NILE ACADEMY

MEDICINE APPLICATION SERIES

UCAS MEDICINE & DENTISTRY APPLICATIONS · 2027 ENTRY & BEYOND

The Personal Statement Handbook

Everything you need to master the new three-question UCAS statement for Medicine and Dentistry: what each question wants, how to build your evidence, and how to reflect your way to an interview.

Master Edition

Built for the new three-question format

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WHAT'S INSIDE

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BEFORE YOU BEGIN

How to use this handbook

Read it once, then write. The statement that wins a place is the one only you could have written, so this guide gives you the scaffold and leaves the words to you.

A personal statement is not an essay competition. It is a piece of evidence. Admissions tutors are asking one quiet question as they read: has this person understood what medicine actually involves, and shown the qualities a good doctor needs? Everything in this handbook is built to help you answer that, honestly and in your own voice, across the new three-question format.

STEP ONE

Understand the new format

Sections 1 and 2 cover what changed in 2026, the exact three questions and the rules, and how medical schools actually use your statement. Get this wrong and you prepare for the wrong thing.

STEP TWO

Gather your evidence

Section 8 helps you build work experience, caring roles and wider reading. You cannot write a strong statement without something real to write about.

STEP THREE

Master reflection

Section 7 is the heart of this guide. Reflection, not experience, is what separates the strong statements from the forgettable ones.

STEP FOUR

Write, in your own words

Sections 4 to 6, 9 and 10 take you through each question and the craft of writing it. Section 11 explains why every sentence must be yours.

THE SINGLE MOST IMPORTANT IDEA

Medical schools are not impressed by long lists of placements or dramatic stories. They are looking for evidence that you understand the realities of medicine and have the qualities to cope with it: empathy, communication, resilience, teamwork and honest self-awareness. Show those through real experiences you have reflected on, and you are most of the way there.

A WARNING YOU MUST READ

Every statement you submit is checked by UCAS against a huge library of past statements and online examples (Section 11). Copying any example, including the ones in this handbook, risks your whole application being flagged for plagiarism and shared with all five of your choices. Use this guide to learn the craft. Write every word yourself.

SECTION 01

The new UCAS personal statement

From 2026 entry the single free-form essay is gone, replaced by three structured questions. The content medical schools want has not changed, but how you lay it out has.

For decades the UCAS personal statement was a single piece of free writing, capped at 4,000 characters, in which applicants wove motivation, experience and personality into one essay. From 2026 entry onwards (applications submitted from September 2025), UCAS replaced that single box with three separate, structured questions. The change was made because a free-form essay was hard for tutors to compare fairly, and because a scaffold helps applicants, especially those without insider guidance, include exactly what universities want to see. Importantly, the substance has not changed: you are still evidencing your interest in, understanding of, and suitability for medicine. It is simply organised under three headings now.

The three questions

These are the exact questions, in UCAS's own wording. They are the same for every applicant and every course, and the questions themselves do not count towards your character limit.

THE OFFICIAL 2026 QUESTIONS

1. **Why do you want to study this course or subject?**
2. **How have your qualifications and studies helped you to prepare for this course or subject?**
3. **What else have you done to prepare outside of education, and why are these experiences useful?**

The rules, precisely

Rule	Detail
Total length	**4,000 characters** including spaces, shared across all three answers. That is roughly 500 to 600 words.
Minimum per answer	**350 characters** in each of the three boxes. The counter is shown on each box.
Maximum per answer	None. You divide the 4,000 characters across the three questions however best suits you.
The questions	Do not count towards the 4,000 characters.
How it is read	The three answers are read **together as one statement**, so they should connect, not repeat.
One statement, five choices	The same statement goes to **all five** of your choices. You cannot tailor it per university.
There is no fourth question	Earlier drafts floated extra questions (including career plans). The final format has three only. Signal career direction at the end of Question 1, not in a section of its own.

WHAT THIS MEANS FOR MEDICINE APPLICANTS

Because the same statement goes to all five choices and you cannot tailor it, **all five should be medicine** (or a closely related course you would genuinely accept). And because every character counts, there is no room for padding: the new format rewards applicants who are concise, specific and evidence-led, and punishes waffle more than the old essay did.

Timeline for medicine

- ✓ **Start in the summer** before you apply. Strong statements go through many drafts.
- ✓ **The medicine, dentistry, Oxford and Cambridge deadline is mid-October** (UCAS sets this earlier than the main January deadline, typically 15 October at 18:00 UK time). Confirm the exact date and time for your cycle.
- ✓ **Use the UCAS Hub.** Once you have a UCAS account, the personal statement builder gives prompts and guidance for each of the three questions, plus subject-specific advice and links to virtual work experience.

