

ESSA:

EXERCISE & SPORTS SCIENCE AUSTRALIA

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ACCREDITED EXERCISE PHYSIOLOGIST
PROFESSIONAL STANDARDS
SUPPORT GUIDE

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Overview

Purpose

The 2021 Accredited Exercise Physiologist (AEP) Professional Standards for Accreditation are the minimum standards for entry to and requirements for ongoing professional practice as an Exercise & Sports Science Australia (ESSA) AEP. They are high-level, outcomes-focussed standards that are designed to be agile and future-proofed.

The purpose of this guide is to support clinical exercise physiology course providers with further information on the intent and context of the standards.

This document includes:

- » Key information considered by the AEP Professional Standards Review Committee and ESSA Standards Council in developing the 2021 AEP Professional Standards;
- » Key reference documents considered in the review; and
- » Further details on areas of practice.

This document should be read in conjunction with the AEP Professional Standards for Accreditation and AEP Scope of Practice documents.

As this document contains specific information and references related to the development of the AEP Professional Standards, it will be reviewed after 12 months to ensure the information is contemporary.

Overview

ESSA's strategic approach to this iteration of the AEP Professional Standards for Accreditation is based on a need to move towards outcomes-based standards that are robust, future-proofed, and support ESSA's long-term work in the international space. With this revision, there has been a deliberate shift away from a prescriptive set of criteria towards a suite of professional elements that acknowledge the breadth of Exercise Science and Exercise Physiology practice. The high-level nature of the standards was informed by several factors including:

- » Advice from a curriculum consultant;
- » External influencing factors such as the National Registration and Accreditation Scheme and Australian Qualifications Framework reviews; and
- » Feedback from key stakeholders such as education providers of the need to support flexibility and points of difference in courses.

Removal of references to graduates, courses, and assessment expectations was done to reflect that these are the minimum professional requirements for entry to and requirements for ongoing professional practice as an ESSA AEP.

ESSA retains a separate Foundational Scope of Practice document which will be revised as part of the standards. ESSA Foundational Scope of Practice documents are documents designed to inform consumers, external stakeholders (such as employers, government bodies, regulators), students, and education providers of the common roles of the ESSA accredited professions.

The standards are not designed to be a stand-alone document for determining competence, safety, or scope. They should be considered as part of ESSA's broader self-regulatory framework including professional practice standards, Code of Professional Conduct & Ethical Practice, and Scope of Practice documents.

1.0 Structure

The Professional Practice standard is presented first to highlight the need to integrate all the skills demonstrated within the remaining standards. The remaining standards are structured in a logical way to reflect how an AEP will typically practice by understanding clinical needs (Foundational Knowledge), assessment (Assessment and Client Management), and exercise prescription and delivery (Design and Delivery of Exercise-Based Interventions). This also reflects the importance of transferrable knowledge and skills to support person-centred care and the rapidly changing evidence base.

There is no expectation that the elements within a standard will need to be embedded into specific subjects, although all elements should be embedded where appropriate throughout the degree curriculum. It is envisaged that this will provide academic units with the flexibility to integrate the minimum standards into unique program offerings that have emphasis in specific areas of expertise or local need.

The pathology specific domains within the 2015 AEP Professional Standards for Accreditation have been removed based on feedback from key stakeholders to:

- » Remove repetition in elements;
- » Reflect true person-centred care which considers the often-complex needs of a person and not a condition specific approach to interventions;
- » Future-proof the standards by allowing adaptation to the rapidly changing evidence base and growing workforce opportunities; and
- » Avoid increasing curriculum requirements by adding new pathology domains in each review.

Bloom's Taxonomy

The ESSA Standards Council have directed that Bloom's taxonomy continue to be used in Professional Standards for Accreditation. This position has been informed by several factors including the recommendations of the curriculum consultant contracted to support the review.

Bloom's taxonomy is a classification of the different objectives and skills that educators set for their students (learning objectives).

Each element begins with a Bloom's verb which provides guidance on the level and type of assessment expected. These standards have predominantly used high-level Bloom's verbs to reflect the outcomes-focused nature and brevity of the standards.

