

# The role of pricing and payment approaches in improving participant outcomes and scheme sustainability

## NDIS REVIEW

Submission by  
**Australian Physiotherapy Association (APA)**  
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## Contents

<b>Introduction</b>	<b>3</b>
<b>Preliminary comment: about the Annual Pricing Review 2022-23</b>	<b>4</b>
<b>Feedback on the consultation paper</b>	<b>5</b>
About the data in the paper .....	5
About the terms ‘provider’ and ‘market’ .....	5
<b>Summary of Recommendations</b>	<b>7</b>
<b>Finding 1: There are opportunities to improve NDIS pricing arrangements over the short- to medium-term</b>	<b>8</b>
Price caps .....	8
Competition and market mechanism .....	8
Information, improvement, innovation .....	9
Recommendations .....	10
<b>Finding 2: The fee-for-service payment approach rewards NDIS providers for the volume of supports they deliver, rather than for supporting participants to achieve outcomes</b>	<b>11</b>
Seeking best outcomes for participants .....	11
Alternative payment approaches .....	11
Outcome-based funding .....	12
Recommendations .....	13
<b>Finding 3: A lack of transparency around prices, volume, quality and outcomes is restricting the effectiveness of NDIS service delivery</b>	<b>14</b>
<b>Finding 4: Removing price caps could place pressure on scheme costs. Instead, the focus should be on foundational market reforms that help align incentives for participants, providers and governments</b>	<b>15</b>
On providers’ motivation .....	15
<b>Next steps</b>	<b>16</b>
<b>About Australian Physiotherapy Association (APA)</b>	<b>17</b>

## Introduction

The Australian Physiotherapy Association (APA) welcomes the opportunity to provide feedback to the NDIS Review's paper on the role of pricing and payment approaches in improving participant outcomes and scheme sustainability.

In this submission, we provide feedback to the consultation paper and its findings. As the Review indicated at the start of the process it had read what stakeholders had expressed in previous consultations and inquiries, we will endeavour to avoid repeating what is already on the public record. We would welcome the opportunity to meet with the Review to discuss further.

### Physiotherapy and the NDIS

Physiotherapy is a highly trained, Ahpra-regulated discipline with expert knowledge, skills and training in understanding how people move and learn to move, and the development of movement, specifically, as these relate to the health, well-being and quality of life of people of all ages. Physiotherapists are trained in the biomechanics of movement, combining knowledge of physics, physiology and anatomy to analyse movement and determine movement difficulties.

Physiotherapists are movement and participation experts in disability who provide expertise in improving function, participation and building capacity. Physiotherapists analyse an individual's quality of movement, identify motor impairment, and investigate the interrelationship between movement and other neurological and physiological factors such as sensory perception and pain.

Physiotherapists are committed to providing evidence-based, patient-centred, safe and high-quality care to people with disability and contributing to an effective and equitable disability sector. Physiotherapists promote social inclusion through optimising a person's function and encouraging participation and inclusion in the economic and social life of the community.

Within the NDIS, a physiotherapist's scope of practice is very broad. Physiotherapists work in multidisciplinary and transdisciplinary teams to support capacity building goals and the functional and participation outcomes for all their participants. These supports will often occur in natural environments such as homes, day care, work places and in the community, in order to achieve participation outcomes, one of the pillars of NDIS's insurance-based approach. Often supports will require communication with both a participant's family, carers, and their formal supports. All this service provision occurs in addition to the face-to-face services that a participant receives.

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The APA's ambition is to have a strong and sustainable NDIS that delivers on its promise, where participants can meet their goals while physiotherapy support providers receive fair remuneration for the supports they provide.

While looking at price and payment, we would like the narrative to shift from *cost* to *value*. By improving function and mobility, physiotherapists create great value for participants, and in turn their support networks and the economy as a whole.

## Preliminary comment: about the Annual Pricing Review 2022-23

The APA invites the Review to read APA's submission to the NDIS Annual Pricing Review 2022-23 available at: [https://australian.physio/sites/default/files/submission-2023-04/APA\\_SUBMISSION\\_Pricing\\_Review\\_2023.pdf](https://australian.physio/sites/default/files/submission-2023-04/APA_SUBMISSION_Pricing_Review_2023.pdf)

In our submission, we described the main cost drivers in the delivery of physiotherapy supports, the impact of registration on cost, and the impact on workforce.

