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

Updated September 2026 for the 2027 entry interview season

These are the questions that come up again and again across UK medicine and dentistry interviews, in both MMI stations and panel interviews. For each one I've given you the structure I'd actually use, what the interviewer is really scoring you on, and the most common mistake I see students make.

Use this as a guide, not a script. The moment an interviewer hears something that sounds rehearsed, it works against you. Know the structure well enough that the words come out naturally, in your own voice, with your own examples.

> **Four rules that apply to every single answer**
>
> **1. Sound like you, not a template.** Interviewers hear hundreds of candidates. A memorised, generic answer is spotted instantly.
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> **2. Reflect, don't just describe.** Don't just say what happened. Say how it affected you and why it mattered, and do that all the way through, not only at the end.
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> **3. Eye contact and natural gestures.** On every question, not just the ones you feel confident about.
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> **4. Show real drive.** They want to see the grit to get through a long, demanding degree and career, not just a rehearsed motivation.

Applying for dentistry? Every structure below works exactly the same way. Swap "medicine" and "doctor" for "dentistry" and "dentist", and use your dental work experience as your examples.

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1. "Why do you want to study medicine?"

Almost always asked first, and it sets the tone for everything after it. Get this one right.

How to structure it

1. **The initial spark.** What first got you interested, and where and when did it happen? This is your hook, so it has to be real, not a line you think sounds good.
2. **How you built on it.** What did you actively do next: research, a project, work experience, volunteering? Don't just say "I did work experience." Say what you actually saw, what stood out and why it pushed your interest further.
3. **Reflection.** How did those experiences change you, and how did they lead you to apply? This is the part most students skip. Explain what changed in you, not just what happened.
4. **Wrap it up.** Tie it back clearly to why you're applying today instead of trailing off after your last example.

Keep reflecting throughout. Aim for around 2 minutes maximum.

What the interviewer is looking for

- A clear journey from where your interest started to how you built on it, not a jump from "I saw a doctor once" to "so I'm applying."
- Real exposure that gave you a genuine understanding of the career. You can't just see something and want to apply.
- Evidence of the drive needed to get through a demanding 5 to 6 year degree without dropping out.

> **Common mistake to avoid**
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> Opening with "I've always wanted to help people" with nothing personal behind it. Every applicant says a version of that, and it's exactly the memorised-sounding answer interviewers are trained to spot.

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2. "Why be a doctor rather than a nurse, physician associate or other healthcare professional?"

How to structure it

1. **Appraise the other career first, properly.** Show you genuinely understand and respect it before you say anything about doctors. For example: "On my work experience I saw how nurses take the initial patient contact and give really important first insights, and that shapes everything that happens afterwards."
2. **Transition.** "However, I'm applying to medicine because..."
3. **Give real, factual differences.** Not put-downs. The responsibility of making a diagnosis, overseeing the patient's overall care, and leading the multidisciplinary team (MDT).
4. **Link each difference to you.** Don't list differences like a textbook. For example: "Doctors lead the MDT and carry responsibility for a patient's whole care. I captained a semi-professional football team, so I know what that kind of responsibility feels like and I work well under that pressure. I want a career with that level of responsibility, and I see it most in doctors."

What the interviewer is looking for

- That you understand what other healthcare roles actually do day to day and why they matter to patient care.
- A clear, accurate set of differences stated as plain facts. They aren't asking you to rank careers.
- Those differences connected to your own experiences and why they appeal to you personally.

Common mistake to avoid

Putting another profession down, for example saying nurses "have less responsibility" or are "less than" doctors. This is the single biggest red flag on this question and it will cost you badly.

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3. "Tell me about yourself."

How to structure it

A lot of students treat this as a trick question. It isn't. You're just introducing yourself to someone who doesn't know you yet.

