Establish Practice Support

Practical Support for Healthcare Practices

Practice Management

Beginning with the Basics

A guide for the New Practice Manager

Why this Guide?

This is not a definitive guide to all things practice management.
It is a beginning.
We hope it will be helpful in giving you a starting place for your journey.
While this guide is written for the new manager it has, hopefully, some useful information for those stepping up into an admin/management role.

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Beginning with the Basics

When I started my career as a Practice Manager the previous manager had a Doctor Suess quote above the desk, **Today I shall behave, as if this is the day I will be remembered.** *I left it there and look at it every day, I think it makes me a better manager.*

What is a Practice Manager?

Fair question and a good place to start. People who manage healthcare practices have a wide range of titles that can all be pretty much summed up with the broad one of "Practice Manager". Someone who manages and leads a primary healthcare practice. Your job title might be Practice Manager, Business Manager, Manager, Office Manager, General Manager or a variation on the theme. You might manage a general practice, specialist practice, allied health or diagnostic services. You might have a practice of 1 doctor and a couple of staff or you might be looking after a multi site practice with 100 team members.

So, what do Practice Managers do? The job requirements vary from one practice to another but the fundamental areas of management are:

- People
- Money
- The business
- Public relations and marketing
- Systems and Processes
- I.T.
- Compliance

Basically, everything a small business owner/manager needs to do with the additional requirement of a strictly controlled healthcare environment. We're in charge of looking after the people and the business that is itself looking after people who are unwell and need our help.

The peak industry body for Practice Managers is the Australian Association of Practice Managers and they have a great list of Core Principles of Health Care Practice Management that is worth checking out to give you more information.

The Idiosyncrasies of HealthCare

Healthcare practices are often owned by the practitioners themselves. This means that a doctor can be both treating patients and trying to understand the essentials of business at the same time. There is little training for a doctor in business in medical school so having a manager who has a good understanding of the way businesses are run is essential. Practice Managers sometimes come through the ranks, starting as a receptionist and through experience or education or a combination of both end up managing the practice. Of course, plenty of managers come from other fields of management or from a more clinical background such as nurses. Practitioners are supported by reception staff who manage their front desk, their patients, themselves and often provide admin support to management as well. Practice Nurses and other health professionals round out the team.

Practices have a unique clientele. Regardless of the type of practice, the usual customer is someone who is not always 100% well or fit or healthy.

> *I came to practice management from retail management. It took me a little while to really understand that my "customers" weren't here for retail therapy, to buy a pair of shoes or a birthday present. They were here because they were unwell, anxious, scared or caring for someone else. The need to deliver on services and customer service took on a whole new level.*

In most businesses income comes from the sale of services or goods. I mow someone's lawn and they pay me for it. I sell someone cat food and they pay me for it. In healthcare things are more complicated. Patients see a practitioner and Medicare will reimburse them for part of the account, or private healthcare companies or it might be through Workcover or TAC. Sometimes Medicare will pay the full amount and therefore the service is "free" for the patient. We'll talk more about the funding of private practice a little later.

When you start your new Practice Manager role

If you haven't worked in healthcare before then there are couple of things you should check early on, particularly in General Practice.

Critical task checklist

Critical tasks in the first couple of weeks.

- Meet with all your team
- Find out what they do and what their responsibilities are
- Meet, either in person, phone or email, with any key stakeholders including the practice accountants and any outsourced providers such as book keepers.

- Talk to your IT providers, security company, cleaners and let them all know who you are and when and how you can be contacted.
- Check that staff and doctor rosters are in place for the next month or so.
- Find out if anyone has leave coming up.
- Put a brief bio together and pass on to the staff, they want to know a bit about you and this starts building the relationships
- Find out when payday is and make sure everyone gets paid, let them know you are on top of it (people quite rightly worry if they aren't sure you know how to pay them!).
- Check with the accountants if BAS or PAYG are due and what you need to do about it
- Pay any outstanding accounts.
- Are there any Practice Incentive Payments (PIP)/Workforce Incentive Payments (WIP) requirements due? What PIP's and WIP's are is covered further on in this unit.
- Are any leases or service agreements due? You may find that you have to give 60 or 90 days notice on some service agreements like your I.T. If you don't notify that you will not be continuing the contract just rolls over into another year, or two.
- When is Accreditation due? (General practice is every 3 years). I know of a few practice managers that had Accreditation in the first 6 months and they really had to hit the ground running!

When your PD doesn't match your job

There may come the realisation that there is a fair bit of incongruity between the job you interviewed for, your position description and the job you find yourself doing. There's lots of reasons for this:

- The position description hasn't been updated to include all the key duties and responsibilities.
- The position description is a generic practice manager template that hasn't been tailored to the position you have.
- The business requirements have changed so the position description is no longer 100% accurate.
- Your skill set may be different from the previous practice manager and so the key tasks may also be different to match your skill set.
  Haven't worked in General Practice before? Perhaps there is an office manager or senior receptionist who will take over the Medicare Benefits Schedule (MBS) load for a while at least.
- Your interviewers weren't really sure what the practice manager role is.
- You haven't worked in this particular type of role or industry before and so you don't know what should or shouldn't be on your list of duties.

Understanding why the discrepancies exist is one thing but working out what to do is another. First thing to do is get a comprehensive position description template from a reputable source (The AAPM has one online) and make a time to meet with your bosses and/or practice principals/directors to discuss exactly what your key duties are. If they aren't sure, and it's not possible to check with the previous manager, then start with the absolute basic necessities and develop others as time goes by. In regard to financial management, you

might want to check with the practice accountants to find out what they do as their involvement can differ between practices as well.

Your position description might say “Financial Management” but that’s pretty broad, work with your bosses to get a sub list of tasks they want you to do in relation to financial management. Some practices will want you to do the payroll, others outsource and the practice manager simply signs off on timesheets and makes sure the rates are correct.

Talk to other practice managers and find out what they do. If you are new to the industry then ask your local Primary Healthcare Network (PHN) if they can suggest someone for you to talk to until you get your network up and running. No two practices are the same but at least you will have somewhere to start. Contact the AAPM and ask what resources they have for new managers.

> *When I started my new job, I was a bit overwhelmed because no-one seemed to know what the previous manager did. I expected my bosses to have a clear idea of what they wanted me to do but they didn’t know either. We got there in the end but it was a lot more complicated than I thought. I love it now but there were some rough times. I now have a checklist of everything I do, just in case I win Tattslotto and disappear!*

Handover

You may or may not get a handover with the previous manager. There may or may not be a Practice Manager handbook or checklists or other useful information. You may have access to the previous manager or you may not. Accept what there is and work with what you have. It’s natural to feel anxious but you wouldn’t have got the job if they didn’t think you could do it.

Accountabilities and Responsibilities

Equally important to knowing what you have to do is knowing the degree of accountability or responsibility you have as well.

Your position description says “Recruitment process”. This might mean anything from deciding that a new receptionist is needed and then calling the recruitment company to doing the skills analysis for the position, write the position description, decide where to advertise, write the advert, devise your selection criteria, shortlist, write the interview questions do the interview, notify those that didn’t get the job, send out the employment paperwork, run the induction and set up the new employee. All before lunch.

Clarify any ambiguities in your position description so that you know exactly what your responsibilities are. If there are any areas you don’t feel confident with (for example if you have never interviewed anyone before) then it might be time to do some professional development prior to the day you have to interview 6 applicants

for the position of practice nurse. It might be better to admit to yourself and your employers that recruitment is not your strongest point rather than go in blindly, but optimistically, and miss out on important factors like understanding what questions you can and can't ask at interview.

