



AUSTRALASIAN COLLEGE OF
SPORT AND EXERCISE PHYSICIANS

**PRE-BUDGET
SUBMISSION**

2025-26

Executive Summary

Sport and Exercise Physicians (SEPs) play a vital role in the healthcare system, providing expert diagnosis and non-surgical management of acute and chronic musculoskeletal conditions in community-based settings. They are uniquely qualified to prescribe exercise safely and effectively to prevent and manage chronic conditions such as osteoarthritis, heart disease, diabetes, mental illness, obesity and cancer.¹

Despite the growing demand for Sport and Exercise Medicine (SEM) services, training in this specialty remains severely underfunded. SEM is the only medical specialty in Australia that receives no consistent state or Commonwealth funding for training, aside from 7.0 FTE positions through the Specialist Training Program (STP). As a result, some trainees earn as little as \$40,000–\$50,000 from patient consultations annually, far below trainees in other medical specialties.²

This funding inequity has wide-reaching consequences, including:

- **Limiting patient access:** High out-of-pocket costs and uneven workforce distribution restrict access to SEM services. This creates a two-tier health system as lower-socioeconomic patients cannot afford SEM services.
- **Financial strain for trainees:** Many trainees experience considerable stress, hindering recruitment and retention.
- **Barrier to addressing national health priorities:** The workforce funding gap limits the specialty's potential to combat chronic disease and physical inactivity.

To address these challenges, ACSEP calls for an \$8.72 million annual investment to:

- Provide salary support for Sport and Exercise Medicine trainees.
- Support supervision and training-related infrastructure at ACSEP training sites.
- Improve equity in funding across medical specialties.

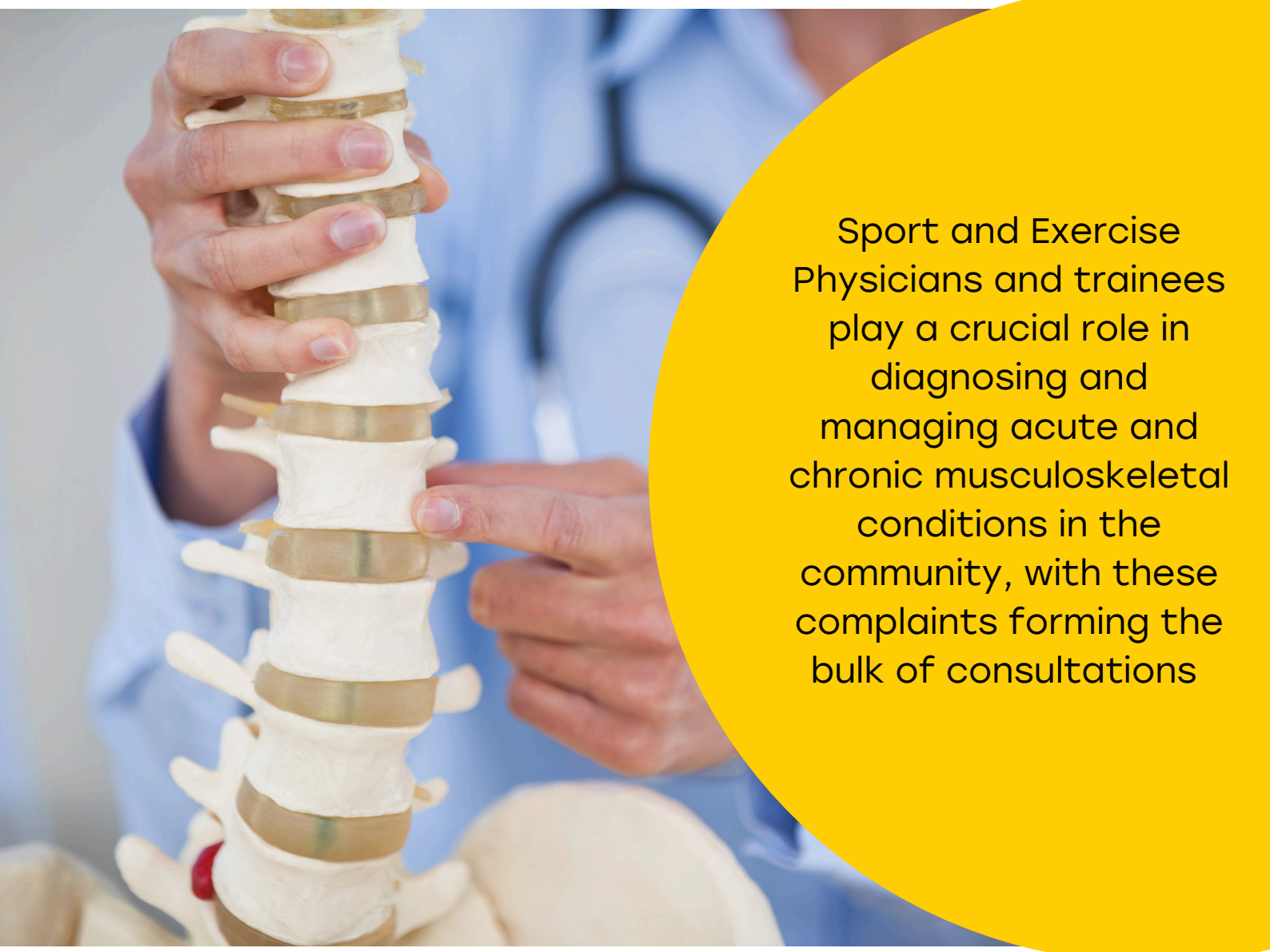
This investment will facilitate more equitable access to SEM services in the community and develop a skilled workforce capable of improving Australia's health outcomes.



