

**Community Affairs Legislation Committee**

**Examination of Additional Estimates 2009-2010**

**Additional Information Received**

**CONSOLIDATED VOLUME 1**

**HEALTH AND AGEING PORTFOLIO**

**Whole of Portfolio, Outcomes 1 to 15**

**2 JUNE 2010**

## ADDITIONAL INFORMATION RELATING TO THE EXAMINATION OF ADDITIONAL EXPENDITURE FOR 2009-2010

Included in this volume are answers to written and oral questions taken on notice and tabled papers relating to the additional estimates hearing on 10 February 2010 and cross portfolio Indigenous matters hearing 12 February 2010

\* Please note that the tabling date of 24 June 2010 is the proposed tabling date

### HEALTH AND AGEING PORTFOLIO

Senator	Quest. No.	Whole of portfolio	Vol. 1 Page No.	Date tabled in the Senate or presented out of session*
Mason	9	Transcribing services		18.03.10
Mason	11	Media monitoring		18.03.10
Mason	13	Media Monitors contractor		18.03.10
Barnett	42	Reduction of staffing numbers		18.03.10
Barnett	47	Minister's hospitality		18.03.10
Barnett	51	FOI requests		18.03.10
Fierravanti-Wells	226	Average Staffing Level (ASL)		18.03.10
Fierravanti-Wells	389	Ministerial hospitality		18.03.10
Adams	130	Health reform consultations		13.05.10
Barnett	48	Boards		13.05.10
Fierravanti-Wells	390	Freedom of information		13.05.10
Mason	12	Media monitoring		13.05.10
Barnett	40	Temporary positions		13.05.10
Barnett	43	Staff reductions		13.05.10
Barnett	44	Graduate recruitment		13.05.10
Barnett	50	FOI requests		13.05.10
Fierravanti-Wells	227	Staff reductions		13.05.10
Fierravanti-Wells	242	'yourhealth' website		13.05.10
Fierravanti-Wells	234	Advertising and marketing		13.05.10
Barnett	49	Discretionary grants		24.06.10
Barnett	56	Consultancies		13.05.10
Barnett	57	Planned consultancies for 2010		13.05.10
Fierravanti-Wells	224	Staffing		13.05.10
Fierravanti-Wells	225	SES staffing		13.05.10
Fierravanti-Wells	232-233	Consultancies		13.05.10
Fierravanti-Wells	235	Advertising and marketing contracts		13.05.10
Fierravanti-Wells	236	Discretionary grants		13.05.10
Fierravanti-Wells	240-241	'yourhealth' website		13.05.10
Fierravanti-Wells	243	Health reform		13.05.10
Fierravanti-Wells	245	Public hospitals		13.05.10
Barnett	45	Communication programs		13.05.10
Fierravanti-Wells	145	National Health Reform Plan		13.05.10

Fierravanti-Wells	228	Election commitments	13.05.10
Fierravanti-Wells	238	Health and Hospital Reform Commission	13.05.10
Fierravanti-Wells	244	Health reform	13.05.10
Fierravanti-Wells	411	Intergenerational reports	13.05.10
Barnett	39	Staffing	13.05.10
Barnett	41	Contract employees	13.05.10
Barnett	46	Departmental hospitality	13.05.10
Payne	61-62	National Health and Hospitals Reform Commission Report	13.05.10
Siewert	77	Health literacy initiatives	13.05.10
Fierravanti-Wells	176	Voice Over Internet Protocol (VOIP)	13.05.10
Fierravanti-Wells	229-230	Electoral reports	13.05.10
Fierravanti-Wells	231	Electoral specific data	13.05.10
Fierravanti-Wells	237	National Health and Hospitals Reform Commission	13.05.10
Fierravanti-Wells	239	Listening tour	13.05.10
Fierravanti-Wells	246	Public hospitals	13.05.10
Fierravanti-Wells	263	Public health grants	13.05.10
Fierravanti-Wells	388	Departmental hospital	13.05.10
Fierravanti-Wells	248	Emissions trading scheme	13.05.10
Mason	6	Media monitoring for Minister for Sport	13.05.10
Adams	129	Medicare deficit	13.05.10
Humphries	146	Maps showing Divisions of General Practice	13.05.10
Barnett	55	Reviews	24.06.10
Fierravanti-Wells	223	Reports and reviews	24.06.10
Fierravanti-Wells	393	Security costs for Community Cabinets	24.06.10
Mason	8	Media monitoring - sport	24.06.10
Mason	10	Media clippings	24.06.10
Mason	7	Media monitoring	24.06.10
Barnett	52, 53, 54	Community Cabinet	24.06.10
Fierravanti-Wells	221	Progress requiring State and Territory Agreement	24.06.10
Fierravanti-Wells	222	Statutory bodies, advisory bodies and committees	24.06.10
Fierravanti-Wells	391, 392	Community Cabinet	

## **Outcome 1: Population Health**

Boyce	186	Pan Pharmaceuticals	18.03.10
Adams	73	National Bowel Cancer Screening Program	13.05.10
Fierravanti-Wells	253, 254, 255	National Bowel Cancer Screening Program	13.05.10
Adams	68-72	National Bowel Cancer Screening Program	13.05.10
Fierravanti-Wells	214	Men's Health Ambassador Program	13.05.10
Xenophon	34	Artificial knee replacement	13.05.10
Colbeck	116-118	Food labelling review	13.05.10
Xenophon	148	National Joint Replacement Registry	13.05.10
Xenophon	149	Reporting safety concerns	13.05.10
Xenophon	35	LCS Duofix Femoral Component	13.05.10
Xenophon	36	Post-market surveillance	13.05.10
Xenophon	37	Adverse incidents	13.05.10
Xenophon	38	Patient and product information	13.05.10

Barnett	59	RU486	13.05.10
Barnett	60	Dr Caroline de Costa	13.05.10
Xenophon	147	St Jude medical valve	13.05.10
Adams	67	National roll-out digital mammography	13.05.10
Fierravanti-Wells	252	National Bowel Cancer Screening program	13.05.10
Siewert	81	Seralini paper	13.05.10
Siewert	83	GM Roundup Ready Canola	13.05.10
Colbeck	114	COAG food labelling	13.05.10
Colbeck	115	Food labelling review	13.05.10
Back	121	Melamine levels	13.05.10
Back	122	Chinese dairy products	13.05.10
Back	123	Melamine	13.05.10
Fierravanti-Wells	250	BPA in baby bottles	13.05.10
Fierravanti-Wells	251	Folic acid fortification	13.05.10
Siewert	396	Testing of chemical residues	13.05.10
Siewert	397	Testing regime for chemical residues	13.05.10
Boyce	196	Vaccination of immigrants	13.05.10
Fierravanti-Wells	256	Vaccination rates	13.05.10
Fierravanti-Wells	258-260	Vaccination purchasing	13.05.10
Fierravanti-Wells	261	National Immunisation Strategy	13.05.10
Fierravanti-Wells	257	Vaccination levels	13.05.10
		DoHA letter 31.03.10 correcting evidence provided at hearing 10.02.10 re invitations to consultations	13.05.10
Siewert	86	AIHW process	13.05.10
Siewert	87-88	Reports	13.05.10
Siewert	89	AIHW policies	13.05.10
Siewert	90	Income quarantining evaluation report	13.05.10
Siewert	91	Evidence based policy	13.05.10
Heffernan	92	Bovine Spongiform Encephalopathy (BSE)	13.05.10
Humphries	178	H1N1 vaccine	13.05.10
Siewert	405	AIHW work analysing income management	13.05.10
Fierravanti-Wells	407	AIHW statistics expenditure on public health	13.05.10
Fierravanti-Wells	408	AIHW statistics expenditure on public hospitals	13.05.10
Fierravanti-Wells	409	AIHW statistics expenditure on health and aged care	13.05.10
Siewert	84	GM eggplant	13.05.10
Colbeck	113	Food labelling law	13.05.10
Colbeck	119	Food labelling review	13.05.10
Fierravanti-Wells	374	Patient and product information	13.05.10
Siewert	106	Binge drinking	13.05.10
Fierravanti-Wells	207, 215-216	National Preventative Health Taskforce	13.05.10
Siewert	104	Links between illicit drugs and mental illness	13.05.10
Xenophon	33	National drugs campaign	24.06.10
Boyce	188	Alcohol and drug reports	24.06.10
Boyce	194	Expenditure on Drug Strategy Policy	24.06.10
Boyce	195	Drug treatment comparisons	24.06.10
Boyce	406	AIHW reports on alcohol and other drugs	24.06.10
Fierravanti-Wells	217	National Preventative Health Taskforce	24.06.10

Fierravanti-Wells	262	Binge drinking	24.06.10
-------------------	-----	----------------	----------

## Outcome 2: Access to Pharmaceutical Services

Adams	75	Pharmaceutical Benefits Scheme (PBS)	18.03.10
Siewert	78	Gemcitabine	18.03.10
Fierravanti-Wells	264, 265, 268, 270	Chemotherapy budget measure	18.03.10
Fierravanti-Wells	276	Cabinet consideration of medicines	18.03.10
Fierravanti-Wells	281	PBS prescribing rights	18.03.10
Fierravanti-Wells	287, 289	Therapeutic Groups	18.03.10
Siewert	181	Fourth Community Pharmacy Agreement reviews	13.05.10
Fierravanti-Wells	183	Fifth Community Pharmacy Agreement	13.05.10
Fierravanti-Wells	273	PBS and Cabinet consideration	13.05.10
Fierravanti-Wells	275	PBS medicines	13.05.10
Fierravanti-Wells	282-283	Therapeutic groups	13.05.10
Fierravanti-Wells	288	PBS authority system	13.05.10
Fierravanti-Wells	290	Crestor and Lipitor	13.05.10
Fierravanti-Wells	297	Highly specialised drugs program	13.05.10
Adams	74	High cost drugs	13.05.10
Boyce	180	Community Service Obligations	13.05.10
Boyce	192	Australian Healthcare Associates reporting on services	13.05.10
Fierravanti-Wells	266	Fifth Community Pharmacy Agreement	13.05.10
Fierravanti-Wells	267, 269	Chemotherapy budget measure	13.05.10
Fierravanti-Wells	272	PBS and Cabinet threshold	13.05.10
Fierravanti-Wells	277	Cabinet threshold	13.05.10
Fierravanti-Wells	278	PBS medicines	13.05.10
Fierravanti-Wells	279	PBS listings	13.05.10
Fierravanti-Wells	280	PBS growth	13.05.10
Fierravanti-Wells	285	Community Pharmacy Agreement	13.05.10
Fierravanti-Wells	286	Pharmacy location rules	13.05.10
Fierravanti-Wells	284	Electronic prescriptions	13.05.10
Siewert	182	5 <sup>th</sup> Community Pharmacy Agreement	13.05.10
Fierravanti-Wells	271	Herceptin	13.05.10
Fierravanti-Wells	274	High-cost drugs	13.05.10

## Outcome 3: Access to Medical Services

Fierravanti-Wells	309	Workplace bullying	18.03.10
Fierravanti-Wells	298, 299	Pathology bulk billing	18.03.10
Fierravanti-Wells	295	MBS services	18.03.10
Fierravanti-Wells	302, 414	Pathology bulk billing	18.03.10
Fierravanti-Wells	291	MBS simplification process	13.05.10
Siewert	415-416	MBS Quality Framework	13.05.10
Fierravanti-Wells	417	Medicare rebate for angiograms	13.05.10
Fierravanti-Wells	292	Medicare rebate - cataracts	13.05.10
Fierravanti-Wells	293	Cataracts	13.05.10
Fierravanti-Wells	321	MBS Items 10950-10970	13.05.10

Fierravanti-Wells	308	Pathology bulk billing	13.05.10
Fierravanti-Wells	300	Bulk billing incentives	13.05.10
Fierravanti-Wells	412-413	Healthy Kids Check	13.05.10

#### **Outcome 4: Aged Care and Population Ageing**

	T1 tabled at hearing	Australian Government directory of services for older people	25.02.10
Williams	19-20	Grace Munro	18.03.10
Williams	21	Tony Windsor – Grace Munro Centre	18.03.10
Williams	22	Grace Munro Aged Care Centre Ltd	18.03.10
Xenophon	5	Alzheimer's	13.05.10
Williams	16	Facilities	13.05.10
Williams	18	Grace Munro	13.05.10
Siewert	97	Young people in residential aged care program	13.05.10
Adams	108	Residential places	13.05.10
Adams	111	Aged care	13.05.10
Boyce	189	Evans Head	13.05.10
Fierravanti-Wells	313	Conditional adjustment payment	13.05.10
Fierravanti-Wells	320	Government response regulatory burdens on business	13.05.10
Fierravanti-Wells	322	Return on investments	13.05.10
Fierravanti-Wells	323	General purpose financial reports	13.05.10
Fierravanti-Wells	326	ACAR	13.05.10
Fierravanti-Wells	330	Aged care provision ratios	13.05.10
Fierravanti-Wells	331	Aged care	13.05.10
Fierravanti-Wells	333	2010 Intergenerational Report	13.05.10
Fierravanti-Wells	335	Aged care occupancy rates	13.05.10
Fierravanti-Wells	337	Concessional resident ratio	13.05.10
Fierravanti-Wells	338, 341	Aged Care Funding Instrument (ACFI)	13.05.10
Fierravanti-Wells	342	Aged care	13.05.10
Fierravanti-Wells	343	ACFI	13.05.10
Fierravanti-Wells	344	ACAT	13.05.10
Fierravanti-Wells	348	COAG commitment	13.05.10
Fierravanti-Wells	350	ACAT	13.05.10
Fierravanti-Wells	385	HACC	13.05.10
Fierravanti-Wells	399	Analysis of occupancy levels across the industry	13.05.10
Adams	400	Review of the Conditional Adjustment Payment	13.05.10
Fierravanti-Wells	402	ACFI Review	13.05.10
Fierravanti-Wells	410	More aged care nurses	13.05.10
Eggleston	112	Extra funding for home care	13.05.10
Fierravanti-Wells	328, 332	Aged Care Approvals Round (ACAR)	13.05.10
Fierravanti-Wells	381	Aged care	13.05.10
Fierravanti-Wells	382	Indigenous and remote aged care	13.05.10
Williams	427	Viability	13.05.10
Adams	63	Aged care homes	13.05.10
Fierravanti-Wells	204	Aboriginal and Torres Strait Islander Aged Care Workforce	13.05.10
Fierravanti-Wells	319	Productivity Commission's Annual Review	13.05.10
Fierravanti-Wells	377	Aboriginal and Torres Strait Islander Aged Care Workforce	13.05.10

Fierravanti-Wells	379	National Aboriginal and Torres Strait Island Flexible Aged Care Program	13.05.10
Fierravanti-Wells	383	Aged care workers	13.05.10
Xenophon	1	Alzheimer's disease	13.05.10
Xenophon	3	Dementia	13.05.10
Xenophon	4	Dementia related illness	13.05.10
Adams	65	Aged care facilities	13.05.10
Fierravanti-Wells	310	Residential aged care beds	13.05.10
Fierravanti-Wells	312	Residential aged care places	13.05.10
Fierravanti-Wells	314	Conditional Adjustment Payment Review	13.05.10
Fierravanti-Wells	315	Conditional Adjustment Payment (CAP)	13.05.10
Fierravanti-Wells	316	CAP Review	13.05.10
Fierravanti-Wells	336	Concessional resident ratio	13.05.10
Fierravanti-Wells	339	Aged Care Funding Instrument (ACFI) Review	13.05.10
Fierravanti-Wells	387	Transition Care for Territorians	13.05.10
Fierravanti-Wells	403	Concessional resident ratio	13.05.10
Fierravanti-Wells	431	Ambassador for Ageing	13.05.10
Fierravanti-Wells	325	Review of Aged Care Approvals Round	13.05.10
Fierravanti-Wells	384	CDEP transfer in HACC	13.05.10
Xenophon	2	Dementia suffers	13.05.10
Williams	15	Aged care facilities	13.05.10
Siewert	93	COAG young people in aged care homes	13.05.10
Siewert	94	Young people in nursing homes	13.05.10
Adams	109	ACAR in WA	13.05.10
Boyce	190-191	Evans Head	13.05.10
Fierravanti-Wells	311	Residential aged care	13.05.10
Fierravanti-Wells	317	Commonwealth Own Purpose Outlays Index	13.05.10
Fierravanti-Wells	318	Resident Classification Scheme	13.05.10
Fierravanti-Wells	329	Aged Care Planning Ratio	13.05.10
Fierravanti-Wells	340, 345, 346	Aged Care Funding Instrument Review	13.05.10
Fierravanti-Wells	349	Bed licences	13.05.10
Fierravanti-Wells	380	Indigenous and remote aged care	13.05.10
Fierravanti-Wells	386	Roll out national quality standards and training	13.05.10
Fierravanti-Wells	401	Planning ratios	13.05.10
Fierravanti-Wells	324	Population data for people aged 70 years and over, and number of places by planning region, SLA and LGA levels	13.05.10
Adams	64	Aged care facilities	13.05.10
Adams	107	Residential care places in Western Australia	13.05.10
Fierravanti-Wells	247	Emissions Trading Scheme and the aged care sector	13.05.10
Fierravanti-Wells	378	Indigenous aged care	13.05.10
Fierravanti-Wells	398	Cost of Emissions Trading Scheme	13.05.10
Fierravanti-Wells	327	Aged Care Approvals Round	13.05.10
Williams	14	Small residential care facilities	13.05.10
Williams	17	Regional aged care services	13.05.10
Adams	110	Aged care workforce	13.05.10
Fierravanti-Wells	334, 347	Productivity Commission inquiry into aged care	13.05.10
Fierravanti-Wells	356	Award modernisation	13.05.10

Fierravanti-Wells	249	Emissions Trading Scheme and Aged Care	13.05.10
Fifield	432	Continence aids payment scheme	24.06.10

### Outcome 5: Primary Care

		DoHA letter 25.02.10 correcting evidence provided at hearing 10.02.10 relating to relocation incentives for GPs to move to superclinics	18.03.10
Siewert	163, 165	Divisions of General Practice	18.03.10
Adams	138	National Maternity Services Plan	13.05.10
Siewert	167	Divisions of GPs	13.05.10
Siewert	150	Indigenous Health Practice Incentive Payment	13.05.10
		DoHA letter 15.03.10 correcting evidence provided at hearing 10.02.10 relating to incentives for GPs to relocate	13.05.10
Fierravanti-Wells	303	Nurse practitioners and midwives	13.05.10
Siewert	101	Mental health nurses	13.05.10
Adams	134	Doctor numbers	13.05.10
Fierravanti-Wells	366	Medical education and training	13.05.10
Adams	135	General Practice training places	13.05.10
Fierravanti-Wells	363	GP Super Clinics	24.06.10
Boyce	421	GP Super Clinics	24.06.10
Fierravanti-Wells	294, 422, 351, 420	GP Super Clinics	24.06.10

### Outcome 6: Rural Health

Adams	128	Rural and remote health programs	13.05.10
Adams	133	Rural and remote health stakeholder support scheme	13.05.10
Adams	139	Health Horizons	13.05.10
Adams	141	PATS	13.05.10
Adams	140	Rural and remote health	13.05.10
Fierravanti-Wells	418	Rural health	13.05.10

### Outcome 7: Hearing Services

		DoHA letter 1.03.10 correcting evidence provided at hearing 10.02.10 relating to direct bone conduction hearing device	18.03.10
Fierravanti-Wells	394	Bone conducting hearing aids	13.05.10
Fierravanti-Wells	395	Modelling parameters	13.05.10

### Outcome 8: Indigenous Health

Adams	143	Indigenous health	18.03.10
Siewert	154	Staffing	18.03.10
Siewert	156	Complaints policy	18.03.10
Siewert	157	Funding	18.03.10
Siewert	162	ACCHSs	18.03.10
Siewert	164	AMs	18.03.10
Siewert	169	NACCHO	18.03.10
Fierravanti-Wells	202	Home visiting program	18.03.10



Siewert	155	OATISH FOI	13.05.10
Fierravanti-Wells	203	Homes visiting program and JTAI contracts	13.05.10
Siewert	76	Wallaga Lake	13.05.10
Adams	120	Indigenous dental services	13.05.10
Adams	144	Health professionals in the NT	13.05.10
Siewert	152	OATSIH staffing	13.05.10
Siewert	153	OATSIH consultants	13.05.10
Siewert	158	Risk assessment	13.05.10
Siewert	159	Capital Works projects	13.05.10
Siewert	160	Infrastructure projects for Aboriginal Medial Services (AMSs)	13.05.10
Siewert	161	OATSIH staff	13.05.10
Siewert	166	Aboriginal health	13.05.10
Siewert	170	Closing the Gap	13.05.10
Boyce	197	Indigenous health	13.05.10
Siewert	201	Self-dialysis and community hubs	13.05.10
Siewert	151	OATSIH Budget	13.05.10
Siewert	168	Aboriginal health	13.05.10

### **Outcome 9: Private Health**

Fierravanti-Wells	185	Private health insurance membership	18.03.10
Fierravanti-Wells	353	Private health insurance rebates	18.03.10
Fierravanti-Wells	354	Private health insurance	18.03.10
Fierravanti-Wells	301	Bulk billing rates	13.05.10

### **Outcome 10: Health System Capacity and Quality**

Adams	66	Breast and ovarian cancer	18.03.10
Xenophon	30	Cancer Australia policies	18.03.10
Xenophon	31	Cancer researchers	18.03.10
Xenophon	32	Research – Dr Brendan Coventry	18.03.10
Fierravanti-Wells	426	Oral cancers	18.03.10
Boyce	423	eHealth	13.05.10
Boyce	424	eHealth – testing workshop	13.05.10
Boyce	425	National standard for identifier	13.05.10
Xenophon	25	Early stage research funding	13.05.10
Xenophon	27	Funding research	13.05.10
Xenophon	28	H1N1 vaccines	13.05.10
Xenophon	29	Vaxine	13.05.10
Barnett	58	Human cloning	13.05.10
Xenophon	26	NHMRC funding	13.05.10
Xenophon	124	National Research Centre for Asbestos Related Diseases (NCARD)	13.05.10
Fierravanti-Wells	428	Health and Hospital Reform Commission	13.05.10
Fierravanti-Wells	430	International consultant engaged by Australian Commission on Safety and Quality in Health Care	13.05.10
Fierravanti-Wells	355	Regional cancer centres	13.05.10

## Outcome 11: Mental Health

		DoHA letter 23.02.10 correcting evidence provided at hearing 10.02.10 relating to rural and remote area services	25.02.10
Siewert	102	Mental health services in rural and remote areas	13.05.10
Siewert	105	Mental health in rural areas	13.05.10
Siewert	99	Support for Day to Day Living in the Community (D2DL)	13.05.10
Siewert	103	Expanding suicide prevention	13.05.10

## Outcome 12: Health Workforce Capacity

	T2 tabled at hearing	Divisions of General Practice – payments to Board Directors	25.02.10
Boyce	193, 171	Bringing Nurses Back into the Workforce	18.03.10
Boyce	172	Nursing workforce	18.03.10
Fierravanti-Wells	174	Medical Specialist Training Places	13.05.10
Fierravanti-Wells	358	Clinical teaching and training infrastructure grants and increased clinical training capacity grants	13.05.10
Adams	136	Rural clinical schools	13.05.10
Boyce	187	OTDs	13.05.10
Fierravanti-Wells	359, 360	OTDs	13.05.10
Fierravanti-Wells	362	After hours provisions	13.05.10
Fierravanti-Wells	367	10 year moratorium	13.05.10
Fierravanti-Wells	352	Rural health workforce strategy	13.05.10
Boyce	419	Rural health	13.05.10
Boyce	199	Medical staff in Indigenous communities	13.05.10
Fierravanti-Wells	361	Overseas trained doctors	13.05.10
Fierravanti-Wells	404	Indigenous workforce	13.05.10
Adams	132	Un-bonded scholarships	13.05.10
Adams	137	Vocational training	13.05.10
Adams	142	Oral and dental health members	13.05.10
Fierravanti-Wells	364	Nursing workforce	13.05.10
Fierravanti-Wells	173	Medical training places	13.05.10
Fierravanti-Wells	357	Clinical training	13.05.10
Fierravanti-Wells	365	Medical education and training	13.05.10
Fierravanti-Wells	306, 307	Dentists and dental hygienists	24.06.10

## Outcome 13: Acute Care

Siewert	79	Dental health	18.03.10
Adams	126	Public hospitals	18.03.10
Adams	131	Accident and emergency care	18.03.10
Fierravanti-Wells	184	Elective surgery waiting lists	18.03.10
Fierravanti-Wells	296	National Healthcare Agreements	18.03.10
Fierravanti-Wells	304	Public dental	18.03.10
Fierravanti-Wells	305	Public dental services	18.03.10
Adams	125	Public hospitals	13.05.10
Boyce	198	Public hospitals	13.05.10
Siewert	218-220	Professional indemnity - midwives	13.05.10

Fierravanti-Wells	368-371	Public hospitals	13.05.10
Siewert	80	Dental programs	13.05.10
Boyce	206	Australian Organ and Tissue Donation Transplantation Authority Workforce	24.06.10
Fielding	82	Elective surgery waiting times	24.06.10
Adams	127	Surgical facilities and birthing centres	24.06.10

### **Outcome 14: Biosecurity and Emergency Response**

Humphries	177	H1N1	13.05.10
Humphries	179	OHP staffing	13.05.10
Fierravanti-Wells	372	Swine flu	13.05.10
Fierravanti-Wells	373, 376	Swine flu vaccine	13.05.10
Fierravanti-Wells	376 amended, 375	Swine flu vaccine	24.06.10

### **Outcome 15: Sport Performance and Participation**

Boyce	212	Junior sport	13.05.10
Boyce	213	Junior sport – disability report	13.05.10
Fierravanti-Wells	429	Minister Ellis' travel to Beijing	24.06.10
Mason	23	Crawford Report	24.06.10
Mason	24, 208, 209	Independent Sport Panel	24.06.10
Fierravanti-Wells	175	Australia's bid for the 2018/2022 FIFA World Cups	24.06.10
Mason	210	Independent Sport Panel	24.06.10
Siewert	85	Sport sponsorship	24.06.10

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-009

OUTCOME 0: Whole of Portfolio

Topic: TRANSCRIBING SERVICES

Written Question on Notice

Senator Mason asked:

- a) Has the Minister engaged any transcribing services for media conferences?
- b) Is this a separate charge to the media clippings service?

Answer:

- a) Portfolio Minister's can request transcriptions of media conferences as part of services provided under the Department's media monitoring contract with Media Monitors Pty Ltd. Only the Minister's office can advise what they request to be transcribed.
- b) Yes.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-011

OUTCOME 0: Whole of Portfolio

Topic: MEDIA MONITORING

Written Question on Notice

Senator Mason asked:

Are media monitoring clips provided in a Blackberry friendly service?

Answer:

Yes.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-013

OUTCOME 0: Whole of Portfolio

Topic: MEDIA MONITORS CONTRACTOR

Senator Mason asked:

- a) Who is the contractor for Media Monitors?
- b) Is it Media Monitors?

Answer:

- a) There is a contract with Media Monitors Pty Ltd and an Agreement with Australian Associated Press Pty Ltd.
- b) See answer to a).

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-042

OUTCOME 0: Whole of Portfolio

Topic: REDUCTION OF STAFFING NUMBERS

Written Question on Notice

Senator Barnett asked:

- a) Have staffing numbers reduced as a result of the staffing efficiency dividend and/ or other budget cuts?
- b) If so, where and at what level?

Answer:

- a) Consistent with the level of resources provided by Government, the Department's staffing levels have increased during the period November 2007 (4,420 ASL) to January 2010 (4,477 financial year to date ASL).
- b) Not applicable.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-047

OUTCOME 0: Whole of Portfolio

Topic: MINISTER'S HOSPITALITY

Written Question on Notice

Senator Barnett asked:

- a) For each Minister/ Parl Sec's office, please detail total hospitality spend FYTD?
- b) Please detail date, location, purpose and cost of all events?

Answer:

- a) For each Minister and the Parliamentary Secretary within the Health and Ageing portfolio, official hospitality expenditure for the period 1 July 2009 – 31 January 2010 is as follows:

Minister Roxon: Nil

Minister Elliot: Nil

Minister Snowdon: Nil

Minister Ellis: Nil

Parliamentary Secretary Butler: Nil

- b) Not applicable.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-051

OUTCOME 0: Whole of Portfolio

Topic: FOI REQUESTS

Written Question on Notice

Senator Barnett asked:

- a) How many FOI requests has the Department received?
- b) How many have been granted or denied?
- c) How many conclusive certificates have been issued in relation to FOI requests?

Answer:

- a) The department had 52 requests on hand at 30 June 2009. From 1 July 2009 to 31 December 2009, the Department received 125 requests.
- b) During the period 1 July 2009 to 31 December 2009, decisions were made on 134 requests:
  - 11 requests had access granted in full;
  - 38 requests had access granted in part;
  - 56 requests had access refused (including cases where no relevant document could be found in possession of the Department);
  - 27 requests were withdrawn;
  - 2 requests were transferred to another agency, and
  - 43 requests remained outstanding at 31 December 2009.
- c) Nil.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-226

OUTCOME 0: Whole of Portfolio

Topic: AVERAGE STAFFING LEVEL (ASL)

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) What have been the changes in ASL since November 2007?
- b) Why have these changes occurred?
- c) What have been the budgetary implications?

Answer:

- a) The Department's ASL at November 2007 was 4,420. At January 2010 the financial year to date ASL was 4,477, an increase of 57 ASL.
- b) The Department's staffing level is consistent with the level of resources provided by Government.
- c) The Department regularly monitors the level of funding provided by government to ensure that it manages within the resources appropriated.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-389

OUTCOME 0: Whole of Portfolio

Topic: MINISTERIAL HOSPITALITY

Written Question on Notice

Senator Fierravanti-Wells asked:

- c) For each Minister/ Parl Sec's office, please detail total hospitality spend FYTD?
- d) Please detail date, location, purpose and cost of all events?

Answer:

- a) For each Minister and the Parliamentary Secretary within the Health and Ageing portfolio, official hospitality expenditure for the period 1 July 2009 to 31 January 2010 is as follows:

Minister Roxon: Nil

Minister Elliot: Nil

Minister Snowdon: Nil

Minister Ellis: Nil

Parliamentary Secretary Butler: Nil

- b) Not applicable.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-130

OUTCOME 0: Whole of Portfolio

Topic: HEALTH REFORM CONSULTATIONS

Written Question on Notice

Senator Adams asked:

How many of the consultations the Prime Minister and Minister have attended have been in hospitals and how many in the broader community setting?

Answer:

Of the 103 consultations, 64 were held in hospitals.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-048

OUTCOME 0: Whole of Portfolio

Topic: BOARDS

Written Question on Notice

Senator Barnett asked:

What is the gender ratio on each board across the portfolio?

Answer:

There are seven governing boards within the Health and Ageing portfolio. The gender ratio on each board is:

Aged Care Standards and Accreditation Agency Ltd: five Females six Males

Australian Institute of Health and Welfare: seven Females six Males

Australian Sports Commission: five Females three Males

Australian Sports Foundation: two Females one Male

Food Standards Australia New Zealand: six Females six Males

General Practice Education and Training Ltd: seven Females five Males

National Breast and Ovarian Cancer Centre: eight Females three Males

Private Health Insurance Administration Council: two Females three Males

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-390

OUTCOME 0: Whole of Portfolio

Topic: FREEDOM OF INFORMATION

Written Question on Notice

Senator Fierravanti-Wells asked:

- d) Has the department/agency received any advice on how to respond to FOI requests?
- e) How many FOI requests has the Department received?
- f) How many have been granted or denied?
- g) How many conclusive certificates have been issued in relation to FOI requests?

Answer:

- d) The Department operates in accordance with the FOI Guidelines as issued by the Department of Prime Minister and Cabinet. The Australian Government Solicitor provides additional specific advice as required.
- e) The department had 52 requests on hand at 30 June 2009 and the Department received 125 requests for the financial year 2009-10 to 31 December 2009.
- f) During the period 1 July 2009 to 31 December 2009, decisions were made on 134 requests:
  - 11 requests had access granted in full;
  - 38 requests had access granted in part;
  - 56 requests had access refused (includes cases where no relevant document could be found in possession of agency);
  - 27 requests were withdrawn;
  - 2 requests were transferred to another agency, and
  - 43 requests remained outstanding at 31 December 2009.
- g) Nil.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-012

OUTCOME 0: Whole of Portfolio

Topic: MEDIA MONITORING

Written Question on Notice

Senator Mason asked:

Are media monitoring clips provided to the Shadow Minister?

Answer:

No.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-040

OUTCOME 0: Whole of Portfolio

Topic: TEMPORARY POSITIONS

Written Question on Notice

Senator Barnett asked:

How many temporary positions exist or have been created since budget estimates?

Answer:

The department does not have temporary positions.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-043

OUTCOME 0: Whole of Portfolio

Topic: STAFF REDUCTIONS

Written Question on Notice

Senator Barnett asked:

Are there any plans for staff reduction? If so, please advise details i.e. reduction target, how this will be achieved, services/programs to be cut etc.

Answer:

The Department has no plans for staff reduction.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-044

OUTCOME 0: Whole of Portfolio

Topic: GRADUATE RECRUITMENT

Written Question on Notice

Senator Barnett asked:

What changes are underway or planned for graduate recruitment, cadetship or similar programs? If reductions are envisaged please explain including reasons, target numbers etc.

Answer:

There are no planned changes to graduate recruitment, cadetship or similar programs.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-050

OUTCOME 0: Whole of Portfolio

Topic: FOI REQUESTS

Written Question on Notice

Senator Barnett asked:

Has the Department/agency received any advice on how to respond to FOI requests?

Answer:

The Department operates in accordance with the FOI Guidelines as issued by the Department of Prime Minister and Cabinet. The Australian Government Solicitor provides additional specific advice as required.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-227

OUTCOME 0: Whole of Portfolio

Topic: STAFF REDUCTIONS

Written Question on Notice

Senator Fierravanti-Wells asked:

- d) In the case of reductions in staff numbers, how have these reductions been absorbed by the department?
- e) What functions have been sacrificed and why?
- f) Has there been a target for staff reductions to achieve savings?
- g) What is that target and what strategy is being implemented to achieve this?
- h) Have any voluntary or involuntary redundancies been offered to staff?
- i) If so, how have staff been identified for such offers?
- j) Are there such plans for the future?

Answer:

- a) Not applicable.
- b) Not applicable.
- c) No.
- d) Not applicable
- e) In 2009-10 the department has offered three voluntary redundancies.
- f) In line with normal business planning practices, branches within the department review and reprioritise functions, and as a result some functions change or are no longer undertaken. In 2009-10 affected staff in positions that changed, or were no longer required, were consulted to identify those who had an interest in a proposed voluntary retrenchment.
- g) At this time the department does not have any plans to offer further voluntary redundancies.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-242

OUTCOME 0: Whole of Portfolio

Topic: 'YOURHEALTH' WEBSITE

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) What are the clearance arrangements of material posted by the 'yourhealth' team on the website?
- b) Who has final clearance on information posted on the 'yourhealth' website, the minister or the secretary?
- c) Who decides the topics for the blog posts?

Answer:

- a) Cleared by the First Assistant Secretary, Health Reform Taskforce.
- b) The Secretary.
- c) The Health Reform Taskforce Communications Team, based on recommendations in the National Health and Hospital Reform Commission Final Report.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-234

[see also supplementary answer following]

OUTCOME 0: Whole of Portfolio

Topic: ADVERTISING AND MARKETING

Written Question on Notice

Senator Fierravanti-Wells asked:

- c) How much has the department spent on advertising and marketing since November 2007? Please itemise expenditure by public health campaign and detail any expenditure related to the 'yourhealth' website and branding.
- d) How is this expenditure justified?

Answer:

- a) A full list of Advertising Campaigns undertaken since 1 July 2007 can be found in Attachment A.

In relation to all other advertising and marketing expenditure undertaken across the Department, to collate and compile the requested information would involve a significant resource effort that the Department is not currently in a position to undertake.

The Department spent the following on establishing the 'yourhealth' website and branding:

Video Production	\$37,191
Logo development	\$5,643

All other costs were inhouse.

To promote the website and the community's opportunity to provide input and feedback to health reform through the website, the Department spent \$14,595 on displays and signage for consultation events and \$10,014 on lanyards and insert cards.

- b) The Department follows the Australian Government guidelines on Communications Campaign expenditure and the Commonwealth Procurement Guidelines.

## E10-234 Attachment A - Advertising campaign expenditure summary to 31 January 2010

Note—

- all figures are GST exclusive
- N/A indicates campaign not active
- '\$ -' indicates campaign active but no expenditure in that period

Campaign	2007-08 expenditure Total <sup>(a)</sup>	2008-09 expenditure			2009-10 expenditure YTD (to 31 Jan 2010)		
		Consultants and services	Media placement	Total	Consultants and services	Media placement	Total
Asthma Awareness	\$165,463	N/A	N/A	N/A	N/A	N/A	N/A <sup>(b)</sup>
Australian Better Health Initiative—Measure Up (including <i>Tomorrow People</i> Indigenous component)	\$731,007	\$3,202,888	\$12,500,000	\$15,702,888	\$594,787	\$5,126,630	\$5,721,417
Binge Drinking	\$149,307	\$3,024,662	\$8,802,260	\$11,826,922	\$463,358	\$3,584,679	\$4,048,037
Bringing Nurses Back into the Workforce	N/A	\$79,000	\$928,407	\$1,007,407	N/A	N/A	N/A <sup>(b)</sup>
Eye Health Awareness	\$15,715	\$611,564	\$1,987,024	\$2,598,588	\$96,726	\$ -	\$96,726
National Human Papillomavirus	\$1,895,000	N/A	N/A	N/A	N/A	N/A	N/A <sup>(b)</sup>
Illicit Drug Use	\$ -	\$736,733	\$5,622,373	\$6,359,106	\$1,295,242	\$ -	\$1,295,242
National Drugs	\$13,149,796	N/A	N/A	N/A	N/A	N/A	N/A <sup>(b)</sup>
Private Health Insurance Communications	\$10,623,902	N/A	N/A	N/A	N/A	N/A	N/A <sup>(b)</sup>
Sexually Transmissible Infections Prevention	\$145,668	\$995,517	\$1,438,205	\$2,433,722	\$83,855	\$22,034	\$105,889
Skin Cancer Awareness	\$4,664,347	\$606,481	\$4,505,829	\$5,112,310	\$15,640	\$1,018,728	\$1,034,368
H1N1 Influenza (Human Swine Flu) Public Information	N/A	\$302,118	\$3,766,222	\$4,068,340	\$835,252	\$5,487,274	\$6,322,526
Indigenous Ear Health Campaign	N/A	N/A	N/A	N/A	\$44,965	N/A	\$44,965

Campaign	2007-08 expenditure	2008-09 expenditure			2009-10 expenditure YTD (to 31 Jan 2010)		
	Total <sup>(a)</sup>	Consultants and services	Media placement	Total	Consultants and services	Media placement	Total
Opal Fuel Communication Activities	\$80,132	N/A	N/A	N/A	\$ -	\$ -	\$ - <sup>(c)</sup>
Indigenous COAG National Action to reduce Indigenous Smoking Rates (A1)	N/A	N/A	N/A	N/A	\$67,671	N/A	\$67,671
Indigenous COAG Local Community Campaigns to Promote Better Health (A3)	N/A	N/A	N/A	N/A	\$121,518	N/A	\$121,518
Indigenous COAG Attracting more people to work in Indigenous Health (C4)	N/A	N/A	N/A	N/A	\$104,890	N/A	\$104,890
<i>Total</i>	<b>\$31,540,205</b>	\$9,558,963	\$39,550,320*	<b>\$49,109,283</b>	\$3,723,904	\$15,239,345	<b>\$18,963,249</b>

(a) includes media placement and consultants/services expenditure

(b) not funded for activity in 2009/2010 financial year

(c) to commence before end of 2009/2010 financial year

\* This information was reported in *Campaign Advertising by Australian Government Departments and Agencies – Full Year Report 2008-09 (September 2009)*, issued by the Department of Finance & Deregulation – differences may occur due to rounding



## SUPPLEMENTARY RESPONSE

Senate Community Affairs Committee

### ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

#### HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-234

OUTCOME 0: Whole of Portfolio

Topic: ADVERTISING AND MARKETING

Senator Fierravanti-Wells asked:

- e) How much has the department spent on advertising and marketing since November 2007? Please itemise expenditure by public health campaign and detail any expenditure related to the 'yourhealth' website and branding.
- f) How is this expenditure justified?

Answer: Supplementary response to answer provided on 24 March 2010

a and b)

Further research has identified the following additional costs that were expended on the yourhealth website as at 30 April 2010. These costs are in addition to those supplied previously in the answer to Question on Notice E10-234.

• Web content management system (in-house charges)	\$208,315.00
• Internal Legal charges	\$2,615.00
• Staff salaries associated with staff wholly working on the site	\$514,099.00
• Travel and administration costs associated with producing material for the website	\$8,844.52
<b>Sub Total</b>	<b>\$733,873.52</b>
<b>Costs identified in previously provided answer:</b>	<b>\$42,834.00</b>
<b>Expenditure on yourhealth website</b>	<b>Total \$776,707.52</b>

It should be noted that due to an inability to disaggregate corporate costs associated with all websites, it is not possible to identify actual costs associated with the corporate charges associated with this for bandwidth, hosting charges, server licenses, maintenance and staging.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-049

OUTCOME 0: Whole of Portfolio

Topic: DISCRETIONARY GRANTS

Written Question on Notice

Senator Barnett asked:

Has the Department complied with interim requirements relating to the publication of discretionary grants?

Answer:

Since the release of *Estimates Memorandum 2009/09* circulated by Department of Finance and Deregulation on 1 January 2009, all Departmental grants have been published on the Department's Internet site. The details of these grants have been published according to the requirements initially laid out in *Estimates Memorandum 2009/09* and, most recently, the Commonwealth Grant Guidelines (1 July 2009). The published details include the following fields:

- Portfolio;
- Agency;
- Program Title;
- Grant Recipient;
- Grant Purpose;
- Total Grant/Variation Value;
- Grant Contract Execution Date;
- Grant Term;
- Grant Funding Location;
- Grant Variation Flag; and
- Grant Start Date.

These grants may be viewed at <http://health.gov.au/internet/main/publishing.nsf/Content/pfps-grantsreporting>

Prior to *Estimates Memorandum 2009/09*, all discretionary grants, including ad hoc, and one-off grants reported between 1 November 2007 and 31 December 2008, were available at a different address on the Department's Internet site. Included are the details of the recipients, the intended use of the grants, and the locations that have benefited from the grants. These discretionary grants may be viewed at <http://health.gov.au/internet/main/publishing.nsf/Content/divisions-portfoliostrategiesdivision-disgrants>

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-056

OUTCOME 0: Whole of Portfolio

Topic: CONSULTANCIES

Written Question on Notice

Senator Barnett asked:

How many consultancies have been undertaken or are underway since November 2007? Please identify the name of the consultant, the subject matter of the consultancy, the duration and the cost of arrangement, and the method of procurement (ie. open tender, direct source, etc). Please also include total value for all consultancies.

Answer:

As at 10 February 2010, the Department of Health and Ageing (including the National Industrial Chemicals Notification and Assessment Scheme, Office of the Gene Technology Regulator, and the Therapeutic Goods Administration) had 1,246 consultancies underway as at 1 November 2007, or undertaken between 1 November 2007 and 10 February 2010 to a total contract value of \$147,503,155.21.

A full list of these consultancies has been provided at Attachment A and includes:

- Consultant's Name;
- Consultancy Purpose;
- Start Date;
- End Date;
- Procurement Method; and
- Contract Value.

277 external medical evaluation services contracts have been aggregated due to privacy issues relating to the *Freedom of Information Act 1982*. These issues pertain to the following clauses:

- Section 40(1)(a): Prejudice the effectiveness of procedures or methods for the conduct of tests, examinations or audits;
- Section 41(1): Documents containing personal information; and
- Section 43(1)(c)(i): Documents containing information that could adversely affect business if disclosed.

Consultant	Consultancy Purpose	Start Date	End Date	Procurement Method	Contract Value
20/20 Integrated Solutions Pty Ltd	To Provide Health Management Advisory & Mentoring Services & Corporate Governance Training on the North Coast	9/06/2009	7/10/2009	Direct Source	\$ 142,296.00
277 Aggregated Contracts	To Provide External Medical Evaluation Services	Various	Various	Open Source	\$ 4,858,649.74
Abbott, Peter James T/A Biosearch Consulting	To Provide Advice on Human Health Risks Relating to Chemicals Considered by National Industrial Chemicals Notification & Assessment Scheme	24/09/2008	31/12/2008	Direct Source	\$ 30,000.00
Accenture Australia Holdings Pty Ltd	To Provide Documentation Relating to the Australian Government Information Management Office's Requirements for the Individual Electronic Health Record	9/04/2009	30/06/2009	Direct Source	\$ 75,240.00
Access Economics	To Conduct a Literature Review Modelling Option for Chronic Disease & Workforce	4/06/2008	30/06/2008	Open Source	\$ 88,880.00
Access Economics	To Conduct a Planning & Needs Analysis for the Strategic Location of Hearing Equipment	15/12/2009	31/03/2010	Open Source	\$ 91,291.20
Access Economics	To Conduct an Economic Evaluation of the National Bowel Screening Program	1/05/2007	30/11/2007	Open Source	\$ 230,653.50
Access Economics	To Conduct an Evaluation of Breast Screen Australia	12/05/2008	10/11/2008	Open Source	\$ 241,120.00
Access Economics	To Provide Screening & Assessment Services to BreastScreen Australia	21/04/2009	30/06/2009	Direct Source	\$ 26,950.00
Acumen Contracting Pty Ltd	To Provide Financial Management Services	21/02/2007	21/02/2008	Select Source	\$ 50,000.00
Acumen Contracting Pty Ltd	To Provide Financial Management Services	21/02/2007	21/02/2008	Select Source	\$ 54,863.00
Albert G Frauman Pty Ltd	To Conduct an External Evaluation of Submissions/Applications on Behalf of the National Drugs & Poisons Schedule Committee	19/08/2009	30/06/2010	Select Source	\$ 10,000.00
Allan Lindsay Black	To Conduct Lectures on International Chemicals	29/09/2008	31/10/2009	Direct Source	\$ 6,187.50

	Regulation & Risk Management Decisions				
Allan Lindsay Black	To Provide Services to the Office of Chemical Safety Relating to a Number of New & Existing Chemical Assessments	16/05/2008	18/07/2008	Direct Source	\$ 19,800.00
Allen & Clarke Policy & Regulation Specialists	To Evaluate the NT Emergency Response Child Health Check Initiative & Expanded Health Service Delivery Initiative	11/06/2009	30/06/2010	Open Source	\$ 470,250.00
Allen Consulting Group	To Conduct a Business Process Review	7/08/2007	30/12/2007	Select Source	\$ 108,718.00
Allen Consulting Group	To Develop a Business Model for an Australian Clinical Dosimetry Centre	2/02/2009	28/05/2009	Open Source	\$ 130,495.00
Allen Consulting Group	To Develop a National Breastfeeding Strategy	16/06/2009	31/01/2010	Open Source	\$ 184,958.00
Allen Consulting Group	To Develop Key Performance Indicators for the Home & Community Care Program	30/11/2007	30/06/2008	Open Source	\$ 137,515.00
Allen Consulting Group	To Review the Training, Education & Accreditation Program for Radiation Oncology Medical Physicians	23/09/2009	31/03/2010	Open Source	\$ 209,992.00
Allen Consulting Group Pty Ltd	To Review the Training for Procedural General Practitioners Program	5/03/2008	11/04/2008	Open Source	\$ 63,820.00
Alliance Consulting Group Pty Ltd	To Conduct a Review of the Scope of Security Guards	1/07/2007	30/06/2008	Direct Source	\$ 40,000.00
Alliance of NSW Division Ltd	To Review Program Delivery Options for Liverpool & Sydney South West Divisions of General Practice	10/06/2008	29/08/2008	Direct Source	\$ 205,268.81
Alt, Marilyn T/A Alt Beatty Consulting	To Provide Services Relating to Mapping Health Quality	26/02/2008	30/06/2008	Direct Source	\$ 31,522.00
Alt, Marilyn T/A Alt Beatty Consulting	To Review Reporting Relating to the Extended Aged Care at Home & National Respite for Carers Programs	10/12/2007	30/04/2008	Direct Source	\$ 74,368.80
Andrew H Singer	To Provide Advice on Emergency Services Provided at Mersey Community Hospital	20/02/2008	31/03/2008	Direct Source	\$ 5,000.00
Aon Risk Services Australia Ltd	To Conduct an Asset Valuation	1/09/2007	30/06/2008	Select Source	\$ 10,000.00

Aon Risk Services Australia Ltd	To Provide an Independent Valuation of the Department's Non-Financial Assets	1/04/2009	30/06/2009	Direct Source	\$ 11,770.00
Aon Risk Services Australia Ltd	To Provide an Independent Valuation of the Department's Non-Financial Assets	18/01/2008	31/03/2008	Direct Source	\$ 36,457.12
Apis Consulting Group	To Develop a Workplan Guide to the Health Reform Agenda	30/06/2008	30/06/2008	Direct Source	\$ 32,670.00
Apis Consulting Group	To Provide Shortlisting Services for the "Encouraging Best Practice in Residential Aged Care" Funding Round	8/08/2008	30/09/2008	Open Source	\$ 10,000.00
Apis Group Pty Ltd	To Analyse Data Collected Through the Consultation Process of the Health Reform Taskforce	27/08/2009	28/02/2010	Open Source	\$ 110,000.00
Apis Group Pty Ltd	To Develop a Project Plan for the Health Reform Taskforce	18/08/2009	18/02/2010	Open Source	\$ 75,300.00
Apis Group Pty Ltd	To Provide Expert Program Management Advice on eHealth Technology	23/11/2009	22/01/2010	Direct Source	\$ 146,630.00
Apis Group Pty Ltd	To Provide Shortlisting Services for the "Encouraging Best Practice in Residential Aged Care" Funding Round	8/08/2008	30/09/2008	Open Source	\$ 26,190.00
Apis Group Pty Ltd	To Review Purchases & Procedures Relating to the Collection of Revenue	20/10/2008	30/11/2008	Select Source	\$ 14,150.00
Apis Group Pty Ltd	To Review the Department's Budget Processes	30/06/2008	30/09/2008	Direct Source	\$ 13,780.80
Applied Economics Pty Ltd	To Provide Advice on the Build, Testing & Implementation of a Community Pharmacy Remuneration Financial Model	14/12/2007	21/12/2007	Open Source	\$ 11,000.00
ARTD Pty Ltd	To Assess the Suitability of Lifescripts for Use by Allied Health Professionals	30/03/2009	1/09/2009	Open Source	\$ 147,785.00
Ascent Consulting Pty Ltd	To Conduct an Independent Assessment & Review of a Cost Technical Feasibility Submission	14/04/2009	10/05/2009	Direct Source	\$ 25,000.00
Ascent Consulting Pty	To Provide Advice & Facilitate Workshops on	18/06/2009	26/06/2009	Direct Source	\$ 8,800.00

Ltd	After Hours Policy Development				
Ascent Consulting Pty Ltd	To Provide Advice on Potential Add-on Service Relating to the National Health Call Centre Network	3/02/2010	31/07/2010	Direct Source	\$ 65,000.00
Ascent Consulting Pty Ltd	To Review the Cost Effectiveness of the Group Aboriginal Health Strategy for Central Highlands After Hours Medical Service Nurse Triage Services in Victoria	29/09/2009	29/01/2010	Direct Source	\$ 66,000.00
Ascent Consulting Pty Ltd	To Review the Individual Electronic Health Record Business Case	22/12/2008	30/06/2009	Direct Source	\$ 60,000.00
Associate Professor Danny Liew	To Conduct a Professional Assessment of Data for the National Drugs Schedule Committee	13/03/2009	30/06/2010	Direct Source	\$ 9,000.00
Austral Economics Pty Ltd	To Update Social Costs Relating to Overdose Drug Abuse in Australia	6/06/2001	30/06/2008	Direct Source	\$ 108,907.71
Australasian Society for HIV Medicine Inc	To Develop National Strategies for HIV, STI's, Viral Hepatitis & Aboriginal & Torres Strait Islander Sexual Health	18/09/2009	14/10/2009	Select Source	\$ 181,250.00
Australasian Society for HIV Medicine Inc	To Provide Conference Organisation Services for a National Aboriginal & Torres Strait Islander Sexual Health Promotion Workshop	14/11/2007	1/06/2008	Open Source	\$ 54,000.00
Australian Bone Marrow Donor Registry	To Provide Expert Advice on the Development of a National Reform Package	19/06/2008	30/06/2008	Direct Source	\$ 25,000.00
Australian Drug Foundation Inc	To Provide an Education Package of Illicit Drugs Suitable for the Sporting Environment	27/06/2008	31/08/2008	Direct Source	\$ 20,300.00
Australian Drug Foundation Inc	To Provide an Education Package of Illicit Drugs Suitable for the Sporting Environment	27/06/2008	31/08/2008	Direct Source	\$ 75,300.00
Australian Government Actuary	To Provide Advice Relating to the Department's DHL Storage Agreement	20/05/2009	30/06/2009	Select Source	\$ 5,676.00
Australian Government Solicitor	To Provide Legal Services	1/07/2006	30/06/2008	Direct Source	\$ 880.00
Australian Government Solicitor	To Provide Legal Services	13/01/2006	30/06/2008	Direct Source	\$ 4,000.00

Australian Government Solicitor	To Provide Legal Services	3/11/2005	30/06/2008	Direct Source	\$ 10,000.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 314.60
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 378.40
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 401.40
Australian Government Solicitor	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 543.40
Australian Government Solicitor	To Provide Legal Services	13/03/2009	30/06/2010	Open Source	\$ 739.20
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 895.40
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 943.80
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 1,058.20
Australian Government Solicitor	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 1,244.10
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 1,500.00
Australian Government Solicitor	To Provide Legal Services	29/04/2009	30/06/2009	Open Source	\$ 1,546.60
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 1,659.35
Australian Government Solicitor	To Provide Legal Services	11/05/2009	12/05/2009	Open Source	\$ 1,670.90
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 1,778.70
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 1,801.80
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 1,821.60
Australian Government Solicitor	To Provide Legal Services	15/12/2008	30/06/2009	Open Source	\$ 1,874.40
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 1,942.60
Australian	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$



Government Solicitor					2,000.00
Australian Government Solicitor	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 2,200.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 2,420.00
Australian Government Solicitor	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 2,563.00
Australian Government Solicitor	To Provide Legal Services	9/01/2006	30/06/2008	Open Source	\$ 2,700.00
Australian Government Solicitor	To Provide Legal Services	22/12/2008	30/06/2009	Open Source	\$ 2,750.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 2,803.35
Australian Government Solicitor	To Provide Legal Services	13/03/2009	30/06/2009	Open Source	\$ 2,926.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 3,000.00
Australian Government Solicitor	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 3,000.00
Australian Government Solicitor	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 3,000.00
Australian Government Solicitor	To Provide Legal Services	20/04/2009	22/05/2009	Open Source	\$ 3,000.00
Australian Government Solicitor	To Provide Legal Services	1/06/2009	30/06/2009	Open Source	\$ 3,000.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 3,212.00
Australian Government Solicitor	To Provide Legal Services	7/04/2009	7/04/2009	Open Source	\$ 3,300.00
Australian Government Solicitor	To Provide Legal Services	17/06/2009	30/06/2009	Open Source	\$ 3,300.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 3,539.05
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 3,636.60
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 3,707.55
Australian Government	To Provide Legal Services	30/06/2009	30/06/2010	Open Source	\$ 3,751.80

