

Medicine interview questions and answers: free PDF

Four original stations, one for each core skill: ethics, role play, data and why medicine. Each has the task, what a strong answer covers, a first try and a better answer with what changed. Download it or print it; no email needed.

Station 1 · Ethics and confidentiality

Overheard in the lift

You are a sixth-form student on a week of hospital work experience.

In a busy hospital lift, you hear two members of staff talking about a patient on the ward you are visiting. They use her full name and mention her diagnosis. Visitors are standing next to you. What would you do, and why?

2 minutes to plan, 6 minutes to answer.

What a strong answer covers

- ☐ **Sees the privacy risk.** Explains that the patient can be identified from her name and diagnosis, that strangers heard it, and that patients need to trust staff with private information.
- ☐ **Acts within your role.** Chooses a discreet, proportionate response, such as a quiet word or saying nothing in the lift and raising it afterwards, and knows the limits of a work-experience student.
- ☐ **Knows when to raise it.** Tells their supervisor or work-experience lead factually and privately. If dismissed while the concern remains unresolved, seeks help from the work-experience coordinator.
- ☐ **Reflects and prevents.** Draws a practical lesson for their own conduct, such as never discussing patients in public, and allows that the staff may not have realised.

A first try

I would tell them straight away that they shouldn't be talking about a patient in a lift, because it breaks confidentiality. Confidentiality is really important in medicine and doctors have to follow GMC guidance on it. Then I would report them.

A better answer

The patient could be identified from her name and her diagnosis, and visitors heard both, so her privacy has already been breached; patients only tell us things because they trust they stay private. Challenging the staff loudly in a full lift would repeat her details to more people, so I would not do that. As a student on work experience, I would either say something quiet and polite if the moment allowed, or say nothing in the lift and tell my supervisor afterwards, factually: what I heard, where and when. It is possible they did not realise they could be overheard. For myself, I would take a simple rule from it: never discuss a patient anywhere I could be overheard.

- **Sees the privacy risk.** Says why it matters for this patient: she can be identified, and strangers heard it.
- **Acts within your role.** Chooses a discreet action that a work-experience student can take, and explains why a public challenge would make it worse.
- **Knows when to raise it.** "Report them" becomes telling a named person, the supervisor, with the facts.
- **Reflects and prevents.** Allows that the staff may not have realised, and ends with a lesson for the student's own conduct.

Ninety minutes late

You are a volunteer helping at an outpatient clinic.

Mr Clarke has been waiting 90 minutes past his appointment time. He comes to the desk, clearly angry. Speak to him.

Mr Clarke: "I've been sitting here for an hour and a half. Nobody's told me anything. I've had to take the day off work for this. It's ridiculous."

2 minutes to plan, 8 minutes to answer.

What a strong answer covers

- ☐ **Acknowledges his frustration.** Introduces themselves, acknowledges his frustration without being defensive and apologises for the wait.
- ☐ **Responds to what he says.** Asks what matters most to him and changes course when he mentions feeling dizzy and not eating.
- ☐ **Stays honest.** Does not invent a waiting time or promise to move him up the list; offers to find out.
- ☐ **Gets the right help.** Tells a nurse or clinic staff about the dizziness promptly, helps him sit down, and checks with staff before offering food or drink in case he needs an empty stomach.

A first try

I'm really sorry for the wait, it's very busy today. The doctors are doing their best. It shouldn't be much longer, maybe another twenty minutes, so if you could just take a seat that would be great.

A better answer

I'm sorry you've been kept waiting so long, especially when you've taken the day off for this; I'd be frustrated too. I'm a volunteer here, so I can't see the clinic list myself, but I can find out what's happening and come straight back to you. Before I go, how are you feeling? You've been here a while. [He says he feels dizzy and hasn't eaten since last night.] Thank you for telling me. Let's get you sitting down. I'm going to let a nurse know right now so someone can check on you, and I'll ask whether it's all right for you to eat or drink before your appointment, in case you need to have an empty stomach for anything.

- **Acknowledges his frustration.** Names what he is upset about, the wait and the day off, instead of a stock apology.
- **Stays honest.** Drops the guessed twenty minutes and offers to find out, within a volunteer's role.
- **Responds to what he says.** Asks how he is, which is how the dizziness comes out, and then puts it first.
- **Gets the right help.** Tells a nurse at once and checks before offering food, in case he needs to fast.

Halves the risk?

You are explaining a result to an interviewer.

A headline says: "New tablet halves heart attack risk." Using the table, explain what the tablet actually did, in words a patient would understand.

