

# Referral Essentials Guide



Supporting fitness industry  
client referral relationships  
with medical and allied  
health professionals

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## Foreword



*This guide has been developed in response to expressed concerns about the barriers to client referral that exist between the fitness industry and the primary health sector.*

Many professionals in the fitness industry understand why it's important to connect with medical and allied health professionals, but just don't know how or where to start. Some may have already tried and failed due to a lack of understanding about health professional expectations, or how to successfully communicate with unfamiliar professions.

The aim of this guide is to offer practical advice that can be implemented immediately by the fitness industry to improve client referral outcomes and ultimately improve connection and collaboration between fitness and health professionals within communities across Australia.

The advice contained within this resource has been compiled through extensive consultation with health professionals including general practitioners (GPs), sports physicians, physiotherapists and exercise physiologists, as well as with

fitness service providers who have demonstrated success in developing strong referral relationships with medical and allied health professionals.

This practical guide describes **Referral Essentials** – the fundamental areas of knowledge and priorities for conducting successful client referrals. Together with the **Referral tools and templates**, the guide provides exercise professionals and fitness businesses with a complete referral kit that can be used to support successful client referral activities.

For those who are ready to progress to a more advanced level, **Referral Skills** follows from this resource, focussing on the further knowledge and skill required to achieve sustainable multidisciplinary referral relationships and the provision of a truly integrated health and fitness service.

A handwritten signature in black ink, appearing to read 'Craig Knox'. The signature is stylized and cursive.

**Craig Knox**  
General Manager Industry  
Development

## The case for exercise referral

In 2008, the World Health Organisation (WHO) announced that non-communicable diseases (NCD), predominately caused by lifestyle risk factors, had taken over from communicable diseases as the largest contributors to mortality across the world. Physical inactivity is one of these key risk factors and contributes to numerous chronic health conditions in sedentary or low level exercisers. The ongoing growth and relevance of the fitness industry will likely be dependent upon the ability to accommodate an ageing community and address increased chronic disease through a collaborative approach with other health professionals

The *2010-2011 General Practice Activity in Australia Report* clearly indicates that the level of general practice advice related to exercise and lifestyle is very low and has actually decreased over the last ten years.

*Exercise and lifestyle advice is given by GPs at a rate of 1.4 per 100 encounters for exercise and 0.5 per 100 for lifestyle respectively.*

When it occurs, the potential for healthy behaviour to be affected through consultations with GPs is significant, however a reliance on general practice alone to undertake physical activity counselling and referral is clearly unrealistic.

The current lack of cross referral and support between health and exercise professionals at a community level is due in part to the absence of an agreed and recognised system for referral in Australia. This points to a need for:

- greater definition of referral processes and pathways;
- clarity around professional boundaries and scope of practice; and
- cooperation between professional peak bodies and physical activity health networks.

Achieving these aims will help shift the existing culture.

*The most recent population health data indicates that at least 6 out of 10 of the Australian adult population are not meeting the National Physical Activity Guidelines and therefore are not physically active enough to achieve health benefits.*



## Referral Essentials

Client referral represents two or more professionals working together to benefit the client – to optimise both the client experience and health outcome.

Effective client referral will help to ensure that clients receive the **right care**, at the **right time** to meet their individual needs – a key priority for professionals of all disciplines across the health and fitness spectrum.

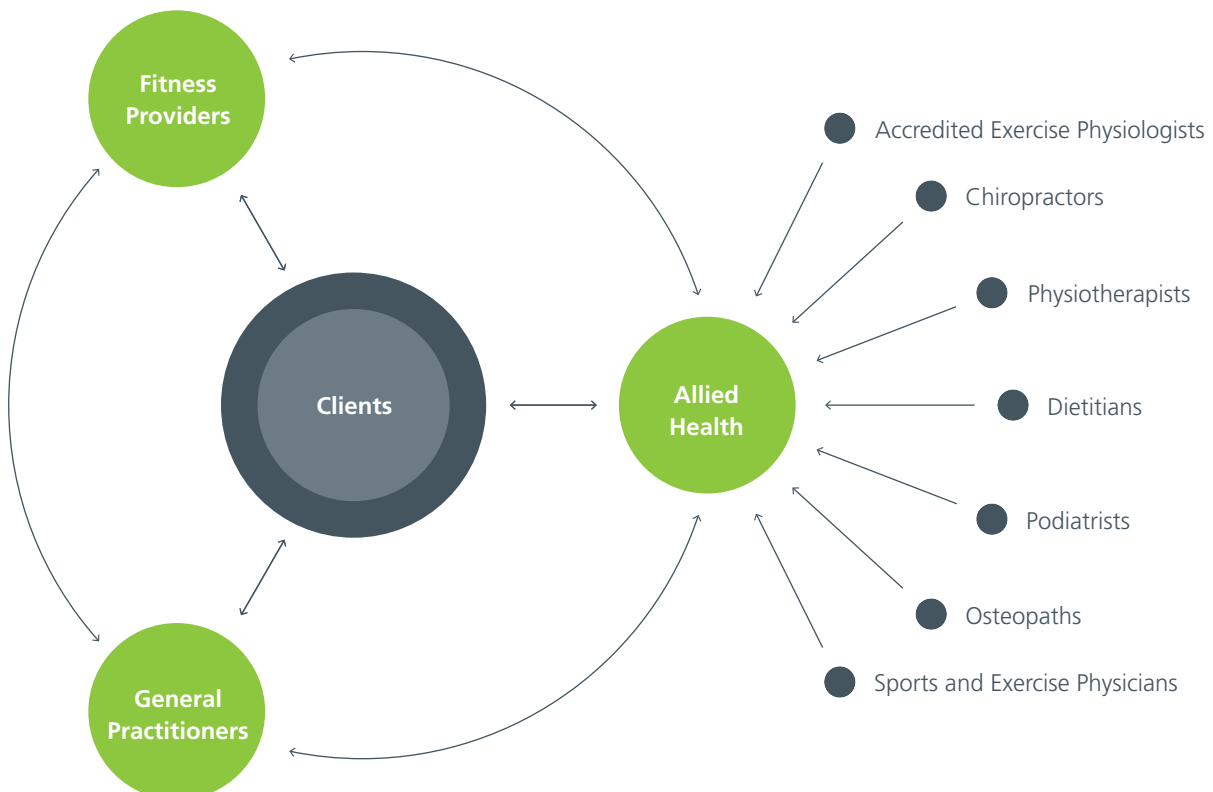
To achieve this, health and fitness professionals require planned and systematic strategies for referring clients between services. Ultimately, a collaborative and team-oriented approach to referral will optimise client care.

