Disclaimer

Please be advised that this resource has been prepared by the Aboriginal Health and Medical Research Council of NSW (AH&MRC) to broadly meet the needs of AH&MRC's Member Organisations. This resource is a general guide and will need to be amended to suit your particular organisation.

AH&MRC cannot guarantee that this resource will meet all the requirements of your individual organisation and may not be relevant to particular patients or their circumstances. AH&MRC strongly recommends that you undertake your own independent skill or judgement or seek appropriate professional advice relevant to their own particular circumstances when so doing.

Intellectual Property and Copyright

Limitation of liability

AH&MRC takes reasonable steps to maintain the accuracy of information available in this resource, however, some or all of the information is current at the date of the first publication, and may, from time to time, be amended, or become superseded or otherwise inaccurate. AH&MRC is not responsible for ensuring that the information contained within this resource is accurate, current, suitable or complete, and offers no guarantee that this resource will meet your organisation's or particular patients needs.

Accordingly, where conditions and warranties implied by law cannot be excluded, the AH&MRC limits its liability where it is entitled to do so. Otherwise, AH&MRC, its employees and agents are not liable for any loss or damage (including consequential loss or damage) to any users of this resource, however caused, which may arise directly or indirectly from this resource.

Governance and Implementation

This resource should be reviewed and endorsed in accordance with the organisation's governance and document control processes prior to implementation.

[Insert Organisation's Letterhead / Header]

DUTY STATEMENT

POSITION TITLE:	Practice Manager
REMUNERATION/CONDITIONS:	In accordance with the Aboriginal Community Controlled Health Services Award
POSITION STATUS:	Full-time
DIRECTLY RESPONSIBLE TO:	Deputy Chief Executive Officer (DCEO)
PERFORMANCE APPRAISAL:	6-month probationary period, Performance reviews every 12 months against accountability targets jointly set by the CEO and the Board
POSITION FUNCTION:	To coordinate health services to clients of [Service]. Responsible for clinical governance and the facilitation of culturally appropriate health services to the community. Maintain effective and positive relationships with all stakeholders.
MINIMUM SKILLS REQUIRED:	Medical practice management qualification or equivalent experience
DOCUMENT CONTROL	Version 1.0 Review Date: May 2027
ACCREDITATION & GOVERNANCE ALIGNMENT	RACGP 5th Edition: C1.1, C1.2, C1.3, C2.1, C2.2, C2.3, C3.1, C3.2, C3.3, C3.4, C3.5, C3.6, C5.1, C6.1 NSQHS Standards**:** Standard 1 – Clinical Governance; Standard 2 – Partnering with Consumers QIC Health and Community Services Standards: Governance, Human Resources, Service Delivery, Quality Improvement, Risk Management

AH&MRC
Aboriginal Health & Medical Research Council of NSW

POSITION SUMMARY

The Practice Manager is responsible for the day-to-day management of a range of high quality, culturally appropriate health services to clients of [Service]. They will support the DCEO to develop and implement programs focusing on early intervention, health promotion, prevention, and treatment within the Aboriginal context of health, considering social, emotional, cultural, physical, and spiritual aspects.

The Practice Manager also oversees program evaluation, continuous quality improvement, and clinical accreditation. The role includes daily management of clinical and reception staff, capacity building, and ensuring training and supervision

The Practice Manager provides operational and clinical leadership to support safe, effective, culturally appropriate, and evidence-based healthcare delivery in alignment with organisational clinical governance frameworks.

CULTURAL SAFETY

- Support culturally safe, trauma-informed, and community-centred healthcare delivery.
- Promote respectful engagement with Aboriginal and Torres Strait Islander patients, families, community members, and staff.
- Contribute to an organisational culture that values cultural identity, self-determination, and community control.
- Participate in relevant cultural learning and reflective practice activities.

RESPONSIBILITIES

- Support organisational clinical governance, accreditation, compliance, audit, reporting, and continuous quality improvement activities to ensure safe, effective, and culturally appropriate service delivery.
- Lead or coordinate an integrated and culturally sensitive suit of relevant clinical and health promotion programs that meet the needs of community members.
- Assist in the identification and implementation of innovations to improve the effectiveness and efficiency of clinical service delivery.
- Coordinate clinic schedule to maintain coverage.
- Proactively develop and implement a range of health promotion activities.
- Coordinate outreach clinics to the local Aboriginal communities.
- Supervise clinical staff, including reception staff to ensure appropriate rostering, client workflow management, compliance with agreed services levels and national health accreditation standard to ensure performance targets are met and exceeded.
- Coordinate RACGP GP Registrar placements.
- Provide quality leadership and management to team members, GPs and other clinical staff as required, including conducting regular ongoing support and supervision, and performance development and reviews.
- Facilitate recruitment, induction and training of new staff members.
- Develop and maintain effective internal and external relationships as required, including developing and managing formal partnership agreements.
- Ensure high quality data and reporting compliance.