**We asked for the price limits for physiotherapy supports to be indexed on 1 July 2023 in line with the Wage Price Index and Consumer Price Index.**

As the Review acknowledges in the paper, price limits for supports delivered by physiotherapists haven't changed since July 2019. This means that they have decreased in real terms as the costs of providing supports have increased substantially in line with wage and price increases. We note that indexation of NDIS price limits in line with the Wage Price Index (WPI) and Consumer Price Index (CPI) was granted to nursing supports in the latest update of the price guide in June 2022.

We have expressed our disappointment and the disappointment of our members that there was no change to Therapy support pricing arrangements in the latest Annual Pricing Review (APR). We also note that the Therapy support review announced with the findings of the APR 2021-22 never eventuated. More broadly, we can't understand why in the pricing arrangements, some price caps are indexed with CPI and others are not. What is the rationale behind that? Inflation and interest rises don't discriminate, all sectors and professionals are impacted.

We note from the APR consultation report that the decision not to change therapy support price limits is mostly based on comparison with publicly available information on private session prices as well as comparison with other public funded schemes. It's a fallacious comparison to compare NDIS prices with private session fees as the cost structure is very different. Also, we have repeatedly indicated that fees in other schemes are grossly inadequate, especially fees as determined by the Department of Veterans' Affairs (DVA) for supports delivered to veterans.

The APA recommends the Review reads APA's report on DVA fees<sup>1</sup> which highlights how 26% of physiotherapists who responded to our survey have stopped providing supports to veterans and another 45% will stop if the fees don't increase. The fact that the NDIS price limit sits higher than other publicly funded schemes is not an indication that the NDIS price is too high, rather, it shows that physiotherapy supports are underfunded by governments.

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<sup>1</sup> Available at [https://australian.physio/sites/default/files/APA\\_VETERANS\\_July2023\\_FW.pdf](https://australian.physio/sites/default/files/APA_VETERANS_July2023_FW.pdf)

## Feedback on the consultation paper

### About the data in the paper

- As it relates to Therapy supports from page 29, it is disappointing to see the NDIS Review paper using data from the NDIS Annual Pricing Review 2021-2022 consultation. APA, along with other allied health peak bodies, has contested the data included in that paper. We invite the Review to consult the transcripts of the workshops and working groups held in the context of the NDIS Pricing review 2021-2022 consultation for further details.
- Ability Roundtable conducted detailed analysis on the profitability of NDIS providers across supports, including therapy supports. We invite the Review to engage with their COO Michael Bink who presented the findings at DSC's annual conference. Mr Bink indicated that their members' therapy services operated at a loss, and in some cases at a significant loss. He furthered that *'if we assume that the NDIA chooses to not index therapy pricing for FY24, making it four years in a row without indexation, it is hard to see these providers continuing without some drastic decisions being made.'*  
When therapy support providers make 'drastic decisions' it means that it is the availability of those supports that is jeopardised, ultimately impacting participants.
- It is also important to understand details behind participants' testimonials. For example, first testimonial on page 30 says: *'an able bodied person can go to an allied health professional and be charged \$90, but I go for the same service and because I am NDIS funded I get charged more than \$200.'* We need more details to understand the circumstances of this price difference: are the supports comparable, is it a per-hour or per-session price, is the allied health professional registered, etc. The APA takes allegations of price gouging very seriously and invite participants to complain to us directly.
- On page 30, the Review mentions audit costs based on a survey conducted by the NDIS Commission. We would like the Review to note that the invoice issued by an auditor doesn't represent the full cost of an audit for a therapy provider, the time spent and opportunity cost to prepare for the audit can have a significant impact on a provider.
- We thank the Review for acknowledging that 'there may be valid reasons why prices are higher for some participants' and invite the Review to meet with physiotherapists that will provide further details on this topic.

### About the terms 'provider' and 'market'

- It is problematic to keep seeing references to 'providers' as a homogenous cohort.
- Ahpra-registered physiotherapists operate in an environment where initial and ongoing qualifications, and service delivery are regulated, with a code of conduct and standards.

Please read APA's submission to the Review's NDIS Quality and Safeguarding Framework issues paper for details on physiotherapists' regulatory environments.

