Smash Your Interviews

Prepare smarter for Medicine & Dentistry interviews – with content, questions and model exemplars. What's not to like?



MEDENTORS

@medentors

About Medentors

We are a team of **doctors**, **dentists**, and **dedicated mentors** from top UK universities, guiding the next generation of healthcare leaders with real insight and experience. Proudly supporting **3,500+ students** into **medicine** and **dentistry**.

Foundations
(Y7 - 11)

Webinars **WhatsApp Community**

Build strong academics. Get involved in volunteering and extracurriculars.

Work Experience
(Y12)

Medentors Society

Gain placements, leadership roles, and deepen extracurricular involvement.

UCAT
(Y12 - 13)

UCAT Workshop **Summer Intensive**

Prepare and sit entrance exams. Do well to maximise your university options.

Strategic Applications
(Y13)

Guides **Personal Statement Help**

Submit UCAS with personal statement, references, and test scores. Apply with strategy.

Interviews
(Y13)

Mock MMIs **Interview Courses**

MMIs and panels test communication, reasoning, and suitability. Practice structured answers and real scenarios.

A Levels
(Y13)

Productivity Workshops **Tuition**

Sit exams and demonstrate knowledge, skills, and readiness. Make that offer.

Get a place at medical/dental school with our resources & services: medentors.co.uk/admissions

Nervous about your interviews?

Getting an interview is a **huge achievement.**

But knowing the content isn't the same as answering confidently under pressure.

You can understand ethics but struggle to apply it.
Have brilliant work experience but give a generic answer.
Know exactly why you want Medicine or Dentistry — then freeze when challenged.

Last year, **85% of Medentors students received at least one Medicine or Dentistry offer.**

That's why the **Medentors Interview Mastery Course** is built around one process: **Learn it → Practise it → Get feedback → Improve it.**

Across 5 weeks, you'll prepare for the most commonly tested interview areas while repeatedly practising with mentors who have been through the process themselves.

What This 5-Week Programme Gives You

- **10 live interview masterclasses** covering motivation, ethics, hot topics, roleplay, data interpretation and more
- **Structured MMI practice** in every main session
- **A personal mentor** for individual interview support
- **Full Mock MMI + personalised feedback**
- **Interview Guide, recordings + resources**

And more... all designed to make unfamiliar interview questions feel **more familiar, structured and manageable.**

If you're serious about turning your interview into an offer, this programme is designed to **make sure your real interview isn't the first time you've been challenged.**

See more on the next page ->

Interview Mastery Course

Why ~85% of Our Students Get Offers

Feature	IMC Standard (£169)	IMC Premium (£269)
Interview Masterclass Training (30+ hours worth of lectures)	✓	✓
Structured MMI Breakout Practice After Every Masterclass	✓	✓
Full 6-Station Mock MMI	✓	✓
Personalised Mock MMI Feedback Sheet	✓	✓
Session Recordings	✓	✓
Allocated Personal Mentor	✓	✓
1-to-1 Interview Coaching	1 × 45 min	3 × 45 min
Additional Premium Small-Group Practice Sessions	✘	3 Sessions
Priority Mentor Support	✘	✓
Additional Answer Feedback	✘	✓

Sign up for the Interview Mastery Course now:
medentors.co.uk/interview-mastery-course

Contents

Fundamentals **7**
Types of Interviews 11
Interview Etiquette 12
Communicating Effectively 13
Motivation 15
Reflecting on Work Experience and Volunteering 17
Why This University? 18
Work-Life Balance, Hobbies and Wellbeing 19
Inserting Supercurriculars Into Your Answer 20
Questions and Model Answers 21
Ethics 23
Consent and Capacity 25
The Four Pillars 27
Confidentiality 31
Duty of Candour 33
Gillick Competence & Fraser Guidelines 35
Equality and Diversity 37
Professionalism on Social Media 40
Organ Donation and Transplantation 42
Vaccination 45
Antibiotic Resistance 48
Abortion 50
Euthanasia 52
Other Ethical Dilemmas 55
Professional Judgement and Scenarios **58**
The DARE Structure 60
Safeguarding and Escalation 61
Drunk Surgeon or Colleague 63
Workplace Bullying 65
Cheating in University Finals 67
Roleplay **68**
The SPIKES Framework 70
The CALMER Framework 71
Breaking Bad News 73
Angry or Distressed Patient 75
Explaining a Concept to a Layperson 77
Medical Hot Topics **79**
NHS Structure 80
Privatisation and Funding 82
Public Health 84
Ageing Population 86
COVID-19 88
Strikes and Staffing Issues 90
General Practice and Primary Care Pressure 92
Mental Health Crisis 94
Understanding the Multidisciplinary Team 96
AI and Medical Technology 97
Dental Hot Topics **98**
NHS Dental Contract and the Units of Dental Activity System 100
Common Dental Conditions 102
Water Fluoridation 104
Sugar Tax & Energy Drinks Ban 106
Amalgam vs. Composite Fillings 108
Miscellaneous Stations **110**
Post Interview **121**

Prologue

Read this before anything else.

Reaching the interview stage is an achievement in itself. But for many students, it is also the point where the application suddenly feels most intimidating.

The questions can seem unpredictable. The pressure can feel enormous. And it is easy to believe that success depends on memorising the perfect answer to every possible station.

It does not.

Strong interview performance is built gradually. It comes from understanding the principles, reflecting honestly on your experiences, practising how you communicate and learning from every mistake.

- You do not need to know every hot topic today.
- You do not need polished answers to every question right now.
- You do not need to feel completely confident before you begin.

What you need are strong foundations.

Learn the concepts. Build your experience bank. Practise aloud. Ask for feedback. Keep an error log. Then repeat.

Your answers should not sound like scripts. They should sound like you: thoughtful, informed and able to explain how your experiences have shaped your understanding of Medicine or Dentistry.

This guide will show you what interviewers are assessing, how to approach the different station types and how to turn preparation into confident performance.

One station at a time. One improvement at a time.
We will be there too.
— *The Medentors Team*

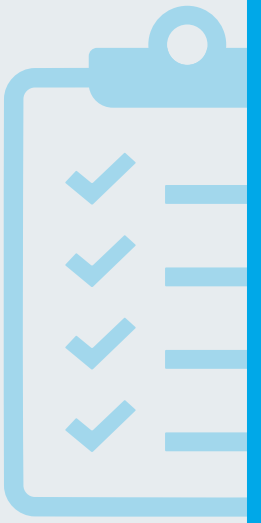
1 Fundamentals

How to Use This Guide

Be efficient with how you use it

This guide is a practical preparation tool designed to be used consistently throughout your interview season.

As you work through it, reflect on your own experiences and build an **experience bank** that you can draw upon in your interview answers.



This may include:

- Work experience
- Volunteering
- Supercurricular activities
- Leadership and teamwork
- Extracurricular activities
- Personal challenges or achievements
- Your reasons for choosing a particular university

For each experience, record:

- What happened
- What you learnt
- The skills and qualities you developed
- How it shaped your understanding of a career in Medicine or Dentistry

When working through each topic, first try to explain the concept in your own words. Then attempt the example interview question before reading the model answer. Compare the two and identify how you could strengthen your response.

Remember: the model answers in this guide are **examples, not scripts.** Your answers must be grounded in your own experiences, reflections and understanding.

How Should You Prepare for Your Interview?

At its core, a medical or dental interview is simply a conversation — albeit a professional one. Interviewers want to understand how you think, how you communicate and whether you demonstrate the qualities needed to become a doctor or dentist.

The key to interview success is preparation. Rather than memorising scripts, organise your thoughts so that you can answer questions naturally, clearly and confidently.

Start by considering common interview questions, such as:

- Why do you want to study Medicine or Dentistry?
- Why have you chosen this university?
- What qualities make a good doctor or dentist?
- Tell me about a time you demonstrated leadership, teamwork or resilience.

Once you have prepared your ideas, practise saying your answers aloud. You could practise with friends, family members, teachers or mentors. You can also record yourself or speak in front of a mirror.

The aim is not to memorise every word. It is to become comfortable explaining your thoughts clearly.

After each practice session, ask:



- Was your answer easy to follow?
- Did you actually answer the question?
- Did you include enough reflection?
- Did your examples support your points?
- Was your answer concise, or did you begin to repeat yourself?

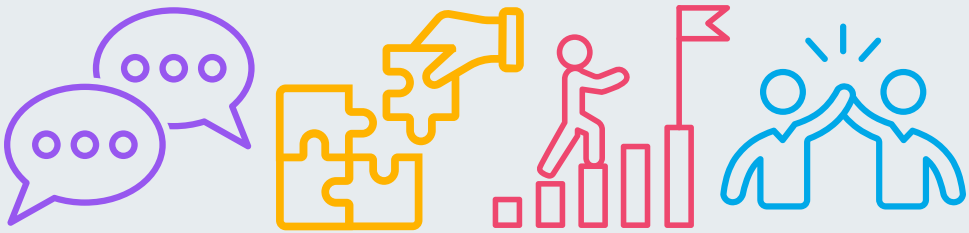
Use the feedback you receive to refine your answers until they feel structured but still natural and conversational.

Medicine vs Dentistry Interviews: What Actually Differs?

The preparation process is largely the same for both Medicine and Dentistry.

Interviews for both courses may assess:

- Communication
- Ethical reasoning
- Motivation
- Teamwork
- Empathy
- Professionalism
- Reflection
- Problem-solving



The main differences are:

- Dentistry interviews may place greater emphasis on manual dexterity, hand–eye coordination and fine motor skills.
- The current issues and profession-specific topics discussed will differ between Medicine and Dentistry.

Most interview techniques, communication principles and preparation methods remain the same.

Types of Interviews

Multiple Mini Interviews (MMIs)

The vast majority of medical and dental schools now use the Multiple Mini Interview (MMI) format.

An MMI consists of several short stations, with each station assessing a different quality, skill or area of understanding.

For example, one station may assess ethical reasoning, while another may focus on motivation, communication, role-play or teamwork.

Each station is assessed separately. This gives you the opportunity to reset after one station and approach the next task with a fresh mindset.

A difficult station does not need to affect the rest of your interview.

Panel Interviews

Some universities, including Oxford and Cambridge, may use traditional panel-style interviews.

These usually involve speaking to two or three interviewers for approximately 25–30 minutes. Rather than moving between separate stations, the conversation may flow across several topics.

Although panel interviews can initially feel more intimidating, they also offer more time to build rapport with the interviewers and allow your personality and thought process to come through.

Regardless of the format, many of the qualities and topics being assessed are similar. Your overall preparation should therefore remain consistent.

Interview Etiquette

Dress Code

You do not need to wear clothing that is so formal that you feel uncomfortable, but you should present yourself professionally.

Smart-casual or business attire is generally a safe choice.

Choose something that:

- Looks professional
- Feels comfortable
- Allows you to concentrate
- Helps you feel confident

This applies to both online and in-person interviews.

In-Person Interviews

Plan your journey well in advance and aim to arrive approximately 20–30 minutes early.

Check:

- The interview location
- Your route and travel time
- Parking or public transport arrangements
- Any documents or identification you need to bring

For a long journey or an early interview, consider travelling the evening before to reduce unnecessary stress.

While waiting, you may find it helpful to introduce yourself to other applicants. This can calm your nerves, and some of them may become your classmates in the future.

Online Interviews

The content of an online interview will usually be similar to an in-person interview, but there are additional practical considerations.

Before the interview:

- Test your camera and microphone
- Check that your internet connection is reliable
- Choose a quiet location with good lighting
- Use a tidy, distraction-free background
- Position your camera at approximately eye level
- Close unnecessary applications
- Silence notifications on your devices
- Keep your device connected to a charger

Treat an online interview with the same professionalism as an in-person interview.

Communicating Effectively

Articulation is key to communication

One of the biggest mistakes candidates make is placing so much pressure on the interview that they struggle to communicate naturally.

Your interviewers are not expecting you to know everything. They want to understand who you are, how you approach unfamiliar questions and whether you possess the potential to become a good doctor or dentist.

Approach the interview as a professional conversation rather than an interrogation.

Listen carefully to the question before beginning your answer. If you need a few seconds to think, that is perfectly acceptable.

You could say: *"That is an interesting question. May I take a moment to organise my thoughts?"*

A short pause is better than beginning immediately and giving an unstructured response.



During your answers:

- Speak clearly and at a steady pace
- Answer the question directly
- Use examples where relevant
- Explain your reasoning
- Avoid unnecessary repetition
- Show reflection rather than simply listing experiences

Confidence develops through preparation. The more often you practise organising and expressing your ideas, the more naturally they will come across in the real interview.

Final Advice

A note to end on

Your interview is an opportunity to show the person behind your UCAS application.

Be honest, thoughtful and allow your enthusiasm for Medicine or Dentistry to come through. **You do not need to perform a rehearsed version of yourself or deliver a "perfect" answer.**

While interviews can feel daunting, many candidates are surprised by how enjoyable they become. Ethical discussions, role-play stations and practical tasks can be some of the most interesting and memorable parts of the application process.

Remember, the interview is your opportunity to demonstrate the qualities you have already spent years developing – and to communicate what you have learnt from the experiences that shaped you.

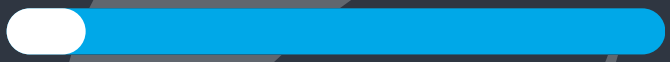
Build Your Interview Example Bank

Experience	What happened and what was my role?	What skills did I demonstrate?	What did I learn?	How does this link to Medicine / Dentistry?

Build Your Interview Error Log

Date	Question or Station	What went well?	What went wrong?	Why did it go wrong?	How will I fix the issue?

2 Motivation



@medentors

Why Do Interviewers Ask About Your Motivation?

You might be wondering why universities still bother to ask this question when so many applicants give such similar answers.

Interviewers are not looking for a unique story. They are looking for a genuine reflection of what the profession involves and whether you have realistic expectations of its rewards and challenges.

Most importantly, preparing this answer will benefit you. A career in medicine or dentistry requires significant commitment, so you need to be confident that it is the right choice for you.

How to prepare your answer

We would recommend thinking about the following elements when answering questions about your motivation for medicine or dentistry:

- Consider the **personal side** of medicine or dentistry and what attracts you to a patient-centred career. This is where you can talk about what you saw during work experience and volunteering that helped you make a decision about your career.

- Think about the **scientific side** of medicine or dentistry. Principally, this is where the distinction between medicine or dentistry and similar courses, such as nursing, physician associate, and dental therapy, lies. Here, you can mention your supercurricular activities to show your interest in the course beyond the school curriculum.

- **How will you handle the difficulties** of a career in medicine or dentistry? Reflect on any challenges you encountered during work experience and volunteering, and how you would cope with them. This is where you can include your extracurricular activities and other ways you would maintain a healthy work-life balance.

Reflecting on Work Experience and Volunteering

When discussing work experience or volunteering, start by briefly explaining the setting, your role and your responsibilities. Were you mainly observing and shadowing, or did you have a more active role interacting with patients, staff or members of the public?

