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Senate Standing Committees on Community Affairs
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**SUBMISSION TO INQUIRY INTO COMMONWEALTH FUNDING &
ADMINISTRATION OF MENTAL HEALTH SERVICES**

As a registered psychologist with 20 years experience and a 5 + 1 qualification: BA (Hons. Psych), Grad Dip Psych Prac, but no masters degree, I am appalled that the 2 tier Medicare system does not acknowledge my many years of clinical experience and would consider me a 'lesser' psychologist who should charge Medicare less than a new graduate with a Clinical Masters' degree and no or little substantial field experience.

When I first became a registered psychologist in 1991, the charge out rate for psychologists was \$136 per hour and the current rate is \$158.50 (SA Government Gazette). In essence, twenty years later, how little fees have increased and under the 2 tier Medicare Rebate system, I would be earning a lower hourly rate than I was 20 years ago! In the meantime, practice costs have been ever increasing – insurances, office space, costs of psychological tests, electricity, etc...need I go on? The only way my part-time private practice is viable is that I hire consulting rooms on a sessional basis and save costs by working on my reports from home.

At the age of 47 with two children, even if I wanted to pursue a Masters' degree, the cost of the degree, combined with the loss of income as a result of having to take time away from my practice, makes even entertaining the idea of pursuing a master's degree impractical, and that is assuming there would even be a chance that I would even be successful in securing entry

into a Master's course. There would be many psychologists in a similar position to me, and in particular, women, with 15, 20 or more years of experience and if we, in the mature age bracket, all applied for entry to a Master's course, in order to then be able to charge a reasonable hourly rate for Medicare work, what are the odds many of us would get in? I am not aware of a 'grandfathering' clause for psychologists in the more mature age bracket nor any attempts to create special or additional master's degree places for us. Nor does it appear that there has been any attempt to give sufficient notice that new rules will apply in a few years time in relation to Medicare work so that us psychologists in the mature age bracket (usually with mortgages, private school fees), could be given sufficient notice to plan their finances accordingly. In fact, I wonder whether there is a case for age and sex discrimination with regards to current policies. I am unsure what the statistics are in relation to percentages of older and also female psychologists. When I first registered, the psychology profession was very heavily represented by females. In any event, even if provisions were made to facilitate additional Master's places, it certainly feels that my many, many years of experience and service to the community count for little and current policies make absolutely no sense. Surely, there should be a mechanism in place for RPL (Recognition of Prior Learning) and that mature aged psychologists with many years of clinical experience should be automatically granted the same status as those with a clinical Masters' degree.

I am all for ongoing professional development and lifelong learning, this is critical, however, to tie remuneration rates to a particular qualification and creating two classes of psychologists and in the process, severely disadvantaging some of the most experienced practitioners in our profession is grossly unfair. Over the years I have discounted my fees for some disadvantaged clients but there are limits to doing this when one has substantial business costs to cover. If there was a mass exodus from the psychology profession or Medicare work in particular, because it was no longer financially viable, what then, who would suffer? Longer waiting periods to see the small number of inexperienced psychologists who are doing Medicare work? Perhaps only young, inexperienced, newly registered psychologists will be attracted to Medicare work as getting low pay is better than getting no pay, whilst they paid off their Master's degrees, clocked up experience and then be in a position to pursue better paying employment options. I would have thought clients who need to access to services via Medicare as they don't have private health cover, are among the most vulnerable in our community and deserve to be seen by very experienced, efficient practitioners, not just ones who hold a particular degree and are willing to work at a low rate of remuneration.

For the record, in the early years following my registration, I spent several years working with disadvantaged long term unemployed clients residing in disadvantaged outer suburbs. Eventually, the extensive travel commitments and associated costs involved necessitated a relocation of my practice once I married. Where are the appropriate financial incentives to encourage the provision of psychological services under Medicare to clients in outer suburbs, country and remote regions?

I have extensive clinical experience and yet I have been forced to actively avoid Medicare work because it pays so poorly and I have substantial small business overheads. I have been asked by several general practitioners whether I do Medicare work and the feedback I have received is that it is difficult to get their patients in to see a psychologist and some 'haven't been that good anyway'. It wasn't until I explained the remuneration structure that these GP's understood why they had been experiencing difficulties with psychologists. Furthermore, in relation to the few Medicare referrals I undertook, there were cancellations at short notice and re-scheduling of appointments, phone discussions and letter preparation, none of which are chargeable, so that in effect, the hourly rate translates to an even lesser amount taking into account total time spent including billable and non-billable activities.

Finally, I also wish to make comment in relation to psychologists versus other professionals providing mental health services. I personally have lost track of the number of times I have been told by clients that they have received more benefit from several sessions with me than having been seeing a psychiatrist for over a year! I have also heard lots of negative things from my clients about the indiscriminate prescribing and monitoring of anti-depressants. Are psychiatrists being put through the same scrutiny as us psychologists?...and they charge much higher fees and are allowed more sessions!

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