A note on currency. Deadlines, tools and the way individual schools use the statement change every cycle. Treat this handbook as a guide and confirm specifics against UCAS and each university's official admissions page for your year.

SECTION 02

How medical & dental schools use it

Some score it to decide who gets an interview. Many use it to shape interview questions. A few barely use it at all. All of that should influence how you choose your five.

Unlike most courses, medicine and dentistry select heavily on admissions tests (UCAT) and academics, so the personal statement carries different weight at different schools, and that weighting changes year to year. Broadly, schools fall into three groups.

How they use it	What it means for you
Scored before interview	The statement is marked and contributes to who is shortlisted for interview. Here a strong statement can directly win you an interview, and a weak one can cost you one.
Used at interview	Not scored for shortlisting, but read by interviewers and used as a basis for questions ("tell us more about your work experience"). It still needs to be strong and completely truthful, because it shapes what you are asked.
Minimal or no use	A few schools place little or no formal weight on it in selection, leaning almost entirely on UCAT and academics. Even then, some still read it at interview or in borderline cases.

THE GOLDEN RULE

Do not try to memorise which school sits in which group, because it shifts every cycle and schools move between categories. Instead, **check the current admissions page for each of your five choices** and factor it in: if you have a strong statement and a weaker UCAT, lean towards schools that score the statement; if the reverse, you can prioritise UCAT-heavy schools. Either way, write it as if it will be scored and discussed, because at most of your choices it will be.

Two consequences worth internalising

- ✓ **It must be truthful to the letter.** Anything you write can become an interview question. If you mention a book, a placement or an insight, be ready to discuss it in depth. Exaggeration unravels fast in an interview.
- ✓ **Re-read it before every interview.** Weeks may pass between submitting and interviewing. Interviewers will have your statement in front of them; you should know it just as well.

SECTION 03

What admissions tutors are looking for

Every strong statement, whatever its content, demonstrates the same short list of qualities. Learn the list, then prove each one with evidence rather than claiming it.

Medical schools assess applicants against the values and attributes of a safe, effective doctor, drawn from the same authoritative sources used throughout the selection process: the General Medical Council's *Good Medical Practice*, the Medical Schools Council statement of core values, and the values of the NHS. Your statement should show, through real examples, that you have these qualities.

THE DRIVER

Motivation & insight

A genuine, specific reason for medicine, founded on a realistic understanding of what the career actually involves, not an idealised one.

THE EVIDENCE

Work experience & understanding

Proof that you have explored medicine and understood its realities, including the difficult and unglamorous parts.

THE HEART

Empathy & care

Evidence that you can connect with people, especially those who are unwell, vulnerable or distressed.

THE CONNECTOR

Communication & teamwork

The ability to listen, explain clearly and work with others, since medicine is relentlessly collaborative.

THE BACKBONE

Resilience & organisation

The capacity to cope with pressure, manage demanding workloads and recover from setbacks.

THE MIND

Academic ability & curiosity

Strong scientific aptitude and a curiosity that takes you beyond the syllabus into wider reading and ideas.

THE CHARACTER

Integrity & professionalism

Honesty, reliability and the maturity to reflect on your own strengths and limitations.

THE DIFFERENTIATOR

Reflection

The habit of turning experience into insight: not just what you did, but what it taught you about medicine and yourself.

EVIDENCE OVER ASSERTION: THE RULE THAT GOVERNS EVERYTHING

Anyone can write "I am empathetic and a good communicator." It is worthless. Instead, describe a specific moment, on a ward, in a care home, in a part-time job, where you listened to someone or adapted how you explained something, and what you learned from it. **Show the quality through a real example; never just claim it.** The Medical Schools Council is explicit that evidence matters far more than assertion.

Many of these qualities map directly onto the four domains of *Good Medical Practice* and the NHS values. If you have our MMI handbook, the same framework underpins both the statement and the interview, so the work you do here pays off twice.

SECTION 04

Question 1 · Why this course?

"Why do you want to study this course or subject?" This is your motivation, and the question where most applicants underperform by reaching for clichés instead of reasons.

This is usually the most important answer and often deserves the most space, commonly around 40 to 50 per cent of your total (very roughly 1,600 to 2,000 characters), though many medical schools are happy with a more even split. The tutor wants to understand why *you*, specifically, want to spend a career in medicine, and to believe that your motivation is real and well-informed.