About ACSEP

The Australasian College of Sport and Exercise Physicians (ACSEP) is the professional body representing Sport and Exercise Physicians and the specialty of Sport and Exercise Medicine in Australia and Aotearoa New Zealand. ACSEP is the only organisation accredited by the Australian Medical Council to provide medical doctors with a specialist training program in Sport and Exercise Medicine. There are currently 171 ACSEP Fellows and 60 registrars training in Sport and Exercise Medicine in Australia.

Sport and Exercise Physicians and trainees provide diagnosis and non-surgical management for a range of acute and chronic musculoskeletal conditions outside hospital settings. The SEM scope of practice also includes physical activity prescription to prevent and manage a variety of chronic diseases.



Sport and Exercise Physicians and trainees play a crucial role in diagnosing and managing acute and chronic musculoskeletal conditions in the community, with these complaints forming the bulk of consultations



Building a sustainable Sport and Exercise Medicine Workforce

The problem

There are approximately 7.3 million Australians living with chronic musculoskeletal conditions, including back problems, arthritis and osteoporosis.³ These conditions accounted for 12.8% of Australia's total disease burden in 2023 and are leading contributors to illness, pain and disability.³ Sport and Exercise Physicians and trainees play a crucial role in diagnosing and managing acute and chronic musculoskeletal conditions in the community, with musculoskeletal complaints forming the bulk of consultations.^{4 5}

Additionally, physical inactivity is a major contributor to preventable ill health and premature death in Australia.⁶ Recognising this, the Commonwealth Government has prioritised increasing physical activity levels in both the National Preventative Health Strategy 2021-2031 and the National Obesity Strategy 2022-2032.⁶ Exercise prescription is a cost-effective method of addressing physical inactivity, as well as treating chronic illnesses such as osteoarthritis, heart disease, diabetes, hypertension, mental illness and cancer.^{1 7} However, many non-SEM clinicians in Australia report lacking the skills and confidence to prescribe physical activity effectively.⁸ Sport and Exercise Physicians and trainees have the expertise to bridge this gap, empowering patients to safely increase physical activity and achieve better health outcomes.

Despite the evident need for SEM services, access remains limited. The specialty faces significant barriers due to a small workforce and high out-of-pocket costs for patients. Unlike General Practitioner (GP) trainees, who benefit from indexed rebates and government funding, ACSEP trainees can only bill non-Vocationally Registered GP item numbers, with rebates that have remained unchanged since 1992. This earning differential is further exacerbated by the fact the Sport and Exercise Medicine consultations are long, averaging 40 min duration, compared to 15 mins for GPs, limiting patient volume.^{5 9} This inequity results in first-year ACSEP trainees earning as little as \$40,000–\$50,000 annually.² This is despite the MBS Review Advisory Committee recently recognising the longer, consultative nature of Sport and Exercise Medicine appointments, which has led to ACSEP Fellows receiving access to consultant face-to-face MBS items. Although there is growing interest in the ACSEP Training Program among junior doctors, poor remuneration remains a barrier to workforce growth.

GP training also takes place in community-based settings and receives 1,500 Commonwealth-funded places annually, while the only government support for ACSEP trainees comes from 7.0 FTE positions under the Specialist Training Program. ACSEP receives fewer STP-funded positions than other specialties that commonly practice outside the hospital system. For example, dermatology receives STP funding for 22% of its training posts (with all remaining posts funded through the jurisdictions), while ACSEP receives funding for only 12% of posts with no jurisdictional funding outside of STP/IRTP. This disparity leads to financial stress for trainees, higher costs for patients, and significant constraints on the equitable distribution of SEM services.



