

# The Special Commission of Inquiry into Healthcare Funding

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# EXERCISE & SPORTS SCIENCE AUSTRALIA (ESSA) SUBMISSION

RE: THE SPECIAL COMMISSION OF INQUIRY INTO HEALTH FUNDING

**The Commissioner**

Dear Mr Richard Beasley SC,

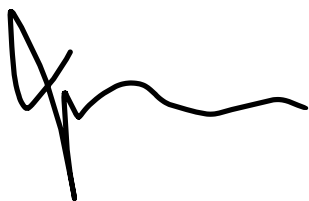
Thank you for the opportunity to provide feedback in relation to the Special Commission of Inquiry into the review of Health Funding in NSW.

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 Sports Scientists, Accredited High-Performance Managers and Accredited Exercise Scientists.

This submission aims to present to the Commissioner solutions that are suitable to ensure high-quality, timely, equitable, and accessible person centred healthcare for the people of New South Wales (NSW), now and in the future. Exercise physiology and exercise science services provide cost effective and clinically proven solutions that can contribute to good health, a robust economy and multi-disciplinary person centred healthcare.

We welcome the opportunity to provide further details or appear before the Committee if invited. Please contact ESSA Senior Policy & Advocacy Advisor Jacintha Victor John on 07 3171 9669 or at [policy@essa.org.au](mailto:policy@essa.org.au) for further information or questions arising from the following submission.

Yours sincerely



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## 1.0 ABOUT ACCREDITED EXERCISE PHYSIOLOGISTS & EXERCISE SCIENTISTS

Accredited Exercise Physiologists (AEPs) are at least four-year university degree qualified allied health professionals.

They provide services to people across the entire health spectrum, from the healthy population through to those at risk of developing a health condition and people with physical and mental health conditions, a disability, and related illnesses and conditions, including chronic, complex conditions [1].

Exercise physiology services are recognised by Australian compensable schemes, including Medicare, the National Disability Insurance Scheme (NDIS), the Department of Veteran Affairs (DVA), workers' compensation schemes and most private health insurers. Australia's exercise physiology profession comprises approximately 7,500 AEPs, with over 2,500 of these in NSW [2].

Accredited Exercise Scientists (AES) are three-year university degree qualified professionals who deliver exercise programs to Australia's well populations to prevent chronic disease, injury and disability and improve health, fitness and performance. They empower, motivate, and coach clients to adopt long-term behavioural changes.

## 2.0 SUMMARY OF RECOMMENDATIONS

**Recommendation 1: That the NSW Government invest in exercise physiology and exercise science services to increase physical activity in the general population.**

**Recommendation 2: That the NSW Government improve access to physical health services for people with mental health conditions by funding exercise physiology in Local Health Districts and integrating positions into the multi-disciplinary mental health team. This approach would help support the holistic needs of people with mental health conditions while simultaneously reducing the impact of physical comorbidities on overall well-being.**

**Recommendation 3: That NSW Local Health Districts align health services with clinical best practices and recommendations from the Chief Allied Health Office, the Agency for Clinical Innovation, and the Cancer Institute NSW and include exercise physiology in diabetes and cancer services.**

**Recommendation 4: That the NSW Government expand access to exercise physiology for people with cancer.**

**Recommendation 5: That the NSW Government improve access to exercise physiology for people with diabetes.**

**Recommendation 6: That the NSW Government introduce clinical coding for exercise physiology to assist in understanding health service utilisation and supporting planning processes, optimising resource allocation to meet future demand.**

## 3.0 INCREASE PREVENTATIVE HEALTH INVESTMENT

The NSW government identified that the health system's ability to continue to perform well in the future will be challenged if the system does not adapt and change to the operating environment's stresses, including changing patient needs and growth in the volume and complexity of care required [4]. NSW health workforce planning involves consideration of changing workforce practices and the emergence of more efficient and effective models of care.