Assessment Expectations

Assessment Expectations have not been defined in the AEP Professional Standards. Previously the standards included reference to the use of specific learning tools (i.e., 'case studies'). Removing these references within specific standards allows academics to deliver curricula in the way that they believe will provide the best learning experience. It will also allow the standards to remain current with changes in practice and pedagogy.

Where knowledge and skills refer to a plural, it's expected that a breadth of topics/types of clients will be covered to confirm competency. The elements have been mapped to the Professional Attributes, so it is expected that content will be covered at a sufficient depth to support development of the attributes.

2.0 Standards

The 2021 AEP Professional Standards for Accreditation have focussed on and elevated the concepts of transferrable knowledge and skills. This reflects the broad scope, opportunities, and work settings available, the rapidly changing evidence base, and individual client needs. Further information about expectations for meeting new and strengthened concepts can be found in section 3.5.

AEP practice is centred on clinical prescription, noting that to capture the full scope of AEP practice, AEPs are described as being able to work with people across the full health spectrum, which has been defined as a 'state of health from 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.'

2.1 Important Concepts

A new section titled Important Concepts has been included to align with the other ESSA Professional Standards for Accreditation documents (Accredited Exercise Scientist, Accredited Sports Scientist and Accredited High Performance Manager). This section provides greater detail about the intent, focus, and expectations of key components of the standards such as cultural safety and inclusivity, as well as models of care.

This section describes in detail the purpose of AEP interventions and areas of practice. Please refer to this section when reading each standard.

2.2 Professional Attributes

ESSA has deliberately shifted to Professional Attributes and away from graduate outcomes to reflect:

- » That the standards are the minimum requirements entry to and requirements for ongoing professional practice as an ESSA AEP;
- » That not all individuals seeking accreditation will be immediate graduates; and
- » The need to future-proof based on key industry requirements.

The Professional Attributes summarise the attributes describing an accredited individual and have been written so that education providers can translate these into graduate outcomes for their courses.

2.3 Standards

The AEP Professional Standards for Accreditation includes four standards:

1. Professional Practice
2. Foundational Knowledge
3. Assessment and Client Management
4. Design and Delivery of Exercise-Based Interventions

Each standard consists of a guiding principle, which summarises the expectation of the standard and the specific elements that provide the key performance indicators/behaviours.

All elements must be considered in relation to the guiding principles.

STANDARD 1 PROFESSIONAL PRACTICE

The Professional Practice standard is presented first to highlight the need to integrate all the skills demonstrated within the remaining standards. The Bloom's verb choices reflect the practice expectations of an AEP across their career. The expectation is that AEPs develop strong understanding of the foundations of practising within the AEP profession.

The Important Concepts section should be referred to for further information about key concepts such as AEP practice, practice settings, and approaches to care.

AEPs need to understand how to effectively engage with others involved in the care of a client and make decisions about when and how to safely delegate and collaborate. Key concepts captured here include:

- » How to effectively engage with others involved in the client's care
- » Make decisions about when and how to safely delegate and collaborate
- » Setting appropriate expectations for treatment with clients and others involved in care, such as referrers, and communicating this effectively
- » Roles of AEPs as allied health professionals including leaders of care within health and exercise settings
- » Leadership roles involving delegation of responsibilities, such working with allied health assistants

Table 1 provides examples of knowledge and skill components that could be covered to meet the Guiding Principle and support understanding of the Elements of Practice. This is not designed to be a mandatory or exhaustive list of knowledge and skills.

