



Amazing podiatry always

Securing the NDIS for Future Generations Bill: Submission

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: Securing the NDIS for Future Generations Bill

1 June 2026

Dear Department of Health, Disability and Ageing,

Thank you for the opportunity to provide feedback in relation to the Senate Standing Committee on Community Affairs Inquiry on [National Disability Insurance Scheme Amendment \(Securing the NDIS for Future Generations\) Bill 2026](#).

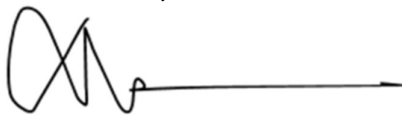
The [Australian Podiatry Association](#) (APodA) is the peak professional body for podiatrists. APodA empowers podiatrists by providing strong advocacy, professional development opportunities, clinical resources, and member support services to assist at every stage of the career journey. Podiatrists 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'.

APodA supports reforms that strengthen the integrity, quality and long-term sustainability of the National Disability Insurance Scheme (NDIS). The success of the NDIS depends on delivering of timely, person-centred therapy supports that enable people with disability to maintain function, independence and participation in daily life. Reforms focused on sustainability need to be balanced to ensure that they are not implemented at the expense of equitable access, and participant outcomes.

From a podiatry perspective, access to essential therapy supports is not discretionary, it is critical to preventing deterioration, avoiding serious complications, and reducing long-term system costs. Reforms must therefore safeguard access to podiatry therapy supports based on clinical and functional need. The delivery of these supports for NDIS participants is complex and cannot be met through mainstream systems.

We welcome the opportunity to provide further details and to present at a public hearing. Please contact advocacy@podiatry.org.au for further information or questions arising from this submission.

Yours sincerely



Judy Powell
Policy, Advocacy & Research Manager
Australian Podiatry Association



Daniella Florio
Policy, Advocacy & Research Officer
Australian Podiatry Association

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 Senate Standing Committee on Community Affairs consider:

1. alignment of the provisions with the World Health Organisation’s International Classification of Functioning (ICF) which is a holistic definition of functional capacity incorporating environmental and personal factors.
2. the inclusion of Allied Health Professionals Australia (AHPA) as a member of the Technical Advisory Group (TAG).
3. the legislative provisions retain flexibility to support funding for secondary conditions where they significantly affect function, mobility, or disability outcomes.
4. avoiding the referral of therapy supports to mainstream services such as Medicare that are less accessible and do not meet the clinical and social needs of NDIS participants.
5. that the “reasonable and necessary” criteria remain focused on participant needs and outcomes, with safeguards to ensure cost decisions do not limit access to essential podiatry therapy supports.
6. adopting a risk-proportionate registration model that recognises existing Australian Health Practitioner Regulation Agency (Ahpra) regulation to reduce cost and duplication.
7. the provisions align the NDIS record-keeping requirements consistent with Ahpra’s clinical guidelines.
8. the provisions include mechanisms for independent, transparent pricing in the NDIS to cover the true cost of podiatry therapy supports, ensuring, provider viability and access for participants.
9. provisions to restrict automation to non-clinical decisions.

3.0. Schedule 1: Access and Planning Measures and a new definition of functional capacity

3.1. Access to the NDIS

Access is fundamental determinant to a person's ability to live independently, exercise choice and control, and participate fully in their community.

Access to appropriate therapy supports, such as podiatry therapy supports directly underpins independence by enabling people to maintain mobility, function, and participation in daily life. When participants receive timely podiatry therapy supports, they are better able to walk safely, manage pain, and prevent complications that would otherwise limit their ability to perform basic tasks and participate in daily living activities. By not appropriately incorporating podiatry therapy supports into assessment, eligibility, and funding frameworks, this may lead to:

- Reduced mobility and independence with increased disability
- Higher long-term costs across health and disability systems
- Increased hospitalisations and acute care demand
- Poor participant outcomes

3.2. Defining Functional Capacity

The proposed definition of functional capacity is overly narrow, excluding environmental and personal factors that significantly shape disability and diverging from the [WHO's International Classification of Functioning \(ICF\)](#). From a podiatry perspective, this creates a risk of inaccurate assessments, as mobility, independence and participation are strongly influenced by factors such as pain, lower limb function, fall risk, comorbidities, and access to appropriate foot care. By overlooking these elements, assessments may underestimate support needs, leading to inadequate access to essential podiatry therapy supports and increasing the risk of preventable complications such as ulceration, infection and hospitalisation, ultimately driving poorer outcomes and higher system costs.