Government funded initiatives and research undertaken to date, both in Australia and internationally, have led to improved knowledge and understanding of what can work and why. This evidence and experience provides context and rationale for the advice within this guide.

🔗 **Refer to Appendix 1: Research findings** for evidence of the features of successful exercise referral and examples of existing exercise referral models and resources.

The Referral Essentials Guide represents the essential components of successful referrals and sets out the fundamental steps that need to be taken throughout the client referral pathway.

## Collaborative client care



## The referral process

### Essential components of successful referrals

- |   |                          |  |
|---|--------------------------|--|
| 1 | <b>Screen and assess</b> | Identify client health risks and determine your client needs   |
| 2 | <b>Evaluate</b>          | Know your scope of practice and evaluate whether you require guidance from a health professional to meet your client needs |
| 3 | <b>Decide</b>            | Decide what expertise you require to develop and manage your client's exercise program                                     |
| 4 | <b>Prepare</b>           | Compile relevant, accurate and concise information for the referral  |
| 5 | <b>Consent</b>           | Involve your client in the process and gain informed consent to share their health information                             |
| 6 | <b>Connect</b>           | Plan ahead and ensure your referral actions are appropriate, professional and effective                                    |
|   | <b>Exercise program</b>  | Delivered under health professional guidance   |
| 7 | <b>Commit</b>            | Commit to ongoing dialogue and feedback to achieve a positive health outcome for your client                               |

### Referral outcomes

These **Referral Essentials** steps and actions will help you achieve:



## Understanding the referral process

### Step 1: Screen and assess

- Identify client health risks and determine your client needs.
- Screen your clients using nationally recognised pre-exercise screening methods.

**Resources** [APSS Textbook](#), [APSS Tool](#)

#### Assessment of risk

Pre-exercise screening is an essential first step in determining whether you can manage a client independently or whether they need to be referred for further guidance. In many circumstances a client will present to the fitness industry without being seen by their GP or another allied health practitioner. In these circumstances an exercise professional will be the first point of contact in the primary health care continuum so their crucial responsibility is to screen and advise the client of existing or potential risks.

The [Adult Pre-Exercise Screening System \(APSS\)](#) is the national standard method for determining risk stratification, with reference to the table opposite.


[Refer to Referral tools and templates 3: Adult Pre-Exercise Screening Tool.](#)

Type of risk	Low Risk Clientele	Moderate Risk Clientele	High Risk Clientele
Major or uncontrolled cardiovascular, metabolic and respiratory diseases,			
Signs and symptoms of disease, or other medical issues that represent a substantial risk when beginning or upgrading physical activity patterns			
Genetic, lifestyle, behavioural risk factors or other conditions that are important to know when prescribing physical activity	Less than 2 	2 or more 	Combination of risk factors or an extreme risk factor requiring further medical guidance 


Norton, K., & Norton, L. (2011). *Pre-Exercise Screening: Guide to the Australian adult pre-exercise screening system*, Exercise and Sports Science Australia, Fitness Australia and Sports Medicine Australia.

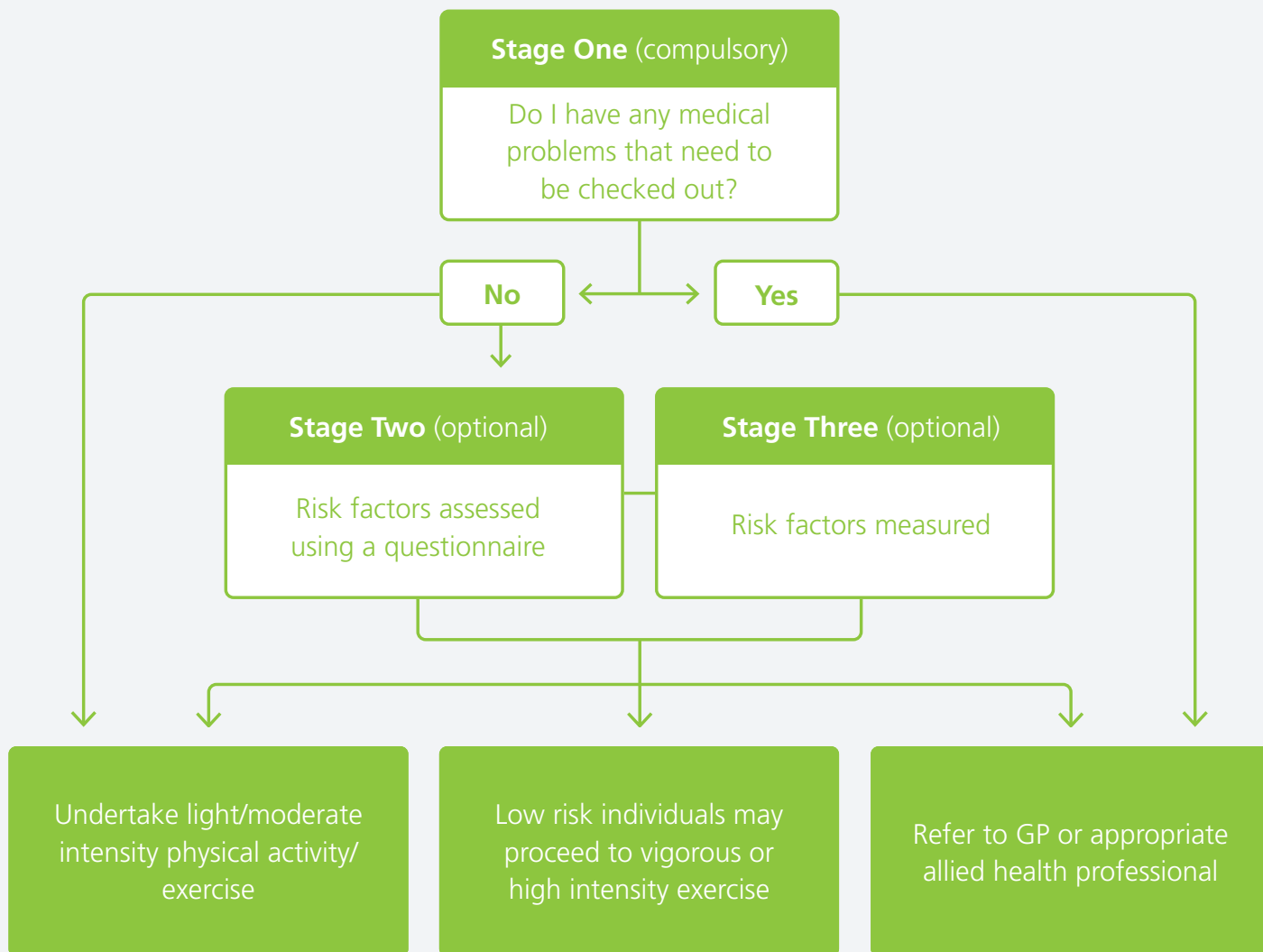
*What does “first do no harm” mean to you? Consider your responsibility to a client who wishes to engage your services but who has not undertaken regular exercise for 20 years.*





Click through to access textbook





Norton, K., & Norton, L. (2011). *Pre-Exercise Screening: Guide to the Australian adult pre-exercise screening system*, Exercise and Sports Science Australia, Fitness Australia and Sports Medicine Australia.



