

Inquiry into access to and affordability of medical specialists in Australia

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We are contributing to this inquiry based on our experiences as parents of a person who has had the need of a medical specialist for a number of years – and will continue to require this care for many more because theirs is a chronic condition.

We are writing this with the intention to maintain the confidentiality of our child and the physician, but are willing to provide specific detail if the Committee will find it useful.

Term of Reference a) Examine current access to medical specialists in cities, regional and rural communities, with consideration of workforce distribution, shortages, waiting times and barriers to recruitment, retention and training

Our comment focusses on access to specialists and waiting times.

Our child who is now a young adult suffers from mental illness and requires non-hospital based psychiatric (and psychological) care. When we first realised that a psychiatrist was required, and called multiple centres, we were dismayed to find waiting times of 9 months or more. We were unable to put our child's name down on multiple physicians' books and needed a GP reference for a specific physician (or in some cases, a specific centre). Thus, we had to "take a punt", choose one physician, and wait.

This "one shot deal" type approach was very difficult for our family and, I'm sure, is difficult for many people entering into long term and critical care. The worry is that there may be some sort of clash or incompatibility between the patient and the doctor – especially in psychiatric care. If we found ourselves in a situation where the care wasn't working, then it would be at least another 6 month wait.

The sorts of issues which we have had are, I'm sure, somewhat related to shortages of physicians/over-supply of patients, the demanding requirements of the job, and probably other issues.

For example:

1. Fear to provide feedback:
 - a. When our child first became a patient of the physician (and still is) it was via a private hospital. There were multiple examples of prescriptions which were never sent, follow-ups that never happened and appointments at which the physician was extremely late (up to ~45 mins). Frankly, we were afraid to

complain because of the suspicion that if we did, it would affect our child's care, or we could be without care for at least 6 months.

- b. Office staff are key communicators and they were sometimes surprisingly blunt, unsympathetic and unwilling to provide any active assistance (for example in terms of chasing prescriptions etc).
 - c. Finally, we did raise concerns with the hospital and, at that, we were informed that we would no longer be able to communicate with them on behalf of our child (who, as an adult, had given permission for us to support her in this way). This triggered such a terrible, panicked situation for our family.
 - d. Ultimately, the physician left the hospital without any notice - the hospital simply called and told us the physician had left and all appointments were cancelled. It declined to tell us where the physician went or how to contact them, and that we would need another referral to see another psychiatrist (none were suitable or available). As you can imagine, this abandonment was hugely stressful for our family, to say the least.
 - e. In the end, we found the physician on LinkedIn and were able to re-establish contact that way. We were lucky.
2. Late for appointments, too many patients:
- a. For the entirety of our child's time as a patient, the physician would be late for appointments – these are usually by Tele-health and it was not unusual for our child to wait for 30-40 or more minutes. And each minute wait became more stressful and difficult – there is no notice, no reassurance, just silence. This inevitably leads to distress which in turn often means that there is no engagement with the physician at all.
 - b. We imagine this lateness is because there were too many patients for the doctor to see – though we are assuming this is the case.
 - c. More recently, the physician has again changed institutions (but this time the change was smooth and we didn't lose contact) and the lateness is less of an issue (usually less than 15 mins late).
3. Increasing fees, and strict cancellation notice:
- a. As of the beginning of 2025, the fees (Telehealth) have increased drastically. We are fortunate that (so far) we can manage these fees with some other spending adjustments, but we sympathise for people who cannot do this. These people would suddenly have to change physicians and we are absolutely certain this would be enormously difficult for them and their families. Many would now be without care and this is a preventable tragedy for those people.
 - b. Our child, as is common in mental illness, is sometimes unable to interact with the psychiatrist. This means that an appointment is cancelled or can be as short as 5-10 minutes. In this case, or if we haven't cancelled several days prior, we still pay hundreds of dollars. When this happens, there is no effort by the physician to interact with our child off-line. Contrast this with the psychologist (in a different institution) who will send email, provide reading or other suggestions, and otherwise work to strengthen contact with our child. Thus, it is not ok that the physician (who we cannot change easily, remember) is seemingly profiting from our child's illness without making an effort to fulfill their duty of care.

- c. I do want to stress that we are absolutely certain that this specialty is hugely difficult – patients are often in distress, can be hard to connect with, there are no clearly effective medicines or other treatments. It can't be easy.
4. Overall
- a. The lack of access to physicians, the difficulty in getting on their books, and the practical impossibility of selecting the best physician (by trying more than one) means that a patient is effectively locked into their specialist. This means that prices can go up regardless of the level of support – and patients either pay, or leave. We should do something for people for whom neither of these options are possible. These are the people that end up on the street or worse.

Term of Reference b) Examine the effectiveness, transparency and equity of referral pathways from the perspective of patients, primary health care practitioners and medical specialists across the public and private health sectors, with consideration of factors affecting referral patterns and any systemic, regulatory or administrative barriers to the appropriate utilisation of these pathways.

