The 30-Minute Check

What your clinicians cost you, as a share of what they bill

The award floor moves on a published timetable. What that does to your business depends on a number you already have — and it is sitting in your own system right now. This sheet walks you through finding it. **One closed quarter, four numbers, about half an hour.** Nothing here asks you to forecast, classify anybody, or send anything to us.

PRACTICE _____ QUARTER USED _____ DATE TAKEN _____

#	WHAT YOU NEED	WHERE IT COMES FROM	YOUR NUMBER
1	**Pick one closed quarter**	A quarter that has finished, so nothing in it can still move. The last full one is ideal — twelve weeks is long enough to smooth out a quiet fortnight and short enough to still describe how you operate today.	**From ____ / ____ to ____ / ____** _____
2	**Clinician gross wages for that quarter**	Payroll report, gross earnings, for **clinicians only**. Include base, any commission or bonus paid, leave taken and loading. Exclude admin, reception, and anyone non-clinical — you will put them on their own line below.	**$** _____
3	**Superannuation for those same clinicians**	Same payroll report, same people, same quarter. Super is a real cost of employing them, so it belongs in the number. Leaving it out understates what a clinician costs you by a material margin.	**$** _____
4	**What those same clinicians billed**	Practice-management billings report, filtered to the **same people** and the **same quarter**. Billed, not banked — you want what the work was worth, not when the money landed.	**$** _____

(**2** wages + **3** super) ÷ **4** billings × 100 = _____ %

Admin and reception wages + super for the same quarter — recorded separately, and **never** inside the number above — **$** _____

Three ways this goes wrong

Each of these makes the number look better or worse than it is

Mixing admin in. Clinicians and admin behave completely differently — blend them and the number stops meaning anything, because you can no longer tell which line moved.

Leaving super out. It is a real cost of employing that person. Out of the number, you are measuring something that does not exist.

Different people on each side. The wages and the billings must be the *same* clinicians over the *same* weeks. A therapist who started mid-quarter, or one who bills under someone else's provider number, will quietly break it.

Worked example

A composite clinic, for shape only

Clinician gross wages, quarter	$196,400
Superannuation on those wages	$23,568
Total clinician cost	**$219,968**
What those clinicians billed	$471,000
Clinician cost ratio	**46.7%**

That is the whole job. **Write the number down, write the date next to it, and stop there.** You are not comparing it to anything yet and there is no score attached to it — what counts as healthy depends on your payer mix, your service model and your cost base, and none of that can be read off a single figure. What the number gives you is a starting position: the share of every dollar your clinicians bill that goes straight back out to employ them, and therefore what is left to run everything else in the building.

Why now rather than later. Once the floor moves, every reading you take is a reading from after the change. A baseline is the one measurement you cannot go back and take.

What this sheet does not do

This gives you the number you have. It cannot give you the one you are about to have — that depends on what each individual's rate becomes under the new structure, which is worked out one person at a time. That is the classification work, and it is what our REBUILD course covers end to end.