



The transition to general practice

Supporting new GP/RG registrars



About this guide

The transition from hospital work to the community setting can be highly challenging for the new GP/ RG registrar. In contrast to the hospital setting, the general practice environment is characterised by time-pressured appointments, undifferentiated presentations, relative isolation and independence of practice, the need for a highly patient-centred approach, billing demands and enhanced coordination of care. New registrars often feel overwhelmed by the breadth, pace, and responsibility of community practice.

This guide is designed to support GP supervisors help registrars to gain confidence, develop safe practice, and settle successfully into their GP term.

Specifically, this guide aims to assist GP supervisors to:

- Describe the key challenges for registrars in the first weeks of general practice
- Implement practical strategies to help them 'survive' the commencement of the placement
- Describe key resources and survival tools.

This guide is not intended to be used as a definitive reference but should be used in conjunction with the policies and guidelines of your own college, medical defence organisations and regulatory authorities.

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GPSA produce a number of relevant guides for GP supervisors and practices, visit www.gpsa.org.au to view additional guides.

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Please note that all references to general practice in this resource are intended to apply equally to both the urban and rural context of the GP medical specialty such that use of the term "GP" is taken to mean "RG" throughout.

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future. We commit to working together in the spirit of mutual understanding and respect for the benefit of the broader community and future generations.



Transition to general practice

The hospital environment is significantly different to that of general practice in multiple ways. The transition therefore requires a significant shift in a registrar's approach across multiple facets of practice.



REFLECT

Take yourself back to your first days and weeks of working in general practice after leaving the hospital system. (For many supervisors, this was a while ago!)

What was different?

What was new?

What emotions do you recall?

How did you feel seeing your first patients independently?

How is general practice different?

Broad scope

General practice requires a broad medical knowledge across all ages and types of conditions. Unlike hospital specialties, GP/RG registrars need to manage everything from minor ailments to chronic disease, emergency presentations, medical assessments, preventive care and occupational health. They need to coordinate multidisciplinary care, as well as manage complex conditions and multimorbidity. They need to embrace generalism as a way of working.¹

Managing uncertainty

In general practice, patients frequently present with undifferentiated, vague or early-stage symptoms.² This can be deeply unsettling after the relative 'certainty' of hospital practice. Managing uncertainty is the defining feature of safe general practice and a core skill for registrars to develop.

Time pressure

GP consultations are brief, creating pressure to efficiently gather information, make decisions, and plan management. Registrars must learn to prioritise key issues under time pressure while maintaining safe practice and patient-centred care.

Independence in decision making

The transition to general practice requires registrars to shift from a highly supervised hospital team model of care to a much more independent style of practice. Though under supervision, they are responsible for their own clinical decisions and need to know when to seek advice. For some registrars, this may be the first time they are expected to make decisions without review of every clinical interaction.

Patient/doctor agendas and shared decision making

Good GPs must carefully balance the patient agenda with their own clinical priorities. And first they need to identify it! Registrars also need to learn shared decision-making skills to align patient concerns with safe and effective care. There is

an imperative to explain options, consider patient preferences, and support informed choices in primary care.³ The concepts of patient centred care and shared decision making may be particularly unfamiliar to some overseas-trained registrars.⁴

Availability of tests and opinions

Unlike hospitals, immediate access to specialists or diagnostic tests is more limited in general practice. Registrars must learn to work effectively in this context and make provisional decisions while ensuring patient safety.

Team structure

General practice teams are smaller and less hierarchical than hospitals. Registrars work closely with practice nurses and reception staff, a very different environment to the medical team of the hospital.

Systems

Lastly, new GP registrars must navigate new administrative systems such as Medicare billing, WorkCover processes, recalls, and electronic records.

How may this impact on GP registrars?

