



ESSA

EXERCISE & SPORTS SCIENCE AUSTRALIA

2022 South Australian Election Priorities

Exercise & Sports Science Australia (ESSA) is the peak body and professional association for exercise and sports science professionals in Australia, representing more than 10,000 members comprising university qualified Accredited Exercise Physiologists (AEPs), Accredited Exercise Scientists (AESs), Accredited Sports Scientists (ASpSs) and Accredited High performance Managers (AHPMs). This exercise and sports science workforce successfully plays a pivotal role in addressing the health risks and challenges faced by many South Australians.

A focus on preventative health is key to reducing health costs [1] and achieving a healthier population within South Australia [2]. In order to increase the physical activity levels of a largely sedentary population, ESSA Accredited Exercise Professionals are best placed to help achieve this along with the provision of dietary advice [3].

ESSA Accredited exercise professionals (AEPs and AESs) will play a crucial role in achieving the aims of key South Australian health strategies [2]. Exercise is vital for health and wellbeing for all ages from childhood to the elderly [3] and helps people to not only become more active, it prevents disease onset and also assists in treatment and management [4].

Accredited Exercise Physiologists (AEPs) provide services to people across the whole health spectrum, healthy through to those at risk of developing a health condition, and people with health conditions, a disability, and aged related illnesses and conditions, including chronic, complex conditions [4]. Accredited Exercise Scientists (AESs) specialise in the assessment, design and delivery of exercise and physical activity programs as interventions to improve health and wellbeing and prevent chronic conditions [5]. Both professionals employ interventions which are exercise-based and include health and physical activity education, take a person-centred approach, and provide advice and support for lifestyle modification with a strong focus on achieving behavioural change.

A 2015 Deloitte Report [1] found clinical exercise interventions by AEPs efficacious and highly cost-effective in the Australian health care setting. Deloitte identified a high return on investment for accredited exercise physiology services in treatments of people with chronic conditions, notably pre-diabetes and diabetes, mental illness, and heart failure. Examples of benefit to cost ratios for AEPs interventions are:

- › Pre-diabetes - **6.0**
- › Type 2 diabetes - **8.8**
- › Mental illness (depression) - **2.7**
- › Chronic heart failure - **6.2**
- › Chronic back pain - **14.6**
- › Osteoarthritis - **4.0**
- › Rheumatic diseases - **4.2**

During 2015-16, 73% (\$117 billion) of recurrent health expenditure was attributed to disease groups with the total cost of cardiovascular disease at \$10.4 billion including \$4.8 billion for public hospitals. Musculoskeletal disorders cost \$6.7 billion (\$1.8 billion in public hospitals) and endocrine disorders cost \$1.4 billion [6]. The engagement of AEPs and AESs could have a significant impact on reducing cost to the health system as preventing and managing a range of chronic diseases and maintaining and enhancing quality of life is well evidenced by research across the lifespan [3]. Moving forward, promoting a culture of health through exercise (rather than a culture of ill-health through treating disease) can help prevent or delay some of the chronic conditions that lead to high health costs and early death and ensure South Australians can live their lives to the fullest.

Priority policies for the 2022 South Australian Election

Exercise & Sports Science Australia (ESSA) is calling on candidates for the 2022 South Australian (SA) election to support these policy priorities to ensure all South Australians are provided with better access to appropriate exercise professionals and information on exercise to enrich their health:

Increased access to quality exercise physiology services for people injured through work by reinforcing capacity to practice and parity with other allied health professionals in the South Australian workers compensation scheme.

BARRIERS/ISSUES	SOLUTIONS
Remuneration of AEPs in the South Australian workers compensation scheme is lower than all other allied health professions, and barriers exist, restricting provision of the full scope of practice, and limiting access for patients to evidence-based healthcare.	<ul style="list-style-type: none"> › Provide fair and reasonable remuneration for AEPs in line with other allied health professionals › Introduce item codes to the exercise physiology schedule for Assessments of Activities of Daily Living and Worksite visits.

