

# *PM Peer Connect*

**Thursday 19 February 2026**

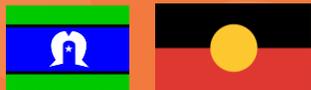
*The content in this session is valid at date of presentation*



## *Acknowledgement of Country*

North Western Melbourne Primary Health Network would like to acknowledge the Traditional Custodians of the land on which our work takes place, the Wurundjeri Woi Wurrung People, the Boon Wurrung People and the Wathaurong People. We also acknowledge the Bunurong People as the Traditional Custodians of the land on which this centre is built.

We pay respects to Elders past, present and emerging as well as pay respects to any Aboriginal and Torres Strait Islander people in the session with us today.



# Housekeeping



## Sign in

- Please ensure you have signed in using the sheet at the door.



## Emergency Exits

- All emergency exits are marked. In case of an emergency follow meeting organisers instructions.



## Kitchenette

- During the meeting, help yourself to food, water, tea, and coffee in the kitchenette.



## Toilets

- Follow the signs, down the hall, opposite to the kindergarten.

# *Speakers*

***Keshav Dhawan,***

*Practice Manager, Organisation - Facilitator*

***Stephanie Portoglou***

*Director, Private Practice Medical Consulting*

***Ali Alhamdani***

*Business Manager, Medic First*



# Agenda

**12:00pm – 12:30pm**

- Registration and networking

**12:30pm – 12:40pm**

- Welcome & Introduction

**12:40pm – 1.45pm**

- Culture and Retention

**1:55pm – 2:20pm**

- Practice Champion Presentation

**2:20pm – 2:30pm**

- PHN summary & close

# PM Peer Connect - Growing and Keeping Great Practice Teams

*19 February 2026*

# Your Clinical Management and Referral Resource



## Localised Clinical Pathways

(Evidence-based guidance adapted for Melbourne clinicians)



## Referral Information

(Clear referral instructions for local health services and hospitals)



## Regular Updates

(Pathways reviewed and updated regularly by Clinical Editors)



## CPD Hours

(Track and record CPD activities directly through Pathway page)



## Collaborative Development

(Created by GPs, specialists, allied health and other health professionals)



## Easy Access

(Web-based platform, mobile-friendly for point-of-care use)



## Streamlined Workflow

(Quick navigation with Assessment, Management and Referral sections all in one place)



## Free for Clinicians

(No cost access for all health professionals in North Western and Eastern Melbourne PHN catchments)

# HealthPathways Melbourne Homepage

Use search bar to **quickly locate** clinical pathways and conditions

Use the left-hand menu to access clinical categories, **quick and easy** to navigate.

Essential quick-access links for latest updates, Pathway updates, clinical resources and MBS items

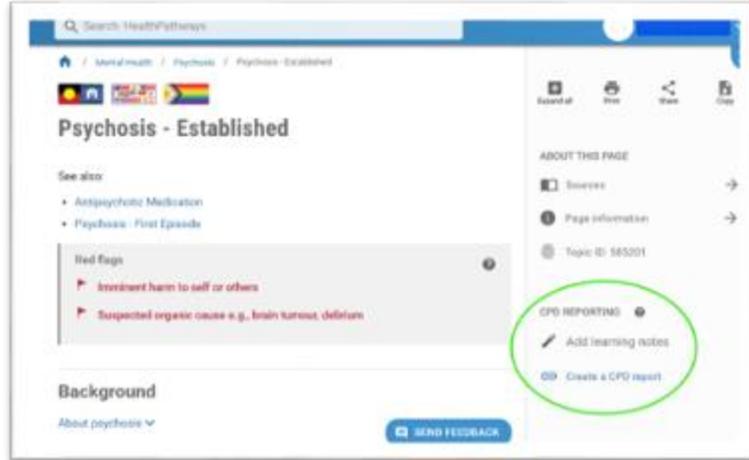
Click 'Send Feedback' to add comments and questions about this pathway.

Please Click on the link: [HealthPathways Optimal Care Pathways: better cancer care](#)