What it is really asking

- ✓ **Why medicine, and why for you?** Many careers help people. What is it about medicine in particular, the union of science and sustained human relationships, the responsibility, the lifelong learning, the privilege of being trusted at people's most vulnerable moments, that draws you?
- ✓ **Is your motivation realistic?** Show you understand the hard parts (long hours, emotional weight, imperfect outcomes, constant exams) and want it anyway, with your eyes open. This is far more convincing than an idealised picture.
- ✓ **Can you evidence it?** Anchor your motivation to something concrete: a moment in work experience, an idea from a book or lecture, a caring responsibility. Motivation backed by evidence is credible; motivation asserted alone is not.

How to approach it

- ✓ **Open with something specific and true.** A precise moment or realisation works far better than a grand statement. Under the new format you no longer need a single dramatic opening line for the whole statement, but a concrete entry point into Question 1 still beats a generality.
- ✓ **Develop, do not just declare.** Take one or two genuine threads of motivation and explore them with evidence, rather than listing five reasons in a sentence each.
- ✓ **You may close with direction.** Since there is no separate future-plans question, the end of Question 1 is the natural place to connect your interest to where you see it leading, briefly.

CLICHÉS TO RETIRE

- ✕ "I have wanted to be a doctor since I was a child." It tells the reader nothing and cannot be evidenced.
- ✕ "I want to help people." True of nursing, teaching, social work and much else. Say what helping looks like to you, and why medicine specifically.
- ✕ "I have always been fascinated by science / the human body." Generic. Show the fascination through a specific idea you chased down.
- ✕ Naming money, status or "my family are doctors" as your driver. Explore your own reasons instead.

ILLUSTRATIVE APPROACH · QUESTION 1 (DO NOT COPY)

> *The structure of a strong opening to Question 1, shown in outline so you can build your own.*

1. A specific entry point. Begin with a real, small moment that genuinely shaped your thinking, for example something you observed during virtual GP work experience, or a question a relative's diagnosis made you ask. Concrete, not dramatic.

2. The reflection. State what that moment made you realise about medicine, that it is as much about communication and uncertainty as about science, say, and why that appeals to you rather than repels you.

3. A second, deeper thread. Connect it to an intellectual pull: a topic in biology or chemistry that you followed beyond the syllabus, or an idea from a book on medical ethics, and what it taught you.

4. A forward look. Close by linking these threads to why you want to commit to medicine specifically, and gesture, briefly, at the kind of doctor you hope to become.

Write this in your own words, about your own experiences. The value is in your specifics, which no template can supply, and which UCAS's checks will expect to be original.

SECTION 05

Question 2 · Academic preparation

"How have your qualifications and studies helped you to prepare for this course or subject?" This is where you prove you are academically ready, and intellectually curious, beyond your grades.

Medicine is academically relentless, so tutors need confidence that you can cope with degree-level science. Question 2 is your chance to show it, by connecting what you have studied, and read beyond it, to the demands of the course.

What to include

- ✓ **Relevant subjects, used as evidence of skills.** Biology and chemistry are the obvious foundations, but the point is not to list them. Show the *skills* they built: analytical thinking, the scientific method, data interpretation, precision, and the resilience demanded by a heavy workload.
- ✓ **A specific topic that gripped you.** Pick one or two areas that fascinated you, ideally where your curiosity took you beyond the specification, and reflect on what exploring them taught you.

- ✓ **Super-curriculars.** These are activities that deepen your subject: wider reading, an EPQ, online courses (for example through FutureLearn or Coursera), science olympiads, lectures, and journals or podcasts. They signal genuine, self-driven interest.
- ✓ **Other academic achievements,** such as relevant prizes or competitions, where they show dedication or aptitude.

AVOID

- × Repeating grades and qualifications already listed elsewhere on the form. UCAS guidance is explicit: do not restate data the tutor already has.
- × Listing books or courses with no reflection ("I read X, Y and Z"). A name-drop with no insight is worthless, and obvious.
- × Claiming to have read things you have not. You can be asked about any of it at interview.

SUPER-CURRICULAR VS EXTRA-CURRICULAR

The new format deliberately separates the two. **Super-curricular** activities deepen your *academic* subject (reading, an EPQ, a MOOC, an olympiad) and belong in Question 2. **Extra-curricular** activities (sport, music, volunteering, part-time work, leadership) build broader skills and belong in Question 3. Putting each in the right place is part of answering the new questions well.

ILLUSTRATIVE APPROACH · QUESTION 2 (DO NOT COPY)

Subject to skill. Name a demanding piece of work (a chemistry investigation, a biology required practical) and articulate the transferable skill it built, then link that skill explicitly to a demand of the medical course.