The early GP term can be characterised by high anxiety and feelings of cognitive overload. Early specialty training is recognised as a high-risk period for mental ill-health.⁵ Registrars often describe their first weeks in general practice as feeling “like a deer in the headlights.”⁶ They often report a “weight of responsibility” associated with a fear missing something serious, and struggle with often diagnostic ambiguity. They may experience ‘imposter syndrome’. Recognising and acknowledging that the cognitive and emotional burden is normal and expected is an important supervisory intervention.⁷

More concerningly, even in the first weeks, new registrars may show emerging performance issues. Supervisors should watch for changes in attitude, absenteeism, excessive help-seeking or avoidance, stress-related complaints, or disengagement from educational activities. Early recognition allows timely support and intervention—supervisors can refer to the GPSA guide: [Supporting the Registrars at Risk](#) for further information.



Support strategies

There are multiple ways that supervisors can support the transition of the new GP/RG registrar to general practice (see box 1). These can be divided into:

- **Professional** – strategies that focus on the practice environment, systems, and processes
- **Educational** – strategies that build registrar knowledge, skills and decision-making capacity
- **Personal** – strategies that focus on wellbeing, resilience, and emotional support.

Note. There is significant overlap between categories as many strategies impact on more than one aspect of support.

Box 1. Strategies for supporting the new GP/RG registrar

Professional	Educational	Personal
• Orientate to the practice • Orientate to the discipline of general practice • Orientate to the community • Reinforce safety-first practice • Normalise uncertainty and help-seeking • Model professional practice	• Establish a safe and high-quality learning environment • Formalise teaching and learning • Be available and approachable • Monitor patient load • Discuss common but unfamiliar encounters • Discuss consultation skill 'survival' tips • Promote reliable resources	• Get to know the registrar • Address health, self-care and wellbeing





Professional

Orientate to the practice

A comprehensive practice orientation is a key strategy to support new registrars. A well-designed induction helps registrars feel competent and supported, laying the foundation for effective learning and safe practice. Orientation should be a whole-of-practice activity and ideally should involve a checklist ([RACGP](#) and [ACRRM](#)). Important aspects of orientation include patient safety and calling for help, discussion of professionalism, work health and safety, teaching and learning, and pastoral care. Other important tasks of orientation include:

- Clarify expectations
- Develop a clear supervision and teaching plan
- Explicitly discuss after-hours support and on-call arrangements
- Clarify boundaries
- Explicitly acknowledge the challenges of rural and remote practice, as appropriate.

The RACGP and ACRRM have educational modules for new first term registrars on a number of these topics.



TOP TIPS

- Use a written orientation checklist and tick it off together rather than assuming it has been covered
- Use patient scenarios to make orientation more engaging
- Physically walk the registrar through the practice
- Discuss and review the emergency equipment
- Clearly explain who the registrar should go to for clinical, administrative, and pastoral support.

Orientate to the discipline of general practice

Orientating first term registrars to the discipline of general practice is an important step in preparing them to function effectively. In 2026, the '7C+ Compass', a conceptual framework to describe the core functions of general practice, was published.⁸ This includes the seven Cs⁹ (first contact, continuity, comprehensiveness, coordination, community engagement, patient-centeredness and complexity) as well as [professionalism](#). This can act as a practical framework for supervisors to highlight the distinctive features of the discipline during the transition period.



TOP TIPS

- Explicitly name what is different about general practice work compared to hospital medicine in your first supervision session (e.g. uncertainty, continuity etc.)
- Use a real patient example from the registrar's first week to illustrate one or more of the 7Cs
- Revisit the "What is general practice?" conversation at 4–6 weeks, once the registrar has lived experience to reflect on
- Normalise that mastery of generalism develops over time, not in the first term.



Orientate to the community

Orientating new registrars to the community in which they will train is highly valuable. Familiarising registrars with the local demographics, health concerns, resources, and cultural norms allows them to better understand their patients' needs and challenges. This is particularly the case for registrars training in rural and remote locations, or communities with a significantly different sociocultural mix from the student's home environment. This may include practical orientation, for example to the supermarket or sporting facilities, especially if they have not lived away from home before.



