NILE ACADEMY

MEDICINE APPLICATION SERIES

UCAT FOR MEDICINE & DENTISTRY · 2027 ENTRY

The Complete UCAT Handbook

Master the four-subtest UCAT: every section decoded, the scoring explained, the strategy that saves marks, and a full preparation plan, all built for the current format.

Master Edition

Built for the current four-subtest format

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WHAT'S INSIDE

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BEFORE YOU BEGIN

How to use this handbook

The UCAT is not a knowledge test. It is a skills test against the clock, which means it is beaten by familiarity, strategy and disciplined practice, not by revision.

There is almost nothing to "learn" for the UCAT in the way you learn biology. What separates a high scorer from an average one is knowing exactly what each subtest asks, having a fixed method for every question type, and having practised that method enough that it runs on autopilot under time pressure. This handbook gives you all three.

STEP ONE

Understand the test

Sections 1 to 3 cover the current four-subtest format, how it is scored, and how universities use the score, so you target the right number for the right schools.

STEP TWO

Master each subtest

Sections 4 to 7 decode every subtest: its question types, its timing, and the specific strategy that wins marks in each.

STEP THREE

Handle the logistics

Sections 8 and 9 cover the test centre, the on-screen tools, and the registration timeline, dates, fee and access arrangements you must not miss.

STEP FOUR

Train properly

Sections 10 to 12 give you a phased preparation plan, a strategy cheat-sheet, and the common mistakes to avoid.

THE SINGLE MOST IMPORTANT IDEA

The UCAT is won on **speed with accuracy**, and there is **no negative marking**. That combination dictates everything: you must move fast, never leave a question blank, and use a "best guess and flag" rule for anything that would cost you too much time. Time management is the skill that most often decides the score.

A note on currency. Dates, fees, cut-offs and even the format change between cycles. Where this handbook gives specific figures, treat them as a guide for the 2026 test cycle (2027 entry) and confirm against the official UCAT website and each university's admissions page for your year.

SECTION 01

What the UCAT is, and the 2025 reset

A computer-based admissions test for most UK medical and dental schools, recently cut from five subtests to four with the removal of Abstract Reasoning.

The University Clinical Aptitude Test, or UCAT (known as the UKCAT until 2019), is a computer-based test sat at Pearson VUE test centres and used by most UK medical and dental schools as part of selection. It does not test

scientific knowledge; it assesses a set of mental abilities and professional behaviours that universities consider important for studying and practising medicine. From the **2025 testing cycle onwards, the Abstract Reasoning subtest was removed** (the consortium judged it too coachable and less predictive), leaving four subtests. If you pick up older guides or question banks, ignore all Abstract Reasoning material.

The four subtests at a glance

Subtest	Questions	Time	What it assesses	Scoring
Verbal Reasoning	44	21 min	Critically reading and evaluating written information	300–900
Decision Making	35	37 min	Logic, judgement and interpreting information to reach decisions	300–900
Quantitative Reasoning	36	26 min	Solving numerical problems and interpreting data	300–900
Situational Judgement	69	26 min	Professional judgement in realistic scenarios	Band 1–4

How the test runs

- ✓ **Length.** The standard test is just under two hours of testing time, taken in the fixed order above.
- ✓ **Instructions and breaks.** Each subtest is preceded by a short **timed instruction section**. There is a brief gap between subtests but **no overall break**, and once a subtest starts it cannot be paused.
- ✓ **No negative marking.** You are scored on correct answers only, so a wrong answer never costs you, and you should never leave a question unanswered.
- ✓ **Non-adaptive.** Your performance on one question does not change which questions you get next.
- ✓ **One cycle only.** Your result is valid for a single application cycle; if you reapply in a later year, you sit the UCAT again.

WHY THE 2025 RESET MATTERS

Abstract Reasoning was often a candidate's strongest, "buffer" section. With it gone, the maximum total fell from 3,600 to 2,700, and there is no longer an easy-marks section to rescue a weak performance elsewhere. Every one of the three cognitive subtests now carries more weight, so consistency across Verbal, Decision Making and Quantitative Reasoning matters more than ever.

SECTION 02

Scoring & what counts as a good score

Three cognitive subtests scaled to a total out of 2,700, and a separate Situational Judgement band. What matters most is your percentile, not the raw number.

