Medentia Free Resource

10 Most-Asked MMI Questions + How to Answer Them

Made by Haroon (owner of Medentia) — 89.5/100 in my medicine interview | 98% offer rate across tutored students, 2026 cycle

These are the questions that come up again and again across medicine and dentistry interviews. For each one, the structure matters more than memorising a perfect answer — interviewers want to see how you think, not a rehearsed speech. Use this as a guide, not a script. The moment an interviewer hears something that sounds rehearsed, it works against you and could cost you an offer. It's completely free and I hope everyone benefits, I would have loved something like this when practicing for my own interviews !

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1. "Why do you want to study medicine/dentistry?" *(Most commonly asked first — get this one right)*

Don't lead with "I've always wanted to help people" or "I've been interested in healthcare from a young age." Every single applicant says some version of that, and interviewers have heard it hundreds of times. You need to be specific, and you need to be you.

Structure: A specific moment or personal experience that shifted your thinking (personal experiences work best here because they're unique to you) → what that made you do next (work experience, shadowing, reading) → what you actually learned about the reality of the job → why that reality still appeals to you, even knowing the difficult parts.

The mistake applicants make here is being vague. An interviewer who has asked this question to hundreds of people can spot a memorised or generic answer immediately. Instead of memorising an answer, memorise the key points you want to hit and expand on them naturally in the moment using your own words. Every point you make should have a "why this appealed to me specifically" attached to it — that's what separates a strong answer from a forgettable one.

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2. "Tell me about a time you worked in a team."

Use a real example. It does not have to be medically related — a sports team, a school project, a work situation, anything counts. What matters is that you're specific about your role and the skills involved, not just that you were part of a team. Don't just focus on your individual contribution — talk about how everyone cooperated together, what that looked like in practice, and why it mattered to the outcome.

Structure: What the team was trying to achieve and what skills the team showed → what your specific role was → a moment where something went wrong or got difficult → how you responded → what the outcome was → what you'd do differently now.

The biggest mistake here is giving a generic answer that could apply to anyone. You need to name the specific skills you brought to that team — communication, listening to others' perspectives, managing disagreement, staying calm under pressure — and explain exactly how those skills made a difference in that situation. Linking the answer to medicine or dentistry is not essential but will strengthen your answer if done naturally. Don't force the link — interviewers notice when it feels shoehorned in.

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3. "What did you learn from your work experience?"

Interviewers ask this to find out whether you actually reflected on your placement or just ticked a box on your application. Reflecting properly on your work experience is something I'd strongly recommend doing straight after each placement — write down what you observed, what surprised you, and what questions it raised. Those notes will be invaluable when you're sitting in front of an interviewer months later.

Structure: One specific thing you observed (a consultation, a procedure, a difficult conversation) → what surprised you about it → what it taught you about the doctor or dentist's role that you genuinely could not have learned from a textbook.

Avoid listing everything you did during your placement. One or two observations explored in real depth will always land better than a long list of things you saw but haven't thought about since. The key concept here is reflection — don't be too descriptive of the scenario itself. What did you think before, and how did this experience change your thinking? What did it reveal about the reality of the role that you weren't expecting? These are the questions you should be asking yourself and expanding on. Reflection is what separates a strong answer from a surface-level one.

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4. "Give me an example of a time you dealt with conflict."

They are not looking for drama. They are looking for emotional maturity and self-awareness. Don't pick an example where you were clearly in the right and the other person was clearly wrong — that tells the interviewer nothing useful about you. Pick a scenario where there are genuinely differing opinions, and focus on how you navigated that calmly, carefully, and without letting your ego drive the situation.

Structure: Brief context → what the conflict was and why it arose → how you approached the other person → what you said or did → how it resolved → what you learned about yourself from it.

The key mistake people make here is being too emotional and spending too much time emphasising that they were right. The point of the question is to show the interviewer how you handle situations that don't go your way — so focus on the skills it took to de-escalate,

the way you communicated your viewpoint without dismissing the other person's, and what the whole experience taught you about yourself.

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5. "How do you handle stress or pressure?"

Be honest. Don't say "I thrive under pressure" with nothing behind it — interviewers see straight through that. Medicine and dentistry are genuinely demanding careers, and interviewers want to know you've actually thought about how you'll manage that long term. Think about the small things you do in your daily life that help you decompress and prevent burnout, and explain exactly why they work for you as an individual. This is one of the few questions where being personal really pays off — everyone has different ways of coping, so use this as an opportunity to show the interviewer something genuine and unique about yourself.

Structure: Acknowledge that stress is real and normal → give a genuine example of a high-pressure situation you've actually been in → explain what you did to manage it → link it to what you know about the demands of a career in medicine or dentistry.

Try not to spend too much time explaining the nature of stress itself — the question is assessing how you deal with it, not whether you understand what it is. Expand on why your coping strategies actually work for you, and how they've helped you grow as a person over time. If you can give an example of how handling one stressful situation better prepared you for a harder one down the line, use it. It shows an interviewer you're thinking long term, not just in the moment — and that kind of answer genuinely stands out.

