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MedTechVic

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Joint Standing Committee on the National Disability Insurance Scheme
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Submission: Integrity of the National Disability Insurance Scheme

The role of evidence-based, sustainable assistive technology in protecting the integrity of the NDIS – MedTechVic Hub, Swinburne University of Technology

Executive Summary

Systemic risks to the integrity of the NDIS extend well beyond fraud alone. The Scheme does little to counter embedded sharp practices in market behaviour. Rather, there is a focus on preferred supplier dynamics and a lack of transparency in access and procurement of assistive technology These practices reduce participant choice, delay access to appropriate supports, and contribute to poorer outcomes and increased long-term costs for participants and families. While recent reforms have strengthened fraud detection, they do not adequately address market concentration, lack of evidence-informed decision-making, or participant safety.

MedTechVic submits that some of the most significant integrity risks in the NDIS sit in the assistive technology market. In practice, participants and families can face opaque supplier pathways, limited access to independent product information, long delays in assessment and provision, as well as preventable harm.

Recent reforms have strengthened fraud detection and safeguarding powers, but the current policy response is still weighted toward reactive compliance rather than preventative measures. At the same time, the broader reform agenda is moving toward stronger evidence-based decision-making in the NDIS, including through the new Evidence Advisory Committee and its Assistive Technology and Capital subcommittee.

MedTechVic therefore urges the Committee to recommend a broader conception of integrity — one that includes fair markets, participant safety, evidence-based funding and sustainable assistive technology provision. Specifically, we recommend that the Australian Government:

1. Mandate greater transparency in assistive technology markets and supplier pathways.
2. Establish a dedicated innovation and evidence pathway for assistive technology and service models.
3. Embed participant safety and independent advice in assistive technology decision-making.
4. Support sustainable product stewardship, including reuse, refurbishment and lifecycle value; and
5. Improve market access for local, research-led, codesigned manufacturing.

Our position is simple; integrity in the NDIS is not only about stopping fraud. Integrity is about whether the Scheme reliably delivers the right support, at the right time, through a fair, transparent and evidence-based system. MedTechVic calls on the Australian Government to treat investment in assistive technology as an issue of integrity within the system, rather than just a cost item.

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Introduction

MedTechVic is a Melbourne-based health technology and innovation hub based at Swinburne University of Technology, working across assistive technology, rehabilitation, and disability systems. We partner with industry, clinicians, researchers, and people with lived experience to co-design and evaluate solutions that improve outcomes and system performance.

This submission argues that some of the most significant integrity risks in the NDIS are structural rather than merely criminal or fraudulent. The risk here is opaque markets, constrained assistive technology choice, weak evidence pathways and inconsistent participant safeguards.

1. **Nature and Extent of Non-Compliance (ToR 1)**

Non-compliance within the NDIS extends beyond fraud to include systemic sharp practices embedded in market behaviour. In our practice, MedTechVic has observed:

- widespread reliance on informal preferred supplier pathways
- participants being directed toward limited providers and products
- limited access to reliable, independent, evidence-based information

These practices are enabled by low transparency and weak accountability in product selection and service pathways. They represent structural non-compliance with the intent of the Scheme, limiting competition, innovation, and participant choice.

These problems are particularly pronounced in assistive technology because participants often rely on expert advice, specialist supply chains and long approval pathways. Where transparency is weak and independent information is limited, there is a greater risk that participants will be steered, rather than supported, to make informed decisions. This weakens competition, reduces innovation and undermines trust in the fairness of the Scheme.

MedTechVic therefore submits that the Committee should treat these forms of market behaviour as integrity risks. A narrow focus on fraud alone would miss the broader structural conditions that allow low-value or participant-harming practices to persist.

2. **Impacts on Participants and Families (ToR 2)**

These practices have direct consequences on participants and families, including:

(i) reduced choice and control, with constrained or biased options,
(ii) delays in accessing appropriate supports particularly assistive technology and
(iii) suboptimal outcomes, including reduced social and economic participation and avoidable complications.

In assistive technology, delays and poor product fit can have serious consequences. MedTechVic' s work in wheelchair service systems identified delays of several months in assessment, approval and delivery, driven by fragmented pathways, workforce capability gaps and limited supplier flexibility. For participants, these delays were associated with deterioration in physical condition, increased pressure injury risk, reduced participation and independence, and greater reliance on health services and informal care.

There is also an increased burden on families to navigate and advocate within the system. MedTechVic' s research also shows participants frequently feel unable to challenge decisions, experience low levels of psychological safety and disengage from services and research. This undermines both participant wellbeing and Scheme effectiveness.