How the score is built

- ✓ **Scaled scores.** Your raw marks in each of the three cognitive subtests (Verbal Reasoning, Decision Making, Quantitative Reasoning) are converted to a **scaled score from 300 to 900**, so that subtests with different numbers of questions can be compared fairly.
- ✓ **The total.** The three scaled scores are added to give a **total from 900 to 2,700**.
- ✓ **The SJT is separate.** Situational Judgement does not count towards the total. It is reported as a **band from 1 (highest) to 4 (lowest)**.
- ✓ **No negative marking,** and some questions (the two-mark Decision Making items and the Situational Judgement items) award **partial marks** for near-correct answers.

What the SJT bands mean

Band	Meaning (UCAT's own descriptions, summarised)
Band 1	Excellent performance, with judgement matching the expert panel in most cases.
Band 2	Good, solid performance, with many responses matching the model answers.
Band 3	Modest performance, with appropriate judgement in some cases.
Band 4	Lowest band, with judgement differing substantially from the panel. Some schools will not consider Band 4 applicants.

Band 1 is genuinely hard: in 2024 only around 13 per cent of candidates achieved it. Band 2 is competitive at most schools.

What counts as a good score

~1890
Approximate average total in the new format (around 630 per subtest)

1900+
Broadly competitive; above the average for the cohort

2100+
A high score that opens the most UCAT-driven schools

- ✓ **Think in percentiles and deciles, not raw totals.** Because difficulty and the cohort vary year to year, your **ranking** against other candidates is what universities actually use. A given raw total can sit in a different percentile from one year to the next.
- ✓ **"Good" depends entirely on where you apply.** A score that wins an interview at one school may not clear the filter at another (Section 3).
- ✓ **Aim for balance.** With Abstract Reasoning gone, one weak cognitive subtest drags your total down with no buffer, so spread your preparation across all three.

SECTION 03

How medical & dental schools use it

There is no single national pass mark. Each school uses the score in its own way, and choosing your five wisely around your result can transform your chances.

This is one of the most misunderstood parts of the process. Cut-offs are almost always set **after** applications close and the whole cohort's scores are known, so there is rarely a fixed published minimum. Broadly, schools fall into three groups, and many combine approaches.

Approach	How it works
Hard cut-off / threshold	A minimum total (and sometimes a minimum SJT band) below which an application is not considered further. Clear the bar and you progress; miss it and you are filtered out.
Weighted / points	The UCAT is combined with academics (often GCSEs) and sometimes other factors to produce a ranked score, with the UCAT contributing a defined share, sometimes via your decile.
Ranking	Eligible applicants are ranked purely or largely by UCAT, and the top scorers are invited to interview or a selection day.

The Situational Judgement band

- ✓ Some schools set a **minimum band** (for example, requiring Band 1 to 3, or rejecting Band 4 outright).
- ✓ A few weight the SJT heavily, viewing it as a measure of the values they care about.
- ✓ Others barely use it. As always, the only reliable source is each school's current admissions page.

The strategic takeaway

CHOOSE YOUR FIVE AROUND YOUR SCORE

Sit the UCAT, then build your UCAS list to match your result. A **high total** points you towards schools that use a cut-off or rank by UCAT, where your score is an advantage. A **lower total** points you towards schools that weight academics or contextual factors more heavily, or that use the score less. Picking the right four or five schools for your profile is often the single highest-leverage decision in the whole application. Always verify how each of your choices uses the UCAT for your entry year.

Some schools also weight a particular subtest (Verbal Reasoning is a common example) or apply contextual adjustments for widening-participation applicants. Factor these in when you choose.

SECTION 04

Verbal Reasoning

44 questions in 21 minutes. The most time-pressured subtest, testing how quickly and accurately you can read and evaluate written information.

Verbal Reasoning gives you roughly **28 seconds per question**, including reading time, which is why it is the section most candidates run out of time on. Doctors must extract meaning quickly and precisely from notes, letters and research, and this subtest mimics that under pressure.

Format

- ✓ **11 passages,** each two to four paragraphs and up to around 400 words.
- ✓ **Four questions per passage,** giving 44 in total.
- ✓ The information you need is always **in the passage**. No outside knowledge is required or allowed.

The two question types

Type	What it asks
True / False / Can't tell	You decide whether a statement is supported by the passage (true), contradicted by it (false), or whether there is not enough information to say (can't tell).
Reading / inference	Questions such as "which of these conclusions follows", "what would the author most likely agree with", or completing a statement. These need careful comprehension of the whole passage.

