How should you debate or discuss in an interview setting?

Don't panic! There is no right or wrong answer when debating or discussing hot topics. Make sure to take your time when reading over the question or scenario, if provided with a prompt beforehand or at the start of the station. Gather your thoughts before you start speaking.

Consider all sides of the argument. You might want to start by saying something as simple as, 'You can look at this from many sides…' to signpost to

your interviewer that you'll be presenting a balanced argument – it also gives you more time to think!

Give clear reasoning. Provide evidence to support your argument and draw on themes such as the qualities of a good doctor, the pillars of medical ethics, confidentiality and capacity.

Structure your answers. Consider structuring your answer in a 'for and against' style, where you explain one side of the argument and then the other. Avoid constantly switching back and forth between sides as this can make you seem unsure. It is important you show your understanding of different viewpoints such as the individual/patient, NHS, or population perspective.

Come to a conclusion. Once you've presented your arguments make sure you tell the interviewer what you've concluded. Try not to sit on the fence and choose the side you have presented the strongest arguments for. You might want to briefly reiterate your main reasons for supporting this side.

Questions. Your interviewer might ask you questions and press you on certain arguments you have made. Be careful not to let them bully you into changing your mind unless you can actually see a flaw in your reasoning. This doesn't mean ignoring the points they are making – show you understand the points they make, before then reasoning why you still support your own argument.

Practise! Practise at home to familiarise yourself with common topics that arise in interviews. This will prepare you to discuss them at length and present a balanced argument with confidence. You will get better at seeing multiple sides to an issue, which will help you in an interview even if you haven't seen the topic before! You should view this as learning a new skill, rather than just memorising the content of a hot topic. That being said, the next section will provide you with you with examples of NHS hot topics, and questions you could be asked in an MMI station.

Examples of NHS Hot Topics

Obesity

In Medicine, obesity is defined as having a **BMI greater than 30**. BMI, or Body Mass Index, is a measure of body weight compared to height (calculated BMI = mass/height^2) and is commonly used as quick easy way to check if a patient is a healthy weight. There are many **risk factors** that contribute to obesity, including genetic risk factors and environmental factors such as a lack of exercise or unhealthy eating. Obesity is linked to many other health problems, including Type 2 Diabetes Mellitus, coronary heart disease and stroke.

The **'Obesity Crisis'** is a phrase used to describe the rising rates of obesity in the UK population. Around 63% of adults in England are overweight (BMI between 25 and 29.9) or obese and 1 in 3 children leaving primary school are overweight or obese. Obesity-related illnesses cost the NHS around £6 billion a year.

What are the main issues?

Sugar Tax (April 2018): The Sugar Tax (or 'Soft Drinks Industry Levy') was introduced by the government to reduce sugar in soft drinks, with the aim to tackle childhood obesity. Any soft drink manufacturers who do not reformulate their products have to pay a fine. The money generated goes towards schools to upgrade sports facilities and breakfast clubs. The Sugar Tax has been successful in reducing the sugar content of soft drinks, but it is difficult to comment on long term impact as it takes a long time for public health policies to show effects in the population. Also, it is important to remember there are many other factors which contribute to obesity – not just the sugar content of soft drinks!

COVID-19: Obesity-related chronic conditions have been reported to worsen the effect of COVID-19, with conditions such as heart disease and diabetes putting patients at higher risk of COVID-19 complications.

PHE Obesity Strategy & 'Better Health' Campaign (July 2020): The 'Better Health' campaign was launched by Public Health England (PHE) in July 2020 following emerging evidence that obesity leads to greater COVID-19 risk, as well as lockdown leading to reduction in the population's physical exercise. This campaign aims to support individuals on their weight loss journey.

Example Questions

Should we treat lifestyle-related illnesses?

This is a for/against question. The argument against treating lifestyle-inflicted illnesses such as obesity (as a result of lifestyle behaviours like sedentary behaviour or smoking) is that the illness is 'self-inflicted'. Therefore, it can be argued that treatment of these illnesses should not be prioritised over other illnesses. However, the reasons behind patients' lifestyle behaviours are complex and not driven by a simple 'choice'. Socio-economic inequalities and poor health education can lead to unhealthy lifestyle behaviours, whereby the patient has not 'chosen' to inflict the illness on themself. Furthermore, obesity is not solely caused by lifestyle factors, but also genetic factors. Overall, the overwhelming majority of healthcare professionals agree it is very necessary to treat all lifestyle-related diseases fully and without judgement.

How should we approach conversations with patients about obesity (e.g. lifestyle changes)?

It is important to consider the difficulties a doctor will encounter when trying to discuss lifestyle behaviour with obese patients. These difficulties can include: the patient feeling uncomfortable discussing sensitive issues, the stigma surrounding obesity and patients feeling blamed by the doctor. Consider what ways the doctor could build a good rapport with the patient and sensitively approach lifestyle discussions without making judgements.

Wider Reading

- GOV.UK - New obesity strategy unveiled as country urged to lose weight to beat coronavirus (COVID-19) and protect the NHS. Click here to read more.
- GOV.UK - Soft Drinks Industry Levy comes into effect. Click here to read more.
- GOV.UK - Major new campaign encourages millions to lose weight and cut COVID-19 risk. Click here to read more.

Resource Allocation and Organ Transplantation

The NHS has **finite resources,** for example staff members, hospital beds and medications which must be distributed according to **need**. These resources can be allocated on a nation-wide level or more simply at a doctor's level. A doctor must constantly make decisions to prioritise their time, differing patient needs and treatments available. The GMC has produced a document detailing what is expected of a good doctor, called the Good Medical Practice. Here is a quote regarding resource allocation taken from the Good Medical Practice: '*you must give priority to patients on the basis of their clinical need if these decisions are within your power'.*

To clarify, you are **not** expected to come up with economic solutions, but just have an insight into the ethical dilemmas that arise regarding resource allocation.

What are the main issues?

COVID-19: The COVID-19 pandemic led to a rapid demand in healthcare resources with hospital admissions rising during the initial virus peak. There were reports around the world of overwhelmed intensive care units and limited ventilators available, leading to incredibly difficult decisions regarding how these resources should be prioritised. The cancelling of operations and appointments for non-COVID related illnesses is another

example of resource allocation, where the resources from these illnesses were prioritised for coronavirus patients.

Beneficence: See our background knowledge section on 'Medical Ethics' for more detail regarding Beneficence. It is important to act in the best interest of the patient(s) when allocating resources.

Patient Autonomy: An important component of a resource allocation decision is considering the patient's wishes regarding their treatment or care. Patient autonomy is the patient's right to make their own decisions about their medical care.

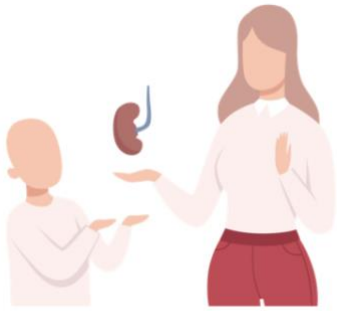
Justice: This is arguably the most important pillar when discussing resource allocation. Consider whether the action is ethical, legal or fair.. If a doctor prioritises one patient/group over another, this must be fairly reasoned using the principles of justice.

Example Questions

What determines clinical need? What factors are more important to consider than others when allocating a resource such as medication?

There is no right answer here! Consider how you would define the 'clinical need' stated in the GMC's Good Medical Practice? Factors which may determine prioritising a resource for one patient over another may include chance of survival and likelihood of treatment success.

