

**Submission  
No 28**

## **INQUIRY INTO CLAIMS MADE THROUGH THE TRANSPORT ACCIDENT COMMISSION (TAC)**

**Organisation:** Australian Podiatry Association

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# Inquiry into claims made through the Transport Accident Commission (TAC) - 2026

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## RE: Inquiry into claims made through the Transport Accident Commission (TAC)

### Committee Secretary

Legal and Social Issues Committee  
Parliament House, Spring Street  
EAST MELBOURNE VIC 3002

Dear Committee Secretary,

Thank you for the opportunity to provide a submission to the Legal and Social Issues Committee Inquiry into claims made through the Transport Accident Commission (TAC).

The [Australian Podiatry Association \(APodA\)](#) is the national peak body representing podiatrists and podiatric surgeons across Australia. APodA advocates for high-quality, safe and evidence-based lower limb care, supporting its members through professional standards, education, and policy leadership. Podiatrists are registered through the Australian Health Practitioner Regulation Agency (Ahpra) under the [Podiatry Board of Australia](#).

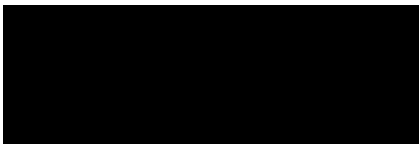
Podiatrists play an important role within the TAC scheme, supporting recovery from transport-related injuries, maintaining mobility, and preventing secondary complications that may delay rehabilitation or contribute to avoidable hospital presentations.

This submission focuses on issues relevant to podiatry within the TAC scheme, including processes around legitimate and disputed claims, system safeguards, provider fee setting, and interactions with other schemes such as the National Disability Insurance Scheme (NDIS). It also highlights practical considerations in care delivery, including administrative burden, clinical complexity, and maintaining access to sustainable services.

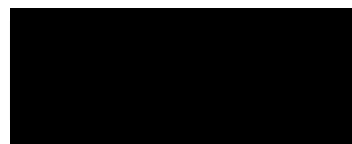
APodA recognises that many of these issues are shared across allied health and supports efforts to ensure TAC operates efficiently, transparently, and supports timely access to appropriate care.

We welcome the opportunity to provide further detail or appear before the Committee if invited. Please contact the APodA Advocacy team at [advocacy@podiatry.org.au](mailto:advocacy@podiatry.org.au) should further information be required.

Better together,



Judy Powell  
Policy, Advocacy & Research Manager  
Australian Podiatry Association



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## 1.0 Role of podiatrists in the TAC scheme

Under the TAC Allied Health Policy, podiatrists provide services including:

- assessment and diagnosis of foot and ankle injuries
- development and review of treatment plans
- manual therapy, exercise-based interventions and education
- prescription of orthoses, partial prostheses and footwear modifications
- in-rooms podiatric surgery where clinically indicated

Podiatry services are delivered in private practice, community health and hospital outpatient settings, often as part of multidisciplinary rehabilitation programs.

TAC policy allows funding where a transport accident exacerbates a pre-existing condition, with treatment levels determined by the degree of aggravation.

## 2.0 Summary of APodA recommendations

APodA recommends that the Committee inquiring into issues related to claims made through the Transport Accident Commission:

**Recommendation 1:** Provide clearer guidance on clinical justification requirements, supported by improved understanding of podiatry scope, particularly for complex, long-term or preventative podiatry care.

**Recommendation 2:** Improve transparency of allied health utilisation data to support informed policy development and system evaluation

**Recommendation 3:** Utilise de-identified TAC administrative data to inform any analysis of claims, rather than relying on proxy indicators such as complaints or audits

**Recommendation 4:** Ensure fee structures support sustainable service delivery, recognising the role of private providers and the need to maintain access across metropolitan, regional and rural settings

**Recommendation 5:** Strengthen coordination across TAC, NDIS and other schemes to reduce duplication, minimise delays and support continuity of care for patients

## 3.0 Processes around legitimate and disputed claims

Podiatry services are funded under TAC where they are considered reasonable, clinically justified and directly related to a transport accident injury. In practice, this requires:

- clear clinical documentation
- demonstrated link between injury and treatment
- alignment with TAC policy requirements

While these processes provide an appropriate framework for assessing legitimate claims, areas of dispute may arise, particularly in cases involving:

- aggravation of pre-existing conditions
- long-term or preventative care
- complex or evolving clinical presentations

In these circumstances, differing interpretations of clinical relevance can result in delays, additional administrative burden, or disruption to continuity of care. These impacts are felt by both practitioners and patients and may affect recovery outcomes if access to timely care is restricted.

Podiatry feedback further indicates that these processes can involve repeated requests for additional information and reporting, even where clinical need has already been established, contributing to inefficiencies and delays in care delivery.

Podiatrists also reported instances where there is limited understanding of podiatry scope within TAC processes, with patients being redirected to other providers despite podiatrists being appropriately positioned to deliver and manage care.