Solicitor					
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 3,760.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 3,891.80
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 3,911.60
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 3,911.61
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 4,000.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 4,030.40
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 4,031.50
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 4,078.80
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 4,130.50
Australian Government Solicitor	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 4,229.50
Australian Government Solicitor	To Provide Legal Services	25/05/2009	25/06/2009	Open Source	\$ 4,291.10
Australian Government Solicitor	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 4,400.00
Australian Government Solicitor	To Provide Legal Services	18/08/2009	31/12/2009	Open Source	\$ 4,400.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 4,469.85
Australian Government Solicitor	To Provide Legal Services	18/11/2008	30/06/2009	Open Source	\$ 4,500.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 4,516.60
Australian Government Solicitor	To Provide Legal Services	14/01/2009	30/06/2009	Open Source	\$ 4,946.70
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 4,950.00
Australian Government Solicitor	To Provide Legal Services	27/04/2009	30/06/2010	Open Source	\$ 4,950.00

Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 5,000.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 5,000.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	1/06/2008	Open Source	\$ 5,000.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 5,000.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 5,000.00
Australian Government Solicitor	To Provide Legal Services	27/07/2009	30/06/2010	Open Source	\$ 5,000.00
Australian Government Solicitor	To Provide Legal Services	29/10/2009	30/06/2010	Open Source	\$ 5,000.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 5,149.10
Australian Government Solicitor	To Provide Legal Services	3/12/2009	31/01/2010	Open Source	\$ 5,225.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 5,416.40
Australian Government Solicitor	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 5,445.00
Australian Government Solicitor	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 5,500.00
Australian Government Solicitor	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 5,500.00
Australian Government Solicitor	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 5,500.00
Australian Government Solicitor	To Provide Legal Services	18/03/2009	30/06/2009	Open Source	\$ 5,500.00
Australian Government Solicitor	To Provide Legal Services	30/06/2009	30/06/2010	Open Source	\$ 5,500.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 5,550.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 6,212.80
Australian Government Solicitor	To Provide Legal Services	1/07/2006	30/06/2008	Open Source	\$ 6,500.00
Australian	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$

Government Solicitor					6,500.00
Australian Government Solicitor	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 6,501.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 6,600.00
Australian Government Solicitor	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 6,600.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 6,765.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 6,770.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 7,000.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 7,000.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2009	Open Source	\$ 7,000.00
Australian Government Solicitor	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 7,000.00
Australian Government Solicitor	To Provide Legal Services	17/06/2009	30/06/2009	Open Source	\$ 7,150.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 7,278.70
Australian Government Solicitor	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 7,436.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 7,632.90
Australian Government Solicitor	To Provide Legal Services	29/07/2009	7/08/2009	Open Source	\$ 7,700.00
Australian Government Solicitor	To Provide Legal Services	22/05/2009	25/05/2009	Open Source	\$ 7,936.50
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 7,951.90
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 7,956.68
Australian Government Solicitor	To Provide Legal Services	30/06/2009	30/06/2010	Open Source	\$ 8,000.00
Australian Government	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 8,250.00

Solicitor					
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 8,800.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 9,000.00
Australian Government Solicitor	To Provide Legal Services	1/02/2009	31/08/2009	Open Source	\$ 9,000.10
Australian Government Solicitor	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 9,020.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 9,062.90
Australian Government Solicitor	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 9,371.90
Australian Government Solicitor	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 9,788.90
Australian Government Solicitor	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 9,900.00
Australian Government Solicitor	To Provide Legal Services	1/06/2007	30/06/2008	Open Source	\$ 10,000.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 10,000.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 10,000.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 10,000.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 10,000.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 10,000.00
Australian Government Solicitor	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 10,000.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 10,230.00
Australian Government Solicitor	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 11,000.00
Australian Government Solicitor	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 11,000.00
Australian Government Solicitor	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 11,550.00

Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 11,899.25
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 12,000.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 12,000.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 12,000.00
Australian Government Solicitor	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 12,000.00
Australian Government Solicitor	To Provide Legal Services	15/06/2009	30/06/2009	Open Source	\$ 12,000.00
Australian Government Solicitor	To Provide Legal Services	30/06/2009	30/06/2010	Open Source	\$ 12,000.00
Australian Government Solicitor	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 12,078.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 12,500.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 12,500.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 12,500.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 12,500.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 12,500.00
Australian Government Solicitor	To Provide Legal Services	21/08/2009	1/11/2009	Open Source	\$ 13,641.75
Australian Government Solicitor	To Provide Legal Services	26/02/2009	30/12/2009	Open Source	\$ 14,000.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 14,300.00
Australian Government Solicitor	To Provide Legal Services	4/07/2008	30/06/2009	Open Source	\$ 14,369.85
Australian Government Solicitor	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 14,485.90
Australian Government Solicitor	To Provide Legal Services	16/01/2009	28/02/2009	Open Source	\$ 15,000.00
Australian	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$

Government Solicitor					15,227.47
Australian Government Solicitor	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 15,396.70
Australian Government Solicitor	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 15,400.00
Australian Government Solicitor	To Provide Legal Services	23/12/2008	30/06/2009	Open Source	\$ 15,400.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 17,000.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 17,300.25
Australian Government Solicitor	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 17,600.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 18,000.00
Australian Government Solicitor	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 18,922.07
Australian Government Solicitor	To Provide Legal Services	17/06/2009	30/06/2010	Open Source	\$ 19,396.30
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 19,827.47
Australian Government Solicitor	To Provide Legal Services	1/06/2007	30/06/2008	Open Source	\$ 20,000.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 20,000.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 20,000.00
Australian Government Solicitor	To Provide Legal Services	15/07/2009	30/06/2010	Open Source	\$ 20,000.00
Australian Government Solicitor	To Provide Legal Services	30/06/2009	30/06/2010	Open Source	\$ 20,000.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 20,012.50
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 21,378.50
Australian Government Solicitor	To Provide Legal Services	10/10/2007	30/06/2008	Open Source	\$ 21,562.20
Australian Government	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 22,000.00

Solicitor					
Australian Government Solicitor	To Provide Legal Services	30/06/2009	30/06/2010	Open Source	\$ 22,000.00
Australian Government Solicitor	To Provide Legal Services	28/08/2008	30/06/2009	Open Source	\$ 23,056.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 24,289.10
Australian Government Solicitor	To Provide Legal Services	1/07/2006	30/06/2008	Open Source	\$ 27,000.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 27,698.75
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 28,064.00
Australian Government Solicitor	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 29,747.85
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 30,000.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 30,000.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	28/02/2009	Open Source	\$ 30,000.00
Australian Government Solicitor	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 30,351.60
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 32,360.90
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 33,000.00
Australian Government Solicitor	To Provide Legal Services	1/07/2008	30/06/2010	Open Source	\$ 33,000.00
Australian Government Solicitor	To Provide Legal Services	6/01/2009	30/06/2009	Open Source	\$ 33,000.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 34,102.42
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 35,849.00
Australian Government Solicitor	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 40,000.00
Australian Government Solicitor	To Provide Legal Services	18/06/2009	30/06/2010	Open Source	\$ 50,000.00



Australian Government Solicitor	To Provide Legal Services	30/06/2009	30/06/2010	Open Source	\$ 50,000.00
Australian Government Solicitor	To Provide Legal Services	19/10/2009	30/06/2010	Open Source	\$ 50,000.00
Australian Government Solicitor	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 56,000.00
Australian Government Solicitor	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 60,000.00
Australian Government Solicitor	To Provide Legal Services	2/10/2007	30/06/2008	Open Source	\$ 62,400.54
Australian Government Solicitor	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 67,000.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 73,335.75
Australian Government Solicitor	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 77,292.30
Australian Government Solicitor	To Provide Legal Services	1/07/2009	30/06/2010	Open Source	\$ 86,000.00
Australian Government Solicitor	To Provide Legal Services	1/05/2007	30/06/2008	Open Source	\$ 90,875.53
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 96,895.70
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 110,010.68
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 137,500.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 150,000.00
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 350,000.00
Australian Government Solicitor	To Provide Legal Services	7/07/2005	30/06/2008	Select Source	\$ 429.00
Australian Government Solicitor	To Provide Legal Services	29/06/2009	6/07/2009	Select Source	\$ 5,500.00
Australian Government Solicitor	To Provide Legal Services	2/03/2009	30/06/2009	Select Source	\$ 85,000.00
Australian Government Solicitor	To Provide Legal Services	25/03/2009	30/06/2009	Open Source	\$ 900.00
Australian	To Provide Legal Services	18/07/2009	30/09/2009	Open Source	\$

Government Solicitor					1,545.50
Australian Government Solicitor	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 2,000.00
Australian Government Solicitor	To Provide Legal Services	18/12/2008	15/01/2010	Open Source	\$ 7,534.45
Australian Government Solicitor	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 11,100.00
Australian Government Solicitor	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 12,100.00
Australian Government Solicitor	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 13,000.00
Australian Government Solicitor	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 15,400.00
Australian Government Solicitor	To Provide Legal Services	9/01/2009	30/06/2009	Open Source	\$ 15,400.00
Australian Government Solicitor	To Provide Legal Services	1/07/2008	28/02/2010	Open Source	\$ 24,200.00
Australian Government Solicitor	To Provide Legal Services	1/07/2008	30/06/2010	Open Source	\$ 266,200.00
Australian Government Solicitor (SA)	To Provide Legal Services	1/07/2006	30/06/2008	Open Source	\$ 71,293.60
Australian Healthcare & Hospitals Association	To Provide Support & Conduct Research on Hospitals of the Future	9/09/2008	30/11/2009	Direct Source	\$ 13,486.70
Australian Healthcare Associates Pty Ltd	To Conduct a Case Study for the Mental Health Nurse Incentive Program	21/12/2009	30/06/2010	Open Source	\$ 101,772.00
Australian Healthcare Associates Pty Ltd	To Conduct Stage 1 of the Access Points QLD Mapping Project	1/06/2007	24/11/2007	Open Source	\$ 129,910.00
Australian Healthcare Associates Pty Ltd	To Develop a National Quality Reporting Framework for Community Care Programs	23/10/2007	14/12/2007	Open Source	\$ 171,582.00
Australian Healthcare Associates Pty Ltd	To Develop a Quality Reporting Framework for Community Care	5/06/2006	14/12/2007	Open Source	\$ 246,455.00
Australian Healthcare Associates Pty Ltd	To Evaluate the Secure Aboriginal Medical Services Information System	30/06/2009	30/10/2009	Open Source	\$ 184,316.00

Australian Healthcare Associates Pty Ltd	To Review Arrangements for S100 Drugs/Programs	15/09/2008	31/12/2009	Open Source	\$ 412,660.00
Australian Hearing Services	To Conduct Research into the Prevalence of Hearing Loss in Young People & their Risk Exposure to Noise	30/06/2008	1/06/2011	Open Source	\$ 571,149.00
Australian Hearing Services	To Conduct Research to Establish a Profile of Noise Exposure for Younger People in the Community	30/06/2008	30/06/2011	Open Source	\$ 482,669.00
Australian Indigenous Business Services Pty Ltd	To Conduct an External Review of the Healthy for Life Program	12/12/2008	24/12/2008	Open Source	\$ 49,000.00
Australian Indigenous Business Services Pty Ltd	To Provide a Financial Administration & Health Management Advisor for Thubbo Aboriginal Medical Cooperative	15/11/2008	31/07/2009	Open Source	\$ 211,261.00
Australian Indigenous Business Services Pty Ltd	To Provide Financial Administration & Advisory Services for Birpi Aboriginal Corporation Medical Centre	1/11/2007	30/01/2008	Open Source	\$ 87,827.00
Australian Indigenous Business Services Pty Ltd	To Provide Financial Management Services	25/03/2008	30/06/2008	Open Source	\$ 164,682.00
Australian Indigenous Business Services Pty Ltd	To Provide Health Management Advisory Services	9/09/2008	15/11/2008	Open Source	\$ 105,150.00
Australian Institute of Health & Welfare	To Analyse, Validate & Provide Data for the State of Our Public Hospitals 2008 Report	8/01/2008	30/06/2008	Direct Source	\$ 46,203.00
Australian Institute of Health & Welfare	To Conduct a Scoping Study for a National Carers Data Repository	8/06/2007	30/04/2008	Direct Source	\$ 71,988.00
Australian Institute of Health & Welfare	To Develop a Men's Health Bulletin	24/12/2008	30/06/2009	Direct Source	\$ 168,699.00
Australian Institute of Health & Welfare	To Identify Headline Indicators for Child Health & Develop the Wellbeing Project	19/03/2009	30/06/2009	Direct Source	\$ 159,500.00
Australian Institute of Health & Welfare	To Provide Services Relating to the Home & Community Care Minimum Data Set Annual Bulletin 2006-07	27/02/2008	30/08/2008	Direct Source	\$ 8,800.00

Australian National University - University House	To Conduct Research into the Prevalence & Incidence of Violence in General Practice	2/04/2009	31/01/2010	Direct Source	\$ 388,394.25
Australian Rural Health Education Network Ltd	To Evaluate the Responsible Sale of Solvents Project for Darwin/Palmerston, NT	1/07/2007	30/12/2007	Open Source	\$ 39,710.00
Australia's Health Pty Ltd	To Conduct a National Evaluation of the Building Health Communities Program	26/07/2007	30/06/2008	Direct Source	\$ 269,931.82
Avanade Australia Pty Ltd	To Review the Active Directory Design & Implementation Processes	29/04/2009	30/06/2009	Select Source	\$ 77,000.00
Banscott Health Consulting Pty Ltd	To Provide Advice Relating to Health Technology Assessments	22/11/2007	30/06/2008	Direct Source	\$ 55,000.00
Banscott Health Consulting Pty Ltd	To Provide Advice Relating to the Business Objectives of Primary & Ambulatory Care Division	2/08/2007	30/06/2008	Direct Source	\$ 307,000.00
Banscott Health Consulting Pty Ltd	To Provide Advice Relating to the Business Objectives of Primary & Ambulatory Care Division	29/07/2008	30/06/2009	Direct Source	\$ 330,000.00
Banscott Health Consulting Pty Ltd	To Provide Advice Relating to the Business Objectives of Primary & Ambulatory Care Division	12/06/2009	30/06/2010	Direct Source	\$ 330,000.00
Banscott Health Consulting Pty Ltd	To Provide Policy Advice on Acute Care Funding	18/09/2007	30/06/2008	Open Source	\$ 49,050.00
Banscott Health Consulting Pty Ltd	To Provide Policy Advice on Acute Care Funding	27/06/2008	30/06/2009	Open Source	\$ 58,860.00
Barbara Schmidt & Associates Pty Ltd	To Conduct a Change Management Consultancy Project to Transition to Community Control	10/06/2009	30/06/2009	Select Source	\$ 20,570.00
Basso Newman & Co	To Conduct an Audit	11/05/2009	28/05/2009	Select Source	\$ 13,750.00
Batt, Neil Leonard Charles	To Provide an Interim Advisory Committee Chairperson for Mersey Community Hospital	17/08/2007	30/06/2008	Select Source	\$ 95,000.00
Belgiovane Williams Mackay Pty Ltd	To Provide Services Relating to the Illicit Drugs User Tender Process	26/06/2009	31/08/2009	Select Source	\$ 6,651.40
Bethwaite, Francis M	To Review National Food Regulatory Systems	23/10/2007	21/12/2007	Direct Source	\$ 12,000.00
Blue Moon Unit Trust	To Conduct a Participation Qualitative Research Study for BreastScreen Australia	30/10/2007	24/03/2008	Select Source	\$ 204,160.00

Blue Moon Unit Trust	To Conduct Concept Testing Research for a Sexual Health Campaign	12/02/2009	5/12/2009	Direct Source	\$ 285,615.00
Blue Moon Unit Trust	To Conduct Concept Testing Research for Stage 1 of Illicit Drug Use Campaign	16/02/2009	30/06/2009	Direct Source	\$ 253,990.00
Blue Moon Unit Trust	To Conduct Concept Testing Research for Stage 2 of Illicit Drug Use Targeting Methamphetamine Users	1/07/2009	30/11/2009	Select Source	\$ 426,470.00
Blue Moon Unit Trust	To Conduct Concept Testing Research for the National Eye Health Initiative Campaign	27/01/2009	31/05/2009	Direct Source	\$ 192,060.00
Blue Moon Unit Trust	To Conduct Pre-Campaign Omnibus Research Relating to the National Eye Health Initiative	23/04/2009	5/05/2009	Direct Source	\$ 24,200.00
Blue Moon Unit Trust	To Conduct Pre-Campaign Omnibus Research Relating to the National Eye Health Public Education Campaign	23/04/2009	15/07/2009	Direct Source	\$ 24,200.00
Blue Moon Unit Trust	To Conduct Research into the Patterns of Use & Harms Associated with Methamphetamine Users in Australia	10/09/2007	30/06/2008	Direct Source	\$ 242,000.00
Blue Moon Unit Trust	To Evaluate Phase 1 of the Australian Better Health Initiative Social Marketing Campaign	9/09/2008	30/06/2009	Select Source	\$ 408,758.90
Blue Moon Unit Trust	To Evaluate the Human Papilloma Virus Vaccination Program's Marketing Campaign	2/03/2007	30/06/2009	Direct Source	\$ 167,200.00
Blue Moon Unit Trust	To Provide Advice to the Australian Better Health Initiative Measure Up Campaign	15/08/2008	30/06/2009	Select Source	\$ 135,850.00
Blue Moon Unit Trust	To Undertake Post-Campaign Tracking Research	16/06/2009	30/09/2009	Select Source	\$ 103,400.00
Booz Allen Hamilton (Australia) Ltd	To Develop an IT Strategy to Guide the Future Sourcing of Information & Communications Technology	30/11/2007	29/02/2008	Direct Source	\$ 257,972.00
Booz Allen Hamilton (Australia) Ltd	To Develop an IT Strategy to Guide the Future Sourcing of Information & Communications	30/11/2007	29/02/2008	Direct Source	\$ 386,958.00

	Technology				
Booz Allen Hamilton (Australia) Ltd	To Develop an IT Strategy to Guide the Future Sourcing of Information & Communications Technology	30/11/2007	29/05/2008	Direct Source	\$ 386,958.00
Booz Allen Hamilton (Australia) Ltd	To Develop an IT Strategy to Guide the Future Sourcing of Information & Communications Technology	30/11/2007	29/02/2008	Direct Source	\$ 515,944.00
Booz Allen Hamilton (Australia) Ltd	To Review the Future Sourcing of IT	12/09/2007	18/12/2007	Open Source	\$ 438,900.00
Bowchung Pty Ltd	To Provide Business Management Services to Ilpurla Aboriginal Corporation	26/10/2009	30/06/2010	Open Source	\$ 68,711.00
Brooke-Taylor & Co Pty Ltd	To Investigate the Implementation of the Priority Existing Chemical Assessments	22/11/2007	30/06/2008	Direct Source	\$ 19,800.00
Buckingham & Associates Pty Ltd	To Provide Services Relating to National Mental Health Data & Reporting 2009-10	23/11/2009	30/06/2010	Direct Source	\$ 451,440.00
Business Mapping Solutions Pty Ltd	To Provide a Funds Administrator to the Gumbi Gumbi Aboriginal & Torres Strait Islanders Corporation	13/12/2007	12/03/2008	Open Source	\$ 66,126.00
Business Mapping Solutions Pty Ltd	To Provide a Funds Administrator to the Gumbi Gumbi Aboriginal & Torres Strait Islanders Corporation	1/07/2009	28/02/2010	Open Source	\$ 159,018.90
Business Mapping Solutions Pty Ltd	To Provide Financial Administration & Advisory Services to Ferdy's Haven Alcohol Rehabilitation Corporation	22/08/2007	30/12/2007	Open Source	\$ 83,974.00
Business Mapping Solutions Pty Ltd	To Provide Funds Administration Services to TAIHS Ltd	1/10/2007	30/11/2007	Direct Source	\$ 93,567.00
C3 Business Solutions Pty Ltd	To Develop an Information Management Strategy	1/06/2009	30/06/2009	Open Source	\$ 74,001.40
Caesar, Sybil Claire	To Conduct Program Planning & Needs Analysis for Remote Health Services Development Branch	1/09/2008	30/06/2009	Direct Source	\$ 96,000.00

Campbell Research & Consulting Pty	To Conduct a Lapsing Program Review of the National Respite for Carers Program	15/06/2007	30/06/2008	Open Source	\$ 218,695.00
Campbell Research & Consulting Pty	To Develop the National Maternity Services Plan	20/10/2009	30/06/2010	Open Source	\$ 208,784.95
Campbell Research & Consulting Pty	To Evaluate the Low Regulatory Concern Chemical Reform Initiatives	10/12/2008	30/06/2009	Direct Source	\$ 116,377.00
Campbell Research & Consulting Pty	To Evaluate the Medication Review Accreditation Incentives Program	17/06/2009	2/03/2010	Direct Source	\$ 48,769.60
Campbell Research & Consulting Pty	To Evaluate the Public Access Defibrillation Demonstration Project	10/05/2008	30/06/2008	Open Source	\$ 69,923.00
Campbell Research & Consulting Pty	To Evaluate the Quality Assurance for Aboriginal Medical Services Program	19/06/2008	5/09/2008	Open Source	\$ 78,031.00
Campbell Research & Consulting Pty	To Provide Services Relating to the Home Medicines Review Program	20/11/2007	30/06/2008	Select Source	\$ 255,937.00
Campbell Research & Consulting Pty	To Review the Medicare Benefit Schedule Items	20/06/2008	28/07/2008	Open Source	\$ 79,550.00
Campbell Research & Consulting Pty Ltd	To Evaluate the Residential Medication Management Program	1/05/2009	2/03/2010	Open Source	\$ 298,110.18
Carroll Communications Pty Ltd	To Conduct Market Research & Develop, Implement & Evaluate a Social Marketing Campaign	1/04/2007	30/04/2008	Select Source	\$ 275,000.00
Carroll Communications Pty Ltd	To Conduct Population Health Market Research	30/04/2008	30/06/2008	Direct Source	\$ 32,225.18
Carroll Communications Pty Ltd	To Evaluate the National Binge Drinking Campaign	29/09/2008	31/05/2009	Direct Source	\$ 25,000.00
Carroll Communications Pty Ltd	To Provide Services Relating to the Illicit Drug Use Campaign	13/02/2009	28/02/2010	Direct Source	\$ 43,780.00
Centre for International Economics	To Conduct an Analysis Relating to the Regulatory Impact Statement for Internet Advertising of Tobacco	31/10/2007	30/06/2009	Direct Source	\$ 142,071.00
Centre for Public Management	To Engage an Investigator to Undertake a Review of Actions	18/12/2008	18/06/2009	Direct Source	\$ 50,000.00
CGF Phoenix Pty Ltd	To Investigate an Alleged Breach of the APS Code of Conduct	18/05/2009	18/11/2009	Direct Source	\$ 50,000.00

Charles Darwin University	To Develop a Scoping Paper for the National Health & Hospitals Reform Commission	30/06/2008	30/08/2008	Direct Source	\$ 6,124.80
Claire Jackson	To Develop a Paper on Models of Primary Care	2/06/2008	31/07/2008	Direct Source	\$ 3,480.00
Clayton Utz	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 11,678.99
Clayton Utz	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 20,000.00
Clayton Utz	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 353.93
Clayton Utz	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 1,760.00
Clayton Utz	To Provide Legal Services	17/07/2009	1/09/2009	Open Source	\$ 3,080.00
Clayton Utz	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 3,157.00
Clayton Utz	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 3,183.07
Clayton Utz	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 3,850.00
Clayton Utz	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 4,303.31
Clayton Utz	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 5,000.00
Clayton Utz	To Provide Legal Services	4/11/2009	30/11/2009	Open Source	\$ 5,000.00
Clayton Utz	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 5,200.00
Clayton Utz	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 5,500.00
Clayton Utz	To Provide Legal Services	1/10/2008	30/06/2009	Open Source	\$ 5,500.00
Clayton Utz	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 5,705.70
Clayton Utz	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 5,872.90
Clayton Utz	To Provide Legal Services	20/08/2009	20/09/2009	Open Source	\$ 8,000.00
Clayton Utz	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 10,000.00
Clayton Utz	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 10,000.00
Clayton Utz	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 10,000.00
Clayton Utz	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 10,000.00
Clayton Utz	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 10,000.00
Clayton Utz	To Provide Legal Services	1/07/2006	30/06/2008	Open Source	\$ 10,248.37
Clayton Utz	To Provide Legal Services	15/06/2009	30/06/2009	Open Source	\$ 11,000.00
Clayton Utz	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 14,857.52
Clayton Utz	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 15,768.95



Clayton Utz	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 17,000.00
Clayton Utz	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 20,000.00
Clayton Utz	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 20,000.00
Clayton Utz	To Provide Legal Services	9/02/2009	30/06/2009	Open Source	\$ 20,000.00
Clayton Utz	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 27,500.00
Clayton Utz	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 27,500.00
Clayton Utz	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 28,078.25
Clayton Utz	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 30,000.00
Clayton Utz	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 30,000.00
Clayton Utz	To Provide Legal Services	9/02/2009	30/06/2009	Open Source	\$ 31,854.53
Clayton Utz	To Provide Legal Services	1/05/2007	30/06/2008	Open Source	\$ 32,096.08
Clayton Utz	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 50,842.26
Clayton Utz	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 57,000.00
Clayton Utz	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 60,000.00
Clayton Utz	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 75,000.00
Clayton Utz	To Provide Legal Services	1/03/2009	31/12/2009	Open Source	\$ 76,672.53
Clayton Utz	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 80,000.00
Clayton Utz	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 80,400.00
Clayton Utz	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 81,112.58
Clayton Utz	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 94,494.39
Clayton Utz	To Provide Legal Services	13/05/2009	30/06/2010	Open Source	\$ 100,000.00
Clayton Utz	To Provide Legal Services	25/11/2008	30/12/2009	Open Source	\$ 134,000.00
Clayton Utz	To Provide Legal Services	1/03/2009	30/06/2009	Open Source	\$ 220,000.00
Clayton Utz	To Provide Legal Services	1/07/2009	30/06/2010	Open Source	\$ 220,000.00
Clayton Utz	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 330,000.00
Clayton Utz	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 378,278.00
Clayton Utz (VIC)	To Provide Legal Services	24/06/2009	30/06/2010	Open Source	\$ 3,850.00
Clayton Utz (VIC)	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 5,435.44
Clemenger BBDO (Sydney)	To Provide Services Relating to the Illicit	26/06/2009	31/08/2009	Select Source	\$ 6,399.62

Pty Ltd T/A Clemenger BBDO	Drugs User Tender Process				
Coffey Projects (Australia) Pty Ltd	To Conduct Lease Negotiations	9/06/2009	30/06/2009	Direct Source	\$ 36,300.00
Cogent Business Solutions Pty Ltd	To Review & Improve the Cost Effectiveness of the ASAP Clinic	5/11/2009	18/12/2009	Select Source	\$ 57,087.50
Communio Pty Ltd	To Evaluate the Broadband for the Health Managed Health Networks Grants Program	17/11/2008	13/02/2009	Open Source	\$ 53,680.00
Communio Pty Ltd	To Evaluate the Health Connect Program	19/12/2008	31/07/2009	Open Source	\$ 55,200.00
Communio Pty Ltd	To Evaluate the Quality Care Pharmacy Program QMA & Change Management Programs	21/01/2010	30/06/2010	Open Source	\$ 371,740.00
Communio Pty Ltd	To Provide Advice on Quality Improvement Approaches within the Alcohol & Other Drug Sector	12/08/2008	31/10/2008	Select Source	\$ 35,529.09
Communio Pty Ltd	To Provide an Improved Services Data Model	22/11/2007	25/01/2008	Select Source	\$ 50,260.00
Communio Pty Ltd	To Update the National Palliative Care Strategy	26/11/2009	30/06/2010	Open Source	\$ 281,578.00
Consultants in Health Service Development (CHSD) Pty Ltd	To Develop an Options Paper for National Health & Hospitals Reform Commission in Governance Healthcare Provision in Australia	4/08/2008	30/08/2008	Direct Source	\$ 9,000.00
Consumers Health Forum of Australia Inc	To Conduct Consumer Consultations	22/12/2009	30/06/2010	Direct Source	\$ 74,976.30
Consumers Health Forum of Australia Inc	To Provide Consumer Participation Relating to the Review of Health Technology Assessment in Australia	22/06/2009	30/09/2009	Select Source	\$ 748,000.00
Coote Practice Pty Ltd	To Provide Advice Relating to the GP Super Clinic Programs	3/12/2008	30/06/2009	Direct Source	\$ 15,000.00
Coote Practice Pty Ltd	To Provide Expert Advice on Issues Relating to Expanding Settings for Medical Specialist Training	1/05/2007	31/12/2008	Direct Source	\$ 331,718.66
Coote Practice Pty Ltd	To Provide Expert Medical Advice Relating to the Application Assessment Panels for the General Practice Super Clinics	6/02/2009	30/06/2010	Direct Source	\$ 35,000.00

Coote Practice Pty Ltd	To Provide Medical Expertise Regarding the Application for Funding for 5 Additional GP Super Clinic Sites	6/11/2009	26/02/2010	Direct Source	\$ 6,187.50
Craze Lateral Solutions Pty Ltd	To Conduct a Scoping Study on National Mental Health Consumer Representation	15/07/2009	26/05/2010	Open Source	\$ 165,627.00
Create Consulting Group Pty Ltd	To Conduct the Transforming the NT Primary Health Care System Workshop	16/11/2009	28/02/2010	Select Source	\$ 12,095.16
CSC Australia Pty Ltd	To Provide Planning & Costing Services Relating to eHealth Technology	29/10/2009	31/01/2010	Direct Source	\$ 1,727,000.00
CSIRO	To Conduct Environmental Contaminants Research	01/07/2007	30/06/2008	Open Source	\$ 46,725.00
Cultural Perspectives Pty Ltd	To Evaluate the Youth Wellbeing Program	20/03/2008	15/06/2008	Direct Source	\$ 75,075.00
CXC Consulting Pty Ltd	To Provide Technical Advice for a Business Care Relating to Invoice Scanning	15/07/2009	30/09/2009	Direct Source	\$ 5,500.00
Cybertrust Australia Pty Ltd	To Review the IT Disaster Recovery Plan	01/04/2008	30/06/2008	Select Source	\$ 60,800.00
Datum Point Pty Ltd	To Provide Warehousing Advisory Services Relating to the National Medical Stockpile	1/09/2007	28/02/2008	Select Source	\$ 50,000.00
David William Lyle Webster	To Conduct a Structure & Governance Review of the Australian Sports Anti-Doping Authority	28/07/2008	30/09/2008	Direct Source	\$ 40,080.00
David William Lyle Webster	To Conduct an Administrative Review of National Blood Arrangements	8/10/2009	31/01/2010	Direct Source	\$ 85,000.00
David William Lyle Webster	To Conduct Preliminary Work Prior to a Formal Administrative Review of National Blood Arrangements	1/07/2009	14/08/2009	Direct Source	\$ 74,000.00
David William Lyle Webster	To Develop the National Reform Package on Organ & Tissue Donation	21/08/2008	30/09/2008	Direct Source	\$ 6,000.00
David William Lyle Webster	To Provide Business Planning & Management Advice	1/07/2007	30/06/2008	Direct Source	\$ 67,740.30
Deacons	To Provide Legal Services	1/07/2007	30/06/2008	Direct Source	\$ 51,345.03
Deakin University	To Conduct a Review of the Stoma Appliance Scheme	11/11/2009	31/03/2010	Direct Source	\$ 76,890.00
Deakin University	To Provide Health Technology Assessment	11/09/2008	30/06/2011	Open Source	\$ 863,744.00

	& Research Support Services				
Deeble, John Stewart	To Conduct Research on the Medical Benefits Scheme & Pharmaceutical Benefits Scheme Statistics Relating to Indigenous People	4/04/2006	30/06/2008	Direct Source	\$ 85,259.00
Deloitte Growth Solutions Pty Ltd	To Provide Funds Administrator Services to Ilpurla Aboriginal Corporation	28/08/2009	30/11/2009	Open Source	\$ 77,137.50
Deloitte Touche Tohmatsu	To Develop an Information Management Strategy Framework	8/02/2010	25/02/2010	Direct Source	\$ 57,420.00
Deloitte Touche Tohmatsu	To Provide Funds Administration Services to Puntukurnu Aboriginal Medical Service	18/05/2009	10/07/2009	Open Source	\$ 36,758.00
Deloitte Touche Tohmatsu	To Provide Probity Advisory Services	24/04/2008	30/06/2008	Direct Source	\$ 38,625.00
Deloitte Touche Tohmatsu (VIC)	To Provide Expert Advice Relating to Business Case Drafting & Consultation	28/01/2010	30/06/2010	Direct Source	\$ 78,000.00
Department of Education & Early Childhood Development VIC	To Provide Services Relating to the National Framework for Universal Child & Family Health Services	22/02/2009	19/03/2009	Direct Source	\$ 62,700.00
Department of Families Housing Community Services & Indigenous Affairs	To Provide Services Relating to the Development of Performance Indicators for the Whole of Government Indigenous Projects	3/06/2008	30/06/2008	Direct Source	\$ 5,500.00
Department of Health & Human Services (TAS)	To Conduct an Investigation into the Central Highlands Multi-Purpose Service	11/06/2008	30/06/2008	Direct Source	\$ 29,830.00
Department of the Treasury	To Provide Advice on Long Service & Recreation Leave Liabilities	1/11/2007	30/06/2008	Direct Source	\$ 20,000.00
Des Threlfall	To Provide Advice on Pharmaceutical Pricing Issues	29/10/2007	30/06/2008	Direct Source	\$ 6,000.00
DH4 Pty Ltd	To Provide Advice Relating to Information Communications Technology & Information Management	2/08/2007	31/03/2008	Direct Source	\$ 183,125.00
Diabetes Australia Ltd	To Develop Clinical Practice Guidelines for Type II Diabetes	15/09/1998	6/03/2009	Open Source	\$ 110,000.00

Dialog Information Technology	To Review & Assess Reports for Managed Health Network Grants	1/07/2007	30/06/2008	Direct Source	\$ 150,000.00
DLA Phillips Fox	To Provide Legal Services	1/07/2005	30/06/2008	Direct Source	\$ 4,685.05
DLA Phillips Fox	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 2,500.00
DLA Phillips Fox	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 2,619.10
DLA Phillips Fox	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 4,767.95
DLA Phillips Fox	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 5,399.35
DLA Phillips Fox	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 5,613.30
DLA Phillips Fox	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 10,000.00
DLA Phillips Fox	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 10,000.00
DLA Phillips Fox	To Provide Legal Services	25/11/2008	30/06/2009	Open Source	\$ 12,189.10
DLA Phillips Fox	To Provide Legal Services	1/07/2008	31/03/2009	Open Source	\$ 13,559.80
DLA Phillips Fox	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 15,623.17
DLA Phillips Fox	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 15,790.95
DLA Phillips Fox	To Provide Legal Services	31/05/2007	30/06/2008	Open Source	\$ 16,971.35
DLA Phillips Fox	To Provide Legal Services	22/12/2008	30/06/2009	Open Source	\$ 17,590.25
DLA Phillips Fox	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 19,259.08
DLA Phillips Fox	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 26,418.70
DLA Phillips Fox	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 35,000.00
DLA Phillips Fox	To Provide Legal Services	1/07/2006	30/06/2008	Open Source	\$ 42,000.00
DLA Phillips Fox	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 55,000.00
DLA Phillips Fox	To Provide Legal Services	6/04/2009	31/10/2009	Open Source	\$ 80,000.00
DLA Phillips Fox	To Provide Legal Services	19/08/2008	30/06/2009	Open Source	\$ 147,226.50
DLA Phillips Fox	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 407,282.00
DLA Phillips Fox	To Provide Legal Services	3/04/2006	30/06/2010	Open Source	\$ 900,000.00
Doll Martin Associates Pty Ltd	To Develop an Establishment Framework Conceptual Model	14/05/2008	13/06/2008	Open Source	\$ 85,400.00
Doll Martin Associates Pty Ltd	To Develop User & Technical Requirements for the Web-Based Audit Module for Hand Hygiene Compliance	3/04/2009	17/04/2009	Open Source	\$ 5,280.00

Donald James St John	To Provide a Specialist Technical Adviser to the Tender Evaluation Committee Relating to Bowel Cancer	2/02/2009	31/12/2009	Direct Source	\$ 25,000.00
Dr Andrew Child	To Provide Advice on Obstetric Services Provided at Mersey Community Hospital	20/02/2008	31/03/2008	Direct Source	\$ 5,419.20
DSI Consulting Pty Ltd	To Conduct Statistical Modelling of Socio-Economic Influences on Indigenous Health & Life Expectancy	1/07/2008	30/06/2009	Direct Source	\$ 77,800.00
Dynamic Wisdom Pty Ltd	To Provide Services Relating to the Business Process Initiative for Community Programs	20/07/2007	17/12/2007	Direct Source	\$ 38,720.00
Edith Cowan University	To Conduct Research to Establish the Effectiveness of a Health Based Fear Appeal to Prevent Hearing Loss	30/06/2008	30/06/2010	Open Source	\$ 235,493.00
Effective Change Pty Ltd	To Conduct a Clinical Review of the Bunurong Health Service & Primary Care Needs of Aboriginal & Torres Strait Islander People	30/04/2008	30/06/2008	Open Source	\$ 48,840.00
Ekistica Pty Ltd T/A Cat Projects	To Conduct a Desktop Review of Existing Power, Water & Sewerage Services at Mutitjulu	13/08/2009	18/09/2009	Direct Source	\$ 20,240.00
Emery, Christopher John T/A Kooya Consulting	To Provide Expert Advice to the Australian Organ & Tissue Donation & Transplantation Authority	2/02/2009	15/04/2009	Direct Source	\$ 40,500.00
Environmental Risk Sciences	To Evaluate Toxicology Reviews of 51 Chemicals & Participate in a 2 Day Workshop	20/01/2010	26/02/2010	Direct Source	\$ 43,206.00
Ernst & Young	To Conduct a Follow Up Business Review of Cancer Australia	18/05/2009	30/06/2009	Open Source	\$ 59,400.00
Ernst & Young	To Conduct a Management Review of Cancer Australia	17/01/2008	11/05/2008	Select Source	\$ 81,000.00
Ernst & Young	To Conduct a Review of Cardiovascular Disease Programs	3/11/2008	28/02/2009	Direct Source	\$ 187,600.00
Ernst & Young	To Conduct a Review Relating to Price Disclosure Processes	12/06/2009	30/06/2009	Open Source	\$ 25,699.99
Ernst & Young	To Evaluate the 2006-10 Better Arthritis & Osteoporosis Care Initiative	2/06/2009	30/10/2009	Select Source	\$ 273,581.00

Ernst & Young	To Review & Implement Activity-Based Funding	20/03/2009	30/11/2009	Open Source	\$ 160,130.54
E-Vis Pty Ltd	To Conduct a Scoping Study Relating to New Software for Online Registrations & New Clinical Assessments	9/05/2008	31/08/2008	Select Source	\$ 9,946.48
Evolution Research Pty Ltd	To Conduct a Literature Review & Scoping Study on Leprosy Testing on Aboriginal Children	18/11/2008	27/02/2009	Open Source	\$ 67,260.00
Evolution Research Pty Ltd	To Conduct Stage 2 of the Access Points SA Mapping Project	17/09/2007	17/06/2008	Select Source	\$ 63,200.00
Evolution Research Pty Ltd	To Develop & Provide Information Sessions Relating to the Extended Aged Care at Home Dementia Program	23/05/2008	30/06/2008	Direct Source	\$ 55,000.00
Evolution Research Pty Ltd	To Review Guidelines & Develop a Performance Framework for the Assistance with Care & Housing for the Aged Program	8/10/2007	12/12/2007	Select Source	\$ 46,430.00
Ewan Maxwell Morrison	To Provide Advice Relating to the Home & Community Care Information Management System & Key Performance Indicator Project	16/01/2008	31/12/2008	Direct Source	\$ 39,600.00
Fianian Pty Led	To Provide Expert Advice Relating to the Implementation of the Expanded Settings for Specialist Training Program	27/09/2007	31/12/2008	Direct Source	\$ 198,191.65
Flinders Consulting Pty Ltd	To Evaluate the Transition Care Program	9/02/2007	31/01/2009	Open Source	\$ 749,650.00
Flinders University	To Evaluate the Benefits of Swimming Pools for the Ear Health of Indigenous Australians	20/08/2008	30/03/2012	Open Source	\$ 661,986.00
Food Science Australia	To Provide Services Relating to the Links Between Human Food & Animal Surveillance	25/05/2008	31/12/2008	Open Source	\$ 55,000.40
Food Standards Australia New Zealand	To Conduct a Joint Hazard Assessment	13/02/2009	13/02/2009	Open Source	\$ 11,000.00
G J Wall & Associates	To Conduct Qualitative & Quantitative Research for the Diagnostic Imaging Accreditation Scheme	2/04/2009	8/08/2009	Direct Source	\$ 47,520.00
Gavin Anderson & Company	To Conduct Research & a Scoping Study for a	10/09/2007	28/02/2008	Select Source	\$ 176,000.00

(Australia) Ltd	Hepatitis C Health Promotion Program				
General Practice Network NT Ltd	To Provide a Regional Clinical Advisor	1/10/2008	31/12/2008	Direct Source	\$ 17,397.01
Gevers Goddard-Jones Pty Ltd	To Conduct a Review of Wheatbelt Support Services (Wheatbelt GP Network)	3/07/2008	31/08/2008	Select Source	\$ 34,128.16
Gevers Goddard-Jones Pty Ltd	To Conduct Stage 1 of the Access Points NT Mapping Project	12/06/2007	1/06/2008	Open Source	\$ 98,948.75
Gevers Goddard-Jones Pty Ltd	To Evaluate Dual Accreditation in the Aboriginal & Torres Strait Islander Community Health Sector	13/11/2008	30/06/2009	Direct Source	\$ 156,750.00
Gevers Goddard-Jones Pty Ltd	To Evaluate the NT Aboriginal & Torres Strait Islander Community Aged Care Workforce Development Initiatives	23/02/2009	18/06/2010	Open Source	\$ 284,595.30
Gevers Goddard-Jones Pty Ltd	To Pilot the Draft Community Care Common Standards Supporting Documentation & Reporting Process	4/02/2009	9/10/2009	Open Source	\$ 414,091.48
Gevers Goddard-Jones Pty Ltd	To Revise the Implementation of Community Care Common Standards & Common Arrangements	9/12/2009	26/02/2010	Select Source	\$ 79,701.00
Gissings Investments Pty Ltd	To Provide Pharmacist Advice Relating to an Assessment of Statement of Financial Loss	24/07/2007	31/12/2007	Direct Source	\$ 7,678.04
Golder Associates Pty Ltd	To Conduct Peer Review on National Health & Medical Research Review of Health Investigation Levels	5/08/2009	30/06/2010	Open Source	\$ 10,813.00
Graham Martin	To Provide Services Relating to the Implementation of the National Suicide Prevention Strategy	11/05/2009	15/06/2009	Direct Source	\$ 14,400.00
Grass Roots Contracting	To Update the Agricultural Practices Compendium	11/05/2009	30/06/2009	Direct Source	\$ 21,780.00
Griffith University	To Evaluate Submissions for the Pharmaceutical Benefits Advisory Committee	9/12/2008	28/05/2010	Open Source	\$ 1,115,323.39
Griffith University	To Provide a Principal Medical Advisor to the Mental Health & Workforce Division	12/02/2009	28/06/2009	Direct Source	\$ 52,500.00



Grosvenor Management Consulting Pty Ltd	To Develop a Property Manager's Toolkit	23/07/2007	17/01/2008	Open Source	\$ 71,350.00
Growing Your Knowledge Pty Ltd	To Provide Services Relating to Possible Options for a National Stem Cell Bank	16/08/2007	31/01/2008	Direct Source	\$ 149,433.00
Growing Your Knowledge Pty Ltd	To Provide Services Relating to Possible Options for a National Stem Cell Bank	16/08/2007	16/11/2007	Select Source	\$ 149,433.00
GSB Consulting & Communications Pty Ltd	To Conduct a Literature Review	8/02/2008	31/03/2008	Direct Source	\$ 64,425.00
GSB Consulting & Communications Pty Ltd	To Conduct a Paediatric Medicines Industry Scoping Study	15/10/2008	15/05/2009	Open Source	\$ 70,389.00
HBA Consulting	To Provide Independent Assessor Services in a Formal Performance Management Process	21/09/2009	31/12/2009	Direct Source	\$ 20,000.00
Health Informatics Society of Australia	To Review the Australian Health Informatics Workforce	1/06/2009	31/08/2009	Direct Source	\$ 55,400.00
Health Outcomes International Pty Ltd	To Conduct a Scoping Study for the Development of Culturally Appropriate Mental Health Toolkit, for Non Medical Practitioners	12/06/2009	20/10/2009	Open Source	\$ 167,750.00
Health Outcomes International Pty Ltd	To Develop a Draft Evaluation Framework to Assess the Efficacy of the National Health Call Centre Network	7/12/2007	16/05/2008	Open Source	\$ 86,680.00
Health Outcomes International Pty Ltd	To Develop Recommendations for the Implementation & Operation of the National Eye & Tissue Network	11/02/2009	30/06/2009	Open Source	\$ 147,884.00
Health Outcomes International Pty Ltd	To Evaluate the Diabetes Medication Assistance Service Under the Diabetes Pilot Program	22/01/2008	30/06/2010	Open Source	\$ 459,241.00
Health Outcomes International Pty Ltd	To Evaluate the Dose Administration Aids & Patient Medication Profiling Programs	6/12/2007	30/06/2010	Open Source	\$ 502,624.00
Health Outcomes International Pty Ltd	To Evaluate the Health Education Impact Questionnaire Project	23/06/2008	31/10/2008	Open Source	\$ 62,700.00

Health Outcomes International Pty Ltd	To Evaluate the Magnetic Resonance Imaging Mobile Unit Trial	16/01/2007	30/06/2010	Direct Source	\$ 201,300.00
Health Outcomes International Pty Ltd	To Evaluate the Mental Health Support for Drought-Affected Communities Initiative	30/01/2009	30/04/2009	Open Source	\$ 150,416.20
Health Outcomes International Pty Ltd	To Provide Services Relating to the Design of Phase 3 of the Health Education Impact Questionnaire Project	1/06/2009	30/06/2009	Direct Source	\$ 63,800.00
Health Outcomes International Pty Ltd	To Review Innovative Health Services for Homeless Youth	22/01/2007	31/12/2007	Open Source	\$ 79,950.00
Health Outcomes International Pty Ltd	To Review Regulatory Framework Governing Solid Organs & Tissues	23/05/2007	30/06/2008	Direct Source	\$ 60,500.00
Health Outcomes International Pty Ltd	To Review the Multicultural Mental Health Australia Project	20/04/2009	31/05/2009	Select Source	\$ 60,416.40
Health Outcomes International Pty Ltd	To Review the Quality Use of Diagnostic Imaging Program	26/12/2007	14/03/2008	Open Source	\$ 80,300.00
Health Policy Analysis Pty Ltd	To Provide Services Relating to the Health Performance Framework 2008 Report	14/03/2008	31/12/2008	Open Source	\$ 178,775.00
Healthcare Management Advisors Pty Ltd	To Assess the Impact of the Collection & Recording of Pharmaceutical Benefit Scheme Under Co-Payment Prescription Data	24/01/2008	6/06/2008	Open Source	\$ 82,500.00
Healthcare Management Advisors Pty Ltd	To Conduct Aboriginal & Torres Strait Islander Health Profiling & Benchmarking	22/06/2007	26/02/2010	Open Source	\$ 361,268.00
Healthcare Management Advisors Pty Ltd	To Evaluate the Australian Better Health Initiative	26/05/2008	30/04/2010	Open Source	\$ 660,000.00
Healthcare Management Advisors Pty Ltd	To Review Pharmaceutical Benefits Scheme Arrangements to Residential Care Facilities & Private Hospitals	26/05/2008	30/09/2009	Open Source	\$ 128,082.47
Healthcare Planning & Evaluation	To Evaluate the Primary Health Care Evaluation & Development Strategy	29/10/2007	31/10/2008	Select Source	\$ 380,600.00
Healthconsult Pty Ltd	To Review Current Arrangements for the Collection, Transfer & Reporting of Trachoma	21/12/2009	30/04/2010	Open Source	\$ 94,600.00

	Data				
Healthconsult Pty Ltd	To Review the Radiation Oncology Workforce	28/01/2009	30/11/2009	Open Source	\$ 203,500.00
Healthconsult Pty Ltd	To Review the Supply, Demand & Use of Cord Blood in Australia	7/05/2009	31/12/2009	Open Source	\$ 111,100.00
Heathmore Pty Ltd	To Evaluate a Policy Analysis Project	22/01/2008	30/07/2008	Open Source	\$ 225,929.00
Horizon Research	To Conduct Qualitative Research for the Saving Lives in the Water DVD	3/12/2008	30/12/2009	Direct Source	\$ 150,742.13
Horizon Research	To Develop the Concept for a Brochure & Poster Relating to National Physical Activity Recommendations for Children Aged 0-5	14/09/2009	30/12/2009	Select Source	\$ 65,575.40
Human Capital Alliance (International) Pty Ltd	To Audit the Preventive Health Workforce in Australia	23/12/2009	30/08/2010	Open Source	\$ 184,715.00
Human Capital Alliance (International) Pty Ltd	To Conduct a Strategic Review of the National Centre for Immunisation Research & Surveillance	8/12/2008	30/04/2009	Open Source	\$ 65,300.00
Ian Maxwell Braid	To Provide an Interim Advisory Committee Deputy Chairperson for Mersey Community Hospital	17/08/2007	30/06/2008	Select Source	\$ 38,000.00
Ian R Falconer T/A Ian R Falconer Water Quality Consultant	To Provide Expert Advice on Drinking Water Guidelines	10/12/2008	30/06/2009	Direct Source	\$ 3,433.30
IMS Health Australia Pty Ltd	To Conduct an Economic Evaluation	17/04/2008	31/12/2008	Open Source	\$ 170,500.00
Institute for Healthy Communities Australia Ltd	To Provide a Funds Administrator & a Health Management Advisor to Ampilatiratja Health Centre Aboriginal Corporation	6/08/2008	3/10/2008	Open Source	\$ 154,377.60
Institute for Healthy Communities Australia Ltd	To Provide a Funds Administrator & a Health Management Advisor to Ampilatiratja Health Centre Aboriginal Corporation	21/01/2008	30/06/2008	Open Source	\$ 533,792.60
Institute for Healthy Communities Australia Ltd	To Provide a Temporary Departmental Officer to Ampilatwatja Health Centre Aboriginal Corporation	28/10/2008	28/11/2008	Open Source	\$ 30,714.00
Interflu Pty Ltd	To Provide Expert & Informed Advice on the World Health	24/11/2005	30/06/2009	Direct Source	\$ 15,165.50

	Organization's Centre for Influenza				
Interflu Pty Ltd	To Provide Expert & Informed Advice on the World Health Organization's Centre for Influenza	24/11/2005	30/06/2009	Direct Source	\$ 74,834.50
International Diabetes Institute	To Develop a Risk Assessment Tool for Identifying People at Risk of Developing Type II Diabetes	7/04/2008	11/08/2008	Direct Source	\$ 280,352.60
Ipsos Public Affairs Pty Ltd	To Conduct a Report on Public Health Value of the Disclosure of Cigarette Ingredients & Emission Data	3/09/2008	29/05/2009	Select Source	\$ 129,987.00
Ipsos Public Affairs Pty Ltd	To Conduct a Survey for the National Binge Drinking Campaign	11/11/2008	10/03/2009	Select Source	\$ 72,957.35
Ipsos Public Affairs Pty Ltd	To Conduct a Youth & Parent Evaluation Survey for the National Binge Drinking Evaluation	23/02/2009	30/06/2009	Select Source	\$ 127,136.63
Ipsos Public Affairs Pty Ltd	To Conduct Concept Testing Research for a National Skin Cancer Awareness Campaign	17/06/2008	30/06/2008	Select Source	\$ 61,670.40
Ipsos Public Affairs Pty Ltd	To Conduct Evaluation Research for the National Skin Cancer Awareness Campaign	9/01/2009	26/03/2009	Direct Source	\$ 75,270.58
Ipsos Public Affairs Pty Ltd	To Conduct Phase II Concept Testing Research for the National Skin Cancer Awareness Campaign	13/08/2007	30/06/2008	Select Source	\$ 99,044.00
Ipsos Public Affairs Pty Ltd	To Conduct Phase II Tracking Research for the National Skin Cancer Awareness Campaign	1/10/2007	3/04/2008	Select Source	\$ 122,111.00
Ipsos Public Affairs Pty Ltd	To Conduct Research Relating to the Organ & Tissue Donation Community Awareness Campaign	28/11/2008	30/06/2009	Open Source	\$ 161,205.00
Ipsos Public Affairs Pty Ltd	To Develop Benchmarking Surveys for the National Binge Drinking Campaign Evaluation	14/10/2008	3/11/2008	Select Source	\$ 40,283.00
Ipsos Public Affairs Pty Ltd	To Develop the Ready To Drink Module in the National Binge Drinking Campaign Evaluation	1/10/2009	30/06/2010	Select Source	\$ 40,469.00
Ipsos Public Affairs Pty Ltd	To Evaluate the National Binge Drinking Campaign	24/09/2009	30/06/2010	Select Source	\$ 239,986.45

Ipsos Public Affairs Pty Ltd	To Evaluate the National Smoke-Free Pregnancy Project	15/10/2008	30/06/2010	Select Source	\$ 309,529.00
Irving Consulting Pty Ltd	To Provide Services Relating to the Council of Australian Government & Health Reform Issues	1/01/2010	30/06/2010	Direct Source	\$ 109,200.00
IT Newcom Pty Ltd	To Provide Information & Communications Technology Benchmarking & Advisory Services	7/04/2008	30/06/2008	Open Source	\$ 550,000.00
IT Newcom Pty Ltd	To Provide Information & Communications Technology Benchmarking Services	27/02/2008	12/03/2008	Direct Source	\$ 22,000.00
IT Newcom Pty Ltd	To Provide Information & Communications Technology Benchmarking Services	1/03/2008	14/03/2008	Direct Source	\$ 50,000.00
IT Newcom Pty Ltd	To Provide Information & Communications Technology Benchmarking Services	17/03/2008	6/04/2008	Direct Source	\$ 107,500.00
IT Newcom Pty Ltd	To Provide Services Relating to an Information & Communications Technology Sourcing Project	4/02/2010	30/06/2010	Direct Source	\$ 555,000.00
J Cornish & Associates Pty Ltd	To Provide Independent Aviation Advice Relating to the Royal Flying Doctor Service	27/08/2008	30/06/2009	Direct Source	\$ 55,844.04
J Cornish & Associates Pty Ltd	To Provide Independent Aviation Advice Relating to the Royal Flying Doctor Service Aircraft Replacement Plan	16/11/2007	31/03/2008	Direct Source	\$ 19,500.00
J Cornish & Associates Pty Ltd	To Provide Independent Aviation Advice to Assist the Development of the Royal Flying Doctor Service Funding Agreement	23/10/2009	30/06/2010	Direct Source	\$ 46,250.00
J G Service Pty Ltd	To Provide Construction Advice to the GP Super Clinic Program	5/08/2009	30/06/2010	Direct Source	\$ 28,986.00
Jacara Consulting	To Conduct a Review for the Carnarvon Medical Service Corporation	17/03/2009	17/05/2009	Open Source	\$ 26,609.00
James Cook University	To Conduct Data Collection Relating to the East Kimberley Region to Coincide with the Rollout of Opal Fuel	30/09/2007	30/06/2008	Direct Source	\$ 50,908.00
James Cook University	To Evaluate the Impact of Opal Fuel	25/02/2008	30/06/2008	Open Source	\$ 99,616.00

