EXERCISE & SPORTS SCIENCE AUSTRALIA

2021/22 ESSA NATIONAL WORKFORCE PROFILE REPORT

PREPARED BY MISS JESSICA BELLAMY
AEP, AES, Lecturer – University of Wollongong

Contents

Background

Introduction

At the end of 2021, as part of the annual accreditation and membership renewal process, Exercise & Sports Science Australia (ESSA) asked members to complete a short online questionnaire in relation to workforce demographics, and services provided. Based on this information, a member profile has been created for every state and territory, as well as this national profile. The aim of the report is to assist in identifying gaps and inform priorities for policy and advocacy.

This workforce profile report will assist ESSA to better understand the make-up of the workforce and to support decision making at a local level. It is to be used to assist in developing future submissions, as well as engagement with key stakeholders.

The goal of this national workforce report is 'to provide intelligence on ESSA membership, to assist in allocation of resources to support policy and advocacy activities in areas of need.'

Acknowledgements

ESSA would like to acknowledge the 7,676 members and accredited individuals who completed the questions during the 2022 renewal process. ESSA would also like to acknowledge the University of Wollongong, particularly Miss Jessica Bellamy (AEP & AES) who was engaged as a consultant to undertake data cleaning, data analysis and development of national and state/territory reports.

Methodology

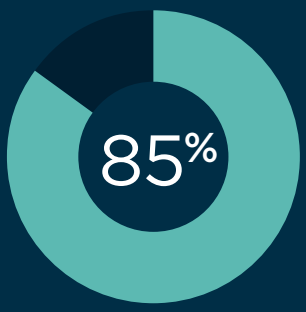
ESSA members were asked to complete an online questionnaire relating to demographic information, employment location, client populations serviced, common areas of practice and access to applicable funding schemes. Completion of this questionnaire was mandatory for members to complete to finalise the renewal process. This was combined with personal data collected from individuals when they joined ESSA or gained an accreditation. 7,676 members completed the questionnaire, of which 7,472 (97.3%) identified as accredited professionals. The remaining 2.7% had full membership status only.

De-identified data was provided to the consultant for cleaning and analysis, to develop the workforce profile reports. Data was grouped, based on pre-determined categorical variables. Objectives for the research were to identify:

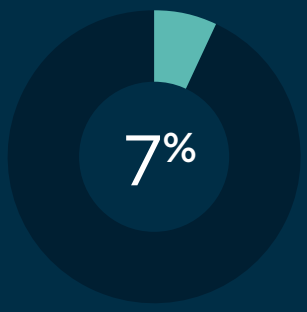
- Demographic make-up of ESSA membership
- Workplace location of ESSA members
- Client populations serviced by members
- Common areas of practice, and
- Funding sources for the delivery of services by ESSA members

During data analysis and reporting, any data cells containing n<6 were either merged with a similar category, or masked, to ensure data could not be re-identified.

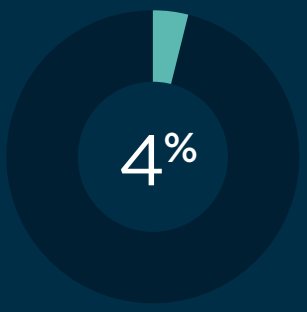
National Snapshot



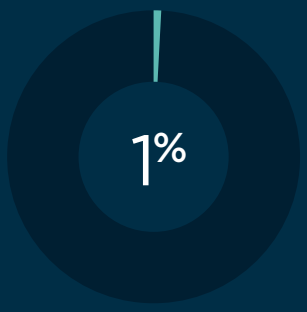
AEP
Accredited Exercise Physiologists



AES
Accredited Exercise Scientists



ASpS
Accredited Sports Scientists



AHPM
Accredited High Performance Managers

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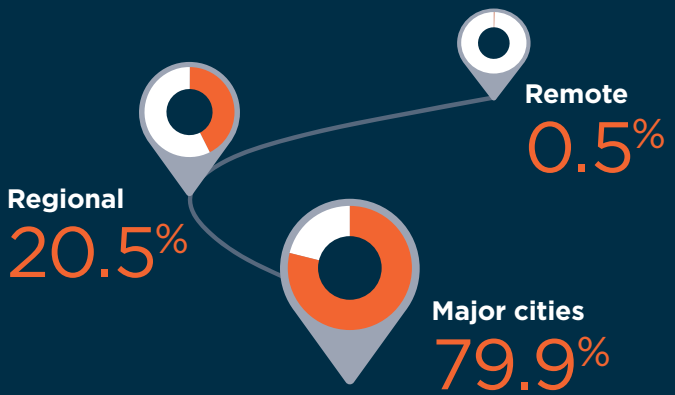
32 YEARS
Average **age**

33 HRS/WEEK
Average **working week**

1/4 working in **private allied health clinic**



Medicare, private health insurance & **NDIS funding schemes** were most accessed by ESSA accredited members

CLIENT STATISTICS

64%
Servicing vulnerable & marginalised communities

1/4
Musculoskeletal injuries & conditions

54.3%
Adults (18-64 years)

National Profile

Objective 1: demographic make-up of the ESSA membership

At the end of the 2022 renewal process, ESSA had 7,676 financial members, of which 6,529 (85.1%) were Accredited Exercise Physiologists (AEP), 546 (7.1%) were Accredited Exercise Scientists (AES), 323 (4.2%) Accredited Sports Scientists (ASpS) and 74 (1.0%) were Accredited High Performance Managers (AHPM). There were 204 members (2.7%) who did not register accreditation, however remained members (Figure 1).

Note: all statistics beyond this point within the report are based on the 7,472 members who hold ESSA accreditation. Information is current as of 01 August 2022 and was sourced from member renewals.

FIGURE 1: BREAKDOWN OF ACCREDITATION STATUS

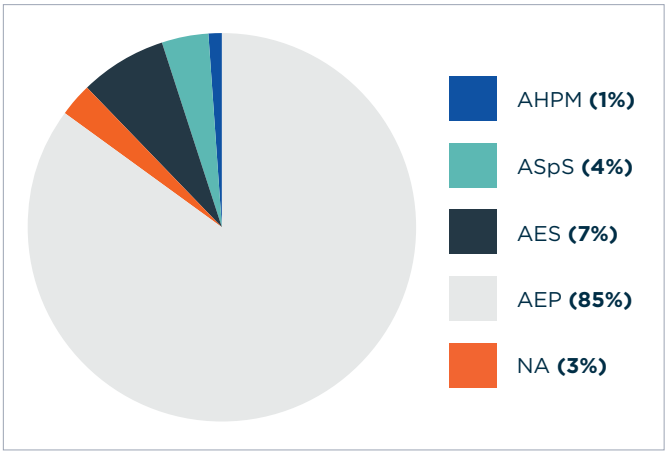
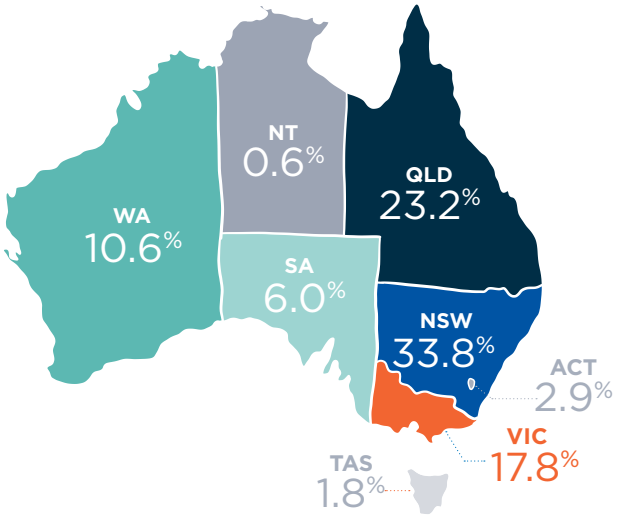


FIGURE 2: DISTRIBUTION OF ESSA ACCREDITED PROFESSIONALS ACROSS STATES AND TERRITORIES



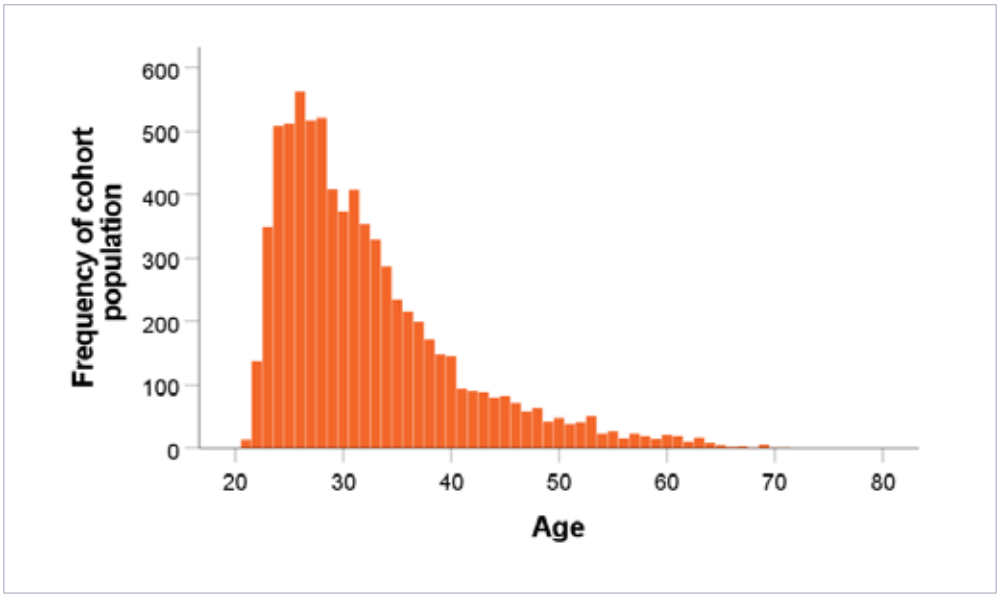
One-third (33.8%) of ESSA accredited professionals resided in New South Wales (NSW), making this the largest contributor to the national profile. This was followed by Queensland (QLD) (23.2%) and Victoria (VIC) (17.8%). Northern Territory (NT) (0.6%) and Tasmania (TAS) (1.8%) were the states and territories with the smallest accredited membership base (Figure 2).

The location of ESSA accredited professionals is broadly consistent with the distribution of the Australian population, with over-representation most notable in the Australian Capital Territory (ACT) (↑ 1.1%) and under-representation in VIC (↓ 7.8%) and TAS (↓ 0.4%). The distribution of ESSA accredited members is similar to the results from the 2022 Allied Health Professional Association (AHPA) annual member survey (Table 1 – available in the Appendices).

Age

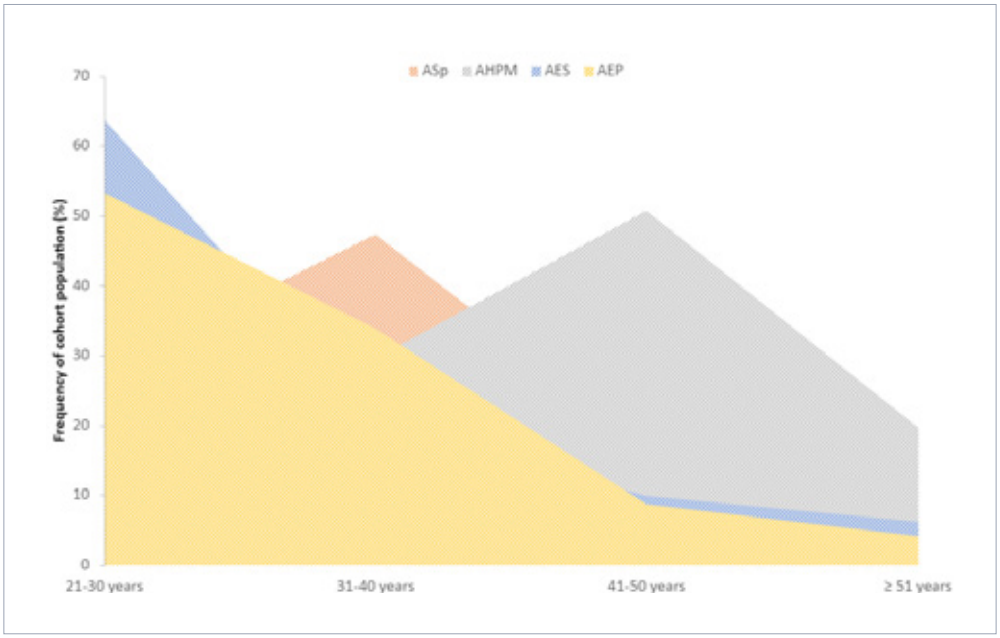
The mean age of ESSA accredited professionals was 32.2 ± 8.4 years (Figure 3). The majority of members (52.5%) fell within the 21 to 30-year age category, followed by 33.3% within the 31-to-40-year age category. TAS had on average the oldest member age (34.2 ± 9.7 years), while the ACT had on average the youngest member age (31.0 ± 7.1 years) (Table 2 – available in the Appendices). The youngest accredited member was 21 years of age, while the oldest member was 71 years of age.

FIGURE 3: AGE FREQUENCY DISTRIBUTION OF ESSA ACCREDITED MEMBERS



By accreditation type: AES were a younger workforce (63.7%) (21-30 years), while AHPM were an older workforce (50.7%) (41-50 years) (Figure 4).

