

4/8/11

To Whom it May Concern: Regarding the Senate Enquiry
With respect to the review of the two tiered system of Psychological
Medicare rebate and reduction of annual number of sessions rebatable.



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It has been distressing to hear of the possibility of the clinical psychologist service Medicare rebate being considered to be dropped to the registered psychology level. This would mean that working solely in Private Practice would not be sustainable. Many psychologists are aware that we are not able to pass clients on to government services because waiting times are 4 months at times. We see people within a week. It is our policy that new clients should not wait longer. If it is urgent we will see them the same day. This means that there treatment has begun; there is no gap between assessment and treatment.

I have been the Principal of a group clinical practice for 8.5 years now. During the first 4 years there was no Medicare rebate and our practice only survived by my remortgaging my house twice. Foolish in retrospect but I had faith that we were providing a service which was not being provided adequately publicly in the community. During those early years we charged \$80 per session for those who were employed and \$65 for those who weren't. It was necessary to process more clients per day than was practical for the optimal quality of and administration work was often done till 8pm at night, because adequate office support staff could not be afforded. In retrospect this was far from adequate to run a business, we were still learning. The APS recommended rate at the time of \$160 was actually fairly accurate in retrospect.

Our private practice has not only been flexible in fitting with clients possible hours of attendance but we have also served rural areas including, Singleton/Muswellbrook, Port Stephens and East Maitland. As a private practice there has not been remuneration for travel but small businesses must be willing to do extra to make it work. This has also meant paying extra rent for rooms in these areas

The running costs of a small group practice, in a regional city (Newcastle) currently are between \$56000 and \$65000 per annum (varying with rent for rooms in other towns. This includes rent for rooms to cover one full time and 3 part time counsellors. The part time wage of an office support and bookkeeping person, and weekly bills. My full time wage has not been more than \$75000 for the last 3 years. Between seeing clients and doing

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administration I am present full time. I am a senior psychologist and I believe my pay level now in Hunter Area Health would be \$95000pa not including superannuation..

I continue with private practice not for fame and fortune but because I believe we provide a valuable service to the community. The only advantage to me is that I can juggle my hours to fulfil caring duties for family but I still put in the hours making up time by being available to clients till 7pm 4 days per week and Saturday morning. Three of us are available after hours including Saturdays.

We bulk bill those who are unemployed or in money difficulties. **The proportion of bulk billed clients to full fee paying clients in our practice is 57%.** We bulkbill adolescents and children where where their attendance at an adequate number of sessions would otherwise prove a hardship to their parents even though working. Some of these clients have chronic mental health disorders. It is also extremely disturbing to hear that the extra six sessions for chronically ill people has been slashed and in fact the 12 annual sessions reduced to 10.

The 18 session allowed for such people have-not always been sufficient. In some cases we have seen them for several sessions with no charge and no rebate rather than abandon them for several months. These are usually people with anxiety issues who would be very reluctant to change to another psychologist and who would fall behind in their progress if left at a crucial time. This may include conditions such as paranoid schizophrenia, PTSD related to sever childhood sexual abuse, OCD, PTSD related to life threatening violence or PTSD related to accidents where mortality occurred. People struggling to achieve success with a methadone program or other addictions. Some clients have had an incredible run of events over a few years which has been a mixture of tragic events and illnesses.

I could give many more examples of the ongoing treatment private practitioners have been able to provide which are about serving the needs of our hidden unwell.

Private practice provides continuity in a local setting for very difficult patients and clients. I hope this letter will provide some information which may be helpful in making decisions about keeping the clinical rebate. The kind of work I am describing is done by psychologists with specialist training (clinical). The clinical rebate higher tier allows enough income to run a business, not to make a huge profit for those who believe in what they are doing. It will be a hardship to reduce the sessions from 18. Private practices will close if the rebnate is reduced to the registered psychologist level whcio is totally inadequate. Yours faithfully,

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