Delivering quality care more efficiently

12 SEPTEMBER 2025

Productivity Commission
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Dear Commissioners,

Delivering quality care more efficiently – interim report

As the primary union representing NDIS Quality and Safeguards Commission (NDISQSC), Aged Care Quality and Safety Commission (ACQSC) and Department of Veterans' Affairs (DVA) employees in the Australian Public Service (APS), the Community and Public Sector Union (CPSU) is committed to providing a strong voice for our members in key public policy and political debates.

The CPSU welcomes the opportunity to make a submission in response to the Productivity Commission's interim report on delivering quality care more efficiently. Our submission focuses on the proposal of a single quality and safety regulator in the interim report.

The CPSU does not support the proposal of a single quality and safety regulator, and it is unclear why the Productivity Commission has suggested exploring it beyond a belief that with some greater standardisation, aged care, disability care and veterans' care is mostly interchangeable.

A single regulator will not address the resourcing issues that are the source of many problems. This proposal also does not take into account the very different needs of elderly Australians, veterans and people of all ages with a range of disabilities. Both the aged care and disability care industries are rife with abuse, mistreatment, fraud and a 'for profit model' that does not deliver on the wellbeing of vulnerable people.

A single regulator will be focused on the NDIS

The proposal for a single regulator ignores differences between various care sectors. The CPSU notes that the 2025 incoming government brief for the NDISQSC stated that *"there is significant market difference between Aged Care and NDIS that impacts size, provider type and scale."*[1]

Since the establishment of the NDISQSC, the volume of complaints received each year has steadily grown. While there was an increase in staff numbers in 2022-23, it was based upon projected complaints received (15,000 – 16,000 per year), which has now effectively doubled. In 2018-19, the NDISQSC received a total of 2,130 complaints, by 2023-24, it increased to

[1] NDIS Commission, Incoming Minister Brief, 13 May 2025

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29,054. The 2024-25 financial year is projected to have approximately 33,500. On top of that is a casehold that the incoming government brief stated was currently approximately 23,000.[2]

We also note the NDISQSC incoming government brief stated that currently there are approximately 20,000 registered providers and over 175,000 unregistered providers delivering services and supports to NDIS participants. An Australian National Audit Office audit into the NDISQSC's regulatory function stated there were 254,018 active unregistered providers in the fourth quarter of 2024-25 with 181,938 of those managing 42% of plan managed payments.[3] The NDISQSC noted this meant they have *"minimised visibility of a vast proportion of the provider market."*[4]

The NDISQSC has a much larger remit than other existing regulators with its regulation of providers providing a good comparative example. In 2024, the NDISQSC registered 7,096 providers.[5] In contrast, in 2023-24, the aged care market comprised 736 approved residential aged care providers and 909 approved home care providers (a total of 1,645 approved providers). ACQSC estimate they will receive 410 provider registration applications, 797 renewals and 432 variations in 2025-26. There are even fewer registered providers for veterans' care, the interim report indicating there were only 370 providers based on unpublished data from DVA.[6]

The difference in sheer volume suggests that regulation of the NDIS will subsume any single regulator and will likely lead to a focus on, and an alignment with NDIS standards, to the neglect of other care sector responsibilities.

The likely inability of a single regulator to properly accommodate these differences in services and service users across sectors would have significant consequences for the health and safety of vulnerable clients.

Harmonisation is already being pursued

While the interim report emphasises the similarity and the potential benefits, we note that alignment is already occurring, and regulators are proceeding to harmonise where possible. It is unclear what these recommendations really involve beyond continuing what was already planned. For example, the NDISQSC's 2025 incoming government brief noted it *"supports a care and support economy harmonisation agenda and has been an active participant and a leader in activities that are translating to other streams within the care and support economy."*[7]

There are limits to what harmonisation can be achieved across human services without affecting safety and quality. The Australian Commission on Safety and Quality in Healthcare's pre-interim report submission noted that *"While there are areas where safety and quality regulations can be aligned, regulations need to take account of the specific risks, service context and patient requirements in different health sectors…For example, compliance with safety and quality*