The solution

The ACSEP calls for equitable, on-going funding arrangements for Sport and Exercise Medicine training to support the development of a skilled workforce:

Funding Item	Estimated annual investment (excl. GST)
Salary support for up to 60FTE ACSEP trainees*	\$6.64 million
Supervision & Training Infrastructure Support for Accredited Training Sites*	\$1.8 million
Administration support payment	\$280,000
TOTAL	\$8.72 million

**Amounts based on 2025 Specialist Training Program funding schedule*

This funding proposal aligns with the Commonwealth Government’s Specialist Training Program model. The funds would supplement ACSEP trainees’ incomes, reducing their reliance on inadequate non-Vocationally Registered (non-VR) Medicare rebates as their primary source of income. This support would enhance trainees’ capacity for education and training, while creating opportunities for practices to bulk-bill services, improving patient accessibility.

Funding for supervision and infrastructure is critical in fee-for-service, community-based practices. It offsets the loss of income supervisors face when dedicating time to training and educational activities, ensuring high-quality supervision with minimal financial strain on practices.

Funding ACSEP training will strengthen the Sport and Exercise Medicine workforce and help achieve the goals of the National Medical Workforce Strategy 2021-2031. Currently, most ACSEP training is concentrated in higher-income areas where patients can afford significant co-payments. Funding would facilitate training in lower-income, rural, and remote areas of need by reducing the cost of SEM services, improving access and equity.



References

- ¹ Inge P.J (2020), 'Exercise as Medicine – Evidence for Prescribing Exercise for the National Health Priority Areas: An Umbrella Review', *Journal of Postgraduate Medicine, Education and Research*, 54(4), p179-205
- ² Payne, H. (2024, 20 March). Think you have it bad? Sports med trainees work for 1990s money. *The Medical Republic*. <https://www.medicalrepublic.com.au/think-you-have-it-bad-sports-med-trainees-work-for-1990s-money/106087>
- ³ Australian Institute of Health and Welfare (2024). *Chronic musculoskeletal conditions*. Retrieved December 4, 2024 from <https://www.aihw.gov.au/reports/chronic-musculoskeletal-conditions/musculoskeletal-conditions>
- ⁴ Lim, C., Vaughn, B., Fitzgerald, K. & Fitzpatrick, J. (2024). Profile of Sport and Exercise Physician trainee's clinical practice within Australasia in 2019: a cross-sectional study. *BMJ Open Sport & Exercise Medicine*, 10:e001930. doi:10.1136/bmjsem-2024-001930
- ⁵ Gamage, P.J., Seker, S., Orchard, J., Humphries, H., Fitzgerald, K., Fitzpatrick, J. (2021). Insights into the complexity of presentation and management of patients: the Sport and Exercise Physician's perspective. *BMJ Open Sport & Exercise Medicine*;7:e001228. <https://doi.org/10.1136/bmjsem-2021-001228>
- ⁶ Australian Institute of Health and Welfare (2024). Physical activity. Retrieved December 4, 2024, from <https://www.aihw.gov.au/reports/physical-activity/physical-activity>
- ⁷ Thornton, J.S., Fremont, P., Khan, K., Poirier, P., Fowles, J. Wells, G.D. & Frankovich, R.J. (2016). Physical activity prescription: a critical opportunity to address a modifiable risk factor for the prevention and management of chronic disease: a position statement by the Canadian Academy of Sport and Exercise Medicine. *British Journal of Sports Medicine*; 50:1109-1114.
- ⁸ Ooi, J.J.Y., Hutchinson R., Harris G.A. (2023) Confusion among doctors regarding sports and exercise medicine as a specialty: an Australian multidisciplinary, cross-sectional survey. *BMJ Open*;13:e072979. doi:10.1136/bmjopen-2023-072979
- ⁹ Britt, H., Valenti, L., & Miller, G. (2002). Time for care. Length of general practice consultations in Australia. *Australian family physician*, 31(9), 876–880.





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ACSEP acknowledges the traditional custodians of the land on which the National Office is located, the Wurundjeri people of the Kulin Nation. Our College acknowledges past, present and emerging leaders as well as their connection to land, sea and sky. ACSEP also acknowledges tangata whenua of Aotearoa and we affirm our commitment to reflect the Treaty of Waitangi in our work and practice.