AUSTRALASIAN COLLEGE OF
SPORT AND EXERCISE PHYSICIANS

# Submission to House of Representatives Standing Committee on Health, Disability and Ageing: Inquiry into access and affordability of medical specialists

## Executive Summary

The Australasian College of Sport and Exercise Physicians (ACSEP) is the professional body representing Sport and Exercise Physicians (SEP) and the specialty of Sport and Exercise Medicine (SEM) in Australia and Aotearoa New Zealand. SEPs provide specialist diagnosis and non-surgical management of musculoskeletal conditions in the active population and prescribe exercise to prevent and manage chronic diseases.

Access to SEM services is constrained by workforce maldistribution, limited training capacity, inadequate funding for training and the limited availability of public services. Approximately 6% of ACSEP's 169 Fellows practise in regional, rural or remote locations (MM2–7). Furthermore, current Specialist Training Program (STP) and Integrated Rural Training Pipeline (IRTP) funding supports only a small proportion of registrars, limiting opportunities to expand the workforce and improve access in areas of need.

Affordability is another significant barrier, as MBS rebates do not reflect the costs of contemporary specialist care, impacting patient costs and the viability of private training. Referral requirements and limited awareness of the role of SEPs and can further delay access to appropriate care.

Expanding public outpatient SEM services, strengthening referral pathways and investing in preventive healthcare could improve access, reduce waiting times and support better management of musculoskeletal conditions and chronic disease. Evidence from existing public hospital models demonstrates the potential for SEM services to improve access for underserved patients and reduce wait times for orthopaedic services.[7]

To improve access to, and affordability of, SEM services in Australia, ACSEP recommends:

1. Strengthening workforce planning by engaging specialist colleges and developing workforce planning methodologies that are inclusive of smaller and non-hospital-based specialties.
2. Providing funding to support SEM training in private, non-hospital settings and areas of workforce need.
3. Sport & Exercise Medicine registrars be granted access to equivalent MBS item numbers to GP registrars, reflecting the similarities in practice context.
4. Providing sustainable funding for innovative training models, including remote and blended supervision.
5. Commissioning an independent review of specialist MBS items, including those used by vocational trainees, to align rebates with the cost of contemporary care.
6. Investing in public outpatient Sport and Exercise Medicine services to improve equitable access and affordability.

ACSEP encourages governments and health system stakeholders to implement these recommendations to strengthen the specialist SEP workforce, reduce barriers to care and deliver better health outcomes for Australians.

## About ACSEP

ACSEP is the professional body representing Sport and Exercise Physicians (SEP) and the specialty of Sport and Exercise Medicine (SEM) 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 in Australia.

SEP and SEM registrars work in muti-disciplinary teams and provide diagnosis and non-surgical management for a range of acute and chronic musculoskeletal conditions. SEPs manage medical conditions in the active population, including concussion, cardiac, and respiratory conditions. The SEM scope of practice also includes physical activity prescription to manage chronic conditions such as osteoarthritis, heart disease, diabetes, mental illness, obesity and cancer.

ACSEP welcomes the opportunity to provide a submission to the Standing Committee on Health, Aged Care and Disability's *Inquiry into access to and affordability of medical specialists in Australia*.

## Responses to Terms of Reference

**a) Examine current access to medical specialists in cities, regional and rural communities, with consideration of workforce distribution, shortages, waiting times and barriers to recruitment, retention and training.**

Workforce Distribution

To improve access to specialist SEM care, Australian needs an appropriate number of Sport and Exercise Physicians practicing where the community needs them.

There are currently 169 ACSEP Fellows in Australia, with approximately 6% based in MM2-7 settings. There are 47 sites accredited to deliver training in Sport and Exercise Medicine to 62 registrars in Australia, with 21% of sites either based in MM2-7, or offering opportunities for outreach in regional, rural or remote locations. Most SEM services are delivered through private, multi-disciplinary practices within the community.

Although data on future workforce requirements is currently limited, an ageing workforce, limited growth in training practices and constraints on increasing training posts raise concerns regarding the future workforce capacity in Sport and Exercise Medicine.

ACSEP's workforce data provides some insights into where specialists are training and practising; however, there is an opportunity to strengthen workforce planning centrally by engaging specialist colleges and developing workforce planning methodologies that are inclusive of smaller and non-hospital-based specialties.

