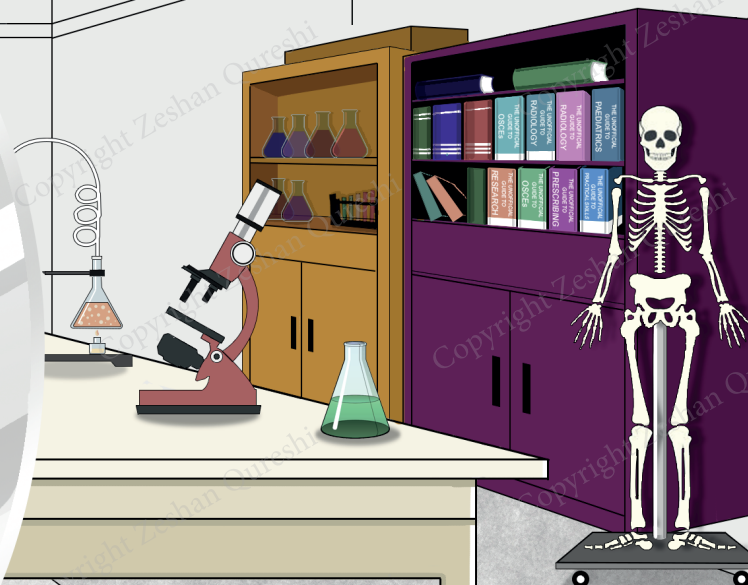




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QURESHI

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Yourself  
In The  
Mirror



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MEDICAL**  
TEXTBOOK SERIES

# The Unofficial Guide to **GETTING INTO MEDICAL SCHOOL**

**Bogdan Chiva Giurca**  
Series Editor **Zeshan Qureshi**

- ✓ Top tips and tricks from successful medical students
- ✓ Step-by-step core background material
- ✓ Includes 20 hours of strategy for acing UKCAT, BMAT, and GAMSAT
- ✓ Based on most frequent questions from applicants

# THE UNOFFICIAL GUIDE TO GETTING INTO MEDICAL SCHOOL

**FIRST EDITION**

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ISBN 978-1-910399-31-6

Text, design, and illustration © Zeshan Qureshi 2019

Edited by Bogdan Chiva Giurca and Zeshan Qureshi

Published by Zeshan Qureshi Ltd. First published 2019

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Original design by Zeshan Qureshi

Page make-up by Amnet

Illustrated by Amnet

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Printed and bound by Jellyfish.

*This book is dedicated to the hundreds of medical students and medical school applicants who have shared their ideas and reflections to make this book possible. You have inspired us in ways you could never even imagine.*

**Bogdan Chiva Giurca**

This extensive project would have not been possible without the guidance, inspiration, and support of my dear mentors, mentees, and colleagues, all of whom cannot be named, but I would particularly like to thank Dr Zeshan Qureshi for the opportunity to inspire the next generation of medical students and young doctors. To my mentors- Dr Michael Dixon, Dr Marie Polley, Professor Peter Abrahams, Dr Mahiben Maruthappu, Dr Christopher Gardner-Thorpe, and Dr Kate Lovett, thank you for your encouraging comments and feedback. To our dear applicants and current medical students who have reflected upon their current experiences with the medical school application process so passionately, I'd like to thank you wholeheartedly for sharing your journeys into medicine.



# About This Book

## Who Are We and Why Are We Doing This?

You are probably wondering why a bunch of medical students and doctors are writing this book instead of jogging around the hospital, or flipping through books and studying for exams day and night.

The truth is, a few years ago, we were all exactly where you are now, with a book in our hands, planning to apply to medical school, but fearing what at the time seemed like an impossible journey. Like yourself, we all had doubts, questions, and worries regarding every single step of the application process. In fact, some of us didn't even know what the key application steps were!

Each and every author of this book has wondered why aren't there more resources written by the masters of the application process, by those who have been through the process themselves and can share their experiences retrospectively. We were also slightly frustrated that most resources available are reflections of senior academics and career advisers who, although experts in their fields, have not been through the new medical school application process themselves. The application process has changed and keeps changing significantly each year.

Fuelled by our constant passion to help others get into medicine, we set up a vast network of the most knowledgeable and experienced people: Over 600 successful medical students from all the medical schools in the United Kingdom (UK). This book is the result of over 300 surveys and focus groups among successful medical students. A total of 65 current medical applicants, just like you, were also interviewed as part of our mentoring programme (2017-2018) at Medefine Education ([www.medefine.org](http://www.medefine.org)). This book is a project based on your real needs, on the most commonly encountered uncertainties and difficulties as emphasised by YOU, the applicant.

For years now we've been helping applicants like you to successfully secure a place at medical school. Most of them are now part of our growing team. You, too, can be part of our team and give something back to those who will be in the same situation such as yourself, so do get in touch!

## What Are We Attempting?

This is the first book of its kind that actually involved current medical school applicants in developing its content. With your help, we have come to understand what you want to see less, and what you want to see more of.

### You wanted less...

- Facts, contact details, and information that is readily available on Google / university websites
- Emphasis on General Certificate of Secondary Education (GCSEs), A-Levels, and other grade requirements
- Emphasis on Universities and Colleges Admissions Service (UCAS), student finance, and costs
- Emphasis on deciding to study medicine (since you have already made this decision)

**You wanted more...**

- Personal stories and real experiences of medical students written in an informal style
- Use of analogies and interactive style
- Emphasis on depth and requirements of background reading
- Emphasis on effective strategies for the Personal Statement, UCAT, BMAT, and Interview
- Further reading and preparatory materials upon completion of the book

Essentially, we understand that you want fewer facts that are readily available elsewhere, and more real-life examples and insight that will make a difference to your medical school application.

The only assumption made in this book is that you are a massive geek and that you would do anything to get a place in medical school. Of course, this is not an easy decision. This decision should have been made over many years, as a result of all the activities and experiences of which you have been part.

**T**hink really hard about this. It's not an easy choice; it's hard enough getting into medical school. It is a bit of a lottery at the moment. You need to get the grades, you need to work really hard, you need to present yourself well, and you need to be diligent.

You need to have a good personal statement, and it's very easy to start writing, 'I want to care about people...' and so on, but you really have to know that medicine is something you want to do, because there are so many other easier choices.

I do think it's completely worth doing, and if it is for you, then go for it. Don't let people put you off; don't let anyone dissuade you. The rewards are massive, not just for you personally, but more importantly for the patients that you're going to look after. It gives you a passport, you can work anywhere in the world with that passport, and it's a job for life.

So, don't worry about what's happening in politics or health economics – people are going to get ill, they're going to get sick, and if you can help one person, it's going to make a massive difference, so stick with it!



**Mr Vikram Devaraj, Consultant Plastic Reconstructive & Aesthetic Surgeon**

To be completely honest with you, if you have the slightest doubt about going into medicine, then you may have to spend a bit more time exploring. Who in their right mind would go through five or six years of medical school to realise they don't actually love what they're doing? Think carefully, but if you're reading this, we will assume that this is your dream job and that you have put effort into exploring its positive and negative aspects.

## Contents at a Glance

### Chapter 1. Introduction: Setting up the Scene

Before we dig deep into each section of the medical school application process, you and I need to have a quick chat about your personal reasons for doing medicine. Your siblings, your parents, your grandparents, your neighbour, and even the lady sat next to you on the bus will want to know, WHY medicine? Together, we'll set some goals to help you plan your journey through the application process. We finish the chapter by providing you with honest insight from successful medical students regarding their hosting medical schools within the UK.

## Chapter 2. Medicine: Past, Present, and Future

We continue with the first of four chapters aiming to equip you with the necessary theory before tackling each step of the application process. In this chapter, we learn by taking a time-travelling journey through the history of medicine. We discuss current affairs and set the vision for the future of medicine – all key aspects that should form part of your background knowledge before applying.

## Chapter 3. UK Medical Practice and Career Progression

How much do you already know about the medical school training programme in the UK? What about the National Health Service (NHS) and other important organisations? In this chapter, we lay out the inner workings of the UK healthcare system, explore the various teaching methods used by medical schools, and take a look at career progression beyond medical school. If you're going to study and work in the UK, you first need to be acquainted with its teaching methods, career prospects, and healthcare regulations.

## Chapter 4. The Different Roles of a Doctor

Good awareness regarding the different masks worn by a doctor is key. Quite often, the general public associates the word 'doctor' with its clinical duties only. Chapter 4 uncovers a doctor's various roles as outlined by the General Medical Council (GMC). We also explore important terminology that will make you more knowledgeable during your medical school interview.

## Chapter 5. Medical Ethics and Law

This chapter focuses on theory and background knowledge, and explores one of the most frequently discussed topics during medical school interviews: medical ethics and law. We begin by briefly outlining the essentials, including definitions and key differences. After equipping you with the necessary ethical principles and concepts, we put these into practice by exploring a few ethical dilemmas. We'll pass the stethoscope to you here – it's your turn to make decisions!

## Chapter 6. Work Experience: Getting Involved

When should I start? What counts as work experience? How do I boost my chances of getting work experience? These are some of the most common questions asked by applicants like you. Chapter 6 explores these and many other questions, such as how to make the most of your work experience placements. At your request, we have also included a ready-to-use reflective template that can be used after each placement.

## Chapter 7. Mastering Entrance Exams: The UCAT and BMAT

Perhaps the most dreadful and confusing subject of all: Entrance exams. But not to worry, we start our chapter with top science-based studying hacks to help you gain confidence in learning everything and anything. This chapter outlines key strategies for tackling each section of the UCAT, including our successful 'twenty-hour rule for mastering the UCAT' through which we have significantly improved the scores of hundreds of applicants like you. We continue by outlining the BMAT's basic principles and structure. Using real examples, we provide general tips from high-scoring medical students before delving deeper in each individual section of the test. The bulk of the chapter is made of tips, tricks, and strategies that you can apply when preparing for and sitting this exam.