# HealthPathways – Everything you need!

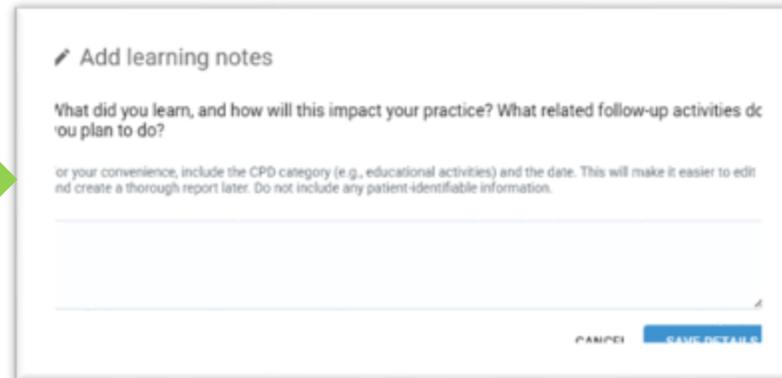


# Log CPD Effortlessly with HealthPathways CPD Reporting



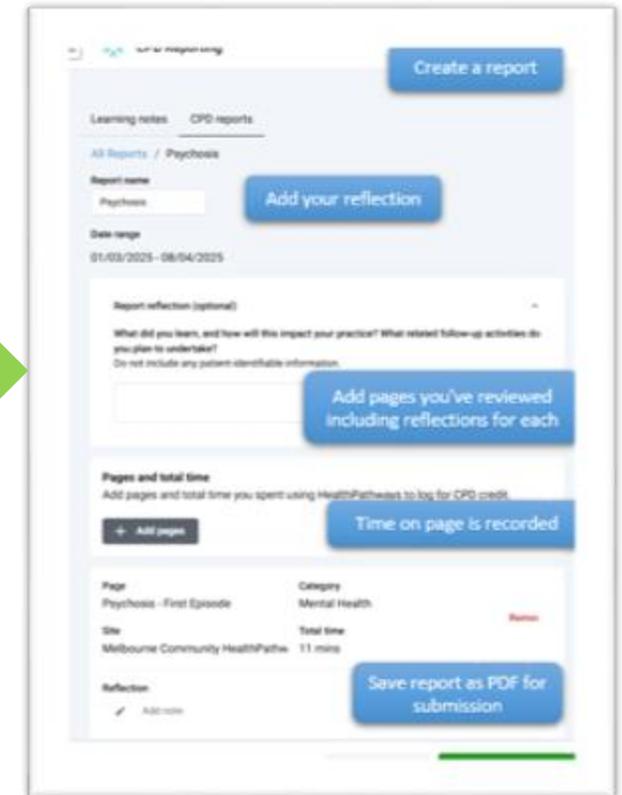
## Step 1: Access a Pathway Page

- Navigate to a clinical pathway (e.g., *Psychosis – Established*).
- Click “**Add learning notes**” or “**Create a CPD report**” to begin tracking your CPD activity.



## Step 2: Add Learning Notes

- Reflect on what you learned and how it will impact your practice.
- Include any planned follow-up activities.
- These notes are saved to your CPD record.



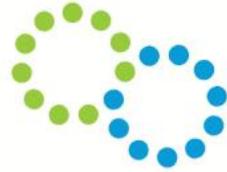
## Step 3: Generate Your CPD Report

- Go to the **CPD Reporting** section.
- Add reflections, review pages, and confirm time spent.
- Export your report as a **PDF for submission**.

For further information on the CPD reporting tool, please see these videos:

- [How to create a CPD report](#)
- [How to add learning notes](#)

- Home
- COVID-19 ▾
- About HealthPathways ▾
- Summary of Referral Pages
- Aboriginal and Torres Strait Islander Health ▾
- Avoiding Hospital Admission ▾
- Allied Health and Community Nursing ▾
- Child Health ▾
- Investigations ▾
- Legal and Ethical ▾
- Lifestyle and Preventive Care ▾
- Medical ▾
- Mental Health ▾
- Older Adults' Health ▾
- Medicines Information and Resources ▾
- Public Health ▾
- Specific Populations ▾
- Surgical ▾
- Women's Health ▾
- Our Health System ▾



## Melbourne HEALTHPATHWAYS

### 🚨 Health Alert

From 1 July 2024, Closing the Gap (CTG) Pharmaceutical Benefits Scheme (PBS) Co-payment Program [🔗](#) has been expanded to include to include all PBS medicines dispensed by community pharmacies, approved medical practitioners, and private hospitals.

### Latest News

1 August

#### 📌 Health.vic

Health alerts and advisories [🔗](#)

29 July

Outbreak of Legionnaires' disease in metropolitan

### Pathway Updates

**NEW** – 31 July

HealthPathways Melbourne Clinical Governance

Updated – 31 July

Legionnaires' Disease

Updated – 29 July

Statewide Referral Criteria for Specialist Clinics

Updated – 25 July

Approach to Patients Seeking Drugs of Dependence

Updated – 23 July

Silica Exposure

-  ABOUT HEALTHPATHWAYS
-  BETTER HEALTH CHANNEL
-  RACGP RED BOOK
-  USEFUL WEBSITES & RESOURCES
-  MBS ONLINE
-  NPS MEDICINEWISE
-  PBS

 SEND FEEDBACK

# Streamlined Navigation of HealthPathways for General Practice

All Sections in One Place: Assessment, Management, and Referral sections on a single page, making it easy for GPs to quickly navigate the entire clinical pathway without switching screens.



## Assessment

Headaches in Adults

**Practice point**

**Avoid unnecessary imaging**

A detailed history and basic neurological examination is usually enough to differentiate between benign and serious causes. Low-risk headaches generally do not require imaging to exclude a serious cause.

1. Take a detailed history. Look for:
  - [Worrying features](#) ▼
  - Reassuring features:
    - Recurrent episodic headache with long history at presentation
    - No neurological deficit
    - Transient neurological symptoms, and occasionally signs, are common features of migraines
2. Assess for features of primary headaches:
  - [Tension-type headache](#) ▼
  - [Migraine](#) ▼
  - [Cluster headache](#) ▼
  - [Other primary headaches](#) ▼
  - [Medication overuse headache](#) ▼
3. Screen for:
  - [secondary headaches](#) ▼.
  - [iatrogenic causes or contributors](#) ▼ and ask about over the counter medication use.
4. Suggest using a [headache diary](#) ▼ to identify [triggers](#) ▼, assess self-medication, and aid diagnosis.