- Similarly, it is problematic to look at the 'NDIS market' or even 'markets' as homogenous and responsive to the same kind of forces. The provision of physiotherapy supports occurs in a regulated environment, has distinct workforce issues, and there are specificities related to the therapy relationship, the delivery of the supports, the expertise needed. Most often, the market of physiotherapy supports cannot be compared to the market of other supports in the NDIS. We welcome the Review acknowledging on page 20 that 'the NDIS is not one market, but a complex system of sub-markets', and that 'The approach to service delivery and market stewardship needs to reflect the nature of participants, supports and providers in each sub-market' however regret that this lens is not systematically applied throughout the paper and its findings.
- **We would like to collaborate with the Review to look at physiotherapy supports specifically.**

## Summary of Recommendations

**Our main and overarching recommendation is that the Review meets with the APA and a number of physiotherapists who provide supports to NDIS participants, as a focus group, to discuss the issues described in the paper.**

The APA recommends that the NDIA:

- work with the APA to develop information and guidelines about best practice physiotherapy supports that help participants achieve their goals;
- and/or the Department of Social Services fund the development of National guidelines for best practice physiotherapy supports for people living with disability, inside and outside the NDIS, in collaboration with the APA. See for example the 2015 Best Practice Guidelines for Early Childhood Intervention<sup>2</sup>;
- work with the APA and participants to work on developing outcome measurements for physiotherapy supports; and
- work with the APA to look at meaningful indicators of quality physiotherapy supports.

The APA recommends that the NDIS Review:

- conduct or commission an independent review of the actual costs of delivering physiotherapy supports in the NDIS;
- conduct or commission a fee comparison *like for like* taking into consideration the specificities of delivering supports in the NDIS (cost and impact of registration, administration, type of supports, investments needed to provide those supports such as equipment, space, upskilling staff, expertise and experience needed) compared with delivering supports in State Schemes or to deliver treatment to private patients; and
- look closely at the analysis undertaken by Ability Roundtable, and presented by COO Michael Bink at DSC's annual conference 2023.

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<sup>2</sup> Available at: <https://www.flipsnack.com/earlychildhoodintervention/ecia-national-guidelines-best-practice-in-eci/full-view.html>

## Finding 1: There are opportunities to improve NDIS pricing arrangements over the short- to medium-term

### Price caps

- The APA agrees with the Review's comment that price caps are 'set based on poor quality and incomplete data, and are applied bluntly in the NDIS'.
- Our members report that the price guide reflects a misunderstanding of the reality of supports delivery. For example, there is no incentive or proper provision to deliver supports in natural environment despite it being best practice.
- Also, the price guide doesn't allow for the provision of small therapy items and consumables (such as therapy putty, pencil grips, strapping tape) during consultations to participants in order to continue practice in natural environments or when with support workers and informal supports. This is usually allowed under other insurance schemes such as the Department of Veterans' Affairs, Icare or Lifetime Care and Support Scheme (LTCS).
- We have explained multiple times that physiotherapy supports delivered to people with disability cannot be compared with treatments provided to private patients for common musculoskeletal presentations, or to patients in State-based schemes, especially for registered providers. Therefore, it is fallacious to compare the prices across private patients, State schemes and the NDIS.
- APA's members have reported that pricing arrangements hinder their ability to hire and retain staff because they struggle to offer attractive salaries that reflect the complexity of the supports delivered in a highly competitive market (see APA's submission to the NDIS Annual Pricing Review 2022-23 referenced above).
- As mentioned above in our preliminary comments, comparison with other government funded schemes (Federal or State) must be approached very carefully.

### Competition and market mechanism

- 10 years into the NDIS, can we still make the assumption that competition and market mechanisms are an effective way of guaranteeing choice and control as well as quality and safety for participants; that supports will be reasonable and necessary, and that providers will thrive for excellence through competition? How much longer until the market is deemed as 'mature'?
- Is the care economy (across disability, childcare, aged care), by design, resistant to the beneficial market forces we see in other sectors of the economy?