Table 1. Standard 1 Example Knowledge and Skills

| GUIDING PRINCIPLE |
|--|
| An AEP is able to apply their AEP knowledge and skills to practice effectively in a professional, ethical, inclusive, and collaborative manner across the broad health care system, including in clinical and non-clinical settings. |
| EXAMPLE KNOWLEDGE AND SKILL COMPONENTS |
| <ul style="list-style-type: none"> » Differentiating AEP Scope of Practice and individual scope of practice » Demonstrating ability to explain AEP Scope of Practice to different groups of people » Engaging in collaborative clinical care delivery and teams » Engaging in appropriate clinical and non-clinical communication using verbal, non-verbal and written methods » Understanding the importance of continual self-development and processes for how to reflect on practice » Practising within their own capabilities, and implementing steps to remedy known limitations » Adhering to key professional documentation and legislation bounding practise (jurisdictional codes of conduct) including but not limited to: <ul style="list-style-type: none"> » Legislative requirements underpinning different compensable schemes » Relevant Workplace/Occupational Health and Safety and professional liability schemes for any Australian state or territory in which services are delivered » The Code of Conduct for General Health Services » The Australian Charter of Healthcare Rights » Contemporary privacy and confidentiality laws e.g., Privacy Act (1988) » State-based health complaints commissions as relevant in any Australian state or territory in which they deliver services » Current understanding of state and national legislature regarding mandatory reporting, assisted dying, disclosure of treatment » National Standards applicable to specific service settings » Additional service funding generated through specific initiatives and/or grants » Regulations includes understanding funding models and referral pathways » Apply appropriate conflict management and resolution skills with clients and colleagues |

STANDARD 2 FOUNDATIONAL KNOWLEDGE

The Foundational Knowledge standard highlights the underpinning knowledge required for appropriate AEP practice. The Bloom's verb choices reflect the need to demonstrate how they can practically apply foundational knowledge.

This standard includes a focus on developing appropriate decision-making processes (including skillsets of evidence-based practice and clinical reasoning).

Table 2 provides examples of knowledge and skill components that could be covered to meet the Guiding Principle and support understanding of the Elements of Practice. This is not designed to be a mandatory or exhaustive list of knowledge and skills.

Table 2. Standard 2 Example Knowledge and Skills

| GUIDING PRINCIPLE |
|---|
| An AEP is able to critically evaluate the evidence base and apply relevant knowledge to AEP practice in an effective and methodical manner to optimise health status, function, recovery, independence, and participation for individuals and population groups across the full health spectrum. |
| EXAMPLE KNOWLEDGE AND SKILL COMPONENTS |
| <ul style="list-style-type: none"> » Fundamental behaviour change determinants, principles, and theories » Exercise Prescription Principles: mode, intensity, duration, frequency, volume, and progression of exercise interventions » Differentiating the pathological and pathophysiological bases for a broad range of health conditions, disabilities, and age-related illness and conditions with the ability to expand pathology-specific knowledge into emerging areas of treatment and whole of person care » Screening for multiple co-morbidities using risk assessment and stratification tools, and obtaining comprehensive client histories » Knowledge of how an AEP can work in the health care, aged care, and disability sectors e.g., types of roles, how the sector is funded, and what the expectations for service delivery are |

STANDARD 3 ASSESSMENT AND CLIENT MANAGEMENT

The Assessment and Client Management standard requires integration of foundational knowledge and professional practice into AEP practice settings. The Bloom's verb choices reflect decision-making processes and ongoing evaluation that AEPs need to constantly undertake for quality improvement. Key concepts captured here include:

- » Choosing appropriate assessments relevant to treatment goals, and planning for reassessments so outcomes can be clearly demonstrated
- » Monitoring client progress to identify barriers and facilitators to progress and adjust services accordingly, such as when to refer onwards
- » Utilising assessment outcomes to inform exercise prescription
- » How to collect and analyse information to inform choice of appropriate service delivery modes, such as in-person/telepractice; individual/group
- » Building capacity to adapt to the changing environment relating to use of exercise equipment and technology

Additionally, this standard builds capacity for AEPs to work in settings where assessments do not lead to exercise prescription. For example, functional capacity evaluations and workplace assessments.

Table 3 provides examples of knowledge and skill components that could be covered to meet the Guiding Principle and support understanding of the Elements of Practice. This is not designed to be a mandatory or exhaustive list of knowledge and skills.