Curiosity beyond the syllabus. Describe one idea you pursued independently, an EPQ question, a topic from a book or lecture, and crucially what wrestling with it taught you about how you think or about medicine.

Reflect, do not catalogue. One reading or activity, properly reflected on, beats five listed. End the answer by tying your academic preparation back to your readiness for the course.

SECTION 06

Question 3 · Beyond the classroom

"What else have you done to prepare outside of education, and why are these experiences useful?" Work experience, caring roles, jobs and activities, and, above all, what they taught you.

This is where you evidence that you understand the realities of medicine and have begun to build the qualities a doctor needs. The worst thing you can do here is list experiences. The whole value lies in reflecting on them.

What counts

Type	Examples & what it shows
Clinical work experience	Shadowing in a GP surgery, hospital, hospice or care home. Shows insight into the role of a doctor, the multidisciplinary team and the realities of patient care.
Virtual work experience	Observe GP (RCGP), the BSMS Virtual Work Experience, or programmes such as Medic Mentor. Widely accepted by medical schools, especially where in-person placements are hard to find.
Caring or service roles	Volunteering in care homes, hospices or with charities; befriending; St John Ambulance. All UK medical schools value experience of caring for or serving others. This is where empathy is built and evidenced.
People-facing jobs	Retail, hospitality, tutoring. Excellent for demonstrating communication, teamwork, responsibility and resilience under pressure with real people.
Wider activities	Sport, music, Duke of Edinburgh, leadership and mentoring roles. Evidence of teamwork, commitment, organisation and balance.

IF YOUR EXPERIENCE FEELS LIMITED

You do not need a glamorous hospital placement. Many strong applicants combine a small amount of clinical exposure (even a single day, or virtual work experience) with care-home volunteering and a part-time job, and reflect on all of it superbly. Medical schools openly recognise that placements are hard to secure and value the quality of your reflection far above the quantity of your hours. A care home counts. A Saturday job counts. What you learned from them is what matters.

How to write it

- ✓ **Choose a few experiences, not all of them.** Depth beats breadth. Two or three reflected on well say more than a long list.
- ✓ **For each, name the insight.** What did it teach you about medicine (the role, the team, the difficulties) and about yourself (a quality you have, or one you need to develop)?
- ✓ **Connect non-clinical experiences explicitly to medicine.** A retail job is not relevant in itself; the way it taught you to stay calm and communicate with a distressed customer is.
- ✓ **End with the "why useful".** The question asks why these experiences are useful, so make the relevance to medicine explicit, do not leave the tutor to infer it.

ILLUSTRATIVE APPROACH · QUESTION 3 (DO NOT COPY)

A clinical observation, reflected on. Describe a specific thing you noticed on a placement or virtual programme, how a GP handled uncertainty, or broke difficult news, and what it taught you about the communication at the heart of medicine.

A caring role, with the human insight. From care-home or charity volunteering, draw out what sustained contact with vulnerable people taught you about empathy, patience and the emotional demands of care.

A transferable skill from ordinary life. Take a job or activity and show the doctor-relevant quality it built (teamwork, resilience, communication), making the link explicit.

SECTION 07

The art of reflection

If you take one thing from this handbook, take this. Reflection, not experience, is what separates a strong medicine statement from a forgettable one.

Every admissions tutor has read a thousand statements that list work experience and a thousand books. What they remember is the applicant who showed they had *thought* about it: who turned an experience into an insight about medicine and about themselves. That move is reflection, and it is a skill you can learn.

The pattern beneath every reflective sentence

DESCRIBE → REFLECT → RELEVANCE

Describe what happened, briefly. **Reflect** on what it made you realise or feel, or what it taught you. **Relevance:** link that insight to medicine and the qualities a doctor needs. Most applicants stop at "describe". The marks live in the second and third steps. As a rule of thumb, the description should be the *shortest* part of any sentence about an experience.

Four models to structure reflection

QUICK AND CLEAN

ABC

Action (what you did or saw) → **B**enefit (what you gained or learned) → **C**ourse link (how it connects to medicine). A fast, reliable way to keep any sentence reflective.

THREE QUESTIONS

What? So what? Now what?

What happened? **So what** did it mean or teach you? **Now what** will you do differently, or how does it shape your view of medicine?

FOR EXPERIENCES

STARR

Situation, **T**ask, **A**ction, **R**esult, **R**eflection. Best when you are describing something you actively did, especially in a job or leadership role.

DEEPER DIVES

Gibbs' cycle (brief)

Description → feelings → evaluation → analysis → conclusion → action. Useful for working out your thoughts in your notes; you will only use a slice of it in the final statement.