This gives the interviewer enough context to understand the experience. You do not need to spend long describing what you did: the reflection is what matters.

Next, choose a specific moment and explain what you noticed and what you learnt from it. Avoid making generic statements without explaining the evidence behind them.

For example, instead of simply saying “the doctor showed empathy,” explain how they demonstrated it:

- What did they say?
- How did they adapt their tone or language?
- What did you notice about their body language?
- How did the patient respond?

Specific observations lead to stronger reflections.

Also think about experiences that surprised you, challenged your expectations or changed your understanding of Medicine or Dentistry. These often produce the most meaningful reflections.

For example, you may have observed a patient being told that their leukaemia treatment had not produced the expected results. Rather than immediately discussing the next treatment option, the doctor first acknowledged the patient's disappointment, gave them time to process the news and then calmly discussed what would happen next.

From this, you might reflect that a career in Medicine or Dentistry involves managing uncertainty as well as treating disease. A doctor/dentist’s role is not always to provide an immediate solution; it can also involve helping patients understand difficult information, supporting them through uncertainty and communicating with compassion.

Why This University?

The way Medicine and Dentistry are taught varies significantly from one university to another. This is an important factor to consider when deciding where to apply, as different teaching styles will suit different students.

Most courses include core teaching through lectures and practical sessions. However, they differ in how this teaching is delivered, such as how much they use PBL/CBL (Problem-Based or Case-Based Learning) as opposed to traditional methods.

Some universities use a **spiral curriculum**, where topics are revisited in later years and built upon as your knowledge develops. Oxford and Cambridge Medicine also use regular small-group tutorials or supervisions, where students discuss course content in depth with an academic.

Other factors you may consider are:

1. Course & Teaching Style
   - Teaching style: traditional, PBL/CBL or other approaches
   - Number of teaching and contact hours
   - Cadaveric dissection or prosection
   - When you begin clinical placements and patient contact
   - Which hospitals and healthcare settings you may have placements in
2. Academic & Career Opportunities
   - Opportunities to intercalate and undertake electives
   - Research opportunities and the university's research focus
3. Location & Lifestyle
   - City-based vs campus-based
   - Cost of living, and availability of part-time work
   - Student life, societies and extracurricular opportunities
   - Distance from home and transport links

Interviewers may ask why you have chosen their medical or dental school, so make sure you understand the course structure and the opportunities that genuinely matter to you.

However, avoid simply listing features from the university website. Explain why they suit you.

Work-Life Balance, Hobbies and Wellbeing

Given how demanding a career in Medicine or Dentistry can be, interviewers want to see that you understand the importance of maintaining a healthy work-life balance.

Your extracurricular activities, whether that is a sport, music or simply reading, are a good way to demonstrate this. Hobbies, interests and support networks can help you switch off, manage stress and return to study or work feeling refreshed.

It is also important to understand why this matters. Burnout can negatively affect your own wellbeing and mental health, as well as your ability to provide safe, compassionate patient care.

When discussing work-life balance, be careful not to understate the reality of how demanding a career in Medicine or Dentistry can be. You want to show that you have a realistic understanding of the pressures and challenges of the profession.



Acknowledge these demands honestly, while also explaining why the aspects of the career that motivate you make those challenges worthwhile.

Inserting Supercurriculars Into Your Answer

A **'supercurricular'** activity is any form of academic engagement with your course of interest that **goes beyond the scope of your A-Level studies.** This may include reading articles, watching educational videos, completing online courses (MOOCs), entering competitions or carrying out independent projects. You might choose to explore a particular topic within the wider course, such as antibiotic resistance and stewardship or oral cancer detection and prevention.

An easy way to mention supercurriculars is when discussing your motivation for Medicine or Dentistry, as described above. They are a great way to demonstrate genuine intellectual curiosity, a willingness to learn independently and an interest in the profession beyond what is required for your exams.



Alternatively, you can mention supercurricular activities when discussing particular skills you have developed. For example, a group research project may demonstrate teamwork and communication, while an independent project may demonstrate organisation, time management and self-directed learning.

Pro Tips

- Sound passionate about this area and Medicine/Dentistry!
- The key is not simply to list what you have done, but to explain **what you learnt, what interested or surprised you, and how it developed your understanding of Medicine or Dentistry.**

Questions and Model Answers

Question: "Why do you want to study Medicine?"

Model Answer: My interest in medicine developed through a mix of scientific curiosity and practical experience. During my work experience on a radiology ward, I shadowed a consultant, who had recently diagnosed a patient with thyroid cancer. A memorable moment for me was watching the multidisciplinary team discuss the patient's next steps. The radiologist, oncologist, specialist nurse, and surgeon each contributed their expertise to formulate the management plan of surgery to remove part of the thyroid gland. I learnt that the best care for patients relies on collaboration and shared decision-making, where different perspectives come together to achieve the best outcome for the patient.

Reading *The Man Who Mistook His Wife for a Hat* by Oliver Sacks helped me to understand that medical conditions affect people beyond physical symptoms. Conditions, neurological in this case, can profoundly shape a person's identity and perception of the world. A doctor's role is to guide patients with compassion and empathy through this.

Together, these experiences gave me two complementary perspectives on Medicine. My placement showed me the clinical judgement and collaboration involved in patient care, while my wider reading reminded me of the human experience that can sometimes be overlooked when focusing on symptoms and treatment. It is this combination of science, problem-solving and human connection that attracts me to Medicine.

Why does this answer work?

- Reflects on the work experience beyond the surface-level actions of the doctors.
  - An insightful answer will explain what it taught them about the profession.
- Combines practical experience with academic exploration.
  - Your experiences should not feel like an isolated list. Where possible, show how one experience prompted further curiosity, reflection or exploration.
- Shows different sides of the profession.
  - The answer explores both the clinical and human aspects of Medicine, demonstrating a broader understanding of what being a doctor involves.
- Ends by answering the question directly.
  - Bringing the different experiences together and explaining why they attract you to Medicine prevents the answer from becoming a collection of reflections without a clear conclusion.

Questions and Model Answers

Question: "Why have you applied for Dentistry rather than Dental Hygiene and Therapy?"

Model Answer: I recognise that dental hygienists and therapists play an important role in preventing and treating oral disease, as well as educating and supporting patients. However, it is the breadth of Dentistry that particularly appeals to me.

During my work experience in a dental clinic, I observed a patient with signs of periodontal disease, including bleeding gums and increased tooth mobility. What I found particularly memorable was that the dentist did not view this as an isolated oral health problem. They discussed the patient's diabetes and explained the relationship between glycaemic control and periodontal health, before encouraging the patient to discuss their diabetes management with their GP.

This showed me how Dentistry involves considering oral health within the context of a patient's wider health. I was particularly drawn to the breadth of the dentist's role, from assessment and diagnosis to treatment planning, procedures and coordinating care with other healthcare professionals.

After my placement, I became interested in the idea that the mouth can provide important clues about a patient's general health. I explored the oral manifestations of systemic disease, including recurrent oral ulceration and swelling associated with Crohn's disease, and presented what I had learnt to my school's dental society.

Together, my placement and wider academic exploration reinforced my interest in a career that combines science, diagnosis, practical treatment and long-term patient care. It is that breadth of responsibility and the opportunity to be involved across the patient's dental care that attracts me specifically to Dentistry.

Why does this answer work?

- Acknowledges and respects the role of dental hygienists and therapists.
  - Avoid undermining other members of the dental team when explaining why Dentistry is better suited to you.
- Focuses on the broader scope of the dentist's role.
  - Rather than claiming that other dental professionals cannot diagnose or plan care, explain what attracts you to the wider range of responsibilities available within Dentistry.
- Uses a specific experience to explain the applicant's motivation.
  - The periodontal disease example demonstrates an appreciation of the relationship between oral and systemic health rather than simply listing procedures.
- Builds on work experience through academic exploration.
  - The applicant became curious about something they observed and independently explored it further, showing genuine intellectual curiosity.
- Answers why Dentistry specifically.
  - The conclusion brings the answer back to the breadth of the profession: combining science, diagnosis, practical skills and ongoing patient care.

3

Ethics

Consent and Capacity

Before we discuss the four pillars of medical and dental ethics, it is important to understand **consent and capacity.**
Consent is the process by which a patient gives permission before receiving any type of medical intervention, such as a physical examination, investigation or treatment. Failure to obtain valid consent can lead to legal consequences, such as allegations of assault or negligence, as well as ethical breaches that can damage patient trust. Consent is a fundamental legal and ethical principle in healthcare.

For consent to be valid:

- It must be **voluntary** and not influenced by undue pressure from healthcare professionals, friends or family.
- The person must be **informed**. Healthcare professionals should explain what the treatment involves, its benefits and relevant risks, any reasonable alternatives, and what may happen if treatment does not go ahead.
- The patient must have **capacity**. This means that they are able to:
  - Understand the information relevant to the decision.
  - Retain that information long enough to make the decision.
  - Use or weigh the information to make a decision.
  - Communicate their decision by any means.

In England and Wales, clinicians must act in accordance with the **Mental Capacity Act 2005.** Key principles of the Act are:

- Every adult is presumed to have capacity unless shown otherwise.
- People should be supported to make their own decisions wherever possible.
- Capacity is **decision-specific** and can fluctuate over time.
- Patients have the right to make decisions that others may consider unwise.
- Any decision made on behalf of someone who lacks capacity must be in their **best interests** and should be the **least restrictive** option.

Consent and Capacity

What does consent in practice involve?

Consent has some prerequisites for validity

- Check the patient's understanding and allow time for questions.
- Consent can be written, verbal or implied depending on the situation.
- Patients can withdraw consent at any time, even after previously giving it.
- If a patient lacks capacity and treatment cannot safely be delayed, treatment may proceed in their best interests.
- People can make **advance decisions to refuse treatment** for a future situation in which they lack capacity. These can be legally binding if they are valid and applicable.
- A person can also appoint a trusted person or people to make decisions about their health and welfare if they later lack capacity. This is known as a **Health and Welfare Lasting Power of Attorney (LPA).**
- **Children and young people:**
  - From age 16, a young person is generally presumed to have capacity to consent.
  - Under 16s may be able to consent if they have sufficient maturity and understanding – commonly referred to as Gillick competence, which we will cover later in this section.



Interview Question

Consent and Capacity

"A 68-year-old patient with early dementia refuses surgery for a life-threatening condition. How would you approach this situation?"

Mark Scheme

- Begin by assessing capacity using the four-step test.
- If a patient has capacity, respect their autonomous decision, even if it may lead to harm.
- If they lack capacity, act in their best interests, considering their prior wishes, beliefs, and values.
- Communicate with empathy, involve family or legal representatives where appropriate, and document all discussions clearly.

Interview Tips

Show that you understand:

- How to assess and respect capacity.
- When to act in a patient's best interests.
- That respecting autonomy means accepting decisions you disagree with.



The Four Pillars

Autonomy, beneficence, non-maleficence and justice are the four pillars of medical and dental ethics. Healthcare professionals are constantly faced with situations where they need to make difficult decisions, for example deciding when to withdraw life-sustaining treatment, breaking bad news, allocating scarce healthcare resources, or responding when a patient refuses recommended care.

These principles provide a framework to guide healthcare professionals in making difficult decisions in an ethical and patient-centred way.

Autonomy

Autonomy is a patient's **right to make informed decisions** about their own healthcare. This includes the right to accept or refuse treatment, even if that decision may result in harm or death. **Consent** is the practical expression of autonomy. GMC guidance similarly places informed patient involvement at the centre of decision-making and consent.

It can be difficult to accept that a patient might refuse life-saving treatment; however, respecting the autonomy of a patient with capacity is a legal and ethical obligation, regardless of our personal opinion.

A patient must have **capacity** to make such decisions. If a patient later loses capacity, their autonomy may still be protected through an **advance decision** or a **Health and Welfare Lasting Power of Attorney.**

Importantly, respecting autonomy does not mean that patients can demand treatments or interventions that a healthcare professional does not consider clinically appropriate.

Autonomy represents an important shift away from a **paternalistic model** of healthcare, where decisions were largely doctor-led, towards a **collaborative model** in which patients are actively involved in decisions about their care.

The Four Pillars

Beneficence & Non-Maleficence

Beneficence & non-maleficence often go hand-in-hand.

- **Beneficence** means acting in the best interests of the patient – essentially, to 'do good'. It involves considering the patient's individual needs, as what is beneficial will differ from one patient to another.

- **Non-maleficence** means avoiding unnecessary harm to patients, or 'do no harm'. It requires healthcare professionals to consider the potential risks of an intervention and minimise avoidable harm.

Clinical practice often involves balancing these two principles. Most medical and dental interventions carry some degree of risk; for example, a blood test causes minor pain and medications may cause side effects. However, where the expected benefits **outweigh** the potential harms, an intervention may be ethically justifiable.

- For beneficence, ask: *"What is best for this patient?"*
- For non-maleficence, ask: *"What harm could this cause, and can it be avoided or reduced?"*

The potential harm should be **proportionate** to the expected benefit, and recognising this balance is an important part of ethical reasoning and clinical decision-making.

The Four Pillars

Justice

The pillar of justice refers to **the fair and equitable treatment of patients and responsible allocation of healthcare resources,** regardless of factors such as socioeconomic status, ethnicity, gender, age, sex or religion. Justice becomes particularly relevant when considering prioritisation, waiting lists and public health policy.

It is useful to distinguish between **equality and equity**. Equality means providing people with the same access or support, whereas equity recognises that different people may require different levels of support according to their needs. Justice therefore does not always mean treating everyone identically.

Healthcare inequalities are differences in health outcomes or access to healthcare between different groups. These may arise from factors such as socioeconomic deprivation, ethnicity or geographical location. NHS England specifically monitors inequalities by characteristics including deprivation and ethnicity and has national programmes aimed at reducing them.

The **inverse care law** describes the idea that those with the greatest healthcare needs can sometimes have the poorest access to healthcare services. This can disproportionately affect communities experiencing socioeconomic deprivation.

Similarly, the term **postcode lottery** describes variation in access to services or treatments depending on where a patient lives.

The NHS attempts to account for differences in local need when allocating resources. Integrated Care Boards are allocated funding using statistical formulae designed to reflect local healthcare needs and reduce health inequalities.

For example, one ICB may need to place greater emphasis on tackling diabetes, while another may need to prioritise frailty and access to care for an ageing population.

Interview Question

Four Pillars

"A 25-year-old patient refuses a clinically indicated treatment due to personal beliefs. Using the 4 pillars of medical ethics, as a future doctor or dentist, how would you approach this?"

Mark Scheme

- Recognises autonomy as the right of a competent patient to refuse treatment.
- Mentions assessment of mental capacity using the four-step test.
- Demonstrates an understanding of beneficence. This could involve offering an alternative, clinically justifiable treatment in line with their personal beliefs.
- Applies non-maleficence which could be to acknowledge the potential harms from both action and inaction.
- References justice by explaining that a patient is not discriminated against due to their personal beliefs or treated with bias due to their choices.
- Emphasises the importance of clear and compassionate communication.

