

**Parliament of Australia
Joint Standing Committee on the National Disability Insurance
Scheme**

Inquiry into the NDIS Quality and Safeguards Commission

Occupational Therapy Australia submission

July 2020

Introduction

Occupational Therapy Australia (OTA) welcomes this opportunity to make a submission to the Joint Standing Committee's inquiry into the NDIS Quality and Safeguards Commission.

OTA is the professional association and peak representative body for occupational therapists in Australia. More than 23,000 registered occupational therapists currently work across the government, non-government, private and community sectors in Australia.

Occupational therapists are allied health professionals whose role is to minimise the functional impairment of their clients to enable them to participate in meaningful and productive activities.

The role of occupational therapists in the NDIS

Occupational therapists work with people with a disability and their families to maximise outcomes in their life domains, including daily living, social and community participation, work, learning and relationships. Occupational therapists are highly skilled in assessing the degree to which a person's disability affects their level of function in daily tasks. Based on these assessments, occupational therapists make recommendations for, and then deliver, interventions that enhance and maintain an individual's functional capacity.

Given their expertise and area of practice, many occupational therapists deliver NDIS funded services to participants. These services include, but are not limited to, functional capacity assessments, interventions to promote participation in daily living skills and independence, minor as well as complex home modifications, prescribing assistive technology and providing positive behaviour support.

The NDIS Quality and Safeguards Commission

OTA is pleased to report that members' complaints about the role and processes of the NDIS Quality and Safeguards Commission (the Commission) have diminished markedly since reforms to the requirement for certification by the Commission were introduced in early 2019. Members of the Committee will be aware that prior to those reforms, sole providers and smaller practices had to undergo certification if they were an incorporated entity, irrespective of the complexity of supports they provided. This placed an unsustainable financial and administrative burden on many of these providers, particularly those working less than full time or providing services to a small number of NDIS clients.

OTA commends all Australian governments for removing this onerous and unnecessary requirement.

OTA members also report that the cost of the audit that is an essential part of the certification process is less prohibitive than it was at the time of the Commission's establishment.

This welcome development notwithstanding, the fact remains that the audit is unnecessarily expensive, a fact attributable in part to the limited number of approved auditors. Despite repeated assurances by the Commission, the number of approved auditors has not increased over the past 18 months; in fact, it seems to have been cut from 16 to 15.

While these firms claim to provide services across all of Australia, they are all metropolitan based, meaning that NDIS providers based in regional and rural parts of the country must bear the additional cost of the visiting auditors' travel and accommodation.

If OTA is incorrect about this, and measures have been taken to address this injustice, we would be delighted to hear it. We urge the Joint Standing Committee to inquire into this particular matter, given that thin provider markets in regional and rural Australia will never be meaningfully addressed if there are institutionalised disincentives to practising in these areas.

The Commission's panel of approved auditors is anti-competitive, and this is reflected in the still excessive cost of a certification audit. As such, the existing arrangement is a reason for occupational therapists not to pursue certification by the Commission. Accordingly, OTA asks the Joint Standing Committee to request data from the NDIA/Commission around:

- The number of NDIS service providers who have chosen not to reregister;
- The number of NDIS service providers who are instead providing services in an unregistered capacity; and
- The number of self-managed and plan managed participants, and whether this figure has grown since the establishment of the Commission.

The need for certification/verification by the Commission

In February 2019, as part of the Joint Standing Committee's *Inquiry into General Issues around the Implementation and Performance of the NDIS*, OTA wrote:

Certification by the NDIS Quality and Safeguards Commission is a disincentive to continued registration with the NDIS, in particular the prohibitive cost of the required audit. OTA asks again why one arm of government, the Australian Health Practitioner Regulation Agency (AHPRA), deems our members fit to practice while another, the Commission, questions that fitness.

This question has never been satisfactorily addressed by the Commission.

To become a registered occupational therapist, an individual must complete an accredited undergraduate degree and meet all registration requirements set by AHPRA. These requirements cover criminal history, English language skills, professional indemnity and insurance arrangements, continuing professional development (CPD) and recency of practice.

Occupational therapists must also renew their registration annually and demonstrate that they continue to meet the Board's registration standards. (AHPRA 2020)

Imposing any additional screening or registration requirements on occupational therapists simply duplicates regulatory functions. Such duplication is not only unnecessary, it has the demonstrated effect of disrupting workforce attraction and retention.

Why, then, must the NDIS Quality and Safeguards Commission impose an additional – and very expensive – layer of bureaucracy on top of AHPRA registration? This is akin to issuing someone a driver's license but then imposing an additional licensing process if that person wishes to drive down a particular street.

Certification and verification of AHPRA registered service providers by the Commission is unnecessary. It is onerous. It is expensive. Worse, it drives talented clinicians from NDIS work, depriving NDIS participants of enhanced choice of service providers – supposedly a tenet of the Scheme.

And, as OTA pointed out to the Joint Standing Committee as recently as April this year, as part of its inquiry into the NDIS workforce:

This is bad news for the people the NDIS is supposed to support, particularly when you consider that this phenomenon is by no means limited to occupational therapists – it is a discernible development across all the allied health professions.

Conclusion

OTA thanks the Joint Standing Committee for this opportunity to raise matters of concern around the NDIS Quality and Safeguards Commission. Representatives of OTA would be pleased to appear before the Committee and expand on matters raised in this submission if Committee members were to deem that helpful.

References

Australian Health Practitioner Regulation Authority (2020). *Registration and How to Apply*. <https://www.occupationaltherapyboard.gov.au/Codes-Guidelines/FAQ/Registration-and-how-to-apply.aspx>.