### Question of liability: who has the duty of care?

#### The challenge

Historically, medico-legal concerns have presented barriers to referral relationships between fitness and medical professionals. Requests to GPs for medical clearance or 'fit to exercise' certificates from fitness trainers and gyms have led to concerns that the fitness industry is attempting to shift liability onto doctors for training-related mishaps.

If a client presents to a GP with a medical clearance form, the GP is unlikely to know what exercise program is being delivered, how experienced the exercise professional delivering the program is, or whether the patient has an underlying problem that might contraindicate certain exercises. In addition, medical practitioners have expressed concerns about the lack of consistency between fitness industry clearance forms and processes, as well as vague or open-ended requests. If it is not evident what the client is being 'cleared for' the health professional may not complete the form.

#### The facts

The [APSS textbook](#) describes the responsibilities and legal duty of care of exercise professionals in relation to accurate pre-exercise screening and delivery of exercise services (Norton & Norton, 2011, p.5). This may include a duty of care to refer a client to a medical or allied health professional if a client has been screened as high risk or has a condition that is outside the exercise professional's scope of practice.

Pre-exercise screening and referral of high risk clients are professional standards recommended by fitness, exercise and sport peak bodies and this becomes significant in legal cases. Cases concerning client injury where screening and referral are absent or not undertaken appropriately will be assessed in relation to duty of care and negligence. Not meeting standards of reasonable care expected of providers of fitness services is a breach of duty of care.

The report: *Liability for Negligence in the Australian Fitness Industry* is also a valuable source of information for a more in depth understanding about fitness industry legal obligations, the parameters that determine who is liable and how the industry can protect itself. The report is available at [www.fitness.org.au/riskmanagement.html](http://www.fitness.org.au/riskmanagement.html).

#### The answer

Rather than sending the client to a health professional for a 'clearance' to exercise, an exercise professional's duty is to:

1. **seek and document guidance** from an appropriately qualified medical or allied health professional to ensure the client's condition is stabilised and managed; and
2. deliver an appropriate exercise program that will meet the client's needs and goals.

It is essential for the fitness industry to use **consistent language and communication** methods when seeking medical and allied health input.

## Step 2: Evaluate

- Know your scope of practice and duty of care.
- Determine whether your scope of practice meets your client needs or whether you require guidance from a medical or allied health professional.

### Resources

[🔗 Scope of practice](#), [🔗 APSS Textbook](#), [🔗 APSS Tool](#)

### Scope of practice and professional boundaries

Registered Exercise Professionals are qualified to work with low to moderate risk clientele and to work with higher risk clientele (whose high risk conditions are stabilised and well managed), under documented guidance from the client's treating medical and/or allied health practitioners.

Operating outside of scope of practice is a common reason for misunderstanding and mistrust between the fitness industry and medical or allied professions. Through pre-exercise screening, you may identify a health risk or condition that will impact your client's exercise program and that is outside your scope of practice. When this occurs, you will need advice from a professional who has the necessary skills and qualifications. The aim of building referral relationships is to ensure that you have timely access to the guidance you need.

- **Your role** (and duty of care) is to deliver exercise tailored to the client's needs and physical capacity in a safe environment, and support them to adhere to the program.
- **The medical or allied health professional's role** is to manage the client's health condition and support the promotion of safe exercise and physical activity.

In this way, ongoing client care is provided by a team or partnership. "Working with" medical and/or allied health professionals means the professional qualified to deal with the risk or condition has the authority around what the client can and cannot do. They will look to you as the exercise professional to provide advice about program design, client responses to exercise and program results.

[🔗 Refer to Referral tools and templates 4: Scope of practice](#) for more details about the activities that are, and are not within scope of practice for a Registered Exercise Professional.

## Step 3: Decide

- Ask yourself some key questions in order to determine how to manage your client's needs.
- Decide what expertise you need to develop your client's exercise program and support them to achieve long term commitment to exercise.

### Resources

[↗ Scope of practice](#), [↗ Exercise and health referral networks](#)

Regardless of the type of referral you are dealing with, asking yourself some key questions will help you decide how to manage your client's needs and will greatly influence the subsequent process you follow. Consider these scenarios:

- **Referral Out** – a new client who has been screened as high risk or a client presenting to you with a condition that is outside of your scope of practice.
  - *What risk condition has been uncovered?*
  - *What professional expertise is needed to provide guidance that will assist you in developing your client's exercise program?*
- **Referral In** – a health professional referring a client who requires your services.
  - *Is the referral to you appropriate?*
  - *Do you have the skills and expertise in your scope of practice to manage this client's exercise program?*
  - *Do you require any further information?*

