

**Submission  
No 110**

**THE IMPLEMENTATION OF PORTFOLIO COMMITTEE No. 2  
RECOMMENDATIONS RELATING TO CROSS-JURISDICTIONAL HEALTH  
REFORM AND GOVERNMENT CONSULTATION WITH REMOTE, RURAL AND  
REGIONAL COMMUNITIES**

**Organisation:** Exercise and Sports Science Australia (ESSA)

**Date Received:** 6 March 2025

6 March 2025

**Select Committee on Remote, Rural and Regional Healthcare  
Parliament of New South Wales**

**Dear Chair, Dr Joe McGirr MP and Committee members,**

**Re: ESSA's Submission – Travel Allowance for Exercise Physiologists Servicing Injured Workers**

Exercise & Sports Science Australia (ESSA) appreciates the opportunity to provide a late submission to the Select Committee on Remote, Rural and Regional Health. As the peak body for Accredited Exercise Scientists and Accredited Sports Scientists, ESSA is committed to promoting excellence and best practice clinical care in exercise physiology for the benefit of the community and our professions. This submission addresses Term of Reference 1(a), focusing on strategic planning to enhance health services and outcomes in remote, rural, and regional areas.

We highlight the financial and operational challenges faced by Accredited Exercise Physiologists (AEPs) delivering essential rehabilitation services to injured workers in these regions. We consent to the publication of this submission and are willing to appear before the committee.

**Key Issues**

- 1. Reduction in travel reimbursement rates:** In 2016/17, SIRA reduced the travel reimbursement rate for AEPs from \$1.65 to \$0.66 per km—a 60% reduction. This significant decrease fails to cover actual travel expenses, especially in rural and remote regions where distances are substantial, and fuel prices are higher. Consequently, AEPs face financial challenges in providing essential rehabilitation services to injured workers in these areas, potentially hindering recovery and return-to-work outcomes.
- 2. Comparison with other jurisdictions:** Other Australian jurisdictions recognise and adequately fund travel for community-based rehabilitation services. For instance, the National Disability Insurance Scheme (NDIS) allows providers to claim up to 45 minutes of travel time in regional areas, ensuring that service delivery in remote locations is financially viable. Similarly, in Queensland, WorkCover reimburses necessary and reasonable travel costs related to medical and rehabilitation treatment, and in Victoria, WorkSafe provides per-kilometre travel reimbursements for AEPs conducting community-based consultations, with prior approval. This disparity highlights the need for NSW to align its policies with national standards to ensure equitable access to rehabilitation services across all regions.
- 3. Impact on injured workers:** The current inadequate travel reimbursement rates in NSW have significant repercussions for injured workers:



- **Delayed recovery and return to work:** Limited access to AEP services in rural areas prolongs rehabilitation, delaying return-to-work timelines and increasing financial strain on workers and employers.
- **Increased healthcare costs:** Without timely and adequate rehabilitation services, injured workers may experience complications or secondary health issues, leading to higher overall healthcare and scheme expenditures. Delays in treatment can result in prolonged recovery times, increased medical expenses, and extended periods of wage replacement payments, thereby escalating the financial burden on the workers' compensation system.
- **Reduced workforce participation:** Prolonged or incomplete recovery can result in long-term disability, diminishing workforce participation and productivity, adversely affecting the broader economy.

#### 4. Challenges specific to rural and remote areas:

- **Higher operational costs:** Fuel prices in regional areas are generally higher than in metropolitan regions, increasing the cost burden on AEPs who must travel long distances to reach clients.
- **Increased travel risks:** Rural practitioners often navigate longer distances on roads that may be in poor condition and face hazards such as wildlife strike, elevating the risk of travel-related incidents.
- **Infrastructure limitations:** Seasonal events and environmental factors, such as floods or bushfires, can damage infrastructure like roads and bridges, leading to further delays and increased travel times for service providers.

Addressing these challenges requires policy reforms that consider the unique circumstances of rural service delivery, ensuring that AEPs are supported to provide essential rehabilitation services to injured workers across all regions of NSW.

## Recommendations

1. **Immediate adjustment of travel reimbursement rates:** Align SIRA's travel reimbursement rates with the MA000027 Health Professionals and Support Services Award. This adjustment would provide immediate financial support to AEPs and other allied health providers. This measure is crucial to ensure sustainability and equity of services in rural and remote areas.
2. **Long-Term policy reform:** Transition to a time-based travel reimbursement model, similar to those in other states (QLD and VIC) and the NDIS. This approach would:
  - a. Allow providers to charge an hourly rate for travel, ensuring reimbursement aligns with actual time and expenses incurred.
  - b. Enable the sharing or splitting of travel costs among multiple clients, optimising resource utilisation and service delivery efficiency.
3. **Recognition and funding of community-based rehabilitation:** Revise current policies to acknowledge and fund community-based and home-based rehabilitation services as essential components of the recovery process. This change would align NSW with best practices observed in other jurisdictions and national schemes.

The current travel reimbursement policies of SIRA place undue financial burdens on AEPs and hinder the delivery of essential rehabilitation services to injured workers, particularly in rural and remote areas. By adjusting reimbursement rates to reflect operational costs, adopting a time-based travel model, and recognising



the value of community-based rehabilitation, NSW can improve recovery outcomes, meet NSW work cover scheme goals, facilitate timely return-to-work, reduce long-term costs associated with workplace injuries.

We welcome further discussions on these important issues and are committed to collaborating with the Committee to enhance healthcare access and outcomes for all injured workers in New South Wales including in regions that are disadvantaged by inequitable access, costs and range of primary, preventive and rehabilitation health care.

Please contact Isabel King, Policy & Advocacy Advisor on [REDACTED] for further information. ESSA staff and Accredited Exercise Physiologists would welcome the opportunity to appear before the committee to address this submission.

Thank you for your time and consideration, and we look forward to meeting you soon.

Your sincerely,

[REDACTED]

Scot MacDonald  
General Manager, Policy and Advocacy