General barriers to recruitment, retention and training

ACSEP member feedback indicates that there are barriers to recruitment, retention and training in Sport and Exercise Medicine, regardless of practice location. These include:

- *Limited funding support:* A lack of funding can deter private practices from offering training positions, particularly when they rely on fee-for-service income to offset training costs. Remuneration differences may also steer registrars towards higher-fee practices over bulk-billing or lower-fee sites. Although ACSEP registrars train in similar private practice settings to GP registrars, they can only access Group A2 MBS items, last indexed in 1991, while GP registrars can access Group A1 items. Lower rebates shift a greater proportion of costs onto patients or practices. Granting ACSEP registrars access to equivalent MBS items could improve patient affordability and the financial viability of SEM training.

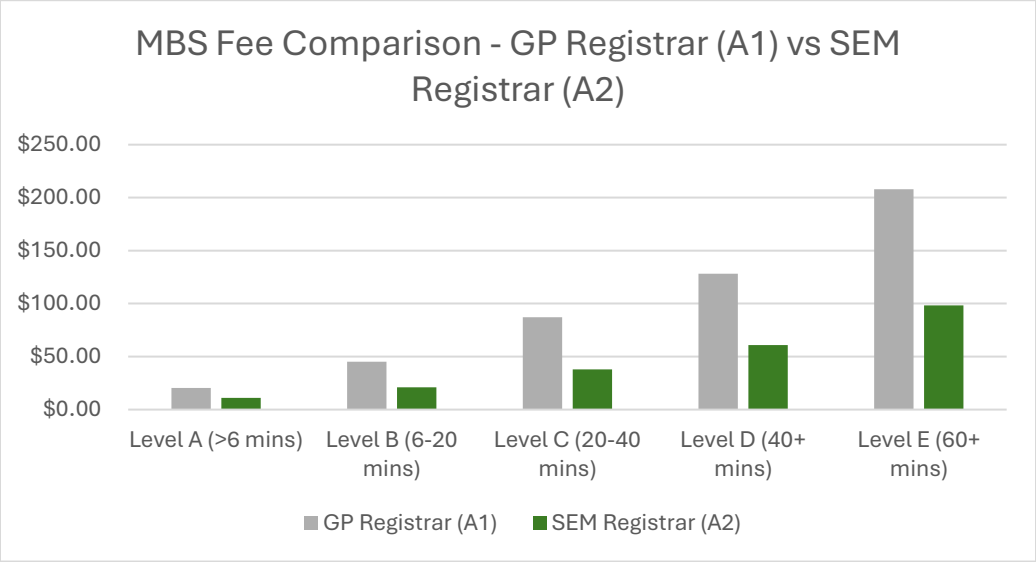



*Figure 1: Comparison of MBS fees for GP Registrars' consultations (Items 3, 23, 36, 44, 123) and ACSEP Registrars' consultations (Items 52, 53,54, 57, 151)*

- *Supervisory capacity:* Specialists face competing demands from managing their own patient load and frequently, the operational responsibilities of running a specialist practice. Time spent on education and supervision is usually unremunerated in private practice, representing lost income.
- *Training pipeline bottlenecks*: Delays in trainee progression through the program reduce the number of trainees moving through the system and limit capacity to train new specialists.
- *Administration support:* Recruiting skilled administrative staff to support the specialist service can be challenging, particularly as specialist medical practices need to manage increasing system complexity and compliance requirements.
- *Physical infrastructure:* The site needs to have an appropriate consultation space and physical infrastructure to host a trainee.

Specialist Training Program (STP) funding is an effective mechanism to address some of these issues for private training practices by providing funding support for trainees, supervisors and practice infrastructure, however ACSEP's current STP/IRTP funding allocation of 7.0FTE is inadequate as it leaves approximately 85% of Sport and Exercise Physician Registrars without funding support.

Barriers to recruitment, retention and training in rural locations

ACSEP is addressing workforce maldistribution through its *Rural Capacity Building Strategic Action Plan 2022–2027* and Department of Health, Disability and Ageing-funded FATES projects exploring remote supervision, alternative rural training pathways and support for rural supervisors. The College also encourages rural applicants to the training program through targeted scholarships and preferential access to selection interviews.

The main barrier to expanding SEM training in MM2–7 areas is limited specialist supervision. ACSEP requires accredited sites to provide minimum supervision hours from a SEP. University of Melbourne researchers have evaluated ACSEP's remote supervision model as feasible, scalable and effective, supporting rural recruitment and retention without compromising patient care.[1] The model is approved for senior trainees in MM2–7 locations, and ACSEP is considering how remote supervision can support hospital-based training models. However its uptake is constrained by the lack of sustainable funding and a reliance on Fellows to provide remote supervision pro bono, which limits its appeal to potential supervisors.