3. Effectiveness of Current Policies (ToR 3)

Recent reforms have improved fraud detection and compliance enforcement, which is important for scheme sustainability and integrity, but do not address key structural issues. Current policy settings focus on reactive compliance, rather than prevention. They further do not address market concentration or supplier behaviour and do not require consistent evidence of effectiveness or value for money. Furthermore, they do not adequately safeguard participant safety and experience and provide limited mechanisms to test and scale innovation. As a result, inefficient and low-value practices persist within the system. Current policy settings remain incomplete. MedTechVic' s view is that they still focus too heavily on reactive compliance rather than prevention. They do not adequately address market concentration, supplier behaviour, the sustainable stewardship of assistive technology, or the absence of consistent evidence pathways to determine what works, for whom, and at what cost.

In other words, the current reforms are necessary. However, they are not yet sufficient. Unless integrity is understood to include how the market functions, how evidence is generated and applied, and how participant safety is protected in everyday decision-making, inefficient and low-value practices will continue.

4. Suggested Legislative and System Reforms to strengthen Scheme Integrity (ToR 4)

MedTechVic recommends that the Australian Government prioritise reforms that strengthen integrity by improving transparency, safety, evidence use and long-term value in the assistive technology system.

- **Increase Market Transparency:** this can be improved in several ways, including
  (a) public reporting of supplier utilisation and concentration
  (b) Independent benchmarking of assistive technology, and
  (c) Mandatory conflict of interest disclosure
- **Establish an Innovation and Evidence Fund:** Establish a dedicated funding for pilot, evaluation, and implementation that is objective, transparent and appropriately funded. Identify the evidence requirements for high cost supports and fund research that can appropriately interrogate these supports.
  - The Australian Government should **establish a dedicated pathway** to pilot, evaluate, implement and scale assistive technology products, service models and procurement approaches that improve outcomes and reduce long-term costs. This could include a targeted innovation and evidence fund, linked to transparent criteria for evaluation and adoption.
  - Outcome-based funding for supports should be **linked to participant benefit**, not simply cost.
- **Enable Fair Market Access:** The current market is dominated by large international players, hampering innovation and local production. The Australian Government should create fairer pathways for new and emerging providers, including innovation procurement mechanisms and fast-track approaches where evidence and safety thresholds are met.
  - Provide mechanisms **to fast-track pathways for new and emerging providers**. Create innovation procurement mechanisms and support Australian-developed solutions.
- **Introduce Participant Safety Standards**: The Australian Government should introduce enforceable participant safety standards across assistive technology provision, service delivery and co-design processes. These standards should include trauma-informed and accessible

practices, clear complaints and escalation pathways, timely communication when issues arise, and access to independent advocacy where needed.

- **Strengthen Lived Experience Leadership:**
    1. MedTechVic supports stronger co-design and co-governance requirements, recognition and remuneration of lived experience expertise, and clearer accountability for how participant input is used. There needs to be recognition and remuneration of lived experience expertise at all levels. Provide accountability for use of participant input.
- **Invest in Workforce Capability:** Ensure that there are national training pathways in assistive technology, so that poor practice is wiped out, and align these with quality and safety standards. Provide support for industry-based but objective training. National training pathways in assistive technology should be strengthened so that workforce capability gaps do not continue to drive poor practice, delays and inconsistent quality.

5. How MedTechVic Can Support Reform

MedTechVic can support implementation through independent evaluation of technologies and service models, pilot design and innovation translation, development of participant safety frameworks, validation and benchmarking of assistive technology, workforce training and capability development, and acting as a neutral intermediary across sectors.

This role is particularly relevant in the current reform environment, where governments are seeking better evidence, stronger market stewardship and more effective implementation pathways. MedTechVic' s interdisciplinary model and applied research capability position it to support both policy design and practical translation.

6. Case Studies from MedTechVic

The following case studies from MedTechVic' s applied research and sector engagement illustrate systemic integrity issues within the NDIS, including market constraints, lack of evidence pathways, and participant safety risks.

- **Case Study 1: Constrained Access to Appropriate Assistive Technology (TR 1 & 2)**

MedTechVic-supported trials identified assistive technology solutions that were clinically appropriate and, in some cases, cost-comparable to standard options. Despite this, participants were frequently unable to access these solutions. Barriers included reliance on established supplier pathways with limited acceptance of alternative or emerging products and very limited mechanisms to trial or approve new technologies.

Participants were instead approved for standardised solutions that did not fully meet their needs, resulting in reduced functional outcomes and earlier replacement requirements.

Integrity implication: constrained choice and supplier bias represent a form of systemic sharp practice inconsistent with Scheme intent.

