EXERCISE & SPORTS SCIENCE AUSTRALIA

EXERCISE & SPORTS SCIENCE AUSTRALIA (ESSA) SURVEY RESPONSE

RE: SCOPE OF PRACTICE: UNLEASHING THE POTENTIAL CONSULTATION 1

21/09/23

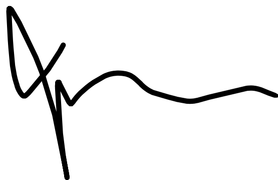
A federal, independent review is currently being undertaken to understand the barriers and incentives to allied-health professionals in working to the top of their scope of practice.

A survey is currently open until 16 October 2023, with ESSA proposing the following responses. Members have also been advised about the opportunity to provide feedback.

This survey is the first consultation phase, with additional opportunities to be opened throughout the next twelve (12) months.

Please contact ESSA Policy & Advocacy Advisor, Elyse Hocking on 07 3171 9694 or elyse.hocking@essa.org.au for further information or comments.

Yours sincerely,



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1. **Which of the following perspectives best describes your interest in the Scope of Practice Review?**
   Dropdown box: Peak/regulator
2. **Postcode**
   4007

3. **Who can benefit from health professionals working to their full scope of practice?**

   All of the above: (Consumers, Funders, Health practitioners, Employers, Government/s, Other)
4. **How can these groups benefit? Please provide references and links to any literature or other evidence.**

- **Consumers:** The consumers of healthcare, are currently experiencing long delays in access, financial barriers, and concerns with quality of care, according to data published by AIHW. Allied health professionals working in silos often results in patients paying for additional appointments and waiting for long periods of time to be able to access care. This reduces confidence in the healthcare system and forms a barrier to access and appropriate healthcare delivered in a timely manner. Introducing multidisciplinary teams that include allied health professionals working to top of scope, delivers a more productive, modern and effective health system, that puts patients at the centre.
- **Funders:** Less pressure on economy with efficiencies created by removing 'double handling' of patients who will no longer require additional appointments to receive care. Funding preventative programs (not just for people living with a diagnosed chronic condition) will have major long-term benefits to the economy, with the Australian Chronic Disease Prevention Alliance estimating a $14 return on investment for every dollar spent on public health interventions. [ADCPA figures]
- **Health Practitioners:** There are numerous reports around the long delays being due to inadequate staffing, and burnout cited regularly as a common issue by many allied health professionals. Reducing heavy workloads is one solution to support allied health professionals working to scope and implementing multidisciplinary teams to share workloads and resourcing. When allied health professionals are supported to work to top of scope this facilitates job satisfaction and opportunity for carer growth and progression that will form part of the solution in attracting and retaining a skilled workforce. The Peter Mac Cancer Centre is an excellent example of an effective multidisciplinary team that has an Accredited Exercise Physiologist and a Physiotherapist working together collaboratively, commencing at care planning for people living with, and beyond, cancer. This allows both professions to understand their professional differences, and delivers evidence based, best practice healthcare for the patients. This approach concurrently increases staff resourcing, increases the allied-health skilled workforce capabilities, avoids burnout, and provides greater job satisfaction.
- **Employers:** Employers are reporting attraction and retention of skilled staff as a huge barrier in both the private and public sectors, and particularly in rural and remote settings. Skilled staff are reporting higher levels of burnout and reductions in job satisfaction. Sharing workloads, reduces burnout levels, and working to top of scope provides an opportunity for career advancement, improving job satisfaction and retention of a skilled workforce.
- **Government:** By enabling a health system that supports health professionals to work to top of scope and extended scope the Government can create positive change, shaping primary

care into a system that is more productive, as the core of an effective, modern, health system. Funding benefits can also be duplicated for economic gain.

- **Supporting literature:**

- Philip Kathleen (2015) Allied health: untapped potential in the Australian health system. Australian Health Review 39, 244-247. https://doi.org/10.1071/AH14194
- Saxon, R. L., M. A. Gray and F. I. Oprescu (2014). "Extended roles for allied health professionals: an updated systematic review of the evidence." Journal of Multidisciplinary Healthcare 7(null): 479-488. https://pubmed.ncbi.nlm.nih.gov/25342909/
- ADCPA Figures
- Gov: Australian Healthcare Index June 2023 – Report – Australian Healthcare Index
- What Is a Multidisciplinary Team? (With Tips and Benefits) | Indeed.com
- McLaney E, Morassaei S, Hughes L, Davies R, Campbell M, Di Prospero L. A framework for interprofessional team collaboration in a hospital setting: Advancing team competencies and behaviours. Healthcare Management Forum. 2022;35(2):112-117.
- Primary health care Overview - Australian Institute of Health and Welfare (aihw.gov.au)
- Burden of disease Overview - Australian Institute of Health and Welfare (aihw.gov.au)
- ESSA 2023 Scope of Practice Member Survey