### Sourcing expertise

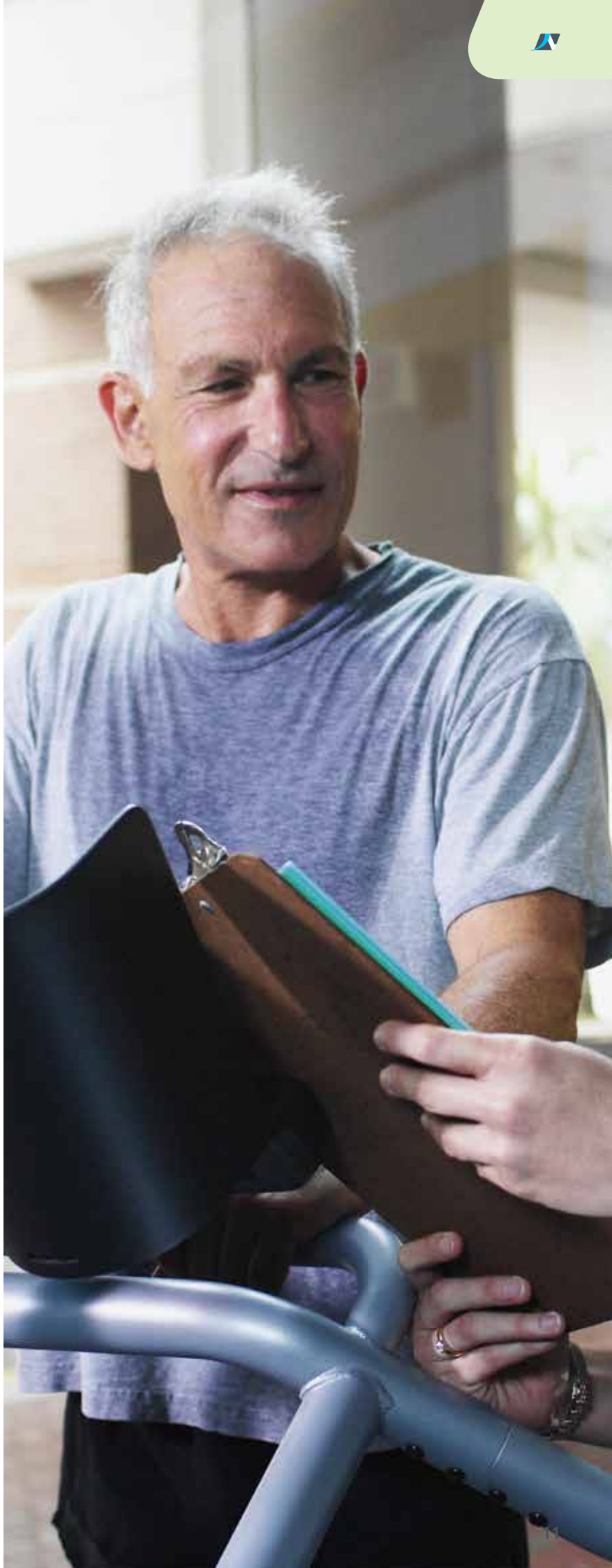
The type of medical or allied health professionals that Registered Exercise Professionals might typically need to connect with include:

- General Practitioners
- Physiotherapists
- Chiropractors
- Accredited Exercise Physiologists
- Sport and Exercise Physicians
- Accredited Dietitians
- Osteopaths
- Podiatrists
- Psychologists
- Occupational Therapists
- Remedial Massage Therapists
- Diabetes Educators
- Specialists might include:
  - Obstetricians
  - Cardiologists
  - Oncologists
  - Orthopaedics
  - Rheumatologists
  - Endocrinologists

## How can you find local practitioners with the expertise you need?

- The [Australian Health Practitioner Regulation Agency \(AHPRA\)](#) is the organisation responsible for registration and accreditation of 14 health professions across Australia. Information, standards and searchable Registers of Practitioners can be found at the website.
  - Industry and professional associations can offer valuable advice about accessing professional expertise.
  - Consider local medical or health clinic Practice Managers or Practice Nurses as people in these roles may be able to open up referral relationships for you in cases where GPs are hard to reach.
  - Peak health organisations and major chronic disease NGOs (non-government organisations) such as the Cancer Council, Diabetes Australia or the Heart, Arthritis or Stroke Foundations are a further source of information as well as a support point for clients.
- **Refer to Referral tools and templates 5: Exercise and health referral networks** for a comprehensive list of exercise, sport, primary health, allied health, government and non-government health organisations.

An accurate assessment of the professional expertise you need is fundamental to addressing the broad range of client conditions you will encounter. Accessing this expertise will ensure that you employ shared decision making leading to better long term outcomes and commitment from the client.



## Step 4: Prepare

- Compile relevant, accurate and concise information for the referral.
- Use systematic processes, ensure information delivery is timely and understand health practitioner information requirements.

### Resources

[Letter templates](#), [Exercise and health referral networks](#), [Confidentiality and privacy](#)

The way you communicate and interact with medical or allied health professionals has a significant impact on the likely outcomes for your client and the strength of the referral relationship you'll be able to build over time. When undertaking a client referral to a medical or allied health professional, it's essential to provide information that is:

#### Relevant

- Information provided must relate directly to the purpose for referral and identified goals.
- Unnecessary information will reduce the quality of the referral process and relationship and make it difficult to gain support from the medical or health professional.

#### Accurate

- Keep systematic and up to date client records including details of health professional advice and precise facts about the client (i.e. screening results, key goals, program purpose).
- Make sure you are well prepared before any meetings or phone meetings.

#### Concise

- Keep written communication brief as most health professionals have limited time available (don't send lengthy spreadsheets outlining week by week progress!).
- Use a template for written communication to ensure consistency – briefly and succinctly explain the key purpose for the referral and what you need from the health professional.
- Sometimes a quick email is the best way to communicate with health professionals, depending on your individual relationship with them.

#### Timely

- Always act promptly and be consistent across all professional contact.
- Respond quickly to all requests for information (within 24 hours).
- 🔗 **[Refer to Referral tools and templates 6: Letter templates](#)** for guidance about how to communicate in writing.
- 🔗 **[Refer to Referral tools and templates 5: Exercise and health referral networks](#)** to access specific advice from professional associations or peak health organisations.

### Client information to be kept on file might include

Client personal/demographic information, goals and readiness for change status

Information and measures gathered during pre-exercise screening

Health and fitness test results

Client consent to share health information between referring professionals

Guidance or instructions from a health practitioner – this might include written advice or detailed notes you keep from a phone conversation

Ongoing notes about changes in client's health condition, treatments or medications

### Question of confidentiality: what are my obligations?

It's important to consider client confidentiality and understand your obligations under privacy legislation when sharing client information for referral purposes. Health information is regarded as one of the most sensitive types of personal information. As such, the Privacy Act provides extra protections relating to the handling of health information and specific mechanisms to deal with breaches of the privacy standards. Recent reform of the Privacy Act introduced a number of changes including a single set of 13 new privacy principles for both the public and private sector, called the Australian Privacy Principles (APPs).

Essentially, legislation complements the existing culture of confidentiality that is fundamental to professional practice. When clear and open communication occurs between the service provider and consumer, many of the privacy obligations of service providers will be met.

### Refer to Referral tools and templates 7: Client confidentiality and privacy obligations for:

- *an overview of the Australian Privacy Principles*
- *the organisations covered by the Privacy Act*
- *steps to protecting personal information*
- *links to fact sheets to help service providers understand and meet their obligations.*

### Did you know?

- *Without encryption, e-mail is not a secure form of communication.*
- *Inexpensive or free encryption software can help guarantee the privacy of your e-mail messages to health professionals.*
- *If you and the health professionals with whom you consult adopt compatible encryption programs, you can easily make the Internet a secure communications medium.*

## Step 5: Consent

- Involve your client in the process, ensure they are informed and gain consent to share their health information.

### Resources

🔗 [Letter templates](#), 🔗 [Confidentiality and privacy](#)

Client centred practice means involving the client in the decision making and design of their exercise program and in doing so, you will be more responsive to their individual differences, cultural diversity and preferences. This ensures that the service you deliver is what they need, not what you need or what will deliver the most profit.

