

# Interview Applications Guide

Your guide to securing an offer

## Interview

/ɪn'tər-vjuː/

A formal meeting in person, especially one arranged for the assessment of the qualifications of an applicant.

**Preparation, Practice, Execution**

# Who are Medentors?

We are a team of **doctors, dentists, and dedicated mentors** on a mission to shape the next generation of high-achieving students and future healthcare leaders. Our team includes **successful applicants** and inspiring **role models** from **top UK universities**, offering students something no textbook can: **insider knowledge**, lived experience, and **unparalleled support** from people who've walked the **same path**.

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**Mock MMIs & 1-1s** – Personalised guidance from 4/4 offer holders, across a variety of UK Universities.



**Free Webinars** – Comprehensive, live sessions covering personal statements, interviews & more from the UK's highest scoring mentors!



**Guides & Resources** – Everything you need to ace your med & dent applications – in one clear, practical toolkit.



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**Medentors Academy Tuition** - Results-driven A-Level & GCSE Tutoring, delivered by Specialist, A\* Mentors, Focused on developing holistic academic success.

# Contents Page

<b><u>Introduction</u></b> .....	7
<b><u>Motivation for Medicine/dentistry</u></b> .....	11
<b><u>Ethics/personal qualities</u></b> .....	18
• <u>Autonomy</u> .....	20
• <u>Beneficence and Non-Maleficence</u> .....	21
• <u>Confidentiality</u> .....	23
• <u>Duty of Candour</u> .....	26
• <u>Gillick Competence, Fraser Guidelines &amp; Contraception for Under-16s</u> .....	29
• <u>Equality, Discrimination, and the Equality Act 2010</u> .....	32
• <u>Professionalism on Social Media</u> .....	35
• <u>Organ Donation &amp; Transplantation</u> .....	38

# Contents Page

- Euthanasia..... 41
- Abortion.....44
- Consent and Capacity..... 47
- Compulsory Vaccination..... 50
- Antibiotic Resistance..... 53
- Consequentialism, Deontology, and Other Ethical Theories..... 56
- Professional Judgement & Scenarios**.....59
- Role Play Stations**.....69
- Hot Topics**.....78
  - **Medicine**.....78
  - NHS Structuring.....79
  - Privatisation & Funding..... 81
  - Public Health: Obesity, Smoking, and Preventive Care.....83



# Contents Page

- Ageing Population.....85
- COVID-19 and its lasting impact.....87
- Euthanasia and Assisted Dying.....89
- Strikes & Staffing Issues..... 91
- GP & Primary Care Pressure.....93
- Mental Health Crisis..... 95
- Understanding the MDT.....97
- AI& MedTech..... 98
- **Dentistry**.....100
- NHS Dental Contract & UDA System..... 101
- Dental Caries, Gingivitis, Periodontitis, Oral Cancer.....103
- Water Fluoridation Debate..... 105
- Sugar Tax & Energy Drink Ban.....107
- Amalgam vs Composite Debate.....109

# Contents Page

- Miscellaneous Stations.....111
- Next Steps.....120

# Introduction

## How should you prepare for interviews?

Ultimately, an interview is **no more than a conversation** about a topic / skills relating to the medical / dental field. This means that you need to organise your thoughts and practise communicating them many times before your interviews.



A key starting point is to **consider common questions** that might be asked such as 'Why do you want to study dentistry?' or 'Give me an example of where you have shown xyz skills.'



For all of these questions, think of a few bullet points from which you can **build** when answering these questions. These bullet points should contain key examples of things that you have done to reinforce your point.



Then have a go at verbalising your answers, whether to family, friends or yourself in the mirror. **Get feedback** on your answers and take this into account for the next time you answer a similar question. Keep refining until you feel confident giving that answer in your real interview!



For less predictable questions, especially ethical scenarios, practise the **principles underlying the question**. Make sure that you're familiar with concepts such as the medical pillars, consent and confidentiality and how you can bring them in different scenarios.



Practice many different scenarios (as these questions will need a lot of practice!) until you can effectively apply all the principles that you have learned.

Between medicine and dentistry, the advice is very similar for both courses. The only things which really differ are the hot topics and manual dexterity stations.

# Types of Interviews - MMI vs Panel

## MMI

By far, the **most common** type of medical / dental school interview that you will get is MMI interviews. MMIs (or Multiple Mini Interviews) involve a candidate rotating around several different short interview stations while being assessed on different skills.

Arguably, it is easier to **refocus** yourself onto a new topic and get into the right frame of mind when moving between MMI stations than when jumping between different topics in a panel interview.

## Panel

Only a few universities still do panel interviews (including Oxbridge), and this involves answering questions from 2-3 interviewers for about 25-30 minutes. It is often easier to **build rapport** with interviewers and get into a good flow in panel interviews.

Preparation for MMIs and panel interviews is essentially **the same** as they will ask you about very similar topics regardless.

# Interview Etiquette & Online Interviews Key Differences

## Dress Code

Dress code is a concern of many interview candidates. While you don't need to look so formal to the point where it makes you feel uncomfortable during your interview, don't be too casual and make it seem like you don't want to be there. **Smart-casual** is a good compromise between the two.

## Online vs In-person

Between in-person and online interviews, there will be **very few differences** in the type of questions asked. The main differences will be purely logistical, including preparing your technology and arriving in good time which have been described above.

## In-person Interviews

If your interview is in-person, make sure that you get to the university in good time so that you can make your way to where the interview is being held. If you live far away / you have an early interview, then consider staying over from the night before. Talk to some of the other students before the interview to calm yourself down; you might even spend the next 5 or 6 years with some of them!

## Online Interviews

For online interviews, make sure that you have a **strong, stable connection**. Consider doing the interview at school if your home WiFi is unreliable. Also make sure that the **lighting and background** are appropriate as you don't want to make a bad first impression!

# Communicating Effectively & General Tips

## Key tip

The most important thing is not to **overestimate** the interview in your head to the point where you're not able to communicate clearly. Treat the interview as if you're meeting your future professors for the first time (because some of the interviewers likely will be) and want to **make a good first impression**.



The best way to strengthen your confidence is to **practise your answers** many, many times. It becomes a lot easier to verbalise your thoughts and bring up relevant examples when needed if you have done it enough times.

## Enjoy it!

Finally, be sure to **enjoy your interview** as much as you can. Although it might sound somewhat corny, a lot of the ethical scenarios / role-play / manual dexterity tasks are genuinely quite fun and interesting so you can take them more light-heartedly.



# Motivation

# Motivation for Medicine / Dentistry

You may be wondering, if so many applicants give such similar answers on why they want to study medicine / dentistry, why do universities still bother to ask it? **What do they gain from it?**

Arguably, applicants gain more from answering this question than universities. It **forces** you to actually consider why you want to study this course and consider other similar courses. So make sure that you put **a lot of thought** into this question as it will have a massive impact on the rest of your life!

## Why do you want to study Medicine / Dentistry?

It's **almost guaranteed** that you will be asked about your motivation for medicine or dentistry at least once during exam season, so it's essential that you prepare your answer well.

We would **recommend** the following elements for your motivation for medicine or dentistry questions:

Think about the **personal** side of medicine / dentistry - what attracts you to a patient-centred career? This is where you can talk about your work experience and volunteering. **What did you see which helped you make your decision about your career?**

Think about the **scientific** side of medicine / dentistry. Principally, this is what distinguishes medicine / dentistry from similar courses such as nursing, physician associate and dental therapy. You can mention **supercurricular activities** (which we will discuss later) to show your academic interest

How will you handle the **challenges** of medicine / dentistry? Make sure you reflect on any cons you encountered in your work experience / volunteering, but then show how you could cope with them. This is where you can include extracurricular activities and other ways you maintain a **work-life balance**



## Reflecting on work experience and volunteering

When talking about work experience and volunteering, it is firstly important to **highlight the role that you played** i.e. was it an active or passive role? This will help to highlight different skills that you developed such as listening or teamwork skills.

You can then describe a **particular situation** that you found yourself in and what exactly you learned from it. Were there any particular insightful or surprising experiences that you had? How did this change your view of a medical / dental career?

**For example**, if you saw a patient reacting badly to something that a doctor said, then you could talk about how you were inspired by the doctor's patience and communication skills in a time of emotional distress for the patient, and why this pushed you towards a medical career.

## Why this university? Teaching styles and course structure

Even within medicine / dentistry, the way the course is taught varies **significantly** from one university to another. This should play a key factor in the universities that you apply to as it is unlikely that all teaching styles will suit you.

All universities will have the same basic elements of teaching through lectures and practicals. However, beyond that, they differ on the specifics such as how much PBL / CBL (Problem / Case-Based Learning) and other teaching methods that they use.

Some universities have a '**spiral curriculum**' in which they will cover a topic in one year, and then build on that topic in subsequent years to ensure a **strong understanding**. Other universities (namely Oxbridge) have supervisions / tutorials, which are regular sessions in each subject consisting of an academic and usually one or two other students where you will discuss course content and clear up any points of confusion that you may have.

Make sure that you have a **solid understanding** of the course structure of universities that you have applied to, as well as factors such as perks of the location and the local demographic, because these **may well be asked about in interviews!**

## Work-life balance, hobbies, and wellbeing

As mentioned before, it's super important to talk about how you intend to maintain a **work-life balance** given how stressful a medical / dental career can be. This is where you can talk about any extra-curricular activities that you have. From county-level tennis to chess club to just a genre of book that you're interested in reading, these all help you to **de-stress** and so are great to mention in your interviews.

With that being said, be careful **not to undermine the reality** of how stressful a medical / dental career will be regardless. Even with all these strategies in place, everyone will face their highs and lows. Be sure to communicate that you understand this, while also communicating that the **positives** of a medical / dental career **outweigh these negatives**.

# Supercurriculars and how to mention them

## What is a 'supercurricular?'

'**Supercurricular**' is a term which is often thrown around in regard to medical school applications, but what exactly is it? A supercurricular activity is any form of **academic engagement** with your course of interest, from reading articles to watching YouTube videos, beyond the scope of your A-Level course. These may be in a sub-topic that you're interested in within the wider course, such as cardiology or biochemistry. Supercurriculars are a fantastic way to show that you have a **genuine passion** for your potential career, above what you need to learn for exams.

As described above, an easy way to mention supercurriculars is when discussing your **motivation** for medicine / dentistry. They can be a key way to show your passion for these courses specifically - something which most other applicants without supercurriculars will not show as effectively. Alternatively, they can be mentioned in the context of certain skills which you have developed. If you have engaged in a group research project, then you could talk about the skills of teamwork and communication, or if it is by yourself, then you could talk about skills such as time-management and your academic drive.

## Pro Tips

Fill up the time given with your experiences and reflections, while ensuring that you **don't waffle**



Spend the bulk of your time **reflecting** rather than listing all your experiences



**Sound** and **look** passionate about a potential career in medicine / dentistry!

# Model questions and answers

## Question

“Why do you want to study medicine?”

## Model Answer Summary:

My interest in medicine developed through a mix of scientific curiosity and practical experience. During my work experience on a respiratory ward, I shadowed a junior doctor treating patients with chronic lung conditions. One moment that stood out was when a patient with severe COPD became short of breath. The team acted quickly and helped the patient to recover. But what struck me most was how much clear communication and teamwork mattered in that situation. It showed me how medicine combines technical knowledge with genuine examples of person-to-person empathy and kindness.

This experience inspired me to read *The Man Who Mistook His Wife for a Hat* by Oliver Sacks, to understand how medical conditions affect people beyond their symptoms. I learned that medicine isn't just about treating physical symptoms, but about understanding how conditions, neurological in this case, can profoundly shape a person's identity and perception of the world.

Both the placement and the book helped me see that medicine is not just about applying scientific knowledge, but rather how you can use this knowledge to make a genuine impact on another individual's life.

## Why this answer works

- **Reflects** on the work experience **beyond the surface-level actions** of the doctors. Anyone can talk about what they saw, but only an insightful answer will discuss the qualities of the doctors **necessary for the situation**
- Describes how the work experience **inspired them** to look into medicine further. A good strategy for interviews is to describe how any experiences that you had **propelled your interest** in medicine / dentistry, and this answer does that well
- Gives a nice **summary** which combines the different aspects of medicine to show why this is a career **suited to them**

## Question

“Why have you applied for dentistry rather than dental hygiene and therapy?”

## Model Answer Summary:

While I respect the work that dental hygienists and therapists do, dentistry appeals to me because of how broad it is. This includes things like diagnosing problems, planning treatments, and carrying out more complex procedures. During my work experience in a dental clinic, I saw dentists assess patients' oral health, and carry out operations while keeping patients calm, which made me realise I enjoy the variety and responsibility involved.

I've also explored restorative dentistry through reading articles in the British Dental Journal and watching online lectures, which helped me understand the science behind what I observed and reinforced my interest in being involved in the full process of patient care.

## Why this answer works

- Acknowledges and respects the work done by dental hygienists and therapists - it is very important that you **don't undermine other roles within the MDT**
- Discusses **specific things** which dentists - that dental hygienists and therapists don't do. This is what will crucially help you choose between dentistry and similar courses, so it is important to highlight why these things **appeal to you**
- Talks about the dental field **holistically** including patient care and the academic side, essentially describing how the applicant finds dentistry to be better than the sum of its parts

# Ethics

# 4 Pillars of Ethics

**Autonomy**



**Beneficence**



**Non-maleficence**



**Justice**



Autonomy, beneficence, non-maleficence, and justice form the **cornerstone** of medical and dental ethics; therefore, by extension, **clinical practice**. These principles guide healthcare professionals in making decisions that are ethically sound and **patient-centred**.

# Autonomy

Autonomy refers to a patient's right to make **informed** decisions about their own healthcare, provided they have the **mental capacity** to do so. This includes the **right to accept or refuse treatment**, even if that decision could result in harm or death. For applicants, it can be challenging to accept that a patient **might refuse life-saving treatment**; however, respecting patient autonomy is a **legal and ethical** obligation.



Informed consent can only be obtained if a patient has **capacity**. This is assessed by determining whether the patient can understand, retain, weigh up, and communicate information about their care. Autonomy has become a defining principle of modern medicine, marking a shift away from paternalism toward a more collaborative model in which the **patient is the primary decision-maker** and the clinician acts as a **guide**.



# Beneficence and Non-Maleficence

These two principles often go hand in hand.