Get clarity about exactly what you are supposed to do and to what level you are accountable. For example, if you are responsible for ordering supplies is there a dollar figure you are able to spend? Do you need to run new equipment purchases by your directors/practice principal to replace something broken? An office chair at $250 maybe OK but a new defibrillator at $2500 may not be. Be patient with your directors, they may not have actually had to consider these issues before so make a list, sit down with them and get your accountabilities clear. Make sure they have a signed, dated copy as well.

Expectations

Everyone will have their expectations about what your role will be, including you, but it might not look the same to everyone. Particular areas are of more importance to different groups within your practice. Your reception staff may see you as the person who sorts out their rosters and signs off on annual leave requests, your directors may see you as the person who manages the practice finances and deals with any complaints, your GP's may see you as the person who fixes their computer and makes sure they get paid on time. Everyone's expectations of what is most important will differ and your job is to put them altogether and make everyone happy.

Meeting expectations

It's one thing to understand that everyone will have different expectations but how do you go about meeting them? Ask questions. Listen carefully to the answers. Build yourself a network as quickly as possible so that you have someone you can ask questions of and utilise those organisations that are there to help such as the AAPM, reputable social media networking groups or your local PHN.

Meet with your people and find out exactly what their expectations are. If they don't match with yours then explain why and explain how things might change under your leadership. Be tolerant and patient but also keep your eye on what is reasonable and appropriate. It is not reasonable for you to be working 12 hour days. It is reasonable that the team understand that it takes time for you to get the full picture of what the practice looks like, how it works and where it's going. You may hear "The previous manager always made our coffees, let us go home early, cleaned the toilets…", doesn't mean you have to do it and doesn't mean it was actually true either. Again, be very clear on what your responsibilities, accountabilities, tasks and duties encompass.

> *The reception staff seemed to be saying that it's my job to fill in for them at morning tea and lunchtime but the previous manager said nothing about that. I was worried that if I filled in for them, when would I get my own job done? Turns out the previous manager had never filled in, the staff just thought they might hint at it and see what happened.*

When their heart belongs to another

The new team may view you with a mix of emotions. These can range from excitement, to wariness to fear. They may have loved their previous manager or be secretly pleased they have gone but either way it's sensible to consider their emotions, issues and concerns. Practice Managers have a relatively low turnover so you may be moving into a role that someone else has been in for 5, 10 or 20 years. The team have grown up with another manager, are used to working with them in a specific way and now everything is about to change. They need to know a bit about you and how you plan to work. How you begin this communication process will set the tone for your following interactions. Build trust slowly, earn their respect and make sure you listen to their concerns or ideas. Some of them may not like you (they haven't been exposed to your brilliant personality yet), others may be anxious and others won't worry one way or the other as long as you are seen to be good at your job.

Your directors may have a viewpoint about the team as a whole or individuals in it. It's up to you to respect their opinions but develop your own objective analysis of the way people work individually and as a team. What they are good at, what they need help with and what you are going to do about it. None of this happens in the first week. First impressions may not be correct, don't make assumptions about the people or the practice until you have a better understanding of it. Don't be drawn into personalities, look at behaviours over time and get an understanding of the way everyone works and works together. Then you have somewhere to start or something to build upon. If you have a smallish team, under 30 people all up, then you have the opportunity to work out how to manage and lead each individual, one size will not fit all.

> *I worked in one practice for 14 years. My colleagues and I had been through all sorts of things together, not just in the workplace but in our lives. Children had been born, loved ones lost, divorce, marriage, new puppies, holidays. We had 4 accreditation cycles together, had seen staff members come and go, had built the practice into a thriving business and a wonderful workplace. Then I left. It was tough for the new manager for a while.*

Cultural traditions

Every practice has its own cultural traditions, this may be about how birthdays are celebrated, whether they run footy tipping or whether they send sympathy card to patient's families. You may create traditions of your own but respect the ones that are in existence. You may find people are happy to make changes or do things differently but baby steps are the recommendation here.

As we're talking Cultures…

What exactly is organisational culture?

Culture is made up of the values, beliefs, underlying assumptions, attitudes, and behaviours shared by a group of people. Culture is the behaviour that results when a group arrives at a set of, generally unspoken and unwritten, rules for working together. "How we do things around here".

An organisation's culture is made up of all of the life experiences each employee brings to the organisation. In reference to our healthcare practices culture is especially influenced by practice principals or the board and the Practice Manager as these are the people who determine the strategic objectives and decide how to work towards them. They are the leadership team and the role models for behaviours. All eyes are upon you!

Our organisational culture is the way we do things. According to theorists such as Edgar Schein culture is the shared assumptions that a group develops as it works through the problems facing it or the challenges and changes confronting it. Those shared assumptions are then passed on to new members as the organisational way of thinking, doing and feeling. These "ways" are often unwritten but everyone within the organisation has an understanding of what they are. This might include everything from the way in which birthdays are celebrated to how people are addressed to the way customers are dealt with. Your culture defines your organisation and your people define both.

Culture stems from values and the organisational vision on one hand but it also comes from those underlying assumptions about acceptable and reasonable behaviours. If a Practice Manager speaks abruptly and without respect to a receptionist then this is assumed to be acceptable behaviour and the rest of the team can model their behaviour according to what their supervisors or leadership team do. If values are not discussed and understood then they can't be woven into the fabric of the daily workflow. If communication is one way or there is no room for, or appreciation of, feedback a culture of clear and constructive communication is considerably harder to achieve.

Culture is made up of:

- Values
  Important and lasting beliefs or ideals shared by team members about what is good or bad and desirable or undesirable. Compassion is good, rudeness is not tolerated.
- Beliefs
  Assumptions and opinions that your team believe are true. The leadership team will always behave in a professional manner.
- Underlying assumptions
  Believing something is true without actual proof. Leaders always do the right thing.
- Attitudes

How we think or feel about something. Our leadership team are great, always there for us.

- Behaviours
  What you do and how you do it, your actions. The leadership team speak to each team member with respect.

Why is it important?

We've all heard culture being discussed in a variety of ways. Toxic culture or supportive culture or positive culture or good, bad culture. Even if we're not sure what we want our culture to be we generally have a bit of an understanding about what we don't want it to be. Taking an objective look at our culture can help us identify what's working and what might be contributing to a less than ideal way of working.

Your organisational culture affects:

- The decision making process
- How you go about implementation of new systems and processes
- How people interact with each other
- How our patients view us
- How our industry views us
- How easy or hard it is to implement change
- Whether we become an organisation of choice

How do we identify what our culture looks like?

Firstly, work out what sort of culture you have. Most managers will say they have a very positive culture or a great culture or a high performing culture. Most managers need to take an objective look around on a regular basis and get an understanding of what the reality of the culture is. Sometimes it is all of those things, but there can be a slow cultural shift that we aren't aware until something happens.

To check out your culture:

- The impartial observer
  Be objective, walk through your practice as a stranger and see it through objective eyes.
  What's really happening?
- Be mindful of interactions and emotions
  Are people happy, respectful, engaged, do they look each other in the eye?
- Is there evidence of personality, of soul?
  Is there artwork on the walls? Are the colours cheerful, calming, professional? Do staff have their own coffee cups? Are workspaces clean or cluttered?
- Where does the culture come from?
  Do you understand your practice's vision? Are there clear values? Are practice leaders in agreement? Has it just evolved over time? Have we inherited it?
- Ask!

What would staff say about the clinic to their friends? What would you change? What could we do better? Can I even ask these questions and get real feedback?

You may find that the culture is alive and well and beating as the heart of your practice. You might also find that what people say and what they do are in fact quite different and their actions and behaviours are no longer working in tandem with the vision for the practice.

How do we get a high performing culture?

