



Submission to the Queensland Productivity Commission's
Inquiry into the National Disability Insurance Scheme
market in Queensland

August 2020



1.0 About Exercise & Sports Science Australia

[Exercise & Sports Science Australia](#) (ESSA) is the peak professional association for exercise and sports professionals in Australia, representing over 8,000 members, including university qualified Accredited Exercise Physiologists (AEP), Accredited Sports Scientists (ASpS), Accredited High-Performance Managers (AHPM) and Accredited Exercise Scientists (AES).

1.1 AEPs and the National Disability Insurance Scheme

AEPs are university qualified allied health professionals who provide clinical exercise interventions aimed at primary and secondary prevention; managing sub-acute and chronic disease or injury; and assist in restoring optimal physical function, health and wellness. With a primary focus on improving health and functional independence. There is compelling evidence that clinical exercise interventions, as delivered by AEPs, provide a range of physical, mental and psychosocial benefits to people with a disability.^{i ii} AEPs develop a range of exercise-based activities that empower NDIS participants and support them to achieve goals in the areas of daily living, social inclusion and functional well-being.

AEPs can currently register under the 'Exercise Physiology and Personal Well Being Activities' and "Therapeutic Supports" registration groups and deliver supports in both the 'Improved Health and Wellbeing' and 'Improved Daily Living' categories of participant plans. The COAG Disability Reform Council's Quarterly Reportⁱⁱⁱ revealed that as of June 2019, 2,557 approved providers are registered under the Exercise Physiology and Personal Well Being Activities' registration group.

1.2 AESs and the National Disability Insurance Scheme

AESs are university qualified professionals with high level training in exercise and sports science. AES apply the science of exercise to design and deliver physical activity and exercise-based interventions to improve health, fitness, well-being, performance and assist in the prevention of injury and chronic conditions. AES can register as personal trainers in the 'Exercise Physiology and Personal Well Being Activities' registration group. AES are also often engaged in the NDIS as therapy assistants, delivering exercise-based interventions that have been prescribed by a health professional qualified in clinical exercise prescription. Some NDIS providers engage AESs to support people with disability to engage in community sports and recreation opportunities under social & community participation funding categories.



2.0 Summary of Recommendations

Recommendation 1: Data on the number of Agency managed participants per local area to be made publicly available to NDIS providers to help inform business planning.

Recommendation 2: That planners receive ongoing education about the role and value of allied health professions, including Accredited Exercise Physiologists.

Recommendation 3: The NDIA employ an exercise physiology advisor that can educate and provide guidance to NDIS planners.

Recommendation 4: The NDIS Quality and Safeguards Commission develop an operation framework for plan management to ensure minimum standards are upheld.

Recommendation 5: The NDIS Quality and Safeguards Commission work closely with stakeholders such as the Aged Care Quality and Safety Commission and the Australian Safety and Quality Health Care Commission to ensure streamlining of quality standards and the introduction of mutual recognition across relevant schemes.

Recommendation 6: The NDIA and Queensland Government explore opportunities to support rural and remote service providers to offer a broader range of service support to their local communities.

Recommendation 7: The NDIS and Queensland Government work collaboratively to provide participants and their supports with accessible information about local NDIS supports.

Recommendation 8: The NDIS develop a communication strategy to help inform participants about NDIS funding processes.

Recommendation 9: The NDIS Quality and Safeguards Commission to promote established provider resources such as the AHPA Allied Health NDIS registration website.

Recommendation 10: The NDIS Quality and Safeguards Commission to provide more detailed information to support providers in selecting an approved quality auditor.



Recommendation 11: The Queensland Government advocate for more competitive pricing limits for accredited exercise physiologists delivering supports under the NDIS.

Recommendation 12: The NDIS Quality and Safeguards Commission to introduce quality measures to mitigate risk associated with the delegation of therapy supports to unqualified support workers.

Recommendation 13: The Queensland Government work with the NDIA, allied health professional associations and universities to promote the NDIS as future career pathways.

Recommendation 14: Remunerate NDIS service providers for additional activities associated with supporting a student placement, such as the provision of feedback and assessment of clinical competencies.

Recommendation 15: Adjust the current NDIS pricing model to make provisions for professional supervision and case discussion.

Recommendation 16: Introduce training programs designed to upskill allied health professionals on overcoming communication barriers and respecting the rights of people with disabilities.

Recommendation 17: The Queensland Government should engage in discussions with the professional associations representing NDIS allied health professions and explore opportunities to deliver support and training.

3.0 ESSA's Submission to the Queensland Productivity Commissions Inquiry into the National Disability Insurance Scheme (NDIS) market in Queensland

ESSA welcomes the opportunity to provide feedback to the *Queensland Productivity Commissions Inquiry into the National Disability Insurance Scheme (NDIS) market in Queensland*.