## Management

Headaches in Adults

**Management**

1. If patient identifies as Aboriginal or Torres Strait Islander, understand their [specific cultural and spiritual needs](#) ▼ when discussing and delivering treatment options, including eligibility for [Integrated Team Care \(ITC\) services](#). 🇺🇸
2. If any [red flags](#) ▼, refer to [Emergency Department](#) immediately via ambulance because of the likelihood of an underlying [serious cause](#) ▼.
3. If suspected brain tumour, refer to a [neurosurgeon](#) linked to a multidisciplinary team within 24 hours.
4. For all primary headaches, avoid treatment with opioids, including codeine, due to the risk of medication overuse headaches.
5. Address any patient anxiety about serious pathology. Provide reassurance and offer [non-pharmacological management](#) ▼, including patient education.
6. If chronic headaches, monitor for [depression](#).
7. Establish triggers for avoidance.
8. Screen for and optimise other possible contributing factors e.g., [obstructive sleep apnoea](#), alcohol consumption, bruxism, adequate daily hydration, or [optometrist review](#) for refractive error.
9. Manage patients with primary headaches in general practice:
  - [Tension-type headache management](#) ▼
  - [Migraine management](#) ▼
  - [Cluster headache management](#) ▼
  - [Medication overuse headache management](#) ▼
10. If persistent or chronic secondary headache or orofacial pain, and consistent with [statewide referral criteria](#) ▼, consider referral to a [Health Independence Program](#) chronic pain service. See Pain Management Referrals.
11. Provide patient pain education, as this plays a key role in management.



## Referral

**Referral**

- If any [red flags](#) ▼, refer to [Emergency Department](#) immediately via ambulance because of the likelihood of an underlying [serious cause](#) ▼.
- If severe intractable migraine attacks, or status migrainosus (a debilitating attack lasting > 72 hours) with significant vomiting and dehydration, refer to the [Emergency Department](#) for intravenous fluids and antiemetics.
- If suspected brain tumour, refer for [acute neurosurgery](#) assessment with access to multidisciplinary team care.
- Request [non-acute neurology referral](#) if:
  - concerning features on neuroimaging (excluding age-appropriate deep white matter hyperintensities).
  - frequent migraine impacting on daily activities despite prophylactic treatment for consideration of calcitonin gene-related peptide antibodies (CGRP) monoclonal antibodies (mAbs) (CGRP MABs) or Botox treatment.
  - migraine diagnosis is in doubt.
  - chronic or atypical headache unresponsive to medical management (tension headache, cluster headache, trigeminal neuralgia, medication overuse headache).
  - acute assessment is not required, but there are [indications](#) ▼ for further investigation.
- If severe refractory cases, refer for inpatient withdrawal via [non-acute neurology referral](#) or [chronic or persistent pain referrals](#).
- If prophylaxis for menstrual migraine is ineffective, consider [non-acute gynaecology referral](#).
- If persistent or chronic secondary headache or orofacial pain, and consistent with [statewide referral criteria](#) ▼, consider referral to a [Health Independence Program](#) chronic pain service. See Pain Management Referrals.
- If Aboriginal or Torres Strait Islander patient, offer referral to [specific Aboriginal and Torres Strait Islander services](#) ▼. For all referrals, to both mainstream and Indigenous services, ensure Indigenous status is clearly marked on the referral. 🇺🇸

Click to Expand

Drop-down boxes appear throughout the pathway, click them to view supplementary information.

Click on the Links

Use the interactive links to open related pathways and resources

## [Practice Management Resources](#)

### **Legal and Ethical**

[Advance Care Planning \(ACP\)](#)

[ACP Documents and Forms](#)

[Certification of Death](#)

[Child or Family Information Sharing Scheme](#)

[Consent](#)

[Medical Certification for Return to Work](#)

### **Practice Incentive Programs**

[eHealth Practice Incentives Program \(ePIP\)](#)

[Practice Incentives Program \(PIP\)](#)

[Practice Incentives Program Indigenous Health](#)

[Incentive \(PIP-IHI\)](#)

[Workforce Incentive Program \(WIP\)](#)

### **MBS Items**

[Guide to MBS Items](#)

[Telehealth](#)

[Electronic Prescriptions](#)

### **Infection Prevention and Control**

[Infection Prevention and Control](#)

[Blood/Body Fluid Exposure](#)

[Hand Hygiene](#)

[Local Public Health Units \(LPHUs\)](#)

[Notifiable Conditions in Victoria](#)

### **Immunisation and vaccines**

[Immunisation Services](#)

[COVID-19 Vaccination](#)

[Vaccines](#)

[Vaccine Supply, Storage, and Cold Chain Breaches](#)

### **Other :**

[Action Plans](#) (Anaphylaxis, Asthma, Diabetes)

[Coding in General Practice Software](#)

[Interpreter and Translation Services](#)

[Useful Websites](#)

[Hospitals - Public](#)

[National Health Services Directory](#)

[Referral Forms and Templates](#) (Advanced Care

Planning, HealthLink SmartForms, Mental health)

[CPD Hours for HealthPathways Use](#)

# Stay Informed: Access Case Studies and Monthly Bulletin

Case  
Study



 Real clinical scenarios for everyday GP practice

- Concise, practical case studies designed to reflect real presentation in General Practice.
- Includes management summaries, pathway links and local service consideration for quick navigation.
- Access all case studies [here](#).