## Chapter 8. Dissecting the Perfect Medical School Personal Statement

We next move into our own autopsy lab. Here we conduct a dissection of successful personal statements provided by medical students from all over the UK. Furthermore, we begin the chapter by providing insight into the anatomy of a personal statement, and analyse its structure and components one by one.

## Chapter 9. Acing the Medical School Interview

Now that you have successfully prepared your passport for the interview (your personal statement), you are ready to explore the different types of interviews and most commonly encountered questions as suggested by medical students throughout the UK. In this chapter, we focus on preparatory tips, answering techniques, and general tips to boost your chances of being selected following a medical school interview.

## Chapter 10. A Guide for Non-Traditional Applicants

The final chapter of the book is dedicated to those of you who may have an extra thing or two to think about before applying. Graduates, internationals, and gap-year students all need to tailor their applications slightly differently from their fellow undergraduate / Home-UK colleagues. We finish this chapter by providing hope and alternative ways for getting into medicine for those who may have not made it the first-time round.

## BONUS Chapter. The Geeky Corner

This is a place where you can find recommendations and suggestions for some of the best medically related films, books, museums, and other places to visit.

## What's Not Included?

Now that you know what's included, let us also be clear about what's not included. Based on your preferences, we won't bore you with irrelevant information. We will stick to the best advice that will boost your chances of getting into medical school.

Competition ratios, stats, and numbers that differ throughout the UK and change from year to year have been left out. This book focuses on the aspects of the application process that YOU control. You've also told us that key contacts and details about individual medical schools can easily be located on the internet. Hence, we've focused only on personalised insights provided by successful medical students.

There's only so much that we can fit in one book. For this reason, you will see that our UCAT, BMAT, and Interview sections represent comprehensive guides on HOW to master the strategies and skills required so you can practice correctly in your own time. To be completely honest, there isn't any secret to the above-mentioned topics – it's all about practice and hard work. HOWEVER, what truly matters is how you practice, and how you set and build on good habits from the start. Once you start, you are better off investing in online question databases, but according to the highest UCAT and BMAT scorers, developing key strategies to practice with from the beginning is crucial.

In essence, we want to teach you so that you start enjoying the preparation process, not dreading it.



## How To Use This Book

Make this book yours; make it your friend. Make this book your companion throughout both the stormy and sunny days of the medical school application process.

The number one rule of this book is that there aren't any rules. You should use this book as your notepad. Scribble ideas on its pages, highlight useful information, and make the most of it. According to science, we tend to concentrate better and become more creative when we draw or scribble things down in books!

We suggest using colourful Post-it notes when encountering key points or when you want to jot down particular ideas – it's always useful to come back and reflect upon your thoughts and you never know, it may save your life during the interview!

The following icons are used throughout the book. Here's what they all mean:



**'Top Tip'** – Look out for the light bulb as it represents some of the most important points throughout each chapter of this book.



**'An applicant's perspective'** – This icon has been used to point out tips and opinions from medical school applicants, like you!



**'A medical student's perspective'** – As its name suggests, this icon includes tips from successful medical students.



**'An academic's perspective'** – The stethoscope icon marks tips provided by successful doctors, clinicians, academics and other healthcare professionals.



**'Reflection time'** – We've used this icon towards the end of each chapter. This allows you to reflect upon the newly acquired knowledge.



**'Test yourself'** – This icon will also appear towards the end of some chapters, giving you the opportunity to test your knowledge of what you've just learnt.

If you've got a burning question about getting into medical school, do get in touch with us – our army of medical students and junior doctors from all over the UK look forward to bringing you one step closer to your dream.



[info@medefine.org](mailto:info@medefine.org)



[www.medefine.org](http://www.medefine.org)



**Bogdan Chiva Giurca**

**Editor**

**Unofficial Guide to Getting into Medical School**

# The Unofficial Guide to Medicine Project

Additionally, we want you to get involved. This textbook is primarily written by students just like you because we believe:

...that fresh graduates have a unique perspective on what works *for students*. We have tried to capture students' insights and discuss this complex material using language that's more digestible *for students*.

...that texts are in *constant* need of being updated. *Every student* has the potential to contribute to others' education by innovative ways of thinking and learning. This book is an open collaboration with you.

You have the power to *contribute* something valuable to medicine; we welcome your suggestions and would love for you to get in touch.

 Please get in touch and be part of the medical education project.



admin@unofficialguidetomedicine.com



UGTMedicine



Unofficial Guide to Medicine



UGTMedicine



www.unofficialguidetomedicine.com

# Foreword

Medicine is the most interesting and fulfilling career that you can choose. This also makes it one of the most competitive to enter. If you are someone who is caring, compassionate, likes people and is socially aware then you have made the right choice. If you have an enquiring mind, an interest in people and if you are prepared to lead then you already have a head start. Nevertheless, every entry process has its hoops and processes and “The Unofficial Guide to Getting into Medical School” is designed to help you navigate these and demonstrate why you are special and why you should be offered a medical school place. It is written by a distinguished group of medical students who have based their book on numerous surveys, discussions, and personal experience. It may be the “unofficial guide” but it is also the definitive guide for anyone wanting to maximise their chances of becoming a doctor.

Few jobs or professions have the potential of doing so much good for our fellow beings. We can help to prevent disease, detect it early, cure it and sometimes we have an important role in just being there for the patient that cannot be cured. No job in the world is so intellectually or emotionally stretching and also so important in the eyes of the public and media. Your future work will range from the biomedical to those much less specific and non-biomedical health related aspects of the everyday lives of your patients. It is a job that constantly humanises us, putting us in permanent contact with joy and sadness and allows us to make interventions and decisions that often change lives forever.

Now, more than ever, medicine requires fresh brains with new ideas. Medical science has played a major part in enabling longer life expectancy, but it has failed to stop an exponential increase in long term disease including obesity, diabetes, stress, depression, and cancer. As doctors of the future, you will need to enjoy and master the psychosocial as well as the biomedical and connect the body as a machine to the person as a self-healing individual. As all health systems become increasingly financially challenged, they will inevitably need to empower their patients as assets in their own healing, wherever possible, and also recognise the potential of local communities as assets in healing and health. They say that the only inevitability is change. A new young and enthusiastic generation of doctors is now required to face these new challenges and extend medicine’s potential to benefit the physical and mental health of our individual patients and communities.

Being a doctor is not a job. It is a vocation. It is about becoming a healer and improving the health and resilience of the individuals and populations for which you are responsible. It inevitably affects your whole life and your relationships. If you are sufficiently passionate, determined, committed and resourceful then you are likely to achieve becoming a doctor and, with it, the satisfaction at the end of every working day that you have made the world a better place.

Make this book your companion and your best friend. As you go through the application process use it as a guide through the toughest storms until you finally succeed. Endurance lies behind the success of every great doctor and this book will help you to reach that starting point of the best career ever. Good luck and many congratulations for choosing to follow this path. It was certainly the best decision that I ever made.



**Professor Michael Dixon LVO, OBE, FRCGP**  
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# Abbreviations

A&E: Accident and Emergency	ICE: Ideas, Concerns, Expectations
ACT: American College Testing	IELTS: International English Language Testing System
AFC: Armed Forces Committee	IGCSE: International General Certificate of Secondary Education
AFCO: Armed Forces Careers Office	IMCA: Independent Mental Capacity Advocate
AR: Abstract Reasoning	MCQ: Multiple Choice Question
BC: Before Christ	MMI: Multiple Mini Interviews
BMA: British Medical Association	MRCGP: Member of the Royal College of General Practitioners
BMAT: BioMedical Admissions Test	MRCP: Member of the Royal College of Physicians
BMJ: British Medical Journal	MSF: Medecins Sans Frontieres
CBL: Case Based Learning	NICE: National Institute for Health and Care Excellence
CCG: Clinical Commissioning Groups	NGO: Non-Governmental Organisation
CCT: Certificate of Completion of Training	NHS: National Health Service
CMT: Core Medical Training	OSCE: Obstructive Structured Clinical Examination
CQC: Care Quality Commission	PBL: Problem Based Learning
CT: Computed Tomography	PCTs: Primary Care Trusts
CV: Curriculum Vitae	PS: Personal Statement
DG: District General	QR: Quantitative Reasoning
DM: Decision Making	SAT: Scholastic Assessment Test
DNACPR: Do Not Attempt Cardiopulmonary Resuscitation	SHA: Strategic Healthy Authority
DNAR: Do Not Attempt Resuscitation	SJ: Situational Judgement
EBM: Evidence Based Medicine	SJT: Situational Judgement Test
EPQ: Extended Project Qualification	SMART: Specific, Measurable, Achievable, Realistic, Time-sensitive
FPAS: Foundation Programme Application System	SPIKES: Setting, Perception, Invitation, Knowledge, Empathetic Response/Silence, Summary/Strategy
FRCP: Fellow of the Royal College of Physicians	STAR: Situation, Task, Action, Results
GAMSAT: Graduate Medical Schools Admissions Test	TOEFL: Test of English as a Foreign Language
GCSE: General Certificate of Secondary Education	UCAS: Universities and Colleges Admissions Service
GEM: Graduate Entry Medicine	UCAT: University Clinical Aptitude Test
GMC: General Medical Council	UK: United Kingdom
GP: General Practitioner	VR: Verbal Reasoning
GPST: General Practice Speciality Training	
GUM: genitourinary medicine	
IB: International Baccalaureate	



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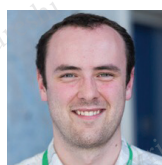
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# INTRODUCTION: SETTING UP THE SCENE

*Bogdan Chiva Giurca*

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I would be  
unstoppable, if only  
I could get started!