Organ Transplant Scenario: You have 3 patients who are all in need of a liver transplant.
You have found a match for them but there is only one liver available. Who do you give the liver to? What other information would you want to know?



Patient 1: 31 year old woman. Single mother of 3 young children. 50% chance of survival

Patient 2: 62 year old man with chronic liver failure from alcohol overconsumption. 70% chance of success

Patient 3: 5 year old child with a rare disease. 30% chance of survival

When discussing organ transplantation scenarios, do not be thrown off by the different patients you get presented with – there is no right or wrong answer here. If asked to pick one patient you would give the organ to, we recommend sticking with your first instincts, as this will almost certainly be a patient for whom you can present a strong argument! Be sure to discuss the reasons for giving the organ to each patient in turn – there will always be at least one reason to allocate the organ to each patient. Interviewers will look for empathy and your ability to present a clear, balanced judgement – try to back up your arguments with ethical principles.

Ultimately, conclude with the reasons why you would choose one patient over the others and avoid changing your mind. Interviewers may play devil's advocate and while you must consider the arguments they may present to you and show you understand points they present to you, be sure to hold onto the principles and arguments you believe to be of greatest value.

Organ Donation

An **opt-out system** means that all adults are considered organ donors unless they have registered that they do not want to be. This system has been adopted in Wales, more recently in England and will start in 2021 in Scotland. Those in Northern Ireland have to **opt-in** to be organ donors.

What are the main issues?

Opt-in ethics: this system gives people the most **autonomy**. Patients who have opted-in have expressed a clear decision. It means that spiritual and religious beliefs can be upheld after death. From a practical point of view, this also makes it easier for medical professionals. However, this system does not help reduce waiting times for organs.

Opt-out ethics: this provides the greatest good for the greatest number of people (also known as **utilitarianism**) and would increase the number of organs available for donation. Consider: do the dead have **autonomy**? Do the principles of **non-maleficence** still apply?

Overriding decisions: Family members are still able to prevent organ donation for people who have not opted-out. This has been put in place as some people might not be aware of the new system and hence not opted-out yet. Whether this will undermine the system remains to be seen. It's important for families to discuss their views on organ donation so we can respect a person's decision even after death.

Example Questions

Do you agree with an opt-out system? Do you agree with allowing family members to override their relative's decision?

Have a think about whether you agree with the introduction of the opt-out system! Consider the ethical principles of: beneficence (using an organ to benefit another individual), utilitarianism (making the most out of a resource), consent and patient autonomy (consent may be less well-informed in an opt-out system compared to an opt-in system).

Wider Reading

- NHS Blood and transplant - Organ donation law in England. Please click here to read more.

Vaccinations

Vaccination is a way of preventing infectious diseases. It involves giving someone a weakened version of a pathogen so they develop an immune response to the pathogen. When the person next encounters the full-

strength pathogen, their immune response is faster and stronger so they can overcome the infection. This is a type of **active immunity**.

Vaccinations are considered a public health issue as they can provide **herd immunity** for a community. If a large percentage of people have the vaccine then the community as a whole is protected..

What are the main issues?

Anti-vaccine movement: You may have heard of Andrew Wakefield. He helped publish a paper that suggested a link between the combined Measles, Mumps and Rubella vaccine (MMR) and the development of autism (this has since been disproven and the paper was retracted). This led to a drop in the number of people getting the vaccine and a rise in the **anti-vaccine movement**.

It's important to have an awareness of the reasons behind anti-vaccination schools of thought and not dismiss them outright! People may have concerns about the safety of vaccines. Other reasons might be personal or religious beliefs. On the other hand, vaccines are important for protecting the vulnerable and frail and you should be able to explain that there is lots of evidence supporting immunisation. The WHO declared the anti-vaccine movement a global threat in 2019! This is a case of providing people with correct information whilst also respecting their beliefs.

Example Questions

Should vaccinations be mandatory?

This is a pro/con type of question. Mandatory vaccinations would mean herd immunity and protection of the vulnerable. However, we would be taking away people's **autonomy.**

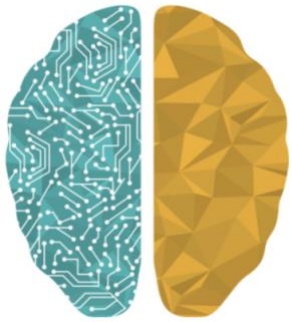
How should the COVID-19 vaccine be distributed? Should anyone be prioritised?

The vaccine will be a limited resource for some time so this is a case of resource allocation. You might want to suggest that healthcare and essential workers receive the vaccine first as they are in contact with the most people. The vaccine could then be given to vulnerable groups and the older population. This is similar to how flu jabs are given out. Mention that the aim is to develop herd immunity and the benefits of this. However, note that we need to avoid worsening healthcare inequalities. Healthcare already tends to be less available to those who need it the most. This is called the '**inverse care law**' - they'll be impressed if you know this!

Wider Reading

- NHS - Why vaccination is safe and important. Please click here to read more.
- Hussain A, Ali S, Hussain S. The Anti-vaccination Movement: A Regression in Modern Medicine. Cureus. 2018; 10(70). Please click here to read this article.
- Bohannon K, McKee C. Exploring the Reasons Behind Parental Refusal of Vaccines. J Pediatr Pharmacol Ther. 2017; 21(2):104-109. Please click here to read this article.

Mental Health



Mental health is a really important topic to know about. Mental health problems are experienced by many people – as many as 1 in 4 adults and 1 in 10 children in the UK. Research shows that mental health problems are on the rise, especially in young people.

There are many different mental illnesses that include **mood disorders** (e.g. depression and bipolar disorder), **anxiety disorders** and **personality disorders** to name a few. Some of the **risk factors** for mental health problems include problems in childhood (such as abuse or trauma), stress and poverty among many.

What are the issues?

It's important for people with a mental health problem to seek help early as this improves their outcomes. That said, there are unfortunately barriers to seeking help and receiving support:

There is still lots of **stigma** and **discrimination** surrounding mental illness that stops people from getting treatment early. Stereotypes still exist in society and in the media – think about how people with a mental health are portrayed in the news and on TV. We recommend having a look at documentaries that show real experiences of people with mental health problems. Remember: it is illegal to discriminate against those with a mental illness! See The Equality Act 2010 and read up on what else counts as a **protected characteristic**.

For those who do seek help, mental health services themselves are sometimes difficult to access. **CYPMHS** (Child and Young People's Mental Health Services) have been under a lot of pressure in recent years. They have long waiting times and can only take on the most severe cases. Adult services are also stretched – mostly due to underfunding. The **NHS Long Term Plan** commits to improving mental health provisions in hospital and community settings with increased funding promised to these services. There are also many great charities who are there to support communities.

Consider: those with a low socio-economic status are more likely to be affected by a mental health issue, but are less likely to be able to afford private mental health care. What does this reveal about healthcare inequality?

Is the NHS doing enough to look after people's mental health?

This question is a hard one to answer. On top of mentioning what we've discussed above, you may also want to draw on personal stories as well. For example, if you know someone who has had a good or bad experience with mental health services, you can speak about what you felt went well, or what didn't work. This is an opportunity to show you can **reflect** and show **empathy**.

Should we be prioritising mental health over other illnesses?

Try applying what you've learnt about **resource allocation** to this one!

Remember that mental and physical health go hand in hand. Problems in one can affect the other significantly. For examples, having a long-term physical illness puts you at higher risk of developing a mental illness. Meanwhile, those with a mental illness have shorter life expectancies.

