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Dr Chris Chopdar
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*Founders and directors of
Get into Medical School*



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***Get into UK
Medical School***
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**by Dr Chris Chopdar and
Dr Neel Burton**



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Introduction



So, you want to be a doctor. Great – clearly you love a challenge! Medicine is an exciting and varied career with interesting science underpinning clinical practice. Doctors meet a wide cross-section of society and help people through difficult times. The job can be tough, but it's also very rewarding when approached positively.

The first stage of your career is to prove to medical schools that you deserve the chance of training with them. Universities want to know that you're committed to a career in medicine and that you have a solid grasp of its rewards and challenges. They need to be certain that you can cope with the tough and unrelenting academic challenge of completing a medical degree, and they work hard to ensure that successful candidates have strong ethical awareness and good communication skills.

These varied demands mean that the application and selection process is dauntingly long and can sometimes be very frustrating. In fact, the prospect of this marathon application puts off a number of otherwise excellent candidates. So to study medicine, you need not only to have a broad range of skills, but also to be sufficiently motivated to put yourself through the application process. If you follow our advice and take things one step at a time, you can make things much easier for yourself and, hopefully, fulfill your dream of becoming a doctor.

We've been helping people get into medical school for many years. As doctors ourselves, we understand what medical schools require (and what medicine requires!), and ensure that our students know what they should be including on their applications. We also guide them through the selection tests that they face, such as the UKCAT (United Kingdom Clinical Aptitude Test) and the BMAT (Bio-Medical Admissions Test), and then help them to prepare for their interviews.

This book gives you the benefit of our accumulated experience. If you've got the talent and are prepared to put in the work, you should be well on your way to getting into medical school.

About This Book

We really want you to get into medical school; otherwise we'd have chosen a different title for this book! *Get into UK Medical School For Dummies* is aimed at intelligent, motivated people who quickly want to get to grips with a career in medicine and how to apply successfully to UK medical schools. We make this task as easy as possible, breaking down the various parts of the application process into short chapters and sections.

As well as teaching prospective medical school applicants, we're also psychiatrists and we leverage that background to show you some techniques to present yourself in the best light and cope with the stresses of the application process. These approaches help you apply successfully, and fortify you for the challenges of medical school and beyond.

In this book you find:

- ✓ Information on medicine as a career.
- ✓ What medical schools are looking for and how to acquire these skills.
- ✓ How to choose a medical school.
- ✓ How to apply to medical schools.
- ✓ How to write a compelling personal statement.
- ✓ Strategy guides and sample questions for the extra tests you may face: the UKCAT, BMAT and GAMSAT (Graduate Australian Medical School Admissions Test).
- ✓ Help on interview skills, including commonly asked questions and how to answer them.
- ✓ Some broader tips and strategies to help you navigate the sometimes confusing world of medical school applications.

Conventions Used in This Book

We don't use any strange conventions in this book. We write and arrange it as straightforwardly as possible, so that you can focus on the content. Having said that, here are a few basic conventions to be aware of:

- ✔ We use *italics* to highlight important words.
- ✔ We use **bold text** on crucial keywords in lists and to indicate correct answers in answer sections.
- ✔ We use this font for web addresses. Keep in mind that some addresses can be long, extending over two lines of text. Just ignore the line break when typing them out.
- ✔ We use the terms *applicant*, *candidate* and *student* interchangeably, and we do the same with *medical school*, *institution* and *university*.

What You're Not to Read

You can skip anything in sidebars – grey boxes with text in them – if you're in a rush. These boxes give you extra background information or relate a light-hearted anecdote. Taking occasional short breaks as you study is a good thing, however, and reading these sidebars helps you do just that.

Foolish Assumptions

Anyone who writes a book has to make some assumptions about the readers. In this book we assume that you want to apply to a UK university in order to study medicine. Some aspects of this process are the same in any country, and so you get some benefit even if you're applying elsewhere, but the bulk of this book is built around the assumption that you're applying to UK medical schools.

We also assume that you're prepared to put in some work. Little in life is handed to you on a plate and a place at medical school is no exception. If you want it, you need to invest time and effort.

We should mention that the sample questions we provide in this book are designed for revising applicants, to help them acquire the skills needed to answer a range of potential questions. The questions aren't designed to be used by test administrators. Also, this book focuses on an overview of the entire medical school application process so there isn't space to provide large numbers of questions for each exam. You will need to do many more practice questions than are contained here and we advise you on useful sources for these in the relevant chapters.

How This Book Is Organised

We divide this book into four parts to make the information more manageable. Most of the divisions are self-explanatory, but the information in this section helps you quickly identify the part you're looking for.