**Beneficence** means acting in the best interests of the patient (“do good”).



**Non-maleficence** means avoiding actions that could cause harm (“do no harm”).



In practice, these principles often **need to be balanced**. Most medical and dental interventions carry some risk of harm; for example, a blood test causes minor pain, and surgery has inherent risks. However, if the **benefits outweigh the harms**, the action is ethically justifiable. Recognising this balance is crucial in ethical reasoning and clinical decision-making.

## Justice

**Justice** refers to the **fair** and **equitable** treatment of patients. This involves the responsible allocation of healthcare resources and ensuring **equal** access to care, regardless of factors such as socioeconomic status, ethnicity, gender, or age. Justice becomes particularly relevant in situations involving prioritisation, waiting lists, or public health policy.

# Interview Tip

Use these pillars as a **framework** when answering ethical questions in interviews. Most ethical dilemmas, whether about treatment refusal, resource allocation, or consent, can be **effectively analysed** using the four pillars approach.

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## Interview Question

“A 25 year old patient refuses a clinically indicated treatment due to personal beliefs. Discussing the 4 pillars of medical ethics, as a future doctor / dentist, **how would you approach this?**”

## Mark Scheme

### Four Pillars

- Recognises **autonomy** as the right of a competent patient to refuse treatment
- Mentions assessment of **mental capacity** (understand, retain, weigh, communicate)
- Demonstrates understanding of **beneficence** – acting in the patient’s best interest
- Applies **non-maleficence** – acknowledges potential harms from both action and inaction
- References **justice**, e.g., fair treatment, equitable access, or resource implications
- Emphasises the importance of clear and **compassionate** communication

# Confidentiality

Confidentiality is a **fundamental** ethical and legal duty within medicine and dentistry, forming the basis of **trust** in the doctor-patient relationship. It ensures that personal health information is kept private unless there is a clear and justified reason to share it. Without confidentiality, patients may be **reluctant** to disclose **sensitive information**, which could compromise diagnosis, treatment, and **public trust** in the profession.

## Key Principles

- **Definition:** Confidentiality means keeping all patient information (whether written, verbal, or electronic) private and secure.
- **Legal Foundation:** 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.
- **Professional Expectation:** Clinicians must only share information when it is **necessary** for a patient's care, required by law, or justified in the public interest.

## Expectations of Confidentiality

While confidentiality is paramount, it is not absolute.

Confidentiality can be broken in specific circumstances:

- There is a risk of **serious harm to the patient or others** (e.g. safeguarding, terrorism, driving safety).
- There is a **legal requirement** to disclose (e.g. notifiable diseases, court orders).
- The patient gives **explicit consent** for information sharing.

In such cases, clinicians should disclose only relevant information, explain why disclosure is necessary, and document the decision process clearly.

## Expectations of Confidentiality

Confidentiality applies in **all healthcare settings**, including conversations, record keeping, and digital communication. It also extends to social media use: discussing identifiable patient information online breaches professional standards and can lead to disciplinary action.

Maintaining confidentiality demonstrates respect, professionalism, and trustworthiness, aligning closely with the **principles of autonomy** (respecting privacy) and **non-maleficence** (avoiding harm through misuse of information).

# Interview Tip

When answering confidentiality scenarios, always show an understanding that:

- Confidentiality is the **default position**.
  - Disclosure may occur only if legally required or ethically justified.
  - The decision should be **communicated transparently** with the patient wherever possible.
- 

## Interview Question

**“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, legal obligation)
- Demonstrates **ethical balance** between confidentiality and duty to protect the public
- References **relevant guidelines** (GMC / GDC, Data Protection Act)
- Emphasises communication and transparency with the patient
- Mentions the importance of **seeking senior guidance** or advice before disclosure

# Duty of Candour

The Duty of Candour is a professional and legal obligation requiring healthcare professionals to be **open, honest, and transparent** when things go wrong in patient care. It reinforces public trust, promotes **learning from mistakes**, and ensures accountability within the NHS and dental services.

It applies to both individual practitioners and healthcare organisations, forming 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").

## Key Principles

- **Definition:** The Duty of Candour means informing patients promptly when an incident has occurred that has caused, or could cause, harm or distress.
- **Legal Basis:** Established in the Health and Social Care Act 2008, it requires both a **verbal apology** and a written record explaining what happened, the short and long-term implications, and what will be done to prevent recurrence.
- **Ethical Foundation:** Rooted in the principles of honesty, integrity, and respect for autonomy, patients have a right to know what happens in their care.

## Applying Duty of Candour in Practice

When an error occurs, clinicians **must**:

1. Recognise the mistake as soon as **possible**
2. Inform the patient (or their representative) promptly, offering a **sincere apology**.
3. Explain what went wrong, the **potential consequences**, and what actions will be taken.
4. Document the conversation clearly in the patient record.
5. **Report the incident** through appropriate channels to allow system learning.

Importantly, apologising does not mean admitting legal liability, it is an expression of **empathy and responsibility**, as supported by both GMC and GDC guidance.

This approach **strengthens patient trust** and encourages a learning culture rather than one of blame or concealment.

## Common Interview Pitfalls

- Assuming candour is **optional** or applies only after serious harm.
- Confusing apology with legal admission of guilt.
- Failing to mention the **importance of reflection** and organisational learning after an incident.

# Interview Tip

When discussing the Duty of Candour:

- Emphasise transparency, communication, and **professional integrity**.
  - Show empathy, acknowledge the patient's distress and the importance of apologising sincerely.
  - Highlight how **openness** helps improve future patient safety.
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## Interview Question

**"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**, obligation to be open and honest when things go wrong
- Mentions informing the patient promptly and offering a sincere apology
- Explains providing clear information about what happened, **consequences**, and next steps
- Acknowledges documentation and reporting requirements
- States that **apology ≠ admission of guilt** (shows professionalism and empathy)
- References **GMC / GDC guidance** or Health and Social Care Act 2008
- Emphasises learning and prevention, **not blame**



# Gillick Competence, Fraser Guidelines & Contraception for Under-16s

## Relevant Ethical Principles

These principles guide clinicians in deciding whether a young person **under 16** can consent to treatment **without parental involvement**.

**Gillick Competence** assesses whether a child (under 16 yo) has the maturity and **understanding** to make a specific healthcare decision independently.

**Fraser Guidelines** apply specifically to **contraceptive** advice and treatment, outlining when clinicians may provide contraception to under-16s without parental consent.

Both frameworks balance **autonomy** (respecting the young person's decision-making capacity), **beneficence** (acting in their best interest), and **non-maleficence** (avoiding harm through either action or inaction).

## Summary of Issue

Treating minors requires balancing respect for confidentiality with **ensuring safety**. While parents normally provide consent for under-16s, some young people possess sufficient understanding and intelligence to **consent themselves**. Clinicians must make careful, **case-by-case** judgments to protect welfare, promote trust, and comply with legal and ethical obligations.

## Different Perspectives

A child under 16 **can consent** to medical treatment if they understand the nature, purpose, and **possible consequences** of the treatment and can weigh up the benefits and risks. Competence is **decision-specific**, meaning a child may be competent for one decision but not another.

**Fraser Guidelines** are a subset of Gillick competence focused on contraceptive advice. A doctor can provide contraception without parental consent if:

1. The young person **understands** the professional's advice.
2. They cannot be persuaded to inform their parents.
3. They are **likely to continue** sexual activity with or without contraception.
4. Their physical or mental health is likely to **suffer** without contraceptive advice or treatment.
5. It is in their **best interests** to receive treatment without parental consent.

**Confidentiality** must be respected unless there is a risk of harm, abuse, or **exploitation**, in which case safeguarding procedures **override** confidentiality.

## Model Question

**"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?"**

## Model Answer Summary

Recognise that under-16s cannot **automatically consent**, so apply Gillick competence to assess understanding and maturity.

If the young person is competent and Fraser criteria are met, provide **appropriate advice or treatment** and maintain confidentiality unless a risk of harm arises. Encourage, but **do not force**, parental involvement.

If the young person is not competent or there are safeguarding concerns, **seek senior or safeguarding advice immediately**.

Demonstrate sensitivity, **empathy**, and professionalism throughout.

Show awareness of the balance between respecting autonomy and ensuring **safety and welfare**.

### Final Tip / Key Point to Remember

Gillick relates to **competence**, Fraser relates to **contraception**.

In interviews, show that you can respect autonomy while protecting welfare, balance confidentiality with safeguarding duties, and act within professional and legal boundaries.

Clinicians should always **encourage** family communication, but the patient's **best interests** and safety remain the **ultimate priority**.

# Equality, Discrimination, and the Equality Act 2010

## Relevant Ethical Principles

Equality and non-discrimination are **fundamental** to ethical medical and dental practice. Every patient has the right to fair, respectful, and inclusive care **regardless of their background** or characteristics. The **Equality Act 2010** legally protects individuals from unfair treatment and requires healthcare professionals to promote equality and **prevent discrimination**.

These principles align with **justice** (fair treatment), **autonomy** (respect for individuality), and **beneficence** (acting in each patient's best interests).

## Summary of Issue

Discrimination in healthcare can occur consciously or unconsciously and can **significantly affect patient outcomes**, trust, and access to services. The **Equality Act 2010** provides a legal framework to ensure all individuals are treated fairly and without prejudice. Healthcare professionals have both ethical and legal responsibilities to **challenge discrimination** and create an **inclusive environment** for patients and colleagues.

# Different Perspectives

## Protected Characteristics

Under the Equality Act 2010, it is **unlawful** to discriminate based on 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

(Don't try to memorise all of these, just have a general idea to bring up examples)

## 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.

## Professional Expectations

GMC's Good Medical Practice and GDC's Standards for the Dental Team require clinicians to treat patients and colleagues fairly, respect diversity, and **challenge discriminatory behaviour** when it occurs. Upholding equality promotes trust, professionalism, and **patient-centred care**.

## Model Question

"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?"**

## Model Answer Summary

Recognise that this behaviour **breaches both professional and legal standards** under the Equality Act 2010.

Remain calm and **avoid confrontation** in front of the patient. Reassure the patient if appropriate and ensure their **dignity is maintained**.

Address the issue **sensitively** with the colleague or raise it with a senior if you do not feel comfortable doing so directly.

Document or escalate through the correct reporting channels if necessary.

**Reflect on the situation** and how it could be handled better in the future.

Show that you value fairness, inclusion, and professionalism, which are **essential qualities** for healthcare professionals.

### Final Tip / Key Point to Remember

All patients must be treated with **dignity, respect, and impartiality**. The Equality Act 2010 protects individuals from discrimination and guides clinicians to uphold justice and fairness in practice.

In interviews, demonstrate that you **understand your responsibility** to challenge discrimination, promote inclusivity, and treat every patient **equally** regardless of their background.

# Professionalism on Social Media

## Relevant Ethical Principles

Professionalism extends to **all aspects** of a clinician's life, including online behaviour. Healthcare professionals are expected to uphold the same ethical and professional standards on **social media** as they would in clinical practice.

Posts that may seem casual or harmless can **damage patient trust**, breach confidentiality, or undermine public confidence in the profession. The GMC's **Good Medical Practice (2024)** and the GDC's Standards for the Dental Team both emphasise maintaining appropriate boundaries and acting with honesty, integrity, and respect online.

These expectations reflect the principles of non-maleficence (avoiding harm), integrity, and respect for professional boundaries.

## Summary of Issue

Social media platforms offer **valuable opportunities** for education, networking, and public health promotion. However, they also pose significant risks if used carelessly. Inappropriate online behaviour - such as sharing identifiable patient information, posting unprofessional content, or commenting disrespectfully about colleagues or employers - can result in **disciplinary action** and loss of public trust.

Applicants should demonstrate an understanding that **online professionalism is essential** to protect patient confidentiality, maintain trust, and uphold the reputation of the profession.

# Different Perspectives

## Confidentiality and Privacy

- Never share **identifiable patient information**, including images or case details, without explicit consent.
- Even “anonymised” details can sometimes allow patients to be identified, which **breaches confidentiality**.

## Professional Boundaries

- Avoid inappropriate interactions with patients or colleagues online.
- Maintain the same level of respect, courtesy, and integrity as in **professional settings**.

## Reputation and Public Trust

- Social media content can be **easily** shared, misinterpreted, or taken out of context.
- Unprofessional posts, offensive language, or controversial opinions can **damage trust** in healthcare professionals and their institutions.

## Positive Use

- Social media can be used constructively for health education, advocacy, and professional development, provided posts are **accurate, respectful, and compliant** with professional guidance.

## Model Question

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



## Model Answer Summary

Recognise that this constitutes a potential **breach of patient confidentiality** and professional standards.

Speak to the student privately and **advise them** to remove the post immediately.

If the post is not removed or if patient confidentiality has clearly been compromised, **escalate to a senior** or supervisor following local policy.

Reflect on the importance of protecting confidentiality, maintaining professionalism, and using **social media responsibly**.

Emphasise that professionalism **applies at all times**, both inside and outside clinical settings.

### Final Tip / Key Point to Remember

Always assume that anything posted online is **public and permanent**.

Before posting, consider whether the content reflects the values of professionalism, respect, and confidentiality.

In interviews, highlight that **responsible social media use** demonstrates maturity, integrity, and awareness of professional boundaries - all qualities expected of future doctors and dentists.

# Organ Donation & Transplantation

## Relevant Ethical Principles

Organ donation and transplantation involve **complex ethical considerations** surrounding consent, fairness, and the allocation of limited resources. The key ethical principles include:

- **Autonomy:** Respecting an individual's right to decide whether they wish to donate their organs.
- **Beneficence:** Acting to save or improve the lives of others through transplantation.
- **Non-maleficence:** Ensuring that no unnecessary harm is caused during donation and transplantation processes.
- **Justice:** Ensuring fairness in organ allocation and equitable access for all patients.

## Summary of Issue

The UK now operates under an **opt-out system** known as "deemed consent."

This means adults are **considered willing organ donors** unless they have explicitly recorded a decision not to donate. Family views are still consulted before organs are retrieved.

Ethical discussions often arise around consent, prioritisation, and living donation. Candidates must show understanding of how to balance respect for autonomy with the **potential to save lives**.

# Different Perspectives

## Consent and Autonomy

- Individuals have the **right to choose** whether or not to donate their organs.
- Families should be approached **sensitively**, and their wishes considered, even under the opt-out system.
- Clinicians must ensure that consent processes are **transparent** and that donors (or their families) **fully understand the implications**.