Jamieson Foley	To Develop a Scoping Paper on a Mixed Public/Private Health System for 2020	7/07/2008	23/07/2008	Direct Source	\$ 10,896.36
Jamieson Foley	To Develop a Scoping Paper on Governance of the Australian Healthcare System	1/07/2008	15/07/2008	Direct Source	\$ 7,021.75
Jing Jing Li	To Conduct an External Evaluation Relating to Rescheduling Submissions & Substance Reviews	8/05/2009	30/06/2010	Direct Source	\$ 9,000.00
John Humphreys	To Develop a Scoping Paper on Primary & Community Care	2/06/2008	31/08/2008	Direct Source	\$ 4,872.00
John McEwen	To Conduct an External Evaluation Relating to Rescheduling Submissions & Substance Reviews	22/12/2008	30/06/2010	Direct Source	\$ 9,000.00
John Stewart Deeble	To Provide Advice on the Profiling & Benchmarking Project	9/08/2007	30/06/2008	Direct Source	\$ 36,300.00
John Stewart Deeble	To Provide Advice on the Profiling & Benchmarking Project & Related Tasks	14/12/2009	31/05/2010	Direct Source	\$ 35,250.00
John Stewart Deeble	To Provide Advice on the Profiling & Benchmarking Project & Related Tasks	21/08/2008	30/09/2009	Direct Source	\$ 47,350.00
John Wakerman	To Develop a Scoping Paper on Primary & Community Care	2/06/2008	31/08/2008	Direct Source	\$ 4,872.00
JTA International Pty Ltd	To Develop Dental Care Service Delivery Models for the NT	23/06/2009	27/02/2010	Open Source	\$ 261,944.00
Judith Margaret Dwyer	To Develop an Options Paper for National Health & Hospital Reform Commission in Governance Healthcare Provision in Australia	1/07/2008	31/07/2008	Direct Source	\$ 7,656.00
KPMG	To Assess the Capacity for Future Development of the Asthma Education Workforce in Australia	5/06/2007	30/04/2008	Open Source	\$ 283,472.00
KPMG	To Conduct a Population-Based Analysis & Recommend Service Level Benchmarks for Subacute Care in Australia	17/12/2009	30/06/2010	Select Source	\$ 177,852.00
KPMG	To Conduct a Risk Assessment & Financial Evaluation for the Pharmaxis RFT	1/10/2009	30/06/2010	Select Source	\$ 76,800.00
KPMG	To Conduct a Risk Assessment of Tenderers Relating to Professional	9/10/2009	30/06/2010	Select Source	\$ 4,880.00

	Indemnity Insurance for Midwives				
KPMG	To Conduct an Organisational Review of 5 Link Services in WA & TAS	30/06/2009	30/11/2009	Select Source	\$ 154,137.00
KPMG	To Conduct CAAS Transitional Activities Relating to the Assessment of the 2008-09 End of Financial Year Position	21/07/2009	8/09/2009	Open Source	\$ 1,372.67
KPMG	To Evaluate the Better Access to Psychiatrists, Psychologists & GPs	14/01/2009	1/12/2009	Open Source	\$ 345,282.96
KPMG	To Evaluate the Competent Authority Pathway of Assessment for International Medical Graduates	5/02/2008	5/02/2009	Open Source	\$ 155,488.00
KPMG	To Map Dementia Service Pathways at a National & State/Territory Level	6/10/2009	10/09/2010	Open Source	\$ 448,118.00
KPMG	To Provide Actuarial Costings for Reform Options in Dental & Private Health Insurance	15/12/2009	16/12/2009	Direct Source	\$ 40,150.00
KPMG	To Provide Administrative Services Relating to the Business Analysis of the National Reference Library	8/09/2008	31/08/2009	Open Source	\$ 234,593.00
KPMG	To Provide Advice Relating to the Scope & Possible Location of Sentinel Sites	1/06/2009	22/06/2009	Direct Source	\$ 42,100.00
KPMG	To Provide Due Diligence Services Relating to Mersey Community Hospital	11/10/2007	30/06/2008	Open Source	\$ 330,000.00
KPMG	To Provide ePrescribing Advice on the Implementation of Electronic Prescribing & Dispensing of Medicines	19/11/2007	14/04/2008	Direct Source	\$ 335,358.00
KPMG	To Provide Expert Advice on Audit & Dispute Resolution Relating to Price Disclosure	18/06/2008	31/07/2008	Select Source	\$ 62,775.00
KPMG	To Provide Financial Advisory Services	21/02/2008	30/06/2008	Open Source	\$ 6,000.00
KPMG	To Provide Financial Services Relating to the Continence Aids Assistance Scheme	26/08/2009	30/06/2010	Open Source	\$ 72,500.00

KPMG	To Provide Health Management Advisor Services to Dharah Gbinj Aboriginal Medical Services Aboriginal Corporation	1/05/2009	30/10/2009	Open Source	\$ 90,731.00
KPMG	To Provide Independent Financial Advice	8/04/2008	30/06/2008	Open Source	\$ 120,000.00
KPMG	To Provide Independent Financial Services Relating to the Zero Real Interest Loans Initiative	6/05/2008	30/06/2008	Open Source	\$ 171,518.61
KPMG	To Provide Policy Advice on Acute Care Funding	27/06/2008	30/06/2009	Open Source	\$ 140,400.00
KPMG	To Provide Policy Advice on Acute Care Funding Relating to Mersey Community Hospital	25/09/2007	30/06/2008	Open Source	\$ 165,400.00
KPMG	To Provide Property Budget Advice	3/08/2007	30/06/2008	Direct Source	\$ 6,600.00
KPMG	To Provide Review Services Relating to National Hospital Cost Data Collection	7/12/2007	30/03/2008	Open Source	\$ 131,024.00
KPMG	To Provide Review Services to Carnarvon Medical Service Aboriginal Corporation	21/02/2008	30/06/2008	Direct Source	\$ 94,705.00
KPMG	To Provide Services Relating to the Continence Aids Assistance Scheme	6/10/2008	30/06/2009	Open Source	\$ 76,992.50
KPMG	To Review Key Performance Indicators Relating to the Rural & Remote General Practice Program	11/02/2009	21/04/2009	Open Source	\$ 85,256.00
KPMG	To Review Pharmbiz	5/03/2008	4/04/2008	Open Source	\$ 42,000.00
KPMG	To Review the Breastscreen Australia Accreditation System	16/06/2008	16/12/2008	Open Source	\$ 190,900.00
KPMG	To Review the Canterbury Multicultural Ageing & Disability Support Service	21/01/2008	31/03/2008	Open Source	\$ 77,322.71
KPMG	To Review the Impact of the New Medicare Levy Surcharge Thresholds on Public Hospitals	25/06/2009	31/12/2011	Open Source	\$ 249,864.00
Kristine Battye Consulting Pty Ltd	To Conduct Regional Health Service Planning for East Arnhem Land	3/06/2008	31/12/2008	Open Source	\$ 184,497.50
Kristine Battye Consulting Pty Ltd	To Develop a Report on Indigenous Primary Health Service Levels in Dubbo & Surrounding Communities	18/06/2008	30/09/2008	Select Source	\$ 79,937.00



Kristine Battye Consulting Pty Ltd	To Develop Hub Services Models	23/02/2009	30/09/2009	Select Source	\$ 81,982.70
Kristine Battye Consulting Pty Ltd	To Scope Current Activities in Indigenous Hearing Health	24/11/2009	22/03/2010	Open Source	\$ 116,515.96
La Trobe University	To Conduct a National Evaluation of the Australian Government Dementia Health Priority Initiative	28/02/2006	31/07/2009	Open Source	\$ 1,811,810.00
La Trobe University	To Conduct Research Relating to Improved Treatment Outcomes for People with Mental Health Problems	5/05/2008	15/05/2009	Open Source	\$ 336,134.00
La Trobe University	To Evaluate the 3 National Research Centres of Excellence	7/05/2007	30/11/2007	Select Source	\$ 134,382.10
La Trobe University	To Review the Best Practice Model for Aged Care Services	29/05/2008	31/03/2009	Open Source	\$ 220,280.00
Laughing Mind Pty Ltd	To Review the Office for Aboriginal & Torres Strait Islander Health's Capital Works Program Delivery Model	21/04/2008	30/06/2008	Direct Source	\$ 50,154.14
Leeden Associates Pty Ltd	To Provide Expert Advice on Australia's Response/Preparedness to the Pandemic (H1N1) 2009 Influenza	27/04/2009	30/06/2009	Direct Source	\$ 75,000.00
Leeden Associates Pty Ltd	To Provide Expert Advice on Pandemic (H1N1) 2009 Influenza	10/07/2009	31/12/2009	Direct Source	\$ 70,000.00
Lennon, Brett Anthony	To Conduct Contingency Planning	28/02/2009	30/06/2009	Select Source	\$ 98,560.00
Lennon, Brett Anthony	To Provide Services Relating to Pharmaceutical Aids & Appliances	29/08/2008	31/01/2009	Direct Source	\$ 89,700.00
Leo Burnett Pty Ltd	To Provide Services Relating to the Illicit Drugs User Tender Process	26/06/2009	31/08/2009	Select Source	\$ 6,050.00
Lesley Russell	To Review Mental Health Initiatives Across Australian Jurisdictions	15/10/2008	31/10/2008	Direct Source	\$ 22,000.00
Lewis Troutman & Associates Pty Ltd	To Draft a Protocol Between the Department & Unions	28/04/2009	28/04/2009	Direct Source	\$ 10,000.00
Lewis Troutman & Associates Pty Ltd	To Review Library Services	4/05/2009	5/06/2009	Direct Source	\$ 30,000.00
Little Oak Pty Ltd	To Conduct Maintenance of the Primary & Ambulatory Care Division Network Information System	27/07/2009	30/06/2010	Direct Source	\$ 25,267.00

Little Oak Pty Ltd	To Conduct Maintenance on the Primary & Ambulatory Care Division Network Information System	5/03/2008	30/06/2008	Direct Source	\$ 21,480.00
Little Oak Pty Ltd	To Design & Build a Network Information System	31/10/2007	8/02/2008	Direct Source	\$ 61,475.00
Little Oak Pty Ltd	To Develop a Microsoft Office Access Database	4/06/2008	30/06/2008	Open Source	\$ 41,800.00
Little Oak Pty Ltd	To Provide Specialist Services	18/04/2008	30/06/2008	Direct Source	\$ 25,080.00
Little Oak Pty Ltd	To Provide Technical Data Advice	15/09/2009	30/11/2009	Direct Source	\$ 69,810.00
London School of Hygiene & Tropical Medicine	To Evaluate the Primary Health Care Research Evaluation & Development Strategy	23/01/2008	31/12/2008	Direct Source	\$ 190,909.09
M Love & D Toole & J S Wilson	To Investigate an Alleged Breach of the APS Code of Conduct	18/05/2009	18/11/2009	Direct Source	\$ 50,000.00
Mallesons Stephen Jaques	To Provide Legal Services	18/06/2009	30/06/2009	Open Source	\$ 740.41
Mallesons Stephen Jaques	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 2,000.00
Mallesons Stephen Jaques	To Provide Legal Services	1/09/2009	30/11/2009	Open Source	\$ 2,375.00
Mallesons Stephen Jaques	To Provide Legal Services	1/07/2008	30/01/2009	Open Source	\$ 2,377.65
Mallesons Stephen Jaques	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 4,000.00
Mallesons Stephen Jaques	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 4,000.00
Mallesons Stephen Jaques	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 5,000.00
Mallesons Stephen Jaques	To Provide Legal Services	31/08/2009	30/11/2009	Open Source	\$ 8,625.00
Mallesons Stephen Jaques	To Provide Legal Services	28/10/2008	30/06/2009	Open Source	\$ 9,856.61
Mallesons Stephen Jaques	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 10,000.00
Mallesons Stephen Jaques	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 10,000.00
Mallesons Stephen Jaques	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 10,000.00
Mallesons Stephen Jaques	To Provide Legal Services	22/09/2008	30/06/2009	Open Source	\$ 14,136.21
Mallesons Stephen Jaques	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 15,000.00
Mallesons Stephen Jaques	To Provide Legal Services	11/09/2009	7/10/2009	Open Source	\$ 18,700.00
Mallesons Stephen Jaques	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 20,000.00
Mallesons Stephen Jaques	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 30,000.00
Mallesons Stephen Jaques	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 55,106.87
Mallesons	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$

Stephen Jaques					59,259.77
Mallesons Stephen Jaques	To Provide Legal Services	24/04/2009	30/06/2009	Open Source	\$ 71,500.00
Mallesons Stephen Jaques	To Provide Legal Services	2/03/2009	30/06/2009	Open Source	\$ 131,522.00
Mallesons Stephen Jaques	To Provide Legal Services	1/07/2007	30/06/2009	Open Source	\$ 160,000.00
Mallesons Stephen Jaques	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 252,384.03
Mallesons Stephen Jaques	To Provide Legal Services	1/07/2006	30/06/2008	Open Source	\$ 750,000.00
Mark Williams Management Pty Ltd	To Provide Expert Advice Relating to Community Service 5th Community Pharmacy Agreements	18/02/2009	30/06/2011	Direct Source	\$ 152,300.00
Mark Williams Management Pty Ltd	To Provide Expert Industry Advice Relating to the Community Service Obligation Funding Pool	1/03/2007	17/02/2009	Direct Source	\$ 160,000.00
Mary Dickie Issues Management Pty Ltd	To Provide Public Relations Services Relating to the Private Health Insurance Communications Campaign	9/02/2007	6/12/2007	Select Source	\$ 73,161.84
Matthews Pegg Consulting Pty Ltd	To Provide Assistance to Bethwaite	1/07/2007	31/12/2007	Select Source	\$ 22,000.00
Matthews Pegg Consulting Pty Ltd	To Develop a Consultation Research & Information Service for Proposed Changes to the Regulation of Disinfectants	26/10/2009	30/06/2010	Open Source	\$ 7,750.00
Matthews Pegg Consulting Pty Ltd	To Provide Advice & Assistance Relating to Amendments to National Industrial Chemicals Notification & Assessment Scheme Legislation	21/06/2007	17/12/2007	Select Source	\$ 80,000.00
McArthur Management Services (NSW) Ltd	To Facilitate Employee Conversations	17/06/2009	30/06/2009	Direct Source	\$ 6,930.00
McArthur Management Services (SA) Pty Ltd	To Facilitate the 2009-10 Business Planning Process in Business Group	30/04/2009	30/06/2009	Direct Source	\$ 8,000.00
McKinsey & Company	To Provide Advice & Analyse Critical Factors for Health Reform	4/09/2009	4/10/2009	Direct Source	\$ 715,000.00
Menzies School of Health Research	To Prevent Hearing Loss Associated with Otitis Media with Perforation in Indigenous Children	20/08/2008	30/04/2012	Open Source	\$ 1,044,879.00

Merit Partners Pty Ltd	To Provide Issues Management Relating to the Cessation of Commonwealth Funding to Karu Aboriginal Family Support Agency	23/03/2008	14/04/2008	Open Source	\$ 15,240.00
Merrilyn Walton	To Review the Operation of the Aged Care Complaints Investigation Scheme	20/07/2009	30/09/2009	Direct Source	\$ 50,000.00
Meryl Annette Stanton	To Provide Expert Advice on Organisational Psychology & Sit as a Member of the Therapeutic Goods Administration 21 Steering Committee	07/09/2009	01/12/2010	Direct Source	\$ 21,000.00
Miles Morgan Australia Pty Ltd	To Provide Advice to the Office for Aboriginal & Torres Strait Islander Health Management Team	25/06/2007	30/06/2008	Select Source	\$ 8,580.00
Minter Ellison	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 5,000.00
Minter Ellison	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 5,000.00
Minter Ellison	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 5,000.00
Minter Ellison	To Provide Legal Services	22/06/2009	1/07/2009	Open Source	\$ 5,280.00
Minter Ellison	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 7,700.00
Minter Ellison	To Provide Legal Services	17/07/2009	25/08/2009	Open Source	\$ 7,700.00
Minter Ellison	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 9,900.00
Minter Ellison	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 10,000.00
Minter Ellison	To Provide Legal Services	24/12/2009	22/01/2010	Open Source	\$ 10,000.00
Minter Ellison	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 11,000.00
Minter Ellison	To Provide Legal Services	18/06/2007	30/06/2008	Open Source	\$ 15,000.00
Minter Ellison	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 15,000.00
Minter Ellison	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 15,000.00
Minter Ellison	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 15,000.00
Minter Ellison	To Provide Legal Services	29/09/2009	31/12/2009	Open Source	\$ 22,000.00
Minter Ellison	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 55,000.00
Minter Ellison	To Provide Legal Services	1/07/2007	30/06/2008	Open Source	\$ 92,000.00
Minter Ellison	To Provide Legal Services	26/03/2009	30/12/2009	Open Source	\$ 150,000.00

Minter Ellison	To Provide Legal Services	1/07/2008	30/06/2009	Open Source	\$ 183,390.35
Minter Ellison	To Provide Legal Services	6/02/2009	30/06/2010	Open Source	\$ 204,600.00
Monash University	To Develop a Paper for the National Health & Hospitals Reform Commission	29/07/2008	30/09/2008	Select Source	\$ 7,998.61
Monash University	To Evaluate Submissions for the Pharmaceutical Benefits Advisory Committee	1/11/2004	31/10/2008	Open Source	\$ 3,195,865.20
Monash University	To Evaluate Submissions for the Pharmaceutical Benefits Advisory Committee	31/10/2008	29/06/2012	Open Source	\$ 4,032,463.40
Monash University	To Provide Services Relating to the HIV Epidemiology Project	2/12/2007	28/02/2008	Direct Source	\$ 196,860.01
Monash University	To Conduct a Review by Collecting & Analysing Available Scientific Literature	15/06/2009	30/09/2010	Select Source	\$ 50,000.00
Morison Consulting Pty Ltd	To Attend Audit Committee Meetings	27/11/2009	26/11/2011	Direct Source	\$ 59,850.00
Morison Consulting Pty Ltd	To Provide an Independent Member on Audit Committee	10/11/2006	10/11/2009	Select Source	\$ 52,500.00
MSR Consulting Pty Ltd	To Provide Expert Advice on the Analysis & Evaluation of Dermal Absorption Studies	15/12/2008	30/06/2010	Direct Source	\$ 8,000.00
MSR Consulting Pty Ltd	To Provide Expert Advice on the Analysis & Evaluation of Dermal Absorption Studies	16/05/2008	30/06/2008	Direct Source	\$ 12,500.00
M-Tag Pty Ltd	To Provide Assessment & Research Related Services to the Medical Services Advisory Committee	9/11/2005	30/06/2010	Open Source	\$ 1,334,454.76
Naomi J Duncan	To Develop a Generic Board Induction & Operations Manual	12/06/2008	30/06/2008	Direct Source	\$ 19,800.00
National Ageing Research Institute Inc	To Conduct Research into Consumer Information for the Community Aged Care Packages	22/05/2009	30/06/2009	Direct Source	\$ 7,312.00
National Ageing Research Institute Inc	To Provide Consumer Information for Aged Care in the Community	3/04/2008	10/10/2008	Open Source	\$ 110,196.00
National Ageing Research Institute Inc	To Review the Dementia Resource Guide	7/03/2009	31/07/2009	Direct Source	\$ 85,360.00

National Association of Testing Authorities Australia	To Trial Radiation Oncology Practice Standards Under the Better Access to Radiation Oncology Program	23/06/2009	30/09/2010	Direct Source	\$ 745,923.00
National Breast & Ovarian Cancer Centre	To Investigate a Breastscreen Australia Ecological Study	22/08/2007	30/08/2008	Direct Source	\$ 128,126.00
National Institute of Labour Studies Inc	To Evaluate the Better Access Initiative	7/01/2009	30/12/2010	Open Source	\$ 272,987.00
Neill Buck & Associates Pty Ltd	To Conduct an Audit of Systems & Processes within the Treaties & Compliance Team	17/01/2008	27/02/2008	Direct Source	\$ 11,051.97
Nous Group Pty Ltd	To Evaluate the Breastscreen Australian Program	24/06/2008	24/12/2008	Direct Source	\$ 129,681.00
Nous Group Pty Ltd	To Facilitate Focus Groups to Inform People Strategy	13/08/2009	30/09/2009	Open Source	\$ 35,300.00
Oakton AA Services Pty Ltd	To Conduct an Analysis of Financial & Related Matters for ITA021/0708	24/04/2008	24/04/2008	Open Source	\$ 4,700.00
Oakton AA Services Pty Ltd	To Conduct Cost Recovery for the Listing of Medicines on the Pharmaceutical Benefits Scheme	1/07/2007	30/06/2008	Select Source	\$ 4,950.00
Oakton AA Services Pty Ltd	To Develop a Grant Financial & Management Control Framework	27/03/2008	18/04/2009	Direct Source	\$ 16,500.00
Oakton AA Services Pty Ltd	To Facilitate & Analyse Business Group Activities & Functions	15/05/2009	26/06/2009	Open Source	\$ 67,977.25
Oakton AA Services Pty Ltd	To Investigate Issues from the Program Management Information Initiative Review	7/11/2007	30/11/2007	Direct Source	\$ 82,353.50
Oakton AA Services Pty Ltd	To Provide Advice on Streamlining Financial Reporting Arrangements Relating to Divisions of General Practice	12/02/2008	29/02/2008	Open Source	\$ 13,283.00
Oakton AA Services Pty Ltd	To Provide Financial Advice Relating to ITA 021/0708	28/09/2007	31/12/2007	Open Source	\$ 4,698.65
Oakton AA Services Pty Ltd	To Provide Probity Advisory Services	21/02/2008	30/06/2008	Open Source	\$ 27,000.00
Oakton AA Services Pty Ltd	To Provide Services Relating to the Darwin Radiation Oncology Service Tender	18/03/2007	31/12/2007	Select Source	\$ 22,565.40
Oakton AA Services Pty Ltd	To Provide Services Relating to the Invoice Scanning Feasibility	2/01/2008	31/03/2008	Select Source	\$ 56,200.00

	Project				
Oakton AA Services Pty Ltd	To Provide Services Relating to the Listing of Medicines on the Pharmaceutical Benefits Scheme	1/07/2007	30/06/2008	Select Source	\$ 31,517.75
Oakton AA Services Pty Ltd	To Review the Program Management Information System Project	1/10/2007	21/12/2007	Direct Source	\$ 82,740.30
Oakton AA Services Pty Ltd	To Update a Costing Model, Fee Schedule & Cost Recovery Impact Statement	29/04/2008	31/05/2008	Open Source	\$ 28,746.50
Oakton Services Pty Ltd	To Review the Therapeutic Goods Administration's eBusiness Services	27/11/2008	16/01/2009	Open Source	\$ 17,820.00
Oakton Services Pty Ltd	To Review Therapeutic Goods Administration's Financial Statements	01/02/2009	13/02/2009	Open Source	\$ 18,750.00
Oakton Services Pty Ltd	To Develop a Grant Financial & Management Control Framework	1/04/2008	30/06/2008	Direct Source	\$ 16,500.00
Oakton Services Pty Ltd	To Provide Expert Program Management Advice on eHealth Technology	2/09/2009	31/03/2010	Direct Source	\$ 334,080.00
Ochre Health Pty Ltd	To Conduct a Clinical Review of Dhauwurd Wurrung Elderly & Community Health Services Inc	29/04/2009	30/06/2009	Open Source	\$ 114,290.00
Ochre Health Pty Ltd	To Conduct an Organisational Review of Ilpurla Aboriginal Corporation	24/08/2009	30/06/2010	Open Source	\$ 69,300.00
Office of the Privacy Commissioner	To Provide Advice on Privacy Issues	14/06/2008	30/09/2008	Direct Source	\$ 64,673.40
Oliver Winder Pty Ltd	To Chair the Department's Independent Audit Committee	22/04/2009	2/04/2012	Direct Source	\$ 138,600.00
Oliver Winder Pty Ltd	To Provide an Independent Member to the Audit Committee	15/02/2009	30/06/2009	Direct Source	\$ 2,200.00
Oliver Winder Pty Ltd	To Provide Services to the Audit Committee	15/02/2006	14/02/2009	Direct Source	\$ 39,200.00
OOSW Consulting Pty Ltd	To Provide Strategic Management Advice Relating to the 2009/10 Accommodation Project	1/07/2007	30/06/2010	Direct Source	\$ 29,700.00
Open Mind Research Group Holdings Pty Ltd	To Conduct Market Research Testing of Creative Concepts for the Illicit Drugs in Sport	29/07/2009	31/12/2009	Select Source	\$ 93,170.00

	Program				
Orc Australia Pty Ltd	To Conduct Research to Inform the Development of Stage 2 of the Diagnostic Imaging Accreditation Scheme	5/06/2009	18/09/2009	Open Source	\$ 236,031.00
Orc Australia Pty Ltd	To Conduct Stage 1 of an Assessment of the Impact & Effectiveness of Diagnostic Imaging Accreditation Scheme	31/03/2009	30/06/2009	Open Source	\$ 108,335.29
Original Communications Pty Ltd	To Develop the Australian Health Pandemic Influenza Communication Strategy	27/11/2007	30/05/2008	Open Source	\$ 34,329.95
Original Communications Pty Ltd	To Provide Advice on an Indigenous Communications Plan	22/07/2009	30/06/2010	Direct Source	\$ 18,700.00
Orima Research Pty Ltd	To Conduct a Client Survey	27/02/2008	30/06/2008	Direct Source	\$ 26,436.00
Orima Research Pty Ltd	To Conduct Developmental Research Relating to Attracting More People to Work in Indigenous Health	13/01/2010	30/06/2010	Select Source	\$ 419,559.00
Orygen Research Centre	To Adapt the Existing Mental Health First Aid Program into a Training Project	9/02/2007	31/01/2009	Direct Source	\$ 1,560,414.00
Osteoporosis Australia	To Conduct a Scoping Study for a Next Osteoporosis Fracture Prevention Project	24/06/2008	30/11/2008	Direct Source	\$ 158,576.00
Ott-Line Enterprises	To Assist the Development of a Project Plan on National Health Information Regulatory Framework for eHealth Branch	18/06/2008	30/06/2009	Direct Source	\$ 76,450.00
Palm Consulting Pty Ltd	To Provide Review Assessment Services	11/04/2008	30/04/2008	Direct Source	\$ 34,500.00
Paper Shuffle Pty Ltd T/A Hansen & Searson Executive Search	To Provide Recruitment Services	7/05/2007	31/12/2007	Open Source	\$ 33,000.00
Parsons Brinckerhoff Australia Pty Ltd	To Provide Planning Services	23/04/2009	30/06/2009	Direct Source	\$ 16,500.00
Paul Tridgell Pty Ltd	To Conduct Research & Review to Further Develop Matters Relating to the Long Term Health Plan for Australia	7/05/2008	30/06/2008	Direct Source	\$ 34,650.00
Peter Conde	To Develop Discussion Material for Medical Research Opportunities	11/09/2007	31/12/2007	Direct Source	\$ 16,258.15



	in South East Asia				
Peter James Abbott	To Provide Advice, Mentoring & Reviewing of Toxicology Evaluation & Public Health Risk Assessment	8/09/2008	30/06/2009	Direct Source	\$ 85,800.00
Peter James Abbott	To Provide Services Relating to the Drinking Water Guidelines	27/07/2009	31/08/2009	Direct Source	\$ 10,000.00
Phillip Jones & Associates Pty Ltd	To Conduct an Audit Assessment of Funding Processes	19/08/2008	28/12/2008	Direct Source	\$ 7,920.00
Phillip Jones & Associates Pty Ltd	To Conduct an Audit Review of the 2009-10 Accommodation Project	10/04/2009	15/06/2009	Select Source	\$ 50,160.00
Phillip Jones & Associates Pty Ltd	To Evaluate Processes Relating to the National Bowel Cancer Screening Program	27/06/2007	31/12/2007	Direct Source	\$ 25,000.00
Phillip Jones & Associates Pty Ltd	To Provide Advice on the Procedures, Guidelines, Functions & Structure of the Medical Services Advisory Council Committee Secretariat	4/03/2008	16/05/2008	Direct Source	\$ 26,499.00
Phillip Jones & Associates Pty Ltd	To Provide Advice Relating to the Commonwealth Disaster Health Care Assistance Schemes	1/07/2008	29/08/2008	Direct Source	\$ 26,499.00
Phillip Jones & Associates Pty Ltd	To Review the Current eHealth Strategy	13/12/2007	30/06/2008	Direct Source	\$ 72,785.00
Phillip Jones & Associates Pty Ltd	To Review the Distribution & Handling Processes of the National Bowel Cancer Screening Program	3/12/2007	30/06/2008	Direct Source	\$ 15,000.00
Phillip Jones & Associates Pty Ltd	To Review the Medical Treatment Overseas Program	25/05/2009	30/06/2009	Direct Source	\$ 16,500.00
Porter Novelli Australia Pty Ltd	To Engage with Stakeholders Relating to eHealth Technology	30/10/2009	31/03/2010	Direct Source	\$ 184,500.00
PPB Pty Ltd	To Provide Services Relating to Bridgewater Aged Care	30/06/2008	31/07/2008	Direct Source	\$ 80,000.00
Pricewaterhouse Coopers	To Develop a National Planning Framework Relating to Community Care	21/06/2007	17/12/2007	Open Source	\$ 72,855.20
Pricewaterhouse Coopers	To Develop an ABC Process Map for the 8 Therapeutic Goods Administration Sectors	12/10/2009	15/12/2009	Open Source	\$ 124,665.00
Pricewaterhouse Coopers	To Evaluate eHealth Technology	30/10/2009	31/12/2009	Open Source	\$ 167,200.00

Pricewaterhouse Coopers	To Evaluate the Mental Health Service in Rural & Remote Areas Program	4/02/2010	31/03/2011	Open Source	\$ 177,461.90
Pricewaterhouse Coopers	To Identify the Impacts of Pharmaceutical Benefits Scheme Reform	23/11/2009	12/02/2010	Open Source	\$ 175,619.00
Pricewaterhouse Coopers	To Provide Governance Model Options in eHealth Technology	30/10/2009	31/12/2009	Direct Source	\$ 313,000.00
Pricewaterhouse Coopers	To Provide Services Relating to the National Access Points Management Project	16/05/2007	31/01/2008	Open Source	\$ 950,375.00
Pricewaterhouse Coopers	To Review the Accreditation Standards for Residential Aged Care	14/12/2009	15/06/2010	Open Source	\$ 265,183.00
Pricewaterhouse Coopers Actuarial Pty Ltd	To Review the Australian Refined Diagnosis Related Groups Classification System Development Process	14/01/2009	30/06/2009	Open Source	\$ 215,000.00
Professor Hugh Taylor	To Provide Advice & Support to Review Funding Submissions for Trachoma Programs	1/01/2010	30/06/2010	Direct Source	\$ 59,400.00
Profmark Consulting Pty Ltd	To Conduct an Independent Legal Services Review	1/07/2007	30/06/2008	Direct Source	\$ 25,520.00
PSND Consulting Pty Ltd	To Realign Services Under the Divisions of General Practice Program	6/03/2009	30/06/2009	Direct Source	\$ 97,913.68
Public Health Association of Australia Inc	To Provide Advice to the Preventative Health Taskforce & Provide Discussion Papers	8/10/2008	28/08/2009	Direct Source	\$ 5,500.00
QLD University of Technology	To Conduct Strategies to Support Drug & Alcohol Online Activities	21/01/2009	1/06/2009	Open Source	\$ 126,500.00
Quality Improvement Council Ltd	To Develop the Indigenous Health Service Accreditation Framework	18/12/2007	12/08/2008	Direct Source	\$ 85,209.00
Quantum Consulting Australia Pty Ltd	To Review the AAL Funeral Service	6/05/2009	30/06/2009	Open Source	\$ 46,263.00
R G Parry T/A Chiarelli Healthcare	To Review the Content of the '1-in-3 Women Who Have Ever Had a Baby Wet Themselves' Book	18/12/2009	3/03/2010	Direct Source	\$ 1,000.00
Redback Consulting Pty Ltd	To Conduct a Review of Leave Provision Postings	1/11/2009	31/01/2010	Select Source	\$ 3,960.00
Redback Consulting Pty Ltd	To Implement Human Resource/Financial Leave Provisions into SAP Standard Methodology	14/12/2009	28/02/2010	Select Source	\$ 22,500.00

Resolution Consulting Services Pty Ltd	To Conduct Financial Reporting	12/01/2007	11/02/2008	Open Source	\$ 159,340.00
Resolution Consulting Services Pty Ltd	To Develop a Funding Agreement Relating to the Royal Flying Doctor Service	19/07/2007	30/11/2007	Open Source	\$ 115,800.00
Resolution Consulting Services Pty Ltd	To Finalise Work on Carers Australia Reporting Mechanism	1/07/2009	30/06/2010	Open Source	\$ 41,600.00
Resolution Consulting Services Pty Ltd	To Provide Advice Relating to the Royal Flying Doctor Service Funding Agreement	1/04/2008	30/06/2008	Open Source	\$ 77,600.00
Resolution Consulting Services Pty Ltd	To Provide Economic & Financial Expertise & Advice Relating to the Royal Flying Doctor Service	20/01/2009	30/06/2009	Direct Source	\$ 74,080.00
Resolution Consulting Services Pty Ltd	To Provide Financial Advice to Relating to the Implementation & Monitoring of the Royal Flying Doctor Service Funding Agreement	17/08/2009	30/06/2010	Open Source	\$ 79,000.00
Resolution Consulting Services Pty Ltd	To Provide Financial Services Relating to the Implementation & Monitoring of the Royal Flying Doctor Service	13/08/2008	31/12/2008	Open Source	\$ 48,156.00
Resolution Consulting Services Pty Ltd	To Provide Professional Costing Advice to Assist Business Group Division	13/05/2008	30/06/2008	Open Source	\$ 3,600.00
Resolution Consulting Services Pty Ltd	To Provide Professional Costing Advice to Assist Business Group Division	13/05/2008	31/05/2008	Open Source	\$ 18,000.00
Resolution Consulting Services Pty Ltd	To Review Business Operations within the Office of Chemical Safety	11/08/2008	30/09/2008	Open Source	\$ 20,550.00
Resolution Consulting Services Pty Ltd	To Review Business Processes	13/06/2008	30/09/2008	Direct Source	\$ 15,700.50
Resolution Consulting Services Pty Ltd	To Review Business Processes	12/11/2008	30/06/2009	Open Source	\$ 33,000.00
Risk Management Partners Pty Ltd	To Provide Services to the Program Alignment Project Relating to the NSW Aged Care Complaints Investigation Scheme	22/10/2009	30/11/2009	Direct Source	\$ 10,670.00
Robert Griew Pty Ltd	To Conduct a Literature Review for the Office for Aboriginal & Torres Strait Islander Health	19/12/2007	1/05/2008	Open Source	\$ 70,152.00
Robert Griew Pty Ltd	To Develop Primary Health Care Service Models for Aboriginal & Torres Strait Islander	19/03/2008	17/06/2008	Open Source	\$ 123,281.00

	People				
Robert Griew Pty Ltd	To Evaluate Research Reporting from the Blood Borne Virus & Sexually Transmitted Infections Sub-Committee	1/05/2008	30/06/2008	Direct Source	\$ 20,000.00
Robert Griew Pty Ltd	To Provide General Advice on Homes & Community Care Workforce Strategy Development	9/11/2007	30/06/2008	Select Source	\$ 70,000.00
Robert Griew Pty Ltd	To Provide Services Relating to the Critical Success Factor in the Prevention of Chronic Disease Project	20/06/2008	31/07/2008	Direct Source	\$ 27,940.00
Robert Griew Pty Ltd	To Review the Aboriginal & Torres Strait Islander Chronic Disease Project	17/01/2008	30/06/2008	Direct Source	\$ 85,339.25
Robertson, Alan	To Provide Legal Services	1/07/2007	30/06/2008	Direct Source	\$ 19,250.00
Robin Hill Health Pty Ltd	To Provide Independent Financial Advice to Support the Implementation of the GP Super Clinics Initiative	8/10/2008	30/06/2010	Open Source	\$ 277,420.00
Robin Hill Health Pty Ltd	To Provide Technical Financial Advice Services for the GP Super Clinics Program	21/04/2009	30/06/2010	Direct Source	\$ 360,070.00
Ronald G Harvey	To Provide Services Relating to the FIFA World Cup Bid Negotiation & Coordination	11/12/2009	31/01/2010	Direct Source	\$ 27,500.00
Royal Australasian College of Surgeons	To Provide Assessment & Research Related Services to the Medical Services Advisory Committee	20/09/2005	30/06/2010	Open Source	\$ 1,090,916.57
Royal Australasian College of Surgeons	To Provide Health Technology Assessment & Research Support Services	30/09/2008	30/06/2011	Open Source	\$ 1,651,460.00
Royal Australasian College of Surgeons	To Provide Research for the Reporting of Emerging Health Technologies	4/06/2007	30/06/2009	Direct Source	\$ 479,261.00
Royce (VIC) Pty Ltd	To Provide Issues Management & Communications Services	07/08/2008	06/11/2008	Direct Source	\$ 51,208.00
Rural Doctors Association of Australia Ltd	To Provide Expert Advice to the Department & the Enhanced Medical Education Advisory Committee	14/06/2007	30/01/2008	Direct Source	\$ 150,000.00

Russell Reynolds Associates Inc	To Provide Recruitment Advice Relating to the Appointment of a Chief Executive Officer for the Australian Radiation Protection & Nuclear Safety Authority	1/07/2009	31/08/2009	Open Source	\$ 151,300.00
S G Baker & J J Barry & S M Bellchambers & M C Driessen & A R Grieves & S T Hammond & D L Hegarty & A W McDonald & S J Michelle & S W Myers & G O'Sullivan & S J Palic & A B Papps & V E Rae & others T/A WalterTurnbull	To Conduct a Financial Review	02/06/2008	30/06/2008	Direct Source	\$ 5,450.00
S G Baker & J J Barry & S M Bellchambers & M C Driessen & A R Grieves & S T Hammond & D L Hegarty & A W McDonald & S J Michelle & S W Myers & G O'Sullivan & S J Palic & A B Papps & V E Rae & others T/A WalterTurnbull	To Provide Financial Services & Advice Relating to the 34th Industry Government Consultative Committee Meeting	17/08/2009	30/06/2010	Open Source	\$ 3,014.00
S G Baker & J J Barry & S M Bellchambers & M C Driessen & A R Grieves & S T Hammond & D L Hegarty & A W McDonald & S J Michelle & S W Myers & G O'Sullivan & S J Palic & A B Papps & V E Rae & others T/A WalterTurnbull	To Provide Financial Services, Audit, Advice & Support for National Industrial Chemical Notification & Assessment Scheme	31/08/2009	30/11/2009	Open Source	\$ 165,000.00

S G Baker & J J Barry & S M Bellchambers & M C Driessen & A R Grieves & S T Hammond & D L Hegarty & A W McDonald & S J Michelle & S W Myers & G O'Sullivan & S J Palic & A B Papps & V E Rae & others T/A WalterTurnbull	To Provide Probity Advice Relating to Influenza A Vaccines	01/04/2009	30/06/2009	Select Source	\$ 15,840.00
S G Baker & J J Barry & S M Bellchambers & M C Driessen & A R Grieves & S T Hammond & D L Hegarty & A W McDonald & S J Michelle & S W Myers & G O'Sullivan & S J Palic & A B Papps & V E Rae & others T/A WalterTurnbull	To Review the National Industrial Chemicals Notification & Assessment Scheme's Financial Report for the Year Ended 30 June 2009	01/07/2009	14/08/2009	Direct Source	\$ 15,620.00
Schultz, Lancelot Franklin T/A LMS Consulting	To Provide Services Relating to the National Advisory Council on Mental Health Promotion & Prevention Priority Area	10/12/2009	30/06/2010	Direct Source	\$ 25,000.00
Schultz, Lancelot Franklin T/A LMS Consulting	To Provide Writing Services to the Preventive Health Taskforce	27/10/2009	31/03/2010	Direct Source	\$ 146,500.00
Shannon Consulting Services Trust	To Provide Clinical Services Transition Management Services Under the North Coast Regional Partnership Arrangement	12/01/2009	30/06/2009	Open Source	\$ 155,364.00
Shannon Consulting Services Trust	To Provide Mentoring & Support Services to the Board of Dharah Gibinj Aboriginal Medical Service	23/10/2008	31/01/2009	Open Source	\$ 25,917.00
Shannon Consulting Services Trust	To Provide Mentoring & Support Services to the Board of Dharah Gibinj Aboriginal Medical Service	15/12/2007	15/06/2008	Open Source	\$ 63,052.00
Siggins Miller Consultants Pty Ltd	To Develop a New National Strategic Framework for Rural &	23/12/2009	30/06/2010	Select Source	\$ 210,620.00

	Remote Health				
Siggins Miller Consultants Pty Ltd	To Develop an Options Paper on the Role of the Regional Eye Health Coordinator	4/01/2010	31/03/2010	Open Source	\$ 83,840.00
Siggins Miller Consultants Pty Ltd	To Develop the QLD Aboriginal & Torres Strait Islander Drug & Alcohol Services System	18/05/2007	20/12/2007	Open Source	\$ 150,250.00
Siggins Miller Consultants Pty Ltd	To Evaluate & Monitor the National Drug Strategy 2004-09	8/03/2007	8/03/2009	Open Source	\$ 698,850.97
Slater & Gordon Lawyers	To Provide Legal Services	1/03/2009	1/06/2009	Direct Source	\$ 10,000.00
SMS Consulting Group Ltd	To Conduct a Review of Identity Management & Directory	26/11/2007	30/12/2007	Select Source	\$ 49,060.00
SMS Consulting Group Ltd	To Provide Advice Relating to Community Pharmacy IT Projects	19/06/2008	31/12/2008	Direct Source	\$ 624,983.00
SMS Consulting Group Ltd	To Provide an IT Project Manager & Business Analyst for Community Pharmacy IT Projects	24/01/2008	30/06/2008	Direct Source	\$ 206,580.00
SMS Consulting Group Ltd	To Provide an IT Project Manager & Business Analyst to Provide Assistance & Advice Relating to Community Pharmacy IT Projects	3/06/2008	30/06/2008	Direct Source	\$ 34,700.00
SMS Consulting Group Ltd	To Provide an IT Project Manager & Business Analyst to Provide Assistance & Advice Relating to Community Pharmacy IT Projects	29/02/2008	4/04/2008	Direct Source	\$ 50,000.00
SMS Consulting Group Ltd	To Provide Expert Information Technology Advice	13/11/2009	30/06/2010	Open Source	\$ 335,000.00
South Australian Centre for Economic Studies	To Conduct a Cost-Benefit Analysis of Legislation to Mandate the Supply of Opal Fuel	16/06/2009	30/06/2010	Select Source	\$ 168,514.00
Southern Cross Computing Pty Ltd	To Conduct a Review of Leave Provision Postings	1/11/2009	31/01/2010	Select Source	\$ 4,752.00
Southern Cross Computing Pty Ltd	To Implement Human Resource/Financial Leave Provisions into SAP Standard Methodology	11/12/2009	28/02/2010	Select Source	\$ 27,500.00
Spencersmith & Associates Pty Ltd	To Examine Options for Inpatient Critical Care at Mersey Community Hospital	20/02/2008	25/03/2008	Open Source	\$ 145,249.00
Spring Health Consulting	To Provide Technical Advice Relating to the Mersey Hospital Tender	11/04/2008	12/04/2008	Direct Source	\$ 2,378.00

	Evaluation				
Stancombe Research & Planning Pty Ltd	To Conduct Developmental Research for the National Sexually Transmitted Infection Preventative Program	30/06/2008	30/10/2008	Select Source	\$ 116,418.50
Stay Tuned Productions Pty Ltd	To Organise & Facilitate 2 Series of Focus Groups for the Health Technology Assessment Review	18/06/2009	31/10/2009	Direct Source	\$ 67,750.00
Stay Tuned Productions Pty Ltd	To Provide Services Relating to the NT Emergency Response	1/08/2008	30/06/2009	Open Source	\$ 164,097.00
Stratsec.Net Pty Ltd	To Conduct a Threat & Risk Assessment for Proposed Additional Website Capacity	3/05/2007	29/02/2008	Direct Source	\$ 14,080.00
Stratsec.Net Pty Ltd	To Conduct a Threat Risk Assessment for the 4th Community Pharmacy Agreement IT System	5/05/2008	23/05/2008	Select Source	\$ 33,000.00
Stratsec.Net Pty Ltd	To Conduct Threat Risk Assessments of the Preferred Respondents to the Community Service	14/11/2006	29/02/2008	Open Source	\$ 42,311.96
Success Works Pty Ltd	To Develop an Evaluation Framework for the National Health Call Centre Network	7/12/2007	16/05/2008	Open Source	\$ 83,050.00
Sybil Claire Caesar	To Conduct Planning & Develop Regulatory Reforms of Complementary Medicines Systems	28/05/2009	30/06/2010	Direct Source	\$ 38,500.00
Sydney South West Area Health Services	To Develop Standards Relating to the Lifestyle Modification Programs for People at Risk of Diabetes	30/05/2008	30/05/2008	Direct Source	\$ 74,470.00
Sydney South West Area Health Services	To Provide Services Relating to the Darwin Radiation Oncology Service Tender	12/04/2007	30/06/2008	Direct Source	\$ 900.00
Synergy Business Solutions	To Provide Financial Management & Reporting Assistance	8/12/2008	30/06/2009	Open Source	\$ 182,400.00
Synergy Business Solutions	To Provide Financial Management Reporting Services to Population Health Division	30/04/2008	30/05/2008	Direct Source	\$ 60,000.00
Synergy Business Solutions	To Provide Technical Financial Advisory & Operational Services	1/07/2009	11/12/2009	Open Source	\$ 98,400.00
Synertec Pty Ltd	To Provide Technical Pharmaceutical	12/05/2008	30/06/2009	Open Source	\$ 57,904.00



	Manufacturing Advice				
Tarcus Pty Ltd	To Provide Change & Project Management Services Relating to the Financial Review Implementation	19/05/2009	23/12/2009	Direct Source	\$ 297,862.40
Taylor Nelson Sofres Australia Pty Ltd	To Conduct a National Audit Relating to Petrol Sniffing, Communication Resources & Materials	14/05/2008	30/06/2008	Select Source	\$ 69,630.00
Templeton Galt Pty Ltd	To Provide Expert Advice on Australia's Response/Preparedness to the Pandemic (H1N1) 2009 Influenza	27/04/2009	30/06/2009	Direct Source	\$ 75,000.00
The Adelaide Research & Innovation Investment Trust	To Conduct a Feasibility Study Relating to Predictions of NATSIHS Estimates at a Regional Level	14/02/2008	30/06/2008	Direct Source	\$ 41,550.00
The Adelaide Research & Innovation Investment Trust	To Conduct an External Evaluation of Rescheduling Submissions & Substance Reviews	4/02/2009	30/06/2010	Direct Source	\$ 10,000.00
The Adelaide Research & Innovation Investment Trust	To Conduct an External Evaluation of Submissions/Applications on behalf of National Drugs & Poisons Schedule Committee	23/07/2009	30/06/2010	Direct Source	\$ 10,000.00
The Adelaide Research & Innovation Investment Trust	To Conduct Vaccine Evaluations for the Pharmaceutical Benefits Advisory Committee	29/10/2007	31/10/2008	Open Source	\$ 221,426.00
The Adelaide Research & Innovation Investment Trust	To Evaluate & Manage a Point of Care Testing Trial	24/01/2005	31/07/2008	Direct Source	\$ 3,580,178.70
The Adelaide Research & Innovation Investment Trust	To Evaluate Demonstration Sites for Day Respite in Residential Aged Care Facilities	18/11/2008	30/09/2010	Direct Source	\$ 414,920.00
The Adelaide Research & Innovation Investment Trust	To Evaluate Submissions for the Pharmaceutical Benefits Advisory Committee	1/11/2004	31/10/2008	Open Source	\$ 2,616,774.31
The Adelaide Research & Innovation Investment Trust	To Evaluate Submissions for the Pharmaceutical Benefits Advisory Committee	31/10/2008	29/06/2012	Open Source	\$ 4,305,828.80

The Adelaide Research & Innovation Investment Trust	To Evaluate the Private Hospital Pilot of the Mental Health Nurse Incentive Program	10/12/2008	15/06/2009	Direct Source	\$ 142,340.00
The Adelaide Research & Innovation Investment Trust	To Identify Projects for Dental Service Delivery to Indigenous People (Indigenous Mobile Dental Pilot)	29/01/2010	30/06/2010	Open Source	\$ 119,400.00
The Adelaide Research & Innovation Investment Trust	To Provide Assessment & Research Related Services to the Medical Services Advisory Committee	20/09/2005	30/06/2008	Open Source	\$ 1,006,676.07
The Adelaide Research & Innovation Investment Trust	To Provide Health Technology Assessment & Research Support Services	11/09/2008	30/06/2011	Open Source	\$ 1,929,368.00
The Adelaide Research & Innovation Investment Trust	To Provide Research for the Reporting of Emerging Health Technologies	4/06/2007	30/06/2009	Direct Source	\$ 987,275.00
The Adelaide Research & Innovation Investment Trust	To update the Aboriginal & Torres Strait Islander Social Health Atlas	23/06/2008	30/06/2008	Direct Source	\$ 21,725.00
The Campaign Palace Pty Ltd	To Provide Services Relating to the Illicit Drugs User Tender Process	26/06/2009	31/08/2009	Select Source	\$ 6,451.10
The Open Mind Research Group	To Conduct Research into Consumer Views on Australian Government Community Aged Care Program	24/12/2007	4/04/2008	Direct Source	\$ 49,324.00
The Social Research Centre Pty Ltd	To Conduct Research & Provide a Report on the Findings of the 2008 National Tobacco Survey	25/09/2008	27/02/2009	Direct Source	\$ 322,792.00
The Social Research Centre Pty Ltd	To Conduct the 2007 National Tobacco Survey	30/11/2007	29/02/2008	Direct Source	\$ 317,900.00
The Social Research Centre Pty Ltd	To Conduct the Consumer Perspective Survey	3/01/2006	30/06/2008	Open Source	\$ 1,874,939.00
The Social Research Centre Pty Ltd	To Evaluate Phase 3 of the National Drugs Campaign	3/09/2007	30/06/2008	Select Source	\$ 240,285.10
The Social Research Centre Pty Ltd	To Evaluate Stages 1 & 2 of the Illicit Drug Use Targeting Young Methamphetamine Users	15/06/2009	30/09/2010	Select Source	\$ 647,177.00
The Social Research Centre	To Evaluate the Australian Better Health	9/10/2009	30/06/2010	Select Source	\$ 321,665.00

Pty Ltd	Initiative Measure Up Campaign				
The Trustee for Anglesea Unit Trust	To Value Land & Building for the Mersey Community Hospital	23/03/2009	30/06/2009	Direct Source	\$ 5,775.00
The Trustee for Apis Group Unit Trust T/A Apis Consulting	To Conduct an Analysis of Business Processes within the Office of Prescription Medicines	29/07/2009	30/09/2009	Open Source	\$ 25,306.00
The Trustee for Apis Group Unit Trust T/A Apis Consulting	To Conduct Project Management & Business Process Development Relating to the New Regulatory Framework for Human Cellular Therapy	28/11/2008	24/12/2008	Open Source	\$ 34,752.00
The Trustee for Apis Group Unit Trust T/A Apis Consulting	To Conduct Project Management & Business Process Development Relating to the New Regulatory Framework for Invitro Diagnostic Devices	06/11/2008	20/11/2008	Open Source	\$ 34,760.00
The Trustee for Birdanco Practice T/A RSM Bird Cameron	To Conduct an Audit of Risk Assessments in the Business Planning Process	14/04/2008	9/06/2008	Open Source	\$ 35,834.00
The Trustee for the Apis Consulting Group Unit Trust	To Provide Services to Support the 2008 Departmental Financial Review	29/02/2008	14/04/2008	Select Source	\$ 79,992.00
The Trustee for the BMF Unit Trust T/A BMF Advertising	To Provide Services Relating to the Illicit Drugs User Tender Process	26/06/2009	31/08/2009	Select Source	\$ 6,776.39
The Trustee for the Mathews Family	To Conduct a Review to Re-Examine & Update Australia's Bovine Spongiform Encephalopathy Policy	31/08/2009	30/06/2010	Direct Source	\$ 33,000.00
The University of Melbourne	To Design, Model & Evaluate the Chlamydia Pilot in General Practice	24/12/2008	30/04/2011	Open Source	\$ 2,017,890.00
The University of Newcastle	To Evaluate Submissions for the Pharmaceutical Benefits Advisory Committee	1/11/2004	31/10/2008	Open Source	\$ 3,521,515.80
The University of Newcastle	To Evaluate Submissions for the Pharmaceutical Benefits Advisory Committee	31/10/2008	29/06/2012	Open Source	\$ 5,759,040.80
The University of NSW	To Develop Evidence to Inform a National Syphilis Action Plan	15/06/2009	30/06/2009	Direct Source	\$ 60,188.00
The University of NSW	To Develop Self-Assessment Tools for GPs Relating to Information Management Maturity	20/10/2008	20/01/2009	Direct Source	\$ 291,100.00