TOP TIPS

- Discuss the local patient population and common presentations
- Highlight community-specific risks (e.g. farming injuries, FIFO work, refugee health, drug and alcohol issues)
- Provide a list of key local services
- For rural placements, actively check in about housing, transport, and social connections.

Reinforce a safety-first practice

A safety-first approach should be explicitly reinforced throughout the early stages of training. Supervisors should encourage registrars to adopt the mindset of 'when in doubt, ask', emphasising that seeking advice is a strength rather than a weakness. Early discussion of help-seeking processes is essential, including clear guidance on when and how to call for assistance by using the 'call for help' list.¹⁰

Registrars should also be supported to maintain a low threshold for arranging patient follow-up, particularly where diagnostic uncertainty exists. This approach promotes patient safety, reduces risk, and helps registrars develop sound clinical judgement.



TOP TIPS

- State explicitly: "I would rather you interrupt me than sit with uncertainty."
- Role-play a brief 'calling for help' conversation early in the term
- Model conservative decision-making and follow-up planning in your own practice.

Normalise uncertainty and help-seeking

As discussed, uncertainty is an inherent and significant challenge in general practice, particularly for new registrars transitioning to greater clinical autonomy.¹¹ Supervisors should explicitly acknowledge this and normalise uncertainty as a routine part of practice rather than a personal failing. Practical approaches to managing uncertainty should be discussed, for example the '3R' model.¹²



TOP TIPS

- Share an example from your own early GP career where uncertainty was challenging
- Name uncertainty aloud during case discussions - "This is a classic GP grey area"
- Introduce a simple shared language e.g. green/amber/red uncertainty
- Praise help-seeking behaviour explicitly when it occurs - "I am really glad you called me"

Model professional practice

Supervisors play a critical role in shaping registrar behaviour not just through explicit teaching, but also implicitly through role modelling. Supervisors' own management of uncertainty, approach to risk, and availability for support will strongly influence registrars' willingness to seek help and manage ambiguity safely.



TOP TIPS

- Actively role model professional practice regarding help-seeking and management of uncertainty.





Educational

Establish a safe and high-quality learning environment

A safe and high-quality general practice learning environment is essential for fostering clinical competence, cultural safety, professional identity, and wellbeing, both early in the placement and ongoing. Creating a psychologically safe learning environment - where registrars feel comfortable admitting uncertainty, asking questions, and reflecting on errors - supports both learning and wellbeing and reduces the risk of registrars struggling in isolation. The [General Practice Clinical Learning Environment \(GPCLE\) framework](#) provides a useful structure for improving the clinical learning environment.¹³



TOP TIPS

- Set expectations early that questions are expected and welcomed
- Invite the registrar to discuss cases without fear of judgement
- Ensure cultural safety and respect are explicitly discussed.

Formalise teaching and learning

Formalising processes for teaching and learning is central to supporting new registrars. Educational supervision comprises two elements - ad hoc discussions that respond to immediate clinical needs, and scheduled, [formal teaching](#). Both should be formalised in supervision and teaching plans. Clear processes for performance appraisal and [feedback](#) should also be established early, ensuring expectations are transparent and feedback timely, constructive, and routine.



TOP TIPS

- Schedule protected weekly teaching time in the calendar from week one
- Agree on how feedback will be given and received
- Document learning goals and revisit them regularly

Be available and approachable

Supervisor availability and approachability are essential to registrar confidence and safe clinical practice, particularly early in the term. A supervisor should not expect to be able to add supervision to their day and continue with the same clinical load. Previous research has demonstrated that a registrar in their first training term call for supervisor assistance in 11% of encounters.¹⁴ Time crossed off in the supervisor's appointment book signals to the registrar that calls for help are expected. New registrars should know clearly when and how to seek assistance and feel comfortable doing so without fear of judgement. Explicitly discussing supervision arrangements, being physically present as much as possible, and encouraging brief, informal case discussions all help normalise help-seeking.