Part I: Targeting Medical School

This part introduces you to a career in medicine and how to choose and apply to medical schools. In Chapter 1 we sketch out the pros and cons of studying medicine and being a doctor. We also give you some pointers about what kind of person tends to be successful in applying to medical school. Perhaps more importantly, we think about what kind of person makes a happy, successful doctor.

In Chapter 2 we help you choose between the UK medical schools. We describe the points of difference between universities and the current funding situation in the UK. Chapter 3 provides a clear timeline for the application cycle, incorporating all the various hurdles in your way. We also point out the specific challenges that graduate and international applicants have to deal with.

Chapter 4 covers academic and non-academic entry requirements, explaining the importance of extracurricular activities and work experience. Chapter 5 is all about writing a strong personal statement for your application form. The personal statement is crucial to the shortlisting process, and so it pays dividends to focus on creating an excellent text.

Part II: Sitting the Tests

The chapters in this part describe the extra selection tests that many universities require candidates to take. In Chapter 6 we explain the UKCAT, including how and when to apply, and review its structure and timings. Chapter 7 contains a small selection of sample questions. (You can find many more practice questions in our companion book, *UKCAT For Dummies*.)

Chapters 8 and 9 review the BMAT and provide a selection of sample questions, respectively, and Chapter 10 covers the GAMSAT format.

Part III: Preparing for Interviews

This part explains the importance of interviews to the selection process and prepares you for the questions you may encounter. Chapter 11 discusses interview technique, including controlling body language and tone of voice, and Chapter 12 reviews the most common interview questions along with strategies on how to answer them effectively.

Chapter 13 contains an overview of the UK's healthcare system and some of the current challenges facing it, as well as discussing some common ethical quandaries that clinicians come across. The vast majority of newly qualified doctors commence practice in the NHS (National Health Service) and many work their entire careers in it. Medical interviewers are keen to ensure that students are going to be capable of working within its structures and so frequently ask about current controversies and the medical ethical issues that arise. This chapter prepares you for these questions.

In Chapter 14 is information on your next steps after an interview, including how to choose between offers and prepare for life at medical school. We also assess your options if you don't receive any offers.

Part IV: The Part of Tens

Every *For Dummies* book comes with a Part of Tens: sets of concise tips designed to boost your productivity. We focus on strategies to help you stand out from the crowd of applicants in Chapter 15 and provide tips to cope with the stress of applying in Chapter 16.

Icons Used in This Book

Throughout this book, we use icons in the margins that flag up important information. Here's what they mean:



This icon highlights the most important information and insights in the book. We suggest you read this material carefully.



Anyone can look up facts; our experience gives you strategic shortcuts to simplify your approach to the application process. We mark these hints in the text with this icon.



Selection processes for medical school can be tricky. This icon flags up potential pitfalls that many candidates fall into. Avoiding these mistakes dramatically improves your odds of success.



Some aspects of the selection process are underpinned by a lot of research and testing. You don't need to know this in order to get in, but understanding just why people are asking you to do things can sometimes be useful. This icon marks these explanations.



Beside this icon we include some quick exercises to make this book as practically useful for you as possible. We design them to help you get ahead of the competition, especially in areas that many candidates find tricky.

Where to Go from Here

You can read this book cover to cover for a full overview of how to get into medical school or cherry-pick those parts and chapters that address the bits you're most worried about. If you need to get on with your UCAS personal statement, turn straight to Chapter 5 now for some invaluable guidelines; if your UKCAT is fast approaching, revise the content of Chapters 6 and 7; or if you have a looming medical school interview, Part III is waiting for you to check that you're not missing anything vital.

The choice is yours; the book's structure is flexible enough to be used whichever way meets your needs the best.

For more about applying to medical school in general, further resources are on our own website (www.getintomedicalschool.org). And for updates about the application process (relevant dates, contact information, and so on) and changes to the tests visit us at www.dummies.com/go/getintoukmedicalschool.

We both wish you the very best of luck in your future career. And remember, one day we may be under your medical care, and so we have every interest in making sure that talented students succeed and get into medical school!

Part I

Targeting Medical School



"And if you can't get enough funding from the State, there's always other sources."

In this part...

Part I is about getting to grips with the challenge of applying to medical school. The application process seems long and tiresome but breaking it down into smaller chunks makes it much easier to digest.

Your first step is making a positive choice to become a doctor. Then you need to choose some medical schools, successfully complete your application and meet the academic requirements. On top of all this, you need to get the right sort of work experience to complement your extracurricular activities in demonstrating your commitment and aptitude for medicine.