- On page 16, the paper states ‘When well-designed, market-based approaches for social services – where participants have choice and providers compete – can foster innovation, lower the cost of service delivery, and improve the quality of supports and participant outcomes. Realising the benefits of a market-based approach, however, requires that the scheme settings align incentives for participants, providers and government.’ **To better understand the point of reference of the Review, we would welcome further information on this topic and real-life examples of such markets.**
- The APA supports exploring government market interventions and commissioning to improve provision of supports. **We are willing to work with the Government and the NDIA on how this would relate to physiotherapy supports.**

### Information, improvement, innovation

- Beyond information on ‘what supports are available, what these cost, and what good looks like’, for participants to be informed consumers, it is also critical to educate participants on the therapy supports that are available to them, how those supports help them achieve their goals, and how those supports are delivered and in which environment. This information should be made available in a range of accessible formats.
- Physiotherapy is an evidence-based profession. The Physiotherapy Board of Australia requires physiotherapists to undertake at least 20 hours of Continuing Professional Development (CPD) per year in order to maintain their Ahpra registration. The APA, as peak body, provides CPD to our members and all physiotherapists, supports research, the dissemination of research findings, and the transfer from the latest research into practice – from Australia and overseas.
- **We are willing to work with the NDIA to develop information and guidelines about best practice physiotherapy supports that help participants achieve their goals.**

#### Focus areas for further consultation

To improve NDIS pricing arrangements over the short to medium term, there may be benefits in exploring options such as:

1. Ensuring that the setting of price caps is transparent, including greater use of market data and independent price monitoring and/or price setting. This could ensure NDIS price caps better reflect efficient prices, strengthen confidence in the price setting process, and support ongoing investment in the sector.
2. Further differentiating price caps to reflect the additional costs involved in delivering services to participants with more complex needs and in regional areas. If this

can be achieved without creating excessive administrative burden, it could improve supply and access to quality supports for participants.

3. Implementing 'preferred provider' panel arrangements – where providers agree to supply supports at an agreed price and on agreed terms – as a possible alternative to price cap arrangements for certain NDIS supports. The NDIA could leverage its 'buying power' to negotiate prices with providers. This could provide a simplified option for participants in accessing supports, without limiting their choice.

- The APA fully supports findings 1 and 2.
- The APA would like the Review to confirm whether therapy supports would be included in 'preferred provider panel arrangements'. In principle, the APA supports initiatives to increase participants' access to supports and would like to understand better the parameters of 'preferred provider panel arrangements' before providing further comments.
- The APA notes that in the Private Health Insurance (PHI) sector, there have been challenges in the implementation of preferred provider arrangements while maintaining choice and control for patients.
- In the NDIS, the APA is adamant participants should always have access to their physiotherapy provider of choice. Also, a preferred provider arrangement should never reduce the clinical autonomy of a therapy provider whereby a payer is involved in patient-related clinical decision.

## Recommendations

That the NDIS Review:

- Conducts or commissions an independent review of the actual costs of delivering physiotherapy supports in the NDIS;
- Conducts or commissions a fee comparison *like for like* taking into consideration the specificities of delivering supports in the NDIS (cost and impact of registration, administration, type of supports, investments needed to provide those supports such as equipment, space, upskilling staff, expertise and experience needed) compared with delivering supports in State Schemes or to deliver treatment to private patients; and
- Looks closely at the analysis undertaken by Ability Roundtable, and presented by COO Michael Bink at DSC's annual conference 2023.

## Finding 2: The fee-for-service payment approach rewards NDIS providers for the volume of supports they deliver, rather than for supporting participants to achieve outcomes

### Seeking best outcomes for participants

- Physiotherapy is an evidence-based and outcome-focused discipline. Seeking the best outcomes for participants, and for that matter for all patients of physiotherapy supports and treatments, is baked into the DNA of the profession.

#### Focus areas for further consultation

Other payment approaches (such as, outcome, enrolment and blended payments) could be used to better align incentives for providers with the interests of participants and governments and promote the delivery of 'value-based' supports in the NDIS.

However, it is important to carefully consider the advantages and disadvantages of different payment approaches to avoid introducing perverse incentives for providers and maintain choice.

***We want to hear from you about opportunities to use other payment approaches in the NDIS along with complementary measures (such as, improved market monitoring).***

***We are interested in what approaches could be considered for different types of supports, including daily living supports, therapy supports and others.***

***We are also interested in how these approaches may potentially be implemented in the scheme.***

### Alternative payment approaches

- The APA is open to exploring options for complementary and/or alternative payment approaches as long as they ensure participants will still have access to all the supports they need and physiotherapy providers receive fair remuneration for the supports they deliver.
- The APA agrees that before any alternative payment approaches are introduced, the NDIA will need better data and more granular understanding of the provision of therapy supports, their cost base analysis, the differences between different types of supports, the outcomes that can be expected, and different cohorts of participants. Indeed, as the Review paper indicates at page 34, one-size-fits-all payment approaches are unlikely to work across all the

different supports that are provided to participants or across all cohorts of participants (and locations).