The University of NSW	To Provide Services to the National Drug & Alcohol Research Centre Relating to Athletes & Illicit Drug Use	27/06/2008	30/06/2009	Direct Source	\$ 264,550.00
The University of Queensland	To Evaluate Submissions for the Pharmaceutical Benefits Advisory Committee	1/11/2004	31/10/2008	Open Source	\$ 2,713,873.80
The University of Sydney	To Conduct Research into International Use & Funding of Positron Emission Tomography Services	14/08/2009	30/09/2009	Direct Source	\$ 47,441.00
The University of Sydney	To Develop a Paper for the National Health & Hospital Reform Commission on Primary Care	1/07/2008	31/07/2008	Direct Source	\$ 3,062.40
The University of Sydney	To Provide Assessment & Research Related Services to the Medical Services Advisory Committee	20/09/2005	30/06/2010	Open Source	\$ 2,019,831.09
The University of Sydney	To Provide Health Technology Assessment & Research Support Services	30/09/2008	30/06/2011	Open Source	\$ 2,494,892.00
The University of Sydney	To Review the Australian National Creutzfeldt-Jakob Disease Registry	30/10/2009	15/12/2009	Direct Source	\$ 35,000.00
The University of Sydney	To Review the National Breastfeeding Indicators Report	30/06/2008	15/08/2008	Direct Source	\$ 32,200.00
The University of Western Australia	To Provide Discussion Papers for Leading Primary & Community Care Thinkers in Australia	1/07/2008	30/10/2008	Direct Source	\$ 3,062.40
The University of Wollongong	To Conduct a National Evaluation Project in Residential Aged Care	11/10/2007	31/12/2010	Open Source	\$ 897,355.00
The University of Wollongong	To Develop & Implement an Evaluation Framework for the Asthma Management Program	18/12/2009	31/03/2013	Open Source	\$ 1,128,402.00
The University of Wollongong	To Evaluate the Care Planning Sub-Program of the Local Palliative Care Grants Program	13/09/2006	31/05/2009	Direct Source	\$ 822,645.62
The University of Wollongong	To Evaluate the Encouraging Best Practice in Residential Aged Care Program	11/10/2007	31/12/2010	Open Source	\$ 270,000.00
Thomas Whayman & McCarthy	To Investigate an Alleged Breach of the APS Code of Conduct	10/06/2009	10/12/2009	Direct Source	\$ 50,000.00
Toxikos Pty Ltd	To Develop a Position Paper on the Relevance of Animal Models in	13/03/2009	30/06/2009	Direct Source	\$ 106,900.00

	Assessing Plant Toxicity				
Unity Consulting Pty Ltd	To Conduct a Procurement Review	03/07/2009	03/12/2009	Open Source	\$ 4,669.00
University of Canberra	To Provide Research Services	8/08/2008	30/09/2008	Direct Source	\$ 60,882.00
University of Melbourne	To Develop a Scoping Paper for the National Health & Nutrition Research Council	7/08/2008	31/08/2008	Direct Source	\$ 3,828.00
University of Melbourne	To Evaluate the Better Access Initiative	24/03/2009	31/01/2011	Open Source	\$ 822,003.01
University of South Australia	To Provide a Scoping Paper for the National Health & Hospitals Reform Commission	5/08/2008	30/08/2008	Direct Source	\$ 7,656.00
University of Technology, Sydney	To Evaluate Submissions for the Pharmaceutical Benefits Advisory Committee	10/07/2009	28/05/2010	Direct Source	\$ 602,400.00
University of Technology, Sydney	To Review the Extended Medicare Safety Net	19/12/2008	9/04/2009	Open Source	\$ 84,807.00
University of Western Sydney	To Provide Expert Input into the Men's Health Policy Consultation Discussion Paper	28/10/2008	30/10/2008	Direct Source	\$ 10,000.00
University Physicians Inc	To Provide Advice & Guidance on the Development & Implementation of the Australian Nurse Family Partnership Program	29/01/2008	31/01/2011	Direct Source	\$ 975,622.73
UNSW Global Pty Ltd	To Provide Services Relating to the Location of a Facility for New Drug & Alcohol Services Provided by the Greater Southern Area Health Service	30/09/2008	30/06/2009	Direct Source	\$ 95,769.00
UNSW Global Pty Ltd	To Provide Services Relating to the Location of a Facility, Service Provision & Governance Structure for a Drug & Alcohol Service	16/12/2008	31/10/2009	Direct Source	\$ 92,105.00
Urbis Pty Ltd	To Conduct a Public Health Medical Officer Review	27/04/2009	30/06/2009	Select Source	\$ 70,603.30
Urbis Pty Ltd	To Conduct a Scoping Study on Assistive Technology for Frail Older People Living in the Community	1/07/2008	16/07/2008	Open Source	\$ 12,347.50
Urbis Pty Ltd	To Conduct a Scoping Study on Assistive Technology for Frail Older People Living in	1/04/2008	30/06/2008	Open Source	\$ 73,086.00

	the Community				
Urbis Pty Ltd	To Conduct an Evaluation of Workforce Information Policy Officers	21/11/2007	30/04/2008	Select Source	\$ 114,116.98
Urbis Pty Ltd	To Conduct Developmental Research for the Tobacco Social Marking Campaign	30/12/2009	30/06/2010	Open Source	\$ 550,000.00
Urbis Pty Ltd	To Conduct Stage 1 of the Evaluation of the Asthma Pilot Program	18/08/2009	30/06/2010	Open Source	\$ 236,597.90
Urbis Pty Ltd	To Develop a Framework for the Evaluation of the Rural Palliative Care Program	27/05/2009	30/06/2009	Open Source	\$ 63,919.00
Urbis Pty Ltd	To Develop a Monitoring & Evaluation Framework for the Indigenous Chronic Disease Pack	2/12/2009	29/06/2010	Open Source	\$ 368,935.00
Urbis Pty Ltd	To Evaluate Smoking Cessation Guidelines	29/06/2007	29/05/2008	Direct Source	\$ 240,291.00
Urbis Pty Ltd	To Evaluate the Asthma Management Program	13/10/2008	12/02/2009	Open Source	\$ 178,001.00
Urbis Pty Ltd	To Evaluate the Australian Indigenous HealthInfoNet Project	27/11/2008	6/03/2009	Open Source	\$ 54,804.00
Urbis Pty Ltd	To Evaluate the Employed Carer Innovative Pilot Relating to the National Respite for Carers Program	20/06/2006	30/06/2009	Direct Source	\$ 599,870.38
Urbis Pty Ltd	To Evaluate the Healthy for Life Program	9/01/2009	26/06/2009	Open Source	\$ 395,651.15
Urbis Pty Ltd	To Evaluate the National Aboriginal & Torres Strait Islander Nutrition Strategy & Action Plan	25/08/2009	15/02/2010	Open Source	\$ 109,916.40
Urbis Pty Ltd	To Evaluate the National Drug Strategy on Aboriginal & Torres Strait Islander People's Complementary Action Plan	14/07/2008	30/06/2009	Open Source	\$ 313,816.00
Urbis Pty Ltd	To Evaluate the National External Breast Prostheses Reimbursement Program	30/06/2009	16/09/2010	Open Source	\$ 170,872.92
Urbis Pty Ltd	To Evaluate the Quality & Use of Medicines Maximised for ATSI People Program	18/12/2007	30/06/2010	Open Source	\$ 549,362.00
Urbis Pty Ltd	To Provide a Risk Assessment Relating to Health Program Grants Review	24/10/2007	31/12/2007	Select Source	\$ 45,523.00

Urbis Pty Ltd	To Provide Drug & Alcohol Services in the New England Region	16/02/2009	30/06/2009	Open Source	\$ 147,963.00
Urbis Pty Ltd	To Review & Evaluate the 4 National Strategies on HIV/AIDS (2005-08)	2/12/2008	30/04/2009	Open Source	\$ 50,000.00
Urbis Pty Ltd	To Review & Evaluate the 4 National Strategies on HIV/AIDS (2005-08)	2/12/2008	30/04/2009	Open Source	\$ 101,525.74
UTAS Innovation Ltd	To Evaluate the Non-Government Organisation Treatment Grants Program	4/06/2008	30/10/2008	Direct Source	\$ 16,500.00
Utilities Holdings Pty Ltd	To Provide Services Relating to Bridgewater Aged Care	27/05/2008	15/08/2008	Direct Source	\$ 197,000.00
Valintus Pty Ltd	To Investigate & Report on General Practice Data Extraction & Analysis Tools	2/01/2008	31/03/2008	Select Source	\$ 163,966.00
Valintus Pty Ltd	To Provide Services Relating to the GP Data Extraction Analysis Investigation Report	18/07/2008	29/08/2008	Open Source	\$ 13,925.00
Victoria University	To Evaluate the National Continence Management Strategy	24/07/2007	30/07/2010	Open Source	\$ 860,838.00
Victorian Health Promotion Foundation	To Establish a National Agency for Illness Prevention & Health Promotion	6/08/2008	31/10/2008	Direct Source	\$ 10,700.00
VT Coach Pty Ltd	To Conduct a Structure & Governance Review of the Australian Sports Anti-Doping Authority	28/07/2008	30/09/2008	Direct Source	\$ 43,830.00
Wallace Mackinnon & Associates Pty Ltd	To Conduct a Financial Review	21/05/2008	31/07/2008	Direct Source	\$ 24,120.00
Wallace Mackinnon & Associates Pty Ltd	To Provide Financial & Business Advisory Services to the Eliza Purton Group of Providers	23/07/2009	30/09/2009	Direct Source	\$ 50,000.00
Wallace Mackinnon & Associates Pty Ltd	To Review Tasmanian Multi-Purpose Services	16/05/2008	19/09/2008	Direct Source	\$ 28,475.00
WalterTurnbull Pty Ltd	To Conduct a Financial Audit	8/10/2007	30/06/2008	Select Source	\$ 26,099.00
WalterTurnbull Pty Ltd	To Conduct a Financial Evaluation of Responses to RFP 057/0708	21/11/2007	30/06/2008	Select Source	\$ 28,463.00
WalterTurnbull Pty Ltd	To Conduct an Assessment on the Financial Viability for a Funding Round	19/06/2008	7/07/2008	Open Source	\$ 7,500.00

WalterTurnbull Pty Ltd	To Provide Financial, Budgetary, Risk Management & Audit Services	12/05/2008	30/06/2009	Open Source	\$ 60,000.00
WalterTurnbull Pty Ltd	To Provide Financial, Budgetary, Risk Management & Audit Services	12/01/2009	30/06/2009	Open Source	\$ 60,000.00
WalterTurnbull Pty Ltd	To Provide Probity Advice Relating to the Review & Market Testing of the Department's Office Services Arrangements	30/06/2007	18/02/2008	Open Source	\$ 13,200.00
WalterTurnbull Pty Ltd	To Provide Services Relating to the Darwin Radiation Oncology Service Tender	18/03/2007	30/06/2008	Select Source	\$ 27,221.36
Webb, Linda M T/A The Ellenelle Group	To Implement the 2008 Financial Review	1/09/2008	30/06/2009	Direct Source	\$ 292,500.00
Woolcott Research Pty Ltd	To Conduct a National Telephone Omnibus Survey to Examine Public Knowledge of Health Care & Reform	3/09/2009	30/09/2009	Direct Source	\$ 18,007.00
Woolcott Research Pty Ltd	To Conduct Concept Testing Research to Inform the Development of National Alcohol Campaign Materials	3/09/2007	30/06/2008	Select Source	\$ 321,860.00
Woolcott Research Pty Ltd	To Conduct Concept Testing Research to Inform the Development of National Binge Drinking Campaign Materials	11/11/2008	12/01/2009	Direct Source	\$ 26,662.50
Woolcott Research Pty Ltd	To Conduct Concept Testing Research to Inform the Development of National Binge Drinking Campaign Materials	15/10/2008	1/12/2008	Direct Source	\$ 51,025.00
Woolcott Research Pty Ltd	To Conduct Concept Testing Research to Inform the Development of National Binge Drinking Campaign Materials	14/07/2008	30/06/2009	Direct Source	\$ 328,790.00
Woolcott Research Pty Ltd	To Conduct Evaluation Research for the National STIs Program Campaign	11/08/2009	30/06/2010	Select Source	\$ 68,640.00
Woolcott Research Pty Ltd	To Conduct Qualitative & Quantitative Research for Health System Reform from Community Input	28/09/2009	31/12/2009	Select Source	\$ 315,216.00
Woolcott Research Pty Ltd	To Conduct Qualitative Research on	24/12/2008	30/04/2009	Select Source	\$ 246,730.00



	Breastfeeding				
XIP Pty Ltd	To Provide Pharmaceutical Patent Information & Associated Services	25/06/2009	28/06/2010	Direct Source	\$ 48,750.00
XXA (ACT) Pty Ltd	To Conduct Cost Recovery for the Listing of Medicines on the Pharmaceutical Benefits Scheme	13/03/2007	30/06/2008	Select Source	\$ 11,616.00
XXA (ACT) Pty Ltd	To Provide Services Relating to the Listing of Medicines on the Pharmaceutical Benefits Scheme	7/12/2006	30/06/2008	Select Source	\$ 35,414.50
Zed Business Management	To Conduct a Functional Analysis of Departmental Procurement Processes	8/11/2007	31/03/2008	Direct Source	\$ 87,440.00
Zed Business Management	To Review the Corporate Systems Section	1/08/2007	1/11/2007	Open Source	\$ 67,310.32

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-057

OUTCOME 0: Whole of Portfolio

Topic: PLANNED CONSULTANCIES FOR 2010

Written Question on Notice

Senator Barnett asked:

- a) How many consultancies are planned for this calendar year?
- b) Have these been published in your Annual Procurement Plan (AAP) on the AusTender website and if not why not? In each case please identify the subject matter, duration, cost and method of procurement (ie. Open tender, direct source, etc), and the name of consultant if known.

Answer:

- a) The Department of Health and Ageing's Annual Procurement Plan (APP) is published at the beginning of each financial year, identifying procurements that may be undertaken for the coming financial year. The Department updates its APP on a quarterly basis. As at 31 December 2009 (the date of the last update) the Department had identified 82 consultancies that were planned for the 2009-10 financial year.
- b) All 82 planned consultancies were published in the Department's APP on AusTender. A list of the Department's planned consultancies has been included at Attachment A.

Subject	Duration	Cost	Procurement Method	Consultant
Evaluation of activities under the Lifestyle Modification Program component of the Prevention of Type 2 Diabetes Program	Unknown	Unknown	Open Source	Unknown
Evaluation of COAG-Reducing the Risk of Type 2 Diabetes initiative	Unknown	Unknown	Open Source	Unknown
Evaluation of the Lifescrpts program	Unknown	Unknown	Open Source	Unknown
Evaluation of the Non Government Organisation Treatment Grants Program	Unknown	Unknown	Open Source	Unknown
Evaluation of the Tackling Smoking measure under the COAG National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes	Unknown	Unknown	Open Source	Unknown
Review of Graphic Health Warnings on tobacco product packaging – development and market testing of first stage options	Unknown	Unknown	Open Source	Unknown
Review of the ANEX Bulletin	Unknown	Unknown	Open Source	Unknown
Evaluate the impact of the National Bowel Cancer Screening Program on workforce and infrastructure capacity across Australia	Unknown	Unknown	Open Source	Unknown
Production of Indigenous adaptation of Get Set 4 Life Guide (subject to agreement)	Unknown	Unknown	Open Source	Unknown
Qualitative research to explore perceptions and experiences of people from Aboriginal and Torres Strait Islander (ATSI) and culturally and linguistically diverse (CALD) communities in relation to cancer screening programs	Unknown	Unknown	Open Source	Unknown
Renewal of the National Cervical Screening Program: Economic Evaluation/Science Project	Unknown	Unknown	Open Source	Unknown
Renewal of the National Cervical Screening Program: Quality Project	Unknown	Unknown	Open Source	Unknown
Renewal of the National Cervical Screening Program: Review of Register Arrangements	Unknown	Unknown	Open Source	Unknown
Provision of Panel of External Evaluation Services for Therapeutic Goods	Unknown	Unknown	Open Source	Unknown
Evaluation of the 4th Community Pharmacy Agreement Research and Development Program	Unknown	Unknown	Open Source	Unknown
Evaluation of the Dose Administration Aids and Patient Medication Profile Programs	Unknown	Unknown	Open Source	Unknown
Evaluation of the Hepatitis C Health Promotion Pilot Program	Unknown	Unknown	Open Source	Unknown
Evaluation of the Pandemic Influenza Program	Unknown	Unknown	Open Source	Unknown
Evaluation of the Practice Change Program	Unknown	Unknown	Open Source	Unknown
Evaluation of the risk Assessment for Diabetes Services	Unknown	Unknown	Open Source	Unknown
Independent quality assurance contractor	Unknown	Unknown	Open Source	Unknown
Review of the Pharmacy Location Rules under the Fourth Community Pharmacy Agreement	Unknown	Unknown	Open Source	Unknown
Rural and Indigenous Pharmacy Programs Review	Unknown	Unknown	Open Source	Unknown

Stoma Appliance Scheme Pricing Review	Unknown	Unknown	Open Source	Unknown
Advice to the Medical Benefits Review Task Group on the development and implementation of the MBS Quality Framework and policy options for diagnostic imaging and pathology	Unknown	Unknown	Open Source	Unknown
Analysis of current and future workforce requirements for medical laboratory scientists and technicians	Unknown	Unknown	Open Source	Unknown
Analysis of the implications of introducing the capital sensitivity 2009-10 Budget measure for diagnostic imaging equipment used for Medicare services	Unknown	Unknown	Open Source	Unknown
Establishment of a National Dosimetry Centre	Unknown	Unknown	Open Source	Unknown
Preparation of guidance material to assist practices participating in the Diagnostic Imaging Accreditation Scheme to meet the Scheme's standards	Unknown	Unknown	Open Source	Unknown
Provision of research services for the scanning of new and emerging health technologies (Horizon Scanning)	Unknown	Unknown	Open Source	Unknown
Development of an evaluation strategy based on performance indicators to monitor the implementation of the National Eye Health Framework	Unknown	Unknown	Open Source	Unknown
Evaluation of the Prudential Disclosure Standard	Unknown	Unknown	Open Source	Unknown
Review of Accreditation Standards and development of quality indicators for residential aged care	Unknown	Unknown	Open Source	Unknown
Evaluation of the Mental Health Nurse Incentive Program	Unknown	Unknown	Open Source	Unknown
Advise the Department on the National Policy Framework for after hours services and develop and cost delivery models	Unknown	Unknown	Open Source	Unknown
Development of an evaluation framework for the Maternity Services 2009-10 Budget reform package and consequential evaluation	Unknown	Unknown	Open Source	Unknown
Development of the National Maternity Services Plan	Unknown	Unknown	Open Source	Unknown
Evaluation of Australian Primary Care Collaboratives Program	Unknown	Unknown	Open Source	Unknown
Evaluation of the GP Super Clinic Program	Unknown	Unknown	Open Source	Unknown
Monitoring and evaluation for Closing the Gap: Increasing Specialist Follow Up Care	Unknown	Unknown	Open Source	Unknown
Panel for external legal advice on the National Health Call Centre Network	Unknown	Unknown	Open Source	Unknown
Financial Modelling and Analysis of the RFDS Program	Unknown	Unknown	Open Source	Unknown
Aboriginal and Torres Strait Islander Chronic Disease - Social Marketing Campaigns Developmental Market Research	Unknown	Unknown	Open Source	Unknown
Research exploring workforce recruitment to Aboriginal and Torres Strait Islander Sector	Unknown	Unknown	Open Source	Unknown

Aboriginal and Torres Strait Islander Health Performance Framework 2010 Report	Unknown	Unknown	Open Source	Unknown
Data collection for the Petrol Sniffing Prevention Program	Unknown	Unknown	Open Source	Unknown
Design and implementation of a web-based reporting tool for collection of health services delivery data	Unknown	Unknown	Open Source	Unknown
Develop Substance Use Program guidelines and provide advice to the Department on strategic directions for future development of the Substance Use Program	Unknown	Unknown	Open Source	Unknown
Development and delivery of a support and accredited training program for staff of OATSIH-funded services who are involved in data collection, reporting, storage and usage	Unknown	Unknown	Open Source	Unknown
Development of a model for fuel distribution subsidies for the delivery of Opal fuel	Unknown	Unknown	Open Source	Unknown
Development of an evaluation framework for the 1st year of program delivery for the Australian Nurse-Family Partnership Program and consequential evaluation	Unknown	Unknown	Open Source	Unknown
Development of public relations and creative materials for Opal fuel	Unknown	Unknown	Open Source	Unknown
Development Opal fuel storage option for Kalgoorlie, WA	Unknown	Unknown	Open Source	Unknown
Evaluation of the Establishing Quality Health Care budget measures	Unknown	Unknown	Open Source	Unknown
Review of current Patient Information Recall System systems and requirements of OATSIH-funded Indigenous health organisations	Unknown	Unknown	Open Source	Unknown
Review of the 2004-2009 Social and Emotional Wellbeing Framework	Unknown	Unknown	Open Source	Unknown
Update current software capacity to support private health insurance	Unknown	Unknown	Open Source	Unknown
The assessment of palliative care information material suitable for distribution to culturally and linguistically diverse people and the identification of gaps in information	Unknown	Unknown	Open Source	Unknown
The assessment of palliative care information material suitable for distribution to Indigenous Australians and the identification of gaps in information	Unknown	Unknown	Open Source	Unknown
The update of the National Palliative Care Strategy	Unknown	Unknown	Open Source	Unknown
Hand Hygiene Evaluation	Unknown	Unknown	Open Source	Unknown
Establish and manage an online clearing house to support information distribution and exchange under the Asthma Management Program 2009-10 to 2012-13	Unknown	Unknown	Open Source	Unknown
Engagement of expert(s) to provide high level Mental Health policy and data advice and support to the Mental Health and Chronic Disease Division and the Mental Health Branches	Unknown	Unknown	Open Source	Unknown

Evaluation of the effectiveness of the Australian Government mental health response to the Victorian bushfires	Unknown	Unknown	Open Source	Unknown
Evaluation of the Mental Health Services in Rural and Remote Areas Program	Unknown	Unknown	Open Source	Unknown
Communications/marketing activities for the International Recruitment Program	Unknown	Unknown	Open Source	Unknown
Development of a human resource strategy for Health Workforce Australia	Unknown	Unknown	Open Source	Unknown
Development of an Information and Communication Technology strategy for Health Workforce Australia	Unknown	Unknown	Open Source	Unknown
Development of branding and website design strategy for Health Workforce Australia	Unknown	Unknown	Open Source	Unknown
Development of financial management framework for Health Workforce Australia	Unknown	Unknown	Open Source	Unknown
Scoping exercise to examine the QLD Rural Generalist Pathway	Unknown	Unknown	Open Source	Unknown
Development of national Activity Base Funding infrastructure	Unknown	Unknown	Open Source	Unknown
Identification of the most suitable models of delivery of dental services to rural and regional Indigenous communities	Unknown	Unknown	Open Source	Unknown
Needs analysis and benchmarks on subacute care under the National Partnership Agreement on hospital and health workforce	Unknown	Unknown	Open Source	Unknown
State of Our Public Hospital report preparation	Unknown	Unknown	Open Source	Unknown
Financial analysis of the National Blood Arrangements	Unknown	Unknown	Open Source	Unknown
Market research illicit drugs in sport concepts	Unknown	Unknown	Open Source	Unknown
Fit out refurbishment, project, construction management, design for Brisbane office	Unknown	Unknown	Open Source	Unknown
Fit out refurbishment, project, construction management, design for Perth office	Unknown	Unknown	Open Source	Unknown
Legal Services Panel	Unknown	Unknown	Open Source	Unknown
Provision of services for the Annual Departmental Staff Survey	Unknown	Unknown	Open Source	Unknown
Revalidation of the procurement outsourcing strategy	Unknown	Unknown	Open Source	Unknown

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-224

OUTCOME 0 : Whole of Portfolio

Topic: STAFFING

Written Question on Notice

Senator FIERRAVANTI-WELLS asked:

- k) What is the total expenditure on staffing for the department and for all portfolio agencies?
- l) What is the SES and non-SES breakdown?

Answer:

- a) The total 2008-09 expenditure on staffing for the Department and for all portfolio agencies is at Table 1.
- b) The 2008-09 SES and non-SES breakdown of total expenditure on staffing is also at Table 1.

**Table 1**

<b>Health Portfolio Agency</b>	<b>Total Staff Expenditure 2008-09<sup>1, 2</sup></b>	<b>SES &amp; Equivalent Staff Expenditure 2008-09<sup>3</sup></b>	<b>Non SES Staff Expenditure 2008-09</b>
<b><u>FMA Agencies</u></b>			
Department of Health and Ageing	\$455,766,000	\$29,516,992	\$426,249,008
Australian Organ and Tissue Donation and Transplantation Authority	\$800,338	\$242,511	\$557,827
Australian Radiation Protection and Nuclear Safety Agency	\$14,383,206	\$1,290,192	\$13,093,014
Australian Sports Anti-Doping Authority	\$6,846,000	\$700,356	\$6,145,644
Cancer Australia	\$2,671,721	\$626,683	\$2,045,038
National Blood Authority	\$6,162,000	\$1,181,679	\$4,980,321
National Health and Medical Research Council	\$22,546,000	\$2,269,614	\$20,276,386
Private Health Insurance Ombudsman	\$842,260	\$222,792	\$619,468
Professional Services Review	\$2,728,120	\$544,579	\$2,183,541
<b><u>CAC Agencies</u></b>			
Aged Care Standards and Accreditation Agency	\$24,788,679	\$1,315,170	\$23,473,509
Australian Institute of Health and Welfare	\$21,833,484	\$1,393,512	\$20,439,972
Australian Sports Commission <sup>4</sup>	\$66,051,133	\$1,835,000	\$64,216,133
Food Standards Australia New Zealand	\$14,497,859	\$1,286,553	\$13,211,306
General Practice Education and Training	\$3,111,544	\$726,919	\$2,384,625
National Breast and Ovarian Cancer Centre	\$2,443,029	\$243,074	\$2,199,955
Private Health Insurance Administration Council	\$2,990,266	\$208,758	\$2,781,508
<b>Total</b>	<b>\$648,461,639</b>	<b>\$43,604,384</b>	<b>\$604,857,255</b>

**Notes:**

<sup>1</sup> Total staff expenditure amount is as reported in the audited 2008-09 Annual Financial Statements for each agency.

<sup>2</sup> Total staff expenditure amount excludes payments to Board of Directors for CAC Agencies.

<sup>3</sup> SES and Equivalent Staff expenditure includes Statutory Office Holders and Medical Officers classifications 5 & 6.

<sup>4</sup> Australian Sports Foundation (ASF) amounts are included with Australian Sports Commission as they employ all ASF staff.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-225

OUTCOME 0: Whole of Portfolio

Topic: SES STAFFING

Written Question on Notice

Senator FIERRAVANTI-WELLS asked:

- m) What are the current staffing levels for SES and non-SES officers?
- n) What is the breakdown by location?

Answer:

- a) The department has a total of 136 SES and 4,841 non-SES officers as at 31 January 2010.
- b) The table below provides the breakdown by location.

<b>Location</b>	<b>SES</b>	<b>Non-SES</b>	<b>Total Staff</b>
Australian Capital Territory	131	3,942	4,073
New South Wales	1	213	214
Victoria	1	209	210
Queensland	1	165	166
South Australia	1	96	97
Western Australia	1	107	108
Tasmania	-	45	45
Northern Territory	-	64	64
<b>Total</b>	<b>136</b>	<b>4,841</b>	<b>4,977</b>

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-232

OUTCOME 0: Whole of Portfolio

Topic: CONSULTANCIES

Written Question on Notice

Senator Fierravanti-Wells asked:

- o) How much has the department spent on consultancy services since November 2007?
- p) Please provide the rationale for the project, its intended use and for projects that have been completed and how the report and/or outcomes from the consultancy have been used by the Department. For each consultancy, indicate why the Department or its agencies could not have undertaken the work themselves?

Answer:

- a) The Department of Health and Ageing (including the National Industrial Chemicals Notification and Assessment Scheme, Office of the Gene Technology Regulator, and the Therapeutic Goods Administration) has spent \$84,593,685.40 between 1 November 2007 and 10 February 2010 on 1,164 separate consultancies.
- b) A full list of these consultancies has been provided at Attachment A and includes:
  - Consultant's Name;
  - Consultancy Rationale; and
  - Basis upon which an External Provider was Engaged.

The intended use for the outputs of all of the consultancies is to inform the development, implementation and/or review of programs and policies in order to ensure that the policy intent continues to be achieved.

277 external medical evaluation services contracts have been aggregated due to privacy issues relating to the *Freedom of Information Act 1982*. These issues pertain to the following clauses:

- Section 40(1)(a): Prejudice the effectiveness of procedures or methods for the conduct of tests, examinations or audits;
- Section 41(1): Documents containing personal information; and
- Section 43(1)(c)(i): Documents containing information that could adversely affect business if disclosed.

<b>Consultant's Name</b>	<b>Consultancy Rationale</b>	<b>Consultancy Reason</b>
20/20 Integrated Solutions Pty Ltd	To Provide Health Management Advisory & Mentoring Services & Corporate Governance Training on the North Coast	Skills Currently Unavailable within Agency
277 Aggregated Contracts	To Provide External Medical Evaluation Services	Need for Specialised or Professional Skills
Abbott, Peter James T/A Biosearch Consulting	To Provide Advice on Human Health Risks Relating to Chemicals Considered by National Industrial Chemicals Notification & Assessment Scheme	Need for Specialised or Professional Skills
Accenture Australia Holdings Pty Ltd	To Provide Documentation Relating to the Australian Government Information Management Office's Requirements for the Individual Electronic Health Record	Need for Independent Research or Assessment
Access Economics	To Provide Screening & Assessment Services to BreastScreen Australia	Need for Specialised or Professional Skills
Access Economics	To Conduct a Planning & Needs Analysis for the Strategic Location of Hearing Equipment	Need for Specialised or Professional Skills
Access Economics	To Conduct an Economic Evaluation of the National Bowel Screening Program	Need for Independent Research or Assessment
Access Economics	To Conduct a Literature Review Modelling Option for Chronic Disease & Workforce	Need for Specialised or Professional Skills
Access Economics	To Conduct an Evaluation of Breast Screen Australia	Need for Independent Research or Assessment
Allan Lindsay Black	To Conduct Lectures on International Chemicals Regulation & Risk Management Decisions	Need for Specialised or Professional Skills
Allan Lindsay Black	To Provide Services to the Office of Chemical Safety Relating to a Number of New & Existing Chemical Assessments	Need for Independent Research or Assessment
Allen & Clarke Policy & Regulation Specialists	To Evaluate the NT Emergency Response Child Health Check Initiative & Expanded Health Service Delivery Initiative	Need for Specialised or Professional Skills
Allen Consulting Group	To Conduct a Business Process Review	Need for Independent Research or Assessment
Allen Consulting Group	To Develop a Business Model for an Australian Clinical Dosimetry Centre	Need for Specialised or Professional Skills
Allen Consulting Group	To Develop Key Performance Indicators for the Home & Community Care Program	Skills Currently Unavailable within Agency
Allen Consulting Group	To Review the Training, Education & Accreditation Program for Radiation Oncology Medical Physicians	Need for Independent Research or Assessment
Allen Consulting Group	To Develop a National Breastfeeding Strategy	Need for Independent Research or Assessment
Allen Consulting Group Pty Ltd	To Review the Training for Procedural General Practitioners Program	Need for Specialised or Professional Skills
Alliance Consulting Group Pty Ltd	To Conduct a Review of the Scope of Security Guards	Need for Independent Research or Assessment
Alliance of NSW Division Ltd	To Review Program Delivery Options for Liverpool & Sydney South West Divisions of General Practice	Need for Specialised or Professional Skills
Alt, Marilyn T/A Alt Beatty Consulting	To Provide Services Relating to Mapping Health Quality	Need for Independent Research or Assessment
Alt, Marilyn T/A Alt Beatty Consulting	To Review Reporting Relating to the Extended Aged Care at Home & National Respite for Carers Programs	Need for Specialised or Professional Skills
Andrew H Singer	To Provide Advice on Emergency Services Provided at Mersey Community Hospital	Need for Specialised or Professional Skills
Aon Risk Services Australia Ltd	To Conduct an Asset Valuation	Need for Specialised or Professional Skills

Aon Risk Services Australia Ltd	To Provide an Independent Valuation of the Department's Non-Financial Assets	Need for Independent Research or Assessment
Aon Risk Services Australia Ltd	To Provide an Independent Valuation of the Department's Non-Financial Assets	Need for Independent Research or Assessment
Apis Consulting Group	To Provide Shortlisting Services for the "Encouraging Best Practice in Residential Aged Care" Funding Round	Need for Specialised or Professional Skills
Apis Consulting Group	To Develop a Workplan Guide to the Health Reform Agenda	Need for Specialised or Professional Skills
Apis Group Pty Ltd	To Review the Department's Budget Processes	Need for Independent Research or Assessment
Apis Group Pty Ltd	To Review Purchases & Procedures Relating to the Collection of Revenue	Need for Specialised or Professional Skills
Apis Group Pty Ltd	To Provide Shortlisting Services for the "Encouraging Best Practice in Residential Aged Care" Funding Round	Need for Specialised or Professional Skills
Apis Group Pty Ltd	To Develop a Project Plan for the Health Reform Taskforce	Need for Specialised or Professional Skills
Apis Group Pty Ltd	To Analyse Data Collected Through the Consultation Process of the Health Reform Taskforce	Need for Specialised or Professional Skills
Apis Group Pty Ltd	To Provide Expert Program Management Advice on eHealth Technology	Need for Specialised or Professional Skills
Applied Economics Pty Ltd	To Provide Advice on the Build, Testing & Implementation of a Community Pharmacy Remuneration Financial Model	Need for Specialised or Professional Skills
ARTD Pty Ltd	To Assess the Suitability of Lifescripts for Use by Allied Health Professionals	Need for Independent Research or Assessment
Ascent Consulting Pty Ltd	To Provide Advice & Facilitate Workshops on After Hours Policy Development	Need for Specialised or Professional Skills
Ascent Consulting Pty Ltd	To Conduct an Independent Assessment & Review of a Cost Technical Feasibility Submission	Need for Independent Research or Assessment
Ascent Consulting Pty Ltd	To Review the Cost Effectiveness of the Group Aboriginal Health Strategy for Central Highlands After Hours Medical Service Nurse Triage Services in Victoria	Need for Specialised or Professional Skills
Ascent Consulting Pty Ltd	To Review the Individual Electronic Health Record Business Case	Need for Specialised or Professional Skills
Associate Professor Danny Liew	To Conduct a Professional Assessment of Data for the National Drugs Schedule Committee	Need for Independent Research or Assessment
Australasian Society for HIV Medicine Inc	To Provide Conference Organisation Services for a National Aboriginal & Torres Strait Islander Sexual Health Promotion Workshop	Need for Specialised or Professional Skills
Australasian Society for HIV Medicine Inc	To Develop National Strategies for HIV, STI's, Viral Hepatitis & Aboriginal & Torres Strait Islander Sexual Health	Need for Specialised or Professional Skills
Australian Bone Marrow Donor Registry	To Provide Expert Advice on the Development of a National Reform Package	Need for Specialised or Professional Skills
Australian Drug Foundation Inc	To Provide an Education Package of Illicit Drugs Suitable for the Sporting Environment	Skills Currently Unavailable within Agency
Australian Drug Foundation Inc	To Provide an Education Package of Illicit Drugs Suitable for the Sporting Environment	Need for Specialised or Professional Skills
Australian Government Actuary	To Provide Advice Relating to the Department's DHL Storage Agreement	Need for Specialised or Professional Skills
Australian Government Solicitor	To Provide Legal Services	Skills Currently Unavailable within Agency
Australian Government	To Provide Legal Services	Skills Currently Unavailable within















Solicitor		Agency
Australian Government Solicitor	To Provide Legal Services	Skills Currently Unavailable within Agency
Australian Government Solicitor	To Provide Legal Services	Skills Currently Unavailable within Agency
Australian Government Solicitor	To Provide Legal Services	Skills Currently Unavailable within Agency
Australian Government Solicitor	To Provide Legal Services	Skills Currently Unavailable within Agency
Australian Government Solicitor	To Provide Legal Services	Skills Currently Unavailable within Agency
Australian Government Solicitor	To Provide Legal Services	Skills Currently Unavailable within Agency
Australian Government Solicitor	To Provide Legal Services	Skills Currently Unavailable within Agency
Australian Government Solicitor	To Provide Legal Services	Skills Currently Unavailable within Agency
Australian Government Solicitor	To Provide Legal Services	Skills Currently Unavailable within Agency
Australian Government Solicitor	To Provide Legal Services	Skills Currently Unavailable within Agency
Australian Government Solicitor	To Provide Legal Services	Skills Currently Unavailable within Agency
Australian Government Solicitor (SA)	To Provide Legal Services	Skills Currently Unavailable within Agency
Australian Healthcare & Hospitals Association	To Provide Support & Conduct Research on Hospitals of the Future	Need for Independent Research or Assessment
Australian Healthcare Associates Pty Ltd	To Develop a National Quality Reporting Framework for Community Care Programs	Need for Specialised or Professional Skills
Australian Healthcare Associates Pty Ltd	To Conduct Stage 1 of the Access Points QLD Mapping Project	Need for Independent Research or Assessment
Australian Healthcare Associates Pty Ltd	To Review Arrangements for S100 Drugs/Programs	Need for Independent Research or Assessment
Australian Healthcare Associates Pty Ltd	To Evaluate the Secure Aboriginal Medical Services Information System	Need for Specialised or Professional Skills
Australian Hearing Services	To Conduct Research into the Prevalence of Hearing Loss in Young People & their Risk Exposure to Noise	Need for Independent Research or Assessment
Australian Hearing Services	To Conduct Research to Establish a Profile of Noise Exposure for Younger People in the Community	Need for Independent Research or Assessment
Australian Indigenous Business Services Pty Ltd	To Conduct an External Review of the Healthy for Life Program	Need for Independent Research or Assessment
Australian Indigenous Business Services Pty Ltd	To Provide Financial Administration & Advisory Services for Birpi Aboriginal Corporation Medical Centre	Need for Specialised or Professional Skills
Australian Indigenous Business Services Pty Ltd	To Provide Health Management Advisory Services	Need for Specialised or Professional Skills
Australian Indigenous Business Services Pty Ltd	To Provide Financial Management Services	Need for Specialised or Professional Skills
Australian Indigenous Business Services Pty Ltd	To Provide a Financial Administration & Health Management Advisor for Thubbo Aboriginal Medical Cooperative	Need for Specialised or Professional Skills
Australian Institute of Health & Welfare	To Provide Services Relating to the Home & Community Care Minimum Data Set Annual Bulletin 2006-07	Skills Currently Unavailable within Agency
Australian Institute of Health & Welfare	To Analyse, Validate & Provide Data for the State of Our Public Hospitals 2008 Report	Need for Independent Research or Assessment

Australian Institute of Health & Welfare	To Identify Headline Indicators for Child Health & Develop the Wellbeing Project	Need for Specialised or Professional Skills
Australian Institute of Health & Welfare	To Develop a Men's Health Bulletin	Need for Specialised or Professional Skills
Australian National University - University House	To Conduct Research into the Prevalence & Incidence of Violence in General Practice	Need for Independent Research or Assessment
Australian Rural Health Education Network Ltd	To Evaluate the Responsible Sale of Solvents Project for Darwin/Palmerston, NT	Need for Independent Research or Assessment
Australia's Health Pty Ltd	To Conduct a National Evaluation of the Building Health Communities Program	Need for Specialised or Professional Skills
Avanade Australia Pty Ltd	To Review the Active Directory Design & Implementation Processes	Skills Currently Unavailable within Agency
Banscott Health Consulting Pty Ltd	To Provide Advice Relating to Health Technology Assessments	Need for Specialised or Professional Skills
Banscott Health Consulting Pty Ltd	To Provide Policy Advice on Acute Care Funding	Need for Specialised or Professional Skills
Banscott Health Consulting Pty Ltd	To Provide Advice Relating to the Business Objectives of Primary & Ambulatory Care Division	Need for Specialised or Professional Skills
Banscott Health Consulting Pty Ltd	To Provide Advice Relating to the Business Objectives of Primary & Ambulatory Care Division	Need for Specialised or Professional Skills
Banscott Health Consulting Pty Ltd	To Provide Advice Relating to the Business Objectives of Primary & Ambulatory Care Division	Need for Specialised or Professional Skills
Barbara Schmidt & Associates Pty Ltd	To Conduct a Change Management Consultancy Project to Transition to Community Control	Need for Specialised or Professional Skills
Basso Newman & Co	To Conduct an Audit	Need for Specialised or Professional Skills
Batt, Neil Leonard Charles	To Provide an Interim Advisory Committee Chairperson for Mersey Community Hospital	Need for Specialised or Professional Skills
Belgiovane Williams Mackay Pty Ltd	To Provide Services Relating to the Illicit Drugs User Tender Process	Need for Independent Research or Assessment
Bethwaite, Francis M	To Review National Food Regulatory Systems	Need for Independent Research or Assessment
Blue Moon Unit Trust	To Conduct Pre-Campaign Omnibus Research Relating to the National Eye Health Public Education Campaign	Need for Independent Research or Assessment
Blue Moon Unit Trust	To Evaluate the Human Papilloma Virus Vaccination Program's Marketing Campaign	Skills Currently Unavailable within Agency
Blue Moon Unit Trust	To Undertake Post-Campaign Tracking Research	Need for Independent Research or Assessment
Blue Moon Unit Trust	To Provide Advice to the Australian Better Health Initiative Measure Up Campaign	Skills Currently Unavailable within Agency
Blue Moon Unit Trust	To Conduct Research into the Patterns of Use & Harms Associated with Methamphetamine Users in Australia	Need for Independent Research or Assessment
Blue Moon Unit Trust	To Conduct Concept Testing Research for the National Eye Health Initiative Campaign	Need for Independent Research or Assessment
Blue Moon Unit Trust	To Conduct a Participation Qualitative Research Study for BreastScreen Australia	Need for Specialised or Professional Skills
Blue Moon Unit Trust	To Conduct Concept Testing Research for Stage 1 of Illicit Drug Use Campaign	Need for Independent Research or Assessment
Blue Moon Unit Trust	To Conduct Concept Testing Research for a Sexual Health Campaign	Need for Independent Research or Assessment
Blue Moon Unit Trust	To Conduct Concept Testing Research for Stage 2 of Illicit Drug Use Targeting Methamphetamine Users	Need for Specialised or Professional Skills

Blue Moon Unit Trust	To Evaluate Phase 1 of the Australian Better Health Initiative Social Marketing Campaign	Need for Specialised or Professional Skills
Booz Allen Hamilton (Australia) Ltd	To Develop an IT Strategy to Guide the Future Sourcing of Information & Communications Technology	Skills Currently Unavailable within Agency
Booz Allen Hamilton (Australia) Ltd	To Develop an IT Strategy to Guide the Future Sourcing of Information & Communications Technology	Skills Currently Unavailable within Agency
Booz Allen Hamilton (Australia) Ltd	To Develop an IT Strategy to Guide the Future Sourcing of Information & Communications Technology	Skills Currently Unavailable within Agency
Booz Allen Hamilton (Australia) Ltd	To Review the Future Sourcing of IT	Skills Currently Unavailable within Agency
Booz Allen Hamilton (Australia) Ltd	To Develop an IT Strategy to Guide the Future Sourcing of Information & Communications Technology	Skills Currently Unavailable within Agency
Bowchung Pty Ltd	To Provide Business Management Services to Ilpurla Aboriginal Corporation	Need for Independent Research or Assessment
Brooke-Taylor & Co Pty Ltd	To Investigate the Implementation of the Priority Existing Chemical Assessments	Skills Currently Unavailable within Agency
Buckingham & Associates Pty Ltd	To Provide Services Relating to National Mental Health Data & Reporting 2009-10	Need for Specialised or Professional Skills
Business Mapping Solutions Pty Ltd	To Provide a Funds Administrator to the Gumbi Gumbi Aboriginal & Torres Strait Islanders Corporation	Need for Specialised or Professional Skills
Business Mapping Solutions Pty Ltd	To Provide Financial Administration & Advisory Services to Ferdy's Haven Alcohol Rehabilitation Corporation	Need for Specialised or Professional Skills
Business Mapping Solutions Pty Ltd	To Provide Funds Administration Services to TAIHS Ltd	Need for Specialised or Professional Skills
Business Mapping Solutions Pty Ltd	To Provide a Funds Administrator to the Gumbi Gumbi Aboriginal & Torres Strait Islanders Corporation	Need for Specialised or Professional Skills
C3 Business Solutions Pty Ltd	To Develop an Information Management Strategy	Skills Currently Unavailable within Agency
Caesar, Sybil Claire	To Conduct Program Planning & Needs Analysis for Remote Health Services Development Branch	Need for Independent Research or Assessment
Campbell Research & Consulting Pty Ltd	To Evaluate the Medication Review Accreditation Incentives Program	Need for Independent Research or Assessment
Campbell Research & Consulting Pty Ltd	To Evaluate the Public Access Defibrillation Demonstration Project	Need for Independent Research or Assessment
Campbell Research & Consulting Pty Ltd	To Evaluate the Quality Assurance for Aboriginal Medical Services Program	Need for Specialised or Professional Skills
Campbell Research & Consulting Pty Ltd	To Review the Medicare Benefit Schedule Items	Need for Independent Research or Assessment
Campbell Research & Consulting Pty Ltd	To Develop the National Maternity Services Plan	Need for Specialised or Professional Skills
Campbell Research & Consulting Pty Ltd	To Evaluate the Low Regulatory Concern Chemical Reform Initiatives	Need for Independent Research or Assessment
Campbell Research & Consulting Pty Ltd	To Conduct a Lapsing Program Review of the National Respite for Carers Program	Need for Specialised or Professional Skills
Campbell Research & Consulting Pty Ltd	To Provide Services Relating to the Home Medicines Review Program	Need for Independent Research or Assessment
Campbell Research & Consulting Pty Ltd	To Evaluate the Residential Medication Management Program	Need for Independent Research or Assessment
Carroll Communications Pty Ltd	To Evaluate the National Binge Drinking Campaign	Need for Specialised or Professional Skills

Carroll Communications Pty Ltd	To Conduct Population Health Market Research	Need for Specialised or Professional Skills
Carroll Communications Pty Ltd	To Provide Services Relating to the Illicit Drug Use Campaign	Need for Specialised or Professional Skills
Carroll Communications Pty Ltd	To Conduct Market Research & Develop, Implement & Evaluate a Social Marketing Campaign	Skills Currently Unavailable within Agency
Centre for International Economics	To Conduct an Analysis Relating to the Regulatory Impact Statement for Internet Advertising of Tobacco	Need for Independent Research or Assessment
Centre for Public Management	To Engage an Investigator to Undertake a Review of Actions	Skills Currently Unavailable within Agency
CGF Phoenix Pty Ltd	To Investigate an Alleged Breach of the APS Code of Conduct	Skills Currently Unavailable within Agency
Charles Darwin University	To Develop a Scoping Paper for the National Health & Hospitals Reform Commission	Need for Independent Research or Assessment
Claire Jackson	To Develop a Paper on Models of Primary Care	Need for Specialised or Professional Skills
Clayton Utz	To Provide Legal Services	Skills Currently Unavailable within Agency
Clayton Utz	To Provide Legal Services	Skills Currently Unavailable within Agency
Clayton Utz	To Provide Legal Services	Skills Currently Unavailable within Agency
Clayton Utz	To Provide Legal Services	Skills Currently Unavailable within Agency
Clayton Utz	To Provide Legal Services	Skills Currently Unavailable within Agency
Clayton Utz	To Provide Legal Services	Skills Currently Unavailable within Agency
Clayton Utz	To Provide Legal Services	Skills Currently Unavailable within Agency
Clayton Utz	To Provide Legal Services	Skills Currently Unavailable within Agency
Clayton Utz	To Provide Legal Services	Skills Currently Unavailable within Agency
Clayton Utz	To Provide Legal Services	Skills Currently Unavailable within Agency
Clayton Utz	To Provide Legal Services	Skills Currently Unavailable within Agency
Clayton Utz	To Provide Legal Services	Skills Currently Unavailable within Agency
Clayton Utz	To Provide Legal Services	Skills Currently Unavailable within Agency
Clayton Utz	To Provide Legal Services	Skills Currently Unavailable within Agency
Clayton Utz	To Provide Legal Services	Skills Currently Unavailable within Agency
Clayton Utz	To Provide Legal Services	Skills Currently Unavailable within Agency
Clayton Utz	To Provide Legal Services	Skills Currently Unavailable within Agency
Clayton Utz	To Provide Legal Services	Skills Currently Unavailable within Agency
Clayton Utz	To Provide Legal Services	Skills Currently Unavailable within Agency
Clayton Utz	To Provide Legal Services	Skills Currently Unavailable within Agency
Clayton Utz	To Provide Legal Services	Skills Currently Unavailable within Agency
Clayton Utz	To Provide Legal Services	Skills Currently Unavailable within Agency
Clayton Utz	To Provide Legal Services	Skills Currently Unavailable within Agency
Clayton Utz	To Provide Legal Services	Skills Currently Unavailable within Agency

Clayton Utz	To Provide Legal Services	Skills Currently Unavailable within Agency
Clayton Utz	To Provide Legal Services	Skills Currently Unavailable within Agency
Clayton Utz	To Provide Legal Services	Skills Currently Unavailable within Agency
Clayton Utz	To Provide Legal Services	Skills Currently Unavailable within Agency
Clayton Utz	To Provide Legal Services	Skills Currently Unavailable within Agency
Clayton Utz	To Provide Legal Services	Skills Currently Unavailable within Agency
Clayton Utz	To Provide Legal Services	Skills Currently Unavailable within Agency
Clayton Utz	To Provide Legal Services	Skills Currently Unavailable within Agency
Clayton Utz	To Provide Legal Services	Skills Currently Unavailable within Agency
Clayton Utz	To Provide Legal Services	Skills Currently Unavailable within Agency
Clayton Utz	To Provide Legal Services	Skills Currently Unavailable within Agency
Clayton Utz	To Provide Legal Services	Skills Currently Unavailable within Agency
Clayton Utz	To Provide Legal Services	Skills Currently Unavailable within Agency
Clayton Utz	To Provide Legal Services	Skills Currently Unavailable within Agency
Clayton Utz	To Provide Legal Services	Skills Currently Unavailable within Agency
Clayton Utz	To Provide Legal Services	Skills Currently Unavailable within Agency
Clayton Utz	To Provide Legal Services	Skills Currently Unavailable within Agency
Clayton Utz	To Provide Legal Services	Skills Currently Unavailable within Agency
Clayton Utz	To Provide Legal Services	Skills Currently Unavailable within Agency
Clayton Utz	To Provide Legal Services	Skills Currently Unavailable within Agency
Clayton Utz	To Provide Legal Services	Skills Currently Unavailable within Agency
Clayton Utz	To Provide Legal Services	Skills Currently Unavailable within Agency
Clayton Utz	To Provide Legal Services	Skills Currently Unavailable within Agency
Clayton Utz (VIC)	To Provide Legal Services	Skills Currently Unavailable within Agency
Clayton Utz (VIC)	To Provide Legal Services	Skills Currently Unavailable within Agency
Clemenger BBDO (Sydney) Pty Ltd T/A Clemenger BBDO	To Provide Services Relating to the Illicit Drugs User Tender Process	Need for Independent Research or Assessment
Coffey Projects (Australia) Pty Ltd	To Conduct Lease Negotiations	Need for Specialised or Professional Skills
Cogent Business Solutions Pty Ltd	To Review & Improve the Cost Effectiveness of the ASAP Clinic	Need for Specialised or Professional Skills

Communio Pty Ltd	To Provide Advice on Quality Improvement Approaches within the Alcohol & Other Drug Sector	Need for Specialised or Professional Skills
Communio Pty Ltd	To Provide an Improved Services Data Model	Need for Specialised or Professional Skills
Communio Pty Ltd	To Evaluate the Health Connect Program	Need for Independent Research or Assessment
Communio Pty Ltd	To Evaluate the Broadband for the Health Managed Health Networks Grants Program	Need for Independent Research or Assessment
Communio Pty Ltd	To Update the National Palliative Care Strategy	Need for Independent Research or Assessment
Consultants in Health Service Development (CHSD) Pty Ltd	To Develop an Options Paper for National Health & Hospitals Reform Commission in Governance Healthcare Provision in Australia	Need for Independent Research or Assessment
Consumers Health Forum of Australia Inc	To Conduct Consumer Consultations	Skills Currently Unavailable within Agency
Consumers Health Forum of Australia Inc	To Provide Consumer Participation Relating to the Review of Health Technology Assessment in Australia	Need for Independent Research or Assessment
Coote Practice Pty Ltd	To Provide Advice Relating to the GP Super Clinic Programs	Need for Independent Research or Assessment
Coote Practice Pty Ltd	To Provide Expert Medical Advice Relating to the Application Assessment Panels for the General Practice Super Clinics	Need for Specialised or Professional Skills
Coote Practice Pty Ltd	To Provide Expert Advice on Issues Relating to Expanding Settings for Medical Specialist Training	Need for Specialised or Professional Skills
Craze Lateral Solutions Pty Ltd	To Conduct a Scoping Study on National Mental Health Consumer Representation	Need for Independent Research or Assessment
Create Consulting Group Pty Ltd	To Conduct the Transforming the NT Primary Health Care System Workshop	Need for Specialised or Professional Skills
CSC Australia Pty Ltd	To Provide Planning & Costing Services Relating to eHealth Technology	Need for Specialised or Professional Skills
CSIRO	To Conduct Environmental Contaminants Research	Skills Currently Unavailable within Agency
Cultural Perspectives Pty Ltd	To Evaluate the Youth Wellbeing Program	Need for Specialised or Professional Skills
Cybertrust Australia Pty Ltd	To Review the IT Disaster Recovery Plan	Need for Specialised or Professional Skills
Datum Point Pty Ltd	To Provide Warehousing Advisory Services Relating to the National Medical Stockpile	Need for Specialised or Professional Skills
David William Lyle Webster	To Develop the National Reform Package on Organ & Tissue Donation	Need for Specialised or Professional Skills
David William Lyle Webster	To Conduct an Administrative Review of National Blood Arrangements	Need for Specialised or Professional Skills
David William Lyle Webster	To Conduct a Structure & Governance Review of the Australian Sports Anti-Doping Authority	Need for Specialised or Professional Skills
David William Lyle Webster	To Conduct Preliminary Work Prior to a Formal Administrative Review of National Blood Arrangements	Need for Independent Research or Assessment
David William Lyle Webster	To Provide Business Planning & Management Advice	Skills Currently Unavailable within Agency
Deacons	To Provide Legal Services	Skills Currently Unavailable within Agency
Deakin University	To Conduct a Review of the Stoma Appliance Scheme	Need for Specialised or Professional Skills
Deakin University	To Provide Health Technology Assessment & Research Support Services	Need for Independent Research or Assessment