## WHY MEDICINE?

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Right now is the time to arm yourself with a pen and spend some time on the most important question of your medical school application journey, your career as a doctor, and quite possibly the rest of your life. Your family, teachers, school mates, potential employers, and placement providers will all want to know this, but most importantly, YOU should know what fuels your passion for getting out of bed each day.

What makes you think you want to do medicine? What have you seen, done, felt, and thought over the years to make you consider a career in medicine? How tempted are you to say that you love the sciences and that you want to help people?

Sure, you want to make a difference in someone's life and you certainly love the sciences, but can you make me believe this without stating the above word for word? What's your story? Can you think of a way to portray yourself as an empathetic person who wants to make a difference without actually saying it? Can you give me an example that convinces me you love the sciences?

Do you know why it is so hard to provide a good answer for this question? It's simple. You've spent most of your life in school, preparing for and answering questions that have a clear rationale that you can study for. 'Why medicine?', on the other hand, has no right or wrong answer. This question can only be answered using your life story and experiences. 'Why medicine?' is therefore the same as 'Who are you?' For some of the science geeks around, Carl Sagan once said, 'You have to know the past to understand the present'... or in your case, you have to know your past to understand your WHY.

I remember being asked this during my medical school interview. As much as I wanted to give a serious answer that I had thoroughly prepared in my free time, instead I started giggling and smiling, because at that point I realised what a geek I am. Half-laughing, I told the interviewers that I was always that annoying child bombarding teachers with 'what, why, how' questions to the point of exhaustion. I told the interviewing panel that I could only focus for a few minutes when studying for other disciplines, but when it came to the sciences, I didn't even notice time flying by. I remember staying up until the middle of the night laughing at geeky medicine stuff, like how doctors used to taste a patient's urine (an 'accurate' test to see if a patient had diabetes or not). At this point you may think the whole interviewing panel looked very confused, but they all laughed, agreeing that it did indeed sound very geeky! This encouraged me to continue with my non-scripted answer, organically conveying my love for science and medicine.

Medicine is not just science, however. As a kid, my doctor explained to me how my airway swells up due to certain allergens. I didn't care about the science behind this phenomenon, all I wanted to know was what was happening and why – I was only twelve, after all! The doctor mimicked ingesting an allergen, spoke in a funny voice, and used a balloon to explain what happens to my airway during an asthma attack. Whenever I went in for a vaccination, that same doctor would trick me into thinking the injection was pain-free, until I felt the needle and started crying. It made me laugh then but looking back, there was more to it. That awesome doctor used skills beyond science – in fact, this is where medicine overlaps with art. The art of communication, the art of listening, choosing the perfect words, and tailoring your practice to the patient in front of you. There are several examples that exemplify the 'art' of medicine, from breaking bad news to dealing with angry patients.



We are all unique in our own way, so our ‘Why medicine?’ is too. To inspire you, we have collected a couple of ‘Why medicine?’ examples from the authors of this book, all successful medical students with a passion for medicine.

It gives me heartache to see people suffer and lose opportunities in their lives because of illnesses. Often, the suffering is augmented by a lack of healthcare, which is unfortunately inevitable in underdeveloped areas.

On a school service trip to Thailand, I was shaken by the poor living conditions in rural villages, where inadequate medical care left some bedridden and unattended. Apart from cooking and delivering food to them, I wished that I could have done more to ease their discomfort by attending to their medical needs.

I realised that by becoming a doctor, I could help bring back health and life opportunities to those stricken with illness. I will remain forever captivated by this vision.



**Gareth, Medical Student, Exeter Medical School**

## CHAPTER

# 2

# MEDICINE: PAST, PRESENT, AND FUTURE

*Bogdan Chiva Giurca*

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Laughter is  
the best medicine...  
except for treating  
diarrhea.





## AN EXERCISE OF IMAGINATION: TIME TRAVELLING THROUGH THE KEY MOMENTS IN MEDICINE

---



For this section, I need you to find a quiet place, sit back, and relax. We are about to board the ‘Time Express’, taking us on a journey through the history of medicine. You’re probably laughing now, thinking ‘How can I relax when you’ve just mentioned the word ‘history’?’ No, no, no – not *that* kind of boring history that puts you and your desk mate to sleep during school! I am talking about key discoveries, revolutionary breakthroughs in medicine that only happened by imagining the unimaginable. Revolutionary breakthroughs that have influenced the way doctors practice medicine, and the way you will study once you get into medical school. Now, get a warm cup of tea and hold tight because we’re about to start our journey.

### Prehistoric Medicine and Surgery

Ah, here we are, thousands of years Before Christ (BC). Far away in the distance are two men with hunting bows... For some reason, they have stopped next to a tiny bush with red, fresh-looking berries. They seem to smell the berries, then touch them with their tongue. The texture is mushy, their taste is bitter. They look like raspberries, but their colour and texture is different. One of the men tries one, while the other man attentively watches him chewing and swallowing the wild fruit. They wait one minute, nothing happens, but suddenly the one who tried it drops down to the ground – he’s having a seizure. Oh no, this cannot be good! His friend starts a very strange ritual, destroying the berry bush with his bow and singing in a high-pitched voice while looking towards the sky. After chanting, the almost naked man picks up a sharp arrow, places it on his friend’s skull and drills a hole to release the ‘evil spirits’ making his friend seize. This early ‘surgical procedure’ was known as trephination. The precise cuts that can be seen on some skulls found by experts as well as evidence of bone re-growth point out that some ‘patients’ (if we may call them so) survived this type of ‘surgery’.



Will our friend be okay? We probably won't find out, but today at least one of them learnt a very important lesson – never eat this type of berry again. This is pretty much how people living in Prehistoric times remained healthy within their environment. The process of **trial and error** (observing what's poisonous and avoiding it in the future), as well as **natural selection** (survival of the fittest), ensured the survival of this generation, which was at the mercy of the 'elements within earth' and 'spirits of the sky'.

One small fact regarding our surviving friend before we move on: whilst running home from his productive hunting day, he fell through the floor of a cave and broke his leg, leading to an open fracture. He did, however, use his prehistoric orthopaedic skills. He used mud to fix the bone back into place before returning to his family – now, that's what I call creative!

## Early Civilisations

### Egypt (2600 BC)

As we approach our next stop, 2600 BC, you can already feel the hot sand under your feet and see a few pyramids in the distance. Be careful, there's plenty of scorpions around; I don't think you'd like to step on one. The interesting fact is that this place is known for having the first people to develop the profession of medicine.

One figure stands out during this time period in Egypt – Imhotep, also called the 'God of Medicine'. According to historians, he used plant extracts to treat over two hundred diseases. Some say he was the real 'Father' of Medicine rather than Hippocrates, but we'll discuss this later. Imhotep took pulses, examined patients, asked questions, and palpated the supposedly affected areas, similar to what modern doctors do.

Interestingly, Egyptians were the first to develop a type of 'Evidence-Based Medicine' (using facts and observations) to cure disease, instead of simply seeking spiritual explanations. One interesting theory was the so-called 'Channel Theory'. While observing the old irrigation system, wise men found an analogy between the water channels and the human body. What they noticed was the damage caused to plants when the irrigation channels were blocked. Farmers easily solved the problem by unblocking the irrigation system so water could irrigate the plantation once again. This was a major breakthrough, allowing physicians at the time to 'unblock the channel' that may be causing disease. When someone complained of stomach pain, they tried unblocking the channel by vomiting or emptying bowels. They did the same with large cavities filled with blood or pus, draining the liquid and unblocking the channel. This analogy between water channels and the human body convinced doctors that the treatment used should be practical as well as spiritual.

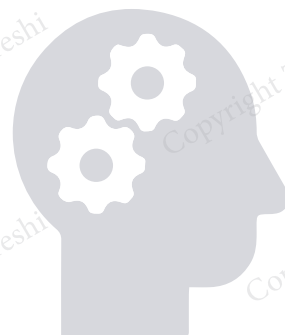
## CHAPTER

# 3

# UK MEDICAL PRACTICE AND CAREER PROGRESSION

**Navin Mukundu Nagesh**

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*‘My doctor asked me if I had ever had a stress test? YES, I replied, during each clinical placement in medical school!’*



## HEALTHCARE IN THE UNITED KINGDOM

Welcome to medicine in the United Kingdom! This chapter introduces you to medical practice in the United Kingdom. We will have a look at the history and development of the National Health Service (NHS) and the provision of services. The structure and functions of the NHS will be described in a simple and easy manner, and the key strategies for optimal patient care will be highlighted.

Once you understand the process of healthcare delivery, we will introduce you to the undergraduate medical curriculum in the UK. There is a vast variety in the medical school course structures and styles of learning. We hope to guide you through each style with reflections from current medical students. The aim is to provide you with a realistic understanding of the day-to-day life of a medical student in different medical schools. You will be able to summarise the pros and cons of each type of curriculum and decide which teaching method suits you the most.

The focus will then go towards your transition from a medical student to a doctor in various fields. The career progression will be outlined, and the vast range of specialties and career paths will be discussed. Testimonials from current students, medical, surgical, and general practice trainees will provide you a glimpse into the specialties. This will allow you to appreciate the diversity, responsibilities, and competencies doctors require to become fully qualified.

Along your journey in medicine, several key medical organisations will play an important part in shaping your success, these will be introduced to you. You may be wondering, how will this help me now? Many of these organisations have a section dedicated to students and provide articles that can update your knowledge in medical practice and research. This will be a fundamental aspect of your preparation for medical school interviews and beyond.

‘Once you’re in medical school you’re set for life’ – I’m sure you’ve heard that before. The reality is that most doctors have to continue professional development throughout their careers to ensure their knowledge and skills are up to date. We will introduce you to some examples of professional development and hopefully inspire you to start this process early by getting involved in similar activities at your stage. Don’t worry, there will be reflections from current medical school applicants who will share their own experiences of professional development.