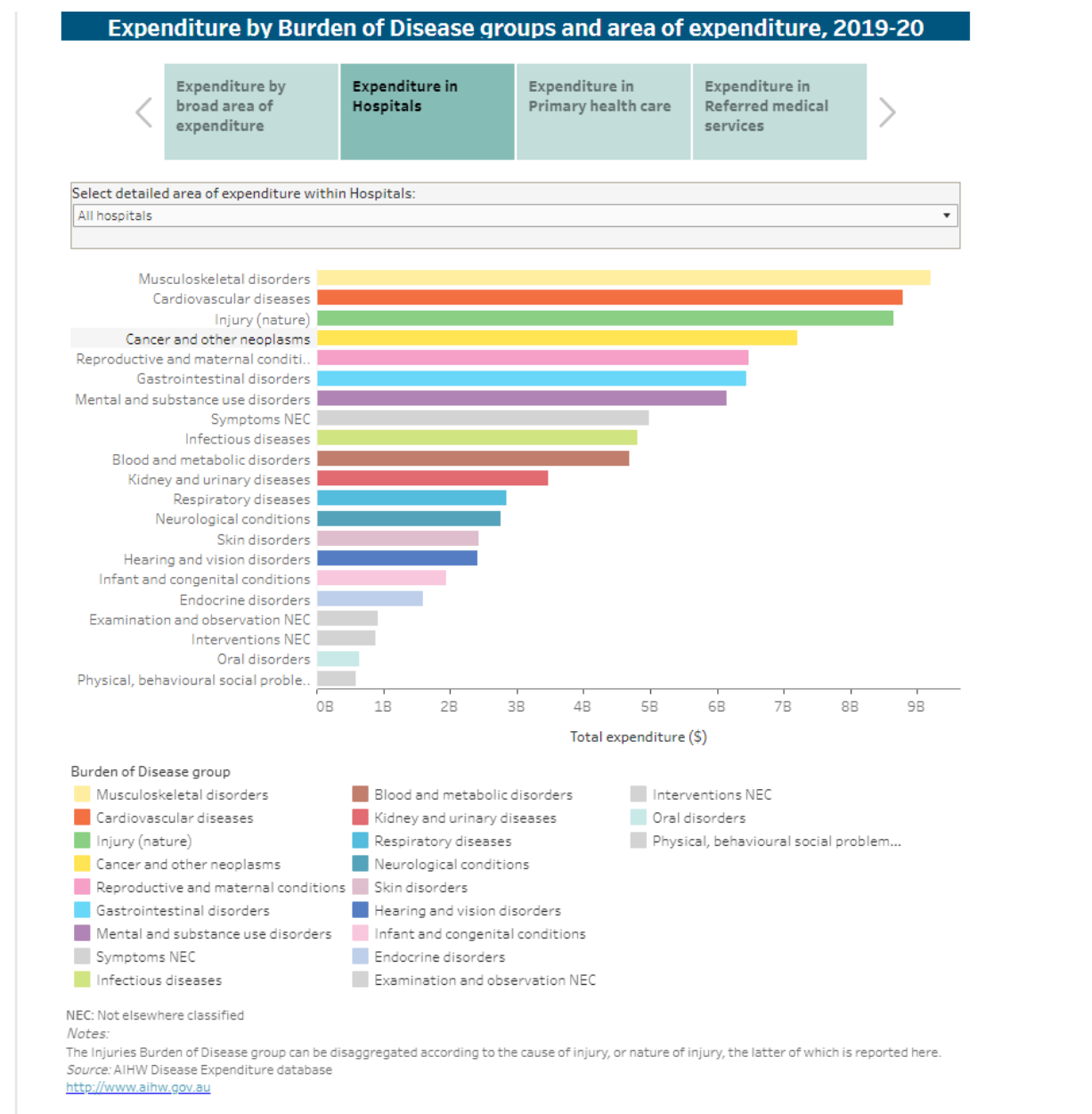
Australia has significantly focused on treating disease rather than preventing it before high-cost medical care is needed. In 2019-2020, cardiovascular diseases (\$12.7 billion) and cancer and other neoplasms (\$12.1 billion) ranked 2<sup>nd</sup> and 3<sup>rd</sup> highest in Australia, while musculoskeletal disorders are responsible for more health spending than any other group of conditions (\$14.6 billion) [3].