TOP TIPS

- Physically locate yourself nearby where possible during the early weeks
- Block time in your own appointment book for supervision and interruptions
- Encourage 'corridor questions'
- Check in proactively if the registrar hasn't asked for help for a while.



Monitor patient load

Careful monitoring of the registrar's patient load supports both learning and patient safety during the transition to general practice. In the early weeks, registrars benefit from longer consultations and less complex presentations (where possible). Gradually increasing complexity as confidence develops allows skills to build without overwhelming cognitive load. Regular review of appointment schedules enables supervisors to identify emerging stressors and adjust workloads proactively.



TOP TIPS

- Review the registrar's appointment book together weekly in the first month
- Watch for signs of overload (running late, avoidance, over-referring)
- Adjust expectations if the registrar has had significant time away from clinical work e.g. maternity leave

Discuss unfamiliar encounters

There are several common, but unfamiliar, clinical scenarios that the new registrar is likely to encounter in their first months of practice (see box 2). Some of these consultations may on the surface appear simple e.g. 'just some paperwork' or 'a simple check-up' but may be complex and carry a significant risk of adverse consequences. Due to their 'unknown unknowns', registrars may conduct these consultations in a superficial manner, unaware that they've missed critical elements. The supervisor can help reduce registrar anxiety by discussing an approach to these encounters early in the placement.



TOP TIPS

- Flag high-risk 'looks simple but isn't' consultations before they arise
- Develop brief frameworks or checklists for these encounters
- Debrief after the first few examples of each encounter type.

Box 2. Unfamiliar clinical encounters

- Fitness to drive medical
- Baby check/immunisation
- Skin check
- S8 prescribing
- Health check/screening
- Child and adolescent mental health
- Antenatal care
- Travel medicine
- Worker's compensation assessment
- Prescription renewal
- Telehealth



Discuss consultation skill 'survival' tips

There are a range of specific, practical, evidence-based consultation skill tips to help registrars new to general practice effectively navigate the consultation.¹⁵ See box 3. These tips are discussed further as part of the [GP Survival Kit](#).



TOP TIPS

- Focus on one or two consultation skills per week
- Use direct observation regularly
- Link skills to safety rather than performance alone
- Normalise that efficiency develops after safety and structure.

Box 3. Consultation skill tips

Preparing for the consultation

- Organise your desk and room at the start of the day, and between patients
- Complete and close all previous patient records
- Review the appointment book at the start of the session and prepare as able
- Check whether you have seen the patient before (or as a parent of a child)
- Review the last visit and recent investigations/correspondence
- Take a break after a difficult or emotional consultation

Connecting with the patient and building rapport

- Let the patient talk uninterrupted for the first minute
- Use appropriate expressive touch
- Avoid being distracted by the computer – take 'time out' to look up results, read letters
- Identify and refer to important patient details – preferred name, occupation, life events
- Express empathy overtly

Identifying the patient's agenda

- Ask about the patient's ideas, concerns and expectations (ICE)
- Look for a hidden agenda
- Actively listen for words related to ICE
- Look for subtle non-verbal signs of discomfort or concern ('what is not said')

Gathering data

- Summarise the history back to the patient
- Explore the meaning of potentially ambiguous terms
- Use validated assessment tools
- Examine the patient routinely
- Expose the patient adequately
- Use checklists for physical examination in specific presentations

Managing uncertainty

- Seek information routinely
- Ask your supervisor
- Use Murtagh's diagnostic framework
- Use a diagnostic pause
- Use watchful waiting
- Order tests judiciously
- Listen to your gut feelings
- Safety net
- Explore ICE in the ambiguous presentation
- Use 'uncertainty' flags for help-seeking



Box 3. Consultation skill tips (cont.)