How might COVID-19 have affected mental health in the UK?

Try and think about what the additional stresses people might have been under during lockdown and how these relate to mental health. For example, people might have lost loved ones, faced greater financial strain or felt very lonely throughout the lockdown. In addition, people became isolated from support systems which could make mental illnesses even harder to cope with. There is lots to talk about. You might even want to consider if there were any benefits for mental health. Show empathy and appreciate that the lockdown was especially hard for some people.

Wider Reading

- Mind - A-Z mental health. Please click here to read more.
- Mental Health Foundation
- Children's Commissioner - The state of children's mental health services. Please click here to read more.
- NHS - Mental health

NHS Hot Topics Continued

- **Diabetes Mellitus (DM)** – To include the difference between Type I and II DM, how lifestyle factors affect Type II DM.
- **Antibiotic Resistance** – To include the cause of rising antibiotic resistance and the rise in resistant bacteria causing hospital-acquired infections (e.g. MRSA).
- **Polypharmacy** – What is polypharmacy? The problems associated with polypharmacy and the consequent burden on patients.

- **Withdrawal of Treatment** – Consider the ethical implications of withdrawing treatment (e.g. beneficence, non-maleficence, dying with dignity). Think carefully about the 'Charlie Gard' case.
- **Brexit and NHS**
- **COVID-19**
- **BAME & COVID-19** – This relates to the increased risk of COVID-19 in the BAME population.
- **NHS Long Term Plan** – What are the general principles underlying this? What are the planned reforms?

Useful Resources

Here are some resources to help you prepare for discussing and debating hot topics in interview:

- **BBC News Health**
- **The Medic Portal**
- **The Medical School Application Guide**

Data Interpretation and Calculations

This station is about being presented data and being able to effectively analyse it and interpret it. The data could be in the form of a graph, a chart or a table. You would be expected to answer questions based on the data in front of you and may be asked to explain the trends.

This station can seem daunting first, but once you understand the steps you need to take in order to tackle this station, it becomes so much easier!

How to approach the MMI Data Interpretation Station

1. **Read the question** if it is presented in front of you or if the question is asked by the interviewer, listen carefully to what is actually being asked.

2. **Breathe!** Often taking a moment to just have a look at what is in front of you and trying to understand it is much better than just jumping right in. Sometimes the information before the data is very wordy! In these situations, it's important 'skim and scan' so you can pick out the relevant parts and acquire an overall understanding of the data.

3. **Start with what you see!**
   - Is there a title?
   - Talk about the axes if it's a graph. It may seem silly to read out the x and y axis, but often starting from the basics is the best approach!
   - Describe any trends you see. It can be easy to focus in on parts of the data but you also need to look at the whole picture.
   - Are there any anomalies?
   - Quote relevant parts of the data as you speak.
   - Is there more than one set of data?
   - Sometimes there can be a lot of data so it's important to be able to scan and prioritise so you don't run out of time when trying to explain.

4. **Try to explain the trends**
    - Explain your thinking out loud! The interviewers want to gauge an understanding of your thought process.
    - Apply any relevant existing knowledge to the data in front of you.
    - Analyse the data in a logical manner – don't jump from one part to another!
    - Quote the specific parts of the data you are referring to when you explain.

5. **Drawing conclusions from the data**
    - Discuss the overall interpretation of the data. This includes combining all the information and thinking carefully about how it all relates.
    - Discuss the validity and reliability of the data if it is relevant in the context of the data.

Example Questions

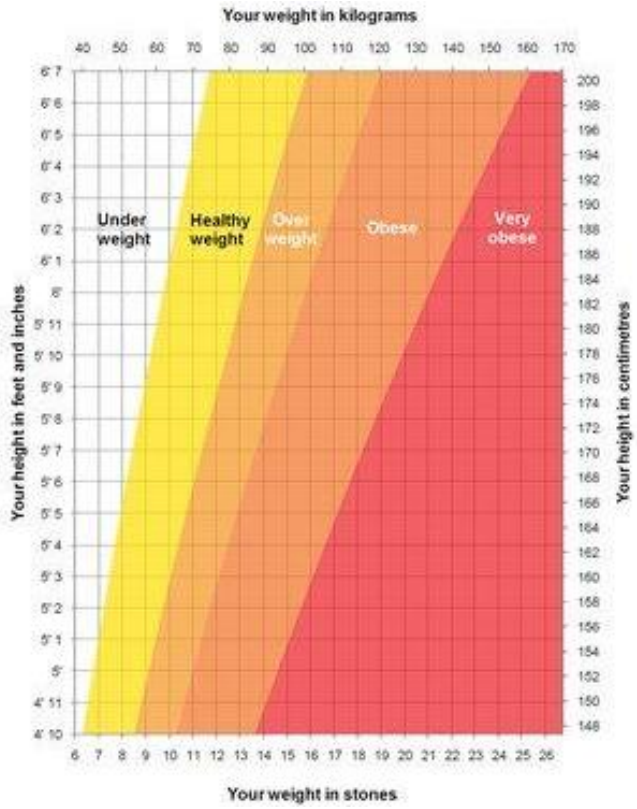
Example Prompt 1

Source: NHS - Height and Weight Chart

A 15 year old patient weighs 70kg and has a height of 1.50m. Work out this person's BMI. What will this person be categorised as according to the chart?

$$\text{BMI} = \frac{Weight\ in\ kilograms}{(Height\ in\ metres)^2}$$

BMI = 31.1 Obese



How useful are BMI calculations? Are there any disadvantages to using BMI?

- Free, fast and easy to use BMI measurements.

- BMI calculations can help identify overweight or obese patients.
- Not accurate as people with a high muscle mass may be classified as obese using BMI but do not face the same health risks as someone obese.

What do you know about childhood obesity? Do you think the prevalence of childhood obesity is increasing?

When answering this question you should attempt to give a brief overview of childhood obesity and explain whether the prevalence is rising and why this might be. This is an NHS 'hot topic' that would be useful to look into prior to going into interviews!

What could the NHS do to prevent the rise in cases of childhood obesity?

In order to answer this question fully, you should outline some preventative measures the NHS could use and talk about current measures such as ongoing public education campaigns or regulating school meals' nutrition. You should also highlight some advantages and disadvantages of these measures and make reference to their effectiveness!

Example Prompt 2

Please see here for the image source.

Describe fully the graph pictured on the right.

When attempting to answer this question, describe exactly what you see! We have provided you with an exemplar answer for this question:

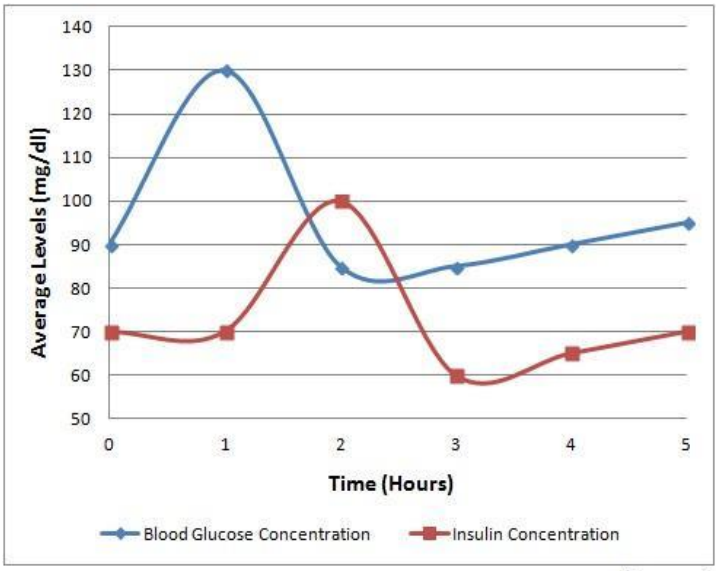


Figure 1

In the first hour, the blood glucose concentration increases from 90 mg/dl to 130 mg/dl, in this period insulin concentration remained at a similar level of 70 mg/dl. In the second

hour blood glucose concentration dropped to 85 mg/dl, and insulin concentration rose to 100mg/dl. The insulin level then dropped to 60 mg/dl after 3 hours, and rose over the next two hours to 70 mg/dl. The blood glucose concentration rose steadily from 2-5 hours, from 85 to 95 mg/dl.