Show, don't tell

"Telling" states a quality. "Showing" demonstrates it through a specific action and its lesson. Tutors trust what you show and discount what you merely tell.

WEAK TO STRONG · TURNING TELLING INTO SHOWING (ILLUSTRATIVE)

WEAK *"Volunteering at a care home taught me about empathy and communication."* This tells. It could be written by anyone about anything, and the tutor learns nothing.

STRONGER *"Sitting with a resident who could no longer find her words, I learned that communication is often about patience and presence rather than speech, something I had not appreciated about medicine before."* This shows a specific moment, names a precise insight, and links it to medicine.

These lines are illustrations of the technique, not text to reuse. Write your own, from your own care home, your own resident, your own realisation.

THE ONE HABIT THAT LIFTS EVERY SENTENCE

After writing about anything you have done, ask yourself: **"so what did it teach me, and why does that matter for medicine?"** If a sentence does not answer that, it is description, and description alone does not score. Add the lesson, every time.

SECTION 08

Building your evidence

You cannot reflect on experiences you have not had. Here is how to build work experience, caring roles and wider reading, even if you are starting from nothing.

Getting work experience

- ✓ **Email widely and early.** Contact local GP surgeries, care homes, hospices and hospital volunteering services. Be polite, brief and specific, and expect many no-replies; persistence pays.
- ✓ **Volunteer in a caring setting.** Care homes (ideally nursing homes), hospices and charities are often more accessible than hospitals, and are exactly the "caring or service" experience medical schools value. Be ready for a DBS check, which takes time, so start early.
- ✓ **Talk to healthcare professionals.** A conversation with your own GP, or a relative or family friend in healthcare, gives real insight you can reflect on, even without a formal placement.

Virtual work experience worth knowing

Programme	What it is
Observe GP (RCGP)	A free interactive video platform from the Royal College of General Practitioners for UK students aged 16+. You virtually shadow a GP and the primary care team. Takes a couple of hours; widely recognised by medical schools.
BSMS Virtual Work Experience	A free online course from Brighton and Sussex Medical School introducing the NHS and the roles and challenges of different specialties, with a certificate awarded after you submit a reflective piece. Takes several hours.

Programme	What it is
Medic Mentor virtual WEX	A longer programme (around 30 hours over several months) run by a network of volunteer doctors, with a reflective journal and certificate. Check current details and any cost.

Virtual work experience only helps if you reflect on it well. The certificate is not the point; what you learned and can link to medicine is.

Wider reading and keeping current

- Popular medical-science and ethics books
- The BMJ and Student BMJ
- Reputable medical and science podcasts
- BBC Health and quality broadsheet health coverage
- NHS England news and The King's Fund
- The GMC's *Good Medical Practice*
- Medical Schools Council guidance
- Subject tasters via the UCAS Hub

Read a little, deeply, rather than a lot, shallowly. One book you can discuss thoughtfully is worth more than ten you can only name.

LOG AS YOU GO: YOUR REFLECTIVE DIARY

Keep a running record of every experience, conversation and reading, with a line or two on what it taught you, written *at the time*. The RCGP publishes a reflective diary template designed for exactly this. When you sit down to write your statement months later, you will have a bank of specific, honest reflections to draw on, rather than a blank page and a fading memory. This single habit makes the writing far easier and far better.

SECTION 09

Structure & how to write it

Plan before you write, budget your characters, and give every answer the same simple internal shape. The three answers are read as one, so they should flow.

Step 1 · Plan before you write

- ✓ **Make a long list.** Brain-dump every experience, placement, book, activity and job you could draw on. Do not filter yet.
- ✓ **Map each to a question and a quality.** Sort your list under the three questions, and note which doctor-quality each item evidences. Gaps will reveal themselves (for example, nothing showing teamwork), which tells you what to add.
- ✓ **Choose your best material.** You cannot use everything in 4,000 characters. Pick the items you can reflect on most powerfully.

Step 2 · Budget your characters

A SENSIBLE STARTING SPLIT (4,000 CHARACTERS)

- **Question 1 (motivation):** often the largest share, roughly 1,500 to 2,000 characters.
- **Question 2 (academic):** roughly 1,000 to 1,300 characters.
- **Question 3 (experience):** roughly 1,000 to 1,300 characters.

This is a guide, not a rule. Some applicants and some schools prefer a more even split; adjust to your strengths, but always clear the 350-character minimum in every box.

Step 3 · Give every answer the same shape

Within each question, a simple, repeatable structure keeps you focused and reflective:

POINT → EVIDENCE → REFLECTION → LINK

Make a **point** (a reason, a skill, an insight). Support it with specific **evidence** (the experience, book or moment). **Reflect** on what it taught you. **Link** it explicitly to medicine. Repeat for each point in that answer, then move on.

