

## Capability framework for Victorian cancer services

Participation in this survey provided ESSA with the opportunity to provide feedback on the draft Capability framework for Victorian cancer services with a breakdown as follows:

- overall feedback on the draft Capability framework for Victorian cancer services
- input on each section of the framework, with opportunity to provide level-specific feedback
- your suggestions on how to validate the requirements of each level of the framework (for future implementation).

ESSA Individual Accreditation Advisor, Emily Stewart conducted the survey co-signed by Ashley Bigaran, Operations Manager, Wellness and Supportive Care, Olivia Newton-John Cancer Wellness & Research Centre, Austin Health.

### Your organisation

Exercise and Sports Science Australia co-signed by Ashley Bigaran Operations Manager, Wellness and Supportive Care, Olivia Newton-John Cancer Wellness & Research Centre, Austin Health.

Exercise & Sports Science Australia (ESSA) is the peak professional association for exercise and sports science professionals in Australia, representing more than 11,000 members comprising university qualified Accredited Exercise Physiologists, Accredited Exercise Scientists, Accredited Sports Scientists, Accredited High-Performance Managers.

Olivia Newton-John Cancer Wellness & Research Centre, Austin Health, is a comprehensive cancer centre delivering world-leading cancer treatments and care complemented by wellness and supportive care programs to support the body, mind and spirit and enhance the quality of life. The Wellness and Supportive Program and Wellness Centre includes psychology, exercise physiology and complementary therapies such as massage and acupuncture to support cancer patients throughout their journey.

## Capability framework for Victorian cancer services feedback

The following questions requested overall feedback on the framework and began section-level feedback. Feedback was provided for each section and individual levels where necessary.

### Capability framework for Victorian cancer services - Overall comments

Do you have any general remarks or overview comments about the whole document?

Are there any major issues identified?

Exercise and Sports Science Australia (ESSA) have identified 3 areas of feedback we wish to provide comment on, and suggest solutions to. We believe this will lead to better alignment of the capability framework for Victorian cancer services (the framework) with the current evidence surrounding the benefits of inclusion of Accredited Exercise Physiologists (AEP) within cancer care.

**Recommendation 1: ESSA calls for Exercise Physiology to be included as an allied health and supportive care and survivorship service, all individuals have access to, from level 2 of the framework.**

Exercise throughout the cancer care journey can reduce cancer-related fatigue and hospitalisation rates and lead to improvements in physical function, psychological health, and quality of life [1-5]. The inclusion of exercise

therapy may also lead to a relative risk reduction for cancer recurrence, mortality and all-cause mortality [1,2]. ESSA commends the inclusion of Exercise Physiology within comprehensive cancer centres from Level 5 of the framework. To further optimise patient outcomes, ESSA is calling for AEP's to be involved in both pre-habilitation and rehabilitation services from level 2 of the framework, whether in a hospital or community setting. Research shows that this will improve treatment outcomes, physical and psychological wellbeing and quality of life for individuals throughout the cancer care journey [1-5].

**Recommendation 2: ESSA recommends that the framework implement the recommendations from the Clinical Oncology Society of Australia (COSA) position statement on exercise to include referral to an Accredited Exercise Physiologist with experience in cancer care as part of standard practice.**

It has been highlighted in several publications that despite the physical and psychological benefits of engaging in exercise, that most individuals with cancer are not meeting the recommended physical activity guidelines, despite exercise treatment being shown to be safe and effective [1-5]. It has been suggested that this can be in part due to "a lack of clarity on the part of those who work in oncology clinical settings of their role in assessing, advising, and referring patients to exercise" [4]. The lack of representation of AEPs within the framework may add weight to this argument.

Clinical Oncology Society of Australia (COSA), Australia's peak national organisation representing oncology professionals, has called for "exercise to be embedded as part of standard practice in cancer care and to be viewed as an adjunct therapy that helps counteract the adverse effects of cancer and its treatment" [2]. ESSA supports COSA's statement and recommends the inclusion of referral to an AEP with experience in cancer care as part of standard clinical practice from level 2 of the framework.