While AEPs deliver clinical exercise treatment to high-risk populations, AES (who are university-qualified but have yet to be recognised as allied health professionals) can provide exercise programs to healthy and low-risk populations. AES help prevent or delay the onset of chronic conditions and are an appropriately trained and qualified workforce to deliver preventative health programs to reduce the impact of chronic disease.

Evidence shows that exercise interventions under expert guidance provide positive results and that irregular and unsupervised training may not maintain any changes [4]. A rapid literature review also showed evidence of effectiveness in whole-of-population strategies for preventing chronic disease [5].

Greater investment in exercise physiology and exercise science services will support the implementation of the National Preventive Health Strategy 2021-2030 [6].

The below visualisation displays health spending for each disease group by area of expenditure [3].



**Recommendation 1: That the NSW Government invest in exercise physiology and exercise science to increase physical activity in the general population.**

## 4.0 ENSURING APPROPRIATE AND EFFICIENT ALLOCATION OF MENTAL HEALTH SERVICES

The National Study of Mental Well-being (2020-2022) indicated that 42.9% of people aged 16-85 years had experienced a mental disorder during their lifetime. In NSW, of the 6.3 million people aged 16-85 years, 40.5 or 2.5 million people had a mental disorder [7]. From an economic perspective, between 2018-2019 and 2019-20, spending on mental grew to replace injuries as the fourth highest category of health spending [8].

Investing in physical health interventions and the exercise physiology workforce would increase life expectancy and quality of life for the many people in NSW living with mental health conditions. Utilising exercise physiologists to deliver physical activity and multidisciplinary lifestyle interventions would decrease the incidence of cardiometabolic conditions, diabetes and weight gain associated with psychotropic medication, particularly in the early intervention stages of illness [9, 10].

The 2021 NSW Government Guideline, [Physical Health Care for People Living with Mental Health Issues](#), identifies the need to provide opportunities for physical activity in inpatient units and access to evidence-based interventions delivered by exercise physiologists. Furthermore, this includes access to multidisciplinary assessments as routine care to minimise adverse medication effects and promote physical health [11].

There are several successful models of care, integrating AEPs in multi-disciplinary teams to provide interventions for people with mental health conditions. [Keeping the Body in Mind program](#) is one example of an evidence-based model delivered in the Southeastern Sydney Local Health District, which the NSW Government should consider implementing across NSW [12].

The evidence shows that effective models of care and guidelines exist for the engagement of AEPs in mental health services, yet there are Local Health Districts (LHDs) across NSW that do not offer physical health services for people with mental health conditions. Earlier this year, ESSA members identified that the following rural and remote Local Health Districts would benefit from better access to structured clinical exercise by employing exercise physiologists [13].

- Illawarra Shoalhaven LHD: Shellharbour Hospital, Wollongong Hospital, Shoalhaven Hospital, Community Mental Health Services District.
- Murrumbidgee LHD: Wagga Wagga Inpatient Mental Health Services, Community Mental Health Services District.
- Northern NSW LHD: Tallowood (Lismore), Kurrajong (Tweed Heads), Tuckeroo (Byron), Lismore Community Mental Health, Tweed/Byron Community Mental Health.
- Southern NSW LHD: The Chisholm Ross Centre, Bega Mental Health Inpatient Unit, Community Mental Health Services District.
- Western NSW LHD: mental health inpatient and community mental health services at Bathurst, Dubbo, Nyngan and Bourke. Community Mental Health at Orange.

