

Getting it Right: A New definition for NDIS Providers

**Response to consultation paper
February 2026**

Recipient

Commonwealth of Australia as represented by the Australian Government Department of Health,
Disability and Ageing

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About Dietitians Australia

Dietitians Australia is the national association of the dietetic profession with over 9000 members, and branches in each state and territory. Dietitians Australia is the leading voice in nutrition and dietetics and advocates for the profession and the people and communities we serve.

The Accredited Practising Dietitian (APD) program is the credentialing program of Dietitians Australia. It provides an assurance of safe and quality dietetic practice and is the foundation of self-regulation of the dietetic profession in Australia. APDs have an important role in safeguarding frameworks for critical issues such as dysphagia, enteral feeding, and menu planning. Our members are dedicated to supporting functional capacity and improving the health and wellbeing of all Australians through optimal nutrition safeguarding practices.

This submission was prepared by members of the Dietitians Australia Policy and Advocacy team following processes approved by the Board of Dietitians Australia. Stakeholder contributions, including direct quotations and experiences, were provided by Dietitians Australia members of the Disability Sector Expert Reference Group and Disability Interest Group.

Acknowledgement of Country

We acknowledge the Traditional Custodians of Country throughout Australia and recognise their enduring connections to land, waters, and food systems. We pay our respects to Elders past, present and emerging and extend this respect to all First Nations peoples. We recognise the importance of Indigenous food sovereignty and knowledges in shaping a just and sustainable food future.

Introduction

In view of Australia's commitment to the rights of people with disability under the *UN Convention on the Rights of Persons with Disabilities* (CRPD)¹, Dietitians Australia welcomes the opportunity to contribute to this consultation which is part of broader reforms to improve safety, quality, and accountability across the NDIS. The NDIS Provider Definition consultation paper, in response to the findings and advice of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability² (Disability Royal Commission) and the NDIS Provider and Worker Registration Taskforce³ (the Taskforce), represents a critical step in strengthening safeguards, improving transparency, and supporting a fairer and more sustainable NDIS.

We agree with the Department that amendments to the legislative definition of an NDIS provider would support clear accountability of those who are defined as a NDIS provider and determine which services and supports will require participants to use providers who are registered under a new regulatory model. As such, we support the Australian Government's aim to clearly define who is considered a provider to ensure that all participants receive supports from individuals and organisations that meet appropriate standards. In our submission, we provide dietetic-specific additions to reflect the critical role dietetics plays in multidisciplinary care.

The NDIS Provider definition has important implications for dietetics and how APDs are classified within the new support taxonomy. Dietitians Australia emphasises that, for the dietetics profession, clear and explicit inclusion and accurate classification are essential to ensure appropriate regulation and recognition of existing professional standards. Additionally, it ensures consistent access to safe, evidence-based nutrition care for NDIS participants, in line with human rights frameworks.^{4,5, 1}

Dietitians Australia welcomes the opportunity to engage with the Department as work on the design and implementation of the regulatory model is progressed.

Recommendations

Dietitians Australia proposes general recommendations listed below in response to [Getting It Right: A New Definition for NDIS Providers Consultation Paper](#). These recommendations made to the Department of Health, Disability and Ageing (the Department) are tailored to dietetics.

We also provide responses to the specific questions listed in the consultation paper.

Recommendation 1: Explicitly list APDs within the therapy-related support categories alongside other allied health professions to ensure clarity for providers and participants.

Recommendation 2: Allied health professionals—including APDs—should fall under basic or light-touch registration. Future regulatory models for NDIS providers should be proportionate and recognise the high level of pre-existing regulation of allied health professionals.

Recommendation 3: Explicitly include 'nutrition and hydration' in the "provision of in-home care and support services to a person to maintain their hygiene, mobility, social and economic participation" support type proposed by the Taskforce. The inclusion of nutrition and hydration as headline elements is critical because they are fundamental to a person's health and ability to function.

Response to consultation questions

Question 1: Are there any supports of services missing from the list at Table 2 that you think should be included in an amended definition of ‘an NDIS provider’?

Dietitians Australia supports that allied health services and supports are captured within the definition of an NDIS provider. We, consistent with Allied Health Profession Australia’s position, express concerns about the use of fixed lists, as they can be inflexible and may not adequately capture the full range of services and supports. This can create uncertainty and ambiguity about who qualifies as an NDIS provider.