The chapters in this part cover each of these steps in turn, culminating in a chapter on how to write your application to present yourself in the best possible light.

Chapter 1

Deciding whether to Study Medicine

.....

In This Chapter

- ▶ Understanding the pros and cons of a career in medicine
 - ▶ Discovering whether you have the necessary qualities
 - ▶ Introducing the UK's medical schools
-

Medicine is unique. Life as a doctor is intensely rewarding and satisfying. At times, it's demanding and stressful. Applying to, and studying at medical school parallels these highs and lows. It's the start of a great adventure.

When thinking about a career as a doctor, you need to ask yourself whether you have what it takes to get into medical school and, perhaps even more importantly, whether you possess the necessary qualities to be a great doctor. In this chapter, we give you the information you need to answer these two crucial questions. We also introduce you to the system of UK medical schools and training, and onto starting your career as a doctor.

Working as a Doctor

Medicine is one of the most privileged professions to follow – as well as one of the most challenging. Applying to medical school is a serious decision. To be a good candidate, you need to understand the rewards and risks of being a doctor and make a balanced, mature decision that devoting yourself to a medical career is what you really want from life.

To help, we go through the positive and negative aspects of modern medicine, with a focus on UK practice, so you appreciate what you're getting yourself into.

Knowing the benefits

Medicine has a lot going for it as a career. It's enjoyable and the skills you learn are invaluable and highly transferable. In this section, we present some of the many upsides.

Enjoying the variety

Although some basic scheduling is involved – such as fitting professional activities around outpatient clinics and perhaps managing ward patients in hospital – one of the best aspects is the sheer variety and excitement of everyday life as a doctor. The people you see and what you do on any given day vary enormously and you meet an entire cross-section of humanity. That unpredictability is challenging but fun, and lends a certain buzz to a day's work.

You get to adapt to different situations, too, and the very act of helping other people can be highly rewarding. Dr Cox, the acerbic physician on TV's *Scrubs*, jokes that 'all doctors are praise addicts' and a kernel of truth lurks in that statement. Mind you, we'd rephrase it to say that 'doctors enjoy doing a task well, and few tasks are more worthy than being able to help when no one else can'.

Not as punchy a line, admittedly!

Relishing plenty of career options

As with many professional jobs, doctors are responsible for keeping their skills up to date and checking that their practice meets the best standards, as well as investigating and deciding upon the best way to do things. These educational, developmental, management and research or audit roles form part of a doctor's week and many medics enjoy these activities. Some doctors enjoy them so much that they form the bulk of their working lives. For example, academically-focused doctors work as university lecturers and researchers. Other doctors choose to work in the private sector, perhaps as a clinician or doing research and liaison work with pharmaceutical companies. Others still opt to work for charities, in their home country or internationally.

Some medics work on hospital management boards and in conjunction with the Department of Health or other political and lobbying organisations. A few doctors even run for elected office!



A career in medicine offers such a wide variety of potential roles that you're almost certain to identify a niche you love. Of course, getting that ideal job can be difficult but the opportunities certainly exist.

Recognising other benefits

Although doctors don't like to talk about them much, other slightly more selfish plus points apply to being a doctor. But they're an important part of people's lives, and so we need to talk about them openly and honestly:

- ✓ **Money:** Sadly, very few doctors end up fabulously wealthy. If you want bags of money, medicine isn't the right career for you; may we suggest hedge-fund management instead? However, medicine generally offers a very comfortable income.
- ✓ **Social position:** The general public regularly place doctors highly in surveys asking people to name professions they trust and respect the most. This social status is gradually fading as the result of wider cultural changes but some of the traditional respect accorded to doctors still remains.
- ✓ **Personal identity:** Being a doctor becomes part of your identity and sense of self. From your first day at medical school you begin to discover what a doctor does, how a doctor behaves and what's expected from you. This professionalisation continues throughout your training and subsequent career and subtly alters the way you see yourself. This feeling isn't something you can easily define or shrug off, but most doctors rather like it.

Accepting the downsides

Practising medicine isn't a land of milk and honey; it has significant problems, challenges and petty hassles. When considering applying to medical school you need to come to a balanced view of whether the benefits that we describe in the preceding section outweigh the hardships.

Facing the physical and mental demands



Being a doctor can be intellectually demanding, emotionally draining and even physically exhausting. You're responsible for patients in real physical or psychological pain, and you have to deal with distraught and sometimes angry members of the public. Also, you have a lot to learn in a short space of time.

Regarding physical exhaustion, we both remember doing very long days 'on take' as junior doctors, being the first people to see sick people referred to hospital by GPs. Some days, it was so busy that we didn't get a chance to eat anything or even go to the loo. Medical life can be hectic and stressful. Even with the best will in the world, finding time to look after yourself can be tricky.