**Recommendation 2: That the NSW Government improve access to physical health services for people with mental health conditions by funding more exercise physiology positions in Local Health Districts and integrating these services into the multi-disciplinary mental health team. This approach would help support the holistic needs of people with mental health conditions while simultaneously reducing the impact of physical comorbidities on overall well-being.**



## 5.0 MANAGEMENT AND ALLOCATION OF CANCER CARE AND DIABETES CARE SERVICES

In a letter from the Parliamentary Secretary of Health (Ref: M22/9002), Justin Clancy MP, the current Chief Allied Health Officer (CAHO), Mr. Andrew Davison, states that, 'There are opportunities for local health districts to consider increasing exercise physiologists in diabetes and cancer services, however, this would be based on the needs of the services and local communities' [14]. Unfortunately, the decision makers for services in LHDs are not required to take advice from the CAHO, or clinical guidance from the NSW Health Agency for Clinical Innovation or the Cancer Institute NSW. This leaves planning for health services at the discretion of local staff, who may or may not have the clinical knowledge to understand the benefits of exercise physiology.

**Recommendation 3: That NSW Local Health Districts align health services with clinical best practices and recommendations from the Chief Allied Health Office, the Agency for Clinical Innovation, and Cancer Institute NSW and include exercise physiology in diabetes and cancer services.**

### 5.1 Cancer

In 2021, there were approximately 151,000 new cancer diagnoses in Australia. The number of people diagnosed with cancer each year in NSW has increased over time from 16,449 in 1982 to 46,197 in 2018 [19] due to population growth, an aging population, and a shift in lifestyle behaviours.

There are increasingly identified benefits of exercising among cancer patients following diagnosis, including a 25%–48% decreased mortality risk and a 21%–35% decreased cancer recurrence risk [15]. Engaging in structured exercise reduces hospitalisation rates, lowers healthcare costs (e.g. by up to \$22,000 [16]) and improves the quality of life, physical function, cardiometabolic health and psychological wellbeing [15, 17-19].

Despite this, most NSW-funded cancer centres do not employ exercise physiologists to deliver safe and structured exercise programs to cancer patients. Of the 30 cancer centres identified in early 2023, 26 do not offer exercise physiology treatment services to patients, which represents a lost opportunity for patients to mitigate treatment-related impacts and achieve better clinical outcomes [17-19].

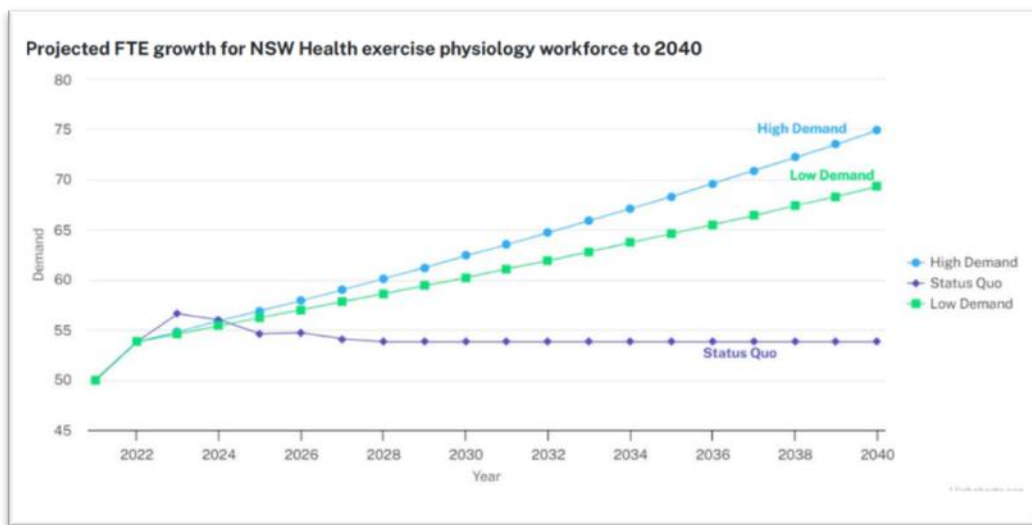
The Clinical Oncology Society of Australia (COSA) became the first peak professional oncology organisation globally to call for "exercise to be embedded as part of standard practice in cancer care" [20]. Current services that employ exercise physiologists, such as the Concord Repatriation Hospital, are financed through a combination of public funding and private donations. Orange Health Service has a one year pilot funded through an oncologist trust fund, and Chris O'Brien Lifehouse is privately funded.

