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Tasmanian Cancer Strategy 2026-2036 Exposure Draft

Submission by **Australian Physiotherapy Association (APA)**
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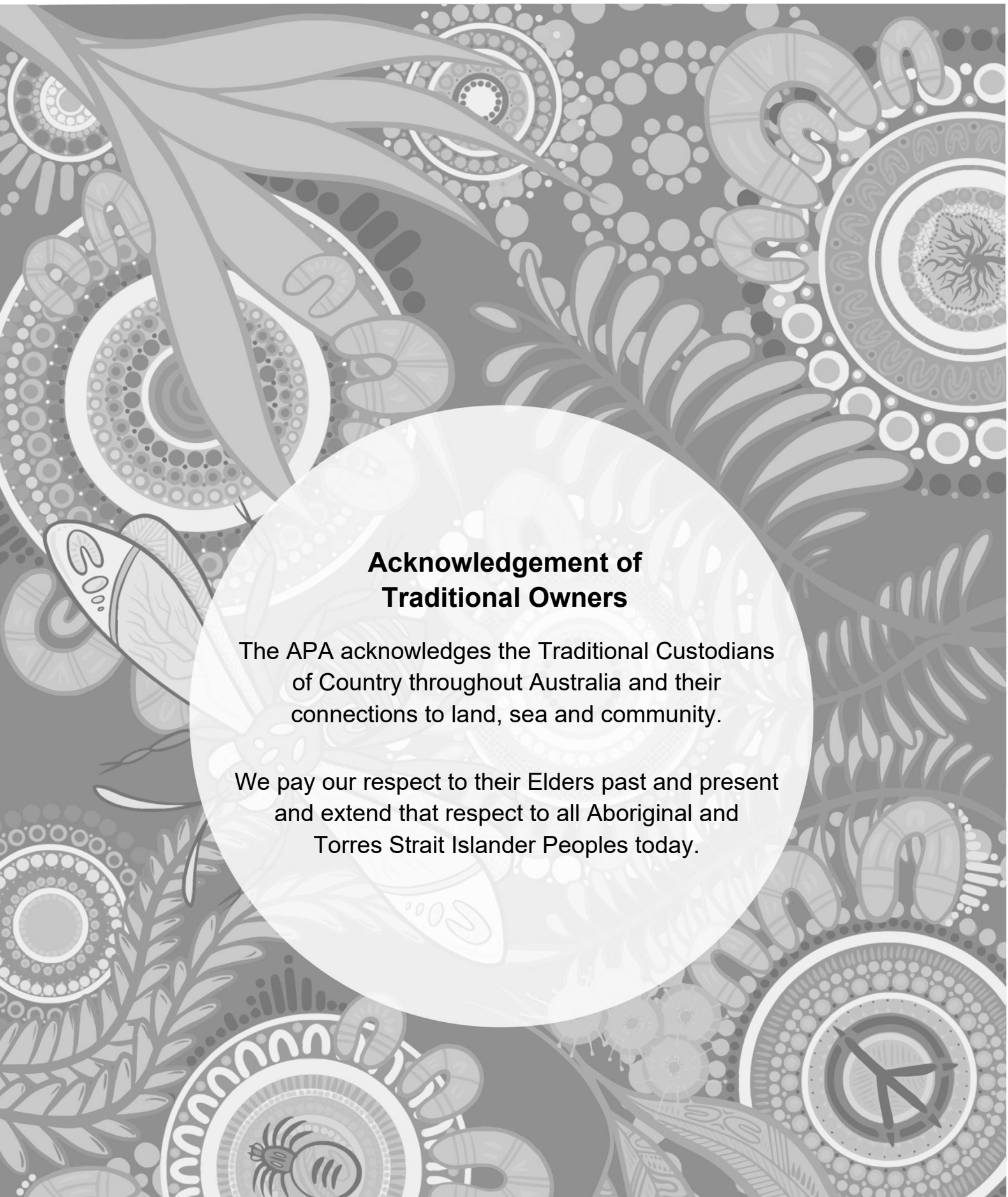
AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

Table of Contents

1. Executive Summary 5
2. Recommendations 6
3. Cancer in Tasmania 7
4. Role of physiotherapy in cancer care 7
5. Physiotherapy across the cancer continuum 9
6. Prehabilitation 9
7. Rehabilitation 10
8. Strengthening the cancer rehabilitation workforce 11
9. Access for regional and rural Tasmanians 11
10. Proposed amendments to the Exposure Draft 12
11. Conclusion 15
12. References 16

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AUSTRALIAN PHYSIOTHERAPY ASSOCIATION



Acknowledgement of Traditional Owners

The APA acknowledges the Traditional Custodians of Country throughout Australia and their connections to land, sea and community.