If the decision is made to progress with a list-based approach, we strongly recommend that the current line “provision of in-home care and support services to a person to maintain their hygiene, mobility, social and economic participation” be expanded to include nutrition and hydration to ensure these are not overlooked. Additionally, the description of assisted technology which currently states “manufacture or sale of equipment or assistive technology, including modifications” should be expanded to cover the prescription, supply, fitting, adjustments, training and support to use, review and maintenance of assistive technology. A revised description could read “prescription, supply, and adjustment of assistive technology, and support to use assistive technology.”

Finally, Dietitians Australia notes that if the decision is made to progress with a list-based approach, they will need to align with the ongoing work on the NDIS Supports Rules being developed for the new framework.

Question 2: Are there any supports or services that you would exclude from the definition in Table 2?

No response.

Question 3: What issues should Government consider with amending the definition of NDIS provider to maintain flexibility and responsiveness to NDIS participants needs?

Dietitians Australia recommends that the government apply a genuinely proportionate regulatory approach and carefully consider the cost burden of registration when amending the definition of an NDIS Provider. It is essential that registration requirements and associated expenses do not unduly constrain the provider market or limit participants’ access to supports. This is particularly critical in regions where service availability is already scarce, including regional, rural and remote communities.

Secondly, the government should ensure that they future-proof the definition by remaining principles-based and avoid reliance on static lists. Lists, if used, should be adaptable rather than being used as a gatekeeper to NDIS-supports.

Question 4: Are there factors, other than the type of support delivered, which should be considered in a new definition of an NDIS provider?

A risk-based regulatory system needs to recognise that risk comes not just from the type of support being delivered, but also from who is delivering it. Dietitians Australia emphasises that when services are provided by unregulated workers, the risks to participants increase, and this is where stronger regulatory oversight of NDIS providers is most important.

Dietitians Australia also restates that allied health professionals such as APDs already operate under robust regulatory and governance systems. These systems give participants and the government confidence that people funded through the NDIS receive the same protections as those supported through other programs. Acknowledging this existing regulation would avoid unnecessary duplication and reduce administrative burden for both providers and the regulator.

A genuinely risk-proportionate approach must also identify workforces that currently have no formal regulation and address these governance gaps to ensure participants are properly safeguarded.

Question 5: 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 an NDIS provider?

Dietitians Australia notes that if mandatory registration is introduced without a genuinely proportionate regulatory approach—or if registration costs remain prohibitive—there is a real risk that essential supports will be disrupted or lost. The current model already creates a heavy administrative burden on top of existing professional regulation on APDs. This must be resolved in future regulatory models so that mandatory registration does not leave participants unable to access the services and supports they need from APDs.

Question 6: Are there opportunities to ensure a new definition of an NDIS provider supports productivity and sustainability across the care and support economy?

A more streamlined regulatory system across the care economy is within reach, especially if duplication and unnecessary administrative load on providers are reduced. Cutting this burden would strengthen productivity and long-term sustainability across the sector. For allied health including APDs, in particular, formally recognising the strong regulatory frameworks that already govern these professions would prevent double-handling and lower the time and cost involved in provider registration. A smarter, coordinated approach to regulation would free providers to focus more on delivering quality care and less on navigating overlapping compliance requirements.

REFERENCES

¹ United Nations. Convention on the Rights of Persons with Disabilities [Internet]. New York: United Nations; 2006 Dec 13 [cited 2026 Feb 27]. Available from:

<https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>

² Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. Final report [Internet]. 2023 [cited 2026 Feb 27]. Available from:

<https://disability.royalcommission.gov.au/publications/final-report>.

³ Wade N, Borowick M, O'Halloran V, Fels A. NDIS Provider and Worker Registration Taskforce

Advice. 2024. Available from: <https://www.health.gov.au/resources/publications/ndis-provider-and-worker-registration-taskforce-advice?language=en>.

⁴ United Nations. United Nations Decade of Action on Nutrition 2016–2025 [Internet]. Geneva: World Health Organization & Food and Agriculture Organization of the United Nations; 2016 [cited 2026 Feb 27]. Available from: <https://www.un.org/nutrition/>.

⁵ United Nations. Transforming our world: The 2030 Agenda for Sustainable Development [Internet]. New York: United Nations; 2015 Sep 25 [cited 2026 Dec 27]. Available from:

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