Deeble, John Stewart	To Conduct Research on the Medical Benefits Scheme & Pharmaceutical Benefits Scheme Statistics Relating to Indigenous People	Need for Specialised or Professional Skills
Deloitte Growth Solutions Pty Ltd	To Provide Funds Administrator Services to Ilpurla Aboriginal Corporation	Need for Specialised or Professional Skills
Deloitte Touche Tohmatsu	To Provide Probity Advisory Services	Need for Independent Research or Assessment
Deloitte Touche Tohmatsu	To Provide Funds Administration Services to Puntukurnu Aboriginal Medical Service	Need for Independent Research or Assessment
Department of Education & Early Childhood Development VIC	To Provide Services Relating to the National Framework for Universal Child & Family Health Services	Need for Specialised or Professional Skills
Department of Health & Human Services (TAS)	To Conduct an Investigation into the Central Highlands Multi-Purpose Service	Need for Specialised or Professional Skills
Department of the Treasury	To Provide Advice on Long Service & Recreation Leave Liabilities	Need for Specialised or Professional Skills
Des Threlfall	To Provide Advice on Pharmaceutical Pricing Issues	Need for Specialised or Professional Skills
DH4 Pty Ltd	To Provide Advice Relating to Information Communications Technology & Information Management	Skills Currently Unavailable within Agency
Diabetes Australia Ltd	To Develop Clinical Practice Guidelines for Type II Diabetes	Need for Specialised or Professional Skills
Dialog Information Technology	To Review & Assess Reports for Managed Health Network Grants	Need for Specialised or Professional Skills
DLA Phillips Fox	To Provide Legal Services	Skills Currently Unavailable within Agency
DLA Phillips Fox	To Provide Legal Services	Skills Currently Unavailable within Agency
DLA Phillips Fox	To Provide Legal Services	Skills Currently Unavailable within Agency
DLA Phillips Fox	To Provide Legal Services	Skills Currently Unavailable within Agency
DLA Phillips Fox	To Provide Legal Services	Skills Currently Unavailable within Agency
DLA Phillips Fox	To Provide Legal Services	Skills Currently Unavailable within Agency
DLA Phillips Fox	To Provide Legal Services	Skills Currently Unavailable within Agency
DLA Phillips Fox	To Provide Legal Services	Skills Currently Unavailable within Agency
DLA Phillips Fox	To Provide Legal Services	Skills Currently Unavailable within Agency
DLA Phillips Fox	To Provide Legal Services	Need for Specialised or Professional Skills
DLA Phillips Fox	To Provide Legal Services	Skills Currently Unavailable within Agency
DLA Phillips Fox	To Provide Legal Services	Skills Currently Unavailable within Agency
DLA Phillips Fox	To Provide Legal Services	Skills Currently Unavailable within Agency
DLA Phillips Fox	To Provide Legal Services	Skills Currently Unavailable within Agency
DLA Phillips Fox	To Provide Legal Services	Skills Currently Unavailable within Agency
DLA Phillips Fox	To Provide Legal Services	Skills Currently Unavailable within Agency
DLA Phillips Fox	To Provide Legal Services	Skills Currently Unavailable within Agency

DLA Phillips Fox	To Provide Legal Services	Skills Currently Unavailable within Agency
DLA Phillips Fox	To Provide Legal Services	Skills Currently Unavailable within Agency
DLA Phillips Fox	To Provide Legal Services	Skills Currently Unavailable within Agency
DLA Phillips Fox	To Provide Legal Services	Skills Currently Unavailable within Agency
Doll Martin Associates Pty Ltd	To Develop User & Technical Requirements for the Web-Based Audit Module for Hand Hygiene Compliance	Need for Specialised or Professional Skills
Doll Martin Associates Pty Ltd	To Develop an Establishment Framework Conceptual Model	Need for Specialised or Professional Skills
Donald James St John	To Provide a Specialist Technical Adviser to the Tender Evaluation Committee Relating to Bowel Cancer	Need for Specialised or Professional Skills
Dr Andrew Child	To Provide Advice on Obstetric Services Provided at Mersey Community Hospital	Skills Currently Unavailable within Agency
DSI Consulting Pty Ltd	To Conduct Statistical Modelling of Socio-Economic Influences on Indigenous Health & Life Expectancy	Need for Specialised or Professional Skills
Dynamic Wisdom Pty Ltd	To Provide Services Relating to the Business Process Initiative for Community Programs	Need for Specialised or Professional Skills
Edith Cowan University	To Conduct Research to Establish the Effectiveness of a Health Based Fear Appeal to Prevent Hearing Loss	Need for Specialised or Professional Skills
Effective Change Pty Ltd	To Conduct a Clinical Review of the Bunurong Health Service & Primary Care Needs of Aboriginal & Torres Strait Islander People	Need for Independent Research or Assessment
Ekistica Pty Ltd T/A Cat Projects	To Conduct a Desktop Review of Existing Power, Water & Sewerage Services at Mutitjulu	Need for Specialised or Professional Skills
Emery, Christopher John T/A Kooya Consulting	To Provide Expert Advice to the Australian Organ & Tissue Donation & Transplantation Authority	Need for Specialised or Professional Skills
Ernst & Young	To Conduct a Review Relating to Price Disclosure Processes	Need for Independent Research or Assessment
Ernst & Young	To Conduct a Follow Up Business Review of Cancer Australia	Need for Independent Research or Assessment
Ernst & Young	To Conduct a Management Review of Cancer Australia	Skills Currently Unavailable within Agency
Ernst & Young	To Review & Implement Activity-Based Funding	Need for Specialised or Professional Skills
Ernst & Young	To Conduct a Review of Cardiovascular Disease Programs	Need for Independent Research or Assessment
Ernst & Young	To Evaluate the 2006-10 Better Arthritis & Osteoporosis Care Initiative	Need for Specialised or Professional Skills
E-Vis Pty Ltd	To Conduct a Scoping Study Relating to New Software for Online Registrations & New Clinical Assessments	Skills Currently Unavailable within Agency
Evolution Research Pty Ltd	To Review Guidelines & Develop a Performance Framework for the Assistance with Care & Housing for the Aged Program	Need for Specialised or Professional Skills
Evolution Research Pty Ltd	To Conduct Stage 2 of the Access Points SA Mapping Project	Need for Specialised or Professional Skills
Evolution Research Pty Ltd	To Develop & Provide Information Sessions Relating to the Extended Aged Care at Home Dementia Program	Need for Specialised or Professional Skills
Evolution Research Pty Ltd	To Conduct a Literature Review & Scoping Study on Leprosy Testing on Aboriginal Children	Need for Specialised or Professional Skills

Ewan Maxwell Morrison	To Provide Advice Relating to the Home & Community Care Information Management System & Key Performance Indicator Project	Need for Specialised or Professional Skills
Fianian Pty Led	To Provide Expert Advice Relating to the Implementation of the Expanded Settings for Specialist Training Program	Need for Specialised or Professional Skills
Flinders Consulting Pty Ltd	To Evaluate the Transition Care Program	Need for Independent Research or Assessment
Flinders University	To Evaluate the Benefits of Swimming Pools for the Ear Health of Indigenous Australians	Need for Independent Research or Assessment
Food Science Australia	To Provide Services Relating to the Links Between Human Food & Animal Surveillance	Need for Specialised or Professional Skills
Food Standards Australia New Zealand	To Conduct a Joint Hazard Assessment	Need for Specialised or Professional Skills
G J Wall & Associates	To Conduct Qualitative & Quantitative Research for the Diagnostic Imaging Accreditation Scheme	Need for Independent Research or Assessment
Gavin Anderson & Company (Australia) Ltd	To Conduct Research & a Scoping Study for a Hepatitis C Health Promotion Program	Need for Independent Research or Assessment
General Practice Network NT Ltd	To Provide a Regional Clinical Advisor	Need for Specialised or Professional Skills
Gevers Goddard-Jones Pty Ltd	To Conduct a Review of Wheatbelt Support Services (Wheatbelt GP Network)	Need for Independent Research or Assessment
Gevers Goddard-Jones Pty Ltd	To Conduct Stage 1 of the Access Points NT Mapping Project	Need for Specialised or Professional Skills
Gevers Goddard-Jones Pty Ltd	To Revise the Implementation of Community Care Common Standards & Common Arrangements	Need for Independent Research or Assessment
Gevers Goddard-Jones Pty Ltd	To Evaluate Dual Accreditation in the Aboriginal & Torres Strait Islander Community Health Sector	Need for Independent Research or Assessment
Gevers Goddard-Jones Pty Ltd	To Evaluate the NT Aboriginal & Torres Strait Islander Community Aged Care Workforce Development Initiatives	Need for Independent Research or Assessment
Gevers Goddard-Jones Pty Ltd	To Pilot the Draft Community Care Common Standards Supporting Documentation & Reporting Process	Need for Independent Research or Assessment
Gissings Investments Pty Ltd	To Provide Pharmacist Advice Relating to an Assessment of Statement of Financial Loss	Need for Specialised or Professional Skills
Golder Associates Pty Ltd	To Conduct Peer Review on National Health & Medical Research Review of Health Investigation Levels	Need for Specialised or Professional Skills
Graham Martin	To Provide Services Relating to the Implementation of the National Suicide Prevention Strategy	Need for Specialised or Professional Skills
Grass Roots Contracting	To Update the Agricultural Practices Compendium	Skills Currently Unavailable within Agency
Griffith University	To Provide a Principal Medical Advisor to the Mental Health & Workforce Division	Skills Currently Unavailable within Agency
Griffith University	To Evaluate Submissions for the Pharmaceutical Benefits Advisory Committee	Need for Specialised or Professional Skills
Grosvenor Management Consulting Pty Ltd	To Develop a Property Manager's Toolkit	Need for Specialised or Professional Skills
Growing Your Knowledge Pty Ltd	To Provide Services Relating to Possible Options for a National Stem Cell Bank	Need for Specialised or Professional Skills
GSB Consulting & Communications Pty Ltd	To Conduct a Literature Review	Need for Specialised or Professional Skills
GSB Consulting & Communications Pty Ltd	To Conduct a Paediatric Medicines Industry Scoping Study	Need for Specialised or Professional Skills

HBA Consulting	To Provide Independent Assessor Services in a Formal Performance Management Process	Skills Currently Unavailable within Agency
Health Informatics Society of Australia	To Review the Australian Health Informatics Workforce	Skills Currently Unavailable within Agency
Health Outcomes International Pty Ltd	To Review Innovative Health Services for Homeless Youth	Skills Currently Unavailable within Agency
Health Outcomes International Pty Ltd	To Provide Services Relating to the Design of Phase 3 of the Health Education Impact Questionnaire Project	Need for Specialised or Professional Skills
Health Outcomes International Pty Ltd	To Review Regulatory Framework Governing Solid Organs & Tissues	Skills Currently Unavailable within Agency
Health Outcomes International Pty Ltd	To Evaluate the Magnetic Resonance Imaging Mobile Unit Trial	Need for Independent Research or Assessment
Health Outcomes International Pty Ltd	To Review the Multicultural Mental Health Australia Project	Skills Currently Unavailable within Agency
Health Outcomes International Pty Ltd	To Evaluate the Health Education Impact Questionnaire Project	Need for Independent Research or Assessment
Health Outcomes International Pty Ltd	To Review the Quality Use of Diagnostic Imaging Program	Need for Specialised or Professional Skills
Health Outcomes International Pty Ltd	To Develop a Draft Evaluation Framework to Assess the Efficacy of the National Health Call Centre Network	Need for Specialised or Professional Skills
Health Outcomes International Pty Ltd	To Develop Recommendations for the Implementation & Operation of the National Eye & Tissue Network	Need for Specialised or Professional Skills
Health Outcomes International Pty Ltd	To Evaluate the Mental Health Support for Drought-Affected Communities Initiative	Need for Independent Research or Assessment
Health Outcomes International Pty Ltd	To Conduct a Scoping Study for the Development of Culturally Appropriate Mental Health Toolkit, for Non Medical Practitioners	Need for Specialised or Professional Skills
Health Outcomes International Pty Ltd	To Evaluate the Diabetes Medication Assistance Service Under the Diabetes Pilot Program	Need for Specialised or Professional Skills
Health Outcomes International Pty Ltd	To Evaluate the Dose Administration Aids & Patient Medication Profiling Programs	Need for Independent Research or Assessment
Health Policy Analysis Pty Ltd	To Provide Services Relating to the Health Performance Framework 2008 Report	Skills Currently Unavailable within Agency
Healthcare Management Advisors Pty Ltd	To Assess the Impact of the Collection & Recording of Pharmaceutical Benefit Scheme Under Co-Payment Prescription Data	Need for Independent Research or Assessment
Healthcare Management Advisors Pty Ltd	To Conduct Aboriginal & Torres Strait Islander Health Profiling & Benchmarking	Need for Specialised or Professional Skills
Healthcare Management Advisors Pty Ltd	To Review Pharmaceutical Benefits Scheme Arrangements to Residential Care Facilities & Private Hospitals	Need for Independent Research or Assessment
Healthcare Management Advisors Pty Ltd	To Evaluate the Australian Better Health Initiative	Need for Specialised or Professional Skills
Healthcare Planning & Evaluation	To Evaluate the Primary Health Care Evaluation & Development Strategy	Need for Independent Research or Assessment
Healthconsult Pty Ltd	To Review Current Arrangements for the Collection, Transfer & Reporting of Trachoma Data	Need for Specialised or Professional Skills
Healthconsult Pty Ltd	To Review the Supply, Demand & Use of Cord Blood in Australia	Skills Currently Unavailable within Agency
Healthconsult Pty Ltd	To Review the Radiation Oncology Workforce	Need for Independent Research or Assessment
Heathmore Pty Ltd	To Evaluate a Policy Analysis Project	Need for Specialised or Professional Skills

Horizon Research	To Develop the Concept for a Brochure & Poster Relating to National Physical Activity Recommendations for Children Aged 0-5	Need for Independent Research or Assessment
Horizon Research	To Conduct Qualitative Research for the Saving Lives in the Water DVD	Need for Independent Research or Assessment
Human Capital Alliance (International) Pty Ltd	To Audit the Preventive Health Workforce in Australia	Need for Independent Research or Assessment
Human Capital Alliance (International) Pty Ltd	To Conduct a Strategic Review of the National Centre for Immunisation Research & Surveillance	Need for Independent Research or Assessment
Ian Maxwell Braid	To Provide an Interim Advisory Committee Deputy Chairperson for Mersey Community Hospital	Need for Specialised or Professional Skills
Ian R Falconer T/A Ian R Falconer Water Quality Consultant	To Provide Expert Advice on Drinking Water Guidelines	Need for Specialised or Professional Skills
IMS Health Australia Pty Ltd	To Conduct an Economic Evaluation	Need for Independent Research or Assessment
Institute for Healthy Communities Australia Ltd	To Provide a Temporary Departmental Officer to Ampilatwatja Health Centre Aboriginal Corporation	Need for Specialised or Professional Skills
Institute for Healthy Communities Australia Ltd	To Provide a Funds Administrator & a Health Management Advisor to Ampilatiratja Health Centre Aboriginal Corporation	Need for Specialised or Professional Skills
Institute for Healthy Communities Australia Ltd	To Provide a Funds Administrator & a Health Management Advisor to Ampilatiratja Health Centre Aboriginal Corporation	Need for Specialised or Professional Skills
Interflu Pty Ltd	To Provide Expert & Informed Advice on the World Health Organization's Centre for Influenza	Skills Currently Unavailable within Agency
International Diabetes Institute	To Develop a Risk Assessment Tool for Identifying People at Risk of Developing Type II Diabetes	Need for Specialised or Professional Skills
Ipsos Public Affairs Pty Ltd	To Develop the Ready To Drink Module in the National Binge Drinking Campaign Evaluation	Need for Independent Research or Assessment
Ipsos Public Affairs Pty Ltd	To Conduct Phase II Concept Testing Research for the National Skin Cancer Awareness Campaign	Need for Independent Research or Assessment
Ipsos Public Affairs Pty Ltd	To Develop Benchmarking Surveys for the National Binge Drinking Campaign Evaluation	Need for Independent Research or Assessment
Ipsos Public Affairs Pty Ltd	To Conduct Concept Testing Research for a National Skin Cancer Awareness Campaign	Need for Independent Research or Assessment
Ipsos Public Affairs Pty Ltd	To Conduct a Survey for the National Binge Drinking Campaign	Need for Independent Research or Assessment
Ipsos Public Affairs Pty Ltd	To Conduct Evaluation Research for the National Skin Cancer Awareness Campaign	Need for Independent Research or Assessment
Ipsos Public Affairs Pty Ltd	To Evaluate the National Binge Drinking Campaign	Need for Independent Research or Assessment
Ipsos Public Affairs Pty Ltd	To Conduct Phase II Tracking Research for the National Skin Cancer Awareness Campaign	Need for Independent Research or Assessment
Ipsos Public Affairs Pty Ltd	To Conduct a Report on Public Health Value of the Disclosure of Cigarette Ingredients & Emission Data	Need for Specialised or Professional Skills
Ipsos Public Affairs Pty Ltd	To Conduct a Youth & Parent Evaluation Survey for the National Binge Drinking Evaluation	Need for Independent Research or Assessment
Ipsos Public Affairs Pty Ltd	To Conduct Research Relating to the Organ & Tissue Donation Community Awareness Campaign	Need for Independent Research or Assessment
Ipsos Public Affairs Pty Ltd	To Evaluate the National Smoke-Free Pregnancy Project	Need for Independent Research or Assessment
IT Newcom Pty Ltd	To Provide Information & Communications Technology Benchmarking Services	Need for Specialised or Professional Skills
IT Newcom Pty Ltd	To Provide Information & Communications Technology Benchmarking Services	Need for Specialised or Professional Skills

IT Newcom Pty Ltd	To Provide Information & Communications Technology Benchmarking Services	Need for Specialised or Professional Skills
IT Newcom Pty Ltd	To Provide Information & Communications Technology Benchmarking & Advisory Services	Skills Currently Unavailable within Agency
J Cornish & Associates Pty Ltd	To Provide Independent Aviation Advice Relating to the Royal Flying Doctor Service Aircraft Replacement Plan	Need for Specialised or Professional Skills
J Cornish & Associates Pty Ltd	To Provide Independent Aviation Advice to Assist the Development of the Royal Flying Doctor Service Funding Agreement	Need for Specialised or Professional Skills
J Cornish & Associates Pty Ltd	To Provide Independent Aviation Advice Relating to the Royal Flying Doctor Service	Need for Specialised or Professional Skills
Jacara Consulting	To Conduct a Review for the Carnarvon Medical Service Corporation	Need for Independent Research or Assessment
James Cook University	To Conduct Data Collection Relating to the East Kimberley Region to Coincide with the Rollout of Opal Fuel	Need for Independent Research or Assessment
James Cook University	To Evaluate the Impact of Opal Fuel	Need for Specialised or Professional Skills
Jamieson Foley	To Develop a Scoping Paper on Governance of the Australian Healthcare System	Need for Independent Research or Assessment
Jamieson Foley	To Develop a Scoping Paper on a Mixed Public/Private Health System for 2020	Need for Independent Research or Assessment
Jing Jing Li	To Conduct an External Evaluation Relating to Rescheduling Submissions & Substance Reviews	Need for Specialised or Professional Skills
John Humphreys	To Develop a Scoping Paper on Primary & Community Care	Need for Independent Research or Assessment
John McEwen	To Conduct an External Evaluation Relating to Rescheduling Submissions & Substance Reviews	Need for Specialised or Professional Skills
John Stewart Deeble	To Provide Advice on the Profiling & Benchmarking Project	Need for Specialised or Professional Skills
John Stewart Deeble	To Provide Advice on the Profiling & Benchmarking Project & Related Tasks	Need for Specialised or Professional Skills
John Wakerman	To Develop a Scoping Paper on Primary & Community Care	Need for Independent Research or Assessment
JTA International Pty Ltd	To Develop Dental Care Service Delivery Models for the NT	Skills Currently Unavailable within Agency
Judith Margaret Dwyer	To Develop an Options Paper for National Health & Hospital Reform Commission in Governance Healthcare Provision in Australia	Need for Independent Research or Assessment
KPMG	To Conduct CAAS Transitional Activities Relating to the Assessment of the 2008-09 End of Financial Year Position	Need for Specialised or Professional Skills
KPMG	To Provide Financial Advisory Services	Need for Specialised or Professional Skills
KPMG	To Conduct a Risk Assessment of Tenderers Relating to Professional Indemnity Insurance for Midwives	Need for Specialised or Professional Skills
KPMG	To Provide Policy Advice on Acute Care Funding Relating to Mersey Community Hospital	Need for Specialised or Professional Skills
KPMG	To Provide Financial Services Relating to the Continence Aids Assistance Scheme	Need for Specialised or Professional Skills
KPMG	To Conduct a Population-Based Analysis & Recommend Service Level Benchmarks for Subacute Care in Australia	Need for Specialised or Professional Skills
KPMG	To Conduct a Risk Assessment & Financial Evaluation for the Pharmaxis RFT	Need for Specialised or Professional Skills

KPMG	To Provide Actuarial Costings for Reform Options in Dental & Private Health Insurance	Skills Currently Unavailable within Agency
KPMG	To Review Pharmbiz	Need for Independent Research or Assessment
KPMG	To Provide Advice Relating to the Scope & Possible Location of Sentinel Sites	Need for Specialised or Professional Skills
KPMG	To Provide Independent Financial Advice	Need for Specialised or Professional Skills
KPMG	To Provide Expert Advice on Audit & Dispute Resolution Relating to Price Disclosure	Need for Specialised or Professional Skills
KPMG	To Provide Services Relating to the Continence Aids Assistance Scheme	Need for Specialised or Professional Skills
KPMG	To Review the Canterbury Multicultural Ageing & Disability Support Service	Need for Independent Research or Assessment
KPMG	To Review the Impact of the New Medicare Levy Surcharge Thresholds on Public Hospitals	Need for Specialised or Professional Skills
KPMG	To Review Key Performance Indicators Relating to the Rural & Remote General Practice Program	Need for Independent Research or Assessment
KPMG	To Provide Health Management Advisor Services to Dharah Gbinj Aboriginal Medical Services Aboriginal Corporation	Need for Specialised or Professional Skills
KPMG	To Provide Review Services to Carnarvon Medical Service Aboriginal Corporation	Skills Currently Unavailable within Agency
KPMG	To Provide Review Services Relating to National Hospital Cost Data Collection	Need for Specialised or Professional Skills
KPMG	To Map Dementia Service Pathways at a National & State/Territory Level	Need for Independent Research or Assessment
KPMG	To Provide Administrative Services Relating to the Business Analysis of the National Reference Library	Need for Specialised or Professional Skills
KPMG	To Conduct an Organisational Review of 5 Link Services in WA & TAS	Need for Specialised or Professional Skills
KPMG	To Evaluate the Competent Authority Pathway of Assessment for International Medical Graduates	Need for Independent Research or Assessment
KPMG	To Provide Independent Financial Services Relating to the Zero Real Interest Loans Initiative	Need for Independent Research or Assessment
KPMG	To Review the BreastScreen Australia Accreditation System	Need for Independent Research or Assessment
KPMG	To Assess the Capacity for Future Development of the Asthma Education Workforce in Australia	Need for Independent Research or Assessment
KPMG	To Evaluate the Better Access to Psychiatrists, Psychologists & GPs	Need for Independent Research or Assessment
KPMG	To Provide ePrescribing Advice on the Implementation of Electronic Prescribing & Dispensing of Medicines	Need for Independent Research or Assessment
KPMG	To Provide Due Diligence Services Relating to Mersey Community Hospital	Need for Specialised or Professional Skills
Kristine Battye Consulting Pty Ltd	To Scope Current Activities in Indigenous Hearing Health	Need for Specialised or Professional Skills
Kristine Battye Consulting Pty Ltd	To Develop a Report on Indigenous Primary Health Service Levels in Dubbo & Surrounding Communities	Need for Independent Research or Assessment
Kristine Battye Consulting Pty Ltd	To Develop Hub Services Models	Need for Independent Research or Assessment
Kristine Battye Consulting Pty Ltd	To Conduct Regional Health Service Planning for East Arnhem Land	Need for Specialised or Professional Skills
La Trobe University	To Evaluate the 3 National Research Centres of Excellence	Need for Specialised or Professional Skills

La Trobe University	To Review the Best Practice Model for Aged Care Services	Need for Specialised or Professional Skills
La Trobe University	To Conduct Research Relating to Improved Treatment Outcomes for People with Mental Health Problems	Need for Independent Research or Assessment
La Trobe University	To Conduct a National Evaluation of the Australian Government Dementia Health Priority Initiative	Need for Independent Research or Assessment
Laughing Mind Pty Ltd	To Review the Office for Aboriginal & Torres Strait Islander Health's Capital Works Program Delivery Model	Need for Specialised or Professional Skills
Leeden Associates Pty Ltd	To Provide Expert Advice on Pandemic (H1N1) 2009 Influenza	Need for Specialised or Professional Skills
Leeden Associates Pty Ltd	To Provide Expert Advice on Australia's Response/Preparedness to the Pandemic (H1N1) 2009 Influenza	Need for Specialised or Professional Skills
Lennon, Brett Anthony	To Provide Services Relating to Pharmaceutical Aids & Appliances	Need for Independent Research or Assessment
Lennon, Brett Anthony	To Conduct Contingency Planning	Need for Specialised or Professional Skills
Leo Burnett Pty Ltd	To Provide Services Relating to the Illicit Drugs User Tender Process	Need for Independent Research or Assessment
Lesley Russell	To Review Mental Health Initiatives Across Australian Jurisdictions	Need for Independent Research or Assessment
Lewis Troutman & Associates Pty Ltd	To Draft a Protocol Between the Department & Unions	Need for Specialised or Professional Skills
Lewis Troutman & Associates Pty Ltd	To Review Library Services	Skills Currently Unavailable within Agency
Little Oak Pty Ltd	To Provide Specialist Services	Need for Specialised or Professional Skills
Little Oak Pty Ltd	To Conduct Maintenance of the Primary & Ambulatory Care Division Network Information System	Need for Specialised or Professional Skills
Little Oak Pty Ltd	To Conduct Maintenance on the Primary & Ambulatory Care Division Network Information System	Need for Specialised or Professional Skills
Little Oak Pty Ltd	To Provide Technical Data Advice	Skills Currently Unavailable within Agency
Little Oak Pty Ltd	To Develop a Microsoft Office Access Database	Need for Specialised or Professional Skills
Little Oak Pty Ltd	To Design & Build a Network Information System	Skills Currently Unavailable within Agency
London School of Hygiene & Tropical Medicine	To Evaluate the Primary Health Care Research Evaluation & Development Strategy	Need for Independent Research or Assessment
M Love & D Toole & J S Wilson	To Investigate an Alleged Breach of the APS Code of Conduct	Skills Currently Unavailable within Agency
Mallesons Stephen Jaques	To Provide Legal Services	Skills Currently Unavailable within Agency
Mallesons Stephen Jaques	To Provide Legal Services	Skills Currently Unavailable within Agency
Mallesons Stephen Jaques	To Provide Legal Services	Skills Currently Unavailable within Agency
Mallesons Stephen Jaques	To Provide Legal Services	Skills Currently Unavailable within Agency
Mallesons Stephen Jaques	To Provide Legal Services	Skills Currently Unavailable within Agency
Mallesons Stephen Jaques	To Provide Legal Services	Skills Currently Unavailable within Agency



Mallesons Stephen Jaques	To Provide Legal Services	Skills Currently Unavailable within Agency
Mallesons Stephen Jaques	To Provide Legal Services	Skills Currently Unavailable within Agency
Mallesons Stephen Jaques	To Provide Legal Services	Skills Currently Unavailable within Agency
Mallesons Stephen Jaques	To Provide Legal Services	Skills Currently Unavailable within Agency
Mallesons Stephen Jaques	To Provide Legal Services	Skills Currently Unavailable within Agency
Mallesons Stephen Jaques	To Provide Legal Services	Skills Currently Unavailable within Agency
Mallesons Stephen Jaques	To Provide Legal Services	Skills Currently Unavailable within Agency
Mallesons Stephen Jaques	To Provide Legal Services	Skills Currently Unavailable within Agency
Mallesons Stephen Jaques	To Provide Legal Services	Skills Currently Unavailable within Agency
Mallesons Stephen Jaques	To Provide Legal Services	Skills Currently Unavailable within Agency
Mallesons Stephen Jaques	To Provide Legal Services	Skills Currently Unavailable within Agency
Mallesons Stephen Jaques	To Provide Legal Services	Skills Currently Unavailable within Agency
Mallesons Stephen Jaques	To Provide Legal Services	Skills Currently Unavailable within Agency
Mallesons Stephen Jaques	To Provide Legal Services	Skills Currently Unavailable within Agency
Mark Williams Management Pty Ltd	To Provide Expert Industry Advice Relating to the Community Service Obligation Funding Pool	Need for Specialised or Professional Skills
Mark Williams Management Pty Ltd	To Provide Expert Advice Relating to Community Service 5th Community Pharmacy Agreements	Need for Specialised or Professional Skills
Mary Dickie Issues Management Pty Ltd	To Provide Public Relations Services Relating to the Private Health Insurance Communications Campaign	Need for Specialised or Professional Skills
Matthews Pegg Consulting Pty Ltd	To Provide Assistance to Bethwaite	Need for Specialised or Professional Skills
Matthews Pegg Consulting Pty Ltd	To Develop a Consultation Research & Information Service for Proposed Changes to the Regulation of Disinfectants	Need for Specialised or Professional Skills
Matthews Pegg Consulting Pty Ltd	To Provide Advice & Assistance Relating to Amendments to National Industrial Chemicals Notification & Assessment Scheme Legislation	Need for Specialised or Professional Skills
McArthur Management Services (NSW) Ltd	To Facilitate Employee Conversations	Need for Specialised or Professional Skills
McArthur Management Services (SA) Pty Ltd	To Facilitate the 2009-10 Business Planning Process in Business Group	Need for Specialised or Professional Skills
McKinsey & Company	To Provide Advice & Analyse Critical Factors for Health Reform	Need for Specialised or Professional Skills
Menzies School of Health Research	To Prevent Hearing Loss Associated with Otitis Media with Perforation in Indigenous Children	Need for Independent Research or Assessment
Merit Partners Pty Ltd	To Provide Issues Management Relating to the Cessation of Commonwealth Funding to Karu Aboriginal Family Support Agency	Need for Independent Research or Assessment
Merrilyn Walton	To Review the Operation of the Aged Care Complaints Investigation Scheme	Need for Specialised or Professional Skills
Meryl Annette Stanton	To Provide Expert Advice on Organisational Psychology & Sit as a Member of the Therapeutic Goods Administration 21 Steering Committee	Need for Specialised or Professional Skills
Minter Ellison	To Provide Legal Services	Skills Currently Unavailable within

		Agency
Minter Ellison	To Provide Legal Services	Skills Currently Unavailable within Agency
Minter Ellison	To Provide Legal Services	Skills Currently Unavailable within Agency
Minter Ellison	To Provide Legal Services	Skills Currently Unavailable within Agency
Minter Ellison	To Provide Legal Services	Skills Currently Unavailable within Agency
Minter Ellison	To Provide Legal Services	Skills Currently Unavailable within Agency
Minter Ellison	To Provide Legal Services	Skills Currently Unavailable within Agency
Minter Ellison	To Provide Legal Services	Skills Currently Unavailable within Agency
Minter Ellison	To Provide Legal Services	Skills Currently Unavailable within Agency
Minter Ellison	To Provide Legal Services	Skills Currently Unavailable within Agency
Minter Ellison	To Provide Legal Services	Skills Currently Unavailable within Agency
Minter Ellison	To Provide Legal Services	Skills Currently Unavailable within Agency
Minter Ellison	To Provide Legal Services	Skills Currently Unavailable within Agency
Minter Ellison	To Provide Legal Services	Skills Currently Unavailable within Agency
Minter Ellison	To Provide Legal Services	Skills Currently Unavailable within Agency
Minter Ellison	To Provide Legal Services	Skills Currently Unavailable within Agency
Minter Ellison	To Provide Legal Services	Skills Currently Unavailable within Agency
Minter Ellison	To Provide Legal Services	Skills Currently Unavailable within Agency
Minter Ellison	To Provide Legal Services	Skills Currently Unavailable within Agency
Monash University	To Develop a Paper for the National Health & Hospitals Reform Commission	Need for Independent Research or Assessment
Monash University	To Provide Services Relating to the HIV Epidemiology Project	Skills Currently Unavailable within Agency
Monash University	To Evaluate Submissions for the Pharmaceutical Benefits Advisory Committee	Need for Specialised or Professional Skills
Monash University	To Evaluate Submissions for the Pharmaceutical Benefits Advisory Committee	Need for Specialised or Professional Skills
Monash University	To Conduct a Review by Collecting & Analysing Available Scientific Literature	Need for Specialised or Professional Skills
Morison Consulting Pty Ltd	To Attend Audit Committee Meetings	Need for Specialised or Professional Skills
Morison Consulting Pty Ltd	To Provide an Independent Member on Audit Committee	Need for Specialised or Professional Skills
MSR Consulting Pty Ltd	To Provide Expert Advice on the Analysis & Evaluation of Dermal Absorption Studies	Need for Specialised or Professional Skills
M-Tag Pty Ltd	To Provide Assessment & Research Related Services to the Medical Services Advisory Committee	Need for Specialised or Professional Skills
Naomi J Duncan	To Develop a Generic Board Induction & Operations Manual	Need for Specialised or Professional Skills
National Ageing Research Institute Inc	To Conduct Research into Consumer Information for the Community Aged Care Packages	Skills Currently Unavailable within Agency
National Ageing Research Institute Inc	To Review the Dementia Resource Guide	Skills Currently Unavailable within Agency
National Ageing Research Institute Inc	To Provide Consumer Information for Aged Care in the Community	Need for Specialised or Professional Skills

National Association of Testing Authorities Australia	To Trial Radiation Oncology Practice Standards Under the Better Access to Radiation Oncology Program	Need for Specialised or Professional Skills
National Breast & Ovarian Cancer Centre	To Investigate a Breastscreen Australia Ecological Study	Need for Specialised or Professional Skills
National Institute of Labour Studies Inc	To Evaluate the Better Access Initiative	Need for Independent Research or Assessment
Neill Buck & Associates Pty Ltd	To Conduct an Audit of Systems & Processes within the Treaties & Compliance Team	Skills Currently Unavailable within Agency
Nous Group Pty Ltd	To Facilitate Focus Groups to Inform People Strategy	Need for Specialised or Professional Skills
Nous Group Pty Ltd	To Evaluate the Breastscreen Australian Program	Need for Independent Research or Assessment
Oakton AA Services Pty Ltd	To Provide Services Relating to the Listing of Medicines on the Pharmaceutical Benefits Scheme	Need for Specialised or Professional Skills
Oakton AA Services Pty Ltd	To Provide Probity Advisory Services	Need for Specialised or Professional Skills
Oakton AA Services Pty Ltd	To Provide Financial Advice Relating to ITA 021/0708	Need for Independent Research or Assessment
Oakton AA Services Pty Ltd	To Conduct an Analysis of Financial & Related Matters for ITA021/0708	Need for Independent Research or Assessment
Oakton AA Services Pty Ltd	To Conduct Cost Recovery for the Listing of Medicines on the Pharmaceutical Benefits Scheme	Need for Specialised or Professional Skills
Oakton AA Services Pty Ltd	To Provide Services Relating to the Darwin Radiation Oncology Service Tender	Need for Independent Research or Assessment
Oakton AA Services Pty Ltd	To Provide Advice on Streamlining Financial Reporting Arrangements Relating to Divisions of General Practice	Need for Specialised or Professional Skills
Oakton AA Services Pty Ltd	To Develop a Grant Financial & Management Control Framework	Need for Specialised or Professional Skills
Oakton AA Services Pty Ltd	To Update a Costing Model, Fee Schedule & Cost Recovery Impact Statement	Need for Specialised or Professional Skills
Oakton AA Services Pty Ltd	To Provide Services Relating to the Invoice Scanning Feasibility Project	Need for Specialised or Professional Skills
Oakton AA Services Pty Ltd	To Facilitate & Analyse Business Group Activities & Functions	Skills Currently Unavailable within Agency
Oakton AA Services Pty Ltd	To Review the Program Management Information System Project	Need for Independent Research or Assessment
Oakton AA Services Pty Ltd	To Investigate Issues from the Program Management Information Initiative Review	Need for Specialised or Professional Skills
Oakton Services Pty Ltd	To Review the Therapeutic Goods Administration's eBusiness Services	Need for Specialised or Professional Skills
Oakton Services Pty Ltd	To Review Therapeutic Goods Administration's Financial Statements	Need for Specialised or Professional Skills
Oakton Services Pty Ltd	To Provide Expert Program Management Advice on eHealth Technology	Need for Specialised or Professional Skills
Ochre Health Pty Ltd	To Conduct an Organisational Review of Ilpurla Aboriginal Corporation	Need for Independent Research or Assessment
Ochre Health Pty Ltd	To Conduct a Clinical Review of Dhauwurd Wurrung Elderly & Community Health Services Inc	Need for Independent Research or Assessment
Office of the Privacy Commissioner	To Provide Advice on Privacy Issues	Need for Specialised or Professional Skills
Oliver Winder Pty Ltd	To Provide an Independent Member to the Audit Committee	Need for Specialised or Professional Skills
Oliver Winder Pty Ltd	To Provide Services to the Audit Committee	Skills Currently Unavailable within Agency

Oliver Winder Pty Ltd	To Chair the Department's Independent Audit Committee	Need for Specialised or Professional Skills
OOSW Consulting Pty Ltd	To Provide Strategic Management Advice Relating to the 2009/10 Accommodation Project	Need for Specialised or Professional Skills
Open Mind Research Group Holdings Pty Ltd	To Conduct Market Research Testing of Creative Concepts for the Illicit Drugs in Sport Program	Need for Specialised or Professional Skills
Orc Australia Pty Ltd	To Conduct Stage 1 of an Assessment of the Impact & Effectiveness of Diagnostic Imaging Accreditation Scheme	Need for Independent Research or Assessment
Orc Australia Pty Ltd	To Conduct Research to Inform the Development of Stage 2 of the Diagnostic Imaging Accreditation Scheme	Need for Independent Research or Assessment
Original Communications Pty Ltd	To Develop the Australian Health Pandemic Influenza Communication Strategy	Skills Currently Unavailable within Agency
Orima Research Pty Ltd	To Conduct a Client Survey	Need for Specialised or Professional Skills
Orima Research Pty Ltd	To Conduct Developmental Research Relating to Attracting More People to Work in Indigenous Health	Need for Independent Research or Assessment
Orygen Research Centre	To Adapt the Existing Mental Health First Aid Program into a Training Project	Skills Currently Unavailable within Agency
Osteoporosis Australia	To Conduct a Scoping Study for a Next Osteoporosis Fracture Prevention Project	Skills Currently Unavailable within Agency
Ott-Line Enterprises	To Assist the Development of a Project Plan on National Health Information Regulatory Framework for eHealth Branch	Need for Specialised or Professional Skills
Palm Consulting Pty Ltd	To Provide Review Assessment Services	Need for Specialised or Professional Skills
Parsons Brinckerhoff Australia Pty Ltd	To Provide Planning Services	Need for Specialised or Professional Skills
Paul Tridgell Pty Ltd	To Conduct Research & Review to Further Develop Matters Relating to the Long Term Health Plan for Australia	Need for Independent Research or Assessment
Peter James Abbott	To Provide Services Relating to the Drinking Water Guidelines	Need for Specialised or Professional Skills
Peter James Abbott	To Provide Advice, Mentoring & Reviewing of Toxicology Evaluation & Public Health Risk Assessment	Need for Specialised or Professional Skills
Phillip Jones & Associates Pty Ltd	To Evaluate Processes Relating to the National Bowel Cancer Screening Program	Need for Specialised or Professional Skills
Phillip Jones & Associates Pty Ltd	To Conduct an Audit Assessment of Funding Processes	Need for Independent Research or Assessment
Phillip Jones & Associates Pty Ltd	To Provide Advice on the Procedures, Guidelines, Functions & Structure of the Medical Services Advisory Council Committee Secretariat	Need for Independent Research or Assessment
Phillip Jones & Associates Pty Ltd	To Review the Distribution & Handling Processes of the National Bowel Cancer Screening Program	Skills Currently Unavailable within Agency
Phillip Jones & Associates Pty Ltd	To Provide Advice Relating to the Commonwealth Disaster Health Care Assistance Schemes	Need for Specialised or Professional Skills
Phillip Jones & Associates Pty Ltd	To Review the Medical Treatment Overseas Program	Need for Specialised or Professional Skills
Phillip Jones & Associates Pty Ltd	To Review the Current eHealth Strategy	Skills Currently Unavailable within Agency
Phillip Jones & Associates Pty Ltd	To Conduct an Audit Review of the 2009-10 Accommodation Project	Need for Specialised or Professional Skills
Porter Novelli Australia Pty Ltd	To Engage with Stakeholders Relating to eHealth Technology	Need for Specialised or Professional Skills

PPB Pty Ltd	To Provide Services Relating to Bridgewater Aged Care	Need for Specialised or Professional Skills
Pricewaterhouse Coopers	To Develop a National Planning Framework Relating to Community Care	Need for Specialised or Professional Skills
Pricewaterhouse Coopers	To Develop an ABC Process Map for the 8 Therapeutic Goods Administration Sectors	Need for Specialised or Professional Skills
Pricewaterhouse Coopers	To Evaluate eHealth Technology	Need for Independent Research or Assessment
Pricewaterhouse Coopers	To Provide Governance Model Options in eHealth Technology	Need for Independent Research or Assessment
Pricewaterhouse Coopers	To Provide Services Relating to the National Access Points Management Project	Need for Specialised or Professional Skills
Pricewaterhouse Coopers Actuarial Pty Ltd	To Review the Australian Refined Diagnosis Related Groups Classification System Development Process	Need for Independent Research or Assessment
Profmark Consulting Pty Ltd	To Conduct an Independent Legal Services Review	Need for Specialised or Professional Skills
PSND Consulting Pty Ltd	To Realign Services Under the Divisions of General Practice Program	Skills Currently Unavailable within Agency
Public Health Association of Australia Inc	To Provide Advice to the Preventative Health Taskforce & Provide Discussion Papers	Need for Independent Research or Assessment
QLD University of Technology	To Conduct Strategies to Support Drug & Alcohol Online Activities	Need for Independent Research or Assessment
Quality Improvement Council Ltd	To Develop the Indigenous Health Service Accreditation Framework	Need for Specialised or Professional Skills
Quantum Consulting Australia Pty Ltd	To Review the AAL Funeral Service	Need for Independent Research or Assessment
Redback Consulting Pty Ltd	To Conduct a Review of Leave Provision Postings	Need for Independent Research or Assessment
Redback Consulting Pty Ltd	To Implement Human Resource/Financial Leave Provisions into SAP Standard Methodology	Need for Independent Research or Assessment
Resolution Consulting Services Pty Ltd	To Provide Professional Costing Advice to Assist Business Group Division	Need for Specialised or Professional Skills
Resolution Consulting Services Pty Ltd	To Review Business Processes	Need for Independent Research or Assessment
Resolution Consulting Services Pty Ltd	To Provide Professional Costing Advice to Assist Business Group Division	Need for Specialised or Professional Skills
Resolution Consulting Services Pty Ltd	To Finalise Work on Carers Australia Reporting Mechanism	Need for Specialised or Professional Skills
Resolution Consulting Services Pty Ltd	To Review Business Operations within the Office of Chemical Safety	Need for Independent Research or Assessment
Resolution Consulting Services Pty Ltd	To Provide Financial Advice to Relating to the Implementation & Monitoring of the Royal Flying Doctor Service Funding Agreement	Need for Specialised or Professional Skills
Resolution Consulting Services Pty Ltd	To Review Business Processes	Need for Specialised or Professional Skills
Resolution Consulting Services Pty Ltd	To Provide Financial Services Relating to the Implementation & Monitoring of the Royal Flying Doctor Service	Need for Specialised or Professional Skills
Resolution Consulting Services Pty Ltd	To Conduct Financial Reporting	Need for Specialised or Professional Skills
Resolution Consulting Services Pty Ltd	To Provide Advice Relating to the Royal Flying Doctor Service Funding Agreement	Need for Specialised or Professional Skills
Resolution Consulting Services Pty Ltd	To Provide Economic & Financial Expertise & Advice Relating to the Royal Flying Doctor Service	Need for Specialised or Professional Skills
Resolution Consulting Services Pty Ltd	To Develop a Funding Agreement Relating to the Royal Flying Doctor Service	Need for Specialised or Professional Skills

Risk Management Partners Pty Ltd	To Provide Services to the Program Alignment Project Relating to the NSW Aged Care Complaints Investigation Scheme	Need for Specialised or Professional Skills
Robert Griew Pty Ltd	To Evaluate Research Reporting from the Blood Borne Virus & Sexually Transmitted Infections Sub-Committee	Skills Currently Unavailable within Agency
Robert Griew Pty Ltd	To Provide Services Relating to the Critical Success Factor in the Prevention of Chronic Disease Project	Skills Currently Unavailable within Agency
Robert Griew Pty Ltd	To Provide General Advice on Homes & Community Care Workforce Strategy Development	Need for Specialised or Professional Skills
Robert Griew Pty Ltd	To Conduct a Literature Review for the Office for Aboriginal & Torres Strait Islander Health	Need for Specialised or Professional Skills
Robert Griew Pty Ltd	To Review the Aboriginal & Torres Strait Islander Chronic Disease Project	Skills Currently Unavailable within Agency
Robert Griew Pty Ltd	To Develop Primary Health Care Service Models for Aboriginal & Torres Strait Islander People	Skills Currently Unavailable within Agency
Robin Hill Health Pty Ltd	To Provide Independent Financial Advice to Support the Implementation of the GP Super Clinics Initiative	Need for Specialised or Professional Skills
Robin Hill Health Pty Ltd	To Provide Technical Financial Advice Services for the GP Super Clinics Program	Need for Specialised or Professional Skills
Ronald G Harvey	To Provide Services Relating to the FIFA World Cup Bid Negotiation & Coordination	Need for Specialised or Professional Skills
Royal Australasian College of Surgeons	To Provide Health Technology Assessment & Research Support Services	Need for Independent Research or Assessment
Royal Australasian College of Surgeons	To Provide Research for the Reporting of Emerging Health Technologies	Need for Independent Research or Assessment
Royal Australasian College of Surgeons	To Provide Assessment & Research Related Services to the Medical Services Advisory Committee	Need for Specialised or Professional Skills
Royce (VIC) Pty Ltd	To Provide Issues Management & Communications Services	Need for Specialised or Professional Skills
Rural Doctors Association of Australia Ltd	To Provide Expert Advice to the Department & the Enhanced Medical Education Advisory Committee	Need for Specialised or Professional Skills
Russell Reynolds Associates Inc	To Provide Recruitment Advice Relating to the Appointment of a Chief Executive Officer for the Australian Radiation Protection & Nuclear Safety Authority	Skills Currently Unavailable within Agency
S G Baker & J J Barry & S M Bellchambers & M C Driessen & A R Grieves & S T Hammond & D L Hegarty & A W McDonald & S J Michelle & S W Myers & G O'Sullivan & S J Palic & A B Papps & V E Rae & others T/A WalterTurnbull	To Provide Financial Services & Advice Relating to the 34th Industry Government Consultative Committee Meeting	Need for Specialised or Professional Skills
S G Baker & J J Barry & S M Bellchambers & M C Driessen & A R Grieves & S T Hammond & D L Hegarty & A W McDonald & S J Michelle & S W Myers & G O'Sullivan & S J Palic & A B Papps & V E Rae & others T/A WalterTurnbull	To Provide Probity Advice Relating to Influenza A Vaccines	Need for Specialised or Professional Skills

S G Baker & J J Barry & S M Bellchambers & M C Driessen & A R Grieves & S T Hammond & D L Hegarty & A W McDonald & S J Michelle & S W Myers & G O'Sullivan & S J Palic & A B Papps & V E Rae & others T/A WalterTurnbull	To Conduct a Financial Review	Need for Specialised or Professional Skills
S G Baker & J J Barry & S M Bellchambers & M C Driessen & A R Grieves & S T Hammond & D L Hegarty & A W McDonald & S J Michelle & S W Myers & G O'Sullivan & S J Palic & A B Papps & V E Rae & others T/A WalterTurnbull	To Provide Financial Services, Audit, Advice & Support for National Industrial Chemical Notification & Assessment Scheme	Need for Specialised or Professional Skills
S G Baker & J J Barry & S M Bellchambers & M C Driessen & A R Grieves & S T Hammond & D L Hegarty & A W McDonald & S J Michelle & S W Myers & G O'Sullivan & S J Palic & A B Papps & V E Rae & others T/A WalterTurnbull	To Review the National Industrial Chemicals Notification & Assessment Scheme's Financial Report for the Year Ended 30 June 2009	Need for Specialised or Professional Skills
Schultz, Lancelot Franklin T/A LMS Consulting	To Provide Services Relating to the National Advisory Council on Mental Health Promotion & Prevention Priority Area	Skills Currently Unavailable within Agency
Schultz, Lancelot Franklin T/A LMS Consulting	To Provide Writing Services to the Preventive Health Taskforce	Skills Currently Unavailable within Agency
Shannon Consulting Services Trust	To Provide Mentoring & Support Services to the Board of Dharah Gibinj Aboriginal Medical Service	Need for Specialised or Professional Skills
Shannon Consulting Services Trust	To Provide Mentoring & Support Services to the Board of Dharah Gibinj Aboriginal Medical Service	Need for Specialised or Professional Skills
Shannon Consulting Services Trust	To Provide Clinical Services Transition Management Services Under the North Coast Regional Partnership Arrangement	Need for Specialised or Professional Skills
Siggins Miller Consultants Pty Ltd	To Develop an Options Paper on the Role of the Regional Eye Health Coordinator	Need for Specialised or Professional Skills
Siggins Miller Consultants Pty Ltd	To Develop the QLD Aboriginal & Torres Strait Islander Drug & Alcohol Services System	Need for Independent Research or Assessment
Siggins Miller Consultants Pty Ltd	To Evaluate & Monitor the National Drug Strategy 2004-09	Need for Independent Research or Assessment
Slater & Gordon Lawyers	To Provide Legal Services	Skills Currently Unavailable within Agency
SMS Consulting Group Ltd	To Provide an IT Project Manager & Business Analyst to Provide Assistance & Advice Relating to Community Pharmacy IT Projects	Skills Currently Unavailable within Agency
SMS Consulting Group Ltd	To Conduct a Review of Identity Management & Directory	Need for Specialised or Professional Skills
SMS Consulting Group Ltd	To Provide an IT Project Manager & Business Analyst to Provide Assistance & Advice Relating to Community Pharmacy IT Projects	Skills Currently Unavailable within Agency
SMS Consulting Group Ltd	To Provide Expert Information Technology Advice	Need for Specialised or Professional Skills

SMS Consulting Group Ltd	To Provide an IT Project Manager & Business Analyst for Community Pharmacy IT Projects	Skills Currently Unavailable within Agency
SMS Consulting Group Ltd	To Provide Advice Relating to Community Pharmacy IT Projects	Skills Currently Unavailable within Agency
South Australian Centre for Economic Studies	To Conduct a Cost-Benefit Analysis of Legislation to Mandate the Supply of Opal Fuel	Need for Independent Research or Assessment
Southern Cross Computing Pty Ltd	To Conduct a Review of Leave Provision Postings	Need for Independent Research or Assessment
Southern Cross Computing Pty Ltd	To Implement Human Resource/Financial Leave Provisions into SAP Standard Methodology	Need for Independent Research or Assessment
Spencersmith & Associates Pty Ltd	To Examine Options for Inpatient Critical Care at Mersey Community Hospital	Skills Currently Unavailable within Agency
Spring Health Consulting	To Provide Technical Advice Relating to the Mersey Hospital Tender Evaluation	Need for Independent Research or Assessment
Stacombe Research & Planning Pty Ltd	To Conduct Developmental Research for the National Sexually Transmitted Infection Preventative Program	Skills Currently Unavailable within Agency
Stay Tuned Productions Pty Ltd	To Organise & Facilitate 2 Series of Focus Groups for the Health Technology Assessment Review	Skills Currently Unavailable within Agency
Stay Tuned Productions Pty Ltd	To Provide Services Relating to the NT Emergency Response	Need for Independent Research or Assessment
Stratsec.Net Pty Ltd	To Conduct a Threat & Risk Assessment for Proposed Additional Website Capacity	Skills Currently Unavailable within Agency
Stratsec.Net Pty Ltd	To Conduct Threat Risk Assessments of the Preferred Respondents to the Community Service	Need for Independent Research or Assessment
Stratsec.Net Pty Ltd	To Conduct a Threat Risk Assessment for the 4th Community Pharmacy Agreement IT System	Need for Specialised or Professional Skills
Success Works Pty Ltd	To Develop an Evaluation Framework for the National Health Call Centre Network	Need for Specialised or Professional Skills
Sybil Claire Caesar	To Conduct Planning & Develop Regulatory Reforms of Complementary Medicines Systems	Need for Specialised or Professional Skills
Sydney South West Area Health Services	To Provide Services Relating to the Darwin Radiation Oncology Service Tender	Need for Specialised or Professional Skills
Sydney South West Area Health Services	To Develop Standards Relating to the Lifestyle Modification Programs for People at Risk of Diabetes	Need for Independent Research or Assessment
Synergy Business Solutions	To Provide Financial Management Reporting Services to Population Health Division	Need for Independent Research or Assessment
Synergy Business Solutions	To Provide Technical Financial Advisory & Operational Services	Skills Currently Unavailable within Agency
Synergy Business Solutions	To Provide Financial Management & Reporting Assistance	Need for Specialised or Professional Skills
Synertec Pty Ltd	To Provide Technical Pharmaceutical Manufacturing Advice	Need for Independent Research or Assessment
Tarcus Pty Ltd	To Provide Change & Project Management Services Relating to the Financial Review Implementation	Need for Specialised or Professional Skills
Taylor Nelson Sofres Australia Pty Ltd	To Conduct a National Audit Relating to Petrol Sniffing, Communication Resources & Materials	Need for Specialised or Professional Skills
Templeton Galt Pty Ltd	To Provide Expert Advice on Australia's Response/Preparedness to the Pandemic (H1N1) 2009 Influenza	Need for Specialised or Professional Skills
The Adelaide Research & Innovation Investment Trust	To Conduct an External Evaluation of Submissions/Applications on behalf of National Drugs & Poisons Schedule Committee	Need for Independent Research or Assessment
The Adelaide Research & Innovation Investment	To Conduct an External Evaluation of Rescheduling Submissions & Substance Reviews	Need for Specialised or Professional Skills



Trust		
The Adelaide Research & Innovation Investment Trust	To update the Aboriginal & Torres Strait Islander Social Health Atlas	Need for Specialised or Professional Skills
The Adelaide Research & Innovation Investment Trust	To Conduct a Feasibility Study Relating to Predictions of NATSIHS Estimates at a Regional Level	Need for Specialised or Professional Skills
The Adelaide Research & Innovation Investment Trust	To Evaluate the Private Hospital Pilot of the Mental Health Nurse Incentive Program	Need for Independent Research or Assessment
The Adelaide Research & Innovation Investment Trust	To Conduct Vaccine Evaluations for the Pharmaceutical Benefits Advisory Committee	Need for Specialised or Professional Skills
The Adelaide Research & Innovation Investment Trust	To Evaluate Demonstration Sites for Day Respite in Residential Aged Care Facilities	Need for Independent Research or Assessment
The Adelaide Research & Innovation Investment Trust	To Provide Health Technology Assessment & Research Support Services	Need for Independent Research or Assessment
The Adelaide Research & Innovation Investment Trust	To Evaluate & Manage a Point of Care Testing Trial	Need for Specialised or Professional Skills
The Adelaide Research & Innovation Investment Trust	To Provide Assessment & Research Related Services to the Medical Services Advisory Committee	Need for Specialised or Professional Skills
The Adelaide Research & Innovation Investment Trust	To Provide Research for the Reporting of Emerging Health Technologies	Need for Independent Research or Assessment
The Adelaide Research & Innovation Investment Trust	To Evaluate Submissions for the Pharmaceutical Benefits Advisory Committee	Need for Specialised or Professional Skills
The Adelaide Research & Innovation Investment Trust	To Evaluate Submissions for the Pharmaceutical Benefits Advisory Committee	Need for Specialised or Professional Skills
The Campaign Palace Pty Ltd	To Provide Services Relating to the Illicit Drugs User Tender Process	Need for Independent Research or Assessment
The Open Mind Research Group	To Conduct Research into Consumer Views on Australian Government Community Aged Care Program	Need for Independent Research or Assessment
The Social Research Centre Pty Ltd	To Evaluate the Australian Better Health Initiative Measure Up Campaign	Need for Specialised or Professional Skills
The Social Research Centre Pty Ltd	To Evaluate Phase 3 of the National Drugs Campaign	Need for Independent Research or Assessment
The Social Research Centre Pty Ltd	To Conduct the 2007 National Tobacco Survey	Need for Independent Research or Assessment
The Social Research Centre Pty Ltd	To Conduct the Consumer Perspective Survey	Need for Specialised or Professional Skills
The Social Research Centre Pty Ltd	To Conduct Research & Provide a Report on the Findings of the 2008 National Tobacco Survey	Need for Independent Research or Assessment
The Social Research Centre Pty Ltd	To Evaluate Stages 1 & 2 of the Illicit Drug Use Targeting Young Methamphetamine Users	Need for Independent Research or Assessment
The Trustee for Anglesea Unit Trust	To Value Land & Building for the Mersey Community Hospital	Need for Specialised or Professional Skills
The Trustee for Apis Group Unit Trust T/A Apis Consulting	To Conduct an Analysis of Business Processes within the Office of Prescription Medicines	Need for Specialised or Professional Skills

