



AUSTRALASIAN COLLEGE OF
SPORT AND EXERCISE PHYSICIANS



**PRE-BUDGET
SUBMISSION**

2026-27

Executive Summary

The Australasian College of Sport and Exercise Physicians (ACSEP) seeks targeted Commonwealth investment in Sport and Exercise Physician Registrar training to strengthen Australia's preventive and musculoskeletal healthcare capability, and to address emerging workforce constraints.

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] This puts SEPs in a strong position to have significant impact on preventive healthcare and overall community health and wellbeing by supporting Australians to become and remain physically active.

Data from AIHW and ABS demonstrates that physical inactivity is responsible for 10-20% of burden for related diseases, with previous data indicating that \$2.4 billion was spent on health conditions due to physical inactivity.^[2] The report also outlines that the cost could have increased by an additional \$1.7 billion without the health benefits of physical activity, exercise and sport, providing a clear and direct link between exercise, physical activity and health and wellbeing. Currently, the expenditure on preventive healthcare accounts for less than 2.5% of the overall healthcare expenditure, significantly lower than the original target of 5% in the *National Preventive Health Strategy 2021-2030*.

An increasing number of Australians are seeking access to preventive healthcare and treatment related to exercise and physical activity. 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 ACSEP Registrars earn far below trainees in other medical specialties.^[3]

Executive Summary

This funding inequity has wide-reaching consequences, including:

- **Limiting patient access /exacerbating health inequities:** High out-of-pocket costs due to low Medicare rebates, and uneven workforce distribution restrict access to SEM services. This creates a two-tier health system as lower-socioeconomic patients cannot afford SEM services. Patients in rural and remote areas also have limited access to SEM services.
- **Financial strain for Registrars:** Many ACSEP Registrars experience considerable stress, hindering recruitment and retention, and impacting the overall workforce.
- **Barrier to addressing national health priorities:** The workforce funding gap limits the specialty's potential to combat chronic disease and physical inactivity. It does not enable the workforce to achieve key objectives set out in the *National Preventive Health Strategy 2021-2030* or the *National Obesity Strategy 2022-2032*.
- **Burden on the health system:** Inability to address preventable health issues through preventive healthcare, exercise and non-surgical treatment puts an enormous burden on the hospital system and strain on surgical waiting lists.

To address these challenges, ACSEP calls for a \$9.57 million annual investment to:

- Provide salary support for Sport and Exercise Physician Registrars.
- 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. ACSEP remains committed to working with all stakeholders to take a multidisciplinary approach for the overall enhancement of community health and wellbeing.

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 183 ACSEP Fellows and 63 Registrars training in Sport and Exercise Medicine in Australia.

Sport and Exercise Physicians and Registrars 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.



Building a sustainable Sport and Exercise Medicine Workforce

Key Issues and Considerations

There are approximately 7.3 million Australians living with chronic musculoskeletal conditions, including back problems, arthritis and osteoporosis.^[4] These conditions accounted for 12.8% of Australia's total disease burden in 2023 and are leading contributors to illness, pain and disability.^[5] Sport and Exercise Physicians and Registrars play a crucial role in diagnosing and managing acute and chronic musculoskeletal conditions in the community, with musculoskeletal complaints forming the bulk of consultations.^{[6] [7]} Musculoskeletal conditions are also amongst the most common presentations seen by General Practitioners (GPs). As patients can self-refer to Sport and Exercise Physician Registrars, this workforce is well-placed to ease the burden on GPs and provide patients with specialised musculoskeletal and exercise expertise.^[8]

Additionally, physical inactivity is a major contributor to preventable ill health and premature death in Australia.^[9] Recognising this, the Commonwealth Government has prioritised increasing physical activity levels in both the *National Preventive Health Strategy 2021-2030* and the *National Obesity Strategy 2022-2032*.^[10] The *National Preventive Health Strategy 2021-2030* also highlights the need for targeted funding for preventive healthcare, as well as the need to invest in a sustainable workforce. 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.^[11] However, many non-SEM clinicians in Australia report lacking the skills and confidence to prescribe physical activity effectively.^[12] Sport and Exercise Physicians and Registrars have the expertise to bridge this gap, empowering patients to safely increase physical activity and achieve better health outcomes. A multidisciplinary approach with increased access to SEM services will significantly improve community health and wellbeing, especially in rural and remote communities where these services are currently lacking.

