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Osteopathy Australia's submission to the Integrity of the National Disability Insurance Scheme (NDIS) senate inquiry

Introduction

Osteopathy Australia would like to thank the Parliament of Australia for inviting feedback on the Integrity of the NDIS senate inquiry. Our submission addresses all four terms of reference of the inquiry and makes the following key arguments:

- The Bill's proposed integrity mechanisms should be calibrated to actual risk, distinguishing Ahpra-regulated allied health from genuinely high-risk or unregulated providers.
- Inconsistent treatment of appropriately qualified allied health professions, including osteopaths, is an integrity issue for the scheme, because it impacts on transparency, consistency and participant choice and control.
- Participant harm arises not only from fraud but from systemic inconsistency in how regulated allied health services are funded, recognised and explained to participants.
- Any new information-gathering powers must include proportionate safeguards to protect clinical case note privacy, participant confidentiality and provider capacity, particularly for small, allied health practices to ensure providers are not subject to unreasonable, additional administrative burdens.
- A single, government-endorsed list or definition of allied health professions, such as that being developed by the Chief Allied Health Officer (CAHO), should be adopted across all NDIS frameworks.
- New Framework Planning and Support Needs Assessment processes should include appropriate allied health expertise so that participants' functional support needs are accurately identified.
- If clearer NDIA documentation, processes and review were implemented earlier, integrity issues would have been significantly reduced

There are six key recommendations in our submission, including:

Recommendation 1: The Committee should strengthen NDIS integrity by targeting actual risk, clarifying who is qualified to deliver therapy supports, improving consistency and transparency in NDIA decision-making, and ensuring regulation is proportionate.

Recommendation 2: The Committee should support stronger integrity settings, but those settings should be calibrated to actual risk and should recognise pre-existing professional regulation, rather than layering duplicative or blunt compliance requirements onto already regulated health professions.

Recommendation 3: Ensure only appropriately qualified and regulated allied health professionals can deliver NDIS supports.

Recommendation 4: We strongly recommend:

- A single, central, government-endorsed list or definition of allied health, such as the one being developed by the CAHO, should be adopted consistently across the NDIA, the NDIS Quality and Safeguards Commission, relevant departmental guidance, and any associated provider compliance or pricing frameworks.
- Avoiding ad-hoc or duplicated lists that may inadvertently exclude professions already recognised nationally.

Recommendation 5: New Framework Planning and Support Needs

Assessment processes should include appropriate allied health expertise, particularly where participants have complex functional, mobility, pain-related, neurological, developmental or comorbid presentations. Assessment processes should be clinically informed, function-focused and capable of identifying the therapeutic supports required to maintain or improve participant independence and participation. We strongly recommend avoiding ad-hoc or duplicated lists that may inadvertently exclude professions already recognised nationally.

About Osteopathy and Osteopathy Australia

Osteopaths in Australia are university-qualified allied health practitioners registered with the Australian Health Practitioner Regulation Agency (Ahpra). Osteopaths complete either a dual bachelor's or bachelor's and master's qualification covering functions of anatomy, biomechanics, human movement, the musculoskeletal and neurological systems, as well as clinical intervention approaches, biomedical science including pharmacology which are all underpinned by a biopsychosocial management approach.

Osteopathy Australia is the peak body representing the interests of osteopaths, osteopathy as a profession, and consumer's rights to access osteopathic services. Our core work is liaising with state and federal government and all other statutory agencies, professional bodies, and private industry regarding professional, educational, legislative, and regulatory issues. Most registered osteopaths are members of Osteopathy Australia.

Osteopaths see participants with functional impairments and disabilities across a wide range of conditions, including acquired brain injury, cerebral palsy, neurological and developmental conditions, and complex and/or comorbid presentations, resulting in permanent and significant functional impairment. The supports osteopaths provide are directly focused on functional capacity, movement, mobility, and participation in daily life, which are the outcomes the NDIS is designed to achieve.