## Justice and Allocation

- Organs are allocated based on **clinical criteria** such as compatibility, urgency, and likelihood of success, not social or economic status.
- Allocation aims to maximise both **fairness and benefit**.

## Living Donation

- Living donors must provide **informed consent** and undergo psychological and physical assessment to ensure there is no coercion.
- Balances **beneficence** (helping others) with **non-maleficence** (avoiding donor harm).

## Cultural and Religious Beliefs

- Some **religious or cultural groups** have concerns about organ donation.
- **Respecting** these beliefs reflects autonomy and cultural sensitivity.

## Model Question

**"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?"**

## Model Answer Summary

Acknowledge the **sensitivity and emotional context** of the situation.

Respect the family's grief and communicate with **empathy** while explaining that the patient had given **valid consent** through the organ donor register.

Emphasise the importance of **honouring the patient's autonomous decision** but recognise that in practice, families are often consulted to maintain trust and prevent distress.

Seek support from the transplant coordinator or senior clinician to **mediate the discussion**.

Demonstrate awareness that **compassion and sensitivity** are as important as the ethical and legal principles involved.

**Key Tip - in any ethical scenario mention you'd consult a senior and / or an ethics committee.**

### Final Tip / Key Point to Remember

Organ donation involves **balancing** respect for autonomy with the principles of beneficence and justice.

In interviews, focus on **showing empathy** for families, understanding of the **opt-out system**, and awareness of how ethical principles guide consent and allocation.

Demonstrating compassion and **clear ethical reasoning** will stand out more than rigidly quoting legislation.

# Euthanasia

## Relevant Ethical Principles

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 at interviews.

In the UK, euthanasia and assisted suicide are illegal under **the Suicide Act 1961**, which makes it a criminal offence to encourage or assist someone in ending their life.

However, clinicians can 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**.

The **key ethical principles** involved include:

- **Autonomy:** Respecting a patient's right to make decisions about their own life and death.
- **Beneficence:** Acting in the patient's best interests by relieving suffering.
- **Non-maleficence:** Avoiding intentional harm, including ending a life.
- **Justice:** Upholding the law and maintaining fairness within healthcare practice.

## Summary of Issue

Euthanasia challenges **the balance** between respecting patient autonomy and upholding the principle of "do no harm." Patients facing terminal illness **may request euthanasia** to end suffering and preserve dignity, while clinicians must consider their ethical duty to preserve life and act within the law.

The debate is further complicated by advances in palliative care, which aim to manage pain and distress effectively, and by **international differences**, for example, euthanasia is legal in some countries such as the Netherlands and Belgium under strict conditions.

# Different Perspectives

## Arguments Supporting Euthanasia

- Respects **patient autonomy** by allowing individuals control over their death.
- Seen as an act of **compassion** that relieves **unbearable suffering**.
- Could reduce **prolonged distress** for both patients and families.

## Arguments Against Euthanasia

- Conflicts with the clinician's duty of **non-maleficence** to preserve life.
- Risk of **coercion** or abuse, particularly for vulnerable patients.
- May erode **public trust** in healthcare professionals.
- Legalisation could lead to a "slippery slope," expanding beyond intended limits.

## Current UK Position

- Both euthanasia and assisted suicide are illegal but **a bill was passed to legalise it**
- Focus remains on palliative and **end-of-life care** to manage symptoms and support dignity.
- Clinicians may withdraw or withhold life-sustaining treatment if it is not in the **patient's best interests**, but cannot intentionally cause death.

## Model Question

**"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?"**

## Model Answer Summary

Acknowledge the **patient's distress** with empathy and compassion.

Reassure them that their feelings are **understood and valid**. Explain that euthanasia and assisted suicide are **illegal in the UK**, but emphasise that there are many ways to support their comfort and dignity through palliative care.

Offer to **involve senior colleagues**, the palliative care team, or psychological support services.

Show understanding of the ethical tension between autonomy and non-maleficence, but make clear that your actions must align with both **professional duty and the law**.

Demonstrate compassion, professionalism, and a **patient-centred approach**.

### Final Tip / Key Point to Remember

Euthanasia questions are **not about choosing sides** but showing ethical awareness, empathy, and professionalism.

In interviews, focus on:

- Acknowledging suffering with compassion.
- Understanding the legal position and ethical principles involved.
- Emphasising palliative care, communication, and emotional support.

Show that you would always act **lawfully and compassionately** while respecting patient dignity and autonomy within professional boundaries.

# Abortion

## Relevant Ethical Principles

Abortion refers to the **deliberate termination** of a pregnancy and raises ethical questions about autonomy, the sanctity of life, and the moral status of the fetus.

It is one of the **most sensitive** and famous areas in healthcare ethics, meaning it **often comes up at interview**.

The key ethical principles are:

- **Autonomy:** Respecting the pregnant person's right to make decisions about their own body and future.
- **Beneficence:** Acting in the best interests of the patient's physical and mental health.
- **Non-maleficence:** Avoiding harm, both to the patient and, where relevant, to the fetus.
- **Justice:** Ensuring fair and legal access to abortion services.

## Summary of Issue

In the UK, abortion is **legal** under specific conditions set out in **the Abortion Act 1967**.

**Two** registered medical practitioners must agree that at least one legal ground is met before proceeding, the grounds for abortion are:

1. **Risk** to the woman's physical or mental health (or that of her existing children) if the pregnancy continues, greater than if it were terminated.
2. Continuing the pregnancy causes an **increased risk to the woman's life**.
3. **Risk of injury** to the woman's physical or mental health being greater if the pregnancy continues than if terminated (used up to 24 weeks).
4. Substantial risk that the child would be born with **serious physical or mental abnormalities**.

Abortion remains a **complex moral issue**, with debate surrounding when life begins, the rights of the fetus, and the rights of the mother. Clinicians must balance **personal beliefs** with their professional duty to provide non-judgmental, patient-centred care.



## Different Perspectives

Most abortions in the UK occur **before 24 weeks**, which is the general legal time limit. Later abortions are only permitted under **specific grounds**, such as risk to life or severe foetal abnormality.

### Ethical Perspectives

- **Pro-choice view:** Emphasises autonomy and the woman's right to control her body and life decisions.
- **Pro-life view:** Emphasises the sanctity of life and moral consideration of the foetus.
- Clinicians must be able to respect differing views and remain non-judgmental.

### Conscientious Objection

Clinicians may refuse to participate in abortions if it **conflicts with their personal beliefs**, but they must refer the patient to another qualified professional and ensure that patient care and access are not compromised. This is outlined in the GMC's Good Medical Practice.

## Model Question

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

## Model Answer Summary

Acknowledge the **sensitivity** of the situation and listen with empathy and respect.

Recognise that patients under 16 or 18 **can consent** if they are **Gillick competent**, meaning they understand the nature and consequences of the decision.

Maintain **confidentiality** unless there is evidence of risk, coercion, or abuse.

Explain the legal and medical processes clearly and ensure the patient is aware of all options, including **counselling and support services**.

If unsure, seek senior or safeguarding advice.

Demonstrate that you would provide non-judgmental, compassionate, and patient-centred care.

### Final Tip / Key Point to Remember

Abortion is ethically complex but **legally defined** in the UK. In interviews, focus on showing that you:

- Understand the legal framework and ethical principles.
- Prioritise autonomy, empathy, and patient welfare.
- Can remain professional and non-judgmental, **even when views differ**.

Demonstrate sensitivity, awareness of patient rights, and understanding that clinicians **must** act within both ethical and legal boundaries.

# Consent & Capacity

## Relevant Ethical Principles

We covered this when discussing autonomy; however, we will touch on it again.

**Informed consent** is the process by which a patient voluntarily agrees to a medical intervention after receiving adequate information and **understanding its implications**.

It reflects respect for autonomy, supports beneficence through shared decision-making, and prevents non-maleficence by avoiding unwanted treatment.

A patient **must have capacity** to give valid consent. This means they must be able to understand, retain, weigh, and communicate information related to their treatment. If a patient lacks capacity, clinicians must act in their best interests, in accordance with **the Mental Capacity Act 2005**.

## Summary of Issue

Obtaining informed consent is both a legal and ethical obligation. Consent must be:

- **Voluntary** - given freely, without coercion.
- **Informed** - based on clear explanation of benefits, risks, and alternatives.
- **Given by someone with capacity** - the patient must be able to understand and evaluate the decision.

Failure to obtain valid consent can lead to **legal consequences** (such as allegations of assault or negligence) and ethical breaches that damage patient trust.

# Different Perspectives

## Assessing Capacity (Mental Capacity Act 2005)

A patient has capacity if they can:

1. Understand the information relevant to the decision.
2. Retain that information long enough to use it.
3. Weigh the information to make a balanced choice.
4. Communicate their decision (by any means).

### Key principles of the Act:

- Every adult is presumed to have capacity **unless proven otherwise**.
- Capacity is decision-specific and can fluctuate.
- Patients have **the right to make unwise decisions** if they understand the consequences.
- Any act on behalf of someone lacking capacity must be in their best interests and be the least restrictive option.

### Informed Consent in Practice

- Provide information on diagnosis, procedure, benefits, risks, alternatives, and consequences of not acting.
- Check 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 giving it.

### Special Circumstances

- Emergency situations: If a patient lacks capacity and delay would cause harm, treatment can proceed **in their best interests**.
- Minors:
  - Over 16s are presumed to have capacity to consent.
  - Under 16s require Gillick competence assessment.
- Advance decisions and lasting power of attorney guide care when an adult later loses capacity.

## Model Question

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

## Model Answer Summary

Begin by assessing capacity using the **four-step test**.

If the 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 when appropriate, and document all discussions clearly.

### Final Tip / Key Point to Remember

Valid consent requires **three conditions**: voluntary, informed, and given by someone with capacity.

In interviews, show that you understand:

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

Always combine **ethical reasoning** with empathy, clarity, and professionalism.

# Compulsory Vaccination

## Relevant Ethical Principles

Compulsory vaccination raises questions about balancing individual autonomy with **collective responsibility**. It highlights tension between the right to make personal health choices and the duty to protect others through herd immunity.

**Herd Immunity** - this occurs when a large proportion of a population is vaccinated, this **reduces the overall spread** of an infectious disease. This means that those who are not immune (young people, immunocompromised patients and others) are **indirectly protected**, as the disease is less likely to reach them.

The key ethical principles are:

- **Autonomy:** Respecting an individual's right to make decisions about their own body.
- **Beneficence:** Promoting health and preventing disease for individuals and the wider community.
- **Non-maleficence:** Avoiding harm by ensuring vaccines are safe and evidence-based.
- **Justice:** Ensuring fair access to vaccination and protecting vulnerable populations.

## Summary of Issue

Vaccination is one of the most effective public health measures; however, when individuals refuse vaccination, the safety of others **can be compromised**. This is due to damage to the concept of herd immunity, this makes it dangerous for those who are not immune to the infection.

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

Ethical debate centres on whether mandating vaccines infringes personal freedom or is justified by the **duty to protect public health**.

# Different Perspectives

## Autonomy vs Public Health

- Respecting autonomy supports the individual's right to **refuse** vaccination.
- However, public health ethics emphasises that decisions affecting others (through increased transmission risk) may justify some limitation of personal freedom.

## Justice and Fairness

- Vaccines **protect the community** through herd immunity, which benefits those who cannot be vaccinated due to medical conditions.
- Refusing vaccination while benefiting from others' immunity raises questions of fairness and social responsibility (justice).

## Beneficence and Non-maleficence

- Vaccination **prevents harm** by reducing disease transmission and saving lives (beneficence & non-maleficence).
- Ethical responsibility requires ensuring vaccines are safe, effective, and supported by scientific evidence before promoting or mandating them.

## Professional Responsibilities

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

## Model Question

**"Should vaccination be made compulsory for healthcare professionals who work with vulnerable patients?"**

## Model Answer Summary

Acknowledge both sides of the argument - balance is always key in ethics!

Explain that autonomy allows individuals to **refuse vaccination**, but healthcare professionals also have an ethical and professional duty to protect their patients.

Highlight beneficence and non-maleficence, vaccination reduces harm and promotes public safety.

Emphasise justice and fairness, as compulsory vaccination helps **protect vulnerable groups** who rely on herd immunity.

Conclude that while compulsory vaccination is ethically complex, strong encouragement, education, and transparency may achieve higher uptake **without infringing autonomy**.

### Final Tip / Key Point to Remember

**Compulsory vaccination** questions test your ability to balance individual rights with public good.

In interviews, show that you understand:

- Autonomy is **vital** but not absolute.
- Protecting others from preventable harm can ethically justify some restrictions.
- Public trust depends on transparency, safety, and **respect for individual choice**.

Always approach vaccination ethics with empathy, evidence-based reasoning, and awareness of both personal and societal responsibilities.



# Antibiotic Resistance

## Relevant Ethical Principles

Antibiotic resistance is both a medical and ethical issue, as it involves balancing individual treatment needs with **collective responsibility** to preserve the effectiveness of antibiotics for future patients.

Key ethical principles include:

- **Beneficence:** Using antibiotics appropriately to help the patient recover.
- **Non-maleficence:** Avoiding unnecessary prescriptions that promote resistance and harm others.
- **Justice:** Ensuring equitable access to effective antibiotics for current and future generations.
- **Autonomy:** Involving patients in decisions and educating them about responsible antibiotic use.

## Summary of Issue

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

This makes infections **harder to treat** and increases the risk of disease spread, severe illness, and death.

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

It is a **major global health threat** recognised by the World Health Organisation (WHO), meaning it is a common interview question to come up.

# Different Perspectives

## Causes

- **Overprescribing** antibiotics when they are not needed (e.g. viral infections).
- Patients not completing prescribed antibiotic courses.
- Use of antibiotics in livestock to promote growth.
- Poor infection control and hygiene practices.

## Consequences

- 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.

## Ethical and Professional Responsibilities

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

## Model Question

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

## Model Answer Summary

Acknowledge the patient's concerns and desire to recover quickly - **never forget empathy!**

Explain calmly that antibiotics are ineffective against viruses and **unnecessary use** contributes to antibiotic resistance.

Offer **evidence-based reassurance** and suggest appropriate symptomatic relief instead - never make promises!

Educate the patient about how resistance harms both **individuals and society**.

Demonstrate empathy, communication skills, and commitment to responsible prescribing.

**Key Tip** → remember to see what your **role** is (medical student, GP, Junior Doctor, this will allow you to work within the limits of your competence).