We pay our respect to their Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander Peoples today.

About the Australian Physiotherapy Association

The Australian Physiotherapy Association's (APA) vision is that all Australians will have access to quality physiotherapy, when and where required, to optimise health and wellbeing, and that the community recognises the benefit of choosing physiotherapy. The APA is the peak body representing the interests of Australian physiotherapists and their patients. It is a national organisation with state and territory branches and specialty subgroups.

The APA represents more than 37,000 members. The APA corporate structure is one of a company limited by guarantee and is governed by a Board of Directors elected by representatives of all stakeholder groups within the Association. Of the potential nine Directors, seven must be financial members of the APA, and up to two may be external, non-physiotherapist Directors.

We are committed to professional excellence and career success for our members, which translates into better patient outcomes and improved health conditions for all Australians. Through our National Groups we offer advanced training and collegial support from physiotherapists working in similar areas and are committed to embedding cultural safety within the organisation, policy and education programs.

1. Executive Summary

The Australian Physiotherapy Association (APA) welcomes the development of the Tasmanian Cancer Strategy 2026-2036 Exposure Draft and supports its vision to improve cancer prevention, early detection, access, equity and person-centred care for Tasmanians over the next decade[1].

Cancer remains one of Tasmania's most significant health challenges. Approximately 4,000 Tasmanians are diagnosed with cancer each year, and the Exposure Draft identifies that cancer incidence is projected to increase by approximately 25 per cent over the life of the Strategy[2].

The Strategy appropriately focuses on prevention, screening, diagnosis and treatment; however, rehabilitation, physiotherapy and exercise oncology are largely absent from the proposed strategic framework despite being evidence-based components of contemporary cancer care.

As cancer incidence and survivorship increase, rehabilitation should be proactively recognised as both a patient outcomes strategy and a health system sustainability strategy. Physiotherapists contribute across prevention, prehabilitation, treatment, rehabilitation, survivorship, supportive care and end-of-life care. Explicit recognition of physiotherapy and rehabilitation within the final Strategy would strengthen outcomes, improve equity and support long-term system sustainability.

The Tasmanian physiotherapy workforce is well positioned to support the objectives of this Strategy. Spanning public and private health services, research institutions and universities, the profession has grown by 10 per cent from 2022 to 2026[3], reflecting both workforce strength and a demonstrated capacity to expand access to contemporary cancer care through innovative and integrated models of care.

The APA recommends that the final Strategy:

- Explicitly recognises physiotherapy as a core component of cancer care;
- Establishes a coordinated statewide physiotherapy-led cancer prehabilitation and rehabilitation pathway for higher-risk populations, embedded at key milestones within optimal care pathways;
- Embeds physical activity and exercise support via early introduction, assessment and referral to physiotherapy within routine cancer care;
- Recognises rehabilitation as a health system sustainability strategy;
- Includes rehabilitation workforce planning;
- Outlines measures to improve access for regional and rural Tasmanians;
- Incorporates functional and quality-of-life outcomes into the evaluation framework; and
- Embeds early physiotherapy-led intervention for populations identified at higher risk of poorer treatment outcomes.

2. Recommendations

Recommendation 1	Embed physiotherapy-led rehabilitation and exercise services as a core component of cancer care in Tasmania.
Recommendation 2	Establish a statewide cancer prehabilitation and rehabilitation pathway.
Recommendation 3	Recognise exercise oncology as a core cancer service.
Recommendation 4	Embed rehabilitation and functional optimisation across the cancer continuum, from diagnosis to survivorship and palliative care.
Recommendation 5	Develop and implement a Tasmanian Cancer Rehabilitation Framework to guide workforce planning, service design and delivery and support integration.
Recommendation 6	Ensure equitable access to cancer rehabilitation services for regional and rural Tasmanians.
Recommendation 7	Expand tele-rehabilitation, outreach and shared-care models to improve access to cancer rehabilitation services.
Recommendation 8	Invest in rehabilitation infrastructure, workforce capability and virtual models of care.
Recommendation 9	Strengthen statewide access to lymphoedema prevention, surveillance and management services.
Recommendation 10	Fund cancer rehabilitation and cancer physiotherapy research priorities.
Recommendation 11	Measure and report functional outcomes, participation and quality of life indicators across the cancer continuum.

3. Cancer in Tasmania

Despite significant advances in treatment and screening, Tasmania continues to experience poorer cancer outcomes than many other Australian jurisdictions[4].

Tasmanians continue to experience inequities in access to cancer care, driven by geography, workforce maldistribution, affordability barriers and variable availability of specialist services.