Patients with cancer being treated at the following LHDs would benefit from access to structured clinical exercise delivered by an exercise physiologist:

- Central Coast Local Health District (LHD): Gosford
- Hunter New England LHD: Manning, Mater Newcastle
- Illawarra Shoalhaven LHD: Wollongong
- Mid North Coast LHD: Port Macquarie and Coffs Harbour Health Campus
- Murrumbidgee LHD: Wagga Wagga
- Nepean Blue Mountains LHD: Nepean
- Northern NSW LHD: Tweed
- Northern Sydney LHD: Royal North Shore
- South Eastern Sydney LHD: St George, Prince of Wales and Royal Hospital for Women
- South Western Sydney LHD: Bankstown, Liverpool, Fairfield, Campbelltown
- Southern NSW LHD: South East Regional Hospital
- Western NSW LHD: Bathurst, Mudgee, Dubbo
- Western Sydney LHD: Auburn, Westmead, Mount Druitt
- Sydney Children's Hospital Network: Westmead, Sydney Children's
- Cancer Institute NSW: Hunter New England Paediatric Cancer

The need to recruit more exercise physiologists has been identified by workforce modelling, projecting increased demand for the exercise physiology workforce in NSW Health [21].

### NSW Health Exercise Physiology Projected FTE 2040



**Recommendation 4: That the NSW Government expand access to exercise physiology for people with cancer.**

### 5.2 Diabetes

The National Diabetes Services Scheme data map [22] indicates there are 480,070 people residing in NSW with Diabetes Mellitus, of which 3.1% have Gestational diabetes (14,720), 0.8% have "Other Type" diabetes (4,030): 9.5% have Type 1 (45,630) and 86.6% have Type 2 (415,690) [22].

Diabetes is highly prevalent in people living with mental illness, homelessness and Aboriginal and Torres Strait Islander populations, making this condition a priority in health [23]. The annual cost to the NSW government associated with hospital admissions for people with diabetes is rising (\$1.8b in 2019-20, with predictions that this will increase to \$2.55b in 2028-29) [24].

Physical activity and dietary interventions remain a gold standard recommendation for the treatment and management of both type 1 and type 2 diabetes, as per national medical guidelines and position statements from the Australian Diabetes Society, Diabetes Australia and Exercise & Sports Science Australia [25-29]. Physical activity interventions also have the highest efficacy in preventing type 2 diabetes, reducing the development of type 2 diabetes by up to 58% for people at risk and protecting the burden put on the health systems [27, 29-31].

The Statewide Initiative for Diabetes Management – ‘Case for Change’ and the statewide Leading Better Value Care for Diabetes Mellitus initiative have clearly outlined the need for a better value-based healthcare approach to diabetes across all levels of healthcare in NSW [32, 33].

There is only one part-time exercise physiologist employed in diabetes centres across NSW. The gap in the representation of exercise physiologists in diabetes services across the state is not only a limitation in delivering comprehensive healthcare for people with diabetes, but it is also costly to the government, contributing to high hospital readmissions.