Interview Tips

- Use the four ethical pillars as a checklist to address when answering ethical questions in interviews. Most ethical dilemmas, including treatment refusal, resource allocation, and consent, can be effectively analysed using this framework.
- Explicitly identify the ethical pillar being tested by the question. This demonstrates that you understand the reasoning behind your answer, instead of a response that happens to sound ethical.

Confidentiality

Confidentiality, which is a fundamental ethical and legal duty, forms the basis of trust in the doctor-patient relationship. It ensures that all **patient-identifiable information** and personal health information, whether written, verbal or electronic, are kept private unless there is a clear and justified reason to share it. This aligns closely with the principles of autonomy by respecting privacy, and non-maleficence by avoiding misuse of information.

Confidentiality applies in all healthcare settings including conversations and digital communication. It is protected under the **Data Protection Act 2018**, and reinforced by the GMC's Good Medical Practice and GDC Standards for the Dental Team. Breaches of confidentiality can result in disciplinary action.

Confidentiality, while paramount, is **not absolute.** There are specific circumstances in which it can be broken:

- There is a serious risk of harm to the patient or others that may justify disclosure in the public interest, for example:
  - If a patient is unfit to drive due to conditions like epilepsy.
  - A patient has a sexually transmitted infection like HIV or hepatitis and refuses to inform their sexual partner, which can put them at risk.
  - A child or vulnerable adult is facing abuse or neglect.
  - A patient discloses suicidal intent or a plan to commit a crime.
- There is a legal requirement to disclose e.g. notifiable diseases and court orders.
- The patient gives explicit consent for information sharing.

In such cases, clinicians should only disclose relevant information on a **'need-to-know' basis,** explain why the disclosure is necessary, and document the decision process clearly.

Interview Question

Confidentiality

"You are on placement and a patient confides that they are driving despite having frequent seizures. What should you do?"

Mark Scheme

- Recognises the duty of confidentiality as a cornerstone of patient-clinician trust.
- Mentions exceptions e.g. risk to others or a legal obligation.
- Demonstrates an ethical balance between confidentiality and a duty to protect the public.
- References relevant guidelines.
- Emphasises communication and transparency with the patient.
- Mentions the importance of seeking senior guidance or advice before disclosure.

Interview Tips

- Confidentiality applies even with other healthcare professionals. Only share information with those who need it for the patient's care.
- Where appropriate, encourage the patient to disclose relevant information themselves before considering disclosure without consent. Explain why it is necessary.
- The decision to break confidentiality should be communicated transparently with the patient wherever possible.

Duty of Candour

The duty of candour is a **professional and legal obligation** that requires healthcare professionals to be honest and transparent when things go wrong in patient care. It is part of the GMC's Good Medical Practice (2024) and the GDC's Standards for the Dental Team (Standard 8: "Raise concerns if patients are at risk"), which applies to individual practitioners and healthcare organisations.

The duty of candour maintains **public trust** in the profession. It also supports learning from mistakes and ensures there is accountability within the NHS and dental services. Additionally, patients have a right to know what happens in their care with respect to the principle of autonomy.

In practice, the duty of candour involves promptly informing patients when an incident that has caused or could cause harm or distress occurs. Established in the **Health and Social Care Act 2008,** a verbal apology and a written record that explains what happened, the short- and long-term implications, and what will be done to prevent recurrence are required.

Importantly, an apology does not mean admitting legal responsibility. It is an expression of empathy and responsibility that is supported by GMC and GDC guidance.

Interview Question

Duty of Candour

"During a dental extraction, a small instrument slips and causes minor trauma to a patient's lip. What would you do as a dental student or future clinician?"

Mark Scheme

- Recognises the duty of candour, which is an obligation to be open and honest when things go wrong.
- States that an apology is not an admission of guilt.
- References GMC or GDC guidance or the Health and Social Care Act 2008.
- Emphasises learning and prevention, not blame.

When presented with a situation in which an error has occurred:

1. Recognise the mistake as soon as possible.
2. Inform the patient or their representative promptly, recognise their distress, and offer a sincere apology.
3. Explain what went wrong, the potential consequences, and what actions will be taken. If you do not know how to manage the situation, be honest about this and seek appropriate help. Document the conversation clearly in the patient record.
4. Report the incident through appropriate channels to allow system learning.

Interview Tips

- Do not assume candour is optional or applies only after serious harm.
- An apology is not a legal admission of guilt.
- Remember to mention the importance of reflection and organisational learning after an incident to help improve future patient safety.

Gillick Competence & Fraser Guidelines

While parents normally provide consent for under-16s, some young people possess sufficient understanding and intelligence to consent for themselves.

Gillick competence is used to assess whether a child **under the age of 16** has the maturity and understanding to make healthcare decisions without parental involvement. **A clinician usually considers:**

- Their intelligence, maturity, and capacity.
- Whether they understand the treatment, and its pros, cons and long-term impact.
- Their ability to explain the rationale behind their choices.

Fraser guidelines, which are a subset of Gillick competence, relate specifically to providing contraceptive advice and treatment to people under the age of 16 without parental consent. **A clinician should consider whether:**

1. They will understand the advice given.
2. They cannot be persuaded to tell their parents.
3. They are likely to begin or continue having sexual intercourse with or without the contraceptive treatment.
4. Their physical and/or mental health is likely to suffer unless they receive contraceptive treatment.
5. It is in their best interest to receive contraceptive advice or treatment with or without parental consent.

Treating minors requires respecting confidentiality while still ensuring safety. Clinicians must make careful, case-by-case judgments to promote trust and comply with legal and ethical obligations. Both of these frameworks balance autonomy by respecting the young person's decision-making capacity, beneficence by acting in their best interest, and non-maleficence by avoiding harm through either action or inaction.

Interview Question

Gillick Competence & Fraser Guidelines

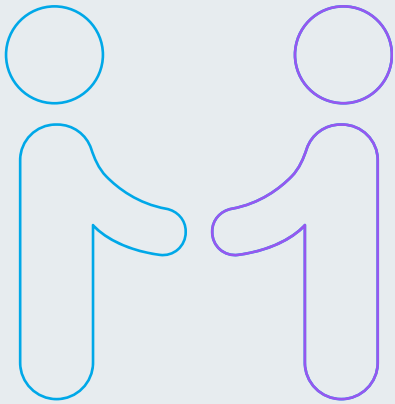
"A 15-year-old girl visits your GP placement asking for contraception and requests that her parents not be informed. How should this situation be handled?"

Mark Scheme

- Recognises that under-16s may be able to consent if they are Gillick competent, so assess their maturity and understanding.
- If the young person is competent and the Fraser criteria are met, provides appropriate advice or treatment, and maintains confidentiality unless a risk of harm arises.
- Encourages, but does not force, parental involvement.
- Demonstrates sensitivity, empathy, and professionalism throughout.
- Shows awareness of the balance between respecting autonomy and ensuring safety and welfare.

Interview Tips

- Gillick relates to competence. Fraser relates to contraception.
- Competence is decision-specific, which means that a child may be competent for one decision but not for another.
- Confidentiality must be respected unless there is a risk of harm, abuse, or exploitation, in which case safeguarding procedures override confidentiality.



Equality and Diversity

Equality

Equality is fundamental to ethical medical and dental practice. Discrimination and bias in healthcare can occur consciously or unconsciously, which can contribute to poorer patient outcomes and reduced trust in healthcare services.

Every patient has the right to respectful and inclusive care regardless of their background or characteristics.

The **Equality Act 2010** legally protects individuals from unfair treatment. **Under the act, it is unlawful to discriminate based on the following nine protected characteristics:**

1. Age
2. Disability
3. Gender Reassignment
4. Marriage and Civil Partnership
5. Pregnancy and Maternity
6. Race
7. Religion or Belief
8. Sex
9. Sexual Orientation

Healthcare professionals have a legal and ethical responsibility to challenge discrimination, whether it affects patients or colleagues. They should also ensure that their own decisions are not influenced by prejudice.

This primarily aligns with the ethical pillar of justice by promoting fair and equitable treatment. It also supports autonomy by respecting individuality and beneficence by acting in each patient's best interests.

Equality and Diversity

Types of Discrimination

Direct discrimination: Treating someone less favourably because of a protected characteristic.

Indirect discrimination: Applying a policy or rule that disadvantages a group unfairly.

Harassment: Creating an intimidating, hostile, or offensive environment.

Victimisation: Treating someone unfairly because they made or supported a complaint.

Diversity

Diversity within healthcare can improve patient care by bringing together professionals with different experiences and perspectives. A diverse workforce can improve understanding of the needs of different communities, which can be particularly important because health needs are not distributed equally. Certain conditions may be more common within particular populations, for example South Asians are more likely to develop Type 2 diabetes than the general population. Understanding these differences can help healthcare professionals to provide personalised and appropriate care.

Interview Question

Equality and Diversity

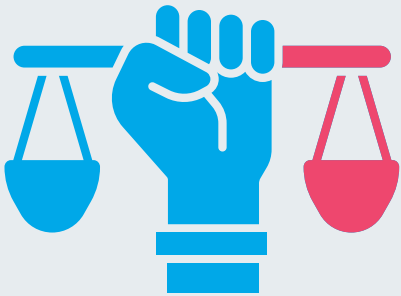
"During a clinical placement, you hear a colleague make a discriminatory comment about a patient because of their race and notice that the patient becomes visibly uncomfortable. How would you respond?"

Mark Scheme

- Recognises that this behaviour breaches both professional and legal standards under the Equality Act 2010.
- Remains calm and avoids confrontation in front of the patient.
- Reassures the patient if appropriate and ensures their dignity is maintained.
- Addresses the issue sensitively with the colleague or raises it with a senior if they do not feel comfortable doing so directly.
- Documents or escalates through correct reporting channels if necessary.

Interview Tips

- Reflects on the situation and how it can be handled better in the future.
- Shows that they value fairness and professionalism, which are essential qualities for healthcare professionals.



Professionalism on Social Media

Social media platforms provide valuable opportunities for education, communication and professional networking. However, they are **a double-edged sword**, as when used carelessly, they can pose significant professional and ethical risks.

Professionalism extends to **all** aspects of a healthcare professional's life, including online behaviour. As a result, they are expected to uphold the same ethical and professional standards on social media as they would in clinical practice.
Seemingly casual or harmless posts can in fact break confidentiality and undermine public confidence in the profession. The GMC's Good Medical Practice (2024) and the GDC's Standards for the Dental Team emphasise maintaining appropriate boundaries and acting with respect online.

Inappropriate online behaviour can result in disciplinary or professional consequences, including:

- Sharing patient-identifiable information, including images or case details. Even 'anonymised' details can sometimes allow patients to be identified, which is a breach of confidentiality.
- Making discriminatory or offensive comments.
- Commenting disrespectfully about a patient or colleague.
- Giving individualised medical advice online without sufficient information and outside of an appropriate professional setting.
- Sending or accepting interactions from patients that blur professional boundaries.

These expectations are a reflection of non-maleficence and integrity.

Interview Question

Professionalism on Social Media

"Your partner on placement posts a photo that shows part of a patient's medical record in the background. What would you do?"

Mark Scheme

- Recognises that this constitutes a potential breach of patient confidentiality and professional standards.
- Speaks to the student privately and advises them to remove the post immediately.
- If the post is not removed or if patient confidentiality has clearly been compromised, escalates to a senior or supervisor, following the local policy.
- Reflects on the importance of protecting confidentiality and using social media responsibly.
- Emphasises that professionalism applies at all times - both inside and outside of clinical settings.

Interview Tips

- Social media can be used constructively for advocacy and professional development, provided that posts are accurate and compliant with professional guidance.
- Always assume that anything posted online is public and permanent.



Organ Donation and Transplantation

The UK now operates under an **opt-out** system, which is known as **'deemed consent'**, although the exact legal frameworks differ between nations . This means that adults are considered willing organ donors unless they have explicitly recorded a decision not to donate.

An opt-in system, on the other hand, is one where a person has to deliberately register or state their consent to donate their organs. If an individual has not signed up, it is **assumed** that they do not want to be a donor.

Arguments in favour of the opt-out system:

- Avoids relying on individuals to actively register.
- Can increase the number of available organs.
- Helps to normalise organ donation within society.

Arguments in favour of the opt-in system:

- Reduces the risk of assuming consent from someone who may not have understood the opt-out system and have their organs donated without their consent after their death.
- Consent is explicitly given, which can be viewed as more respectful to autonomy.

Regardless of which system is used, organ donation and transplantation involve complex ethical considerations surrounding consent and the allocation of limited resources:

Organ Donation and Transplantation

Autonomy

- Individuals have the right to decide whether they wish to donate their organs.
- Some cultural and religious groups have concerns about organ donation or similar treatments, for example, Jehovah's Witnesses generally do not accept blood transfusions, which must be respected.
- Families should be approached sensitively and involved in discussions about donation.
- The consent process must be **transparent** so that donors or their families fully understand the implications.
- **Living donors** must provide **informed consent** and undergo a psychological and physical assessment to ensure that there is no coercion.

Justice

- Individuals have the right to decide whether they wish to donate their organs.
- Some cultural and religious groups have concerns about organ donation or similar treatments, for example, Jehovah's Witnesses generally do not accept blood transfusions, which must be respected.
- Families should be approached sensitively and involved in discussions about donation.
- The consent process must be transparent so that donors or their families fully understand the implications.
- Living donors must provide informed consent and undergo a psychological and physical assessment to ensure that there is no coercion
-
- You may also want to consider the other ethical pillars of beneficence and non-maleficence, for example:
  - Acting to save or improve the lives of others through transplantation aligns with beneficence.
  - Respecting non-maleficence means ensuring that no unnecessary harm is caused during either the donation or transplantation processes.
  - The process of living donors providing informed consent is a balance of beneficence, by helping others, and non-maleficence, by avoiding donor harm.

Interview Question

Organ Donation and Transplantation

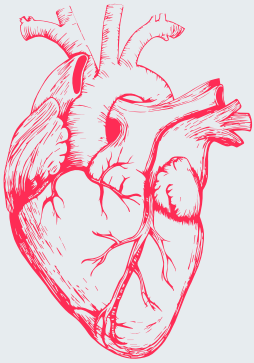
"A patient's family refuses to allow organ donation, even though the deceased patient was registered as an organ donor. How should this situation be handled?"

Mark Scheme

- Acknowledges the sensitivity and emotional context of the situation.
- Respects the family's grief and communicates with empathy.
- Explains that the patient has given valid consent through the organ donor register.
- Emphasises the importance of honouring the patient's autonomous decision, but also recognises that in practice, families are often consulted to maintain trust and prevent distress.
- Seeks support from the transplant coordinator or senior clinician to mediate the discussion.
- Demonstrates awareness that compassion and sensitivity are as important as the ethical and legal principles involved.
- You may also want to consider the other ethical pillars of beneficence and non-maleficence, for example:
- Acting to save or improve the lives of others through transplantation aligns with beneficence.
- Respecting non-maleficence means ensuring that no unnecessary harm is caused during either the donation or transplantation processes.
- The process of living donors providing informed consent is a balance of beneficence, by helping others, and non-maleficence, by avoiding donor harm.