Explain fully reasons for the trend displayed by this graph

You should explain the trend for any graph in sections or stages. Please read the example below to understand how you can apply your knowledge to explain this trend.

Starch and sugar is consumed at 0 hours. In the first hour, food is digested and the glucose is absorbed by the blood, so blood glucose concentration rises. As it rises to far from the "norm" level of around 90 mg/dl, insulin is secreted, which converts blood glucose into storage glycogen. So insulin levels rise, and blood glucose falls. Then some glycogen is converted back to glucose as blood glucose levels fluctuate back to "norm" and insulin levels also return to "norm" level. This is known as negative feedback.

What do you know about Type 2 diabetes? Why is Type 2 diabetes becoming more prevalent in the UK and what role does the NHS play in preventing its rise in the UK?

This question is asking you to draw on your A-level & GCSE Biology knowledge to explain the causes of Type 2 Diabetes. You should think critically about the social, physical and environmental influences leading to a rise in Type 2 Diabetes.

Personal Attributes

A 'personal attributes' station involves you discussing several values and traits that are vital for doctors, and demonstrating that you have developed these qualities yourself.

If asked to describe the attributes of a good doctor, you should give examples and explain why they're important for the job. Some examples include:

- **Good communication skills** – as a doctor you need to be able to communicate information to patients in layman terms, whilst also communicating effectively to your colleagues using the correct medical terminology. Both are equally important.
- **Teamwork** – the multidisciplinary team vital to excellent patient care. You'll be working with a wide range of other professionals, with a wide range of personalities, and you'll have to maintain great patient care throughout.
- **Personal organisation and time management** – you need to be able to maintain a good work-life balance whilst still getting everything done on time.
- **Resilience** – your career won't be all smooth sailing. There will be ups and downs and you need to be able to show that you can cope when the time comes.

How to approach a personal attributes or values MMI station

If you're asked about your personal traits, it's not enough to just rattle off a list – you need to back it up with examples. 'STARR' is an acronym that can be used to answer a question that focuses on behaviour. It stands for Situation, Task/Target, Action, Result and Reflect.

A common question asked at this station could be: "What qualities do you have that will make you a good doctor?". Using good teamwork as an example, let's see how we can apply the STARR format to create a well-rounded answer:

- **Situation** – briefly describe the situation where you demonstrated effective teamwork; this can be in a medical setting such as during work experience, or in your everyday life. For example, *'During 6th form, I was on the committee of our annual fundraiser event. We had set a target to raise £1,000 for a local leisure centre that needed urgent repairs.'*

- **Task** – describe your specific role in the situation. For example, *'As the publicity officer for the committee, it was my job to advertise the fundraiser event on social media.'*

- **Action** – describe how you handled the situation and overcame any challenges. For example*, 'I designed posters and social media to advertise the event over the course of a month to ensure lots of people in the school were aware of the event. I also took the initiative to get in contact with our local radio show for free advertising to people outside of school, which is something we had never done before. Finally, I regularly communicated with the committee to keep them updated about the outreach numbers.'*

- **Result** – how did your actions help reach your goal? For example, *'Due to the radio show advert and the extended period of advertising, we exceeded our target by raising over £3,000'*

- **Reflect** – what did you learn from this experience? For example, *'This experience helped me to go out of my comfort zone and develop key qualities such as time-management, leadership and organisational skills'*

You may also be asked about qualities that you need to improve on. This requires reflection and personal insight. In short, this involves being aware of your own strengths and weaknesses acting on any positive or negative feedback you may have received. This is an incredibly important skill to have in your medical career, right from your first year of medical school. Without the ability to reflect effectively, you'll never grow as a person or a professional.

If faced with a reflection station, it's important not to be self-debilitating and instead focus on how you are actively trying to get better.

Example Questions

- Give an example of time where you experienced failure. What did you learn from this experience?
- How do you deal with failure?
- What is your biggest weakness?
- What would you say is your greatest weakness, and how have you worked to develop in this area?
- Medicine can be a very stressful job at times, especially during the ongoing pandemic, how do you deal with stress?
- What skills and qualities would you bring to this medical school that set you apart from other candidates?
- Could you please describe a situation where you led a team?
- Could you tell us about a situation where you solved a problem in a creative way?
- A career in medicine involves significant teamwork, often in a multi-disciplinary team. Situations of conflict are inevitable. How do you handle conflict within a team?

Prioritisation

Prioritisation stations often present themselves in multiple mini interviews. They may seem strange at first, particularly in situations where all the answers might seem right. MMI Prioritisation tasks test your ability to complete a range of time and **resource limited tasks.** For example you may be asked to choose a specific number of items from a list, according to their usefulness for a particular task or you may be required to outline the order in which you would undertake a specified number of tasks.

There is often no base knowledge required to complete these tasks, and no specific 'right answers'. Instead it is about presenting a logical, well-reasoned and well-planned answer. Every answer is the right answer, as long as you provide a **valid justification**.

How to approach the MMI Prioritisation Station

The most valuable pieces of advice regarding this station would be:

Do not rush

Even if you think six or seven minutes seems like a very short time to face such a station, it is better to take some more time thinking of an answer and a reason behind it. As opposed to rushing into a superficial answer for the sake of time.

Think out loud

Do not be afraid of thinking out loud or explaining your point of view when picking the options you prioritise. The examiner is interested in seeing your critical thinking skills, communication skills, and the way in which you handle time pressure.

If you get stuck, cheer up!

You have enough time to step back into the discussions and reconsider the choices you make if needed. An examiner would appreciate if, when prompted and after reasoning out loud, you change your mind. Although you do not have to, this would show open-mindedness, maturity, and the ability to embrace suggestions and changes.

Example Prioritisation Questions

In this section we will provide you with two scenarios, as well as a worked solution for each of them.

Example 1:

You discover you will have to survive on a desert island. What three things would you bring with you out of the ten in this list?

- A notebook
- Your phone
- £1000
- A picture of the people you love
- A swimming suit
- A blanket
- A musical instrument
- A camera with unlimited battery
- A fishing net
- A bottle of sunblock

Most of the options listed above are very valuable and definitely useful things to bring with you on a desert island. What really matters is how you justify the answers you pick. Think of the most fundamental items: a fishing net to be able to get some food? A blanket for when it's cold at night to avoid freezing? And a bottle of sunblock to protect yourself from the

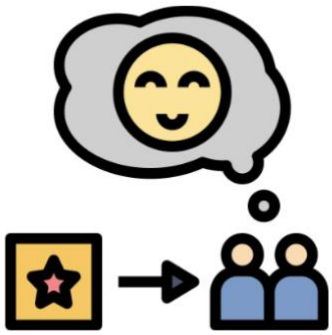
scorching sun?