Strategy

- ✓ **Do not read the whole passage in depth first.** For statement questions, skim for structure, then use keywords from the question to locate the relevant lines and read those closely.
- ✓ **Master "Can't tell".** Answer only from the passage. If a statement is plausible in the real world but not actually supported by the text, the answer is "can't tell", not "true".
- ✓ **Watch absolutes.** Words like "all", "never", "only" and "always" make a statement easy to disprove; words like "may" and "some" are easier to support.
- ✓ **Never leave a blank.** If a question is taking too long, make your best guess, flag it, and move on. With no negative marking, a guess can only help.
- ✓ **Budget your time.** Aim for roughly five minutes per group of passages, and accept that the goal is the best score across all 44, not perfection on any one.

COMMON TRAPS

- ✗ Bringing in your own knowledge instead of relying only on the passage.
- ✗ Confusing "the passage does not say this is true" with "the passage says this is false".
- ✗ Over-reading: spending two minutes perfecting one passage and losing three later ones.

SECTION 05

Decision Making

35 questions in 37 minutes. The most generous timing in the test, across six distinct question types that reward logic, careful reading and a noteboard.

With around **63 seconds per question**, Decision Making gives you room to think, but the questions are varied and several are easy to rush. It assesses how you apply logic, weigh evidence and reach sound conclusions, central skills for a clinician managing uncertainty.

The six question types

Type	What it involves
Syllogisms	Decide which conclusions logically follow from given statements. Often best handled by sketching the logic.
Logic puzzles	Deduce an arrangement or answer by applying a set of rules. Drawing a grid or diagram is usually essential.
Interpreting information	Draw valid inferences from text, tables or charts, deciding what the data does and does not support.
Recognising arguments	Choose the strongest argument for or against a proposition. The strongest argument is relevant and directly addresses the question, not merely true.
Venn diagrams	Read or construct Venn diagrams and work out how many items fall into each region.
Probability	Calculate or compare probabilities from the information given, often expressed in everyday language.

How it is marked

- ✓ **Single-answer questions** (one correct option) are worth **one mark**.
- ✓ **Five-statement "yes / no" questions** are worth **two marks**: two for getting all five statements right, one for a partially correct response. These reward care, and partial marks mean a tricky one is still worth attempting.

Strategy

- ✓ **Use the noteboard.** Syllogisms, logic puzzles and Venn questions are far faster when you draw them out rather than holding them in your head.
- ✓ **Use the calculator** where it helps (it is available in this section), especially for probability.
- ✓ **Learn the official definitions.** UCAT publishes a set of Decision Making definitions for terms used in the logic questions; knowing them removes a common source of error.
- ✓ **Flag the long ones.** The five-statement syllogisms can be time-consuming; if one is dragging, flag it and return at the end so it does not eat into easier marks.

SECTION 06

Quantitative Reasoning

36 questions in 26 minutes. Numerical problem-solving and data interpretation, where the maths is GCSE-level but the speed required is not.

Quantitative Reasoning gives you around **43 seconds per question**. The arithmetic itself is rarely advanced; the challenge is reading data quickly, choosing the right calculation, and doing it accurately at pace. All questions are five-option multiple choice.

What it covers

- ✓ **Data interpretation** from tables, charts and graphs.
- ✓ **Percentages** and percentage change, **ratios** and proportions.
- ✓ **Rates,** including speed, distance and time, and unit conversions.
- ✓ **Averages** and simple formulae applied to a scenario.

Strategy

- ✓ **Use the on-screen calculator wisely.** It is a basic calculator; for simple sums, mental arithmetic is faster than moving to the mouse. Learn the number-pad shortcut so you are not clicking buttons.
- ✓ **Read the question last, then the data.** Identify exactly what is being asked before wading into the table, so you only extract the numbers you need.
- ✓ **Answer the question asked.** Distractor options are often the result of a correct first step but the wrong final one (for example, giving the value before a percentage increase). Check your answer matches the question.
- ✓ **Mind your units and rounding.** Convert units carefully and keep an eye on whether the answer should be a value, a difference or a percentage.
- ✓ **Estimate to eliminate.** A quick estimate can rule out two or three options instantly, which is invaluable when time is short.

COMMON TRAPS

- ✗ Confusing a percentage with a percentage change, or "of" with "more than".
- ✗ Missing a unit conversion buried in the data or the question.
- ✗ Spending too long on one data-heavy question instead of flagging and moving on.

