



Amazing podiatry always

NDIS Rules: Public Consultation on New Framework Planning

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Australian Podiatry Association (APodA) Submission

RE: NDIS Rules: Public Consultation on New Framework Planning

5 March 2026

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 'NDIS rules: public consultation on new framework planning.'

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 \(PBA\)](#). 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'.

This review acknowledges the intent of the proposed reforms to create a more consistent and structured Support Needs Assessment (SNA) process. However, the draft framework contains significant gaps that pose risks to participant outcomes, particularly for those with disability related foot and lower limb needs. Key concerns relate to the lack of allied health involvement in the development of assessment tools, the reliance on a predominantly nonclinical assessor workforce, insufficient podiatry specific components within the assessment framework, and unclear pathways for incorporating clinical evidence and triggering specialist podiatry assessment.

Given the complex and high risk foot conditions among NDIS participants, and the proven role of podiatry in prevention, mobility maintenance, and early intervention, these gaps risk underassessment, inappropriate budget allocation, missed clinical warning signs, and reduced access to essential supports. This submission therefore outlines a series of recommendations focused on clinical safety, transparency, codesign, and participant choice and control.

APodA stands ready to work with the Department of Health, Disability and Ageing and the NDIA to ensure that podiatry expertise is embedded in the new planning framework, and that participants receive timely, appropriate and evidence based supports.

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



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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, 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 the Department of Health, Disability and Ageing:

Recommendation 1: Engage 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: Delay NDIS framework planning model until a pilot, with meaningful allied health involvement, including podiatry, is completed and independently evaluated, with the final report publicly released for transparency.

Recommendation 3: Involve APodA in codesigning podiatry specific targeted modules, particularly for Disability related podiatry and foot care supports.

Recommendation 4: Incorporate allied health evidence, including podiatry reports as standard practice within the Support Needs Assessment process.

Recommendation 5: Through the assessment process, define clear trigger criteria for when an assessment tool such as the I-CAN can escalate to a podiatry assessment

Recommendation 6: Ensure therapy supports are not tied strictly to rigid categories or professions and maintain flexibility for participants to choose podiatry supports within their plans.



3.0 Discussion

1. 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.

AHPA have raised a number of concerns with the proposed Framework regarding the lack of detail, timelines for implementation and lack of clinical allied health involvement in the delivery of the assessment tool and framework. AHPA have recommended that the implementation be delayed and allied health is involved in a pilot prior to the implementation of the framework planning.

In addition, the Department has not released sufficient detail about the Support Needs Assessment (SNA), review mechanisms, the budget setting method, or how disability related podiatry and foot supports will be identified under the new framework. This lack of transparency limits APodA's ability to assess the impacts for participants and podiatry professionals, particularly in determining how high risk foot needs and assistive technology will be recognised and funded. Without this detail, there is a substantial risk that podiatry specific needs will be overlooked in the design and implementation of the new planning model.

Recommendation 1: APodA recommends 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: APodA recommends delaying the NDIS framework planning model until a pilot, with meaningful allied health involvement, including podiatry, is completed and independently evaluated, with the final report publicly released for transparency.

2. Clinical Risk in Assessment Design: Unqualified Assessors and Lack of Podiatry Input into assessment tools

The proposed Support Needs Assessment (SNA) model presents significant safety and quality concerns for participants with disability related foot and lower limb needs. Under the current approach, NDIA employed assessors will not be required to hold clinical qualifications or are under a governance structure such as being regulated under Allied Health Practitioners Regulation Agency (ahpra). This creates substantial risk, as assessors will lack foundational knowledge in foot pathology, gait and biomechanical function, wound prevention, and the clinical indicators that require early podiatry intervention.

At the same time, APodA has not been engaged in the development of the assessment tools—including the ICAN, PECQ and targeted modules, which currently do not contain any podiatry specific components. The tools themselves are not designed to reliably identify or trigger disability related foot support needs or assistive technology requirements.

Compounding the risk, it is not clear if the podiatry clinical evidence prepared will be considered as a part of the assessment process. Pre assessment podiatry reports provide objective, clinically validated information that identifies emerging risk, guides funding, sets appropriate care frequency and reduces long term costs through prevention. By not considering this information, it can undermine safety, equity and participant choice and control.