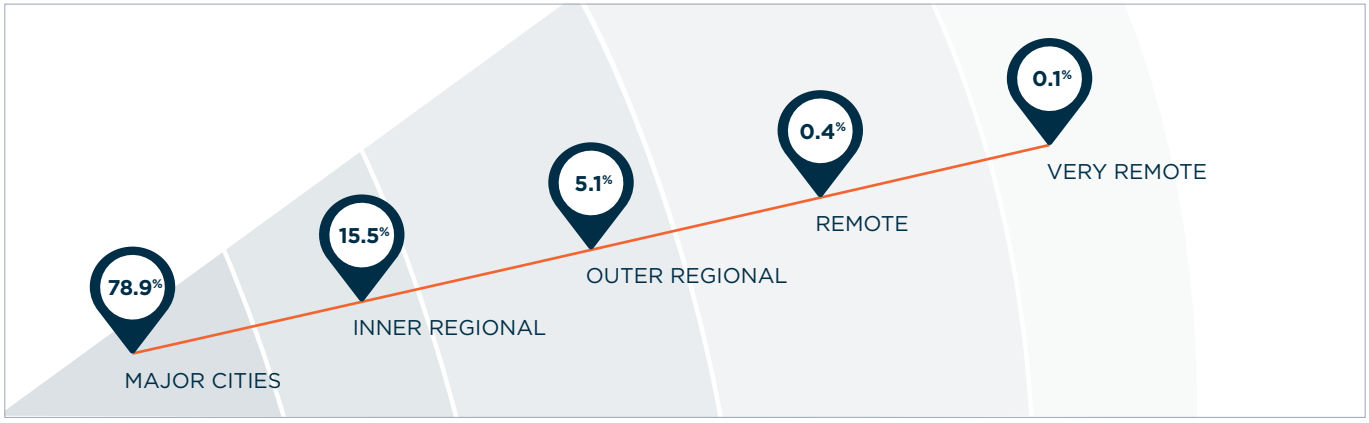
FIGURE 4: DENSITY GRAPH OF AGE DISTRIBUTION BY ACCREDITATION TYPE



Rurality

The majority (78.4%) of ESSA accredited professionals lived and/or worked in major cities. There were 15.9% living/working within inner regional Australia, with a further 5.2% living/working within outer regional Australia. Only 0.1% of ESSA accredited professionals lived/worked remotely, and a further 0.1% lived/worked very remotely (figure 5). South Australia (SA) (2.1%) and Western Australia (WA) (1.5%) had the largest percentage of members living/working either 'remotely' or 'very remotely'.

FIGURE 5: RURALITY DISTRIBUTION OF ACCREDITED MEMBERS ACROSS STATES AND TERRITORIES



Employment Hours

ESSA accredited professionals worked on average 32.7 ± 13.4 hrs/week. TAS members worked on average the most (34.3 ± 12.8 hrs/week), followed by QLD members (33.4 ± 13.4 hrs/week), and ACT members (33.3 ± 11.4 hrs/week). On average VIC members had the shortest work week (31.6 ± 13.7 hrs/week) (Figure 6). Despite these subtle variations, no statistical significance was found between state and territory employment hours (p>.005).

FIGURE 6: DISTRIBUTION OF EMPLOYMENT STATUS BY STATE AND TERRITORY

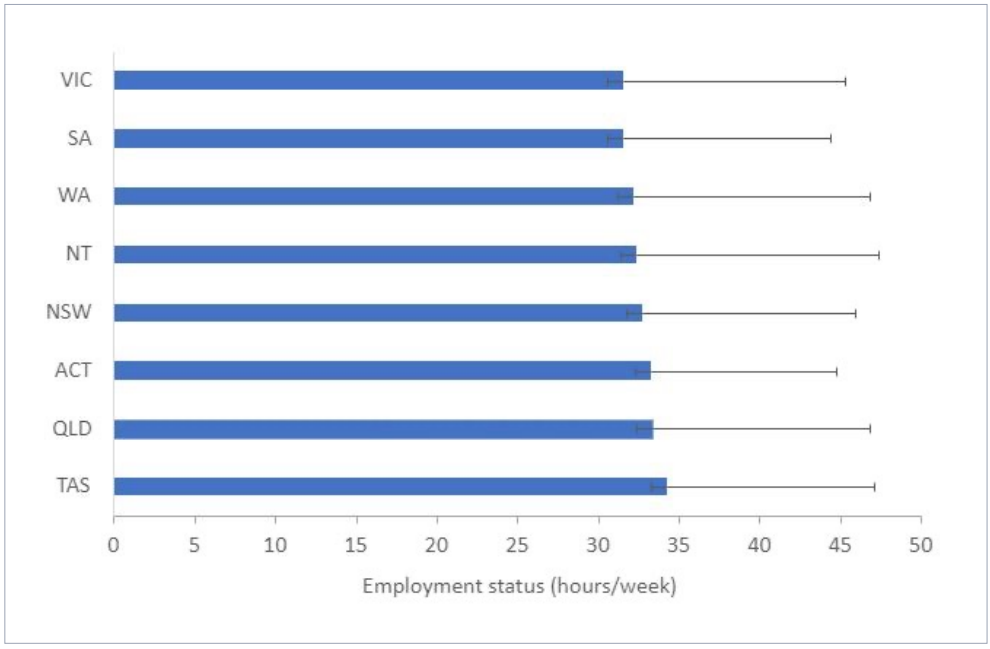


Figure 7 highlights the relationship between accreditation status and employment hours, with AES having the highest proportion of members working ≤ 10 hours/week (19.1%), and AHPM having the highest proportion of members working ≥ 41 hours/week (58.6%).

FIGURE 7: RELATIONSHIP BETWEEN ACCREDITATION STATUS AND EMPLOYMENT HOURS

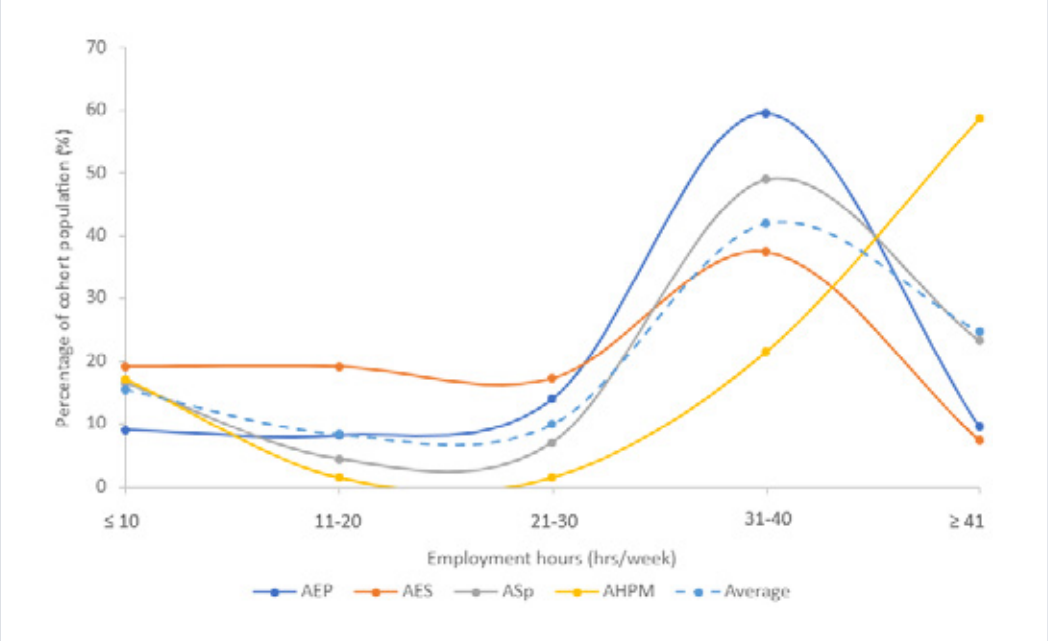
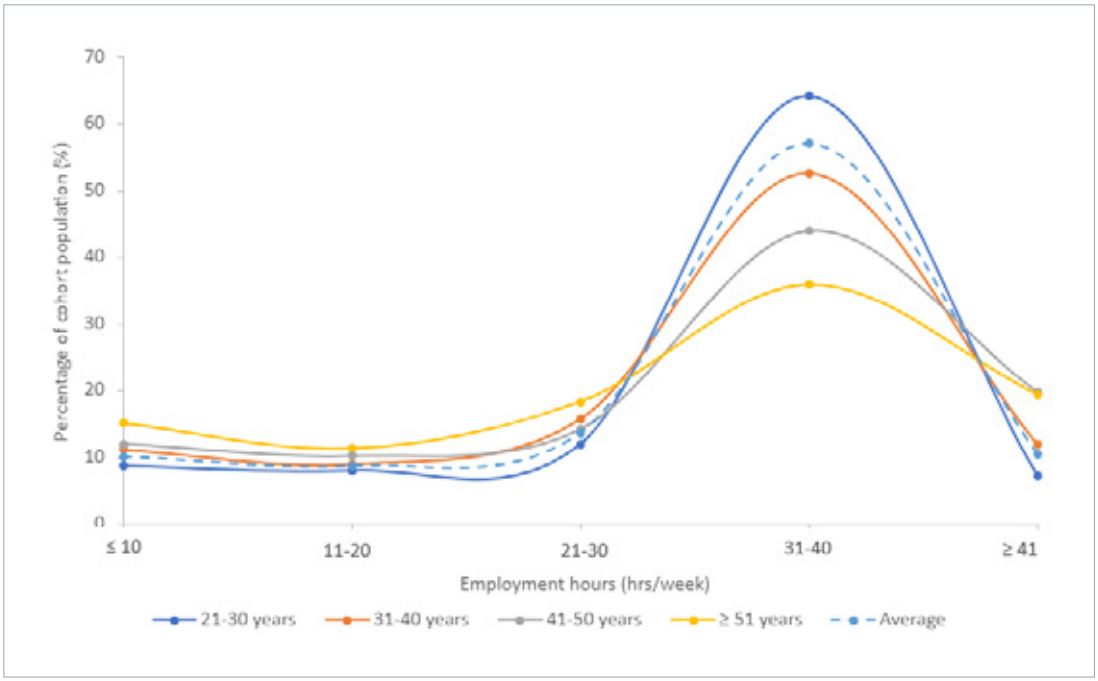


Figure 8 highlights the relationship between age and employment status, with older accredited professionals (> 41 years) working longer work weeks (≥ 41 hrs/week). More than 10% of the workforce was engaged in employment beyond the standard full-time work week (≥ 41 hrs/week), flagging concern for employment 'burn-out'.

FIGURE 8: RELATIONSHIP BETWEEN AGE AND EMPLOYMENT HOURS



Objective 2: workplace

One-quarter (26.6%) of ESSA accredited members worked within a private allied health clinic. A further 18.4% worked in private Exercise Physiology (EP) clinics. Almost 10% (9.7%) of accredited members worked within the consultancy sector (primarily within workplace rehabilitation). Registered training organisations/TAFE (0.3%), local council (0.4%) and emergency services (0.5%) were the workplace sectors with the lowest employment of ESSA accredited professionals (Table 3). Distribution across the states and territories was similar.

TABLE 3: DISTRIBUTION OF WORKPLACE SECTOR

WORKPLACE SECTOR	NATIONALLY (N = 7,045)	AEP (N = 6,187)	AES (N = 516)	ASPS (N = 278)	AHPM (N = 64)
Private Exercise Physiology Clinic	1,294 (18.4%)	1,264 (20.4%)	24 (4.7%)	6 (2.2%)	-
Private Allied Health Clinic	1,872 (26.6%)	1,808 (29.2%)	56 (10.9%)	6 (2.2%)	X (<4.7%)
Private Gym/Fitness Centre/ Health Studio	623 (8.8%)	464 (7.5%)	150 (29.1%)	10 (3.7%)	-
Public or Non-Profit Community Health Centre	184 (2.6%)	177 (2.9%)	8 (1.6%)		-
Private GP Clinic	57 (0.8%)	55 (0.9%)		-	-
Private Hospital	213 (3.0%)	210 (3.4%)	10 (2.0%)	-	-
Public Hospital	278 (3.9%)	271 (4.4%)		-	-
Corporate Health & Wellness	386 (5.5%)	338 (5.5%)	44 (8.5%)	X (<2.9%)	-
Local Council	30 (0.4%)	23 (0.4%)	12 (2.4%)	-	-
Emergency Services (Police, Fire, Ambulance)	34 (0.5%)	27 (0.4%)		X (<2.9%)	X (<4.7%)
Defence Forces	91 (1.3%)	89 (1.4%)	-	X (<2.9%)	-
Other Government Department/ Agency	178 (2.5%)	165 (2.7%)	12 (2.3%)	X (<2.9%)	-
School	44 (0.6%)	21 (0.3%)	16 (3.1%)	10 (3.6%)	-
Registered Training Organisation/ TAFE	24 (0.3%)	15 (0.2%)	6 (1.2%)		-
Sports Club/Team	175 (2.5%)	25 (0.4%)	40 (7.8%)	71 (25.5%)	39 (60.9%)
Sport Institute/Academy	109 (1.5%)	13 (0.2%)	26 (5.0%)	60 (21.6%)	10 (15.6%)
Not-for-profit	313 (4.4%)	283 (4.6%)	26 (5.0%)	24 (8.8%)	-
Consultancy	686 (9.7%)	639 (10.3%)	21 (4.1%)		6 (9.4%)
University or Research Institution	415 (5.9%)	268 (4.3%)	65 (12.6%)	83 (29.8%)	6 (9.4%)
Not working within the exercise and/or sports science field	39 (0.6%)	32 (0.5%)			-

Rurality

Given that three-quarters (78.4%) of the accredited professionals live and/or work within major cities, distribution of the workplace sector by rurality was largely redundant. Of those members working in regional Australia (20.1%), one-quarter (26.9%) worked within a private allied health clinic, with a further 19.1% working within a private EP clinic. Similarly, of those members working in 'remote' and 'very remote' Australia (0.5%), 30.0% worked within a private allied health clinic, with a further 16.2% working within a private EP clinic.