ESSA's submission is based on feedback from Accredited Exercise Physiologists and Accredited Exercise Scientists delivering services under the NDIS, and provides responses to the following provider topics:

- Supply of services and supports
- Concentration
- Thin Markets
- Regulation issues and the NDIS market
- Regulation of prices
- Regulation of quality
- Working in the NDIS market.

4.0 Response to consultation questions

4.1 Supply of services and supports

Is market information sufficient to inform your decision-making about services/supports to offer and your service locations?

ESSA considers the [NDIS Demand Map](#) developed by the Boosting Local Care Workforce program to be a useful resource for service providers considering the NDIS market. The Demand map provides forecasting relating to:

- The number of NDIS participants that are expected to live in a postcode.
- How much participants within that postcode are expected to spend, and the types of support it is anticipated participants will require.
- The number of workers that may be required within that postcode to meet participant needs and preferences.



The NDIS Demand Map is currently hosted on the Department of Social Services website. ESSA suggests that this type of information would be better placed on the more frequently visited NDIA or NDIS Commission websites.

ESSA notes that many providers seek access to data on the number of Agency managed participants in their local area to help inform business planning and their decision to register with the NDIS. This type of localised information is not readily available to providers. Ideally this type of information would also be presented in the NDIS demand map.

Recommendation 1: Data on the number of Agency managed participants per local area to be made publicly available to NDIS providers to help inform business planning.

What developments in the choices by participants – about when, how and who provides supports – have been the most difficult to accommodate and why?

One of the most common challenges AEPs face in trying to accommodate the preferences of participants is supporting them to achieve their therapy goals when they have not received an appropriate level of therapy funding.

AEPs have expressed concern about inconsistencies in planning decisions, noting that some participants receive a generous plan with adequate funding for therapy, whilst others with similar conditions and circumstances receive very little funding. These types of concerns are reflected in the recent Tune Review of the *National Disability Insurance Scheme Act 2013*^{iv}.

ESSA suggests that there are several factors that lead to the inappropriate allocation of funding for therapy. These factors include:

- Planners do not have the knowledge, qualifications or experience to determine the allied health needs of a participant and allocate funding accordingly.
- Planners often do not understand the role, scope of practice and value of various allied health professions and often look to identify more affordable alternatives. For example, planners often assume that personal trainers or disability support workers can deliver the same supports as a university qualified exercise physiologist.

- Participants are often required to develop their own goals and justify to planners/Local Area Coordinators (LAC) why they need the support of an exercise physiologist. There are discrepancies in the funding people receive based purely on the terminology used in the development and justification of goals. Participants can struggle to articulate their goals/requests using the desired terminology.

As a result of inadequate funding, AEPs are reporting they are either:

- supporting new participants to prepare and justify their NDIS goals (often without being funded for the support provided)
- supporting participants to request plan reviews and developing evidence reports to justify why the participants needs exercise physiology
- redesigning exercise interventions so that the participant can have maximum engagement within the limited funds available (refer to Case Study A)
- delegating low risk interventions to disability support workers and accepting the fact that high risks interventions will have to be applied less frequently.

Several AEPs noted that some participant's goals cannot be achieved within the funding allocated and have expressed concern that this may reflect poorly on the health outcomes, service quality and impact on the provision of therapy in the participant's future NDIS plans.

ESSA maintains that planners require greater access to education and support when it comes to allocating funding for allied health services.

Exercise physiologists develop interventions for NDIS participants that result in empowerment and improvement spanning daily living, social inclusion and functional well-being. The benefits of physical activity for people with disability is evidence-based ⁱ ⁱⁱ. Nevertheless, AEPs are consistently required to justify how their services are relevant to NDIS outcomes.

ESSA would welcome the opportunity to provide the NDIA with education and resources on the role and value of exercise physiology, in particular, how we can work more collaboratively with planners and support workers to enhance the health outcomes and service experience of NDIS participants. ESSA also understands that the NDIA employs advisors for other allied health professions and suggests that access to an exercise physiology advisor

would facilitate a greater understanding of the profession and support planners' capability in selecting services and allocating funding to best suit the participant's unique situation. ESSA notes that the appointment of exercise physiology advisors in other compensable schemes, such as the Department of Veteran Affairs (DVA) and within some Private Health Insurers, has generated better outcomes and service equality for beneficiaries as well as the compensable schemes.

Case study A

A participant who has psychosis, autism, mutism, and is severely overweight has engaged an AEP to assist with achieving a weight loss goal of 8kg. The participants budget has only made provisions for one 1-hour exercise physiology session a week for 10 weeks. The AEP has expressed concerns that it is difficult to achieve behavior management for weight loss when the therapy sessions are so infrequent, particularly when the participant has multiple and complex conditions. To ensure the participant has a greater chance of achieving their goal, the AEP has had to schedule two 30-minute sessions a week and charged at a reduced rate.