Monthly  
Bulletin



Monthly updates straight to your inbox

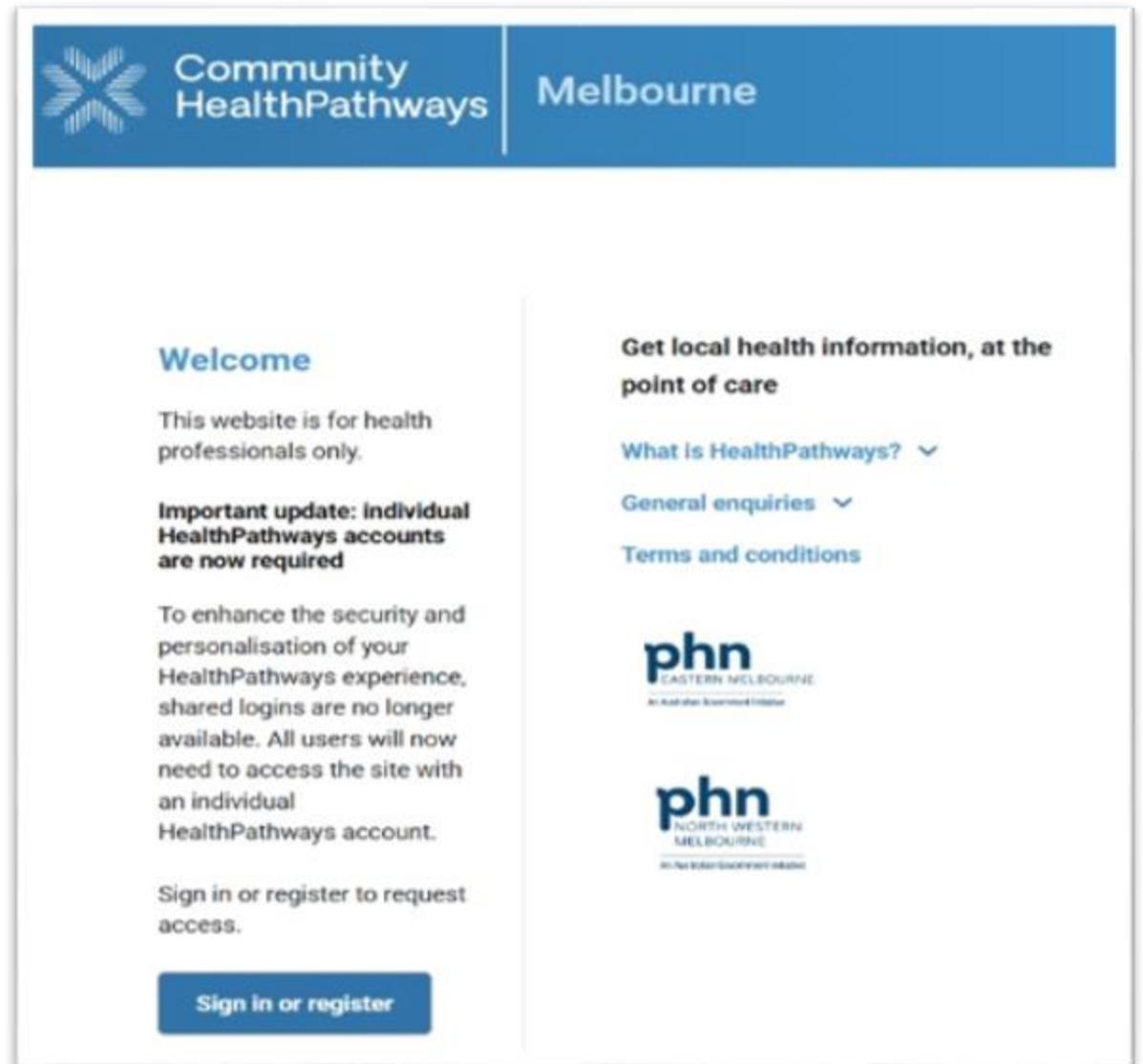
- Be the first to know about pathway updates, service changes, new case studies and employment opportunities

Subscribe to the HealthPathways Melbourne Monthly bulletin or contact us at [info@healthpathwaysmelbourne.org.au](mailto:info@healthpathwaysmelbourne.org.au)