Objective 3: client populations serviced by ESSA members

Client Age

The majority (54.3%) of ESSA accredited members provided services to adults (18-64 years), followed by one-third (33.9%) of members providing services to older adults (+65 years) (Figure 9). Distribution of client age remained relatively consistent across states and territories, with the ACT servicing the highest proportion of children (5-12 years) (5.2%) and young people (13-17 years) (9.5%), NT servicing the highest proportion of adults (18-64 years) (62.9%) and QLD servicing the highest proportion of older adults (+65 years) (35.2%) (Table 4 – available in the Appendices).

ASpS (5.3%) serviced the highest percentage of children (5-12 years), AES (7.8%) serviced the highest percentage of young people (13-17 years), AEPs (52.6%) serviced the highest percentage of adults (18-64 years), and AHPM (33.6%) serviced the highest percentage of older adults (+65 years).

FIGURE 9: AGE OF CLIENTS SERVICED BY ESSA ACCREDITED PROFESSIONALS

Children
(5-12 years)
4.2%

Young People
(13-17 years)
7.6%

Adults
(18-64 years)
54.3%

Older Adults
(+65 years)
33.9%

All client age groups were predominantly seen within a private allied health clinic.

Client Population

Nationally, almost two-thirds (63.8%) of ESSA accredited professionals provided services to vulnerable and marginalised groups, including culturally and linguistically diverse (CALD) communities, Aboriginal and Torres Strait Islander communities, people with disability, people living in rural and remote Australia (e.g., outside a major city) and the LGBTQIA+ community.

One-third (30.0%) of members provided services to people with disability, with a further 13.4% providing services to the CALD community. LGBTQIA+ was the least serviced vulnerable & marginalised group, with only 2.6% of accredited members providing services to this client population.

CALD communities, people with disability, people living in rural and remote locations, and LGBTQIA+ communities were more likely to be serviced by AEP and AES. Whereas Aboriginal and Torres Strait Islanders were more likely to be serviced by ASpS and AHPM. Most services provided by ASpS and AHPM were centred around athletes.

Despite a large proportion (particularly AEP) servicing vulnerable and marginalised groups, 36.2% of ESSA accredited professionals were not providing services to such community groups. This proportion increases through the different accreditations, with 34.0% of AEP not providing services to these groups, compared with 67.9% of AHPM. (Table 5).

TABLE 5: DISTRIBUTION OF ESSA ACCREDITED PROFESSIONALS PROVIDING SERVICES TO VULNERABLE AND MARGINALISED COMMUNITIES BY ACCREDITATION TYPE

	NATIONALLY	AEP	AES	ASPS	AHPM
CALD	1,998 (13.4%)	1,813 (13.7%)	142 (13.7%)	34 (6.4%)	X (<5.6%)
Aboriginal & Torres Strait Islander	824 (5.5%)	710 (5.4%)	57 (5.5%)	48 (9.0%)	9 (8.5%)
People with disability	4,474 (30.0%)	4,225 (31.9%)	160 (15.5%)	81 (15.2%)	8 (7.5%)
Rural & remote	1,840 (12.3%)	1,665 (12.6%)	123 (11.9%)	46 (8.6%)	6 (5.6%)
LGBTQIA+	390 (2.6%)	335 (2.5%)	43 (4.2%)	10 (1.9%)	X (<5.6%)
Not Applicable	5,404 (36.2%)	4,508 (34.0%)	509 (49.2%)	315 (60.0%)	72 (67.9%)
FREQUENCY COUNT	**14,930**	**13,256**	**1,034**	**534**	**106**

Objective 4: common areas of practice

The most common areas of practice across all ESSA accredited professionals were 'Musculoskeletal (MSK) injuries and conditions', with one-fifth (22.6%) of members providing services to this population. This was followed by 'chronic pain conditions' (12.4%) and 'age-related conditions and illnesses' (12.1%). 'Cancer' (1.8%) was the least common area of practice among members (Table 6). Emerging areas (within the 'other' category) include neurodivergence (0.3%) and women's health (0.2%).

TABLE 6: DISTRIBUTION OF COMMON AREAS OF PRACTICE BY ESSA ACCREDITED PROFESSIONALS

	FREQUENCY COUNT	VALID PERCENTAGE*
Age-related conditions & illnesses	2,380	12.1%
MSK injuries & conditions	4,452	22.6%
Neurological conditions	1,392	7.1%
Mental health conditions	1,729	8.8%
Cardiovascular & respiratory conditions	1,115	5.7%
Falls prevention	1,087	5.5%
Cancer	346	1.8%
Metabolic disorders	976	5.0%
Overweight/obesity	1,055	5.4%
Chronic pain conditions	2,435	12.4%
High performance management	433	2.2%
Sports science	695	3.5%
Strength & conditioning	1,382	7.0%
Other	225	1.1%
TOTAL	**19,702**	**100.2%**

*The valid percent is simply the proportion of a sample that is valid.

Client Population

CALD communities utilised more services for neurological conditions (11.4% vs. 5.1%), and accessed lower levels of services for high-performance management, sports science, strength and conditioning (8.2% vs. 17.1%) when compared to non-vulnerable or marginalised people.

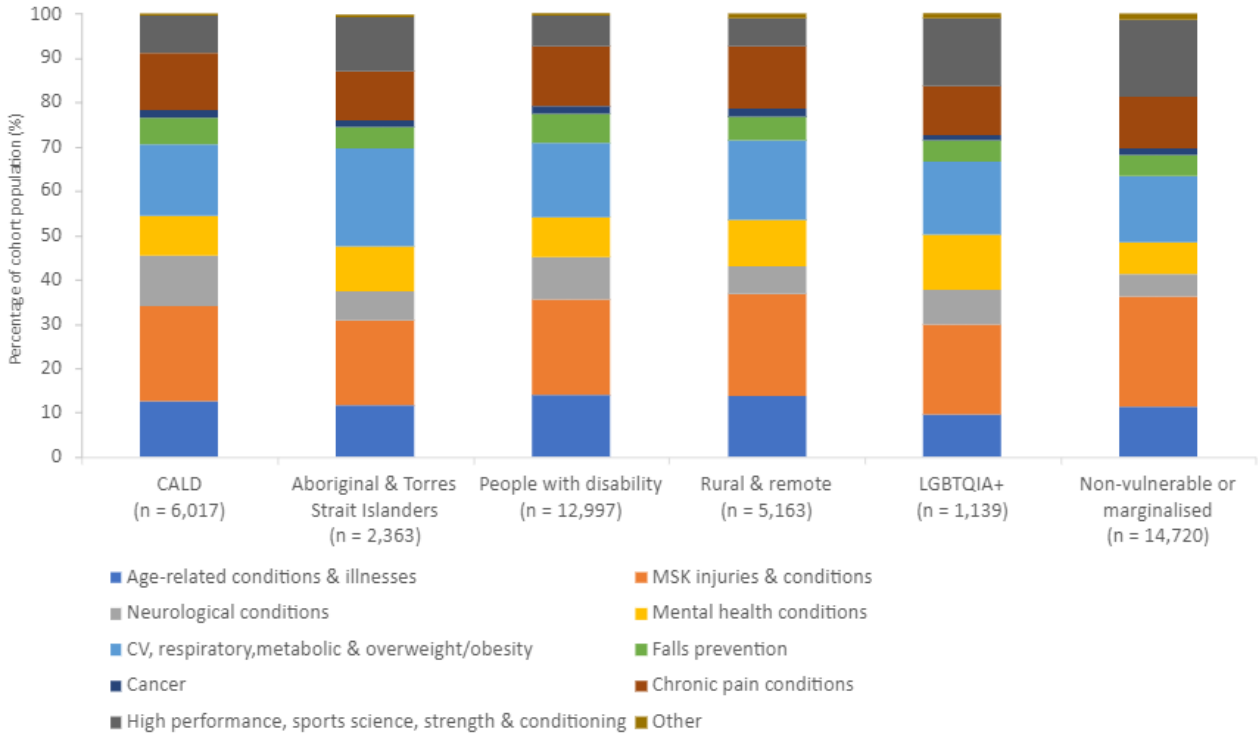
Aboriginal and Torres Strait Islander communities utilised more services for cardiovascular, respiratory, metabolic and overweight/obesity conditions (21.9% vs. 15.0%), yet utilised lower levels of services for MSK injuries and conditions (19.3% vs. 24.8%) when compared to non-vulnerable or marginalised people.

People with a disability utilised more services for neurological conditions (9.7% vs. 5.1%), and falls prevention (6.6% vs. 4.7%), yet utilised lower levels of services for high-performance management, sports science, strength and conditioning (6.8% vs. 17.1%) when compared to non-vulnerable or marginalised people.

Rural and remote communities utilised lower levels of high-performance management, sports science strength & strength conditioning (6.3% vs. 17.1%) when compared to non-vulnerable or marginalised people.

LGBTQIA+ communities utilised more services for mental health (12.5% vs. 7.3%) and neurological conditions (7.8% vs. 5.1%) yet utilised less services for age-related diseases and conditions (9.4% vs. 11.2%) when compared to non-vulnerable or marginalised people (Figure 10).

FIGURE 10: DISTRIBUTION OF COMMON AREAS OF PRACTICE BY VULNERABLE AND MARGINALISED COMMUNITIES



Objective 5: funding

GST

The majority (54.8%) of ESSA accredited professionals were registered for GST. AES had the lowest registered for GST rates, with only 34.8% registered for GST (Table 7).

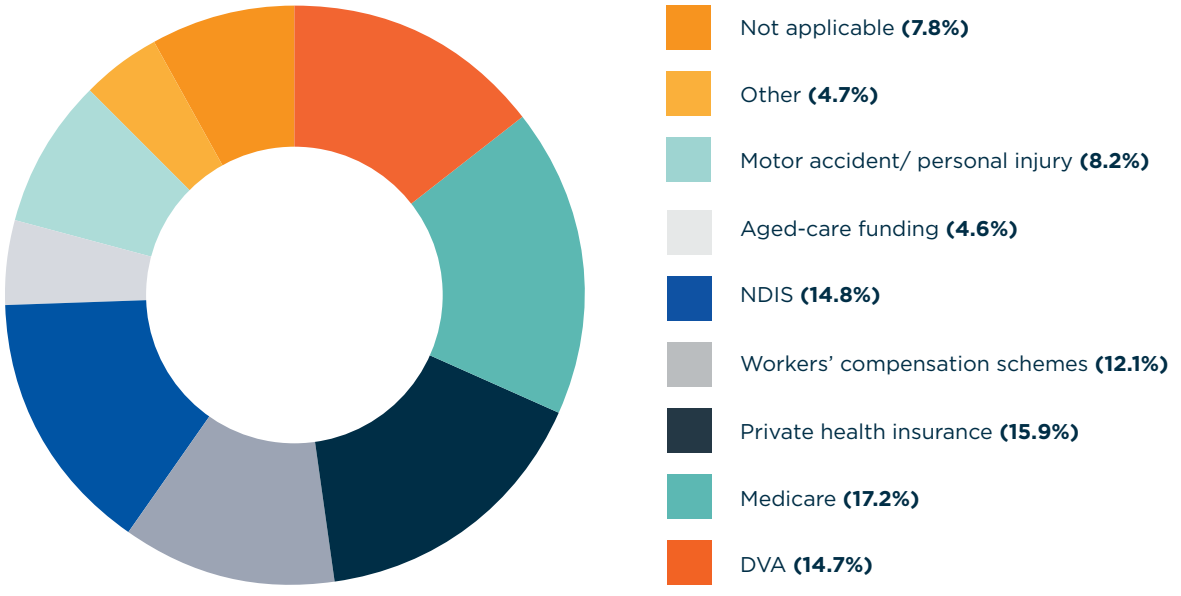
TABLE 7: GST REGISTRATION BY ACCREDITATION TYPE

	AEP (N = 6,529)	AES (N = 546)	ASPS (N = 323)	AHPM (N = 74)
Registered for GST	3737 (57.2%)	190 (34.8%)	133 (41.2%)	31 (41.9%)

Funding schemes

Medicare was the most utilised funding scheme by ESSA accredited professionals, with 17.2% accessing this scheme. This was followed by private health insurance (15.9%), NDIS (14.8%) and DVA (14.7%). Funding provided by Primary Health Networks (PHNs) (0.7%), Sport Australia (0.9%) and funding provided by state and federal grants (1.8%) were the least utilised funding schemes by ESSA accredited members (Figure 11).