Treatment services from an exercise physiologist as part of the multidisciplinary team should be extended to people with diabetes in the following local Health Districts including:

- Central Coast Local Health District (LHD)
- Hunter New England LHD
- Illawarra Shoalhaven LHD
- Mid North Coast LHD
- Murrumbidgee LHD

- Nepean Blue Mountains LDH
- Northern NSW LHD
- Northern Sydney LHD
- South Eastern Sydney LHD
- South Western Sydney LHD
- Southern NSW LHD
- Western NSW LHD
- Western Sydney LHD
- Sydney Children's Hospitals Network
- St. Vincent's Health Network Sydney

**Recommendation 5: That the NSW Government improve access to exercise physiology for people with diabetes.**

## 6.0 ACTIVITY BASED FUNDING

The National Public Health Exercise Physiology Activity Report 2021 [34] shows that the current exercise physiology activity mapped in the public health system by governments across Australia needs to be more accurate and represent the delivery of services. This is based on the absence of a professional specific exercise physiology Non-Admitted Service Classification.

This report strongly emphasises that AEP activities should be recognised as an independent discipline and not be mapped to other disciplines, such as physiotherapy, which is currently being done in the non-admitted service setting [34]. Such practices lead to cost inefficiencies and affect service delivery and workforce contribution. The visibility of the profession's contribution across all health system levels must be increased. Additionally, providing an accurate reflection of cost differential while reviewing service costs is crucial to avoid ineffective funding allocation in hospital and health services.

The lack of visibility of outcomes delivered by the various disciplines in the current system significantly impacts workforce planning. As a result, decision-making processes are affected, leading to the suboptimal delivery of healthcare services that fail to meet the population's needs reflected within the NSW public health system.

State and territory governments manage and fund health service delivery. In a profession with a high percentage growth and retention and despite the steady growth in public health, exercise physiologists need to be more utilised within the NSW health system due to structural barriers such as the absence of an exercise physiology Tier 2 Non-Admitted Services Classification [35].

**Recommendation 6: That the NSW Government introduce clinical coding for exercise physiology to assist in understanding health service utilisation and supporting planning processes, optimising resource allocation to meet future demand.**

## 7.0 REGIONAL HEALTH

The Regional Health Strategic Plan for 2022-2032 is a roadmap for the future provision of health services that understand and celebrate the diverse and unique nature of regional communities [36], which guides the next decade of care in NSW while adapting to and addressing the demands and challenges facing by the system.

ESSA has established a standard to align with the plan's vision of strengthening the regional workforce with exercise physiologists. The Standards for the Accredited Exercise Physiology Rural Generalist Pathway will assist in developing an educational stream for exercise physiology in the rural generalist pathway. The aim is to support access to services to address the shortage of healthcare workers in rural, regional, and remote areas of New South Wales. The standards are supported by a guide to assist educational providers in incorporating Exercise Physiology into their current curriculum [37].



## 8.0 CONCLUSION

ESSA acknowledges that this inquiry presents an excellent opportunity to evaluate the effectiveness of funding the NSW Health system. Local Health Districts face challenges in assessing needs, meeting future demand and delivering efficient, equitable, and effective health services. From a policy perspective, to overcome the challenges, the Commissioner through the NSW Government should take proactive measures to offer affordable health services and remove financial barriers to access.

Exercise physiologists must be included in service provision models to improve health outcomes in NSW. ESSA strongly advises investing in evidence-based models for the development and implementation of these services, which have the potential to impact the health and well-being of the community significantly. We urge the Commissioner, through NSW Health, to take swift action in addressing funding mechanisms at the Local Health District level to align with best clinical practice and recommendations from the Chief Allied Health Office, [Agency for Clinical Innovation](#)[38] and [Cancer Institute NSW](#) [39], thus ensuring good health and a sustainable health system.