In the NDIS context, osteopathic supports are most appropriately understood as functional capacity and participant-focused supports. Osteopaths work with participants to improve or maintain movement, mobility, physical function, pain-related participation, activities of daily living, and safe engagement in home, community, work or education settings. These outcomes are directly relevant to the purpose of NDIS therapeutic supports and should be assessed by participant need, evidence of functional benefit and measurable outcomes.

We have answered each of the terms of reference as outlined below.

Term of Reference 1: The nature and extent of non-compliance, including fraud and sharp practices, in the National Disability Insurance Scheme;

The Bill's integrity framework and Ahpra-regulated providers

Osteopathy Australia broadly supports Schedule 1 of the Bill, including the strengthened penalty framework, expansion of banning order powers, introduction of anti-promotion orders, and the enhanced role of the NDIS Quality and Safeguards Commission (NDIS Commission). We recognise the non-compliance and fraud identified by the 2023 Independent NDIS Review final report¹ and the Disability Royal Commission Final Reports².

We note, however, that the proposed increases to maximum civil penalties are substantial and their calibration has not been publicly explained. Osteopathy Australia supports a penalty framework that is proportionate across the care economy that clearly distinguishes between deliberate or reckless misconduct.

Osteopaths are already regulated allied health professionals under the National Law through Ahpra. The Ahpra regulatory framework includes protected title, accredited university qualifications, annual registration, professional standards, continuing professional development (CPD) obligations, professional indemnity insurance (PII) requirements, criminal history checks, and access to established complaints, notification and disciplinary mechanisms. As a part of holding Ahpra registration, osteopaths are required to adhere to a shared code of conduct with 12 other professions.³ The code of conduct³ requires osteopaths (amongst other health professionals) to maintain ethical, honest practice.

These existing regulatory settings are directly relevant to the design of NDIS integrity measures. They mean osteopaths are not an unregulated workforce entering the scheme without external oversight. Rather, osteopaths are part of an established health profession already subject to nationally consistent standards relating to competence, ethics, documentation, communication, privacy, professional conduct and accountability.

Osteopathy Australia recognises that integrity risks can arise across all parts of the scheme, including within regulated professions. Where misconduct occurs, it should be addressed. However, where a profession is already subject to robust external regulation, new NDIS compliance settings should be designed to complement that framework rather than duplicate it in a blunt or administratively burdensome way.

¹ Australian Government. 2023. Independent Review into the National Disability Insurance Scheme final report. [Internet]. Accessed 9 April 2026, available from:

<https://www.ndisreview.gov.au/resources/reports/working-together-deliver-ndis/>

² Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. 2023 Final Report. [Internet]. Accessed 9 April 2026, available from:

<https://disability.royalcommission.gov.au/publications/final-report-complete-volume-formats>

Similarly, in the 2024/25 Ahpra registration period, 1.2% of the profession had a complaint lodged against them.³ This reinforces that osteopathy is a profession that upholds and values the code of conduct governed by Ahpra.

Allied health professionals are a major part of the therapy workforce, and many lower-risk providers are already covered by existing professional regulation. The system itself recognises varying levels of provider risk and audit intensity.⁴

Osteopathy Australia recognises that integrity risks can arise across all parts of the scheme, including within regulated professions. Where misconduct occurs, it should be addressed through existing regulatory and criminal mechanisms. However, we reiterate that osteopaths uphold and value the code of conduct and other Ahpra related professional registration standards leading to ethical and honest practice.

Systemic inconsistency as an integrity risk

Integrity failures are not limited to fraud or deliberate misconduct. They also arise where participants encounter inconsistent interpretation, opaque decision-making, poor transparency, and administrative uncertainty that impedes timely access to appropriate supports. In these circumstances, the scheme may still be operating unfairly from the participant's perspective, even where no single provider has engaged in unlawful conduct. NDIS participants have the same consumer rights as other health consumers.⁵ Services should be delivered with due care and skill by all health practitioners.