You can also use this question to talk about some of your abilities: if you are really good at playing a musical instrument, you can say you'd bring that with you as it has kept you company and uplifted your mood in the past. This would be a great way to pick one of your three options as well as showcasing a talent of yours!

Example 2

Out of the eleven qualities listed below, pick the three most fundamental ones to have as a medical student and future doctor:

- Commitment
- Curiosity
- Communication skills
- Teamwork
- Scientific Knowledge
- Ethical Knowledge and Integrity
- Professionalism
- Time management skills
- Organisational skills
- Problem solving skills
- Altruism



As you can see, in the scenario all answers can be right as long as you justify them in a reasonable manner. A good strategy would be to mention some of the qualities you have observed in successful medical students or doctors. Were they faced with a particularly challenging ethical dilemma? Did they have to work well in a team to treat a patient or did they have to manage their time well when working on a tight schedule? Feel free to mention what you observed and appreciated in healthcare professionals; this will show that you can pick up good habits from your teachers and mentors and that you can reflect and learn from your work experience.

Another way you could tackle this question would be thinking of your own skills and how they would make you suited to be a medical student. Are you particularly curious about the world and the people around you? Have you organised an activity or an event where you had to work with a team to overcome some challenges? The interviewers want to get to know you and the experiences you have had, so this would be a great way to let them find out more about the amazing medical student you can be!

Lastly, you can also start from the options you would not pick. You could say these are very valuable but that for one reason or another, you would exclude them from your top three choices.

Remember throughout MMIs, unless you say something unethical or discriminatory, the examiner will not mark you down for your point of view or for picking one answer over another. In fact, they are interested in understanding how you think and in this particular case, how you prioritise tasks

Panel Interviews

A panel interview is exactly what it sounds like: a panel of interviewers (often 2-4) that will ask you questions about your application. The way in which these interviews are conducted will depend on the university, but you will have all of the interviewers ask you at least one question, and there will also be one member of the panel that will focus on writing notes and capturing your answers for later discussion and review. This should not be alarming. They will almost always adhere to a fixed mark scheme and will not be seeking to judge you for your answers. Generally, the panel will consist of a range of medical school members, such as but not limited to: admissions tutors, doctors, and increasingly, students.

Unlike an MMI, the panel interview allows for you to have **in-depth questioning** and for your interviews to really understand you by having a full conversation. In order to best facilitate this, interviewers will often have your personal statement and some basic information about you available on hand, and the panel interviews are scheduled to be around 20-30 minutes, depending on university.

Given this, it also often means that the questions asked during your interview will be **unique to your experiences** and the **questions will also be guided by the answers** that you give. However, there will also be standard questions about your motivations to do medicine and key themes such as teamwork, NHS hot topics, and work experience. Information on questions is not released beforehand, however looking at university websites for what they are looking for in candidates will help guide you on these themes, so it is advisable to prepare well for these key areas.

Since the interview will require you to demonstrate your skills and experiences via the answers you provide, it is paramount that you are **able to explain these using your experiences** – including but not restricted to those mentioned on your personal statement – as opposed to showing them at an MMI station.

At the time of publication, the following universities used panel interviews:

- Barts
- Cambridge
- Oxford
- Glasgow
- Southampton
- Swansea
- UCL

Key themes

Motivation

Why Medicine?

Medical Schools like to see how committed you are to being a medical school student and then a doctor. They will typically ask you this with a classical question along the line of '**Why Medicine?**' or **'Why do you wish to be a doctor?**'.

These questions have probably been answered a good few hundred times already so it will be hard to say something that is original. **Answer honestly** and talk about experience you have had that led you to apply for Medicine. An answer that clearly indicates **reflection and insight** is what you would be expected to provide.

A key point to explain is why it is Medicine specifically that you are interested in. mentioning the key aspects that make doctors unique to other fields.

Knowledge of Medical School and Teaching Methods

Medical Schools like to know **why you applied to their specific course**. Your personal statement, though broad, had shown them that you would be a good fit within the cohort so you already have their attention. Though you may not have targeted a specific medical school, explain what you like about the form of **teaching** they have. Recognise whether it is Case based learning, Problem based learning or Traditional, and why that suits you best. Also consider the **length of study** at the medical school, the chance for **intercalation** and key hospitals students that students have the chance of working at.

It might be worth identifying key institutes of research or recognised doctors or researchers at the institute that you may hope to work alongside. Knowing a university's areas of focus will show that you have thought about why you are choosing to apply to the institute.

Depth & Breadth of Interest in Medicine

In medical school, interviewers like to ask about what you are aware of is happening in the **NHS and Public Health England**. You could be asked about public health campaigns, like the couch to 5K or the Track and Trace app. On the other hand, they could ask you about speciality medicine and what you were able to learn whilst at work experience. Either way, make certain to keep to the facts and elaborate on what you found interesting. Refer to the Background Knowledge section of the eBook to learn more about a range of topics in Medicine.

Empathy

The trait of understanding and having the ability to share feelings of another individual is hard at the best of times. You will struggle to always understand why someone feels a certain way or try to comprehend what stops an individual from doing something. **Empathy** is something you will encounter on a **daily basis** when you are in medical school, whether it is with your peers, the patients you see or with the individuals of other allied healthcare pathways you work with. This **ability to share in someone's struggles** and **support them throughout their tough time** is one of the most important skills for an applicant.

In the interview, you may discuss when you have shown empathy towards another individual or when someone has demonstrated it to you. The capacity in which the event happened does not matter, as long as you can show you responded appropriately to the situation. Your experience of observing empathy from clinicians at your work experience might be worth mentioning. You can use a **reflective approach**, as detailed earlier in the eBook to discuss your **work experience.**

Teamwork

The important aspect to consider for teamwork is what your role is in a **team,** as a **team member** and a **team leader**. During your medical career, there will be

many instances when you will be part of a team, such as part of a research team or in a ward round. You will be expected to react appropriately in different team situations - sometimes it is appropriate to take leadership, while other times it might be more appropriate to adhere to guidance and be a team player.

Teamwork is a crucial part of being a doctor, as patients are cared for by a team of healthcare professionals. Medical school interviews will try to assess your ability to work in a team. You would be expected to draw from your own **experiences** to explain how you have either stepped up to the plate to **lead a team** or how you incorporated yourself into a group to ensure the best possible outcome. Here, the STARR method of answering a question (see Interview Preparation section) will help you to explain what you were able to see and learn from the experience. It might be worth **reflecting** on what you learnt about yourself from your experience and how you have been **working to improve a specific skill, such as communication skills.**

Personal Insight

Now, it is important to consider that as a future doctor, you need to be aware of the **challenges you will face** and the struggles that you will have trying to adjust to life as a medical student. Everyone has weaknesses and it only strengthens your interview when you mention them. So, before you interview, consider what others' see as areas for improvement and development.

The topic of personal insight is typically well sign posted in an interview. The question will come in the form of **'what would a loved one say is your best quality?'** or **'what will be the biggest challenge for you as a doctor?'**. The interviewers are inviting you to talk about the trial you have gone through and what it has allowed you to do to become a better individual. Reflect upon this and demonstrate how you learned from it and are acting on it.

NHS Hot Topics and Medical Ethics

At panel interviews, interviewers may combine a hot topic with medical ethics, though the latter can be hidden within the question. You would be asked something along the lines of what is your view on this topic or how would you tackle this situation. Questions might involve case scenarios, where an underlying issue such as Postcode Lottery might be present.

