Practice Manager interview questions

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What to expect

Interviews for Practice Manager roles usually mix operational detail with people management and judgement calls, since the role sits between clinicians, patients and the business side of the clinic. Panels often include the practice owner or a senior GP alongside an HR or operations representative.

- **Behavioural:** Questions about past situations involving staff conflict, compliance issues or difficult patients, usually asked in a STAR format.
- **Process:** Questions asking you to walk through how you'd run a specific operational task, such as rostering or a billing cycle.
- **Scenario:** Hypothetical situations testing judgement under pressure, such as a staffing shortfall or a compliance breach discovered on the day.
- **Financial and compliance:** Direct questions on budgeting, reporting and knowledge of relevant regulations like privacy and WHS law.

Expect an initial conversation about your background and why you're applying, followed by a mix of behavioural and scenario questions, then a section on financial and compliance knowledge. Panels often finish by asking about your familiarity with specific practice management software and give you a chance to ask questions about the clinic's size and structure.

1. Tell me about a time you had to manage a conflict between staff members while keeping the clinic running smoothly.

Why they ask

Practice Managers deal with staff issues regularly and need to resolve them without disrupting patient care.

How to structure your answer

Use STAR: describe the situation and the people involved, the specific task you needed to achieve, the action you took to resolve the conflict, and the result for the team and the clinic.

Example answer

“At a previous clinic, two reception staff had an ongoing disagreement over shift swaps that was affecting morale. I met with each of them separately to understand their concerns, then brought them together to agree on a clearer process for requesting swaps with 48 hours' notice. I documented the process and shared it with the wider team. The disagreement stopped and we had no further rostering disputes for the rest of my time there.”

2. Walk me through how you would prepare the monthly budget and financial report for a practice owner.

Why they ask

This tests whether you actually understand the financial reporting cycle rather than just listing software you've used.

How to structure your answer

Walk-through structure: describe the inputs you'd gather, the steps you'd take to compile the report, how you'd check accuracy, and how you'd present findings to the owner.

Example answer

“I'd start by pulling billing and invoicing data from the practice management software and reconciling it against the bank feed in Xero. I'd break down income by practitioner and expenses by category, so the owner can see margins clearly. Before sending it on, I'd check for any unusual variances against

the previous month and flag them with a short explanation. I'd present the report with a one-page summary up front and the detailed figures behind it, so the owner can see the key numbers without digging through spreadsheets."

3. A compliance audit is scheduled in two weeks and you've just discovered the clinic's WHS documentation hasn't been updated in over a year. What do you do?

Why they ask

Tests judgement under time pressure and knowledge of workplace safety compliance requirements.

How to structure your answer

Scenario response: state your immediate priority, outline the steps you'd take in order, and note how you'd communicate the issue to the practice owner and staff.

Example answer

"My first step would be to assess exactly what's out of date, whether it's risk assessments, incident registers or policy documents, so I know the scale of the gap. I'd tell the practice owner straight away rather than trying to fix it quietly, since they need to know before the audit. Then I'd work through the documentation systematically, starting with anything safety-critical like incident reporting procedures, and get sign-off from relevant staff as I update each section. If I couldn't close every gap in two weeks, I'd have a clear plan showing what's done and what's in progress to present to the auditor."

4. How do you approach rostering when you're short-staffed and a practitioner calls in sick on a busy day?

Why they ask

Rostering under pressure is a routine part of the job and reveals how you prioritise patient care against staff availability.

How to structure your answer

Process walk-through: outline your first checks, your decision criteria, and how you communicate changes to patients and staff.

Example answer

"First I'd check which appointments were booked with that practitioner and whether another clinician could reasonably absorb some of them. If not, I'd contact patients directly to reschedule the ones that could wait, prioritising urgent cases for the remaining available slots. I'd also check if any casual or part-time staff could cover admin tasks to free up a senior staff member. Throughout, I'd keep reception informed so they're giving patients consistent information at the front desk."

5. What experience do you have with practice management software like Best Practice or Medical Director, and how have you used it beyond basic scheduling?

Why they ask

Technical familiarity with core clinic software is a baseline requirement and interviewers want specifics, not just a list of names.

How to structure your answer

Direct technical answer: name the systems, describe specific functions you've used, and note any reporting or configuration work.

Example answer

"I've used Best Practice daily for appointment scheduling, patient records and billing, including setting up recall reminders for chronic disease management plans. I've also used its reporting functions to pull data on appointment no-show rates, which helped us adjust our reminder SMS timing and reduce missed appointments. Alongside that I use MYOB for the practice's broader financial reporting, so I

can reconcile clinic billing data against overall accounts."

6. Why are you interested in moving into, or continuing in, practice management rather than clinical or purely administrative work?

Why they ask

Assesses motivation and whether you understand the hybrid nature of the role, since it sits between clinical, financial and people management.

How to structure your answer

Personal motivation answer: give a genuine reason grounded in what the role actually involves, avoid generic enthusiasm.

Example answer

"I like that the role combines the operational and financial side of a business with direct contact with patient care outcomes. I get satisfaction from fixing a scheduling bottleneck or improving a billing process and seeing that translate into less stress for staff and a better experience for patients. It's a role where the detail work has a visible effect, and that's what keeps me in it rather than moving to a purely back-office or purely clinical position."