The role and scope of practice for Fitness Professionals in the Australian Community

Fitness and Personal Trainers possess the knowledge, skills and experience to work with low-medium risk populations, under the criteria and limitations specified by the Fitness Australia accepted industry standard, *Adult Pre-exercise Screening System* (APSS). The role of the fitness professional is to promote and improve the fitness of low risk groups in the Australian community. The prescription and delivery of exercise to higher risk individuals is the role of appropriately qualified and experienced allied health professionals, such as an AEP or physiotherapist.

**ESSA’s concerns in relation to the Service Skills Australia Fitness Industry Training Package**

Certificate 3 and Certificate 4 qualifications:

- Specific populations
  - The scoping paper states that fitness professionals are to refer patients to medical practitioners or appropriate allied health providers (Certificate 3) or have them actively oversee the program delivery (Certificate 4). Currently, this position is not translating to real life practice. Many fitness professionals fail to utilise the APSS tool to risk stratify individuals and make appropriate referrals to medical and allied health professions- and thus, practice outside their scope.

**Diploma of Fitness:**

The Australian Qualifications Framework (second edition January 2013) statements:

2.1.2 - *Any organisation may put forward a request for inclusion of a new qualification type, in writing, to the AQF Council following comprehensive consultation with and support from the relevant industry, professional, provider and government stakeholders.*

2.1.3 - *The AQF Council will make a decision about the addition of a new qualification type based on robust evidence that there is a sound educational reason for its addition and the new qualification type:*

  - *does not duplicate an existing AQF qualification type, and*
  - *meets a defined industry, professional or community need (P88)*

ESSA does not support the diploma in the proposed form because:

1. The Diploma of Fitness course content for specific populations (with diagnosed metabolic, cardiorespiratory, musculoskeletal or neurological conditions) confuses fitness professionals, the public and wider health industry about fitness professional’s boundaries.
   a. The agreed industry standard APSS screening tool, which is endorsed by Fitness Australia, specifically limits fitness professionals to prescribing exercise to low and moderate risk clients. Clients identified at “higher risk” by the APSS require a referral to a suitably qualified allied health professional, such as an AEP or physiotherapist. Including course content for specific populations (with diagnosed metabolic, cardiorespiratory, musculoskeletal or neurological conditions), without

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1 Continuous improvement of fitness qualifications - Scoping paper.  
appropriate direction to the APSS and fitness professionals scope of practice, directly contradicts the purpose of the APSS. It is essential for the tool to be actively utilised within the SSA documentation for all Fitness Industry certified courses. Further, significant attention needs to be focused on ensuring the translation of the APSS tool and scope boundaries into real life practice (i.e. within unit SISFFIT015 “Collaborate with Medical and Allied health Professionals”).

2. The Diploma of Fitness is a “Fitness” qualification not an “Allied Health or Clinical” qualification. Thus, graduates from the Diploma of Fitness should not be responsible for the health management or treatment of clients with diagnosed health conditions. This is the role of medical and allied health professionals such as AEPs. The Medical Board of Practice states that a medical practitioner “must ensure that the person to whom you delegate, refer or handover has the qualifications, experience, knowledge and skills to provide the care required” (p13). In addition, the RACGP Guidelines for Preventive Practice (8th Ed) frequently refers to the use of “exercise physiologists” for chronic disease and physical activity interventions not “personal trainers”.

3. Fitness professionals must accept the professional liability involved with accepting a referral for an individual with a diagnosed medical condition. ESSA suggests the diploma does not provide adequate knowledge, skills or training for a fitness professional to “accept” medico-legal responsibility for specific populations and thus places individuals at risk.

Further, ESSA contends that the Diploma of Fitness is attempting to duplicate existing AQF qualifications and fails to meet a defined industry, professional or community need because:

1. There are currently 36 universities within Australia offering, at minimum, one course in exercise and sports science, equating to ~2250 graduates per year. Courses are based in every state and territory within Australia and produce professionals of: Exercise Physiology, Sports Science and Exercise Science. Exercise Physiologists are qualified to work with people who have diagnosed clinical conditions, exercise scientists work with low-moderate risk individuals to improve general health and prevent illness, while sports scientists work with athletes within the sports setting. ESSA contends the current courses offered and number of graduates comprehensively addresses the professional and community needs in the physical activity sector.

2. Completion of the Diploma of Fitness in either of streams A(specific populations) or C(advanced strength and conditioning and performance training and recovery) does not increase the career advancement or salaries of fitness professionals as there is no accepted industry role for these individuals. The industry recognised and accepted professions, aligned to Stream A or C, are an accredited exercise physiologist (AEP) or accredited sports scientist (ASp).
   a. AEP and ASp requires the completion of an appropriate university qualification because a detailed understanding of anatomy and physiology (in addition to other core areas of study) is required to safely prescribe exercise for these populations. For example, to risk stratify individuals with one or more clinical conditions and make appropriate clinical decisions in respect to exercise interventions requires considerable experience and knowledge - ESSA contends the diploma course does not have sufficient study in pathophysiology (and other required areas of study) to enable graduates to work with specific populations.

3 Good Medical Practice: Medical Board of Australia March 2014.
4 Guidelines for Preventative Activities in General Practice 8th Edition.
The exercise science qualification already provides for exercise interventions for low-moderate risk individuals and general improvements in health and disease prevention, thus the Diploma does not offer any additional or new skills/knowledge to what is already available in the marketplace.

Please feel free to contact me should you require additional information.

Kind regards,
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