Recommendation 2: That planners receive ongoing education about the role and value of allied health professions, including Accredited Exercise Physiologists.

Recommendation 3: The NDIA employ an exercise physiology advisor that can educate and provide guidance to NDIS planners.

What differences arise from self-managed plans compared to plan or agency managed plans?

ESSA has concerns about the impact plan management is having on the financial viability of therapeutic supports such as exercise physiology. ESSA members have reported that it is increasingly difficult to recover costs from plan managed participants. Plan managers frequently report that participants do not have the funds required for the payment of invoices. These circumstances arise even in cases where therapists have contacted the plan managers and checked the availability of funds prior to delivering supports.

Some Queensland based AEPs have reported that payment concerns often arise when the NDIS issue a review on the participant's plan without any warning. In these circumstances the participant plan stops and there is a two-week period where funding is not available. The participants are often unaware of these circumstances, the plan managers often do not advise the service provider, and the provider continues to deliver supports assuming the

funding is still available when it is not. One Queensland based provider noted that they have been trying to recover debts of this nature for more than 6 months.

ESSA members report that when they have contacted the NDIA because costs cannot be recovered via plan management, the NDIA has advised that the plan managers were not at fault and the participants would need to be taken to a debt collector.

One ESSA member, a small business owner who refused to send their client to a debt collector, wrote off \$5,000 in December 2019. This member noted that it was unethical to send a person with a disability to a debt collector, when they had engaged a financial administrator to manage their plan funds because they did not have the capacity to do this for themselves. ESSA considers these practices to be both unethical and a significant risk to the financial viability of the NDIS therapy market. ESSA recommends the development of an operation framework for plan management to ensure minimum standards are upheld.

Recommendation 4: The NDIS Quality and Safeguards Commission develop an operation framework for plan management to ensure minimum standards are upheld.

What are the key barriers to increasing your capacity to deliver services into the NDIS market in Queensland?

ESSA has identified several factors that act as barriers to exercise physiologists providing services via the NDIS in Queensland. These factors include the complexity of the NDIS system, the cost of registration, the risk associated with delegating therapy to support workers, NDIS pricing, provider payments, the knowledge of NDIS planners and referral pathway. These factors are outlined briefly below and are expanded on, in other sections of this submission.

- **The complexity of the NDIS system**

The NDIS is a complex scheme that can be difficult to navigate. ESSA regularly hears from AEPs who had not planned to engage with the NDIS but were approached by an NDIS participant requesting exercise physiology supports. AEPs report that as new entrants to the NDIS, the information on the NDIA website and Price Guide is confusing and difficult to navigate. Many do not realise that they should also be referring to the NDIS Quality and Safeguards Commission website for information of regulatory requirements. ESSA suggests this issue could easily be addressed if the NDIA and NDIS Quality and Safeguards Commission worked collaboratively to develop a range

of clear and accessible resources to support new entrants into the NDIS market. ESSA professionals have suggested that webinars and online learning resources would be particularly useful. As a peak professional association, ESSA would welcome the opportunity to work with the NDIA to develop practical resources to support ESSA professionals to enter the NDIS market.

- **The cost of registration**

ESSA members report that NDIS registration is a costly and onerous process particularly for small businesses and providers in rural and remote communities. It is difficult for many small businesses to justify the administration time required and the expense, particularly when their business model services a relatively small number of NDIA participants.

- **Risk associated with delegation of therapy to support workers**

There is growing trend in NDIA planners pushing the use of unqualified support workers for the delivery of therapy. ESSA notes there is a level of risk associated with unqualified support workers delivering clinically prescribed exercise programs. ESSA is concerned about the impact on quality of care and the risks associated with professional liability under these types of arrangements.

- **NDIS pricing**

The NDIS pricing structure fails to recognise the exercise physiology profession with the same esteem as other allied health professionals even though AEP qualifications are comparable to other allied health professions delivering supports under the NDIS. The current NDIS Price limit for exercise physiology is \$166.99/hour. This rate is 16.6% lower than other allied health professions delivering support under the NDIS.

Furthermore, a range of allied health professions including audiologists, dieticians, occupational therapists, podiatrists, psychologists, physiotherapists, speech pathologists, and social workers are GST exempt under the NDIS. Exercise physiology services delivered under the NDIS are required to pay GST^v.

In line with the requirements set out in the Price Guide 2019-20,^{vi} AEPs must account for the cost of GST within the price limits set out in the Support Catalogue. This requirement presents additional financial and administrative disadvantages for AEP practitioners and practices.

When GST is considered, the exercise physiology rate is reduced even further to \$150.29/hour, \$43/hour or 29% less than other NDIS allied health professionals. For Queensland based providers the NDIS Price Limit is \$19.01 less than the \$186/ hour rate for an exercise physiology consultation under [Workcover Queensland](#).