Table 3. Standard 3 Example Knowledge and Skills

| GUIDING PRINCIPLE |
|--|
| <p>An AEP is able to safely screen, assess, and evaluate function, capacity, and health status for individuals and population groups across the full health spectrum and use this information to inform safe and effective movement, physical activity, and exercise-based interventions that consider health and treatment needs, and client preferences and goals.</p> |
| EXAMPLE KNOWLEDGE AND SKILL COMPONENTS |
| <ul style="list-style-type: none"> » Applying assessment information to determine plans for client management and absolute and relative contraindications for exercise and on-referral requirements » Clinical exercise assessment but not limited to the assessment of cardiorespiratory fitness, functional capacity, muscular strength, flexibility, balance, mobility, and gait parameters » Transferrable and pathology-specific assessment skills e.g., measuring blood pressure and oxygen saturation including pre- post- and during exercise, ECG, and point of care testing) » Occupational rehabilitation screening » Monitoring for changes in physical fitness and clinical status across time » Designing and implementing exercise assessments for healthy populations and a range of health conditions » Individualised exercise assessments, considering and mitigating risk of harm and encompassing a range of strategies to ensure effective client management » Identifying and utilising appropriate screening tools best suited to the client's needs and to inform clinical and treatment decision-making » Screening for red and yellow flags, and precautions and contraindications to exercise treatment occurrences, and identifying and accounting for the effect of clinical assessments on comorbid conditions » Identifying challenging thoughts, beliefs, and behaviours that are impacting recovery » Evaluating the safety, efficacy, and usefulness of new technology and/or emerging screening tools and protocols prior to implementation into practice » Identifying absolute and relative contraindications to exercise prescription, and taking appropriate actions to manage immediate and ongoing risk » Designing and conducting detailed biopsychosocial informed exercise assessments specific to a range of health conditions » Using standardised outcome measurements and physical assessments to assess the effectiveness of exercise prescription and treatment outcomes, including Patient Reported Outcome Measures and Patient Reported Experience Measures » Using strategies to develop effective therapeutic relationships » Individualised education and self-management strategies to promote empowerment based on client needs » Considering client capability and resources when using multi-modal tools, including digital methods » Explaining and educating on pathophysiological bases of health conditions and injury, and outlining expected treatment duration, client requirements, expected outcomes, and the role of the AEP in the treatment plan » Embedding client education and advice into exercise interventions that is consistent with clinical practice guidelines and tailored to their individual needs |

STANDARD 4 DESIGN AND DELIVERY OF EXERCISE-BASED INTERVENTIONS

The Design and Delivery of Exercise-Based Interventions standard requires integration of all concepts into AEP practice settings. This standard focusses on the activities that differentiate AEPs from other professions, such as exercise prescription. The Bloom's verb choices reflect the need to consider how each individual/population group has different needs. Key concepts captured here include:

- » Exercise prescription capacity for clients with complex, chronic conditions
- » Supporting self-management
- » Evaluating when clinical treatment needs to cease, and clients move to self-management/maintenance. This includes discharging from clinical treatment and communicating this effectively to clients and referrers
- » Understanding continuous improvement processes through evaluating effectiveness of outcomes for individual clients and overall services

Table 4 provides examples of knowledge and skill components that could be covered to meet the Guiding Principle and support understanding of the Elements of Practice. This is not designed to be a mandatory or exhaustive list of knowledge and skills.

Table 4. Standard 4 Example Knowledge and Skills

| GUIDING PRINCIPLE |
|---|
| <p>An AEP is able to practise person-centred care and partner with individuals and population groups across the full health spectrum to prescribe, deliver, adapt, and evaluate safe and effective evidence-based movement, physical activity, and exercise-based interventions that optimises health status, function, recovery, independence, and participation in activities at home, school, work, and in the community</p> |
| EXAMPLE KNOWLEDGE AND SKILL COMPONENTS |
| <ul style="list-style-type: none"> » Prescribing exercise based on the findings of a detailed biopsychosocial assessment that draws on the evidence base and foundational knowledge for different health conditions » Differentiating channels of communication styles and methods in response to changes in client and other health professional needs, and manage changes in clinical situation(s) and status » Using supervised and self-regulated exercise to best suit the client's presentation and needs, and coach towards self-management » Considering current exercise treatment guidelines and monitor the client's acute and chronic physiological and perceptual responses to exercise » Considering the client's acute and chronic physiological and perceptual responses to exercise when grading exercise » Using exercise instruction, demonstration, and feedback that ensures client safety and enhance exercise self-efficacy » Implementing graded and progressive exercise interventions and adjust dosage (frequency, volume, effort) based on the client's responses and feedback » Identifying readiness to change and implement behaviour change strategies using techniques such as motivational interviewing and cognitive functional therapy » Embedding strategies into exercise interventions that increase client engagement, motivation, exercise adherence, and positive behavioural change » Identifying primary and secondary conditions that AEPs are prescribing for to design exercise interventions to address primary assessed needs, whilst addressing comorbidities (including multiple and complex comorbidities) and client goals » Focussing on adapting interventions over time to progress and regress the prescription based on an individual client's needs |

2.3 Glossary

The glossary is a key inclusion of the document and provides greater detail on what ESSA expects in relation to key terms/concepts. This should be referred to in the first instance when questions about the meaning of phrases and terminology are raised.