1. **A simple, genuine introduction.** Your name, whether you're in Year 13 or on a gap year, that you're applying to medicine, and a few hobbies or interests you actually enjoy.
2. **Be genuine, not a sales pitch.** Lines like "I'm so hardworking" aren't what they want. They want you to settle in and be comfortable.
3. **Don't force a medicine link.** If one comes up naturally, great. If not, don't manufacture it.
4. **Keep it short.** Around a minute to a minute and a half is plenty.

What the interviewer is looking for

- Comfort and honesty. The question exists to help you settle in, not to trip you up.
- A good overall picture of you as a person to carry into the rest of the interview.

Common mistake to avoid

Treating it as a trick and turning it into a rehearsed self-promotional pitch with a forced link to medicine in every sentence.

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4. "What do you think will be the hardest part of a career in medicine?"

How to structure it

1. **Show you understand the whole career, not just the name.** Think beyond first year: clinical placements, then life as an F1 and F2, with the hours, the pressure, the early starts and the late nights.
2. **Name one real, specific challenge.** For example: the sheer volume of content, patient communication, or the hours and work-life balance once you qualify.
3. **Always pair it with how you'd tackle it.** Content: start early, stay consistent and ask seniors for help instead of struggling alone. Communication: actively practise it with eye contact and open body language, and let the patient talk more. Hours: the passion and drive that will carry you through, and the things you already do to manage stress, like sport or time with family.

What the interviewer is looking for

- A realistic, long-term understanding of the career, not a first-year-only view.
- Honesty that you won't be immune to struggling. Nobody is, and pretending otherwise isn't convincing.
- A real, considered plan for every challenge you raise.

> **Common mistake to avoid**
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> Naming a challenge and stopping there. A challenge with no solution attached is only half an answer.

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5. "What scares you most about a career in medicine?" / "What's your biggest weakness?"

How to structure it

1. **Pick a genuine, specific fear or weakness.** For example, keeping up with the volume of content, or being uncomfortable around blood or procedures.
2. **Give an example of it showing up before.** "I found A-Level Biology quite content-heavy already, and medicine goes into far more depth, so I know I could struggle with the volume."
3. **Show what you're actively doing about it.** Content: consistent flashcards and starting revision early. Squeamishness: deliberately exposing yourself to it beforehand, for example workshops involving blood, so you're normalised to it.
4. **Tie it back to the patient.** You work on it so patients get the best care and never pick up on you struggling, which could panic someone already vulnerable. This links to continuous professional development (CPD): good doctors are always working on themselves.

What the interviewer is looking for

- Genuine honesty. They are not looking for someone who claims to be scared of nothing.
- A real plan to improve, and awareness of why it matters for patient care.

> **Common mistake to avoid**
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> Claiming you're not scared of anything, or giving a disguised strength ("I just work too hard"). Both read as insincere.

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6. "Tell me about a time you worked in a team or showed leadership."

How to structure it

1. **Pick one specific example** where you can explain your own role in depth: a sports team, a group project, a volunteering role, a part-time job.
2. **Set the scene briefly.** What was the goal, and what went wrong or what was difficult? A team that had no problems gives you nothing to talk about.
3. **Explain exactly what you did.** Say "I", not just "we". How did you communicate, delegate, support someone who was struggling, or handle disagreement?
4. **Give the outcome, then reflect.** What did you learn about yourself and about teams? What would you do differently?
5. **Link it to medicine.** Doctors work in and lead MDTs every day. Show how the skill you used carries over, for example making sure every member of the team is heard, the way you saw it on a ward round.

What the interviewer is looking for

- Self-awareness about your role, including your weaknesses as a team member or leader.
- Understanding that good leadership includes listening and supporting, not just giving instructions.
- A clear, genuine link to how teams work in healthcare.

> **Common mistake to avoid**
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> Telling a story where you were the hero and everyone else got it wrong. It suggests you'd be difficult to work with.

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7. Ethical scenario: "A 15-year-old asks you for contraception and doesn't want her parents told. What do you do?"

You'll get at least one ethics station. The scenario changes but the approach doesn't.