Access to physiotherapy represents another important equity concern, particularly by the need for patients to self-fund care beyond limited publicly funded or Medicare-supported services, and pay gap fees when accessing private practitioners.

Cancer Council Australia's reported data indicate Tasmania has historically recorded one of Australia's highest age-standardised cancer mortality rates, including the highest colorectal cancer mortality rate nationally and among the highest mortality rates for lung and prostate cancer. In 2019 there were 3,723 new cancer diagnoses and 898 cancer-related deaths among Tasmanian residents[5].

Importantly, the burden of cancer extends beyond incidence and mortality. Improvements in treatment mean increasing numbers of Tasmanians are living with and beyond cancer, often experiencing long-term physical, psychological and social consequences of both cancer and its treatment. Cancer-related fatigue, deconditioning, respiratory complications, pain, lymphoedema, reduced mobility and loss of independence often persist long after treatment concludes.

These consequences create increasing demand not only for oncology services but also for primary care, community health, disability services, aged care and informal caregiving.

The challenge facing Tasmania is therefore no longer solely to help people survive cancer, but to ensure they can live well during and after treatment.

4. Role of physiotherapy in cancer care

Physiotherapists are essential members of the core cancer care team, providing assessment, prevention and management of cancer-related impairments, supporting people to optimise physical function, independence and quality of life across the cancer continuum. Their expertise includes prehabilitation, rehabilitation, symptom management, exercise prescription, lymphoedema care, mobility optimisation and support for people experiencing functional decline, frailty and complex comorbidities. Physiotherapists are highly skilled and well placed across the cancer continuum from prevention, prehabilitation and treatment to survivorship and end of life.

There is substantial evidence supporting exercise and rehabilitation as integral components of cancer care. The Clinical Oncology Society of Australia (COSA) recommends that exercise be embedded as standard practice in cancer care and that individuals affected by cancer have access to referral pathways to physiotherapists or other qualified exercise professionals with expertise in cancer care[6].

Evidence demonstrates that exercise interventions improve physical function, reduce treatment-related side effects, assist in the management of cancer-related fatigue and support quality of life throughout the cancer continuum[7].

There is also strong and emerging evidence that exercise reduces the risk of reoccurrence in some cancers.[8]

Physiotherapists play a particularly important role in cancer prehabilitation. By assessing physical capacity before surgery, chemotherapy or radiotherapy, physiotherapists can develop interventions that improve treatment readiness, reduce complications and support recovery.

During treatment, physiotherapists help individuals manage treatment-related side effects and maintain physical function. Following treatment, physiotherapy-led rehabilitation supports recovery, independence, return to work and participation in community life.

For many people affected by cancer, rehabilitation represents the difference between surviving cancer and living well beyond cancer. Physiotherapy-led prehabilitation, rehabilitation and exercise oncology services represent evidence-based interventions that should be incorporated into routine cancer care pathways across Tasmania.

Physiotherapists identify changes in a person's disease progression, treatment-related impairments and care requirements, providing timely intervention and facilitating referral to other members of the multidisciplinary care team when additional support is required. They work with people with cancer, their families and carers to optimise function, resilience, comfort and recovery, while supporting participation in meaningful life roles and activities.

Physiotherapists also play an important role in prospective surveillance models of care including early detection, prevention and management of cancer-related lymphoedema and other treatment-related impairments.

Physiotherapy across the cancer continuum					
Cancer prevention	**Diagnosis and prehabilitation**	**Multidisciplinary care**	**Active treatment**	**Rehabilitation/ survivorship**	**Supportive/ palliative care**
Promote physical activity and exercise	Optimise fitness and physical function prior to treatment	Identify physical risks and mitigation strategies	Assess treatment-related impairments and functional limitations	Manage pain and treatment-related symptoms	Manage pain, breathlessness and mobility limitations
Support healthy lifestyle behaviours	Improve treatment readiness and resilience	Provide exercise and rehabilitation advice	Monitor functional decline during treatment	Address weakness and deconditioning	Support safe mobility and transfers
Encourage participation in screening programs	Reduce complications and length of stay	Support coordinated patient-centred care	Promote physical activity throughout treatment	Improve strength, balance and mobility	Manage lymphoedema and oedema
Reduce chronic disease risk factors	Assess rehabilitation needs at diagnosis	Facilitate timely referrals and care coordination	Support achievement of patient goals	Manage fatigue and maintain independence	Support discharge planning and care transitions
Educate communities about cancer prevention	Support recovery following surgery and treatment	Enable early mobilisation and recovery	Identify and communicate changes in symptoms or function	Assess and manage lymphoedema and pelvic health issues	Maintain function, participation and quality of life

6. Prehabilitation

Cancer care should begin at diagnosis, not treatment. Prehabilitation provides a critical opportunity to optimise a person's physical function, resilience and treatment readiness prior to surgery, chemotherapy or radiotherapy.