- **Case Study 2: Delays in Wheelchair Provision and Preventable Harm (ToR 2 & 3)**

MedTechVic's work in wheelchair service systems identified delays of several months in assessment, approval, and delivery. These delays were driven by fragmented service pathways, workforce capability gaps and limited supplier flexibility. The impacts for the participants resulted in deterioration in physical

condition, including increased pressure injury risk, reduced participation and independence and an increased reliance on health services and informal care.

Integrity implication: current policy settings do not adequately prevent system inefficiencies that lead to avoidable harm and higher long-term costs.

- **Case Study 3: Evidence Without Implementation Pathways (ToR 3 & 4)**

MedTechVic has co-developed and evaluated improved service models in assistive technology provision and postural management, demonstrating potential to improve outcomes and reduce system costs. However, these models have not progressed beyond pilot or research phases due to absence of dedicated funding for translation and scale and the lack of integration between research evidence and funding mechanisms.

Integrity implication: the Scheme lacks mechanisms to adopt validated, evidence-based improvements, resulting in continued investment in less effective approaches.

Case Study 4: Participant Safety in Service and Co-Design Contexts (ToR 2 & 3)

In MedTechVic-led co-design work, participants reported :

- feeling unable to challenge clinical or funding decisions
- experiencing power imbalances and, at times, ableism
- uncertainty regarding how their input would influence outcomes

When trauma-informed and inclusive approaches were implemented, participant engagement and quality of input improved significantly.

Integrity implication: participant safety is not consistently embedded in current systems, representing a gap in safeguarding and quality assurance.

- **Case Study 5: Participation Fatigue and System Disengagement (ToR 2 & 3)**

Participants across multiple MedTechVic projects reported repeated requests to contribute lived experience without clear feedback on outcomes, visibility of their impact or adequate recognition or support. This resulted in reduced willingness to engage in future research and system design activities.

Integrity implication: extractive engagement practices undermine trust and reduce the quality of participant-informed system improvement.

These case studies demonstrate that integrity risks within the NDIS are not limited to fraud, but include systemic behaviours that constrain choice, delay access, reduce safety, and limit the uptake of evidence-based improvements.

7. Priority Recommendations

MedTechVic recommends the following priority reforms to strengthen the integrity, performance, and sustainability of the NDIS:

1. Mandate transparency in supplier markets: Require public reporting on supplier utilisation, introduce independent benchmarking of assistive technology, and enforce conflict of interest disclosure to address market concentration and constrained participant choice.
2. Establish an NDIS Innovation and Evidence Fund: Allocate dedicated funding to pilot, evaluate, and scale evidence-based assistive technologies and service models, ensuring funding decisions are driven by outcomes and value for money.

3. Introduce enforceable Participant Safety Standards: Mandate trauma-informed, accessible, and accountable practices across service delivery, research, and co-design, with embedded access to independent advocacy.
4. Enable fair access for new and local providers: Implement fast-track pathways and innovation procurement mechanisms to support SMEs, research-led innovations, and Australian-developed solutions entering the NDIS market.

Key System Impacts

Evidence from MedTechVic's applied research and sector engagement indicates that current system settings are contributing to measurable inefficiencies including:

1. Delays in accessing appropriate assistive technology frequently extend to months, particularly where approvals, supplier pathways, and workforce capability are misaligned
2. Suboptimal equipment provision contributes to avoidable secondary complications, including pressure injuries and reduced functional independence, increasing long-term Scheme and health system costs
3. Workforce capability gaps in assistive technology provision remain widespread, limiting service quality and consistency across regions
4. Participants report low levels of psychological safety and trust, particularly in complex decision-making processes, reducing engagement and undermining outcomes

Collectively, these factors indicate that integrity risks within the NDIS are not only financial, but structural and affect system performance, participant safety, and long-term sustainability.

Conclusion

The integrity of the NDIS must extend beyond fraud prevention to include fair markets, evidence-based decision-making, and participant safety. Without reform, current system settings risk entrenching inefficiencies, limiting innovation, and undermining participant outcomes.

The Committee should recognise that assistive technology is not simply a cost category within the Scheme. It is one of the clearest tests of whether the NDIS is functioning with integrity: whether participants can access the right support, at the right time, through a fair and transparent market, with confidence that public funding is delivering real benefit. If Australia wants an NDIS that is both participant-centred and financially sustainable, it must invest in the systems that make good assistive technology decisions possible. Reform in these areas would improve outcomes for participants while reducing avoidable cost and waste across the Scheme.

MedTechVic stands ready to support the Australian Government in strengthening the integrity and long-term sustainability of the Scheme.

Yours faithfully,

[redacted]

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