Explaining the problem

- Discuss the probable diagnosis and clinical reasoning before management
- Address the patient's agenda
- Use diagrams or visual tools
- Use patient information resources to guide explanation
- Assess health literacy

Management planning

- Involve the patient in decision making
- Use 'we' when discussing management plans
- Use a management pause
- Give the patient a written management plan

Follow-up and safety netting

- Have a low threshold for getting patients back for review
- Telephone patients if concerned
- Safety net patients of concern
- Safety net receipt of investigations

Managing time

- Identify the 'list' of problems early in the visit
- Prioritise which is the most important issue for both the patient and the doctor
- Ask patients to return for another visit
- Signpost time

Telehealth

- Identify the patient
- Ensure privacy and confidentiality
- Use remote examination techniques
- Use enhanced safety netting

From Morgan S, Wrigley JV. Consultation skill tips for new general practice registrars: An update. Aust J Gen Pract. 2024 Dec;53(12):916-920.

Promote reliable clinical resources

Supporting registrars to routinely use reliable, up-to-date clinical resources is central to safe and effective general practice. Supervisors should actively introduce registrars to key tools such as HealthPathways, eTG, AMH, and local referral guidelines, and model their use during case discussions. Embedding these resources into everyday clinical decision-making reinforces evidence-based practice, supports safe prescribing, and helps registrars develop habits that will sustain independent practice over time.



TOP TIPS

- Show registrars how you use guidelines during 'sitting in' sessions
- Agree on a short list of go-to resources to avoid overload
- Encourage looking things up in front of patients
- Reassure registrars that resource use signals professionalism, not incompetence.



Personal

Get to know the registrar

The foundation of effective supervision is a respectful, trusting relationship between the supervisor and registrar. We recommend a discussion of the new registrar's educational background and past experience, as well as personal background and family (potentially for both the supervisor and registrar). The latter is particularly important if the registrar is relocating from their usual home to undertake the placement. The discussion should also cover the registrar's expectations, aspirations, and concerns for the placement.

Registrars from diverse cultural or linguistic backgrounds may face additional challenges

transitioning into general practice. In this instance, supervisors should explore language proficiency, prior training context, cultural expectations, and communication preferences.

TOP TIPS

- Ask about previous training environments and what they found hardest
- Explore expectations early – “What are you most worried about?”
- Check in about life outside medicine, especially if they've relocated

Address health, self-care and wellbeing

The GP supervisor plays a key pastoral role in the prevention and early identification of stress-related issues. Registrar wellbeing should be explicitly addressed during the first week of the placement and monitored throughout the term. Supervisors should enquire about the registrar's support structures, particularly for those who have relocated or are separated from family and friends. Awareness of social isolation, financial stress, or personal circumstances can help contextualise performance concerns and guide appropriate early intervention.

Registrars should be encouraged to attend to their own health and wellbeing, including having an independent GP. This reinforces the importance of self-care and the professional responsibility of appropriate healthcare seeking.¹⁶

Structured reflection and debriefing after complex or emotionally challenging consultations should be also encouraged. Brief, regular debriefs support learning, emotional processing, and resilience, and help supervisors identify emerging concerns early.

Supervision can be emotionally and cognitively demanding, particularly in the early weeks of a registrar's placement. Supervisors should monitor their own wellbeing, access peer support or mentoring, and seek support where appropriate.

TOP TIPS

- Ask explicitly about sleep, fatigue, and missed meals in the first weeks
- Encourage regular breaks and model this behaviour yourself
- Normalise emotional responses to challenging consultations
- Promote having an independent GP and accessing support early





CASE STUDY

Transition to general practice: a comprehensive approach

Background

Sarah is a capable PGY4 doctor with substantial hospital experience in emergency medicine and general medicine. She is commencing her first general practice term in a rural town, 150 km from her home in the capital city. She is joining a large mixed billing practice under the supervision of Ameeta, an experienced GP supervisor. While enthusiastic about starting general practice, Sarah is apprehensive, recognising that the community-based setting will require a different skill set to her previous hospital roles, particularly in managing uncertainty, continuity of care, and scope of practice.