Interview Tips

- Where appropriate, recognise the limits of your role and seek advice from a senior or relevant specialist team.
- Show understanding of the opt-out system.
- Focus on compassion and clear ethical reasoning, which will stand out more than rigidly quoting legislation.



Vaccination

Vaccination is one of the most effective public health measures, for example a global vaccination campaign eradicated smallpox worldwide. Vaccines help to build **herd immunity,** whereby a large proportion of the population becomes immune. This can reduce transmission and help protect individuals who cannot be vaccinated or who may be unable to safely fight the illness due to a compromised immune system.

However, when eligible individuals refuse vaccination, the safety of others, in particular vulnerable individuals, can be compromised.

In the UK, vaccination is voluntary, but strongly encouraged. Compulsory vaccination policies do exist in some countries for specific diseases or occupations, for example, healthcare workers during outbreaks.

Healthcare professionals have a particular duty to protect patients and the public from preventable diseases. Professional guidance from the GMC and GDC expects clinicians to base advice on scientific evidence and act in the best interests of patients and society.

Ethical debates are centred on whether mandating vaccines infringes personal freedom or is justified by the duty to protect public health:

Vaccination

Arguments Supporting Compulsory Vaccination	Arguments Against Compulsory Vaccination
Personal freedom could be limited in situations where an individual's decision creates a significant risk of harm to vulnerable individuals.	Individuals have the right to make informed decisions about their own healthcare, including refusing treatment. Compulsion interferes with that autonomy.
Some individuals cannot be vaccinated or may respond poorly to vaccines, so **herd immunity** can offer them protection.	A blanket policy would be inappropriate as there are medical contraindications and other legitimate circumstances that mean individuals cannot be vaccinated.
Increasing the proportion of people vaccinated can prevent illness and deaths.	Vaccines can cause adverse effects.
Vaccinations can reduce transmission and **the burden of preventable infectious disease** on limited NHS resources.	Education and accessible vaccination programmes can increase the number of people vaccinated without restricting individual autonomy.
Individuals may have a wider social responsibility to take reasonable steps to reduce avoidable harm to others.	

Interview Question

Vaccination

“Should vaccination be made compulsory for healthcare professionals who work with vulnerable patients?”

Mark Scheme

- Acknowledges both sides of the argument. A balance is always key in ethics.
- Explains that autonomy allows individuals to refuse vaccination, but healthcare professionals have an ethical and professional duty to protect their patients.
- Highlights beneficence and non-maleficence: vaccination reduces harm and promotes public safety.
- Emphasises justice and fairness: compulsory vaccination helps to protect vulnerable groups who rely on herd immunity.
- Concludes that while compulsory vaccination is ethically complex, education and transparency could lead to a higher proportion of people vaccinated without infringing autonomy.

Antibiotic Resistance

Antibiotic resistance is a form of **directional selection** which occurs when bacteria evolve mechanisms to survive exposure to antibiotics that would normally inhibit their growth or kill them.

Resistance develops naturally over time, but it is accelerated by **misuse** and **overuse** of antibiotics in **humans, animals, and agriculture:**

- Prescribing antibiotics when they are not needed e.g. for viral infections.
- Patients taking antibiotics incorrectly or for an inappropriate dose or duration.
- Inappropriate use of antibiotics in animals and agriculture.
- Poor infection control and hygiene practices.

The consequences of antibiotic resistance are:

- Increased hospital stays and mortality.
- Fewer effective treatment options for common infections.
- Greater healthcare costs and resource strain.
- Risk of returning to a 'pre-antibiotic era' where routine surgeries become life-threatening.

This is both a medical and ethical issue, requiring clinicians to balance individual treatment needs with the responsibility to preserve antibiotic effectiveness for future patients.

As a result, doctors and dentists must:

- Prescribe antibiotics only when clinically appropriate.
- Follow antimicrobial stewardship principles of correct drug, dose, and duration.
- Educate patients about adherence and the dangers of resistance.
- Support public health measures that promote hygiene and infection prevention.

Interview Question

Antibiotic Resistance

"A patient insists on being prescribed antibiotics for a viral sore throat. How should you handle this situation?"

Mark Scheme

- Acknowledges the patient's concerns and desire to recover quickly. Never forget empathy!
- Explains calmly that antibiotics are ineffective against viruses and unnecessary use contributes to antibiotic resistance.
- Offers evidence-based reassurance and suggests appropriate relief instead. Never make promises!
- Educates the patient about how resistance harms both individuals and society.
- Demonstrates a commitment to responsible prescribing.

Interview Tips

- Remember to see what your role is i.e. medical student, GP, or junior doctor, as this will allow you to work within the limits of your competence.
- Apply the four pillars of ethics.

Abortion

Abortion is the **deliberate termination** of a pregnancy and raises many ethical questions. It is one of the most sensitive and frequently discussed areas in healthcare ethics, so it often comes up in interviews.

In England, Wales and Scotland, abortion is legal under conditions set out in **the Abortion Act 1967.**

For pregnancies **up to 24 weeks, two registered medical practitioners** must agree that continuing the pregnancy either:

- Risks the woman's physical or mental health, greater than if it were terminated.
- Risks the physical or mental health of existing children, greater than if it were terminated.

Most abortions in the UK occur before 24 weeks, which is the general legal time limit. Later abortions, that are **past 24 weeks,** are only permitted under specific grounds, such as if there is:

- A risk to the woman's life due to the pregnancy.
- A risk of permanent injury to the woman's physical or mental health.
- If there is a substantial risk that the child would be born with serious physical or mental abnormalities.

There are two different ethical perspectives when it comes to abortion:

1. **Pro-choice view:** This emphasises autonomy and the woman's right to control her body and life decisions.
2. **Pro-life view:** This emphasises the sanctity of life and moral considerations of the foetus.

Clinicians must be able to respect differing views and remain non-judgemental. Clinicians may have a **conscientious objection** to participating in abortion care if it conflicts with their personal beliefs, but they must refer the patient to another qualified professional to ensure that patient care and access are not compromised. This is referred to as a conscientious objection and outlined in the GMC's Good Medical Practice.

Interview Question

Abortion

"A 17-year-old girl comes up to your GP placement seeking advice about an abortion and asks you not to tell her parents. How should this be handled?"

Mark Scheme

- Acknowledges the sensitivity of the situation and listens with empathy and respect.
- Recognises that a 17-year-old is generally presumed to have capacity to consent, while still considering safeguarding, coercion and confidentiality.
- Maintains confidentiality unless there is evidence of coercion or abuse.
- Explains the legal and medical processes clearly.
- Ensures the patient is aware of all options, including counselling and support services.
- If unsure, seeks senior or safeguarding advice.
- Demonstrates that they would provide non-judgmental and compassionate care.

Interview Tips

- Remain professional and non-judgemental even when your personal views differ.
- Demonstrate an understanding of legal frameworks.
- Apply the four pillars of ethics.

Euthanasia

Euthanasia involves **intentionally ending a person's life** to relieve suffering usually in the context of terminal illness. This is a very common ethical dilemma brought up in medical and dental interviews.

In the UK, euthanasia and assisted suicide are illegal under t**he Suicide Act 1961.** This makes it a criminal offence to encourage or assist someone in ending their life. However, in recent years, there have been attempts to change the law. **A Terminally Ill Adults (End of Life) Bill** progressed through the House of Commons in 2025 but fell when the 2024-26 parliamentary session ended. A new Bill was introduced in June 2026 and is currently progressing through Parliament. **The current legal position remains unchanged.**

Clinicians can, however, lawfully provide palliative care that may unintentionally shorten life if the primary aim is to relieve suffering. This is known as **the doctrine of double effect.** Clinicians can also withdraw or withhold life-sustaining treatment if it is not in the patient's best interests, but they cannot intentionally cause death.

Euthanasia raises a tension between respecting patient autonomy and the principles of non-maleficence and preservation of life. Patients with terminal illness may request euthanasia to end suffering and preserve dignity, but clinicians must consider their duty to preserve life and act within the law.

The debate is further complicated by advances in palliative care, which aims to manage pain and distress effectively, and by international differences, with countries such as the Netherlands and Belgium having legalised euthanasia under strict conditions.

Euthanasia

Arguments that support euthanasia	Arguments against euthanasia:
It respects patient autonomy by allowing individuals control over their death.	It conflicts with the clinician's duty of non-maleficence to preserve life.
It can be seen as an act of compassion that relieves unbearable suffering.	There is a risk of coercion or abuse, particularly for vulnerable patients, who may feel pressured to end their lives due to family or financial strain.
It could reduce prolonged distress for both patients and families.	It could affect public trust in healthcare professionals and their intentions, particularly in palliative care.
It avoids patients travelling abroad to clinics, such as Dignitas, which can be costly and distressing.	Legislation could lead to a **'slippery slope'** which expands beyond intended limits.

Interview Question

Euthanasia

"A terminally ill patient tells you that they no longer wish to live and asks for help to end their life. How would you respond?"

Mark Scheme

- Acknowledges the patient's distress with empathy and compassion.
- Reassures them that their feelings are understood and valid.
- Explains that euthanasia and assisted suicide are illegal in the UK.
- Emphasises that there are many other ways to support their comfort and dignity through palliative care.
- Offers to involve senior colleagues, the palliative care team, or psychological support services.
- Shows understanding of the ethical tension between autonomy and non-maleficence, but makes it clear that their actions must align with both professional duty and the law.

Interview Tips

- Euthanasia questions are not about choosing sides. Show ethical awareness and professionalism.
- Show an understanding of the legal position and ethical principles involved.
- Emphasise the role of palliative care.

Other Ethical Dilemmas

Ethical dilemmas rarely have a single 'right' answer. They are complex situations that require structured reasoning in interviews. Understanding different ethical theories provides frameworks to analyse dilemmas and guides clinicians when making difficult decisions.

The three main theories are:

1. **Consequentialism (including Utilitarianism):**
   - Judges actions by their outcomes or consequences alone.
   - In healthcare, this might justify allocating resources to benefit the most patients even if some smaller groups lose out.
   - **Strength**: Focuses on outcomes and can support decisions that maximise benefit when resources are limited.
   - **Weakness**: Can overlook individual rights and minority needs, which can be seen as a form of indirect discrimination.

2. **Deontology or Duty-based Ethics:**
   - Argues that actions are right or wrong in themselves and not because of their outcome.
   - Morality depends on following duties and moral rules, for example, 'do not lie' or 'do not harm'.
   - In medicine, this could mean telling the truth to a patient even if it causes distress.
   - **Strength**: Emphasises duties, consistency and respect for individual rights and autonomy.
   - **Weakness**: Can seem rigid or impractical when rules conflict. Any rules which are just black and white are never good to enforce.

Other Ethical Dilemmas

3. **Virtue Ethics:**
    - Focuses on the character and moral qualities of the person making the decision.
    - A virtuous clinician acts with qualities such as compassion and honesty.
    - **Strength**: Promotes trust and professional behaviour.
    - **Weakness**: Provides less concrete guidance in complex scenarios.

Understanding these theories helps healthcare professionals to justify decisions logically and consistently, especially when ethical principles conflict. In practice, clinicians may draw on several approaches when reasoning through complex ethical decisions. Principlism, for example, uses the four principles of autonomy, beneficence, non-maleficence and justice.





Interview Question

Other Ethical Dilemmas

"During a pandemic, only one ventilator is available for two critically ill patients. How would you decide who receives treatment?"

Mark Scheme

- Applies each theory to show balanced reasoning.
  - A consequentialist might prioritise the patient most likely to survive and benefit to maximise overall good.
  - A deontologist might argue both patients have equal moral worth and should be treated fairly, perhaps by using a random selection.
  - A virtue ethicist would focus on acting compassionately and justly while maintaining professional integrity.
- Concludes that healthcare decisions require balancing outcomes and fairness.
- Uses elements of the four ethical pillars.

Interview Tips

- Ethical theories are not fixed rules, but instead tools for reasoning. Interviewers are looking for structured reasoning and reflection.

4 Professional Judgement and Scenarios

Introduction

The purpose of this section is to help you approach situations that test your judgement, ethical reasoning, professionalism and ability to prioritise patient safety.









When approaching such scenarios, ask yourself:

- Have I acted honestly with patients?
- Have I prioritised patient safety and taken appropriate actions to minimise harm?
- Have I respected confidentiality, and if disclosure is necessary, can I justify why it is appropriate?
- Have I followed the appropriate procedures for raising and escalating concerns?
- Have I applied the four pillars of medical and dental ethics?
- Have I maintained public trust in the profession?

The DARE Structure

You may also find the **DARE** framework of decision-making useful to help structure your answers in your interviews.

1. **D – Define:**
   - Identify the problem and the ethical issue being tested.
   - Identify any immediate danger to the patient, yourself, colleagues, or others.
   - Consider relevant GMC guidance and GDC standards, and identify the professional or ethical duties you are balancing.
2. **A – Assess:**
   - Determine how severe and urgent the situation is.
   - Consider what the consequences of inaction would be. Explain why it is important to intervene or address the situation, for example, could the situation affect team dynamics or the quality and safety of patient care?
   - Identify the stakeholders, for example, patients or colleagues.
   - Recognise the responsibilities and limits of your role, whether you are a student, volunteer or junior doctor.
3. **R – Respond:**
   - Consider what the most appropriate course of action is, which may involve supporting, addressing, escalating, and documenting.
   - Think about the manner in which you would act, for example, acting promptly and discreetly.
   - Be honest about what you can and cannot do. Do not make promises you cannot keep.
   - You must act within the limits of your competence. Do not overstep.
4. **E – Evaluate:**
   - Recognise the importance of protocols and support systems.
   - Reflect on how the situation was handled, what could be learnt and how a similar incident could be prevented in the future.

Safeguarding and Escalation

Why is this tested?

Safeguarding involves protecting children and adults at risk from abuse, neglect or other forms of harm. Escalation means recognising when a concern is beyond the limits of your role and raising it with the appropriate senior, safeguarding lead or professional team.

These scenarios often require you to balance confidentiality with the responsibility to protect patients and others from serious harm.

Common Scenario Types

- You are volunteering at your local hospital and you notice an elderly patient appears confused.
- A patient tells you they have HIV but they continue to have unprotected sex with their partner who does not know.
- A patient comes in with a complaint about the GP practice.
- A patient tells you they have epilepsy and continue to drive, but they do not want to inform the DVLA.
- A FY2 doctor tells you that they have been taking patients' notes to complete on the bus journey home and they ask you not to tell anyone.
- A relative of a patient comes into the clinic asking for details about the patient's diagnosis and treatment.

Safeguarding and Escalation

Model Example
You are a FY1 doctor at a GP clinic. A patient tells you they have HIV but they continue to have unprotected sex with their partner who does not know. What do you do?