[2] NDIS Commission, Incoming Minister Brief, 13 May 2025,
[3] Auditor-General Report No.2 2025–26 Effectiveness of the NDIS Quality and Safeguards Commission's Regulatory Functions, [3] Auditor-General Report No.2 2025–26 Effectiveness of the NDIS Quality and Safeguards Commission's Regulatory Functions, https://www.anao.gov.au/work/performance-audit/effectiveness-the-ndis-quality-and-safeguards-commissions-regulatory-functions-2025
[4] NDIS Commission, Incoming Minister Brief, 13 May 2025
[5] NDIS Commission, Incoming Minister Brief, 13 May 2025
[6] Productivity Commission, Delivering quality care more efficiently, Interim report, Canberra, August 2025[6] Productivity Commission, Delivering quality care more efficiently, Interim report, Canberra, August 2025
[7] NDIS Commission, Incoming Minister Brief, 13 May 2025

standards for small practices and services can present a significant burden not as evident in large multifaceted services."[8]

The focus on standardisation misses the bigger issue in the care sector, namely that a focus on harmonisation without addressing workloads is unlikely to address the actual problems with the regulation of the care sector.

Inadequate resourcing is the bigger issue

The interim report fails to consider the resourcing issues that exist and its implications. Both NDISQSC and ACQSC are under resourced, and dysfunctional and under previous leadership were exposed as failing to regulate aged care and disability care sectors. The Royal Commission into Aged Care, for example, recognised the criticality of a competent and well-resourced regulator to the success of the regulatory regime.[9] DVA is also experiencing a significant increase in workload pressures as easier online claiming and the promotion of available services has led to a new backlog of unallocated claims, now over 16,000 claims and increasing.[10]

Aged Care Quality and Safety Commission

The ACQSC is currently rebuilding capacity after outsourcing large parts of its inspectorate and frontline services, and it is only beginning to build capacity to regulate the growing home care model. ACQSC still, however, continues to struggle to retain the skills and experience required to ensure the welfare of aged care recipients.

Staff regularly seek to move out of operational areas due to burnout impacting their ability to deliver empathic, effective action on behalf of the public. This then increases the workload on remaining staff, perpetuating the problem.

Staff report their ability to do all they can in the interests of participants is constrained by inadequate resourcing, and they frequently do not have adequate time to perform their roles to the standard expected by the public. Critical areas responsible for regular audits to ensure services meet their obligations, report insufficient time on-site and afterwards to write reports. This has the potential to have long term consequences for aged care recipients.

The recent 2025 Progress Report by the Inspector-General of Aged Care found that complaint-handling processes have not improved substantially since the Aged Care Royal Commission with many concerns not fully resolved. It has resulted in a view that providers are not being held to account for poor quality care.[11]

The ACQSC's current complaint resolution targets are also less ambitious than those the Royal Commission called for, and routinely unmet. The Royal Commission called for complaints to be

[8] Submission 29, Australian Commission on Safety and Quality in Health Care, 2025. https://engage.pc.gov.au/projects/quality-care/page/pillar-4-responses

[9] Office of the Inspector-General of Aged Care, Implementation of the Recommendations of the Royal Commission into Aged Care Quality and Safety 2025 Progress Report, https://www.igac.gov.au/collections/2025-progress-report-inspector-general-aged-care, https://www.igac.gov.au/collections/2025-progress-report-inspector-general-aged-care

[10] Australian Public Service Commission, Department of Veterans' Affairs Capability Review, 2024, https://www.apsc.gov.au/initiatives-and-programs/workforce-information/research-analysis-and-publications/capability-review-program

[11] Office of the Inspector-General of Aged Care, Implementation of the Recommendations of the Royal Commission into Aged Care Quality and Safety 2025 Progress Report, https://www.igac.gov.au/collections/2025-progress-report-inspector-general-aged-care, https://www.igac.gov.au/collections/2025-progress-report-inspector-general-aged-care

resolved in a standard time of 60 days, while ACQSC has set a target of having 80% of complaints about providers resolved within 60 days. The report concluded that ACQSC has never been able to meet that target and urgent action is required to address the basis of this failure, recommending a review of the adequacy of complaints resourcing and for strategies designed to upskill and retain complaints staff.[12]

National Disability Insurance Scheme Quality and Safeguards Commission

The NDISQSC is trying to build capacity with new staff and new leadership trying to repair a dysfunctional regulator. There are a range of significant challenges facing NDISQSC as a workplace. These include bullying, harassment, psychosocial hazards, reports of being a toxic workplace and excessive workloads. The NDISQSC is also based on a 'complaints model' that responds to problems but does not prevent problems and is therefore not set up to improve the industry.