Recognising allied health expertise, particularly podiatry, in assessment and planning is critical to safe, equitable, person-centred care. Incorporating this input strengthens participant choice and control, while overlooking it can compromise safety, equity and early intervention outcomes.

Recommendation 1: APodA recommends that the Committee consider alignment of the provisions with the World Health Organisation's ICF which is a holistic definition of functional capacity incorporating environmental and personal factors.

Allied health plays a significant role in delivering therapy supports and therefore has a significant contribution to make in the development and design of eligibility and assessment processes in the NDIS. APodA recommends that allied health inclusion on the Technical Advisory Group (TAG) is critical to inform evidence based and practical decision making.

Recommendation 2: APodA recommends the inclusion of AHPA as a member of the Technical Advisory Group



3.3. Restricting Supports to Primary Impairments

Tightening the link between supports and primary impairments risks excluding necessary supports for secondary conditions caused or exacerbated by a participant’s disability. Podiatry provides essential therapy supports that often address secondary complications of primary disabilities, including foot deformities, skin breakdown, falls risk, pain, and mobility limitations. These issues may not be the “primary impairment” but are critical determinants of independence, and participation outcomes. Excluding such supports risks loss of function, increased disability and hospitalisations.

The alternative funding schemes for podiatry services available through Medicare or private health insurance don’t account for complexity of managing people with disabilities and in most instances require out of pocket expenses to be paid. They are also delivered in a clinic setting rather than in the home and are more suited for delivery of interventions for people with uncomplicated chronic conditions. The reduced access to therapy supports through a restriction to primary impairments is particularly concerning for people with disability that are at risk of complications, including those with neurological conditions, diabetes, or reduced mobility.

Recommendation 3: APodA recommends that the legislative provisions retain flexibility to support funding for secondary conditions where they significantly affect function, mobility, or disability outcomes.

Recommendation 4: APodA recommends the avoidance of referrals of therapy supports to mainstream services such as Medicare that are less accessible and do not meet the clinical and social needs of NDIS participants.

3.4. Reasonable and Necessary Supports

While clarifying “reasonable and necessary” criteria is welcomed, the proposed changes are overly restrictive and risk limiting access to essential supports, including podiatry therapy supports that maintain mobility, prevent deterioration, and enable participation in daily activities.

Key concerns include an overemphasis on scheme sustainability at the expense of individual need. This is complicated by:

- Preventative foot care often being undervalued despite evidence on its role in avoiding serious complications(2)
- Delays or reductions in podiatry therapy supports can quickly lead to high-cost interventions (e.g. wound care, hospitalisation, amputation), undermining both participant outcomes and system sustainability

Recommendation 5: APodA recommends that “reasonable and necessary” criteria remain focused on participant needs and outcomes, with safeguards to ensure cost decisions do not limit access to essential podiatry therapy supports.

4.0. Schedule 2: Fraud, compliance and provider regulation measures

4.1. Registration of NDIS Providers

The definition used in the provisions of NDIS providers raises concerns about duplicative registration processes. For example, podiatrists are already regulated under the Ahpra. The registration proposed adds an unnecessary administrative burden and cost without improving safety or quality. To reduce the impact of these unintended consequences the provisions should take a risk-proportionate approach, that recognises existing professional regulation. This is particularly important for maintaining a viable podiatry workforce within the NDIS, as excessive compliance costs may discourage providers from delivering essential podiatry therapy supports and mobility-related services.

Recommendation 6: APodA recommends to the Committee that the provision adopt a risk-proportionate registration model that recognises existing Ahpra regulation to reduce cost and duplication.

4.2. Retention of Records:

APodA supports formalising record-keeping requirements for NDIS-funded services, noting that podiatrists already adhere to strict documentation and record management obligations under Ahpra and the Podiatry Board of Australia, alongside existing state and territory health records legislation, privacy obligations, and guidance from the Office of the Australian Information Commissioner (OAIC). Consideration should be given to align NDIS with existing standards in these regulatory frameworks to avoid duplication and inconsistency.