- **Provider payments**

ESSA professionals often face challenges recovering payment for services delivered under the NDIS. This issue appears to be most prevalent amongst plan managed participants, as discussed above on page 8.

- **Knowledge of NDIS Planners, Support Coordinators and LACs**

NDIS planners and LACs have limited knowledge of the exercise physiology profession and often do not allocate an appropriate amount of funding to support participants to achieve their goals with an exercise physiologist. AEPs report that they are constantly asked to justify why it is safer and more appropriate for a qualified AEP to deliver clinical exercise prescription rather than a disability support worker. This issue is heightened when the participant's condition relates to a mental disability rather than a physical condition. Some AEPs have reported that even when they present the substantiated evidence that supports an AEP intervention for a particular condition, the NDIS planners/support coordinators/LACs (who are typically do not have a background in allied health) will tell participants that they do not require exercise physiology, and can access an personal trainer or disability support worker instead. This demonstrates a lack of knowledge that can result in poorer outcomes for the NDIS participant and an oversight of the evidenced clinical benefits of exercise physiology interventions.

- **Referral pathways**

The NDIS provider finder is not user friendly and does not capture the details of unregistered providers. This makes it difficult for consumers to exercise informed choice and for provider, both registered and unregistered to promote and grow their service.

Does the NDIS market reward efficient/effective providers? Are those operators thriving at the expense of less efficient/effective operators?

Whilst many ESSA professionals have reported that engaging in the registration process has assisted in improving the quality of their business practices, NDIS registration has not necessarily resulted in any significant rewards or incentives for providers.

The main benefits associated with NDIS registration include:

- The ability to deliver supports to Agency managed participants. However, NDIA data suggests that only 22% of NDIS participants in Queensland are Agency managed.
- Inclusion on the NDIS Provider list, which both providers and participants refer to as resource that is not user friendly.
- The ability to marketing services as a NDIS registered provider.

NDIS registration requires an investment of both time and money, and some providers question the return on investment given the benefits associated with registration are limited.

Do you provide other services to persons with disability outside of the NDIS? Are there economies of scope – where providing other services gives you a cost advantage in providing NDIS services?

AEPs are recognised allied health professionals under Medicare, the DVA, private health insurance and workers' compensation schemes including Workcover Queensland.

Some AEPs have reported that NDIS participants have approached them (following GP referral for Chronic Disease Management Plans) to request support in developing NDIS goals and preparing appropriately worded justifications as to why exercise physiology should be included in their plans. AEPs that had not previously engaged with these participants under Chronic Disease Management Plans are therefore significantly out of pocket by providing these types of supports.

Overall, ESSA professionals report that compared to other compensable schemes, NDIS service provision requires a greater investment of time and resources. This is largely attributed to the the varied and complex nature of NDIS caseloads (comorbidities, communication disorders, family dynamics etc) and the additional administrative and regulatory burden associated with NDIS service provision.

What are the key barriers to entering the NDIS market for those who operate outside of the NDIS, such as in aged care and health services?

ESSA notes that many allied health providers, including AEPs, deliver supports under multiple compensable schemes/sectors including the Medicare Benefits Schedule, the DVA, workers' compensation schemes, private health insurance, aged care and the NDIS. Each of these schemes/sectors set regulatory and compliance requirements for providers. For small business the regulatory burden associated with maintaining compliance across multiple, yet varying schemes can be both overwhelming and costly.

ESSA recommends that the NDIS Quality and Safeguards Commission work closely with stakeholder such as the Aged Care Quality and Safety Commission and the Australian Safety and Quality Health Care Commission to ensure a streamlining of quality standards and introduce mutual recognition across relevant schemes. Mutual recognition should incorporate requirements for workforce screening and criminal history checks.

Recommendation 5: The NDIS Quality and Safeguards Commission work closely with stakeholders such as the Aged Care Quality and Safety Commission and the Australian Safety and Quality Health Care Commission to ensure streamlining of quality standards and the introduction of mutual recognition across relevant schemes.

4.2 Concentration

Are there any structural, regulatory, or other impediments that act as a barrier to entering a local NDIS market?

It is not unusual for a small AEP or allied health practice to be the only practice servicing rural and remote communities, covering large geographical areas. In many circumstances, these practices may be the only local service that has the potential to provide therapy under the Early Intervention supports for Early Childhood (EIEC). These providers can be reluctant to become an EIEC provider because EIEC is considered a high-risk service and is therefore subject to the more expensive certification audit process.

AEPs located in rural and remote communities have reported quotes between \$6,000 and \$16,000 for certification auditing fees, with many suggesting these costs are not financially viable given the small number of NDIS participants they service. AEPs have noted costs associated with auditor travel and accommodation have a significant impact on the price of audits conducted in rural and remote locations. In response to this concern,

many AEPs have reported they are considering not registering as a provider or de-registering and only providing services to plan managed and self-managed NDIS participants. The result is a reduced therapy market for Agency managed participants to access.

