Management in practice

Managing a modern general practice has become a professional position that often requires extensive training and business knowledge.

‘A practice manager’s role has evolved quite significantly,’ Allana Gregson, a practice manager from Queensland who has been at her Rockhampton practice for seven years, told Good Practice. ‘It’s more business management and marketing and HR [human resources]. It’s more a CEO role … in the sense that you’re marketing someone’s business and helping it to grow, and the bottom line is what [this role is] all about.

‘My day-to-day doesn’t so much involve front-of-house anymore, or have much to do with patients.’

Helen Siegertsz, an Adelaide practice manager with an extensive business background who also owns her own practice, believes the role has grown to become its own vocation.

‘The education levels are lifting from what they used to be. It’s actually a profession within itself,’ she told Good Practice. ‘I not only do the practice management; I do the marketing, I do the accounting. I do everything.’

While the idea of hiring a full-time staff member to manage your practice may not seem cost effective, according to a recent article from the Australian Association of Practice Managers (AAPM), not having a practice manager can cost a business tens of thousands of dollars a year in lost income.1

‘A clinician spending even just a few hours a week [managing a practice] would save a lot of money having a practice manager work full-time for them,’ AAPM CEO Gillian Leach told Good Practice.

‘A practice principal devoting one hour a day to management instead of consulting could be costing the practice in the order of $70,000 a year in lost income.

‘That would be an average salary a practice manager would be getting for 30–35 hours a week.’

Practice managers’ association

With approximately 1800 members, the AAPM is an advocate for the professionalisation of the role and the peak body representing practice managers.
managers in Australia, providing its members with a number of key services, especially in education.

‘We offer seminars, conferences on a whole range of topics that will assist with practice management, a lot of support in human resources, financial management, IT, quality accreditation information,’ Leach said.

‘We offer a professional pathway.’

The AAPM’s professional pathway also includes partnerships with the University of New England (NSW), which offers a Diploma in Practice Management, among other courses.

This pathway can also lead to becoming a Certified Practice Manager, which requires three years’ experience in the role and a year of membership in the AAPM, as well as an education qualification in management or similar.

Well qualified

This level of education is becoming increasingly important for today’s practice managers.

Given the AAPM’s list of key responsibilities for the role includes compliance, financial management, HR and IT management, planning and marketing, governance and organisation, risk management, and business and clinic operations, an increased level of education is not surprising.

“Not having a practice manager can cost a business tens of thousands of dollars a year in lost income”

‘I have done a Certificate and Diploma in Practice Management … and a Diploma of Project Management,’ Gregson said. ‘I did it all concurrently with work, and I have really done it all in the last seven years.’

In addition to diplomas in practice management and population health, Siegertsz, the AAPM Practice Manager of the Year for 2013, has qualifications in accounting, HR management and business management.

She believes all of these qualifications, as well as her years of experience as a business executive, have proved invaluable in helping to build her practice.

‘I brought skills from business, including headhunting, HR, all of those sorts of things, and I have utilised all of those to a great degree,’ she said. ‘We had eight staff when I started here and I built that up to 25 staff within a fairly short time, probably three to four years, and I have sustained that. And we’ve become two locations; now we’ve got an allied health centre as well.’

However, as important as such education is, it is not necessarily essential to a person’s ability to perform the job.

Janina De Silva, a successful practice manager who was recently brought in to help build and grow a practice in suburban Melbourne, has a background working in medicine and with the Department of Health, but no tertiary education in practice management.

‘I haven’t got a formal qualification, but I haven’t stopped learning along the way. I have actually educated myself,’ she told Good Practice.

‘If I needed to understand accounting then I would go off and do something to bring myself up in that area, and if I needed to do something else I would do something else.

‘I am always attending conferences and upskilling so I am keeping abreast of what’s happening.’

Failing to plan for an emergency can cost more than you think

The RACGP has developed an online Emergency Response Planning Tool. The ERPT is a practical tool that guides you through a series of planning templates, where critical information about your practice is used to create an emergency response plan which is individually tailored to your practice.

For more information and or to sign up, visit https://erpt.racgp.org.au.
Business manager
A recurring theme among many practice managers is the requirement to recognise the needs of a modern general practice. While they are first and foremost there to provide quality healthcare, the financial realities cannot be ignored.

‘Practices are businesses these days, they’re not just little local doctors’ surgeries down the road,’ Gregson said. ‘They’re multi-million dollar businesses that we’re operating.’

Gregson believes this part of the role is especially important because GPs may not be trained for maintaining and growing a business.

‘That’s not their specialty. Their specialty is healthcare. [Having a practice manager means] the doctors can do what they do best and we can advise them of what’s happening with their money and how we can have a better bottom line for them,’ she said.

Siegertsz believes GPs’ more altruistic view of their practice may also prohibit them from increasing business, and an outside voice may be needed.

‘To make more money you have to be a business and to be a business you have to have … policies, you have to have lots of things in place,’ she said. ‘Some of the doctors are quite resistant to that because they can’t collate the community, clinical feeling of what they do to a business. That’s a hard thing for a lot of them to deal with.’

The idea of growing or expanding a practice is not only limited to the financial, nor is it solely the province of the practice manager. De Silva is interested in health promotion and getting her practice involved with things like a ‘wrap-around care’ concept, where services come to a patient, and said she is glad to work at a practice where she can express her views.

‘It’s four principal GPs and they are really interested in the practice so it’s quite nice because I am being allowed to be innovative and creative, but it’s in consultation and that’s really wonderful,’ she said.

‘I am really enjoying that aspect of it because you are allowed to bring different things [to the practice], and I have been brought on for that reason.’

As the role of practice manager has expanded, so has its importance in the day-to-day running of a modern general practice. When discussing winning Practice of the Year at last year’s GP13, Dr Sean Stevens, Head Supervisor of Doctors at WA’s Mead Medical, was quick to point out the vital role played by his practice manager, Dot Melkus.

‘We’ve got eight practice owners and she has done a really good job at getting everyone to work together,’ he told Good Practice. ‘They say a business partnership is like a marriage: when you have eight people together there is always going to be differences of opinion, but I think Dot’s helped us work together extremely well.’

For De Silva, the role will always involve growth and the key is to be ready and work within those transformations, and to enjoy it.

‘You can’t be frightened of change because with e-health and all of the other things that are going on you’ve got to understand it and dissect it,’ she said.

‘I think it can be a really invigorating position, it really can, once you get the mix right. And you can see some great things happen for patients.’

Reference