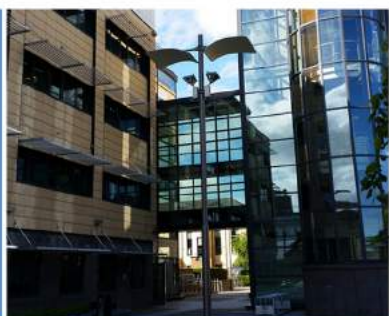


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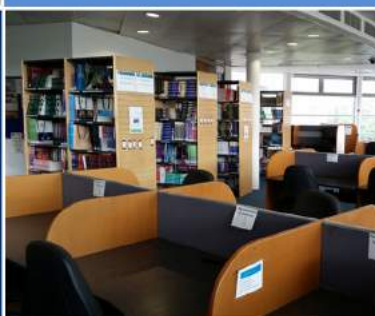
Scottish Wider Access Programme



Medical Applicant's Handbook



Andrew Mooney



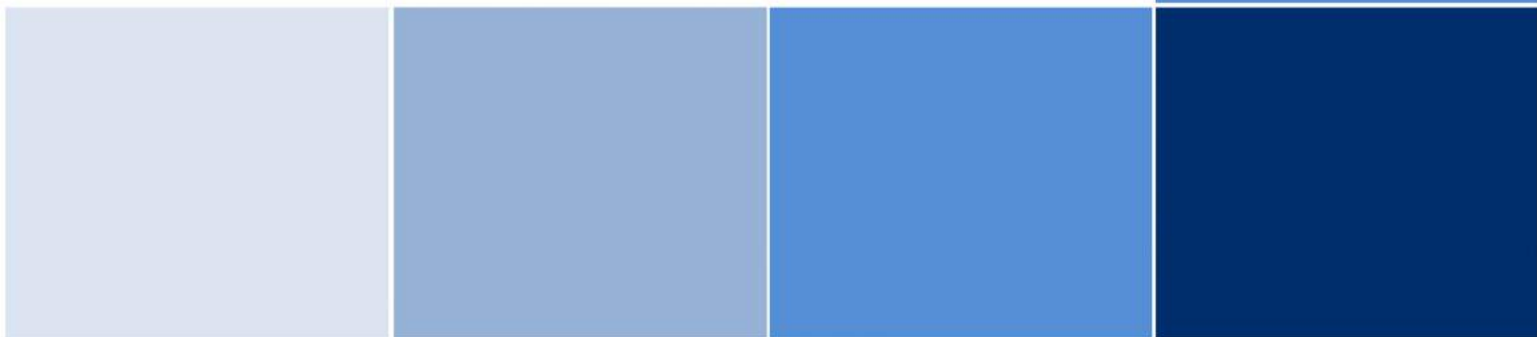


SWAP

Scottish Wider Access Programme

Medical Applicant's Handbook

Written by:
Andrew Mooney
University of Glasgow



Acknowledgements

This document was produced whilst I was a third year medical student at the University of Glasgow, having successfully completed the SWAPWest Access to Medical Studies course three years previously. Having successfully undertaken the first two years of the medical curriculum at the University of Glasgow, I felt that it would be beneficial to produce a document of this nature, which would provide information on university life from the perspective of a medical student. In doing so, I was provided with a significant level of information and support by Dr Lisa Marsilli, development officer at SWAPWest. Thanks also go to Kenny Anderson, Director of the Scottish Wider Access Programme. Further thanks go to Dr Joanne Burke, SSC Director and Senior Lecturer at the University of Glasgow, and Dr Nana Sartania, senior lecturer at the University of Glasgow, for providing advice and information that was of great benefit to the creation of this document. Furthermore, the input from Dr Daniel Keenan, Widening Participation Officer at the University of Glasgow, was also of significant benefit.

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Introduction

Such advice includes everything from study technique, to information on finances, effective time-management, childcare, and how to make the most of the university experience. For a mature student, a period of study is seldom only about the study itself, and it is hoped that, by providing as much information as possible about such aspects of student life in one document, that the transition to university life is as smooth as possible.

In keeping with the remit of SWAPWest, this document has been written with an emphasis on the study of Medicine at the University of Glasgow. This is largely due to the fact that the Access to Medical Studies course has a longstanding relationship with the University of Glasgow.

However, it is hoped that students who apply to alternative universities to study Medicine will nevertheless find a considerable amount of information within this document which is pertinent to their own application. It is therefore envisaged that this document will be of use to applicants to all universities, in the hopes of making their own applications a success, and not solely those who apply to the University of Glasgow.

Although not an exhaustive resource, it is envisaged that this document will prove to be a useful source of information for students during their application and thereafter. However, in order for students to be successful in their application, it must be stressed that the information contained within this document must be used in conjunction with information from other resources, of which there are many.

Indeed, it is necessary to consult current doctors and medical students, utilise online resources, alternative texts, and ultimately be as proactive as possible in order to be successful in your application to medical school. Medicine, as a profession, is one that is conducive to lifelong learning, and this process of lifelong learning is one which has already begun prior to you reading this document, and which will continue long after having done so. It is therefore vital that you utilise as many different resources and sources as information as possible, in order to facilitate this path to becoming an effective medical practitioner.

This path, although difficult, is one which leads to what is arguably one of, if not the, most rewarding professions. We can only hope that, having produced this document, that we have made this journey toward this most rewarding of professions just that little bit easier.

A Career in Medicine

Medicine is, first and foremost, about helping people. Therefore, in order to become a truly good doctor, you will first and foremost have to be passionate about helping others. If you possess both a strong desire to help others, and also the determination and dedication to work hard and achieve a very high standard, then you will subsequently have the opportunity to become a part of a highly-valued and extremely rewarding profession.

However, in order to reach a position whereupon you are able to make a real difference in the lives of others, years of hard work and dedication are required. This hard work, for many, begins in secondary school. However, as mature students on the Access to Medical Studies course, this hard work may have already begun prior to your application, and will continue throughout the next academic year, and beyond.

A career in medicine is one which necessitates lifelong learning, and this is a process which begins now for you.

What Makes a Good Doctor?

There are a number of general traits, attributes, and skills which are ultimately conducive to an individual becoming a good doctor. Such traits/attributes include:

- A caring and compassionate disposition
- Committed
- Good communication skills
- Honesty
- Ability to show initiative
- Displays leadership
- Organisation skills
- Responsible
- Respects confidentiality
- Has a spirit of enquiry
- Team player
- Has ability to teach others
- Empathetic nature

Furthermore, doctors must recognise that pursuing a career in medicine is in itself a commitment to lifelong learning. This is largely due to the fact that change in the medical profession is a constant, no matter which medical specialty you are a part of. A commitment to lifelong learning is therefore of the utmost importance.

A Career in Medicine

What Makes a Good Doctor?

The roles and responsibilities of a medical professional are numerous, and include some of the following:

- A Concern for People - Empathy
- An Enquiring Mind
- An Interest in People
- A Rational Approach
- An Open Mind
- Imagination
- Ability to Work Effectively Under Pressure
- Work Ethic
- Patient With Others
- Determination
- Decisiveness
- Humility
- Commitment to Lifelong Learning
- Academic Ability - The Ability to Retain Large Amounts of Information
- Problem Solving - The Ability to Synthesis Incomplete and Often Conflicting Information in Order to Formulate a Diagnosis.

A Career in Medicine

Medical Career Pathway

The career pathway of a medical professional is initially a common pathway, before diverging after the foundation programme, which lasts for a duration of two years after completing a medical degree at university. This pathway, for many, will begin when choosing the requisite subjects at school for the study of Medicine, and also accruing work experience at this stage.

A summary of common medical career pathways is shown in figure 1 below:



Figure 1: Diagram showing a summary of the possible career pathways in the medical profession.

A Career in Medicine

Medical Specialties

At present, there are more than 60 different medical specialties to choose from in the National Health Service. These vary from hospital-based specialties, to primary care specialties, amongst others.

Some examples of medical specialties include:

- General practice
- Surgery
- Anaesthetics
- Gastroenterology
- Paediatrics
- Neurology
- Endocrinology
- Psychiatry
- Emergency Medicine
- Care of the Elderly Medicine
- Ear, Nose and Throat Medicine (ENT)
- Orthopaedics
- Ophthalmology

There are also numerous other medical specialties in addition to those listed above. Each respective specialty entails its own specific skillset, coupled with a core medical knowledge, in order to provide an effective health service, which caters to the needs of the general public.

A Career in Medicine

General Practice

An often-quoted statistic is that more than half of all medical students will go on to become General Practitioners (GPs). This is largely because healthcare is gradually transitioning from secondary care (in hospitals) to primary care (in the community). Hospital stays for patients are now generally shorter than they previously would have been, and also because a number of chronic diseases, such as asthma, arthritis, and hypertension, are now largely managed by GPs in a community setting.

This growing emphasis on community care has led to an increasing demand for General Practitioners in the NHS, and this subsequently means that General Practice is a route which many medical students will subsequently take upon graduation.

With regards to the nature of a career in General Practice, GPs are sometimes described as being the 'gatekeepers' of the NHS. Through their role in a primary care environment, GPs often provide the first point of contact for millions of people in the United Kingdom each year, with health enquiries ranging from the common cold, to reproductive problems.

By acting as the first point of contact for the vast majority of all patients in the United Kingdom, this therefore makes the General Practitioner (GP) ably positioned to assess the condition of the patient, and to either investigate or treat their illness in a primary care setting, or to subsequently refer them to a hospital-based specialist for the purposes of further investigation and treatment.

In doing so, GPs are subsequently able to determine the access of a particular patient to specialist NHS services, hence the description of GPs being the 'gatekeepers of the NHS'.

It is through this provision and subsequent application of a sound general medical knowledge in the community setting that GPs are able to provide an effective and continuing healthcare service which is the first point of contact for individuals, families, and communities alike. Moreover, this healthcare service is also as close as possible to the everyday lives of such individuals, as it is situated within the very communities in which the individuals themselves live and work, thereby improving its overall accessibility and efficacy.

A Career in Medicine

General Practice (Continued)

As such, the NHS requires a significant number of GPs, in order to meet the health requirements of the United Kingdom.

However, in order to effectively implement such a service, the NHS requires a significant number of GPs who are proficient in four key skills:

- The ability to develop close interpersonal relationships with patients:
 - This enables the GP to accrue an intimate knowledge of the individual, and to subsequently solve undifferentiated problems presented by patients in the context of these relationships.
- Preventative skills:
 - These enable the GP to identify the development of early risk factors for disease, and the 'departure from normality' in such patients, in order to ensure that illness is prevented from arising in the first instance, as opposed to having to treat an illness or disease that has arisen.
- Therapeutic skills:
 - These enable the GP to maximise the doctor-patient relationship in order to maximise all kinds of therapy for the benefit of the patient.
- Resource management skills:
 - The subsequent deployment of the resources of the community and the health care system for the benefit of patients.

However, there may also be added responsibility to being a GP. For example, if a GP becomes a 'GP partner' then they are essentially involved in the running of the GP practice. This is not dissimilar to running a company.

A Career in Medicine

General Practice (Continued)

However, there may also be added responsibility to being a GP. For example, if a GP becomes a 'GP partner' then they are essentially involved in the running of the GP practice. This is not dissimilar to running a company.

Throughout Scotland, the National Health Service is divided into 14 regional health boards, which are:

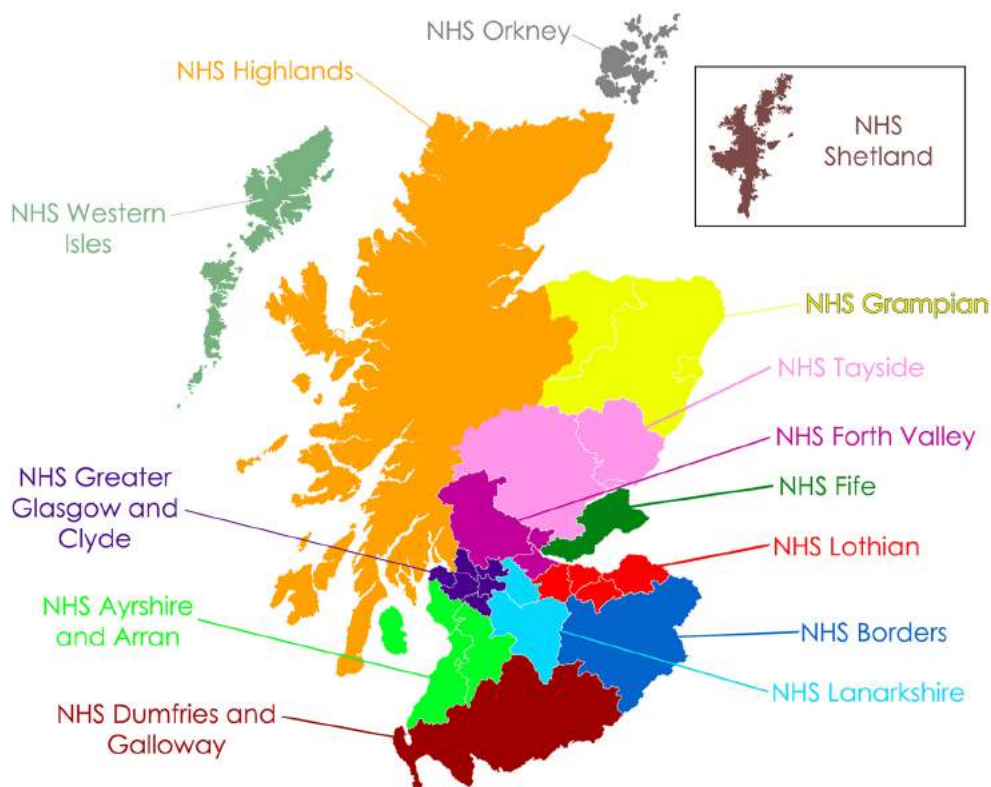


Figure 2: Map of Scotland detailing the 14 different NHS Health Boards.