Building a sustainable Sport and Exercise Medicine Workforce

Key Issues and Considerations

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 GP trainees who benefit from indexed rebates and government funding, ACSEP Registrars 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-minute duration, compared to 15 minutes for GPs, limiting patient volume.^{[6][13]} 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 and reduced access remain significant barriers 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 Registrars 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 jurisdictions), while ACSEP receives funding for only 12% with no additional jurisdictional funding outside of STP/IRTP. This disparity leads to financial stress for Registrars, higher costs for patients, and imposes significant constraints on the equitable distribution of SEM services.

Building a sustainable Sport and Exercise Medicine Workforce

Proposed solution

ACSEP calls for equitable funding arrangements for Sport and Exercise Medicine training in Australia to support the development of a skilled workforce:

Funding Item	Estimated investment required annually (\$ excl. GST)
Salary support for up to 63FTE ACSEP Registrars*	\$7.08 million
Supervision & Training Infrastructure Support for Accredited Training Sites*	\$1.89 million
Program Governance and Administration (including administration at training sites)	\$400,000
Network Meetings and Forums	\$100,000
Monitoring and Evaluation	\$100,000
TOTAL	\$9.57 million

*Amounts based on 2026 Specialist Training Program funding schedule

Sport and Exercise Physicians and Registrars 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

Proposed solution

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

Additionally, support for supervision and infrastructure is critical in fee-for-service, community-based practices. Supervisors are currently unpaid volunteers and funding would help to offset the loss of income they 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, access to SEM services is limited outside of inner-metropolitan areas. Funding would facilitate training in outer-metropolitan, rural, and remote areas, improving access and equity. Increasing SEP numbers and the support systems around them increases the community's ability to access SEM services immaterial of their socio-economic status or geographic location.

ACSEP will oversee program governance and administration, and use existing STP structures to manage the increased number of sites. ACSEP is willing to work collaboratively with the Commonwealth Government to identify the most viable way forward to progress these discussions and explore different scales and approaches to support the ACSEP Registrars and workforce.

As identified in previous budgets, every dollar invested in preventive health saves an estimated \$14 in healthcare and associated costs. An investment in developing a sustainable SEM workforce is an investment in preventive health and will positively impact community health and wellbeing in Australia.

Impact and insights from our people

Sport and Exercise Physicians play a broad range of roles, often working in a multidisciplinary capacity to support community and athlete health. The case vignettes highlight the role of Sport and Exercise Physicians in community settings, demonstrating the delivery of prevention-focused, non-surgical care that improves wellbeing and supports physical activity.

Rachel Harris

Sport and exercise medicine is often assumed to be the domain of elite athletes, but its impact extends beyond the sporting field. As a Sport and Exercise Physician, Dr Rachel Harris frequently treats everyday Australians for common complaints such as arthritis or shoulder pain that prevent patients from being physically active. She provides non-surgical treatment options and helps optimise her patients' health through exercise prescription for bone health, cancer and chronic disease prevention.

“Exercise prescription... considers the whole body in terms of managing mental health, in terms of managing physical health.”

Louise Tulloh

Dr Louise Tulloh is a Sydney based Sport and Exercise Physician with a special interest in using sport and exercise medicine to support women through menopause and perimenopause. Women often present to SEPs and physiotherapists with multiple, non-specific musculoskeletal complaints, compounded by hormonal changes, sleep disturbance and mood symptoms. Dr Tulloh considers a variety of options, reflective of the diversity of approaches taken by SEPs. Often, she focuses on simplifying the path to effectively treat root causes, including through hormone therapy. By coordinating medical and exercise-based care, Dr Tulloh facilitates meaningful improvements in how patients manage their symptoms.

Impact and insights from our people

John Orchard

There is strong evidence for the use of exercise prescription in the prevention and treatment of cancer.^[15] Fifteen years ago, Dr John Orchard, a Sport and Exercise Physician, collaborated in the care of Janice, a patient diagnosed with disseminated pancreatic cancer with a poor prognosis. Alongside standard oncology treatment, Janice was determined to remain active and set herself the goal of running a marathon.

At the time, the role of exercise in cancer care was not well recognised. Dr Orchard supported her to train safely and progressively, and Janice went on to complete a marathon and had total remission of her cancer. Today exercise prescription is increasingly integrated into cancer care pathways and SEPs have an important role in facilitating this treatment as part of a multidisciplinary team.



“A lot of the oncologists are sending people deliberately to exercise programs. It is part of breast cancer treatment, for example, now, and bowel cancer treatment.”

References

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