# Access Now: Sign In or Scan to Register

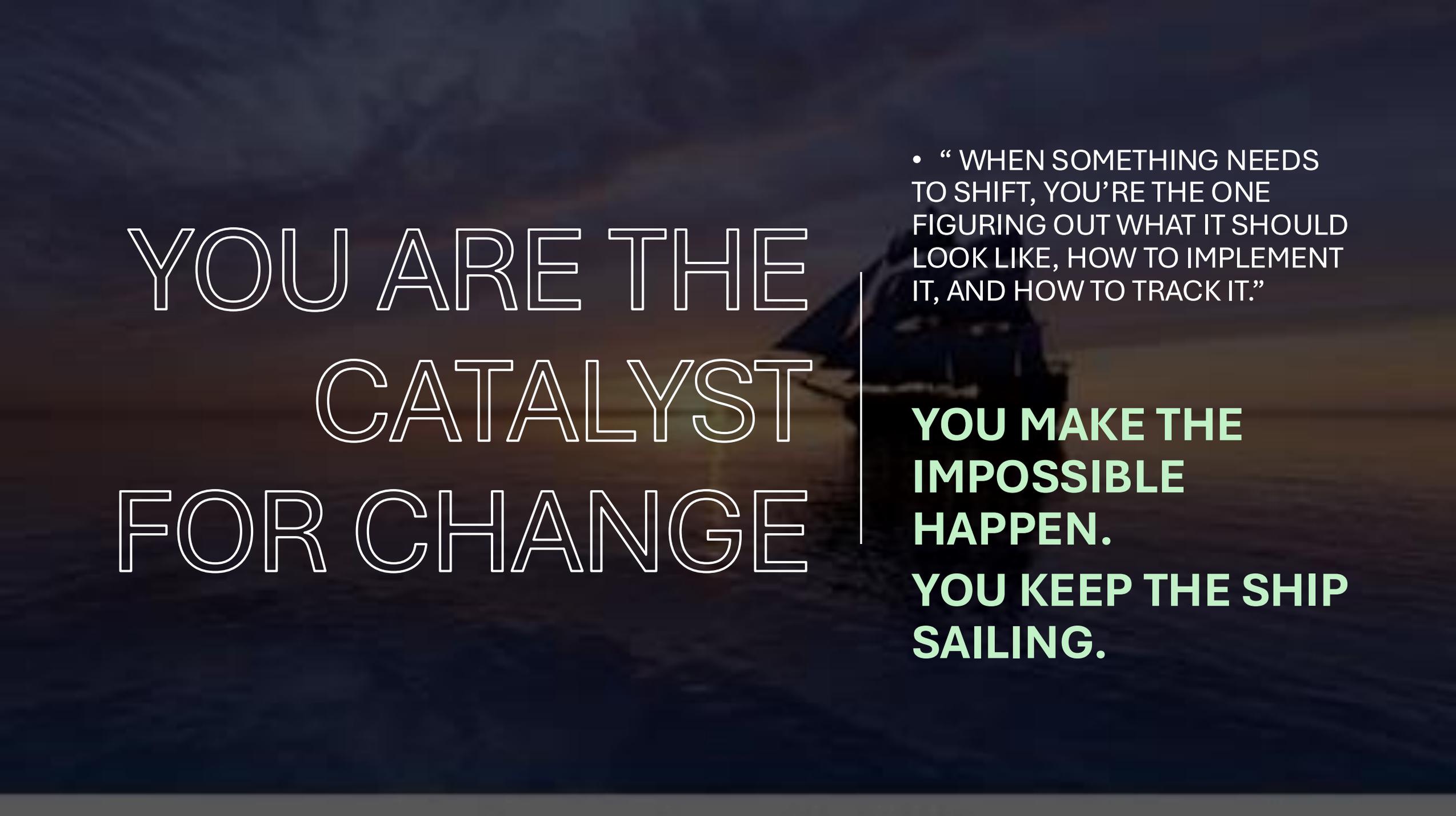
Please click on the [Sign in or register](#) button to create your individual account or scan the QR code below.

If you have any questions, please email the team [info@healthpathwaysmelbourne.org.au](mailto:info@healthpathwaysmelbourne.org.au)

A screenshot of the HealthPathways Melbourne website. The header is blue with the "Community HealthPathways Melbourne" logo and name. The main content area is white. On the left, there is a "Welcome" section with a message for health professionals, an "Important update" about individual accounts, and a "Sign in or register" button. On the right, there is a "Get local health information" section with links for "What is HealthPathways?", "General enquiries", and "Terms and conditions". At the bottom right, there are logos for "phn EASTERN MELBOURNE" and "phn NORTH WESTERN MELBOURNE".

# Culture and Retention



A person in a dark jacket is seen from behind, sailing a boat on the ocean. The background is a vast, blue sea under a clear sky. The text is overlaid on the image.

# YOU ARE THE CATALYST FOR CHANGE

- “WHEN SOMETHING NEEDS TO SHIFT, YOU’RE THE ONE FIGURING OUT WHAT IT SHOULD LOOK LIKE, HOW TO IMPLEMENT IT, AND HOW TO TRACK IT.”

**YOU MAKE THE  
IMPOSSIBLE  
HAPPEN.**

**YOU KEEP THE SHIP  
SAILING.**



Stephanie Portoglou  
Director and Founder | Business Consultant

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*Private*

PRACTICE MEDICAL CONSULTING



# The biggest challenges in medical practices right now are three things



Finding good people



Keeping good people



Keeping yourself sane  
while doing both

# Why Good Talent Leaves



Why do good doctors leave?



Why do good PMs leave?



Why do great nurses or admin the ones you rely on leave?

## Why Do Good People Leave?



### Surface Reasons

- Money 
- Better offer 
- Location 
- Family 



### Real Reasons

- Feeling undervalued 
- Feeling unheard 
- Feeling misaligned 
- Feeling Unsafe 

**“They leave because they were quietly drowning and didn’t know how to say it.”**



FEELING VALUED



FEELING HEARD



FEELING ALIGNED



FEELING SAFE



## You Are the Driver of Culture

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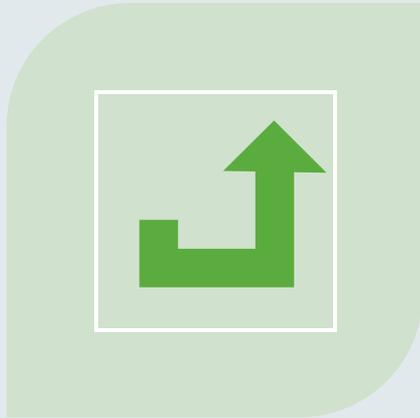
**“You are the thermostat.  
Not the thermometer.”**