Each of these regional health boards is further subdivided into Community Health Partnerships, which help to facilitate the provision of local services more effectively. This includes the provision of primary health care, such as those delivered by GP surgeries.

In this context, the day-to-day running of a GP practice is not entirely dissimilar to running a business. The GP practice is essentially a contractor working on behalf of the Community Health Partnerships, and the Regional Health Boards themselves, in order to deliver primary healthcare services to the local population.

A Career in Medicine

General Practice (Continued)

The GP partners, as those who are in charge of the GP practice, are responsible for ensuring that the practice does this effectively, and proficiently. This may often entail ensuring that the practice achieves targets which, for example, may include:

- A predetermined percentage of elderly patients and young patients being given flu jabs.
- A certain percentage of women aged between 20 and 60 being given cervical smear tests.
- Reduced number of patients suffering from hypertension, cardiovascular disease, obesity, etc, in relation to the demographics of the local area.

By achieving targets such as these, this ensures that the GP Practice is paid by the Community Health Partnership, and is subsequently able to continue running effectively. Therefore, the smooth running of the GP Practice is dependent on the performance of the practice itself. It is therefore the role of GP Partners in order to ensure that the practice achieves the required levels of performance.

Furthermore, having been remunerated for achieving the requisite performance levels, it is subsequently up to the GP Partners to allocate the funds given to them in order to ensure the smooth running of the practice. This includes:

- Payment of staff
- Which drugs and treatments are provided by the practice
- Costs for overheads

It is therefore apparent that the role of the GP is one which requires not only a sound medical knowledge, but also a certain degree of managerial and business acumen. However, if the added responsibility of running a GP practice is not something to which you feel that you would be particularly well suited, then there is also the possibility of being a salaried GP. This is a role in which you would carry out your medical duties as a General Practitioner, without having the added responsibility of managing the practice, and ensuring that the practice meets the aforementioned targets.

A Career in Medicine

Surgery

A career in surgery can be both very demanding and challenging. Furthermore, due to the competitive nature of the specialty, to succeed in your chosen surgical specialty, you will have to be incredibly hard working and determined.

In order to become a successful surgeon, some desirable traits are as follows:

- Vigilance and situational awareness
- The ability to cope under pressure
- Managing uncertainty
- Problem solving
- Decision-making
- Time-management
- Organisation and planning skills
- Leadership and team involvement
- High level of anatomical and physiological knowledge
- High level of manual dexterity and proficiency with surgical instruments

If you possess traits or attributes such as these, then a career in surgery may just be for you. Surgery itself is divided into several major sub-specialties, which include:

- Cardiothoracic surgery
- Ear, nose and Throat (ENT) surgery
- General Surgery
- Neurosurgery
- Oral and Maxillofacial Surgery
- Orthopaedic and Trauma Surgery
- Paediatric Surgery
- Plastic Surgery
- Urological Surgery

Competition for surgical training places for any one of these specialties is fierce, as there may be as many as twice as many applicants as there are surgical training places.

A Career in Medicine

Surgery

Surgeons work within multi-disciplinary teams in order to provide a high level of pre-operative, operative, and post-operative care to patients. Some of the individuals found in such teams include:

- Surgeons
- Anaesthetists
- Radiologists
- Theatre nurses
- Theatre technicians

Most surgical work takes place within hospital settings and, in addition to performing surgery, surgeons will also undertake ward rounds, outpatient clinics, administrative duties, and teaching.

The training pathway for surgery involves:

- 5 years at medical school
- 2 years Foundation training
- 2 years core surgical training
- 5 years specialty training in surgery

Although long and arduous, this training pathway leads to a career that is well-respected, challenging, and dynamic.

A Career in Medicine

Hospital-Based Specialties

There are a number of different hospital-based specialties, which may be based in large general hospitals, or in smaller regional hospitals. Some examples of hospital-based specialties include:

- Anaesthetics
- General Medicine
- Gastroenterology
- Endocrinology
- Dermatology
- Cardiology
- Paediatrics
- Oncology
- Rheumatology
- Neurology
- Radiology

Each of these specialties are unique in their own respective ways, with their own unique training pathways and skillsets.

A Career in Medicine

Psychiatry

Psychiatry is the medical specialty devoted to the study, diagnosis, treatment, and prevention of mental disorders. Some of the psychiatric conditions that psychiatrists treat include:

- Bipolar affective disorder
- Schizophrenia
- Depression
- Dementia
- Psychosis

Within the specialty of psychiatry itself, there are several major sub-specialties:

- Child and Adolescent Psychiatry
- General Adult Psychiatry
- Old Age Psychiatry
- Forensic Psychiatry
- Learning Disability Psychiatry
- Medical Psychotherapy

Within the psychiatric specialty of general adult psychiatry, there are a further three sub-specialties:

- Addictions Psychiatry
- Liaison Psychiatry
- Rehabilitation Psychiatry

Psychiatry is a unique specialty, which deals with both mental illness, and also the interaction between physical and mental illness. Psychiatry itself would be a specialty which is perhaps best suited to individuals who are interested in the nature and basis of human behaviour, and also the workings of the human brain. Those who are effective communicators, and who are able to piece together a comprehensive account of a patient's physical health, past medical history, state of mind, and overall social circumstances, may also be particularly well suited to a career in psychiatry.

Work Experience

Prior to applying to study Medicine at University, it is envisaged that you will have undertaken some form of work experience which entails exposure to doctors, such as a hospital-based specialist, or a General Practitioner.

In doing so, this should provide you with an insight, however brief it may be, as to the nature of a career in Medicine, and also to the day to day role and responsibilities of a doctor.

Furthermore, it is recommended that you have a discussion with a doctor, again either a hospital-based consultant, or a GP, in order to find out as much about the career as possible. By speaking to a variety of different doctors, at various different stages of their respective careers, this will therefore enable you to gain a greater understanding as to the nature of a career in Medicine, the various different roles and responsibilities of a medical professional, and what the day-to-day working life of a doctor is really like.

This will enable you to make a more informed decision as to whether or not Medicine is in fact a career that you would genuinely like to pursue.

Organising Work Experience

With regards to the West of Scotland, there are a number of avenues which you can pursue in order to accumulate the requisite work experience for your application. These include:

- Hospital-based work experience
- GP practice work experience
- Hospice-based work experience
- NHS Voluntary work
- Voluntary Work with charity-based organisations

As many of you on the Access to Medical Studies course will be mature students, this therefore means that the work and voluntary experience that you require to gain admission to university will have to be largely, if not wholly, organised independently.

Work Experience

This is a process which may therefore take a significant level of effort and dedication, and during which you may experience a significant number of setbacks. One particular difficulty that you may experience when attempting to organise work experience is that, at the time of organising work experience, you may not be affiliated to any particular school, college, or university, and also the fact that you are no longer a 'school age student', which therefore negates the possibility of taking part in a number of existing work experience schemes, such as the '[Next Generation](#)' scheme operated by NHS Lanarkshire at Monklands Hospital in Airdrie.

However, despite these setbacks, there are still a number of useful contacts and resources that you can call upon when it comes to organising work experience.

NHS Based Work Experience/Voluntary Work

There are a number of different opportunities that are available through the NHS health boards which are located in and around Glasgow. More often than not, an important and inherently positive first step with regards to accruing relevant experience is to seek a voluntary opportunities, of which there are many within the NHS.

NHS volunteering roles may include:

- A&E Volunteer
- Dementia Volunteer
- Mealtimes Volunteer
- Patient Information volunteer
- Spiritual Care Volunteer
- Volunteer Visitor
- Maternity Meeting and Greeting
- Palliative Care Volunteering
- Play Volunteer

Roles such as these, and many more, can be found in most, if not all, of the NHS health boards within Scotland. These can also be found in some of the health boards in and around Glasgow, such as:

- NHS Lanarkshire
- NHS Greater Glasgow and Clyde
- NHS Ayrshire
- NHS Lothian

Work Experience

In order to access voluntary roles such as these, the first step would be to visit the websites of your local healthboards, as these will often have a volunteering section with useful information:

NHS Greater Glasgow and Clyde:

<http://www.nhsggc.org.uk/working-with-us/volunteering/>

NHS Lanarkshire:

<http://www.nhslanarkshire.org.uk/INVOLVED/VOLUNTEERING/Pages/VolunteeringRoles.aspx>

NHS Lothian:

<http://www.nhsllothian.scot.nhs.uk/WorkingWithUs/GetInvolved/Volunteering/Pages/default.aspx>

NHS Ayrshire and Arran:

<http://www.nhsaaa.net/services-index/v-volunteering-in-nhs-ayrshire-arran.aspx>

Furthermore, having researched possible voluntary roles in the NHS using the websites above, you can subsequently make contact with individuals within NHS health boards in order to set up such a voluntary placement. Useful contacts for doing so include:

Katrina Murray, NHS Lanarkshire Voluntary Services Manager:

Email: katrina.murray@lanarkshire.scot.nhs.uk

Work Experience

In addition to NHS based voluntary roles, there are also a number of different charitable organisations that you can contact with regards to voluntary positions. These voluntary roles often entail extensive interaction with patients and service users, and therefore confer experience and skills which are conducive to a career in Medicine.

Some organisations which you could consider contacting regarding volunteering include:

Alzheimer's Scotland:

<http://www.alzheimers.org.uk/volunteer>

The Multiple Sclerosis Society:

<http://www.mssociety.org.uk/get-involved/volunteer>

Mind:

<http://www.mind.org.uk/vacancies-and-volunteering/>

The National Autistic Society:

<http://www.autism.org.uk/get-involved/volunteer.aspx>

Scottish Autism:

<http://www.scottishautism.org/get-involved/volunteer/>

The National Rheumatoid Arthritis Society:

<http://www.nras.org.uk/volunteer>

British Heart Foundation:

<https://www.bhf.org.uk/heart-matters-magazine/wellbeing/volunteering>

St. Andrew's First Aid:

<http://www.firstaid.org.uk/volunteering>

British Red Cross:

<http://www.redcross.org.uk/Get-involved/Volunteer>

Work Experience

Making the Most of Your Volunteering Experience (Saltire Awards)

Voluntary work is an extremely rewarding experience, and one which you will no doubt fully enjoy, in addition to enabling you to accrue skills and knowledge which you can implement and subsequently develop further throughout your time at medical school.

One way in which you can maximise your volunteering to your benefit, is to register with your local volunteering authority. In doing so, you can record the hours that you spend volunteering, and count them towards the Saltire Awards. This is a volunteering scheme that enables you to record the hours that you spend volunteering, in order to count them towards an award. As you accumulate hours spent volunteering, you can then use these hours in order to claim certificates for 50, 100, 200, and 500 hours of volunteering.

In order to participate in the Saltire Awards, it is necessary to register with your local volunteering authority. There are numerous different volunteering authorities throughout Scotland, such as:

Voluntary Action North Lanarkshire

<http://www.voluntaryactionnorthlanarkshire.org.uk>

Voluntary Action South Lanarkshire

<http://www.vaslan.org.uk>

Voluntary Action Glasgow

<http://www.volunteerglasgow.org>

Voluntary Action Edinburgh

<http://www.volunteeredinburgh.org.uk>

Whilst you can only participate in the Saltire Awards until the age of 25, volunteering is nevertheless an extremely rewarding experience that will provide you with a vast amount of experience and patient interaction. This is something that will stand you in very good stead with regards to your future career as a medical practitioner.

Work Experience

The Duke of Edinburgh's Award

The Duke of Edinburgh's Award is a Youth Awards programme that enables young people from the ages of 14-24 to participate in a series of self-improvement exercises. There are three different sections to the Duke of Edinburgh's Award:

- Bronze
- Silver
- Gold

In order to achieve either a Bronze, Silver, or Gold award, you must complete four sections (five sections for the Gold award):

- Volunteering
- Physical
- Skills
- Expedition
- Residential (Gold only)

Having completed these sections, the individual will subsequently be presented with their award at an awards ceremony. In doing so, this will provide you with skills which are transferable to a career in Medicine, such as the ability to work as part of a team, organisational skills, time-management skills, etc, and will also provide something to discuss and reference in both your personal statement, and also at interview for Medicine.

If you are 24 or under, the Duke of Edinburgh's Award would therefore be an extremely beneficial undertaking, as it provides you with a skillset which is pertinent to the study of, and a subsequent career in, Medicine.

For more information, visit the Duke of Edinburgh's Award website:
www.dofe.org

In order to find a Duke of Edinburgh contact near you, you can use the 'Find a Duke of Edinburgh Contact' page on the Duke of Edinburgh's Award website:
www.dofe.org/takepart/region.aspx?id=9

Work Experience

Employment

In addition to work experience and voluntary work, one further way to gain relevant experience is to gain employment in a position that is related to health and/or social care. There are numerous such roles available, such as:

- NHS Nursing Assistant/Support Worker
- Support Workers for charitable organisations
- Care Assistant in care/residential homes
- Patient Notes Summariser at a GP practice
- NHS Staff Bank

These roles will enable you to develop skills and accrue knowledge which are relevant to a career in Medicine. Furthermore, such positions are particularly beneficial if secured during an enforced gap year, should your first application to medical school be unsuccessful.