A clear vision

We have to start somewhere on defining culture. This should be an agreed vision. Don't make it too complicated but make it directly from the heart and make it easily identifiable for people to relate their own roles to.

Common understanding

We all need to understand what the vision is, what the culture should be and that it is something we aspire to and want to be part of. Your team members should want to be at your practice because of what the practice stands for not just in the services you offer but in how your team are treated and how they treat each other.

Ownership and engagement

The more ownership individuals have, the more likely it is that they will actively promote the culture to others in the team. To engage your team, they have to be part of the process and feel that they are heard and respected for their input, their concerns and their ideas. Find some cultural champions, those people who define the culture and are proud of what they do, who they do it for and the way they do it. These people are the ones that will model ideal behaviour and will often call out negative behaviours.

Communication

If we don't communicate people will make up their own minds about what the culture is or should be. The Ritz-Carlton have for many years taken 5 minutes before the start of shifts to get employees to talk about a particular organisational value and how it affects what they do and the service they provide. This makes for daily reinforcement and makes those values come to life. Do the same sort of thing in meetings. Talk about how values impact the way nurses return phone calls, reception acknowledge patients, the practice manager keeps people informed of change. Have values readily accessible and have them in clear language that precisely describes them. Positivity is great, but examples of what that might mean makes it much easier for people to integrate positivity into their daily tasks. We say we want a positive culture. When someone asks us how we are today we respond with, "Excellent thank you", rather than "it's going to be a long hard day!"

Measure

Think KPI's, staff satisfaction surveys, make it part of your performance management. Get baseline data, quantitative and qualitative that allows you to see if strategies are improving or not. This might mean customer complaints or asking the leadership team to score aspects of the culture from 1 to 5. Break down the culture into components that are relative to your values. Positivity might be broken down into reception customer service such as acknowledgement of patients and management connecting with staff, asking them how they are going. Doctors giving positive feedback for jobs well done.

Acceptable V not acceptable

Be clear and be consistent in what is acceptable and desired behaviours. Don't complain about staff being rude and abrupt to patients if doctors are doing the same thing to staff. Your leadership team must be absolutely consistent in their behaviours that reflect the values of the organisation. Don't expect employees to behave like grown ups if you can't manage to do it.

I took over a practice that had been without a manager for some time. The culture wasn't ideal and it took me time and effort to rebuild it but it started to look and feel like positivity was coming back.

The director group had some factional infighting that annihilated what we had been trying to build. I felt like I had been building beautiful, intricate sand castles and then the king tide of my directors came and washed it all away. It almost broke my heart. I told the directors exactly that. There was some huffing and puffing but, in the end, they realised that whether they liked it or not their behaviours were always on trial, they were the role models.

It took a little while but now my sandcastles are bigger and better than ever, and I've built them well inland with plenty of rock walls protecting them!

Move in the right direction

Strategic and operational planning. Take time to put this into place, put resources in place. Good culture takes time to build and it will cost money. Accept that and absolutely believe it is worth it.

Training and education

Make sure that the person who embodies your culture best is the one to help train new staff. If you have a buddy system for new employees make sure they are learning the unwritten guidelines of behaviour from the best. Be clear from induction on. Be excited. Bring it in to practice meetings, think what professional development is needed to match actions, behaviours and beliefs with those values.

Review and evaluate

Culture changes, we have external and internal factors that influence it so take some time on a regular basis to check. Bad habits sneak in, the less than positive people have a way of making their presence felt.

Celebrate!

When things are going well, when targets are met or changes are implemented, let people know, be proud, celebrate our successes. Never underestimate the importance of telling someone they have done well, are appreciated and valued. The cost of a bunch of flowers, a cup of coffee, tickets to the movies are nothing in comparison to the gains by acknowledging those who help and support you and your practice.

Where do you start?

- Make a start. You know that elements of your culture have to change, so decide that the culture has to change and make a plan to do so.
- Pick something. You can only really attempt to change a few things at a time. So, pick one and go from there. Put a plan in place about where you are now and where you want to be. Think of it as like any quality improvement process!
- Hiring. If you are hiring, remember to include cultural fit in your list of skills, knowledge and attributes. Make that induction count, spend time to explain the culture.
- Rethink your KPI's. Do you answer the phone within 3 rings or solve a patient's problem? Which is more important?
- Put it in writing. Write down your cultural standards and check that your policy and procedure is relevant. Get stakeholder involvement.
- Ongoing reinforcement at meetings, performance management, newsletters.
- Work with people. Communication, collaboration, honesty and understanding go a long way.

Some terms you might find useful before we go much further

Most of these terms are more relevant to general practice but some will be familiar to allied health and specialist practices.

MBS Medicare Benefits Schedule

Doctors and other health professionals use Medicare item numbers to identify and differentiate between the types of consultations and procedures for patients that Medicare will rebate patients for. For example, an Item 23 is a standard consultation and an Item 36 is a longer consultation. To understand what Medicare item numbers are appropriate for use there is a list of medical services and the rebates available, the MBS, which gives explanations of the criteria for each of the items and how much Medicare will refund the patient. There are guidelines available for what item numbers can be billed together and what can't. Can the doctor bill an Item 23 consultation and an Item 11700 ECG together? Yes. Can they bill an Item 721 GP management plan and an Item 707 Health Assessment? No, they can't. Medicare rebates cover part of the cost of the consultation or procedure but the doctor has the right to charge what they think is fair and reasonable in a private billing clinic.

MBS online, mbsonline.gov.au, has a searchable function to check item numbers and to work out what item number should be charged, for example in the case of a lesion removal which may have a number of possible items.

Practice Incentive payments PIP

General practice is partially funded by the Federal Government through measures such as the Practice Incentive Payment. The PIP has a number of incentive components that practices must meet in order to receive the funding. The amount practices receive depends on the number of patients they see, what incentives they are eligible for and what they sign up to. The practice has to be accredited, or registered for accreditation, and ensure they are delivering on what is needed to be compliant. There are incentives for eHealth, indigenous health, provision of after hours care, and quality improvements as well as some procedural and rurality payments. The incentives do change over time but you will be notified either directly or through your local PHN. The PIP is a Department of Health incentive and must be applied for through Services Australia. There are areas for each PIP incentive that you must be compliant for. Make sure you are compliant for each area and you will be fine.

If all the criteria are met the payment amount will be dependent on the number of patient services delivered. The calculation is made based upon your SWPE, or standardised whole patient equivalent which is derived from the WPE or whole patient equivalent. Perfectly clear.
https://www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/practice-incentives-program/how-apply/guidelines

WPE

A Whole Patient Equivalent is more complicated than just the number of patients who are seen by your doctors over the course of the year. The WPE is worked out by calculating all general practice Medicare and DVA services. If a patient sees the doctors at Fluffy Bunny Healthcare most of the time but on occasions will go to Smiley Unicorn Medical their total number of healthcare services across the two practices are considered. The patient may have 90% of services from Fluffy Bunny and 10% from Smiley Unicorn. That means that their WPE is 0.9 to the Bunny and 0.1 to the Unicorn.

SWPE

The Standardised Whole Patient Equivalent takes into account factors such as age and gender (as the use of medical services varies quite a lot for most people from across their lifespan and there are differences in the way male and female patients access health services as well) and weights them. This means, for example, that a 65 year old female might have a different SWPE value than a 25 year old male. The SWPE figure is the one referred to in PIP and WIP calculations. Your clinic might have 5000 active patients but the SWPE might be 3200.

WIP

Workforce Incentive Payment. Practices are paid depending on the SWPE, the location and the number of hours the nurse or other specified healthcare workers are employed for. The workers must be employees not contractors.