Keep your client central to the referral process through:

### Acknowledgement

- Ensure your client understands the purpose of the referral and is kept informed along the advice and treatment pathway (costs, appointment times, waiting times, assessment/treatment process, decisions).
- Consider implementing a system to ensure this occurs.

### Consent

- Gain written agreement to communicate about the client's condition for decisions and actions that result from referral discussions.
- Understand your obligations under privacy legislation with regard to gaining client consent.

### Participation

- Get to know your client – understand their needs and ensure their goals are realistic.
- Engage your client in goal setting and planning so that they are committed and comfortable with the plan and well prepared for the referral experience.
- Aim to educate your client and inspire them to take on self-management of their own health and fitness.

🔗 **Refer to Referral tools and templates 6: Letter templates** for an example of a client consent statement.

🔗 **Refer to Referral tools and templates 7: Client confidentiality and privacy obligations** for obligations relating to obtaining consent.

Clients are more likely to succeed if their expectations are continually monitored. Involving your clients throughout referral activities will help you achieve the intended results collaboratively and will demonstrate an important capacity for trust and client-centred practice to medical and allied health professionals.

**Remember:** *If you have received a referral in from a health practitioner, you still need to confirm that the client has given informed consent to share their health information.*



## Step 6: Connect

- Plan ahead.
- Understand the expectations of health practitioners.
- Take appropriate, professional and effective referral actions.

### Resources

🔗 [Letter templates](#), 🔗 [Exercise and health referral networks](#)

It can take time to build trust and gain support from medical or allied health professionals. Like you, their preference is generally to refer to professionals they know and trust.

Meaningful connections can be built over time with care and attention to the following:

### Introduction

- Send a brief introduction letter.
- Request a face to face meeting or to attend a practice meeting.
- Ask a like-minded colleague to refer you to their network.
- Ask your clients to introduce you to their treating health professional.
- Accompany your client to a GP or allied health appointment (with permission).
- Attend inter-professional events or education with the aim of meeting local professionals from other sectors that can help you best support your clients.
- Approach peak health organisations or major chronic disease groups for advice.

🔗 **Refer to Referral tools and templates 6: Letter templates** for guidance about writing and introduction letter.

🔗 **Refer to referral tools and templates 5: Exercise and health referral networks** to help you set priorities for connecting with peak health organisations.

**Remember:** *Medical or allied health professionals also need to refer to specialists or professionals in other sectors so they will likely have accepted processes in place and expectations about how referrals should be carried out.*



## Why are GPs short on time?

🔗 [A Day in the Life of a GP](#)

- 8:30am** • **Arrives** at practice to do paperwork, check results, see drop-in with acute issue.
- 8:45am** • **Sees 16-20 patients before lunch**, including: child with sore ear; woman concerned with suicidal husband; teenager wanting contraception (including safe sex advice); holiday vaccine advice; hypertension review; diabetic patient review with practice nurse; skin cancer removal.
- Phone calls include:
- Call to Health Insurance Commission for authority to prescribe a restricted drug.
  - Call from hospital about GP's patient just admitted.
  - Call from pharmacy re missing scripts.
- 1:15pm** • **Lunch on the run** – phone calls, script requests, liaison with specialists, checking pathology & radiology results received, checking with nurse re who to do what.
- 2:00pm** • **16+ patients to be seen for the afternoon**, many elderly and including another family member.
- GP concerned by patient not responding to treatment as not managing medications. Home Medicines Review may help but doesn't remember how to initiate – asks practice manager to ring division for advice.
- 6:30pm** • **Stops** to see two aged care residents on way home; arranges ambulance for one.
- 7:30pm** • **Arrives home.**

### Understanding

- Get to know what client groups they work with and what their capacity and interests are.
- Ask what is expected from you when referring clients.
- Know the best time and method for making contact.
- Know their time constraints.
- Understand requirements for record-keeping and feedback.
- Be clear about your specific expertise, how your intervention will differ from others (i.e. what will you provide to the client that their doctor/physiotherapist/dietitian/osteopath will not).
- Specify how your services can be accessed (cost, opening hours, location).
- Observe each other in practice.

### Trust

- Deliver on all promises and commitments.
- Ensure consistent attention to detail (referral process, information, feedback).
- Reciprocate professional courtesy.
- Always adhere to the requirements of privacy legislation.

Adhering to the principles of professionalism, ethics, confidentiality, mutual respect and integrity – how you conduct yourself – is essential to building professional referral relationships.

## Step 7: Commit

- Commit to ongoing dialogue to provide feedback about the referral and achieve a positive health outcome for your client.

### Resources

🔗 [Letter templates](#), 🔗 [Reporting templates](#), 🔗 [Exercise and health referral networks](#)

Sending a client to a medical or allied health professional for further guidance is not the end point of the referral process. Ongoing dialogue is not only important, but is of significant value to an exercise professional, who can build a network of trusted professional mentors over time will can help to:

- Develop professional skills and knowledge.
- Support business growth.
- Protect against client injury and health risks through efficient systems and communication pathways.

Promote ongoing dialogue by:

- Personally acknowledging all referrals that are sent to you.
- Providing prompt responses to communication or requests.
- Providing timeframes and outcomes (e.g. waiting times for assessment, dates and outcomes of visits/ assessments conducted).

- Implementing continuous monitoring and record the client's response to the exercise program and its impact on the client's health condition (including impact on functional activities and quality of life).

- Only report on data that has been measured accurately and systematically, and is presented professionally.
- Actively participating in two-way feedback.

- Using accepted correspondence and reporting templates to assist consistency and follow up.

🔗 **[Refer to Referral tools and templates 5: Exercise and health referral networks](#)** to help you build a network of trusted professionals.

🔗 **[Refer to Referral tools and templates 6: Letter templates](#)** for guidance about written communication.

🔗 **[Refer to Referral tools and templates 8: Reporting template](#)** for guidance about how to present client health progress.

## Referral outcomes

Some professionals in the fitness industry raise concerns about referring clients due to fears about losing them as clients or missing out on potential income earning opportunities. However, medical and allied health professionals agree that in fact the opposite is true. Fulfilling your duty of care, operating within your scope of practice and building professional referral relationships is good for business and for the reputation of the industry.

Referring a client doesn't mean losing a client. It means that your client receives the **right care**, at the **right time** and will commence their exercise program under the supervision of qualified professionals working as a team. In fact, providing regular referrals to medical or allied health services, will result in reciprocal referrals and client growth for you and your business over time.