One particularly useful means of employment is the staff bank for your local NHS health board. Detailed information on the staff banks for the different health boards in and around Glasgow are as follows:

[NHS Lanarkshire Staff Bank:](#)

<http://www.nhslanarkshire.org.uk/SERVICES/STAFFBANK/Pages/JobVacanciesNewInitiatives.aspx>

[NHS Greater Glasgow and Clyde Staff Bank:](#)

<http://www.nhsggc.org.uk/working-with-us/recruitment-services/staff-banks/>

[NHS Lothian Staff Bank:](#)

<http://www.nhsllothian.scot.nhs.uk/WorkingWithUs/Employment/Pages/StaffBank.aspx>

UKCAT

The United Kingdom Clinical Aptitude Test (UKCAT) is an aptitude test that must be sat in order to apply to certain UK universities for Medicine. There are currently 26 universities in the United Kingdom that require applicants to sit the UKCAT in order to be considered for entry. You must sit the UKCAT in the same academic year in which you apply to study Medicine or dentistry.

A selection of universities that require applicants to sit the UKCAT in order to be considered for entry include:

- Glasgow
- Edinburgh
- Dundee
- Aberdeen
- St. Andrews
- Brighton and Sussex
- Liverpool
- Manchester

Each university may use the UKCAT in a different way in the context of your application. Different universities may have higher or lower 'cut-off' scores, and different universities may attach a greater or lesser degree of weighting to the UKCAT score of a particular candidate.

Glasgow

The University of Glasgow takes the UKCAT score of a particular candidate into consideration in addition to the candidate's academic scores, personal statement and references. This combination of factors is used in order to determine the allocation of interviews to candidates. [Having reached the interview stage, all candidates are considered to be on an 'equal footing', and are assessed purely on their performance at interview.](#)

The UKCAT is therefore one component, albeit of pivotal importance, with regards to determining the allocation of interviews, but entry to Medicine at Glasgow nevertheless depends on several other factors which are of no less importance.

With regards to the 'cut-off' score for Glasgow itself, this varies from year to year, as the 'cut-off' score will naturally fluctuate with the average scores of candidates who have sat the UKCAT and have subsequently applied for entry to Glasgow in any given year.

Applicants are then ranked according to their UKCAT score, in descending order, with this ranking then being used to determine who gets selected for interview. The number of candidates selected for interview may vary from year to year.

UKCAT

Aberdeen

The University of Aberdeen uses the UKCAT, together with other factors, such as the candidate's academic results, personal statement and reference, in order to determine the allocation of interviews.

There is no cut-off score for entry to Medicine at the University of Aberdeen.

As such, the University of Aberdeen may attract applications from candidates with a wide range of UKCAT scores.

Information from the University of Aberdeen website states that, for 2015 entry:

The **lowest** total score for an **applicant** was **1750**, and the **highest** was **3290**.

For 2012 entry:

The **lowest** total score for a **successful applicant** was **2210**, and the **highest** was **2890**.

St. Andrew's

Each year, the University of St. Andrew's selects approximately 400 candidates for interview. In order to do so, St. Andrew's ranks candidates by UKCAT score and academic performance, with the top 400 or so candidates then being selected for interview. In this respect, St. Andrew's use a candidate's UKCAT score in a manner reminiscent to the way in which Glasgow use the UKCAT score.

The cut-off score will vary each year, depending on the strength of applicants.

Furthermore, St. Andrew's, unlike Glasgow, also take the UKCAT score of a candidate into consideration after interview. An applicant's UKCAT score accounts for 15% of their overall admissions score.

Following interview, an applicant's UKCAT score, and their interview score, will form the basis of a decision on whether or not they are to be made an offer.

UKCAT

Brighton and Sussex Medical School

Applicants to Brighton and Sussex medical school will be required to sit the UKCAT in the summer prior to sending their application via UCAS. Graduates who apply to Brighton and Sussex will also be required to sit the BMAT.

There is no 'cut-off' or threshold UKCAT score at Brighton and Sussex medical school. The UKCAT is only used after candidates have been interviewed, in order to differentiate between candidates who are borderline with other candidates with regards to being offered a place, or if a candidate has been placed on the waiting list for entry, and a place has subsequently become available.

A low UKCAT score does not necessarily mean that a candidate will be unsuccessful in their application, provided that they meet the various other entry requirements.

Further Information on the UKCAT

The UKCAT itself takes a format similar to other psychometric tests, and helps to ensure that candidates that are selected have the requisite mental abilities, attitudes, and professional behaviour in order to ultimately become effective medical and dental professionals.

The test is administered by Pearson Vue through their high street centres. The Pearson centre most local to Glasgow is:

You must sit the UKCAT the same year in which you submit your application to Medicine/Dentistry.

If you are applying in 2015 for entry into Medicine or dentistry you must:

- Register for the UKCAT between 1 May 2015 – 22 September 2015.
- Book the UKCAT before midday on 5th October 2015.
- Sit the UKCAT between 1st September 2015 – 6th October 2015.

The fees for the UKCAT are as follows:

- Tests taken in the EU between 1st July and 31st August 2015 - £65
- Tests taken in the EU between 1st September and 6th October 2015 - £80

There are bursaries that can be applied for in order to cover the costs of the UKCAT. Applications for these bursaries open on 1 May 2015, and the deadline for these bursaries expires on 5pm on 22nd September 2015.

UKCAT

Verbal Reasoning

The verbal reasoning section of the UKCAT assesses the candidate's ability to critically evaluate information presented in a numerical form.

This section is comprised of 44 questions associated with 11 passages of text. The section, overall, lasts for 22 minutes (1 minute for reading instructions, and 21 minutes for answering questions).

Each passage of text is associated with 4 questions. There are two different types of question that can be asked. Firstly, there may be an incomplete statement or a question related to the passage, with four possible responses, from which the candidate will have to choose the most appropriate response. You will only be able to choose one response.

The other type of question that may be asked entails a passage of text, and a statement being provided as a part of the question, and the candidate having to decide whether the statement provided follows logically from the passage of text which has been provided. There are three possible answers from which you can choose:

- True
- False
- Can't Tell

In order to attain a good score in the verbal reasoning section, it is important to practice reading information at speed, and subsequently processing the information which you have read quickly. Some candidates find it beneficial to read broadsheet newspapers in order to prepare for the verbal reasoning section, as the literary content of broadsheet newspapers is often of a similar nature to that of the passages of text which candidates must read in the verbal reasoning section.

It is also important to remember that questions **should only be answered based on the information provided in the passage**. For example, if a question reads:

Q: The sky is blue:

- True
- False
- Can't Tell

Then the answer to this question would be 'Can't Tell', unless the passage contains information pertaining to the colour of the sky.

UKCAT

Quantitative Reasoning

The quantitative reasoning section of the UKCAT assesses the candidate's ability to critically evaluate information presented in a numerical form. The level of numerical ability assumed by this section of the test equates to a good pass at GCSE or Standard Grade level maths. There are, however, problem solving elements to the questions which are posed in this section of the test, which result in an added complexity to the questions posed.

Moreover, there are significant time constraints with regards to the quantitative reasoning section. There are 36 questions, which are associated with tables, charts, and graphs, and which must be answered in 25 minutes (one minute for reading instructions, and 24 minutes for answering questions).

With regards to the questions themselves, you may be presented with a table, chart, or graph, with 4 questions which each relate to that particular item. For each question, there are five possible answers which you will have to choose from. Furthermore, answers obtained from one question may be required in order to answer another question, and so it is of the utmost importance that you work quickly and methodically in order to obtain the correct answer.

During the quantitative reasoning section of the test, you will have the use of an on-screen calculator. It is essential that you practice using an onscreen calculator, in order to familiarise yourself with this format prior to sitting the exam (figure 3).



Figure 3: Diagram illustrating a calculator similar to the on-screen calculator which is used in order to sit the UKCAT. Image obtained from: www.ukcat.ac.uk/about-the-test/quantitative-reasoning/

UKCAT

Abstract Reasoning

The abstract reasoning section assesses the use of convergent and divergent thinking in order to infer relationships from information. In the UKCAT, this means that this section will basically assess your ability to identify patterns amongst abstract shapes, where irrelevant and distracting material may lead to incorrect conclusions.

The abstract reasoning section will require you to answer 55 questions associated with sets of shapes in 14 minutes (one minute for reading instructions, and thirteen minutes for answering questions).

There are four different types of questions that can be asked in the abstract reasoning section of the UKCAT:

- For type 1, you will be presented with two sets of shapes, labelled 'Set A' and 'Set B'. You will be given a test shape and asked to decide whether the test shape belongs to Set A, Set B, or Neither.
- For type 2, you will be presented with a series of shapes. You will then be asked to select the next shape in the series.
- For type 3, you will be presented with a statement, involving a group of shapes. You will be asked to determine which shape completes the statement.
- For type 4, you will be presented with two sets of shapes labelled 'Set A' and 'Set B'. You will then be asked to select which of the four response options belongs to Set A or Set B.

UKCAT

Decision Analysis

Decision Analysis assesses the ability of the individual to make sound decisions and judgements in a variety of situations, using complex information. This entails the candidate having to decipher complex information which is often incomplete or ambiguous in order to make a decision on which available option is the most appropriate.

In addition to having to select what you would consider to be the most appropriate response for each scenario, you must also select an option which indicates how confident you feel regarding the response that you have selected.

The decision analysis section itself lasts for **32 minutes** (**one minute** for reading the instructions for the section, and **31 minutes** to complete the section itself). In these **31 minutes**, you will have to complete **28 questions**, each of which will have an associated confidence rating.

For UKCAT tests completed in 2015, the confidence rating will not contribute towards your final score, as this aspect of the decision analysis sub-test is currently under trial.

In the decision analysis section, you will have to complete each question in the order in which you are presented with them, as you will not be able to skip to the next question without first having selected both an answer, and a confidence rating for the answer you have selected.

UKCAT

Situational Judgement

The situational judgement test measures the capacity of an individual to understand real world situations, and to identify critical factors, and appropriate behaviour in dealing with these real world situations.

The situational judgement test itself will last for 27 minutes (1 minute for instruction, and 26 minutes for completing the questions of the situational judgement section itself).

In the situational judgement section, you will be provided with a series of scenarios, upon which you will have to answer questions. The questions which you will be asked require no prior medical knowledge of any kind whatsoever.

The situational judgement section of the UKCAT comprises two different sets of questions.

For the first set of questions, you will be asked to rate the appropriateness of a series of options in response to the scenario. When considering how to respond to the scenario, you will have four possible options to choose from, as you will have to state whether a given response to the scenario is:

- A very appropriate thing to do
- Appropriate, but not ideal
- Inappropriate, but not awful
- A very inappropriate thing to do

For the second set of questions, you will be asked to rate the importance of a series of options in response to the scenario. When considering how to respond to the scenario, an option is:

- Very important
- Important
- Of minor importance
- Not important at all

UKCAT

UKCAT Scoring and Summary

In summary, with regards to each different section of the UKCAT, it is important to manage your time effectively, as a lack of time is likely to be one of your main constraints when sitting the test.

A breakdown of the number of questions, and the time in which they must be completed is as follows:

Section	Items to Answer	Question Set Up	Time
Verbal Reasoning	44	11 Passages of Text 4 Questions per Passage	21 Minutes
Quantitative Reasoning	36	9 Scenarios 4 Questions per Scenario	22 Minutes
Abstract Reasoning	65	13 Sets, 5 Questions per Set	13 Minutes
Decision Analysis	28	1 Code Set, 28 Questions	31 Minutes

UKCAT Scoring

Having completed the UKCAT, your score will be provided in two parts:

The verbal reasoning, quantitative reasoning, abstract reasoning, and decision analysis will each be given a score ranging from 300-900. These four sections, in total, will therefore give a total score of between 1200 to 3600.

In the situational judgement test, full marks are awarded if your answer matches the correct answer, and partial marks are awarded if your answer is close to the correct answer.

The scores are then expressed in one of four 'bands', with band 1 being highest:

- Band 1 - Excellent
- Band 2 - Very Good
- Band 3 - Modest
- Band 4 - Low

UCAS Application

Personal Statement

There are many more qualified applicants who meet, and often exceed, the entry requirements for Medicine every year both in terms of academics and UKCAT score than there are places available. This therefore illustrates the importance of a strong personal statement, as this represents an opportunity for you to really 'sell yourself' and ultimately convince the admissions staff reading the personal statement that you deserve to be given an interview.

The UCAS form limits your personal statement to 47 lines, or 4000 characters of text, which is approximately one side of A4 typed text, or perhaps just slightly more. This may therefore limit you to 5 or 6 good paragraphs of text, meaning that you will have to express the information you wish to convey to the marker in a concise, yet effective manner.

In order to achieve this, your personal statement will go through many different iterations, as you will have to re-draft it numerous times in order to convey all the information you want within the 4000 character limit imposed by the UCAS form.

The deadline for submitting the UCAS application form for Medicine, Dentistry, and Veterinary Medicine is mid-October. The best way to achieve the best possible personal statement is to write an initial draft well in advance of this deadline, and to subsequently refine this personal statement continually over a prolonged period of time. This will ultimately result in a personal statement that is refined, conveys all of the necessary information, and is also well written, with good use of language, grammar, and punctuation.

Generally speaking, there are 5 key areas that the personal statement should cover:

- Why you want to become a doctor.
- The steps you have taken to find out more about the career (such as work experience)
- Your academic pursuits and interests
- Your personal qualities (you should cross-reference these with your extra-curricular activities and personal achievements)
- A summary of why you should be short-listed for interview, and also any career intentions or aspirations that you may have.