By completing this chapter, you will have a clearer understanding of how healthcare is structured in the UK and how you as doctors can play a role in working together to deliver high-quality patient care. You will be able to reflect in detail by imagining your own career path and seeing where you will be in the next five to ten years. We hope you enjoy this informative chapter and make use of all opportunities provided.

### The National Health Service

The UK has one of the most successful healthcare systems in the world. It is renowned for its quality, safety, and clinical excellence. Understanding the roots and core principles by which the NHS operates is crucial for any medical school applicant. Whether you are a domestic or international applicant, understanding how the NHS delivers care to the nation will undoubtedly make you proud to be involved with such an incredible service. The following information has been carefully refined to allow students at your level to clearly understand the key points that will be raised within your interview. It is therefore crucial that you supplement this chapter by reading the healthcare news and updates from credible sources to further understand the current social, political, and financial trends in the NHS. The NHS is changing every year, every month, and even every day, therefore it’s vital to keep an eye on the news! We will now summarise how the NHS was started and some of the key changes over time.



As aspiring doctors, we need to take responsibility and ensure that our knowledge is up to date and that we are constantly striving for the safest and best NHS that our patients deserve.

The NHS was launched in 1948. The NHS was not developed overnight. It was the product of over fifty years of debate, discussion, and scrutiny. Some of the issues that delayed the introduction of the NHS were unstable finances, logistics, and two world wars. Healthcare before the NHS was essentially unregulated and



had a mixture of public, private, and charitable sectors that delivered the appropriate services. Essentially the quality of healthcare was directly related to patient location and accessibility to healthcare professionals.

July 5<sup>th</sup> 1948



Try your best to remember this date, as it's the NHS's birthday!

Mr Aneurin Bevan, the health secretary during this period, formally launched the NHS in Manchester at Park Hospital. This is now Manchester Trafford General Hospital, one of the premier hospitals in the UK. The idea was that good healthcare should be available to all, regardless of wealth. Remember this, as it's one of the NHS's core principles, which we will cover later. This was the first time ever that hospitals, clinics, doctors, nurses, opticians, pharmacists, and dentists worked together under the same organisation. Sounds like a dream, right? This was the overarching vision that would develop over many years of innovation. For the purposes of your medical school application process, we would like you to have an awareness of the following timeline of developments within the NHS and England overall (Figure 3.1). Of course, there is no need to memorise it all, but it is always nice to go down memory lane and admire how far we have come.

Year	Development
1952	Fixed cost of drug prescriptions introduced at 5p
1953	Structure of DNA revealed
1954	Association between smoking and lung cancer established
1958	Vaccination programmes for polio and diphtheria launched
1960	First kidney transplant
1961	Oral contraceptive pill made widely available
1962	First hip replacement
1967	The Abortion Act – Legal abortion up to 28 weeks' gestation
1968	First British heart transplant
1972	Introduction of CT scans into medical imaging
1978	World's first baby born via In-Vitro Fertilisation
1979	First successful bone marrow transplant in a child
1980	Introduction of MRI scans into medical imaging
1985	Laparoscopic surgery developed
1988	NHS breast cancer screening launched
1994	NHS organ donor register set up
1998	NHS Direct – world's largest e-health service
2000	NHS walk in centres introduced for non-urgent care
2002	First successful gene therapy
2004	NHS Foundation trusts created to allow financial independence for hospitals
2006	NHS bowel cancer screening programme launched
2007	Smoking ban in public places
2008	NHS HPV vaccination programme
2009	Care Quality Commission launched
2010	UK's first cochlear implant
2011	UK's first patient to receive artificial plastic heart
2012	Health and Social Care Act
2013	'The New NHS' – major changes in the core structure (covered later)

FIGURE 3.1. Timeline of the NHS.

# CHAPTER 4

## THE DIFFERENT ROLES OF A DOCTOR

**Bogdan Chiva Giurca**

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*'Doctor: Only because  
full-time multitasking  
ninja is not an actual  
career path!'*

## THE DIFFERENT ROLES OF A DOCTOR

---

Many times, when we say the word ‘doctor’, we imagine a person wearing a white coat with a stethoscope hanging around their neck, running around the hospital and jumping on peoples’ chests to save their lives. This is, however, far from the truth – very far in fact, since white coats are not even used anymore in the UK, but that’s not the point I wanted to make.

Depending on the setting, doctors wear different masks. Very often, when asking students or the public about the duties of a doctor, we only (or mostly) hear things related to their clinical job. Doctors take histories, prescribe pills, and carry out life-saving operations, yes, and we hear that doctors perform exotic tests and get to the bottom of rare medical cases (I think this latter group have watched the TV series ‘House M.D.’ a bit too much). It is not until students join medical school that they realise the other duties a doctor has.

The UK General Medical Council (GMC) has put together a document entitled ‘*Tomorrow’s Doctors*’. This is essentially the holy bible of medical school, as it contains all the roles and responsibilities of student doctors in medical school and later on in the hospital as graduates. Here are some of the duties described by the GMC:

**Doctors as Practitioners.** No shock here, I hope. This is what everyone thinks doctors are meant to be doing. It is still, however, totally understandable given that doctors should place patients at the centre of their care.

**Doctors as Scholars and Researchers.** Hang on, did someone say research? But, but... I thought that’s what biosciences or genetics students do? You would be surprised how often we hear that comment, not only from medical school applicants but also from medical students early on in their medical school training. Very often medical school students ask their colleagues interested in research whether they do it because they want to pursue a career as a scientist. Having an understanding of medical research from an early stage is key to getting into medical school. How about doctors as scholars? Well, this also shouldn’t come as a surprise, given that the word ‘doctor’ comes from a verb in Latin which literally means ‘to teach’. Doctors therefore have a duty to pass on knowledge and to teach.

**Doctors as Leaders and Managers.** Leadership and management? Hang on, are we still talking about medicine or about business and management? This is another branch that shocks medical school applicants. What would happen if all healthcare decisions were made by politicians? Healthcare needs young, enthusiastic minds who are ready to challenge the system in order to benefit the patient. Having a basic understanding of how services are run, and getting involved in improving service quality, is key in medicine.

**Doctors as Professionals.** Although not commonly spoken about, the duty of being professional while undertaking your role as a medical student and doctor is assumed. We all carry the duty to respect our colleagues and patients, and to not act in ways that would make the public lose trust in us. To make things easier, we have summed up these roles and responsibilities, and we will take each of them one by one, outlining key concepts that will prepare you to impress medical admission tutors. We won’t dwell too much on the role of a doctor as a clinician, practitioner, and professional, as these have been mainly outlined in the medical ethics chapter.

## DOCTORS AS PRACTITIONERS

---

The duty of doctors as practitioners as summarised by the GMC is pretty much what good doctors have done and will always do. The following diagram provides a glimpse into the key responsibilities of clinicians (Figure 4.1).

- 1 Carry out consultations successfully and effectively
- 2 Diagnose and manage diseases
- 3 Communicate effectively with patients and colleagues
- 4 Provide appropriate and immediate care in emergencies
- 5 Prescribe drugs safely, effectively, and economically
- 6 Carry out safe and effective practical procedures
- 7 Use information effectively

**FIGURE 4.1.** Key responsibilities of doctors as practitioners, according to the GMC.

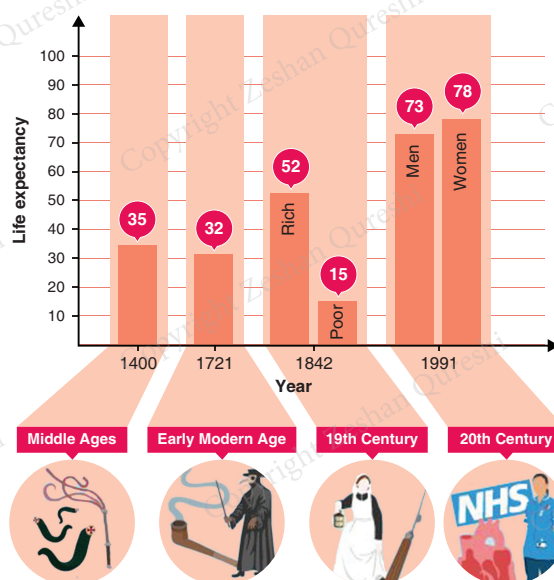
## DOCTORS AS SCHOLARS AND RESEARCHERS

The discovery of DNA, insulin, antibiotics, or unmasking a new illness – each one of these revolutionary discoveries (some of which we covered in detail in Chapter 2) was only possible through research. Research has played a key role throughout history and has been with us since the dawn of humanity. From ancient Greece to the Middle Ages, up to the 21<sup>st</sup> century, physicians have experimented with new techniques and methods for improving human life expectancy and overall quality.

Figure 4.2 adapted from the BBC archives fully emphasises the dramatic shift and improvement in life expectancy throughout history:

There are several ways in which medical research can help patients and the healthcare system. In simple terms, medical research can facilitate the...

- a) **Prevention** of a disease
- b) **Diagnosis** of a disease
- c) **Care** of a disease
- d) **Cure** of a disease
- e) **Cause** of a disease
- f) **Link** between diseases
- g) **Patterns** of disease



**FIGURE 4.2.** Life expectancy through the ages.

Okay, okay – you probably got it already, it's very important and all doctors should appreciate it, but how is this relevant to your medical school application? Or in other words... Why should you care?

Our experience has taught us that a good applicant is able to answer questions related to the importance of research in medicine, and to

...and i should care, why?



# CHAPTER 5

## MEDICAL ETHICS AND LAW

*Bogdan Chiva Giurca*

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Ever wondered why  
doctor writing is so bad?  
To maintain patient  
confidentiality, obviously

## INTRODUCTION AND DEFINITION

---

Right, let's get the boring stuff out of the way first so we can have fun using real-life scenarios.

### Definition

One definition states: 'Medical ethics represent a system of moral principles that apply values to the practice of clinical medicine and in scientific research. Medical ethics allow for people, regardless of race, gender, or religion to be guaranteed quality and principled care.'