FIGURE 11: FUNDING SCHEMES UTILISED BY ESSA ACCREDITED PROFESSIONALS (NATIONAL PROFILE)

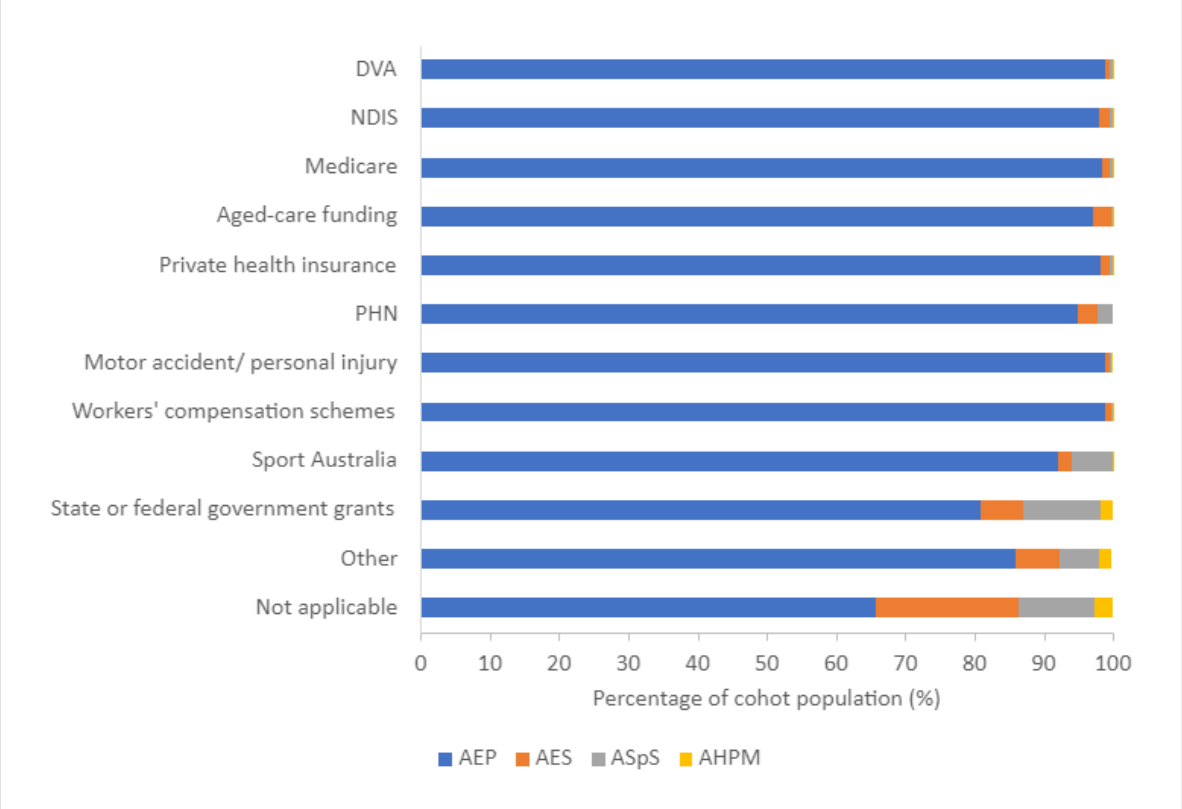


Funding was equally distributed across the states and territories for most funding schemes with the following exceptions (Table 8 – available in the Appendices), where compared to the national average:

- NT members utilised higher levels of funding from motor accident/personal injury insurance (↑ 4.8%) and workers compensation (↑ 3.6%) schemes, however utilised lower levels of NDIS (↓ 3.5%) and Medicare (↓ 5.0%)
- QLD members utilised higher levels of DVA (↑ 2.4%) and Sport Australia funding (↑ 0.4%), however utilised lower levels of funding from motor accident/personal injury insurance (↓ 2.1%)
- TAS members utilised higher levels of Sport Australia funding (↑ 0.6%)
- WA members utilised higher levels of workers compensation funding (↑ 3.7%), however utilised lower levels of aged-care funding (↓ 3.0%)
- VIC members utilised higher levels of fundings from the PHN (↑ 0.5%) and state and/or federal government grants (↑ 0.7%)

AEPs reported the highest utilisation (94.7%) of all applicable funding schemes, followed by ASpS (2.5%), AES (2.4%) and AHPM (0.4%), as demonstrated by Figure 12. Note that all ASpS and AHPM who reported utilising funding schemes such as Medicare, DVA, workers compensation held an appropriate dual qualification.

FIGURE 12: DISTRIBUTION OF UTILISATION OF FUNDING SCHEMES BY ACCREDITATION TYPE

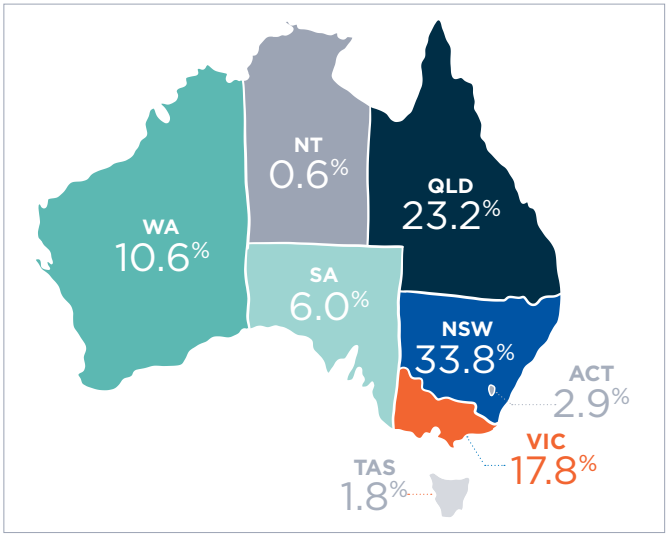


Accredited Exercise Physiologists (AEP)

Objective 1: demographic make-up

There were 6,529 AEPs across Australia, equating to 87.4% of the national profile of ESSA accredited professionals. Given they make up such a large proportion of the ESSA accreditation base, it is unsurprising that their distribution is similar to overall distribution. A large proportion are located within NSW (33.8%), followed by QLD (23.2%) and VIC (17.8%). NT (0.6%) and TAS (1.8%) had the smallest number of AEPs (Figure 13).

FIGURE 13: DISTRIBUTION OF AEP ACROSS STATES AND TERRITORIES



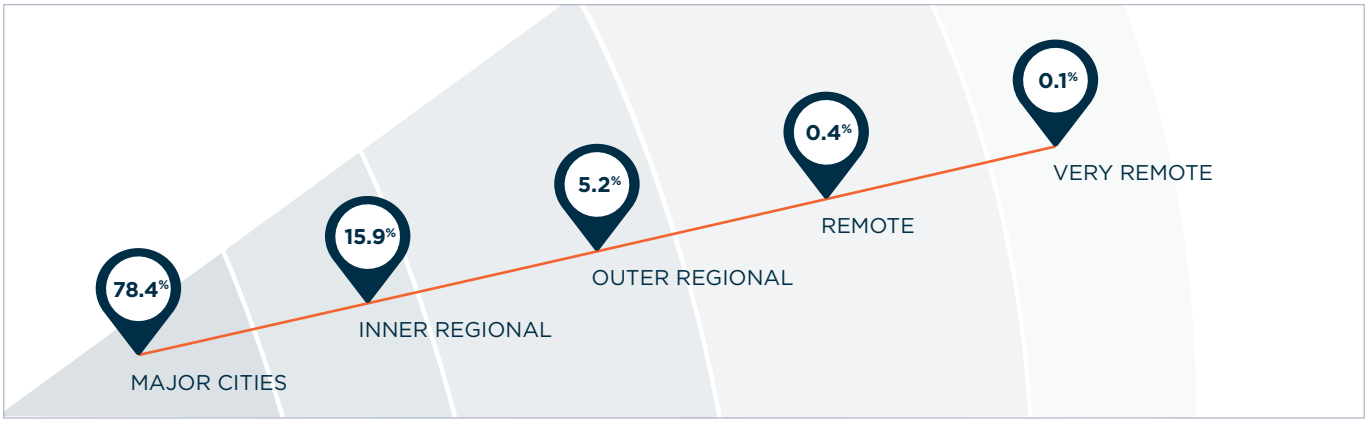
Age

The majority (53.3%) of AEPs were aged 21-30 years, followed by 33.8% who were aged 31-40 years. Only 4.1% were ≥51 years. This professional practice group had an average age of 32.0 ± 8.0 years.

Rurality

The majority (78.4%) of AEPs lived and/or worked in major cities. One-fifth (20.1%) worked in regional (15.9% inner regional, and 5.2% outer regional). While 0.4% lived and/or worked in remote locations, 0.1% lived and/or worked in very remote locations (Figure 14).

FIGURE 14: RURALITY DISTRIBUTION OF AEPS ACROSS STATES AND TERRITORIES



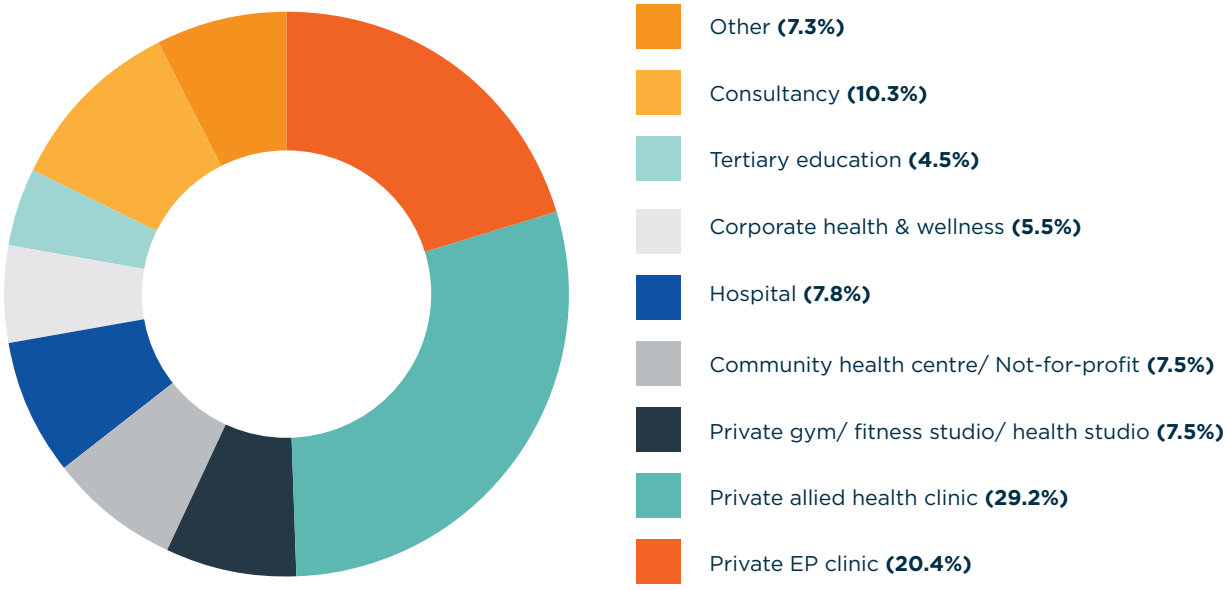
Employment Hours

On average, AEPs worked 32.9 ± 12.9 hrs/week. Two-thirds (69.0%) of all AEPs were engaged in full-time work (≥ 31 hrs/week). Distribution of employment status was similar across all states and territories (Table 9 – available in the Appendices).

Objective 2: workplace

Almost half (49.6%) of AEPs worked in either a private EP clinic or private allied health clinic. Similar to the national profile, 10.3% worked in the consultancy sector (primarily within workplace rehabilitation), with an additional 7.8% working in a hospital setting (private: 3.4%, public: 4.4%). Just under 5% were engaged in employment in tertiary education (with 4.3% employed in a university or research institution and 0.2% employed in a registered training organisation/TAFE). Thirty-two (32) AEPs (0.5%) were not working in the exercise and/or sports science field (Figure 15).

FIGURE 15: AEP WORKFORCE SECTOR DISTRIBUTION



Objective 3: client populations serviced by AEPs

Client Age

The distribution of client age serviced by AEP members is similar to that of the national profile, with the majority (52.6%) providing services to adults (18-64 years), with a further 32.6% of members providing services to older adults (+65 years) (Figure 16). They were the professional group who serviced the highest percentage of adults (18-64 years), while also servicing the lowest percentage of children (5-12 years) (Figure 22).