Following the **Referral Essentials** principles and referral process will help you achieve the following for your clients, your business and your professional relationships:



# Referral Essentials checklist

## Essential components of successful referrals

### ✓ 1. Screen and assess

- Identify client health risks and determine your client needs. [APSS Textbook](#)
- Screen your clients using nationally recognised pre-exercise screening methods. [APSS Tool](#)

### ✓ 2. Evaluate

- Know your scope of practice and duty of care. [Scope of practice](#)
- Determine whether your scope of practice meets your client needs or whether you require guidance from a medical or allied health professional. [APSS Textbook](#)  
[APSS Tool](#)

### ✓ 3. Decide

- Ask yourself some key questions in order to determine how to manage your client's needs. [Scope of practice](#)
- Decide what expertise you need to develop your client's exercise program and support them to achieve long term commitment to exercise. [Exercise and health referral networks](#)

### ✓ 4. Prepare

- Compile relevant, accurate and concise information for the referral. [Letter templates](#)
- Use systematic processes, ensure information delivery is timely and understand health practitioner information requirements. [Exercise and health referral networks](#)  
[Confidentiality and privacy](#)

### ✓ 5. Consent

- Involve your client in the process, ensure they are informed and gain consent to share their health information. [Letter templates](#)  
[Confidentiality and privacy](#)

### ✓ 6. Connect

- Plan ahead and understand the expectations of medical or allied health professionals. [Letter templates](#)
- Take appropriate, professional and effective referral actions: make a professional introduction; understand health professional needs and expectations; develop trust; be responsive. [Exercise and health referral networks](#)

### ✓ Exercise program delivered under health professional guidance

### ✓ 7. Commit

- Commit to ongoing dialogue to provide feedback about the referral and achieve a positive health outcome for your client. [Letter templates](#)  
[Reporting template](#)  
[Exercise and health referral networks](#)

### Referral outcomes

These **Referral Essentials** steps and actions will help you achieve:



## Appendices

### Appendix 1: Research findings

#### Reinforcing what works

Government funded initiatives and research have led to improved knowledge and understanding of what can work and why. It is accepted that the features of successful exercise referral include:

- Good relations between exercise program providers and General Practitioners (GPs).
- GP knowledge around physical activity and exercise.
- A central point for referral to exercise program providers.
- A clear definition of duty of care for GPs and exercise service providers.
- Provision for specific populations.
- Training and quality assurance of providers.
- Good access to affordable local programs and providers.

#### Existing exercise referral models

In Australia, numerous disparate programs have tried to address population levels of physical activity through primary care based exercise prescription and referral programs, with varying levels of success.

Government funded initiatives primarily focussed upon capacity building and awareness-raising amongst GPs have included:

- ↳ [Active Script Program \(Victoria\).](#)
- ↳ [Lifescrpts Program \(National\).](#)

International initiatives designed to have individuals be referred to specific exercise programs or services:

- ↳ [NHS National Quality Framework for Exercise Referral \(United Kingdom\).](#)
- ↳ [Exercise Referral Toolkit \(United Kingdom\).](#)
- ↳ [National Exercise Referral Scheme \(Wales\).](#)

The Green Prescriptions program in New Zealand has focussed upon GP engagement and subsequent referral to physical activity providers through a central point of referral:

- ↳ [Green Prescription \(GRx\).](#)

Further examples of schemes that refer individuals to facility based exercise programs and activities include:

- ↳ [The General Practice Exercise Referral Scheme \(Sutherland Shire, NSW\).](#)
- ↳ [West Vic GP Division Active Script Program \(VIC\).](#)
- ↳ [Be Smart Get Active Brimbank Exercise Referral Program \(VIC\).](#)
- ↳ [Logan Healthy Living Program \(QLD\).](#)

## Appendix 2: Exercise and health referral networks

To safely and effectively deliver exercise programs that meet a broad range of client needs, Registered Exercise Professionals and fitness business operators will typically need support and expertise from a range of disciplines including the exercise, sport, primary health, allied health, government & non-government health sectors.

Professional Associations and peak bodies in fitness, exercise and sports medicine provide specific, evidence-based guidelines that should be a first point of contact for professional practice and will often refer to the relevant underlying evidence that might relate to prescription of a particular activity or delivery of services to a specific population group or setting. Examples include:

- [www.fitness.org.au/guidelines.html](http://www.fitness.org.au/guidelines.html)
- [www.essa.org.au/about-us/position-statements/](http://www.essa.org.au/about-us/position-statements/)
- [www.sma.org.au/resources/](http://www.sma.org.au/resources/)
- [www.acsm.org/about-acsm/policy-center](http://www.acsm.org/about-acsm/policy-center)

Non-Government Organisations (NGOs) such as peak health organisations or major chronic disease groups are also a valuable source of data (such as condition prevalence, risk factor rates and population demographics) and an important point of support for your clients. There are a few examples of evidence-based condition-specific programs that can be delivered directly by fitness industry service providers, such as Lift for Life, Heart Moves, Lungs In Action, and the Beat It: Physical Activity and Lifestyle Program.

## NATIONAL GOVERNMENT DEPARTMENTS & AGENCIES

### Department of Health and Ageing (DoHA)

[www.health.gov.au](http://www.health.gov.au)

This Commonwealth Department has a diverse set of national responsibilities including advising policy, improving program management, research, regulation and partnerships with other government agencies, consumers and stakeholders.

### Australian National Preventive Health Agency (ANPHA)

[www.anpha.gov.au](http://www.anpha.gov.au)

The Agency is a statutory authority in the Health and Ageing portfolio responsible for supporting the development and implementation of evidence-based approaches to preventive health initiatives targeting obesity, harmful alcohol consumption and tobacco.

### The Australian Health Practitioner Regulation Agency (AHPRA)

[www.ahpra.gov.au](http://www.ahpra.gov.au)

The organisation responsible for regulating 14 health professions through the implementation of the National Registration and Accreditation Scheme across Australia. Information, standards and searchable Registers of Practitioners can be found at the website.

## AUSTRALIAN EXERCISE, SPORT, MEDICAL & ALLIED HEALTH PEAK BODIES

### Active After-school Communities (AASC)

[www.ausport.gov.au/participating/aasc](http://www.ausport.gov.au/participating/aasc)

A national initiative that provides primary school children with access to free sport and other structured physical activity programs in the after-school time slot of 3.00pm to 5.30pm.

### Allied Health Professions Australia (AHPA)

[www.ahpa.com.au](http://www.ahpa.com.au)

(Formerly called Health Professions Council of Australia) The national peak body for major health professions and their representative bodies other than medical practitioners, nurses and unions, working to represent the interests of the allied health professions sector to Government; and to provide a vehicle for liaison and discussion between the professions.