The practice stream is an incentive payment to encourage the employment and utilisation of practice nurses, eligible allied health professionals and Aboriginal and Torres Strait Islander Health Practitioners and Health Workers. The WIP must also be applied for through Services Australia. There is also a doctor stream, paid directly to them, as an incentive to encourage doctors to work in rural areas.

There is a requirement with the WIP to fill out a Confirmation Statement, either sent to you or available online through PRODA (Provider Digital Access). This is to confirm the number of hours your nurses etc are employed for and who those nurses are.

PIP/WIP Quarters

The payments for PIP/WIP are paid quarterly. The quarters are not the standard ones!

- February, March, April — PIP/WIP paid end May
- May, June, July — Paid end August
- August, September, October — Paid end November
- November, December, January — Paid end February

Any requirements for the quarter, for example PIP QI and eHealth summary uploads, need to be completed before the end of each quarter for payment.

Modified Monash Model (MMM) 2019 geographical classification

Practices are classified, from 1 to 7, according to whether they are located in metropolitan, regional, rural or remote areas. The MMM's purpose it to help attract health practitioners outside of the major metropolitan cities such as Melbourne and Sydney by targeting health programs in the more regional and rural communities. As an example, a rural community, classification 4, will draw more funding through the PIP incentive (rurality payment) than a practice in metro 1.

Distribution Priority Area (DPA) and District of Work Shortage (DWS)

The DPA classification identifies area with a lower number of GP services available in comparison to benchmarked data. It looks at MBS billings, socio economic status, remoteness (MMM area). International medical graduates (IMG) must work in a DPA area to be eligible for Medicare. MM 2 to 7 are automatically classified as DPA.

DWS refers to an area that has less than the national average of FTE specialist medical practitioners and has a remoteness area (RA) classification of RA3 to RA5. Overseas trained graduate specialists may need to work in a DWS location to bill using Medicare. This encourages more specialist doctors

The Health Workforce locator is an easy to use tool that helps you identify what area your clinic may be in in relation to the various classifications. https://www.health.gov.au/resources/apps-and-tools/health-workforce-locator

HPI-I Healthcare Provider Identifier

There is a national program related to the My Health Record system that allocates a Healthcare Identifier number to practitioners involved in patient care, organisations and individuals and ensures that the correct health information is associated with the correct person. The HPI-I must be recorded on the practice clinical software before the practitioner can upload or view a patient's My Health Record.

The HPI-I is sent to practitioners with their initial AHPRA registration but if this has disappeared (or been filed by the practitioner in a safe place) they can contact AHPRA on 1300 419 495 and get their number or alternatively call any other practice they have worked out who should hopefully have the number still on record.

Provider numbers

Health practitioners are also issued provider numbers (different to HPI-I) to allow them to work with the Medicare program. This number means that patients can claim Medicare refunds for the services the practitioner provides. Provider numbers are location specific, so if your GP works at more than one practice, they will have more than one provider number. PIP payments are also linked to the services provided by that specific provider number. Generally, they do not expire however if you have a registrar the number will most likely have an end date so make sure the registrar checks and lets you know if and when the provider number expires. It is up to them, if they are continuing to work at your practice beyond the original dates, to extend their provider number.

Provider numbers are issued by Medicare. They can be obtained by filling out the appropriate form and forwarding it to Services Australia or the practitioner can log onto their PRODA account. It is much quicker to apply through PRODA, particularly if it is an additional provider number for another practice. This is usually available immediately.

My Health Record

This is a summary of a patient's medical record uploaded into the cloud and accessible by doctors and hospitals. The system is now "opt out" so anyone with a Medicare card will have a My Health Record unless they have chosen to opt out.

General practices (if they want the eHealth PIP payment) have a requirement to upload a certain number of electronic health summaries, 0.5% of SWPE. This is one component of the eHealth PIP payment, the others include secure messaging, data recording/clinical coding, electronic scripts and integrating healthcare

identifiers. The eHealth requirement isn't particularly onerous, a medium size practice might have 4000 SWPE which equates to 20 health summaries uploaded per quarter. However, many practices still struggle with these smaller numbers and are desperately uploading consented health summaries on the last day of the quarter.

Nurses and doctors are able to upload health summaries, with the patient's consent, and it may make more sense in your practice to delegate this to the practice nurses. Your nurses are always busy so making it a part of the conversation with patients during health assessments and GP management plans might be the best option. Might also be best to schedule reminders for the practice manager to check how the nurses are going at the end of the first month and hopefully they will all be done. That should be the goal, getting them done early. If the doctors are uploading the health summaries, then allocate them a particular number or allocate particular doctors to upload and again, schedule a reminder to check how they are going.

More info
https://www.myhealthrecord.gov.au/for-healthcare-professionals/general-practice

MyMedicare

MyMedicare is a voluntary program where patients register with a GP through a formal Government registration process. The idea is that continuity of care, seeing the same GP or going to the same clinic, will improve health outcomes. Makes sense. There is some additional funding available for GP's such as longer MBS funded telehealth bulk billed consultations and some triple bulk billing incentives as well as a connection with chronic disease management patient care. This program is still in the growth phase and changes will occur over time. Keep an eye on the website and information coming from industry assoications to keep up to date. https://www.health.gov.au/our-work/mymedicare/about

Patients can register online or practices can register for them. As there is likely to be more links between funding and registered patients it is advisable at this stage to make a determined effort to get patients on board, particularly those with chronic disease as that will be a focus come mid 2025.

AHPRA Australian Health Practitioner Regulation Agency

AHPRA is the regulating body for all health practitioners in partnership with the national boards, for example the Medical Board of Australia for doctors and Nursing and Midwifery Board for nurses. Practitioners must be registered with AHPRA. The general public can access registration details of practitioners, put in a complaint about a practitioner's behaviour or the way in which they practice. AHPRA also regulates the way in which practices can advertise and market their services and practitioners. Their prime purpose is to protect the public by setting and regulating the standards of practice and professionalism that all health practitioners must abide by.

PRODA Provider Digital Access

PRODA is how you securely access online services such as HPOS. It is a similar idea to the two step verification process that you might use when logging into your bank account for example. The set up is similar as well using identity documents such as passport or driver's licence and setting up answers to security questions. Services you can access include, Medicare, AIR, PIP, WIP and HPOS.

HPOS Health Professionals Online Services

HPOS is the online portal used to access all things practitioner and practice related in Services Australia including Medicare, My Health Record System, Australian Immunisation Register, PIP and a host of others. You can check patient Medicare details, check MBS items such as if a Item 707 Health assessment has been billed by anyone in the past 12 months and even check MyMedicare registrations.
There is an eLearning module available HPOS - eLearning - Health Professional Education Resources (servicesaustralia.gov.au)

AIR Australian Immunisation Register

The AIR is the register that records vaccinations given to patients such as childhood immunisations. Patients have access to their immunisation history but only practitioners like doctors and community health nurses are able to update the AIR. Practitioners access AIR via PRODA and can upload vaccination details directly through your practice management software e.g. Best Practice, Medical Director, ZedMed etc or through the AIR website.

The recording of childhood vaccinations on AIR is important so that families have access to child care and government payments in a timely fashion and the government health authorities can use the information to develop public health programs.

DVA Department of Veterans' Affairs

The DVA supports those people who have been in the Australian defence forces and their families with a variety of programs, resources and supports. In relation to healthcare providers the DVA are billed directly for care and taxi's can also be organised to take patients to and from medical appointments if needed.
DVA patients may have either a white, orange or gold card and each has different entitlements to DVA funded healthcare.

The Veteran White Card covers specific, accepted service related injuries or conditions as well as all mental health and some cancers. The Veteran Orange Card gives concessional rates for things like prescriptions but not medical consultations or treatment.