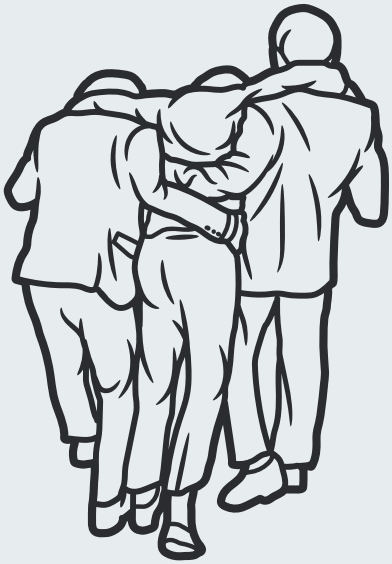
- After finding out about the patient's HIV diagnosis, I would acknowledge that this must be a very difficult situation for them.
- I would inquire more about their diagnosis, for example, how long ago they were diagnosed.
- I would then ask whether they have a partner, if they are sexually active, and if their partner is aware of their HIV status.
- If they say no, I would explore this and find out if there is anything preventing them from telling their partner or if they would like support in doing so.
- I would encourage them to inform their partner, explaining that it is important for their partner's health.
- If they still refuse, I would explain that while confidentiality is important, I have a professional duty to protect others from harm, which aligns with the non-maleficence pillar of medical ethics.
- I would make it clear that I would need to tell their partner about their HIV status, but only share the minimum necessary information, according to Good Medical Practice guidelines.
- I would then seek immediate advice from a senior doctor or the sexual health team.

Key Tips
- With confidentiality guidelines, share only on a 'need-to-know' basis.
- If you are unsure of what the standard procedure is, verbalise that you would speak or escalate to a senior member of staff.
- Even when escalating, remain empathetic and avoid accusatory language. You are not punishing patients.
- Link your reasoning to the four pillars of medical ethics.

Drunk Surgeon or Colleague

Why is this tested?

This scenario is tested to evaluate whether you prioritise patient safety and escalate concerns appropriately. Interviewers are looking to see that you can balance empathy and responsibility, follow protocol, and understand your duty of care.





Common Scenario Types

- You notice a colleague or supervisor appears to be intoxicated during a shift.
- You see a colleague drinking alcohol during a break during working hours.
- A surgeon tells you they are hungover and are scheduled to perform surgery.

Drunk Surgeon or Colleague

Model Example
You are a FY1 doctor and you notice that a consultant appears intoxicated before surgery. What do you do?

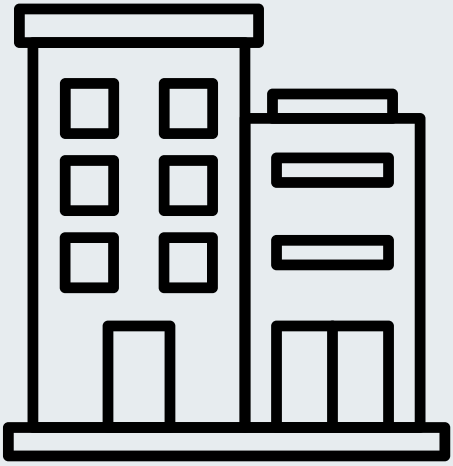
- The patient is at risk because the consultant may not be in a fit state to operate as their judgement and precision could be impaired.
- This links to the non-maleficence principle of medical ethics, and the competence value in the six Cs of the NHS, which emphasises acting promptly when patient safety could be compromised.
- I would talk to the consultant to address the concern, keeping the conversation private and confidential to minimise embarrassment.
- If I do not feel comfortable speaking to the consultant directly, I would escalate to a senior member of staff in the consultant's team, such as the theatre nurse in charge.
- Once patient safety has been ensured, I would offer practical support to the consultant, for example, I could offer to drive them home after my shift or see if they can rest in the on-call room.
- I would document the situation and ensure the management team is aware, so the incident can be properly acted upon and followed through. This protects the hospital and supports the doctor appropriately.

Key Tips
- You must ensure patient safety and explicitly state this when explaining your actions.
- Hierarchy and personal discomfort do not override patient safety.
- Avoid taking personal responsibility for the colleague - focus on escalation and safeguarding patients.
- Demonstrate professional knowledge by referencing GMC standards, six Cs of NHS, hospital protocols, and medical ethics such as non-maleficence.

Workplace Bullying

Why is this tested?

This station aims to evaluate your ability to identify and respond to unprofessional behaviour that may be creating an unfair working environment for colleagues and may pose a danger to patients. It assesses your communication and escalation skills, and is an opportunity to demonstrate awareness of safeguarding.





Common Scenario Types

- Witnessing a senior colleague speak rudely to a junior member of staff on several occasions.
- A senior colleague undermines a junior member of staff in front of a patient.
- A student is repeatedly excluding another student from group work.

Workplace Bullying

Model Example

You are a FY2 doctor in a hospital. A consultant on multiple occasions mocks a nurse. What do you do?

- If I feel comfortable to do so, privately, I would address the behaviour with the consultant who is mocking, explaining that such behaviour is not acceptable.
- I would also ensure that the nurse being mocked feels supported and safe, and signpost them to any support services available.
- If the behaviour continues or I do not feel comfortable addressing it directly, I would speak to my supervisor.
- It is important to handle conflicts like these in order to maintain a professional and safe working environment.
- Good teamwork is essential to ensure patients receive the best quality of care.
- This approach reflects the care aspect of the six Cs and demonstrates courage to speak up when there are concerns.

Key Tips

- Acknowledge the impact of the continued unprofessional behaviour, especially for patients.
- Always verbalise that you would involve a senior member of staff.

Cheating in University Finals

Why is this tested?
Interviewers are looking to test your integrity and probity by giving you ethical dilemmas involving academic misconduct.

Integrity refers to being moral and consistently doing what is right regardless of whether anyone is holding you accountable. **Probity** means professional honesty and trustworthiness. Both are core values in medicine and dentistry.

These stations are to assess professionalism and accountability, and to provide insight into your ethical reasoning, assessing whether you uphold the standards expected of a future doctor or dentist.

Common Scenario Types

- You see a friend or colleague cheating during an exam.
- Your friend asks you to share questions or answers after your exam.
- You find someone has leaked questions or answers to an upcoming exam on a group chat that you are on.
- You suspect a friend or colleague has cheated but you are unsure if it really happened.



Roleplay

General Overview

The purpose of roleplay stations is to assess your ability to communicate empathetically and maintain professionalism when faced with difficult scenarios that you may encounter as a doctor or dentist. Non-medical scenarios may also be included to assess transferable interpersonal skills, such as problem-solving and active listening.

Interviews are looking for a confident demeanour and a genuine display of compassion. The **SPIKES** or **CALMER** framework are useful ways to approach roleplay scenarios.



The SPIKES Framework

- **Setting**
  - Introduce yourself and your role.
  - Confirm the patient / person's identity.
  - Set the tone and purpose of the conversation.
  - Start with an open question, for example:
    - "How can I help today?"
    - "Can you tell me a little more about what has happened?"
- **Perception**
  - Clarify the person's current understanding of the situation.
  - Use ICE (ideas, concerns, and expectations) for scenarios with patients.
    - Do you have any ideas of what could be going on?
    - Is there anything in particular that you are concerned about?
    - What are your expectations coming in today?
- **Invitation**
  - Check whether the person is ready to receive the information and how much detail they would like.
  - Signpost before giving difficult information.
- **Knowledge**
  - Deliver information using simple language.
  - Do not immediately offer solutions before understanding the person's concern.
- **Empathy**
  - Validate the person's emotions.
  - Avoid false reassurance, for example instead of saying "Everything will be fine.", use "It is understandable that you are worried. Let us talk about what we can do next."
  - Check for understanding by using phrases, such as "Is there anything I have explained that you would like me to clarify?" or "How does that sound to you?"
- **Summary**
  - Recap the information or discuss future plans.
  - Ask if they have any questions or if they would like any further support or information.

The CALMER Framework

- **Connect / Consider**
  - Establish a rapport with the patient / person.
  - Consider the person's emotions and the reasons behind their behaviour; this should influence your tone.

- **Acknowledge**
  - Use phrases such as 'I am sorry to hear that' or 'I am sorry you have been feeling this way' to acknowledge their feelings.

- **Listen**
  - Ask the person's concerns and do not interrupt them.
  - Use non-verbal cues to show that you are engaged.

- **Manage**
  - Respond by providing appropriate information to clarify the situation or address the person's concerns.

- **Empathise**
  - This is similar to 'acknowledge' in which you respond to their feelings with compassion, throughout the roleplay.
  - Use ICE for scenarios with patients.

- **Resolve**
  - Confirm the plan of action, which must be realistic and within the limitations of your role.
  - Ask if they have any further questions or concerns.
  - End with a summary of the conversation to clarify any misunderstandings and ensure the person is satisfied.

Key Tips

- Practising roleplay scenarios, whether it be with friends or family, is the best way to improve and get more comfortable with them.

- Try to use **'the golden minute'** rule, in which you let the patient speak uninterrupted for about one minute.

- Focus on non-verbal cues, such as good eye contact and nodding your head, and use short verbal cues or open questions, such as "please tell me more".

- Break down your time so that the first one or two minutes are the introduction and active listening, the middle few minutes cover focused questioning and ICE, and the last one or two minutes are to summarise.

- Ensure you do not interrupt or use medical jargon with patients or a layperson.

Breaking Bad News

Goal of the station

As a doctor, you will inevitably have to break bad news to a patient, which can include new diagnoses, a poor prognosis, news of a death, and other life-altering information. While it may seem daunting, interviewers are looking to see if you have the communication skills to deliver such news in an effective and empathetic manner.

Key tips

- Avoid medical jargon – use lay terms and explain any medical procedures or terminology used.
- Deliver the correct news – distinguish whether the diagnosis is confirmed or still suspected.
- Do not make conclusions, for example, you do not know whether the diagnosis is treatable, or how long they have left to live. Use statements such as “We need some further tests to understand the situation more fully, which will help the team discuss the most appropriate treatment options with you.”

Breaking Bad News

Model Example

- You are a FY1 doctor in a hospital. Mr Smith's biopsy indicates liver cancer. Further tests are needed to confirm. Break this news to him.

S

Setting the scene

- Introduce yourself
- Confirm the patient's name and date of birth
- Ask if they are comfortable

P

Perception

- Ask whether they have come with anyone else or would like a family member, friend or other support person to be present.
- Check the patient's understanding of why they have come in to see the doctor.
- "I understand that you have had a liver biopsy recently. Do you know why that was done?"
- "The biopsy involved taking a small sample of tissue from your liver to test."

I

Invitation

- Signposting and setting the tone by using phrases such as "I am afraid I have some bad news", "I have some news that may upset you", or "Would you like anyone else in the room with you while I give you the news?"

K

Knowledge

- Explain the news in simple terms.
  - "The results show that it is likely to be cancer of the liver. We still need to do some more tests to confirm this."

E

Empathy

- Acknowledge the news compassionately, for example, "I am very sorry to have to tell you this."
- Acknowledge the patient's reaction using phrases such as 'I can see this has come as a shock to you' and pause after delivering the news.
- Offer support in telling their family.
- Ask their feelings.
- You may offer water or tissues.

S

Solution and Summary

- Explain that other members of staff can offer further support or explanations.
- Ask how they are getting home.
- Ask if they have any other questions.
- Mention that they can come to see you again if they have anything they would like to discuss.

Angry or Distressed Patient

Goal of the station

As a doctor, it is likely that you will come across patients and their families who are frustrated or scared, and may behave rudely as a result. It is important to handle these situations calmly and empathetically. Interviewers are looking to test whether you understand that such outbursts are not a personal attack and that you have the communication skills to navigate this.

Key tips

- Do not interrupt the patient.
- Do not put the blame on someone else - take responsibility and apologise on behalf of the team.
- Try to provide solutions to show the patient you are trying to help them, without making any false promises. Keep in mind that this may fall outside your scope of responsibility or authority, so escalating the issue to a senior staff member is often the best course of action.
- Do not make any excuses or be defensive.

Angry or Distressed Patient

Model Example

- You are a FY2 doctor at the hospital. Mrs Smith is a frustrated patient at the hospital who was told she would be discharged earlier that day but is still waiting. You have been asked to speak to Mrs Smith.

C

Connect and consider

- Introduce yourself and confirm the patient's name and date of birth.
- Ask the patient what brings them in today.
- Consider the way in which they are speaking to you. Your concern is to de-escalate the situation, so respond in a non-confrontational manner.

A

Acknowledge

- Recognise and validate the patient's feelings.
- "I can see that you are frustrated and that is completely understandable. Tell me what has been happening and we can see how I can help."
- Ensure you apologise.
- "I am sorry you have been left waiting after being told you would be going home. I can understand why that would be frustrating."

L

Listen

- Ask what the patient's concerns and expectations are using the ICE structure.
- Use non-verbal cues, such as nods and eye contact.
- Allow the patient to voice all of their concerns, without interrupting them or rushing to give a solution.

M

Manage

- Clarify the issue, whilst providing accurate information. Use phrases like 'Just so I understand correctly, ___ Is that right?'.
- Accept responsibility by apologising for what the patient has experienced whether you are directly responsible or not.
- "It must be really frustrating to have been told that you are going home and you are still waiting."

E

Empathise

- This needs to be done throughout the consultation through apologetic statements and ensuring the patient feels listened to.

R

Resolve

- Offer a realistic solution - keep your role and limitations of the situation in mind. You can guide the patient through the complaints procedure or escalate to a more senior member of staff.
  - "I will check where things stand right now and make sure to come update you."
- Summarise the plan of action and ensure the patient is satisfied.
  - "We are doing everything we can to get you home as soon as possible."

Explaining a Concept to a Layperson

Goal of the station

There are a lot of complex conditions and treatments that patients will have, so as a doctor it is important to be able to explain this to people of all ages and abilities in a way that they can easily comprehend. This is also a necessary skill in establishing capacity. In an interview setting, your ability to articulate and simplify concepts, whether medical or not, with focus and clarity will be tested.

Key tips

- Do not use jargon and technical terminology - in a roleplay scenario, the actors are trained to ask follow-up questions when you use difficult language, so you may end up straying off topic trying to explain something else.
- Do not speak in a patronising way - ask the person if they want an explanation before giving one.
- Ensure you ask if they have understood what you have said.
- Speak slowly and do not give too much detail as you are limited for time.

Explaining a Concept to a Layperson

Model Example

- You are a medical student at a GP practice for a placement. Explain to a patient what a vaccine is.

S

Setting the scene

- Understand the demographic you will be explaining the topic to. This will help you determine how you explain the topic, for example, using an analogy that can be understood by someone of that age.

P

Perception

- Ask the person what they already know and their current understanding of the topic to establish their baseline knowledge and whether they require an overview or a detailed walk-through and clarify any misconceptions they may have.
- "What have you heard about vaccines so far? This might help me understand what to focus on."

I

Invitation

- Ask the person whether they want an explanation by using phrases such as "Would you like me to explain how this works in more detail?"