5. Need for individual referral.
- a. As we have mentioned, the need to get individual referrals for specific physicians is very stressful. It is good that an institution which has more than one psychiatrist may accept a single referral (if it is addressed to the Institution rather than an individual) but this is only helpful in some situations.
 - b. If we get a referral to Dr X but then find that their wait time has blown out too long, then in order to access another Dr with a shorter wait, we have to go back to our GP in order to get another referral. This is stressful for anyone, but particularly stressful for someone with mental illness (who already struggles to go to the GP).
 - c. In the event that a patient is not experiencing a positive outcome from their existing specialist, there is hesitation to seek another. This is because of the fear that the first physician may 'find out' and this would affect care. The switching of physicians should be facilitated at all times and should not require an additional referral.

Term of Reference c) Examine the affordability of specialist services, including out of pocket costs for consultations, diagnostics, procedures, and patient access to specialists through public health services, as well as factors influencing fee setting by specialists in the public and private health sectors

6. Increased fees and strict conditions
- a. As we have mentioned above, our child's psychiatrist had increased fees quite dramatically in 2025 – despite only practising via Telehealth. For example, for a 45-minute appointment, the fee has increased from around \$260 to \$350 and then \$450.
 - b. In addition, fees now need to be pre-paid, and cancellations need to be done 2 full business days prior to the appointment, or the fee is forfeited.
 - c. There is no fall back if our child cannot manage to attend an appointment – no written interaction, no option for text chatting, no written messages of continued support and availability, no suggestions or etc that may actually increase the interaction which could help our child (who is in this position through no fault of their own, and deserves better than this).

- d. Despite multiple late cancellations, and appointments that have been cut short, etc, we remain with the physician because we have no choice but to comply.
- 7. Financial sustainability
 - a. We are fortunate that, currently, we can just handle the payments with some other adjustments to our lives.
 - b. But as we approach retirement age, we are not sure what we will do.
- 8. What about people who can't afford increased fees?
 - a. We really fear for people who cannot manage these increased payments and strict financial conditions.
 - b. Their only choice is to forgo treatment until they can access another physician (which will take 6 months at least).
 - c. I suspect that some of these people are those that we see living rough on our streets – they should not be abandoned this way.

Term of Reference d) Examine the impact on patient outcomes by delays due to cost, distance and waiting times, and broader system impacts on primary care, emergency departments, public hospitals, chronic disease management, as well as impacts on people due to deferred or missed care

- 9. The inability to compare and select the best physician is not in anyone's interests.
 - a. The physician is not able to have the best impact on their patient, and the patient suffers further through interactions with a physician that isn't helping them. And they still have to pay for this – or forego treatment for half a year or more to find and wait for access to another physician. And they have to hope that the next physician can help them.
- 10. The system which doesn't facilitate a comparison leads to patient harm
 - a. A patient who cannot make an informed decision on the best physician for them, and who cannot switch physicians quickly, is automatically exposed and may be without treatment – heightening the risk of harmful outcomes.
- 11. Locking a patient in to pay higher fees leads to poor outcomes
 - a. The system – because of wait times, referral requirements etc, essentially locks patients in to paying the physician's fees.
 - b. The alternative is to forego treatment – which automatically exposes patients to poor outcomes.

Term of Reference e) Assess innovative and emerging models of care that may improve access to medical specialists

- 12. Some thoughts as to what would have been helpful for our situation:
 - a. Prevention is the best course of action in mental illness. We did not understand the extent of the risk to our child – the impact of social media on eating habits, self-image, and other modern pressures were key triggers for our child's illness and the derailment of their life-plans. The social media age-related ban is helpful, but the damaging and dangerous information should be deleted at the source.
 - b. Still in regard to prevention, the institution of formal and focussed psychological training should be a requirement for teachers at both the primary and high school levels – this would have helped change the course for us and our child, although we know this is beyond the scope of this inquiry.

- c. A GPs referral should be able to be used to access more than just a single named specialist. This would facilitate a patient visiting more than one physician, and allow them to select the one that they feel most comfortable with, etc. This would be no detriment for the specialist – they would be more likely to be able to have a positive impact on patients who make the informed decision to see them.
- d. The first appointment to a specialist should not cost the patient anything. This would not be a detriment to the specialist – unfortunately, there is an oversupply of patients, and hence they rarely have space on their books and when they do it is filled quickly. They will not miss out on business.
- e. Further, if the first appointment does not cost the patient, this can ensure that government payments via Medicare are made to support a beneficial relationship between a physician and their patient. If this isn't the case, it is a waste of public funding.
- f. We are aware that some online TAFE courses include an introductory video meeting where the lecturers introduce themselves to prospective students. We wonder if this sort of video-introduction to a physician (and maybe the institution etc) could help a patient decide if they are comfortable with the physician or not. In today's world, we suspect that filming of a video such as this would be very easy. While some physicians may do something like this as part of their work to secure patients, it should be a requirement for all specialists. Realistically, this approach can only provide a cursory level of familiarity for patient – but it is better than nothing.
- g. We also think that an AI-type approach could help a patient in selecting their physician rather than the current situation where a patient has to take a punt on selecting the best Dr for them. For example, if a patient could indicate the things they like and don't like about people, or the things they want or don't want from a physician, then maybe AI could help them find the doctor who would be most likely able to help them.

Thanks in advance for your work in this area. If you can help people quickly access appropriate and effective psychiatric care, it can divert them from a life of distress requiring regular government support, to a life as a tax paying member of society.

This would have clear and profound benefit for the patient, their family, the community and our country.

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