3.0 Content

3.1 Areas of Practice

These standards include a change in terminology (such as full health spectrum) describing AEP practice and has been based on:

- » Describing the outcomes of AEP interventions rather than focussing on what an AEP does
- » The expectations of services provided across industry sectors such as workers compensation, disability, and aged care
- » Industry- and consumer-led language
- » Best practice and research

This supports AEPs to remain contemporary, adaptable, flexible, and relevant. The Important Concepts and Glossary sections should be referenced to support understanding.

The Important Concepts section also highlights the key areas AEPs are expected to have capability to work with now and into the future. This includes the strong foundational areas of cardiovascular, metabolic, and musculoskeletal conditions, to niche areas of practice such as chronic kidney conditions, through to emerging areas such as COVID-19 rehabilitation.

To become an AEP, an individual must have strong foundational knowledge across different pathology areas, a demonstrated ability to consider complex, chronic conditions and co-morbidities, and to provide interventions that target a primary issue whilst considering secondary issues.

Core Areas

Core areas of practice include those where there is a strong evidence base for the benefits of exercise improving, maintaining or preventing decline of health-related status and function. This includes health conditions such as chronic disease and injuries. There is usually a high prevalence in the client/populations an AEP would see and is often considered an established area of practice.

Niche Areas

Niche areas of practice include those where there may be a strong evidence base for the benefits of exercise in improving, maintaining or preventing decline of health-related status and function. It may have a lower prevalence in the client/populations an AEP would see, is an area of special interest, and/or is a less established area of practice.

Emerging Areas

Emerging areas of practice include those areas where there is not yet a strong evidence base for the benefits of exercise, or it is not a well-established area of practice, but there are indications that exercise may be beneficial, or it is a health issue an AEP may encounter.

Table 5. Example Areas of Practice*

| CORE | NICHE | EMERGING |
|--|---------------------------|-------------------------|
| Acute and sub-acute conditions such as non-specific musculoskeletal pain and injuries | Chronic kidney conditions | COVID-19 rehabilitation |
| Chronic conditions such as: <ul style="list-style-type: none"> » cardiovascular diseases » metabolic diseases » chronic musculoskeletal conditions » chronic respiratory conditions » neurological conditions | Women's health | |
| Mental illnesses | Autoimmune conditions | |
| Cancers | | |
| Chronic pain conditions | | |
| Healthy ageing and aged related conditions and illnesses | | |

*This table provides examples of current areas of practice and is not an exhaustive list. The areas of practice are fluid and dynamic and will be reviewed after 12 months based on industry changes.

Practice Settings

AEPs practise in settings including but not limited to:

- » Public and private hospital settings
- » Primary, secondary, and tertiary health care
- » Private and multidisciplinary clinics
- » Population health
- » Workplace health and rehabilitation
- » Residential aged care facilities, retirement facilities, and community aged care
- » Sporting settings
- » Practice/allied health management
- » Health policy
- » Research and teaching
- » Education
- » Corporate health (e.g., mining)
- » Disability

AEPs should understand how they can apply their skills within these settings, the types of clients they may encounter in these settings, and the general expectations of how the setting may influence the expected services/outcomes.

Compensable Schemes

AEPs are recognised allied health professionals who provide subsidised service within schemes including but not limited to Medicare, Department of Veterans' Affairs, private health insurance, personal injury (including workers compensation, transport accident insurance, income protection insurance), disability, and aged care sectors. Providing clinically necessary exercise physiology treatment generally underpins AEP services in these areas, however, the goals of the schemes and requirements are specific to the sector. AEPs need to understand the similarities and differences of service expectations which can be influenced by:

- » Legislation
- » Goals of the scheme
- » General demographics of people utilising schemes
- » Needs and priorities of people utilising the schemes

For example, workers compensation insurers and the regulating bodies who set the scheme requirements expect AEPs to be able to understand what work capacity is, assess it effectively, and prescribe exercise to increase work capacity. Additionally, they expect consideration of the client's work participation goals.