Pre-commencement orientation

One week prior to the start of term, Ameeta arranges a Zoom meeting to orient Sarah to the practice. They discuss their respective professional backgrounds, clinical interests, and prior experiences, as well as personal and family contexts. Ameeta acknowledges the challenges inherent in transitioning to both general practice and a new (rural) location. That said, she expresses confidence in the supervision team's ability to support Sarah's transition and development in core GP skills such as consulting and clinical reasoning.

Together they also briefly explore Sarah's learning needs, expectations of the placement, and the structure of the practice and supervision team. A follow-up meeting is organised with the practice manager, Sophie, to address administrative systems, billing, appointment scheduling etc.

Day 1: Practice orientation

On Sarah's first day, Ameeta has ensured that several hours are blocked out for a structured orientation. This includes a walk-through of the practice, introductions to clinical and administrative staff, and a review of key systems such as electronic medical records, pathology and imaging workflows, and after-hours arrangements. They use a practice-specific checklist.

As part of the orientation, Sarah and Ameeta complete a supervision and teaching plan, review the "call for help" list, and clarify when and how Sarah should seek assistance. Ameeta explicitly normalises help-seeking ("I will be more worried if you don't call me!") and outlines the shared responsibility for patient safety within the supervision framework. Other members of the supervision team, including two additional GPs and the practice nurse, are identified as accessible supports.

Over lunch, Sarah and Ameeta use the 'GP Survival Kit' to discuss a range of other 'survival' strategies for those first weeks. These include use of a diagnostic pause, comprehensive safety netting and use of the recall and reminder systems.

That afternoon, they undertake a session of reverse direct observation, with Sarah observing three of Ameeta's consultations. This provides an opportunity to model consultation structure, clinical reasoning, and patient-centred communication, and allows Sarah to reflect on differences between hospital and GP consulting styles.



Days 2-3: Early clinical and educational strategies

Sarah's first patient is a six-week-old infant presenting for a routine check. Feeling uncertain about performing a full baby assessment independently, and recalling the 'call for help list', she calls Ameeta for guidance. They review the infant together and discuss documentation.

Later, Sarah consults with a patient presenting with vague abdominal pain. Concerned about missing a serious diagnosis, she again calls Ameeta, who uses the opportunity to reinforce structured consultation skills, including ICE (ideas, concerns, expectations), safety-netting, and the approach to rational testing. They explicitly review red flags and agree on a clear follow-up plan, reinforcing that uncertainty is an expected and manageable aspect of general practice.

On day 3, Ameeta directly observes Sarah consulting with two patients. This provides an opportunity for structured feedback, focusing on strengths as well as areas for development. Sarah is observed to have excellent communication skills and applies a 'safety-first' approach, with scope for development of her clinical knowledge on gout and approach to screening.

First week: monitoring clinical load, supporting wellbeing and ongoing support

Ameeta carefully monitors Sarah's patient load during her first week, ensuring 30-minute appointments and minimal 'fit-ins'. Practice staff and their families are strictly unable to book with Sarah. Daily debriefs and ad hoc teaching address multiple expected early challenges, including paediatric assessments, chronic disease management, and mental health presentations.

During an emotionally demanding consultation with a distressed patient experiencing workplace stress, Sarah finds it difficult to conclude the consultation and feels drained afterward. Ameeta reminds her of Neighbour's housekeeping step (the dustpan and brush metaphor) to support emotional closure and reflective debriefing. They also reflect on the survival kit coffee cup to reinforce the importance of self-care in maintaining safe practice.

Outcome by the end of week two

By the end of her second week, Sarah demonstrates increasing confidence and a growing sense of professional identity as a GP registrar. She continues to draw on the GP Survival Kit strategies as scaffolds for practice, including use of patient leaflets to scaffold explanations and valuing her worth despite the feeling of an imposter.

The combination of structured orientation, supervisor accessibility, careful patient load management, explicit formal and informal teaching arrangements and pastoral support has enabled a safe and supported transition into general practice, laying strong foundations for ongoing learning and development.



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