

## Queensland Workforce Strategy

### Horizon 1 – response to call for feedback DRAFT

#### Focus Area 1

We commend Queensland Health for its commitment to enabling a healthy, diverse, and integrated workforce and for recognising that supporting wellbeing is vital for employee investment, satisfaction, and retention.

Accredited Exercise Physiologists (AEPs) provide significant opportunities to improve the workforce's and patients' physical health. This includes those at risk of/experiencing mental health conditions and they could be better utilised to deliver health and wellbeing programs for Qld Health staff.

The engagement of AEPs to support Qld Health Staff in prevention and rehabilitation activities has the potential to reduce workplace injury rates and mood disorders that increase an individual's wellbeing and ability to work effectively, leading to reduced absenteeism and presenteeism, increased workforce productivity and quality of patient care.

**ESSA recommends the inclusion of individualised physical health care interventions, utilising AEPs be established as part of a cohesive strategy to maximise wellbeing for the workforce.**

We recommend the interventions proposed in the revised strategy be professionally inclusive, flexible, and scalable to meet the workforce's diverse needs. This includes supporting a multi-disciplinary workforce to implement locally relevant cost-effective interventions as part of an innovative and agile state-wide framework.

Accredited Exercise Physiologists (AEPs) are an underutilised and highly skilled workforce that work safely, effectively, and flexibly to provide equitable access to healthcare in urban hospital settings and rural multi-disciplinary clinics.

There is no formal mentoring framework for early and mid-career exercise physiology relying on the 'good will' of networks and referrals to support professional development to deliver specific services such as chronic conditions, maternal care, pulmonary rehabilitation, etc. A formal mentoring process would be supportive and facilitate mentees and mentors to connect and enhance the delivery of services for patients.

**ESSA recommends that a formal mentoring framework be established to support workforce development.**

In the current system, self-regulating health professionals are prevented from holding some senior positions, such as executive and board positions as they are only open to AHPRA registered clinicians. This restricts diversity and inclusion and limits the pool of workforce that could contribute to decision making.

**ESSA recommends that self-regulated health professionals be recognised and provided with the opportunity to apply for executive and board level positions.**

#### Focus Area 2

As an emerging profession, Exercise Physiology is not yet well represented within Queensland Health, and there are disproportionately low discipline specific leadership opportunities compared to other allied health professions. Discipline specific career pathways in Exercise Physiology and a

framework that provides growth, advancement, and incentives to remain engaged in the system is needed. Creating a framework and supporting leadership positions would lead to greater job satisfaction, retention of experienced workforce, and potentially better patient outcomes.

**ESSA recommends that positions be created at senior levels for exercise physiologists to provide for career opportunities in the system.**

Additionally, greater access to exercise physiology clinical educators would assist in supporting student placements. Supervision of student placements is challenging with high demand, a low number of AEPs employed in the system and a sub-optimal resource for clinical education. The resource for clinical education has not changed in almost 10 years yet the demand has increased substantially.

**ESSA recommends that an increased resourcing of clinical educator hours be provided for exercise physiology and other professions to support supervision of student placements.**

### Focus Area 3

Section 1 is not fully expanded as the only example provided is maternity services. Another potential example is the inclusion of physical health services for people with mental health conditions, thus expanding the mental health multi-disciplinary team to include dietitians and exercise physiologists.

Section 2 could include allied health as there is often scope for over and opportunities for generic skills competencies to be recognised and multiple professions to be able to apply for a particular position.

Section 6 discusses strengthening relations with stakeholders, yet including engagement with peak professional bodies is not cited. These bodies have a role in building workforce capability and capacity and should be acknowledged as areas supporting this strategy. Professional bodies such as Exercise & Sports Science Australia have access to workforce data that can inform service planning.

### Other supporting information:

|