You don't just measure culture. **You set it.**

If a new staff member observed your clinic for a week — **what would they say your values are?**

# THE RETENTION FRAMEWORK





**BEFORE**



**DURING**



**AFTER**

# BEFORE: BEFORE THEY THINK ABOUT LEAVING



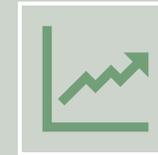
CLEAR  
ONBOARDING



CLEAR  
EXPECTATIONS



30/60/90DAY  
CHECK-INS



GROWTH  
PATHWAYS

# DURING: WHEN THEY'RE NOT HAPPY



ENERGY SHIFT  
AWARENESS



SAFE SPACES  
TO STRUGGLE



EARLY  
INTERVENTION

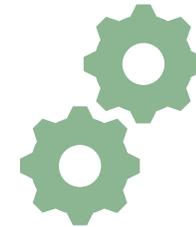
# AFTER: ONCE THEY'VE LEFT



MEANINGFUL EXIT  
INTERVIEWS



LEARNING FROM  
FEEDBACK



SYSTEM  
IMPROVEMENTS

# Culture Fit Vs System Failure

**If someone isn't jelling, Is it them or the system?**



If someone fits values but struggles –  
Support and Coach



If someone performs but destroys  
morale – It's a harder decision.  
Psychosocial behaviour.



But protecting culture protects  
retention.

# Retaining Doctors



Doctors can be **tough**, they love to be **appreciated**, and they love **simple**.

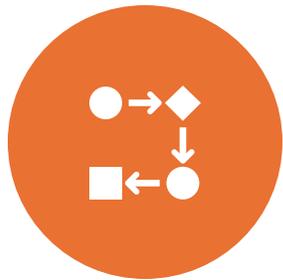


Give them complexity, **admin headaches**, IT dramas... and you might as **well be asking them** to solve a Rubik's cube blindfolded.

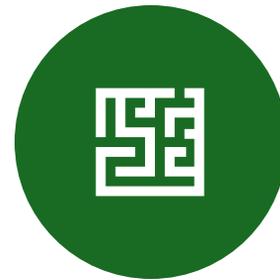


They pay their percentage to **the clinic** because they want to do **what they do best** see patients, make decisions, be brilliant and then leave without thinking about anything else.

# Keeping Doctors Happy = Operational excellence



The **smoother** their day runs, the happier they are and the longer they stay.



Investing in **tech** that actually saves time: AI tools, Streamdecks (for practices using a server, simple process flowcharts, clear policies.



Rock-solid **recall and results processes** doctors love knowing nothing slips through the cracks.



A **buddy system** so when one doctor's on leave, another has their back.

# Keeping Admin and Nursing Teams

The same philosophy applies to your admin/ nursing teams.

Ask them about their pain points.

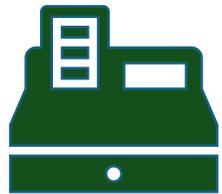
Brainstorm together

Build policies that actually make their day easier, not just yours.

Ask for their input and make it feel like their idea

Teaching moments : Show staff they're trusted and capable

Fin matters: outings, games, food days, competitions



# Let's talk about something everyone loves to tiptoe around: pay

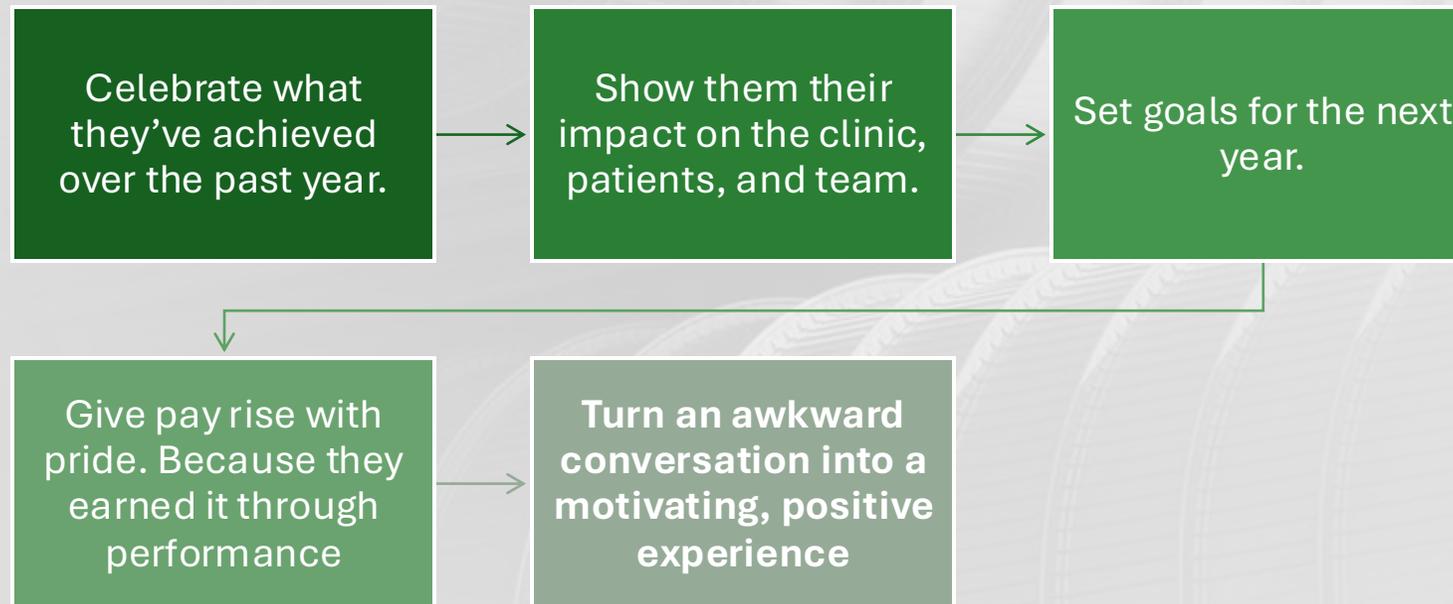
- We all know the question is coming: *'When am I getting a pay rise?'* And it can feel a little awkward. But here's the thing it's a normal, healthy question.
- First, a principle: pay fairly, ideally slightly above award. It sends a simple message: *'We value you. We're investing in you.'*