How to structure it

1. **Don't jump to an answer.** Show you're gathering information first. Explore why she doesn't want her parents told, and gently check she isn't at risk of harm or being pressured.
2. **Name the principles in tension.** Her autonomy and right to confidentiality against your duty to protect her (beneficence and non-maleficence).
3. **Apply the framework.** Under 16s can consent if they're Gillick competent, and for contraception specifically the Fraser guidelines apply: she understands the advice, can't be persuaded to tell her parents, is likely to have sex anyway, her health would suffer without it, and it's in her best interests.
4. **Reach a balanced position.** Encourage her to involve her parents or another trusted adult, but respect confidentiality if she's competent and there are no safeguarding concerns.
5. **Know the limit.** If there's a safeguarding concern, for example signs of abuse or exploitation, confidentiality can be broken, and you'd involve seniors and follow safeguarding procedures.

What the interviewer is looking for

- Not a "right answer", but a clear, calm process that weighs competing values.
- Empathy for the patient throughout, not just a list of rules.
- Knowing when to escalate to a senior.

> **Common mistake to avoid**
>
> Giving a black-and-white answer straight away ("I'd tell her parents" or "I'd just prescribe it") without exploring the situation. Our free Ethics Frameworks Guide walks through this approach in detail.

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8. "Tell me about a current issue facing the NHS."

How to structure it

1. **Pick one topic you know properly.** Depth beats breadth every time.
2. **The problem and why it matters for patients.** Give one or two up-to-date facts, not a news headline.
3. **Why it exists.** The underlying causes: workforce, funding, demand, an ageing population.
4. **What's being done, and whether it's enough.** Show you know both sides.
5. **Your own view, and why.** Calm, balanced and defendable if they push back.

What the interviewer is looking for

- That you follow what's happening in the NHS now, not two years ago.
- Balanced, mature thinking rather than a one-sided rant.

> **Common mistake to avoid**
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> Quoting outdated facts. Our free NHS Hot Topics 2026 guide has the latest position on waiting lists, the resident doctors' deal, AI, dentistry and more.

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9. "Where do you see yourself in 5, 10 and 20 years?"

How to structure it

1. **5 years:** most likely still at medical school, or just starting F1. Talk through the real pathway.
2. **10 years:** a specialty you're interested in right now and why, while being honest that your interests may change.
3. **20 years:** how you've built on your skills to benefit the wider population, not just your local patients, for example through research, teaching and continuous professional development.
4. **Throughout:** medicine keeps changing. AI is already changing healthcare, and you'd use new innovations to give patients the best care.

What the interviewer is looking for

- A realistic understanding of the career pathway, stage by stage.
- Awareness of how medicine itself will change, not just how you will progress.

> **Common mistake to avoid**
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> Presenting a rigid, over-confident plan as if your specialty is already decided.

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10. "What would you do if you didn't get a place this year?"

How to structure it

1. **Show persistence.** Make it clear one setback won't stop you, and that you'd reapply.
2. **Root it in a genuine reason.** Refer back to an experience that shows medicine is what you want to do.
3. **Work out what went wrong.** Grades, personal statement, admissions test or interview? Name how you'd find out and fix that specific weakness.
4. **Make the gap year count.** More work experience, volunteering and reading, so you're a genuinely stronger candidate the second time, not just trying again.

What the interviewer is looking for

- Resilience and genuine commitment to medicine specifically.
- Self-awareness and a concrete plan to improve.

Common mistake to avoid

Saying you'd switch to a different degree such as pharmacy or biomedical science. It suggests you aren't really committed to medicine.

How to use this

Don't try to memorise ten answers. Learn the ten structures, fill them with your own real examples, and then practise saying them out loud to another person until they sound natural. That last step is where most of the improvement happens.

If you want to practise these under realistic interview conditions with feedback, book a 1-1 or group interview session at **medentia.co.uk**. We'll run through exactly these questions until your answers feel natural, not rehearsed.