Life is now a bit easier than when we started out. European legislation reduced the number of hours junior doctors work in an average week and increased the amount of support and supervision they get from senior colleagues. However, a reduction in hours doesn't necessarily make life less stressful. If each doctor works fewer hours, they have to work more intense and antisocial shifts to ensure 24-hour clinical cover in a hospital, with fewer specialists available in a crisis situation. Moreover, without care, extra senior supervision can drift into extra bureaucracy and diminished autonomy. We write about working hours in more detail in Chapter 13, along with a discussion of all sorts of current topics and contemporary issues.

Dealing with paperwork

Bureaucracy has always been a fact of life in medicine and the NHS. But over the past 10 to 20 years, the paperwork has multiplied. The reasons are complex; the result is that administrative work takes up an ever-increasing amount of a doctor's day, often spilling over into personal time. It can be very frustrating.



When you combine more administrative work with fewer hours of clinical work, you end up with reduced opportunities to gain experience and hone skills. This situation can lead to doctors with insufficient experience working outside the scope of their competence. The consequences are potentially lethal for patients and some systems have been put into place to prevent this problem, but systems are rarely perfect.

Developing patience

Medicine, especially in the NHS, can be quite hierarchical. Advancing to the next grade ahead of a pre-determined schedule is difficult, regardless of your talent. The NHS features a definite element of having to serve time. This time can be instrumental to gaining experience, but remaining patient can be tough. Applicants to medical school are naturally highly aspirational, keen to step up to the next level. To progress in medicine you need to temper that positive drive with copious amounts of patience.

You also need patience and persistence to cope with endless exams and appraisal. As we relate in Chapters 6 to 10, you may need to take tests even to be shortlisted for a university interview, and the application process is almost one year long. Medical school itself generally lasts five or six years and is crammed full of more tests, culminating in medical finals. Later, you sit Royal College exams for your chosen area of specialisation, spanning yet more years. And after that come annual appraisals of professional development and five-yearly revalidations of your fitness to practise medicine. Sometimes, the regulatory burden seems immense and unfair.

We don't discuss these downsides to put you off medicine, and you do receive training to mitigate the impact of many of these difficulties. We just want you to be aware of them so that they don't hit you like a freight train when you start.



Being aware of the downsides allows you to make a balanced decision about being a doctor. It also helps you explain that choice during the medical school selection process, such as when writing your personal statement and answering questions during interviews (check out Chapters 5 and 12, respectively).

Succeeding as a Doctor

Doctors share some key individual traits. These personal qualities are refined during training but can't be wholly taught. As a result, medical schools try to select candidates who show signs of possessing them.



No one can consistently display all these necessary qualities and naturally some people are stronger in some areas and weaker in others. Medical schools don't expect perfection; they want potential.

We now detail some of these desired characteristics, such as enjoying dealing with people and continuing to learn, making stress work for you and having a strong ethical foundation. When you know what makes a good doctor, you can decide whether you measure up, and also tailor your upcoming work experience and extracurricular activities to highlight these qualities. Turn to Chapter 4 to find out more about what medical schools look for in applicants.

Liking people and communicating well

Liking people is a crucial prerequisite to being a good doctor. Medicine isn't just science; it blends scientific knowledge with wisdom and humanity in order to improve quality of life. You meet people every day and if you don't like them, you're going to find fulfilling this requirement difficult.

Liking people manifests differently depending on personality. Very basically, an extrovert doctor may feel energised by talking to others and working in a team, whereas an introvert may get a similar buzz from observing situations, figuring out what makes people tick and how to influence situations positively. For an interesting take on these different qualities, check out the sidebar 'Inward looking or outgoing?'

Both introverts and extroverts can be great doctors. One type isn't better than the other and medical schools like to train a range of different people to become doctors. You need to understand how you relate to other people and use that self-knowledge to improve your communication skills. It's about using your natural tendencies to your best advantage and, of course, to that of your patients.

You don't have to be loud and sociable in order to prove that you like people. In fact, some of the loudest people probably don't like others; they may well just like the sound of their own voice!

As well as liking people, doctors need to communicate effectively with them. Some studies suggest that patients forget about 80 per cent of what a doctor says, but this isn't necessarily the doctor's fault. A medical consultation can be nerve-wracking and that distraction can impair a patient's memory.



Good communication skills limit the damage by ensuring that patients feel heard and understand what you're talking about.