# The June Performance Appraisal Strategy

Do annual performance appraisals in June.

Why? Pay increases under award kick in 1<sup>st</sup> July.



Making them  
Champions



**I don't believe you need to work harder.**

**I believe you need clearer systems.**

- Predictable onboarding
- Transparent communication
- Defined growth
- Celebrate wins
- Address tension early

When was the last time you celebrated something small?





# Recognition Matters

Medical practices are so  
busy fixing problems —  
We forget to highlight wins.

*Retention loves recognition.*

Sometimes an external lens helps  
you see the blind spots.

# What if the solution isn't more effort... But better alignment?



Finding good people

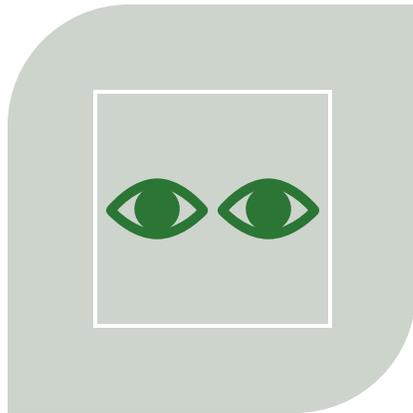


Keeping good people



Keeping yourself sane while doing both

# The Three Key Takeaways



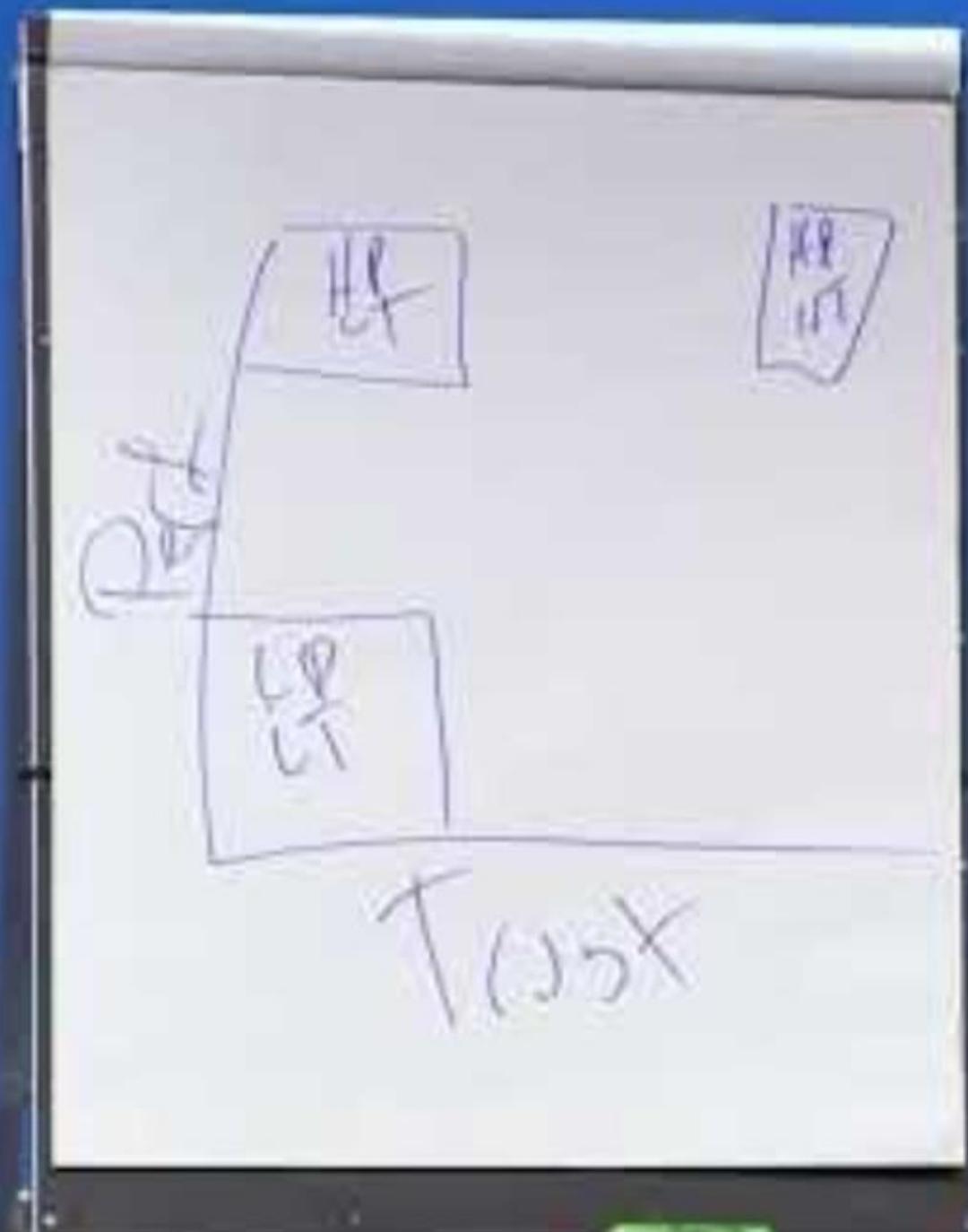
**NOTICE THE LITTLE THINGS BEFORE THEY  
BECOME BIG THINGS.**  
CATCH EARLY WARNING SIGNS AND CHECK IN  
REGULARLY