UCAS Application

Example Personal Statement

I have aspired to a career in the medical profession for many years. My goal is to dedicate my professional life to the care and treatment of those affected by illness, thereby contributing to the restoration of their health. Having initially pursued other avenues of study, this served only to accentuate my desire to learn and help others, and I have therefore decided to pursue the medical career that I believe will assuage both my thirst for medical knowledge and caring disposition. I believe that the opportunity to utilise and develop my skills, knowledge and experiences in order to become a part of the medical profession would be an apotheosis with regards to fulfilling this empathetic proclivity.

Through the Access to Medical Studies course at Stow College, I have accrued knowledge and academic skills relevant to the study of medicine, in addition to having participated fully in PBL and study skills sessions within a medical school environment. The study of Biomedical Investigations was particularly engaging, and I have subsequently applied knowledge of clinical sampling techniques and patient diagnosis gained in this subject to my professional practice, whilst performing medical procedures such as venepuncture in my current employment as a nursing assistant. I furthermore feel that such skills would be beneficial to my future medical career.

Through my role as a nursing assistant in a large psychiatric hospital, I work as part of a large multidisciplinary team of healthcare professionals. I have had the opportunity to work alongside consultants and junior doctors and observed the routines and responsibilities of these doctors. Such insight has provided me with a thorough understanding of the demands of a career in medicine and affirmed my passion for the field. My work has enabled me to demonstrate the strength of my communication skills by relating to professionals and patients with empathy, irrespective of background or position. I now fully appreciate that my caring disposition is an invaluable attribute that I could utilise in a future medical career.

Voluntary experience has been integral to my decision to study medicine. During time I spent shadowing doctors at a GP surgery I increased my appreciation of the structure and organisation of GP surgeries and the demands of a career in general practice. I learned about the role that community-based practices have within the NHS and also the business acumen that a GP must possess. Through volunteering at a day hospice for patients suffering from cancer and multiple sclerosis, I provided emotional and psychological support to patients, thereby further developing my communication, interpersonal, and teamwork skills.

UCAS Application

Example Personal Statement

Such skills were further refined as a hospital ward volunteer where I also shadowed a care of the elderly consultant, highlighting many challenging and rewarding facets of his working life. Whilst volunteering at St Andrew's Hospice, I shadowed palliative care consultants, observing ward rounds and patient consultations. Here, I learned about the importance of adopting a calm, considerate approach when communicating with patients in a palliative care setting.

Outside of study, I have exercised transferable skills such as teamwork and working under pressure through my role as a Nursing Assistant in the National Health Service, and also through the Duke of Edinburgh's Gold Award. My interests also include art, the outdoors and attending the gym to maintain my physical fitness.

I now have a realistic understanding of the medical profession and of the academic and physical demands of being a medical student. I believe I possess the requisite skills, attributes and personality to succeed as a medical student, and subsequent professional. I continue to become more resolute in my determination to pursue this ambition and believe that my character, experience and education, together with my desire to learn and help others will be assets to the profession to which I have aspired for many years.

UCAS Application

Reviewing Your Personal Statement

As stated previously, a key factor in writing a strong personal statement is to start early, and subsequently refine these early drafts time and again, in order to develop a personal statement which is concise, and yet conveys all the requisite information regarding your work experience, voluntary work, academics, motivation for studying medicine etc.

In order to produce a personal statement that is as refined as possible, there are a number of different resources which you can utilise:

The Student Room

The Student Room (www.thestudentroom.co.uk) is one of the largest online student communities and, as such, can be a useful resource when completing your UCAS application and, particularly, when completing your personal statement.

Personal Statement Builder

The Student Room website has a section dedicated to creating a personal statement, which may serve as a good starting point if you are struggling to find a starting point for your personal statement.

This personal statement builder section can be found here:

www.thestudentroom.co.uk/wiki/personal_statement_help#navapply

Example Personal Statements

The Student Room has a bank of over 100 personal statements which have been submitted by students who have applied to study Medicine. These can be of tremendous benefit when trying to get ideas and inspiration for your own personal statement.

These can be found at the following web address:

www.thestudentroom.co.uk/content.php?r=15895-medicine-personalstatements

New Media Medicine

Another useful resource is the website New Media Medicine, which contains forums dedicated to each different aspect of the application process, including personal statements:

www.newmediamedicine.com/forum/personal-statements-ucas-forms/

UCAS Application

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New Media Medicine

Another useful resource is the website New Media Medicine, which contains forums dedicated to each different aspect of the application process, including personal statements:

www.newmediamedicine.com/forum/personal-statements-ucas-forms/

Interviews

As of 2012, for 2013 entry, the interviews at Glasgow lasted approximately 15 minutes or so, and entailed questions centred on the following:

- Why Medicine?
- Academic achievements – view of personal achievements
- Problem-solving abilities
- Understanding of medical careers
- Curricula and Glasgow curriculum
- Work experience
- Discussion of a topical medical issue
- Evidence of team working, and the ability to get on with people

In addition to this, prior to entering the interview room, you will be provided with a page detailing several different healthcare scenarios, many of which are ethical in nature. Examples of such scenarios may include:

- A doctor of a higher grade than yourself, such as a registrar or consultant, having an odour of alcohol coming from them, or perhaps being evidently drunk. What do you do? How do you approach this situation?
- Abortion.
- Being asked to provide a dangerous dose of medication.
- Euthanasia/ "Let me Die" etc.

Possible Format of Glasgow Medicine Interview

Detailed on the following pages is a possible format of a medical school interview for entry to Medicine at the University of Glasgow, complete with questions, and also possible answers. Please bear in mind that the format of the University of Glasgow Medical School Admissions Interview may change from year to year, and may also vary depending on the interviewers.

The following section is therefore intended to be used as a rough guide in order to aid your preparation for the interview itself, and should not be used as the sole means of preparation.

Interviews

Question 1 – Can I ask why you've applied to study Medicine?

"First and foremost, I feel passionately about helping others, particularly providing care for those who are incapacitated by illness, disease, or injury. I want to dedicate my life to helping those who are ill and who need help the most, and I particularly want to be and I am also fascinated by the underlying scientific and academic theory within the medical profession. As such, I have subsequently decided to pursue the medical career which I feel will assuage both my desire to accrue medical knowledge and my caring disposition.

And I feel that this decision has been affirmed through means of me having gained such a significant amount of exposure to junior doctors, registrars, consultants and also their duties and responsibilities, such as examining patients, diagnosing illness, prescribing medication, conducting ward rounds, carrying out procedures such as ECGs, catheterisation, emergency resuscitation. Having personally witnessed all of these things taking place, and which have collectively made me aware of the sheer magnitude of the clinical responsibility which a doctor has for the management of the patient's care, I feel like I can definitely say that it is a profession which I am extremely passionate about, and which I would love to pursue. When undertaking work experience, and when seeing these events unfold, I just kept thinking to myself "this is what I want to do, and I definitely want to be a doctor, and have such a high level of responsibility."

Interviews

Question 2 – Why have you now decided to study medicine, and why did you not decide to study medicine straight from school?

"Whilst initially applying for university while at school, I intended to study a course which I felt was closely related to subjects which I was naturally good at: art and design, graphic communication, and product design, and which was also closely related to my enthusiasm for performance cars.

I therefore chose to study Automotive and Transport Design at Coventry University.

However, it soon became apparent that I didn't enjoy the course, as I didn't find it as engaging, challenging or enjoyable as I had originally envisaged and, despite good grades on the course, I subsequently decided against further pursuing a career in the design industry, and set about pursuing a career which I would find much more rewarding.

As I was no longer on the course, I subsequently decided to pursue voluntary roles within the NHS, as I was seeking a means to utilise my caring disposition and my passion for helping others. In doing so, this was my first contact with the medical profession whereupon I myself wasn't a patient or a friend or relative of a patient. Through this extensive volunteering I soon realised that I was naturally at ease when talking and communicating with patients, and I soon developed an interest in the medical profession, due to a significant amount of exposure to junior doctors, registrars, consultants and also their duties and responsibilities, such as examining patients, diagnosing illness, prescribing medication, conducting ward rounds, carrying out procedures such as ECGs, catheterisation, emergency resuscitation. Having personally witnessed all of these things taking place, these incidents made me collectively aware of the sheer magnitude of the clinical responsibility which a doctor has for the management of the patient's care, I feel like I can definitely say that it is a profession which I am extremely passionate about, and which I would love to pursue. When undertaking work experience, and when seeing these events unfold, I just kept thinking to myself "this is what I want to do, and I definitely want to be a doctor, and have such a high level of responsibility.

Furthermore, due to my intense fascination with regards to the academic and scientific aspects of medicine, I also believe that a career in the medical profession would allow me to satisfy my curious nature with regards to medicine, in addition to allowing me to utilise the analytical and study skills which I have learned through work and education, and subsequently further them."

Interviews

Question 3 - Why Have You Applied to Study Medicine at the University of Glasgow? (Continued)

"I have applied to study Medicine at The University of Glasgow for a number of reasons:

I feel that, having participated fully in a Study Skills day at the University of Glasgow which included a PBL session through the Access to Medical Studies course at Stow College, I have gained a valuable and informative insight as to the nature of this integral part of the course at Glasgow. As such, I feel confident in the knowledge that I am familiar with the format of PBL, and that this would be an effective means of facilitating my learning due to its self-directed and meticulous nature. Furthermore, I feel that the fact that there is a particular emphasis on working as part of a team whilst undertaking PBL sessions is something which I would particularly enjoy (check thesaurus), as I tend to work particularly well as part of a team, as can be seen from my previous experience as a Nursing Assistant with NHS Lothian and also through my voluntary roles. As I have experienced these first hand, I know that it would most certainly suit my style of learning, in conjunction with traditional lectures. Furthermore, I am a highly motivated individual, and I therefore feel that I would be able to engage with the PBL format extremely well, perhaps more so than if the course was of an entirely traditional lecture and tutorial based format.

Furthermore, having attended an open day at the University of Glasgow medical school, I was extremely impressed with the first class facilities within the state of the art and very modern Wolfson Medical School building. I was particularly impressed by what I saw whilst on the tour of the medical school, with consultation rooms with recording equipment, mock ward environments, and the impressive library facilities, all of which had a positive influence on my decision to apply to Glasgow. Having seen such impressive facilities first hand, I feel that I would love nothing more than to have the opportunity to study medicine in such a renowned, and well-equipped environment.

Having thoroughly researched the course structure of the MBChB course at Glasgow, I also feel that this is a facet of study which I would enjoy greatly. I feel that the revised course structure, whereupon the teaching methods are comprised of 50% PBL sessions, and the other 50% takes the form of traditional lecture-based learning, would be of significant benefit, introducing variety to the learning, and would result in a wide-ranging and well-rounded learning experience."

Interviews

Question 3 - Why Have You Applied to Study Medicine at the University of Glasgow? (Continued)

"In particular, one thing that really interests me with regards to the Glasgow curriculum is the fact that clinical techniques are taught at such an early stage: approximately four weeks in. As clinical techniques is an area which I have particularly enjoyed through my previous employment as a Nursing Assistant with NHS Lothian, this is something which has therefore interested me greatly with regards to applying to Glasgow, as I feel that I would be able to utilise skills which I have learned through my previous professional roles and subsequently further them in order to benefit my future medical career. Furthermore, the fact that, as a student, you are introduced to dissection at such an early stage, together with the mix of PBL, lectures, and clinical skills, ensures that there is an extensive variety of teaching, that results in an extremely wide-ranging and well-rounded learning experience. I therefore feel the Glasgow curriculum is something which I would be particularly suited to, and that I would particularly enjoy."

Interviews

Question 4 – Can You Tell Us About a Time When You Had to Utilise Your Problem Solving Abilities?

“My problem solving abilities have been honed through my educational, voluntary, and professional experiences, both within and outwith a healthcare context. These include solving logistical, practical problems within the workplace, such as resolving situations with uncooperative patients who refuse to take their medication and refuse to listen to advice offered by other members of staff, whereupon I found that it was extremely beneficial to listen carefully to the patient, consistently reassure them that both myself and the other members of staff had the patients best interests at heart, and to listen to the concerns of the patient.

- *One particular example of a time when I solved a problem would be whilst working as a Nursing Assistant at the Royal Edinburgh Hospital. It was reported during the handover that one particular patient was particularly stubborn and uncooperative with staff and frequently refused to take his medication, particularly at night, and this has caused problems both for the night staff and also for the staff throughout the following morning.*

- *The patient suffered from vascular oedema, which adversely affected his mobility and therefore his quality of life, and resulted in large ulcers which subsequently became infected with MRSA. This had resulted in the patient becoming depressed, and his subsequent admission to a psychiatric hospital with said depression. These had to be wrapped up in compression bandages, and the patient subsequently had been prescribed tramadol extended release tablets to be taken at night in order to alleviate the pain, allowing him to sleep, which he refused to take.*

- *I was subsequently tasked with asking the patient to take his medication. The patient again refused, and again became frustrated, stating that he had taken the new medication and that he blamed it for adverse side effects, notably problems with his bowels and becoming constipated.*

- *I then reported this to the staff nurse in charge of the shift, who stated that tramadol was not known for causing constipation or irritation of the bowels.*

- *Taking this into consideration, I then suggested that we look at the patient's drug Kardex, whereupon it was discovered that the patient had been taken off of lactulose at the same time as tramadol had been prescribed, which could therefore explain the symptoms which the patient was describing.*

- *I then notified the staff nurse of this, and we then collectively explained this to the patient, all the while reassuring the patient that the staff were there to help him, and that we would always listen to any worries or concerns that they may have wherever possible.”*

Interviews

Question 4 – Can You Tell Us About a Time When You Had to Utilise Your Problem Solving Abilities? (Continued)

“• I then notified the staff nurse of this, and we then collectively explained this to the patient, all the while reassuring the patient that the staff were there to help him, and that we would always listen to any worries or concerns that they may have wherever possible.