The Veteran Card is designed to cover most medical treatment.

TAC Transport Accident Commission (VIC) CTP (SA, ACT), ICWA (WA), MAIB (TAS), MAC (NT), MAIC (QLD)

In relation to primary healthcare if someone has been injured in a transport accident their state's transport accident organisation pays for their treatment. This is funded in part by our vehicle registration. Using Victoria's TAC as an example. The TAC are invoiced directly. There is a cloud based payment system called Lantern which charges a small fee but you can find out instantly if the account has been approved and if so, it will generally be paid the next day.

Doctors wanting to treat TAC patients must be registered to provide services. The registration process is simple and online and can be found at www.tac.gov.au Other states have similar requirements and processes.

WorkSafe (VIC, TAS, ACT, NT and QLD) WorkCover (NSW, WA), SafeWork (SA)

If you are injured at work or have a work related illness, your state's workcover organisation will pay the reasonable costs of treatment. Agents are appointed by workcover to manage insurance for employers and claims from employees Employers can choose which Workcover agent they want when they register for workcover insurance.

Doctor's see patients and will assess if the patient is unable to work, can work with different duties or can return to work fully. People injured at work or with a work related illness report the matter to their employer. They then fill out a claim form and lodge with their employer and if accepted by the agent they receive a claim number that goes on their invoices for payment. The worker may be eligible to receive weekly payments if they are unable to do their normal job so they go to their doctor to get a Certificate of Capacity.

From a practice point of view, you need to be aware that some workcover claims are disputed so even though a patient says their injury or illness was work related it doesn't necessarily mean that the employer or agency will pay it. Some practices request the patient pay the account themselves and claim back from their employer.

PHN Primary Health Networks

PHN's are a government funded set of organisations across Australia that are in place to improve the way in which patients can access primary healthcare. From a healthcare practice point of view the PHN's are there to offer support in the form of resources and education that help to deliver better health outcomes and patient care.

The PHN's are there to help so any new managers should contact them, get on their database and you will then be kept up to date with what's happening in the world of healthcare that we should know about. The extent of assistance may vary from PHN to PHN.

Business structures and structures within the business

Business structures are the ways in which the business is set up. The set up determines how tax is paid, where legal responsibilities lie and how the business is run.

Sole trader

A sole trader is the simplest structure and it enables you to have full control over your business decisions. You may find that some healthcare practitioners are sole traders but practices themselves are not.

Partnership

This is where 2 or more people own a business together. Again, not normally the way healthcare practices are set up.

Company

Companies are separate entities from individuals which means the company becomes the legal owner of the business. Healthcare practices can set up companies which then acts as a trustee for the business.

Trust

This is a common healthcare set up. The trust provides a greater level of protection for the people who actually own the practice.

If you want to know more about business structures, https://business.gov.au, is a great place to start.

How does it affect you as a manager?

Well, the tax and reporting requirements differ between structures. The practice accountant is normally the person who has the understanding of what needs to happen when, so a meeting with them is key to being clear on what your actual responsibilities are on a day to day basis. They may prepare the tax and just get you to pay it or you may need to do the reporting. Find out from them and if you aren't sure what to do, let them know and get all the training you need to feel confident.

Structures within structures

In healthcare practices you will generally find that each practitioner is a separate entity and runs their own business. They most likely have their own trusts set up and operate independently of the clinic they work out of. They pay a fee to the practice for the use of reception, software, etc. This is called the service fee. The actual status of practitioners has been a discussion point for some time and the Australian Tax Office has invoked the spectre of payroll tax that is forcing many practices to look at the relationship between independent doctors and the practice. The best advice is to make sure your practitioners have service agreements drafted up by a legal representative who understands the workings of healthcare and the

complexities that surround us. Having an accountant who is familiar with how the system works is highly advisable, accounts need to be set up correctly to reflect the service agreement nature of the relationship.

When you start at a clinic, check the service agreements and when they were drawn up. If they are more than a few years old it is probably worth checking that they still offer protection to all involved. This applies to allied health as well as doctors working at your clinic.

If you have a registrar, a doctor who is doing their further training in general practice, they must be employees and have a contract that specifies this and includes terms and conditions. The GP Supervision Association (GPSA) or GP Registrars Australia (GPRA) organisation can direct you to where to find a relevant employment contract. However, when the registrar completes their training, passes their exams and gets their Fellowship of the Royal Australian College of General Practitioners (RACGP) or Fellowship of the Australian College of Rural and Remote Medicine (ACRRM) they will usually then change over to a service agreement.

Some practices employ all GPs rather than have service agreements, it is an individual practice decision.

Reception, admin and nursing staff are usually all employees. Relatively straight forward!

Managing Financials

As practice manager you will have some level of responsibility for ensuring that the practice is financially viable, able to pay its bills and pay its people. The first recommendation is to develop a good relationship with the practice accountants and/or bookkeepers. Understand what their level of responsibility is and what yours is. Some PM's will work out BAS themselves, others will have the accountant or bookkeeper do it and then just arrange payment. Some accountants will help you work out leave entitlements or check long service leave for you, others will simply do the practice tax and not be seen or heard from for the rest of the year. Be clear on what happens at your practice.

You will need to understand how to set budgets, monitor cash flow, read profit and loss statements, reconcile bank statements and a host of other financially related areas.

How general practice is funded. Where the money comes from.

General practice is a service industry. There are a number of income streams for general practice.

Patient payment for services

We go to the doctor and pay for our consultation or procedure and then we mostly get money back from Medicare or Medicare pay the full amount, bulk billing. In most cases doctors are not employees so you are

paying the doctor directly and then the practice take a percentage of this as a service fee for the practice providing resources such as staffing, equipment, supplies.

If a doctor is an employee, then the practice will pay them some form of salary or wage and keep the rest of the income from patients.

Service fees

The doctor pays the practice for the use of the resources. The practice usually takes between 30 and 40% of the doctor patient income as service fee. This is the equivalent of the doctor renting the room and all the administrative and clinical services and paying a set percentage of what they earn.

Treatment room fees

This is income that comes directly from patients to the practice. Examples of this would be the cost of vaccines, dressings, suture kits. In most practices the practice itself will receive the income from these items.

Co-location

Pathology collection centres is the most common example. The pathology company pays a rent to the practice for the space that they rent within or attached to the practice.

Other health practitioners

Practices may also rent rooms or have a service agreement with allied health providers. This means that the medical practice has services associated with this, a one-stop-shop. This might be a fixed amount per session worked or a percentage of billings or income of services billed.

Corporate health

The practice may provide services other than the traditional patient doctor consultation. They may do all the pre-employment medicals for companies or go onsite and provide annual flu vaccination. Corporate health is not generally claimable from Medicare but paid by the company itself.

Clinics within the clinic

Practices may have GP's who have had further training in areas such as skin cancer and they may set up clinic times specifically for those patients. The advantage of this is that it takes the process away from the inclusion in general consultations and still keeps the service within the practice.

Government incentive payments

The Federal Government in Australia provides incentive payments for doctors in general practices to provide certain services to patients. For example as we discussed earlier, if a practice employs a practice nurse the government will help with this funding through the WIP. Most of the government incentive payments are based upon the number of healthcare services provided to patients and then allocate funding proportionately.

In return the agreement is that practices will employ nurses for a certain number of hours a week to ease the burden of primary healthcare and to help in the provision of preventative healthcare.

Other incentive payments are related to the number of eHealth summaries uploaded and the continuous quality improvements.

Grants and Tenders

From time to time there are grants available for medical practices to apply for. This can be an additional source of income generally tied up to the delivery of services, infrastructure or equipment. Grants applicable to medical practices are often Government funded in some way or another. There is also the possibility of tendering for the provision of particular services relevant to your field. Your PHN will often have notices about grants or tender opportunities.