### Final Tip / Key Point to Remember

Antibiotic resistance is an ethical issue of individual care versus global responsibility.

In interviews, **emphasise** that:

- Antibiotics should be used only when necessary and evidence-based.
- Education, infection prevention, and stewardship are key to combating resistance.
- Clinicians have a **moral duty** to preserve antibiotic effectiveness for future generations.

# Consequentialism, Deontology, and Other Ethical Theories

## Relevant Ethical Principles

Ethical theories provide frameworks to analyse dilemmas in medicine and dentistry. They guide how clinicians weigh outcomes, duties, and moral character when making difficult decisions.

The three main theories are:

- **Consequentialism (Utilitarianism)** – focuses on the outcomes of actions.
- **Deontology (Duty-based ethics)** – focuses on the morality of actions themselves, regardless of outcomes.
- **Virtue Ethics** – focuses on the moral character and intentions of the decision-maker.

## Summary of Issue

Ethical dilemmas rarely have a single “right” answer, they are **complicated situations** which required structured approaches to score highly.

Understanding these theories helps healthcare professionals justify decisions logically and consistently, especially when ethical principles conflict (for example, non-maleficence vs beneficence).

# Different Perspectives

## Consequentialism (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 public health and measurable benefits (doing the most good with what limited resources we have).
- **Weakness:** Can overlook individual rights and minority needs (can be seen as a form of indirect discrimination).

## Deontology (Duty-based ethics)

- Argues that actions are right or wrong in themselves, not because of their outcomes.
- Morality depends on following duties and moral rules (for example, "do not lie," "do not harm").
- In medicine, this could mean telling the truth to a patient even if it causes distress.
- **Strength:** Respects autonomy and human rights (treating the patients as equals at all times).
- **Weakness:** Can seem rigid or impractical when rules conflict (any rule which is just black and white is never good to enforce).

## Virtue Ethics

- Focuses on the character and integrity of the person making the decision rather than the rule or outcome.
- A virtuous clinician acts with qualities such as compassion, honesty, courage, and fairness.
- **Strength:** Promotes trust and professional behaviour.
- **Weakness:** Provides less concrete guidance in complex scenarios.

## Other Frameworks (for awareness)

- **Four Pillars of Medical Ethics:** Practical framework (autonomy, beneficence, non-maleficence, justice).
- **Principlism:** Combines multiple ethical principles for balanced decision-making.
- This is the best approach as it blends multiple viewpoints.

## Model Question

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

## Model Answer Summary

Apply each theory to show balanced reasoning.

A **consequentialist** might prioritise the patient most likely to survive and benefit, maximising 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.

Conclude that healthcare decisions require balancing outcomes, fairness, and compassion, often using elements from all theories.

### Final Tip / Key Point to Remember

These ethical theories are tools for reasoning, **not fixed rules**.

In interviews, demonstrate that you can:

- Identify the competing ethical perspectives.
- Explain each **clearly and concisely**.
- Show balanced judgment that combines outcomes (consequentialism), duties (deontology), and character (virtue ethics).

Interviewers are looking for **structured reasoning** and reflection, not philosophical perfection.

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# Professional Judgement & Scenarios

# Professional Judgement & Scenarios

The **purpose** of this section is to help you **respond** to situations that test your **judgment**, **ethical reasoning**, **professionalism**, and **awareness** of patient safety. This section acts as a **rapid checklist** for approaching complex scenarios in a **structured way** during your interviews.

## How should I make **decisions**?

D

**Define:** Identify the problem.

A

**Assess:** Evaluate stakeholders and ethical implications.

R

**Respond:** Implement the chosen action - support, address, escalate, and document.

E

**Evaluate:** Reflect on the outcome and what can be learned for future practice.



# Drunk Surgeon / Colleague

## Why it's 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.

## Decision Framework

- **Define:** Identify the ethical issue which could endanger patients. Recognise the stakeholders, for example, patients and colleagues. Keep in mind that maintaining public trust in the profession and patient safety is the foundation of professional behaviour.
- **Assess:** Verbalise that you will gather relevant information without making assumptions and what the consequences of inaction would be. Understand your place in the hierarchy in the situation e.g. you are a medical student and the misconduct is carried out by a senior member of staff, and how that would influence your actions
- **Respond:** Consider what the most appropriate channel to escalate concerns is. Think about the manner in which you would act e.g. acting promptly and discreetly, and documentation of your observations. Offer practical support without overstepping, for example, signposting to counselling, ensuring safe rest, or arrangements / replacement for off-duty staff. Ensure your own patients remain prioritised as you cannot compromise on your responsibilities.
- **Evaluate:** Recognise the importance of protocols and support systems in protecting patients. Consider how you can prevent recurrence e.g. working with the hospital team to identify gaps in existing procedures.

# Model Example

Question	Purpose
You are a FY1 doctor and you notice that a consultant appears intoxicated before surgery. What would you do?	To assess professional judgment and prioritisation of patient safety.

## Model Answer Summary

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.

## Mentor 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.

## Key Phrases for Professionalism

- **Prioritise** patient safety above all else.
- Maintain **discretion**.
- Support colleagues **without** overstepping responsibilities.
- Escalate concerns through **appropriate** channels promptly.

# Workplace Bullying

## Why it's 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.

## Decision Framework

- **Define:** **Recognise** the impact of the behaviour on the colleague experiencing the unprofessional behaviour, team dynamics, and patient care.
- **Assess:** Determine how **severe** the situation is. Repeated behaviour designed to hurt or intimidate another person is perceived as bullying. Consider which ethical **pillars** and which of the **six Cs** of the NHS could be compromised.
- **Respond:** Depending on the scenario, consider whether it is best to speak directly to the person carrying out the unprofessional behaviour or escalate to a supervisor.
- **Evaluate:** Explain why it is important to intervene or address e.g. **quality of care** delivered to patients may be affected in such cases, which puts patients at harm.

# Model Example

Question	Purpose
<b>You are a FY2 doctor in a hospital. A consultant on multiple occasions mocks a nurse. What do you do?</b>	Tests whether you can maintain a safe and fair working environment.

## Model Answer Summary

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.

## Mentor Tips

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

## Key Phrases for Professionalism

- **Quality of care** that patients receive

# Cheating in Medical/Dental School Finals

## Why it's 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 designed to reveal professionalism, accountability, and give an 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.

## Decision Framework

- **Define:** Identify what the issue is and who is affected. Verbalise which ethical **principles** are at stake. Recognise the potential consequences for patients, peers, **public trust** in the medical and dental profession, and yourself. Patient safety and maintaining public trust in the medical and dental profession underpins every professional decision.
- **Assess:** Think about how serious the issue is and what your responsibilities are under the **GMC** and **GDC guidance**. Show your understanding of **escalation** and **whistleblowing** procedures.
- **Respond:** Consider what is the most appropriate and proportionate action. Avoid impulsive confrontation and ensure concerns are escalated through the correct channels, for example, speak to your academic advisor, course lead, student support, etc.
- **Evaluate:** Touch upon how you will take time to reflect on the situation, for example, how it will shape your future behaviour, taking steps to prevent similar issues in the future, etc.

# Model Example

Question	Purpose
You notice a close friend using unauthorised notes during your year 5 medical school final exams. What would you do?	To assess your professional values and your ability to handle uncomfortable scenarios where integrity and personal relationships conflict.

## Model Answer Summary

I recognise that cheating is unfair to my peers and ultimately puts patients at risk as my friend may not be competent to practice. My priority would be to act with integrity and probity as highlighted in the GMC's Good Medical Practice. During the exam, I would focus on my own work and avoid intervening as this could disrupt others. After the exam, I would approach my friend privately to discuss what I observed. I would express my concern and ask if there were any underlying reasons for their behaviour, for example, stress or personal difficulties. I would then encourage them to be honest with the medical school, seek support, and explain why this is important. I would offer to accompany them if they felt nervous about coming forward. However, if they refused to take responsibility, I would explain that I have a professional duty to report the incident and would escalate it through the appropriate channels, such as speaking to the course lead.

## Mentor Tips

- You must clearly articulate what the **right course of action** is and that you will follow it, even if it is uncomfortable.
- Show **empathy**, acknowledging there may be difficult circumstances that led to the action, without excusing the misconduct.
- Demonstrate how dishonesty can harm patients and damage trust in the profession.
- Link your reasoning to **GMC** or **GDC standards**

## Key Phrases for Professionalism

- **Escalate** concerns through appropriate channels.
- Act in accordance with GMC or GDC guidance.
- Act with integrity / probity / honesty.
- Maintain public trust in the profession.

# Safeguarding and Escalation Frameworks

## Why it's tested

Safeguarding means **protecting vulnerable** individuals from harm or abuse. Escalation frameworks involve **confidentiality** guidelines, specifically knowing **when** to break confidentiality, and understanding the procedures to handle concerns or complaints.

Interviewers are testing your knowledge of the responsibility that doctors and dentists have.

**Confidentiality** refers to **not disclosing** any **identifiable** patient information to those not involved in the patient's care; this can be overridden when the patient has given **consent**, if it is a **legal** requirement, or if not sharing the information would put the patient and others in danger.

## 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.

## Decision Framework

- **Define:** Acknowledge whether the issue is regarding patient safety, confidentiality, or safeguarding. Acknowledge your role and limits depending on whether you are a student, volunteer, or a junior doctor. Show awareness of which ethical principles are involved e.g. non-maleficence or justice if it concerns the safety of others.
- **Assess:** Identify any **immediate** danger to the patient or others. Consider guidelines such as GMC's Good Medical Practice and whether confidentiality will need to be breached. Verbalise the duties you are balancing, such as respecting confidentiality and a duty to protect from harm.
- **Respond:** Be honest about what you can and cannot do, which means do not lie or make false promises to a patient. Take action that is appropriate to your level - involve a senior member of staff and document facts.
- **Evaluate:** Reflection is a core GMC expectation for medical students and doctors, so it can be worth mentioning how you would **review** the situation after the issue is resolved.



# Model Example

Question	Purpose
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?	Test your knowledge of confidentiality, ethical reasoning, and escalation.

## Model Answer Summary

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 in 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.

## Mentor 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.

## Key Phrases for Professionalism

- Share information only on a "**need to know**" basis





# Roleplay Stations

# Roleplay Stations

The purpose of roleplay stations are to test your ability to communicate **effectively** and **empathetically**, and remain professional in scenarios that you will come across as a doctor, and in non-medical scenarios which also assess such skills that translate to being a good doctor. They are designed to assess **emotional intelligence**, **problem-solving**, and **active listening** skills rather than medical knowledge.

Interviewers are looking for a calm and confident demeanour, and a genuine display of **compassion**. You must have clarity in your explanations, and good **non-verbal** cues, such as eye contact, nods, and open body language.

## What approach should I take?

**S**

**Setting** - Introduce yourself and confirm the patient / person's identity. Set the tone and contents of the conversation.

**P**

**Perception** - Clarify the patient / person's understanding of the situation. Use ICE (ideas, concerns, and expectations) for scenarios with patients.

**I**

**Invitation** - Ask for permission to deliver the news or explanation, depending on the context.

**K**

**Knowledge** - Deliver information using simple language.

**E**

**Empathy** - Validate the patient's / person's emotions. Check for understanding.

**S**

**Summary** - Recap the information or discuss future plans. Ask if they have any questions or if they would like any further support or information.

# Roleplay Stations

## What approach should I take?

**C**

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

**A**

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

**L**

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

**M**

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

**E**

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

**R**

**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.

## General Tips & Advice

- **Practicing** 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 / two minutes is **introduction** and active **listening**, the middle few minutes cover **focused questioning** and **ICE**, and the last one / two minutes is to **summarise**.
- Ensure you **do not** interrupt or use medical jargon with patients or a layman.

# 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, poor prognosis, news of death, and other life-altering information. While it may seem daunting, interviewers are looking to see if you have the communications skills to deliver such news in an effective and empathetic manner.

## Framework

### Setting the scene -

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

### Perception -

- Check the patient's understanding of why they have come in to see the doctor.
- Ask if they have come with anyone else or would like a chaperone in the room.
- ICE: throughout the consultation where applicable, ask the patients IDEAS (what they think is going on), CONCERNS (if there is anything in particular they are concerned about), EXPECTATIONS (what they expect from the visit).

**Invitation** - Signposting and setting the tone by using phrases such as 'I'm afraid I have some bad news' or 'I have some news that may upset you'.

**Knowledge** - Explain the news in simple terms.

### Empathy -

- Include an apology after delivering the news.
- Offer support in telling their family.
- Allow a moment to process.
- Ask their feelings.
- You may offer water or tissues.

### 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.

## Common Pitfalls

- Avoid medical jargon - use layman terms and explain any medical procedures or terminology used.
- Show empathy throughout the consultation - 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.
- Ensure you listen to and address the patient's concerns.
- Deliver the correct news - distinguish whether it is a definitive diagnosis or likely indicated.
- 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 to run more tests to find out about the diagnosis, which will determine the treatments' or 'we will all work hard to help you'.

# Model Example

Question	Purpose
You are a FY1 doctor in a hospital. Mr Smith's biopsy indicates cancer of the liver. Further tests are needed to confirm. Break this news to him.	To assess your ability to relay sensitive information, ability to empathise, and conversation structure.

## Model Answer Summary

Scenario specific -

- 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'm afraid I have some news that may upset you - would you like anyone else in the room with you while I give you the news?
- The results show that it is likely to be cancer of the liver. We still need to do some more tests to confirm this.

## Mentor Tips

- **Pause** after delivering the news. Do not rush to fill the silence.
- While it is important you deliver the medical content, compassion is what the interviewers are looking for - ensure this comes across as authentic and not rehearsed statements.
- Check the patient's understanding **before** and **after** breaking the news.
- Offer **realistic** hope - do not make any promises - and focus on what can be done, such as follow-up tests and speaking to other healthcare staff.

# 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.

## Framework

### 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.

### Acknowledge -

- Recognise and validate the patient's feelings, for example 'I can see that you are very upset about \_\_\_'.
- Ensure you apologise 'I'm sorry that you are feeling this way.'

### Listen -

- Ask what the patient's concerns and expectations are (follow 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.

### 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.

### Empathise -

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

### Resolve -

- Offer a realistic solution - keep your role and limitations of the situation in mind. For example, you can guide the patient through the complaints procedure or escalate to a more senior member of staff.
- Summarise the plan of action and ensure the patient is satisfied.