These questions would require you to **apply your knowledge of the key area to a scenario and to discuss it**. Explaining **both sides of the key topic**, while **explaining any developments** or long lasting impacts of the situation itself would be advisable.

Data Interpretation

Doctors are expected to interpret lab reports and other forms of data. For research projects and for intercalation years, you will need to infer what is meant by the outcome of stats tests and what graphs are referring to in research publications. Working with data and being able to imply what is meant in the numbers is crucial.

The good news for the interview is that the level of maths you need for this is squarely in the GCSE range, no integration of differentiation here. You would primarily **convert between decimals and percentages** as well as working with **scaling quantities for drugs doses** or even doing the odd **BMI calculation**. Sometimes, a calculator will be allowed and other times they will not. However, do not worry, showing working out and thought process with an answer in a given range is sufficient.

Creativity

This area is one of the harder areas to prepare for when it comes to the medical school interview. Consider it like the Section 1 of the BMAT or Decision Making in the UCAT. This area is here to let you think about how you would consider a **problem and tackle it,** broadly evaluating your **critical thinking skills**. There is

no right answer to these questions, only the correct way of thinking, especially as most sorts of questions will typically not have a clear set answer.

An example of a question could be: “how many people are playing tennis at this current moment in time?”, where you would be expected to **show a method to get an answer.** Think logically and write out some steps if you are provided a pen- or have one at hand if the interview is online. **Logical thinking** and **explaining your steps** will be key to getting a good outcome from this type of question.

Oxbridge Interviews

Oxford and Cambridge are known for having a distinctive interview style, which differs in some aspects to other medical school interviews. The interviews are designed to assess **academic potential**, and interviewers are looking to see the way in which candidates **think** and **learn** rather than simply assessing someone's knowledge or skills.

The interviews are often very similar to the small group teaching offered on the course, so it is an opportunity to see if a candidate will thrive on the course. The courses at Oxford and Cambridge follow a more traditional course structure, with the first three preclinical years focused on the scientific background of human health and disease. As a result, in comparison to other medical school interviews the Oxbridge interview questions are often **focused on scientific application.**

Oxford and Cambridge are made up of many individual colleges, which provide small group teaching, accommodation, social events and pastoral support. Often when a candidate is invited to interview, they will be interviewed at **more than one college**, and each college may conduct **multiple interviews** ranging from 20 minutes to an hour long. As a result, it can be very intense with a number of challenging interviews over a short period of time. It is important to prepare and to be familiar with the types of questions that could be asked, as this will make the process slightly less stressful and hopefully result in a more successful interview. There may be differences in the number and length of interviews this year due to them being held virtually, but interviewers are still looking for the same qualities in the candidates and the ability to learn and think in challenging situations.

Showing your enthusiasm

Your enthusiasm for the course comes across in your interview. The interview process is long and intense, but these experiences are very similar to the tutorials or supervisions that medical students have each week so it is

important that you show you are engaging with the interviewer's questions. If you engage and are enthusiastic, rather than being too nervous to say anything, the interviewers are more likely to think that the teaching style will suit you.

Structure

Although the interview process differs between Oxford and Cambridge, and from college to college, there is a general structure to the interviews with common topics which are often brought up in the interviews. Usually the first few questions are there to allow you to settle into the interview, and are questions that you can more easily answer.

Starter questions

Common starter questions may include:

- Can you tell me about something you learnt from your work experience?
- What do you understand by the term meiosis?
- What do you see in this image?
- Why do you want to study at Oxford?

Personal statement

These starter questions may ask about your personal statement, such as your motivation for studying medicine, work experience, or extra reading outside of your subject. As a result, it is very important to **know your personal statement** well and to be willing to expand on anything that you have mentioned there. This is likely to be the answer that makes a first impression on the interviewers so you want to try to start off well!

Tip from my experience:

> *"Put post-it notes around your statement, with a bit of extra detail for the key points and experiences you have. That way you are prepared to talk for longer on an aspect of your personal statement rather than having to think on the spot. "*

Knowing your science

Another common starter question approach is to ask about a topic from your studies up to now. It is worth being up to date on the basics of biology, chemistry and maths to a similar level as that for the BMAT. Often the questions are testing biomedical knowledge which are relevant to the first three years of the preclinical course, so the starter questions can be quite focused on biology and it would be a good idea to have a look over A-level or equivalent notes that you have made so far in the course, or a read over a revision guide, before the interview.

Applying your knowledge

The starter questions can also be about something you have been given either before the interview or during the interview. This may be a **medical or scientific image, or a scientific paper to read**. It is important to start off answering confidently, so if you have been given time to pre-read a paper make sure you have thought about what the whole paper is about. If you are given an image, let the interviewers know your initial thoughts, remember that saying something is better than saying nothing or 'I don't know'!

Why Oxbridge?

As well as knowing why you want to study medicine, be prepared to have an answer to why you are applying to Oxford/Cambridge. This question can also demonstrate whether you know what the course structure is, how medicine at Oxbridge can be different to at other universities, and that you have a passion for biomedical science as well as clinical medicine. To prepare for these questions, **make sure you know about the course structure and the features of the collegiate system**.

As a brief overview, the medical course structure is traditional, with three years of preclinical study followed by 3 years of clinical study. The preclinical years consist of lectures and practical classes with very few opportunities for patient contact. In year 3, medical students work towards a BA degree which will usually

include a research project and optional modules where students can specialise in an area of choice. In the clinical years, students will be on clinical placements and receiving clinical teaching. As well as lecture-based teaching by the central university, tutorials (Oxford) and supervisions (Cambridge) are offered by the individual colleges. Students usually work towards 1-3 tutorials/supervisions a week, with set work such as essays and problem sheets which are then discussed in the tutorial/supervision. The collegiate system offers both teaching and academic support, as well as social and pastoral support. More information about the course structure can be found on the university websites.

Further into the interview

From the starter questions, the questioning may lead to more challenging questions where the answer will not be as clear or requires some further thinking. They often test **skills in data analysis, ethical reasoning and problem solving**.

Data Analysis

The data analysis questions may involve additional tables and graphs which are presented at the interview, or a paper that candidates are required to read before the interview. With these questions, it is important to note the **independent and dependent variables, any patterns or trends in the data and whether the results show correlation or causation**. If reading a paper, it can help to think about what the **main aims of the research** were, and **what the main results showed**.

Ethical Reasoning

Ethical questions often follow similar themes to those at other universities, for example questions about the allocation of resources. Like the rest of the interview, it is important to **explain your thought process**, and **particularly in ethical questions to not judge too quickly what option would be best**. These questions are looking at the considerations you make when asked difficult

ethical questions, with the overall outcome being less important than the reasoning behind your choice.

Problem-solving

The problem-solving questions often follow on from the starter questions, and are testing the **candidate's ability to think out loud and to work through a problem with limited background knowledge**. Rather than just starting with a difficult question, the questions gradually become more challenging with each question building on the previous answer. Here's an example of how these kind of questions may be asked:

1. **Starter:**
- How does the human body undertake gas exchange?
- Which gases are involved?
2. **Further Questions:**
- Why do we need oxygen?
- What is its use in the body?
3. **Further Questions:**
- If oxygen is needed for aerobic respiration, when might we need more oxygen to reach the tissues?
- How might this be achieved?
4. **Problem Solving:**
- How can we measure these changes (e.g. increase in heart rate, increase in ventilation) in humans who are exercising?
5. ***Problem Solving:***
- Do these changes carry on exponentially?
- Or is there a limiting factor?
- What happens when the maximum level of oxygen delivery to the tissue is achieved?
6. **Problem Solving:**
- How could you design an experiment to investigate if enough oxygen was reaching the muscles?
- What would be important to measure?