## 9.0 REFERENCES

1. ESSA. *Accredited Exercise Physiologist Scope of Practice*. 2021 [cited 2023 1/11]; Available from: [https://www.essa.org.au/Public/Public/Professional\\_Standards/ESSA\\_Scope\\_of\\_Practice\\_documents.a.spx](https://www.essa.org.au/Public/Public/Professional_Standards/ESSA_Scope_of_Practice_documents.a.spx).
2. Bellamy, J. *ESSA NSW Workforce Profile Report 2021-2022* [cited 2023 29/10]; Available from: [https://www.essa.org.au/Public/Public/Advocacy/National\\_Workforce\\_Profile\\_Report.aspx](https://www.essa.org.au/Public/Public/Advocacy/National_Workforce_Profile_Report.aspx).
3. AIHW. *Disease expenditure in Australia 2019-20*. 2022 [cited 2023 29/10]; Available from: <https://www.aihw.gov.au/reports/health-welfare-expenditure/disease-expenditure-in-australia-2019-20/contents/gp-survey-data>.
4. Gajanand, T., et al., *Comparing the efficacy of supervised and unsupervised exercise training on glycaemic control in type 2 diabetes: a systematic review*. *Current diabetes reviews*, 2020. **16**(6): p. 570-579.
5. Pippy Barnett, M.G., Dr Samantha Rowbotham, Associate Professor Sonia Wutzke *Effective whole of population strategies for preventing chronic disease: A rapid review of evidence* T.A.P.P Centre, Editor 2017
6. DOHA. *National Preventive Health Strategy 2021 -2030* [cited 2023 28/10]; Available from: [https://www.health.gov.au/sites/default/files/documents/2021/12/national-preventive-health-strategy-2021-2030\\_1.pdf](https://www.health.gov.au/sites/default/files/documents/2021/12/national-preventive-health-strategy-2021-2030_1.pdf).
7. ABS. *National Study of Mental Health and Wellbeing 2020-21* [cited 2023 1/11]; Available from: <https://www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/latest-release#prevalence-of-mental-disorders-by-state-and-territory>.
8. AIHW. *Mental and substance use health spending outranks injuries in 2019-20*. 2022 [cited 2023 31/10]; Available from: <https://www.aihw.gov.au/news-media/media-releases/2021/december/the-big-four-disease-groups-that-cost-the-most-var>.
9. Carney, R., et al., *Physical health interventions on adolescent mental health inpatient units: A systematic review and call to action*. *Early Intervention in Psychiatry*, 2021. **15**(3): p. 439-448.
10. National Mental Health Commission, *Equally Well Consensus Statement: Improving the physical health and wellbeing of people living with mental illness in Australia*, NMHC, Editor. 2016: Sydney.
11. NSW Ministry of Health, *Guideline: Physical Health Care for People Living with Mental Health Issues*, N. Health, Editor. 2021, NSW Government.
12. RANZCP. *Keeping Body and Mind Together 2015* [cited 2023 1/11]; Available from: <https://www.ranzcp.org/getmedia/0558afb7-1c1c-4308-83e3-860e220516ba/keeping-body-and-mind-together.pdf>.
13. ESSA. *New South Wales Election - Exercise for Good Health and a Strong Economy*. 2023 [cited 2023 31/10]; Available from: [https://www.essa.org.au/Public/Public/Advocacy/NewSouthWales\\_Election\\_2023.aspx](https://www.essa.org.au/Public/Public/Advocacy/NewSouthWales_Election_2023.aspx).
14. Justin Clancy MP, *Exercise and Sports Science Australia's priorities for the 2023 NSW State election*, M.A. Hobson-Powell, Editor. 2023, Parliamentary Secretary for Health: Sydney. p. 1.
15. Cormie, P., et al., *The impact of exercise on cancer mortality, recurrence, and treatment-related adverse effects*. *Epidemiologic reviews*, 2017. **39**(1): p. 71-92.
16. Potiaumpai, M., et al., *Cost evaluation of an exercise oncology intervention: The exercise in all chemotherapy trial*. *Cancer Reports*, 2022. **5**(3): p. e1490.
17. Mijwel, S., et al., *Effects of exercise on chemotherapy completion and hospitalisation rates: the OptiTrain breast cancer trial*. *The oncologist*, 2020. **25**(1): p. 23-32.
18. Wehrle, A., et al., *Endurance and resistance training in patients with acute leukemia undergoing induction chemotherapy—a randomised pilot study*. *Supportive Care in Cancer*, 2019. **27**(3): p. 1071-1079.
19. Mutrie, N., et al., *Benefits of a supervised group exercise programme for women being treated for early stage breast cancer: pragmatic randomised controlled trial*. *Bmj*, 2007. **334**(7592): p. 517.
20. 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.
21. Health, N. *Exercise Physiology Workforce Modelling Fact sheet 2021* [cited 2023 31/10]; Available from: <https://www.health.nsw.gov.au/workforce/modelling/Factsheets/exercise-physiology.pdf>.
22. NDDS. *National Diabetes Services Scheme*. 2023; Available from: <https://map.ndss.com.au/#/>.
23. Health, N.M.o. *Government Priorities in Health*. 2023; Available from: <https://www.health.nsw.gov.au/priorities/Pages/default.aspx>.
24. NSW. *Diabetes Management in NSW - Case for Change Summary 2022*; Available from: <https://www.health.nsw.gov.au/Value/Documents/diabetes-management-case-for-change-summary.pdf>.