Recommendation 6: The NDIA and Queensland Government explore opportunities to support rural and remote service providers to offer a broader range of service support to their local communities.

4.3 Thin markets

From your perspective, what barriers do participants face in finding providers and utilising their plans?

As previously mentioned, the NDIS provider finder is not a user-friendly resource and does not support easy access to information and contact details for local registered and unregistered providers. In addition to this NDIS planners, LACs and Support Coordinators in some geographical areas have limited knowledge about beneficial allied health interventions and where they can be accessed in their local communities.

With regards to plan utilisation, Queensland based AEPs have observed that participants often do not understand how NDIS funding works. Some high-risk participants who have been allocated a substantial amount of funding can be reluctant to use their funding too quickly to the detriment of their own health outcomes. AEPs have observed that participants are fearful of running out of funding and not being able to access more funding to support their ongoing needs.

Recommendation 7: The NDIS and Queensland Government work collaboratively to provide participants and their supports with accessible information about local NDIS supports.

Recommendation 8: The NDIS develop a communication strategy to help inform participants about NDIS funding processes.

4.4 Regulation issues and the NDIS market

What role do NDIS regulations play in your decision to be a registered or an unregistered provider?

A significant number of allied health professionals delivering NDIS supports are sole providers/small business. This is evidenced in the COAG Disability Reform Council's Quarterly Report which reveals that the Therapy Registration group had 3,928 sole traders as of March 2019. This figure equates to 49% of all therapy providers, a percentage that is significantly higher than other NDIS registration groups. The Early Intervention and Supports for Early Childhood registration group, which primarily engages allied health professionals, reveals similar figures with 1,106 (42%) registered providers listed as sole traders. ESSA notes that sole traders represent 27% of registered providers within the Exercise Physiology and Physical Wellbeing Activities registration group. However, figures from this registration group includes data on Personal Training which is not considered an allied health profession.

ESSA members report that NDIS registration can be a costly and onerous process particularly for small businesses/sole traders. The Council of Small Business Organisations Australia (COSBA) advises that:

The structure of small business is one characterised by lean management structures where most (if not all) of the people employed in the business are dedicated to revenue generating activities. Within this context, the accommodation of regulatory compliance and reporting cannot be easily accommodated in the business without increasing direct costs (in the form of procurement of external service providers) or creating an opportunity cost (through the diversion of staff from revenue generating activities to compliance and reporting activities).

COSBOA's advice reflects the experiences of ESSA members undertaking NDIS registration, with some AEP sole providers/small businesses indicating they have spent up to 60 hours researching and preparing for NDIS registration. The cost associated with dedicating this amount of time to preparing for registration, in addition to auditing costs, is significant given accredited exercise physiologists can earn up to \$166.99 an hour as an unregistered NDIS provider (60 hours x \$166.99/hour= \$10,019). It is difficult for many small businesses to justify this type of expense particularly when their business services a very small number of NDIA managed participants.

Many providers seek access to data on the number of Agency managed participants in their local area to help inform business planning and their decision to register with the NDIS. This type of detailed information is not readily available to providers. Ideally this type of information would be presented in a demand map, similar to the map developed by the [Department of Social Services](#), and made available on the NDIS Quality and Safeguarding Commission and NDIA websites.

Broad figures from the COAG Disability Reform Council's Quarterly Reports indicate that the number of Agency managed participants in Queensland decreased from 31% in June 2019 to 22% in December 2019. There appears to be no publicly available data on the 2020 figures, but ESSA suggests that if the number of Agency managed participants continues to decrease, so will the number of registered providers.

What resources are required to comply with NDIS price and quality regulations?

With regards to NDIS registration process, AEPs have called for access to sample documents such as service agreements and complaints processes to help inform the development of their own policies and procedures. ESSA notes that Allied Health Professions Australia were funded to develop an [Allied Health NDIS Registration website](#). The AHPA website provides detailed guidance on the registration process and includes access to a number of informative webinars and sample policy and procedure templates. ESSA has promoted this resource amongst members via various communication channels but suggests that the NDIS Quality and Safeguarding Commission should also provide access to these types of useful resources on their website.

ESSA members have also suggested that it would be useful if the NDIS Quality and Safeguards Commission's website could provide more detailed information to support providers in selecting an approved quality auditor. ESSA members have reported that the process of selecting an auditor is a time-consuming exercise that could be simplified if auditors maintained transparent publicly available information on their fees (i.e. baseline cost for verification and certification audits, fees for extras such as auditor travel and accommodation). ESSA suggests that this type of information could be presented in a similar way to how provider home care package fees can be compared on [My Aged Care](#).