**Recommendation 3: "Exercise Physiology – An individual accredited as an Exercise Physiologist (AEP) with Exercise and Sports Science Australia" must be included in the glossary of the framework to ensure public safety and quality of services.**

ESSA has noted that Exercise Physiology has been omitted from the Glossary. We write to stress the importance of including the below information:

"Exercise Physiology – An individual accredited as an Exercise Physiologist (AEP) with Exercise and Sports Science Australia"

This is highly important to ensure the safety of the public and ensure quality. Without this distinction, this may allow for unqualified, unregistered professionals to practice. We note that the other allied health professionals listed within this framework appear within the glossary with this distinction.

### **Capability framework for Victorian cancer services - Introduction (About this document)**

Do you have any comments regarding the content of the 'About this document' section?

Please provide information on any issues that are missing, not clear or not required.

ESSA does not have a comment

### **Part A: Service Description**

ESSA feedback on the Service Description section.

**Overall feedback on all levels 1 to 6**

Please provide your specific comments for **All Levels of Part A - Service Description**.

**Recommendation 1: ESSA calls for Exercise Physiology to be included as an allied health and supportive care and survivorship service, all individuals have access to, from level 2 of the framework.**

Exercise throughout the cancer care journey can reduce cancer-related fatigue and hospitalisation rates and lead to improvements in physical function, psychological health, and quality of life [1-5]. The inclusion of exercise therapy may also lead to a relative risk reduction for cancer recurrence, mortality and all-cause mortality [1,2]. ESSA commends the inclusion of Exercise Physiology within comprehensive cancer centres from Level 5 of the framework. To further optimise patient outcomes, ESSA is calling for the framework to consider the holistic benefits of exercise therapy. ESSA recommends the inclusion of AEP within both allied health and supportive care and survivorship services as a service all individuals have access to from level 2 of the framework.

**References:**

1. Cormie, P., et al., *Exercise Medicine in cancer care*. Australian Journal of General Practice, 2020. **49**(4): p. 169–174.
2. Cormie, P., et al., *Clinical Oncology Society of Australia position statement on exercise in cancer care*. Medical Journal of Australia, 2018. **209**(4): p.184-187
3. Hayes, S. C., et al., *The Exercise and Sports Science Australia position statement: Exercise medicine in cancer management*. Journal of Science and Medicine in Sport, 2019. **22**(11): p. 1175–1199.
4. Schmitz, K. H., et al., *Exercise is medicine in oncology: Engaging clinicians to help patients move through cancer*. CA: A Cancer Journal for Clinicians, 2019. **69**(6): p. 468-484.
5. Potiaumpai, M., et al., *Cost evaluation of an exercise oncology intervention: The exercise in all chemotherapy trial*. Cancer Reports, 2022. **5**(3): p. e1490.

**Part A: Service Description level feedback**

**Service Description Level 1**

Please provide your specific comments on **Level 1**.

ESSA does not have a comment

**Service Description Level 2**

Please provide your specific comments on **Level 2**.

ESSA is calling for Exercise Physiology to be recognised under allied health and supportive care and survivorship services from level 2 of the framework. The benefits of including exercise can include reduced cancer-related fatigue and hospitalisation rates and lead to improvements in physical function, psychological health, and quality of life [1-5]. The inclusion of exercise therapy may also lead to a relative risk reduction for cancer recurrence, mortality and all-cause mortality [1,2].

**References:**

1. Cormie, P., et al., *Exercise Medicine in cancer care*. Australian Journal of General Practice, 2020. **49**(4): p. 169–174.
2. Cormie, P., et al., *Clinical Oncology Society of Australia position statement on exercise in cancer care*. Medical Journal of Australia, 2018. **209**(4): p.184-187
3. Hayes, S. C., et al., *The Exercise and Sports Science Australia position statement: Exercise medicine in cancer management*. Journal of Science and Medicine in Sport, 2019. **22**(11): p. 1175–1199.
4. Schmitz, K. H., et al., *Exercise is medicine in oncology: Engaging clinicians to help patients move through cancer*. CA: A Cancer Journal for Clinicians, 2019. **69**(6): p. 468-484.
5. Potiaumpai, M., et al., *Cost evaluation of an exercise oncology intervention: The exercise in all chemotherapy trial*. Cancer Reports, 2022. **5**(3): p. e1490.