3.4 Evidence-based practice

An intentional shift from best practice to evidence-based practice has been attended throughout these standards.

3.5 New and strengthened concepts

The standards have been reviewed for alignment with workforce opportunities identified by ESSA including ESSA's Future Workforce Report 2019, and ESSA's Policy and Advocacy Unit advocacy strategy.

A key goal of the review was to address workforce needs and areas of concern. Key components that have been addressed include:

- » Informed consent
- » Behavioural change principles – a key strength of the AEP practice is the knowledge and skills provided to support and empower people to be more active across the lifespan
- » Soft skills – in response to industry feedback and the evidence-based recommendations from government reviews, there is an increased emphasis on critical thinking and communication
- » Advocacy and leadership for the profession – AEPs need to be confident in describing their scope of practice, and advocate for themselves, the profession, and their clients within the health care space
- » Interprofessional practice

Integration

The concept of being able to integrate knowledge and skills from across the AEP Standard sub-disciplines has been moved up to Professional Attributes out of the elements based on industry feedback.

To be able to integrate and apply the exercise knowledge and skills within the standards, the foundational knowledge base must be strong.

Clinical Treatment

AEP practice is underpinned by providing clinical treatments to individual clients. To be an effective clinician, an AEP needs to understand referral pathways, expectations for treatment outcomes, and requirements of third-party funders (e.g., within compensable schemes).

An AEP must be able to:

- » Identify the primary purpose of an intervention
- » Design and deliver an intervention to meet the primary purpose
- » Acknowledge that person-centred care must also consider secondary purposes for the intervention and co-morbidities
- » Demonstrate the ability to clearly record this decision-making in case notes
- » Explain realistic treatment expectations to clients and relevant others

An AEP must also be able to delineate where clinical treatment stops and maintenance/health, fitness, and well-being services begin, and communicate this effectively to clients and relevant others. This includes empowering clients to self-manage their health and demonstrating how a clinical discharge would work.

Approaches to Care

AEP practice is underpinned by evidence-based models of care. An AEP should demonstrate understanding of common models of care, and how this can be linked to different work sectors. AEPs need to be able to demonstrate how these models will influence their approach to care of clients and apply those components to practice. Currently, the biopsychosocial and person-centred care is expected within many compensable schemes.

Value-based care builds on person-centred care principles to focus on value to the individual and to the system. AEPs must be able to understand how health care is funded, and how providing clinically necessary and evidence-based services provides value to the system.

AEPs should also understand that over-servicing does not support best practice outcomes (including creating reliance on the practitioners), the consequences of over-servicing, and common issues that lead to over-servicing including poor case notes, ineffective communication of treatment expectations, and lack of regular reassessments.

Client's needs, preferences, and goals

AEPs must be able to:

- » Provide services that address the reason for referral/self-referral, understanding that third-party funded services will only pay for services that target the primary reason for referral
- » Address needs identified from the client screen/assessment
- » Identify client preferences, and barriers and facilitators that may impact the service
- » Develop goals in partnership with the client

Individuals should be able to use strategies to obtain information and provide person-centred care whilst meeting system requirements. This requires skills to manage client expectations and negotiate difficult conversations.

Inclusivity

ESSA has made a strong strategic commitment to inclusivity, such as through ESSA's Reconciliation Action Plan. AEPs should be aware of considerations for working with people from diverse backgrounds and population groups across diverse populations and demonstrate the ability to incorporate/adapt services as appropriate.

AEPs should be able to demonstrate reflective practice in identifying their own and their client's:

- » Beliefs about and attitudes towards health care
- » Needs for a safe, non-judgemental environment that is sensitive to client's individual preferences regarding the health professionals they engage
- » Awareness of relevant Child Protection Legislation when working with people 17 years old or younger
- » Understanding of the differences surrounding modesty and exposing skin
- » Cultural and/or religious practices and customs that may affect access to culturally safe services and culturally safe access to services
- » Communication needs and barriers

They should also be able to demonstrate how they would adjust service delivery to people from diverse backgrounds to support inclusivity.