Now that we've just thrown some fancy words at you, let me explain further. In plain English, medical ethics are concepts, values, and standards that each doctor should respect when dealing with people. As simple as that.

### Importance of Medical Ethics

What's the difference between someone working as a mechanic and an orthopaedic surgeon? Both fix things up, both lift things up, both use screwdrivers, hammers, and other tools to make things work, but both can also mess things up. An orthopaedic surgeon may have the same abilities as a mechanic, but you see, blood vessels, skin, muscles, and bones are made of 'stuff' that's much more important than aluminium. The chassis of a car holds its engine. The chassis of the human body (muscles, skin, and bones) is home to the heart and the soul. Ruin the human body chassis and you could also ruin the soul.

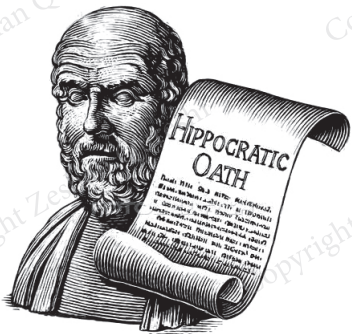


It is an extraordinary privilege and honour to operate on people's 'chassis' and even get paid for it. It does, however, entail an enormous responsibility. A common analogy is to think of doctors and surgeons as priests. Priests are devoted and pious to their faith. Priests pray in churches and answer to the gods they pray to. Similarly, doctors work in 'churches' too. They are called 'hospitals'. Doctors, however, answer to their patients, the 'chassis' owners or those looking after them. In order to minimise power imbalance and sub-optimal patient care, medical ethics and moral codes have been around since the dawn of time.

Do you remember the ceremony we interrupted during our visit to ancient Greece in our History of Medicine chapter? You see, Hippocrates was a big fan of medical ethics. He even decided to lay down a moral code of conduct for physicians on which all modern ethical principles and laws have been based. Some of the main points of the old Hippocratic Oath are summarised here:

A solemn promise:

- Of solidarity with teachers and other physicians.
- Of beneficence (to do good or avoid evil) and non-maleficence (from the Latin ‘primum non nocere’, or ‘do no harm’) towards patients.
- Not to assist suicide or abortion.
- To leave surgery to surgeons.
- Not to harm, especially not to seduce patients.
- To maintain confidentiality and never to gossip.



The Oath has been adapted over time, with the newest version in 2017.

Is the Hippocratic Oath still part of the graduation process? Some countries still do it, while others use different versions that have similar core values. For example, some medical schools use the ‘Declaration of Geneva’ physician’s oath.

You may be wondering what’s happening in the United Kingdom since this is where you want to practice. Well, sadly, there are no white-coated doctors making any solemn promises, but we do have some values and principles laid out by the General Medical Council (GMC). These are called ‘Good Medical Practice’, and they represent the gold standard of how medical students and doctors are expected to behave when doing their duty. These duties are organised into four different domains and categories. All four domains are summarised in Figure 5.1.

<p><b>Domain 1. Knowledge, skills, and performance</b></p> <ul style="list-style-type: none"><li>➤ Make the care of your patients your first concern.</li><li>➤ Provide a good standard of practice and care:<ul style="list-style-type: none"><li>➤ Develop and maintain your professional performance.</li><li>➤ Apply knowledge and experience to practice.</li><li>➤ Recognise and work within the limits of your competence.</li><li>➤ Record your work clearly, accurately, and legibly.</li></ul></li></ul>	<p><b>Domain 2. Safety and quality</b></p> <ul style="list-style-type: none"><li>➤ Contribute to and comply with systems to protect patients.</li><li>➤ Respond to risks to safety.</li><li>➤ Protect patients and colleagues from any risk posed by your health.</li></ul>
<p><b>Domain 3. Communication, partnership, and teamwork</b></p> <ul style="list-style-type: none"><li>➤ Communicate effectively.</li><li>➤ Work collaboratively with colleagues to maintain or improve patient care.</li><li>➤ Teaching, training, supporting, and assessing.</li><li>➤ Continuity and coordination of care.</li><li>➤ Establish and maintain partnerships with patients:<ul style="list-style-type: none"><li>➤ Listen and respond to their concerns and preferences.</li><li>➤ Give patients the information they want or need in a way they can understand.</li><li>➤ Respect patients’ right to reach decisions with you about their treatment and care.</li><li>➤ Support patients in caring for themselves to improve and maintain their health.</li></ul></li></ul>	<p><b>Domain 4. Maintaining trust</b></p> <ul style="list-style-type: none"><li>➤ Show respect for patients.<ul style="list-style-type: none"><li>➤ Treat patients as individuals and respect their dignity.</li><li>➤ Treat patients politely and considerately.</li><li>➤ Respect patients’ right to confidentiality.</li></ul></li><li>➤ Treat patients and colleagues fairly and without discrimination.</li><li>➤ Act with honesty and integrity.</li><li>➤ Never abuse your patients’ trust in you or the public’s trust in the profession.</li></ul>

FIGURE 5.1. Duties of a doctor.

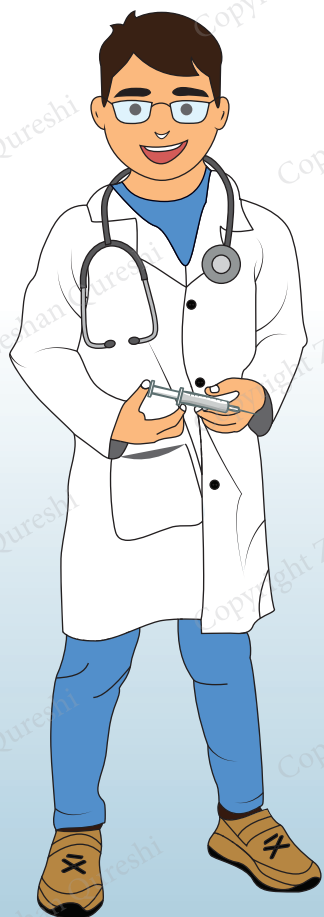
## CHAPTER 6

# WORK EXPERIENCE: GETTING INVOLVED

*Kiyara Fernando*

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*"when medical schools want you  
to have 8 years of work experience  
by the age of 18"*





With thousands of applicants competing against one another, work experience is yet another important aspect of your application that can make a big difference and help you stand out from the crowd if done well. Work experience isn't JUST a tick box, however; it's not something that you should do just because medical schools say so. Work experience is something you should get involved in out of your own initiative, enthusiasm, and pure interest. After all, you want to make sure that medicine is the perfect subject for you. In other words, you are not allowed to say, 'I love medicine' without experiencing it, being part of it, and knowing what it entails.

This chapter covers some of the most frequently asked questions about work experience. We've also done our best to equip you with our top tips to make the most of your work experience placements. Upon completion of this chapter, print out a bunch of empty work experience templates (see 'How to get the most out of your medical work experience') and stick them into your personal portfolio. When it comes to writing your personal statement and even preparing for your medical school interview, these templates will save hours and hours of work!

Let's jump right in!

## THE WHY, WHEN, AND HOW

---

### Why is Medical Work Experience Important?

Work experience allows you to get first-hand experience in the medical field. Seeing if you enjoy the environment and the role of a doctor is critical to determining if you will enjoy a career in medicine.

Some find the experience eye-opening to the realities of the profession and it strengthens their desire to study medicine. Some students might realise that medicine is not for them, and it is better to learn this early on so that you can decide on a more suitable career path.

The more time spent in work experience, the better you will understand the realities of the profession. It will help you learn how hospitals, clinics, and surgeries are run and what skills different medical personnel require. You will soon see that medicine is not what is portrayed on TV screens...it is more.

**M**edical work experiences were essential in exposing me to the field of medicine in clinical settings and giving me insight into the collective work of healthcare professionals to successfully serve the community. It was these experiences that confirmed for me that my future lies in medicine. To obtain these experiences, I personally visited and wrote to the clinics/hospitals I believe reflected my interest and motivation. It wasn't easy and many of them turned me down, but I kept trying until a few replied.

Shadowing healthcare professionals from different departments was also beneficial, as they presented me both the rewarding and the heart-breaking realities of medicine. (In my case, observing a gynaecologist provide the prognosis and options for abortion to a couple due to the deformation of the foetus.) The hardest part for me was facing a language barrier while volunteering at a free clinic and dealing with several impatient patients; hence it was amazing to see the professional way the nurses dealt with the situation calmly. I truly recommend shadowing a range of healthcare professionals other than doctors. You can learn so much from nurses, occupational therapists, and others.

At the end of a placement day, it would be ideal to write a short reflection of situations encountered, emotions felt at the time, and what you learnt from it to make improvements for future experiences. I've enjoyed using the reflective template provided in this chapter as I can print it and add it to my portfolio, but it's completely up to you and doesn't matter what you use as long as you do find time to reflect. Good luck!



**Hey Gin, Medical School Applicant**

## When Should You Seek Work Experience?

It's never too early, but it may sometimes be too late!

Ideally try to get some medical work experience as early as possible. The more exposure you have to the medical world, the better. It is common for students to look for opportunities post AS levels, but if you have the chance to have some work experience earlier on...take it! This would be beneficial for you.