Recognition of exercise physiology and other disciplines in the self regulated allied health workforce to assist in planning and delivery of health outcomes for South Australians.

BARRIERS/ISSUES	SOLUTIONS
Self-regulated health professions such as AEPs are not currently recognised as a health profession in the Health Practitioner Regulations Act, creating barriers to accurate reporting and effective health workforce planning to meet the healthcare needs of the South Australian population.	Amend the <i>Health Practitioner Regulation Law (South Australia) Act 2010</i> to recognise health professions that are regulated by other means including health professions that are members of the National Alliance of Self-Regulating Health Professions.

Recognition of allied health professions in the health and fitness industry code to eliminate confusion and ensure that barriers are not in place to limit access to treatment.

BARRIERS/ISSUES	SOLUTIONS
Inconsistencies exist in the recognition of allied health professions in the legislation related to the health and fitness industry sector, where some allied health professions are exempt, and others are not.	Amend the <i>South Australia Fair Trading (Health and Fitness Industry Code) Regulations 2007</i> Version: 22.3.2012 under Schedule 1—Health and Fitness Industry Code, to exempt all AHPRA and self-regulated allied health professions recognised by the National Alliance of Self Regulating Health Professions.

Improving the capacity of the public health system to respond to patients need for exercise physiology by planning for future workforce, including the establishment of career pathways.

BARRIERS/ISSUES	SOLUTIONS
Demand for exercise physiology services is increasing in the public health system, and staff are being relocated at the expense of community health and other services to meet inpatient rehabilitation needs. A career pathway for exercise physiology is also lacking with an absence of leadership and graduate positions.	<ul style="list-style-type: none"> › Fund a minimum of 6 graduate positions for exercise physiology on an annual basis. › Create a discipline specific lead for exercise physiology in each of the metropolitan local health networks, i.e., 3 positions.

1. Increased access to quality exercise physiology services for people injured through work by reinforcing capacity to practice and parity with other allied health professionals in the South Australian workers compensation scheme.

Accredited Exercise Physiologists (AEPs) are recognised allied health professionals alongside physiotherapy, occupational therapy and speech pathology [7, 8]. These professions hold Medicare provider status and deliver services within several compensable schemes across Australia, including workers compensation. In South Australia, the workers compensation scheme, Return to Work SA, has a fee schedule for each allied health discipline that provide treatment services. The hourly remuneration for exercise physiology is lower than all other allied health professions, creating a hierarchy where one professional group is considered of lower value in delivering clinical interventions. AEPs are also underutilised in the scheme and not provided with the capacity to deliver on full scope of practice.

Allied health providers including chiropractic, occupational therapy, physiotherapy, psychology, and speech therapy are remunerated at the same hourly rate which is 20% higher than the rate for exercise physiology. This is out of step with workers compensation schemes in other jurisdictions such as Queensland [9] and Western Australia [10] where there is parity across allied health professions, eliminating any potential tension between members of the multidisciplinary team and facilitating collaboration.

The *Return to Work Act 2014*, Part 4, Division 2, subsection 14 [11] states that, *a scale of charges published under this section must be based on the average charge to private patients for the relevant service*. Return to Work SA have only used one indicator for investigating a private charge for exercise physiology fees, i.e., Medicare

gap payments. Private patients are treated through multiple schemes and private funding arrangements, therefore the data used is incomplete and represents an inaccurate picture of remuneration for services provided by exercise physiologists. There is increasing demand for exercise physiology services, increasing the risk that providers choose better remunerated work over provision of services in the workers compensation scheme, thus reducing access to treatment for injured workers, impacting return to work outcomes and increasing cost for the scheme.

