General Practitioner interview questions

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What to expect

GP interviews are usually run by the practice principal or a small panel, and combine questions about clinical judgement with questions about how you'll fit into the day-to-day running of the practice. Interviewers are often as focused on retention and workload fit as they are on clinical competence.

- **Clinical scenario:** Hypothetical patient presentations used to test diagnostic reasoning, safety-netting and when you'd escalate or refer.
- **Process:** Questions about how you structure a consultation, manage prescribing, or coordinate care with specialists and allied health.
- **Behavioural:** Questions about past experience handling difficult patients, diagnostic uncertainty or ethical dilemmas, usually answered with a specific example.
- **Safety and compliance:** Questions checking your understanding of AHPRA obligations, RACGP standards and how you handle risk in everyday practice.
- **Client-facing:** Questions about communication style, particularly with anxious, non-compliant or bereaved patients and their families.

Expect an initial discussion of your fellowship, registration status and areas of clinical interest, followed by two or three scenario or behavioural questions, then practical questions about billing, hours and how you'd fit into the existing patient list. Panels often leave time at the end for you to ask about patient mix, support staff and after-hours arrangements.

1. Walk me through how you'd structure a first consultation with a new patient who presents with vague, non-specific symptoms.

Why they ask

This tests your consultation process, history-taking discipline and how you manage diagnostic uncertainty without over-testing or missing something serious.

How to structure your answer

Walk-through: describe the consultation in order, from history and examination through to differential diagnosis, safety-netting advice and follow-up plan.

Example answer

“I'd start by taking a thorough history, including onset, associated symptoms, medication use and relevant family and social history, rather than jumping straight to investigations. I'd examine the patient with a focus on ruling out red flags first. If nothing points to an urgent cause, I'd explain my reasoning to the patient, agree on a sensible watch-and-wait or targeted investigation plan, and give clear safety-netting advice about what symptoms should bring them back sooner. I'd document the consultation fully in the practice's electronic health record and book a follow-up to review results or progress.”

2. Tell me about a time you had to manage significant diagnostic uncertainty with a patient.

Why they ask

GPs regularly deal with undifferentiated presentations, and this question checks how you reason through ambiguity and communicate it to patients.

How to structure your answer

STAR: set out the situation, your specific task, the actions you took to investigate and manage risk, and the result or outcome.

Example answer

“A patient presented with persistent fatigue and low mood with no obvious cause on initial assessment. My task was to work out whether this was primarily psychological, an underlying physical illness, or both. I took a broader history covering sleep, thyroid symptoms and medication changes, ordered basic bloods to rule out common physical causes, and used a validated screening tool for depression. The results pointed to subclinical hypothyroidism alongside mild depressive symptoms. I started treatment for the thyroid issue, referred for additional mental health support through a mental health care plan, and reviewed the patient in a few weeks. Their energy and mood both improved, and it reinforced for me the value of not settling on the first plausible diagnosis too quickly.”

3. A patient insists on a prescription for antibiotics for what looks like a viral upper respiratory infection. How do you handle it?

Why they ask

This scenario tests judgement under pressure: balancing patient expectations, antimicrobial stewardship and the doctor-patient relationship.

How to structure your answer

Judgement under pressure: state the immediate priority, how you'd balance competing pressures, and the outcome you'd aim for.

Example answer

“My priority is patient safety and appropriate prescribing, so I wouldn't prescribe antibiotics just to end the conversation quickly. I'd explain my clinical reasoning in plain language, including why antibiotics won't help a viral infection and the risks of overuse, such as resistance and side effects. I'd offer a clear plan for symptom management and a specific timeframe and set of warning signs for review, so the patient feels supported rather than dismissed. If they remained unhappy, I'd acknowledge their frustration without changing my clinical decision, and document the discussion clearly in case they sought a second opinion.”

4. How do you coordinate care for a patient who needs input from several specialists and allied health providers?

Why they ask

Care coordination is a core part of general practice, especially for complex or elderly patients, and this checks your system for keeping care joined up.

How to structure your answer

Process walk-through: describe your steps for coordinating referrals, information sharing and follow-up.

Example answer

“I start by identifying what each referral needs to achieve and writing clear, specific referral letters rather than generic ones. I use the electronic health record to keep a running summary of the patient's conditions and current management, so any specialist or allied health provider I refer to has accurate context. Where a patient has several providers involved, I try to be the point of continuity, reviewing specialist letters as they come in, updating the management plan, and checking with the patient that they understand and are following through on recommendations. For patients with chronic and complex needs, I use a formal care plan to set shared goals and review dates.”

5. Tell me about a time you had a difficult conversation with a patient or their family.

Why they ask

GPs regularly deliver difficult news or manage disagreement about treatment, and this checks communication skill and professionalism under emotional pressure.

How to structure your answer

STAR: situation, your role, the specific approach you took to the conversation, and how it was resolved.

Example answer

“I once had to tell a patient that test results suggested a serious underlying condition needing urgent specialist review. My task was to deliver this clearly and compassionately while making sure they understood the next steps. I gave the news directly but gently, checked their understanding, and allowed space for questions and emotion before moving to the practical plan for referral and support. I also arranged a follow-up appointment shortly after so they weren't left waiting anxiously without contact. They later told me they appreciated the honesty and the clear plan, even though the news itself was hard to hear.”

6. How do you stay current with clinical guidelines and meet your regulatory obligations as a GP?

Why they ask

With AHPRA registration and RACGP standards to maintain, interviewers want assurance you take ongoing professional development and compliance seriously.

How to structure your answer

Process: outline your ongoing routine for CPD, guideline review and compliance, rather than a one-off example.

Example answer

“I keep up with clinical guidelines through RACGP resources and relevant medical reference databases, and I complete continuing professional development activities that count toward my AHPRA registration requirements. I review practice protocols regularly, particularly around prescribing and chronic disease management, to make sure my approach reflects current standards. I also treat incident reporting and peer discussion of difficult cases as part of normal practice rather than something to avoid, since it's one of the more reliable ways to pick up gaps in my own knowledge early.”