



Amazing podiatry always

Getting It Right: A New Definition for NDIS Providers

P (03) 9416 3111
E advocacy@podiatry.org.au
W podiatry.org.au

A 89 Nicholson St
Brunswick East
VIC 3057

Australian Podiatry Association (APodA) Submission

RE: Getting It Right: A New Definition for NDIS Providers

Dear Department of Health, Disability and Ageing,

Thank you for the opportunity to provide feedback in relation to the Department of Health, Disability and Ageing consultation 'Getting it right: A new definition for NDIS providers.'

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 suitable trained, qualified and safe to practice*'. Podiatrists have a long established history of delivering high-quality services across Australia—often as sole practitioners or within small businesses, which make up a significant proportion of the NDIS workforce. As highly-trained health professionals, changes to existing provider registration need to consider the strong regulatory framework under which podiatrists practice.

We welcome the opportunity to provide further details if invited. Please contact, Daniella Florio, at advocacy@podiatry.org.au for further information or questions arising from this submission.

Yours sincerely



Hilary Shelton
Chief Executive Officer
Australian Podiatry Association



Daniella Florio
Policy, Advocacy & Research Officer
Australian Podiatry Association

1.0 About podiatrists

Podiatrists are university qualified healthcare 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, out of the over 6,000 podiatrists in Australia, 46% deliver NDIS therapy(1). In the NDIS, podiatrists support participants to maintain mobility, independence, and community participation that can 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 Recommendations

APodA recommends that Department of Health, Disability and Ageing:

Recommendation 1: Support regular engagement with the Allied Health Professions Australia (AHPA) as the peak association of allied health professionals, and consider AHPA's recommendations into this submission.

Recommendation 2: Support allied health services including podiatry and supports being captured within "Table 2" of the definition of NDIS provider.

Recommendation 3: Expand the wording in Table 2 to include the 'prescription, supply and adjustment of assistive technology and support to use assistive technology' as suggested by AHPA.

Recommendation 4: Recognising Ahpra registered practitioners within the definition of a NDIS provider and/or streamlining credentialing on the basis of Ahpra registration

Recommendation 5: Any changes to NDIS provider requirements be accompanied by a review of existing regulatory obligations to ensure they are proportionate to risk and do not impose unnecessary administrative burden.

3.0 Discussion

Allied Health Professions Australia (AHPA)

APodA is a member of Allied Health Professions Australia (AHPA) which is the peak association that represents allied health professions collectively. Allied Health is the second largest workforce in the health industry and podiatry is one of the allied health professions represented within this group.



Recommendation 1: APodA supports regular engagement with the Allied Health Professions Australia (AHPA) as the peak association of allied health professionals, and consider AHPA’s recommendations into this submission.

Are there any supports or services missing from the list at Table 2 that you think should be included in an amended definition of “a NDIS provider”?

Podiatry is currently included under the Table 2 of the support outline as a definition of a NDIS provider. Podiatrists have been involved since the inception of the NDIS in 2013. In 2024, out of the over 6,000 podiatrists in Australia, 46% deliver NDIS therapy supports. Podiatrists are also trained to assess, prescribe and adjust foot orthosis, which comes under the category of Assistive Technology.

The APodA recommend that the current line “manufacture or sale of equipment or assistive technology, including modifications” be expanded to cover the ‘prescription, supply and adjustment of assistive technology and support to use assistive technology’ as suggested by AHPA.

Recommendation 2: APodA recommends supports the list of NDIS Providers in Table 2 to include allied health supports being captured within the definition of NDIS provider.

Recommendation 3: APodA recommends expanding the wording in Table 2 to include the ‘prescription, supply and adjustment of assistive technology and support to use assistive technology’ as suggested by AHPA.

What issues should Government consider when amending the definition of NDIS provider to maintain flexibility and responsiveness to NDIS participants needs?

No response

Are there factors, other than the type of support delivered, which should be considered in a new definition of “a NDIS provider”?

Registration with Ahpra and/or relevant professional bodies should be recognised within the definition of a NDIS provider.

Podiatrists are regulated under the Ahpra Podiatry Board of Australia, which sets clear professional, clinical governance, and ongoing training requirements. As highly trained health professionals, podiatrists have a long established history of delivering high-quality services across Australia—often as sole practitioners or within small businesses that make up a significant proportion of the NDIS workforce(2).

In addition to Ahpra’s regulatory standards, podiatrists must comply with the National Health and Medical Research Council (NHMRC) infection control guidelines and complete a minimum of 20 hours of Continuing Professional Development annually.

Many podiatrists choose not to become a registered NDIS provider due to the substantial administrative burden and duplication of requirements.



Recognising Ahpra registered practitioners within the definition of a NDIS provider and/or streamlining credentialing on the basis of Ahpra registration, would reduce unnecessary duplication and prevent podiatrists from being subjected to additional regulatory layers beyond those required in comparable national health and disability schemes. This approach would maintain safeguards, while improve provider participation and enable participants to access timely, high-quality podiatry services.

Recommendation 4: APodA recommends recognising Ahpra-registered practitioners within the definition of a NDIS provider and/or streamlining credentialing on the basis of Ahpra registration

Are there supports you currently access which may be disrupted or result in secondary impacts if they are included or excluded in a new definition of a NDIS provider?

No response

Are there opportunities to ensure a new definition of “a NDIS provider” supports productivity and sustainability across the care and support economy?

A key component of the NDIS is to ensure participants have genuine choice and access to high quality services. Podiatry is an in-demand profession with well documented workforce shortages, which directly impacts participants’ ability to access timely, appropriate care(3). If additional registration requirements are introduced, this will place additional pressure on existing thin markets for podiatry and reduce participant choice, control and timely access to essential supports.

Recommendation 5: APodA recommends that any changes to NDIS provider requirements be accompanied by a review of existing regulatory obligations to ensure they are proportionate to risk and do not impose unnecessary administrative burden.

4.0 Conclusion

The Australian Podiatry Association recommends that changes to NDIS Provider registration recognise Ahpra registered practitioners, and ensure that regulatory requirements remain proportionate to risk. Recognition of existing Ahpra regulation, coupled with the removal of unnecessary administrative duplication will strengthen provider participation, maintain appropriate safeguards, and enhance participant access and choice. A definition that is clear, proportionate, and responsive will support the sustainability of the allied health workforce and uphold the core purpose of the NDIS: enabling people with disability to live active, connected, and independent lives.

5.0 References

1. National Disability Insurance Agency. 2024-25 Annual Pricing Review. In: Scheme NDI, editor. 2025.
2. Department of Health and Aged Care. Health Workforce Data n.d. [Available from: <https://hwd.health.gov.au/>].
3. Jobs and Skills Australia. Occupation Shortage List n.d. [Available from: <https://www.jobsandskills.gov.au/data/occupation-shortage/occupation-shortage-list>].