The location of the specialist practice also impacts on recruitment, retention and training with sites in MM2-7 and outer metropolitan areas reporting additional barriers relating to recruitment, retention and support for the trainee if the supervisor takes a period of leave.

**Recommendations:**
To address these challenges and improve access to Sport and Exercise Medicine services, ACSEP recommends the following:

- Strengthening workforce planning by engaging specialist colleges and developing workforce planning methodologies that are inclusive of smaller and non-hospital-based specialties.
- Providing funding to support SEM training in private, non-hospital settings and areas of workforce need.
- Sport & Exercise Medicine Registrars be granted access to equivalent MBS item numbers to GP registrars, reflecting the similarities in practice context.
- Providing sustainable funding for innovative training models, including remote and blended supervision.

**b) Examine the effectiveness, transparency and equity of referral pathways from the perspective of patients, primary health care practitioners and medical specialists across the public and private health sectors, with consideration of factors affecting referral patterns and any systemic, regulatory or administrative barriers to the appropriate utilization of these pathways.**

Timely and appropriate referrals to Sport and Exercise Physicians provide better access to care and can facilitate better outcomes for patients.

Referral pathways to Sport and Exercise Physicians may be underutilised due to a lack of awareness of the specialty's role.[2] Many musculoskeletal conditions referred for orthopaedic review can be managed non-surgically, making SEPs well placed to provide early diagnosis and treatment.[3]

Current pathways requiring patients to obtain a GP referral for acute presentations, such as injuries and concussion, can delay access and increase patients' costs. Improving timely access to SEM services for acute and subacute conditions could support earlier recovery and return to activity.

Allowing direct referrals from some allied health professions to non-GP specialists within their scope of practice could improve patient access to SEP by reducing time and cost barriers to specialist care.[4] This would require education to support appropriate referrals and timely communication with other treating practitioners to maintain continuity of care.

**c) Examine the affordability of specialist services, including out of pocket costs for consultations, diagnostics, procedures, and patient access to specialists through public health services, as well as factors influencing fee setting by specialists in the public and private health sectors.**

ACSEP is committed to promoting transparent, ethical billing practices and informed financial consent to its members in accordance with the Council of Presidents of Medical Colleges' (CPMC) *Medical Specialist Professionalism Framework: Ethical Billing and Fee Transparency.*

Multi-lever reform is needed to improve the affordability of specialist care in Australia. For Sport and Exercise Medicine, this includes investment in public outpatient services and ensuring Medicare rebate settings reflect the complexity of modern care.

<u>Medicare settings</u>

Patients commonly present to SEPs with chronic and complex musculoskeletal conditions requiring comprehensive assessment, with initial consultations typically exceeding 30 minutes.[5] Before 1 July 2025, SEP could only access procedural MBS items, offering lower rebates and contributing to high out-of-pocket costs, rather than more appropriate consultant physician numbers. Following an MRAC review, access to Group A4 MBS items was introduced from 1 July 2025, providing rebates better aligned with consultation length and complexity. While comparative data is currently unavailable, this change is expected to have reduced the proportion of patients' out-of-pocket costs relative to the MBS rebate.

ACSEP recommends a comprehensive review of MBS fees against the costs of delivering contemporary specialist care. Increasing complexity and rising practice overheads, combined with rebates that have not kept pace with costs, continue to shift more of the financial burden onto patients.[6]

<u>Sport and Exercise Medicine services in public settings</u>

SEM services are unavailable through most public health providers in Australia, leaving private care as the only option for many patients. Expanding public SEM services would improve access and affordability.

Cairns Base Hospital is one of only three known Australian public hospitals with a dedicated SEM outpatient clinic. Evaluation found this model to be feasible and efficient, reducing orthopaedic wait times, improving access for underserved patients and surgical referrals, and lowering non-attendance rates.[7] SEP can also support inpatient care across specialties to facilitate earlier discharge, as demonstrated at The Children's Hospital at Westmead.

ACSEP is committed to working with governments and health services to expand public access to SEM care and create training opportunities in these settings.

**Recommendations**

To improve access to, and affordability of SEM services, ACSEP recommends:

- Commissioning an independent review of specialist MBS items, including those used by vocational trainees, to align rebates with the cost of contemporary care.
- Investing in public outpatient Sport and Exercise Medicine services to improve equitable access and affordability.