• After much persuasion, the patient eventually took his medication, resulting in both effective pain relief, and also a higher level of trust and better communication between both patients and staff. This also alleviated any problematic behaviour from the patient throughout the night or into the next morning.

• I feel that this is an example of a time where I solved a problem effectively, and which also highlights the importance of listening carefully to the concerns of patients, and analysing the information which they give you in order to ensure that they do not feel ignored, condescended or belittled, and that they are aware that the staff members, whether this be medical staff, nurses, nursing assistants etc, have their best interests at heart.”

Interviews

Question 5 – What Can You Tell Us About the Medical Career Pathway?

“With regards to medical careers, the format tends to be as follows:

- *Five years of study at medical school is common. However, this may be as little as four, if the student undertakes the accelerated graduate entry programme, or as much as 6, if the student decides to undertake an intercalated degree, or if they attend the University of St. Andrews, whereupon they will undertake a three year BSc in Medical Studies, prior to undertaking their clinical training. Students from the University of St. Andrews will then undertake their clinical training at Manchester, Glasgow, or Edinburgh Universities.*
- *Followed by two years of foundation training, during which junior doctors will be rotated between placements at various different wards in various different hospitals. Each placement tends to last approximately 4 months.*
- *Prior to the end of FY2, junior doctors tend to start considering possibilities with regards to specialties and subsequently begin to apply for training posts.*
- *Career options include surgery, medicine, general practice, hospital-based specialties such as cardiology, emergency medicine, anaesthetics, oncology, etc.*
- *To train as a GP takes between 3-8 years, surgical training can take up to 15 years.*
- *Furthermore, during GP Specialty Training, the GP Trainee must undertake rotations in four different areas of healthcare:*
 - *Mental Health*
 - *Accident and Emergency*
 - *Paediatrics*
 - *General Medicine*
- *Whilst a Junior Doctor, there is a significant amount of responsibility with regards to the role, and the role can be extremely demanding, both emotionally and physically. Out of hours work can be required, such as working nights and weekends, and also working a significant number of hours each week, with the work varying in terms of its intensity.*
- *Whilst at FY2 stage, junior doctors apply for specialty training (ST) or General Practice Specialty Training (GPST) posts.*
- *Whilst at FY2 stage, junior doctors apply for specialty training (ST) or General Practice Specialty Training (GPST) posts.*
- *GPST lasts for three years, whereas ST training can last up to eight years, depending on the specialty which is chosen.*
- *Some uncoupled trainee programmes entail junior doctors working as core trainees for 2-3 years. The title of Senior House Officer (SHO) is still used to describe junior doctors in their core trainee programmes or those in their first two to three years of ST.”*

Interviews

Question 6 - What Kind of Qualities Do You Think a Doctor Needs?

"I feel that a good doctor needs to be:

- *Caring and compassionate*
- *Committed*
- *Possesses good communication skills*
- *Honest*
- *Shows initiative*
- *Displays leadership*
- *Organised*
- *Responsible*
- *Respects confidentiality*
- *Has a spirit of enquiry*
- *Team player*
- *Able to teach others"*

Interviews

Question 6 – Can You Give Examples of When You Have Shown These Attributes?

I have shown the aforementioned attributes in the following instances:

Caring and Compassionate

'Shown through voluntary roles, the fact that I have carried out these roles for so long on an unpaid basis shows that I genuinely believe in what I do, and that I am genuinely passionate about caring for others.'

Commitment

'Through travelling into Edinburgh every day to work as a Nursing Assistant in a difficult environment, through extreme commitment to my studies, through extensive voluntary work, through foster care duties, in addition to working/studying. My commitment to medicine can also be seen from the fact that I won a 'Truth About Youth' award for my voluntary work, and contribution to the local community.'

Communication Skills

'I feel that I have demonstrated my communication skills through working as part of a large multi-disciplinary team, in order to build relationships with patients, and subsequently improving their mental health.'

Honest

'I always adopt an honest approach to my work, displaying integrity, and always attempting to put the patient's best interests first.'

Shows Initiative

'I frequently show initiative through my role as a nursing assistant, with regards to patient care and also regarding opportunities for learning, asking doctors for advice, observing doctors undertaking procedures, and also by enrolling on courses in order to learn new clinical skills.'

Displays Leadership

'I have been able to take charge of difficult situations within the ward in which I work, whether this be work experience, education, professional, extra-curriculars, voluntary work, etc. The fact that I have been maintaining so many different activities simultaneously, and for so long, is testament to my organisational skills.'

Interviews

Question 7 – Can You Give Examples of When You Have Shown These Attributes? (Continued)

Responsible

'I have demonstrated responsibility through my role as a nursing assistant, by contributing to the wellbeing of patients within the ward, and also when caring for or escorting patients without supervision.'

Respectful of Confidentiality

'I have extensive experience of respecting and maintaining confidentiality through my role as a nursing assistant with the NHS, and I am fully aware of the repercussions of disclosing information regarding patients or staff to anyone outwith the NHS.'

Spirit of Enquiry

'Through my role as a Nursing Assistant with NHS Lothian, I frequently use the exposure which I gain to patients' in order to to subsequently research and further my knowledge regarding these conditions.'

Team Player

'I feel that I have demonstrated my ability to work effectively as part of a team through my professional roles, such as my current role at NHS Lothian, other previous professional roles, through groupwork projects whilst studying at university and college courses, and also whilst studying at secondary school.'

Ability to Teach Others

'I have extensive experience of teaching others through my participation in the STARS programme at secondary school, which entailed tutoring a first year technical class, and also mentoring a first year pupil.'

Interviews

Question 8 – What Skills Do You Possess Which You Feel Will Make You a Good Medical Student?

"I have refined communication and teamwork skills, as I have shown repeatedly through communicating extensively with patients through my voluntary and professional roles, particularly when dealing with situations in difficult circumstances such as cardiac arrests, which require me to work effectively as part of a multidisciplinary team. There have been three cardiac arrests during my time as a Nursing Assistant at the Royal Edinburgh Hospital, and I feel that this also shows my ability to work well as part of a team.

I am extremely dedicated and committed, which I think has been elucidated clearly through my commitment to volunteering, for which I recently won a Truth About Youth Award due to my sustained commitment to volunteering and making a difference in my local community. I always take an extremely dedicated approach to my work, which I feel is also shown through the fact that, whilst at university, one of the projects that I, along with other students, worked on was featured in the International Journal of Marine Design as part of a study into the construction of a luxury yacht which was suitable for use by disabled wheelchair users. I have also completed the Millennium Volunteering Awards, and the Saltire Awards, in addition to currently undertaking the Duke of Edinburgh's Gold Award, which I again feel elucidates my commitment and dedication to helping others.

I feel that these accomplishments also reflect both my time management and organisational skills, as I was able to accomplish this and win the award by continuing my voluntary work whilst also studying at college and also latterly working as a Nursing Assistant at NHS Lothian, and also through managing my commitments as support carer for foster children within my own home.

I also feel that I have the academic skills, in terms of analysis, research, the writing of essays and reports, in order to succeed as a medical student, and I feel that this has been shown through my high grades all the way through my education, through standard grades, higher, advanced higher, university and college, I have always set a very high standard, and I feel that I am capable of maintaining that throughout medical school. I also have good reasoning and problem solving skills, as I have shown both through high academic grades and also through my previous achievements, such as winning a gold certificate in the Junior Maths Challenge whilst at High School.

I feel that I could utilise these skills, amongst others, at medical school and beyond, and subsequently further them in order to become an effective medical professional."

Interviews

Question 9 – Can You Tell Us About the Curriculum for Medicine at Glasgow?

"The Glasgow curriculum is as follows:

The MBChB degree comprises five years of study, with there also being the option of intercalating for selected medical and dental students after the third year, which includes degrees in clinical medicine such as cancer studies, cardiovascular studies, public health, global health, etc.

The Glasgow curriculum has recently changed, with a reduction in emphasis on PBL, which has resulted in a mix between both PBL and the introduction of further lectures to the course.

In addition to PBL, labs, tutorials, and e-learning have also been integrated into the course, which has resulted in a well-rounded and extensive learning experience at the University of Glasgow.

There is a strong emphasis on Small Group Teaching on the University of Glasgow's Medicine course, which is comprised largely of:

*Problem Based Learning
Case Based Learning
Team Based Learning*

From my personal experience of having participated fully in a PBL session within the Medical School, which was with First Year Course Director Dr Susan Jamieson, I feel that I would be particularly well-suited to this style of learning, due to its strong emphasis on effective communication and teamwork, both of which I feel I am adept at due to extensive previous experience, and which I therefore feel would be of significant benefit to my learning if I were given the opportunity to utilise them by studying at the University of Glasgow. The PBL session was particularly representative, as we had the initial session whereupon we read through the scenario, discussed it, and decided upon the seven questions which we were to base our research on, and we subsequently completed these questions in our own time, and then presented our answers in a feedback session. This was therefore representative of a real PBL scenario.

Furthermore, I feel that I am particularly suited to PBL due to the fact that I have a meticulous nature, and I often like to research topics which I come across through work and study in my own time already. I therefore feel that PBL would perhaps be something of a natural progression of the study technique which I already possess, and I feel that I could implement this style of learning and subsequently further it if I were given the opportunity to study Medicine at the University of Glasgow."

Interviews

Question 9 – Can You Tell Us About the Curriculum for Medicine at Glasgow?

“The curriculum itself is split into four phases:

Phase 1

- Occupies the first half of first year.*
- Overview of basic biomedical sciences.*
- Introduction of undergraduate programme.*
- Provides students with the basic knowledge to engage fully with the course.*
- Ensures all students have a comparable level of knowledge with regards to biomedical sciences.*
- Comprised of a basic introduction to anatomy, basic pharmacokinetics, and pharmacodynamics.*

Phase 2

- Second half of year 1, and whole of year 2.*
- System by system programme.*
- Covers anatomy, physiology, pharmacology, biochemistry (and related biomedical sciences) of major clinical systems.*
- Includes sessions of vocational and professional studies.*
- Communication and clinical skills matched, as far as possible, to the system being studied.*
- Comprised of subjects such as systems based anatomy, and systems based pharmacology.*

Phase 3

- First half of year 3.*
- System by system cycle through clinical systems.*
- Focus on pathophysiology.*
- Builds on knowledge acquired in phase 2.*
- Major contributions from pathology, microbiology, haematology, clinical biochemistry, clinical pharmacology.*
- Small group teaching, focused on clinical cases, using case-based learning, with clinical tutor.*
- Students have one day per week in hospital or general practice.*
- Teaching focuses on taking detailed clinical history and performing clinical examinations.”*

Interviews

Question 9 – Can You Tell Us About the Curriculum for Medicine at Glasgow? (Continued)

“Phase 4

- *Second half of year 3, all of year 4, and first half of year 5, until final exams.*
- *Based in hospitals and general practice.*
- *Occasional teaching weeks in the WMSB.*
- *Teaching structured around 5-10 week clinical attachments.*
- *All students rotate through:*

General Medicine

Surgery

Obstetrics and Gynaecology

Child Health

General Practice

Psychiatry

Variety of hospital sub-specialties

Electives: There is a junior elective at the end of year 3 and a senior elective in year 4. These are both four weeks in length and can be undertaken in or away from Glasgow, and allow for the study of any aspect of medicine within a recognised clinical specialty.”

Interviews

Question 10 – Can You Tell us About Any Work Experience You Have That is Relevant to Medicine? (Continued)

“July 2012 – Present – Nursing Assistant – NHS Lothian

- *Work in large psychiatric hospital, in an elderly functional assessment ward.*
- *Entails helping patients with all aspects of their personal care, assisting with all procedures such as catheterisation, venepuncture, bandaging, etc.*
- *Working as part of a large multi-disciplinary team of consultants, junior doctors, nurses, nursing assistants, physiotherapists, etc, in order to provide a high quality of care to patients suffering from a variety of mental health conditions, such as: dementia, psychosis, depression, narcissism, etc.*
- *Learned a number of skills transferable to medicine, such as:*
- *Working effectively as part of a team, communicating with patients and staff.*
- *Working under pressure, with demanding and aggressive patients.*
- *Learned the ability to keep calm in challenging situations: with sometimes extremely aggressive patients requiring restraint for hours at a time.*

Learned important clinical skills such as venepuncture, first aid/cpr, manual handling of patients, and undertaking patients observations, such as monitoring blood pressure, checking temperature, SATS and documenting these in patients' notes.

July 2009 – Present – Fostering and Adoption : This role entails caring for young children from the ages of birth to 2 years old, many of whom come from disadvantaged backgrounds, which includes exposure to drugs and alcohol misuse, anti-social behaviour, etc. Many of the children are born with health difficulties, such as drug and alcohol withdrawal, and come from backgrounds whereupon the children are not safe with their biological parents, and must therefore be taken into care. This therefore means that these children are cared for by us, as foster carers, and myself as a support carer, until a permanent home can be found for them by social services. This role therefore entails a significant amount of organisation, effective time-management, and a high level of responsibility in order to care for a child who may have complex or additional needs. I feel that such skills would benefit me in both the study of medicine and also in my future medical career.”

Interviews

Question 11 – Can You Tell us About Any Topical Medical Issues That You Are Aware of, For Example, From Newspapers or Mainstream Media?

“A topical medical issue which is of particular interest to me is the development of minimally invasive surgery, and the significant benefit it has to the patient in terms of the reduced recovery time, reduced inconvenience, and also the reduced risk of infection, in addition to the reductions in cost and difficulty experienced by the health service. This interest first stemmed from an incident approximately two years ago when my grandfather suffered a cardiac arrest, as a result of which he was subsequently treated at Hairmyres Hospital in Lanarkshire, whereupon he had a stent fitted through means of minimally invasive surgery.