Additionally, exercise physiologists are underutilised in the workers compensation scheme in South Australia which reduces access for injured workers and limits flexibility in the scheme. Item codes for exercise physiologists to undertake Assessments for Activities of Daily Living as well as conduct worksite visits like those in other jurisdictions such as Queensland [8] would benefit the client, and the system. This professional group have the skills, experience and qualifications to effectively provide these services [4] and item codes should be introduced into the exercise physiology fee schedule for these services.



Funding required: Parity gap is \$39.40 per hour. \$800,000 per annum.

ESSA's call to action

Increase access to quality exercise physiology services for people injured through work by:

- › provision of fair and reasonable remuneration for exercise physiologists in line with other allied health professionals.
- › introduction of item codes to the exercise physiology schedule for 1. Assessments of Activities of Daily Living and 2. Worksite visits.

2. Increased recognition of disciplines in the allied health workforce including exercise physiology to assist in planning and delivery of health outcomes for South Australians.

The *Health Practitioner Regulation Law (South Australia) Act 2010*, Schedule 2, Part 1, 1-Definitions, provides the following definition for health profession [12]:

Health profession means the following professions, and includes a recognised specialty in any of the following professions

- › (a) Aboriginal and Torres Strait Islander health practice;
- › (b) Chinese medicine;
- › (c) chiropractic;
- › (d) dental (including the profession of a dentist, dental therapist, dental hygienist, dental prosthetist and oral health therapist);
- › (e) medical;
- › (f) medical radiation practice;
- › (g) midwifery;
- › (ga) nursing;
- › (h) occupational therapy;
- › (i) optometry;
- › (j) osteopathy;
- › (ja) paramedicine;
- › (k) pharmacy;
- › (l) physiotherapy;
- › (m) podiatry;
- › (n) psychology;

The current wording recognises those professions registered through the Australian Health Practitioner Regulation Agency (AHPRA). This piece of legislation is inconsistent with the Council of Australian Governments' (COAG) Health Council Policy outlined in a [Ministerial Communique](#) which outlines the proposal of a National Registration and Accreditation Scheme (NRAS) recognising the important contribution to health service delivery by all health professionals, including those regulated under the NRAS, and those that are regulated by other means [13].

The lack of recognition of disciplines in the allied health workforce leads to inaccurate representation of health services provided in the public health system. For example, exercise physiology treatment is often logged under physiotherapy, impacting the reporting of outcomes and identification of need for the provision of AEPs specific services. This reduces the effectiveness of future workforce planning and renders disciplines invisible in the public health system.



Funding required: Legislative amendment costs.

ESSA's call to action

Amend the *Health Practitioner Regulation Law (South Australia) Act 2010* to recognise health professions that are regulated by other means including health professions that are members of the National Alliance of Self-Regulating Health Professions.

3. Recognition of allied health professions in the health and fitness industry code to eliminate confusion and ensure that barriers are not in place to limit access to treatment.

AEPs are recognised allied health professionals with funding under compensable schemes such as Medicare Benefit Services (MBS), Department of Veteran Affairs (DVA), the National Disability Insurance Scheme (NDIS), private health insurance, and state and territory-based workers' compensation schemes. They are not considered to be fitness professionals under these schemes.

The current *Fair Trading (Health and Fitness Industry Code of Practice) Regulations 2007* for South Australia, focuses on the fitness industry rather than the provision of healthcare services [14]. As an allied health profession, the inclusion of exercise physiology under this code is misaligned with the professions' role in providing essential health care aimed at keeping people well and out of hospital. In contrast, physiotherapy, another allied health professional who also provide evidence-based exercise intervention within health and uses fitness facilities outlined in the code have been made exempt. Exemption of physiotherapy creates a disparity in allied health service provision.

Exercise physiology should be represented in the Health and Fitness Industry Code in the same way that physiotherapy is represented to eliminate barriers to access to clinical exercise treatment. Like physiotherapists, exercise physiologists are subject to regulatory frameworks and must meet and maintain [professional standards for accreditation](#) including adherence to [ESSA's Code of Professional Conduct & Ethical Practice](#). This includes practising in accordance with ethically relevant legislation, regulations, and standards that apply to AEPs including privacy, confidentiality, data security, informed consent, and record-keeping. Additionally, they must also

respect and adhere to standards established through relevant government legislation, regulations, and common law.