Evidence demonstrates that prehabilitation can improve treatment tolerance, reduce postoperative complications, decrease hospital length of stay and support improved recovery following treatment.

Physiotherapists are key providers of prehabilitation services through exercise assessment, physical conditioning, respiratory optimisation and functional capacity screening. Despite growing evidence and increasing adoption internationally, access to cancer prehabilitation remains inconsistent.

The final Strategy should commit to embedding physiotherapy-led prehabilitation within statewide cancer pathways to ensure that all Tasmanians have the opportunity to commence treatment in the best possible physical condition and achieve optimal outcomes throughout their cancer journey.

7. Rehabilitation

Cancer rehabilitation is not simply an additional supportive service. It is a fundamental component of safe, high-quality and sustainable cancer care.

Without access to rehabilitation, many individuals experience avoidable functional decline, reduced independence, prolonged recovery and increased utilisation of health and community services. These consequences contribute to increased hospital admissions, higher demand for community support services and greater health system expenditure.

Rehabilitation provides a practical mechanism to reduce disability and improve outcomes while supporting efficient use of healthcare resources. Physiotherapy-led interventions such as exercise oncology, prehabilitation, falls prevention and functional rehabilitation improve physical function, increase independence and support people to manage the long-term effects of cancer treatment.

As cancer incidence is projected to increase substantially over the coming decade, investment in rehabilitation should be viewed as a health system sustainability measure as much as clinical service enhancement.

The final Strategy provides an important opportunity to strengthen Tasmania's capacity not only to treat cancer, but to reduce the long-term consequences of cancer for individuals, carers, communities and the healthcare system.

8. Strengthening the cancer rehabilitation workforce

The success of the Tasmanian Cancer Strategy will depend on access to a workforce capable of delivering care across the full cancer continuum.

The APA's 2025 Workforce Census identified that 69 per cent of physiotherapists work in metropolitan settings, while only 15 per cent work in regional locations and 15 per cent work in rural and remote communities [5]. The Census also identified workforce sustainability concerns, including retention of experienced clinicians and workforce attrition[9].

These findings are highly relevant to Tasmania. Workforce shortages and geographic distribution challenges directly affect access to rehabilitation services, particularly outside major population centres.

The Census also identified strong interest among early-career physiotherapists in working in regional communities where appropriate professional support, mentoring and career pathways are available.[9]

The Strategy should therefore include:

- Cancer rehabilitation workforce modelling;
- Physiotherapy workforce planning;
- Rural and regional recruitment initiatives;
- Retention incentives;
- Cancer rehabilitation professional development;
- Telehealth-enabled service delivery;
- Statewide rehabilitation networks; and
- Clinical leadership positions in cancer rehabilitation.

A sustainable cancer workforce must include rehabilitation professionals alongside medical, nursing and diagnostic professions.

9. Access for regional and rural Tasmanians

Equity is a central theme of the Exposure Draft and should extend to access to rehabilitation services.

Tasmanians living in rural and regional communities often experience barriers accessing specialised rehabilitation services, including physiotherapy, exercise oncology and lymphoedema management.

Travel requirements, workforce shortages and service availability can significantly affect access to care.

These barriers can contribute to poorer recovery, reduced physical function, loss of independence and lower quality of life.

The final Strategy should support innovative service models including:

- Tele-rehabilitation;
- Virtual multidisciplinary services;
- Community-based rehabilitation programs;
- Outreach clinics;
- Shared-care arrangements;
- Regional workforce incentives; and
- Statewide referral pathways.

Improving rehabilitation access for regional and rural Tasmanians aligns directly with the Strategy's commitment to equity and person-centred care.

10. Proposed amendments to the Exposure Draft

Focus area 2: Reduce cancer risk through prevention

Current wording

Support healthy weight, good nutrition and physical activity to help prevent cancer.

Proposed wording

Support healthy weight, good nutrition and physical activity to help prevent cancer, including access to evidence-based programs and health professionals that support lifelong participation in physical activity.

Rationale

Physiotherapists are key providers of physical activity interventions and behaviour change programs that support cancer prevention.

Focus area 4: Timely diagnosis and equitable access

Proposed new paragraph

Following diagnosis, individuals should receive assessment of supportive care, rehabilitation and functional needs, including referral to physiotherapy and other allied health services where clinically indicated. Early intervention can improve treatment readiness, maintain function and optimise outcomes throughout the cancer journey.