Where the money goes

Under the service fee model the practice pays for the resources that the doctors use.
That 30% or so (and whatever secondary income you have) has to pay for:

- Staff wages and associated costs such as superannuation which are generally the greatest expenses
- Taxes such as payroll and general business
- Rental unless the building is owned by the practice
- Medical supplies including vaccinations, single use instruments, treatment room costs
- Office supplies like stationery
- I.T. which includes hardware, software, servers or cloud based costs, updates, general maintenance
- Insurances
- Workcover for employees
- Legal fees (setting up contracts etc)
- Accountancy for the business
- Cleaning
- Compliance costs (Accreditation for example)
- Utilities
- Services (everything from consultants to the window washer)
- Loans

How services fees are calculated

A quick word on the calculation of service fees. Generally, there will be a set fee that the practice charges for use of services and facilities. This will be set out in the Service Agreement and may have several levels to it.

In the Fluffy Bunny Healthcare Practice, the service agreement specifies that the practitioner will pay to the practice:

- 30% of all patient consultation items income
- 50% of all nurse led care plans and health assessments income
- 40% of all procedures income
- 20% of all reports income

The more a practitioner earns, the more the practice earns.

Understanding the financials

The depth of financial knowledge required for a practice manager varies from clinic to clinic. It is important to at least have a level of understanding that allows you to know where the clinic is financially, to be able to accurately measure if the business is running at a profit or loss and to discuss these matters with the practice owners and the practice accountant in an intelligent manner. You also need to know enough so that you can notice any discrepancies and be able to investigate them and understand what's been happening. This is where you have enough of an overview that you'll be able to notice if something "doesn't look quite right".

Reports

Your financial software has a series of reports that you should be aware of and be able to discuss with the practice owners and with the accountant or financial advisor.

An introductory course in accounting or book keeping can be of real benefit, keep an eye out for free online training from places like accountancy firms, banks, small business government organisations and tertiary education organisations. You don't need to be an accountant, but an understanding of the principles will make life easier.

Key Performance Indicators (KPI's)

A KPI is basically a measurement of how well, or otherwise, your practice is performing. KPI's are valuable throughout the organisation, often used in performance management, and are very useful in understanding where the business is sitting financially in relation to the goals that have been set.

KPI's flow on from the operational goals of the practice. What does your practice want to achieve? Fluffy Bunny Healthcare wants to become more profitable. The next step is to consider how this might be done. One of the strategies they believe will work for them is by increasing the number of active patients they will increase their profit. That's great but how will they make that work? There needs to be strategies put in place to enable this. They then decide that if they have more new patients this will increase the overall number of patients and then profits will increase. They decide to run a social media advertising campaign but how will they know if they are successful or not? A KPI to measure performance would seem to be indicated!

They decide to measure the number of new patients that come to the practice for a month after the campaign launches. This tells them how many new patients are coming to the practice but does it tell them anything else? It's important to have something to compare the data to. A performance can only be improved if you know where the starting point is so they will need to know how many new patients they get per month for the preceding 12 months or so. (In some areas new patients are seasonal. In Summer coastal practices get an influx of tourists but they may not necessarily be permanent patients. Some practices notice a greater number of new patients when school goes back and the word of mouth advertising starts again)

Secondly, how will that tell them if more new patients equate to more income? They have to put in place another KPI to measure the increase in income. The second KPI will measure the total billings.

The thing with KPI's is that they have to be useful to you. I can measure the number of new patients per month or room capacity or income per practitioner per hour or anything at all really but if I don't have a reason for measuring it and don't have a reason for analysing the information then it can sometimes become a lot of work for no useful reason. Make sure you are clear on your KPI's and reporting and make it useful for you and your practice. If you aren't sure how to utilise the information or what good it can do then talk to other practices, your accountants, the directors and find out how best to use the information you collect to improve your practice.

There are some great software programs available that make life easier but it is still important to understand two key ideas. What are you going to measure and what use is it to you?

Keeping expenses in check

Auditing your expenses on a regular basis can stop budget blowouts. Medical supplies are a key one to regularly check. Your medical supply company might give you a great deal to start off with but then over the course of the year prices go up and so do your costs. You may find it better to get your private vaccines from one company and your general medical supplies from another. If you have more doctors working then yes, your costs will probably go up as well. Be mindful what you should be paying and what you are paying. Also be mindful that you want a better deal but without losing quality of service. Encourage your nurses to keep an eye out for special deals, a good price on flu vaccines that is $1 cheaper per vaccine adds up when you might do upwards of 3000 per year.

Budgets

We hear about budgets all the time. Stick to our budgets, blown our budgets but what does a budget mean in your medical practice? Basically, a budget is a plan that you put in place for your financial security. You can't spend more than you earn and still hope to meet all your commitments. A budget shows you all your expenses over a period of time, often a year, both fixed and variable. Fixed costs are things like rent and insurances and variable costs are things like wages. Then you look at your expected income over the same period. The goal is to have more income than costs. You also need to consider how you will finance new

equipment if needed or manage wages if you have a staff member who has long service leave accruing. Your accountant can help you set this up and set up your accounting software to help you keep track.

> *My budget isn't very complicated. We have money coming in and money going out and I know which months the big bills are due and which months we are traditionally lower in income because doctors are taking more holidays. I sit down with my directors quarterly and we go over the budget. We had a big blow out of wages expenses in July but I was able to explain that we had accreditation build up plus a new nurse and a new receptionist (July was a BIG month!) and with training etc the wages were considerably bigger than budgeted for. I think the important thing with your budget is to be able to identify why things aren't going as budgeted and either adjust or explain.*

The debtor list

Most private and mixed billing practices expect their patients to pay on the day. A privately billed consultation is paid, sent electronically to Medicare and the refund ends up in the patient back account within a day, most times a lot less. Third party payers such as Workcover or TAC can be slow to pay depending on where the patient claim is at in the system for example. The majority of your debtor list will generally be these third parties rather than the patient themselves, if your practice makes them pay on the day. With the advent of Telehealth making sure that you take advantage of the various methods of getting people to pay electronically is a particularly good idea. Otherwise, make sure your team call the patients as soon as possible to get payment and to stop that debtor list from blowing out.

Some practices will use debt collection agencies to follow up private accounts, the decision is yours.

Bulk billing V mixed V private billing

Bulk billing is when the doctor direct bills Medicare and accepts the Medicare rebate as full payment for the services. This is done electronically and the patient doesn't need to pay themselves. Mixed billing practices might bulk bill patients who have a pension or health care card or bulk bill children under 16. Private billing practices bill the majority of their services directly to the patient. They may have a reduced fee for pensioners or for children or they may not.

Doctors have the right to bill individual patients as they see fit. If seeing a couple of family members at the same time many doctors will privately bill Mum for example and then bulk bill or offer a reduced rate to the children. Childhood immunisation is also bulkbilled.

One of the considerations in a private or mixed billing clinic is to check the level of bulk billing from each of the doctors. You may be a private billing clinic but you find that one of your GP's actually bulk bills 70% of their patients. Sometimes you might just need to show them the report so that they understand how little

they are actually privately billing and then they can make informed decisions about whether to continue with their current billing policy or make some changes.

To get them to understand more fully you might try a more practical role play. You are the doctor and they are the patient. When they get up to leave you open your wallet and hand them a $50 note. This is basically what your doctor does each time they bulk bill someone who would normally be privately billed by another doctor.