SECTION 07

Situational Judgement Test

69 questions in 26 minutes. The final subtest, judging how appropriately or importantly you respond to realistic scenarios, scored in bands rather than a number.

The SJT presents scenarios set in a clinical or training environment and asks you to judge responses to them. It requires **no medical knowledge**; it tests professional values and judgement: integrity, perspective-taking, team involvement, resilience and adaptability. Each scenario may carry up to six questions, giving around **22 seconds per item**.

The question types

Type	What you do
Rate appropriateness	Judge a response as, for example, very appropriate, appropriate but not ideal, inappropriate but not awful, or very inappropriate.
Rate importance	Judge how important a consideration is, from very important to not important at all.
Most / least appropriate	Select the most and least appropriate action from a list of options.

How it is scored

- ✓ Raw marks are converted into **Bands 1 to 4** (Band 1 highest), separate from your cognitive total.
- ✓ **Partial marks** are awarded for answers close to the expert panel's, so being one category out still earns something.

The framework that wins marks

JUDGE AGAINST PROFESSIONAL VALUES, NOT INSTINCT

The "right" answers reflect the GMC's *Good Medical Practice* and the professional values expected of doctors. Students who learn the principles consistently outperform those who guess. Anchor every judgement to these:

- → **Patient safety comes first,** always.
- → **Honesty and integrity** (probity): never cover up, lie or cut corners.
- → **Work within your competence** and seek help when out of your depth.
- → **Escalate appropriately,** raising concerns through the right channels rather than ignoring or overreacting.
- → **Respect for patients and colleagues,** including confidentiality and dignity.
- → **Act from the perspective of a student or junior,** not a consultant making final clinical calls.

Strategy

- ✓ **Avoid the extremes unless they are warranted.** Few real responses are "very appropriate" or "very inappropriate"; most sit in the middle. Reserve the extremes for clear-cut cases.
- ✓ **Never ignore a problem, and never go straight to the most aggressive action.** The appropriate first step is usually to gather information, then escalate to the right person.
- ✓ **Read the scenario once, then answer the whole set** from it. Re-reading for every item wastes precious seconds.

✓ **Learn from official answer rationales.** The fastest way to calibrate your judgement is to practise official questions and study why each model answer is rated as it is.

DO NOT UNDERESTIMATE IT

The SJT is the last section, when you are most tired, yet at some schools a Band 4 ends the application regardless of a strong cognitive total. It is also the most learnable section for anyone who studies the professional principles, so it is worth real preparation, not an afterthought.

SECTION 08

Test day & the on-screen tools

Most marks lost on the day come from the interface and time management, not the questions. Knowing the tools cold lets you spend every second on thinking.

At the test centre

✓ **Where.** The UCAT is sat at a Pearson VUE test centre on a computer. Check current arrangements when you book.

✓ **Arrive early.** Get there at least **15 minutes** before your appointment.

✓ **Bring the right ID.** Valid photo identification whose name **exactly matches** your UCAT registration. A mismatch can stop you sitting the test.

✓ **Belongings.** Personal items go in a locker. You are given a **laminated noteboard and pen** for rough working; use them, especially in Decision Making and Quantitative Reasoning.

The on-screen tools

Tool	What to know
Countdown timer	Always on screen. Glance at it to pace yourself; do not let it tip you into panic.
Flag for review	Mark any question you want to revisit, then use the review screen at the end of the subtest to return to flagged items if time allows.
Navigation	Move next and previous within a subtest, and see a review screen of all questions in that section.
On-screen calculator	A basic calculator, available in Decision Making and Quantitative Reasoning. Learn to drive it from the keyboard number pad rather than clicking.
Keyboard shortcuts	Shortcuts exist for next, previous, flag and the calculator. Learn the current set on the official practice platform so they are second nature.

How the test flows

✓ Each subtest is preceded by a **timed instruction screen**. You cannot start early, but you can use those moments to breathe and reset.

✓ There is a brief gap between subtests and **no overall break**; once a subtest begins it cannot be paused.

✓ **Never leave a question blank.** With no negative marking, always put an answer, even a guess, before you flag and move on.

REMOVE EVERY SURPRISE BEFORE THE DAY

The single best test-day preparation is to do your final mocks **on the official UCAT practice platform**, which mirrors the real interface, timer and tools. If the screen, the calculator and the shortcuts are already familiar, you spend the whole test thinking about questions, not fighting the software.