## How Should You Get Work Experience?

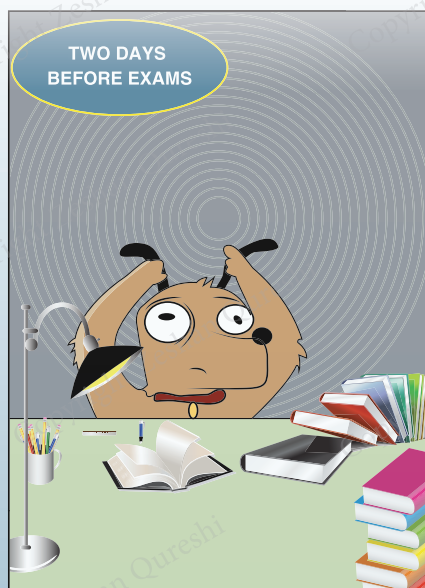
1. Speak to your school and ask them for any contacts they may have used for previous medical school applicants.
2. Use your personal contacts – write emails, make phone calls, ask any family, friends, or relatives that you may have.
3. Contact your local hospital/clinic/GP/medical trust and ask them if they have any opportunities.
4. Attend medical conferences and seminars. This is where you may meet clinicians with whom you can network. Send them your CV if they seem interested in helping you.
5. You could also directly contact a doctor who works in a specialty that appeals to you. It helps if you read up on them and learn about the procedures you might see. This knowledge will help you build rapport with your mentors.
6. Speak to anyone you think could help secure you some work experience.
7. Use your 'Getting into medical school portfolio' and create a personal CV of your achievements. Build this up as you get more experience in the field, covering GPs, hospitals, care settings, etc. Send this CV around to those who may be able to help you secure some work experience.

# CHAPTER 7

## MASTERING ENTRANCE EXAMS: THE UCAT AND BMAT

*Dupinderjit Rye and Gareth Lau*

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## HOW TO ACE ALL YOUR FUTURE EXAMS

Before we talk about the rather boring medical school entrance exams, let us focus on a couple of studying and exam preparation hacks, all based on science and used by successful medical school applicants and students worldwide.

### Applying the Science of Learning

As any respectable scientist would do, let's look for evidence-based answers and not base our opinions on assumptions any longer. A lot of research has been done on learning and studying theories over the years. The following common question emerged: How many hours of practice do you have to put in to be good at something?

#### 10,000 Hours

Perhaps one of the most widely known theories for acing a particular subject is the '10,000-hour Rule'. Some of you may already be familiar with this concept, as it has received a lot of attention over the years. Ten thousand hours to learn something new? That's quite discouraging, isn't it? That's years and years of deliberate practice in one particular area, or approximately three hours a day for ten years to be more specific! This must be false; otherwise we'd never learn anything new for the rest of our lives.

Here's the catch. The 10,000-hour rule was first introduced by Anders Ericsson, a professor at the University of Colorado. According to professor Ericsson, 'If you want to master a subject area, you need to spend 10,000 hours of work and practice in that particular area.' This theory was based on data from **expert-level** individuals in various fields. Ericsson was studying world-class champions, not people who just wanted to ace the UCAT! People misinterpreted Ericsson's theory over the years and concluded that 10,000 hours is all it takes to get 'good' at something. Further misinterpretation eventually led to people stating that 10,000 hours is what it takes to learn something new – which is completely ridiculous, to say the least.

#### Twenty Hours

Luckily, you won't have to spend 10,000 hours to get ready for the UCAT and BMAT. Famous psychologist Josh Kaufman researched the science behind learning and acquiring new skills. His research demonstrates that you can learn anything if you focus on individual skills for as little as twenty hours. To understand how this works, and put it into context, we've created a graph illustrating the science behind learning (Figure 7.1).

Let's take the learning curve and dissect it a little bit.

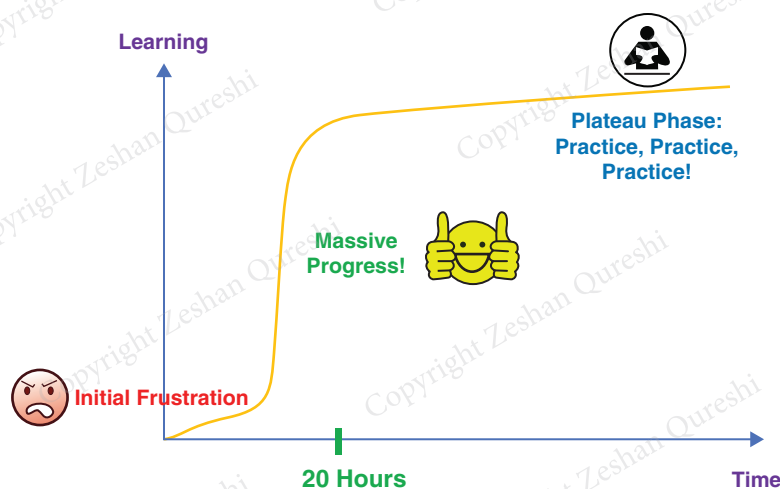


FIGURE 7.1. Learning Curve.



### 1. Initial Frustration

How many of you have tried learning to play an instrument or anything similar? Do you remember those first few days when all you wanted to do was throw the instrument away and get on with your life? In those moments, all you feel is utter frustration because you can't play the ukulele, especially when there's a YouTube video of a five-year-old kid who can!

Whatever you plan on learning – be it a language, swimming, or the UCAT – the initial phase is one of utter frustration. We don't like feeling stupid at all, do we? You see, our brain has two hemispheres. The left side is the logical, serious side, while the right side is the one jumping around feeling emotional, being creative, and having fun. When you learn something new, your left hemisphere tries suppressing your right hemisphere, because you're doing a crap job and making yourself look bad (especially when neighbours have screamed at your parents in despair three times already over the phone because you're playing the drums again). The duration of the frustration curve differs depending on what you plan on learning, but it's been roughly estimated to last for around five to six hours of focused practice.



When frustrated about learning ANYTHING new, the secret is to look back at all the things you've learnt in the past. Reflect, and take some time to observe how, after a bit of practice, you started getting the hang of that particular skill and your initial frustration was replaced by joy. Skiing, swimming, writing, and driving have become second nature for you because you've pushed through the initial phase of frustration.

### 2. Logarithmic growth

The magic happens during the second phase of the learning curve. As you can see on the graph, what occurs after around five to six hours of practice is that you rapidly climb up and experience a logarithmic increase in knowledge. This is because of the few core skills that you focused on during the initial learning phase. Instead of just strumming the guitar, you start playing actual chords. The transition is very smooth from your perspective, however, to the point that you may not even notice how good you get over time. It's the same with aging. You age a bit every single day and the only ones who notice are your old friends who haven't seen you for a year or more. In comparison, you see yourself every day in the mirror and so the transition is too smooth to be noticed. In our case, you play for thirty minutes every day, improving little by little until one day you are fairly good, but it didn't happen overnight; it took day after day of deliberate and consistent practice.

### 3. Plateau

Moving on to the third and final phase of the learning curve, once you've set the bases, you can build on them from there and become fairly good in around twenty hours of deliberate practice. Of course, that is twenty hours broken down in daily, focused practice, not spending an all-nighter to put in ten hours in one go. I am sure you already know why that won't work, since most of you are doing biology and have heard about synapse regeneration and memory formation during sleep. It also has to do with habitual learning. Do it often enough and it becomes a part of you – how many times do you have to think before you put socks on in the morning before going to school? You've done it so many times over the years that you got used to doing it; it feels normal and appropriate. Same with brushing your teeth.

This final phase of the learning curve is also known as the plateau curve. You've already learnt the basics. You are generally good at what you're doing and improving further is slow and steady, as you are now working towards an expert level. This is where the 10,000-hour rule comes in. However, the question is – why do you want to learn something? Do you want to drive because you want to have a car and it would make your life easier, or do you want to be a Formula 1 racing driver? Do you want to play the violin as a hobby or do you want to compete? Do you want to prepare for the UCAT just enough, so you can be better than other applicants and get a place in medical school, or do you want to write a book about the UCAT and start creating questions? The answer to these questions will provide a guide to how many hours you have to put in to achieve your goal.

## CHAPTER 8

# DISSECTING THE PERFECT MEDICAL SCHOOL PERSONAL STATEMENT

*Akanksha Subramanian*

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Sometimes I forget  
how to spell a word so  
I change the whole  
sentence to avoid  
using it.



## INTRODUCING THE PERSONAL STATEMENT

To put it simply, the personal statement is a 4,000-character (approximately 500 word) essay that should not exceed 47 lines. Yes, it's that specific. Four thousand characters (including spaces!) to cover all your achievements to date, together with your reasons for applying to medical school. As you can clearly gather from the word limit, they are looking for QUALITY, not quantity.



Don't think about the word count when you start. In fact, try to ignore it if you can. You will revise your essay at least twenty times before you submit your final draft!

I'm afraid you cannot escape the personal statement, as it is a compulsory step of the application process. To highlight its importance, admission tutors often call the personal statement 'your passport for the interview'. Don't blame us; we didn't make the rules, the Universities and Colleges Admissions Service (UCAS) did. By the way, if you're not familiar with UCAS yet, this is the perfect time to visit their website and understand how they work ([www.ucas.com](http://www.ucas.com)). UCAS works like Tinder: You apply to universities through their platform, then wait to hear back depending on whether they offer you a place or not. We've decided not to add further information here as everything is self-explanatory and readily available on the UCAS website.



Research each medical school entry criteria carefully. How much emphasis is put on the personal statement differs significantly between universities. Carefully select the medical school that best fits your criteria.

For example, Bristol Medical School has the following criteria:

- Personal Statement 50% (Half of your application – that's A LOT)
- GCSE 15% / A-level 15%
- UCAT 20%

On the other hand, other medical schools such as Exeter put more emphasis on your predicted grades and UCAT.

With this in mind, carefully screen your chosen medical schools. If you have a strong personal statement but a weak UCAT score, go for universities where the personal statement weighs more than the UCAT. Conversely, if you have a strong UCAT but don't really like writing your personal statement, go for universities that use the personal statement as a simple checklist.

A few years ago, I was in the same position as you. Oh, I clearly remember my personal statement. This statement might, rightly so, make you cringe; let me take this opportunity to explain myself.

