General Physician interview questions

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What to expect

Interviews for General Physician roles typically assess your clinical reasoning, teamwork, communication and leadership, alongside your ability to manage complex patients in a hospital setting.

- **Clinical reasoning scenarios:** You will be given a patient case or a deteriorating patient scenario and asked to talk through your assessment, investigations and management.
- **Behavioural questions:** Questions that ask you to describe past experiences, often around teamwork, conflict resolution or managing a difficult situation.
- **Systems and process questions:** Questions about how you run a ward round, coordinate multidisciplinary care or improve patient flow.
- **Communication and patient-centred care:** Questions on how you explain complex information to patients and families, and how you involve them in decisions.
- **Leadership and supervision:** Questions about teaching, supervising junior doctors and contributing to a positive learning culture.

Interviews are usually conducted by a panel of senior medical staff, often including the Director of Physician Education or a Head of Department. The interview may start with a brief introduction, followed by clinical scenarios and behavioural questions. You may also be asked to present a case or discuss a quality improvement project. Some services use a two-stage process with a separate clinical assessment.

1. You are asked to review a patient in the emergency department with multiple comorbidities who is deteriorating. How do you approach this?

Why they ask

This tests your clinical reasoning, ability to prioritise and your approach to managing an acutely unwell patient.

How to structure your answer

Use a systematic clinical reasoning framework: assess Airway, Breathing, Circulation, Disability and Exposure (A-E), take a focused history, review investigations, form a differential diagnosis, initiate management and escalate as needed. Then explain your ongoing plan and communication with the team.

Example answer

“I would start with an A-E assessment. If the patient is hypotensive and tachycardic, I would initiate fluid resuscitation and ask the nursing staff to apply monitoring. I would take a focused history from the patient if possible and from the notes, and review recent pathology and imaging. My differential would include sepsis, cardiac failure or a pulmonary embolism. I would order blood cultures, lactate, an ECG and a chest X-ray. While waiting for results, I would start broad-spectrum antibiotics if sepsis is suspected, and involve the intensive care team early if the patient is not responding. I would also speak to the patient's family to gather collateral history and keep them informed. Throughout, I would document clearly and communicate with the emergency team and my registrar.”

2. Tell me about a time you had to manage a disagreement within a multidisciplinary team about a patient's care plan.

Why they ask

This assesses your teamwork, communication and conflict resolution skills.

How to structure your answer

Use STAR: describe the Situation, the Task, the Action you took and the Result. Focus on how you listened, sought common ground and kept the patient's best interests central.

Example answer

“During a ward round, a senior nurse and I disagreed about whether a patient with advanced dementia should be referred for a PEG tube. The nurse felt it was in the patient's best interest, while I had concerns about the burdens of the procedure. I arranged a meeting with the nurse, the patient's family and the speech pathologist to discuss goals of care. I listened to the nurse's perspective and explained the evidence around PEG tubes in advanced dementia. We agreed to trial a careful hand-feeding programme with support from speech pathology. The patient remained stable and was discharged to a residential care facility with a comfort-focused plan. The nurse and I maintained a good working relationship, and the family felt heard.”

3. Walk me through your approach to leading a ward round.

Why they ask

This examines your organisational skills, clinical prioritisation and leadership in a busy hospital environment.

How to structure your answer

Provide a chronological walk-through: preparation, prioritisation of sickest patients, clear communication with the team, teaching moments, documentation and follow-up. Highlight how you involve the multidisciplinary team.

Example answer

“Before the ward round, I review the patient list, check recent results and flag any patients who are deteriorating or have complex discharge needs. I start the round with a brief huddle with the nursing and allied health staff to identify any concerns. I then see the sickest patients first, with the registrar and medical students. For each patient, I review the notes, examine them, discuss the plan and ensure the patient and family understand. I use the round as a teaching opportunity, asking the registrar to present and prompting students with questions. I document the plan clearly and ask the nurse to update the medication chart. After the round, I follow up on outstanding investigations and communicate with the consultant on call if needed.”

4. How do you explain a complex diagnosis to a patient with limited health literacy?

Why they ask

This tests your patient-centred communication and ability to ensure informed consent.

How to structure your answer

Describe a patient-centred approach: assess the patient's understanding, use plain language, avoid jargon, check for understanding, involve family if appropriate, and provide written or visual aids. Emphasise empathy and shared decision-making.

Example answer

“I would start by asking the patient what they already know about their condition and what concerns them most. I would use simple words, avoiding medical jargon. For example, instead of saying 'myocardial infarction', I would say 'heart attack'. I would explain the diagnosis in small chunks, checking after each part that they understood. I would use diagrams if helpful. I would ask the patient to repeat back in their own words what they understood. I would also invite a family member to be present if the patient agrees. I would then discuss treatment options and make a shared decision, documenting the conversation clearly.”

5. How do you balance clinical workload with teaching and supervising junior doctors?

Why they ask
This assesses your time management, prioritisation and commitment to education.

How to structure your answer
Explain your approach to integrating teaching into clinical work, delegating appropriately, setting expectations and providing feedback. Use a specific example if possible.

Example answer

“I see teaching as part of the job, not separate from it. On ward rounds, I ask registrars to present cases and I use questions to guide their reasoning. When the workload is heavy, I prioritise patient safety first, but I still make time for brief teaching moments, such as a five-minute discussion about a new medication. I set clear expectations at the start of each term and give regular feedback. I also encourage residents to attend educational sessions and protect time for their learning. If I am particularly busy, I delegate tasks to the registrar and check in later. This helps them develop autonomy while ensuring safe care.”

6. Describe a situation where you identified a gap in care and improved it.

Why they ask
This evaluates your quality improvement mindset and ability to lead change.

How to structure your answer
Use a structured approach like PDSA (Plan, Do, Study, Act) or a simple problem-solution-results format. Describe the gap, your actions, and the outcome.

Example answer

“I noticed that patients with diabetes admitted to our general medicine ward often had delayed insulin administration because the medication charts were not being reviewed promptly. I led a small project to introduce a standardised diabetes review checklist for the morning ward round. I worked with the nursing unit manager and the diabetes educator to implement it. After two months, the number of delayed insulin doses dropped from several per week to almost none. We also reduced the number of hypoglycaemic episodes on the ward. The checklist is now part of our standard admission pack. I presented the results at a hospital quality meeting.”