This subsequently captured my interest, and I therefore began reading a significant amount with regards to minimally invasive surgery, and its inherent benefits to patients and healthcare professionals alike.

This included research which was published in the July edition of the journal of Neurointerventional Surgery in the United States, which provided evidence that the addition of stents to patients suffering from aneurysms could prevent the recurrence of potentially lethal bulging blood vessels. This study, conducted by Johns Hopkins University in the United States, was of particular interest to me, in that it was closely related to an event which was of great significance to me personally, and also because it represents such a significant step forward for surgery and healthcare in general, due to the significant reduction in the complications of the surgical procedures being performed, the success rate of said procedures, the risk of infection and also the potential inconvenience and difficulties faced by the patient after the surgical procedure had taken place. Recovery times for certain procedures are often measured in terms of weeks instead of months, which therefore represents a significant improvement in the quality of life patients postoperatively.”

Interviews

Question 12 – Are You Aware of Any Issues That Are of Particular Concern to the Health Service at Present/What Issues Do You Think the NHS Will Face in the NEXT 10/20 Years?

“A recent topical medical issue which has captured my interest is the dramatic increase in the number of dementia patients within the NHS throughout the United Kingdom, and also the apparent inability of the NHS to deal with this increase.

An article in ‘The Independent’ newspaper dated as recently as September 2012 stated that approximately one in four of all hospital beds within NHS hospitals was now occupied by patients suffering from dementia.

Approximately 800,000 people now suffer from dementia throughout the United Kingdom, and this number is projected to exceed one million within the next decade.

Clive Ballard, Professor of age-related diseases at King's College London and Director of Research at Alzheimer's Society, stated that the current capacity of the NHS throughout the United Kingdom to deal with dementia is just about saturated, and that matters will only worsen due to the increasing problem of dealing with an aging population within the NHS.

Ballard further states that Dementia costs the UK economy £23bn a year – twice that of cancer, three times that of heart disease, and four times that of strokes, but only 2.5 per cent of the Government's medical research budget is spent on research into the condition. A quarter is spent on cancer, according to the most recent figures, which receives 12 times more government and charitable investment than dementia.

I have witnessed this lack of understanding, and ill-preparedness first hand whilst undertaking my role as a nursing assistant at NHS Lothian. The dedicated dementia ward is frequently overloaded with patients, and this therefore results in dementia patients being transferred to other wards with other patients who do not suffer from dementia, resulted in a completely incompatible mix of patients. Dementia patients become agitated, as they require a lot of input, wards are under staffed, become aggressive, physically and verbally, and this kind of behaviour can be extremely distressing and detrimental for the recovery of other patients, and their wellbeing.”

Interviews

Question 13 - Can You Describe an Example of a Time When You Had to Work as Part of a Team?

"I have a significant amount of experience with regards to working as part of a team, both with regards to professional and voluntary experience, and also with regards to educational experiences, at school, college and university. One particular example whereupon I worked effectively as part of a team would be whilst working as a Nursing Assistant at NHS Lothian.

- An elderly patient who was in the advanced stages of dementia was behaving even more erratically than usual. I did patient observations on him, his blood pressure was lower than normal, and he looked very pale. His speech was normally erratic, but both his speech and his movements were both very sluggish.*
- I reported this to the nurse in charge at the time, who kept checking his blood pressure at regular intervals, and we noticed that both his pulse and his blood pressure were continuing to fall. His lips appeared to be going blue, and he was staring into space and becoming very unresponsive.*
- The patient then collapsed and went into cardiac arrest. Immediately, the nurse in charge had to begin compressions, and I was told to quickly run to the phone and dial 2222, which is NHS Lothian hospital policy for an internal emergency, and I gave my name, nature of the emergency, and the ward I was in, thereby summoning the duty doctor.*
- Effective communication was used in order to coordinate the care of the patient, and myself and another nursing assistant was told to go and retrieve the oxygen from the treatment room.*
- An ambulance was also called for, and I offered to run to the main entrance of the hospital in order to meet the paramedics and subsequently brought them to the ward, whereupon they took over, and the patient was transferred to the RIE. The patient didn't survive.*
- Effective teamwork and communication skills were utilised in order to ensure that the highest possible level of care was provided, in addition to the staff staying calm and working effectively under pressure."*

Interviews

Question 13 - Can You Describe an Example of a Time When You Had to Work as Part of a Team? (Continued)

"I feel that it was a significant learning experience for me, and exposed me to perhaps one of the most challenging facets of a medical career: dealing with death, and made me realise that sometimes no matter how hard you try or how well prepared you are, or how experienced you are, patients will die, and this is something that must be accepted and dealt with if I was going to pursue a medical career. A further two cardiac arrests have taken place since then, and another patient has passed away having done so. I feel that such experiences have matured me, and that I have subsequently gained a much more grounded and realistic insight as to a very challenging aspect of medicine. Due to the fact that I was able to deal with such challenging circumstances, I began to gain confidence with regards to my suitability for a medical career, and this was a pivotal moment in fully affirming my decision to study medicine, as I began to realise that I was able to cope with the emotional demands of the job."

Question 14 - Can You Tell us About a Time When You Had to Lead a Team?

'An example of a time when I had to lead a team was during my first degree, during which I was appointed to be the course representative of the Boat Design course, which entailed attending course meetings, providing information on the nature of a career in Boat Design to my year group, and also helping to organise events for the Boat Design course. This entailed helping to organise a visit to the London Boat Show in 2010, in order to raise interest in a career in Boat Design, and to subsequently carry out research for a groupwork project at the university. The visit was a success, and the group of which I was a part subsequently went to achieve an A grade for the groupwork project. I subsequently went on to remain as the course representative for the course for the remainder of the year, helping to organise events, raising awareness of Boat Design as a career, and providing help, advice, and information to lower year groups on the course. I feel that this is testament to my ability to effectively lead a team, and to maintain a position of responsibility over a prolonged period of time, in addition to performing my studies to a high level.'

Interviews

Question 15 - Can you tell us about a time where you were a role model for Someone?

"Whilst at high school, I was a part of the STAR programme. This entailed tutoring a young first year class of school pupils, and also mentoring a young first year pupil who was struggling at school on a one to one basis. I mentored a young first year through their classes, enabling them to build up their confidence, agreeing set targets, and subsequently achieving these targets in order to ensure that the young student was successful at school. I also mentored an entire class in which the young pupil was a student, through which I was able to share my skills and knowledge with a new, younger generation of school students. It was an incredibly rewarding experience, with the younger students looking up to you, asking "can you show me how to do this?" In carrying out this programme, I was expected to be a role model in terms of my behaviour, my attitude towards work, my attendance and timekeeping, in terms of patience and communicating with the young students, and also through my professionalism, academic ability, strong work ethic, and my knowledge with regards to the subject being taught. It was a very rewarding experience, and I feel that I could carry the skills that I gained through to medical school and beyond."

Interviews

Question 16 - Can you tell us about any awards you have won or your past achievements?

"My past achievements include:

I recently won a Truth About Youth award, which sought to reward young people who have made 'an outstanding contribution to the local community', which I did through volunteering at a cancer hospice, palliative care hospice, Wishaw General Hospital, and also in a British Red Cross Charity Shop, in addition to completing my Duke of Edinburgh Gold Award. I think this award reflects the level of commitment and dedication which I put into helping and caring for others; an attribute which I could utilise and subsequently further whilst a medical student and also subsequently working as a medical professional.

I have also completed the Millennium Volunteering Awards, through which I have accrued over 200 hours of voluntary work in a hospice which I feel again outlines my commitment and dedication to helping others.

I have also completed the Saltire Awards, which entailed volunteering at Wishaw General Hospital in a care of the elderly ward for a period of almost two years, during which I gained a lot of exposure to patients, nurses, junior doctors and consultants, and subsequently a lot of skills which would be extremely beneficial to me whilst at medical school.

I was also awarded a Gold certificate in the United Kingdom Junior Mathematics Challenge in 2004, which I feel outlines my academic and problem solving abilities.

I was also awarded a certificate for effort whilst in first year at High School, which I feel elucidates the level of effort and dedication which I have continually put into my work and study for a number of years, all the way through secondary school and into higher education."

Interviews

Question 17 - Can You Tell Us About a Time That You Had to Break Bad News to Someone?

"Having witnessed first hand a psychiatric consultant having to inform a patient that he had a shadow in their lung which was a suspected tumour, and having also witnessed a number of patient consultations in a palliative care setting with patients, friends and relatives, I feel that I have gained a significant amount of experience with regards to communicating bad news to patients, through my work experience.

I feel that I would be as empathetic, understanding and supportive as possible when communicating the bad news to the patient. Also reassure them that the health service and the staff within it would do the utmost that would be possible in order to help them through their illness. Also, I would be honest with the patient, and I certainly wouldn't withhold any information from them with regards to their condition, as this would simply exacerbate the emotional trauma of such an ordeal further if they were misled into believing that their condition was not as serious as it eventually transpired to be and that the prognosis was therefore even more severe than the patient had originally envisaged. I would also explain the tests which have been conducted on the patient, explain the nature of their condition, and also explain what the next steps would be for the patient with regards to their condition, in order to ensure that they have knowledge of what to expect in the future and what the treatment for their condition would entail."

Interviews

Question 18 - How Do You Think Money Could Be Saved on the NHS?

"From my previous work experience with the NHS, I was informed by my GP that the number of young women who have taken up smoking has increased dramatically over the last few years. According to the NHS website, a study has found that the number of female smokers aged 16-25 has increased by 5% since 1992, whereas the number of men of a similar aged is in decline. It was also stated to me that this is likely to result in a drastic increase in the number of women suffering from lung cancer in the coming years, and this is likely to cost the NHS a significant amount of money in order to treat the increasing numbers of women suffering from lung cancer.

In order to combat this, as prevention is better than cure, I believe that an increase in the number of public awareness campaigns with regards to smoking in general and also which focus on the increasingly problematic area of young women who smoke would be a means of at least making young women aware of the dangers of smoking from the outset, and also to try and help them to stop smoking. Also, by investing further in initiatives like NHS choices which encourages people to choose the more healthy lifestyle would be more cost effective in the long run by preventing the need for costly treatment for lung cancer patients."

Question 19 - What do you do in order to alleviate stress?

"Go the gym, easy to unwind, enjoy keeping fit, volunteering, going out with friends, spending time with foster children, I'm also a keen artist, got an A for Advanced Higher Art. I particularly enjoy keeping fit, which I do mainly through running and attending the gym regularly, which I feel offers me the chance to unwind and relax, in addition to maintaining my fitness."

Question 20 - Would You Like to Ask the Panel Any Questions?

"Do you foresee any significant changes to the medical school curriculum within in the next year or two?"

I understand that electives can be undertaken whilst in third and fourth year on the Medicine course, are there opportunities to study abroad whilst undertaking these electives?"

Interviews

Ethical Questions

With regards to ethical scenarios, it may be beneficial to begin your answer with a statement such as:

"I would always do what I believed to be in the best interests of the patient..."

Examples of Questions, or Ethical Scenarios:

What would you do if a patient asked you to help end their life?

"I think that helping, or giving advice to a patient regarding how to end their life would constitute euthanasia.

By definition, euthanasia is ending life in order to relieve pain and suffering.

Euthanasia is split into four categories:

Voluntary: Which is with the consent of the patient

Involuntary: without the consent of the patient.

Passive: Which would mean withholding common treatments from the patient which are necessary for the continuance of life, thereby allowing them to die.

Active: Which would mean the use of legal substances or forces to kill, and is often considered the most controversial means of euthanasia.

Arguments for euthanasia include the fact that it is legal to commit suicide, due to the suicide act of 1961. Therefore, if they are unable to do so, then there is an argument that they should perhaps be allowed to do so.

Also, it could be argued that it is perhaps more humane to allow someone who may be terminally ill to be allowed to die, with dignity, and to relieve their suffering.

Arguments against euthanasia include the fact that it is something of a slippery slope, and that it difficult to enforce the law and prevent involuntary euthanasia.

In conclusion, as euthanasia is illegal in this country, all that I would be able to do as a doctor would be to be there for the patient, minimise pain, and improve the patient's quality of life as much as possible. Perhaps give advice to patients with regards to local councillors and support groups in order to help them as much as possible."

Interviews

What would you do if an HIV/hepatitis positive patient told you that they wouldn't inform their partner about their condition and intended to continue having sexual relations with them?

"Patient doctor confidentiality is extremely important, however, I believe that it must be broken in this instance due to the fact that a third party would be in danger or risk of serious harm if they were not informed of the patient's condition.

I would first attempt as much as possible to convince the patient to tell their partner of their condition, however, if they refused, then I would consult with senior medical staff, make them aware of the situation, and perhaps they could advise of the best course of action also.

I would also attempt to gain the consent of the patient in order to inform their partner, however if this wasn't possible then I would have a duty to inform the partner in order to prevent harm to them."

What Do You Think of the Ethical Issues Surrounding Abortion?

"Abortion is clearly a very contentious issue because, for many, it constitutes murder, as they consider the termination of a pregnancy to be similar in nature to taking a life.

However, I believe that such a decision depends a great deal on the circumstances surrounding the individual, their friends, and their relatives.

For example: rape victims who become pregnant receiving an abortion within the 24 weeks.

Those who may object on religious grounds, for example, those of the Roman Catholic faith who believe that abortion constitutes murder.

Conclusion: If the person wishes for a voluntary abortion, and is within the 24 week pregnancy limit, then I would agree with an abortion being performed, as this would be legal within the United Kingdom, as per the 1967 abortion act.