K

Knowledge

- Use age- and ability-appropriate analogies and familiar examples, for example, analogy of pizza slices to explain fractions to a five-year-old.
- "A vaccine trains your immune system to recognise a germ before it even meets the real one. It contains a small, safe part of the germ, so your body can learn to fight it off. This means when your body comes into contact with the actual germ, it can react much faster and stop you from getting really ill."

E

Empathy

- Depending on the scenario and age of the person, ask them to repeat the information back.
- If they still do not understand, use another tactic, such as another analogy or drawing a diagram.
- Acknowledge confusion and curiosity using statements, such as "It is completely understandable that it sounds complicated", "It is a confusing topic for many people", or "A lot of people are curious about vaccines - I am glad you asked".

S

Solution and Summary

- Ask the person if they have any more questions or whether anything remains unclear.
- "Does that make sense so far? Do you have any questions?"
- Signpost to reliable sources for more information where applicable.
- "I can direct you to the NHS website if you would like to know some more information."

6 Medical Hot Topics

NHS Structure

The NHS has a **three-tier system** of primary, secondary, and tertiary care to provide free healthcare for all UK residents. The hierarchical system ensures efficiency and continuity in the care that patients receive.

- **Primary care** is the patient's first point of contact, which includes general practice and community services.
  - They aim to focus on prevention and reduce hospital admissions.
  - It acts as the gateway to specialist services.
- **Secondary care** is emergency care and hospital services.
  - Increasing use of remote consultations and shared records aims to effectively connect primary and secondary care.
- **Tertiary care** refers to highly specialised treatments, for example, transplants and surgery.

It aims to offer equitable access nationwide, however there are some challenges it continues to face:

- As we mentioned earlier, **the postcode lottery** means that access to treatments and facilities varies depending on where patients live.
- Some trusts face higher demand and lower funding, which leads to disparities in the availability and quality of care.
- Rising demand and limited budgets put a strain on secondary and tertiary services.
- Staff shortages affect all levels of care and limit the effectiveness of any reforms, for example, the 7-day NHS which aimed to provide consistent access to services.
- Inconsistent quality of care is suggested by the weekend effect, where some studies have found that patients admitted on Sundays have a higher mortality risk compared to weekdays.

These points are unlikely to appear as standalone questions. You should aim to weave these ideas naturally throughout all your ethics and hot topics stations. Try to maintain a balanced perspective by recognising the strengths and the challenges. Avoid being overly forgiving or overly critical, particularly because you will hopefully be working within the system one day and your interviewers likely already do.

Interview Question

NHS Structure

Model Answer

"What do you understand about the term 'NHS postcode lottery' and how might it be addressed?"

- The postcode lottery refers to the unequal access to NHS services depending on where someone lives.
- For example, access to specialist cancer drugs or trauma centres will be different if someone lives in the countryside or in the city.
- This undermines the ethical pillar of justice.
- The NHS is currently exploring better standardisation through Integrated Care Boards, which allocate resources based on the health needs of the local population, and direct greater funding towards areas with high levels of deprivation.
- This is a balance between national equity and local responsiveness.

Privatisation and Funding

Private healthcare involves patients paying for medical services outside of the NHS. It is important to consider how an increase in privatisation could affect the NHS and whether a two-tier healthcare system would work.

Advantages of Private Healthcare	Disadvantages of Private Healthcare
Private patients can see a consultant in as little as 2 weeks. The average time is 20 weeks in the NHS.	Wealth would affect quality and speed of care, thus the creation of a **'pay-to-win'** system.
Private hospitals offer more choice over consultants, rooms, and treatments.	The NHS value of equal access for all could be compromised.
Procedures that are not cost-effective for the NHS can be funded.	Complications from private treatment likely require NHS follow-up which adds to the pressure.
There will be fewer patients in the public system which would slightly reduce the NHS burden.	Private hospitals often lack emergency and intensive care facilities, so they depend on the NHS for emergencies.
Competition would drive efficiency and innovation.	NHS care is **prevention-oriented,** but private healthcare is treatment focused.

Interview Question

Privatisation and Funding

Model Answer

"Should the UK move towards a privatised healthcare system like the United States?"

- A privatised system does offer shorter waiting times and greater patient choice in regards to which treatment they choose, but it risks exacerbating healthcare inequalities.
- The NHS' core funding principle is equal access based on need and not on the ability to pay.
- Privatisation can however cause a two-tier healthcare system to form.
- Limited involvement could support the NHS during crises, as we saw during the outbreak of COVID-19.
- However, rather than replacing the NHS with a profit-driven model, the long-term solution should focus on improving the efficiency of the NHS and addressing funding and staffing issues.

Public Health

Preventative public health measures aim to reduce diseases and the burden on the healthcare system. The NHS values prevention just as much as treatment; a large budget is allocated to reduce and prevent hospitalisation. Obesity and smoking are examples of major **preventable risk factors** that cost the NHS billions every year.

Interviewers want to assess whether you can critically evaluate preventative care interventions and their impact on patients and NHS resources.

Benefits of Preventative Care	Challenges of Preventative Care
Smoking costs the NHS ~£2.6 billion per year. Preventing obesity lowers long-term chronic disease costs.	Promoting lifestyle interventions could make normal behaviours seem like a medical problem. This could lead to stigma or unnecessary medicalisation.
Lifestyle campaigns, counselling, screening, and legislation reduce the incidence of disease.	Extensive interventions potentially discourage personal accountability for their health choices.
The prevention of illness or treatment within the community saves money compared to treating complications or within the hospital.	Preventative services require significant funding, and resources may be spent on conditions that an individual may never develop.
There are many long-term social benefits, such as a healthier, independent population and increased productivity.	

Interview Question

Public Health

Model Answer

"What strategies could the NHS implement to tackle rising obesity rates, and what challenges might these present?"

- The NHS could advertise digital or community-based weight-management programmes to increase access.
- In schools, teach what a healthy, balanced lifestyle looks like.
- Primary care could be supported to routinely offer weight-loss advice and support.
- The NHS could collaborate with local authorities and organisations to make healthy food affordable, restrict advertisements of unhealthy food, and promote active travel.
- These measures would reduce long-term costs and improve the quality of life of patients.
- However, there are also challenges associated with such strategies, for example, individual autonomy must be respected, and over-medicalising lifestyle choices must be avoided.
- These strategies are also an excessive economic burden.
- Education and targeted public health campaigns seem to be cost-effective measures that keep these challenges in mind.

Ageing Population

By 2050, nearly 25% of the UK population will be over 65. Life expectancy is increasing, but many years are spent in poor health due to chronic conditions such as dementia, diabetes, cardiovascular disease, and high blood pressure. This demographic shift places **a growing demand** on the NHS and social care with preventative strategies and community support required.

Interviewers want to see if you are able to discuss the societal impacts of an ageing population and the pressure the NHS faces as a result.

Strategies	Challenges
By promoting healthy living, hospital admissions can be reduced and independence can be supported.	Older adults often have **multimorbidity** that requires complex care.
Support from family members and voluntary carers can reduce reliance on professional care.	Domestic help and long-term care are expensive and resource-intensive.
Telehealth and remote monitoring could reduce unnecessary hospital visits and support people living in rural areas.	People in rural areas or with limited social support may experience worse outcomes.
	Older adults live longer with chronic conditions which increase demand for hospitals and specialist services.

You can easily tie this in when talking about care home volunteering or any similar experiences.

Interview Question

Ageing Population

Model Answer

"What are the social and medical implications of an ageing population for the NHS, and how might these be addressed?"

- Through my volunteering in a care home, I saw firsthand the implications of an ageing population.
- An ageing population places a greater demand on the management of chronic disease and can increase hospital admissions.
- Social care also needs to be considered because older patients generally require more support to live independently and access community care.
- The NHS is implementing strategies that include promoting healthy lifestyles, expanding telehealth and remote monitoring, supporting family and volunteer carers, and improving access to community-based care.
- However, challenges remain in increasing funding and workforce capacity to meet these growing needs.

COVID-19

The COVID-19 pandemic reshaped the delivery of healthcare in the UK by accelerating the use of telemedicine and exposing the pressures facing the NHS. It also highlighted how public trust and access to accurate information can influence health behaviours and efficacy of public health measures. The effects of COVID-19 still continue through the backlogs in all levels of care including mental health services and pressure on capacity.

Interviewers are looking to test your awareness of how the NHS innovates and adapts to crises. It can be a useful topic to mention when discussing adaptability or public health. You can also make links to funding or digital health. The examples we have mentioned below can be useful to do this.

Positive Impacts and Lessons	Ongoing Challenges and Risks
Telemedicine made consultations accessible and efficient, in particular for follow-ups and in rural areas.	It led to **a digital divide.** The elderly or low-income groups may lack access to technology, which can worsen inequalities.
It encouraged flexibility in service delivery, for example through staff redeployment and the increased use of the NHS app and electronic prescriptions.	Waiting lists and burnout increased, with lasting workforce pressures.
It highlighted the importance of public health messaging and teamwork within the NHS.	Misinformation online eroded trust and confidence in vaccines.
It led to investments in infrastructure and emergency preparedness.	Nightingale hospitals spent £530 million to treat 54 patients in the first wave. This raised concerns about planning and resource allocation.

Interview Question

COVID-19

Model Answer

"How has the COVID-19 pandemic changed the way healthcare is delivered in the UK?"

- The COVID-19 pandemic changed the way the NHS delivers care.
- During my GP work experience, I saw how online consultations had become quite common. This made healthcare accessible and convenient for some patients, but also exacerbated the digital divide because some people may not have access to technology or may struggle to use it.
- The pandemic also showed how quickly misinformation can spread, for example around vaccines. This led to a distrust of healthcare professionals among some members of the public, which is concerning in a profession where trust is important for better patient outcomes.
- Lastly, it highlighted the challenge of NHS funding and the importance of effective resource management. For example, the Nightingale hospitals cost over £500 million but utilisation was lower than expected.

Strikes and Staffing Issues

The topic of recent NHS strikes tests your understanding of the reason behind industrial action without being overly critical. Your interviewer is likely to be a doctor, so you should demonstrate insight into the systemic issues affecting NHS staff and avoid blaming individuals.

Consider the competing perspectives when discussing this topic:

Perspectives that support strikes	Perspectives that do not support strikes
Strikes aim to restore pay and working conditions that have **fallen behind inflation.** Junior doctors earn ~26% less in real terms than 15 years ago.	Delayed appointments and cancelled procedures due to strikes can negatively impact the care that patients receive.
They raise awareness of **burnout** caused by excessive hours and workloads, which can push the NHS to make changes to working conditions.	Strikes and staffing shortages can disrupt patient relationships and access to care pathways.
Improving pay and working conditions can support staff recruitment and retention, which can contribute to **long-term workforce sustainability.**	Striking conflicts with a professional duty to care, so it requires careful ethical reflection.
Strikes can trigger policy responses and funding review.	
Recognising burnout is very important for safe clinical practice; the Dr Bawa-Garba case is an example of its potential consequences.	

You can link this topic to ethical scenarios in interviews, for example, when discussing professional duty or system advocacy, or linking personal observations about staff pressures.

Interview Question

Strikes and Staffing Issues

Current Developments

- Recent disputes focused on restoring pay and improving working conditions.
- Vacancy rates remain high across NHS trusts, especially in emergency medicine, critical care, and general practice.
- NHS initiatives include wellbeing programmes and support for mental health. However, implementation does vary.
- Inflation and long-term underfunding continue to fuel pay restoration debates.

Model Answer

"How do strikes and staffing issues affect patient care and what are the ethical considerations for doctors?"

- This is a complex ethical situation that requires a balance between the duty of care and the need to advocate for systemic change.
- I have seen firsthand how staffing shortages affect patient care in my volunteering at a hospital.
- Strikes and understaffing can delay procedures and increase the pressure on remaining staff. The continuity of care that patients receive is also affected, which can impact health outcomes.
- At the same time, doctors are under pressure and pay has not kept up with inflation.
- Strikes in the NHS are focused on pay restoration and fair working conditions.
- Burnout can have serious consequences for doctors and patients, so addressing these issues is important to support the wellbeing of staff and long-term patient safety.

General Practice and Primary Care Pressure

Due to an increase in patient numbers and fewer GP practices, there is **a high patient-to-GP ratio,** in other words, GPs face a rising workload.

Interviewers want to see if you can link workforce challenges to patient safety and NHS efficiency. It is an important point to draw on for questions about the NHS backlog or wider issues in the NHS.

Strengths of General Practice	Challenges Facing General Practice
Routine GP checks and screenings are crucial to diagnose illnesses early. This can prevent complications and reduce the burden on secondary care.	Waiting times have increased, with over 5 million people waiting more than 2 weeks in March 2024.
Regular GP contact improves the **continuity of care**, particularly in the management of chronic conditions. This can also improve patient satisfaction.	Fewer practices and increasing patient numbers reduce the time per patient. A GP is now responsible for ~2247 patients.
GPs help to manage NHS resources by triaging patients and reducing unnecessary hospital visits.	Overstretched services may lead to missed diagnoses or delayed treatment.

You can link this to volunteering or work experience by discussing the importance of early intervention and triaging of patients. This can show an awareness of how primary care underpins the entire NHS.

Interview Question

General Practice and Primary Care Pressure

Model Answer

"What are the main challenges facing general and primary care in the UK, and how might they be addressed?"

- GPs are facing significant pressure due to rising patient numbers and fewer practices. Currently, a single full-time GP may be responsible for over 2200 patients.
- This reduces the availability of appointments with >5 million people waiting for at least 2 weeks for a GP consultation.
- These pressures delay diagnosis or follow-up which can impact patient safety.
- They also weaken the public's perception of the NHS.
- GPs are important for early intervention and preventative care. This can decrease admissions to the hospital.
- Some solutions could include digital appointments and recruitment initiatives to help manage workload.
- To conclude, pressure on primary care is a problem that has system-wide consequences for the continuity of care that patients receive and the efficiency of the NHS.

Mental Health Crisis

Mental health is an issue that can affect anyone; in the UK, 1 in 4 people experience a mental health issue in their lifetime. There is a growing mental health crisis and therefore a rising demand for NHS mental health services. The COVID-19 pandemic worsened the waiting times and placed strain on an already stretched workforce.

This topic tests how well you can adapt your answers to different scenarios. Interviewers want to see whether you can discuss the impact of the mental health crisis and suggest realistic solutions. It is also a chance to demonstrate your reasoning skills.

Responses and Opportunities	Challenges and Pressures
Prompt assessment and treatment can prevent deterioration.	Roughly 3.8 million referrals in 2023-24 illustrate overwhelming demand.
GPs and community services can support monitoring and management.	Limited mental health professionals lead to longer waits and increased workload.
Recent £15 million investment aims to expand outreach and service capacity.	Delays may cause conditions to worsen; this can increase mortality and present ethical challenges in care prioritisation.
Early education can help to reduce future mental health burden.	High demand pressures primary care and hospitals.

Mental health challenges can rarely be fully resolved. You are not expected to provide a single 'right' answer. Instead, discuss systemic challenges and potential interventions.