Five-year trial of a new tablet (fictional teaching data)

Group	People	Had a heart attack within 5 years
Dummy tablet	1,000	40
New tablet	1,000	20

2 minutes to plan, 6 minutes to answer.

What a strong answer covers

- ☐ **Gets the numbers right.** 40 in 1,000 is 4% and 20 in 1,000 is 2%: a 2 percentage-point absolute drop and a 50% relative drop. About 50 people take it for 5 years to prevent one heart attack.
- ☐ **Explains baseline and time.** Says the relative figure depends on the starting risk, and names the group and the 5-year period.
- ☐ **Considers the trial's limits.** Asks about side effects, who was in the trial, its size and length, and cost, before trusting the headline.
- ☐ **Explains without exaggerating.** Puts it plainly, for example: out of 100 people like those in the trial, about 2 fewer had a heart attack over 5 years, and most would not have had one anyway.

A first try

The new tablet halves your risk of a heart attack, from 40 down to 20, so it works really well and people at risk should take it.

A better answer

In the trial, 40 of 1,000 people on the dummy tablet had a heart attack within five years, which is 4%, and 20 of 1,000 on the new tablet did, which is 2%. So the headline is right that the risk halved: that is the relative drop. But the absolute drop is 2 percentage points: out of every 100 people like those in the trial, about 2 fewer had a heart attack over five years, and most would not have had one either way. Put another way, about 50 people take the tablet for five years to prevent one heart attack. Before recommending it, I would want to know the side effects and cost, who was in the trial, and whether it was properly randomised.

- **Gets the numbers right.** Turns 40 and 20 into 4% and 2% of 1,000 people.
- **Explains baseline and time.** Separates the relative drop (half) from the absolute drop (2 percentage points over five years).
- **Explains without exaggerating.** Puts it in patient terms, 2 fewer in 100 and about 50 treated to prevent one, instead of repeating "halves".
- **Considers the trial's limits.** Ends on what you would check before recommending it, instead of "people should take it".

Why medicine?

You are being interviewed.

Why do you want to study medicine? Use one real experience to show it. (Keep any people you mention anonymous.)

2 minutes to plan, 6 minutes to answer.

What a strong answer covers

- ☐ **Uses real, specific evidence.** Uses one concrete experience, saying what they did or saw, rather than general statements.
- ☐ **Links it to what doctors do.** Links the experience to specific aspects of medical training and work, such as scientific reasoning, uncertainty, shared decisions and teamwork, without claiming these belong only to doctors.
- ☐ **Knows the hard parts.** Names a real challenge (long training, uncertainty, workload, breaking bad news, emotional toll) and how they would cope.
- ☐ **Shows how the view developed.** Explains how their understanding changed, what they learned and the limits of the experience. Ordinary experiences and different defensible reasons count; template phrases alone do not.

A first try

I have always wanted to help people, and I love science, so medicine is the perfect career for me. Doctors make such a difference to people's lives, and I find the human body fascinating.

A better answer

Example only: use your own experience. On a week of work experience on a respiratory ward, I watched a registrar explain to an older patient why her breathlessness was not yet explained and what the next test would rule out. What stayed with me was that the doctor was responsible for the decision about what to do while the answer was still uncertain, and had to say so honestly. I respect how much the nurses did for the same patient; what draws me to medicine specifically is that diagnostic responsibility, and applying science to one person at a time. I know uncertainty is also one of the hardest parts of the job, and I would want to learn from senior colleagues how they manage it. Before that week I thought of medicine mostly as knowing the answers; now I see a large part of it as making careful decisions without them.

- **Uses real, specific evidence.** One ordinary, anonymous moment, told briefly, in place of "I have always wanted to help people".
- **Links it to what doctors do.** Names the part of the job that appeals, responsibility for decisions under uncertainty, and why it is a doctor's role, with respect for nurses.
- **Knows the hard parts.** Names a real challenge and how the student would get support with it.
- **Shows how the view developed.** Ends on what changed in the student's understanding.

Practise next

Run these four stations against the clock, free: unigenius.co.uk/medicine-interviews/circuits

Every station, with feedback on your answer: unigenius.co.uk/medicine-interviews/rehearsal

Original practice material. Interviewers at each medical school use their own marking; nothing here is an examiner's score.

How to use the pack

- 1 Answer first**
Cover the answers. Plan for the time given, then say your answer out loud.
 - 2 Compare**
Read the first try and the better answer. Tick the points your own answer covered.
 - 3 Say it again**
Answer once more, timed, in the free circuit. Most of the gain is in the second attempt.
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