FIGURE 16: AGE OF CLIENTS SERVICED BY AN ESSA AEP

Children
(5-12 years)
3.9%

Young People
(13-17 years)
7.3%

Adults
(18-64 years)
52.6%

Older Adults
(+65 years)
32.6%

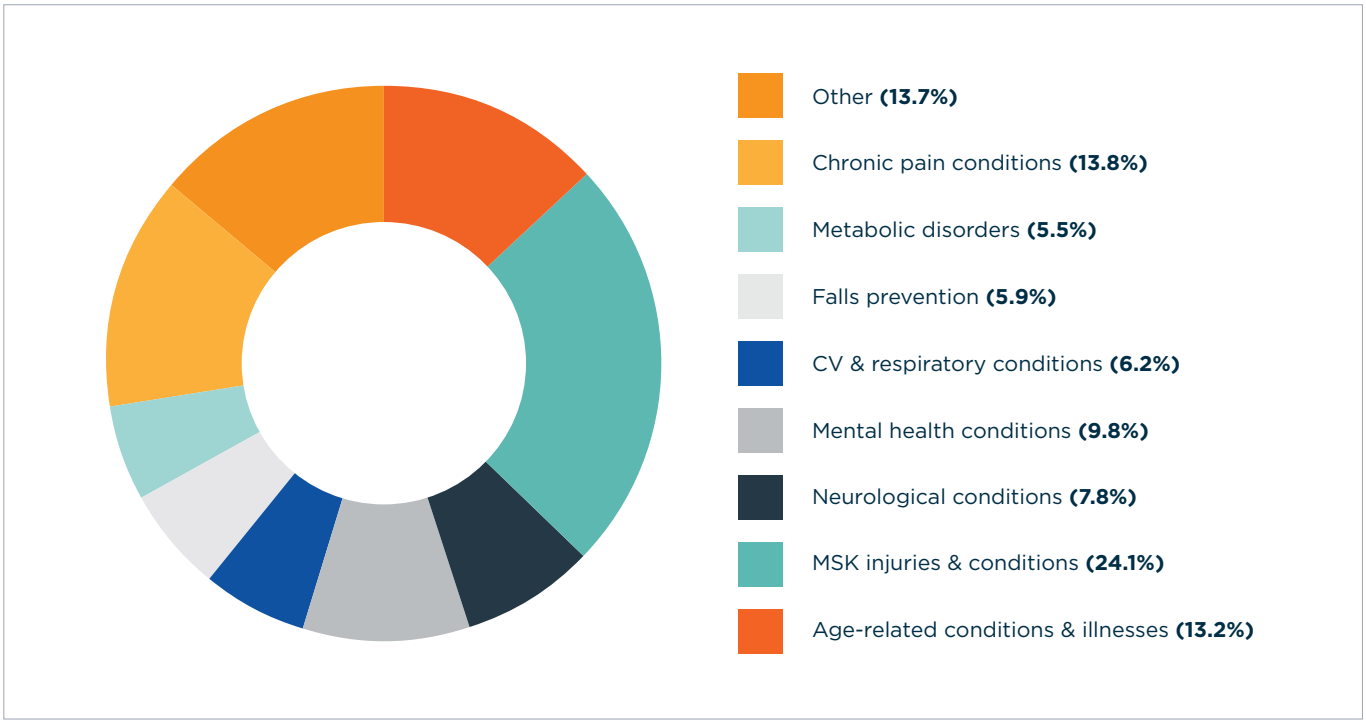
Client Population

The distribution of client populations serviced by an AEP was very similar to the national profile, with two-thirds (66.0%) of them providing services to vulnerable and marginalised communities. Almost one-third (31.9%) of AEPs provided services to people with disability, a further 13.7% provided services to CALD communities, and a further 12.6% provided services to rural and remote communities. Despite this, one-third (34.0%) of AEPs were not providing services to these vulnerable and marginalised client populations.

Objective 4: common areas of practice

One-quarter (24.1%) of AEPs provided services to people with MSK injuries & conditions, followed by 13.8% servicing those with chronic pain conditions. Almost ten percent (9.8%) provided services to people with mental health conditions. 'Other' common areas of practice included women's health, chronic and complex conditions, and covid-19 (Figure 17).

FIGURE 17: COMMON AREAS OF AEP PRACTICE



Objective 5: funding

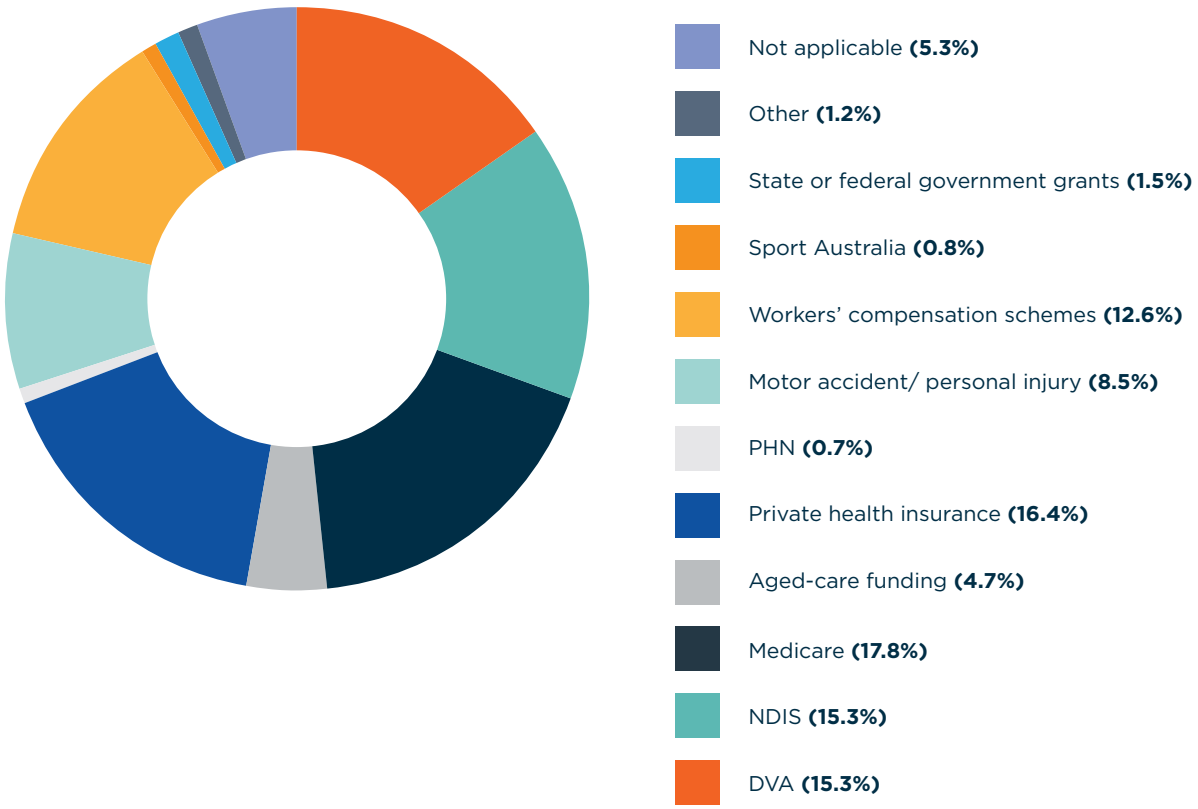
GST

Similar to the national profile, the majority (57.2%) of AEPs were registered for GST.

Funding schemes

5,171 AEPs (82.9%) reported accessing some form of funding scheme. Medicare was the most utilised funding scheme, with 17.8% accessing this scheme. This was followed by private health insurance (16.4%), DVA & NDIS (15.3% each). PHN funding was the least utilised funding scheme by them (Figure 18).

FIGURE 18: FUNDING SCHEMES UTILISED BY AEPS

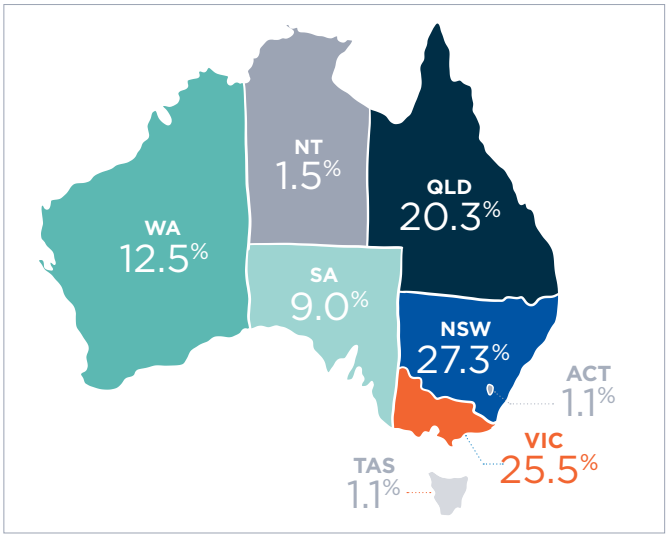


Accredited Exercise Scientists (AES)

Objective 1: demographic make-up

There were 546 AES across Australia, equating to 7.5% of the national profile. The distribution of AES professionals differs to that of the national profile. While NSW had the largest AES population (27.3%), this is 6.5% lower than the national ESSA profile (33.8%). Conversely, VIC had 7.7% higher AES population compared to the national profile (17.8%), and NT had almost three times higher AES distribution compared to the national profile (0.6%). ACT and TAS had the smallest proportions of AES members (1.1% respectively) (Figure 19).

FIGURE 19: DISTRIBUTION OF AES ACROSS STATES AND TERRITORIES



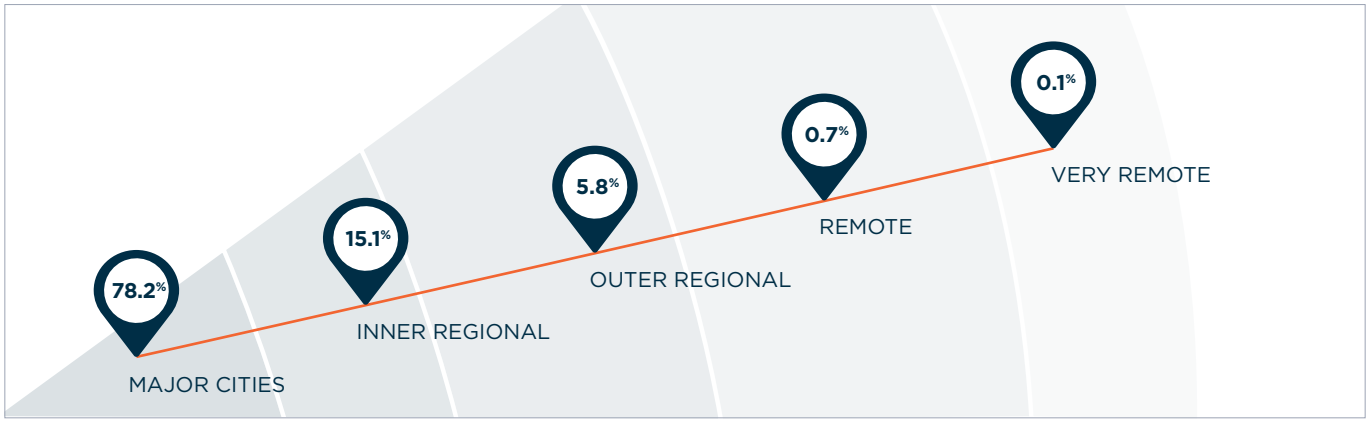
Age

The majority (63.7%) of AES were aged 21-30 years, followed by 20.2% who were aged 31-40 years. Only 6.2% of AEPs were ≥51 years. This professional practice group had the youngest average age (31.2 ± 9.8 years).

Rurality

The majority (78.2%) of AES lived and/or worked in major cities. One-fifth (20.5%) of AES worked in regional (15.1% inner regional, and 5.8% outer regional). While 0.7% lived and/or worked in remote locations, and 0.2% live and/or work in very remote locations (Figure 20).

FIGURE 20: RURALITY DISTRIBUTION OF AES ACROSS STATES AND TERRITORIES



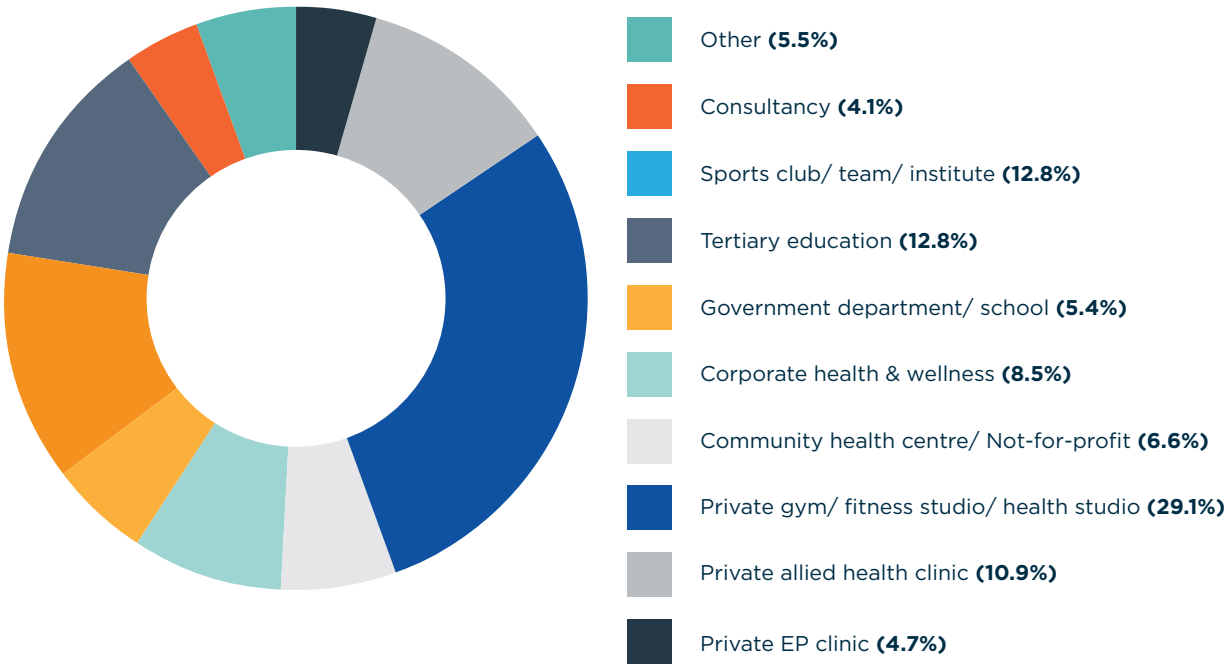
Employment Hours

On average, AES worked 27.0 ± 14.8 hrs/week. The majority (55.4%) of all AES were engaged in part-time work (< 30 hrs/week). Distribution of employment status was similar across all states and territories, with exception of ACT and TAS, where the majority (66.7%) were engaged in full-time employment (Table 10 – available in the Appendices). However, it must be noted that these two states and territories represent only 2.2% of the AES profile.