5. **What are the risks and other impacts of health practitioners working to their full scope or expanded scope of practice? Please give examples of your own experience**

   There is always overlap in scope of practice between professions, which should be encouraged. However, it is still important to understand each profession will have an area of expertise. For example, Accredited Exercise Physiologists (AEPs) have the highest level of training in exercise prescription, and value add significantly to the health care system. While other professions have some exercise prescription capabilities, the lack of understanding of exercise physiology scope has led to limitations on AEPs working to full scope. Additionally, barriers have resulted in reduced opportunities for expanded scope in favour of other professions whose scope is more well known. For example, AEPs can provide occupational rehabilitation services, but jobs often only allow one or two other professions to apply. In another workplace, there is a study currently being conducted in multidisciplinary prehabilitation in an allogenic stem cell transplants program to prevent deconditioning and improving flow within the Royal Adelaide Hospital cancer program. During implementation it is becoming clear that work needs to be done to differentiate the role of AEPs and Physiotherapists to recognise how both contribute, including the role of AEPs in acute, sub-acute and community settings.

There are also issues with jurisdictional inconsistencies, and in individual workplaces in regard to AEP scope of practice. For example:

- WorkSafe Victoria do not allow for approval of gym memberships for injured workers to support rehabilitation when recommended by an AEP. The AEP prescribing the clinical exercise treatment should also be able to sign off on a membership to a gym facility for the injured worker to commence treatment. This results in an additional step for the injured worker to go back to GP for sign off for gym membership. Sign off for access is not necessary and creates an access and financial barrier, as well as reducing confidence in the health

system and the skills of an AEP. The Traffic Accident Commission (TAC) in the same state does not have this same barrier to accessing gym memberships.

- The Workers' Compensation Scheme in NSW doesn't allow AEPs who work as Rehabilitation Consultants to conduct Assessments of Activities of Daily Living (ADLs) but the Workers' Compensation scheme in Queensland does. This is a missed opportunity in NSW to have a similarly skilled workforce provide access to services and reduce wait times for injured workers. The National Disability Insurance Scheme (NDIS) are also missing this opportunity, not allowing AEPs to perform Assessments of ADLs.
- Some companies allow an AEP to perform pre-employment medical checks, and others mandate that these be performed by a physiotherapist.
- The NDIS price guide has AEPs listed with personal trainers, as opposed to a standalone allied-health profession. The scope of AEPs, as minimum four-year tertiary trained professionals is far greater than personal trainers and having them together diminishes the vast differences between their qualifications and scope of practice. This creates confusion for referrers and support coordinators, who will not be able to differentiate between the scope and expected health outcomes.

Lack of understanding of AEP scope of practice by other professional groups. For example:

- In the Workers Compensation Scheme in NSW, Independent Physiotherapy Consultants (IPCs) should not provide peer review for exercise physiologists as they represent an entirely different profession with a different understanding of scope of practice. ESSA members continue to advise on unsatisfactory reviews citing a range of issues including inappropriate references to scope and out of date evidence in relation to clinical exercise treatment and/or psychological injury.
- This limited understanding of full scope of practice of AEPs – specifically around their ability to work with patients in the acute stages through to long term, chronic and complex stages means that often less qualified or experienced allied health assistants are engaged. AEPs are appropriately qualified, but are not being engaged to deliver services, nor are they being considered in treatment planning stages with other allied health professions. This general lack of understanding often results in a lack of career progression for AEPs, reduced job satisfaction, increased burnout and the health system potentially losing part of their skilled allied-health workforce.
- The reality in many public settings, is that referrals to AEPs are funnelled through the Physiotherapy department who directs referrals that they determine as being suitable without collaboration or full understanding of the scope of AEPs. This is primarily because all funding billing codes are listed as "Physio EP" and yet there is no option for direct AEP referrals.

Lack of recognition of self-regulating health professions. For example:

- TOR for this project refers to Kruk report. However, this report was specific to regulated health professions only. The review of the National Alliance of Self-Regulating Health Professions (NASRHP) Standards is underway, however inequalities in the funding available for self-regulatory bodies like NASRHP and its members means that there cannot be the same type of evidence produced as the Kruk report.