Recommendation 7: APodA recommends that the provisions align the NDIS record-keeping requirements consistent with Ahpra's clinical guidelines.

5.0. Schedule 3: Governance arrangements including changes to pricing and automated administrative actions

5.1. Decision Making on Pricing

APodA strongly supports the introduction of independent oversight mechanisms to strengthen independence, transparency and accountability in NDIS pricing decision-making. For podiatry providers, who deliver essential preventative and maintenance care (e.g. wound management, ulcer prevention, falls risk reduction), pricing must accurately reflect the full cost of service delivery.

Legislative provisions must ensure pricing accurately reflects the full cost of delivering therapy supports, informed by robust research into fair and reasonable pricing across varied settings and locations. Without transparent methodologies and accurate cost capture, there is a significant risk that prices will be set below sustainable levels, undermining provider viability and limiting participant access to essential podiatry services, which leads to market failure.



APodA also supports greater transparency through the publication of pricing reviews and welcomes ongoing engagement on differentiated pricing to ensure that the unique needs of participants requiring podiatry therapy supports are appropriately recognised and funded within a sustainable scheme.

Recommendation 8: APodA recommends that the provisions include mechanisms for independent, transparent pricing in the NDIS to cover the true cost of podiatry therapy supports, ensuring, provider viability and access for participants.

5.2. Automation of Administrative Action

APodA acknowledges the potential efficiency gains from automation but are concerned about its use without appropriate safeguards. From a podiatry perspective, many NDIS decisions rely on clinical judgement and should not be automated. Automation is best limited to non-clinical functions, with participants and providers retaining clear rights to review and challenge decisions, supported by transparent processes and independent oversight to ensure safety and trust.

More broadly, pricing and automation reforms must not undermine access to podiatry therapy supports, which plays a critical role in reducing hospitalisations and long-term system costs. Inappropriate pricing or reliance on automation risks delays in care, participant deterioration, and increased demand on acute services. Maintaining provider viability is therefore essential to ensure ongoing access to timely, high-quality podiatry services across the NDIS.

Recommendation 9: APodA recommends that the provisions restrict automation to non-clinical decisions.

6.0. Schedule 4: Technical amendment to support the implement New Framework Planning

To support evidence-based decision making by assessors and the NDIA, it is essential that assessments from allied health providers, including podiatrists, are a compulsory and critical part of the process. APodA is concerned that broad funding reductions undermine participant safety and long-term outcomes, likely resulting in higher downstream healthcare costs.

Consistent, evidence-based planning processes must ensure that participants' budgets adequately cover all reasonable and necessary podiatry therapy supports, recognising their preventative value and contribution to maintaining independence and quality of life.

7.0 Conclusion

APodA supports the long-term sustainability and integrity of the NDIS, however, this must not come at the expense of participant outcomes, equitable access, or the fundamental principles that underpin the Scheme. Podiatry plays a critical role in maintaining mobility, independence and participation, and is a cost-effective, preventative investment that reduces avoidable complications and downstream healthcare costs. It is essential that the legislative framework recognises this value and ensures that participants continue to have access to clinically appropriate, evidence-informed podiatry supports based on individual need.



APodA urges the Committee to carefully consider the significant risks associated with the proposed reforms, particularly in relation to reduced oversight, constrained funding, and narrower eligibility and assessment approaches. Strengthening safeguards, embedding transparency, and ensuring meaningful engagement with allied health, including podiatry, will be critical to achieving reforms that are both sustainable and person-centred.

APodA stands ready to work collaboratively with government to ensure that the NDIS continues to deliver safe, high-quality and effective supports for all participants into the future.

8.0 References

1. Agency NDI. 2024–25 Annual Pricing Review. Canberra: National Disability Insurance Agency; 2025.
2. Lavery LA, Wunderlich RP, Tredwell JL. Disease management for the diabetic foot: Effectiveness of a diabetic foot prevention program to reduce amputations and hospitalizations. *Diabetes Research and Clinical Practice*. 2005;70(1):31-7.