Interview Question

Mental Health Crisis

Model Answer

"What are the main challenges facing mental health services in the UK and how can they be addressed?"

- Mental health services are under significant pressure due to roughly 3.8 million referrals in 2024 and insufficient staff and beds.
- The COVID-19 pandemic increased demand by massively affecting mental health and created longer waiting times.
- There are ethical concerns about patient safety due to treatment delays.
- Early intervention and integration with primary care is critical.
- GPs can help to provide early treatment and reduce escalation.
- Recent government funding of £15 million supports outreach and national programmes which could help to improve access and continuity of care.
- To reduce backlogs and improve patient outcomes, workforce shortages need to be addressed. Prevention programs and supporting primary care integration could also be useful.

Understanding the Multidisciplinary Team

The multidisciplinary team (MDT) is a group of healthcare professionals from different specialities who collaborate to create strong management plans for complex conditions, such as cancer.

This topic rarely appears as a direct question, but it is something that you can tie into almost any station when discussing teamwork, leadership, ethics, or patient safety.

Benefits of an MDT	Challenges of an MDT
A combination of expertise allows for comprehensive treatment.	Misunderstanding or unclear roles can lead to errors or delays.
Shared responsibility and cross-checking can reduce mistakes, for example this was relevant in the Dr Bawa-Garba case.	Scheduling meetings and aligning priorities can be difficult.
Care planning and follow-ups can be efficient. Duplication can be reduced.	Differences in opinions or hierarchy can slow decision-making.
Learning opportunities and exposure to diverse perspectives can be offered.	

Simply name-dropping MDT is not enough. Interviewers want you to link your personal experiences, such as volunteering or group projects, to the values of an MDT.

Artificial Intelligence and Medical Technology

AI and medical technology can help to improve efficiency within the NHS. This is a rapidly evolving field that tests whether you stay up-to-date with current developments and evaluate new ideas critically.

Advantages	Disadvantages
AI imaging can detect early cancers and save clinician time, for example, by supporting radiology triage.	There is a risk of overreliance. In July 2025, two hospitals reverted to paper records after major IT failures.
It can help to reduce waiting times and support decision-making in understaffed areas.	There is a concern over data security. In April 2024, an NHS data leak exposed sensitive patient information.
Efficiency in admin tasks, such as referral and record systems, can be improved.	Who is accountable if AI makes an error?
Wearables allow continuous remote monitoring and earlier interventions.	Not all patients are comfortable with technology use and there is a risk of depersonalising care.
Babylon Health trialled AI consultations to improve GP access and reduce backlogs.	Bias in AI datasets can disadvantage certain populations if not properly tested.

You can also bring up AI and medical technology in questions about NHS funding, patient safety, or equality. For example, discussing the digital divide can show an awareness that not all patients can access technology equally.

Model Answer

"How might AI and medical technology change the future of the NHS?"

- AI has the potential to make the NHS more efficient by supporting doctors.
- For example, AI can help to triage patients, speed up imaging, and automate admin work. This would free up time for clinicians to focus on patient care.
- Wearables can also allow continuous health monitoring, which can help to detect illnesses early and reduce unnecessary admissions.
- However, there are concerns about data security and accountability, especially after the recent NHS data leak and IT failures.
- I do, however, think that AI can bring major benefits if used responsibly with strong regulation and human oversight.

7 Dental Hot Topics

NHS Dental Contract and the Units of Dental Activity System

The NHS dental contract uses **Units of Dental Activity (UDAs)** to quantify and pay for dental work. Practices earn UDAs based on the complexity of the treatment and which band it falls into. Reforms in 2022 introduced **enhanced** UDAs to reward the provision of complex care. Contract pilot schemes and digital dentistry are also being explored to support preventative management and reduce administrative burdens, respectively.

Interviewers want to see if you can critically evaluate how contract structure can affect clinical priorities and demonstrate an awareness of the hybrid NHS and private practice system.

Advantages	Challenges
The clear **structure of bands** allows for predictable planning and auditing for practices.	UDAs may prioritise quantity of care.
Enhanced UDAs rewarding complex treatment encourages comprehensive care.	Contract pressures can cause dentist dissatisfaction and workforce retention issues.
Exemptions for vulnerable groups including children, pregnant women, and benefit claimants support equity.	Limited flexibility may restrict innovation or holistic approaches.
Practices are incentivised to meet activity targets efficiently.	Patients may experience difficulty accessing complex treatments or long waits.
Standardisation simplifies payment and reporting.	Reform implementation is gradual, which can limit immediate improvements.

Interview Question

NHS Dental Contract and the Units of Dental Activity System

Model Answer

"How does the NHS dental contract impact patients and dentists, and what are its challenges?"

- The NHS dental contract uses UDAs. Recent reforms have introduced enhanced UDAs which reward the management of complex care.
- This influences which treatments are financially viable to provide and how dentists balance clinical need with contractual targets. It also affects the level of NHS capacity a practice can offer.
- Vulnerable groups receive free care in line with the value of equity.
- The system does support standardisation and predictable payments, but some challenges include workforce dissatisfaction and limited flexibility for preventative treatments.

Common Dental Conditions

Common dental conditions include **dental caries** and **gum disease (gingivitis,** which can progress to **periodontitis),** along with less common risks such as **oral cancer.** This topic tests a candidate's understanding of how dental issues link to overall health, for example **the bidirectional relationship** between gum disease and diabetes. You may also be asked to discuss the progression of gum disease and explain the extent of gum disease in an image of the patient's mouth using **the Universal Numbering System.**

Benefits and Opportunities	Challenges and Limitations
Most dental diseases are preventable with good oral hygiene and education.	Non-preventable factors, such as genetics or viral causes, remain challenging. HPV, for example, is associated with oral cancer.
Dentists can detect systemic conditions early and refer patients, for example suspected undiagnosed diabetes.	Late detection of oral cancer can significantly make outcomes worse. Effective screening also relies on regular attendance.
Early intervention reduces long-term treatment costs and improves the quality of life of patients.	High prevalence of preventable risk factors, such as smoking or poor diet, limits impact if public awareness is low.
Oral cancer screening at routine check-ups supports early diagnosis. Also, HPV vaccination programmes can reduce the risk of HPV-related oral cancers.	Patient compliance, socioeconomic factors, and unequal access to care can limit the effectiveness of preventative strategies.
A dentist contributes to overall patient health.	**Oral-systemic links** are complex and require coordination with other healthcare professionals.

Model Answer

"How do common dental conditions affect overall health and how can dentists play a role in prevention and early detection?"

- Dental conditions, such as dental caries and gum disease, are largely preventable, but remain common due to lifestyle factors.
- Dentists can educate patients on hygiene. They can also detect early signs and refer to medical colleagues when systemic issues are suspected, for example diabetes.
- Oral cancer requires early detection through regular screening, particularly in high-risk patients.
- Preventative care reduces long-term complications and improves patient outcomes.

Water Fluoridation

Water fluoridation involves adding **small, safe amounts of fluoride** to public water supplies to reduce dental decay. While supported by evidence and major health organisations, there are ethical questions about whether **mass fluoridation** should be universal or targeted.

This topic tests whether you can evaluate population-level interventions versus individual choice. Many universities may ask about this directly in an interview station, so make sure you fully understand this topic.

For Water Fluoridation	Against Water Fluoridation
Fluoride **reduces tooth decay.** Children in fluoridated areas are 28% less likely to have cavities.	There is an ethical concern of autonomy because people cannot opt out. This also raises debate about mass medication.
Fluoride **strengthens enamel** and **promotes remineralisation.**	**Dental fluorosis** is a risk in children if fluoride levels are not properly managed.
It is cost-effective. Every £1 spent saves £22 in treatment costs according to Public Health England.	Only ~10% of the UK currently benefit. Some argue it should target high-need areas.
Hospital admissions for extractions are reduced in children by 45%.	Public mistrust due to misinformation online may undermine the effectiveness of the programme.
BDA, WHO, and Medical Research Council support water fluoridation and agree that there is no evidence of serious health risks.	Some argue that individual responsibility for oral health should remain the focus.

You can also bring this up in interviews when discussing public health, preventive care, or health inequalities

Current Developments

- Fluoridation schemes are being expanded and proposed in new areas to reduce dental inequalities.
- Ongoing research continues to evaluate optimal fluoride levels for safety and effectiveness.
- Public engagement initiatives aim to increase awareness and trust in fluoridation programmes.

Model Answer

"Should water fluoridation be implemented across the UK?"

- Evidence shows water fluoridation reduces tooth decay. It is also a highly cost-effective method.
- It benefits children and low-income populations by helping to reduce oral health inequalities.
- However, there are ethical concerns about autonomy being limited as people cannot opt out of consuming treated tap water.
- There is also a small risk of dental fluorosis if not carefully monitored.
- I support water fluoridation if implemented transparently and if fluoride levels are monitored. Public education is also necessary to address misinformation.

Sugar Tax & Energy Drinks Ban

The sugar tax imposes **a levy on high-sugar drinks** to reduce consumption and tackle obesity, which costs the NHS around £3.4 billion annually. Energy drink bans for children restrict access to high-caffeine beverages. The aim of both of these measures is to improve public health and prevent lifestyle-related disease. Interviewers want to test your understanding of public health interventions and preventative care.

Advantages	Disadvantages
Evidence from Mexico shows a 12% fall in sugary drink purchases after introduction of the sugar tax.	It can restrict autonomy because the government is mandating behaviour as opposed to educating consumers.
NHS spending on obesity-related conditions, including dental decay, will be reduced.	Obesity is **multifactorial.** The sugar tax alone may have a limited impact.
Consumers are driven toward healthier alternatives and better lifestyle choices are encouraged.	Type 1 diabetics may need sugary drinks to manage hypoglycaemic episodes.
Revenue generated from tax can fund sports programmes, PE equipment, or health initiatives in schools.	There could be a regressive financial impact because low-income households may be disproportionately affected.
It can support preventive strategies, such as energy drink restrictions, that target children which will reduce long-term health costs.	Industry circumvention or cross-border purchases can undermine effectiveness.

You can use this topic to discuss prevention versus treatment. It also works as an example of an NHS public health initiative.

Interview Question
Sugar Tax & Energy Drinks Ban

Current Developments

- The sugar tax is being expanded to other products, including foods high in fats, to tackle childhood and adult obesity.
- Energy drink bans for under-18s are being enforced, including restrictions on online sales.
- There is an ongoing evaluation of the effectiveness of these interventions on consumption, obesity prevalence, and NHS cost savings.

Model Answer

"Do you think the sugar tax and bans on energy drinks are effective public health measures?"

- The sugar tax and bans on energy drinks aim to reduce obesity, type 2 diabetes, and dental problems.
- Evidence from Mexico does suggest that sugar taxes reduce consumption and generate revenue for health programmes.
- This can work alongside the ban on energy drinks to protect children from high sugar and caffeine intake.
- However, some challenges of these proposals include compliance and disproportionate effects on low-income families. Restriction of autonomy and low impact on multifactorial obesity are also concerns.
- These measures can support the NHS sustainability plan, but they can be refined, for example through education about healthy lifestyles.

Amalgam vs. Composite Fillings

Amalgam and composite are **common dental restorative materials.** Dentists must weigh **longevity, patient preference, environmental impact, and cost** when choosing which material to use. This makes the choice both a clinical and ethical consideration.
This topic tests your understanding of material science and patient-centred care. Interviewers want to assess whether candidates can evaluate the trade-offs between the different restorative materials.

Amalgam	Composite
It is very durable. It lasts 10-15+ years in posterior teeth.	It is mercury-free and environmentally safer.
It is cost-effective and cheaper than composite.	It is less durable and may require replacement sooner, particularly in posterior teeth.
It is less sensitive to technique and resistant to moisture.	It is technique-sensitive, requiring dry field and precise layering.
It is easier to place.	It is more expensive. It adds to practice costs and patient charges in some contexts
Its mercury content poses environmental concerns in light of the Minamata Convention, and some patients may be apprehensive about its use.	It matches the natural tooth colour. This means it is more aesthetic and preferred in visible areas.
Minimal tooth preparation is needed, which is good for patients who have a high risk of dental caries.	It may require removal of tooth structure in some cases.

You can tie this topic into NHS pressures and debates on cost-effectiveness.

Interview Question
Amalgam vs. Composite Fillings

Current Developments

- Amalgam is being phased down in line with global agreements due to environmental and health concerns.
- Advances in composite materials are improving durability, wear resistance, and bonding strength.
- NHS guidance increasingly supports patient-informed choice and the use of composite in anterior teeth.

Model Answer

"How would you decide between using amalgam and composite for a patient?"

- I would consider patient preference, tooth location, longevity, cost, and environmental impact.
- Amalgam is durable, cost-effective, and easier to place. It is suitable for posterior teeth, particularly in patients that have a high risk of dental caries.
- Composite is aesthetic and does not contain mercury. It is preferable for anterior teeth.
- I would explain each of these options to the patient, including their advantages, disadvantages, and individual use cases, so they are able to make an informed decision. I would also give my own clinical insight that is based on the patient's individual situation.

Miscellaneous Stations

Personal Statement

The aim of a personal statement station is to test the sincerity of your motivation and the depth of your reflections. Typically, an examiner will read your personal statement and ask questions that relate to what you have written. Be prepared to discuss anything that you have mentioned, whether it is a book or an extracurricular activity. It is therefore worth revisiting and re-reading your personal statement before your interview.

You should use specific examples from your experiences to demonstrate qualities relevant to a doctor or a dentist, for example teamwork and resilience. You can also discuss any setbacks or challenges that you have experienced and what you learnt from them.

- ☐ Have you selected an experience that answers the question?
- ☐ Have you described what happened or have you explained what you learnt?
- ☐ Have you linked how the experience has influenced your understanding of the profession?

Interview Question

Personal Statement

Guided Approach

"You wrote about volunteering at a care home. Tell me about one patient interaction that changed how you think about patient care."

- Choose a scenario that reinforces a quality or a value that you have mentioned in your personal statement, for example if you mentioned empathy, pick an experience that demonstrates when you applied empathy.
- Do not get caught up on the minor details of your story; interviewers are not going to fact-check your story. Focus on your actions and your reflections. *However, do not fabricate or exaggerate insincerely – authentic examples are much more convincing reflections.*
- An interviewer may ask follow-up questions.

STARR is a useful framework for structuring your response:

- **Situation**: A care home patient opened up to you about how they are feeling lonely and struggling with their mental wellbeing.
- **Task**: Explain what you needed to do in that situation, such as listening to their concerns and involving members of staff in such a scenario.
- **Action**: Explain what you did, for example, you reassured the patient that it was understandable to feel this way, asked whether there was anything they felt might help, and recognised that you were not in a position to provide mental health support.
- **Result**: Summarise the outcome of your actions. This might include the patient feeling better after sharing their worries and being encouraged to access further support.
- **Reflection**: This is the most important part of STARR because it addresses the latter half of the interviewer's question. This could involve acknowledging that, as a healthcare professional, you will meet patients who have difficulties in their lives, and though you might not always be able to resolve their problem, you can still support them as best as you can. Listening to patients and showing compassion can go a long way in making them feel heard and supported.