> *We have a number of patients who, for whatever reason, are bulk billed by the doctors. It drives reception crazy to see the patient drive up in their Mercedes having just come back from their expensive holiday and then the doctor bulk bills them. When I asked them why they bulk billed these wealthier patients they didn't know, "We've always done it". I gently pointed out that they had every right to bulk bill whoever they liked but if people are able to pay then we have the ability to bulk bill or offer reduced rates to those people who may be struggling. It took time but eventually the doctors started valuing their time and expertise and implemented more private billing. Reception in particular were pleased.*

Compliance

Compliance seems to take up a very large proportion of the practice manager's day. We need to be compliant with the legislation, industry standards, Medicare, FairWork, Workcover, PIP/PNIP and Accreditation, just for starters! The excuse that you didn't know that you were supposed to do something a particular way doesn't really work when your practice is being audited by some group or another. There is a lot to get on top of and understanding the fundamentals of compliance and risk management is key to minimising stress for you and for your business. From making sure the doctors in your practice are billing correctly to knowing when a privacy breach becomes notifiable to working out what to pay your staff if they work Sundays you will need to know what your responsibility is, what you need to put into place to minimise risk and what you need to do in order to do the 'right thing'.

How do you know if you are compliant or not? Make sure you have membership of industry groups such as the AAPM and sign up to government organisation newsletters and updates such as Workcover and FairWork. There are a number of reputable HR organisations that will keep you up to speed with what you need to know about staff issues and will keep you up to date with any changes that may impact your team.

> *The best advice I ever got about keeping up with all the laws and guidelines that surround us is to subscribe to the e-news from a variety of organisations and actually read them! I forgot about the second bit and then missed a key update for my staff Awards. I sorted it out after a friend was talking about the additional fun of updating payroll but I never forgot how easy it would have been to underpay my staff without realising. I took to reading every word of every email for a while and then realised I just needed to skim through, 20 seconds tops, to see if there was anything relevant. Keeps me up to date and anything I'm not sure about I make sure I follow up with my networks.*

If you come across webinars or courses that help you have a better understanding of what you need to do and how you need to do it then make time for them. We often hear managers saying they are too busy to attend networking events or watch a webinar over lunch. Trust us, it saves more time in the long run to be informed and up to date!

Professional Development and Networking

While we are on the subject let's have a closer look at professional development and networking. Managing a health care practice is not a static job. Change happens continually and can often be thrust upon us by external forces (Government instituted change is a biggie here!) or by the development or growth of our services. Never, ever stop learning professionally. How and where you learn is up to you but make a plan now. Sit down with your job description or the checklist of what you need to do in a day, week, month or year and honestly think about how you will educate yourself to do the job and to do it well. What areas of your repertoire could use some refreshing? What areas are you not so confident about? What do you want to learn more about? How will you do it? Work out what format will suit you best and then do some investigating to find what you need.

Knowledge is never wasted and it will surprise you the breadth of knowledge you will need for the job of practice manager. Start now and make time and energy for education. Reading this guide is a good start, congratulations!

Many of the educational events will have an element of networking associated with them and your network is going to be incredibly important. The role of Practice Manager can be an isolated one so connecting with your peers will provide support and knowledge. Practice Managers are a friendly and helpful bunch, take time to become one of the group and invest time in keeping in contact with those who support you and whom you support. You will love having someone who absolutely understands what you are talking about!

Time to talk 'People'

We now have worked our way to people and what you need to know about managing them. Human resources is a huge area and we'll touch here on some of the big topics but further education and study in this area is key to managing your people well, managing them responsibly, and with an eye to the legislation.

Finding the right people

At some stage you will find yourself in a recruitment phase, whether it be for reception/admin staff, nurses, doctors, other practitioners or even a practice manager to replace you! The general process is recruitment, selection, induction and management and getting it right at the start can do wonders for making it right in the

longer term. Take time to think about the skills that the person needs, think about what you can and can't live without and think about how they will fit into your practice. We can train people to use the EFTPOS machine and bill a consultation but it can be a lot harder to teach someone how to be a good communicator or how to deliver compassionate but efficient customer service. Every practice is different and skills, knowledge, qualifications, attributes differ from one job to the next as well as from one practice to the next. Get the team together and ask them what is needed to fill the role. You may be surprised that what you think is absolutely critical in enabling the new person to do their job well might not even be on the radar of their prospective colleagues or your practice principals.

When you know what you want and you move to the recruitment phase be mindful that this is not generally an overnight happening. Running an advert for a couple of weeks, then scheduling interviews might be 3 weeks or more. Then they have to give notice to their old job. If you have someone who has been working in the same role for years they may have to give 4 weeks notice so you have already lengthened out to 2 months or so. Getting them up to speed can take another X number of weeks depending on the role and the level of experience of the new person, who is available to do the training etc. You might have to put into place contingency plans to manage the understaffed area for a period of time. Things to factor into the process. Where you advertise and how you advertise depends again on the role. Apart from the online employment sites you might look at social networking sites, organisations like your local Practice Health Network, your website and making sure you just ask around. More than one practice nurse has arrived because your existing clinical staff know of someone who would be perfect. Think laterally and if you get lots of applicants and the choice to shortlist is difficult, this is a good problem to have. Really importantly, contact everyone who has applied. I like to let them know I have received their application and phone those who you shortlist for interview. I email the ones that haven't been shortlisted and let them know as well. Once you get to the interview phase and have your perfect applicant all referee checked and ready to go call those who were interviewed but didn't get the job and let them know. It's hard looking for work and disappointing if you don't get a job you want, it's our job to at least let them know what's happening.

The interview process should start with an up to date position description and a set of selection criteria. From this base your questions and put together some form of ranking scale so you have a reasonably objective framework from which to base decisions. If someone scores 27 and someone else scores 12 then it becomes easy to justify your decision. Make sure you have a couple of people interviewing to get different points of view and to minimise subjective bias.

Once the decision has been made then a strong induction is vital. People need to know what they are supposed to do in order to do it well. If further training is needed, invest in this. If they are really good at something let them know, provide support and feedback regularly. Don't forget to support the person or people doing the training and induction. It's not easy training someone else and still getting your own work done, this is a great time to acknowledge your people and make sure that if they need help they get it.

Managing Performance

Performance management is something that you need to do from day 1 and not just rely on the annual performance reviews. You will need to manage people who aren't doing their job to the expected level and people who are working at a much higher than average level. You will need to plan for difficult conversations, be current with what you can and can't do in relation to managing under performance and possible termination of employment and know how to get the best out of your team. If you are new to your practice then having a plan from day 1 (or at least week 1) might be your best plan. The team will be used to being managed in some format by the previous manager so getting an understanding of how this happened will be a good starting place. Working out what works best for you and your team will be the next step. People work best when they are acknowledged for doing their job well, or even for doing aspects of it well.

> *Like most practices we have a team that are varied in the level that they do their job and what they are good at. I have a receptionist I inherited that the others all said wasn't pulling her weight. I checked her out and found that yes, she wasn't pulling her weight with the admin but she was heads above the others in terms of customer service. When I spoke to her about how good she was at this and got her to give some tips at one of the meetings she then started to work better in the other areas as well. Win-win.*

People also respond well when an underperformance issue is addressed early. Not only does this work best for the person in question but the rest of the team appreciate it when they know that you won't look the other way when the more difficult situations arise.

The key with managing people is making the time to do it and have the understanding of how to help people to do better. If you struggle in these areas yourself and aren't sure exactly how to get the best out of your team then look at how you can improve your performance through training and education. If in doubt about what to do in specific circumstances, particularly in relation to what appears to be an underperformance issue then get some professional advice from HR advisors or Fair Work.

Managing patients

Patient management is similar in some ways and miles apart in others from normal customer service. For a start your customers are generally not well, they are worried about something or someone or in for something routine which they hope will be quickly and easily sorted out. They hope. They put their trust in your practitioners to do what is best for them, to care for them and the people they love and to make them feel better. This is considerably different set of circumstances from buying shoes or a meal out. So, what do you need to consider here?