SECTION 09

Registration, dates, cost & access

The UCAT runs to a strict timeline with hard deadlines and no exceptions. Get these dates into your calendar the moment they are confirmed.

The figures below are for the **2026 test cycle (2027 entry)**. Dates and fees change each year and some sources differ, so always confirm against the official UCAT website before you act.

Key dates (2026 cycle)

Milestone	When
Account & registration opens	20 May 2026 (14:00 UK). Bursary and access-arrangement applications also open.
Booking opens	23 June 2026 (14:00 UK). You choose date, time and centre, and pay.
Testing window	From mid-July to late September 2026 (around 13 July to 24 September).
Access-arrangements deadline	10 September 2026 (15:00 UK).
Booking deadline	16 September 2026 (15:00 UK). Slots get scarce well before this.
UCAS deadline (medicine/dentistry)	15 October 2026 (18:00 UK), after the UCAT window closes.
Results to universities	Delivered to your chosen universities in early November.

REGISTRATION ESSENTIALS, EASY TO GET WRONG

- ✕ You must create a **new UCAT account each year**; previous accounts and your old UCAT ID are not carried over.
- ✕ Register with your **legal name exactly as on your photo ID**, and make it consistent with your UCAS application. Create only one account.
- ✕ Apply for any **bursary or access arrangements before you book**; approved arrangements cannot be added to an existing booking.
- ✕ The deadlines are hard. UCAT does not make exceptions, so do not leave registration or booking to the final week.

Cost and the bursary

- ✓ **Fee:** the test costs **£70 when taken in the UK** (more for tests taken outside the UK), paid at the time of booking.
- ✓ **Bursary:** the UCAT Bursary scheme covers the **full fee** for eligible UK candidates in financial need. Apply through your UCAT account; an approved bursary is applied automatically when you book.

Access arrangements

Candidates with a disability, medical condition or learning difference that normally entitles them to extra time may sit an extended version of the test. Apply, with supporting evidence, **before booking**, and reapply each year you sit.

Version	What it provides
UCATSEN	25 per cent extra time across the subtests.
UCATSA	Rest breaks only: short supervised breaks before each subtest, without extra working time.
UCATSEN50	50 per cent extra time, for those who normally receive 50 per cent in exams.
Combined arrangements	Extra time plus rest breaks, and other accommodations, where evidenced and approved.

Exact eligibility, evidence requirements and the full list of arrangements are on the official UCAT access-arrangements pages. Confirm them early, as approval takes time.

SECTION 10

Your preparation plan

The UCAT rewards short, consistent, well-structured practice far more than a last-minute cram. Here is a plan that builds speed and accuracy together.

When to prepare

- ✓ **Light familiarisation** in spring: learn the format and try a few questions of each type, so nothing is unfamiliar.
- ✓ **An intensive block of roughly six to eight weeks** over the summer, once booking has opened and you have a test date to work back from.
- ✓ **Taper** in the final days: lighter practice, review your notes and strategy, and rest before the test.

A four-phase approach

Phase	Focus
1 · Learn	Understand the format, scoring and each subtest's question types, and adopt a clear method for every type.
2 · Drill by type	Practise one question type at a time, first untimed to build the method, then timed to build speed.
3 · Full mocks	Sit complete, timed mocks under exam conditions, ending with official mocks to mirror the real interface.
4 · Review & refine	Analyse every mistake, fix the cause, and adjust your timing and section strategy. Reviewing is where the score is built.

Resources

- ✓ **Official UCAT practice first.** The free materials on the UCAT website (practice tests, the question bank and the official mock exams) are the most representative of the real test and use the real interface. Prioritise them, and especially save the official mocks for the final fortnight.
- ✓ **Reputable question banks for volume.** Paid platforms (for example Medify, MedEntry or Kaplan) offer large question banks and analytics. They are useful for drilling, but treat the official material as the benchmark.
- ✓ **The right materials for the format.** Make sure anything you use is updated for the current four-subtest test, and skip Abstract Reasoning content entirely.

How to practise well

- ✓ **Build speed and accuracy together,** not one then the other. Always practise with the clock once you have the method.
- ✓ **Learn the keyboard shortcuts and calculator early** so they are automatic on the day.
- ✓ **Prepare the SJT properly** by learning the professional principles, not by guessing.
- ✓ **Look after yourself.** Regular short sessions beat occasional marathons, sleep matters for processing speed, and cramming the night before tends to lower scores, not raise them.