Recommendation 9: The NDIS Quality and Safeguards Commission to promote established provider resources such as the AHPA Allied Health NDIS registration website.

Recommendation 10: The NDIS Quality and Safeguards Commission to provide more detailed information to support providers in selecting an approved quality auditor.

4.5 Regulation of Prices

How does price regulation in the NDIS compare to other non-NDIS 'markets' that you operate in (such as non NDIS disabled services, aged care or health services)?

ESSA notes that the NDIS pricing structure fails to recognise the exercise physiology profession with the same esteem as other allied health professionals even though AEP qualifications are comparable to other allied health professions delivering supports under the NDIS. The current NDIS Price limit for exercise physiology is \$166.99/hour. This rate is 16.6% lower than other allied health professions delivering support under the NDIS. When GST is considered, the exercise physiology rate is reduced even further to \$150.29/hour, \$43/hour or 29% less than other NDIS allied health professionals.

AEPs can set their own price limits for service provision within the aged care sector. The community based aged care sector is designed to be a competitive market. Aged care consumers can choose not to engage a service if they are able to find a similar service at a more competitive price. An analysis of recent Home Care Package data indicates that on average exercise physiologists charge \$186.85/ per hour. This rate is \$18.86/per hour less than the NDIS price limit for exercise physiology.

Unlike the NDIS, [Workcover Queensland](#) provides fee parity across all allied health professions engaged in their scheme. All allied health professionals delivering services under Workcover Queensland, including exercise physiologists, receive a rate of \$186/hour. This rate is \$19.01 higher than the hourly price limit set for exercise physiology services delivered under the NDIS.

Both DVA and MBS set price limits for eligible allied health professionals, including exercise physiology. These rates appear lower than the price limits set for the NDIS, however these prices are based on 20-minute minimum appointment.

Exercise physiologists and other NDIS eligible allied health professionals including audiologists, dietitians, occupational therapists, physiotherapists podiatrists, psychologists, speech pathologists and social workers receive the same rate under MBS. Under the NDIS each of the above listed MBS eligible allied health professions, receive a significantly higher hourly rate than exercise physiologists. The NDIS also awards a range of other allied health professions not recognised under MBS nor DVA, at a higher rate than exercise physiology.

Scheme	Rate for standard Exercise Physiology consultation.
NDIS	\$166.99/hour
Workover Queensland	\$186/Hour
Aged Care (Home Care)	\$185.85/hour
DVA	\$66.33 (min 20 minutes)
MBS	\$54.60 (min 20 minutes)

Recommendation 11: The Queensland Government advocate for more competitive pricing limits for accredited exercise physiologists delivering supports under the NDIS.

4.6 Regulation of Quality

What are the tradeoffs between quality regulation and prices regulation? How well aligned are price and quality regulation? / How might the quality of provider services, and the management of risk to participants, be better regulated?

ESSA is concerned about the growing trend in NDIA planners promoting the use of unqualified support workers for the delivery of therapy. Queensland based AEPs have flagged several concerns associated with this practice including:

- Organisations employing support workers can be reluctant to allow their employees to engage in the delivery of therapy supports, acknowledging that assistance with therapy may not be within their scope of practice or their job description.
- Some participants receive supports from more than one therapist which increases the amount of therapy that is expected to be delivered by unqualified support workers (refer to Case Study B)

- Participants do not always receive the same support worker day to day or week to week, making it difficult to train a consistent team of support workers to deliver safe and effective therapy supports (refer to Case Study B).
- Support workers who are trained by therapists often do not follow through on actively supporting participants to engage in therapy.
- Group home staff sign off on records to confirm that home exercise services have been provided but these records conflict with the advice of participants.

Case Study B

A 17-year-old female had been receiving a range of therapies including exercise physiology, occupational therapy, physiotherapy and speech pathology. Following a review, funding was reduced across all therapies and the therapists were asked to train the participant's support workers in the delivery of therapy supports. The AEP noted that the participant received support from over 20 different care workers a week and concerns had been raised about the risks associated with training such a large number of care workers in such a diverse range of therapy supports. The participant's mother was appealing the decision and expressed fear that her daughter may need to consider residential aged care if her body deteriorates any further.

These types of scenarios have the potential to significantly impact on the quality and quantity of care that participants receive and the ability of participants to achieve their goals. ESSA acknowledges that assistance with therapy related activities have not historically been included in the training and job description of support workers but suggests that this needs to change if the NDIA is to continue to promote their involvement in therapy.

ESSA would certainly be very supportive of any efforts made to increase the overall levels of physical activity amongst people with disability and acknowledge that there is a role that support workers can play in engaging participants in physical activity and incidental movement. However, it must be noted that there is a significant difference between providing support to engage in physical activity and delivering clinically prescribed exercise programs designed to achieve a therapeutic outcome.