### Service Description Level 3

Please provide your specific comments on **Level 3**.

[See response to Level 2](#)

### Service Description Level 4

Please provide your specific comments on **Level 4**.

[See response to Level 2](#)

### Service Description Level 5

Please provide your specific comments on **Level 5**.

ESSA commends the inclusion of Exercise Physiology within allied health and supportive care and survivorship services in comprehensive cancer centres from Level 5 of the framework.

### Service Description Level 6

Please provide your specific comments on **Level 6**.

[ESSA does not have a comment](#)

## Part B: Clinical Workforce

ESSA feedback on the Clinical Workforce section.

### Overall feedback on all levels 1 to 6

Please provide your specific comments for **All Levels of Part B - Clinical Workforce**.

**Recommendation 1: ESSA calls for Exercise Physiology to be included as an allied health and supportive care and survivorship service, all individuals have access to, from level 2 of the framework.**

**Recommendation 2: ESSA recommends that the framework implement the recommendations from the Clinical Oncology Society of Australia (COSA) position statement on exercise to include referral to an Accredited Exercise Physiologist with experience in cancer care as part of standard practice.**

ESSA commends the inclusion of Exercise Physiology within comprehensive cancer centres from Level 5 of the framework. In our review of the workforce requirements, ESSA wishes to highlight the benefits of also including Exercise Physiology earlier within the framework. We are concerned that in it's current design, the proposed

framework will miss the opportunity to maximise patient outcomes, via Exercise Physiology intervention, and patient outcomes will suffer. We want to take this opportunity to highlight the importance of including AEP's as a core service provider from level 2 of the framework and how this inclusion can enhance patient outcomes.

Exercise Physiology has not been included within the framework until level 4, where it is listed under "may also include". This is disappointing considering the evidence to support the inclusion of exercise and the benefits that can be obtained from exercise therapy. Exercise throughout the cancer care journey can reduce cancer-related fatigue and hospitalisation rates and lead to improvements in physical function, psychological health, and quality of life [1-5]. The inclusion of exercise therapy may also lead to a relative risk reduction for cancer recurrence, mortality and all-cause mortality [1,2]. As such, ESSA is strongly recommending that AEP be included and accessible to all individuals with cancer from level 2 of the framework.

In their position statement, COSA state that "optimal practice [should] include referral to an Accredited Exercise Physiologist or Physiotherapist with experience in cancer care for an individualised exercise program" [2]. Given the variability and complexity in cancer diagnosis, it is important to note that exercise prescription must be highly individualised, and should be adapted based on the individuals physiological response [1]. AEP's are university qualified allied health professionals trained in the ability to understand the physiological responses to exercise and prescribe safe programs to improve patient outcomes. ESSA proposes that in all cancer service levels where Physiotherapy has been indicated, AEP is also included as a service all individuals have access to.

#### References:

1. Cormie, P., et al., *Exercise Medicine in cancer care*. Australian Journal of General Practice, 2020. **49**(4): p. 169–174.
2. Cormie, P., et al., *Clinical Oncology Society of Australia position statement on exercise in cancer care*. Medical Journal of Australia, 2018. **209**(4): p.184-187
3. Hayes, S. C., et al., *The Exercise and Sports Science Australia position statement: Exercise medicine in cancer management*. Journal of Science and Medicine in Sport, 2019. **22**(11): p. 1175–1199.
4. Schmitz, K. H., et al., *Exercise is medicine in oncology: Engaging clinicians to help patients move through cancer*. CA: A Cancer Journal for Clinicians, 2019. **69**(6): p. 468-484.
5. Potiaumpai, M., et al., *Cost evaluation of an exercise oncology intervention: The exercise in all chemotherapy trial*. Cancer Reports, 2022. **5**(3): p. e1490.

#### Part B: Clinical Workforce level

ESSA feedback on each level/s it relates to.