- The APA supports initiatives to redesign models of care towards value-based, person-centred, integrated and coordinated care; models that encourage best practice and geared towards patients / participants outcomes.
- The solution may lay in a mix of payment approaches to drive value. We acknowledge that design and implementation will be complex and lengthy.

## Outcome-based funding

- The APA is open to exploring options of well-designed, co-designed, and gradually implemented approaches to outcome measurement reporting and collection, however we acknowledge there is a number of caveats in regards to outcomes as detailed further below.
- We do not however support outcome-based funding in principle – especially as it relates to the provision of physiotherapy supports to people with disability. There are many ways outcome-based payments can be designed, many with a lot of perverse effects. Firstly, it puts an ableist lens on supports and, if ill-designed, can put participants under the injunction to succeed. We would need a lot more details on what the Review is envisaging to provide further comments.
- There is extensive literature that explains that solving the equation between outcome-based funding and providers' remuneration remains a significant challenge – especially in a setting where business models are based on fee-for-service. A recent example of a paper exploring such challenges is the Deeble Institute's issues brief *A roadmap towards scalable value-based payments in Australian healthcare*.<sup>3</sup> The paper makes a number of recommendations regarding the initial steps that need to be taken in order to move towards including value-based payments. Potential negative effects are also well documented such as the risk that providers are led to choose to only treat 'easy cases' where there is certainty outcomes will be achieved efficiently enough to attract sufficient funding.
- In Australia, to our knowledge, the public funded compensable sector is the most advanced public funders in progressing outcome-based funding in a context where the goal is known and pre-determined: rehabilitation and return to work – usually in a cohort of people that is reasonably healthy before the event (traffic or work accident) and don't have the complexity of a degenerative condition, secondary conditions and co-morbidities. In any case, exclusions will be needed as some disabilities and conditions, by definition, are resistant to outcomes especially degenerative ones, these participants and their therapists would be penalised in an outcome-based funding model.

**We would welcome the Review to provide examples of schemes for people with**

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<sup>3</sup> Cutler H. (2022). *A roadmap towards scalable value-based payments in Australian healthcare*. Deeble Institute for health Policy Research. Available at [https://ahha.asn.au/system/files/docs/publications/deeble\\_issues\\_brief\\_no\\_49\\_a\\_roadmap\\_towards\\_scalable\\_value\\_based\\_payments\\_final\\_0.pdf](https://ahha.asn.au/system/files/docs/publications/deeble_issues_brief_no_49_a_roadmap_towards_scalable_value_based_payments_final_0.pdf)

**disability that are based on outcome-based payments (in Australia or overseas), and where there is a direct link between the payment and the remuneration of the provider (ie not a system where the practitioner is salaried).**

- Regarding outcomes in the NDIS, there are a number of questions around:
  - Reporting: who will measure the outcome, participants, providers, the NDIA, independent third parties?
  - Attribution in multidisciplinary teams: several practitioners across different disciplines help participants achieve their capacity building goals, how do we measure attribution (considering it's possible)?
  - Progressive conditions: how to identify positive outcomes such as 'slowed progression'; how to manage conditions which progression remains unpredictable?
  - Maintenance therapy – as provided for in the current Pricing arrangements.
- We would welcome to work collaboratively with the NDIA around outcome measurements and acknowledge significant work will need to be undertaken with both participants and providers to finalise plans.
- An avenue that could be explored as a way towards rewarding outcomes, would be to work towards incentivising best-practice, both for participants and providers. **The first step would be to work with the APA and physiotherapists to document and distribute evidence-based best practice guidelines for disability supports.**
- Further, beyond the NDIS, **we need a national consistent coordinated approach to outcome measurement across the health and care sectors, and across State insurance scheme.**

## Recommendations

The APA recommends that:

- The NDIA and/or the Department of Social Services fund the development of National guidelines for best practice physiotherapy supports for people living with disability, inside and outside the NDIS, in collaboration with the APA. See for example the 2015 Best Practice Guidelines for Early Childhood Intervention.<sup>4</sup>
- The NDIA work with the APA and participants to work on developing outcome measurements for physiotherapy supports.