Applying to universities can be stressful. It is when you begin taking the initial steps towards building the independent life you've always daydreamt about. As my friend described it, it is like walking up a spiralling mountain under a heavy cover of clouds, but never knowing where the cliff is. You're swamped with your research essays, extracurricular activities, last-minute coursework, keeping up with your grades (and the Kardashians), exam preparation, entrance exams, more exam prep – now add to this the application process. At this point in time, the uncertainty that arises from this monstrous pressure makes all of the above disorienting, scary, and aloof.

Going from a life where you know exactly what subject you have on your timetable at ten am three months from now – probably dreaded chemistry with Mrs Malini – to not having the slightest idea what you will be doing three months after you graduate (well, maybe this was just me, but the control freak in me was petrified of this uncertain future), you quickly realise you are approaching a very different time in your life.

While attempting to fit seventeen years of my academic life and personality into the small boxes and tight word limits of tedious application forms, I found myself questioning my value and abilities in a place where more was asked about my grades than myself.

This is where the personal statement (I later found it to be my personal cheerleader) easily got buried under my K2-sized mountain of work. I'm hoping that by the end of this chapter, you love these 4,000 characters the way that I grew to love them.

How on earth do you fit your whole life on one page, you may ask? In this chapter, we're going to be interactive. So grab a pen – it's time to get down to business. Let us take it at our own pace, shall we?

## Understanding the Personal Statement

First, it is important to understand the style in which personal statements are written, by various people, for the multitude of courses across the UK. There are several different types of medical school applicants, so the more statements you read, the more you will understand what is expected from you. When you read personal statements, you not only understand the essential components required and omitted from the 4,000 characters, but you also develop a taste for these essays. You notice what you like about someone's essay and what you'd like to see in your own, while you get a feel for things that are personally distasteful in your opinion.

To help you develop this taste and understand how to write a medical personal statement, we have compiled a set of personal statements for you to read and analyse. In your copy of this book, we included snippets from various personal statements, which have deliberately been left blank. This is for you to annotate with your thoughts on the paragraph – any noteworthy likes, dislikes, and ideas. Then, on the following page, you will find the same example paragraphs annotated to give you a breakdown of what we think about these successful personal statements. Use a highlighter or a pen and take notes. Be as proactive as you can. The more you put in, the more you get out of it.



It's crucial to understand that different medical schools have different core values and beliefs. This statement may sound vague at first, but let's consider Exeter Medical School. If you visit their website, you'll see they pride themselves on offering early patient contact, place the care of patients at the core of everything they do, and have a strong emphasis on transferrable skills (e.g. communication, empathy, listening, reflection, etc.). What if you're applying to Oxford or Cambridge? Carefully adapt your personal statement and make it more academic to be in line with their core values of research and scientific advancement. When applying, try to group medical schools that share similar values. This way, your personal statement will fit their preferences and style. If you remember one thing, please remember that DIFFERENT medical schools have DIFFERENT values and teaching styles.

At the end of this chapter, we have included five personal statements for you to read. This will help you understand the entire personal statement and evaluate the essay as a whole, while the example snippets included throughout this chapter will give you a sense of appreciation for the individual components of the personal statement.

To help you in your conquest of dissecting these essays, we've created a checklist of questions that you can go through when reading each personal statement. The checklist is followed up by three reflective questions you should consider for each personal statement.



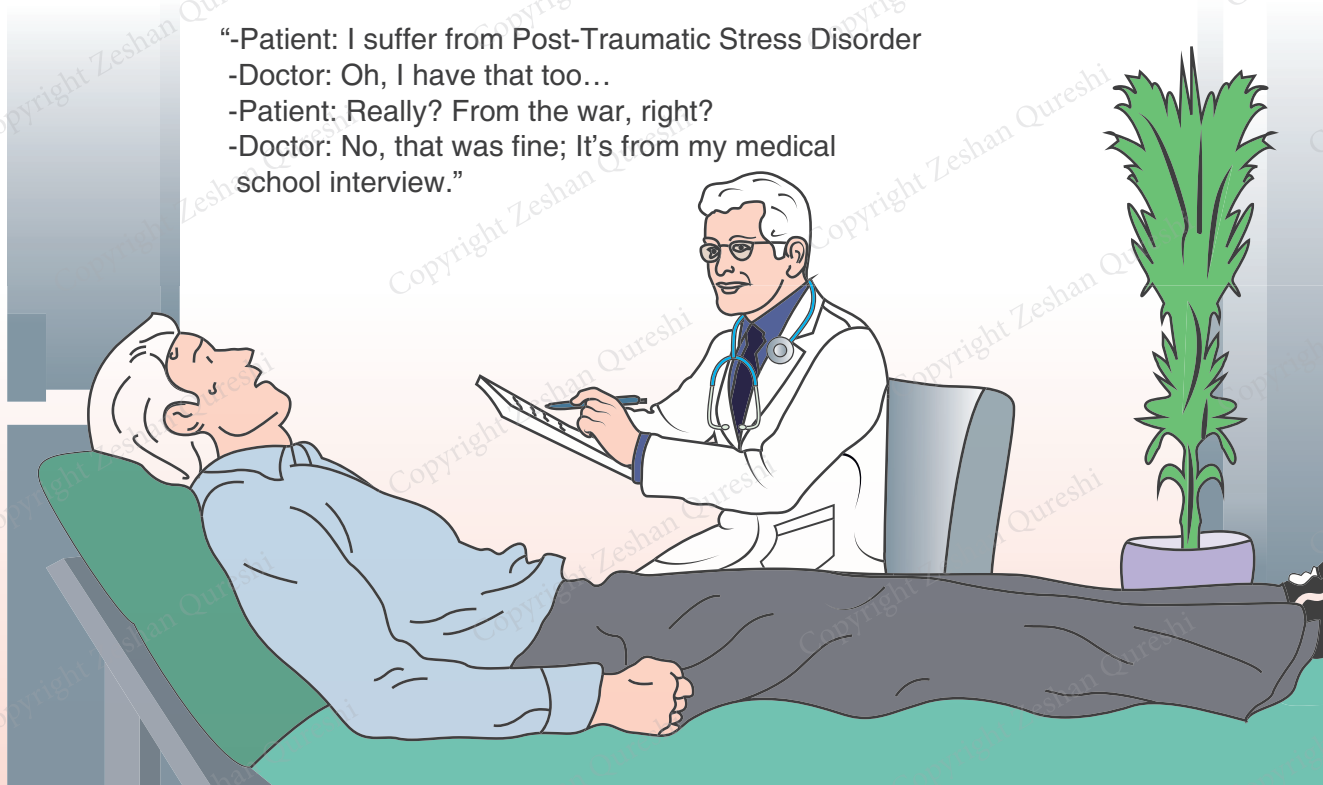
## CHAPTER 9

# ACING THE MEDICAL SCHOOL INTERVIEW

*Bogdan Chiva Giurca and Kiyara Fernando*

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“-Patient: I suffer from Post-Traumatic Stress Disorder  
-Doctor: Oh, I have that too...  
-Patient: Really? From the war, right?  
-Doctor: No, that was fine; It’s from my medical  
school interview.”



INTERVIEW FORMATS

If you’ve already got an interview, congratulations! You’ve overcome several obstacles to get here, and it’s now your chance to prove to the interviewers you’re worthy of a place at their medical school. This is your chance to shine and show how much you’d love to join their institution.

Interviewing for medical school is a trying time for most students. As you can imagine, there are thousands of questions that could come up in an interview situation. In this chapter, we focus on core themes and principles that can be applied to answer any question that may arise during your medical school interview.

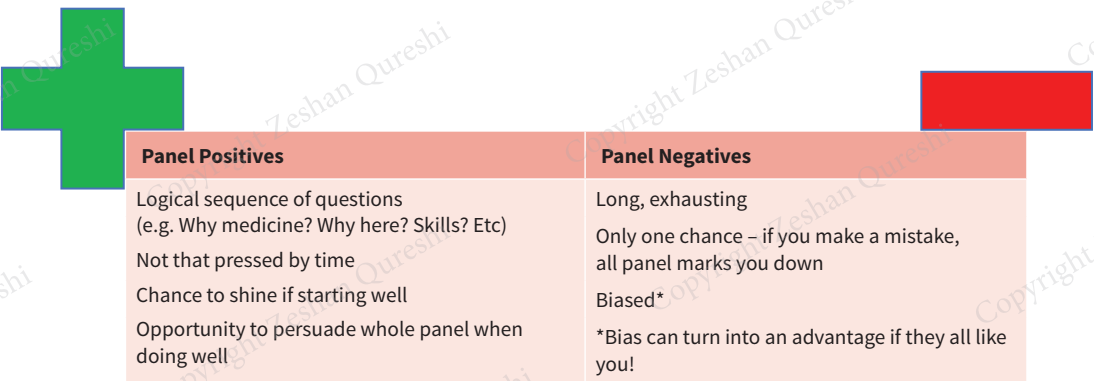
When it comes to tips and examples, we have anonymised real-life scenarios encountered by successful medical students and applicants like you over the years. A selection of tricks for mastering your interview is added towards the end of this chapter, as well as a non-exhaustive list of further questions that you should work your way through and test yourself with in your own time.

As you will see, some aspects are repeated throughout this chapter. This is not the silly authors repeating themselves again and again. This is to get you used to a couple of ‘buzzwords’ that we consider to be crucial for the medical school interview.

Let’s start with the basics. How many different types of medical school interviews are there?