### Australasian Podiatry Council

[www.apodc.com.au](http://www.apodc.com.au)

The peak body for podiatry in Australia, responsible for the preparation of national policies and clinical practice, representation of podiatry in Australia to government and industry bodies, research within the discipline and support for continuing professional development.

### Australian Diabetes Educators Association (ADEA)

[www.adea.com.au](http://www.adea.com.au)

The leading Australian organisation for health care professionals providing diabetes education and care, promotes evidenced-based best practice diabetes education to ensure optimal health and wellbeing for all people affected by, and at risk of, diabetes.

### Australian Indigenous Doctors Association (AIDA)

[www.aida.org.au](http://www.aida.org.au)

AIDA is a not-for-profit, non-government organisation dedicated to leadership, partnership & scholarship in Aboriginal and Torres Strait Islander health, education and workforce.

### Australian Lifestyle Medicine Association (ALMA)

[www.lifestylemedicine.com.au](http://www.lifestylemedicine.com.au)

Lifestyle medicine is a relatively new discipline, which bridges the gap between health promotion and conventional medicine, involving a range of health professionals working as a team. ALMA was initially established to provide for the needs and education of GPs and Allied Professionals accredited to provide services under the Medicare Team Care Arrangement.

### Australian Medicare Local Alliance (AMLA)

[www.amlalliance.com.au](http://www.amlalliance.com.au)

National, government funded not-for-profit primary health care network of 61 Medicare Locals (MLs).



<b>Australian Osteopathic Association (AOA)</b>	National peak body representing osteopaths, the profession and consumers of osteopathic services.
<a href="http://www.osteopathy.org.au">www.osteopathy.org.au</a>	
<b>Australian Physiotherapy Association (APA)</b>	National peak body for Physiotherapists, representing over 13,000 members.
<a href="http://www.physiotherapy.asn.au">www.physiotherapy.asn.au</a>	
<b>Australian Psychological Society (APS)</b>	The largest professional association for psychologists in Australia representing over 20,000 members.
<a href="http://www.psychology.org.au">www.psychology.org.au</a>	
<b>Australian Sports Commission (ASC)</b>	Australia's primary national sports administration and advisory agency and leader in the development of high performance sport and sports participation. Website includes The Australian Sports Directory: contact details of national sporting organisations (NSOs) and NSOs for people with a disability.
<a href="http://www.ausport.gov.au">www.ausport.gov.au</a>	
<b>Chiropractors Association of Australia (CAA)</b>	The peak body representing chiropractors in Australia, coordinating its efforts with 8 CAA state & territory organisations.
<a href="http://www.chiropractors.asn.au">www.chiropractors.asn.au</a>	
<b>Dietitians Association of Australia (DAA)</b>	National peak body of dietetic and nutrition professionals.
<a href="http://www.daa.asn.au">www.daa.asn.au</a>	
<b>Exercise and Sports Science Association (ESSA)</b>	National peak professional organisation representing tertiary-trained exercise and sports science practitioners.
<a href="http://www.essa.org.au">www.essa.org.au</a>	
<b>National Aboriginal Community Controlled Health Organisation (NACCHO)</b>	The national peak body representing over 150 Aboriginal Community Controlled Health Services (ACCHSs). These are primary health care services initiated and operated by the local Aboriginal community on Aboriginal health and wellbeing issues.
<a href="http://www.naccho.org.au">www.naccho.org.au</a>	
<b>National Coaching Accreditation Scheme (NCAS)</b>	Australia's system of training and accrediting coaches, which more than 70 sports participate in. The NCAS is an initiative of the Australian Sports Commission (ASC).
<a href="http://www.ausport.gov.au/participating/coaches/education">www.ausport.gov.au/participating/coaches/education</a>	
<b>Royal Australian College of General Practitioners (RACGP)</b>	The Royal Australian College of General Practitioners (RACGP) is Australia's largest professional general practice organisation, representing over 21,500 members including more than 19,300 GPs in Australia. Conducts research, lobby and advocacy on issues that influence GPs and their practice teams.
<a href="http://www.racgp.org.au">www.racgp.org.au</a>	
<b>Sports Medicine Australia (SMA)</b>	National multidisciplinary peak body for all sports medicine and sports science professions, promoting safe participation in sport and physical activity.
<a href="http://www.sma.org.au">www.sma.org.au</a>	
<b>Sports Dietitians Australia (SDA)</b>	A not-for-profit organisation of dietitians specialising in the field of sports nutrition.
<a href="http://www.sportsdietitians.com.au">www.sportsdietitians.com.au</a>	

## INTERNATIONAL EXERCISE, SPORT, MEDICAL &amp; ALLIED HEALTH PEAK BODIES

<b>American College of Sports Medicine (ACSM)</b> <a href="http://www.acsm.org">www.acsm.org</a>	An association of sports medicine, exercise science, and health and fitness professionals, representing 70 occupations within the sports medicine field.
<b>British Association of Sport &amp; Exercise Sciences (BASES)</b> <a href="http://www.bases.org.uk">www.bases.org.uk</a>	The professional body for sport and exercise sciences in the UK, concerned with developing and enhancing the professional and ethical standards of its members.
<b>Canadian Society for Exercise Physiology (CSEP)</b> <a href="http://www.csep.ca">www.csep.ca</a>	The principal body for physical activity, health and fitness research and personal training in Canada, providing customised and specialised physical activity and fitness programs, guidance and advice based on extensive training and evidence-based research.
<b>European College of Sport Science (ECSS)</b> <a href="http://www.ecss.mobi">www.ecss.mobi</a>	A sport scientific society dedicated to the collection, generation and dissemination of scientific knowledge at the European level.
<b>International Council of Sport Science and Physical Education (ICSSPE)</b> <a href="http://www.icsspe.org">www.icsspe.org</a>	ICSSPE consists of approximately 300 member organisations and institutions of sport, sport science and physical education, creating an extensive global network with the aim of maintaining an inclusive perspective on the different disciplines of sport, sport science and physical education, and to further a continuing collaboration between them.
<b>Sport &amp; Exercise Science New Zealand (SESNZ)</b> <a href="http://www.sesnz.org.nz">www.sesnz.org.nz</a>	The New Zealand organisation which represents professional sport and exercise scientists, academics, students, coaches and those people interested in sport and exercise science.