## Common Pitfalls

- **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 it is not your responsibility nor do you have the capabilities to resolve the incident, so escalating to a senior member of staff may be the best course of action.
- **Do not** make any excuses or be defensive.

# Model Example

Question	Purpose
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.	To test your communication skills under pressure, and see whether you remain calm and compassionate.

## Model Answer Summary

Scenario specific -

- I can see that you are frustrated and that's completely understandable. Tell me what's been happening and we can see how I can help.
- It must be really frustrating to have been told that you are going home and you are still waiting.
- I'll check where things stand right now and make sure to come update you.
- We are doing everything we can to get you home as soon as possible.

## Mentor Tips

- **Maintain** eye contact and a reassuring tone.
- The goal is to **de-escalate** the situation and show understanding rather than finding who to blame or giving excuses.
- **Ensure** the patient has voiced all of their concerns and felt listened to.
- Recognise the **patient's feelings** first before moving onto explanations and solutions.

# 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 which a patient's understanding of what the doctor has explained is assessed. In an interview setting, your abilities to articulate and simplify concepts, whether medical or not, with focus and clarity will be tested.

## Framework

### Setting the scene -

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

### Perception -

- Ask the person what they already know and their current understanding of the topic to establish their baseline knowledge / whether they require an overview or a detailed walk-through and clarify any misconceptions they may have.

### 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?'.

### Knowledge -

- Use age and ability appropriate analogies and familiar examples, for example, analogy of pizza slices to explain fractions to a five year old.

### 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's completely understandable that it sounds complicated' or 'It's a confusing topic for many people'.

### Summary -

- Ask the person if they have any more questions or confusions.

## Common Pitfalls

- **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.



# Model Example

Question	Purpose
You are a medical student at a GP practice for a placement. Explain to a patient what a vaccine is.	To assess your communication skills and how you adapt your language to different audiences.

## Model Answer Summary

Scenario specific -

- A lot of people are curious about vaccines - I'm glad you asked.
- What have you heard about vaccines so far? This might help me understand what to focus on.
- 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.
- Does that make sense so far? Do you have any questions?
- I can direct you to the NHS website if you would like to know some more information.

## Mentor Tips

- Use **analogies** to simplify complicated concepts.
- **Pause** and **check** understanding.
- Ensure you do not over-simplify and relay **a good overview** of the topic.
- **Signpost** to reliable **sources** for more information where applicable.

# Hot Topics (Medicine)

# NHS Structure

## Summary

The NHS provides free healthcare through a three-tier system: **primary, secondary, and tertiary care**. While it aims to offer equal access nationwide, challenges like the postcode lottery and debates over the 7-Day NHS plan highlight inequalities and resource pressures.

## Why it matters

Interviewers use this topic to test your knowledge of **NHS values** and whether you can critically evaluate the strengths and challenges the NHS is currently facing. Top answers will tie in NHS values and domains.

Strengths of the NHS structure	Challenges and Criticisms
<b>Comprehensive and universal:</b> Provides free care at the point of delivery for all UK residents.	<b>Postcode lottery:</b> Access to treatments or facilities varies depending on where patients live (e.g., trauma centres or drug availability).
<b>Clear hierarchy of care:</b> Primary care acts as the gateway to specialist services, ensuring efficiency and continuity.	<b>Unequal resource distribution:</b> Some trusts face higher demand and lower funding, leading to disparities in outcomes.
<b>Strong coordination through Integrated Care Systems:</b> Promotes collaboration between local providers and public health bodies.	<b>Funding pressures:</b> Rising demand and limited budgets strain secondary and tertiary services.
<b>Focus on prevention:</b> GPs and community services aim to reduce hospital admissions.	<b>Staff shortages:</b> Understaffing affects all levels of care, limiting the effectiveness of reforms like the 7-Day NHS.
<b>Patient-centred ethos:</b> Built around accessibility, compassion, and evidence-based care.	<b>Weekend effect:</b> Patients admitted on Sundays have a 16% higher mortality risk compared to Wednesdays, suggesting inconsistent care quality.

## Insider Tips

- These points are **unlikely to appear as standalone questions**. Instead, aim to **weave these ideas** naturally throughout all your stations. Most questions, whether they relate to ethics, hot topics, or motivation, can be approached using one or more of these points.
- Avoid being **overly forgiving** or **overly critical** of the NHS. You'll (hopefully!) be working there one day, and your interviewers already do, so maintain a balanced and respectful tone.

## Current Developments (2025)

- **7-Day NHS Plan:** Designed to ensure equal care quality regardless of admission day. While it could ease waiting lists and improve patient flow, many clinicians question its practicality due to **staffing shortages** and **unclear funding mechanisms**.
- **Addressing the Postcode Lottery:** NHS England is expanding **Integrated Care Boards (ICBs)** to reduce regional variation in service access.
- **Digital Transformation:** Increased use of remote consultations and shared records aims to connect primary and secondary care more effectively.

# Model Example

## Question

"What do you understand by the term 'NHS Postcode Lottery,' and how might it be addressed?"

## Model Answer Summary

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 can differ if someone lives in the countryside, or in the city, which undermines the NHS pillar of justice.

Solutions the NHS is currently exploring include better national standardisation through Integrated Care Boards which allocate budget for the community and better resource distribution. However, local autonomy also allows flexibility to meet specific community needs, so finding the balance between national equity and local responsiveness is key.

## Why this answer works

- **Clearly explains the concept** and provides a **relevant example** (as an introduction to the answer).
- **Incorporates the NHS Medical Pillars of Ethics** throughout the response.
- Ensures the answer is **balanced** and includes **practical solutions** as well.

# Privatisation & Funding

## Summary

Privatisation in healthcare refers to patients paying for medical services, rather than receiving free treatment via the NHS. While private care offers faster access and greater comfort, it raises concerns about equality and the creation of a two-tier healthcare system.

## Why it matters

Privatisation in healthcare refers to patients paying for medical services, rather than receiving free treatment via the NHS. While private care offers faster access and greater comfort, it raises concerns about equality and the creation of a two-tier healthcare system.

Advantages of Private Healthcare	Disadvantages of Private Healthcare
<b>Shorter waiting times:</b> Private patients can see a consultant in as little as 2 weeks, compared to around 20 weeks in the NHS.	<b>Health inequality:</b> Creates a “pay-to-win” system where wealth affects quality and speed of care.
<b>Greater comfort and autonomy:</b> Private hospitals offer more choice over consultants, rooms, and treatments.	<b>Undermines NHS values:</b> Moves away from the principle of equal access for all.
<b>Broader treatment options:</b> Can fund procedures that may not be cost-effective for the NHS.	<b>Adds NHS pressure:</b> Complications from private treatment often require NHS follow-up.
<b>Reduces NHS burden slightly:</b> Fewer patients in the public system.	<b>Limited services:</b> Private hospitals often lack A&E and intensive care, so depend on the NHS for emergencies.
<b>Encourages competition:</b> Can drive efficiency and innovation.	<b>Focuses on treatment, not prevention:</b> NHS care is community- and prevention-oriented.

# Model Example

## Question

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

## Model Answer Summary

A privatised system offers shorter waiting times and greater patient choice in regards to which treatment they choose, but it risks deepening health inequality. The NHS's core founding principle is equal access based on need, not ability to pay. Private systems however can cause a two-tier healthcare system to form.

While limited private involvement can support the NHS during crises, as we saw in COVID, the long-term solution should focus on improving NHS efficiency, funding, and staffing rather than replacing it with a profit-driven model.

## Why **this** answer works

- Clearly contrasts NHS and private systems, showing an understanding of both.
- Maintains a balanced view with ethical reasoning.
- Offers a realistic conclusion with relevant and actionable steps.

# Public Health: Obesity, Smoking, and Preventive Care

## Summary

Preventive public health measures aim to reduce disease and healthcare burden. Obesity and smoking are **major preventable risk factors**, costing the NHS billions each year. Campaigns, screening, and legislation seek to improve population health, though challenges include over-medicalisation and maintaining individual responsibility.

## Why it matters

This topic tests understanding of **prevention, health promotion, and NHS sustainability**. Interviewers want to see if you can critically evaluate interventions and their impact on patients and NHS resources. The NHS values prevention just as much as treatment, with a large budget allocated to preventing patients from needing to go to the hospital.

Benefits of preventative care	Challenges and Criticisms
<b>Reduces NHS burden:</b> Smoking costs the NHS ~£2.6 billion per year; preventing obesity lowers long-term chronic disease costs.	<b>Risk of over-medicalising:</b> Promoting interventions for lifestyle factors may pathologise normal behaviours.
<b>Improves population health:</b> Lifestyle campaigns, counseling, and screening reduce disease incidence.	<b>Reduces patient responsibility:</b> Extensive interventions may discourage personal accountability for health choices.
<b>Cost-effective:</b> Preventing illness (or treating in community) saves money compared to treating complications (or hospital treatment).	<b>Economic burden:</b> Preventive services require funding, and some health issues may not require medical treatment.
<b>Long-term societal benefits:</b> Healthier population, reduced disability, increased productivity.	

## Insider Tips

- You can use these ideas to **impress your interviewers** with your **depth of knowledge**, just make sure you **fully understand the topic** before bringing it up. Also, ensure you **don't shift focus away from the main question**. These ideas are meant to **elevate your answer**, not form the **main bulk** of it.

# Model Example

## Question

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

## Model Answer Summary

The NHS could expand lifestyle campaigns, such as the NHS Digital Weight Management Programme, increase access to counselling, and offer early screening to prevent obesity-related disease. These measures reduce long-term NHS costs and improve patient livelihood.

However, there are also challenges which include balancing **prevention with individual autonomy**, avoiding over-medicalising, and ensuring interventions are sustainable without excessive economic burden. Overall, a combination of education, accessible services, and targeted public health campaigns is most effective.

## Why **this** answer works

- Focuses on specific NHS strategies and their impacts, drawing in relevant examples.
- Demonstrates awareness and balance between the ethical pillars (e.g., autonomy vs. beneficence).
- Offers practical, realistic solutions, showing that you can consider issues from multiple perspectives.



# Ageing Population

## Summary

By 2050, nearly 25% of the UK population will be over 65. Although life expectancy is increasing, many years are spent in poor health. This demographic shift places growing demands on the NHS and social care, requiring preventive strategies, community support, and innovations like telehealth to manage chronic conditions effectively.

## Why it matters

This topic tests understanding of **NHS pressures and societal impacts**. Interviewers want to see if you can discuss the challenges of an ageing population. Can be really easy to briefly tie in when talking about Care Home (or similar) volunteering.

Strategies / Benefits	Challenges / Implications
<b>Preventive programmes:</b> Promoting healthy living reduces hospital admissions and supports independence.	<b>Increased chronic disease burden:</b> Older adults often have multi-morbidity requiring complex care.
<b>Community and family support:</b> Volunteer carers and family involvement can reduce reliance on professional care.	<b>Pressure on NHS and social care:</b> Personal care, domestic help, and long-term care are expensive and resource-intensive.
<b>Telehealth and remote monitoring:</b> Reduces unnecessary hospital visits and supports rural populations.	<b>Inequality in access:</b> People in rural areas or with fewer social supports may experience worse outcomes.
	<b>Frailty and hospitalisation:</b> Older adults spend more years in poor health, increasing demand for hospital and specialist services

## Insider Tips

- **Healthcare is constantly evolving**, and doctors must **adapt their approach to meet the needs of the community**. As the UK's population ages, the resulting **impact on the NHS** will influence how doctors **adjust their practice and priorities**. Referencing this hot topic as an example demonstrates that you are up to date with current issues and **consider healthcare from a past, present, and future perspective**.

# Model Example

## Question

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

## Model Answer Summary

Through my volunteering in a Care Home, I saw firsthand the implications that an ageing population can bring. An ageing population increases demand for NHS and social care, particularly for chronic disease management and hospital admissions. The NHS also considers social care, where older patients generally require more support for independent living and community care.

The NHS is implementing strategies which include promoting healthy lifestyles, expanding telehealth and remote monitoring, supporting family and volunteer carers, and improving access to community-based care. Challenges remain in increasing funding and workforce capacity to meet growing needs.

## Why **this** answer works

- Ties into your own personal experiences, whilst exploring the driving factors from beyond a surface level.
- Demonstrates understanding of both medical and societal impacts, linking to the Bio-Psycho-Social Model.
- Connects ideas to practical, realistic interventions, while acknowledging their limitations.

# COVID-19 and its lasting impact

## Summary

COVID-19 reshaped healthcare delivery in the UK, accelerating telemedicine, exposing NHS pressures, and highlighting the role of public trust and accurate information. Its effects continue through backlogs, mental health strain, and long-term changes in how care is accessed and delivered.

## Why it matters

This topic tests your awareness of **how the NHS adapts to crisis and innovation**. It's a great one to mention when discussing **resilience, adaptability, or public health**. You can also link it to **funding or digital health** if those come up in other questions, drawing on examples we've mentioned below. It is also an excellent link when talking about Healthcare Inequalities.

Positive Impacts / Lessons	Ongoing Challenges / Risks
<b>Telemedicine</b> made consultations more accessible and efficient, especially for follow-ups and rural areas.	<b>Digital divide</b> — elderly or low-income groups may lack tech access, worsening inequalities.
Encouraged <b>innovation and flexibility</b> in NHS service delivery.	Increased <b>waiting lists and burnout</b> , with lasting workforce pressures.
Highlighted importance of <b>public health messaging</b> and teamwork within the NHS.	<b>Misinformation</b> online eroded trust and vaccine confidence, showing need for stronger health communication
Led to investments in <b>infrastructure and emergency preparedness</b> .	<b>Nightingale Hospitals</b> — £530 million spent to treat only 54 patients in the first wave — raised concerns about planning and resource allocation.

## Insider Tips

- The **Nightingale Hospital** example can also be used in questions about **NHS funding, efficiency, or government decision-making**.
- The **digital divide** fits nicely into questions on **health inequalities, justice within healthcare, or accessibility challenges in the NHS** — a good way to show social awareness beyond medicine.

# Model Example

## Question

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

## Model Answer Summary

COVID completely changed the way the NHS delivers care. During my GP work experience, I saw how online consultations were quite common, this made it easier for some patients but also harder for those without access to technology, or who struggled to use technology.

The pandemic also showed how much misinformation can spread, affecting trust in healthcare professionals, especially in a profession where honesty is crucial for better patient outcomes.