Objective 2: workplace

Almost one-third (29.1%) of AES worked in a private gym/ fitness centre/ health studio, with a further 12.8% working for a sports club/team or sports institute/academy. More than 10% were engaged in employment within the tertiary education sector (with 11.6% employed in a university or research institution and 1.2% employed in a registered training organisation/TAFE). Five (5) AES (1.0%) were not working in the exercise and/or sports science field (Figure 21).

FIGURE 21: AES WORKFORCE SECTOR DISTRIBUTION



Objective 3: client populations serviced by AES

Client Age

The majority (50.7%) of AES provided services to adults (18-64 years), with a further 33.1% providing services to older adults (+65 years). AES were the professional group who serviced the highest percentage of young people (13-17 years), while also servicing the lowest percentage of adults (18-64 years) (Figure 22).

FIGURE 16: AGE OF CLIENTS SERVICED BY AN ESSA AEP

Children
(5-12 years)
4.7%

Young People
(13-17 years)
7.8%

Adults
(18-64 years)
50.7%

Older Adults
(+65 years)
33.1%

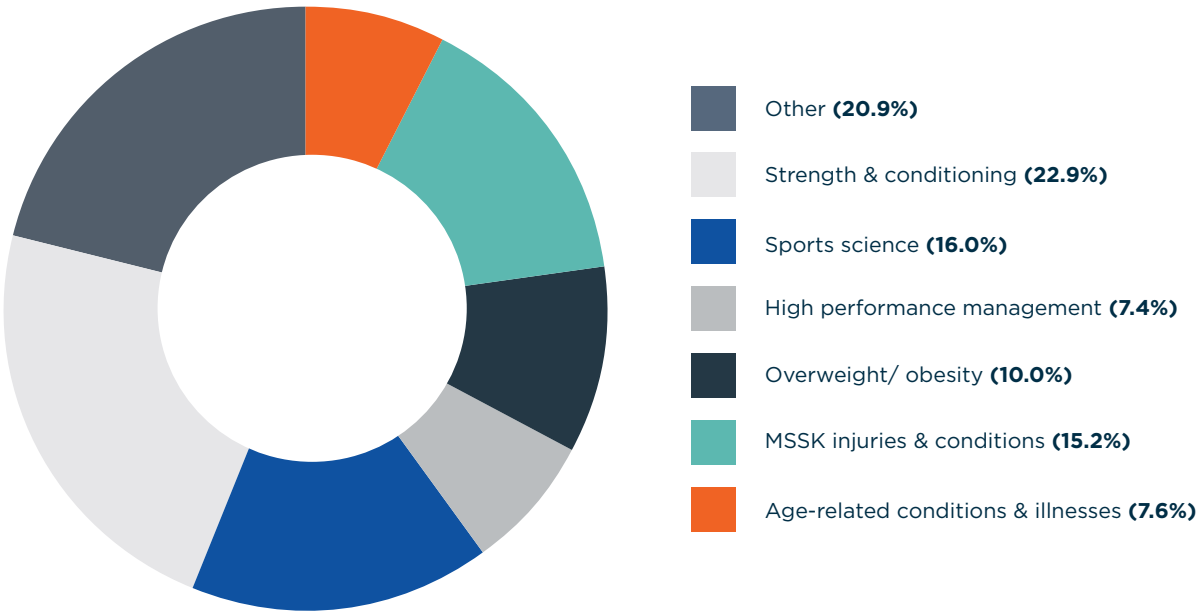
Client Population

Half (50.8%) of AES provided services to vulnerable and marginalised communities, compared to 14.6% of the national profile. 15.5% provided services to people with a disability (compared to 30.0%), with a further 13.7% providing services to CALD communities (compared to 13.4%). Compared to the national profile, AES professionals provided higher levels of services to the LGBTQIA+ community (4.2% vs. 2.6%). A large proportion (27.0%) of services were targeted towards athletes. Despite this, 49.2% of them did not provide services to any vulnerable or marginalised community group.

Objective 4: common areas of practice

One-fifth (22.9%) of AES provided strength and conditioning services, followed by 16.0% providing sports science services. Fifteen (15.2%) provided services to people with MSK injuries and conditions. 'Other' common areas of practice included coaching and university teaching/students (Figure 23).

FIGURE 23: COMMON AREAS OF AES PRACTICE



Objective 5: funding

GST

AES were the least likely ESSA professional group to be registered for GST, with only 34.8% registered.

Funding schemes

135 AES professionals (28.3%) reported they had accessed some form of funding scheme. NDIS was the most utilised funding scheme by AES, with 8.4% accessing this scheme. This was followed by private health insurance (7.5%), and Medicare (6.1%). PHN & Sport Australia funding were the least utilised funding schemes (Table 11).

TABLE 11: DISTRIBUTION OF FUNDING SCHEMES UTILISED BY AES

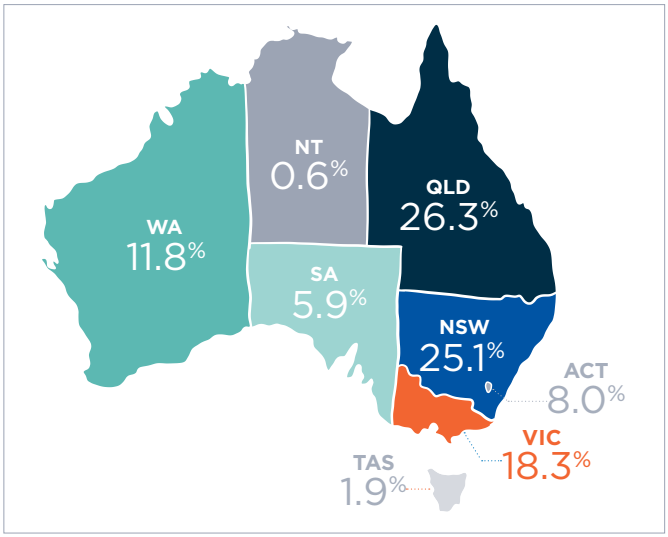
FUNDING SCHEME	FREQUENCY COUNT (PERCENTAGE)
DVA	24 (3.9%)
NDIS	51 (8.4%)
Medicare	37 (6.1%)
Aged-care funding	25 (4.1%)
Private health insurance	46 (7.5%)
Motor accident/personal injury	X (<1.3%)
Workers compensation schemes	22 (3.6%)
Sport Australia	X (<1.3%)
State or federal government grants	24 (3.9%)
Not applicable	344 (56.4%)
Other	17 (2.8%)
TOTAL	610

Accredited Sports Scientist (ASpS)

Objective 1: demographic make-up

There were 323 ASpS across Australia, equating to 4.4% of the national profile. The distribution of ASpS members differs to that of the national profile, with QLD having the largest ASpS profile (26.3%), followed by NSW (25.1%) and VIC (18.3%). NT (0.6%) & TAS (1.9%) have the smallest proportions of ASpS members. Compared to the national profile, ASpS have higher member distributions in ACT (8.0% vs. 2.9%), yet lower member distributions in NSW (25.1% vs. 33.8%) (Figure 24).

FIGURE 24: DISTRIBUTION OF ASpS ACROSS STATES AND TERRITORIES



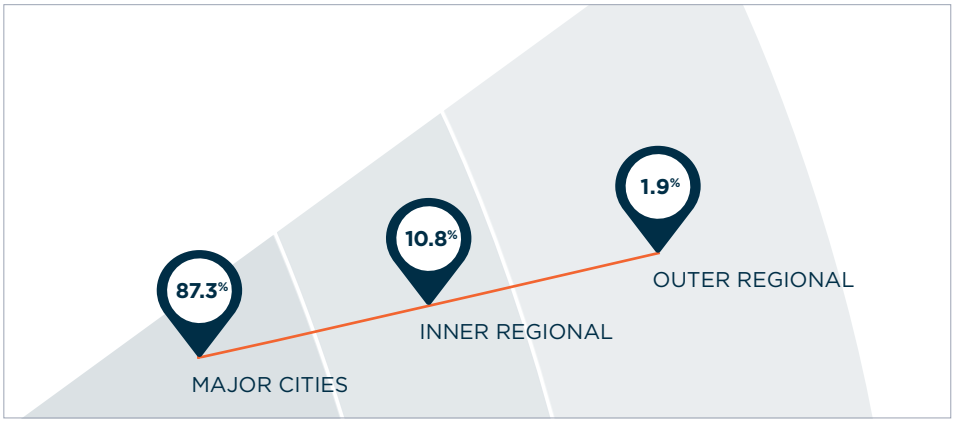
Age

A large proportion (47.3%) of ASpS were aged 31-40 years, followed by 27.9% who were aged 21-30 years. Only 7.1% were ≥51 years. This professional practice group had an average age of 36.2 ± 8.9 years.

Rurality

The majority (87.3%) of ASpS lived and/or worked in major cities. 12.7% of ASpS worked in regional (10.8% inner regional, and 1.9% outer regional). None lived/worked in remote or very remote locations (Figure 25).

FIGURE 25: RURALITY DISTRIBUTION OF ASpS ACROSS STATES AND TERRITORIES



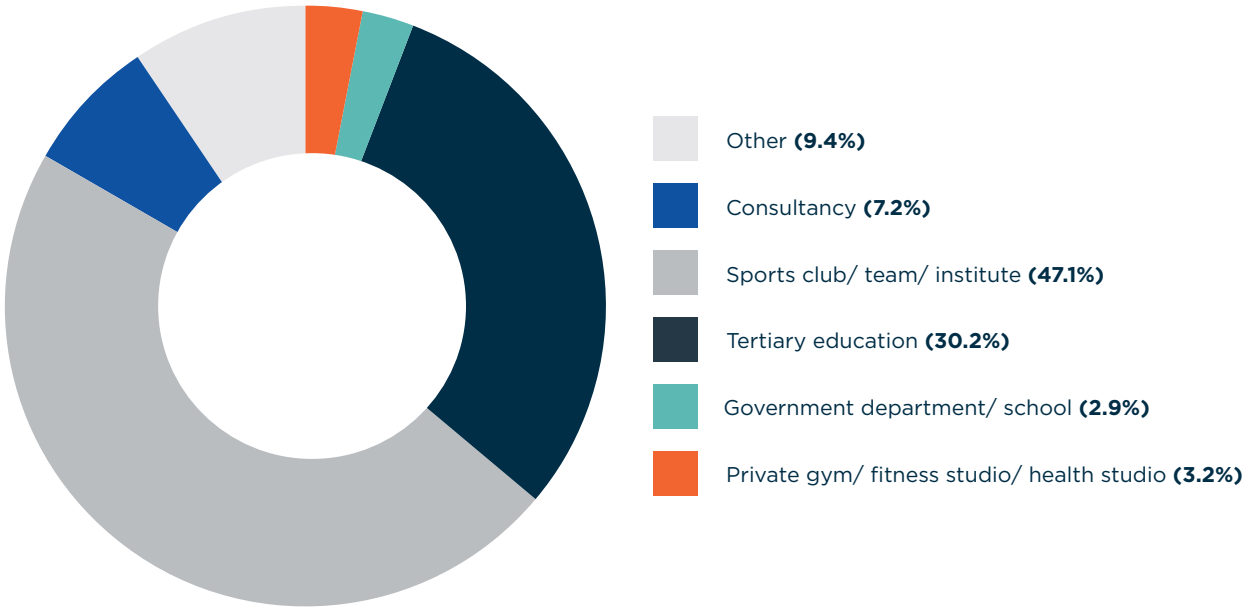
Employment Hours

On average, ASpS worked 33.7 ± 16.8 hrs/week. Three-quarters (72.1%) were engaged in full-time work (≥ 31 hrs/week). One-quarter worked beyond the standard full-time work week (≥ 41 hrs/week), flagging concern for employment 'burn-out'. Distribution of employment status was similar across all states and territories, with exception of NT and TAS, where all (100.0%) ASpS were engaged in full-time employment (Table 12 – available in the Appendices). However, it must be noted that these two states and territories represent only 2.5% of the entire ASpS group.