AEPs delivering supports under the NDIS have significant concerns about the risk associated with unqualified support workers delivering clinically prescribed exercise treatment programs. Support workers would rarely have the knowledge nor the skills to conduct ongoing risk stratification, monitor symptomology, and adjust the prescription of exercise based upon complex interactions of diagnosis, exercise tolerances and changing medication regimes.

ESSA understands the NDIA support the [Supervision and delegation framework for allied health assistants and the support workforce in disability](#). ESSA is also supportive of many of the processes promoted in this framework. The Identification model in particular would be an ideal model for ensuring that disability support workers are only delegated low risks tasks that are within their competency levels. ESSA is concerned that the NDIS system does not currently support the appropriate application of this framework.

Recommendation 12: The NDIS Quality and Safeguards Commission to introduce quality measures to mitigate risk associated with the delegation of therapy supports to unqualified support workers.

How do the regulatory requirements for quality in the NDIS compare to other non NDIS 'markets' that you operate in (such as aged care or the health sector)?

Queensland based AEPs deliver supports under multiple compensable schemes/sectors including the Medicare Benefits Schedule (MBS), Department of Veterans Affairs (DVA), Workcover Queensland, private health insurance and aged care.

Regulation within the aged care sector is typically the responsibility of the aged care approved provider. AEPs are typically employed directly by an aged care approved provider or enter into a subcontract/brokerage agreement with an aged care approved provider.

Current requirements for AEPs working in aged care as an employee or sub-contractor include a [National police check](#), [Influenza vaccination](#) (residential care) and adherence with the [Charter of Aged Care Rights](#). These are requirements are relatively straightforward and affordable for AEPs.

The registration process for AEPs wishing to deliver services under MBS, DVA, private health insurance and Workcover Queensland is very straightforward. Individual AEPs are simply required to provide a copy of the ESSA

Accreditation certificate and complete a registration form. There are no requirements to provide evidence of policies and procedures or undergo the expense of a registration audit. Further to this, both the MBS and DVA provide new entrants with access to online training resources that provide straightforward advice on meeting the requirements of the scheme.

Unlike NDIS, AEPS must be registered to provide exercise physiology supports under MBS, DVA, private health insurance and Workcover Queensland. There is no option for an AEP to deliver these services as an unregistered provider. However, AEPs readily engage in the registration process for these schemes because they do not have to invest a lot of time and money into the registration process.

ESSA is aware that the registration process and quality requirements under MBS and DVA may change as the Australian Commission on Safety and Quality in Health Care) progresses work on the development of the National Safety and Quality Primary Health Care (NSQPHC) Standards for primary healthcare providers. ESSA advocates for a streamlining of requirements across the NDIS and the NSQPHC standards to ensure that the regulatory burden remains at a minimum for providers and the NDIS and primary health care markets are supported to grow.

4.7 Working in the NDIS market

What are the barriers to workforce development? What are the key challenges facing industry in attracting staff? What developments in the labour market have affected your ability to find and retain the workers you need to support service delivery in the NDIS?

From an allied health perspective, ESSA suggests that the barriers to NDIS workforce development include challenges in attracting and retaining new graduates, a lack of financial support for NDIS service providers taking on student placements and the need for ongoing training opportunities within the NDIS sector.

- **Attracting New Graduates**

ESSA suggests that the NDIS should focus on improving the attraction and retention of new allied health graduates, noting that new graduates are an available workforce that are actively seeking employment opportunities.

The Australian Government Report titled *Growing the NDIS Workforce and Market*^{vii} indicates that some of the barriers associated with attracting people into the NDIS workforce include low public awareness of NDIS job opportunities, misperceptions about working in the sector, and competition from similar sectors.

ESSA suggests that the NDIA work with professional associations and universities to address some of these barriers with students, whilst they are still considering their practical placement options and future career pathways.

ESSA considers some of the benefits associated with the NDIS that could be promoted amongst exercise physiology and exercise science students include:

- The NDIS is one of few compensable schemes that allow students on placement to deliver services rather than just observe (under the supervision of an allied health professional and with the permission of participants).
- The NDIS provides an opportunity for new practitioners to gain experience across a diverse range of age groups and conditions.
- The NDIS is a growing market and presents one of the largest job opportunities in Australian history. The allied health workforce alone needs to grow by 12% to meet future demand.
- The NDIS will introduce new practitioners to a range of quality improvement business processes that will be incredibly valuable should they choose to establish their own practice in the future.
- The NDIS is one of the few compensable schemes that supports ongoing use of telehealth, providing practitioners with the opportunity to gain experience in the delivery of services via phone or web-based platforms.
- Working with NDIS participants and supporting them to achieve their goals and improve their independence, function, social engagement, and quality of life through exercise interventions can be an incredibly rewarding experience for practitioners.