The Trustee for Apis Group Unit Trust T/A Apis Consulting	To Conduct Project Management & Business Process Development Relating to the New Regulatory Framework for Human Cellular Therapy	Need for Specialised or Professional Skills
The Trustee for Apis Group Unit Trust T/A Apis Consulting	To Conduct Project Management & Business Process Development Relating to the New Regulatory Framework for Invitro Diagnostic Devices	Need for Specialised or Professional Skills
The Trustee for Birdanco Practice T/A RSM Bird Cameron	To Conduct an Audit of Risk Assessments in the Business Planning Process	Need for Independent Research or Assessment
The Trustee for the Apis Consulting Group Unit Trust	To Provide Services to Support the 2008 Departmental Financial Review	Need for Specialised or Professional Skills
The Trustee for the BMF Unit Trust T/A BMF Advertising	To Provide Services Relating to the Illicit Drugs User Tender Process	Need for Independent Research or Assessment
The Trustee for the Mathews Family	To Conduct a Review to Re-Examine & Update Australia's Bovine Spongiform Encephalopathy Policy	Skills Currently Unavailable within Agency
The University of Melbourne	To Design, Model & Evaluate the Chlamydia Pilot in General Practice	Need for Specialised or Professional Skills
The University of Newcastle	To Evaluate Submissions for the Pharmaceutical Benefits Advisory Committee	Need for Specialised or Professional Skills
The University of Newcastle	To Evaluate Submissions for the Pharmaceutical Benefits Advisory Committee	Need for Specialised or Professional Skills
The University of NSW	To Develop Evidence to Inform a National Syphilis Action Plan	Need for Independent Research or Assessment
The University of NSW	To Provide Services to the National Drug & Alcohol Research Centre Relating to Athletes & Illicit Drug Use	Need for Specialised or Professional Skills
The University of NSW	To Develop Self-Assessment Tools for GPs Relating to Information Management Maturity	Need for Specialised or Professional Skills
The University of Queensland	To Evaluate Submissions for the Pharmaceutical Benefits Advisory Committee	Need for Specialised or Professional Skills
The University of Sydney	To Develop a Paper for the National Health & Hospital Reform Commission on Primary Care	Need for Specialised or Professional Skills
The University of Sydney	To Review the Australian National Creutzfeldt-Jakob Disease Registry	Need for Specialised or Professional Skills
The University of Sydney	To Review the National Breastfeeding Indicators Report	Need for Independent Research or Assessment
The University of Sydney	To Conduct Research into International Use & Funding of Positron Emission Tomography Services	Need for Specialised or Professional Skills
The University of Sydney	To Provide Health Technology Assessment & Research Support Services	Need for Specialised or Professional Skills
The University of Sydney	To Provide Assessment & Research Related Services to the Medical Services Advisory Committee	Need for Specialised or Professional Skills
The University of Western Australia	To Provide Discussion Papers for Leading Primary & Community Care Thinkers in Australia	Need for Independent Research or Assessment
The University of Wollongong	To Develop & Implement an Evaluation Framework for the Asthma Management Program	Need for Independent Research or Assessment
The University of Wollongong	To Evaluate the Encouraging Best Practice in Residential Aged Care Program	Need for Independent Research or Assessment
The University of Wollongong	To Evaluate the Care Planning Sub-Program of the Local Palliative Care Grants Program	Skills Currently Unavailable within Agency
The University of Wollongong	To Conduct a National Evaluation Project in Residential Aged Care	Need for Independent Research or Assessment

Thomas Whayman & McCarthy	To Investigate an Alleged Breach of the APS Code of Conduct	Skills Currently Unavailable within Agency
Toxikos Pty Ltd	To Develop a Position Paper on the Relevance of Animal Models in Assessing Plant Toxicity	Need for Specialised or Professional Skills
Unity Consulting Pty Ltd	To Conduct a Procurement Review	Need for Specialised or Professional Skills
University of Canberra	To Provide Research Services	Need for Independent Research or Assessment
University of Melbourne	To Develop a Scoping Paper for the National Health & Nutrition Research Council	Need for Independent Research or Assessment
University of Melbourne	To Evaluate the Better Access Initiative	Need for Independent Research or Assessment
University of South Australia	To Provide a Scoping Paper for the National Health & Hospitals Reform Commission	Need for Independent Research or Assessment
University of Technology, Sydney	To Review the Extended Medicare Safety Net	Need for Independent Research or Assessment
University of Technology, Sydney	To Evaluate Submissions for the Pharmaceutical Benefits Advisory Committee	Need for Specialised or Professional Skills
University of Western Sydney	To Provide Expert Input into the Men's Health Policy Consultation Discussion Paper	Need for Specialised or Professional Skills
University Physicians Inc	To Provide Advice & Guidance on the Development & Implementation of the Australian Nurse Family Partnership Program	Need for Specialised or Professional Skills
UNSW Global Pty Ltd	To Provide Services Relating to the Location of a Facility, Service Provision & Governance Structure for a Drug & Alcohol Service	Need for Specialised or Professional Skills
UNSW Global Pty Ltd	To Provide Services Relating to the Location of a Facility for New Drug & Alcohol Services Provided by the Greater Southern Area Health Service	Need for Independent Research or Assessment
Urbis Pty Ltd	To Conduct a Scoping Study on Assistive Technology for Frail Older People Living in the Community	Need for Independent Research or Assessment
Urbis Pty Ltd	To Provide a Risk Assessment Relating to Health Program Grants Review	Need for Independent Research or Assessment
Urbis Pty Ltd	To Review & Evaluate the 4 National Strategies on HIV/AIDS (2005-08)	Need for Independent Research or Assessment
Urbis Pty Ltd	To Evaluate the Australian Indigenous HealthInfoNet Project	Need for Independent Research or Assessment
Urbis Pty Ltd	To Conduct Developmental Research for the Tobacco Social Marketing Campaign	Need for Independent Research or Assessment
Urbis Pty Ltd	To Evaluate the National Aboriginal & Torres Strait Islander Nutrition Strategy & Action Plan	Need for Independent Research or Assessment
Urbis Pty Ltd	To Develop a Framework for the Evaluation of the Rural Palliative Care Program	Need for Independent Research or Assessment
Urbis Pty Ltd	To Conduct a Public Health Medical Officer Review	Need for Independent Research or Assessment
Urbis Pty Ltd	To Evaluate the National External Breast Prosthesis Reimbursement Program	Need for Independent Research or Assessment
Urbis Pty Ltd	To Conduct a Scoping Study on Assistive Technology for Frail Older People Living in the Community	Need for Specialised or Professional Skills
Urbis Pty Ltd	To Review & Evaluate the 4 National Strategies on HIV/AIDS (2005-08)	Need for Independent Research or Assessment
Urbis Pty Ltd	To Develop a Monitoring & Evaluation Framework for the Indigenous Chronic Disease Pack	Need for Specialised or Professional Skills
Urbis Pty Ltd	To Conduct an Evaluation of Workforce Information Policy Officers	Need for Specialised or Professional Skills

Urbis Pty Ltd	To Conduct Stage 1 of the Evaluation of the Asthma Pilot Program	Need for Independent Research or Assessment
Urbis Pty Ltd	To Provide Drug & Alcohol Services in the New England Region	Need for Independent Research or Assessment
Urbis Pty Ltd	To Evaluate the Asthma Management Program	Need for Specialised or Professional Skills
Urbis Pty Ltd	To Evaluate Smoking Cessation Guidelines	Need for Independent Research or Assessment
Urbis Pty Ltd	To Evaluate the National Drug Strategy on Aboriginal & Torres Strait Islander People's Complementary Action Plan	Need for Independent Research or Assessment
Urbis Pty Ltd	To Evaluate the Quality & Use of Medicines Maximised for ATSI People Program	Need for Specialised or Professional Skills
Urbis Pty Ltd	To Evaluate the Employed Carer Innovative Pilot Relating to the National Respite for Carers Program	Skills Currently Unavailable within Agency
Urbis Pty Ltd	To Evaluate the Healthy for Life Program	Need for Independent Research or Assessment
UTAS Innovation Ltd	To Evaluate the Non-Government Organisation Treatment Grants Program	Skills Currently Unavailable within Agency
Utilities Holdings Pty Ltd	To Provide Services Relating to Bridgewater Aged Care	Need for Specialised or Professional Skills
Valintus Pty Ltd	To Provide Services Relating to the GP Data Extraction Analysis Investigation Report	Need for Specialised or Professional Skills
Valintus Pty Ltd	To Investigate & Report on General Practice Data Extraction & Analysis Tools	Skills Currently Unavailable within Agency
Victoria University	To Evaluate the National Continence Management Strategy	Need for Independent Research or Assessment
Victorian Health Promotion Foundation	To Establish a National Agency for Illness Prevention & Health Promotion	Need for Specialised or Professional Skills
VT Coach Pty Ltd	To Conduct a Structure & Governance Review of the Australian Sports Anti-Doping Authority	Need for Specialised or Professional Skills
Wallace Mackinnon & Associates Pty Ltd	To Conduct a Financial Review	Need for Independent Research or Assessment
Wallace Mackinnon & Associates Pty Ltd	To Review Tasmanian Multi-Purpose Services	Need for Independent Research or Assessment
Wallace Mackinnon & Associates Pty Ltd	To Provide Financial & Business Advisory Services to the Eliza Purton Group of Providers	Need for Specialised or Professional Skills
WalterTurnbull Pty Ltd	To Provide Services Relating to the Darwin Radiation Oncology Service Tender	Need for Specialised or Professional Skills
WalterTurnbull Pty Ltd	To Provide Probity Advice Relating to the Review & Market Testing of the Department's Office Services Arrangements	Need for Specialised or Professional Skills
WalterTurnbull Pty Ltd	To Conduct an Assessment on the Financial Viability for a Funding Round	Need for Specialised or Professional Skills
WalterTurnbull Pty Ltd	To Conduct a Financial Audit	Need for Independent Research or Assessment
WalterTurnbull Pty Ltd	To Conduct a Financial Evaluation of Responses to RFP 057/0708	Need for Specialised or Professional Skills
WalterTurnbull Pty Ltd	To Provide Financial, Budgetary, Risk Management & Audit Services	Need for Specialised or Professional Skills
WalterTurnbull Pty Ltd	To Provide Financial, Budgetary, Risk Management & Audit Services	Need for Specialised or Professional Skills
Webb, Linda M T/A The Ellenelle Group	To Implement the 2008 Financial Review	Need for Specialised or Professional Skills
Woolcott Research Pty Ltd	To Conduct Evaluation Research for the National STIs Program Campaign	Need for Independent Research or Assessment

Woolcott Research Pty Ltd	To Conduct a National Telephone Omnibus Survey to Examine Public Knowledge of Health Care & Reform	Need for Independent Research or Assessment
Woolcott Research Pty Ltd	To Conduct Concept Testing Research to Inform the Development of National Binge Drinking Campaign Materials	Need for Independent Research or Assessment
Woolcott Research Pty Ltd	To Conduct Concept Testing Research to Inform the Development of National Binge Drinking Campaign Materials	Need for Independent Research or Assessment
Woolcott Research Pty Ltd	To Conduct Qualitative Research on Breastfeeding	Need for Independent Research or Assessment
Woolcott Research Pty Ltd	To Conduct Qualitative & Quantitative Research for Health System Reform from Community Input	Need for Independent Research or Assessment
Woolcott Research Pty Ltd	To Conduct Concept Testing Research to Inform the Development of National Binge Drinking Campaign Materials	Need for Independent Research or Assessment
XIP Pty Ltd	To Provide Pharmaceutical Patent Information & Associated Services	Need for Specialised or Professional Skills
Zed Business Management	To Conduct a Functional Analysis of Departmental Procurement Processes	Need for Specialised or Professional Skills

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-233

OUTCOME 0: Whole of Portfolio

Topic: CONSULTANCIES

Written Question on Notice

Senator Fierravanti-Wells asked:

Please provide a complete list of current consultancy services. For each consultancy, please provide the rationale for the project and its intended use. For each consultancy, please indicate why the Department or its agencies could not have undertaken the work themselves?

Answer:

As at 10 February 2010, the Department of Health and Ageing (including the National Industrial Chemicals Notification and Assessment Scheme, Office of the Gene Technology Regulator, and the Therapeutic Goods Administration) has 202 current consultancies.

A full list of these consultancies has been provided at Attachment A and includes:

- Consultant's Name;
- Consultancy Rationale; and
- Basis upon which an External Provider was engaged.

The intended use for the outputs of all of the consultancies is to inform the development, implementation and/or review of programs and policies in order to ensure that the policy intent continues to be achieved.

48 external medical evaluation services contracts have been aggregated due to privacy issues relating to the *Freedom of Information Act 1982*. These issues pertain to the following clauses:

- Section 40(1)(a): Prejudice the effectiveness of procedures or methods for the conduct of tests, examinations or audits;
- Section 41(1): Documents containing personal information; and
- Section 43(1)(c)(i): Documents containing information that could adversely affect business if disclosed.

<b>Consultant's Name</b>	<b>Consultancy Rationale</b>	<b>Consultancy Reason</b>
48 Aggregated Contracts	To Provide External Medical Evaluation Services	Need for Specialised or Professional Skills
Access Economics	To Conduct a Planning & Needs Analysis for the Strategic Location of Hearing Equipment	Need for Specialised or Professional Skills
Albert G Frauman Pty Ltd	To Conduct an External Evaluation of Submissions/Applications on Behalf of the National Drugs & Poisons Schedule Committee	Need for Specialised or Professional Skills
Allen & Clarke Policy & Regulation Specialists	To Evaluate the NT Emergency Response Child Health Check Initiative & Expanded Health Service Delivery Initiative	Need for Specialised or Professional Skills
Allen Consulting Group	To Review the Training, Education & Accreditation Program for Radiation Oncology Medical Physicians	Need for Independent Research or Assessment
Apis Group Pty Ltd	To Analyse Data Collected Through the Consultation Process of the Health Reform Taskforce	Need for Specialised or Professional Skills
Apis Group Pty Ltd	To Develop a Project Plan for the Health Reform Taskforce	Need for Specialised or Professional Skills
Ascent Consulting Pty Ltd	To Provide Advice on Potential Add-on Service Relating to the National Health Call Centre Network	Need for Specialised or Professional Skills
Associate Professor Danny Liew	To Conduct a Professional Assessment of Data for the National Drugs Schedule Committee	Need for Independent Research or Assessment
Australian Government Solicitor	To Provide Legal Services	Skills Currently Unavailable within Agency
Australian Government Solicitor	To Provide Legal Services	Skills Currently Unavailable within Agency
Australian Government Solicitor	To Provide Legal Services	Skills Currently Unavailable within Agency
Australian Government Solicitor	To Provide Legal Services	Skills Currently Unavailable within Agency
Australian Government Solicitor	To Provide Legal Services	Skills Currently Unavailable within Agency
Australian Government Solicitor	To Provide Legal Services	Skills Currently Unavailable within Agency
Australian Government Solicitor	To Provide Legal Services	Skills Currently Unavailable within Agency
Australian Government Solicitor	To Provide Legal Services	Skills Currently Unavailable within Agency
Australian Government Solicitor	To Provide Legal Services	Skills Currently Unavailable within Agency
Australian Government Solicitor	To Provide Legal Services	Skills Currently Unavailable within Agency
Australian Government Solicitor	To Provide Legal Services	Skills Currently Unavailable within Agency
Australian Government Solicitor	To Provide Legal Services	Skills Currently Unavailable within Agency
Australian Government Solicitor	To Provide Legal Services	Skills Currently Unavailable within Agency
Australian Government Solicitor	To Provide Legal Services	Skills Currently Unavailable within Agency
Australian Government Solicitor	To Provide Legal Services	Skills Currently Unavailable within Agency
Australian Government Solicitor	To Provide Legal Services	Skills Currently Unavailable within Agency
Australian Government Solicitor	To Provide Legal Services	Skills Currently Unavailable within Agency
Australian Government Solicitor	To Provide Legal Services	Skills Currently Unavailable within Agency
Australian Government Solicitor	To Provide Legal Services	Skills Currently Unavailable within Agency
Australian Government Solicitor	To Provide Legal Services	Skills Currently Unavailable within Agency
Australian Government Solicitor	To Provide Legal Services	Skills Currently Unavailable within Agency
Australian Government Solicitor	To Provide Legal Services	Skills Currently Unavailable within Agency
Australian Government Solicitor	To Provide Legal Services	Skills Currently Unavailable within Agency
Australian Government Solicitor	To Provide Legal Services	Skills Currently Unavailable within Agency
Australian Government Solicitor	To Provide Legal Services	Skills Currently Unavailable within Agency

Australian Government Solicitor	To Provide Legal Services	Skills Currently Unavailable within Agency
Australian Government Solicitor	To Provide Legal Services	Skills Currently Unavailable within Agency
Australian Healthcare Associates Pty Ltd	To Conduct a Case Study for the Mental Health Nurse Incentive Program	Need for Independent Research or Assessment
Australian Hearing Services	To Conduct Research into the Prevalence of Hearing Loss in Young People & their Risk Exposure to Noise	Need for Independent Research or Assessment
Australian Hearing Services	To Conduct Research to Establish a Profile of Noise Exposure for Younger People in the Community	Need for Independent Research or Assessment
Banscott Health Consulting Pty Ltd	To Provide Advice Relating to the Business Objectives of Primary & Ambulatory Care Division	Need for Specialised or Professional Skills
Bowchung Pty Ltd	To Provide Business Management Services to Ilpurla Aboriginal Corporation	Need for Independent Research or Assessment
Buckingham & Associates Pty Ltd	To Provide Services Relating to National Mental Health Data & Reporting 2009-10	Need for Specialised or Professional Skills
Business Mapping Solutions Pty Ltd	To Provide a Funds Administrator to the Gumbi Gumbi Aboriginal & Torres Strait Islanders Corporation	Need for Specialised or Professional Skills
Campbell Research & Consulting Pty	To Develop the National Maternity Services Plan	Need for Specialised or Professional Skills
Campbell Research & Consulting Pty	To Evaluate the Medication Review Accreditation Incentives Program	Need for Independent Research or Assessment
Campbell Research & Consulting Pty Ltd	To Evaluate the Residential Medication Management Program	Need for Independent Research or Assessment
Carroll Communications Pty Ltd	To Provide Services Relating to the Illicit Drug Use Campaign	Need for Specialised or Professional Skills
Clayton Utz	To Provide Legal Services	Skills Currently Unavailable within Agency
Clayton Utz	To Provide Legal Services	Skills Currently Unavailable within Agency
Clayton Utz (VIC)	To Provide Legal Services	Skills Currently Unavailable within Agency
Communio Pty Ltd	To Evaluate the Quality Care Pharmacy Program QMA & Change Management Programs	Skills Currently Unavailable within Agency
Communio Pty Ltd	To Update the National Palliative Care Strategy	Need for Independent Research or Assessment
Consumers Health Forum of Australia Inc	To Conduct Consumer Consultations	Skills Currently Unavailable within Agency
Coote Practice Pty Ltd	To Provide Expert Medical Advice Relating to the Application Assessment Panels for the General Practice Super Clinics	Need for Specialised or Professional Skills
Coote Practice Pty Ltd	To Provide Medical Expertise Regarding the Application for Funding for 5 Additional GP Super Clinic Sites	Need for Specialised or Professional Skills
Craze Lateral Solutions Pty Ltd	To Conduct a Scoping Study on National Mental Health Consumer Representation	Need for Independent Research or Assessment
Create Consulting Group Pty Ltd	To Conduct the Transforming the NT Primary Health Care System Workshop	Need for Specialised or Professional Skills
Deakin University	To Conduct a Review of the Stoma Appliance Scheme	Need for Specialised or Professional Skills
Deakin University	To Provide Health Technology Assessment & Research Support Services	Need for Independent Research or Assessment



Deloitte Touche Tohmatsu	To Develop an Information Management Strategy Framework	Need for Specialised or Professional Skills
Deloitte Touche Tohmatsu (VIC)	To Provide Expert Advice Relating to Business Case Drafting & Consultation	Need for Specialised or Professional Skills
DLA Phillips Fox	To Provide Legal Services	Skills Currently Unavailable within Agency
Edith Cowan University	To Conduct Research to Establish the Effectiveness of a Health Based Fear Appeal to Prevent Hearing Loss	Need for Specialised or Professional Skills
Environmental Risk Sciences	To Evaluate Toxicology Reviews of 51 Chemicals & Participate in a 2 Day Workshop	Need for Specialised or Professional Skills
Flinders University	To Evaluate the Benefits of Swimming Pools for the Ear Health of Indigenous Australians	Need for Independent Research or Assessment
Gevers Goddard-Jones Pty Ltd	To Evaluate the NT Aboriginal & Torres Strait Islander Community Aged Care Workforce Development Initiatives	Need for Independent Research or Assessment
Gevers Goddard-Jones Pty Ltd	To Revise the Implementation of Community Care Common Standards & Common Arrangements	Need for Independent Research or Assessment
Golder Associates Pty Ltd	To Conduct Peer Review on National Health & Medical Research Review of Health Investigation Levels	Need for Specialised or Professional Skills
Griffith University	To Evaluate Submissions for the Pharmaceutical Benefits Advisory Committee	Need for Specialised or Professional Skills
Health Outcomes International Pty Ltd	To Evaluate the Diabetes Medication Assistance Service Under the Diabetes Pilot Program	Need for Specialised or Professional Skills
Health Outcomes International Pty Ltd	To Evaluate the Dose Administration Aids & Patient Medication Profiling Programs	Need for Independent Research or Assessment
Health Outcomes International Pty Ltd	To Evaluate the Magnetic Resonance Imaging Mobile Unit Trial	Need for Independent Research or Assessment
Healthcare Management Advisors Pty Ltd	To Conduct Aboriginal & Torres Strait Islander Health Profiling & Benchmarking	Need for Specialised or Professional Skills
Healthcare Management Advisors Pty Ltd	To Evaluate the Australian Better Health Initiative	Need for Specialised or Professional Skills
Healthconsult Pty Ltd	To Review Current Arrangements for the Collection, Transfer & Reporting of Trachoma Data	Need for Specialised or Professional Skills
Human Capital Alliance (International) Pty Ltd	To Audit the Preventive Health Workforce in Australia	Need for Independent Research or Assessment
Ipsos Public Affairs Pty Ltd	To Develop the Ready To Drink Module in the National Binge Drinking Campaign Evaluation	Need for Independent Research or Assessment
Ipsos Public Affairs Pty Ltd	To Evaluate the National Binge Drinking Campaign	Need for Independent Research or Assessment
Ipsos Public Affairs Pty Ltd	To Evaluate the National Smoke-Free Pregnancy Project	Need for Independent Research or Assessment
Irving Consulting Pty Ltd	To Provide Services Relating to the Council of Australian Government & Health Reform Issues	Need for Specialised or Professional Skills
IT Newcom Pty Ltd	To Provide Services Relating to an Information & Communications Technology Sourcing Project	Need for Specialised or Professional Skills
J Cornish & Associates Pty Ltd	To Provide Independent Aviation Advice to Assist the Development of the Royal Flying Doctor Service Funding Agreement	Need for Specialised or Professional Skills
J G Service Pty Ltd	To Provide Construction Advice to the GP Super Clinic Program	Skills Currently Unavailable within Agency
Jing Jing Li	To Conduct an External Evaluation Relating to Rescheduling Submissions & Substance Reviews	Need for Specialised or Professional Skills

John McEwen	To Conduct an External Evaluation Relating to Rescheduling Submissions & Substance Reviews	Need for Specialised or Professional Skills
John Stewart Deeble	To Provide Advice on the Profiling & Benchmarking Project & Related Tasks	Need for Specialised or Professional Skills
JTA International Pty Ltd	To Develop Dental Care Service Delivery Models for the NT	Skills Currently Unavailable within Agency
KPMG	To Conduct a Population-Based Analysis & Recommend Service Level Benchmarks for Subacute Care in Australia	Need for Specialised or Professional Skills
KPMG	To Conduct a Risk Assessment & Financial Evaluation for the Pharmaxis RFT	Need for Specialised or Professional Skills
KPMG	To Conduct a Risk Assessment of Tenderers Relating to Professional Indemnity Insurance for Midwives	Need for Specialised or Professional Skills
KPMG	To Map Dementia Service Pathways at a National & State/Territory Level	Need for Independent Research or Assessment
KPMG	To Provide Financial Services Relating to the Continence Aids Assistance Scheme	Need for Specialised or Professional Skills
KPMG	To Review the Impact of the New Medicare Levy Surcharge Thresholds on Public Hospitals	Need for Specialised or Professional Skills
Kristine Battye Consulting Pty Ltd	To Scope Current Activities in Indigenous Hearing Health	Need for Specialised or Professional Skills
Little Oak Pty Ltd	To Conduct Maintenance of the Primary & Ambulatory Care Division Network Information System	Need for Specialised or Professional Skills
Mark Williams Management Pty Ltd	To Provide Expert Advice Relating to Community Service 5th Community Pharmacy Agreements	Need for Specialised or Professional Skills
Matthews Pegg Consulting Pty Ltd	To Develop a Consultation Research & Information Service for Proposed Changes to the Regulation of Disinfectants	Need for Specialised or Professional Skills
Menzies School of Health Research	To Prevent Hearing Loss Associated with Otitis Media with Perforation in Indigenous Children	Need for Independent Research or Assessment
Meryl Annette Stanton	To Provide Expert Advice on Organisational Psychology & Sit as a Member of the Therapeutic Goods Administration 21 Steering Committee	Need for Specialised or Professional Skills
Minter Ellison	To Provide Legal Services	Skills Currently Unavailable within Agency
Monash University	To Evaluate Submissions for the Pharmaceutical Benefits Advisory Committee	Need for Specialised or Professional Skills
Monash University	To Conduct a Review by Collecting & Analysing Available Scientific Literature	Need for Specialised or Professional Skills
Morison Consulting Pty Ltd	To Attend Audit Committee Meetings	Need for Specialised or Professional Skills
MSR Consulting Pty Ltd	To Provide Expert Advice on the Analysis & Evaluation of Dermal Absorption Studies	Need for Specialised or Professional Skills
M-Tag Pty Ltd	To Provide Assessment & Research Related Services to the Medical Services Advisory Committee	Need for Specialised or Professional Skills
National Association of Testing Authorities Australia	To Trial Radiation Oncology Practice Standards Under the Better Access to Radiation Oncology Program	Need for Specialised or Professional Skills
National Institute of Labour Studies Inc	To Evaluate the Better Access Initiative	Need for Independent Research or Assessment
Oakton Services Pty Ltd	To Provide Expert Program Management Advice on eHealth Technology	Need for Specialised or Professional Skills

Ochre Health Pty Ltd	To Conduct an Organisational Review of Ilpurla Aboriginal Corporation	Need for Independent Research or Assessment
Oliver Winder Pty Ltd	To Chair the Department's Independent Audit Committee	Need for Specialised or Professional Skills
OOSW Consulting Pty Ltd	To Provide Strategic Management Advice Relating to the 2009/10 Accommodation Project	Need for Specialised or Professional Skills
Original Communications Pty Ltd	To Provide Advice on an Indigenous Communications Plan	Need for Specialised or Professional Skills
Orima Research Pty Ltd	To Conduct Developmental Research Relating to Attracting More People to Work in Indigenous Health	Need for Independent Research or Assessment
Porter Novelli Australia Pty Ltd	To Engage with Stakeholders Relating to eHealth Technology	Need for Specialised or Professional Skills
Pricewaterhouse Coopers	To Evaluate the Mental Health Service in Rural & Remote Areas Program	Need for Independent Research or Assessment
Pricewaterhouse Coopers	To Identify the Impacts of Pharmaceutical Benefits Scheme Reform	Need for Independent Research or Assessment
Pricewaterhouse Coopers	To Review the Accreditation Standards for Residential Aged Care	Need for Independent Research or Assessment
Professor Hugh Taylor	To Provide Advice & Support to Review Funding Submissions for Trachoma Programs	Need for Specialised or Professional Skills
R G Parry T/A Chiarelli Healthcare	To Review the Content of the '1-in-3 Women Who Have Ever Had a Baby Wet Themselves' Book	Need for Specialised or Professional Skills
Redback Consulting Pty Ltd	To Implement Human Resource/Financial Leave Provisions into SAP Standard Methodology	Need for Independent Research or Assessment
Resolution Consulting Services Pty Ltd	To Finalise Work on Carers Australia Reporting Mechanism	Need for Specialised or Professional Skills
Resolution Consulting Services Pty Ltd	To Provide Financial Advice to Relating to the Implementation & Monitoring of the Royal Flying Doctor Service Funding Agreement	Need for Specialised or Professional Skills
Robin Hill Health Pty Ltd	To Provide Independent Financial Advice to Support the Implementation of the GP Super Clinics Initiative	Need for Specialised or Professional Skills
Robin Hill Health Pty Ltd	To Provide Technical Financial Advice Services for the GP Super Clinics Program	Need for Specialised or Professional Skills
Royal Australasian College of Surgeons	To Provide Assessment & Research Related Services to the Medical Services Advisory Committee	Need for Specialised or Professional Skills
Royal Australasian College of Surgeons	To Provide Health Technology Assessment & Research Support Services	Need for Independent Research or Assessment
S G Baker & J J Barry & S M Bellchambers & M C Driessen & A R Grieves & S T Hammond & D L Hegarty & A W McDonald & S J Michelle & S W Myers & G O'Sullivan & S J Palic & A B Papps & V E Rae & others T/A WalterTurnbull	To Provide Financial Services & Advice Relating to the 34th Industry Government Consultative Committee Meeting	Need for Specialised or Professional Skills
Schultz, Lancelot Franklin T/A LMS Consulting	To Provide Services Relating to the National Advisory Council on Mental Health Promotion & Prevention Priority Area	Skills Currently Unavailable within Agency
Schultz, Lancelot Franklin T/A LMS Consulting	To Provide Writing Services to the Preventive Health Taskforce	Skills Currently Unavailable within Agency
Siggins Miller Consultants Pty Ltd	To Develop a New National Strategic Framework for Rural & Remote Health	Need for Specialised or Professional Skills

Siggins Miller Consultants Pty Ltd	To Develop an Options Paper on the Role of the Regional Eye Health Coordinator	Need for Specialised or Professional Skills
SMS Consulting Group Ltd	To Provide Expert Information Technology Advice	Need for Specialised or Professional Skills
South Australian Centre for Economic Studies	To Conduct a Cost-Benefit Analysis of Legislation to Mandate the Supply of Opal Fuel	Need for Independent Research or Assessment
Southern Cross Computing Pty Ltd	To Implement Human Resource/Financial Leave Provisions into SAP Standard Methodology	Need for Independent Research or Assessment
Sybil Claire Caesar	To Conduct Planning & Develop Regulatory Reforms of Complementary Medicines Systems	Need for Specialised or Professional Skills
The Adelaide Research & Innovation Investment Trust	To Conduct an External Evaluation of Rescheduling Submissions & Substance Reviews	Need for Specialised or Professional Skills
The Adelaide Research & Innovation Investment Trust	To Conduct an External Evaluation of Submissions/Applications on behalf of National Drugs & Poisons Schedule Committee	Need for Independent Research or Assessment
The Adelaide Research & Innovation Investment Trust	To Evaluate Demonstration Sites for Day Respite in Residential Aged Care Facilities	Need for Independent Research or Assessment
The Adelaide Research & Innovation Investment Trust	To Evaluate Submissions for the Pharmaceutical Benefits Advisory Committee	Need for Specialised or Professional Skills
The Adelaide Research & Innovation Investment Trust	To Identify Projects for Dental Service Delivery to Indigenous People (Indigenous Mobile Dental Pilot)	Need for Independent Research or Assessment
The Adelaide Research & Innovation Investment Trust	To Provide Health Technology Assessment & Research Support Services	Need for Independent Research or Assessment
The Social Research Centre Pty Ltd	To Evaluate Stages 1 & 2 of the Illicit Drug Use Targeting Young Methamphetamine Users	Need for Independent Research or Assessment
The Social Research Centre Pty Ltd	To Evaluate the Australian Better Health Initiative Measure Up Campaign	Need for Specialised or Professional Skills
The Trustee for the Mathews Family	To Conduct a Review to Re-Examine & Update Australia's Bovine Spongiform Encephalopathy Policy	Skills Currently Unavailable within Agency
The University of Melbourne	To Design, Model & Evaluate the Chlamydia Pilot in General Practice	Need for Specialised or Professional Skills
The University of Newcastle	To Evaluate Submissions for the Pharmaceutical Benefits Advisory Committee	Need for Specialised or Professional Skills
The University of Sydney	To Provide Assessment & Research Related Services to the Medical Services Advisory Committee	Need for Specialised or Professional Skills
The University of Sydney	To Provide Health Technology Assessment & Research Support Services	Need for Specialised or Professional Skills
The University of Wollongong	To Conduct a National Evaluation Project in Residential Aged Care	Need for Independent Research or Assessment
The University of Wollongong	To Develop & Implement an Evaluation Framework for the Asthma Management Program	Need for Independent Research or Assessment
The University of Wollongong	To Evaluate the Encouraging Best Practice in Residential Aged Care Program	Need for Independent Research or Assessment
University of Melbourne	To Evaluate the Better Access Initiative	Need for Independent Research or Assessment
University of Technology, Sydney	To Evaluate Submissions for the Pharmaceutical Benefits Advisory Committee	Need for Specialised or Professional Skills
University Physicians Inc	To Provide Advice & Guidance on the Development & Implementation of the Australian Nurse Family Partnership Program	Need for Specialised or Professional Skills
Urbis Pty Ltd	To Conduct Developmental Research for the Tobacco Social Marking Campaign	Need for Independent Research or Assessment

Urbis Pty Ltd	To Conduct Stage 1 of the Evaluation of the Asthma Pilot Program	Need for Independent Research or Assessment
Urbis Pty Ltd	To Develop a Monitoring & Evaluation Framework for the Indigenous Chronic Disease Pack	Need for Specialised or Professional Skills
Urbis Pty Ltd	To Evaluate the National Aboriginal & Torres Strait Islander Nutrition Strategy & Action Plan	Need for Independent Research or Assessment
Urbis Pty Ltd	To Evaluate the National External Breast Prosthesis Reimbursement Program	Need for Independent Research or Assessment
Urbis Pty Ltd	To Evaluate the Quality & Use of Medicines Maximised for ATSI People Program	Need for Specialised or Professional Skills
Victoria University	To Evaluate the National Continence Management Strategy	Need for Independent Research or Assessment
Woolcott Research Pty Ltd	To Conduct Evaluation Research for the National STIs Program Campaign	Need for Independent Research or Assessment
XIP Pty Ltd	To Provide Pharmaceutical Patent Information & Associated Services	Need for Specialised or Professional Skills

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-235

OUTCOME 0: Whole of Portfolio

Topic: ADVERTISING AND MARKETING CONTRACTS

Senator Fierravanti-Wells asked:

Could the department provide a complete list of current contracts. Please provide the rationale for each service provided and its intended use?

Answer:

Refer Attachment A

## Attachment A - E10-235 – Advertising and Marketing Contracts

Name of current contract	Rationale for each service provided	Intended use
The Crisis Support Services (CSS) LIFE Communications contract	<p>The Crisis Support Services (CSS) LIFE Communications contract aims to promote the Living Is For Everyone (LIFE ) suite of resources to stakeholders to contribute to more effective suicide prevention activity in Australia, comprising:</p> <ul style="list-style-type: none"> <li>• LIFE: A Framework for Prevention of Suicide in Australia</li> <li>• Research and Evidence in Suicide Prevention</li> <li>• LIFE Fact Sheets</li> </ul> <p>It also aims to improve the effectiveness of suicide and self-harm prevention activities in Australia by providing access to the latest information and shared learnings from the National Suicide Prevention Strategy (NSPS) and other projects in prevention, intervention and postvention.</p>	<p>The objectives of this project are to provide stakeholders with: access to the LIFE suite of resources; the latest information, activities and resources in suicide prevention; a vehicle to contribute their learnings and draw on each other's expertise; and to facilitate clear and effective communication channels across a broad range of suicide prevention stakeholders in Australia. In addition to the livingisforeveryone.com.au website which includes live chats, discussion forums, online alerts, research and literature, the project disseminates print and electronic resources and hosts workshops and trade displays.</p>
The Better Access Consumer and Carer Brochure contract	<p>The Better Access Consumer and Carer Brochure contract is intended to provide consumers and carers with accessible information regarding the mental health services available under the Better Access initiative.</p>	<p>The Consumer and Carer Brochures were distributed to General Practitioners, Social Workers, Occupational Therapists, Psychologists, Psychiatrists and Stakeholder Organisations for distribution to consumers who have been assessed by a GP as having a mental disorder, and their carers, as required. Additional brochures are available to providers on request</p>
The Community Broadcasting Association of Australia's national suicide prevention project	<p>The Community Broadcasting Association of Australia's national suicide prevention project seeks to provide help-seeking and well-being messages to a wide and diverse network of communities nationally, reaching a large number of Indigenous communities, rural and remote communities, and culturally and linguistically diverse communities.</p>	<p>This project utilises both satellite and local radio broadcasting to provide delivery of suicide, mental health and well-being messages 24 hours a day through over 270 radio stations nationwide.</p> <p>The contract also enables community engagement in communities around Australia and the distribution of a monthly magazine and audio CD to promote suicide prevention, help-seeking behaviours and well-being to a large national audience.</p>

Name of current contract	Rationale for each service provided	Intended use
BMF Advertising Pty Limited	<p>The National Drugs Campaign <i>National Amphetamine-Type Stimulant (ATS) Strategy 2008-2011</i>, developed on behalf of the Ministerial Council on Drug Strategy (MCDS) consists of five priority areas for action which includes references to social marketing programs and targeted strategies to raise awareness of the risks associated with Amphetamine Type Stimulants.</p> <p>BMF Advertising was engaged in 2009 through a select tender process to develop creative advertising services.</p>	<p>To develop advertising materials, youth marketing elements and supporting collateral.</p> <p>Procurement complies with Australian Government Guidelines for Advertising Campaigns and is audited by ANAO.</p>
BMF Advertising Pty Limited	<p>Since the World Health Organization declared a pandemic of novel H1N1 influenza virus on 11 June 2009, Australia's Health Management Plan for Pandemic Influenza has actively guided a coordinated and measured response to the potential threat the virus poses to the Australian community.</p> <p>BMF Advertising was engaged in 2006 through a select tender process to provide creative advertising services.</p>	<p>To develop advertising materials and supporting collateral.</p> <p>Procurement complies with Australian Government Guidelines for Advertising Campaigns.</p>
Origin Communications	<p>Since the World Health Organization declared a pandemic of novel H1N1 influenza virus on 11 June 2009, Australia's Health Management Plan for Pandemic Influenza has actively guided a coordinated and measured response to the potential threat the virus poses to the Australian community.</p> <p>Origin Communications was engaged in 2006 through a select tender process to provide Indigenous Communications services in case of a pandemic.</p>	<p>To create Indigenous specific advertising and supporting collateral.</p> <p>Procurement complies with Australian Government Guidelines for Advertising Campaigns</p>



Name of current contract	Rationale for each service provided	Intended use
Haystac Positive Outcomes	<p>On 10 March 2008, the Prime Minister announced a new national strategy to address the binge drinking epidemic among young Australians. Binge drinking among young people is a community wide problem that demands a community wide response, including an emphasis on young people taking greater personal responsibility for their behaviour.</p> <p>Haystac Positive Outcomes (formerly Haystac Public Affairs) was appointed in 2008 as part of a select tender process, to extend the messages of the campaign using public relations activities, sponsorship and editorial strategies.</p>	To develop public relations activities for youth, parents and teachers.
Origin Communications	<p>On 10 March 2008, the Prime Minister announced a new national strategy to address the binge drinking epidemic among young Australians. Binge drinking among young people is a community wide problem that demands a community wide response, including an emphasis on young people taking greater personal responsibility for their behaviour.</p> <p>Origin Communications was selected in 2008, as part of a direct request for tender process to undertake stakeholder consultations, adapt and develop creative and public relations materials to an Indigenous audience.</p>	To create Indigenous specific advertising and supporting collateral.
John Walter Thompson Pty Ltd (trading as JWT)	<p>In the 2007-08 Federal Budget the Australian Government allocated \$9.8 million for a new National Sexually Transmissible Infections Prevention Program to raise awareness of sexually transmissible infections (STIs) and encourage safe sexual practices among target populations to contribute to a reduction in the prevalence of STIs.</p> <p>JWT was engaged in 2009 through a select tender process to provide creative services for the campaign.</p>	To develop a range of advertising materials for the campaign including radio, print, online and outdoor advertising.

Name of current contract	Rationale for each service provided	Intended use
Horizon Communication Group	<p>In the 2007-08 Federal Budget the Australian Government allocated \$9.8 million for a new National Sexually Transmissible Infections Prevention Program to raise awareness of sexually transmissible infections (STIs) and encourage safe sexual practices among target populations to contribute to a reduction in the prevalence of STIs.</p> <p>Horizon was engaged in 2009 through a select tender process to provide youth marketing services for the campaign.</p>	To develop a range of resources to extend campaign messages and engage youth, community organisations and stakeholders.
Sensis (white pages)	Commonwealth Respite and Carelink Centres (Centres) are funded by the Australian Government as a link to a wide range of community, aged care and support services available locally or anywhere in Australia. Centres provide information about services for older people, people with a disability, and those who provide care and services. Centres also assist carers with options to take a break through short-term and emergency respite services.	Sensis coordinates a schedule of entries in the national White Pages telephone directories. The directories are rolled out to each region in Australia over the course of a 12 month period. The aim is to provide contact details in a publicly recognisable information directory.
Looking Glass Press	To develop coordinated artwork for Aged Care Approvals Round documents to ensure users can readily identify the correct documents.	Aged Care Approvals Round Essential Guide 2009-10 artwork and design and preparation of finished art for brochure and CD face for 2009-10 Aged Care Approvals Round products.
Adcorp Australia Limited	To advertise the information sessions and the launch of the 2009-10 Aged Care Approvals Round in all major and metropolitan newspapers across Australia.	Advertising the information sessions and launch of the 2009-10 Aged Care Approvals Round.
Adcorp Australia Limited	To advertise the release of the Remote and Aboriginal Torres Strait Islander Aged Care Service Development Assistance Panel request for tender (RFT 024/0910).	To advertise in print media that would reach the target audience including local organisations in regional, remote and Indigenous communities.
Adcorp Australia Limited	Adcorp took over as master media agency for non-campaign advertising for all Australian Government departments and agencies covered by the Financial Management and Accountability Act 1997	An open invitation to apply for both the Increased Clinical Training Capacity (ICTC) and Innovative Clinical Teaching and Training Grants (ICCTG) as part of the Government's strategy to work with the health and education sectors to build clinical training capacity and enhance the long term sustainability of the health workforce

Name of current contract	Rationale for each service provided	Intended use
Adcorp Australia Limited	Commonwealth Respite and Carelink Centres are promoted each month in the national print media in major metropolitan, regional, and rural publications.	To inform carers about a wide range of community, aged care and support services available locally or anywhere in Australia.
2B Advertising & Design - Graphic Design Service	Graphic design services for the development of a range of Dementia posters and brochures.	To provide information to the general public on dementia and where to get further assistance.
Sensis Pty Ltd	Age Page - The Ageing and Aged Care Division sponsors a full page information listing in all 55 White Pages Directories. The listing provides contact details for ageing and health related services. Outcome 4.3.	Sensis coordinates a schedule of entries in the national White Pages telephone directories. The directories are rolled out to each region in Australia over the course of a 12 month period. The aim is to provide contact details in a publicly recognisable information directory.
Sensis Pty Ltd	Information Line Listing - The Ageing and Aged Care Division places a listing for the Aged Care Information Line in all 55 White Pages Directories. The listing promotes the 1800 Aged Care Information Line. Outcome 4.3.	Sensis coordinates a schedule of entries in the national White Pages telephone directories. The directories are rolled out to each region in Australia over the course of a 12 month period. The aim is to provide the Aged Care Information Line number in a publicly recognisable information directory.
Universal McCann	To provide media buying services for social marketing campaigns: National Drugs Campaign, National Binge Drinking Campaign, ABHI 'Measure Up' Campaign, National Tobacco Campaign, National Sexually Transmissible Infections Prevention Campaign, Skin Cancer Campaign, Swine flue (H1N1 pandemic flu)	Universal McCann is the Government's master media booking agency for campaign advertising. Booking of media buying activity including television, cinema, radio, print, online, outdoor to convey campaign messages to target audiences.

Name of current contract	Rationale for each service provided	Intended use
Dreamtime PR	<p>In November 2008, the Council of Australian Governments (COAG) agreed to a \$1.6 billion National Partnership Agreement (NPA) on Closing the Gap in Indigenous Health Outcomes. The Commonwealth will contribute \$805 million over four years to the Indigenous Chronic Disease Package.</p> <p>Dreamtime PR was engaged in 2009 to develop the graphic/branding concept for the Closing the Gap: Indigenous Chronic Disease Package. This graphic will be applied to all communication products to do with the package such as website, e-newsletters, fact sheets, letters and other publications. Dreamtimes are also typesetting fact sheets for each individual measure.</p>	<p>The graphic/branding will be applied to all communication products to do with the Indigenous Chronic Disease Package.</p> <p>Dreamtime is an indigenous agency ensuring that materials are culturally appropriate.</p>
The Reputation Group	<p>The Measure Up campaign is part of the Australian Better Health Initiative (ABHI), which was announced in February 2006 to promote good health and reduce the burden of chronic disease.</p> <p>The Reputation Group was appointed through a select tender process to develop public relations activities for the 2009/10 year.</p>	To develop public relations activities to support the campaign.
Couch creative	To undertake design work to refresh the look and feel for the National Tobacco Campaign website	Development of new look and feel and design of artwork for <a href="http://www.quit.info.au">www.quit.info.au</a>
Adcorp Australia Limited	National advertising for expressions of interest to seek optometrists to priority Indigenous communities.	Advertising for expressions of interest in funding round.
Adcorp Australia Limited	National advertising seeking applications under the National Rural and Remote Health Infrastructure Program – Round 4	Advertising for applications to funding round.
National Promotions	On 10 March 2008, the Prime Minister announced a national strategy to address the binge drinking epidemic among young Australians. Binge drinking among young people is a community wide problem that demands a community wide response, including an emphasis on young people taking greater personal	<p>To produce collateral that helps promote the campaign messages for use in relevant sponsorships and events as part of the public relations strategy aligned with the Communication Campaign.</p> <p>Procurement complies with Australian Government</p>

Name of current contract	Rationale for each service provided	Intended use
	<p>responsibility for their behaviour.</p> <p>National Promotions was selected in late 2009, as part of a select tender process using the Department of Finance and Deregulation's multiuse list, to produce collateral for the campaign.</p>	Advertising Guidelines.
HMA Blaze Pty Ltd	<p>This is the 1st round of <i>Diagnostic Imaging Quality Practice Program (DIQPP) grant advertising</i>. This grants program is directed at practices that provided Medicare-eligible radiology and/or nuclear medicine imaging services in 2007-08. The funding is to be used to improve the quality of services provided by practices and could be used in various ways such as investment in capital infrastructure, IT systems or facilities, workforce development and compliance/accreditation activities.</p>	Advertising in all major newspapers in Australia
Adcorp Australia Ltd	<p>The Department of Health and Ageing is seeking applications from capable organisations to provide Diagnostic Imaging accreditation services</p>	Advertise the Invitation to Apply (ITA) for Accreditation Providers under Stage II of the Scheme in all major newspapers in Australia
HMA Blaze Pty Ltd	<p>This is the 2<sup>nd</sup> round of <i>Diagnostic Imaging Quality Practice Program (DIQPP) grant advertising</i> to address the slow uptake of the grant application by practices. This grants program is directed at practices that provided Medicare-eligible radiology and/or nuclear medicine imaging services in 2007-08. The funding is to be used to improve the quality of services provided by practices and could be used in various ways such as investment in capital infrastructure, IT systems or facilities, workforce development and compliance/accreditation activities.</p>	Advertising in all major newspapers in Australia
INFO MED Australia Pty Ltd	<p>Contract to increase community awareness of the Prevention of Type 2 Diabetes (PT2D) Program through the provision of patient information brochures in general practice waiting rooms.</p>	Display, replenish and report brochure uptake.

Name of current contract	Rationale for each service provided	Intended use
Intandem	Production of promotional items to promote the <i>Australian Guidelines to reduce Health Risks from Drinking Alcohol</i> and the standard drinks information.	These materials are available to order free of charge from <a href="http://www.alcohol.gov.au">www.alcohol.gov.au</a>
Inception Strategies FASD – Indigenous Foetal Alcohol Spectrum Disorder Comic	To assist Aboriginal families to plan, achieve pregnancy and carry their baby to full term without alcohol. To be distributed in community health centres, homes and other organisations through the WA Aboriginal Medical Service network.	Comic production and dissemination to Aboriginal and Torres Strait Islander families for education on healthy pregnancy.
Inception Strategies WA Aboriginal Men’s Health Promotion Comic	To assist Aboriginal men to live more safely with their families by controlling aggression and learning about practical techniques that can be employed to short circuit a loss of control.	Comic production and dissemination to Aboriginal and Torres Strait Islander men for education on controlling aggression.
Inception Strategies Indigenous Volatile Substance Misuse Comic	To educate Indigenous families about the causes and impacts of volatile substance use and demonstrates ways that users can be assisted to minimise further harm to themselves and others.	Comic production and dissemination to Aboriginal and Torres Strait Islander families for education on volatile substance misuse.
Inception Strategies Night Club Comic	To assist Indigenous and non Indigenous young men and women to achieve healthier and safer outcomes during their attendance at nightclubs and other evening social activities.	Comic production and dissemination to educate youth on safety measures during attendance at night clubs.
Australian Indigenous HealthInfoNet	Substance misuse component of HealthInfoNet undertake research in the area of knowledge utilisation/translation into various aspects of the health of Aboriginal and Torres Strait Islander people and disseminate the results of this research and other relevant information mainly via the Internet.	Information resource for Aboriginal and Torres Strait Islander people and service providers on various aspects of health.
Association for Prevention and Harm Reduction Programs Australia Incorporated (ANEX)	The Anex Bulletin is a broadsheet bulletin that is written in simple language, similar to a daily newspaper. The Bulletins are a national information resource providing access to a diversity of information for the enhancement of needle and syringe program (NSP) service delivery, with particular regard to hepatitis C issues.	The Anex Bulletin targets NSP workers. It is also read by key stakeholders such as State and Territory Health Departments, the Australian National Council on Drugs (ANCD), Australian Hepatitis Council and the Australian Injecting and Illicit Drug Users League (AIVL).

<b>Name of current contract</b>	<b>Rationale for each service provided</b>	<b>Intended use</b>
National Drug and Alcohol and Research Centre	To pilot, print and nationally disseminate the National Guidelines on the Management of co-occurring Alcohol and other Drug and Mental Health Conditions in Alcohol and other Drug Treatment Settings.	To assist alcohol and other drug (AOD) workers with evidence-based information to assist with the management of co-occurring, or comorbid, AOD and mental health conditions

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-236

OUTCOME 0: Whole of Portfolio

Topic: DISCRETIONARY GRANTS

Written Question on Notice

Senator Fierravanti-Wells asked:

Could the department provide a list of all discretionary grants, including ad-hoc and one-off grants since November 2007? Please provide details of the recipients, the intended use of the grants and what locations have benefited from the grants?

Answer:

Since the release of *Estimates Memorandum 2009/09* circulated by Department of Finance and Deregulation on 1 January 2009, all Departmental grants have been published on the Department's Internet site. The details of these grants have been published according to the requirements initially laid out in *Estimates Memorandum 2009/09* and, most recently, the Commonwealth Grant Guidelines (1 July 2009). The published details include the following fields:

- Portfolio;
- Agency;
- Program Title;
- Grant Recipient;
- Grant Purpose;
- Total Grant/Variation Value;
- Grant Contract Execution Date;
- Grant Term;
- Grant Funding Location;
- Grant Variation Flag; and
- Grant Start Date.

These grants may be viewed at

<http://health.gov.au/internet/main/publishing.nsf/Content/pfps-grantsreporting>

Prior to *Estimates Memorandum 2009/09*, all discretionary grants, including ad hoc, and one-off grants reported between 1 November 2007 and 31 December 2008, were available at a different address on the Department's Internet site. Included are the details of the recipients, the intended use of the grants, and the locations that have benefited from the grants. These discretionary grants may be viewed at

<http://health.gov.au/internet/main/publishing.nsf/Content/divisions-portfoliostrategiesdivision-disgrants>



ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-240

OUTCOME 0: Whole of Portfolio

Topic: 'YOURHEALTH' WEBSITE

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) What is the total number of staff devoted to the 'yourhealth' website?
- b) Are these departmental officers?
- c) How many of these are responsible for the analysis of the information submitted to the website?
- d) How many staff are responsible for writing the blog posts?
- e) What is the anticipated cost of the 'yourhealth' website, including staffing?

Answer:

- a) Initially five devoted staff with another five having part-time involvement, currently none, as the website is now managed as business as usual.
- b) Three staff were long-term departmental contractors who have now returned to their previous duties, all other staff were departmental officers.
- c) Analysis was not undertaken by the website team.
- d) Two staff were involved, alongside other duties. Currently none are involved.
- e) \$2.37 million.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-241

OUTCOME 0: Whole of Portfolio

Topic: 'YOURHEALTH' WEBSITE

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) What are the moderation arrangements for the 'yourhealth' website?
- b) Are blog posts moderated?
- c) Is there a screening process for videos?
- d) When personal 'stories' are submitted, are these edited by the 'yourhealth' team?
- e) Is all information submitted to the 'yourhealth' website uploaded? If not, what is the criteria for determining whether a posting will be uploaded and/or edited?
- f) Does the 'yourhealth' site have an editorial policy for video and posts? If so, please provide a copy of this policy?
- g) How many people of the 'yourhealth' team are involved in moderation of the site?