Lastly, it showed the importance of resource management. For example, the Nightingale Hospitals cost over £500 million but were barely used, which highlights the challenge of efficient NHS funding and planning.

## Why **this** answer works

- Uses reflective phrasing that doesn't criticise the NHS; however, it does show you are observing beyond the surface.
- Shows insight across multiple NHS domains (technology, communication, funding).
- Includes a specific, high-value example (Nightingale Hospitals) that interviewers rarely hear well explained.

# Euthanasia and Assisted Dying

## Summary

Euthanasia involves a doctor actively ending a patient's life, while assisted dying allows a terminally ill patient to self-administer prescribed medication. Both are currently illegal in the UK, though Parliament is reviewing assisted dying legislation. The debate balances autonomy, dignity, and compassion against safety, ethics, and societal trust.

## Why it matters

This topic tests your ability to discuss **ethical dilemmas and evolving healthcare law**. Interviewers want to see if you can analyse autonomy, non-maleficence, and justice while recognising real-world implications. It's especially relevant in **ethics stations** or when discussing **end-of-life care and palliative medicine**. It also helps test your ability to discuss sensitive topics respectfully and appropriately.

Arguments For	Arugments Against
<b>Autonomy and dignity:</b> Patients can choose how and when to end their suffering, aligning with respect for autonomy.	<b>Non-maleficence:</b> May conflict with the duty to "do no harm" and risks blurring the moral role of doctors.
<b>Relief from suffering:</b> Helps those in irreversible pain despite palliative care.	<b>Slippery slope:</b> Could expand beyond terminal illness, as seen in some other countries.
<b>Patient-centred care:</b> Reflects compassion and personal choice in modern healthcare.	<b>Public trust and morale:</b> Could undermine faith in doctors' intentions, especially in palliative settings.
<b>Strict safeguards:</b> Legislation could require multiple medical assessments and mental capacity checks	<b>Moral and religious objections:</b> Many faiths and moral frameworks view life as sacred, opposing active termination.
<b>Avoids unsafe travel abroad:</b> Reduces need for patients to travel to clinics like Dignitas, which can be costly and distressing	<b>Coercion risk:</b> Vulnerable or elderly patients may feel pressured to end their lives due to family or financial strain.

## Insider Tips

- This topic links naturally to **palliative care or care-home volunteering**.
- If relevant, mention that this demonstrates understanding of **end-of-life challenges** — not just medicine, but communication, empathy, and ethics.
- Can also tie into **justice** (equal access, safeguarding the vulnerable) in wider NHS ethics questions.

# Model Example

## Question

**"Should voluntary assisted dying be legalised in the UK?"**

## Model Answer Summary

This is a very current and complex issue. I understand that Parliament is reviewing bills that could allow voluntary assisted dying for terminally ill patients, where the individual takes prescribed medication themselves.

There are strong arguments on both sides. Supporting it could uphold patient autonomy and prevent suffering, and would reduce the need for patients to travel abroad for these services, allowing them to be comfortable at home surrounded by their loved ones. But there are also major ethical and practical risks, for example, potential coercion, safeguarding concerns, and the effect on public trust in doctors.

Personally, I think the key is finding a balance between autonomy and protection of the vulnerable. Even if society moves toward legalisation, it would require very strong safeguards and ongoing review to ensure it remains compassionate and ethical.

## Why **this** answer works

- Shows understanding of **ethical principles** (autonomy, beneficence, non-maleficence) and balances them with societal implications.
- References **current UK legislative developments** and uses concrete examples to demonstrate awareness beyond theory.
- Recognises vulnerable populations, and shows empathy and professional insight throughout the answer.

## Summary

# Strikes & Staffing Issues

Recent NHS strikes highlight long-standing staffing shortages, burnout, and pay disparities. Junior doctors earn ~26% less in real terms than 15 years ago. Strikes and understaffing affect patient care, continuity, and morale, while raising ethical questions about balancing professional duty with fair working conditions.

## Why it matters

This topic tests your understanding of **workforce pressures, patient safety, and ethical reasoning**. Interviewers often include doctors, so it's important to show awareness of the **reasons behind strikes**, including pay restoration and burnout, without being overly critical. You also need to discuss **trade-offs between staff welfare and patient care**, demonstrating insight into systemic issues rather than blaming individuals. This is relevant for questions about **teamwork and NHS sustainability**.

Perspective / Pros	Perspective / Cons
<b>Pay restoration and fair treatment:</b> Strikes aim to restore pay and working conditions that have fallen behind inflation (~26% drop over 15 years).	<b>Impact on patient care:</b> Delayed appointments, cancelled procedures, and reduced access can negatively affect outcomes.
<b>Highlighting staffing pressures:</b> Raises awareness of burnout, excessive hours, and unsafe workloads, pushing NHS to address systemic issues.	<b>Continuity of care:</b> Strikes and shortages disrupt patient relationships and care pathways.
<b>Long-term workforce sustainability:</b> Addressing pay and conditions may help recruit and retain staff, preventing future shortages.	<b>Ethical tension for doctors:</b> Striking conflicts with professional duty to care, requiring careful ethical reflection.
<b>Public attention on NHS funding:</b> Strikes can trigger policy responses and funding review.	
<b>Supports staff wellbeing:</b> Recognising burnout is crucial for safe practice (Dr Bawa-Garba case highlights systemic pressures).	

## Insider Tips

- This section is perfect for demonstrating a patient-centred approach in your answers, consider how patients feel when they can't get an appointment, and how this affects their ongoing care and relationship with the NHS.
- The staffing shortage is a complex issue with many interconnected factors. Show that you understand these factors and how they interact, demonstrating to interviewers that you can consider all sides of a discussion.
- Candidates can link this topic to ethical scenarios in interviews: for example, discussing the balance between professional duty and systemic advocacy, or linking to personal volunteering observations about staff pressures.

## Current Developments (2025)

- **Junior doctor strikes:** Recent disputes focused on restoring pay and improving working conditions.
- **Staffing shortages:** Vacancy rates remain high across NHS trusts, particularly in emergency medicine, critical care, and general practice.
- **Burnout recognition:** NHS initiatives include wellbeing programs, flexible scheduling, and support for mental health, but implementation varies.
- **Policy context:** Inflation and long-term underfunding continue to fuel pay restoration debates.

# Model Example

## Question

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

## Model Answer Summary

I've seen first hand how staffing shortages affect patient care during my volunteering. Strikes and understaffing can delay procedures, reduce continuity, and increase pressure on remaining staff, potentially affecting outcomes.

At the same time, doctors are under extreme pressure, and pay has not kept up with inflation — junior doctors are 26% worse off in real terms than 15 years ago. Strikes in the NHS are focused on pay restoration and fair working conditions, not simply wanting more money, and it's important to recognise this, especially in an interview with a doctor. Addressing these issues supports staff wellbeing and long-term patient safety, as burnout can have serious consequences for both doctors and patients.

Overall, it's a complex ethical situation: balancing the duty of care with the need to advocate for systemic change that benefits patients in the long run.

## Why **this** answer works

- Demonstrates understanding of **both patient impact and doctors' perspective** in a balanced way.
- Includes **specific evidence** (real-term pay drop, burnout, Dr Bawa-Garba reference) to show insight beyond general knowledge.
- Shows awareness of **ethical tension**: duty of care vs advocating for fair conditions, without being overly critical of doctors.



# GP and Primary Care Pressure

## Summary

GPs face rising workloads due to increased patient numbers and fewer practices. Appointment delays, workforce shortages, and high patient-GP ratios affect early diagnosis, continuity of care, and patient safety, while increasing pressure on the wider NHS system and long-term healthcare costs.

## Why it matters

This topic tests understanding of **NHS system pressures** and the critical role of GPs in early treatment and prevention. Interviewers want to see if you can link workforce challenges to **patient safety, continuity of care, and overall NHS efficiency**, demonstrating insight into the broader healthcare system. It is an important point to draw on for questions regarding the NHS backlog or wider questions regarding issues in the NHS.

Perspective / Pros	Perspective / Cons
<b>Early intervention:</b> GPs are crucial for diagnosing illnesses early, preventing complications and reducing long-term NHS costs.	<b>Appointment delays:</b> Waiting times have increased, with over 5 million people waiting more than 2 weeks in March 2024, impacting patient care.
<b>Continuity of care:</b> Regular GP contact improves management of chronic conditions and patient satisfaction.	<b>Workload pressures:</b> Fewer practices and increasing patient numbers (a GP now responsible for ~2,247 patients) add strain and reduce time per patient.
<b>Gatekeeping role:</b> GPs help manage NHS resources by triaging and reducing unnecessary hospital visits.	<b>Patient safety risks:</b> Overstretched services may lead to missed diagnoses or delayed treatment.
<b>Preventive care:</b> Routine checks, screenings, and health promotion reduce burden on secondary care.	<b>Systemic pressure:</b> Pressures on primary care contribute to wider NHS strain, including hospital admissions and waiting lists.

## Current Developments (2025)

- **Rising demand:** Patient numbers have increased while the number of GP practices has decreased.
- **Digital appointments:** Expansion of telemedicine aims to improve access but does not fully replace face-to-face consultations.
- **Workforce initiatives:** Recruitment drives and training programs attempt to increase GP numbers, though gaps remain.
- **Systemic impact:** Ongoing primary care pressure continues to affect hospital workload, patient outcomes, and NHS efficiency.

## Insider Tip

- You can link this to volunteering or work experience, discussing the importance of early intervention and patient triage, showing awareness of how **primary care underpins the entire NHS**. Also helps to demonstrate that the most vulnerable members of society are affected, as they can't access primary care and instead add pressure to other services.

# Model Example

## Question

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

## Model Answer Summary

GPs are facing significant pressure due to rising patient numbers and fewer practices. Currently, a single full-time GP may be responsible for over 2,200 patients. This affects appointment availability, with more than 5 million people waiting over 2 weeks for a GP consultation.

These pressures impact patient safety, as delayed diagnosis or follow-up can worsen outcomes. They also weaken the public's perception of the NHS. GPs are vital for early intervention and preventive care, which helps reduce hospital admissions and long-term NHS costs. Solutions include digital appointments, workforce recruitment initiatives, and support for primary care teams to manage workload.

Overall, primary care pressure is not just a problem for GPs; it has **system-wide consequences for patient safety, continuity of care, and NHS efficiency.**

## Why this answer works

- Demonstrates awareness of **systemic pressures** and the GP's critical role in early treatment.
- Uses **specific evidence** (patient numbers, waiting times) to show insight beyond theory.
- Highlights **impact on patient safety and NHS efficiency**, linking workforce challenges to its real-world effects.

# Mental Health Crisis

## Summary

The UK faces a mental health crisis, with one in four people experiencing a mental health issue in their lifetime. Rising demand for NHS services, worsened by COVID-19, has led to long waits, staff strain, and ethical concerns. Integration with primary care and early intervention are essential to improve outcomes.

## Why it matters

This topic tests your understanding of **NHS pressures, patient safety, and systemic challenges**. Interviewers want to see if you can discuss the impact of rising demand, prolonged wait times, and staff shortages while linking and explaining solutions. It's also a chance to demonstrate **reasoning skills**, not just recall facts.

Perspective / Pros	Perspective / Cons
<b>Early intervention:</b> Prompt assessment and treatment can prevent deterioration and reduce long-term NHS costs.	<b>Service backlog:</b> Roughly 3.8 million referrals in 2023–24 illustrate overwhelming demand.
<b>Integration with primary care:</b> GPs and community services can support monitoring and management, improving continuity.	<b>Staff shortages:</b> Limited mental health professionals lead to longer waits and increased workload.
<b>Government support:</b> Recent £15 million investment aims to expand outreach, national support, and service capacity.	<b>Patient risk:</b> Delays may worsen conditions, increase mortality, and present ethical challenges in care prioritisation.
<b>Prevention and public health:</b> Early education and community programs help reduce future mental health burden.	<b>System strain:</b> High demand pressures hospitals and primary care, affecting overall NHS efficiency.

## Insider Tips

- **Mental health** is an issue that can affect **anyone**, so medical schools often test it to see how well you can **adapt your answers to different scenarios**.
- Mental health challenges can **rarely be fully resolved**, and there is currently a **disparity between mental health and physical health services**, highlighting the need for **improved access, support, and long-term management**.
- In interviews, **explain your reasoning clearly and concisely**. You are expected to discuss **systemic challenges and potential interventions**, rather than providing a single “right” answer.

## Current Developments (2025)

- **Funding initiatives:** £15 million invested to strengthen mental health services, including outreach, helplines, and national support programs.
- **COVID-19 impact:** Pandemic increased prevalence of anxiety, depression, and other mental illnesses, exacerbating service backlogs.
- **Integration strategies:** NHS increasingly linking mental health care with GPs and community services to improve access and continuity.
- **Policy focus:** Emphasis on early intervention, prevention, and reducing inequalities in access across regions.

# Model Example

## Question

**“What are the main challenges facing mental health services in the UK, and how can they be addressed?”**

## Model Answer Summary

Mental health services are under significant pressure, with roughly 3.8 million referrals in 2024 and insufficient staff and beds. The COVID-19 pandemic has worsened demand, creating long waits and ethical concerns about patient safety and treatment delays, whilst also affecting the UK population’s mental health massively.

Early intervention and integration with primary care are critical. GPs can help monitor patients, provide early treatment, and reduce escalation. Recent government funding (£15 million) supports outreach and national programs, which may improve access and continuity.

Addressing workforce shortages, increasing prevention programs, and supporting primary care integration are essential for reducing backlog and improving outcomes.

## Why **this** answer works

- Demonstrates awareness of **systemic pressures**, patient impact, and NHS workforce challenges.
- Highlights **intervention and integration strategies**, showing insight into practical solutions.
- Uses **specific data and examples** (referral numbers, funding, COVID-19 impact) to support reasoning without overloading with statistics.

# Understanding the MDT

## Summary

The MDT is a group of healthcare professionals from different disciplines collaborating to provide holistic, safe, and patient-centred care. Effective teamwork improves outcomes, reduces errors, and supports continuity, while poor communication or unclear roles can compromise patient safety.

## Why it matters

This topic rarely appears as a direct question but is **something you can tie into almost any station** — whether discussing teamwork, leadership, ethics, or patient safety. Can be used as a saviour point if running out of things to say as well.