However, if the patient was further than 24 weeks pregnant, then I would not agree with the performing of an abortion, as this would be illegal on the grounds of the 1967 abortion act. I do, however, appreciate that the issue of abortion is a highly contentious one, and one which merits further discussion and debate."

Interviews

DNAR

"DNAR stands for 'Do Not Attempt Resuscitation'.

In the United Kingdom, only the patient can give informed consent with regards to agreeing to DNAR, if they possess the capacity to do so as defined by the Mental Health Act 2005. If they lack the capacity, then the relatives of the patient will be asked for their opinion out of respect, however in this instance the legal force and final decision is ultimately that of the doctors. It is therefore the duty of the consultant to act in the 'best interest' of the patient, and they must therefore use their clinical judgement to determine whether it is in the best interests of the patient to continue treatment or to discontinue treatment.

It therefore largely depends on the mental capacity of the patient as to the use of a DNAR."

Questions on Personal Statement

Can you tell us how you have applied knowledge of clinical sampling techniques to your role as a nursing assistant?

"Through the biomedical investigations module at Stow College, I learned a significant amount about taking urine samples, for example how a qualitative sample is often taken from the first voiding of each day, and how samples are taken mid-stream in order to prevent the sample being contaminated from bacteria from the edge of the genitourinary tract, and how cumulative samples entail samples being taken from a patient each time they urinate through a 24 hour period.

I also learned about taking blood samples, and I have applied this knowledge through my role as a nursing assistant, such as when performing venepuncture on patients. Through this I was able to apply my knowledge of the anatomy of the arm, such as the fact that blood is taken from the cubital median vein, and also knowledge of the blood contained within the vein itself, such as the fact that it is dark red in colour, is deoxygenated, and is travelling back toward the heart. Veins also contain valves in order to prevent the backflow of blood within them. I also learned about different preservatives such as lithium heparin, which is the most common and is used for general blood analysis and is contained in an orange vacutainer, and sodium citrate, potassium EDTA, and Sodium fluoride.

I also learned a lot about the processes for sampling, for example the process of performing venepuncture, such as applying the tourniquet, cleaning the site of insertion, inserting the needle, using a vacutainer to draw the blood, etc."

Medicine at Glasgow

At the University of Glasgow, the medical curriculum follows a 'spiral' structure, whereupon subject material is revisited at different stages of the curriculum with increasing depth and clinical focus.

The delivery of this subject material involves various different teaching styles and methods, which range from lectures, labs, seminars, dissection, and also small group learning sessions, such as problem based learning (PBL) and case based learning (CBL).

The medical curriculum at Glasgow is divided into four phases. Each of these four phases overlap the five years of the medical curriculum.

In addition to these four 'phases' of teaching, there are also 'vertical themes' which are also taught throughout the entire five years of the curriculum. These 'vertical themes' include:

- Clinical Skills
- Vocational and Professional Studies
- Health of Populations and Communities
- Pharmacology
- Clinical Pharmacology and Prescribing
- Anatomy and Imaging
- Basic Biomedical Sciences:
 - Biochemistry
 - Immunology
 - Cell Biology
 - Microbiology
 - Molecular Biology
 - Physiology

Online Learning

The Medicine course at Glasgow utilises a number of online learning methods. Lectures, labs, and learning outcomes are all uploaded onto the University of Glasgow Moodle site, called 'My Glasgow'. Also on the My Glasgow site are end of block quizzes, which take the form of MCQs, lecture recordings using a software called 'Echo', and also a link to 'Peer Wise', which is a programme which enables students to create their own questions, which other students can then answer in order to test their own knowledge.

Medicine at Glasgow

Overview of the Glasgow Medical Curriculum

Year 1, Phase 1

In first year, Phase 1 lasts from the beginning of the course in September until the end of semester 1, which breaks up just before Christmas, for a duration of approximately 11 weeks. The stated aim of phase 1 is to bring all students starting the medical curriculum, irrespective of their background or experience, to a similar level required for the rest of the programme.

Each week of phase 1 generally focuses on a different basic bodily system. The themes of each week are:

- Week 1 - Skin
- Week 2 – Bacteria and Immunity
- Week 3 - Blood
- Week 4 – Cancer and Imaging
- Week 5 - Musculoskeletal System 1
- Week 6 - Musculoskeletal System 2
- Week 7 – Autonomic Nervous System
- Week 8 – Respiratory System
- Week 9 – Gastrointestinal System
- Week 10 – Genitourinary System
- Week 11 – The Special Senses

Students will take part in two one-hour PBL sessions each week during phase 1, with the initial brainstorm session usually taking place on Monday, and the feedback session usually taking place on a Thursday. Intended Learning Outcomes (ILOs) are not given to students until after the Thursday session has taken place.

Weeks 1-3 focus on the teaching of the basic organisation of bodily tissues whereas, from weeks 4-11, the 'anatomy core' forms the main focus. From weeks 4-11, there is an anatomy laboratory or prosection class each week, which helps to supplement the information learned through PBL and lectures.

In November, students will have to complete a mock coursework assignment. As this is a 'mock' assignment, it is formative, and does not count towards the final grade. The purpose of this assignment is to let students become accustomed to writing coursework projects, and also the Vancouver referencing system, which is the referencing system of choice for coursework assignments at the University of Glasgow.

Medicine at Glasgow

In December, students will undertake a multiple choice question (MCQ) examination, which is formative, and does not count towards the final grade for the year. This will enable you to ascertain how well you have grasped the content taught during phase 1.

Furthermore, also in December, students undertake the MILE, which is the Medical Independent Learning Exercise. The MILE is essentially an assessed PBL, whereupon you will be given a scenario, with which you will have to create questions, research information to generate answers to the questions formulated, and create a typed document with these questions and answers, to a word limit, complete with references. The MILE must then be submitted through the University of Glasgow Moodle site for marking.

The MILE was initially sat over the course of one day, from 9am to 11pm however, during the 2014-2015 academic session, the MILE could be completed over the course of one week.

Phase 2 – Limbs and Back

The limbs and back block lasts 6 weeks, and contains a significant amount of anatomy. Each week, anatomically, focuses on a specific area, e.g. week 1 – the back, week 2 – shoulder and brachial plexus, etc. There is one PBL a week during this block, and it is in this block that students will begin dissection. This is comprised of one dissection lab per week, in which students will dissect an appropriate part of the body based on the study being undertaken during that particular week, e.g. the back, shoulder, upper arm, etc.

There are a number of labs in the limbs and back block, which range from dissection labs, to surface anatomy labs with surgical trainees, and also radiology labs where students are quizzed on their anatomy knowledge. These are complimented with lectures.

Towards the end of the limbs and back block, students will be required to submit a coursework assignment, the Life History Project. This entails meeting a patient suffering from a chronic illness through the VS groups to which the student has been assigned, interviewing them about their illness, and how it has affected their lives and the lives of those around them, and subsequently producing a report regarding this.

Medicine at Glasgow

Phase 2 – Cardio/Respiratory Block

The cardiorespiratory block lasts for 5 weeks, and is mainly taught through PBL and lectures. There are two PBLs per week in this block, and also dissection labs, in addition to lectures. The end of this block marks the end of semester 2, and the beginning of the easter holidays.

Normally, the last week before the easter holidays marks the submission deadline for the Community Diagnosis, which is a coursework project in which each student has to write about the area in which the GP surgery to which they are attached through their Vocational Studies group is located. This coursework is approximately 2000-2500 words long, and is summative, although the final grade does not receive as much weighting as the final written exam in first year.

Towards the end of the cardio/respiratory block, there is also a mock OSCE (Objective Structured Clinical Examination). During this assessment, students are assessed in six different stations:

- Blood Pressure
- CPR – Cardiopulmonary Resuscitation
- Intramuscular Injection
- Venepuncture
- Communication Skills
- Hand washing

As this is a 'mock', assessment is formative.

In addition to this, there is also a mock mixed essay question paper during the second semester. The purpose of this mock exam is to provide an insight as to the format of the final written exam.

Medicine at Glasgow

Phase 2 – Keeping People Healthy Block

The Easter holiday period lasts approximately three weeks, after which students begin the Keeping People Healthy block, which focuses on issues such as public health, inequalities in health, and also demographic changes in the United Kingdom throughout the last few centuries, in addition to changes in the health of an individual throughout the life course.

There is one PBL per week in this block, in addition to students having to complete a workbook based on the Afternow website created by Professor Phil Hanlon, who is a professor of public health at the university. Some students may have to present their answers to the questions in the workbook at a seminar at the end of the block. There are several research papers on different aspects of public health on the Afternow website which must be read through prior to completing the workbook.

At the end of the Keeping People Healthy block there is a period of approximately one week with no teaching, prior to the end of year written assessments.

Vocational Studies

Throughout first year, for one three-hour session per week, students will have VS (Vocational Studies) sessions with their VS tutor, who is a qualified GP. These sessions will be at the same time every week, e.g. Tuesday afternoon, Wednesday morning, depending on whether each student is in cohort A, B or C.

In VS, students will cover a lot of theoretical concepts, such as the morality and ethics of treating patients, for example, the concept of abortion, research methods, and also the concepts of patient autonomy, capacity etc. Students will also attend visits to local hospitals, and the GP surgery to which their tutor is attached. The organisation of the Life History Project, and Community Diagnosis projects is also largely conducted through Vocational Studies.

Assessment

The end of year exam in first year is through two written papers. Paper 1 is comprised of a modified essay question, in which a number of relatively small questions are asked based on clinical scenarios, for a total of 60 marks. The second part of paper 1 is comprised of short notes, in which there are five short note questions, each of which is worth 12 marks, for a total of 60 marks.

Paper 2 is comprised of part A, which is another modified essay question, for a total of 60 marks, and part B, which is a section of multiple choice questions.

Should it be required, there is a resit of the written examination in August.

The pass mark for the written examination varies, but may typically be around 55-57%.

The four main assessed components of first year are the MILE, Life History Project, Community Diagnosis, and final written examination.

Medicine at Glasgow

Second Year

Phase 2 of the medical curriculum overlaps from the second half of first year, and also spans the entire duration of second year. There are five teaching blocks in second year in total, which include:

- Gastrointestinal System
- Reproduction, Nephrology, Urology
- Endocrinology
- Head, Neck, and Neurology
- People and Illness

Throughout second year, there is only one PBL scenario a week, with the exception of Head, Neck, and Neurology, for which students must complete two PBL scenarios per week. Students also have one three-hour Vocational Studies session per week, similar to first year. These are combined with lectures, and also anatomy laboratories, which comprise prosection, dissection, and histology.

During the first semester of second year, students will be given their first coursework task of the year, which is to perform a 'Critical Appraisal' of a published piece of research. This coursework is normally submitted in November.

In addition to this, from January until the middle of February, students also undertake the first Student Selected Component (SSC). Examples of second year SSCs include:

- European Narratives of Illness
- Introduction to Pain Management
- Professional and Lay Explanations of Addictions

The assessment of each SSC varies from subject to subject. It may include a verbal presentation, essay, written report, or even a written exam.

During second year, students will also complete the 'Family Project', which is undertaken largely through the Vocational Studies groups to which each student is attached. Students will meet with a family on three different occasions. The family to which each student is attached will have one or more children, and students are tasked with producing a report, complete with references, detailing the growth and development of the child within this family environment.

Students will undertake the final written exam during the first week in June. Furthermore, students will also undertake a summative OSCE (Objective Structured Clinical Examination) during the same week in which they sit the final second year written examination.

Medicine at Glasgow

Third Year, Phase 3

Phase 3 comprises the first 15 weeks of third year, and is an intense course during which the knowledge that students have learned in previous years is developed further. Each week comprises a different topic of learning:

- Week 1 - Medical Genetics
- Week 2 - Basic Pathology
- Week 3 - Haematology
- Week 4 - Female Pathology
- Week 5 - Cardiovascular
- Week 6 - Microbiology
- Week 7 - Infection
- Week 8 - Respiratory
- Week 9 - Critical Care
- Week 10 - Dermatology
- Week 11 - Orthopaedics/Rheumatology
- Week 12 - Endocrinology
- Week 13 - Gastrointestinal/Liver
- Week 14 - Renal
- Week 15 - Neurology

The lectures that are given each week in phase 3 of the course are delivered by NHS clinicians who are specialists in the area in which they are lecturing. Furthermore, in third year, students do not take part in PBL sessions, instead they will take part in Case-Based Learning (CBL), which focuses on clinical cases which are related to the theme of the block on which each week is centred. These enable students to develop the approach that clinicians use to solve clinical problems, and also to apply and develop previously attained knowledge of the clinical specialty in question by means of applying this knowledge to realistic clinical cases.

Students will also take part in larger team-based sessions, which take the form of clinico-pathological conferences where a team of clinical scientists, pathologists, microbiologists, and clinical biochemists present various aspects of a case, in order to illustrate and develop pathophysiological understanding of human disease.

In third year, students will also have one session of Vocational Studies per week, during which they will learn clinical skills procedures, and also further develop their communication skills techniques. Students will also be attached to a hospital or GP practice for one day per week, during which they will undertake a short prescriptive course in history taking and clinical examination.

Medicine at Glasgow

In third year, the written exam takes place in February, and is comprised of a short answer section and multiple choice questions. Furthermore, there is also an OSCE (Objective Structured Clinical Examination).

Coursework in third year includes the Longitudinal Care Project, which comprises an extended attachment to a general practice, which therefore offers a unique opportunity to experience the clinical care of patients with a serious chronic illness.

At the end of third year, during the summer period, students will also undertake their junior elective, which entails a period of study in a clinical environment, which may be undertaken abroad.

