

12<sup>th</sup> December 2011

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Dear Sir/Madam,

Thank you for the opportunity to make a submission on behalf of Exercise and Sports Science Australia (ESSA ([www.essa.org.au](http://www.essa.org.au))) to the Senate enquiry on "The factors affecting the supply and distribution of health services and medical professionals in rural areas".

Please note that ESSA also recently made a submission to HWA on the "Rural and Remote Health Workforce Innovation and Reform Strategy". This submission outlined our concerns regarding the on-going lack of governmental support for allied health professionals (AHPs) to establish practices in rural Australia, thus limiting the range of allied health services available to individuals in these areas. I have attached a copy of ESSA's submission to HWA on "Rural and Remote Health Workforce Innovation and Reform Strategy", which provides a more comprehensive reply on issues pertaining to this Senate enquiry.

**(a) The factors limiting the supply of health services and medical, nursing and allied health professionals to small regional communities as compared with major regional and metropolitan centres;**

Allied Health Professionals (AHPs), and in particular accredited exercise physiologists (AEP's), provide discipline-specific services as members of primary health and secondary care teams. AEP's have a crucial role in the management of chronic disease by providing specific exercise and lifestyle interventions, that have been shown to reduce the incidence of a wide range of chronic diseases by 30-60% (Dunstan DW et al. *Diabetes Care* 25: 1729, 2002; Pedersen B. K and Saltin B. *Scand J Med Sci Sports*: 16 (Supp 1): 3, 2006; Church et al, *JAMA*: 304: 2253, 2010). This is of particular importance in rural communities, as the incidence of metabolic diseases, such as diabetes, has been shown to be higher than that in the metropolitan areas of Australia (Janus et al, *Med J Aust* 187: 147-152, 2007). Exercise and lifestyle interventions have also been demonstrated to be cost effective for the health care system and patients, wherever they may live (Zimmet et al, *Med J Aust* 183: 175-6, 2005). There is now clear evidence that those AHPs (such as exercise physiologists and dietitians), who are most qualified to deliver a specific lifestyle intervention to patients with a chronic metabolic disease, will produce better health outcomes than when these interventions are provided by generalist health professionals, such as General Practitioners (GPs) and nursing staff (Andrews et al, *The Lancet*, June 25, 2011).

The recent HWA paper "Rural and Remote Health Workforce Innovation and Reform Strategy" proposed that GP's and nurses should be provided with funding incentives to become "generalists", so they could deliver an increasingly wide range of services, which would normally be provided by AHPs in the major regional towns and metropolitan areas. ESSA believes that the HWA proposal has significant limitations, especially when it involves GPs and nurses providing advice on physical activity and lifestyle interventions. This approach would actually limit the opportunities for AHP's in rural Australia and act as a disincentive to allied health professionals, such as AEPs to establish practices in these areas.

The majority of government health funding for rural health, has historically been provided to medical professionals including and nurses. AHPs, and in particular AEPs, have been provided very limited funding or government support, to establish rural practices and to provide their services in rural Australia. Since the Medicare recognition of AEP's as a discrete allied health profession in January 2006, the profession has been increasingly recognised by GPs and other health professionals as providing an essential and unique service to assist patients with a range of chronic diseases. Since July 2009, AEPs have been the 6<sup>th</sup> most utilised allied health profession in providing Medicare services to patients with chronic disease, and in the group management of patients with Type 2 diabetes, AEPs were the most commonly used allied health group.

**(b) The effect of the introduction of Medicare Locals on the provision of medical services in rural areas;**

The new Medicare Local network should assist in the development of more comprehensive and integrated primary and secondary health programs, and to develop inter-professional approaches to the management of chronic disease, preventive and community health programs and improved aged care. It is hoped that the development of such programs, will increase the engagement of AHPs within regional Medicare Local networks, so AEP's can provide their services as part of these programs.

**(c) Current incentive programs for recruitment and retention of doctors and dentists, particularly in smaller rural communities, including:**

**(i) their role, structure and effectiveness,**

**(ii) the appropriateness of the delivery model, and**

**(iii) whether the application of the current Australian Standard Geographical Classification – Remoteness Areas classification scheme ensures appropriate distribution of funds and delivers intended outcomes;**

Despite the significant financial incentives provided to rural and remote GPs and nurses, it is apparent that there are still difficulties in attracting and retaining these medical professionals in rural Australia.

ESSA suggests that one reason why it may be difficult to attract and retain these medical professionals, is that because of the lack of AHP's in rural Australia, GP's and nurses are increasing overloaded and are required to provide a diverse range of allied health services, for which they have not been specifically trained.

ESSA proposes that if AHP's were financially supported to establish practices and provide services to rural Australia, this would increase access to these important allied health service providers, so that GP's would be able to include these professionals in interdisciplinary teams to assist in the management of chronic disease in rural Australians. Referrals to allied health professionals could be made through team care arrangements and chronic disease management plans. An increased availability of AHP's in rural Australia would reduce the load and stress on medical professionals, so they could concentrate on providing the medical and health services for which they have been trained and assist in improving the retention rate of these professionals in regional Australia.

I am unable to make comment on points (ii) or (iii).

(d) any other related matters.

Thank you for the opportunity to make this submission on this senate enquiry.

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