Answer:

- a) User-generated content is moderated by departmental staff based on the moderation guidelines published in the yourHealth website.
- b) Blog posts are written by departmental staff and cleared internally before posting to the website.
- c) Videos are moderated by departmental staff based on the moderation guidelines published in the yourHealth website.
- d) Personal stories may be modified based on the moderation guidelines published in the yourHealth website, most commonly to protect the privacy of individuals submitting or named in the stories.
- e) Not all user-generated content is published. The criteria for publication are outlined in the moderation guidelines published in the yourHealth website.
- f) The policy is contained in the moderation guidelines published in the yourHealth site at: <http://yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/About%20health%20reform>  
A copy of the guidelines is also at Attachment A.
- g) Four members were initially involved in moderation. This is now managed within business as usual practices, with two departmental officers involved.

### About the yourHealth website

Moderation guidelines

Blog

Feedback and comments: 'Tell us what you think' and 'Share your story'

Video

RSS feed

Twitter

This web site allows Australians to provide their views to the Australian Government about options to improve the health system.

Please use this site to **learn** about reform suggestions, **provide your ideas and comments** for the health system and your health experiences and **listen** to the ideas and comments of other Australians. Your contributions will help the Government make decisions about how to improve the system.

The site is operated by the Australian Government Department of Health and Ageing. All user submissions in this website are published in good faith. No one has been, or will be, paid to contribute. None of the comments, stories, feedback or videos from the public are scripted (though they may be moderated for acceptability and/or edited for brevity as below).

All external comments, feedback, videos and stories we receive via the yourHealth website are published in the yourHealth website, except at the express wish of the submitter, or where they contravene the moderation guidelines below.

#### Moderation guidelines

yourHealth moderates user submissions in order to protect individual privacy, keep the conversation civil and on topic. In the interest of ensuring the yourHealth web site reflects the views submitted by the community as closely as possible, the yourHealth team aims to post all public submissions. Accordingly, it is our policy that we publish all comments, videos, posts, and stories on the yourHealth site unless a contribution contravenes one or more of the following guidelines:

- It breaches privacy considerations
- It is irrelevant to the issues being considered
- It contains abusive, harassing or threatening content
- It is potentially defamatory or libelous
- It is insulting, provocative or hateful
- It contains obscene or offensive language
- It may infringe the intellectual property rights of others
- Multiple, duplicate, identical or near-identical 'campaign-type' versions have been received from one or more sources
- It promotes commercial interests
- It contains inappropriate addresses, videos, or images
- It contains overtly party political comment.

## **Blog**

Posts on the yourHealth blog are written by the Department's yourHealth team and draw from the National Preventative health Strategy, the National Primary Care Strategy and the National Health and Hospitals Reform Commission's final report.

Every comment to the blog is moderated according to the moderation guidelines above. Any comment that does not comply with one or more of the guidelines — and where the content in question cannot reasonably be removed/edited from the comment — will not be published on the website. Upon request, moderators will provide to a user the reasons why their comment has been rejected, giving them an opportunity to resubmit an edited version.

Only those comments that do not comply with these guidelines will be rejected. All comments that satisfy moderation requirements will be published. Comment publication timeframes are at the discretion of the yourHealth team, based on the quantity of comments submitted and level of moderator consideration required.

Where links to websites are included in comments submitted to the blog, the linked website will be moderated in accordance with the same moderation guidelines. Comments that provide links to websites that do not comply with these guidelines will be published without the link.

During moderation, comments may be edited for typographical, grammatical or spelling errors only. Where such editing may remove the context of the comment, comments will not be edited.

Users must register to comment on the blog, selecting a unique username that will be published with their comments. Users are required to protect their usernames with a password. For more information, please see our blog terms and conditions.

Email addresses provided by users upon registration and all comments submitted to the yourHealth blog are stored in a secure database. Email addresses are not published on the website. For more information, please view our Privacy Statement.

All blog comments, whether published in the website or not, are used to inform the health reform process.

Feedback and comments: 'Tell us what you think' and 'Share your story'

Comments posted to the yourHealth website via the 'tell us what you think' or 'share your story' web forms enter a secure database where they are moderated by the yourHealth team.

Anybody who wishes to provide a comment can do so. All comments that satisfy the moderation guidelines (as outlined above) will be published on the yourHealth website, except at the express request of the submitter.

Comment and feedback publication timeframes are at the discretion of the yourHealth team, based on the quantity of submissions and level of moderator consideration required.

Any comment that does not comply with one or more of the moderation guidelines — and where the content in question cannot reasonably be removed/edited from the comment — will not be published on the website. Upon request, moderators will provide to a user reasons why their post has been rejected, giving them an opportunity to resubmit an edited version.

Only those comments that do not comply with these guidelines will be rejected.

During moderation, comments may be edited for typographical, grammatical or spelling errors. Where such editing may remove the context of the comment, comments will not be edited.

Regardless of whether full names and titles are provided by users submitting comments, only first names are published with comments on the yourHealth website, except where users are prominent individuals representing their professional or organisation's views. Users who include mention in their comments of their professional title or affiliations, or those who claim to represent the views of a professional body, will be contacted via email (if provided) and required to authenticate their professional position before their comment will be published on the site. Where an email is not provided or comments are otherwise unable to be authenticated, full names and the names of professional bodies will be removed before the comment is published.

All feedback and comments, whether published in the website or not, are used to inform the health reform process.

## **Video**

People from cities and towns around Australia have been approached by members of the Health Reform Taskforce, or by a production company on behalf of the department, and invited to tell their health story. Those who wish to contribute are asked to give their accounts of any experiences with the health care system — whether these are positive or negative — and to share their views on future improvements.

Videos can be submitted by individuals, and will be published according to our moderation guidelines above.

Videos are included on the site unless content contravenes the moderation guidelines, or are technically flawed due to lighting, sound or videoing difficulties.

Editing is undertaken where necessary to fit the video within time constraints or to remove identifying information.

## RSS feed

Users can receive yourHealth news updates via the yourHealth RSS feeds. To subscribe, unsubscribe, or for more information about RSS feeds, view the RSS page on our website.

## Twitter

Twitter is a web-based group messaging service.

yourHealth has an account on Twitter — [@yourhealthgovau](#) — which is available to any user who wishes to follow yourHealth on Twitter.

[@yourhealthgovau](#) is produced by the Department of Health and Ageing's yourHealth team to keep the public up-to-date and informed about the yourHealth consultation process.

The yourHealth Twitter channel supplements the information published on the yourHealth.gov.au website. Following [@yourhealthgovau](#) on Twitter allows users to be reminded about important events and alerted to breaking news. yourHealth Twitter followers can access yourHealth updates from mobile devices.

Where possible, the yourHealth team will respond to direct messages. Users please note the yourHealth Twitter channel is monitored during business hours only, and that Twitter conversations are considered comparatively informal, similar to a telephone conversation. For more formal requests or inquiries users can contact the yourHealth team by emailing [yourhealth@yourhealth.gov.au](mailto:yourhealth@yourhealth.gov.au). Alternatively, to leave a comment yourHealth users can use the 'tell us what you think' web form.

Users following yourHealth on Twitter may be followed in return. Users can request that yourHealth unfollow them by emailing [yourhealth@yourhealth.gov.au](mailto:yourhealth@yourhealth.gov.au) or block [@yourhealthgovau](#) at any time using the block option in Twitter.

Users are reminded to be aware that Twitter is a public space on the internet and all interactions are publicly viewable and searchable over time. For more information go to <http://help.twitter.com>

Users' identities or email addresses are not recorded unless users choose to contact yourHealth or fill in an online form on the yourHealth web site including this information. Users' email addresses will only be used for the purpose for which they are provided.

For more details, view the yourHealth website Privacy Statement. Please also note Twitter's Privacy Policy.

While the yourHealth team endeavors to maintain the currency and accuracy of information published via Twitter, the information is subject to change over time. It is advisable that users ascertain the currency of information immediately prior to use. The Department of Health and Ageing disclaims all responsibility for any loss or damage which may arise from the use of information provided via this channel.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-243

OUTCOME 0: Whole of Portfolio

Topic: HEALTH REFORM

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) How will the information posted on the website be analysed?
- b) What are the criteria to determine whether information will be reported to government?
- c) Will the department employ consultants trained in qualitative analysis to analyse the information submitted to the website?
- d) Will the department report raw numbers in relations to specific themes? For example the number of complaints about access to general practitioners or waiting times in emergency departments.
- e) What other information will the department take into account? For example, the Medical Journal of Australia has published numerous articles on options for health reform – will these be included in the analysis? There also have been other discussions in online forums such as ‘Croakey’ – are these views taken into account?

Answer:

a and c)

The Department has a contract with APIS Group to undertake the analysis of the consultation data.

- b) There are no criteria. The Department will brief the Minister on the outcomes of the analysis.
- d) This decision will be made in the context of preparing advice to the Minister following receipt of the consultancy report.
- e) Only comments submitted to the website are included in the analysis.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-245

OUTCOME 0: Whole of Portfolio

Topic: PUBLIC HOSPITALS

Written Question on Notice

Senator Fierravanti-Wells asked:

Has Departmental staff been working on the establishment of federal-state body to oversee and monitor public hospital activities and outcomes?

Answer:

No.



ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-045

OUTCOME 0: Whole of Portfolio

Topic: COMMUNICATION PROGRAMS

Written Question on Notice

Senator Barnett asked:

- a) What communications programs has the Department/ Agency undertaken, or are planning to undertake?
- b) For each program, what is the total spend?

Answer:

- a) For the purposes of this question communication programs has been taken to mean Communication Advertising Campaigns. A full list of Advertising Campaigns undertaken since 1 July 2008 can found in Attachment A.
- b) The total spend on each of the Advertising Campaigns can be found in Attachment A.

## E10-045 Attachment A - Advertising campaign expenditure summary to 31 January 2010

Note—

- all figures are GST exclusive
- N/A indicates campaign not active
- '\$ -' indicates campaign active but no expenditure in that period

Campaign	2008-09 expenditure			2009-10 expenditure YTD (to 31 Jan 2010)		
	<i>Consultants and services</i>	<i>Media placement</i>	<b>Total</b>	<i>Consultants and services</i>	<i>Media placement</i>	<b>Total</b>
Australian Better Health Initiative—Measure Up (including <i>Tomorrow People</i> Indigenous component)	\$3,202,888	\$12,500,000	<b>\$15,702,888</b>	\$594,787	\$5,126,630	<b>\$5,721,417</b>
Binge Drinking	\$3,024,662	\$8,802,260	<b>\$11,826,922</b>	\$463,358	\$3,584,679	<b>\$4,048,037</b>
Bringing Nurses Back into the Workforce	\$79,000	\$928,407	<b>\$1,007,407</b>	N/A	N/A	<b>N/A<sup>(a)</sup></b>
Eye Health Awareness	\$611,564	\$1,987,024	<b>\$2,598,588</b>	\$96,726	\$ -	<b>\$96,726</b>
Illicit Drug Use	\$736,733	\$5,622,373	<b>\$6,359,106</b>	\$1,295,242	\$ -	<b>\$1,295,242</b>
Sexually Transmissible Infections Prevention	\$995,517	\$1,438,205	<b>\$2,433,722</b>	\$83,855	\$22,034	<b>\$105,889</b>
Skin Cancer Awareness	\$606,481	\$4,505,829	<b>\$5,112,310</b>	\$15,640	\$1,018,728	<b>\$1,034,368</b>
H1N1 Influenza (Human Swine Flu) Public Information	\$302,118	\$3,766,222	<b>\$4,068,340</b>	\$835,252	\$5,487,274	<b>\$6,322,526</b>
Indigenous Ear Health Campaign	N/A	N/A	N/A	\$44,965	N/A	<b>\$44,965</b>
Opal Fuel Communication Activities	N/A	N/A	N/A	\$ -	\$ -	<b>\$ -<sup>(b)</sup></b>

Campaign	2008-09 expenditure			2009-10 expenditure YTD (to 31 Jan 2010)		
	<i>Consultants and services</i>	<i>Media placement</i>	<b>Total</b>	<i>Consultants and services</i>	<i>Media placement</i>	<b>Total</b>
Indigenous COAG National Action to reduce Indigenous Smoking Rates (A1)	N/A	N/A	N/A	\$67,671	N/A	<b>\$67,671</b>
Indigenous COAG Local Community Campaigns to Promote Better Health (A3)	N/A	N/A	N/A	\$121,518	N/A	<b>\$121,518</b>
Indigenous COAG Attracting more people to work in Indigenous Health (C4)	N/A	N/A	N/A	\$104,890	N/A	<b>\$104,890</b>
<i>Total</i>	\$9,558,963	\$39,550,320*	<b>\$49,109,283</b>	\$3,723,904	\$15,239,345	<b>\$18,963,249</b>

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-145

OUTCOME 0: Whole of Portfolio

Topic: NATIONAL HEALTH REFORM PLAN

Hansard Page: CA8

Senator Fierravanti-Wells asked:

When the government came in, did they give you a document which was referred to in their election promises as a national health reform plan? Did you receive a document? You know it could have been something on the back of an envelope, but did you receive something? That is what I am asking you and a simple yes or no will suffice.

Answer:

The Department was given a policy commitment document titled New Directions for Australian Health.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-228

OUTCOME 0: Whole of Portfolio

Topic: ELECTION COMMITMENTS

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) What is the status of each election commitment within the portfolio?
- b) Which election commitments are experiencing slippages?
- c) Why?
- d) Where relevant, what are the revised implementation dates?
- e) What are the implications of this slippage?

Answer:

The Department does not monitor the election commitments of the Government. The Department advises Government on progress in implementing its full range of priorities.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-238

OUTCOME 0: Whole of Portfolio

Topic: HEALTH AND HOSPITAL REFORM COMMISSION

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) Have there been discussions between the department and state health departments about particular recommendations of the NHHRC?
- b) What is the outcome of those discussions?
- c) Are state health departments ready to implement any of the reform commission outcomes?

Answer:

- a)-c) The Government is currently holding discussions with the states and territories on the reform plan.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-244

OUTCOME 0: Whole of Portfolio

Topic: HEALTH REFORM

Written Question on Notice

Senator Fierravanti-Wells asked:

What is the government's current timetable for engagement with COAG on health reform?

Answer:

The Government is currently discussing the reform plan with the states and territories.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-411

OUTCOME 0: Whole of Portfolio

Topic: INTERGENERATIONAL REPORTS

Hansard Page: CA 74

Senator Fierravanti-Wells asked:

Specifically on the various tables in the *Intergenerational report*, which talk about projections and major components. As to table A4, the projections of major components of Australian government spending in the Intergenerational report and also to table A3, as a percentage of GDP, I am interested in the projected figures on aged care, both residential and community.

- a) How were these figures worked out?
- b) Did you provide input in relation to it?
- c) In trying to understand where those projections came from insofar as your department is not responsible for those figures, but did you contribute to the preparation of those figures?
- d) Could you look at both those tables and the projections – that is, the real spending per person and the percentage of GDP?

Answer:

- a) As the Intergenerational Report (IGR) is prepared by Treasury. The Department of Health and Ageing is not able to provide information on the methodology used in arriving at IGR projections.
- b) The Department provided Treasury with historical and current data on aged care expenditure and the number of aged care recipients. The Department also provided Treasury with historical and current data on the Medicare Benefits Schedule, the Pharmaceutical Benefits Scheme, public hospital separations and costs, and Private Health Insurance rebate expenditure.
- c) The Department met with the Treasury on 10 November 2009, at which time Treasury provided an update on progress in preparing the health and ageing section of the 2010 IGR. The Department also met with Treasury on 9 April 2009 for preliminary discussions on a range of methodological issues.
- d) The Department has no comment on the tables and projections in the IGR.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-039

OUTCOME 0: Whole of Portfolio

Topic: STAFFING

Written Question on Notice

Senator Barnett asked:

- q) How many permanent staff were recruited since the supplementary budget estimates?
- r) What level are these staff?

Answer:

- a) A total number of 153 ongoing staff were recruited since the supplementary budget estimates (21 Oct 2009 to 10 Feb 2010). The proportion of ongoing staff in the department increased from 90.28% to 90.89% in the same period.
- b) The levels range from APS1 to SES3; Medical Officer Class 2 to 6.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-041

OUTCOME 0: Whole of Portfolio

Topic: CONTRACT EMPLOYEES

Written Question on Notice

Senator Barnett asked:

Since supplementary budget estimates, how many employees have been employed on contract and what is the average length of their employment?

Answer:

The average length of contract for the 165 non-ongoing staff who commenced with the department from 21 Oct 2009 to 10 Feb 2010 is 4.21 months. The proportion of non-ongoing staff in the department reduced from 9.72% to 9.11% in the same period.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-046

OUTCOME 0: Whole of Portfolio

Topic: DEPARTMENTAL HOSPITALITY

Written Question on Notice

Senator Barnett asked:

- e) What is the Department's hospitality spend FYTD?
- f) Please detail date, location, purpose and cost of all events?

Answer:

a and b)

The Department's hospitality expenditure for the financial year to 31 January 2010 was \$19,264.80 as per the itemised list below.

<b>Date</b>	<b>Location</b>	<b>Purpose</b>	<b>Cost of Hospitality (incl GST)</b>
7-Jul-09	Department of Health and Ageing, QLD	Small scale entertainment	\$41.45
15-Jul-09	Eves on the River, Brisbane, QLD	Strategic Planning Workshop of the Intergovernmental Committee on Drugs	\$346.50
22-Jul-09	National Press Club, Canberra, ACT	Staff attendance at the address by the President, Australian Medical Association	\$225.00
25-Jul-09	Department of Health and Ageing, Canberra, ACT	Executive hospitality	\$662.28
6-Aug-09	The European Restaurant, Melbourne, VIC	Working dinner with Professor of Microbiology and Immunology, University of Melbourne	\$134.20
11-Aug-09	Onred Restaurant, Canberra, ACT	Meeting with the CEO of the Global Alliance for Vaccines and Immunisation	\$669.00
12-Aug-09	National Press Club, Canberra, ACT	Staff attendance at the address by the Minister for Early Childhood Education, Child Care and Youth	\$150.00
19-Aug-09	Ottoman Cuisine, Barton, ACT	Working dinner to discuss the Australian Commission on Safety and Quality in Healthcare proposed National Safety & Quality Framework	\$361.00

<b>Date</b>	<b>Location</b>	<b>Purpose</b>	<b>Cost of Hospitality (incl GST)</b>
19-Aug-09	Vibe Savoy Hotel, Melbourne, VIC	Venue Hire and Lunch - Consultation with Professor of Medical Education, University of Sydney and DoHA Executives for Complaints Investigation Scheme Review	\$140.00
19-Aug-09	Hyatt Hotel, Canberra, ACT	Committee for Economic Development of Australia, ACT Dinner Debate	\$247.50
26-Aug-09	Hyatt Hotel, Canberra, ACT	Executive Assistants' and Personal Assistants' Network Inc. 8 <sup>th</sup> National EA/PA of the Year Awards Dinner and Conference	\$1,800.00
27-Aug-09	320 On Leichhardt, Spring Hill, Brisbane, QLD	Working dinner with members of the National Advisory Council on Mental Health	\$174.00
27-Aug-09	Leonda by the Yarra, Melbourne, VIC	Science Industry Australia Annual Dinner and address by the Minister for Innovation	\$160.00
3-Sep-09	Brisbane Convention Centre, QLD	Official dinner for delegates attending 5 day International Congress on Medical Librarianship	\$125.00
16-Sep-09	National Press Club, Canberra, ACT	Staff attendance at the address by the Federal Secretary, Australian Nursing Federation	\$280.00
21-Sep-09	Stamford Plaza Hotel, Sydney Airport, NSW	Australian Suicide Prevention Advisory Council Dinner	\$480.00
2-Oct-09	Department of Health and Ageing, Canberra, ACT	Small scale entertainment	\$87.64
14-Oct-09	Department of Health and Ageing, Canberra, ACT	Executive hospitality	\$1,362.63
16-Oct-09	Canberra, ACT Southern Cross Club, Canberra, ACT	Executive Assistants' and Personal Assistants' Network Inc. Lunchtime Development Seminar	\$2,600.00
22-Oct-09	Department of Health and Ageing, Canberra, ACT	Small scale entertainment	\$275.76
28-Oct-09	The Boathouse by the Lake Restaurant, Canberra, ACT	Dinner meeting with a delegation from the Chinese State Food and Drug Administration	\$1,282.00
29-Oct-09	Customs House Restaurant, Brisbane, QLD	Pacific Senior Health Officials Network 2009 Annual Meeting	\$1,823.00
10-Nov-09	Washington, USA	Purchase of books for presentation at the 2009 International Good Manufacturing Practices (GMP) Inspectors Summit.	\$1,014.81

<b>Date</b>	<b>Location</b>	<b>Purpose</b>	<b>Cost of Hospitality (incl GST)</b>
12-Nov-09	The Wharf Restaurant, Sydney, NSW	Dinner with Attorney Advisor, United States Environmental Protection Agency	\$253.50
15-Nov-09	Forrest, Canberra, ACT	Hosting dinner with Director General, World Health Organisation	\$685.37
19-Nov-09	Rubicon Restaurant, Canberra, ACT	Official dinner, Director Global Health Group, University of California, San Francisco	\$871.90
25-Nov-09	Onred Restaurant, Canberra, ACT	Executive discussions with the Federation Internationale de Football Association	\$209.00
1-Dec-09	Rubicon Restaurant, Canberra, ACT	Dinner with Chair of Headspace (Youth Mental Health Group)	\$146.80
1-Dec-09	Department of Health and Ageing, Canberra, ACT	Portfolio Chief Executive Officers' Annual Meeting	\$109.37
2-Dec-09	Ottoman Cuisine, Barton, ACT	Medical Services Advisory Committee Meeting	\$660.00
2-Dec-09	Post Café, Sydney, NSW	Lunch with Associate Director of the United States National Institute of Environmental Health Sciences	\$85.90
4-Dec-09	Onred Restaurant, Canberra, ACT	Lunch with Commonwealth Serum Laboratories executives	\$183.00
8-Dec-09	Rigoni's Bistro, Adelaide, SA	Medications Management Technical Working Group Workshop dinner	\$786.90
14-Dec-09	Tre Scalini Restaurant, Sydney, NSW	Working dinner with Professor of Anaesthesiology and Paediatrics and Associate Professor of Anaesthesiology, University of Illinois, Chicago	\$420.50
15-Dec-09	National Industrial Chemicals Notification and Assessment Scheme, Sydney, NSW	Small scale entertainment	\$282.46
18-Dec-09	Commonwealth Club, Canberra, ACT	Dinner with President, China Medical Board	\$128.33

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-061

OUTCOME 0: Whole of Portfolio

Topic: NATIONAL HEALTH AND HOSPITALS REFORM COMMISSION REPORT

Written Question on Notice

Senator Payne asked:

In reference to the 2009 Final report of the National Health and Hospitals Reform Commission, 'A Healthier Future for all Australians' – how advanced is the Government in implementing recommendations of the report?

Answer:

The Government is currently considering the recommendations of the report and is discussing the Health Reform Plan with state and territory governments.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-062

OUTCOME 0: Whole of Portfolio

Topic: NATIONAL HEALTH AND HOSPITALS REFORM COMMISSION REPORT

Written Question on Notice

Senator Payne asked:

The 2009 National Health and Hospitals Reform Commission report, 'A Healthier Future for all Australians', in recommendation #61, supports a 'dedicated expert commissioning group' being established to lead additional investment in Aboriginal and Torres Strait Islander healthcare – a National Aboriginal and Torres Strait Islander Health Authority. What progress has the Government made in consulting on and implementing this recommendation?

Answer:

The Government is currently considering the recommendations of the report and is discussing the Health Reform Plan with state and territory governments.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-077

OUTCOME 0: Whole of Portfolio

Topic: HEALTH LITERACY INITIATIVES

Written Question on Notice

Senator Siewert asked:

Given the emphasis placed on health literacy initiatives in the National Health and Hospitals Reform Commission final report, what programs are currently underway in the Department to build and support health literacy, and how are consumers engaged in this program?

Answer:

The Government is currently considering the recommendations of the report and is discussing the Health Reform Plan with state and territory governments.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-176

OUTCOME 0: Whole of Portfolio

Topic: VOICE OVER INTERNET PROTOCOL (VOIP) SIRIUS BUILDING

Hansard Page: CA 15

Senator Fierravanti-Wells asked:

What about voice over IP services for your new Sirius building in Woden?

- a) What was the total cost of the contract in terms of capital expenditure and ongoing annual maintenance?
- b) Who was contracted to deliver the project?

Answer:

- a) The total cost of the contract in terms of:
  - Capital expenditure is \$5,020,901; and
  - Ongoing annual maintenance is \$1,036,877.
- b) IBM Australia was contracted to deliver the project.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-229

OUTCOME 0: Whole of Portfolio

Topic: ELECTORAL REPORTS

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) Are there plans to publish a full suite of electoral reports on the department's website?  
If not, why not? If so, when?
- b) What data will be included?

Answer:

- a) – b)  
The Department publishes comprehensive data on Medicare Benefits Schedule (MBS) bulk billing and safety net for each electorate, on its website. These can be found at [www.health.gov.au/electoratereports](http://www.health.gov.au/electoratereports). Data on MBS bulk billing and safety net was most recently updated in November 2009.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-230

OUTCOME 0: Whole of Portfolio

Topic: ELECTORATE REPORTS

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) Does the department prepare electorate level reports for Ministers?
- b) What data is included in these reports?
- c) How often is this updated?
- d) Why is this material not publicly available?
- e) Please provide copies of reports and reports provided to Ministers?

Answer:

a)– e)

The Department publishes comprehensive data on Medicare Benefits Schedule (MBS) bulk billing and safety net for each electorate, on its website. These can be found at [www.health.gov.au/electoratereports](http://www.health.gov.au/electoratereports). Data on MBS bulk billing and safety net was most recently updated in November 2009.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-231

OUTCOME 0: Whole of Portfolio

Topic: ELECTORAL SPECIFIC DATA

Written Question on Notice

Senator Fierravanti-Wells asked:

Has electoral specific data been used by the current Government in any grants scheme since November 2007?

Answer:

No. Grants in the Health and Ageing portfolio are not implemented or allocated differentially on the basis of Commonwealth electorates. Decisions and assessments for grant eligibility are determined on a needs basis and not by Commonwealth electorate boundaries. All grants are administered in accordance with the Commonwealth Grant Guidelines released by the Department of Finance and Deregulation in July 2009. The Department's Annual Report and the Portfolio Budget Statements set out information about its grants for administered funds.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-237

OUTCOME 0: Whole of Portfolio

Topic: NATIONAL HEALTH AND HOSPITAL REFORM COMMISSION

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) Given that the Health and Hospital Reform Commission reported to the government some seven months ago – what assessments has the department made in relation to implementing recommendations from this report?
- b) Has the department assessed all the recommendations or only certain recommendations?
- c) What is the result of those assessments?
- d) If no work has been done, what departmental preparation will be needed once the government finally reaches decisions on the outcome of the Reform Commission report?
- e) How long will those preparations take?
- f) Could any of the recommendations be acted upon within the next year?

Answer:

a - f)

On 3 March 2010, the Government released the National Health and Hospitals Network plan, drawing on recommendations of the National Health and Hospital Reform Commission. This reform package is currently being discussed with state and territory governments.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-239

OUTCOME 0: Whole of Portfolio

Topic: 'LISTENING TOUR'

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) What was the anticipated cost of the 'listening tour' after the release of the final report of the NHHRC?
- b) Now that the consultation process has been completed, what has been the cost of the 'listening tour'?
- c) How many department staff accompanied the ministers on these tours?
- d) How many departmental staff provided administrative and secretariat support to these tours?

Answer:

- a) \$345,000.
- b) As at 25 February, 2010 the cost of the 'listening tour' is \$333,000.
- c) At any one consultation the number of staff varied from one to around six, depending on the requirements of the venue and the purpose of the consultation.
- d) Two.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-246

OUTCOME 0: Whole of Portfolio

Topic: PUBLIC HOSPITALS

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) What planning has been done on a new national body with an oversight role of public hospitals?
- b) What form will this body take?
- c) What is its estimated cost to the Commonwealth?
- d) How much will State Governments contribute to its staffing and operational costs?
- e) What is the planned or projected staff numbers for this new body?
- f) What is the planned budget for this new organisation?

Answer:

a – f)

On 3 March 2010, the Government released the National Health and Hospitals Network plan and is currently discussing the reform package with state and territory governments.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-263

OUTCOME 0: Whole of Portfolio

Topic: PUBLIC HEALTH GRANTS

Written Question on Notice

Senator Fierravanti-Wells asked:

- f) How many grants in the public health area have been awarded by the Department since November 2007?
- g) Please provide a list of all grants and topic and recipient?

Answer:

a) and b)

From 1 January 2009, all Departmental grants have been published on the Department's Internet site. The details of these grants have been published according to guidelines produced by the Department of Finance and Deregulation. The published details include the following fields:

- Portfolio;
- Agency;
- Program Title;
- Grant Recipient;
- Grant Purpose;
- Total Grant/Variation Value;
- Grant Contract Execution Date;
- Grant Term;
- Grant Funding Location;
- Grant Variation Flag; and
- Grant Start Date.

These grants may be viewed at

<http://health.gov.au/internet/main/publishing.nsf/Content/pfps-grantsreporting>

All discretionary grants, including ad hoc, and one-off grants reported between 1 November 2007 and 31 December 2008, were available at a different address on the Department's Internet site. Included are the details of the recipients, the intended use of the grants, and the locations that have benefited from the grants. These discretionary grants may be viewed at <http://health.gov.au/internet/main/publishing.nsf/Content/divisions-portfoliostrategiesdivision-disgrants>



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-388

OUTCOME 0: Whole of Portfolio

Topic: DEPARTMENTAL HOSPITALITY

Written Question on Notice

Senator Fierravanti-Wells asked:

- g) What is the Department's hospitality spend FYTD?
- h) Please detail date, location, purpose and cost of all events?

Answer:

a and b)

The Department's hospitality expenditure for the financial year to 31 January 2010 was \$19,264.80 as per the itemised list below.

<b>Date</b>	<b>Location</b>	<b>Purpose</b>	<b>Cost of Hospitality (incl GST)</b>
7-Jul-09	Department of Health and Ageing, QLD	Small scale entertainment	\$41.45
15-Jul-09	Eves on the River, Brisbane, QLD	Strategic Planning Workshop of the Intergovernmental Committee on Drugs	\$346.50
22-Jul-09	National Press Club, Canberra, ACT	Staff attendance at the address by the President, Australian Medical Association	\$225.00
25-Jul-09	Department of Health and Ageing, Canberra, ACT	Executive hospitality	\$662.28
6-Aug-09	The European Restaurant, Melbourne, VIC	Working dinner with Professor of Microbiology and Immunology, University of Melbourne	\$134.20
11-Aug-09	Onred Restaurant, Canberra, ACT	Meeting with the CEO of the Global Alliance for Vaccines and Immunisation	\$669.00
12-Aug-09	National Press Club, Canberra, ACT	Staff attendance at the address by the Minister for Early Childhood Education, Child Care and Youth	\$150.00
19-Aug-09	Ottoman Cuisine, Barton, ACT	Working dinner to discuss the Australian Commission on Safety and Quality in Healthcare proposed National Safety & Quality Framework	\$361.00

<b>Date</b>	<b>Location</b>	<b>Purpose</b>	<b>Cost of Hospitality (incl GST)</b>
19-Aug-09	Vibe Savoy Hotel, Melbourne, VIC	Venue Hire and Lunch - Consultation with Professor of Medical Education, University of Sydney and DoHA Executives for Complaints Investigation Scheme Review	\$140.00
19-Aug-09	Hyatt Hotel, Canberra, ACT	Committee for Economic Development of Australia, ACT Dinner Debate	\$247.50
26-Aug-09	Hyatt Hotel, Canberra, ACT	Executive Assistants' and Personal Assistants' Network Inc. 8 <sup>th</sup> National EA/PA of the Year Awards Dinner and Conference	\$1,800.00
27-Aug-09	320 On Leichhardt, Spring Hill, Brisbane, QLD	Working dinner with members of the National Advisory Council on Mental Health	\$174.00
27-Aug-09	Leonda by the Yarra, Melbourne, VIC	Science Industry Australia Annual Dinner and address by the Minister for Innovation	\$160.00
3-Sep-09	Brisbane Convention Centre, QLD	Official dinner for delegates attending 5 day International Congress on Medical Librarianship	\$125.00
16-Sep-09	National Press Club, Canberra, ACT	Staff attendance at the address by the Federal Secretary, Australian Nursing Federation	\$280.00
21-Sep-09	Stamford Plaza Hotel, Sydney Airport, NSW	Australian Suicide Prevention Advisory Council Dinner	\$480.00
2-Oct-09	Department of Health and Ageing, Canberra, ACT	Small scale entertainment	\$87.64
14-Oct-09	Department of Health and Ageing, Canberra, ACT	Executive hospitality	\$1,362.63
16-Oct-09	Canberra, ACT Southern Cross Club, Canberra, ACT	Executive Assistants' and Personal Assistants' Network Inc. Lunchtime Development Seminar	\$2,600.00
22-Oct-09	Department of Health and Ageing, Canberra, ACT	Small scale entertainment	\$275.76
28-Oct-09	The Boathouse by the Lake Restaurant, Canberra, ACT	Dinner meeting with a delegation from the Chinese State Food and Drug Administration	\$1,282.00
29-Oct-09	Customs House Restaurant, Brisbane, QLD	Pacific Senior Health Officials Network 2009 Annual Meeting	\$1,823.00
10-Nov-09	Washington, USA	Purchase of books for presentation at the 2009 International Good Manufacturing Practices (GMP) Inspectors Summit.	\$1,014.81

<b>Date</b>	<b>Location</b>	<b>Purpose</b>	<b>Cost of Hospitality (incl GST)</b>
12-Nov-09	The Wharf Restaurant, Sydney, NSW	Dinner with Attorney Advisor, United States Environmental Protection Agency	\$253.50
15-Nov-09	Forrest, Canberra, ACT	Hosting dinner with Director General, World Health Organisation	\$685.37
19-Nov-09	Rubicon Restaurant, Canberra, ACT	Official dinner, Director Global Health Group, University of California, San Francisco	\$871.90
25-Nov-09	Onred Restaurant, Canberra, ACT	Executive discussions with the Federation Internationale de Football Association	\$209.00
1-Dec-09	Rubicon Restaurant, Canberra, ACT	Dinner with Chair of Headspace (Youth Mental Health Group)	\$146.80
1-Dec-09	Department of Health and Ageing, Canberra, ACT	Portfolio Chief Executive Officers' Annual Meeting	\$109.37
2-Dec-09	Ottoman Cuisine, Barton, ACT	Medical Services Advisory Committee Meeting	\$660.00
2-Dec-09	Post Café, Sydney, NSW	Lunch with Associate Director of the United States National Institute of Environmental Health Sciences	\$85.90
4-Dec-09	Onred Restaurant, Canberra, ACT	Lunch with Commonwealth Serum Laboratories executives	\$183.00
8-Dec-09	Rigoni's Bistro, Adelaide, SA	Medications Management Technical Working Group Workshop dinner	\$786.90
14-Dec-09	Tre Scalini Restaurant, Sydney, NSW	Working dinner with Professor of Anaesthesiology and Paediatrics and Associate Professor of Anaesthesiology, University of Illinois, Chicago.	\$420.50
15-Dec-09	National Industrial Chemicals Notification and Assessment Scheme, Sydney, NSW	Small scale entertainment	\$282.46
18-Dec-09	Commonwealth Club, Canberra, ACT	Dinner with President, China Medical Board	\$128.33

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-248

OUTCOME 0: Whole of Portfolio

Topic: EMISSIONS TRADING SCHEME

Written Question on Notice

Senator Fierravanti-Wells asked:

What costs will the Government's Emissions Trading Scheme impose on hospitals, aged care nursing homes and other facilities?

Answer:

The Department has not modelled the potential costs of an Emissions Trading Scheme for the hospital and aged care sectors.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-006

OUTCOME 0: Whole of Portfolio

Topic: MEDIA MONITORING FOR MINISTER FOR SPORT

Written Question on Notice

Senator Mason asked:

Does the Department of Health and Ageing provide the Minister for Sport with any media clippings or monitoring services?

Answer:

Yes.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-129

OUTCOME 0: Whole-of-Portfolio

Topic: MEDICARE DEFICIT

Written Question on Notice

Senator Adams asked:

- a) Can the department confirm the estimate of the so-called 'Medicare deficit' which has been referred to by a number of people at the consultations the Prime Minister has attended?
- b) Are there rural and remote deficits in other aspects of the health system and, if so, has their size been estimated in dollar terms?

Answer:

- a) The so-called Medicare deficit refers to the difference between per capita Medicare benefits derived by people in one location as compared to another, or to a national average. The term Medicare deficit is used in various contexts, including for Medicare Benefits Schedule (MBS) primary care services, all MBS services, or MBS and Pharmaceutical Benefits Scheme (PBS) combined.

In 2008-09 per capita Medicare Benefits for all services were:

<b>Remoteness Area*</b>	<b>Medicare benefits per capita</b>
major centres	\$709
inner regional areas	\$620
outer regional areas	\$536
remote areas	\$418
very remote areas	\$325
<b>national average</b>	<b>\$668</b>

\*based on the Australian Standard Geographical Classification Remoteness Area (RA) system

- b) Pharmaceutical Benefits expenditure per capita in rural and remote areas is higher than in capital cities, but lower than in 'other metropolitan areas' – that is, in urban centres with population greater than 100,000.

In 2008-09 PBS expenditure per capita, by urban and rural location was:

<b>Location*</b>	<b>PBS expenditure per capita</b>
capital cities	\$291.1
other metropolitan	\$331.4
rural and remote	\$322.6
<b>all locations</b>	<b>\$303.2</b>

\* based on the Rural *Remote Metropolitan Area* (RRMA) *classification* system

In recognition of the generally lower level of utilisation of health programs in rural and remote areas, the Government provides a range of programs. The Government will provide \$134.4 million over four years to support regional and remote communities facing health workforce shortages. The Rural Health Workforce Strategy will comprise new programs and changes to existing programs to ensure that health professionals are further encouraged to live and work in rural and remote areas.

Note: The geographic breakdown of Medicare Benefits expenditure and Pharmaceutical Benefits expenditure are based on different remoteness classifications and are thus not comparable with each other.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-146

OUTCOME 0: Whole of Portfolio

Topic: MAPS SHOWING DIVISIONS OF GENERAL PRACTICE

Hansard Page: CA 38

Senator Humphries asked:

I am more interested in what plans the government is looking at with respect to this. I appreciate that some of this will be initiated by the divisions themselves but I understand that there are other plans being drawn up by the government for that purpose. I have a couple of maps here which I understand were produced by the department, one showing the 29 divisions of general practice which currently exist in Victoria, and an overlay map which reduces that to what are called 11 indicative primary healthcare organisations. Can you confirm that that is a document that is being prepared by the department?

Answer:

This is one of a series of indicative maps produced by the Department.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-055

OUTCOME 0: Whole of Portfolio

Topic: REVIEWS

Written Question on Notice

Senator Barnett asked:

- a) How many Reviews are currently being undertaken in the portfolio/agency or affecting the portfolio agency?
- b) When will each of these reviews be concluded?
- c) Which Reviews have been completed since Budget Estimates?
- d) When will the Government be responding to the respective reviews that have been completed?
- e) What is the total number of Reviews both completed and ongoing in the portfolio/agency or affecting the portfolio agency since November 2007?
- f) What is the estimated cost of these Reviews?
- g) What further reviews are planned for 2009-10 FY?

Answer:

The term 'review' is fairly broad and ambiguous. In answering this question the Department has interpreted it to refer to major policy reviews under the current Government. This answer excludes internal reviews which are undertaken as part of the day-to-day management of programs, or which are undertaken as part of administrative processes, and excludes reviews which are conducted as part of statutory obligations and program responsibilities of the Health and Ageing Portfolio.

Answers to questions a, b, c, d, e, f and g) are provided in the table below.

<b>a) Three reviews currently ongoing:</b>	<b>b) Expected completion</b>	<b>f) 10 Feb 2010 cost (\$)</b>
<i>Medicare Benefits Schedule – a quality framework for reviewing services</i>	30 June 2011	663,329
<i>Review of pathology items on the Medicare Benefits Schedule</i>	30 June 2011	(\$9,300,000 over two years from 1 July 2009 has been provided) 330,395
<i>Review of diagnostic imaging items on the Medicare Benefits Schedule</i>	30 June 2011	353,800
<b>c) Six reviews completed since Budget Estimates (3-5 June 2009), and five reviews completed prior to Budget Estimates</b>	<b>d) Response date</b>	<b>f) Estimated cost (\$)</b>
<b>Reviews completed since June 2009 Budget Estimates:</b>		
<i>Review of Health Technology Assessment in Australia</i> Completed 16 December 2009	27 February 2010	921,691
<i>Review of the Medicare Benefits Schedule</i> Completed 1 December 2009	14 December 2009	206,710
<i>The Future of Sport in Australia (Crawford Report)</i> Completed 15 October 2009	Response pending	1,050,904 (at 30 Nov 2009)
<i>National Preventative Health Strategy</i> Completed 30 June 2009	Response pending	1,254,243
<i>Draft National Primary Health Care Strategy</i> Completed 29 June 2009	Announcements 3 March and 12 April 2010	1,277,032
<i>National Health and Hospitals Reform Commission</i> Completed 30 June 2009	3 March 2010	6,791,384
<b>Reviews completed prior to June 2009 Budget Estimates:</b>		
<i>Review of Commonwealth Funded Rural Health Programs</i> Completed April 2009	12 May 2009	418,000
<i>Strategic Review of Future Funding Arrangements for Diagnostic Imaging and Pathology Services</i> Completed 18 April 2009	12 May 2009	221,691
<i>Review of Maternity Services in Australia</i> Completed February 2009	12 May 2009	497,539
<i>Review of the Conditional Adjustment Payment (CAP) in Residential Aged Care</i> Completed February 2009	12 May 2009	1,111,684
<i>Pathways into the health workforce for Aboriginal and Torres Strait Islander People: A Blueprint for Action</i> Completed July 2008	10 July 2008	198,267
<b>e) 14 reviews in total: three on-going and 11 completed.</b>		
<b>g) The Department has not been advised regarding further reviews which the Australian Government may wish to conduct in the 2009-10 financial year.</b>		

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-223

OUTCOME 0: Whole of Portfolio

Topic: REPORTS AND REVIEWS

Written Question on Notice

Senator Fierravanti-Wells asked:

- h) How many reports and reviews have been commissioned by the government in Health and Ageing since November 2007?
- i) Please provide details of each report including date commissioned, date report handed to government, date of public release, terms of reference and committee member?
- j) For each report, please provide information about the costs associated with the production of the report, including engagement of experts and consultants and the value of each contract. In addition, please provide information about how many departmental staff were involved in each report and at what level for each report?
- k) What is the current status of each report/review?
- l) When is the government intending to respond to these reports/reviews?
- m) Of the reports submitted to government please describe the actions the department is taking to implement the recommendations made?

Answer:

- a) The terms 'reports' and 'reviews' are fairly broad and ambiguous. In answering this question the Department has interpreted it to refer to major policy reviews and their associated reports, under the current Government. Fourteen such reviews/reports have been identified. This figure excludes internal reviews and reports which are undertaken as part of the day-to-day management of programs, or which are undertaken as part of administrative processes, and excludes reviews and report publications which are produced as part of statutory obligations and program responsibilities of the Health and Ageing Portfolio.

Answers to questions b, c, d, e and f) are provided in the table below:

- **On-going reviews**

**MEDICARE BENEFITS SCHEDULE – A QUALITY FRAMEWORK FOR REVIEWING SERVICES**

b) **Date commissioned:** 2009-10 Budget

**Date handed to Government:** The review is not completed.

**Date of public release:** The review is not completed.

**Terms of reference:** There are no formal terms of reference for the MBS Quality Framework. The review will involve the development of a strategic, evidence-based framework for managing the MBS into the future, including the establishment of new listing, pricing and review mechanisms that modernise MBS architecture through the application of evidence, a greater focus on quality and more consistency in fees setting.

c) **Cost:** \$663,329 (at 10 February 2010). \$9.3 million over the two years from 1 July 2009 has been provided.

**Expert committee members:** As at 10 February 2010 no committees have been established.

**Consultants:** APIS Group Pty Ltd – \$50,000

**Staffing:** 8.9 ASL (at 10 February 2010) with levels ranging from APS4 to SES1.

d) **Status:** On-going

e) **Government response:** n/a

f) **Implementation:** n/a

## REVIEW OF PATHOLOGY ITEMS ON THE MEDICARE BENEFITS SCHEDULE

b) **Date commissioned:** 2009-10 Budget

**Date handed to Government:** Review is not completed.

**Date of public release:** Review is not completed.

**Terms of reference:** The Government has requested a detailed review of funding arrangements for pathology, to ensure that the Government is paying the right amount in the right way to support access for patients to quality pathology services. Detailed Terms of Reference are at:

[http://www.health.gov.au/internet/main/publishing.nsf/Content/MBRT-Pathology\\_TOR](http://www.health.gov.au/internet/main/publishing.nsf/Content/MBRT-Pathology_TOR)

**Committee members:**

- Australian Association of Pathology Practices;
- Royal College of Pathologists of Australasia;
- National Coalition of Public Pathology;
- Australasian Society of Anatomical Pathologists;
- Consumers Health Forum;
- Catholic Health Australia;
- Royal Australian College of General Practitioners;
- Australian Medical Association;
- Australasian Association of Clinical Biochemists;
- Australian Institute of Medical Scientists;
- Australian Society of Microbiology;
- Human Genetics Society of Australasia;
- Haematology Society of Australia and New Zealand;
- Australian Society of Cytology;
- Australasian Society of Clinical Immunology and Allergy;
- IVD Australia; and
- Department of Health and Ageing (both the Medical Benefits Reviews Task Group and Diagnostic Services Branch).

The Committee will also include the Chairs of the following advisory bodies:

- National Pathology Accreditation Advisory Council;
- Quality Use of Pathology Committee; and
- Pathology Services Table Committee.

c) **Cost:** \$330,395 (at 10 February 2010)

**Expert committee members:** n/a

**Consultants:**

PriceWaterhouseCoopers – International literature review - \$78,009

PriceWaterhouseCoopers – Report on pathology capital expenditure - \$107,066

EW Consulting Pty Ltd – Analysis of MBS data - \$252,450

**Staffing:** 3.9 ASL (at 10 February 2010) with levels ranging from APS4 to SES1.

d) **Status:** On-going

e) **Government response:** n/a

f) **Implementation:** n/a

## REVIEW OF DIAGNOSTIC IMAGING ITEMS ON THE MEDICARE BENEFITS SCHEDULE

b) **Date commissioned:** 2009-10 Budget

**Date handed to Government:** Review is not completed.

**Date of public release:** Review is not completed.

**Terms of reference:** The Government has requested a detailed review of funding arrangements for diagnostic imaging, to ensure that the Government is paying the right amount in the right way to support access for patients to quality diagnostic imaging services. Detailed Terms of Reference at:

[http://www.health.gov.au/internet/main/publishing.nsf/Content/MBRT-DI\\_TOR](http://www.health.gov.au/internet/main/publishing.nsf/Content/MBRT-DI_TOR)

**Committee members:**

- Australian Diagnostic Imaging Association;
- Royal Australian and New Zealand College of Radiologists;
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists;
- Cardiac Society of Australia and New Zealand;
- Australia and New Zealand Association of Physicians in Nuclear Medicine;
- Consumers Health Forum;
- Australian Medical Association;
- Australian Institute of Radiography;
- Australian Sonographers Association;
- Australasian Society for Ultrasound in Medicine;
- Department of Health and Ageing (both the Diagnostic Imaging Review team and Diagnostic Services Branch);
- Royal Australian College of General Practitioners;
- Royal Australasian College of Surgeons; and
- Allied Health Professions Australia.

c) **Cost:** \$353,800 (at 10 February 2010)

**Expert committee members:** n/a

**Consultants:** ACIL Tasman – Literature review \$54,317

Applied Economics – Report on capital expenditure - \$117,200

**Staffing:** 3.8 ASL (at 10 February 2010) with levels ranging from APS4 to SES1.

d) **Status:** On-going

e) **Government response:** n/a

f) **Implementation:** n/a

## • Completed reviews

### HEALTH TECHNOLOGY ASSESSMENT REVIEW

b) **Date commissioned:** 18 December 2008

**Date handed to Government:** 16 December 2009

**Date of public release:** 27 February 2010

**Terms of reference:** The Health Technology Assessment Review (HTA) was to report on the matters including simplification and better co-ordination between the Commonwealth HTA processes. Detailed Terms of Reference are at:

<http://www.health.gov.au/internet/main/publishing.nsf/Content/hta-review#terms>

**Committee members:** The review was undertaken by the Department of Health and Ageing and was informed by a Medical Technology Stakeholder Reference Group which included representatives from key peak agencies.

c) **Cost:** \$921,691 (at 16 December 2009)

**Expert committee members:** n/a

**Consultants:** \$121,386

**Staffing:** Average staffing was 6.8 ASL with levels ranging from graduate to Medical Officer class 2.

d) **Status:** Completed  
e) **Government response:** The Australian Government responded to the Health Technology Assessment review on 27 February 2010 announcing that work would begin immediately to implement 13 of the 16 recommendations with the remaining three longer-term recommendations to be subject to further consideration.  
f) **Implementation:** A senior-level steering committee has been established to oversee implementation. Recommendations 1 to 12 and 16 are being commenced with some activities scheduled to begin from July 2010 to the end of 2011.

#### **REVIEW OF MEDICARE BENEFITS SCHEDULE**

b) **Date commissioned:** 9 December 2008  
**Date handed to Government:** 1 December 2009  
**Date of public release:** 14 December 2009  
**Terms of reference:** Simplify the schedule, remove red tape and encourage preventative care.  
**Committee members:** The review was undertaken by the Department of Health and Ageing.  
c) **Cost:** \$206,710  
**Expert committee members:** n/a  
**Consultants:** n/a  
**Staffing:** Average staffing was 6 ASL with levels ranging from graduate to SES1.  
d) **Status:** Completed.  
e) **Government response:** The Australian Government responded to the review on 14 December 2009 announcing that 15 measures to simplify the Schedule, remove red tape and encourage preventative care would be in place by 1 May 2010.  
f) **Implementation:** Changes to Medicare attendance items for vocationally-recognised general practitioners and for non vocationally-recognised medical practitioners as a result of the review are being implemented to commence with effect 1 May 2010.

#### **THE FUTURE OF SPORT IN AUSTRALIA (CRAWFORD REPORT)**

b) **Date commissioned:** 28 August 2008  
**Date handed to Government:** 15 October 2009  
**Date of public release:** 17 November 2009  
**Terms of reference:** An independent expert panel has been appointed to make recommendations on the specific structures, programs and reform required to ensure the continuing robustness of the Australian sport system. Detailed Terms of Reference are at:  
<http://www.sportpanel.org.au/internet/sportpanel/publishing.nsf/Content/crawford-report>  
**Committee members:** David Crawford; Mark Bouris; Sam Mostyn; Pamela Tye; Colin Carter.  
c) **Cost:** \$1,050,904 (as at 30 November 2009)  
**Expert committee members:** n/a  
**Consultants:** n/a  
**Staffing:** Average staffing was 5.07 ASL with levels ranging from APS4 to EL2.  
d) **Status:** Completed  
e) **Government response:** The Australian Government launched the Crawford Report on 17 November 2009 and announced a response would be released in 2010.  
f) **Implementation:** n/a

## NATIONAL PREVENTATIVE HEALTH STRATEGY

b) **Date commissioned:** 9 April 2008

**Date handed to Government:** 30 June 2009

**Date of public release:** 1 September 2009

**Terms of reference:** The Preventative Health Taskforce will provide evidence-based advice to government and health providers – both public and private – on preventative health programs and strategies, and support the development of a National Preventative Health Strategy. Detailed Terms of Reference are at:

<http://www.health.gov.au/internet/preventativehealth/publishing.nsf/Content/terms-of-reference-11p>

**Committee members:** Professor Rob Moodie (Chair); Professor Mike Daube; Professor Paul Zimmet AO; Ms Kate Carnell AO; Dr Lyn Roberts AM; Dr Shaun Larkin; Professor Leonie Segal; the Australian Health Ministers' Conference (AHMC) was asked to nominate two government representatives with particular experience in Indigenous public health, rural and remote public health, and community.

c) **Cost:** \$1,254,243

**Expert committee members:** \$606,855

**Consultants:** \$167,868

**Staffing:** Average staffing was 5.23ASL with levels ranging from APS4 to EL2.

d) **Status:** Completed

e) **Government response:** The Australian Government released the National Preventative Health Strategy on 1 September 2009 to inform its national conversation on health reform with the Australian people. Government response is pending.

f) **Implementation:** To be determined.



## DRAFT NATIONAL PRIMARY HEALTH CARE STRATEGY

b) **Date commissioned:** 11 June 2008

**Date handed to Government:** 29 June 2009

**Date of public release:** 31 August 2009

**Terms of reference:** The External Reference Group will work closely with the Government in the development of the Strategy, including:

- providing expert input on primary health care issues being considered as part of the development of the Strategy;
- reviewing and commenting on information relating to the Strategy prior to release for broader consultation; and
- assisting the Department in the analysis of, and responses to, the range of comments which may be received from broader consultation processes.

**Committee members:** Dr Tony Hobbs (Chair); Mr Peter Fazey ; Professor Mark Harris; Associate Professor Noel Hayman; Professor Claire Jackson; Ms Judy Liauw; Professor Lyn Littlefield OAM; Ms Anne Matyear; Mr Mitch Messer; Dr Rod Pearce; Dr Vasantha Preetham; Professor Hal Swerissen; and Dr Barbara Vernon.

c) **Cost:** \$1,277,032

**Expert committee members:** \$225,160

**Consultants:** \$12,300

**Staffing:** Average staffing was 9.05 ASL with levels ranging from APS4 to SES1.

d) **Status:** Completed

e) **Government response:** On 31 August 2009, the Australian Government released *Building a 21<sup>st</sup> Century Primary Health Care System: A draft of Australia's First National Primary Health Care Strategy and Primary Health Care Reform in Australia: Report to Support Australia's First National Primary Health Care Strategy*, to inform its national conversation on health reform with the Australian people. The draft National Primary Health Care Strategy and supporting report were used with other sources to help articulate the Government's health reform agenda including announcements made on 3 March 2010 and 12 April 2010.

f) **Implementation:** The draft National Primary Health Care Strategy identified key priority directions for change: it did not include specific recommendations. On 3 March 2010, the Prime Minister announced the National Health and Hospitals Network (NHHN). Investments under the NHHN include a number of significant reforms to the primary health care system which align with the key priority areas in the draft National Primary Health Care Strategy.