Step 4 · Make the three answers flow as one

- ✓ **Do not repeat.** Because the answers are read together, saying the same thing twice wastes precious characters. Each question covers different ground (motivation, academic, wider experience).
- ✓ **Let them build.** A thread of motivation opened in Question 1 can be quietly reinforced by the evidence in Questions 2 and 3, so the whole reads as a coherent case, not three disconnected boxes.

Step 5 · The drafting process

1. **Brain-dump** everything for each question, ignoring length.
2. **Structure** it using Point, Evidence, Reflection, Link.
3. **Write a full first draft,** almost certainly over the limit. That is fine.
4. **Cut hard.** Remove clichés, repetition and any sentence that only describes. Every character must earn its place.
5. **Get feedback** from a teacher or adviser, then redraft. Expect several rounds.
6. **Polish and proofread** until it is concise, reflective and unmistakably yours.

START EARLY

Strong statements are not written in a weekend. Begin in the summer before you apply, so you have time to gather experience, draft, get feedback and redraft several times before the mid-October medicine deadline.

SECTION 10

Style, tone & language

Formal but human, confident but not arrogant, and above all concise. With only 4,000 characters, every word has to work.

The principles

- ✓ **Be concise.** Cut filler ("I believe that", "it is interesting to note that"). Prefer short, clear sentences. Characters are scarce; do not waste them.
- ✓ **Use the active voice.** "I led the team" is stronger and shorter than "the team was led by me".
- ✓ **Be formal, but personal.** This is a professional document, so avoid slang and text-speak, but it should still sound like you, not a thesaurus. Write in the first person.
- ✓ **Confident, not arrogant.** State your qualities through evidence rather than boasting, and never put down others or the profession.
- ✓ **UK English throughout,** and consistent spelling and punctuation.

AVOID

- × Clichés and grand opening generalisations.
- × Quotes from famous people. They use up characters and say nothing about you; tutors are tired of them.
- × Jargon or technical terms you could not explain at interview.
- × Jokes, gimmicks or anything you would not say in a professional setting. The risk far outweighs the reward.
- × Negativity, excuses or anything that reads as arrogant.

Before you submit

- ✓ **Proofread relentlessly.** Spelling and grammar errors signal carelessness in a profession where precision matters. Read it aloud; mistakes you skim over, you will hear.
- ✓ **Get fresh eyes.** A teacher, adviser or mentor will catch what you cannot. (Feedback is fine and expected; the words must remain yours, see Section 11.)
- ✓ **Check it is unmistakably you.** If a sentence could appear in anyone's statement, rewrite it so it could only appear in yours.

SECTION 11

The rules · similarity, plagiarism & AI

UCAS checks every statement for similarity, and universities now check for AI too. A flagged statement can sink an application at all five choices. Here is how to stay safe.

This is not a section to skim. Plagiarism and undeclared AI are among the fastest ways to lose a place, and the checks are more sophisticated than most applicants realise.

How UCAS checks: the Similarity Detection Service

- ✓ **Every statement is screened.** UCAS runs all personal statements through similarity software (Copycatch), comparing each one against a large library of previously submitted statements and a library of sample statements gathered from websites, books and other sources.
- ✓ **Your statement joins the library.** Once processed, your statement is added to that library, so copying last year's examples is especially risky.
- ✓ **Flagging threshold.** Statements showing similarity at or above a set level (commonly cited as **around 30 per cent**) are reviewed by the UCAS Verification Team, and universities are notified where plagiarism is suspected, along with the percentage and the source of the matching text.
- ✓ **The scale is real.** UCAS has reported thousands of plagiarised statements detected in a single cycle (around 7,300 in 2023, more than double two years earlier). This is not a rare event.

What happens if you are flagged

Consequences are set by each university, not UCAS, and vary, but typically include:

- → An email asking you to explain the similarity and, often, to submit a **new statement** within a short deadline (frequently around two weeks).
- → At higher levels of matched content, some universities will **reject the application outright**.
- → Because all five choices are notified, one flagged statement can damage your **entire** application at once.

HOW APPLICANTS GET CAUGHT OUT WITHOUT MEANING TO

- ✕ Copying or closely paraphrasing example statements (including the illustrations in this handbook).
- ✕ Working too closely from a template, so the structure and phrasing match other applicants'.
- ✕ Sharing drafts with peers and ending up with overlapping sentences.

The fix is simple: **write every sentence yourself, from your own experiences.** Your specifics are what make a statement original, and what the checks expect to see.

