



Amazing podiatry always

Integrity of the National Disability Insurance Scheme: Submission

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Australian Podiatry Association (APodA) Submission Integrity of the National Disability Insurance Scheme

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Committee Secretary
Joint Standing Committee on the National Disability Insurance Scheme
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Dear Committee Secretary,

Thank you for the opportunity to provide feedback in relation to the [Joint Standing Committee of the National Disability Insurance Scheme](#)'s Inquiry into Integrity of the National Disability Insurance Scheme.

The [Australian Podiatry Association](#) (APodA) is the peak professional body for podiatrists. APodA empowers podiatrists by providing strong advocacy, professional development opportunities, clinical resources, and member support services to assist at every stage of the career journey. Podiatrists are registered through the Australian Health Professional Regulatory Authority (Ahpra), [Podiatry Board of Australia](#). As stated, *'the Podiatry Board of Australia works to ensure that Australia's podiatrists and podiatric surgeons are suitably trained, qualified and safe to practise'*.

The National Disability Insurance Scheme (NDIS) is founded on participant safety, quality supports, choice and control, and value for money. Maintaining the integrity of the Scheme is essential to protecting participants and ensuring the long-term sustainability of this nationally significant reform. Scheme integrity is directly connected to financial sustainability. Where supports are delivered inappropriately, without sufficient qualification or professional accountability, the result is not only poorer outcomes for participants but significant inefficiencies and cost pressures on the NDIS budget.

This submission addresses the inquiry's Terms of Reference with a focus on integrity risks in allied health supports, particularly podiatry, and highlights the importance of:

- Ensuring NDIS funded podiatry and allied health supports are delivered only by appropriately qualified and regulated professionals
- Applying proportionate, risk-based regulation that recognises existing professional safeguards
- Balancing integrity reforms with provider viability to maintain participant access and scheme sustainability

We welcome the opportunity to provide further details and to present at a public hearing. Please contact [REDACTED] for further information or questions arising from this submission.

Yours sincerely

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1.0 About podiatrists

Podiatrists are university qualified allied health professionals focused on the prevention, diagnosis, treatment, and rehabilitation of conditions affecting the foot, ankle, and lower limb. The scope of practice is broad ranging from prevention in primary care settings through to surgery in private hospitals and can be endorsed to prescribe medicines. They work in the public and private practice settings and manage a wide range of issues, including skin and nail disorders, musculoskeletal problems, diabetic foot complications, and wound care. With over 6,000 podiatrists in Australia, podiatry plays a vital role in maintaining mobility, independence, and overall well-being across all life stages.

Podiatrists have been involved since the inception of the NDIS in 2013. In 2024, the NDIS reported that out of the over 6,000 podiatrists in Australia, 2833 podiatrists, approximately 46%, deliver therapy supports in the NDIS [1]. Podiatry therapy supports ensure participants maintain mobility, independence, and community participation that significantly impact daily living. By enabling participants to move safely and confidently, podiatry aligns closely with the NDIS focus on capacity building and supporting people to live active, connected lives.

2.0 Summary of APodA recommendations

APodA recommends that the Joint Standing Committee on the National Disability Insurance Scheme:

1. Acknowledge the need for therapy supports that involve clinical assessment, therapeutic intervention or health related risk, such as podiatry supports, be delivered only by appropriately qualified and regulated allied health professionals.
2. Explicitly recognise professional registration as a core safeguarding and cost containment mechanism.
3. Support a risk-based integrity approach that avoids duplicative compliance for regulated professions such as podiatry.
4. Advise that a tiered and proportionate model be implemented with streamlined compliance and audit requirements for regulated allied health professionals.
5. Advocate for integrity reforms to be codesigned with allied health providers to ensure impacts on workforce participation, service access, and long-term sustainability are considered.

3.0 The nature and extent of non-compliance in the NDIS

APodA acknowledges that non-compliance in the NDIS occurs across a continuum, from deliberate fraud to poor practice, inappropriate billing, and delivery of supports outside an individual's competence or scope of practice.

Integrity risks appear to be most pronounced where the Scheme permits delivery of therapy supports without clear qualification, registration or professional accountability requirements administered through regulatory bodies. These risks are amplified for therapy supports involving



clinical assessment, therapeutic intervention, infection risk, wound management or falls risk and they should not be delivered by support workers.

These gaps create inefficiencies by allowing low value or ineffective supports to be delivered often without improving participant outcomes. This results in repeated service use, escalation to more intensive supports, and increased downstream costs for the Scheme.

There are many disabilities, like quadriplegia [2] that result in complexities of the foot and lower limb. Podiatrists deliver essential NDIS funded therapy supports, including:

- Foot health assessment and management
- Chronic and high risk wound care
- Falls prevention through lower limb assessment and orthotic intervention
- Management of foot pain and deformity affecting mobility and participation

These supports require advanced clinical judgement, understanding of the complexity that disability can impact on the function of feet and lower limbs, and strict adherence to infection prevention and control standards.