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<sup>4</sup> Available at: <https://www.flipsnack.com/earlychildhoodintervention/ecia-national-guidelines-best-practice-in-eci/full-view.html>

## Finding 3: A lack of transparency around prices, volume, quality and outcomes is restricting the effectiveness of NDIS service delivery

### Focus areas for further consultation

Options to improve transparency in the NDIS market could include strengthening:

1. Market monitoring through systematically collecting transaction data supported by near real-time payment systems. This would include collecting more transaction data for the self-managed market.
2. Requirements for providers to disclose their prices, such as through an online marketplace similar to the My Aged Care website.
3. Measuring and reporting on provider performance – that is, the extent to which they provide quality supports that achieve outcomes for participants. This should be reported in an accessible format for participants, such as a star rating system, which are used across several social services.

***We want to hear from you about the above and other options to improve transparency in the NDIS market, including how these options could be implemented without adding to administrative and compliance burden.***

- The APA agrees with proposition #1 in principle IF this is implemented in a way that doesn't add an administrative burden – without compensation - on physiotherapists to comply with reporting requirements.
- In principle, the APA is wary of star rating systems that tend to not capture accurately the quality of supports but instead capture meaningless and easily quantifiable data. Star ratings must be based on detailed and meaningful data capture, tailored to the type of supports that are delivered. Extensive work would have to be undertaken first to describe quality and determine the measurements that can truthfully reflect quality. **The APA is willing to work with the NDIA to look at meaningful indicators of quality physiotherapy supports.**

## Finding 4: Removing price caps could place pressure on scheme costs. Instead, the focus should be on foundational market reforms that help align incentives for participants, providers and governments

### On providers' motivation

- Physiotherapists are motivated to achieve the best outcomes for NDIS participants, and for all their patients. The discipline is inherently outcome oriented.
- For physiotherapists to keep providing supports to NDIS participants, remuneration for those supports needs to be commensurate to the cost. It also needs to be at a level that allows for the attraction and retention of a highly-qualified workforce, or the training of the more junior workforce, for investment in the latest therapy equipment, technology and digital platforms to enhance support provision, etc.

#### Focus areas for further consultation

Foundational market reforms to align incentives for participants, providers and governments could look at ways to ensure:

- participants have the information and capability to make informed choices on the value and quality of supports, including the help they need to do this
- participants' budgets support them to be active consumers in the NDIS market
- providers are incentivised to compete on price and quality, and deliver the volume and mix of supports that improve outcomes for participants
- a range of contestable approaches are used in NDIS sub-markets when they would achieve better outcomes
- governments have clear roles and responsibilities with a coherent and transparent strategy for stewarding the NDIS market – including the approach for the overall market and for different sub-markets (such as regional and remote markets).

***We want to hear from you about when and how these foundational reforms could be achieved.***

***We are also interested in other reforms to ensure we have the right overall architecture and incentives in the NDIS market.***

- Overall, the APA agrees in principle with the above. However, physiotherapists thrive in competing on quality and helping participants achieving their goals – not through pricing, and not motivated by profit.

Other reforms that will help participants have access to the best-practice physiotherapy supports they need:

- Upskilling the eligibility and planning (including planning coordination) workforce to ensure that this workforce understands disability and the therapy supports that help participants achieve their goals.
- Fix the eligibility and planning process. APA has contributed to the work of the Information Gathering for Access and Planning (IGAP) project and hope the Review will pick up the important work started there.
- Co-design best practice guidelines of physiotherapy supports in collaboration with the APA and physiotherapists, and participants' representatives.
- Establish a clear delineation between Health and NDIS AND making sure that people with disability have access to publicly funded physiotherapy treatments they need when they are not covered by the NDIS.
- Reforming registration to:
  - match the cost / benefit of registration for participants and therapy providers;
  - actually reflect quality and safety.
- Clearly define and fund supervision and delegation with Allied Health Assistants.
- Fund student placements.

## Next steps

The APA is looking forward to meeting with the Review to discuss the issues described in the paper as they relate to supports physiotherapists provide to participants in the NDIS.



## About Australian Physiotherapy Association (APA)

The APA vision is that all Australians will have access to quality physiotherapy, when and where required, to optimise health and wellbeing, and that the community recognises the benefit of choosing physiotherapy.

The APA is the peak body representing the interests of Australian physiotherapists and their patients. It is a national organisation with state and territory branches and specialty subgroups. The APA represents more than 30,000 members who conduct more than 23 million consultations each year. The APA corporate structure is one of a company limited by guarantee. The APA is governed by a Board of Directors elected by representatives