For participants and families, inconsistent NDIA application of provider categories and therapy support pathways can produce practical harm: delays in care, disrupted continuity of treatment, repeated administrative effort, reduced confidence in the NDIS system, and diminished choice and control. These are often overlooked as integrity concerns, but they affect whether the scheme operates consistently, transparently and in the interests of participants.

For osteopathy, the key issue is not seeking special treatment but ensuring that an Ahpra-regulated allied health profession delivering functional, outcome-focused supports is assessed consistently, transparently and on its merits within the scheme.

Recommendation 1: The Committee should strengthen NDIS integrity by targeting actual risk, clarifying who is qualified to deliver therapy supports, improving consistency and transparency in NDIA decision-making, and ensuring regulation is proportionate.

³ The Australian Health Practitioner Regulation Agency. 2025. Annual Report. [Internet]. Accessed 7 April 2026, available from: <https://www.ahpra.gov.au/Publications/Annual-reports/Annual-report-2025.aspx>

⁴ National Disability Insurance Scheme. 2022. Allied health providers. [Internet]. Accessed 7 April 2026, available from: <https://www.ndis.gov.au/providers/working-provider/allied-health-providers>

⁵ Australian Competition & Consumer Commission. 2026. NDIS report: ACCC observations on consumer issues in the NDIS. [Internet]. Accessed 9 April 2026, available from: <https://www.accc.gov.au/about-us/publications/ndis-report-acc-observations-on-consumer-issues-in-the-ndis>

Term of reference 2: Impacts of Non-Compliance on NDIS Participants and Their Families;

Participant safeguarding

The Disability Royal Commission² documented serious and ongoing risks of violence, abuse, neglect and exploitation for people with disability in a supported setting. Osteopathy Australia supports strong safeguards to address these harms and endorses the Bill's participant protection measures, including the 90-day cooling-off period for NDIS withdrawal and banning order powers to remove unsuitable individuals from the scheme.

Direct harms from non-compliance

Beyond fraud and exploitation, non-compliance impacts NDIS participants and their families adversely. Participants and families can be harmed by inconsistent administration, unclear provider rules and opaque funding decisions. Non-compliance has resulted in:

- Confusion caused by inconsistent advice from planners, support coordinators or plan managers
- Delayed or forgone therapy because of uncertainty about what can be funded
- Disruption to continuity of care
- Emotional and administrative burden on families trying to navigate contradictory information
- Repeated re-explanation of functional needs, additional time spent seeking review or clarification, reduced choice and control.
- Poorer outcomes for participants in regional areas or those with complex disability.
- Harm caused by poor compliance settings just as much as harms caused by fraud.

These impacts are particularly significant for participants with complex disability, communication barriers, limited informal supports, or reduced capacity to self-advocate. In practice, families and carers may be required to spend substantial unpaid time clarifying contradictory advice, sourcing replacement providers, re-explaining functional needs, and contesting decisions that are framed inconsistently across planners, plan managers and providers.

From a participant's perspective, the relevant harm is not only whether a support is ultimately approved, but whether the pathway to receiving that support is coherent, timely and understandable. Integrity settings should therefore be evaluated not solely by their capacity to detect fraud, but also by whether they reduce avoidable confusion, preserve continuity of care, and support informed participant choice.

Inconsistency is an integrity problem

Application of the existing NDIS rules and guidelines is inconsistent and can vary significantly depending on the NDIA staff member involved, while the rules themselves are overly bureaucratic and difficult to apply. We have been advised

by NDIA staff both verbally and in written form that osteopaths can work with NDIS participants by billing under the 'other professional' line item. However, other plan managers have historically rejected osteopathy under NDIS participant plans. This creates ongoing confusion and inconsistent application of the guidelines. Inconsistency harms participants and leads to:

- Delayed care
- Disrupted therapy continuity
- Places greater stress on carers
- More time spent appealing or re-explaining supports
- Reduced choice and control
- Worse outcomes for participants in regional areas or those with complex disabilities.