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6. "Tell me about a current issue in the NHS."

Pick one topic you genuinely know well rather than trying to cover five things you half-know. Depth beats breadth every time here. If you can speak about one issue properly — explaining the causes, the different perspectives, and your own view — that's far stronger than rattling through a list.

Topics worth knowing right now: NHS waiting lists and their causes, mental health service underfunding, GP shortages, AI in diagnostics, the dentistry access crisis.

Structure: What the issue is and why it matters → the different perspectives on it, not just one side → your own view, stated carefully and with reasoning behind it.

A pattern I see a lot is applicants only talking about what's wrong with the NHS — listing problem after problem without ever acknowledging what's actually being done about it. Interviewers don't want someone who just criticises; they want someone who can think in a balanced way. For every issue you raise, acknowledge the other side — how is the NHS or government attempting to address it, and is that working? At the same time, don't shy away from the reality of how these issues affect real patients, because that's what gives your answer weight. The strongest answers hold both things at once: honest about the problems, fair about the efforts being made.

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7. "What makes a good doctor/dentist?"

Don't just list adjectives. "Empathetic, hardworking, good communicator" tells an interviewer nothing — every applicant says exactly that, and it adds nothing to your answer. Pick two or three qualities and actually explain why each one matters in a real clinical setting. More importantly, back it up with something you've actually seen — a moment from your work experience or a personal experience where that quality was either clearly present or noticeably absent, and what effect it had on the patient or the situation.

Structure: Pick two or three qualities → explain why each one specifically matters in clinical practice → give a real example of where you've seen that quality in action → reflect on the effect it had and what it taught you.

What tends to let people down here is staying too surface level. Saying "a good doctor needs to be empathetic" without explaining what that looks like in practice is a wasted opportunity. If during your work experience you saw a doctor sit down with a clearly anxious patient, take their time, speak at their level and visibly calm them before even discussing treatment — that's empathy in action. Talk about that moment, talk about the effect it had on the patient, and reflect on why that interaction stayed with you. That kind of answer tells an interviewer far more about your understanding of the role than any list of adjectives ever could.

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8. "Describe a situation where you showed leadership."

It does not need to be a formal leadership role — a lot of applicants lose marks by thinking it does. A moment where you stepped up when nobody else did, took responsibility in a difficult situation, or guided a group through something challenging all count as leadership, and in many ways those examples are more impressive than simply holding a title.

Structure: The situation and why leadership was needed → what you specifically did (not just "I took charge" — the actual decision or action you made) → how others responded → what the outcome was → one thing you would do differently if it happened again.

A mistake I see constantly is applicants describing what happened without making themselves the active part of the story. The interviewer needs to hear what you did, what you said, and why you made that call — not just that things worked out in the end. Leadership in medicine isn't about being in charge — it's about responsibility, communication, and bringing people with you. If your example shows that you listened to others, adapted your approach, or supported someone who was struggling, make sure you say that. It shows a maturity that interviewers are specifically looking for.

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9. "How would you deal with an angry or upset patient?"

This question is testing your empathy and communication, not your clinical knowledge. The answer has nothing to do with what treatment you'd give — it's entirely about how you handle the human side of the situation. The most common mistake applicants make is jumping straight into problem-solving before the patient actually feels heard, and in real clinical practice that approach almost always makes things worse, not better.

Structure: Acknowledge their feelings before anything else → listen actively without interrupting → find out the root cause of what's upset them → explain clearly what you can and cannot do → follow up to make sure they feel the situation has been properly addressed.

What kills a good answer here is treating it like a protocol to recite. Interviewers can tell immediately when someone is listing steps without understanding why each one matters. The reason you acknowledge feelings first is because a patient who doesn't feel heard will not engage with anything you say after that — it's not just about being kind, it's clinically effective communication. If you have a moment from work experience or volunteering where you saw this done well or done poorly, use it. Reflecting on a real interaction will always land better than a theoretical answer, because it shows you've genuinely thought about this rather than just prepared for the question.

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10. "Where do you see yourself in ten years?"

They are not holding you to this answer, so don't panic about getting it wrong. What they are actually checking is whether you have a realistic understanding of what the career involves and the training pathway ahead — because a surprising number of applicants don't, and it shows immediately.

Structure: Show you understand the training timeline (foundation years, core training, then specialist or GP training) → mention an area you're genuinely curious about without over-committing to it → show real openness to where training and experience take you, rather than presenting a rigid plan.

Avoid saying you want to be a consultant in a specific specialty straight out of medical school — it signals you haven't actually looked into how the career works, which is not a good look when you're interviewing for a profession that takes over a decade of training to fully qualify in. The strongest answers here are honest — they show someone who has thought about the journey, has areas of genuine interest, but is humble enough to know that those interests will probably evolve once they're actually in clinical environments. That self-awareness is exactly what interviewers want to see, because it's exactly what makes a good doctor or dentist in practice.

If you found this resource useful and want to go into your interview feeling genuinely prepared, I offer 1-1 interview tutoring, group sessions, and mock interviews — all tailored to medicine and dentistry applicants.

Book a session or find out more at medentia.co.uk