SECTION 11

The strategy cheat-sheet

Everything that matters most, on one spread. Read it the morning of the test.

Per-subtest summary

Subtest	Pace	Key tactic	Main trap
Verbal Reasoning	~28s / Q	Locate answers by keyword; trust only the passage	Over-reading; choosing "true" over "can't tell"
Decision Making	~63s / Q	Draw it out; use the calculator; mind partial marks	Rushing the five-statement, two-mark questions
Quantitative Reasoning	~43s / Q	Read the question first; estimate to eliminate	Answering a different value than the one asked
Situational Judgement	~22s / Q	Judge against professional values; avoid extremes	Ignoring problems or jumping to the harshest action

The golden rules

IF YOU REMEMBER ONLY THESE

- **Never leave a blank.** No negative marking means a guess can only help.
- **Guess and flag** anything that would cost too much time, and return if you can.
- **Pace by the timer,** not by perfection. The goal is the best total, not a perfect section.
- **Use the noteboard and calculator** rather than holding everything in your head.
- **Think in percentiles.** Your ranking, not the raw number, is what universities use.

ON SCREEN

Tools to have automatic

Flag for review, the review screen, the on-screen calculator, and the keyboard shortcuts for next, previous, flag and calculator. Practise them on the official platform.

SJT IN FOUR WORDS

Safety, honesty, escalate, respect

Patient safety first, always be honest, raise concerns through the right channel, and respect patients and colleagues. Answer as a student, not a consultant.

SECTION 12

Common mistakes & glossary

The errors that quietly cost marks, and the terms you need to understand the test and your result.

TIMING

Losing track in Verbal Reasoning

The tightest section. Running out of time here is the most common scoring failure. Keep moving and guess-and-flag.

MARKING

Leaving questions blank

There is no negative marking, so a blank is a wasted chance. Always enter an answer before flagging.

PREP

Not using the official platform

Practising only on third-party sites leaves the real interface unfamiliar. Do your final mocks on the official one.

SJT

Treating the SJT as an afterthought

It is learnable and can gate your application. Study the professional principles rather than relying on instinct.

TOOLS

Fighting the calculator

Clicking buttons wastes seconds. Use mental maths for simple sums and the number pad for the rest.

MINDSET

Panicking after a weak section

You cannot change a finished subtest. Reset in the instruction screen and give the next one your full focus.

STRATEGY

Choosing the wrong schools

Applying to cut-off schools with a mid score wastes choices. Match your five to your actual result.

WELLBEING

Cramming and burning out

Long, late sessions lower performance. Short consistent practice and proper sleep win.

Glossary

Term	Meaning
UCAT / UKCAT	University Clinical Aptitude Test; called the UKCAT until 2019, so older resources may use that name.
Pearson VUE	The company that delivers the UCAT at its computer-based test centres.
Cognitive subtests	Verbal Reasoning, Decision Making and Quantitative Reasoning, scored 300–900 and summed to the total.
Scaled score	Your raw marks converted to a common 300–900 scale so subtests can be compared.
Total score	The sum of the three cognitive scaled scores, from 900 to 2,700.
SJT band	The Situational Judgement result, reported as Band 1 (highest) to Band 4 (lowest), separate from the total.
Decile / percentile	Your ranking against other candidates. The tenth decile is the top 10 per cent; universities use ranking, not raw totals.
Cut-off / threshold	A minimum score a school uses to filter applications, usually set after the cohort's results are known.
Contextual	Adjustments some schools make to thresholds for widening-participation applicants.
Access arrangements	Extended or adjusted versions of the test (such as UCATSEN) for eligible candidates; apply before booking.
Bursary	A scheme covering the full test fee for eligible UK candidates in financial need.
Noteboard	The laminated board and pen provided for rough working at the test centre.
Flag for review	An on-screen tool to mark a question so you can return to it within the same subtest.
Non-adaptive	Your answers do not change which questions you are given next.

FINAL WORD

The UCAT looks intimidating, but it is a familiar, learnable test. Understand the four subtests, fix a method for every question type, practise against the clock on the official platform, and choose your universities to match your score. Do that, and you turn the UCAT from a hurdle into one of the strongest parts of your application. Good luck.

Now go and train.

This handbook gives you the format, the scoring, the strategy for every subtest and a plan to follow. The score comes from doing the practice, against the clock, until each method is automatic.

Want a structured UCAT programme, timed mocks and one-to-one strategy, or help building your university list around your score? That is what we do.