Frameworks and processes in place to ensure integrity of the podiatry profession include:

- Registration with the [Australian Health Practitioner Regulation Agency \(Ahpra\)](#)
- Regulation by the [Podiatry Board of Australia](#)
- Annual mandatory [continuing professional development](#) requirements
- [Accountability](#) through complaints, disciplinary and fitness to practise processes
- Requirement to comply with [infection prevention and control standards](#)

Where comparable supports are delivered without these safeguards, there is an increased risk of noncompliance, deteriorating participant outcomes that reduce mobility, independence and community participation, and higher long-term costs to the NDIS due to avoidable complications and service duplication.

Recommendation 1: APodA recommends the Committee acknowledge the need for therapy supports that involve clinical assessment, therapeutic intervention or health related risk, such as podiatry supports, be delivered only by appropriately qualified and regulated allied health professionals.

4.0 Impacts of non-compliance on NDIS participants and their families

Non-compliance in the NDIS has tangible and lasting consequences for participants and their families. Impacts include:

- Increased risk of harm where therapeutic or health-related supports are delivered without appropriate clinical expertise
- Suboptimal outcomes, including delayed progress, regression, or preventable complications
- Financial harm, where participant plans are depleted by low-value or inappropriate services
- Loss of trust in providers and in the NDIS as a whole



- Increased burden on families, who often lack the information or expertise to assess provider qualifications or service quality

For participants requiring podiatry therapy supports, services such as nail cutting or wound dressing delivered by unqualified support workers can result in:

- Increased infection risk, including preventable wound infection
- Delayed healing or deterioration requiring hospitalisation
- Increased falls risk and injury
- Reduced mobility and participation, undermining NDIS goals

A lack of knowledge of the role of podiatry in providing therapy supports for people with disabilities leads to poor planning decisions that don't deliver outcomes for the Scheme.

These outcomes frequently lead to plan escalation, additional supports, or more expensive service pathways, increasing pressure on the NDIS budget without delivering meaningful gains in participant independence, mobility, or community participation. Ensuring that allied health-related supports are delivered only by appropriately qualified and regulated professionals is therefore not only an integrity measure but a core participant safeguarding mechanism.

Recommendation 2: APodA recommends the Committee explicitly recognise professional registration as a core safeguarding and cost containment mechanism.

5.0 Effectiveness and adequacy of government integrity measures

Governments have introduced audits, provider registration requirements, codes of conduct and enforcement powers to strengthen integrity. While these measures are necessary, their effectiveness is limited where regulation is not genuinely risk-based.

5.1. Disproportionate regulatory burden and scheme inefficiency

Even though podiatrists already operate within multiple regulatory frameworks, NDIS compliance settings frequently:

- Duplicate existing regulatory requirements
- Increase administrative burden and non-clinical costs
- Reduce clinician capacity to deliver participant facing services

This approach has two compounding consequences. First, regulatory effort is diverted away from higher risk areas of the Scheme, reducing its overall effectiveness.

Second, qualified providers may reduce or withdraw their participation in the NDIS, resulting in market gaps, reduced competition, and higher service costs.

More broadly, the current approach risks redirecting clinical time away from participants, discouraging qualified professionals from delivering NDIS therapy supports. This reduces service availability and is particularly problematic in regional areas and where thin markets exist.



These dynamics contribute directly to inefficient Scheme expenditure and undermine long term sustainability.

Recommendation 3: APodA recommends the Committee support a risk-based integrity approach that avoids duplicative compliance for regulated professions such as podiatry.

6.0 Reforms required to strengthen Scheme integrity and sustainability

6.1. Proportionate regulation and regulatory alignment

Scheme integrity and budget sustainability would be improved by:

- Recognising regulated allied health professions as a core integrity control
- Streamlining compliance obligations for regulated allied health providers
- Reducing duplication between NDIS regulation and existing health regulation

Recommendation 4: APodA recommends the Committee advise that a tiered and proportionate model be implemented with streamlined compliance and audit requirements for regulated allied health professionals.

6.2. Balancing integrity with provider viability

Provider viability is essential to participant access, choice and control. Excessive compliance burden risks reducing podiatrist participation in the NDIS, particularly in regional and outer metropolitan areas, leading to thinner markets and higher costs.

Preventative, evidence-based podiatry therapy supports can avoid downstream expenditure; however, this benefit is lost if providers exit the Scheme.

Recommendation 5: APodA recommends that the Committee advocate for integrity reforms to be codesigned with allied health providers to ensure impacts on workforce participation, service access, and long-term sustainability are considered.

6.0 Conclusion

Strengthening integrity in the NDIS is essential to protecting participants, ensuring quality therapy supports to achieve participant outcomes and supporting the Scheme's financial sustainability. For allied health services such as podiatry, the most effective integrity measure is ensuring supports are delivered by appropriately qualified, regulated professionals operating within established clinical and ethical frameworks.

Podiatrists already meet stringent national standards through Ahpra registration, professional regulation, infection control obligations and ongoing competency requirements. Aligning NDIS



integrity measures with these safeguards, rather than layering duplicative compliance, will improve participant outcomes, reduce inefficient expenditure, and support a sustainable, high quality provider market.

7.0 References

1. National Disability Insurance Agency, *2024-25 Annual Pricing Review*, N.D.I. Scheme, Editor. 2025.
2. Jaffray, D. and W. El Masri, *Ingrowing toenails and tetraplegia*. *Spinal Cord*, 1985. **23**(3): p. 176–181.