Traditional interviews (Figure 9.1)

- Panel style interview
- Held by approximately three people
  - Perhaps a faculty member as chair
  - A student or a junior doctor
  - Another doctor or health professional
  - Could include a lay member of the public or a patient
- Twenty to 40 minutes



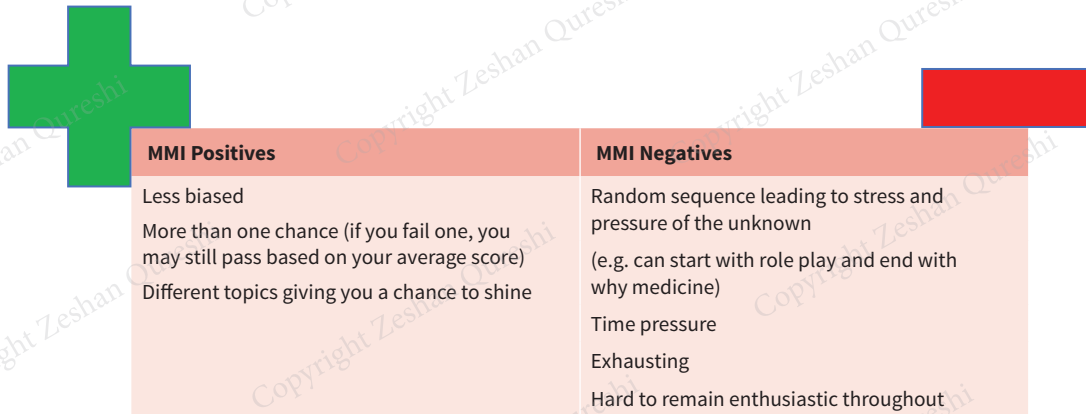
Panel Positives	Panel Negatives
Logical sequence of questions (e.g. Why medicine? Why here? Skills? Etc)	Long, exhausting
Not that pressed by time	Only one chance – if you make a mistake, all panel marks you down
Chance to shine if starting well	Biased*
Opportunity to persuade whole panel when doing well	*Bias can turn into an advantage if they all like you!

FIGURE 9.1. Traditional interview.

MMI: Multiple Mini Interviews (Figure 9.2)

- Increasingly popular amongst medical schools
- Consist of several short assessments, each around ten minutes
- You may be asked a question, asked to solve a problem or have to take part in role play with an actor.

- MMI interviews take between one and two hours approximately
- Most universities have around ten MMI 'stations'



MMI Positives	MMI Negatives
Less biased	Random sequence leading to stress and pressure of the unknown
More than one chance (if you fail one, you may still pass based on your average score)	(e.g. can start with role play and end with why medicine)
Different topics giving you a chance to shine	Time pressure
	Exhausting
	Hard to remain enthusiastic throughout

**FIGURE 9.2.** MMI interview.

## Group Interviews

- Recent addition made by some medical schools
- Groups of three to six applicants asked to work as a team
  - Take part in a team-building exercise (e.g. build a bridge from paper)
  - Discuss and debate controversial topic (e.g. euthanasia)
  - Take part in any other activity (e.g. Problem-Based Learning simulation)
- Short (usually five to ten minutes)
- Can be set up as one of the stations of an MMI or as a separate exercise upon completion of a panel interview

## Oxbridge Interviews

- Structurally similar to traditional interviews and focused largely on problem solving
- Highly academic in nature
- Typically abstract questions that focus on your reasoning process as opposed to answering 'correctly'
- Usually two or three 15-20 minutes long interviews (varies from one college to another)
- Each interview may have a different focus (e.g. maths, chemistry), then a discussion of questions such as 'Why medicine?'
- Each college takes a different approach – check thoroughly for any information available on their website

## What Do Interviewers Look for in a Potential Medical Student?

- Motivation, insight, and passion for studying medicine
- Knowledge of the course, the medical school, and the curriculum
- Knowledge of the career and its realities – the positives, the negatives, the career options, and role as a medical student
- Transferrable skills and personal aptitudes – teamwork, communication, leadership, empathy, etc.
- Commitment to the course – persistence and determination
- Work experience relevant to medicine – placements, volunteering, and extracurriculars
- Insight into the NHS – structure and core values, as well as past, present, and future issues that may be faced by the NHS

# CHAPTER 10

## A GUIDE FOR NON-TRADITIONAL APPLICANTS

*Gareth Lau and Jamie Christian Charlton*

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Being different is a good thing. It means  
you're brave enough to be yourself.



## NON-TRADITIONAL APPLICANTS

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We have dedicated our final chapter to those of you who may have an extra thing or two to think about when applying to medical school. Be it something to add to your personal statement, useful information regarding relevant differences in your medical school interview structure, or extra tests that you may have to go through, this chapter has got it covered.

In the first section of this chapter we cover key information regarding **Graduate Entry to Medical School**. This includes key differences and exams of which you should take careful note. We then move on to discussing special aspects that **International Students** should consider when applying, including quotes from successful international medical students.

We hope you'll never even have to think about this, but the truth is, there are a certain percentage of medical school applicants each year that will be rejected. This doesn't mean that you will never get into medical school and that your journey has ended here. This is why we've named our third section '**Not Ready Yet**' – to prove that all you have to do is be persistent and one day you will end up doing what you love.

Finally, over the years, we have also received a lot of questions about taking a gap year and re-applying. Our last section aims to answer some of the most frequently asked questions about these topics.

## GRADUATE ENTRY TO MEDICINE

---

Most people have the impression that all future medics are taken straight from secondary school with their impressive collection of A stars, commendations, medals, and trophies, but what is becoming increasingly recognised is the contribution of non-school leavers – in other words, graduates. It wasn't until 2000 that the first Graduate Entry Medicine (GEM) courses were offered by medical schools. Since then, the popularity and success of the scheme has seen the enrolment of graduates soar, particularly since it provides a route into medicine for people who made the decision to become a medic later in life, or for people like me who couldn't decide what they wanted to do with their first set of post-nominals.

This chapter isn't designed to contemplate the pros and cons of school-leavers vs. graduates (freshers vs. oldies) – there will be undoubtedly be sports matches and drinking games to that effect later on, but what this chapter aims to do is explain the process and concept of GEM to those who may be considering it. If, like me, you are joining medicine straight after receiving your degree, or several decades after it, then GEM is specifically designed to be your route into the profession. Make no mistake, having a degree already is not an automatic ticket into medical school, but it gives you an alternative way to prove yourself as a worthy potential future physician in a way that school-leavers aren't able to do. Medical schools have come to realise that not every applicant has wanted to be a medic since primary school, and many people try other careers or have families before they consider medicine as something they can envisage doing.

Medical schools also realise that academic qualifications aren't the sole determinant of an amazing doctor; rather, they look at the person as a whole, including their lived experiences and personality. It's all well and good being a Mensa 180 IQ genius, but if you haven't done anything else then you won't stand out as much as someone who has done other things to better themselves. This is where my bias for GEM surfaces, because school-leavers have a very slim window to prove themselves ahead of their colleagues; they have two years during their A-Levels (or IB) to get their work experience, study, play their sports, and gain their distinctions to try and gain an advantage in the interview. That's a lot to accomplish in a limited time, and kudos to those who make it, but graduates already have a degree (so they are already familiar with higher education), they have more life experience, and they possess a different perspective, because they have had time to see how medical school, and life as a doctor, would fit into their own lives, and maybe their partner's. Medical school, and the process of applying as a graduate, is going to be a long, difficult, and emotional journey, regardless of what stage in your life you go for it. However, you are not in

any way disadvantaged by applying to medicine as a graduate. If anything, you have advantages that you bring to the table that you might not even realise.

This section aims to expand on what GEM is, how it works, and whether it is for you. I am able to relate my own experience to this chapter, as can many other people who have been through the process, and I believe this insight is useful, as it not only explains how it works, but I can relate my own thoughts and emotions to the process in a way that a detached observer might not be able to do.

I didn't come out of the womb knowing that I wanted to be a doctor more than anything else in the world. It was a career I placed on the back burner during secondary school, and took off the hob and binned when I opened my first set of A-Level results. It was a crushing disappointment – my A-Levels were terrible, I'd failed chemistry, and the only doctorate I thought I would ever get was doctor of self-pity. It wasn't as bad as it sounds, my A-Levels went okay in the end, and I was delighted to be accepted to study geography at a Russell Group university. I am very happy with my first degree. I still love geography and I have no regrets, but it wasn't until I did a bit of digging that I discovered that I could actually apply to medicine with a degree already. Better yet, it didn't have to be a medical or biological subject! That was when my ambition to become a doctor got back on track. Even though your A-Levels might be wrong or you already have a degree, you can still have the 'right stuff'.



**Jamie, Graduate Entry Medical School Applicant, United Kingdom**

## So, What is Graduate Entry Medicine?

Graduate Entry Medicine is actually quite a broad term. On the whole, it is the different set of entry requirements that apply solely to a graduate, in order to be considered for medical school entry fairly alongside other candidates. After a long consultation, the first GEM schemes opened to applications in 2000, and the scheme has only been growing since. At the time of this writing, there are now fourteen UK medical schools that take graduates for GEM training. Good news, right? Well, this is where it gets complicated. There is currently no standardised way in which medical schools assess their graduate candidates. Each school has different pre-requisites. Some may need a certain combination of A-Levels whilst others don't even look at them, some may need a certain admissions test whilst others don't, and they all set their own requirements. Just because you don't meet the requirements of one school doesn't mean that is the case for all of them! Do your research and find out what they want – what is their version of the 'right stuff'. Do you have it?

Broadly speaking, medical schools place a lot of weight on A-Level predicted or achieved grades for school-leavers, whereas in GEM more emphasis is on your degree. Most processes will look at your degree subject and mark, your extracurricular experiences, admissions test marks, interview performance, and personal statement. I hate to break it to you, but just because you're a graduate doesn't mean you don't have to do homework anymore!

Just as there are different methods of entry between schools, there are also different types of GEM courses. I'm not talking about the differences between MBBS, MbChB, or MB BChir (they're all the same thing), but how the schools actually teach graduates. Some schools, like Warwick, knock a year off for graduates, who can join a four year 'accelerated' course. These courses are more intense and they have shorter holidays, but you get your degree faster. Other schools teach you no differently; you join your cohort as an equal with the school-leavers. It is entirely your decision what you think suits you, but hold that thought until I have broken down GEM a bit more first.