Working with relevant others

AEPs must have the ability to identify and collaborate effectively with relevant others who may have an impact on the client's health and well-being. These people may be directly or indirectly involved with the client's care. The principles of interprofessional collaboration underpin this ability.

Examples of relevant others may include:

- » Families and carers – who can support the client to be healthy and active
- » Support workers – who may provide a formal or informal role in client care
- » Other health professionals – medical, allied health, allied health assistants
- » Other exercise professionals – can include Accredited Exercise Scientists, Accredited Sports Scientists, and personal trainers

AEPs are expected to understand and apply the principles of interprofessional collaboration and demonstrate:

- » How to identify relevant others, opportunities for collaboration, and how this could impact client care
- » How and when to gain informed consent from a client to collaborate with others
- » Identification of when the client requires services that are outside the AEP scope of practice, and effective communication in referring on
- » Communicating outcomes to relevant others, such as referrers
- » Understanding expectations/requirements of different work sectors in working with others. For example, multidisciplinary clinics within hospitals, personal injury insurance schemes, or disability

AEPs also need to understand the importance of conflict management and resolution when working with clients and colleagues. They should be able to identify situations that require action and employ appropriate strategies to address.

Digital Practice

AEPs need to be able to adapt and embrace digital practices. Individuals are not expected to have extensive experience with digital practices, or specific types of technology when they apply. However, they need to be aware of digital practices and how service delivery can be impacted by digital practices specifically in facilitating health behaviours and safety risks for clients. They need to be able to adapt to the rapidly changing landscape, keeping up to date with current and developing digital health technology, tools, and innovations. As such they need to gain skills to critically appraise technology from a privacy/confidentiality/data integrity and security perspective and how it could be used in their practice.

Digital Literacy

AEPs should be able to demonstrate reflective practice in understanding their own digital literacy as a practitioner, understand the importance of digital literacy, and the need to be agile and innovative in embracing technology whilst maintaining the safety and quality of services. They also need to be able to assess the digital literacy of clients.

This concept also captures how to choose appropriate technology and equipment* and how to learn to use it.

**NB. The term equipment in the standards also covers assessment tools (such as blood pressure monitors) and exercise equipment.*

Leadership, advocacy, and self-development

As allied health professionals, AEPs have important roles to play as leaders and advocates within the health care sector. At entry level of practice, they should understand the importance of these roles, the underpinning skillsets required to advocate and lead, and the need to build these skills over the course of a career.

ESSA expects entry level professionals to commit to the process of ongoing learning through understanding the importance of self-development and gaining skills in reflective practice in order to support lifelong learning.

4.0 References

These standards have been designed to align with best practice standards and language related to health services and exercise physiology practice. ESSA recommends consideration of the following documents for further information:

- » [ESSA Accredited Exercise Scientist Professional Standards](#)
- » [ESSA Telepractice Standards](#)
- » [ESSA Code of Professional Conduct & Ethical Practice](#)
- » [ESSA Reconciliation Action Plan 2019-2020](#)
- » [ESSA's Future Workforce Report 2019](#)
- » [Aged Care Quality Standards](#)
- » [NDIS Practice Standards](#)
- » [Revised Bloom's Taxonomy Action Verbs](#)
- » [National Code of Conduct of Health care workers](#)
- » [Health Benefits of Good Work](#)
- » [Clinical Framework for the delivery of health services](#)
- » [International Classification of Functioning](#)

Disclaimer: This scope is not a description of the level of education, experience, skill, or competency required to carry out practice activities. ESSA has chosen to use a broad, principle-based approach to define the scope of practice of an Accredited Exercise Physiologist. By adopting this approach, ESSA aims to harness individual competencies, embrace innovative practice, and remain sensitive to changes within the industry environment. The information provided in this document is not intended to be professional advice and is no substitute for professional or medical advice relevant to the user's circumstances and purposes. Individuals must ensure they have the appropriate competencies for all activities undertaken. ESSA does not endorse, warrant, or make any representations in relation to, and does not accept any liability in relation to, the goods and services of those third parties who utilise this document.