Variable advice and opaque decisions undermine participant confidence, choice and control. In practice, this results in delayed access to therapy supports, disruption to continuity of care, increased time spent by participants and families re-explaining or appealing funding decisions, and greater administrative and emotional burden on carers. It can also reduce effective choice and control, particularly for participants with complex needs or those in regional and remote areas where provider options are already limited. Participants are harmed by inconsistency, confusion and a lack of transparency. The NDIS Review¹ further supports this by highlighting participant navigation challenges, which shows this is a system-wide integrity issue. These integrity failures arise not only from fraud, but also from opaque and inconsistent funding decisions that delay access to supports, undermine continuity of care, and disadvantage participants who lack the capacity or resources to advocate for appropriate services.

A core integrity weakness is the absence of a sufficiently clear and consistently applied definition of allied health and appropriately qualified therapy providers. Where the scheme uses therapy-related categories but leaves provider definitions vague, it increases confusion for participants, planners, plan managers and providers, and creates avoidable inconsistency.

Where the NDIA considers that osteopathy may be funded in some circumstances through an existing therapy support or "other professional" pathway, that position should be reflected in clear, published operational guidance available to participants, plan managers, support coordinators, and providers. Written guidance should include worked examples, documentation expectations, and the circumstances in which a support may be regarded as reasonable and necessary.

Without such guidance, participants are left to navigate inconsistent verbal advice and variable interpretation by intermediaries. That undermines confidence in NDIS administration and creates avoidable disputes that are costly for participants, providers and the NDIA alike.

We support strong integrity measures, but they must be proportionate, participant-centred and workable for osteopaths and other allied health professionals. Truly proportionate regulation for allied health is important, which

we reiterate should not be overly complicated for those professions regulated under Ahpra, such as osteopaths.

Recommendation 2: The Committee should support stronger integrity settings, but those settings should be calibrated to actual risk and should recognise pre-existing professional regulation, rather than layering duplicative or blunt compliance requirements onto already regulated health professions.

Participant case studies

The following case studies illustrate the practical participant impacts that can arise when access to therapy supports is inconsistent, delayed or poorly understood within the scheme. They are included not to seek special treatment for one profession, but to demonstrate how continuity of care, functional outcomes, carer burden and participant wellbeing may be affected where an Ahpra-regulated allied health support is available in practice but not treated consistently in administration.

Without osteopathy, participants risk regression of their disability/ies and adverse flow on effects to their families.

These examples also show that integrity should be assessed not only by reference to fraud prevention, but by whether participants can access appropriate supports through a clear, proportionate and transparent processes facilitated by the NDIA, rather than being a barrier to it.

Participant A:

Participant A (deidentified) has postural orthostatic tachycardia syndrome (POTS) and hypermobility, as well as other disabilities. Throughout the COVID-19 pandemic, Participant A became bedridden and was unable to access therapy supports. With the support of their osteopath, they were able to manage the symptoms of their hypermobility (particularly in their neck and jaw), which affects their gait, breathing and communication. Osteopathic treatment for Participant A combines a mixture of hands-on and exercise-based intervention, decreases the risk of falls and keeps them out of the hospital. Osteopathic approaches do not employ a 'one-size-fits-all' approach that Participant A has found to be the case with other allied health professions.

This case study illustrates how continuity of access to an appropriately qualified allied health provider, an osteopath, can support functional maintenance, reduce escalation of health risks, and assist participation in daily life.

Participant B:

Participant B (deidentified) has fibromyalgia, chronic pain and a range of co-occurring conditions. Before seeing an osteopath, they needed significant assistance with daily tasks including walking, eating, dressing and washing. Osteopathic treatment of Participant B was a mixture of exercises, muscle strengthening and manual therapy. Within the first year of the osteopath's care, Participant B was able to feed themselves again, walk longer distances and assist with weekly shopping and meal preparation with their partner, greatly improving

their mental and emotional wellbeing. In 2025, Participant B was forced to see other allied health professions as osteopathy was no longer approved for their plan and their deterioration was significant and swift.

