

#### Background:

I graduated from a Bachelor of Physiotherapy in 2004 and have almost exclusively worked in hospitals (both public and private) since.

My son was first flagged as requiring occupational therapy by his kinder teacher in October 2021. Between November 2021 until early November of 2022, this was funded privately. The occupational therapy came at a cost of the NDIS recommended hourly rate of \$193.99 per hour. As a senior public hospital physiotherapist with post graduate qualifications, I needed to work for almost four hours to fund the recommended NDIS hourly rate. Whatsmore, there are many privately owned businesses employing new graduate allied health professionals, who are providing therapy at the identical cost per session.

As a private client, the cost per session incorporated, within reason, the therapist travelling to kinder as well as communication with myself and the kinder teachers.

In November 2022, our son was successful at gaining early intervention NDIS funding. For us, this meant that he was able to access weekly occupational therapy sessions (rather than fortnightly). We were also able to obtain funding for his continence products once he turned 5.

Suddenly, our \$193.99 session became a \$223.99 session, with the therapist who lived two suburbs away charging the NDIS for her travel time. Now instead of quick phone catch ups, it was planned phone and zoom meetings which were all payable by NDIS. As it was put to us by my son's occupational therapist, 'his plan allows for it'.

Whilst payment for travel time is a necessary and appropriate incentive for therapists practicing in regional and rural communities, where time on the road would significantly impact their bottom line, the same cannot be said for health practitioners living in close proximity to their clients.

Most of us would not expect any payment to travel to our workplace. In fact, allied health professionals working within a major public hospital network can be moved between sites without negotiation or notice, adding half an hour or more to our commute time in each direction. This occurs without any expectation of compensation.

I am completely supportive of my wonderful, skilled colleagues in private practice who truly make a difference to the lives of children and adults on NDIS. However these rates and additional allowances under NDIS are not sustainable and widely open to misuse. What is to stop an allied health professional charging travel time for every client they see within the same kinder or childcare centre in a single morning?

Something must be done. NDIS clients must not be charged more for additional fees for travel or any other therapy related activity than those who are required to fund their therapy privately.

Its unethical and unsustainable.