Interviewers look for candidates who can **link personal experiences to MDT values** such as communication and collaboration. When discussing MDTs, keep explanations **clear and concise** — don't overcomplicate the structure or risk going off on a tangent.

Benefits of MDT	Challenges of MDT
<b>Holistic care:</b> Combines expertise from multiple disciplines for comprehensive treatment	<b>Communication barriers:</b> Misunderstandings or unclear roles can lead to errors or delays.
<b>Patient safety:</b> Shared responsibility and cross-checking reduces mistakes (linked to lessons from Dr Bawa-Garba case).	<b>Coordination issues:</b> Scheduling meetings and aligning priorities can be complex.
<b>Continuity and efficiency:</b> Improves care planning, follow-up, and reduces duplication.	<b>Role conflict:</b> Differences in opinions or hierarchy can slow decision-making.
<b>Skill development:</b> Offers learning opportunities and exposure to diverse perspectives.	

## Insider Tips

- Link your understanding of MDTs to your **personal experiences**, such as **volunteering, leadership, or group projects**.
- Show how you've **applied teamwork and communication skills** in real scenarios.
- Remember that **assessors work in MDTs themselves** — **simply name-dropping MDTs** isn't enough.
- Demonstrate **how you've developed through observing and participating** in MDTs in action.

## Current Developments (2025)

- **Virtual MDTs:** Telemedicine allows remote participation, improving accessibility and efficiency.
- **Integrated care systems:** NHS initiatives encourage collaboration across primary, secondary, and social care.
- **Emphasis on soft skills:** Increasing recognition that communication, leadership, and teamwork are essential for clinical competence.

# AI & MedTech

## Summary

AI and medical technology are transforming the NHS by improving efficiency, reducing waiting times, and enhancing diagnosis. Tools like AI imaging and wearable monitors support clinicians but raise concerns over data security, system reliability, and loss of human interaction.

## Why it matters

This is a rapidly evolving field that tests whether you stay **up to date with current developments** and can evaluate new ideas critically.

- Many interviewers work directly with or alongside new technologies — they want to see if you can **weigh benefits and risks within NHS limitations**.
- Shows awareness of how innovation affects **patient safety, cost, and equity**.
- Often links into **NHS pressure, ethics, and patient safety** questions.

Advantages	Disadvantages
AI imaging can detect early cancers and save clinician time (e.g. radiology triage).	Risk of overreliance — July 2025, two hospitals reverted to paper records after major IT failures.
Reduces waiting times and supports decision-making in understaffed areas.	Data security — April 2024 NHS data leak exposed sensitive patient information.
Improves efficiency in admin tasks such as referral and record systems.	Ethical issues: who is accountable if AI makes an error?
Wearables allow continuous remote monitoring and earlier interventions.	Risk of depersonalising care; not all patients are comfortable with tech use.
Babylon Health trialled AI consultations to improve GP access and reduce backlogs.	Bias in AI datasets can disadvantage certain populations if not properly tested.

## Insider Tip

You can also bring up AI and MedTech in questions about NHS funding, patient safety, or equality. For example, discussing the digital divide shows awareness that not all patients can access tech equally — a strong way to demonstrate insight into justice and accessibility.

# Model Example

## Question

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

## Model Answer Summary

AI has the potential to make the NHS more efficient by supporting doctors rather than replacing them. For example, AI can help triage patients, speed up imaging, and automate admin work, freeing time for clinicians to focus on patient care.

Wearables can also allow continuous health monitoring, helping detect illness early and reduce unnecessary admissions.

However, there are concerns about data security, accountability, and reliability — especially after recent NHS data leaks and IT failures.

Overall, I think AI can bring major benefits if used responsibly, with strong regulation and human oversight.

## Why **this** answer works

- Demonstrates **understanding of current NHS challenges** and how tech may address them.
- Includes **real examples** and shows you're **aware of evolving trends**.
- Balances optimism with caution — showing evaluative, realistic reasoning.

# Hot Topics (Dentistry)



# NHS Dental Contract & UDA System

## Summary

The NHS dental contract uses Units of Dental Activity (UDAs) to quantify and pay for dental work, with bands reflecting treatment complexity. Reforms in 2022 introduced enhanced UDAs to reward complex care and preventive management. Understanding the system is essential for balancing patient care, practice management, and professional responsibilities.

## Why it matters

This topic shows your understanding of how NHS funding models influence **patient care, practice decisions, and financial management**.

- Interviewers want candidates who can critically evaluate how contract structures affect clinical priorities.
- Helps demonstrate awareness of differences between **NHS and private practice**, showing insight into professional responsibilities, extremely relevant as the NHS switches to a more hybrid healthcare system.
- Can be linked into ethics, equity, and workforce pressures in interview discussions.

Pros / Advantages	Cons / Challenges
Clear structure allows predictable planning and auditing for practices.	UDAs may prioritise quantity over complex or preventive care.
Enhanced UDAs reward more complex treatments, encouraging comprehensive care.	Contract pressures can cause dentist dissatisfaction and workforce retention issues.
Exemptions for vulnerable groups (children, pregnant women, benefit claimants) support equity (link to NHS pillar of Justice).	Limited flexibility may restrict innovation or holistic approaches.
Encourages practices to meet activity targets efficiently.	Patients may experience difficulty accessing complex treatments or long waits.
Standardisation simplifies payment and reporting.	Reform implementation is gradual, limiting immediate improvements.

## Current Developments (2025)

- **Enhanced UDAs** (2022 reform): Recognises cost and complexity of more advanced treatments.
- **Contract pilots** are exploring incentives for preventive care and improved patient outcomes.
- Digital dentistry and workflow improvements are being trialled to increase efficiency and reduce administrative burdens.

# Model Example

## Question

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

## Model Answer Summary

The NHS dental contract uses UDAs, with recent reforms introducing enhanced UDAs to reward complex care. This affects patient access, clinical decision-making, and practice finances. Vulnerable groups receive free care, promoting equity. While the system supports standardisation and predictable payments, challenges include workforce dissatisfaction and limited flexibility for complex or preventive treatments.

## Why **this** answer works

- Shows understanding of **policy, funding, and clinical impact**.
- Clearly balances **advantages and challenges**, demonstrating evaluative thinking.
- Links knowledge to **professional responsibilities and equity**, making it relevant to interview discussions.

# Dental Caries, Gingivitis, Periodontitis, Oral Cancer

## Summary

Common dental conditions include dental caries and gum disease (gingivitis → periodontitis), which are largely preventable. Oral cancer, though less common, requires early detection for successful treatment. Dentists play a key role in prevention, systemic health monitoring, and patient education.

## Why it matters

This topic tests understanding of prevention, early detection, and the dentist's role in systemic health.

- Interviewers want candidates who appreciate how dental issues link to overall health, e.g., **gum disease ↔ diabetes**.
- You may be asked to discuss the progression of gum disease and explain the extend of gum disease in an image of a patient's mouth (using basic Universal Numbering System)
- Shows ability to discuss **risk factors, lifestyle influences, and patient education**.
- Can be tied into public health, preventive care, and ethical responsibilities.

Advantages / Key Points	Challenges / Concerns
Most dental diseases (caries, gingivitis, periodontitis) are preventable with good oral hygiene and education.	Non-preventable factors such as genetics or viral causes (HPV for oral cancer) remain challenging.
Dentists can detect systemic conditions early (e.g., referring patients with undiagnosed diabetes).	Late detection of oral cancer significantly worsens outcomes; relies on regular attendance.
Early intervention reduces long-term costs, improves outcomes, and maintains quality of life.	High prevalence of preventable risk factors (smoking, poor diet) limits impact if public awareness is low.
Oral cancer screening at routine check-ups supports early diagnosis.	Patient compliance, socioeconomic factors, and access to care may limit effectiveness of preventive strategies.
Emphasises the dentist's role in <b>overall patient health</b> , not just teeth.	Oral systemic links are complex; requires coordination with other healthcare professionals.

## Current Developments (2025)

- Focus on **HPV vaccination programs** to reduce oral cancer risk.
- Increasing use of **digital screening tools** and AI-assisted detection in routine check-ups.
- Greater emphasis on **integrated care** linking dental findings to primary care and chronic disease management.

# Model Example

## Question

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

## Model Answer Summary

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

## Why **this** answer works

- Links **oral health to systemic health**, showing broader clinical understanding.
- Includes **prevention, screening, and referral pathways**, demonstrating realistic professional insight.
- Balances **common vs serious conditions**, showing evaluative reasoning without overcomplicating the explanation.

# Water Fluoridation Debate

## Summary

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, it raises ethical questions around autonomy, consent, and whether mass fluoridation should be universal or targeted.

## Why it matters

This topic shows understanding of **preventive dentistry and public health ethics**.

- Interviewers assess whether you can evaluate **population-level interventions versus individual choice**.
- Demonstrates awareness of **health inequalities**, cost-effectiveness, and risk-benefit reasoning.
- Provides an opportunity to discuss **how ethical considerations influence public health policy**.
- Many universities will ask about this directly in a station, so make sure you understand it fully.

For Water Fluoridation	Against Water Fluoridation
Reduces tooth decay: children in fluoridated areas are 28% less likely to have cavities.	Ethical concern: people cannot opt out (autonomy), raising debate about mass medication.
Strengthens enamel and promotes remineralisation.	Dental fluorosis risk in children if fluoride levels are not properly managed.
Cost-effective: every £1 spent saves £22 in treatment costs (Public Health England).	Only ~10% of the UK currently benefits; some argue it should target high-need areas.
Reduces hospital admissions for extractions in children (45% fewer).	Public mistrust due to misinformation online may undermine programme effectiveness.
Supported by BDA, WHO, and Medical Research Council (2002): "No evidence of serious health risks."	Some argue that individual responsibility for oral health should remain the focus.

## Current Developments (2025)

- Fluoridation schemes are being **expanded or 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.

## Insider Tip

You can bring this up in interviews when discussing **public health, preventive care, or health inequalities**. Highlighting the balance between **population benefit and individual autonomy** is a high level skill and shows critical thinking. Mentioning cost-effectiveness and monitoring shows practical understanding, while talking about public trust or misinformation adds depth.

# Model Example

## Question

"Should water fluoridation be implemented across the UK?"

## Model Answer Summary

Evidence shows fluoridation reduces tooth decay and is highly cost-effective. It benefits children and low-income populations, helping reduce oral health inequalities. However, there are ethical concerns about autonomy and a small risk of dental fluorosis if not carefully monitored. Overall, I would support fluoridation **if implemented transparently**, with clear public consultation, monitored fluoride levels, and public education to address misinformation.

## Why **this** answer works

- Provides **balanced, evidence-based** (vital in Medicine/Dentistry) reasoning with statistics and key benefits.
- Addresses **ethical considerations** and demonstrates awareness of public health principles.
- Shows **critical evaluation** and practical understanding of implementation challenges.
- Still finishes with a personal opinion, which is crucial. Many students will just explain both sides without taking a stance, which doesn't fully answer the question.

# Sugar Tax & Energy Drink Ban

## Summary

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. Both aim to improve public health and prevent lifestyle-related disease.

## Why it matters

This topic tests understanding of **public health interventions and preventive care**.

- Interviewers look for the ability to **evaluate policy effectiveness versus individual autonomy**.
- Shows awareness of **socioeconomic implications, NHS pressures, and health promotion strategies**.
- Can be tied into **ethical discussions and preventive medicine**, particularly when discussing childhood obesity or NHS cost reduction.
- Can be a good example to bring up when talking about Public Health initiatives and questions about NHS values.

Pros / Advantages	Cons / Challenges
Evidence from Mexico (2014) shows a 12% fall in sugary drink purchases after tax, reducing sugar intake.	Restricts autonomy; government mandates behaviour rather than educating consumers.
Reduces NHS spending on obesity-related conditions, including dental decay (£3.4bn/year).	Obesity is multifactorial; sugar tax alone may have limited impact.
Drives consumers toward healthier alternatives and promotes better lifestyle choices.	Type 1 diabetics may need sugary drinks to manage hypoglycaemic episodes.
Generates revenue that can fund sports programmes, PE equipment, or health initiatives in schools.	Low-income households may be disproportionately affected (regressive financial impact).
Supports preventive strategies targeting children, reducing long-term health costs.	Industry circumvention or cross-border purchases can undermine effectiveness.

## Current Developments (2025)

- Expansion of sugar taxes to other products (such as foods high in fats) to tackle childhood and adult obesity.
- Energy drink bans for under-18s being enforced, including online sales.
- Ongoing evaluation of policy effectiveness on **consumption, obesity prevalence, and NHS cost savings**.

## Insider Tips

- Can be used to discuss **prevention vs treatment**, showing you understand how public health measures like the sugar tax focus on preventing disease rather than just treating it.
- Links to **NHS Medical Pillars of Ethics**, e.g., beneficence, justice, and autonomy, showing you can apply ethical reasoning to real-world policies.
- Works as an example of an **NHS Public Health initiative**, demonstrating awareness of current policies and their impact on population health.

# Model Example

## Question

"Do you think the sugar tax and energy drink ban are effective public health measures?"

## Model Answer Summary

The sugar tax and energy drink bans aim to reduce obesity, type 2 diabetes, and dental problems, supporting the NHS sustainability plan. Evidence from Mexico suggests sugar taxes reduce consumption and generate revenue for health programmes. Working alongside the energy drink ban, it helps protect children from high sugar and caffeine intake. However, like with all proposals there are challenges which include compliance, low impact on multifactorial obesity, autonomy concerns, and disproportionate effects on low-income families. Overall, these measures are effective when combined with education and broader lifestyle initiatives, but can be refined to have an even greater impact.

## Why **this** answer works

- Integrates **real-world evidence and high-yield NHS cost statistics**.
- Demonstrates **balanced evaluation**, including ethical, financial, and public health perspectives.
- Links policies to **prevention, health inequalities, and NHS resource management**, showing practical insight for interviews.



# Amalgam vs Composite Debate

## Summary

Amalgam and composite are common dental restorative materials. Amalgam is durable and cost-effective, while composites are more aesthetic and mercury-free. Dentists must weigh **longevity, patient preference, environmental impact, and cost** when choosing materials, reflecting both clinical and ethical considerations.

## Why it matters

This topic tests understanding of **material science, patient-centred care, and ethical decision-making**.

- Interviewers assess whether candidates can evaluate **trade-offs between clinical outcomes, aesthetics, and environmental considerations**.
- Useful for discussions on **informed consent, patient autonomy, and preventive dentistry**.