Relying on a predominantly non-clinical assessor workforce, excluding podiatry expertise, and using assessment tools that do not incorporate podiatry knowledge significantly increases the risk that participants' needs will be overlooked or incorrectly classified. This is especially precarious for people with progressive, complex or high risk foot conditions, such as deformity, neuropathy, vascular compromise, gait instability or rapidly deteriorating foot health, where timely and accurate identification and intervention is critical to prevent serious complications.

Without podiatry involvement, the system risks:

- failing to identify essential podiatry supports
- restricting intervention that maintains mobility and independence
- increasing preventable complications, including wound development and hospitalisation

Recommendation 3: APodA recommends that the NDIA involve APodA in codesigning podiatry specific targeted modules, particularly for Disability related podiatry and foot care supports.

Recommendation 4: APodA recommend that assessors to incorporate allied health evidence, including podiatry reports as standard practice within the SNA process.

3. No Clear Pathways or Triggers for Additional Podiatry Assessment

As part of the framework, the I-CAN assessment tool will be used in the initial assessment process. There is currently no clear guidance on when the I-CAN will escalate to a podiatry specific assessment. This raises the concern that foot conditions require clinical expertise rather than standardised, tool based scoring which can create significant risks, including:

- critical podiatry related support needs being missed or misclassified
- participants experiencing delays or disruptions in accessing essential foot care, identifying a deterioration in their foot condition
- rapid review and urgent intervention for participants with a high risk foot status

These risks are amplified for people with progressive, complex or high risk foot conditions where deterioration can occur rapidly and where timely podiatry intervention is crucial.

Experience from the aged care Integrated Assessment Tool (IAT) clearly demonstrates that rigid assessment tools fail to capture nuanced clinical need, leading to unmet needs, inappropriate budgets and reduced access to therapy. The NDIS must avoid repeating these systemic failures.

Recommendation 5: APodA recommend that through the assessment process, define clear trigger criteria for when an assessment tool such as the I-CAN can escalate to a podiatry assessment

4. Impacts on Choice and Control, Workforce Pressures and Participant Stress

The proposed framework risks locking therapy access to only what the assessor identifies, creating inflexible, non-clinical decisions that may exclude essential podiatry supports. When therapy eligibility is tied strictly to assessed need, without clinical oversight or the ability to adjust for changing circumstances, participants are left with limited choice and reduced ability to respond to emerging risks.



This rigidity will:

- undermine participant choice and control over podiatry supports
- limit access to early intervention and preventative care
- restrict options for orthoses, footwear modifications and assistive technology
- heighten stress for participants, particularly those with fluctuating or progressive conditions such as diabetes related foot risks, neuropathies and Multiple Sclerosis
- increase workload and pressure on clinicians who must support participants navigating inflexible plans

Participants with variable foot risk or complex lower limb conditions are especially vulnerable, as delayed access to podiatry care can lead to avoidable deterioration, hospitalisation or loss of function.

Recommendation 6: APodA recommend that therapy supports are not tied strictly to rigid categories or professions and maintain flexibility for participants to choose podiatry supports within their plans.

4.0 Conclusion

The proposed *NDIS Framework Planning 2026*, presents significant risks for participants with foot and lower limb needs. Without meaningful involvement from allied health, particularly podiatry, the framework risks overlooking or misclassifying essential foot and lower limb needs, leading to reduced mobility, preventable clinical deterioration, and increased long term system costs. The absence of podiatry input in assessment tool design, the exclusion of clinical evidence from the SNA, and the lack of clear escalation pathways for specialist assessment together create an environment where participants with complex or high risk foot conditions may not receive the supports they require.

To ensure a safe, equitable and clinically robust planning system, APodA recommends delaying implementation until a clinically informed pilot is completed and urges the inclusion of podiatry expertise, clinical evidence and flexible access to supports to ensure safe, effective and participant centred planning. APodA remains committed to supporting the Department and NDIA to refine the framework, and welcomes opportunities to contribute further clinical insight, evidence and codesign input as reforms progress.

5.0 References

1. National Disability Insurance Agency. 2024-25 Annual Pricing Review. In: Scheme NDI, editor. 2025.