- Oversee secure and compliant management of clinical information systems, including documentation standards, data integrity, privacy, confidentiality, and reporting requirements
- Monitor and ensure the maintenance of clinic stocks and equipment.
- Manage staff leave, relief staff and time sheets.
- Manage budget and expenditure within delegation.
- Participate in the Clinical Governance Committee and other committees as directed.
- Actively model the [Service] Code of Conduct and demonstrate appropriate professional workplace behaviours.
- Proactively address WH&S hazards, incidents and injuries, including infection control processes.
- Comply with infection control, safe handling and disposal of medical waste protocols.
- Adhere to and follow the [Service] incident and accident and complaint policies and procedures.
- Manage grievances and discipline issues promptly and constructively.
- Recognise staff achievements and strengths.
- Identify and implement service improvement opportunities through audit, review, and quality improvement activities.
- Management of all services to budget.
- Funding program deliverables met.
- Effectively lead and manage organisational change, employee and budget management.
- Understanding of and capacity to implement Equal Employment Opportunities (EEO), WH&S, ethical practice, and principles of a culturally diverse society.
- Comply with all [Service] policies and procedures.
- Other duties within scope as reasonably directed by the CEO

SERVICE DELIVERY MANAGEMENT

1. Implement any new [Service] policies or systems as directed.
2. Oversee and receive feedback on clinical morning briefs.
3. Manage control of consumable stock and equipment.
4. Monitor and disseminate important health communications and updates (e.g. health alerts).
5. Ensure health promotion and other relevant programs are implemented, delivered and evaluated.
6. Manage Allied Health Clinics.
7. Manage the QUMAX program.
8. [list additional programs]

Ensure the Clinic is working towards organisational objective

1. Participate in relevant research activities as directed /approved by the CEO.
2. Set Health Service performance targets and key performance indicators and monitor performance as per Strategic Plan.
3. Provide all reporting in a timely manner as required, including, but not limited to:

    - Strategic Plan KPI

- Risk Management Plan
- ITC Activity Reports
- Annual Report

4. Be involved in ongoing accreditation and continuous quality improvement processes.

    - Work closely with the CQI Officer/ or delegate to implement quality improvement processes.
    - Support the Health Services Team and staff to maintain accreditation standards and act on recommendations.

5. Provide monthly performance reports to management as directed.

SAFETY AND QUALITY GOVERNANCE

- Review systems, policies and processes in place to help ensure compliance with National Standards, relevant legislation, and best practice / evidence-based health service provision.
- Promote a culture of safety, quality improvement, and evidence-based clinical practice.
- Support the identification, escalation, and management of clinical risk and patient safety issues.
- Identify in-house and external training/education requirements and opportunities.
- Coordinate investigation, review, and follow-up of clinical incidents, near misses, and patient safety events.
- Coordinate the review of the Medical Policy & Procedure Manual annually with the CQI Officer including researching relevant legislation, directives, RACGP and AGPAL standards.
- Facilitate clinical performance and risk management in relation to risks to clients, staff and practitioners, and the organisation.
- Foster a supportive environment and approach to incident reporting and investigation with the focus being on system failures while not ignoring human factors involved.
- Assess the (non-General Practitioner) staff for clinical competency at induction, annually and as required, inclusive of:

    - Infection control;
    - Medication safety;
    - Vaccine management;
    - Clinical procedures (within scope of practice);
    - Use of clinical equipment;
    - Allocation of AMSED modules and ensure completion by staff within required timeframes.

CLINICAL GOVERNANCE

- Attend the Clinical Governance Committee Meeting, and Chair when required.
- Advise, direct and coordinate clinical governance across the Health Service Team.
- Ensure safety and quality in the clinic by regular monitoring and auditing of:

    - Medication stock
    - Doctors bags
    - Consumable stock
    - Equipment maintenance
    - Infection control measures
    - Immunisation/vaccine management, including Strive for 5 annual audits
    - Clinic housekeeping checklists
- Review infection control and vaccine/immunisation management protocols annually.
- Ensure that relevant staff are made aware of any changes to the existing P&P's through education and training.
- Promote use of evidence-based guidelines.
- Provide education and training on evidence-based guidelines available to the clinical staff

MEETINGS

- Represent [Service] in meetings as required and authorised by CEO.
- Attend meetings as required by the Deputy/ CEO.
- Attend all Health Services Team, Management and Clinical Governance Committee Meetings.
- Chair monthly Clinical Meetings.
- Attend monthly GP Meetings
- Hold annual Health Service Planning Meetings.

KEY PERFORMANCE INDICATORS

Clinic Operations & Service Flow	≥90% appointment capacity met each month; reduction in client waiting time by 10% annually.
Accreditation	Maintain accreditation status with no major non-conformances
Continuous Quality Improvement	Minimum 2 audit based CQI activities annually
Team Management & Staffing	100% of staff receive annual performance reviews; absenteeism rates remain under 5%.
Client Experience & Safety	≥85% client satisfaction based on annual survey
Incident Management	All clinical incidents reviewed within 5 business days
Stock & Asset Management	Monthly stock takes completed; 0 critical shortages.
Compliance & Reporting	100% mandatory reports submitted by due dates

PROFESSIONAL DEVELOPMENT

Participate in ongoing professional development and training. Evaluate and report performance regularly to the D/CEO.

MANDATORY REQUIREMENTS

- Medical practice management qualification or equivalent experience
- Understanding of Aboriginal and Torres Strait Islander health issues
- Knowledge of Medicare Benefits Schedule
- Experience with RACGP/QIC accreditation standards
- Computer proficiency, clinical data system experience
- Professional communication, reporting, and time management skills
- Current Working with Children Check and National Police History Check
- Valid NSW Driver's Licence

SIGNATURE & ACKNOWLEDGEMENT

I agree to abide by the standards and policies and have read and understood the job description and agree to comply with same.

Employee Signature: _____
Date: _____

Manager Signature: _____
Date: _____