Can also be tied into **NHS pressures and cost-effectiveness debates**.

Amalgam	Composite
Very durable; lasts 10–15+ years in posterior teeth.	Aesthetic; matches natural tooth colour, preferred in visible areas.
Cost-effective; cheaper than composite.	Less durable; may require replacement sooner, particularly in posterior teeth.
Resistant to moisture and technique errors during placement.	Technique-sensitive; requires dry field and precise layering.
Less technique-sensitive; easier to place quickly.	More expensive; adds to practice costs and patient charges in some contexts.
Mercury content poses <b>environmental concerns</b> (Minamata Convention) and some patient apprehension.	Mercury-free; environmentally safer.
Minimal preparation needed; good for high-caries-risk patients.	May require more removal of tooth structure in some cases.

## Current Developments (2025)

- **Phasing down of amalgam** in line with global agreements due to environmental and health concerns.
- Advances in composite materials improving **durability, wear resistance, and bonding strength**.
- NHS guidance increasingly supports **patient-informed choice** and use of composite in anterior teeth.

# Model Example

## Question

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

## Model Answer Summary

I would consider patient preference, tooth location, longevity, cost, and environmental impact. Both Amalgam and Composite have their own pros and cons, and their individual use cases. Amalgam is durable, cost-effective, and easier to place, making it suitable for posterior teeth in high-caries-risk patients. Composite is aesthetic and mercury-free, preferable for anterior teeth. I would explain the advantages and limitations of each option, allowing the patient to make an informed decision, whilst also giving my own clinical insight based on the patient's individual situation, as no two patients are the same.

## Why **this** answer works

- Demonstrates **knowledge of dental materials, practical decision-making, and patient-centred care**.
- Balances **clinical, ethical, and environmental considerations**, showing holistic reasoning.
- Shows **ability to communicate clearly** with patients while integrating NHS and professional guidance.
- Appreciates that **each patient is unique**, and that no two patients' needs or preferences are exactly the same.

# Miscellaneous Stations

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# Personal Statement Station

## Aim

Test your motivation, **consistency** with what you said, depth of reflection on your experiences, and fit between your story & medicine/dentistry.

## Typical Format

Examiner reads your personal statement and asks questions to test sincerity, detail & learning.

## What to show

Specific examples, learning from experience, **honesty** about setbacks, and clear link to course values (teamwork, resilience, patient focus).

## Example Prompt

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

## Guided Approach

- Choose a scenario that **reinforces** your personal statement - for example, if you spoke about empathy in it, pick a scenario where you had to express empathy.
- Do not get caught up on accuracy of story details - interviewers are not going to fact check your story. Keep the flow focused on the relevant concept, like empathy from the previous point. That is to say, **do not fabricate insincerely**, just don't worry about a missed detail here and there; the goal is to impress.
- Example of flow: this is a perfect opportunity to use **STARR**
- Situation - a care home patient who has just divulged to you how they're struggling mentally and battling loneliness.
- Task - talk about the importance of providing a kind ear and involving the correct people in a scenario like this.
- Action - relate the above to what you actually did; e.g. you took 10 minutes of your time to sit down and console them, providing sensitive advice.
- Result - summarise the outcome; e.g. patient cheered up, and you suggested they bring this up to their mental health supportive worker at the care home.
- Reflection - most important part as this addresses the latter half of the interviewer's question. Speak about how this taught you that working in healthcare, whatever rung of the ladder you're on, means you're placed in situations where you must handle various patient needs professionally and kindly,

## Mark Scheme (10 marks)

- Relevance & specificity — 3 (marks given for keeping the story focused on the prompt)
- Insight/reflection — 3 (marks given for you showing how much you learnt from the scenario)
- Link to medicine/dentistry — 2 (marks given for relating this to the day-to-day work of a doctor)
- Communication & structure — 2 (marks given for keeping your flow smooth and speaking clearly, both verbally and with body language)

## Insider Tip

The personal statement station is one that scares many applicants, as they worry they will get grilled on something they've written amidst the stress of early Y13.

However, this station is in reality giving you the upper hand, as your personal statement will definitely have points of interest which you can **manipulate** to show how consistent and reflective you are, with minimal effort.

Simply showing enthusiasm and well-rounded knowledge around your work experience tells an interviewer that the work experience paragraph in your personal statement was written **genuinely** - easy way to impress!

# Prioritisation Station

## Aim

Test your time-management skills, ethical prioritisation and ability to explain trade-offs under pressure.

## Typical Format

List of 6–8 tasks to order & justify. Could be related to the life of a medical student, or may just be picking 3 items from a list of 10 if you were stuck on an island – the possibilities are vast!

## Example Prompt

You are a 1st-year medical student on hospital placement. It's 5 p.m., and you must leave the ward by 6 p.m. 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 & needs final edits.
3. A close friend has texted saying they are very upset & want to talk.
4. You promised to call your younger sibling before their exam tomorrow.
5. You realise you haven't eaten all day.
6. You need to sign off two skills in your logbook that the nurse is available to verify only now.

## Insider Tip

During the time you're given to prepare for this station, spend the majority of it thinking about **how** you'll justify your choice of order.

Too many applicants get caught up on nitpicking and perfecting the actual order, and stumble upon their words when it comes to the reasoning; the reasoning is the part getting **all the marks**, so focus on it

## Example order (not a definitive right answer) with justification

1. **Eat a quick snack** - you take precedence as you cannot help anyone without feeling well. Patient safety is important, but do not let anything impair this like hunger.
2. **Clerk the new patient, or see if someone else is able to help out** - patient care is nearly always number 1, and preferably you clerk the patient yourself. However if your list of tasks is too much, it can be okay to seek help, as long as the patient isn't compromised.
3. **Text your close friend** - see what it's about and assess how sad they are. If the situation is dire, see if you can take a 10 minute recess to call them and console them. Depending on the situation, see if you can explain that you're occupied with placement, but you're still there for them and will give them a call in an hour or so.
4. **Get your logbook finished** - your time at placement is valuable, and as a medical student it's your responsibility to get your logbook skills finished.
5. **Calling your sibling + project edits** - these could both be done once your placement is finished without any likely consequences.

## Mark Scheme (10 marks)

- Safety/ethical reasoning (marks given for putting important, safety related tasks first is one of the most valuable skills a doctor needs, so focus your response on the most urgent tasks and explain them) — 3
- Practical/logical prioritisation (marks given for addressing each point from an objective lens and clear justification that is easy to follow) — 3
- Justification quality (as long as your justifications are clear and you do not choose objectively wrong orders, your quality will be rewarded) — 2
- Communication & time awareness (marks given for keeping your flow smooth and speaking clearly, both verbally and with body language) — 2

# Newspaper Article Station

## Aim

Assess ability to quickly extract argument, evaluate evidence, discuss implications and maintain structure. Can be a flashback to VR in UCAT!

## Typical Format

~2 minutes silent reading, then structured discussion (summary → strengths/weaknesses → implications → personal view).

## Example Prompts

"New antibiotic stewardship policy", (1) "AI triage app for GP", (2) "Sugar tax impact on dental decay". (3)

## Model short answer framework if you're just asked to talk (2)

- 20–30s summary: give the core of the article itself, also worth mentioning the tone of the article - does it support AI in healthcare, or is it sceptical? Being able to identify the tone shows your extensive comprehension to the interviewer.
- Strengths + Weaknesses - e.g. a strength being it frees up clinicians for other tasks, a weakness being it still requires a doctor to sign off its decisions, so could cause an admin overflow.
- Personal view: you may agree with its use, but offer practical ways to overcome its setbacks.

More likely, you'll be asked questions that are more **specific** about the article, and follow up questions will continue in the same vein

## Insider Tip:

When preparing, focus more on criticising or concurring with the article, **instead of just summarising**. The summary isn't as important as your ability to show you can provide an intellectual angle to the topic at hand.

## Mark Scheme (10 marks)

- Accurate summary (marks given for not misquoting, and providing relevant points from article) - 2
- Critiquing skills (marks given for being able to logically provide an argument with evidence) — 3
- Practical implications & consequences (marks given for talking about the negatives, as they must be addressed. Cannot pretend that AI is fully perfect) — 3
- Clarity & brevity (marks given for keeping your flow smooth and speaking clearly, both verbally and with body language) — 2

# Feedback / Video GP or Patient Consultation

## Aim

Show you're able to identify communication strengths/weaknesses, clinical reasoning, and ability to give constructive feedback to (future) colleagues.

## Typical Format

Watch short clip of consultation → comment on patient concerns, clinician's skills, and give 2–3 improvements.

## What to look for

**Empathy** (big favourite for examiners), open questions, shared decision making, non-verbal cues (another favourite)

## Example to spot:

"The GP used lots of closed questions and interrupted the patient."

## Model Response format:

Praise structure and accuracy; critique interruption & missed emotional cues; suggest open questions, summarising, safety-netting

## Insider Tip:

These stations become especially easy once you've had some practice, as the points you'll be raising will all essentially be recycled. Make sure to lay aside some time to watch a few YouTube clips breaking this station down **with examples analysed**. Once you get a feel for what to look out for, it will come naturally whenever you try it.

## Mark Scheme (10 marks)

- Observation accuracy (bread and butter of the response, marks given for not misidentifying anything that happened) — 3
- Insight into communication principles (marks given for focusing on communication skills - a very important part of any consultation) — 3
- Practical, specific improvements (marks given for ability to give constructive feedback) — 2
- Professional tone in feedback (since you're giving constructive feedback, part of this is showing you can approach criticism kindly and professionally) — 2

# Written Tasks (Reflection/Ethical Writing)

## Aim

Test your written clarity, ethical reasoning, and reflective insight (often timed).

## Typical Format

Solo writing for 5-20 minutes with a prompt.

## Example

Short reflective piece ("Describe a time you failed & what you learned") or ethics essay ("Should cosmetic dentistry be NHS-funded?").

Note that some universities require a **longer written piece** (perhaps like the latter example given) to be written a few days before interview, giving you time.

## Insider Tip:

You get to put in a high wordcount - use this opportunity to focus the bulk of your response on **key ideas** and **buzzwords** that universities like to hear - like empathy, the 4 ethical pillars, and the like.

## Mark Scheme (15 marks)

- Structure & clarity (marks given for a good read that is easy to follow and focused) — 5
- Depth of reflection/ethical reasoning (each point you address must be expanded on extensively) — 4
- Relevance to medicine/dentistry (each point you mention must link to the role of a doctor or dentist) — 4
- Grammar & coherence — 2

# Manual Dexterity - Dentistry

## Aim

Assess fine motor skills, spatial awareness and approach to a hands-on task.

## Typical Format

Timed practical, could be long or short (e.g. 5 or 15 minutes)

## What matters:

Technique, calmness under pressure, efficiency over speed, following instructions.

## Examples:

Wire bending, knot tying, mirror-vision drawing (applicable to dentistry)



# Group Tasks

## Aim:

For examiner to observe teamwork, leadership and adaptability under time pressure.

## Typical Format:

Group given a problem, assessors circulate and score behaviour.

## Roles to consider:

Facilitator, timekeeper, person working on section x, another on section y, etc. — rotate naturally; don't dominate but contribute.

## Behaviours that score well:

**Invite quieter members in** (an easy popular one with examiners) summarise progress, propose practical next steps, show emotional intelligence.

## Example:

The possibilities are large, but some inspiration for your own practice could be... prioritise policies, build a presentation, role play patient-doctor interactions.

## Mark Scheme (10 marks)

- Contribution quality (ensure you aren't silent, and that your contributions are actually relevant to the task) — 3
- Team facilitation & listening (marks given for not only letting others contribute, but actively encouraging them to) — 3
- Leadership & decision support (marks given for taking a leading approach) — 2
- Respect & professionalism — 2

## Insider Tip:

Try to engage and establish yourself early on, when others are still warming up to the awkwardness. Once you've shown you're well focused, you can comfortably take a step back and begin helping others engage to further show off your team working skills!

# Data Analysis / Poster Presentation

## Aim:

Rapid critical appraisal of data, clarity of interpretation, ability to present conclusions and limitations.

## Typical Format:

Short poster or table given → 3-8 minutes to review → questions from examiner.

## What to do:

State main finding(s), note bias/confounders, identify patterns, suggest next steps or answer probing questions.

## Note:

Note: this is a popular type of station for **Oxbridge** interviews, as they like to focus on your actual knowledge.

## Example mini-task:

You are given a small table showing vaccination rates for MMR in five local clinics over the past year:

## Task:

**In 5 minutes, 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.

## Mark Scheme (10 marks)

- Correct interpretation of main result — 3
- Method critique (marks given for raising this point with evidence/explanation) — 3
- Practical implications/suggestions (marks given for being able to find weaknesses and solve them) — 2
- Communication/presentation clarity — 2

# Post-Interview

## How decisions are made

- Admissions panels combine interview scores with academic data, UCAT, references & contextual information.
- Schools weight interviewers' notes differently; some use strict cut-offs, others holistic judgement.
- Offers may be unconditional (rare unless applying after a gap year with your grades already received) or **conditional** on grades, DBS checks, fitness-to-practise, or health clearance.

## Common post-interview timelines

- Please bear in mind this is a general pattern that universities are not obliged to follow.
- November to January/February: typical period for when interview invites are circulate.
- February to March/April: typical period for when interviews are held.
- March to May: typical period for when offers are distributed.

## How to reflect on performance

- Use a structured reflection: What went well? What surprised you? What will I change next time?
- Keep concise notes while memory is fresh (most important thing to do especially if suspecting a failed interview) — useful for future interviews or reapplications.
- Don't assume a catastrophe: The beauty of MMIs is 1 station does not ruin a whole application if other elements are strong.

## Reapplying or preparing for offers

- If unsuccessful: analyse feedback (if given by uni), improve targeted areas, and maintain reflective notes.
- If conditional offer: prepare for required exams, DBS/health checks (extremely important); consider open days or connecting with current student

# Your Next Steps

1

**Utilise our free webinars!** We're here for you, more than anything

2

## Interview Season:

- **Research** interview questions and hot topics
- Make a **list** of things you've done and reflections; your **personal statement** should help with this!
- **Practice** as much as possible!
- Attend **Mock MMIs** and utilise the resources around you. We have you covered for that!

3

A-Level season! Utilise our **Medentors Academy** and our free resources. We're here should you need that extra support or tutoring!



**Results Day:** we'll be here to congratulate you when you've entered your dream university!