- My Health Record access for smaller providers is not equitable or consistent. It is challenging for self-regulated health professionals to access a Health Provider Individual Identifiers to able to upload information to the My Health Record.
- Access to digital imagery is inconsistent and inequitable with some organisations citing AHPRA registration as the only health professionals eligible to receive images. For example, QScan doesn't allow AEPs as an accredited profession that is self-regulated to access imagery whereas Qld X-Ray does provide access to digital imagery.

Professional Indemnity Insurance (PII) is a major barrier. For example, insurers are very risk adverse, particularly post-COVID, with one insurer (Insurance House) having ceased providing allied health insurance coverage at end of 2020. There is generally a poor understanding of scope within PII, yet work practices need to be within general scope to be covered. This is resulting in a very limited opportunity for AEPs and other allied health professions to working to top of scope and potentially extended/expanded scope.

Scope is currently being defined by employers in many sectors rather than via a nationally, consistent definition/approach.

Funding and employment conditions also act as risks that impact practitioners scope of practice. For example:

- Changes in fee schedule policy in the NSW Workers' Compensation Scheme in August 2022 has reduced the capacity of AEPs to deliver on their scope of practice. This is of particular concern for injured workers of medium complexity and for those with psychological injury who can no longer access optimal treatment. The impact in the fee schedule change has also resulted in reduced job satisfaction and AEPs leaving the sector.
- The Mental Health and Wellbeing Act 2022, states the importance of keeping people out of hospital. To fulfil this wherever possible, funding must not be the primary barrier, yet according to 100 percent of ESSA members who responded to the Scope of Practice survey, this is the largest barrier in delivering best practise health outcomes. There is a lack of funding for preventative health models of care, and there remains short-term funding models and jurisdictional inconsistencies. The Act also speaks to consumers having a choice in their care plans, however, due to the previously discussed barriers in wait times and financial concerns, this is also not being delivered.
- The workforce employment models are providing a major barrier where most AEPs (and many other allied-health professionals), are on short-term contracts, are employed casually without appropriate employment conditions such as leave entitlements, resulting in inherent issues with attraction and retention, but also in developing additional skills and experience within specialist positions, such as in the mental health space.
- There is a National framework in the mental health space, the Equally Well Framework, that despite being a national body, is only currently legislated and effectively working in Victoria. This is a missed opportunity for consistencies in funding and models of care in the mental health space.

6. **Please give any evidence (literature references and links) you are aware of that supports your views.**

- https://www.regulatoryreform.gov.au/news-and-events/2022-12-08-independent-review-health-practitioner-regulatory-settings
- Jakicic, J.M., et al., Role of Physical Activity and Exercise in Treating Patients with Overweight and Obesity.Clin Chem, 2018. 64(1): p. 99-107.
- Deloitte Access, E., Value of Accredited Exercise Physiologists in Australia. 2015
- Association, A.D., 7. Obesity management for the treatment of type 2 diabetes. Diabetes Care, 2017.40(Supplement 1): p. S57-S63.
- Queensland Health, Prevention Strategic Framework 2017 to 2026. 2020: Online.
- Mental Health and Wellbeing Act 2022 | health.vic.gov.au
- Equally Well – Quality of life – Equality in life
- Mental Health | The RMH
- Pricing arrangements | NDIS
- ESSA 2023 Scope of Practice Member Survey

7. **Can you identify best practice examples of health practitioners working to their full or expanded scope of practice in multidisciplinary teams in primary care?**
   Yes
   There is strong evidence supporting the improved health outcomes when allied health professionals, including AEPs, are involved in supporting people in sustainable physical activity uptake. The benefits of exercise for people living with, and beyond cancer include improvements in psychosocial and physical outcomes, better compliance with treatment regimens, reduced impact of disease symptoms and treatment-related side-effects.
   The Peter Mac Cancer Centre is an excellent example of an effective multidisciplinary team that has an AEP and a Physio working together collaboratively, commencing at care planning for people living with, and beyond, cancer. This allows both professions to understand their professional differences, and delivers evidence based, best practice healthcare for the patients. This approach concurrently increases staff resourcing, increases the allied-health skilled workforce capabilities, avoids burnout, and provides greater job satisfaction.