Prioritisation

The typical format of a prioritisation station involves ordering and justifying a list of 6-8 tasks that could be related to the life of a medical student or picking 3 items from a list of 10 if you were stuck on an island. The possibilities of what you can be asked are endless.

The aim of such a station is to test your time-management skills and ethical priorities. Interviewers want to see if you can explain and justify trade-offs under pressure.

- [ ] Have you identified the most urgent or safety-critical task first?
- [ ] Have you explained why that task should take priority?
- [ ] Have you justified your prioritisation of the remaining tasks?
- [ ] Did you prioritise patient safety and professional responsibility?

Interview Question

Prioritisation

"You are a first-year medical student on a hospital placement. It is 5PM and you must leave the ward by 6PM. **You have the following tasks to manage:**

1. Your consultant asked you to help clerk a new patient.
2. Your group project presentation is tomorrow and needs final edits.
3. A close friend has texted saying that they are very upset and want to talk.
4. You promised to call your younger sibling before their exam tomorrow.
5. You realise you have not eaten all day.
6. You need to sign off two skills in your logbook that the nurse is available to verify only now."

During the time you are given to prepare for this station, spend the majority of it thinking about how you will justify your choice of order. Too many applicants get caught up on perfecting the order itself and struggle to explain their reasoning, which is what earns the marks. **Here is an example order with a justification.**

This is not a definitive correct answer:

1. Eat a quick snack.
    - You cannot help anyone if you are unwell yourself. Looking after your own wellbeing is important because it can affect your ability to work safely, especially in a clinical environment.
2. Clerk the new patient, or see if someone is able to help you out.
    - Patient care and safety are a priority and should not be compromised. It is preferable that you clerk the patient yourself, however if your list of tasks is too much, it is appropriate to seek help.
3. Text your close friend.
    - See what it is about and assess how sad they are. If the situation is dire, you can try to take a 10-minute break to call and console them. Depending on the situation, you can explain that you are occupied with placement, but you are still there for them and you will call them back in an hour.
4. Get your logbook finished.
    - Your time at placement is valuable and as a medical student it is your responsibility to complete your required competencies.
5. Call your sibling and finish your group project.
    - These can both be done once your placement is finished without any likely consequences.

Newspaper Article

The aim of this station is to assess a candidate's ability to quickly evaluate evidence and discuss implications. This is similar to the verbal reasoning in the UCAT.
The typical format is ~2 minutes of silent reading and then **a structured discussion that involves:**

- Summary
- Strengths
- Weaknesses
- Implications
- Personal View

Guided Approach

Example Articles:

1. "New Antibiotic Stewardship Policy"
2. "AI Triage App for GPs"
3. "Sugar Tax and Its Impact on Dental Decay"

How to Approach the Article:

1. Spend ~20 seconds giving a summary of the article. Consider and mention the tone of the article, for example, is the article supportive or sceptical towards AI in healthcare?
2. Consider the potential benefits and limitations of the topic. Critical analysis is more important than summarising. For example, an AI triage system could free clinicians from routine tasks to focus on patients, but if a doctor still needs to review and sign off every decision, it could be creating an additional administrative burden.
3. Give your personal view. You do not have to completely agree or disagree with the article. You can suggest practical ways to address limitations, for example clear escalation pathways and regular monitoring would be needed to ensure AI can safely triage.
4. It is likely that you will be asked questions that are specific to the article and follow-up questions that will also continue in the same vein.

- ☐ Have you summarised the article without misquoting or adding unsupported points?
- ☐ Have you identified the most relevant arguments and findings from the article?
- ☐ Have you critically evaluated the claims?
- ☐ Have you supported your critique with clear reasoning and evidence?
- ☐ Have you considered the practical implications of the issue?
- ☐ Have you acknowledged any limitations and risks?

Feedback on a Video Consultation

This station involves watching a short clip of a consultation between a GP and a patient and commenting on the patient's concerns, the skills of the clinician, and areas for improvement.

The aim of such a station is to show that you are able to clinically reason and give constructive feedback to future colleagues.

You can watch YouTube videos to prepare.

Guided Approach

- Identify what the clinician did well, such as a clear structure and organisation of the consultation
- Comment on the clinician's empathy. Did they acknowledge the patient's concerns and respond appropriately to their emotions?
- Assess the balance between open and closed questions. For example, did the clinician rely too heavily on closed questions or interrupt the patient before they had explained their concerns?
- Comment on non-verbal communication, such as eye contact and facial expression.
- Was the patient involved in decision-making?
- Look for whether the clinician summarised the agreed plan to check understanding.
- Consider whether appropriate safety-netting was provided, for example explaining what the patient should do if symptoms worsen.
- If these things are done well, say so. Your feedback should recognise strengths and areas for improvement.

- [ ] Have you identified what happened in the consultation?
- [ ] Have you highlighted what the clinician did well?
- [ ] Have you commented on important communication skills, such as empathy, active listening, open questions, and non-verbal communication?
- [ ] Have you explained why these communication skills matter for the patient and the consultation?
- [ ] Have you suggested specific, practical ways that the clinician could improve?

Written Tasks

A written task station could involve reflection or ethical writing, which tests the clarity of your writing and your ethical reasoning. The format is typically solo writing for 5-20 minutes based on a prompt.

Guided Approach

1. "Write a short reflective piece to describe a time that you failed and what you learnt."
    - Explain the situation and your role. Keep the description concise.
    - Identify what went wrong and explain why it happened.
    - Consider how it affected you and others.
    - Explain what you learnt from this experience and how you would approach a similar situation differently in the future.
    - Link this to qualities relevant to healthcare.

2. "Write an ethics essay on whether cosmetic dentistry should be NHS-funded."
    - Define what the question is asking. State that there are arguments on both sides.
    - Consider the arguments in favour, what the potential benefits are, and who might benefit.
    - Consider the arguments against and what the potential harms or limitations are.
    - Consider the four pillars of medical ethics.
    - Think about who the issue could affect, such as patients or different socioeconomic groups.
    - Give your own justified view. Reach a balanced conclusion.

Some universities require a longer written piece to be written a few days before the interview.

- [ ] Have you shown ethical reasoning?
- [ ] Have you linked your answer back to the role and responsibilities of a doctor or dentist?
- [ ] Have you checked your grammar, spelling, and sentence structure?

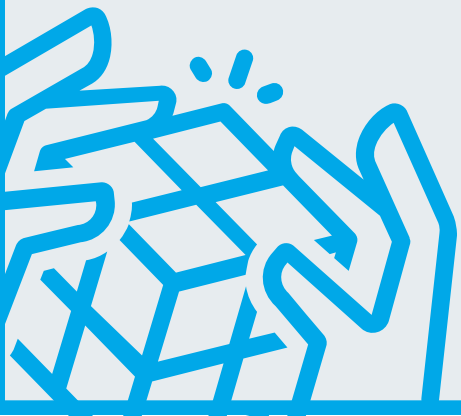
Manual Dexterity

This is **a dentistry-specific station.** The aim of such a station is to assess f**ine motor skills** and **spatial awareness.** The typical format is a timed practical, which could be long or short, ranging from 5 to 15 minutes.

Examples include wire bending, knot tying, and mirror-vision drawing.

Guided Approach

- Make sure you understand what you are being asked to do before you use any equipment.
- Plan before you start.
- If you make a mistake, pause and reassess before you continue.
- You do not need specialist dental equipment to start practising. You can try activities such as origami, model building, Lego, playing a musical instrument, or threading beads to develop your fine motor skills and hand-eye coordination. Give yourself a short time limit to complete a task from start to finish.





Group Tasks

Group tasks involve being given a problem to solve while assessors circulate and score your behaviour.

The possibilities are broad, but some examples include:

- Prioritise policies
- Build a presentation
- Role play patient-doctor interactions

Examiners are observing your **teamwork** and **leadership;** they also want to see how well you adapt to the group and changing circumstances. There are different roles you can take on, such as facilitator, timekeeper, or working on different sections of the task.

Ensure that you find a way to contribute, but do not dominate the discussion. Examiners like to see that you include quieter members of the group and make an effort to hear everyone's ideas. Try to propose practical next steps and show emotional intelligence. You can establish yourself early on when people may be initially unsure of what to do.

- ☐ Have you regularly contributed?
- ☐ Have you listened carefully to other team members and built on their ideas?
- ☐ Have you helped the group stay focused?
- ☐ Have you shown leadership when needed without dominating the discussion? Have you encouraged quieter members of the group to contribute?
- ☐ Have you supported decisions with clear reasoning?

Data Analysis

The typical format of a data analysis station is that you have 3-8 minutes to review a short poster or table, followed by questions from the examiner.

Guided Approach

"You are given a small table showing vaccination rates for five local clinics over the past year. In 5 minutes, you need to review the data and answer the following:

1. Summarise the overall trend.
2. Identify which clinic is performing best and worst.
3. Suggest two possible reasons for the decline in vaccination rates.
4. Propose one intervention to improve uptake."

When reviewing the data:

- Start with the main findings. What is the overall trend? Are there any obvious increases, decreases, or differences between groups?
- Identify key patterns. Look for the highest and lowest values, and any significant changes.
- Consider possible explanations. Think about clinical and non-clinical factors that could explain the findings.
- Note any biases or confounders. Ask yourself whether there are other factors that could influence the results.
- Avoid assuming causation. A relationship between two variables does not necessarily mean that one caused the other.
- Suggest appropriate next steps.
- Explain your reasoning. Explain what you think the data means and why.

This is a popular type of station for Oxbridge interviews because these interviews often place greater emphasis on applying your knowledge.

- [ ] Have you identified and explained the trends?
- [ ] Have you identified any important outliers or relationships?
- [ ] Have you supported your critique with a clear explanation or evidence?
- [ ] Have you considered any limitations in how the data is presented or what information may be missing?
- [ ] Have you discussed any relevant practical implications?

9

Post Interview

What happens after your interview?

Universities will review your performance and decide whether to make an offer. Some medical schools use strict interview cut-offs or ranking systems and some take a holistic view that combines your interview performance with other parts of your application, such as academic results, UCAT performance, references, and contextual information. The exact process varies between universities.

You may receive:

- **An offer**
  - This may be **conditional** on achieving certain grades or completing other requirements.
  - You may receive an **unconditional** offer if you have already achieved your required grades.
- **A place on a waiting list**
  - If you narrowly miss an initial offer, you may still receive a place if spaces become available later.
- **A rejection**
  - Unfortunately, places are limited and competition is high.

Please bear in mind that these are general patterns rather than fixed post-interview timelines:

- **November – February:** Typical period when interview invitations are circulated.
- **February – April:** Typical period when interviews are held.
- **March – May:** Typical period when offers are distributed.

Do not panic if you have not heard back when you expected to. Check the university's admissions information and your emails, including your spam/junk folder before contacting the university.

Reflecting on Your Performance

One of the most useful things you can do after an interview is to reflect while the experience is still fresh.

Consider:

1. What went well?
2. What surprised you or caught you off guard?
3. What would you change next time?

Try to be **specific** and **actionable.** These questions are important to answer if you feel the interview went badly or if you have more upcoming interviews.

You can also use the interview error log to do this:

Question or Station	What went well?	What went wrong?	Why did it go wrong?	How will I fix the issue?

Try to do this as soon as possible while your memory of the stations is still fresh; questions and your responses will become less accurate over time.

Also, it is very easy to leave an interview remembering the one station that went badly and forgetting the stations that went well. MMIs are specifically designed so that candidates are assessed across multiple stations. A difficult station does not mean that your whole interview was unsuccessful. Focus on what you can learn from the interview, which will be useful regardless of the outcome.

Preparing for Next Steps

If you receive an offer

If you receive an offer, congratulations! Make sure you carefully read the conditions attached to your offer. If your offer is conditional, continue preparing for your exams because the process is not finished. You may also need to complete additional requirements before starting medical school, such as a DBS check, occupational health or fitness-to-practice procedures. Make sure you complete these promptly if requested because failing to do so could affect your place. Consider attending open days or speaking to current students if you want to learn more about the course and university before making your final decision.

If you are placed on a waiting list

If you are placed on a waiting list, it is not necessarily the end of the process. Places do become available as applicants decline offers or choose to attend another university. Check the university's communication to understand whether you need to take any action and when you can expect updates.

If you are unsuccessful

If you are unsuccessful, give yourself time to process the result. If the university provides feedback, use it to identify specific areas for improvement.

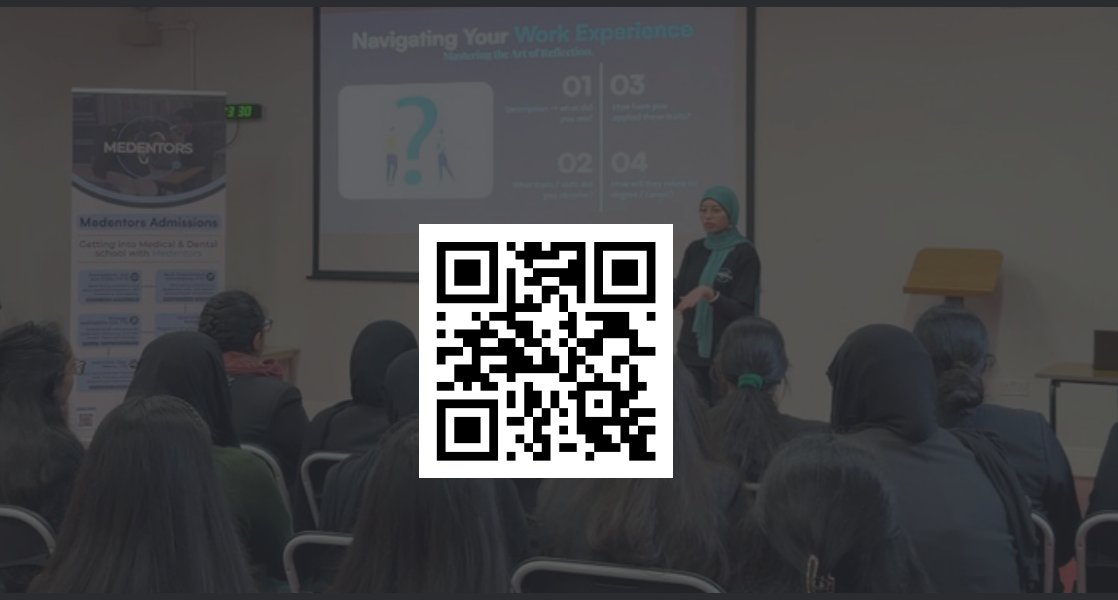
MEDENTORS

@medentors

Your Journey Into Medicine & Dentistry Doesn't End Here

Continue your preparation with our free admissions resources & community.

Used by 3500+ aspiring medical & dental applicants and trusted by 20+ school partners and organisations.



Access our free Admissions Toolkit!