Years 3-5 – Phase 4

Having completed phase 3, which comprises the first 15 weeks of third year, students subsequently enter phase 4, which lasts from February of third year until the end of fifth year. Phase 4 itself is essentially a two year long sequence of rotating clinical attachments, that continues until the final examination in February of year five.

Year 3, Phase 4

In third year, students undertake the first part of phase 4, which entails the completion of three 5 week blocks, each of which constitutes a clinical attachment to a hospital or GP practice:

- Clinical Medicine
- Clinical Surgery (including orthopaedics)
- Student Selected Component

Throughout these early clinical attachments, students are expected to further develop their expertise in history taking, clinical examination, and also are expected to encounter a limited range of common clinical conditions. By the end of the first two blocks, students are expected to have encountered patients with at least one of the following:

- Stroke
- Ischaemic Heart Disease
- Heart Failure
- Pneumonia
- Asthma
- Gastroenteritis
- An Acute Abdomen
- Gastrointestinal Malignancy
- Jaundice
- Peripheral Vascular Disease
- Prostate Disease
- Urinary Tract Infection
- A Variety of Simple Fractures

Medicine at Glasgow

Years 4 and 5, Phase 4

As students progress through phase 4 in years 4 and 5, they will undertake a series of 5 and 10 week clinical attachments in either hospitals or GP practices. This will entail the student encountering an increasingly more complex series of clinical problems.

Each attachment has its own mini-curriculum and learning objectives. During their clinical attachments, students have a clinical supervisor, whose role it is to provide a timetable, and to organise and deliver assessments based on case histories, observed clinical history taking or examination, and a mock OSCE assessment.

The sequence of clinical attachments varies for different students. Furthermore, there is a lecture programme throughout phase 4, which includes lectures in all the clinical specialties.

Throughout phase 4, there is an assessment at the end of each clinical attachment, and also at the end of the Student Selected Component (SSC). The final written paper for fourth year takes place in February of fourth year.

In the summer after fourth year, students undertake their senior elective.

The final examination in fifth year takes place in February of year 5, and comprises both a written examination, and a wide-ranging OSCE examination.

Furthermore, in fifth year, students will have to sit the situational judgement test, which is a type of psychometric test which students must sit before they can apply to the Foundation Programme. The test itself is worth 50 points, which contribute to a student's application for places on the Foundation Programme.

Financial Assistance

Studying a degree as a mature student can be a stressful and, ultimately, very demanding process, in more ways than one. In addition to the usual mental rigours of studying a degree as mentally taxing as medicine, dentistry, or veterinary medicine, there are also many other challenges, many of which are financial in nature.

Fortunately, there are several different means of funding in order to alleviate such potential pitfalls, both within the University of Glasgow, and also outwith the university itself.

Listed below are a selection of the numerous bursaries, scholarships, and other funding options available to students at the university.

SAAS (Student Awards Agency for Scotland)

SAAS is the primary means of funding for the vast majority of Scottish-based students. The funding which you are eligible for often varies, depending on criteria such as:

- Household income
- Marital status
- Whether or not you are a carer
- How many dependants you have (e.g. wife and children)
- Age:
 - Under 25 qualifies you for a 'Young Student's Bursary'.
 - Over 25 qualifies you for an 'Independent Student's Bursary'.
- Disability
- Residential status:
 - Scottish, Rest of UK, or EU based applicant.

Applications can be made through the SAAS website:
<http://www.saas.gov.uk>

University of Glasgow Talent Scholarship

The University of Glasgow Talent Scholarships are intended to support talented students who might not be able to take a place at university for reasons of financial hardship.

The scholarship itself can be applied for prior to the student beginning their place at university, and is worth £1000 a year for the duration of the student's degree.

More information on the Talent scholarship can be found here:
http://www.gla.ac.uk/news/archiveofnews/2014/february/headline_306931_en.html

Financial Assistance

University of Glasgow HEI Discretionary and Childcare Funds

The HEI Discretionary and Childcare Funds are available to students who are experiencing financial hardship, and are paid to the student on the basis of a grant, and are therefore considered non-repayable by the student.

In order to apply for a grant from the Discretionary or Childcare Funds, the student making the application must:

- Be a full-time or part-time UK Home undergraduate or postgraduate student.
- Be in receipt of their full student loan entitlement (if eligible).

The funds available to students as a part of the HEI Discretionary and Childcare Funds are limited, and are therefore released on a first come first served basis. Students are therefore advised to submit their application as soon as the academic year begins.

The discretionary fund itself is awarded on the basis of several different eligibility criteria:

- Help with accommodation costs.
- If you are suffering from a disability.
- Mature/Independent student premium (if over 25, or independent from parents).
- Childcare fund, for help with registered or formal childcare costs.

More information on the HEI Discretionary and Childcare Funds can be found on the University of Glasgow website:

<http://www.gla.ac.uk/services/registry/finance/funds/#tabs=4>

Glasgow University Hardship Fund

The Glasgow University hardship fund is a modest fund which is intended to provide short-term emergency support to students suffering from severe financial hardship.

Payments made to a student through the Glasgow University Hardship Fund may be made in the form of either a loan or a grant. A student may therefore be required to pay the money back, when they are in a more stable financial position.

More information can be found on the University of Glasgow website:

<http://www.gla.ac.uk/services/registry/finance/funds/#tabs=4>

Financial Assistance

Crisis Loans

Crisis loans may be provided by the University of Glasgow Financial Services team to a student who is suffering from a short period of severe financial hardship.

Students wishing to apply for a crisis loan may be called in for an interview with the Student Financial Team, which is located in the Fraser Building at the University.

If successful in their application, a small amount of cash may be provided to the student in question as a loan. This money will only be paid out to the student, if the student can demonstrate a means of repaying the loan.

More information on crisis loans can be found on the University website:
reg.finaid@admin.gla.ac.uk

Carnegie Trust Fee Assistance

The Carnegie Trust is a charitable organisation which provides assistance to students in Scotland. One such way in which the Trust provides assistance to students is through 'Fee Assistance', where, upon successful submission of an application form with an applicant's personal statement, the Trust may make a contribution to the tuition fees which have to be paid by the individual in order to complete their degree.

The Carnegie Trust Fee Assistance programme would therefore be of particular benefit to those students on the Access to Medical Studies course who have completed a previous degree, and therefore have to pay their own tuition fees.

The stated aim of the Carnegie Trust Fee Assistance scheme is:
"to render attendance at the Universities of Scotland and the enjoyment of their advantages more available to the deserving and qualified youth of Scotland to whom the payment of fees might act as a barrier".

More information can be found on the Carnegie Trust's website:
<http://www.carnegie-trust.org/schemes/undergraduate-schemes/fee-assistance.html>

Financial Assistance

Other Sources of Funding

Other sources of funding for students studying at the University of Glasgow can be found on the university registry website:

<http://www.gla.ac.uk/services/registry/finance/funds/#tabs=4>

The web page above contains an extensive list of the numerous different grants, bursaries, loans and scholarships which are available to students at the University of Glasgow.

Summary

General Hints and Tips For Starting University

The following is a series of general hints and tips, which should help you during your application to study Medicine, and also during your time studying Medicine.

If you stay in the immediate vicinity of the university, then remember to register with the university GP practice:

University Barclay Medical Practice
Fraser Building
65 Hillhead Street
Glasgow
Lanarkshire
G12 8QF

Telephone: 0141 342 3600
Email: surgery@universitybarclay.com
Website: www.universitybarclay.com

Apply for the HEI Discretionary fund.

There are funds available for hardship, childcare, and there is also a mature student's premium. More information on the HEI Discretionary Fund can be found here:

Web: www.gla.ac.uk/media/media_352705

Develop an Effective Routine and Technique for Taking Notes and Studying

This can be a lot more difficult than it may superficially seem. The transition from school or, indeed, an access course can be a difficult one at first. This transition can be made a great deal easier the sooner you find a technique for taking notes during lectures, 'writing up' lectures, labs, and PBLs, and subsequently consolidating and retaining the information from these teaching sessions for future reference and studying.

Naturally, each different individual will find some methods for taking notes and studying more beneficial than others, and these preferences will inevitably differ between individuals. However, working out the method that works best for you is a key step in making a success of your time at university.

Important contacts that can help you develop effective study techniques are:

Student Learning Services: www.gla.ac.uk/services/sls/
Mr Scott Ramsey: Scott.ramsey.2@glasgow.ac.uk

Summary

Meet Your Advisor of Studies

Upon beginning your medical degree at the University of Glasgow, you will be assigned an advisor of studies. Normally, your advisor of studies will contact you in order to meet with you at least once per year. It is advisable for you to meet with your advisor of studies if they contact you. Furthermore, if you experience any problems during your time at university, such as illness, financial hardship, or difficulties with your studies, then your advisor of studies will often be your first point of contact.

Upon beginning your studies at the University of Glasgow, you will be notified of your advisor of studies by email.

Sign up to Medify When Studying for the UKCAT

Whilst preparing for the UKCAT, there are numerous different resources which could prove useful. One particularly useful resource is the website Medify. Signing up to this website provides access to a large bank of questions, which are presented in a format which is similar to that which the UKCAT itself will be presented.

Medify is therefore an extremely effective resource with regards to preparation to sit the UKCAT. You can sign up to Medify by visiting the website:

www.medify.co.uk

Register for a Locker at the Medical School Building

When starting your medical degree at the University of Glasgow, a simple yet effective piece of advice is to register to have a locker in the Wolfson Medical School Building. This will enable you to leave some equipment, such as your lab coat, dissection kit, and textbooks, notes, etc in the medical school, without having to carry them back and forth each day.

You can register for a locker at the medical school reception desk in the library of the Wolfson Medical School Building. However, you will have to be quick in order to ensure that you are able to get a locker.

Summary

Apply to the Prince's Trust for Funding

The Prince's Trust can provide funding for those who are experiencing financial hardship through their 'Development Awards' programme. This Development Award can be used to help with:

- Cost of signing up to a UKCAT course
- Cost of buying a suit for a medical school interview
- Transport costs to and from an interview
- Childcare costs while candidate attends an interview

Further information on Development Awards can be found by visiting the Prince's Trust website at:

www.princes-trust.org.uk/need_help/grants.aspx

Summary

Useful Resources

Mature Student's Learner's Forum:
moodle2.gla.ac.uk/course/view.php?id=5436

Glasgow University Mature Student's Association:
www.gla.ac.uk/services/maturestudentsassociation

Glasgow University Student's Representative Council (GUSRC) website:
www.glasgowstudent.net

University of Glasgow Learner Services
www.gla.ac.uk/services/sls/

Useful Contacts

Dr Daniel Keenan
Widening Participation Development Officer
Email: daniel.keenan@glasgow.ac.uk

Dr Neil Croll
Acting Head of Widening Participation
Email: neil.croll@glasgow.ac.uk

Mr Scott Ramsey
Effective Learning Advisor (Student Learning Service)
Email: Scott.ramsey.2@glasgow.ac.uk

Glasgow University Student's Representative Council:
Web: www.glasgowstudent.net

Glasgow University Nightline:
Web: www.gunightline.org
Email: asknightline@glasgowstudent.net
Phone: 0141 334 9516

University of Glasgow Medical School Admissions
Admissions Administrator
Level 3
Wolfson Medical School Building
University of Glasgow
Glasgow
G12 8QQ
Phone: 0141 330 6216
Email: med-sch-admissions@glasgow.ac.uk

Summary

Useful Resources

Mature Student's Learner's Forum:
moodle2.gla.ac.uk/course/view.php?id=5436

Glasgow University Mature Student's Association:
www.gla.ac.uk/services/maturestudentsassociation

Glasgow University Student's Representative Council (GUSRC) website:
www.glasgowstudent.net

University of Glasgow Learner Services
www.gla.ac.uk/services/sls/

Useful Contacts

Dr Daniel Keenan
Widening Participation Development Officer
Email: daniel.keenan@glasgow.ac.uk

Dr Neil Croll
Acting Head of Widening Participation
Email: neil.croll@glasgow.ac.uk

Mr Scott Ramsey
Effective Learning Advisor (Student Learning Service)
Email: Scott.ramsey.2@glasgow.ac.uk

Glasgow University Student's Representative Council:
Web: www.glasgowstudent.net

Glasgow University Nightline:
Web: www.gunightline.org
Email: asknightline@glasgowstudent.net
Phone: 0141 334 9516

University of Glasgow Medical School Admissions
Admissions Administrator
Level 3
Wolfson Medical School Building
University of Glasgow
Glasgow
G12 8QQ
Phone: 0141 330 6216
Email: med-sch-admissions@glasgow.ac.uk

SWAP

Scottish Wider Access Programme

Medical Applicant's Handbook

Applying to study Medicine is perhaps one of the biggest decisions that you will ever make. The process of getting into medical school in itself can be long and difficult, and will inevitably require a significant amount of time, dedication, and effort. When one adds to this the potential stressors that mature students often experience, such as maintaining a family life, full or part-time employment, and accruing the experience necessary to be considered for a course as rigorously selective as medicine, it can be difficult to know where to turn, or what to do next, let alone how to manage everything simultaneously. Therefore, it is clear that any level of information, support, or guidance could be profoundly beneficial with regards to an individual's application to medical school.

This document has been produced with the intention of providing such information and guidance.

In this handbook, you will find information on the various different aspects of the medical school application process, such as:

- A Career in Medicine
- Medical Specialties
- Work Experience
- The UKCAT
- The UCAS Application
- Medical School Interviews
- Financial Assistance
- Study Technique at University

Although not an exhaustive resource, it is hoped that this document will prove to be a useful source of information for students both during and after their application. In doing so, this should hopefully help make the university life of those embarking on the study of medicine at university a happy, productive and successful one.