- The North Metro Hospital and Health Service are another great example of a multi-disciplinary service where the AEP collaborates with other health professionals to provide holistic care for people with diabetes. People of all ages are catered for within the service including children, adolescents, and adults, addressing both Type 1 and Type 2 diabetes. All people with diabetes attending the clinic are screened for sedentary lifestyle behaviours and provided with practical strategies to improve engagement in an active lifestyle. The AEPs prescribe for people with type 1 diabetes an individualised glucose management plan, education plans and written information to schools (for children), and an individual exercise assessment an appropriate plan. People with type 2 diabetes are referred to the AEP after a nursing assessment. Where clients then receive an exercise assessment and are prescribed a home exercise program or a supervised exercise program if they are high-risk. Like people with type 1 diabetes, an individualised glucose management plan is developed including instructions on insulin management, carbohydrate intake and exercise timing. This plan

considers the type and amount of carbohydrate required for specific exercise and the percentage reductions in insulin prior to exercise.

- Mental and substance use disorders affect 1 in 5 Australians every year and is the third largest contributor to the total disease burden. Correspondingly, there has been a growing body of research supporting physical activity and lifestyle interventions (i.e., nutrition, exercise, smoking cessation, sleep hygiene) in the prevention and treatment of mental disorders across the lifespan. The 2020 Productivity Commission Mental Health Inquiry Report called for improved care for people with concurrent mental disorders and physical health conditions, providing an opportunity for AEPs to increase their presence within the mental health workforce. The Royal Melbourne Hospital run a best practice multidisciplinary team that consists of an AEP, a Dietitian, a GP, a Nurse practitioner, and a Physical Health Nurse. They work together in care planning and all stages of the consumers time with them, which is often a missed opportunity in other multidisciplinary models of care. Due to growth in consumers, they now have a small in clinic gym, and they have also developed partnerships with Reclink, to use their gym facilities, in off peak times, without incurring any costs. They have experienced great health outcomes with consumers and demand for services is outstripping supply. If this model was replicated, these outcomes could be delivered across the State, and, with appropriate and consistent funding and legislations, the Country. It is important to note here however, that even in this great, successful model of care, the staff are working across 3 units within the hospital to have full-time employment, despite the continued increase in demand and output. This is a direct result of funding barriers, and there is now a 2-month wait time for consumers, despite being considered an early intervention, and despite working with Psychotic illnesses and complex consumers who are likely to end up in hospital without such interventions.
- Accredited Exercise Physiologists (AEPs) are now recognised as being able to perform Australian National Aged Care Classification (AN-ACC) assessments which was once a barrier. This has reduced time and financial stress on the system.
- In Victoria, there was recently a Community Integration Program (CIP) introduced in collaboration between TAC and Worksafe to approve extended time and funding for assessment and subsequent treatment of clients who have been diagnosed with complex injuries (specifically, acquired brain injury (ABI)).
- In NSW, during Covid-19 pandemic, AEPs who received additional training were approved to give vaccinations as part of the surge workforce– previously, non-allied health professionals were allowed and AEPs were not. This change made sense given their skills and experience in the health industry and increased access to public health critical care during a global pandemic. It is important to note that this was only allowed by NSW Health as the employer providing insurance coverage (as professional indemnity insurers did not recognise expanded scope activities for individual practitioners).
- An AEP sole practitioner in Victoria is employed in a nursing home as a permanent, full-time employee and is able to conduct cognitive assessments via training, education, and certification with the support of their employer.
- Youth Cancer Services | SA and NT | Canteen Australia - a great example of an efficient, effective, multidisciplinary team with dedicated AEPs.
- Flinders University 'Lift' program - delivers evidence-based exercise interventions to improve cancer patients' health and wellbeing, whilst also providing a learning platform for 5th-year postgraduate Clinical Exercise Physiology students.

- The Bragg Comprehensive Cancer Centre – which identifies opportunities for the engagement of AEPs and the importance within survivorship and late effects clinics.

8. **Please give examples, and any evidence (literature references and links) you have to support your example. Please provide references and links to any literature or other evidence.**