This case study illustrates the participant harm that can occur when a previously effective support is removed or inconsistently recognised, including loss of function, increased carer burden and reduced independence.

Appropriately qualified and regulated allied health professionals

The NDIS needs to ensure only appropriately qualified and regulated allied health professionals can deliver NDIS supports. Osteopathy is an example of an appropriately qualified allied health profession. Appropriately qualified and regulated allied health professionals who are regulated by Ahpra should not be required to undertake duplicative processes to work with NDIS participants. This includes things that are already required as a part of the Ahpra registration process like a criminal history check.

Recommendation 3: Ensure only appropriately qualified and regulated allied health professionals can deliver NDIS supports.

Disproportionate impact on rural and remote participants

Participants with complex presentations or comorbidities often require coordinated support, longer appointment times and continuity of care. Inconsistent funding decisions can jeopardise functional progress, particularly where alternative providers are limited. Participants living in these areas often face limited access to healthcare due to geographical and socioeconomic barriers, workforce shortages, and the poor distribution of healthcare facilities and practitioners. Additionally, participants in these areas are typically more likely to have comorbidities and complex health issues and therefore require reliable access to funded health and disability supports. As the chronic disease burden grows in Australia, it is more important to prioritise multidisciplinary approaches that are effective, safe, accessible and affordable to help lower rates of hospitalisation and emergency presentations.

Term of reference 3: The effectiveness and adequacy of successive government policies to improve scheme integrity, safeguard participants and tackle non-compliance;

Inconsistent allied health lists

Osteopathy is an Ahpra-registered allied health profession. Osteopaths see participants with functional impairments and disabilities, yet the application of supports rules and guidelines is inconsistent, the lists are highly prescriptive, and their complexity creates barriers. Osteopathy should be accessed by function and participant outcomes, not hindered because of government policy especially when there is an able and willing workforce that can plug existing workforce shortages. Inconsistent or unclear access to appropriately qualified providers introduces variability in decision-making and undermines fairness and transparency for participants.

Without a government consistent list of allied health professionals and what constitutes this, it is difficult to list out professions that may or may not operate

under the NDIS currently. While osteopathy does not currently have a line item under the NDIS Framework, osteopaths can work with NDIS participants under the 'other professional' line item. We are concerned about the use of various lists to determine who qualifies as an allied health professional. Multiple, inconsistent lists across Government departments creates confusion and regulatory inflexibility.

Osteopathy Australia submits that the adequacy of successive integrity policies should be assessed not only by whether they increase enforcement powers, but also by whether they distinguish between provider cohorts with materially different risk profiles. A framework that treats Ahpra-regulated allied health professions in the same way as unregistered or higher-risk providers risks imposing duplicate compliance costs without a corresponding integrity benefit.

Policy settings will be more effective if they build on existing external regulation and target enhanced controls to areas of demonstrated risk. This would allow government to focus stronger integrity interventions on fraud, sharp practices, unsafe practice and exploitative conduct, while preserving access to appropriately qualified allied health supports.

The outcome of recommendation 4 below would reduce ambiguity, improve consistency in decision-making, and minimise the risk of ad hoc or duplicated lists that inadvertently exclude professions already recognised through national regulation and accreditation frameworks.

Recommendation 4: We strongly recommend:

- A single, central, government-endorsed list or definition of allied health, such as the one being developed by the CAHO, should be adopted consistently across the NDIA, the NDIS Quality and Safeguards Commission, relevant departmental guidance, and any associated provider compliance or pricing frameworks.
- Avoiding ad-hoc or duplicated lists that may inadvertently exclude professions already recognised nationally.

Successive integrity and funding reforms have focused heavily on lists, rule structures and control mechanisms, but have not adequately resolved the need for clear clinical guidance, consistent interpretation and transparent reasoning for therapy supports delivered by appropriately qualified allied health professionals like osteopaths. Inconsistent advice about whether and how osteopathy can be funded undermines transparency, predictability and trust in the scheme.

