

Queensland Productivity Commission  
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By email ( [enquiry@qpc.qld.gov.au](mailto:enquiry@qpc.qld.gov.au) )

04 February 2021

To whom it may concern

**Re: Inquiry into the NDIS market in Queensland**

[Exercise & Sports Science Australia](http://www.essa.org.au) (ESSA) is the peak professional association for exercise and sports professionals in Australia, representing over 9,000 members, including university qualified Accredited Exercise Scientists (AES), Accredited Exercise Physiologists (AEP), Accredited Sports Scientists (ASpS) and Accredited High-Performance Managers (AHPM). Both AEPs and AESs deliver valuable supports to NDIS participants.

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 and maintaining optimal physical function, independence, health and wellness. AEPs typically 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.

AESs are university qualified professionals with a bachelor's degree in exercise and sports science. AESs apply the science of exercise to develop interventions that improve health, fitness, wellbeing, performance, and that assist in the prevention of 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/allied health assistants.

ESSA's response to the *Queensland Productivity Commission's Draft Report on The NDIS Market in Queensland* has been prepared in consultation with ESSA members and responds to the topics most relevant to the experiences of AEPs and AESs engaging with support coordinators under the NDIS.

ESSA notes that several recommendations made in the original submission to Queensland Productivity Commission (the Commission) provide valuable insight into the further information required by the Commission. These recommendations, as well as further recommendations that have not been addressed in the draft report, are discussed below. Responses are only provided to areas relevant to ESSA.

### ***Improving participant outcomes:***

- ***whether adequate advice is available on the role and content of participant goals in the development and execution of participants' plans and in plan reviews***
- ***whether the roles that goals perform in improving outcomes for participants could be improved***

ESSA members have observed that NDIS plans and goals often are not reflected in their level of funding allocated to the necessary supports. ESSA suggests that this is likely due to the lack of planners' education in relation to the role and value that allied health, including exercise physiology, has in enabling participants to achieve their goals.

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*<sup>1</sup>.

Several AEPs noted that some participants' 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. This concern was discussed in ESSA's original submission to the Commission and made the following recommendations. [ESSA's original submission](#) may be referred to for further detail. Throughout this submission, we reaffirm the previous recommendations made that have not been included in the Commission's latest report.

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

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

Please note, ESSA can make itself available to support the NDIA with such training based on our current [Exercise is Medicine program](#) which can be tailored to suit the needs of NDIS planners can be delivered online or face-to-face or a combination of both. ESSA has been running [Exercise is Medicine](#) (EIM) Australia to educate medical practitioners, nurses and medical interns across Australia's primary healthcare system for several years. Our EIM education sessions aim to augment knowledge about the physical and mental health outcomes and benefits of exercise treatments, as well as when and who to refer to.

### ***Supply side issues:***

- ***what aspects of a service, such as timeliness, quality or price, are most problematic***
- ***what impact these difficulties have***

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 typically do not have a background in allied health) will tell participants that they do not require exercise physiology, and can consult a personal trainer or disability support worker instead. This demonstrates a lack of knowledge that results in poorer outcomes for the NDIS participant and oversight of the evidenced clinical benefits of exercise physiology interventions.

As mentioned, 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.

#### ***Improving market coordination and supply:***

- ***other options for reducing investment risk***

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.

Further, ESSA members have reported that the process of selecting an auditor is time-consuming and 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 reiterates the following recommendations from our original submission to the Commission to specifically address these issues:

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

- **other options for addressing workforce shortages, such as, customised traineeships, ways to increase employment of people with a disability in the sector, and ways to better 'market' the sector to prospective workers**

ESSA would like to reiterate several recommendations that we made in the original submission to the Commission to address this specific concern including the following.

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.

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

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

Research indicates that allied health graduates face many challenges in the transition from a being a student to a professional in the workforce<sup>ii iii</sup>. 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:** Adjust the current NDIS pricing model to make provisions for professional supervision and case discussion.

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

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

For further detail on these recommendations, please refer to [ESSA's original submission](#).

- ***any impediments to or ways to facilitate business development in the sector, including potential Queensland Government roles***

ESSA supports draft recommendation 6 in the Draft Report and highlights that the recommendation will facilitate business development and planning. 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.

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 (AHPA) was 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 and suggests that the NDIS Quality and Safeguarding Commission should also provide access to these types of useful resources on their website.

**Recommendation:** The NDIS Quality and Safeguards Commission to promote established provider resources such as the [AHPA Allied Health NDIS registration website](#).

### *Improving price regulation*

- *the approach to the rollback of price cap regulation is a sound strategy, in particular whether:*
  - *the proposed timeframes are realistic*
  - *there are sufficient protections in place to manage any risks in shifting to more light-handed forms of price regulation*
  - *it sends the right signals to providers*
  - *it will improve confidence in the market and its development.*

ESSA supports the approach to rollback price cap regulation, as this will enable the exercise physiology profession to be recognised with the same esteem as other allied health professions, where the current approach does not. ESSA suggests that there are sufficient protections in place to manage risks in shifting to a more light-handed form of price regulation for AEP services, as demonstrated by the aged care sector. 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.

ESSA is concerned by the impact that 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. 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.

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

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

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

Thank you for considering our feedback in relation to this inquiry. Should you have any questions about the content of this letter or ESSA's original submission, please contact Policy and Advocacy Advisor, Carla Vasoli, on [REDACTED]

Yours sincerely



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Chief Executive Officer

Exercise & Sports Science Australia

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<sup>i</sup> Tune D. Review of the National Disability Insurance Scheme Act 2013: Removing red tape and implementing the NDIS participant service guarantee [Internet]. 2020 December [cited 2020 Jan 23]. Available from

[https://www.dss.gov.au/sites/default/files/documents/01\\_2020/ndis-act-review-final-accessibility-and-prepared-publishing1.pdf](https://www.dss.gov.au/sites/default/files/documents/01_2020/ndis-act-review-final-accessibility-and-prepared-publishing1.pdf)

<sup>ii</sup> Smith RA, Pilling S. Allied health graduate program - supporting the transition from student to professional in an interdisciplinary program. *Journal of Interprofessional Care*. 2007 Jun;21(3):265-276. DOI: 10.1080/13561820701259116.

<sup>iii</sup> Kazia A, Upton P, Upton D. Supporting the transition from student to practitioner: A scheme to support the development of newly qualified practitioners. *International Journal of Therapy and Rehabilitation*. 2010 Sep; 17 (9): 494-503. DOI: 10.12968/ijtr.2010.17.9.78039