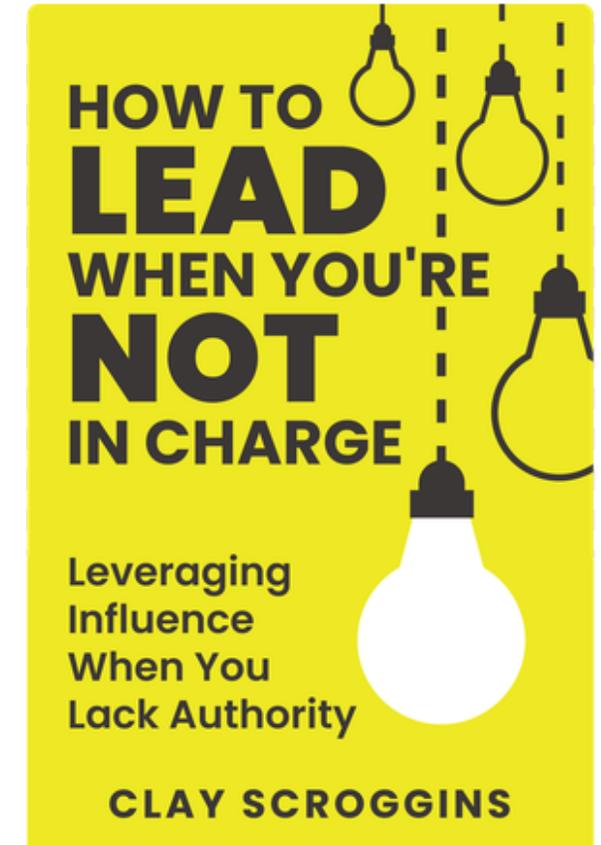
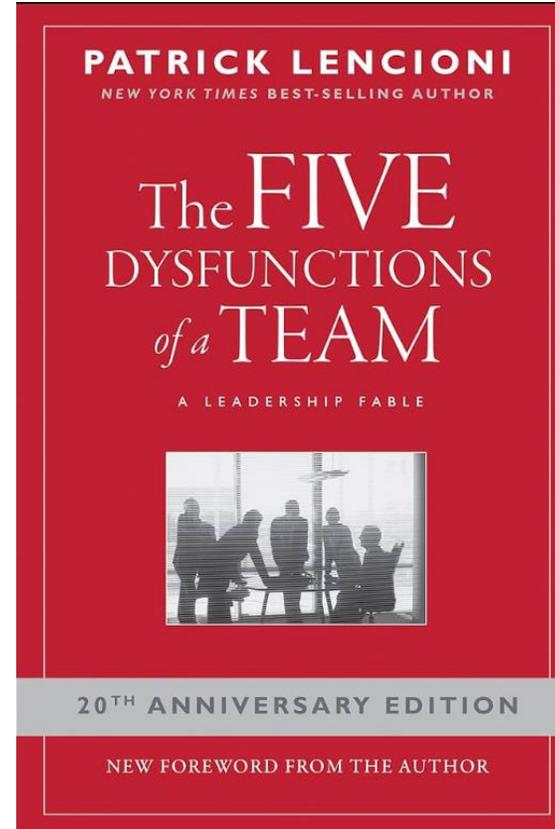
**ALIGN YOUR PEOPLE, SYSTEMS, AND VALUES**  
CLEAR EXPECTATIONS, STRONG PROCESSES, AND  
LIVED VALUES CREATE STABILITY.



**CELEBRATE AND EMPOWER YOUR TEAM**  
RECOGNITION, AUTONOMY, AND INVOLVEMENT  
TURNS STAFF INTO CHAMPIONS!



# Great books and resources to read.



# Thank You!



Stephanie Portoglou  
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*Private*

PRACTICE MEDICAL CONSULTING



# Thank you for attending. What's next?

After this session you will receive:

- 1** *Slides and resources from this session within a week*
  - 2** *Attendance certificate will be received within 4-6 weeks.*
- **Register for more Practice Manager Peer Connect education sessions here:**  
[nwmpnhn.org.au/resources-events/events](http://nwmpnhn.org.au/resources-events/events)
  - **Past education sessions can be found here:**  
[nwmpnhn.org.au/resources-events/resources](http://nwmpnhn.org.au/resources-events/resources)

## Feedback - QR code

We welcome your feedback.  
Let us know if you got what  
you needed from this session.

