



3 June 2026

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600
By email: community.affairs.sen@aph.gov.au

Dear Committee Secretary

RE: National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to respond to the National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026 (the Bill).

The Bill will introduce sweeping changes to the National Disability Insurance Scheme (NDIS) and will fundamentally reshape the way people with disability access NDIS funding. Unfortunately, the Bill yet again misses an opportunity to embed the role of specialist general practitioners (GPs) in legislation, despite their status as care coordinators who provide extensive supporting evidence as part of NDIS applications.

Our submission addresses key provisions in the Bill that could impact the involvement of GPs in the scheme moving forward.

Eligibility criteria and definition of functional capacity

Permanence criteria

New subsection 24(5) will tighten the permanence criteria for accessing the scheme. An impairment will not be considered permanent unless all appropriate treatment options have been exhausted. Further, new paragraph 25A(3)(a) provides that where a person cannot undertake all appropriate treatment for their impairment due to medical reasons, this does not preclude them from meeting the permanence criteria. Introducing more rigid criteria to determine NDIS eligibility – necessitated by major cost blowouts – highlights a clear role for GPs to advise when a person has exhausted all other treatment options.

Alternative supports

As a result of the Bill, people with disability may instead access mainstream supports or early intervention services such as the new Thriving Kids initiative. As the first point of contact for patients within the health system, GPs are instrumental in directing patients to appropriate supports and determining which programs will best suit their capacity needs.

Functional capacity

A Technical Advisory Group is being established to provide advice on an appropriate threshold and assessments for substantially reduced functional capacity. Although GPs would not be performing functional capacity assessments themselves, the RACGP recommends GP representation on this group. The clinical input and expertise of GPs will help bridge the gap between the health and disability sectors, with GPs sharing important insights into the support needs of their patients including those with complex needs and multimorbidities. In the absence of an appointed GP representative, there must be meaningful consultation with the general practice sector to inform the group's advice and recommendations.

Plan reassessments

The Bill will tighten the criteria for unscheduled plan reassessments, with only NDIS participants, their plan nominee or guardian able to request an unscheduled reassessment. While a change in circumstances will largely be driven by changes in a participant's functional capacity (which will be evaluated using independent, standardised tools), it is critical that any input from their treating GP is also considered as part of these reviews.

New framework planning

Automated decision making

The Bill's explanatory memorandum states 'operationalisation of new framework planning will involve at least computer assisted decision making to support a human delegate in complex calculations or application of methodologies'. The RACGP urges an abundance of caution in the use of any artificial intelligence (AI) tools to guide planning decisions and allocate funding. Any use of AI without clear understanding and sharing of information such as model training risks worsening transparency and belief in assessment and decision-making processes. Retaining human oversight is essential to avoid the tragic consequences of another Robodebt scheme.

In this context, the RACGP supports strengthened transparency obligations consistent with Privacy Act reforms relating to automated decision-making and notes that subsection 59E(6) will allow the CEO to make an arrangement under subsection 59B(1), providing notification to participants where automated systems have materially informed or substantially contributed to decisions affecting their plans, funding and supports.

Information considered under the new process

The Bill includes amendments to enable rules to specify what information an assessor must and must not consider as part of new framework planning (Subsection 32L(4)). The RACGP understands that while personal reports/evidence can be submitted, such as those prepared by a person's regular GP, they may have no bearing on the funding they receive in their NDIS plan. We have been advised that reports provided by GPs may be used by NDIS needs assessors when completing various components of the needs assessment.

The principle of using a functional assessment to establish a person's needs under the NDIS is fundamentally sound. However, formalised assessments sometimes lack the nuances to identify what a person requires for support. Often a person will have psychosocial, environmental, and financial complexities around their disability, and one tool or one profession is not able to comprehensively determine this on its or their own. GPs offer a unique broad perspective and can provide oversight of supports and advocate for additional assistance as needed.

We strongly recommend reports provided by a NDIS applicant's team of treating healthcare professionals be considered alongside assessment tools used by the National Disability Insurance Agency (NDIA). Further, GPs should be able to interpret the results of the Instrument for the Classification and Assessment of Support Needs (I-CAN) and contribute their clinical expertise.

Assessor workforce

New subsection 32L(4A) requires an assessment must be undertaken by a member of staff of the NDIA mentioned in section 169, a consultant engaged by the NDIA under section 171, or a person prescribed by NDIS rules.

The RACGP recommends that all needs assessors should have a health background at a minimum. Ideally these roles will be performed by members of GP-led multidisciplinary care teams such as practice nurses, who work alongside GPs daily and have the skills needed to assess functional capacity.

NDIS navigation

The [final report](#) from the independent review of the NDIS, published in December 2023, highlighted the need for clearer information on the NDIS and disability supports, as well as improved collaboration between the disability sector and mainstream services. These were themes raised in the RACGP's [submission](#) to the review.



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The report recommended NDIS navigators be established to connect people with disability to supports in their local communities, however there is no mention of these navigators in the Bill. The RACGP would be keen to explore the concept of NDIS navigation further, including the possibility of this function being delegated – either fully or in part – to general practice teams.

We look forward to contributing to further discussions on reforms to the NDIS. Please contact Samantha Smorgon, National Manager – Funding and Health System Reform, on (03) 8699 0566 or via samantha.smorgon@racgp.org.au if you have any questions or comments regarding this submission.

Yours sincerely

Dr Michael Wright
President