Integrity mechanisms that are administratively heavy, duplicative or poorly targeted can unintentionally reduce service availability, especially among small, regional and community-based allied health providers. That harms participants, undermines choice and control, and may concentrate the market in ways that reduce competition and continuity of care.

Mandatory registration

Mandatory registration with the NDIS Commission for all allied health providers would be prohibitive for osteopaths, and all allied health, working with NDIS

participants. The cost of ongoing registration and mandatory auditing procedures are untenable for small providers who are already contending with years-long price limit freezes and the cut to travel pricing in the 2024-2025 Annual Pricing Review. Adding registration and auditing costs to the ongoing costs of running a small business runs the risk of forcing osteopaths out of the scheme due to high costs. Particularly for Ahpra regulated professions, such as osteopaths, who already undergo annual processes with considerable costs, like those mentioned above. Osteopaths are not currently able to register as NDIS providers, limiting their ability to provide services to Agency-managed participants and impacting overall recognition of their eligibility as disability providers.

Rather than requiring full duplicate registration and auditing for Ahpra-regulated allied health professionals, the NDIS should adopt a streamlined recognition or deemed-registration pathway, like what has been adopted in the aged care sector. This could rely on existing Ahpra registration, PII, criminal history checks, CPD obligations and professional conduct requirements, supplemented only by NDIS-specific safeguards where there is a demonstrated scheme-specific risk.

This approach would strengthen visibility and accountability without imposing unnecessary duplication on providers who are already subject to national health practitioner regulation.

New Framework Planning

The imminent introduction of New Framework Planning is the most consequential change to the NDIS for allied health providers since the scheme's inception. Osteopathy Australia is concerned that the proposed Support Needs Assessment and budget-setting process does not include explicit requirements for allied health expertise within the assessor workforce.

Excluding allied health expertise from the assessment process creates a real risk of functional support needs being under-estimated or mischaracterised, of unsafe outcomes for participants, and of subsequent integrity failures where plans do not reflect participants' genuine needs. This Bill presents a timely legislative opportunity to address this risk before New Framework Planning commences.

Recommendation 5: New Framework Planning and Support Needs Assessment processes should include appropriate allied health expertise, particularly where participants have complex functional, mobility, pain-related, neurological, developmental or comorbid presentations. Assessment processes should be clinically informed, function-focused and capable of identifying the therapeutic supports required to maintain or improve participant independence and participation. We strongly recommend avoiding ad-hoc or duplicated lists that may inadvertently exclude professions already recognised nationally.

Term of reference 4: Any legislative or other reforms required to strengthen scheme integrity.

A risk-based regulatory framework for allied health

Integrity settings should distinguish between regulated allied health and genuinely high-risk providers. Osteopathy is a university-qualified, Ahpra-regulated allied health profession. A risk-based integrity framework should differentiate between:

- Ahpra-regulated allied health professions
- Self-regulated but established professions
- Unregulated workforces
- Clearly inappropriate or excluded practices.

Each cohort presents a different level and type of risk. A proportionate framework should therefore apply different controls to different risks, rather than using a single compliance model for regulated allied health practitioners, self-regulated professions, unregulated workforces and clearly inappropriate practices.

Specific guidance and transparent decision making

Osteopathy Australia continues to advocate for osteopathy's recognition as a profession able to provide therapeutic supports under the NDIS where those supports are directed to functional capacity, movement, mobility, physical participation and independent living. A participant's access to a therapeutic support should not depend on variable interpretation across NDIA decision-makers, plan managers or support coordinators.

As mentioned above, we have been advised by NDIA staff both verbally and in written form that osteopaths can work with NDIS participants by billing under the 'other professional' line item. However, other plan managers have historically rejected osteopathy under NDIS participants plans. There is a fundamental misunderstanding from NDIA staff, case managers and plan managers that if a profession is not specifically noted in the operational guidelines or the Price Limits and Pricing Arrangements, then it is not able to be funded.