To reduce any confusion between the health and fitness sector and healthcare sector, health professions regulated through the Australian Health Practitioner Regulation Agency (AHPRA) and self-regulating health professions such as those professions with the National Alliance of Self-Regulating Health Professions (NASRHP) should be exempt from the code. NASRHP is an independent body providing a quality framework for self-regulating health professions, and has a set of standards for membership that have been closely modelled on the standards for health professions regulated by AHPRA [15].



Funding required: Legislative amendment costs.

ESSA's call to action

Amend the *South Australia Fair Trading (Health and Fitness Industry Code) Regulations 2007* Version: 22.3.2012 under Schedule 1—Health and Fitness Industry Code, to exempt all AHPRA and self-regulated allied health professions as recognised by the National Alliance of Self Regulating Health Professions.

4. Improving the capacity of the public health system to respond to patients need for exercise physiology by planning for future workforce including the establishment of career pathways.

Over the 12 months to August 2021, there was a twenty-four percent (24%) increase in the number of AEPs working in the public system in South Australia [16]. This workforce provides services in the hospital and community sector across many areas including amputation, stroke/neurology, orthopaedics, major trauma, spinal cord dysfunction, traumatic brain injury, pain services, and reconditioning and restorative services. Currently, there are challenges with demand for exercise physiology services outstripping supply within the system and unlike other allied health professions there is a lack of positions at a variety of levels to support patient care including graduate level.

AEPs working in SA Health advises that in recent times services have been provided in the inpatient rehabilitation wards, but the source of staff has been provided at the expense of other public health services, like outpatient services. In other words, AEPs have been shifted from other services to meet a need in rehabilitation but have not been backfilled, thus creating a need in another area of the system, which supports people in the treatment of chronic conditions and mental health. The employment of AEPs in rehabilitation wards vary across Local Health Networks (LHN) in Adelaide demonstrating inconsistencies in the system:

- › Central Adelaide LHN – 2.0FTE for geriatrics and spinal
- › Southern Adelaide LHN – 4.5FTE for orthopaedics, vascular, stroke and neurological
- › Northern Adelaide LHN – 4.8FTE for geriatrics, orthopaedics, stroke and neurological

At a minimum exercise physiology positions for inpatient rehabilitation settings should be provided as outlined in the Standards for the provision of rehabilitation medicine services in the ambulatory setting 2014 [17].

In addition to this the planning and structure of positions to support this growing discipline requires attention to ensure that demand for exercise physiology services is considered in workforce planning. Currently, employment of AEPs is mainly at the AHP1 and AHP2 level and there are no discipline specific directors for exercise physiology. This results in AEPs being overlooked when it comes to workforce planning as they are not engaged at the decision-making level in the system.

Furthermore, there are very few graduate positions for exercise physiology offered and this is misaligned with other allied health professions such as occupational therapy and physiotherapy where SA Health offers graduate positions. There are numerous benefits to hiring graduates as this is an affordable hiring option, bridges the gap between university and work, helps to identify talent, introduces fresh perspectives and assists with succession planning [18, 19]. The lack of attention to exercise physiology is also reflected in the absence of this profession on the [Working for SA Health](#) website page, where the profession is not listed as a career option for allied health.

Funding required: 6 graduate positions for exercise physiology and 3 discipline specific leads for exercise physiology - \$790,500 per annum.

ESSA's call to action

Increase capacity of the public health system to meet patient need for exercise physiology services by:

- › Funding a minimum of 6 graduate level positions for exercise physiology on an annual basis.
- › Creating a discipline specific lead for exercise physiology in each of the metropolitan local health networks, i.e., 3 positions.



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