Artificial intelligence: where the line is

UCAS's position is clear: your personal statement must be **your own work**. Universities, including several leading ones, now run statements through AI-detection software as well as similarity checks, and many tutors recognise AI-generated writing on sight by its generic, smoothed-out phrasing.

REASONABLE

Using tools to support you

Understanding the format, brainstorming what to include, planning a structure, and getting feedback on clarity. A guide like this, a teacher, or a tool used for orientation are all legitimate starting points.

DISQUALIFYING

Passing off generated text

Submitting AI-written or AI-rewritten passages as your own. It is more likely to be flagged, not less (AI draws on the same online sources), and at several universities it leads to rejection.

THE SAFE AND HONEST STANDARD

Use this handbook, your teachers and any tools to **learn the craft and organise your thinking**. Then write every word of the statement yourself, in your own voice, about your own experiences. Never paste in text you did not write, and never include anything untrue. A genuine, specific, slightly imperfect statement in your own words beats a polished generic one, and it is the only kind that survives the checks and the interview.

SECTION 12

The mistakes that cost you

Admissions tutors read thousands of statements and see the same errors again and again. Knowing them is most of the battle.

REFLECTION

Listing without reflecting

Cataloguing experiences or books with no insight. The most common fatal flaw. Always add what it taught you.

MOTIVATION

Clichés

"Since I was a child", "I want to help people", "fascinated by science". Generic and unevidenced. Be specific.

CONTENT

Repeating your grades

Restating qualifications already on the form wastes characters. Show skills and insight instead.

LENGTH

Mishandling the limits

Running over 4,000 characters, padding to fill space, or missing the 350-character minimum in a box.

INTEGRITY

Copying or using AI text

Plagiarism and undeclared AI are flagged and shared with all five choices. Write it yourself.

INTEGRITY

Lying or exaggerating

Anything you write can be probed at interview. Overstatement collapses fast under questioning.

FOCUS

Generic, could-be-anyone

A statement with no specific detail unique to you. If it could be someone else's, rewrite it.

RELEVANCE

Unlinked experiences

Describing a job or hobby without connecting it to medicine. Always make the relevance explicit.

BALANCE

A weak Question 1

Under-investing in motivation, the most important answer at most schools. Give it the depth it needs.

CRAFT

Poor structure or flow

Rambling, repetitive answers that do not connect. Use Point, Evidence, Reflection, Link.

CARE

Spelling & grammar errors

Careless mistakes signal carelessness in a precise profession. Proofread and read aloud.

TONE

Gimmicks, quotes or arrogance

Jokes, famous quotes, or boasting. High risk, no reward. Keep it professional and evidence-led.

SECTION 13

Worked examples & sentence banks

Annotated rewrites and functional phrases to learn the technique from. Everything here is illustrative, written to be studied and never to be copied.

READ THIS FIRST

The passages below are deliberately generic illustrations of *technique*, not model answers. Copying any of them, or anything like them, risks a plagiarism flag (Section 11). Use them to understand **how** a strong sentence works, then write your own, about your own experiences.

Weak to strong · Question 1 (motivation)

WEAK *"I have always wanted to be a doctor because I love science and want to help people."*

STRONGER PATTERN Open with a specific moment that genuinely shifted your view of medicine, name the precise realisation it gave you (for example that medicine balances science with deep uncertainty and human contact), and say why that appeals to you. The strength comes from the specific detail and the honest reflection, which are yours alone.

Weak to strong · Question 2 (academic)

WEAK *"I study biology and chemistry, which are useful for medicine. I also read around the subject."*

STRONGER PATTERN Take one demanding piece of work, name the transferable skill it built (rigorous data analysis, say), then link that skill to a specific demand of the medical course. Follow with one idea you pursued beyond the syllabus and what wrestling with it taught you. Specific work, specific skill, specific link.

Weak to strong · Question 3 (experience)

WEAK *"I volunteered at a care home and did work experience at a GP surgery, which taught me a lot about medicine."*

STRONGER PATTERN Choose one moment from each, describe it in a clause, then spend the rest of the sentence on what it taught you about medicine or yourself, and why that matters for a future doctor. The description is brief; the reflection and the link carry the weight.

Functional sentence frames (safe to use, fill with your own content)

To reflect

"What struck me was…" · "This taught me that…" · "I had not appreciated that…" · "On reflection, I realised…"

To link to medicine

"…a skill doctors rely on when…" · "…which is central to patient-centred care" · "…something I will need as a clinician because…"

To show curiosity

"This led me to read further into…" · "I wanted to understand why…" · "Exploring this beyond the syllabus showed me…"

To connect answers

"Building on this…" · "The same curiosity drew me to…" · "This was reinforced when…"

These frames are functional connectives, not content. They are safe because the meaning comes entirely from what *you* put in them.