- What would you expect at rest and during exercise?

These questions often involve **designing an experiment**, or **finding a way to measure something in the body**. Remember that the previous questions are a hint to the direction in which you are asked to go in. In the example question above, the initial questions were about gas exchange so it is likely that the following questions will look for your application of knowledge in this area. Also, there may be times when candidates suggest an incorrect answer or go off track, but often the interviewers will suggest that candidates think again and come up with a different solution. To practice for this, it is helpful to try answering a question you don't know the answer to such as 'Why do trees lose their leaves each year' or 'Why is the sky blue', and coming up with multiple ideas about what the answer could be.

The important thing to remember with the problem-solving questions is that the interviewers are **assessing your ability to learn,** not how perfectly you answer a question. Letting the interviewers know what you are thinking about and why you are coming to certain conclusions is a key skill that you can develop before the interviews, and makes the process much less daunting and unfamiliar. To practice 'thinking out loud', ask a friend or family member to ask you a question about a recent medical or scientific breakthrough, or to explain a concept from your biology or chemistry studies. This will help increase your confidence in speaking about scientific topics for an extended period of time, and in explaining what you are thinking to someone else.

Final thoughts

Often candidates make the mistake of thinking that Oxbridge interviews are impossible to prepare for, or that the questions are so inaccessible that no one could answer them. On the contrary, by practising talking about scientific concepts and how you would come up with solutions to difficult problems, you can ensure that you are as best prepared as possible for the more challenging questions in the interviews. Alongside preparation for the more straightforward 'starter' questions such as those about the personal statement, biological

concepts from GCSE and A level studies to date and motivation for studying medicine at Oxford, this will help in getting through the interview process and hopefully in getting an offer.

Common pitfalls + how to avoid them

- When at the personal attributes station, make sure you explain how you've shown these skills. Use the STARR method to help structure your answer and don't forget to reflect.

- Every medical school structures their MMI stations differently - most interviews give you 7 to 10 minutes per station with a couple of minutes to read the prompts. Make sure you know the exact amount of time you have for each station and practise at home by speaking your answers out loud and timing yourself. The last thing you want is to run out of time, or even worse, finishing everything you have to say in less than a minute!

- **Have confidence**. You've been invited to interview for a reason, so show them what you've got! The more you practise, the more confident you'll feel. Practise with whoever will listen and create your own mock MMIs if you can. Familiarise yourself with common interview stations such as hot topics in healthcare, the NHS, personal attributes and much more

- Your Friends. No, by this, I do not mean you go and practice medical demonstrations on your friend or re-enact scenes from your volunteering. I mean asking your friends to do role play stations with you. I had friends who did Drama A-Level and they were only too happy to carry out improvisation stations and give me feedback on body language, tone, and appearance. This proved crucial when it came to role play and I had to comfort an actor at my SGUL interview.

- Over preparing! Do not rote learn answers - it can be quite obvious when students have memorised and then regurgitated an answer. It is important to plan ideas and concepts you want to cover when answering certain questions, however on the day try and speak from the heart, let your enthusiasm shine and come through - trust me it'll be so much better than sounding like a robot!

- Not answering the question. When you have been provided a question, ensure you listen to it and understand what is being asked of you. It becomes very clear if you have rehearsed an answer and if you state the wrong one, it does not help you in the stressful situation. Listen carefully and ensure you address the whole question in your answer.

- [UCL specific] Your BMAT Essay, the best piece you can use to have some control over the interview. This takes up a noticeable bit of your UCL interview and it is crucial to remember some of it before the day. You may not have access to it until then, in which case, after you have taken the BMAT make certain to make a note of the question you answered and the points you made. If necessary, extend on them on your own time to do your very best when you are asked under pressure.

Oxbridge

Often, candidates think that the Oxbridge interviews cannot be prepared for because the focus is more on how the candidate learns and thinks. However, these skills can be practiced and a useful tip is to practice talking about difficult scientific concepts from A-levels, recent medical news, ethical cases, or practice questions from reliable sources. **If you practice explaining your thoughts and thinking out loud, it is easier to avoid not knowing what to say or giving only short answers in the interview.** Being able to explain your thoughts shows that you are engaging with the questions, and if you are on the wrong track the interviewers can more easily steer you in the right direction.

Don't worry if you don't know! Many of the questions in the Oxbridge interviews are difficult and require thinking through before coming to a definitive answer, so don't worry if you don't know the answer straight away. In addition, if you think you have made a mistake, or the interviewer asks you to think of another alternative, don't be afraid to change your mind and to think of an alternative solution. **Keep letting the interviewers know what you are thinking**, and through discussion with them you are more likely to get closer to the answer they are looking for.

Night before + morning of interview

Night before

Have a **relaxed night before the interview** - be proud of your preparation for the interview, and be well rested for the interview!

Try to not spend the night before your interview cramming until late in the night, as this will most likely make you more stressed and tired for the day of the interview. Instead, **eat a good, nutritious and tasty meal**, then spend the evening doing something you enjoy and find relaxing, whether that be watching a film, spending time with family or anything else!

What to wear?

An online interview is still a formal event as it would be in person. Plan what you are going to wear for the interview in advance. Try this on before the day to ensure that you **feel comfortable** and that you **look smart and professional**.

Logistics

It's a good idea to **read over all the information you have been sent by the university**, so that you know as much as possible about what will be happening, and to check that you haven't missed anything important. There may be specific things that you need to bring with you for an in-person interview or have on hand for an online one.

You should **prepare everything you will need for the day**, including:

- Water
- Snacks
- Pens
- Any ID that you have been asked to bring
- Notebook

If you have an interview in person, double check how you are travelling to the interview:

- What time you have to leave
- How long it will take
- Have you left any leeway in case of traffic or issues with transport?
- Have a back-up travel plan

Setting up your online interview space

Ensure the area you complete the interview in is **quiet** – you should inform your family and people in your household of the timings of your interview, so that you can have a quiet space for your interview. Make sure you are able to have the **room to yourself for the duration of the interview** – the interviewer may ask you to move your webcam around the room to demonstrate that you are by yourself. If you have caring responsibilities, it may be necessary to arrange respite care.

Think about what the interviewer on the other end of the webcam can see – it is worth tidying your room and making sure none of your laundry is hanging on your radiator in the background!

Think about lighting – the best lighting for webcams is having a light source in front of your face and body, as opposed to a light source behind your body. Natural daylight is often best, so try and sit in front of a window if possible. If not, position a lamp in front of you. Lastly, experiment with different lighting setups and see what works best.

Sleep early!

Try and get an early night, so that you wake up refreshed and ready for the interview. That can be easier said than done though, especially when you're nervous. To make it easier, give yourself time to wind down before you go to bed – make sure you have stopped any preparation for the interview at least an hour before bed, turn off any screens, and avoid caffeine in the hours leading up to it.

Before going to sleep, make sure to **set an alarm** – maybe multiple if you know you can sleep through them. Maybe ask someone you live with to check that you are awake on time in the morning too.

Morning of the interview

Eat a breakfast that will keep you full for the whole interview as you don't want the distraction of getting hungry halfway through. Good examples of breakfast would include porridge with fruit, or boiled egg on toast. It's also essential to stay hydrated, so make sure you drink plenty of water.

Do everything possible to try and reduce stress on the day – if you find you worry less when you are distracted then try and keep yourself occupied. Try not to worry too much; **be reassured by the preparation** you have done in advance, and **be confident in your abilities**.