## NATIONAL PEAK HEALTH &amp; CHRONIC DISEASE NGOS

<b>Alzheimer's Australia</b> <a href="http://www.fightdementia.org.au">www.fightdementia.org.au</a>	The peak body providing support and advocacy for the 321,600 Australians living with dementia.
<b>Andrology Australia</b> <a href="http://www.andrologyaustralia.org">www.andrologyaustralia.org</a>	The Australian Centre of Excellence in Male Reproductive Health, bringing together health and education experts from across Australia to develop collaborative strategies to raise the awareness of male reproductive health disorders and their associations with chronic disease.
<b>Arthritis Australia</b> <a href="http://www.arthritisaustralia.com.au">www.arthritisaustralia.com.au</a>	Australia's peak arthritis organisation, providing support for people with arthritis, funding research, providing guidelines for health professionals, and promoting public awareness
<b>Asthma Foundation</b> <a href="http://www.asthmafoundation.org.au">www.asthmafoundation.org.au</a>	Peak body for state and territory associations working to help people with asthma, providing information, education, training, advocacy and promoting research.
<b>Australian Health Promotion Association (AHPA)</b> <a href="http://www.healthpromotion.org.au">www.healthpromotion.org.au</a>	Australia's peak health promotion body, the national professional association specifically for people interested or involved in the practice, research and study of health promotion.
<b>Australian Indigenous HealthInfoNet</b> <a href="http://www.healthinfolnet.ecu.edu.au">www.healthinfolnet.ecu.edu.au</a>	An Internet resource that informs practice and policy in Indigenous health by making research and other knowledge readily accessible.
<b>Baker IDI</b> <a href="http://www.bakeridi.edu.au">www.bakeridi.edu.au</a>	A health and medical research institute dedicated to reducing ill health and mortality caused by the effects of cardiovascular disease and diabetes.

<p><b>Black Dog Institute</b>  <a href="http://www.blackdoginstitute.org.au">www.blackdoginstitute.org.au</a></p>	<p>The Institute is attached to the Prince of Wales Hospital and affiliated with the University of New South Wales. It offers education, research, clinics and community programs with specialist expertise in mood disorders (including depression and bipolar disorder).</p>
<p><b>Beyond Blue</b>  <a href="http://www.beyondblue.org.au">www.beyondblue.org.au</a></p>	<p>The national depression initiative providing information about depression to consumers, carers and health professionals.</p>
<p><b>Butterfly Foundation for Eating Disorders</b>  <a href="http://www.thebutterflyfoundation.org.au">www.thebutterflyfoundation.org.au</a></p>	<p>Represents all people affected by eating disorders and negative body image – a person with the illness, their family and their friends. As a leading national voice, it highlights the realities of seeking treatment for recovery, and advocates for improved services from both government and independent sources.</p>
<p><b>Cancer Council</b>  <a href="http://www.cancer.org.au">www.cancer.org.au</a></p>	<p>The national cancer control organisation which advises on practices and policies to help prevent, detect and treat cancer, and advocates for the rights of cancer patients for best treatment and supportive care.</p>
<p><b>Consumer Health Forum</b>  <a href="http://www.chf.org.au">www.chf.org.au</a></p>	<p>The peak organisation representing the interests of Australian healthcare consumers, working to achieve safe, good quality, timely healthcare for all Australians, supported by the best health information and systems the country can afford.</p>
<p><b>Continence Foundation Australia</b>  <a href="http://www.continence.org.au">www.continence.org.au</a></p>	<p>The national peak body for continence promotion, management and advocacy.</p>
<p><b>Diabetes Australia</b>  <a href="http://www.diabetesaustralia.com.au">www.diabetesaustralia.com.au</a></p>	<p>The national peak body for diabetes in Australia, working in partnership with diabetes consumer organisations, health professionals, educators and researchers to minimise the impact of diabetes in the Australian community.</p>
<p><b>Global Physical Activity Network</b>  <a href="http://www.globalpanet.com">www.globalpanet.com</a></p>	<p>GlobalPANet rapidly communicates the latest physical activity research via its electronic communication network including information about recent physical activity developments and events, as well providing links to a global network of those with professional and personal interests in physical activity.</p>
<p><b>GROW</b>  <a href="http://www.grow.net.au">www.grow.net.au</a></p>	<p>A national organisation that provides a peer supported program to people with a mental illness and those people experiencing difficulty in coping with life's challenges. The program is designed for people to take control of their lives, overcome obstacles and start living a life full of meaning, hope and optimism.</p>
<p><b>Headspace</b>  <a href="http://www.headspace.org.au">www.headspace.org.au</a></p>	<p>The national youth mental health foundation.</p>
<p><b>Heart Foundation</b>  <a href="http://www.heartfoundation.org.au">www.heartfoundation.org.au</a></p>	<p>Australia's leading voice on heart health, delivering cardiovascular research, guidelines for health professionals, information for the public and support for people with cardiovascular disease.</p>
<p><b>Health Engine</b>  <a href="http://www.healthengine.com.au">www.healthengine.com.au</a></p>	<p>A multi-disciplinary directory of 50,000+ health practitioners nation-wide.</p>
<p><b>Health Insite</b>  <a href="http://www.healthinsite.gov.au">www.healthinsite.gov.au</a></p>	<p>A government-funded health information service, providing access to quality assured health information from government agencies, educational and research institutions and not-for-profit organisations. You can quickly search for a topic such as managing conditions and diseases, coping with life stages, or general advice on health and wellbeing.</p>

<p><b>Jean Hailes Foundation</b>  <a href="http://www.jeanhailes.org.au">www.jeanhailes.org.au</a></p>	<p>A national not-for-profit organisation, providing a range of research, education and clinical care services for women, as well as evidence-based health information through nine websites including ageing well, bone health, early menopause, endometriosis, managing menopause, managing PCOS and health living.</p>
<p><b>Lung Foundation</b>  <a href="http://www.lungfoundation.com.au">www.lungfoundation.com.au</a></p>	<p>Australia's national foundation that provides support to patients and carers burdened by lung disease and to ensure lung health is a priority for all in Australia.</p>
<p><b>National Stroke Foundation</b>  <a href="http://www.strokefoundation.com.au">www.strokefoundation.com.au</a></p>	<p>A not-for-profit organisation that works with the public, government, health professionals, patients, carers and stroke survivors to reduce the impact of stroke on the Australian community.</p>
<p><b>Nutrition Australia</b>  <a href="http://www.nutritionaustralia.org">www.nutritionaustralia.org</a></p>	<p>A leading nutrition advocate in preventative health, delivering products, programs and services to corporate, community groups, schools, government and the general public.</p>
<p><b>Osteoporosis Australia</b>  <a href="http://www.osteoporosis.org.au">www.osteoporosis.org.au</a></p>	<p>A national charity supporting research and public education to reduce the incidence and improve the management of Osteoporosis.</p>
<p><b>SANE Australia</b>  <a href="http://www.sane.org">www.sane.org</a></p>	<p>A national charity working for a better life for people affected by mental illness – website site has great fact sheets for registered exercise professionals and fitness businesses.</p>

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