Primary Health Network Manager interview questions

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What to expect

Interviews for Primary Health Network Manager roles typically assess your ability to lead commissioning, manage complex stakeholder relationships, and make sound judgements under pressure. Questions often focus on strategy, contract management, and community engagement.

- **Strategic and commissioning:** Questions that explore how you plan services based on community need and government priorities.
- **Behavioural:** Questions that ask for past examples of managing stakeholders, leading teams, or handling performance issues.
- **Scenario-based:** Questions that present a realistic challenge, such as a provider underperforming or a funding cut, and ask how you would respond.
- **Technical and financial:** Questions about budgeting, forecasting, contract compliance, and reporting on health outcomes.
- **Leadership and change management:** Questions on how you lead teams through policy shifts or organisational change.
- **Community and cultural engagement:** Questions about working with Aboriginal and Torres Strait Islander communities and other diverse groups.

The interview process often begins with a panel interview, sometimes including a presentation on a commissioning scenario. You may meet with senior leaders, board members, or community representatives. Some networks use a two-stage process with a second interview focused on strategic fit and values.

1. Walk us through how you would approach a commissioning cycle from needs assessment to contract management.

Why they ask

This tests your understanding of the full commissioning process and your ability to plan systematically.

How to structure your answer

Use a step-by-step walk-through: describe each phase, from data gathering and community consultation to procurement, contract negotiation, performance monitoring, and evaluation. Highlight how you ensure alignment with state and federal priorities.

Example answer

“I start by reviewing the latest health needs assessment and any gaps in service data, then I consult with GPs, allied health, and community groups to validate priorities. Once we have a shortlist, I work with finance and legal to design a procurement approach that encourages innovative models. During contract negotiation, I set clear key performance indicators and reporting requirements. After services launch, I hold quarterly performance reviews with providers, using data from our dashboard to identify any issues early. Finally, I commission an independent evaluation to see what worked and what needs adjusting for the next cycle.”

2. Tell me about a time you managed a difficult stakeholder relationship while commissioning a service.

Why they ask

This assesses your interpersonal skills, resilience, and ability to balance competing interests.

How to structure your answer

Use STAR: describe the situation, the task you needed to accomplish, the actions you took to engage the stakeholder, and the result. Focus on how you listened, found common ground, and maintained the relationship.

Example answer

"I was commissioning a new youth mental health service, and a local GP practice opposed the chosen provider because they felt it duplicated existing services. I met with the GPs individually to understand their concerns, then facilitated a workshop where we mapped all available services and identified actual gaps. We agreed to adjust the model to focus on early intervention, which the GPs supported. The service launched with strong referrals from those same practices, and the relationship improved."

3. A service provider is underperforming on key performance indicators. How would you handle it?

Why they ask

This tests your judgement, problem-solving, and contract management skills under pressure.

How to structure your answer

Show a measured approach: first assess the data and context, then engage the provider in a constructive conversation, develop a performance improvement plan, and only escalate if necessary. Consider the impact on patients throughout.

Example answer

"I would start by pulling the latest performance data and checking whether the underperformance is a data issue or a real service problem. Then I would meet with the provider's leadership to understand their challenges, which might be operational or referral issues. Together we would agree on a performance improvement plan with clear milestones and support, such as linking them to our practice support team. I would monitor progress closely and keep the community informed if any service changes were needed. If performance did not improve, I would follow the contract's escalation process, always prioritising continuity of care for patients."

4. How do you ensure your commissioning decisions are based on evidence and community need?

Why they ask

This probes your analytical approach and commitment to data-driven decision making.

How to structure your answer

Explain your evidence sources: needs assessments, epidemiological data, stakeholder consultations, and service mapping. Describe how you weigh competing priorities and document your rationale.

Example answer

"I use a combination of quantitative and qualitative evidence. We analyse Medicare data, hospital admissions, and local surveys to identify gaps. We also hold community forums and yarning circles to hear from groups that might not appear in the data. I bring all this together in a prioritisation framework that considers equity, cost-effectiveness, and alignment with the PHN's strategic plan. The final decisions are documented so we can explain them to the board and the community."

5. How do you lead a team through a period of change, such as a shift in government policy?

Why they ask

This looks at your change management and people leadership capabilities.

How to structure your answer

Describe your change management approach: communicate the why, involve the team in planning, provide training and support, and recognise successes. Show empathy for those struggling with change.

Example answer

“When the government introduced a new funding model, I called a team meeting to explain what it meant for us and why it was happening. I then set up working groups to identify what we needed to change in our processes and what support people needed. We ran training sessions and I made myself available for one-on-one conversations. I celebrated early wins to keep morale up. As a result, we adapted ahead of the deadline and the team felt more confident in the new system.”

6. How would you engage with Aboriginal and Torres Strait Islander communities to improve primary health care access?

Why they ask

This assesses cultural safety, partnership, and your ability to work with diverse communities.

How to structure your answer

Show a respectful, partnership-based approach: acknowledge the history, work with Aboriginal Community Controlled Health Services, and ensure self-determination. Describe concrete steps like co-design and cultural awareness training.

Example answer

“I would start by building relationships with local Aboriginal Community Controlled Health Services and Elders, listening to their priorities rather than imposing our own. We would co-design any new services with them, ensuring Aboriginal leadership in decision-making. I would also make sure our team completes cultural awareness training and that our data collection is culturally appropriate. The goal is to support self-determination and improve access in a way that communities own.”