The majority of people have good relationships with their healthcare team and are happy for the occasional practitioner running late or fee increase. They understand that your reception staff are dealing with phone calls and other patients waiting, doctors needing things immediately and will take that into account. However, even the 'best' patient can be waiting for some test results they aren't sure about or worried they will have to take time off work when they have no sick leave left. They can show some difficult patient behaviours and your job is to manage them and keep your team safe, as stress free as possible and showing great customer service in difficult circumstances.

How do you do that?

Provide the best possible journey for your patient. Make things as easy as possible for them from accessing your website information to booking an appointment when they need one. Listen to their feedback, actively seek it out, deal with complaints in a timely fashion and listen, really listen to what that complainant is saying about your practice. People want to be heard and feel that their concerns are being taken seriously, regardless of whether it's a team member or a patient. The same rules apply. Listen and make sure you are certain that what you are hearing is what they are saying and then determine what you are going to do about it. It might just be that talking to the patient is enough, acknowledging their anxiety or concerns is all that is needed. It might be that you will need to take action to fix a problem with your processes or systems or your own people's behaviours. The majority of time people give feedback because there is something that they want fixed and your job is to assess whether that is a reasonable assumption and if so, to set in place a plan to 'fix'. Sometimes it isn't something that can, or needs to, be fixed. Be aware of that and manage your feedback with respect.

Patients are great. They are what we are there for and the reason we go to work. Without them, we don't exist.

We do need to acknowledge that there are occasions when things go wrong and the patient decides to take things further than a complaint to the practice. These things happen. The practice or practitioners may be at fault, or they may not be, but your job is to manage the reality of the situation and manage your people as well. When complaints turn into possible legal action this is incredibly stressful for everyone concerned and the Practice Manager is often the person who has to deal with the situation and also with the stress both for themselves and for those affected. Your medical defence association will be the ones that take over the situation and you need to work with them to help them sort things out as quickly and calmly as possible. That's what they are expert in and that's what we pay them for.

Managing Risk

Risk management is basically making sure you are compliant with everything you need to be compliant with. It's doing things correctly and to industry standards and using best practice guidelines to deliver the best possible healthcare. Risk is the chance of something happening and how severe the consequences may be

to your practice. It may be low risk that an incorrect vaccine is given but the serious consequences to the patient and the practice are high.

The manager's job is to oversee all of this and to work with the team to identify risk, analyse possible harm associated with the risk, evaluate options to eliminate or minimise risk and then put a risk management plan in place to make sure risk is monitored and risk management systems and processes are doing what they need to do. When we look at risk, we look at what's happening within our practices but also look at the external factors that can impact us. Covid-19 is a prime example (that none of us really were prepared for!) of a situation thrust upon us that affected almost every major aspect of our practices from our people to our patients to our bottom line. We probably can't ever eliminate all risk from our practices, everything we do has an element of risk, the possibility that something may go wrong, but we can minimise the impact as much as possible.

We want to keep our patients safe, our people safe, our business safe and our community safe. Risk management is about assessing the factors that may impact safety and doing something about it. Having robust policy and procedure in place and managing systems and processes will give you the best chance of minimising risk. The accreditation process helps practices to understand what they need to do to protect their practices while delivering quality care.

Accreditation

Accreditation is the process that general practices go through every 3 years that makes sure that our practices are working at a level set by the standards of the Royal Australian College of General Practitioners (RACGP). Practices don't have to be accredited but government incentive payments are linked to accreditation status and even the ability to host registrars is dependent upon your practice being accredited.

The key thing about accreditation is that it is aimed at making sure general practices deliver services at an acceptable level and appropriate guidelines and regulations are adhered to. It covers all sorts of aspects in your practice from the clinical records to how the vaccines are stored to the performance management process. To pass accreditation the practice needs to meet the standards required and be able to provide evidence of this. The main way of doing this is to have policy and procedure in place and for everyone to understand what they need to do and why they are doing it.

For the new manager that hasn't come across accreditation before or hasn't been heavily involved it can be a bit daunting. When you start a new job make sure you check when accreditation is due. When you have time check how current the policy and procedure is and put a plan in place to get from where you are now to where you need to be, that is meeting each and every one of the RACGP standards. The accrediting bit involves a couple of surveyors, usually a GP and a Practice Manager. You will do a self assessment or upload documentation prior to an arranged visit. The surveyors come to the practice, look at clinical records and your systems and processes, talk to a GP, nurse, reception and manager and then let you know if everything

is compliant. If you haven't managed to get everything right then they will let you know what you need to do and by when. Your accrediting body will give you lots of help and every practice manager that you know has done it before and can give you some pointers as well.

Accreditation is a good thing; it helps us make our practices better and that's what we all want!

> *My first accreditation was within 3 months of me starting and the previous manager had been off sick for some time and hadn't been able to get things sorted as he would have liked. We got the team together, allocated tasks, gave them protected time and got ourselves sorted. We did have a couple of non-compliances on the day but that wasn't the end of the world. The feeling of accomplishment when we got that certificate was fantastic.*

Practice Manager, Practice Leader

Practice Managers are key to the leadership of our practices. We are often the face of the leadership group and the one that everyone else looks to as the role model on behaviour. Good leadership is an incredibly important factor in how well our practices run and is key to getting the best from ourselves and our team. You can learn to be a great leader, it just takes practice and commitment.

> *Practice management is about the day to day running of the practice, about getting things done. Practice leadership is about building a culture, about caring about the practice and the people in it, it's about building a vision and building a team.*

To develop our leadership skills, we need to:

1. Understand the vision of the practice and how to move toward it.
2. Learn how to communicate well including how to listen.
3. Understand our people, what motivates them and what they need from us as manager and leader.
4. Empower our people to do what they need to do.
5. Identify our own skills and knowledge and work on what we need to improve.
6. Know when to manage and when to lead.
7. Create a vision of the future that inspires others, that influences others to motivate themselves.
8. Focus on building trust and respect, show integrity and fairness.
9. Set clear goals and encourage and inspire people to reach beyond the goals.
10. Think empathy and accountability, respect the ideas of others.
11. Be ready to mentor and coach as needed.
12. Develop strong networks that we can learn from and that we can provide support to.

Our practices will not run well without managers, but they will run better with managers who are leaders. Management is operational. Leadership is about the ability to inspire, influence and enthuse others.
As Practice Manager we can manage our people to improve performance, as leaders we can influence our people to want to improve performance.

One last thing

If you ask Practice Managers for advice for the new manager, you'll get a wealth of fabulous ideas including:

- Understand what it is you are supposed to do, be clear on your role, your responsibilities and your accountabilities. Be clear on everyone else's as well.
- Be patient with your team and yourself until you get things sorted and know what you have to do.
- Practice your calm expression. Be the duck, serene on top, padding away furiously underneath.
- It takes time to understand how the business works, how the practice works, how the team works and how individuals work.
- Plan. Put a plan in place for pretty much everything!
- Prioritise, learn this as a skill early on.
- Set time aside for professional development, right from the start. Our world changes so fast that we need to keep updated with what's happening around us. Become a lifelong learner.
- Put boundaries in place, we are entitled to work/life balance but somehow, we can forget this. Empower you team so that they don't need to call you and when you take holidays you will actually be able to be on holidays!
- Support each other, your network is your lifeline.

I've been working as a Practice Manager for more than 10 years and I don't think I have ever been bored. I have worked with some amazing people and helped deliver great health outcomes for 1000's of people and built teams and businesses along the way. Not too many other jobs can deliver that!