Workload issues were highlighted in the 2024 NDISQSC staff census. When asked about their current workloads, 23% said it was well above capacity and 42% said slightly above capacity. Only 6% said slightly or well-below capacity. Furthermore, only 37% said their workgroup has the tools and resources needed to perform well.[13] Workloads continue to be an issue and are exacerbated by limits on hiring non-SES staff. While there were previous labour hire conversions to non-ongoing staff, many non-ongoing staff are not having their contracts extended.

Workloads at the NDISQSC intersect with decisions made about the NDIS and at the NDIA, for example, workloads are likely to be affected by changes from the National Disability Insurance Scheme Amendment (Getting the NDIS Back on Track No.1) Act 2024. While the new legislation will result in minimal changes at the ground level for workers at the NDISQSC, concerns relate to increased complaints (whether within the NDISQSC's scope or not) coming through which will further exacerbate already high workloads.

There have been two separate Provisional Improvement Notices (PINs) issued by Comcare to the NDISQSC where non-compliance with duties under the WHS Act have been found. In 2025, the original PIN remains outstanding as the NDISQSC has failed to comply with all directions.

These problems were all reflected in the 2024 staff census and led to a review into workplace culture at the NDIS Commission being commissioned in 2024. The 2024 staff census found that only 37% said were satisfied the NDISQSC has sufficiently addressed matters raised in the Comcare Improvement Notice.[14] The 'Cultural Review of the NDIS Quality and Safeguards Commission', known as the Broderick Review, has confirmed what the CPSU has been saying for many years – the NDISQSC is in urgent need of a complete overhaul.

[12] Office of the Inspector-General of Aged Care, Implementation of the Recommendations of the Royal Commission into Aged Care Quality and Safety 2025 Progress Report, https://www.igac.gov.au/collections/2025-progress-report-inspector-general-aged-care,
[13] APS Employee Census 2024: NDIS Commission highlights report, https://www.ndiscommission.gov.au/about-us/corporate-reports,
[14] APS Employee Census 2024: NDIS Commission highlights report, https://www.ndiscommission.gov.au/about-us/corporate-reports, APS Employee Census 2024: NDIS Commission highlights report, https://www.ndiscommission.gov.au/about-us/corporate-reports

The NDISQSC needs more resources, risk assessments and systems. Understanding different clientele and their needs is key when working for regulators. There are differences in legislation and upskilling is essential.

Without each function being properly resourced, a single regulator would not be better positioned to gather the regulatory intelligence required to ensure the quality and safety of services. Rather than lifting the overall standard of care in these sectors and improving trust and confidence in the system, veterans and aged care would become the poor cousins of the NDIS and fight over increasingly scarce resources. Any progress to date would be destabilised.

Quasi-markets naturally lead to more regulation

Finally, the interim report does not grapple with the deeper issue of the nature of quasi-markets which often leads to more regulatory activity than via direct public provision of services as governments attempt to regulate and manage new market structures. It often leads to increased contracting, oversight, monitoring, and reporting requirements. Quasi-markets ultimately require more careful scrutiny, control and regulation than the private sector.[15] It can result in the worst of both the public and private sectors rather than an improvement in services for citizens. The harmonisation of quality standards does not address this underlying issue and is only fiddling at the margins.

Rather than exploring merging regulators, fixing the existing regulators should be the priority, and that requires adequate resourcing to meet growing workloads, a full range of enforcement tools and capacity and a green light from the government for care regulators to use their resources to properly inspect, regulate and prosecute misbehaviour to ensure people are safe.

The CPSU is happy to provide further information regarding any of the matters raised in this submission and supplementary information on other relevant issues.

If you require further information, please contact Osmond Chiu, Senior Policy and Research Officer, via email at [redacted]

Yours faithfully

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[15] Ostrom, V., Tiebout, C.M. and Warren, R., 'The Organization of Government in Metropolitan Areas: A Theoretical Inquiry', *American Political Science Review*, 1961, 55(4), pp. 831–842. doi:10.2307/1952530.