ESSA notes that professional associations often have student members and established communication channels that could potentially be used to promote these types of messages amongst students. ESSA for example has over 700 student members. ESSA's student members currently receive a monthly eNewsletter and have access to a dedicated group on Facebook where resources and information can be shared.

Recommendation 13: The Queensland Government work with the NDIA, allied health professional associations and universities to promote the NDIS as future career pathways.

- **Student Placements**

ESSA suggests that student placements are a valuable way to grow the NDIS workforce and introduce new, skilled allied health professionals into the sector. ESSA notes that access to appropriate supervision is key to the success of student placement programs. Effective supervision during practicum placement provides a safe, effective, and essential opportunity for students to consolidate learning and develop practical skills relevant to future work as an entry level practitioner.

ESSA notes that for many AEPS running private practices and operating off the NDIS fee-for-service funding model, supporting student placements is not economically viable. Whilst the NDIS allows service providers can charge for sessions conducted with a student, there are no arrangements in place to remunerate supervising professionals for additional activities such as provision of feedback and assessment of clinical competencies.

Recommendation 14: Remunerate NDIS service providers for additional activities associated with supporting a student placement, such as the provision of feedback and assessment of clinical competencies.

- **Retaining New Graduates**

Research indicates that allied health graduates face many challenges in the transition from a being a student to a professional in the workforce. These challenges include having full responsibility for a caseload and for making decisions about a patient care for the first time, adjusting to full-time work and balancing a full caseload with other competing demands, having less access to supervision and case discussion, and understanding and navigating new service systems^{viii ix}.

ESSA suggests that new graduates entering the NDIS face additional challenges due to the complexity of the NDIS system and the varied and complex nature of NDIS caseloads. For many new graduates, the NDIS will provide them with their first experiences in delivering services to people who have communication disorders, cognitive

disabilities, or mental illness. It may also provide them with their first experience in navigating aggressive behaviours and complex family dynamics.

ESSA is aware that there are high rates of burn out amongst new allied health graduates entering the NDIS Workforce. In response to this ESSA suggests that greater effort should be directed towards ensuring that all new graduates have access to professional support and supervision to assist with the transition from student to NDIS practitioner. ESSA maintains that this cannot be achieved under the current pricing arrangements. The NDIS needs to consider how the current pricing model can make provisions for professional supervision and case discussion. Whilst this may come at a significant cost to the NDIA, ESSA considers the funding for these types of measures to be essential in securing a quality NDIS workforce for the future.

Recommendation 15: Adjust the current NDIS pricing model to make provisions for professional supervision and case discussion.

- **Training requirements**

ESSA suggests that there is a need for training programs aimed at upskilling allied health professionals on engaging with people with disabilities. ESSA notes that tertiary level curriculum often educates health professionals on the nature of and interventions for specific disabilities and associated conditions, but rarely provides education on overcoming communicating barriers and respecting the rights of people with disabilities.

For example, most health professionals receive limited training through their tertiary education, on how to communicate effectively and respectfully with people with a cognitive disability or communication disorders. Effective communication is essential to the process of obtaining informed consent, documenting medical histories, conducting accurate health assessments, prescribing safe and appropriate interventions and measuring the success of said interventions. Health professionals that are not appropriately equipped to communicate with people with a cognitive disability or communication disorders risk of bias influencing their assessment and treatment of conditions. Further to this, they are not supporting the individual to exercise a basic human right, that is, to be informed and involved in decisions regarding their health care.

Similarly, ESSA suggests health professionals may benefit from training on working with substitute decision makers, understanding the rights of individuals with cognitive disability, encouraging supported decision making where possible and options for obtaining consent when there is no formal decision maker in place.

As a peak professional association, ESSA would be willing to consider assigning continuing professional development points to training of this nature.

Recommendation 16: Introduce training programs designed to upskill allied health professionals on overcoming communication barriers and respecting the rights of people with disabilities.

What aspects of Queensland Government assistance have been most successful? How can governments best support workforce development in the sector?

ESSA is not aware of any Queensland Government initiatives that provide assistance to NDIS allied health providers. It appears that the Queensland Government has introduced a number of NDIS workforce initiatives, but these initiatives are primarily focused on disability support workers.

ESSA would encourage the Queensland Government to engage in discussions with the professional associations representing NDIS allied health professions and explore opportunities to deliver training and support to NDIS allied health providers and to resolve any issues that may occur at the interface between health services and disability.

Recommendation 17: The Queensland Government should engage in discussions with the professional associations representing NDIS allied health professions and explore opportunities to deliver support and training.

5.0 Contact ESSA

Thank you for the opportunity to provide feedback to the Queensland Productivity Commission's Inquiry into the NDIS market in Queensland. Please contact our Policy and Advocacy Team on 07 3171 3335 or anna.harrington@essa.org.au for further detail or any questions regarding the content of this submission.

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