25. Craig, M., et al., *National evidence-based clinical care guidelines for type 1 diabetes in children, adolescents and adults*. Canberra: Australian Government Department of Health and Ageing, 2011. **346**.
26. Wong, J., et al., *Management of type 2 diabetes in young adults aged 18–30 years: ADS/ADEA/APEG consensus statement*. Medical Journal of Australia, 2022. **216**(8): p. 422-429.
27. Diabetes Australia, *Position Statement: Type 2 diabetes remission*, A.D.E.A. Australian Diabetes Society, Editor. 2021, Diabetes Australia,.
28. Australian Diabetes Society, *Position Statement: The prevention and management of type 2 diabetes in the context of psychotic disorders*. 2017.
29. Hordern, M.D., et al., *Exercise prescription for patients with type 2 diabetes and pre-diabetes: a position statement from Exercise and Sport Science Australia*. Journal of Science and Medicine in Sport, 2012. **15**(1): p. 25-31.
30. Diabetes Prevention Program Research Group, *The Diabetes Prevention Program (DPP) description of lifestyle intervention*. Diabetes care, 2002. **25**(12): p. 2165-2171.
31. National Institute of Diabetes and Digestive and Kidney Diseases. *Diabetes Prevention Program (DPP)*. 2022 [cited 2023 12 Jan]; Available from: <https://www.niddk.nih.gov/about-niddk/research-areas/diabetes/diabetes-prevention-program-dpp>.
32. NSW Ministry of Health, *Diabetes management in NSW - Case for Change Summary*, N.M.o. Health, Editor. 2022, NSW Government.
33. Agency for Clinical Innovation. *Inpatient management of diabetes mellitus*. [cited 2023 5 Jan]; Available from: <https://aci.health.nsw.gov.au/statewide-programs/lbvc/inpatient-management-of-diabetes-mellitus>.
34. ESSA, *National Public Health Exercise Physiology Activity Report*. 2021.
35. IHACPA. *Tier 2 Non-Admitted Services 2022-23*. 2022 [cited 2023 2/11]; Available from: <https://www.ihacpa.gov.au/resources/tier-2-non-admitted-services-2022-23>.
36. HEALTH, N., *NSW Regional Health Strategic Plan 2022-2032*. 2022-2032.
37. ESSA, *Accredited Exercise Physiologist Rural Generalist Professional Standard 2023*.
38. ACI. *We bring patients, clinicians and managers together to support the design and implementation of innovation in healthcare*. 2023 [cited 2023 3/11]; Available from: <https://aci.health.nsw.gov.au/>.
39. Government, N. *Working together to lessen the impact of cancer*. 2023 [cited 2023 3/11]; Available from: <https://www.cancer.nsw.gov.au/>.