



The Royal Australasian  
College of Physicians

From the President

24 April 2015

Mr David Bowen  
Chief Executive Officer  
NDIS Quality and Safeguards  
PO Box 7576  
Canberra Business Centre  
ACT 2610

Via Email: [ndisqualitysafeguards@dss.gov.au](mailto:ndisqualitysafeguards@dss.gov.au)

Dear Mr Bowen

**Proposal for a National Disability Insurance Scheme Quality and Safeguarding framework - Consultation Paper**

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to comment on the National Disability Insurance Scheme (NDIS) Quality and Safeguarding framework Consultation Paper.

The RACP supports many of this document's suggestions, including the acknowledgement of a unique opportunity to minimise duplication and costs in the provision of services. There is a need to recognise that many service providers might already have met equivalent standards for service delivery in one jurisdiction or system (for example, across different states, or under aged care programs). There are likely to be instances where this makes qualification under other systems an unnecessary expense.

The RACP also welcomes the introduction of an NDIS Code of Conduct, particularly where used to ensure that only evidence-based support is offered to patients. This is even more important when public funds are being utilised.

Disability services providers have long been involved with the delivery of health related interventions, and this can be expected to continue under the NDIS. The RACP recommends that disability services anticipate and plan for their involvement in health related activities.

The RACP makes the following recommendations relating to specific queries from the consultation paper:

- **Minimum provider registration requirements:**
  - o *Option 3 - Mandated independent quality evaluation requirements.* This option would be acceptable as it incorporates necessary checks, whilst adopting a light touch approach to external evaluation of quality of care which is particularly important for small organisations.
  - o *Option 4 - Mandated participation in an external quality assurance system.* This option would be acceptable, as obtaining rigorous quality assurance and improvement certification from a recognized body is now standard practice for many service providers.
  
- **Complaints handling**
  - o *Option 3 - Independent statutory complaints function.* This is the most viable and suitable option canvassed in the consultation paper. The most appropriate sub-option is *Option 3b – Disability Complaints Office.* It is important that this independent body is available to resolve the most serious complaints.
  - o It is important that the chosen complaints scheme does not duplicate other complaints mechanisms. As such, we would suggest that the NDIS complaints scheme should only relate to services funded by the National Disability Insurance Agency (NDIA).
  
- **Ensuring Staff are safe to work with participants**
  - o *Option 3 – Working with vulnerable people clearances.* Given the vulnerable nature of many consumers of NDIS services, *Option 3* is the most appropriate measure, with possible complementary use of *Option 4 – Barred persons list.*
  
- **Safeguards for participants who manage their own plans**
  - o *Option 3c - Individuals to be employed have been screened.* The RACP suggests that this option will offer the safest means of protecting consumers.
  
- **Reducing and eliminating restrictive practices in NDIS funded supports**
  - o *Option 4 - Restrictive practices could only be authorised by an independent decision maker.* This option will be most effective, as it separates the service provider from the decision maker. The external authorised approver must be an expert in behaviour management and may function like a senior practitioner.
  
- **Monitoring and reporting**
  - o *Option 2 - All positive behaviour plans which include a restrictive practice must be reported.* Reporting of behaviour plans with a restrictive component will best support the growth of behavioural methods of care.

In addition to the above specific comments, the RACP Australasian Faculty of Occupational and Environmental Medicine (AFOEM) also identified the importance of the Quality and Safeguarding framework including:

- standards to enable access to safe work/occupation for those with disabilities as they migrate from full dependence to partial dependence and independence where possible

- safeguards to ensure the health and safety of those delivering care, whether they be paid care workers (usually covered by worker compensation schemes), volunteers or family care providers (not currently covered by most compensation schemes).

The RACP would be happy to offer further comment on quality and safeguarding for the NDIS if needed. For any questions relating to this letter, please contact Alex Lynch on +61 2 9256 9632 or at [Alex.Lynch@racp.edu.au](mailto:Alex.Lynch@racp.edu.au).

Yours sincerely

A handwritten signature in black ink that reads "Nick Talley". The signature is enclosed within a hand-drawn, irregular loop that starts on the left, goes up and over the text, and then comes back down to the left.

Laureate Professor Nicholas J Talley