Some people are natural communicators. They know when to talk and when to be silent. Their innate empathy and intuition gives them the knack of judging what other people may be thinking. Placing yourself in someone else's shoes and guessing what they're thinking is called *theory of mind*. People with good theory of mind are potentially great communicators. Most people aren't this naturally talented, but practice helps improve communication skills.

The key is to consciously consider what other people may be worried about. Suppose you want to stay out late at a party but your parents insist on a curfew of midnight. Put yourself in their shoes; what are they concerned about? It's unlikely to be the time itself. The time is a proxy marker for a range of other worries about what you might get up to if given too much leeway.

Arguing about the time is therefore unlikely to result in a later curfew. If anything, it will make your parents more concerned about what you might be planning. Instead, a more appropriate strategy would be to reassure them about your plans. Give them information about where you'll be, who you'll be with and what you'll be doing. Tell them you'll give them a call at some point during the evening to check in (and stick to that promise). You might not get an extended curfew this time, but by addressing the actual concerns rather than an arbitrary time limit, you're far more likely to build up enough trust to get it lifted next time.



Inward looking or outgoing?

Psychiatrist Carl Jung, drawing on playwright-philosopher Friedrich Schiller's fertile correspondence with the poet Goethe, suggested that the conscious mind of the introvert is driven largely by the ego (the internal sense of self) while their sense of relatedness (emotional response) to objects in the external world is diminished.

By contrast, the extrovert is captivated by the world and their relationship to it, with the ego secondary to this. Jung said that 'the extrovert discovers himself in the fluctuating and the changeable; the introvert in the constant.' Emotional experience is 'positively painful' to the extreme introvert but for the extrovert 'it must on no account be missed'.

No statement better illustrates this difference than when introverted Schiller wrote to the extrovert Goethe: 'You have a kingdom to rule and I only a somewhat numerous family of ideas which I would like to expand into a little universe.'

Formal personality tests exist to determine whether you're an introvert or extrovert and it can be fun and revealing to take them. But most reasonably insightful people will be able to read Schiller's statement and correctly intuit which group they belong to. Once you know that, you can begin to work on developing your communication skills and optimise your chances of getting into medical school and being a good doctor.

That's a small practical example of how theory of mind gets you positive results. And notice that not only did you get something out of it, but so did your parents. Negotiations succeed because both sides win something, not because one side wins the argument and the other loses.

You can develop theory of mind in lots of little ways.



Next time you're sitting in a café, take time to subtly study other patrons. Try to guess what they're doing there, what the relationship is with the other people they're talking to, what sort of place they work at and what they might be feeling or thinking. You may even be able to hear enough of their conversation to check whether your guesses were right.

Of course, don't be intrusive or rude. We're talking about being an active observer of life, not becoming a nosy-parker!

Medical schools are very keen to select candidates with excellent communication skills (and look for and may directly question you about it in the interview, as we describe in Chapters 11 and 12).



Coupled with academic ability, effective communication is a potent predictor of being suited to medicine. It greatly reduces the odds of doctors receiving complaints; most such proceedings stem from misunderstanding, confusion and hurt feelings rather than malpractice.

The other great advantage of good communication skills is that they let you adapt to dealing with different kinds of people. Doctors meet a wide cross-section of the public, both as patients and as colleagues. Being good with people helps you fit in smoothly, making your job much easier.

To find out more about good communication skills and how you can develop these, pick up a copy of *Communication Skills For Dummies* by Elizabeth Kuhnke (Wiley).

Enjoying intellectual activity

You don't need to be a genius to be a doctor, but you do need to be able to absorb vast quantities of information accurately and rapidly. For that task, having an excellent memory allied to good organisational skills and an inquisitive, logical mind is extremely helpful.

A strong science inclination is important, especially for dealing with the first couple of years of medical school. After that, you'll have a lot of scientific knowledge to memorise but you start to problem solve as well, which is when being logical comes in very handy. A lot of clinical practice depends on spotting similarities and differences to situations you've already been in.

Take the case of someone coming into the Accident and Emergency Department (A&E) with chest pain. Modern medicine instantly invokes a barrage of investigations to diagnose the cause, but a good doctor is simultaneously narrowing down the potential different causes of the chest pain through questioning and examining patients and mentally comparing the data to previous cases. For more on this type of problem-solving, take a look at the nearby sidebar 'Introducing algorithms and heuristics'.



Problem-solving skills can be improved. Any activity that encourages lateral thinking and decision making is likely to improve your ability to solve problems. An example is the positive effect that familiarity and practice has on exam performance. But unrelated activities can also boost cerebral skills like pattern recognition, deduction and lateral thinking. Activities as diverse as crossword or riddle solving, chess, art and debating all encourage the development of these skills.