Self-check rubric

Score each answer honestly before you submit. Anything you cannot tick needs another draft.

Check	Ask yourself
Specific	Does every point use a concrete detail unique to me, not a generality?
Reflective	Does each experience say what it taught me, not just what I did?
Linked	Is the relevance to medicine made explicit every time?
Evidenced	Have I shown each quality through an example rather than claiming it?
Truthful	Could I happily discuss every sentence in depth at interview?
Original	Is every word mine, written from scratch, with nothing copied or generated?
Concise	Have I cut every cliché, filler word and repeated point?
Correct	Is it within 4,000 characters, over 350 per box, and free of spelling and grammar errors?

SECTION 14

Final checklist & resources

Your last pass before submission, the format on one card, and where to go next.

The format, on one card

QUESTION 1

Why this course?

Genuine, specific, reflective motivation for medicine. Often the largest answer.

QUESTION 2

Academic preparation

Subjects, skills, super-curriculars and wider reading, reflected on, not listed.

QUESTION 3

Beyond the classroom

Work experience, caring roles, jobs and activities, and what they taught you.

THE LIMITS

4,000 / 350

4,000 characters total including spaces; minimum 350 per answer; questions do not count.

Pre-submission checklist

- ✓ Every experience is **reflected on**, not just described.
- ✓ Question 1 gives a **specific, evidenced** reason for medicine, with no clichés.
- ✓ Question 2 shows **skills and curiosity**, and does not repeat my grades.
- ✓ Question 3 links every experience **explicitly to medicine** and answers "why useful".
- ✓ The three answers **connect** and do not repeat one another.
- ✓ It is **100 per cent my own words**, with nothing copied or AI-generated.
- ✓ Everything in it is **true** and I could discuss it at interview.
- ✓ It is within **4,000 characters**, over **350** per box.
- ✓ I have **proofread** it, read it aloud, and had a teacher or adviser review it.
- ✓ All five of my choices are **medicine** (or a course I would genuinely accept).

Resources worth bookmarking

- → UCAS Hub: personal statement builder & subject guidance
- → Medical Schools Council: applying to medicine
- → Health Careers (NHS)
- → Observe GP (RCGP)
- → BSMS Virtual Work Experience
- → RCGP reflective diary template
- → The BMJ and Student BMJ
- → Each university's official admissions page

Glossary

Term	Meaning
Super-curricular	Activity that deepens your academic subject (wider reading, an EPQ, a MOOC, an olympiad). Belongs in Question 2.
Extra-curricular	Activity outside your subject that builds broader skills (sport, music, volunteering, work, leadership). Belongs in Question 3.
EPQ	Extended Project Qualification; an independent research project that evidences self-directed study and academic skills.
MOOC	Massive Open Online Course; free or low-cost online courses (for example via FutureLearn or Coursera).
MDT	Multidisciplinary team; the group of professionals (doctors, nurses, pharmacists and others) who care for a patient together.
Reflection	Turning an experience into insight: what it taught you and why it matters, rather than just what happened.
ABC / STARR / Gibbs	Reflective models used to structure how you write about an experience (see Section 7).
Similarity Detection (Copycatch)	UCAS's software that checks every personal statement against a library of past and sample statements for plagiarism.
Work experience	Clinical or virtual exposure to healthcare that gives insight into the role of a doctor and the realities of care.
Caring / service role	Volunteering or work supporting others, especially those who are ill or vulnerable; valued by all UK medical schools.
UCAT	University Clinical Aptitude Test; the admissions test used by most UK medical and dental schools, separate from the statement.
Contextual offer	An adjusted offer some universities make in light of an applicant's background or circumstances.
Deferred entry	Applying now to start a year later, for example to take a gap year.

FINAL WORD

The strongest medicine personal statement is not the most dramatic or the most polished. It is the one that explains clearly and honestly why you want to study medicine, shows that you understand what the job really involves, and reflects thoughtfully on experiences that are unmistakably your own. Do the groundwork, reflect as you go, write every word yourself, and the statement will take care of itself. Good luck.

Now write it yourself.

This handbook gives you the format, the frameworks and the standard. The words have to be yours, drawn from your own experiences and reflections, because those are what win a place and survive the checks.

Want a structured review of your three answers, or one-to-one support building your application from work experience to interview? That is what we do.

Nile Academy · Medicine Application Series
niletuitionacademy.co.uk · Prepared by Dr Nile