#### **Recommendation 1**

APodA recommends that the TAC provide clearer guidance on clinical justification requirements, supported by improved understanding of podiatry scope, particularly for complex, long-term or preventative podiatry care.

## 4.0 Claims made through the TAC involving podiatrists

Claims involving podiatrists arise indirectly through TAC client claims for medical and allied health services. The TAC pays for podiatry services as part of a broader transport accident claim rather than as a standalone professional liability claim.

Importantly:

- the TAC does not publish profession-specific claim counts for podiatry
- publicly available TAC material focuses on eligibility, service types and payment rules, not claim volumes by profession

As a result, APodA cannot provide data for:

- the total number of TAC claims involving podiatrists
- the proportion of TAC claims that include podiatry services



### **Recommendation 2**

APodA recommends that the TAC improve transparency of allied health utilisation data to support informed policy development and system evaluation.

### **Recommendation 3**

APodA recommends that the TAC utilise de-identified TAC administrative data to inform any analysis of claims.

## 5.0 Fraud risk and system safeguards

APodA acknowledges that, as with any compensation scheme, there is potential for fraudulent activity. However, there is no evidence to suggest systemic fraud specific to podiatry services within TAC.

Podiatry services are subject to multiple safeguards, including:

- mandatory Ahpra registration
- compliance with TAC Allied Health Policy
- requirements for evidence-based, outcome-focused care
- documentation and justification requirements
- restrictions on concurrent treatment to avoid duplication

## 6.0 Claims risk and compliance considerations

TAC podiatry claims are subject to a range of compliance requirements. Where disputes or payment recoveries occur, these are most linked to:

- administrative or documentation issues
- services deemed not sufficiently related to the transport accident
- fee or policy compliance matters

These considerations are not unique to podiatry and apply across allied health professions.

In practice, members report that administrative processes, including reporting requirements, documentation standards and communication systems, can be time-intensive and inconsistent, requiring significant follow-up and reducing time available for direct patient care.

## 7.0 Provider fee setting and service sustainability

Podiatry services funded through TAC are typically delivered in private practice settings, where providers must balance clinical care with the costs of operating a business.

Podiatry feedback indicates that reimbursement under the TAC podiatry fee schedule does not consistently reflect the complexity, time or cost associated with delivering podiatry services for TAC clients.

While TAC operates under a defined schedule of fees, these arrangements may not adequately account for:

- clinical complexity and time required
- consumables and equipment
- workforce and operational costs

This misalignment between scheduled fees and the cost of delivering care may contribute to:

- reduced provider participation in the scheme
- challenges in rural and thin markets
- impacts on patient access to timely and appropriate care

Ensuring fee structures appropriately reflect the cost and complexity of care is important to maintaining access and supporting quality outcomes.

Podiatrists also noted that administrative inefficiencies, delayed payments, and the inability to account for non-attendance or extended consultation time further contribute to these challenges.

### **Recommendation 4**

APodA recommends that the TAC ensure fee structures support sustainable service delivery, recognising the role of private providers and the need to maintain access across metropolitan, regional and rural settings.

## 8.0 Interaction with other schemes, including the NDIS

TAC patients may also interact with other service systems, including the National Disability Insurance Scheme (NDIS).

In practice, this can create complexity where:

- responsibility for funding or service provision is unclear
- eligibility criteria differ between schemes
- information sharing between agencies is limited



APodA notes that the interaction between TAC and other schemes, including the NDIS, can be complex and is not always well understood from a provider perspective.

These challenges may result in:

- delays in accessing services
- increased administrative burden for providers
- fragmentation of care for patients

A coordinated approach across schemes is important to support continuity of care and avoid unintended gaps in service delivery.

Feedback from podiatrists also highlighted gaps in access to complementary supports (such as psychological services), which may result in additional, unintended burden being placed on treating practitioners and contribute to fragmented care.

#### **Recommendation 5**

APodA recommends that coordination across TAC, NDIS and other schemes be strengthened to reduce duplication, minimise delays and support continuity of care for patients.

## 9.0 Interpretation of claims data

APodA cautions against interpreting TAC claims data without appropriate context.

Specifically:

- inclusion of podiatry services within a TAC claim does not imply practitioner fault or misconduct
- claims volume reflects injury prevalence and rehabilitation need, not professional risk
- podiatrists frequently manage complex, chronic and preventative aspects of recovery, which may extend claim duration but reduce downstream complications

## Conclusion

Podiatrists play a recognised and regulated role within the TAC scheme. While TAC claims may include podiatry services, profession-specific claim numbers are not publicly available, and care must be taken not to conflate service utilisation with risk or fault.

APodA encourages evidence-based use of TAC data, improved system transparency, and policy settings that support sustainable, high-quality care. We welcome further engagement with the Committee to support accurate interpretation of podiatry-related claims and to contribute to system improvements that enhance patient outcomes.