- Australian Institute of Health and Welfare. Australian Burden of Disease Study: impact and causes of illness and death in Australia 2018. Australian Burden of Disease Study series no. 23. Cat. no. BOD 29. Canberra: AIHW; 2021.
- Australian Bureau of Statistics. Mental Health: 2017-18 financial year. Canberra: ABS; 2018. The Royal Australian & New Zealand Collge of Psychiatrists. Keeping Body and Mind Together: Improving the physical health and life expectancy of people with serious mental illness. Australia: RANZCP; 2015.
- Productivity Commission. Mental Health, Report no. 95, Canberra; 2020. Firth J, Siddiqi N, Koyanagi A, Siskind D, Rosenbaum S, Galletly C, et al.
- The Lancet Psychiatry Commission: a blueprint for protecting physical health in people with mental illness. The Lancet Psychiatry.2019;6(8):675–712
- Sandra C. Hayes, Rosalind R. Spence, Daniel A. Galvão, Robert U. Newton, Australian Association for Exercise and Sport Science position stand: Optimising cancer outcomes through exercise, Journal of Science and Medicine in Sport, Volume 12, Issue 4, 2009, Pages 428-434.
- Hon Qin Marcus Tan, Yip Han Chin, Cheng Han Ng, Yiyang Liow, M. Kamala Devi, Chin Meng Khoo, Lay Hoon Goh, Multidisciplinary team approach to diabetes. An outlook on providers' and patients' perspectives, Primary Care Diabetes, Volume 14, Issue 5, 2020, Pages 545-551.
- ESSA 2023 Scope of Practice Member Survey
- Youth Cancer Services | SA and NT | Canteen Australia
- Flinders University 'Lift' program
- The Bragg Comprehensive Cancer Centre
- Mental Health and Wellbeing Act 2022 | health.vic.gov.au
- Equally Well - National Mental Health Commission
- Mental Health | The RMH
- Deloitte Access, E., Value of Accredited Exercise Physiologists in Australia. 2015.
- Diabetes australia. National Diabetes Services Scheme,. 2019 01/2019 22/09/20]; Available from: https://map.ndss.com.au/#!/.
- Queensland Health, My health, Queensland's future: Advancing health 2026. 2016: Online.
- Jakicic, J.M., et al., Role of Physical Activity and Exercise in Treating Patients with Overweight and Obesity.Clin Chem, 2018. 64(1): p. 99-107.
- Association, A.D., 7. Obesity management for the treatment of type 2 diabetes. Diabetes Care, 2017.40(Supplement 1): p. S57-S63.
- Al-Goblan, A.S., M.A. Al-Alfi, and M.Z. Khan, Mechanism linking diabetes mellitus and obesity. Diabetes, metabolic syndrome and obesity: targets and therapy, 2014. 7: p. 587.
- Van Gaal, L. and A. Scheen, Weight management in type 2 diabetes: current and emerging approaches to treatment. Diabetes care, 2015. 38(6): p. 1161-1172.

- Queensland Health, Prevention Strategic Framework 2017 to 2026. 2020: Online
- The Royal Australian & New Zealand Collge of Psychiatrists. Keeping Body and Mind Together: Improving the physical health and life expectancy of people with serious mental illness. Australia: RANZCP; 2015.
- Productivity Commission. Mental Health, Report no. 95, Canberra; 2020.
- National Mental Health Commission. Equally Well Consensus Statement: Improving the physical health and wellbeing of people living with mental illness in Australia. Sydney, NMHC, 2016.
- Cormie, P., et al., Clinical Oncology Society of Australia position statement on exercise in cancer care. Medical Journal of Australia, 2018. 209(4): p. 184-187.
- Wehrle, A., et al., Endurance and resistance training in patients with acute leukemia undergoing induction chemotherapy—a randomized pilot study. Supportive Care in Cancer, 2019. 27(3): p. 1071- 1079.
- Mutrie, N., et al., Benefits of supervised group exercise programme for women being treated for early stage breast cancer: pragmatic randomised controlled trial. Bmj, 2007. 334(7592): p. 517.
- Reclink | Home

9. What barriers can government, employers and regulators address to enable health practitioners to work to their full scope of practice? Please provide references and links to any literature or other evidence.

- Ensure all relevant legislation referencing AHPRA registered health professions is amended to recognise self-regulating allied health professions to provide equitable, consistent, and person-centred healthcare for everyone.
- WorkSafe Victoria – address the barrier to Accredited Exercise Physiologists (AEPs) accessing gym memberships for injured workers to support rehabilitation. The current process requires AEPs to have an additional step for GPs to sign off on gym membership. This is not necessary and reduces confidence for patients and increases the burden on their time and costs – as well as the burden on the GP/health system. It is important to note that Physiotherapists are not required to have this additional step, which creates inequity in access for AEPs with other, similarly qualified allied-health professionals.
- Look at alternative categorising of AEPs. Currently, as an AEP is typically classed as a physical therapy (alongside physiotherapy, chiropractic, and osteopathy) due to the core interventions the profession is trained to do, it can limit working to top of scope. This is because funders and employers tend to think of physical therapy as interventions for health conditions, injuries and disabilities, missing contributions that AEPs can make to those with mental health conditions/illnesses, the assessment of ADLs, health education advice and support.
- NSW needs to introduce item codes that are missing to ensure parity with other allied health professions in the workers' compensation scheme and support AEPs to work to full scope of practice. The following item codes should be included in the exercise physiology fees order: a. Consultation B (initial assessment and subsequent consultation) for injured workers with two entirely different compensable injuries so they can receive the right treatment dose. b. Consultation C (initial assessment) for high complexity with multiple conditions to ensure that the appropriate and comprehensive number of assessments can be conducted.