Objective 2: workplace

Almost half (47.1%) of ASpS worked for a sports club/team (25.5%) or sports institute/ academy (21.6%). Almost one-third were engaged in employment in the tertiary education sector (with 29.1% employed in a university or research institution and 1.1% employed in a registered training organisation/TAFE). Two (2) ASpS (0.7%) were not working within the exercise and/or sports science field (Figure 26).

FIGURE 26: ASpS WORKFORCE SECTOR DISTRIBUTION



Objective 3: client populations serviced by ASpS

Client Age

The majority (51.7%) of ASpS provided services to adults (18-64 years), with a further 32.5% of members providing services to young people (13-17 years). ASpS were the professional group who serviced the highest percentage of children (5-12 years), while also servicing the lowest percentage of older adults (+65 years) (Figure 27).

FIGURE 26: ASpS WORKFORCE SECTOR DISTRIBUTION

Children
(5-12 years)
5.3%

Young People
(13-17 years)
7.5%

Adults
(18-64 years)
51.7%

Older Adults
(+65 years)
32.5%

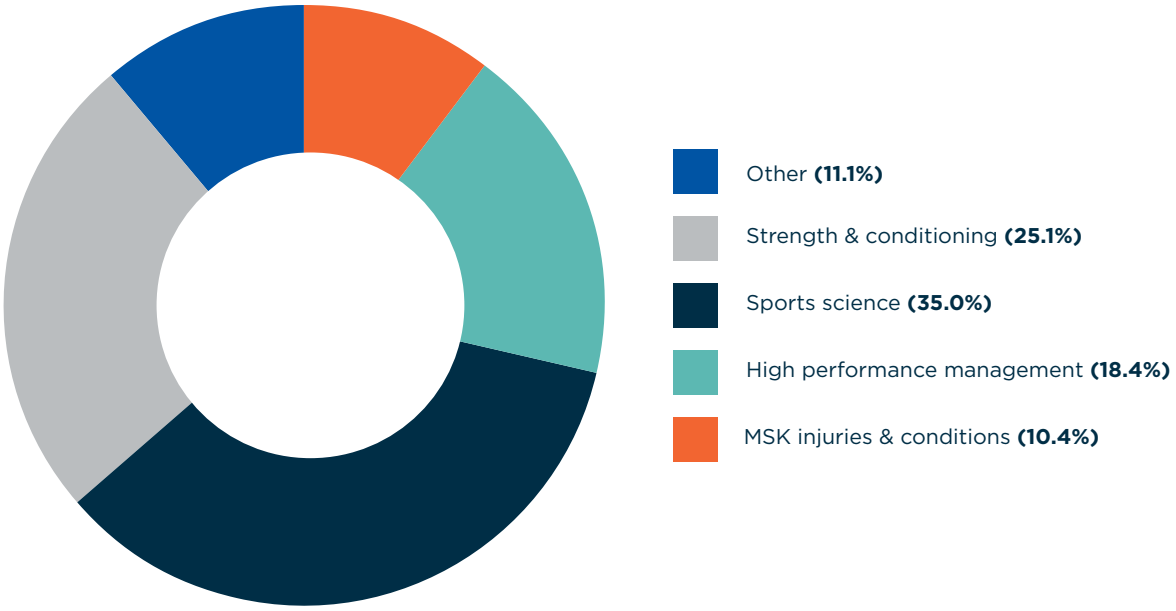
Client Population

The majority (51.7%) of ASpS provided services to adults (18-64 years), with a further 32.5% of Almost half (41.0%) of ASpS provided services to vulnerable and marginalised communities, 22.8% lower than the national profile (63.8%). 15.2% provided services to people with a disability, with a further 9.0% (vs. 30.0% national profile) providing services to Aboriginal and Torres Strait Islanders communities (compared to 5.5% national profile). A large proportion (49.0%) of ASpS services were targeted towards athletes. Despite this, 59.0% did not provide services to any vulnerable or marginalised community group.

Objective 4: common areas of practice

One-third (35.0%) of ASpS provided sports science services, followed by 25.1% providing strength and conditioning services. One-fifth (18.4%) provided high performance management services. 'Other' common areas of practice included biomechanics and university teaching/students (Figure 28).

FIGURE 28: COMMON AREAS OF ASpS PRACTICE



Objective 5: funding

GST

41.2% of ASpS were registered for GST (13.6% below the national profile).

Funding schemes

Only 80 (30.2%) ASpS accessed some form of funding scheme, of which 17 (21.3%) held a dual AEP qualification. State and federal grants were the most utilised funding scheme, with 13.1% of ASpS accessing this scheme, compared with 1.5% of the national profile. Aged care and motor accident/personal injury funding were the least utilised funding schemes (Table 13).

TABLE 13: DISTRIBUTION OF FUNDING SCHEMES UTILISED BY ASpS

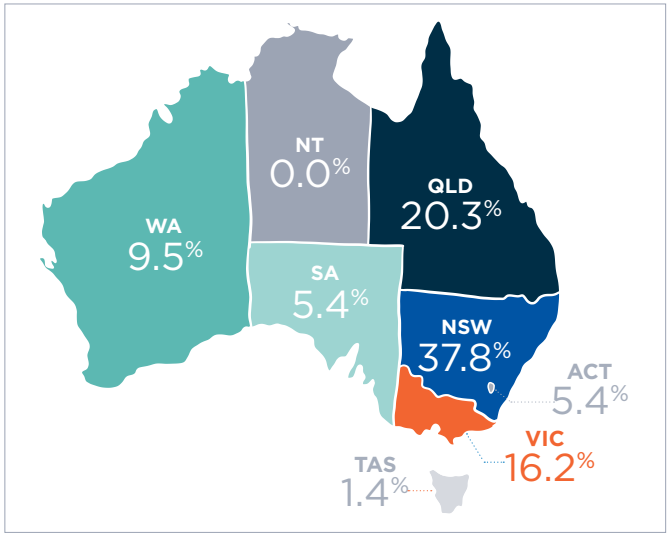
FUNDING SCHEME	FREQUENCY COUNT (PERCENTAGE)
DVA	11 (3.4%)
NDIS	13 (4.0%)
Medicare	15 (4.6%)
Aged-care funding	X (<2.2%)
Private health insurance	14 (4.3%)
Motor accident/personal injury	X (<2.2%)
Workers compensation schemes	9 (2.8%)
Sport Australia	10 (3.1%)
State or federal government grants	43 (13.3%)
Not applicable	185 (57.3%)
Other	16 (5.0%)
TOTAL	323

Accredited High-Performance Managers (AHPM)

Objective 1: demographic make-up

There were 74 AHPMs across Australia, equating to 1.0% of the national profile. The distribution of AHPM members was similar to that of the national profile, with NSW having the largest AHPM profile (37.8%), followed by QLD (20.3%) and VIC (16.2%). There are no AHPMs living and/or working in the NT (Figure 29).

FIGURE 29: DISTRIBUTION OF AHPMs ACROSS STATES AND TERRITORIES



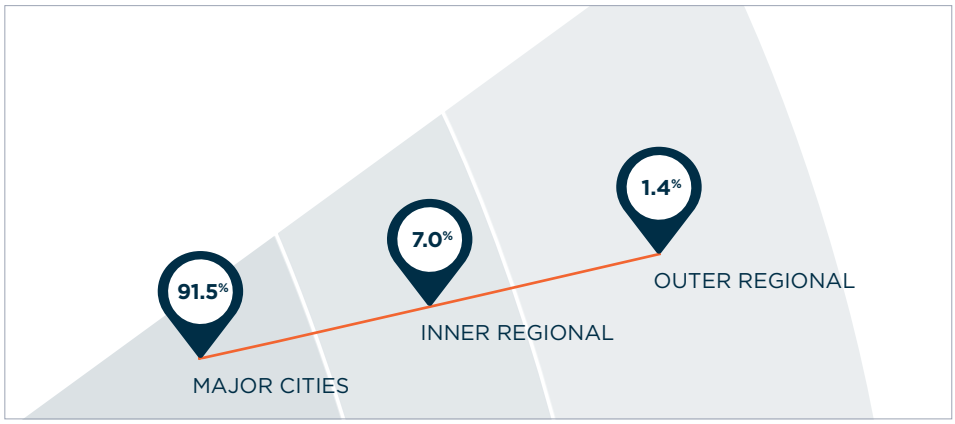
Age

The majority (50.7%) of AHPMs were aged 41-50 years, followed by 19.7% who were aged ≥51 years. There were no AHPMs aged 21-30 years, making this professional practice group with the oldest average age (44.6 ± 7.5 years).

Rurality

The majority (91.5%) of AHPMs lived and/or worked in major cities. 8.4% worked in regional (7.0% inner regional, and 1.4% outer regional). None lived/worked in remote or very remote locations (Figure 30).

FIGURE 30: RURALITY DISTRIBUTION OF AHPMS ACROSS STATES AND TERRITORIES



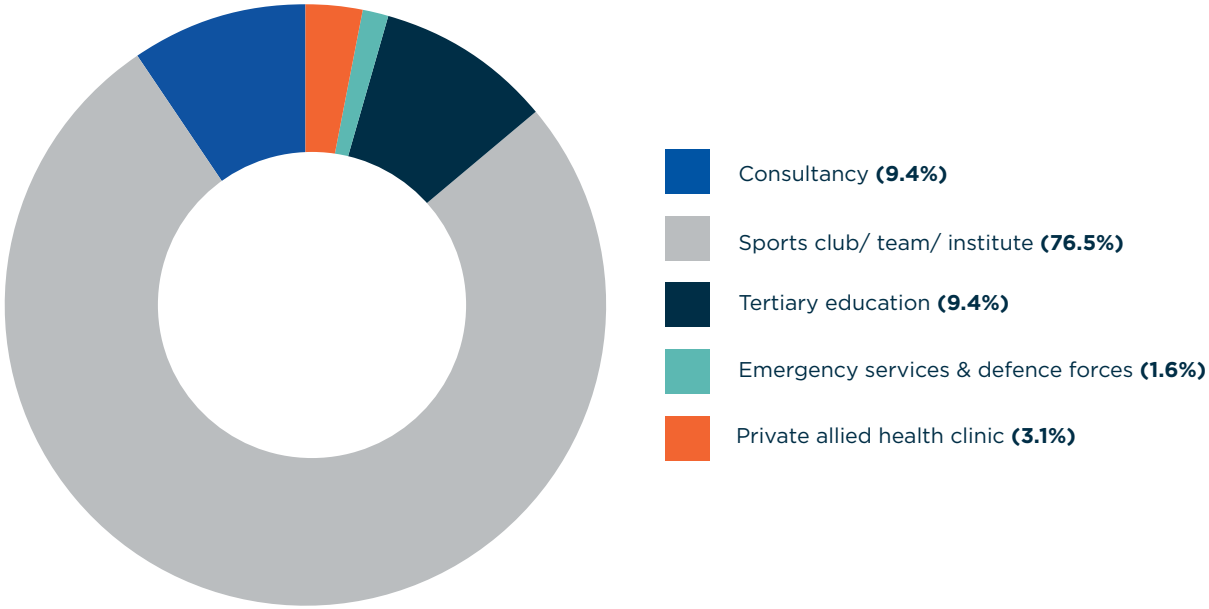
Employment Hours

On average, AHPMs worked 41.0 ± 19.8 hrs/week. Eighty percent (80.0%) of all AHPMs were engaged in full-time work (≥ 31 hrs/week), with more than half (58.6%) working beyond the standard full-time work week (≥ 41 hrs/week), flagging concern for employment 'burn-out'. Distribution of employment status was similar across all states and territories.

Objective 2: workplace

Three-quarters of AHPMs worked for a sports club/team (60.9%) or sports institute/academy (15.6%). Similar to the national profile, 9.4% of AHPMs worked in the consultancy sector, with a further 9.4% employed in a university or research institution. All AHPM who completed the questionnaire currently work within the exercise and/or sports science field, however 10 did not answer this question (13.5%) (Figure 31).

FIGURE 31: AHPM WORKFORCE SECTOR DISTRIBUTION



Objective 3: client populations serviced by AHPM

Client Age

The majority (51.3%) of AHPMs provided services to adults (18-64 years), with a further 33.6% of members providing services to older adults (+65 years). They were the professional group who serviced the highest percentage of older adults (+65 years), while also servicing the lowest percentage of young people (13-17 years) (Figure 22).

FIGURE 32: AGE OF CLIENTS SERVICED BY AN ESSA AHPM

Children
(5-12 years)
4.2%

Young People
(13-17 years)
5.9%

Adults
(18-64 years)
51.3%

Older Adults
(+65 years)
33.6%

Client Population

One-third (32.1%) of AHPMs provided services to vulnerable & marginalised communities, 31.7% lower than the national profile. 8.5% provided services to Aboriginal and Torres Strait Islanders communities (vs. 5.5% national profile), with a further 7.5% providing services to people with a disability (compared to 30.0% national profile). A large proportion (59.4%) of AHPM services were targeted towards athletes. Despite this, 67.9% did not provide services to any vulnerable or marginalised community group.