**d) Examine the impact on patient outcomes by delays due to cost, distance and waiting times, and broader system impacts on primary care, emergency departments, public hospitals, chronic disease management, as well as impacts on people due to deferred or missed care, and**

Improving timely access to SEM services could deliver significant benefits for patients and the broader health system. For example:

<u>Exercise Medicine</u>

Preventive healthcare expenditure accounts for less than 2.5% of overall healthcare expenditure, significantly below the 5% target set in the Australian Government's *National Preventive Health Strategy.* Physical inactivity contributes significantly to preventable illness and premature death in Australia, accounting for an estimated 10–20% of the burden of related diseases, with $2.4 billion previously spent on associated health conditions.[8 9]

SEPs specialise in exercise prescription to prevent and manage chronic conditions, including type 2 diabetes, osteoarthritis, heart disease and obesity. Exercise and physical-activity interventions have been shown to be a cost-effective investment for patients and the broader health system.[10]

<u>Musculoskeletal conditions & concussion management</u>

Timely access to Sport and Exercise Medicine services for acute musculoskeletal conditions and concussion can improve overall health outcomes and facilitate a quicker return to work and activity.[11] This may also reduce the overall financial burden on the patient and the broader health system.

<u>Orthopaedic wait times</u>

When integrated into public orthopedic departments, Sport and Exercise Physicians provide diagnosis and treatment for patients referred to these services who do not require surgery, improving surgical referrals and reducing wait times.[7]

## Conclusion

Improving access to, and affordability of, Sport and Exercise Medicine services requires coordinated investment in workforce planning, specialist training, appropriate Medicare rebates and public outpatient services. These reforms would help address workforce maldistribution, reduce financial barriers and enable more Australians to access timely, appropriate specialist SEM care.

ACSEP is committed to working with governments, health services and other stakeholders to implement these recommendations. Strengthening the Sport and Exercise Medicine workforce will improve patient outcomes, support preventive healthcare and help to reduce avoidable pressure on Australia's health system.

## References


1. Fitzgerald, K. & Vaughn, B. (2024). *Australasian College of Sport and Exercise Physician's (ACSEP) Remote Supervision Program 2022-2024 Final Evaluation Report*. https://www.acsep.org.au/page/members/projects/acsep-remote-clinical-supervision-model-pilot
2. 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
3. McLarnon, M., & Heron, N. (2022). So you want to be a "Sports and Exercise Medicine Physician?". *The Ulster Medical Journal, 91*(2), 111-114. https://www.ums.ac.uk/091_2.html
4. Department of Health, Disability and Ageing. (2024). *Unleashing the Potential of our Health Workforce – Scope of Practice Review Final Report*. https://www.health.gov.au/resources/publications/unleashing-the-potential-of-our-health-workforce-scope-of-practice-review-final-report?language=en
5. Gamage PJ, Seker S, Orchard J, Humphries D, 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 Medical Association. (2026). *The Medicare Gap*. https://medicaregap.com.au/
7. Middleton, D., Thompson, F., James, K. (2025) Evaluating the outcomes of Australia's first all-age public hospital Sport and Exercise Medicine Outpatient Clinic: a retrospective cross-sectional study. *Australian Health Review 49*, AH24245. https://doi.org/10.1071/AH24245
8. Australian Institute of Health and Welfare (2024). *Physical activity.* Retrieved September 28, 2026, from https://www.aihw.gov.au/reports/physical-activity/physical-activity
9. Australian Institute of Health and Welfare (2023). *Economics of sport and physical activity participation and injury* from https://www.aihw.gov.au/reports/sports-injury/economics-of-sport-and-physical-activity/contents/total-cost-of-physical-inactivity-and-related-risk
10. Gordon, Louisa G., Eakin, Elizabeth G., Spence, Rosalind R., Pyke, Christopher, Bashford, John, Saunders, Christobel, and Hayes, Sandra C. (2020). Cost-effectiveness analysis from a randomized controlled trial of tailored exercise prescription for women with breast cancer with 8-year follow-up. *International Journal of Environmental Research and Public Health 17* (22) 8608 1-13. https://doi.org/10.3390/ijerph17228608?2
11. De Silva, K., Fitzpatrick, D., Kipps, C. (2025) Sport and exercise medicine. *Medicine;53*, 753-756