c. Consultation C (subsequent consultations) – the home visit rate should be added and provide fair remuneration for travel in line with the Health Professional Services Award 2020.

- Having AEPs scope expanded to include gait aids, or to be able to adjust Gait aids. For example, being allowed to adjust the height of SPS (single point stick) or 4WW (4-wheel walker). This could be done via a work competency training with a professional such as a physiotherapist, as has been shown in the public sector as part of effective multidisciplinary teams.
- Have AEPs recognised in line with other allied-health professions regarding funding and payment criteria. For example, AEPs are one of few allied-health professions to be paying GST on the delivery of health services.
- AEPs are required to follow the Health Professional and Support Services Award, yet they are often paid at lower rates than other allied health in funding schemes – this is lacking consistency in appropriate recognition and appropriate confidence in the profession. Additionally, AHPRA-registered allied-health professionals are entitled have mortgage lenders insurance removed if they have at least 10 percent deposit for a home loan, with AEPs ineligible for the same. Whilst this is not directly impacting the scope, it certainly impacts attraction and retention rates which in turn impacts a skilled and experienced workforce.

https://www.mentalhealthcommission.gov.au/lived-experience/contributing-lives,-thriving-communities/equally-well

10. What enablers can government, employers and regulators address to enable health practitioners to work to their full scope of practice? Please provide references and links to any literature or other evidence.

- Increase preventative health funding models – drive a return on investment of an estimated $14 return for every dollar spent on public health interventions (Australian Chronic Disease Prevention Alliance) ACDPA figures: 6eeba7_8ede21ddb74846219e179914848d5dd3.pdf (acdpa.org.au)
- Provide equitable access in digital health for AEPs to access digital imagery – in a unified, national approach
- Funding prevention programs, and approaching funding and legislations nationally to remove jurisdictional inconsistencies! - This is a critical step in improving the management of chronic disease in Australia. RACGP - Adequate rebates lead to optimal care: Study
- Consistent, national approach to **funding prevention** as a critical step in improving the management of chronic disease in Australia.
- Training is required to increase knowledge of professions to enhance multidisciplinary teamwork.
- Health professional training courses should be required to have interprofessional education training: putting this into tertiary training courses will ensure students understand how to work with others and their scope before they are in the workforce. Research shows that interprofessional and multidisciplinary practice leads to better health outcomes for consumers, and exposure in training promotes professionals to actively do this in practise.
- Examples of training programs:

    - Griffith model and associated research Using simulation-based learning to provide interprofessional education in diabetes to nutrition and dietetics and exercise physiology students through telehealth | Advances in Simulation (springer.com)
    - How can health programmes sustain inter-professional learning and simulation activities? (6A Symposium-8) — Charles Sturt University Research Output (csu.edu.au)
- Adopt a unified, national approach to definition of scope to avoid state and employer inconsistencies and to provide equitable, person-centred healthcare.

11. Please share with the review any additional comments or suggestions in relation to scope of practice.

The experience of patients must be at the forefront of a unified, consistent approach in redesigning primary care at the core of an effective, modern, health system. Accredited Exercise Physiologists (AEPs) have proven health outcomes, and these continue to be produced when multidisciplinary teams are utilised to form best-practise, collaborative care teams.

The untapped potential of allied health represents a major underutilised resource to address many of the challenges facing Australia's health system today, and the enclosed models of care provide some examples of where these resources are being utilised and creative positive health outcomes that can be delivered, to address the issues the health system is currently facing, as they possess the key clinical skills and capability to bridge this service demand gap and act as the first point of contact within the patient's health care journey.

Thank you for the opportunity to engage in this important consultation process. Exercise & Sports Science Australia (ESSA) welcomes an opportunity to discuss the AEPs scope of practise with the Department at any time. Please contact ESSA Policy & Advocacy Advisor, Elyse Hocking on 07 3171 9694 or elyse.hocking@essa.org.au to arrange this.