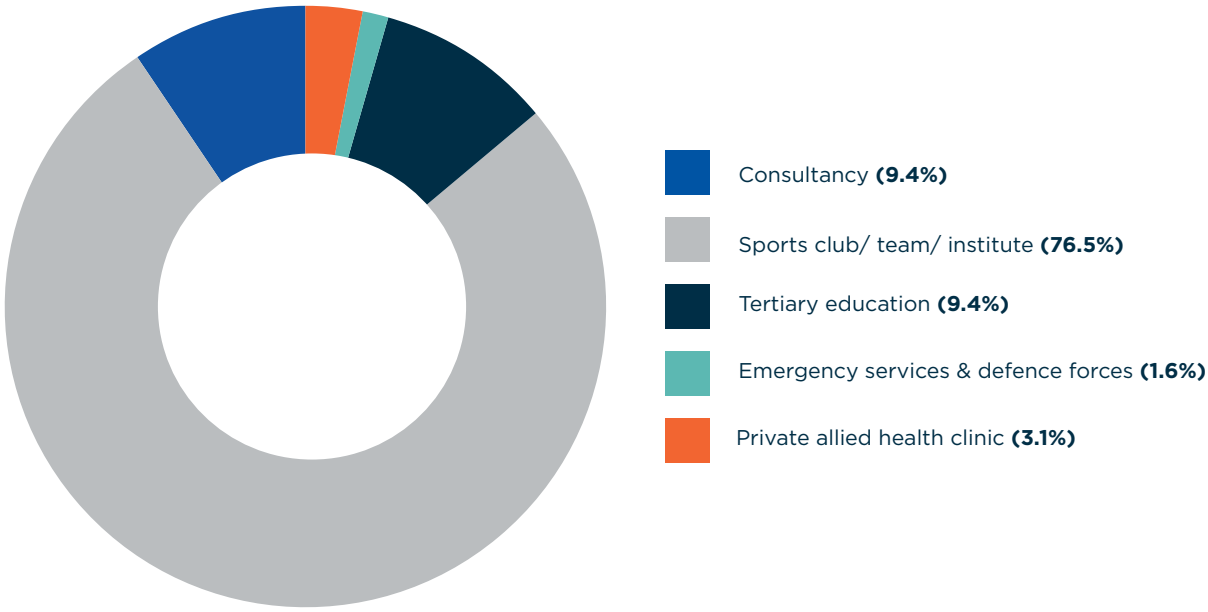
Objective 4: common areas of practice

AHPMs provided services to three predominant areas of practice:

1. Sports science (31.6%)
2. High performance management (29.3%)
3. Strength and conditioning services (27.6%).

'Other' common areas of practice included work in a non- clinic/patient facing role (Figure 33).

FIGURE 33: COMMON AREAS OF AHPM PRACTICE



Objective 5: funding

GST

41.9% of AHPMs were registered for GST (12.9% below the national profile).

Funding schemes

Only 15 (25.9%) AHPMs accessed some form of funding scheme. State and federal grants were the most utilised funding scheme, with 8.1% of AHPMs reporting to access this scheme, compared with 1.5% of the national profile. Aged care and Sport Australia funding were the least utilised funding schemes.

Appendices

TABLE 1: Distribution of ESSA members by state/territory compared with the Australian residential population and AHPA distribution

STATE/TERRITORY	POPULATION*	ALLIED HEALTH+	ESSA MEMBERSHIP
New South Wales	31.8%	29.0%	33.8%
Queensland	20.3%	19.0%	23.2%
Victoria	**25.6%**	**27.0%**	**17.8%**
South Australia	7.0%	9.0%	6.0%
Western Australia	10.5%	8.0%	10.6%
Australian Capital Territory	**1.8%**	**4.0%**	**2.9%**
Northern Territory	0.9%	1.0%	0.6%
Tasmania	**2.2%**	**3.0%**	**1.8%**

*Usual resident count by state and territory (2021 Census of Population & Housing, ABS)
+AHPA Allied Health Professions Members Survey 2022

TABLE 2: Age frequency distribution of ESSA accredited professionals by state/territory

		AGE (YEARS)				
		21-30	31-40	41-50	>51	TOTAL
NATIONALLY		**3,890 (52.5%)**	**2,470 (33.3%)**	**710 (9.6%)**	**340 (4.6%)**	**7,410**
STATE/TERRITORY	ACT	127 (56.7%)	71 (31.7%)	26 (11.6%)		224
	NT	30 (65.2%)	12 (26.1%)	4 (8.6%)		46
	NSW	1,378 (53.1%)	857 (33.0%)	249 (9.6%)	111 (4.3%)	2,595
	QLD	925 (52.1%)	580 (32.7%)	176 (9.9%)	93 (5.2%)	1,774
	SA	272 (59.8%)	128 (28.1%)	38 (8.4%)	17 (3.7%)	455
	TAS	63 (45.0%)	46 (32.9%)	15 (10.7%)	16 (11.4%)	140
	WA	413 (50.9%)	279 (34.4%)	79 (9.7%)	40 (4.9%)	811
	VIC	682 (50.0%)	497 (36.4%)	129 (9.5%)	57 (4.2%)	1,365

N = 7,410 (66 – 0.8% missing data)

TABLE 4: State and territory distribution of client age groups serviced by ESSA accredited professionals

		CLIENT AGE				
		CHILDREN (5-12 YEARS)	**YOUNG PEOPLE** (13-17 YEARS)	**ADULTS** (18-64 YEARS)	**OLDER ADULTS** (+65 YEARS)	**TOTAL**
NATIONALLY		**475 (4.2%)**	**857 (7.6%)**	**6,149 (54.3%)**	**3,840 (33.9%)**	**11,321**
STATE/TERRITORY	**ACT**	17 (5.2%)	31 (9.5%)	171 (52.5%)	107 (32.8%)	326
	NT		42 (67.7%)		20 (32.2%)	62
	NSW	183 (4.7%)	284 (7.3%)	2,097 (53.6%)	1,345 (34.4%)	3,909
	QLD	104 (3.9%)	191 (7.1%)	1,473 (54.8%)	947 (35.2%)	2,690
	SA	25 (3.6%)	55 (8.0%)	377 (54.7%)	232 (33.7%)	689
	TAS	6 (2.8%)	16 (7.5%)	118 (55.7%)	72 (34.0%)	212
	WA	51 (4.1%)	102 (8.1%)	683 (54.3%)	422 (33.5%)	1,258
	VIC	89 (4.3%)	168 (8.1%)	1,136 (54.5%)	690 (33.1%)	2,083

TABLE 8: State and territory distribution of utilisation of applicable funding schemes

FUNDING SCHEME	NATIONALLY	STATE/TERRITORY							
		ACT	NT	NSW	QLD	SA	TAS	WA	VIC
DVA	3,141 (14.7%)	83 (15.5%)	16 (13.9%)	1,040 (13.8%)	961 (17.1%)	206 (14.7%)	77 (15.8%)	256 (13.8%)	497 (13.4%)
NDIS	3,167 (14.8%)	73 (13.6%)	13 (11.3%)	1,089 (14.4%)	882 (15.8%)	232 (16.6%)	67 (13.8%)	233 (12.4%)	569 (15.4%)
Medicare	3,675 (17.2%)	86 (16.0%)	14 (12.2%)	1,299 (17.2%)	1,009 (18.0%)	236 (16.9%)	78 (16.0%)	300 (16.1%)	645 (17.4%)
Aged care funding	974 (4.6%)	20 (3.7%)	X (<7.8%)	342 (4.5%)	285 (5.1%)	81 (5.8%)	28 (5.7%)	29 (1.6%)	183 (4.9%)
Private health insurance*	3,398 (15.9%)	82 (15.3%)	17 (14.8%)	1,196 (15.8%)	937 (16.7%)	219 (15.7%)	71 (14.6%)	282 (15.2%)	587 (15.9%)
PHN	142 (0.7%)	-	-	46 (0.6%)	33 (0.6%)	9 (0.6%)	X (<2.7%)	6 (0.3%)	45 (1.2%)
Motor accident/ personal injury insurance	1,741 (8.2%)	43 (8.0%)	15 (13.0%)	689 (9.1%)	344 (6.1%)	118 (8.4%)	54 (11.1%)	164 (8.8%)	310 (8.4%)
Workers' compensation schemes	2,585 (12.1%)	65 (12.1%)	18 (15.7%)	1,087 (14.4%)	551 (9.8%)	147 (10.5%)	55 (11.3%)	294 (15.8%)	366 (10.0%)
Sport Australia+	187 (0.9%)	12 (2.2%)	X (<7.8%)	51 (0.7%)	71 (1.3%)	11 (0.8%)	7 (1.4%)	20 (1.1%)	21 (0.6%)
State or federal government grants	381 (1.8%)		X (<7.8%)	102 (1.3%)	119 (2.1%)	26 (1.9%)	8 (1.6%)	22 (1.2%)	91 (2.5%)
Not applicable	1,666 (7.8%)	66 (12.3%)	13 (11.3%)	538 (7.1%)	347 (6.2%)	92 (6.6%)	29 (6.0%)	226 (12.2%)	329 (8.9%)
Other	273 (1.3%)	7 (1.3%)	X (<7.8%)	84 (1.1%)	69 (1.2%)	22 (1.6%)	X (<2.7%)	26 (1.4%)	57 (1.5%)
TOTAL	**21,330**	**537**	**115**	**7,563**	**5,608**	**1,399**	**487**	**1,858**	**3,700**

*Including 'hicaps'

+Including 'Sport Australia funding for exercise right for active ageing' funding

TABLE 9: Distribution of employment hours by state and territory for AEPs

AEP		EMPLOYMENT HOURS (HRS/WEEK)					
		≤ 10	11-20	21-30	31-40	≥ 41	TOTAL
NATIONALLY		**586 (9.0%)**	**523 (8.1%)**	**901 (13.9%)**	**3,860 (59.5%)**	**618 (9.5%)**	**6,488**
STATE/TERRITORY	**ACT**	14 (7.5%)	13 (7.0%)	26 (13.9%)	123 (65.8%)	11 (5.9%)	**187**
	NT		10 (27.8%)		26 (72.2%)		**36**
	NSW	205 (8.8%)	197 (8.4%)	321 (13.8%)	1,401 (60.1%)	209 (9.0%)	**2,333**
	QLD	126 (8.1%)	102 (6.5%)	215 (13.7%)	932 (59.6%)	190 (12.1%)	**1,565**
	SA	35 (9.1%)	31 (8.1%)	61 (15.8%)	239 (62.1%)	19 (4.9%)	**385**
	TAS	12 (9.4%)	7 (5.5%)	11 (8.7%)	82 (64.6%)	15 (11.8%)	**127**
	WA	77 (11.0%)	70 (10.0%)	89 (12.7%)	382 (54.6%)	82 (11.7%)	**700**
	VIC	112 (9.7%)	103 (8.9%)	173 (15.0%)	679 (58.8%)	88 (7.6%)	**1,155**

N = 6,488 (41 – 0.6% missing data)

TABLE 10: Distribution of employment hours by state and territory for AES

AES		EMPLOYMENT HOURS (HRS/WEEK)					
		≤ 10	11-20	21-30	31-40	≥ 41	TOTAL
NATIONALLY		**102 (19.1%)**	**102 (19.1%)**	**92 (17.2%)**	**200 (37.4%)**	**39 (7.3%)**	**535**
STATE/TERRITORY	**ACT**		6 (42.9%)		8 (57.1%)		**14**
	NT						
	NSW	28 (18.8%)	31 (20.8%)	23 (15.4%)	59 (39.6%)	8 (5.4%)	**149**
	QLD	22 (20.0%)	23 (20.9%)	22 (20.0%)	32 (29.1%)	11 (10.0%)	**110**
	SA	12 (16.2%)	9 (12.2%)	11 (14.9%)	37 (50.0%)	7 (9.5%)	74
	TAS						
	WA	9 (13.2%)	8 (11.8%)	11 (16.2%)	33 (48.5%)	7 (10.3%)	**68**
	VIC	28 (20.1%)	29 (20.9%)	29 (20.1%)	47 (33.8%)	7 (5.0%)	**139**

N = 535 (11 – 2.0% missing data)

TABLE 12: Distribution of employment hours by state and territory for ASpS

ASpS		EMPLOYMENT HOURS (HRS/WEEK)					
		≤ 10	11-20	21-30	31-40	≥ 41	TOTAL
NATIONALLY		**52 (16.5%)**	**14 (4.4%)**	**22 (7.0%)**	**154 (48.9%)**	**73 (23.2%)**	**315**
STATE/TERRITORY	**ACT**			22 (78.6%)		6 (21.4%)	**28**
	NT						
	NSW	19 (23.5%)		7 (8.6%)	37 (45.7%)	18 (22.2%)	**81**
	QLD	22 (25.9%)		6 (7.1%)	36 (42.4%)	21 (24.7%)	**85**
	SA			27 (61.4%)		11 (28.9%)	**38**
	TAS						
	WA		10 (26.3%)		17 (44.7%)	11 (28.9%)	**38**
	VIC		16 (27.6%)		32 (55.2%)	10 (17.2%)	**58**

N = 315 (8 – 2.5% missing data)

EXERCISE & SPORTS SCIENCE AUSTRALIA

P 07 3171 3335
E info@essa.org.au **www.essa.org.au**
A Locked Bag 4102, Ascot QLD 4007