These rejections undermine participant choice and control, reduce confidence in the scheme, the profession itself and often leave participants without funding for supports that have been shown to be effective and beneficial. More detail around how evidence-based therapeutic supports are defined, and assessed should be made available, which will help to lessen confusion, and increase consistency in these applications for funding. Lack of clarity in NDIA guidelines and rules reduces the availability of clearer consumer information about service provision.

Inconsistent advice about whether and how osteopathy can be funded undermines transparency, predictability and trust in the scheme. A participant's access to a therapeutic support should not depend on variable interpretation across NDIA decision-makers or intermediaries.

Osteopathy Australia asks the NDIA and NDIS Commission to clarify their respective roles in relation to therapy supports, provider expectations, evidence

requirements, and participant safeguards, and to ensure guidance is aligned across both systems.

Therapeutic supports should be judged by functional outcomes, not just profession labels. Where a regulated allied health profession is delivering supports that are directed to functional capacity, movement, mobility, physical participation and independent living, the scheme should assess those supports by participant need, goals, evidence of benefit and measurable outcomes, not by whether the profession has been conveniently named in a list.

That is consistent with the NDIS logic around therapeutic supports and allied health reporting, which is focused on outcomes achieved, progress towards goals, and the evidence showcasing recommended supports.

If osteopathy remains in the 'other professional' line item, there must be explicit guidance. Without a dedicated line item, we ask for:

- Clearer written NDIA guidance on when osteopathy may be funded under a participants plan
- Worked examples or case studies, showing when osteopathy may be an appropriate therapeutic support
- The NDIA to provide clearer written guidance to plan managers and support coordinators
- Transparent written reasons when funding is declined, restricted or disputed; and
- Clinician-informed escalation pathways for disputed decisions.

Clinical privacy and information-gathering powers

Any expanded information-gathering powers should include safeguards for clinical confidentiality and privacy. Requests for clinical records should be limited to material reasonably necessary to assess compliance, framed with sufficient specificity, and subject to reasonable timeframes. Where possible, providers should be able to redact or de-identify irrelevant health information.

This is particularly important for small, allied health practices, where broad or repeated document requests can create significant administrative burden and may affect therapeutic trust between participants and clinicians. Proportionate safeguards would support scheme integrity while protecting participant privacy and provider capacity.

Recommendation 6: Any expanded information-gathering powers should include safeguards for clinical privacy, proportionality, relevance, reasonable timeframes, redaction or de-identification where appropriate, and reviewability.

Conclusion

As outlined within this submission, there are many opportunities to improve the integrity of the NDIS. These potential reforms must be developed in consultation with allied health peak associations like Osteopathy Australia and participants living with disabilities.

Our submission has demonstrated that osteopathy is an Ahpra-registered, university-qualified allied health profession already subject to robust external regulation. The integrity risks the NDIS faces are real, but they do not primarily emanate from this cohort. Applying disproportionate compliance obligations to Ahpra-regulated providers while the underlying problems of list inconsistency, funding unpredictability, absent registration pathways, and planning opacity remain unresolved will reduce participant access to evidence-based therapeutic supports and further strain a workforce already under significant pressure.

Osteopathy Australia asks the Committee to adopt our six recommendations and to use this Bill as an opportunity to build an NDIS integrity framework that is proportionate, participant-centred, evidence-based, and workable for all allied health providers.

Transparency is not separate from integrity; it is one of the mechanisms by which integrity is experienced by participants and families in practice. Clear guidance, written reasons, proportionate regulation and clinically informed planning would reduce avoidable disputes, improve participant trust, and help ensure that integrity reforms do not unintentionally restrict access to safe, qualified and effective allied health supports.

If you require more information or wish to discuss further, please contact us on [REDACTED] or via email at [REDACTED]