##### Clinical Workforce Level 1

Please provide your specific comments on **Level 1**.

ESSA does not have a comment

##### Clinical Workforce level 2

Please provide your specific comments on **Level 2**.



ESSA is calling for the inclusion of AEP within the allied health and supportive care and survivorship services from level 2 of the framework. Exercise throughout the cancer care journey can reduce cancer-related fatigue and hospitalisation rates and lead to improvements in physical function, psychological health, and quality of life [1-5]. The inclusion of exercise therapy may also lead to a relative risk reduction for cancer recurrence, mortality and all-cause mortality [1,2]. AEP's are university qualified allied health professionals trained in the ability to understand the physiological responses to exercise and prescribe safe programs to improve patient outcomes. ESSA proposes that in all cancer service levels where Physiotherapy has been indicated, AEP is also included as a service all individuals have access to.

#### References:

1. Cormie, P., et al., *Exercise Medicine in cancer care*. Australian Journal of General Practice, 2020. **49**(4): p. 169–174.
2. Cormie, P., et al., *Clinical Oncology Society of Australia position statement on exercise in cancer care*. Medical Journal of Australia, 2018. **209**(4): p.184-187
3. Hayes, S. C., et al., *The Exercise and Sports Science Australia position statement: Exercise medicine in cancer management*. Journal of Science and Medicine in Sport, 2019. **22**(11): p. 1175–1199.
4. Schmitz, K. H., et al., *Exercise is medicine in oncology: Engaging clinicians to help patients move through cancer*. CA: A Cancer Journal for Clinicians, 2019. **69**(6): p. 468-484.
5. Potiaumpai, M., et al., *Cost evaluation of an exercise oncology intervention: The exercise in all chemotherapy trial*. Cancer Reports, 2022. **5**(3): p. e1490.

#### Clinical Workforce level 3

Please provide your specific comments on **Level 3**.

[See response to level 2](#)

#### Clinical Workforce Level 4

Please provide your specific comments on **Level 4**.

[See response to level 2](#)

#### Clinical Workforce Level 5

Please provide your specific comments on **Level 5**.

ESSA supports level 5 inclusion of Exercise Physiology as there may not be further benefits obtained from including Exercise Physiology in afterhours treatment.

#### Clinical Workforce Level 6

Please provide your specific comments on **Level 6**.

ESSA does not have a comment

#### Part C: Clinical Support Services

ESSA feedback on the Clinical Support Services section.

**Overall feedback on all levels 1 to 6**

Please provide your specific comments for **All Levels of Part C - Clinical Support Services**.

ESSA does not have a comment

**Part D: Equipment and Infrastructure**

ESSA feedback on the Equipment and Infrastructure section.

**Overall feedback on all levels 1 to 6**

Please provide your specific comments for **All Levels of Part D - Equipment and Infrastructure**.

To best support the delivery of clinical exercise services, it is recommended that gym facilities be included within the infrastructure and equipment requirements of the framework. This includes the necessary equipment to fit the gym, with funding for safety inclusions such as hygiene practices, maintenance and calibration. For all levels of the framework, where Physiotherapy and Exercise Physiology have been indicated, the inclusion of an onsite gym will be necessary to support optimal patient outcomes.

**Part E: Clinical Governance**

ESSA feedback on the Clinical Governance section.

**Overall feedback on all levels 1 to 6**

Please provide your specific comments for **All Levels of Part E - Clinical Governance**.

ESSA does not have a comment

**Future of the framework**

The current phase has focussed on the design of the Cancer Service Capability Framework. In preparation for future implementation, we're seeking your input on how we can implement, monitor and evaluate this framework successfully.

**Can you recommend any existing data sources, processes, or other mechanisms that would be useful for evaluating or validating the levels within the framework?**

We are seeking to minimise additional reporting or processes while ensuring the framework is successfully embedded in practice.

ESSA does not have a comment

**Do you have any further comments you would like to make about the Capability framework for Victorian cancer services?**

ESSA does not have a comment

Survey submitted 14/07/2023 at 9.50am AEST.