Rationale

Current wording focuses on diagnosis and treatment but omits early rehabilitation needs.

Focus area 5: Deliver person-centred care and improve survivorship

Current wording

prehabilitation, rehabilitation and exercise support

Proposed wording

prehabilitation, rehabilitation, physiotherapy and exercise oncology services.

Additional strategic priority

Ensure all Tasmanians with cancer have equitable access to evidence-based prehabilitation, rehabilitation and exercise oncology services regardless of geographical location.

Additional paragraph

Cancer and its treatment can significantly affect mobility, physical function, participation, independence and quality of life. Physiotherapy-led rehabilitation services should be embedded across the cancer continuum to prevent and minimise treatment-related impairments, support recovery and maximise long-term wellbeing and participation.

Particular attention should be given to improving access to rehabilitation services for Aboriginal Tasmanians, older people, people living in rural and regional communities, and other populations at increased risk of poorer cancer outcomes.

Rationale

This is the most significant gap within the current Strategy.

Focus area 6: Research and clinical trials

Proposed addition

Support research and innovation in cancer rehabilitation, exercise oncology, survivorship and workforce models that improve outcomes and equity of access.

Rationale

Research priorities currently focus predominantly on treatment and clinical services.

Focus area 7: Workforce

New strategic priority

Develop a sustainable cancer rehabilitation workforce, including physiotherapists and other allied health professionals, to meet growing demand for prehabilitation, rehabilitation, survivorship and supportive care services across Tasmania.

Additional workforce statement

Workforce planning should include specific strategies to recruit, retain and develop physiotherapists and rehabilitation professionals across regional and rural Tasmania.

Rationale

The current workforce section does not explicitly recognise rehabilitation workforce requirements.

Focus area 8: Infrastructure

Proposed addition

Invest in infrastructure that supports delivery of cancer rehabilitation, physiotherapy, exercise oncology, tele-rehabilitation and community-based service models.

Rationale

Current infrastructure priorities focus primarily on treatment services.

Evaluation and Outcomes Framework

Current measures

- Incidence;
- Mortality;
- Screening; and
- Access.

Additional measures

- Physical function;
- Mobility;
- Independence;
- Fatigue;
- Return-to-work outcomes;
- Patient-reported outcomes;
- Patient-reported experience measures;

- Quality of life; and
- Rehabilitation service access.

Proposed wording

Success should be measured through both clinical outcomes and outcomes that matter to people affected by cancer, including physical function, participation, independence and quality of life.

11. Conclusion

The Exposure Draft provides a strong foundation for improving cancer outcomes, equity and patient experience across Tasmania over the next decade.

However, the final Strategy will be strengthened through explicit recognition of physiotherapy, rehabilitation and exercise oncology as essential components of contemporary cancer care.

Rehabilitation should not be viewed as a supplementary service delivered after treatment has concluded, but rather as an essential component of care that supports people before, during and after treatment to optimise function, maintain independence and improve quality of life.

Tasmania has an opportunity to become a national leader in integrated cancer rehabilitation.

By embedding rehabilitation throughout the cancer continuum, establishing a statewide rehabilitation pathway, investing in workforce capacity and improving access for regional and rural communities, the final Strategy can ensure that Tasmanians affected by cancer are not only supported to survive, but are supported to live well throughout and beyond their cancer journey.

12. References

[1] Tasmanian Department of Health. *Tasmanian Cancer Strategy 2026-2036 Exposure Draft*. Published 2 September 2026

[2] Tasmanian Government. *Delivering Better Healthcare for Tasmanians Affected by Cancer*. Media Release, 2 September 2026.

[3] https://australian.physio/inmotion/tasmania-trains-its-own

[4] Australian Institute of Health and Welfare. *Cancer Data in Australia: Cancer by State and Territory Data Visualisation*. Updated 14 July 2026

[5] Cancer Council Australia. *Cancer Statistics in Tasmania*. Updated 15 August 2022.

[6] Cormie P, Atkinson M, Bucci L, et al. *Clinical Oncology Society of Australia Position Statement on Exercise in Cancer Care*. Medical Journal of Australia. 2018;209(4):184-187. DOI:10.5694/mja18.00199

[7] Clinical Oncology Society of Australia. *COSA Position Statement on Exercise in Cancer Care*. Version 3, December 2020.

[8] Courneya KS, Booth CM, et al. Structured Exercise after Adjuvant Chemotherapy for Colon Cancer (CHALLENGE Trial). New England Journal of Medicine. 2025.

[9] Australian Physiotherapy Association. *Australian Physiotherapy Association 2025 Workforce Census Report*. Published April 2026