Before the online interview

Silence all notifications – you may be required to turn your phone off during the interview (provided you aren't using it for the interview!), but even if this isn't formally required, we really encourage you to do so. Turning your phone off will help limit any possible distractions and notification sounds. Make sure you also consider notifications from the device you are completing the interview on (e.g. laptop, computer or tablet) – close any apps that send notifications and use a 'do not disturb' feature to silence all notifications if your device allows this

Keep a glass of water on the table nearby – this will come in handy in your voice gets croaky, or if you just need a well-timed excuse to take a pause and have a think about what you want to say next

Follow the guidance in the emails from university to **set up your online interview software**. Set up well in advance of the interview, and have a quick check of how you come across through the camera option of your device!

Remember, do not record or make notes about the questions asked in the interi– medical schools take this very seriously and can raise questions related to professionalism.

For further guidance, refer to the Medical Schools Council's info sheet about how to prepare for online interviews, available here - we recommend you read it.

Resources for Interview Preparation

Many of these websites and organisations also offer paid content, crash courses and mock interviews. We Are Medics **does not endorse** or encourage these. We strongly advise that there is no need to purchase any interview preparation services. We have decided to include these links because we believe the value of the free content is worth sharing.

Medical Schools Council website

The MSC website is an excellent resource. It is filled with **free informative sheets, videos, explanations** and guidance about Interviews and all things Medical School Application related.

They have a fantastic interview prep section here. A guide to hosting your own MMI (complete with example questions and mark schemes) is available here

General Medical Council guidance

The GMC is a key regulatory body for doctors. The GMC guide for medical students: '**Achieving Good Medical Practice: guidance for medical students**' is worth a read to understand the key principles of medical practice. These principles would definitely come up in the interviews. Access it here.

RCS England

A list of medical school interview questions written by the Royal College of Surgeons, with **specific guidance on how to approach them**.

Medical Portal

They have a lot of useful guidance on Medical School admissions. It has everything from writing the personal statement to **Interview Questions including tips and tricks**. Find out more through Link 1 and Link 2.

Medicine Answered

A website created by Doctors and health care professions, that provide a lot of different **articles regarding interview pitfalls, common mistakes, to acing the interviews** as well as providing several different topics and questions that could appear. Find out more about MMI interviews and about medical school interviews in general. A truly valuable resource!

6Med

6Med is created by a group of medical students alongside their degree who have created some fantastic free resources regarding medical interviews – **how to prepare, common questions, how to do well, common mistakes and how to smash them on the day**. You can browse through their free resources here.

The MSAG

A collection of resources for medical school interviews created by Doctors and Dentists and a combination of medical students from over 30 medical schools in the UK. A number of articles written about **common interview tips, questions, do and don't**. Find out more here.

They also have an online course which is completely free! It goes through medical school interviews and some important **NHS Hot Topics** with some very useful advice. It's a series of short videos on different topics and stations so you can watch whichever ones are most useful for you!

Corbett Maths

These little 5 a day worksheets can be great for doing some mental maths work ahead of a **MMI with data interpretation** or needing to quickly work something out. The 'Higher' ones are the ones to try.

Journey 2 Med

Hazal and Lydie do great 'day in the life' videos and do post frequently to their Instagram page about tips and tricks for both prospective and current medical

school students, so please check their pages out as they will always give you a good piece of advice.

Indeed

This website offers general interview advice, including an in-depth discussion of the STAR technique.

Oxbridge-specific resources

- Oxford SU page on student interview experiences:
- Oxford University sample questions
- A guide for applying to medical school written by Cambridge MedSoc with excellent tips for interviews and some practice questions

Preparation Checklist

The following list should be used to help you organise and approach your interview preparation. Ideally, by the day of your interview you will have completed all of the preparation:

1. Background knowledge

- ❑ Principles of the NHS
- ❑ How the NHS is structured
- ❑ Rough understanding of the budget of the NHS
- ❑ Knowledge of the NHS in the devolved nations [needed if interviewing outside of England]
- ❑ 4 pillars of medical ethics
- ❑ Understanding of topical ethical issues
  - ❑ The case of Charlie Gard
  - ❑ Assisted dying
  - ❑ Opt-out organ donation
- ❑ The Junior Doctor contract and strikes
- ❑ COVID-19 and the NHS
- ❑ What is 'public health'?
- ❑ How might Brexit impact the NHS?
- ❑ What are chronic diseases and why are they important?

2. Personal examples

You should have thought of a few personal examples which relate to important skills and attributes, to discuss at your interview. We would suggest you make brief bullet points for each of the following scenarios/ examples:

- ❑ When you were a good leader
- ❑ When you solved a difficult problem
- ❑ When you worked well in a team
- ❑ When you handled conflict

- ❏ When you demonstrated good communication
- ❏ When you made a mistake
- ❏ Empathy – example from work experience
- ❏ Teamwork – example from work experience
- ❏ Leadership – example from work experience
- ❏ Good and bad communication – examples from work experience

3. Practice

- Practice has so many benefits – it will improve your performance, develop your confidence, and if practising with someone you will be able to receive feedback.
- You should practice with friends and family, using some of the example interview questions in our interview resources.

50 word advice

Here is some quick advice from some of the authors!

Be yourself, wear a big smile , believe in yourself, you're here for a reason. That medical school has seen something in your application that impressed them, trust yourself, you can do this! If one station goes not as planned, that's okay! Take a drink and then go and smash the rest of the stations! My top tip - fake it til you make it! You can do this!

Alessia, Leicester

For some universities, a part of the interview will be to discuss your BMAT essay. Thus, after you have taken the exam, jot down a few notes on the key points you made and assess where you would need to practice for the interview.

Altay, UCL

I prefer MMIs over panel interviews because each station is like a clean slate. If a previous station doesn't go well, put it behind you and stay focused on the stations ahead! Remember that each station is another opportunity to make a good impression. It's easy to feel like you've blown your chance if a station doesn't go well, but it's not the end of the world.

Efua, Birmingham

In MMI interviews: if you feel one station has gone badly, try your best to move on and don't let it affect the next station! The beauty of MMI is it gives you the opportunity to move on even if one station doesn’t go as well, start with a clean slate and still do really well on the majority of the stations!

Jess, Birmingham

Make sure that you gain a realistic perspective of a career in medicine – speak to as many doctors, healthcare professionals and students as you can about the positives and challenges before committing to the journey of medical school

Josie, Bristol

I used to think that nobody was as nervous for their interview as I was, the truth is everybody is nervous but it's important to take a breath, take a moment and give yourself a chance to show off what you have to offer. Someone once told me interviews just boil down to a personality test, I'd definitely agree and now say they should be seen as more of a blessing rather than a curse. Take it one station at a time, each station is a brand new chance to shine a bit more light on yourself. Be informed and prepared and this will carry you through! Good Luck!

Karishma, Birmingham

Make sure that you prepare how you would answer the common questions before the interview. Whether that's getting a group of friends together to practice asking each other, or writing down some key points for common questions, it is worth it to put some time into preparation!

Lizzie, Oxford

My advice with work experience is try to structure how you talk about it carefully and format it in such a way that you say what you learnt from it first. For example: 'I learnt/believe communication is essential in the healthcare team. This is because when shadowing a Dr for 2 weeks… I saw this…' So rather than just re-telling stories from work experience, pick maybe 3-4 themes/qualities of a doctor and start with these before then explaining the experience behind this.

Louise, Birmingham