## NATIONAL HEALTH AND HOSPITALS REFORM COMMISSION

b) **Date commissioned:** 25 February 2008

**Date handed to Government:** 30 June 2009

**Date of public release:** 27 July 2009

**Terms of reference:** Australia's health system is in need of reform to meet a range of long-term challenges, including access to services, the growing burden of chronic disease, population ageing, costs and inefficiencies generated by blame and cost shifting, and the escalating costs of new health technologies. The Commonwealth Government will establish a National Health and Hospitals Reform Commission to provide advice on performance benchmarks and practical reforms to the Australian health system which could be implemented in both the short and long term, to address these challenges. Detailed Terms of Reference are at:

<http://www.health.gov.au/internet/nhhrc/publishing.nsf/Content/terms-of-reference>

**Committee members:** [Dr Christine Bennett](#) (Chair); [Professor Justin Beilby](#); [Dr Stephen Duckett](#); [The Hon Dr Geoff Gallop AC](#); [Dr Mukesh Haikerwal](#); [Associate Professor Sabina Knight](#); [The Hon Rob Knowles AO](#); [Ms Mary Ann O'Loughlin](#); [Professor Ronald Penny AO](#); [Dr Sharon Willcox](#).

c) **Cost:** \$6,791,384

**Expert committee members:** n/a

**Consultants:** \$263,998

**Staffing:** Average staffing was 9.95 ASL with levels ranging from APS4 to SES2.

d) **Status:** Completed

e) **Government response:** The Australian Government released the National Health and Hospitals Reform Commission report on 27 July 2009 to inform its national conversation on health reform with the Australian people. On 3 March 2010, the Australian Government responded to the report.

f) **Implementation:** On 3 March 2010, the Prime Minister announced the National Health and Hospitals Network, to deliver better hospitals and better health care for all Australians, wherever they live.

## REVIEW OF COMMONWEALTH FUNDED RURAL HEALTH PROGRAMS

b) **Date commissioned:** 2 July 2008

**Date handed to Government:** April 2009

**Date of public release:** 12 May 2009

**Terms of reference:** On 2 July 2008, the Australian Government asked the Office of Rural Health over the next 12 months, to review the 60 targeted rural health programs and the classification systems that determine eligibility for Australian Government rural program funding.

**Committee members:** There was no committee, however, the following stakeholders were consulted throughout the review:

- National Rural Health Alliance
- Rural Doctors' Association of Australia
- Council of Remote Area Nurses Australia
- Services for Australian Rural and Remote Allied Health
- Rural Health Workforce Australia; and
- Australian Rural Health Education Network.

c) **Cost:** \$418,000

**Expert committee members:** n/a

**Consultants:** n/a

**Staffing:** Average staffing was 2.8 ASL with levels ranging from APS6 to SES1.

d) **Status:** Completed

e) **Government response:** The Australian Government responded to the Review of Commonwealth Funded Rural Health programs on 12 May 2009 in the 2009-10 Budget.

f) **Implementation:** Rural and remote health measures in the 2009-10 Budget context.

## STRATEGIC REVIEW OF FUTURE FUNDING ARRANGEMENTS FOR DIAGNOSTIC IMAGING AND PATHOLOGY SERVICES

b) **Date commissioned:** 28 April 2008

**Date handed to Government:** 18 April 2009

**Date of public release:** n/a

**Terms of reference:** The Australian Government asked for a review to be undertaken to identify options for future funding arrangements for diagnostic imaging and pathology.

**Committee members:** The review was conducted by an interdepartmental committee chaired by the Department of Finance and Deregulation, with membership from the Department of Prime Minister and Cabinet, the Treasury and the Department of Health and Ageing.

c) **Cost:** \$221,691

**Expert committee members:** n/a

**Consultants:** n/a

**Staffing:** Average staffing was 3 ASL with levels ranging from EL1 to EL2.

d) **Status:** Completed

e) **Government response:** The Australian Government responded to the Strategic Review of Future Funding Arrangements for Diagnostic Imaging and Pathology services in the 2009-10 Budget.

f) **Implementation:** *More Support for Bulk-Billing Pathology and Diagnostic Imaging Tests and Increasing Competition in Pathology and Diagnostic Imaging.*

## REVIEW OF MATERNITY SERVICES IN AUSTRALIA

b) **Date commissioned:** 10 September 2008

**Date handed to Government:** Early February 2009

**Date of public release:** 21 February 2009

**Terms of reference:** The Review considered issues relevant to maternity services, including antenatal services, birthing options, postnatal services up to six weeks after birth, and peer and social support for women in the perinatal period.

**Committee members:** The review was undertaken by the Department of Health and Ageing.

c) **Cost:** \$497,539

**Expert committee members:** n/a

**Consultants:** \$44,115

**Staffing:** Average staffing was 7.75 ASL with levels ranging from graduate to SES1.

d) **Status:** Completed

e) **Government response:** The Australian Government responded to the report of the Review of Maternity Services in Australia on 12 May 2009.

f) **Implementation:** *Providing More Choice in Maternity Care – Access to Medicare and Pharmaceutical Benefits Scheme for Midwives*

## REVIEW OF THE CONDITIONAL ADJUSTMENT PAYMENT (CAP) IN RESIDENTIAL AGED CARE

b) **Date commissioned:** 13 May 2008

**Date handed to Government:** February 2009

**Date of public release:** n/a

**Terms of reference:**

Details provided at: <http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-cap.htm>

**Committee members:** The review was undertaken by the Department of Health and Ageing.

c) **Cost:** \$1,111,684 (including \$1,000,939 expenditure on expert services associated with the technical analysis of General Purpose Financial Returns)

**Expert committee members:** n/a

**Consultants:** n/a

**Staffing:** Average staffing was 0.78 ASL with levels ranging from APS6 to SES1.

d) **Status:** Completed

e) **Government response:** The Australian Government responded to the Review of the Conditional Adjustment Payment (CAP) in the 2009-10 Budget.

f) **Implementation:** Completed in the 2009-10 Budget context.

## THE PATHWAYS INTO THE HEALTH WORKFORCE FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE: A BLUEPRINT FOR ACTION

b) **Date commissioned:** n/a

**Date handed to Government:** 2008

**Date of public release:** 10 July 2008

**Terms of reference:** To provide strategic advice and strategies from the National Aboriginal and Torres Strait Islander Health Council on Indigenous health workforce issues. More details are at:

[www.aida.org.au/pdf/pathways.pdf](http://www.aida.org.au/pdf/pathways.pdf)

**Committee members:**

Working Group members:

Dr Mark Wenitong (Chair), National Aboriginal and Torres Strait Islander Health Council (NATSIHC)

Ms Clare Anderson, National Aboriginal Community Controlled Health Organisation

Mr Peter Boyce, Australian Health Ministers' Advisory Council

Associate Professor Jacinta Elston, NATSIHC

Associate Professor Gail Garvey, NATSIHC

Dr Sally Goold, Congress of Aboriginal and Torres Strait Islander Nurses

Ms Jill Milroy, Indigenous Higher Education Advisory Committee

Dr Caroline Perkins, Australian Government Department of Education, Employment and Workplace Relations

Mr Graeme Rossiter, Australian Government Department of Health and Ageing

Project team:

Consultant Writer - Mr Gregory Phillips, ABSTARR Consulting

Senior Project Officer - Ms Silvia Liertz, Australian Indigenous Doctors' Association (AIDA)

c) **Cost:** \$198,267

**Expert committee members:** n/a

**Consultants:** n/a

**Staffing:** Average staffing was 1.5 ASL with levels including APS6, EL1 and EL2.

d) **Status:** Completed

e) **Government response:** The Australian Government launched and responded to the Pathways Paper on 10 July 2008.

f) **Implementation:** The National Indigenous Health Equality Council is undertaking implementation.

Senate Community Affairs Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO  
Additional Estimates 2009-2010, 10 February 2010

Question: E10-393

OUTCOME 0: Whole of Portfolio

Topic: SECURITY COSTS FOR COMMUNITY CABINETS

Written Question on Notice

Senator Fierravanti-Wells asked:

- n) What are the costs of transport and protection for cabinet documents for Community Cabinets?
- o) Please provide a list of Community Cabinets held since November 2007 and list the cost per meeting?

Answer:

- a) There is nil cost associated with the transport and protection for cabinet documents for Community Cabinets as the documents are transported with relevant Ministers and Departmental officers attending the meetings.
- b) There have been 20 Community Cabinet meetings held since November 2007 to 10 February 2010:
  - 1. 20/01/2008 – Canning Vale, WA
  - 2. 02/03/2008 – Narangba, QLD
  - 3. 15/04/2008 – Penrith, NSW
  - 4. 29/06/2008 – Mackay, QLD
  - 5. 23/07/2008 – Yirrakala, NT
  - 6. 14/08/2008 – Hallett Cove, SA
  - 7. 29/09/2008 – Newcastle, NSW
  - 8. 05/11/2008 – Launceston, TAS
  - 9. 07/12/2008 – Corio, VIC
  - 10. 17/02/2009 – Campbelltown, NSW
  - 11. 22/04/2009 – Ballajura, WA
  - 12. 21/05/2009 – Emerald, VIC
  - 13. 30/06/2009 – Beenleigh, QLD
  - 14. 28/08/2009 – Elizabeth, SA
  - 15. 25/08/2009 – Port Macquarie, NSW
  - 16. 01/10/2009 – Geraldton, WA
  - 17. 13/10/2009 – Hobart, TAS
  - 18. 09/11/2009 – Bathurst, NSW
  - 19. 08/12/2009 – Townsville, QLD
  - 20. 20/01/2010 – Adelaide, SA

There is nil cost per meeting as cabinet documents for Community Cabinets are transported with relevant Ministers and Departmental officers attending the meetings.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-008

OUTCOME 0: Whole of Portfolio

Topic: MEDIA MONITORING - SPORT

Written Question on Notice

Senator Mason asked:

- a) What is the total cost for the financial year to date on media clippings/monitoring services?
- b) What is the cost for 2008-09
- c) Is that cost based on a number of licences?
- d) If so, how many?
- e) What is the cost each additional licence?

Answer:

- a) The total cost for media clippings/monitoring services ordered for sports subjects under the Health and Ageing portfolio for the financial year to 30 April 2010 is \$48,563 (ex. GST). The figures include monitoring for the Minister for Sport but exclude portfolio agencies.
- b) The total cost for media clippings/monitoring services for sport under the Health and Ageing portfolio if 2008-09 was \$33,589 (ex. GST). The figures include monitoring for the Minister for Sport but exclude relevant portfolio agencies.
- c) Media Monitors Pty Ltd does not charge a licence fee for access to media monitoring services.
- d) Not applicable.
- e) Not applicable.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-010

OUTCOME 0: Whole of Portfolio

Topic: MEDIA CLIPPINGS

Written Question on Notice

Senator Mason asked:

Please provide a list of each search term/word for the Minister's sport media clipping service.

Answer:

The Department's media monitoring service covers a range of topics that change regularly to meet the requirements of the Department and enable it to monitor the current issues affecting sport policy and the operation of programs. For example the current search terms include terms like:

Australia re Olympics

Australia Sports Commission (ASC)

Australian athletes - re federal government funding/involvement

FIFA World Cup Bid 2018 or 2022

Childhood obesity - re federal government responsibility re sport and recreation

Drugs in sport - re federal government

Sports facilities

Minister for Sport

National sports organisations in Australia eg Australian Soccer Assoc, AFL, NRL, Football

World Anti-Doping Code



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-007

OUTCOME 0: Whole of Portfolio

Topic: MEDIA MONITORING

Written Question on Notice

Senator Mason asked:

- a) How many personal staff does the Minister have?
- b) How many of those personal staff have access to the media clipping service?
- c) Do any of the Ministers electorate staff have access to the media clipping service?

Answer:

- a) 7.
- b) The media monitoring service is based on a defined number of log-ins provided by Media Monitors. The Minister's Office has one log-in.
- c) The Department has made enquiries of the Minister's Office and has been advised that no electorate staff access the media clipping service.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-052

OUTCOME 0: Whole of Portfolio

Topic: COMMUNITY CABINET

Written Question on Notice

Senator Barnett asked:

What was the cost of the Ministers' travel and expenses for the Community Cabinet meetings held since Budget Estimates?

Answer:

<b>Meeting</b>	<b>Roxon</b>	<b>Elliot</b>	<b>Ellis</b>	<b>Snowdon</b>
Beenleigh, QLD 30 June 2009	\$2,561.70	N/A	\$1,984.71	N/A
Elisabeth, SA 28 July 2009	\$821.19	N/A	N/A*	\$2001.70
Port Macquarie, NSW 25 August 2009	N/A	\$327.00	\$1,379.55	N/A
Geraldton, WA 1 October 2009	\$3,683.20	N/A	N/A	N/A
Hobart, TAS 13 October 2009	N/A	\$1,615.46	N/A	N/A
Bathurst, NSW 9 November 2009	\$913.46	\$913.46	\$573.46	N/A
Townsville, QLD 8 December 2009	\$1,822.54	N/A	N/A	N/A
Adelaide, SA 20 January 2010	\$844.59	N/A	N/A*	N/A

\*Minister Ellis attended and was already in Adelaide at the time of the meeting.

Ministers' travel costs for Community Cabinet meetings are paid through the Department of Finance and Deregulation (DoFD). Figures reported are provided by DoFD.

These figures include airfares and Travel Allowance claims. They do not include travel by taxis (due to the difficulties determining exact destinations using the electronic information as provided by Cabcharge) or travel on Special Purpose Aircraft (which is administered by the Department of Defence). A Schedule of Special Purpose Flights is produced periodically by the Department of Defence covering a six month period, and is tabled in the Federal Parliament.

Ministers and their staff often conduct official business additional to Community Cabinet meetings while at a Community Cabinet location. It is not possible to disaggregate the effects of such other business on the costs listed in this answer.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-053

OUTCOME 0: Whole of Portfolio

Topic: COMMUNITY CABINET

Written Question on Notice

Senator Barnett asked:

- a) How many Ministerial Staff and Departmental officers travelled with the Minister for the Cabinet meetings?
- b) What was the total cost of this travel?

Answer:

a) and b)

Meeting	Roxon Staff	Elliot Staff	Ellis Staff*	Snowdon Staff	Departmental officer	Total cost
Beenleigh, QLD 30 June 2009	3	1	0	0	1	\$7,265.98
Elisabeth, SA 28 July 2009	3	0	1	2	1	\$8,156.42
Port Macquarie, NSW 25 August 2009	1	1	0	0	1	\$3,508.25
Geraldton, WA 1 October 2009	3	0	0	0	1	\$9,524.31
Hobart, TAS 13 October 2009	1	2	0	0	1	\$3,420.96
Bathurst, NSW 9 November 2009	3	1	0	0	1	\$4,002.96
Townsville, QLD 8 December 2009	2	0	0	0	1	\$3,940.06
Adelaide, SA 20 January 2010	2	0	0	0	1	\$4,939.24

\*Attendances and costs of Minister Ellis' staff are only for Sport staff (Minister Ellis' Health and Ageing portfolio responsibilities)

Ministerial staff travel costs for Community Cabinet meetings are paid through the Department of Finance and Deregulation (DoFD). Figures reported are provided by DoFD.

These figures include airfares and Travel Allowance claims. They do not include travel by taxis (due to the difficulties determining exact destinations using the electronic information as provided by Cabcharge) or travel on Special Purpose Aircraft (which is administered by the Department of Defence).

A Schedule of Special Purpose Flights is produced periodically by the Department of Defence covering a six month period, and is tabled in the Federal Parliament.

Ministers and their staff often conduct official business additional to Community Cabinet meetings while at a Community Cabinet location. It is not possible to disaggregate the effects of such other business on the costs listed in this answer.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-054

OUTCOME 0: Whole of Portfolio

Topic: COMMUNITY CABINET

Written Question on Notice

Senator Barnett asked:

What was the total cost to the Department and Ministers' offices?

Answer:

<b>Meeting</b>	<b>Ministers / Ministerial Staff*</b>	<b>Department</b>
Beenleigh, QLD 30 June 2009	\$10,312.14	\$1,500.25
Elisabeth, SA 28 July 2009	\$8,971.64	\$2,007.67
Port Macquarie, NSW 25 August 2009	\$4,514.47	\$700.33
Geraldton, WA 1 October 2009	\$12,528.95	\$678.56
Hobart, TAS 13 October 2009	\$3,942.48	\$1,093.94
Bathurst, NSW 9 November 2009	\$5,502.56	\$900.78
Townsville, QLD 8 December 2009	\$4,636.65	\$1,125.95
Adelaide, SA 20 January 2010	\$4,142.83	\$1,641.00

\*Contribution to costs of Minister Ellis' staff only includes Sport staff (Minister Ellis' Health and Ageing portfolio responsibilities)

Ministerial staff travel costs for Community Cabinet meetings are paid through the Department of Finance and Deregulation (DoFD). Figures reported are provided by DoFD.

These figures include airfares and Travel Allowance claims. They do not include travel by taxis (due to the difficulties determining exact destinations using the electronic information as provided by Cabcharge) or travel on Special Purpose Aircraft (which is administered by the Department of Defence).

A Schedule of Special Purpose Flights is produced periodically by the Department of Defence covering a six month period, and is tabled in the Federal Parliament.

Ministers and their staff often conduct official business additional to Community Cabinet meetings while at a Community Cabinet location. It is not possible to disaggregate the effects of such other business on the costs listed in this answer.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-221

OUTCOME 0: Whole of Portfolio

Topic: PROGRAMS REQUIRING STATE AND TERRITORY AGREEMENT

Written Question on Notice

Senator Fierravanti-Wells asked:

- p) How many programs within the health and ageing portfolio require cooperation with a state and territory government to progress?
- q) How many programs within the health and ageing portfolio require agreement and sign off from a state and territory government to implement?
- r) How many programs within the health and ageing portfolio are experiencing delays as a result of seeking agreement from state and territory government?
- s) Please provide the name of these programs, the expected date of delivery at the time of announcement, the revised implementation date and progress against agreed milestones (including dates and any revised timeframes)?

Answer:

In giving this answer:

- cooperation has been taken to mean:
  - initiatives captured under the Framework on Federal Financial Relations (i.e. programs captured within National Agreements, National Partnership Agreements and Implementation Plans);
  - other financial arrangements with states and territories; and
  - other non-financial arrangements which require cooperation with states and territories.
- agreement has been taken to include:
  - National Agreements; National Partnership Agreements; Implementation Plans; Funding Agreements; Memoranda of Understanding; letters of exchange; and national strategies.
- The answer relates to the number of programs within the Department of Health and Ageing requiring cooperation with a state or territory.

a) 91.

b) 46.



c) 3.

d) Please see answers outlined in the table below.

	<b>Program name – Element of program delayed – Description of delay</b>
1	<b>Program 1.3 – Drug Strategy</b> <b>National Binge Drinking Strategy: Early Intervention Pilot Program (NSW only)</b> <ul style="list-style-type: none"><li>• The period of delivery for NSW has been revised from 2009-10 to 2010-2012.<ul style="list-style-type: none"><li>◦ Funding agreements are scheduled to be in place by June 2010, with Implementation Plans agreed by August 2010, and delivery of program by end of 2010.</li></ul></li><li>• All other states and territories are progressing as planned.</li></ul>
2	<b>Program 8.1 – Aboriginal and Torres Strait Islander Health</b> <b>Torres Strait Health Protection Strategy</b> <ul style="list-style-type: none"><li>• First date of service delivery was due 30 June 2010.</li><li>• Revised start date late 2010 to early 2011, pending resolution of establishment issues and associated arrangements.</li></ul>
3	<b>Program 8.1 – Aboriginal and Torres Strait Islander Health</b> <b>Improving Eye and Ear Health Services for Indigenous Australians for Better Education and Employment Outcomes (trachoma control agreements only)</b> <ul style="list-style-type: none"><li>• New trachoma control funding agreements were expected to be in place by 1 January 2010 in the three jurisdictions with endemic trachoma (the NT, WA and SA).</li><li>• Funding agreements were executed with WA on 31 March 2010 and with the NT on 14 April 2010.</li><li>• Negotiations are continuing with SA.</li></ul>

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-222

OUTCOME 0: Whole of Portfolio

Topic: STATUTORY BODIES, ADVISORY BODIES AND COMMITTEES

Written Question on Notice

Senator Fierravanti-WELLS asked:

- a) How many statutory bodies, advisory bodies and committees within the health and ageing portfolio were there in December 2007?
- b) Please provide a list of all?
- c) How many statutory bodies, advisory bodies and committees within the health and ageing portfolio were there in February 2010?

Answer:

- a) 169.
- b) Refer to Attachment A.
- c) 231 - refer to Attachment B.

December 2007

<b>Number</b>	<b>Committee</b>
1.	Aboriginal and Torres Strait Islander Health & Research Advisory Committee
2.	Advisory Committee on Health & Nanotechnology
3.	Advisory Committee on Novel Foods
4.	Advisory Group for Dietary Exposure Assessment
5.	Advisory Group for Food Composition
6.	Advisory Group on Chemical Safety
7.	Advisory Panel for Marketing in Australia of Infant Formula
8.	Aged Care Advisory Committee
9.	Aged Care Workforce Committee
10.	Animal Welfare Committee
11.	Arthritis & Osteoporosis Expert Advisory Committee
12.	Asthma Expert Advisory Committee
13.	Australian and New Zealand Clinical Trials Register Policy Advisory Committee
14.	Australian Bleeding Disorder Registry - Redevelopment Steering Committee
15.	Australian Commission of Safety and Quality in Health Care - Medication Safety Taskforce
16.	Australian Commission on Safety & Quality in Health Care - Health Care Associated Infection Implementation Advisory Committee
17.	Australian Commission on Safety & Quality in Health Care - Information Strategy Committee
18.	Australian Commission on Safety & Quality in Health Care - Inter Jurisdictional Committee
19.	Australian Commission on Safety & Quality in Health Care - National Inpatient Medication Chart Oversight Committee
20.	Australian Commission on Safety & Quality in Health Care - Private Hospital Sector Committee
21.	Australian Government Advisory Committee on World Health Organisation Collaborating Centre
22.	Australian Health Ethics Committee
23.	Australian Health Information Council
24.	Australian Health Ministers' Advisory Council
25.	Australian Health Ministers' Advisory Council Advisory Group on Human Gene Patent
26.	Australian Health Protection Committee
27.	Australian Institute of Health and Welfare Ethics Committee
28.	Australian Institute of Sport - Ethics Committee
29.	Australian Pharmaceutical Advisory Council
30.	Australian Pharmaceutical Advisory Council and Pharmaceutical Health and Rational Use of Medicines Strategic Planning
31.	Australian Population Health Development Principal Committee
32.	Australian Red Cross Blood Service Business study Expert Advisors Group
33.	Australian Technical Advisory Group on Immunisation
34.	Breast Screen Australia Evaluation Advisory Committee
35.	Cardiac Prostheses Clinical Advisory Group

<b>Number</b>	<b>Committee</b>
36.	Cardio-Thoracic Prostheses Clinical Advisory Group
37.	Cardiovascular Rehabilitation Working Committee
38.	Catering Advisory Group on Food Safety Programs for Vulnerable Populations
39.	Cellular Therapies Advisory Committee
40.	Clinical Advisory Council
41.	Clinical Expert Advisory Panel
42.	Clinical Research Advisory Group
43.	Code Liaison Group Committee
44.	Communicable Disease Network Australia National Arbovirus & Malaria Advisory Committee
45.	Communicable Diseases Network Australia National Tuberculosis Advisory Committee
46.	Community Care Advisory Committee
47.	Consumer Liaison Committee
48.	Contenance Management Advisory Committee
49.	Dairy Scientific Advisory Panel
50.	Data Advisory Group
51.	Departmental Ethics Committee – Human Research Ethics Committee
52.	Diabetes Expert Advisory Committee
53.	Diabetes Pilot Program Steering Committee of the Professional Programs and Services Advisory Committee
54.	Diabetes Vaccine Development Centre Advisory Centre Board
55.	Enabling Grants Committee
56.	Enhanced Medical Education Advisory Committee
57.	Environmental Health Committee
58.	Expert Advisory Group on Antimicrobial Resistance
59.	Expert Reference Group - Improved Services and Cormidity
60.	Expert Reference Group - National Psychostimulants Initiative
61.	Forensic Mortuaries Drafting Committee
62.	Gaucher Disease Advisory Committee
63.	Gene Technology Technical Advisory Committee
64.	General Practice Education and Training - Quality Advisory Group
65.	Growth Hormone Advisory Committee
66.	Hearing Services Consultative Committee
67.	Hepatitis C Steering Committee
68.	Hips Prostheses Clinical Advisory Group
69.	HIV / Hepatitis C Drafting Committee
70.	Human Genetics Advisory Committee ( National Health and Hospitals Reform Committee)
71.	Human Genetics Advisory Committee (Department of Health and Ageing)
72.	Intergovernmental Committee on AIDS Hepatitis C
73.	Intergovernmental Committee on Drugs
74.	Jurisdictional Blood Committee
75.	Knee Prostheses Clinical Advisory Group
76.	Lens Prostheses Clinical Advisory Group
77.	Medical Services Advisory Committee

<b>Number</b>	<b>Committee</b>
78.	Medical Services Advisory Committee - Human Papillomavirus Triage for PAP Smears
79.	Medical Services Advisory Committee - In Situ Hybridisation
80.	Medical Services Advisory Committee Executive meetings
81.	Mental Health Expert Reference Group to advise on Council of Australian Governments Measure for Improving the Capacity of Workers in Indigenous Communities.
82.	Mersey Community Health Interim Advisory Committee
83.	Ministerial Council on Drug Strategy
84.	Minister's Dementia Taskforce
85.	Mucopolysaccharidosis Disease Advisory Committee
86.	National Aboriginal and Torres Strait Islander Health Council
87.	National Asbestos Working Committee
88.	National Breast & Ovarian Cancer - Implementation Advisory Group
89.	National Breast & Ovarian Cancer - Information Advisory Group
90.	National Clinical Taskforce on Organ & Tissue Donation
91.	National Drugs & Poisons Scheduling Committee
92.	National Health & Medical Research Council Glaucoma Working Committee
93.	National Health & Medical Research Council Licensing Committee
94.	National Health & Medical Research Council Water Quality Advisory Committee
95.	National Health and Medical Research Council - Guidelines Steering Committee
96.	National Health and Medical Research Council - Program Grants Committee
97.	National Health and Medical Research Council - Research Committee
98.	National Health and Medical Research Council - Research Fellowships Committee
99.	National Health Committee
100.	National Immunisation Committee of the Australian Health Ministers' Advisory Committee
101.	National Influenza Pandemic Action Committee Expert Advisory Group
102.	National Pathology Accreditation Advisory Committee
103.	National Polio Certification Committee
104.	National Surveillance Committee
105.	Nuclear Safety Committee
106.	Palliative Care Research Working Committee
107.	Panel of Clinical Experts of the Prostheses and Devices Committee
108.	Pathology Consultative Committee
109.	Pathology Services Table Committee
110.	Pediatric Medicines Advisory Group
111.	Pharmaceutical Benefits Advisory Committee
112.	Policy & Practice Research Advisory Committee
113.	Professional Programs and Services Advisory Committee
114.	Professional Programs and Services Advisory Committee - Evaluation Steering Committee
115.	Professional Programs and Services Advisory Committee - Research & Development Steering Committee
116.	Professional Programs and Services Advisory Committee - Rural & Indigenous Steering Committee
117.	Professional Services Review Committee
118.	Program Grants Committee Centres of Clinical Research Excellence

<b>Number</b>	<b>Committee</b>
119.	Prostheses and Devices Committee
120.	Prostheses Policy Advisory Group
121.	Qualified Privilege Advisory Group
122.	Radiation Health & Safety Advisory Council
123.	Radiation Health Committee
124.	Retailers and Manufacturers Committee
125.	Review of the Alcohol Guidelines Working Committee
126.	Scientific Advisory Group for Epidemiology
127.	Scientific Advisory Group for Infants & Young Children
128.	Scientific Influenza Advisory Group
129.	Second National Survey on Mental Health and Well being - Follow-up Survey Committee
130.	Section 95AA Guidelines Working Committee
131.	Social Science Expert Advisory Group
132.	Spinal Prostheses Clinical Advisory Group
133.	Sports Connect Advisory Committee
134.	Steering Committee Aboriginal and Torres Strait Islander Health - Expenditure Report
135.	Technical Advisory Group National Industrial Chemical Notification Assessment Scheme
136.	Training Awards Committee
137.	Trauma Prostheses Clinical Advisory Group
138.	University Counselors Expert Reference Group
139.	Urogenital Prostheses Clinical Advisory Group
140.	Vascular Stent and Graft Prostheses Clinical Advisory Group
141.	Women's Advisory Group

<b>Statutory Bodies</b>	
142.	Aged Care Commissioner
143.	Australian Institute of Health and Welfare
144.	CEO of the Australian Radiation Protection and Nuclear Safety Agency
145.	Radiation Health and Safety Advisory Council
146.	Australian Sports Anti-Doping Authority
147.	Australian Sports Drug Medical Advisory Committee
148.	Australian Sports Commission
149.	Cancer Australia
150.	Cancer Australia Advisory Council
151.	Food Standards Australia New Zealand Board
152.	Gene Technology Regulator
153.	Gene Technology Technical Advisory Committee
154.	Gene Technology Community Consultative Committee
155.	Gene Technology Ethics Committee
156.	National Blood Authority
157.	National Blood Authority Board
158.	National Health and Medical Research Council
159.	National Health and Medical Research Council Research Committee
160.	National Health and Medical Research Council Australian Health Ethics Committee
161.	Commissioner of Complaints
162.	Director, National Industrial Chemicals Notification and Assessment Scheme
163.	Private Health Insurance Ombudsman
164.	Private Health Insurance Administration Council
165.	Medicare Benefits Advisory Committee
166.	Director, Professional Services Review Scheme
167.	Professional Services Review Panel
168.	Determining Authority
169.	Medicare Participation Review Committees

February 2010

<b>Number</b>	<b>Committee</b>
1.	Aboriginal and Torres Strait Islander Health Advisory Committee
2.	Aboriginal and Torres Strait Islander Training Advisory Group
3.	Advisory Committee for Consumer & Community Engagement
4.	Advisory Committee on Novel Foods
5.	Advisory Group for Dietary Exposure Assessment
6.	Advisory Group for Food Composition
7.	Advisory Panel for Marketing in Australia of Infant Formula
8.	Aged Care Planning Advisory Committee
9.	Aged Care Workforce Committee
10.	Ageing Consultative Committee
11.	Agreement Consultative Committee – Implementation of 4th Community Pharmacy Agreement
12.	Animal Welfare Committee
13.	Antenatal Guidelines Expert Advisory Committee
14.	Arthritis & Osteoporosis Expert Advisory Committee
15.	Aust. Institute of Sport - Anti-Doping Research and Ethics Committee
16.	Aust. Institute of Sport - Ethics Committee
17.	Aust. Institute of Sport - Research Committee
18.	Aust. Institute of Sport /Commonwealth Scientific and Research Organisation - Advisory Committee
19.	Australian Bleeding Disorder Registry - Redevelopment Steering Committee
20.	Australian Commission in Safety & Quality in Health Care - Health Care Associated Infection Advisory Committee
21.	Australian Commission on Safety & Quality in Health Care - Antibiotic Stewardship Advisory Committee
22.	Australian Commission on Safety & Quality in Health Care - Clinical Handover Expert Advisory Committee
23.	Australian Commission on Safety & Quality in Health Care - Falls Guidelines Review Committee
24.	Australian Commission on Safety & Quality in Health Care - Health Care Associated Infection Implementation Advisory Committee
25.	Australian Commission on Safety & Quality in Health Care - Information Strategy Committee
26.	Australian Commission on Safety & Quality in Health Care - Inter Jurisdictional Committee
27.	Australian Commission on Safety & Quality in Health Care - National Hand Hygiene Committee
28.	Australian Commission on Safety & Quality in Health Care - National Inpatient Medication Chart Oversight Committee
29.	Australian Commission on Safety & Quality in Health Care - National Insulin Prescribing and Administering Chart Committee
30.	Australian Commission on Safety & Quality in Health Care - Open Disclosure Advisory Group
31.	Australian Commission on Safety & Quality in Health Care - Primary Care Committee
32.	Australian Commission on Safety & Quality in Health Care - Private Hospital Sector Committee



<b>Number</b>	<b>Committee</b>
33.	Australian Commission on Safety & Quality in Health Care - Safe ePrescribing & Electronic Medication Management Committee
34.	Australian Commission on Safety & Quality in Health Care Commission
35.	Australian Government Advisory Committee on World Health Organisation Collaborating Centre
36.	Australian Health Ethics Committee
37.	Australian Health Ministers' Advisory Council
38.	Australian Health Ministers' Advisory Council Advisory Group on Human Gene Patent
39.	Australian Health Protection Committee
40.	Australian Institute of Health and Welfare Ethics Committee
41.	Australian Pharmaceutical Advisory Council
42.	Australian Suicide Prevention Advisory Council
43.	Australian Technical Advisory Group on Immunisation
44.	Better Access Evaluation Project Steering Committee
45.	Cancer Australia Advisory Council
46.	Cardiac Prostheses Clinical Advisory Group
47.	Cardio-Thoracic Prostheses Clinical Advisory Group
48.	Catering Advisory Group on Food Safety Programs for Vulnerable Populations
49.	Cognate Committee on Organ and Tissue Donation and Transplantation
50.	Commercialisation of Human Tissue Working Committee
51.	Communicable Disease Network Australia National Arbovirus & Malaria Advisory Committee
52.	Communicable Diseases Network Australia National Tuberculosis Advisory Committee
53.	Community Care Advisory Committee
54.	Community Engagement Forum Committee on Improved Public Access to Chemical Health, Safety and Environmental Information
55.	Consultative Panel Committee on Future Strategic Agenda & Process for the General Practice Program.
56.	Consumer Engagement Strategy Advisory Committee
57.	Contenance Management Advisory Committee
58.	Cosmetic Advisory Group to Report on Cosmetic Issues
59.	Dairy Scientific Advisory Panel
60.	Departmental Ethics Committee – Human Research Ethics Committee
61.	Diabetes Pilot Program Steering Committee of the Professional Programs and Services Advisory Committee
62.	Diagnostic Imaging Review Consultation Committee
63.	Dietary Guidelines Working Committee - National Health & Medical Research Council
64.	Donation After Cardiac Death Working Committee
65.	Embryo Licensing Committee
66.	Enhanced Medical Education Advisory Committee
67.	Environmental Health Committee
68.	Expert Mental Health Consumer Reference Group on Establishment of a Peak Mental Health Consumer Organisation
69.	Expert Reference Group - Improved Services and Cormidity
70.	Expert Reference Group - National Psychostimulants Initiative
71.	FABRY Disease Advisory Committee

72.	Food Standards Consumer Liaison Committee
73.	Food Standards Retailers and Manufacturers Committee – Peak Body Consultation
<b>Number</b>	<b>Committee</b>
74.	Gaucher Disease Advisory Committee
75.	Gene Technology Ethics & Community Committee
76.	Gene Technology Technical Advisory Committee
77.	General Practice Education and Training - Quality Advisory Group
78.	Glaucoma Working Committee
79.	Growth Hormone Advisory Committee
80.	Guideline Editorial & Advisory Committee - National Health & Medical Research Council
81.	Haemovigilance Administration Committee
82.	Harmonisation of Multi Centre Ethical Committee
83.	Health and Hospitals Fund Advisory Board
84.	Health Care Committee
85.	Health Investigation Levels Working Committee
86.	Health Policy Advisory Committee on Technology - Medical Services Advisory Committee
87.	Health Technology Assessment - Medical Technology Stakeholder Reference Group Committee
88.	Health Technology Assessment Inter Departmental Committee
89.	Hearing Services Consultative Committee
90.	Hepatitis C Steering Committee
91.	Hips Prostheses Clinical Advisory Group
92.	Human Genetics Advisory Committee
93.	Human Health Expert Working Group
94.	Implementation Advisory & Consultative Committee
95.	Indigenous Advisory Group
96.	Infantile-Onset Pompe Committee
97.	Infection Control Guidelines Steering Committee
98.	Inter Jurisdictional Committee
99.	Intergovernmental Committee on AIDS Hepatitis C
100.	Jurisdictional Blood Committee
101.	Knee Prostheses Clinical Advisory Group
102.	Lens Prostheses Clinical Advisory Group
103.	Maternity Consultation and Referral Manual Advisory Group
104.	Maternity Services Advisory Group
105.	Medical Services Advisory Committee
106.	Medical Services Advisory Committee - Middle Ear Implant
107.	Medical Services Advisory Committee - National Funded Centres
108.	Medical Services Advisory Committee - PET Evaluations
109.	Medical Services Advisory Committee Executive Committee
110.	Medical Services Advisory Committee Executive meetings
111.	Mental Health Expert Reference Group to advise on Council of Australian Governments Measure for Improving the Capacity of Workers in Indigenous Communities.
112.	Mental Health Information Strategy Committee
113.	Ministerial Advisory Committee on Blood Borne Viruses & Sexually Transmissible Infections - Ministerial Advisory Committee
114.	Minister's Dementia Advisory group

115.	Mucopolysaccharidosis Disease Advisory Committee
116.	National Advisory Council on Mental Health
117.	National Breast & Ovarian Cancer Clinical Expert Advisory Panel
118.	National Coaching Advisory Panel
<b>Number</b>	<b>Committee</b>
119.	National Drugs & Poisons Scheduling Committee
120.	National Emergency Department Project Advisory Committee
121.	National Health & Medical Research Council Advisory Committee Academy
122.	National Health & Medical Research Council Advisory Committee on Lead
123.	National Health and Medical Research Council - Guidelines Steering Committee
124.	National Immunisation Committee of the Australian Health Ministers' Advisory Committee
125.	National Indigenous Health Equality Council
126.	National Industrial Chemicals Notification and Assessment Scheme Nanotechnology Advisory Group
127.	National Influenza Pandemic Action Committee Primary Care Working Group
128.	National Influenza Pandemic Action Committee Expert Advisory Group
129.	National Institute of Clinical Studies Fellowships & Scholars Review Committee
130.	National Medicines Policy Committee
131.	National Organ Donation Collaborative Advisory Committee
132.	National Pathology Accreditation Advisory Committee
133.	National Pathology Accreditation Advisory Committee Cytology Drafting Committee
134.	National Polio Certification Committee
135.	National Surveillance Committee
136.	New South Wales Enhanced Medical Education Advisory Committee
137.	Northern Territory Aged Care Planning Advisory Committee
138.	Nuclear Safety Committee
139.	Paediatric Medicines Advisory Group
140.	Panel of Clinical Experts of the Prostheses and Devices Committee
141.	Pathology Consultative Committee
142.	Pathology Laboratories Committee
143.	Pathology Review Consultation Committee
144.	Pathology Services Table Committee
145.	Pharmaceutical Benefits Advisory Committee
146.	Pharmaceutical Health And Rational use of Medicines Committee
147.	Port Film Committee
148.	Practice Incentive Program Advisory Group Committee
149.	Preventative Health Taskforce
150.	Prevention and Community Health Committee
151.	Prevocational Training Policy Advisory Committee
152.	Professional Programs and Services Advisory Committee
153.	Professional Programs and Services Advisory Committee - Evaluation Steering Committee
154.	Professional Programs and Services Advisory Committee - Pandemic Influenza Working Group
155.	Professional Programs and Services Advisory Committee - Research & Development Steering Committee
156.	Professional Programs and Services Advisory Committee - Rural & Indigenous Steering Committee

157.	Professional Services Review Advisory Committee on Policy Issues
158.	Program Advisory Group to the National Bowel Cancer Screening Program
159.	Prostheses and Devices Committee
160.	Prostheses Policy Advisory Group
161.	Psychogeriatric Expert Reference Group
162.	Qualified Privilege Advisory Group
<b>Number</b>	<b>Committee</b>
163.	Quality Management Drafting Committee
164.	Quality Use of Pathology Committee
165.	Queensland Aged Care Planning Advisory Committee
166.	Radiation Health & Safety Advisory Council
167.	Radiation Health Committee
168.	Radiation Oncology Reform Implementation Committee
169.	Recognising and Responding to Clinical Deterioration Committee
170.	Refugee Pharmaceutical Benefits Scheme Advisory Group - Clinical Advisory Group on Pharmaceutical Benefits Scheme Access for Refugees and Humanitarian Entrants
171.	Review of Medical Services Advisory Committee - Vertebroplasty
172.	Review of Medical Services Advisory Committee Application for Artificial Invertebral Disc Replacement
173.	Review of Medical Services Advisory Committee Application for Brachytherapy for the Treatment of Prostate Cancer
174.	Scientific Advisory Group for Epidemiology
175.	Scientific Advisory Group for Infants & Young Children
176.	Scientific Influenza Advisory Group
177.	Social Science Expert Advisory Group
178.	South Australia Aged Care Planning Advisory Committee
179.	Spinal Prostheses Clinical Advisory Group
180.	Sports Connect Advisory Committee
181.	Steering Committee Aboriginal and Torres Strait Islander Health - Expenditure Report
182.	Supervision Drafting Committee of the National Pathology Accreditation Advisory Committee
183.	Technical Advisory Group National Industrial Chemical Notification Assessment Scheme
184.	The Advisory Council for Aust Organ & Tissue Donation & Transplant Authority
185.	The Australian Sports Anti-Doping Authority Advisory Group
186.	The Australian Sports Drug Medical Advisory Committee
187.	The Donatelife Expert Advisory Committee
188.	The Principal Committee the Aust Organ & Tissue Donation & Transplant Authority.
189.	The Transplant Liaison Expert Advisory Committee
190.	The Working Committee to Update Venous Thromboembolism Prevention Guidelines
191.	Transmissible Spongiform Encephalopathies Advisory Committee
192.	Trauma Prostheses Clinical Advisory Group
193.	University Counsellors Expert Reference Group
194.	Urogenital Prostheses Clinical Advisory Group
195.	Vascular Stent and Graft Prostheses Clinical Advisory Group
196.	Venous Thromboembolism Prevention Guideline Adaptation Committee

197.	Venous Thromboembolism Private Committee
198.	Volatile Substance Use Committee
199.	Water Quality Advisory Committee

<b>Statutory Bodies</b>	
200.	Aged Care Commissioner
201.	Australian Institute of Health and Welfare
202.	Australian Organ and Tissue Donation and Transplantation Authority
203.	Australian Organ and Tissue Donation and Transplantation Advisory Council
204.	CEO of the Australian Radiation Protection and Nuclear Safety Agency
205.	Radiation Health and Safety Advisory Council
206.	Australian Sports Anti-Doping Authority
207.	Australian Sports Anti-Doping Authority Advisory Group
208.	Anti-Doping Rule Violation Panel
209.	Australian Sports Drug Medical Advisory Committee
210.	Australian Sports Commission
211.	Cancer Australia
212.	Cancer Australia Advisory Council
213.	Food Standards Australia New Zealand Board
214.	Gene Technology Regulator
215.	Gene Technology Technical Advisory Committee
216.	Gene Technology Ethics and Community Consultative Committee
217.	Health Workforce Australia Board
218.	National Blood Authority Board
219.	National Blood Authority
220.	National Health and Medical Research Council
221.	National Health and Medical Research Council Research Committee
222.	National Health and Medical Research Council Australian Health Ethics Committee
223.	Commissioner of Complaints
224.	Director, National Industrial Chemicals Notification and Assessment Scheme
225.	Private Health Insurance Ombudsman
226.	Private Health Insurance Administration Council
227.	Medicare Benefits Advisory Committee
228.	Director of Professional Services Review
229.	Professional Services Review Panel
230.	Determining Authority
231.	Medicare Participation Review Committees

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-391

OUTCOME 0: Whole of Portfolio

Topic: COMMUNITY CABINETS

Written Question on Notice

Senator Fierravanti-Wells asked:

- t) What was the cost of Ministers' travel and expenses for the Community Cabinet meetings held since Budget Estimates? Please itemise for all Ministers and Parliamentary Secretary in the health and ageing portfolio?
- u) How many ministerial staff and Departmental officers travelled with the Minister for the Cabinet meeting?
- v) How many Departmental officers attended the Community Cabinet meeting?
- w) What other meetings did departmental officers attend in addition to the Community Cabinet?

Answer:

a)

<b>Meeting</b>	<b>Roxon</b>	<b>Elliot</b>	<b>Ellis</b>	<b>Snowdon</b>
Beenleigh, QLD 30 June 2009	\$2,561.70	N/A	\$1,984.71	N/A
Elisabeth, SA 28 July 2009	\$821.19	N/A	N/A*	\$2,001.70
Port Macquarie, NSW 25 August 2009	N/A	\$327.00	\$1,379.55	N/A
Geraldton, WA 1 October 2009	\$3,683.20	N/A	N/A	N/A
Hobart, TAS 13 October 2009	N/A	\$1,615.46	N/A	N/A
Bathurst, NSW 9 November 2009	\$913.46	\$913.46	\$573.46	N/A
Townsville, QLD 8 December 2009	\$1,822.54	N/A	N/A	N/A
Adelaide, SA 20 January 2010	\$844.59	N/A	N/A*	N/A

\*Minister Ellis attended and was already in Adelaide at the time of the meeting.

Ministers' travel costs for Community Cabinet meetings are paid through the Department of Finance and Deregulation (DoFD). Figures reported are provided by DoFD.

These figures include airfares and Travel Allowance claims. They do not include travel by taxis (due to the difficulties determining exact destinations using the electronic information as provided by Cabcharge) or travel on Special Purpose Aircraft (which is administered by the Department of Defence). A Schedule of Special Purpose Flights is produced periodically by the Department of Defence covering a six month period, and is tabled in the Federal Parliament.

Ministers and their staff often conduct official business additional to Community Cabinet meetings while at a Community Cabinet location. It is not possible to disaggregate the effects of such other business on the costs listed in this answer.

b) and c)

<b>Meeting</b>	<b>Roxon Staff</b>	<b>Elliot Staff</b>	<b>Ellis Staff*</b>	<b>Snowdon Staff</b>	<b>Departmental officer</b>
Beenleigh, QLD 30 June 2009	3	1	0	0	1
Elisabeth, SA 28 July 2009	3	0	1	2	1
Port Macquarie, NSW 25 August 2009	1	1	0	0	1
Geraldton, WA 1 October 2009	3	0	0	0	1
Hobart, TAS 13 October 2009	1	2	0	0	1
Bathurst, NSW 9 November 2009	3	1	0	0	1
Townsville, QLD 8 December 2009	2	0	0	0	1
Adelaide, SA 20 January 2010	2	0	0	0	1

\*Attendances only for Minister Ellis's Sport staff (Health and Ageing portfolio responsibilities).

d) While the primary reason for travel was to attend the Community Cabinet meetings, where appropriate, opportunities were taken to attend to other portfolio business.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-392

OUTCOME 0: Whole of Portfolio

Topic: COMMUNITY CABINET

Written Question on Notice

Senator Fierravanti-Wells asked:

- x) What was the total cost of this travel for all Ministers, ministerial staff and departmental officers?
- y) What was the total cost to the Department and the Ministers office?

Answer:

a)

<b>Meeting</b>	<b>Ministers, Ministerial Staff*, Department</b>
Beenleigh, QLD 30 June 2009	\$11,812.39
Elisabeth, SA 28 July 2009	\$10,979.31
Port Macquarie, NSW 25 August 2009	\$5,214.80
Geraldton, WA 1 October 2009	\$13,207.51
Hobart, TAS 13 October 2009	\$5,036.42
Bathurst, NSW 9 November 2009	\$6,403.34
Townsville, QLD 8 December 2009	\$5,762.60
Adelaide, SA 20 January 2010	\$5,783.83

\*Contribution to costs of Minister Ellis' staff only includes Sport staff (Minister Ellis' Health and Ageing portfolio responsibilities)

The above figures reflect travel costs to Community Cabinet Meetings from 3 June 2009 to 10 February 2010. These figures include airfares and Travel Allowance claims. They do not include travel by taxis (due to the difficulties determining exact destinations using the electronic information as provided by Cabcharge) or travel on Special Purpose Aircraft (which is administered by the Department of Defence).



A Schedule of Special Purpose Flights is produced periodically by the Department of Defence covering a six month period, and is tabled in the Federal Parliament.

Minister and ministerial staff travel costs for Community Cabinet meetings are paid through the Department of Finance and Deregulation (DoFD).

Ministers and their staff often conduct official business additional to Community Cabinet meetings while at a Community Cabinet location. It is not possible to disaggregate the effects of such other business on the costs listed in this answer.

b)

<b>Meeting</b>	<b>Ministers / Ministerial Staff*</b>	<b>Department</b>
Beenleigh, QLD 30 June 2009	\$10,312.14	\$1,500.25
Elisabeth, SA 28 July 2009	\$8,971.64	\$2,007.67
Port Macquarie, NSW 25 August 2009	\$4,514.47	\$700.33
Geraldton, WA 1 October 2009	\$12,528.95	\$678.56
Hobart, TAS 13 October 2009	\$3,942.48	\$1,093.94
Bathurst, NSW 9 November 2009	\$5,502.56	\$900.78
Townsville, QLD 8 December 2009	\$4,636.65	\$1,125.95
Adelaide, SA 20 January 2010	\$4,142.83	\$1,641.00

\*Contribution to costs of Minister Ellis' staff only includes Sport staff (Minister Ellis' Health and Ageing portfolio responsibilities)

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-186

OUTCOME 1: Population Health

Topic: PAN PHARMACEUTICALS

Written Question on Notice

Senator Boyce asked:

I refer to the Therapeutic Goods Administration Amendment Bill Number 3 introduced by the Parliamentary Secretary for Health in the House of Representatives on November 25 2009 and specifically Section 61A which indemnifies TGA officials from civil action if they do not act in bad faith and ask:

- a) Why was this section deemed necessary?
- b) Was this protection deemed necessary as a result of the action of the TGA against Pan Pharmaceuticals which led to the former head of that company Mr Jim Selim being awarded \$55 million in damages?
- c) Is the Department or the TGA aware of any other regulatory agencies having a similar protection for its officers and, if so, what agencies?

Answer:

- a) The *Therapeutic Goods Act 1989* (the Act) presently contains provisions at subsections 18A(12), 19(8), 25(4A), 25(6), 25A(4), 26(1B), 26A(1B), 41ED(2), 41HC(6), 61(9) and section 41GX which confer immunity from civil action on one or more of the Commonwealth, the Minister and/or the Secretary in respect of loss, damage or injury of any kind suffered by a person as a result of, or arising from, the use of particular therapeutic goods or as a result of, or arising from, particular decisions taken under the Act or under the Regulations.

However, the coverage and the immunity from civil actions set out in each of those provisions differ. Some of these immunity provisions specifically protect the Commonwealth, while others do not refer to it. Some immunity provisions are more broadly expressed, do not refer to the liability of specific officers and do not specify a failure by a specific person. In contrast, some immunity provisions are expressed narrowly by only referring to the decision-maker (e.g. the Secretary or her delegate).

The Government has decided it is appropriate to draw these various immunities together into one provision, and extend the immunity to cover any act or omission by a protected person in the performance or the exercise of their functions, duties or powers under the Act and Regulations, providing the act or omission is not done in bad faith. Protected persons will include the Minister, the Secretary, delegates of the Minister or the Secretary, members of statutory advisory committees and authorised persons or officers under the Act and Regulations.

Such a provision will ensure that persons exercising powers under the Act, or providing advice to decision-makers under the Act, will not be affected by the threat of legal action against them.

Many other Commonwealth statutes have similar provisions. For example, the *Quarantine Act 1908* at section 82 provides that:

“The Minister, a Director of Quarantine, an officer, an analyst, an authorised person or an approved person referred to in section 75A or 75B is not liable to any action, suit or other civil proceeding for or in relation to anything done or omitted to be done in good faith (whether negligently or not) by the Minister, Director, officer, authorised person or approved person in the performance or purported performance of any function or duty, or the exercise or purported exercise of any power, conferred on the Minister, Director, officer, authorised person or approved person under this Act.”

Other Acts with very similar provisions include the *Banking Act 1959*, the *Liquid Fuel Emergency Act 1984*, the *Food Standards Australia New Zealand Act 1991*, the *Australian Prudential Regulation Authority Act 1998*, the *Space Activities Act 1998* and the *Transport Safety Investigation Act 2003*.

- b) No.
- c) See a).

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-073

OUTCOME 1: Population Health

Topic: NATIONAL BOWEL CANCER SCREENING PROGRAM

Written Question on Notice

Senator Adams asked:

What measures are taken to monitor detection programs by private entities?

Answer:

The Department does not monitor detection programs by private entities. However, test devices used by these entities must have Therapeutic Goods Administration approval.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-253

OUTCOME 1: Population Health

Topic: NATIONAL BOWEL CANCER SCREENING PROGRAM

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) When were all affected people notified that they had to be re-tested?
- b) How were they notified?
- c) When were they notified that their second test was either positive or negative?
- d) Was it before it was announced in the media?
- e) Was every person told that the result of their tests - either positive or negative - to avoid anxiety as a result of media reporting on the issue?
- f) How many of those who subsequently tested positive have undergone a colonoscopy?

Answer:

- a) On 11 May 2009, a media release was issued advising of a problem with the faecal occult blood test (FOBT) kits issued after 1 December 2008 and that some test results may not have been accurate. It advised that all affected people would be invited to do the test again once a reliable FOBT kit was available.

Between 15 and 25 May 2009 letters were sent from the Commonwealth Chief Medical Officer to all people who had been issued with a FOBT kit between December 2008 and May 2009.

- b) By media release and individual correspondence.
- c) On 2 November 2010, the Program recommenced issuing replacement FOBT kits. All participants are notified of their FOBT result within five days of submitting samples to the pathology laboratory for analysis.
- d) Refer to answer a).
- e) Samples continued to be analysed and positive test results were issued. Participants whose samples were not positive were advised that they would need to do the test again.
- f) As at 31 January 2010, the Program Register has recorded that 663 participants who have subsequently tested positive have had a colonoscopy.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-254

OUTCOME 1: Population Health

Topic: NATIONAL BOWEL CANCER SCREENING PROGRAM

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) What is the median waiting time for colonoscopies in public hospitals by state?
- b) Does the department collect information on how many people have undergone colonoscopies in private hospitals as a result of these faulty tests?

Answer:

- a) The Department does not collect this information.
- b) No.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-255

OUTCOME 1: Population Health

Topic: NATIONAL BOWEL CANCER SCREENING PROGRAM

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) Was any additional funding provided to state and territory governments for additional testing and medical intervention for patients undergoing treatment and procedures as a result of the failed testing?
- b) Please provide the amount paid to each state and territory and when it was paid?

Answer:

- a) No.
- b) Not applicable.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-068

OUTCOME 1: Population Health

Topic: NATIONAL BOWEL CANCER SCREENING PROGRAM

Written Question on Notice

Senator Adams asked:

What is the current status of the national bowel cancer screening program?

Answer:

On 2 November 2009, following the Therapeutic Goods Administration (TGA) and Expert Advisory Group endorsement the Program recommenced issuing faecal occult blood test (FOBT) kits.

Replacement FOBT kits (the remediation process) are being issued in the following order:

- Priority 1: people who received a negative or inconclusive result from the modified FOBT kit;
- Priority 2: people who were sent an invitation package that included a modified FOBT kit, but had not completed and returned the test for analysis; and
- Priority 3: people who should have received an invitation package to participate during the period the Program was suspended (11 May 2009 - 30 June 2009).

To manage within the TGA listing conditions of the FOBT kit, the Department revised the invitation schedule so that FOBT kits are issued during the optimal month/s based on data from the Bureau of Meteorology. However, there are a number of locations in Australia where FOBT kits cannot be issued until the weather is cooler ('hot zones').

The majority of people in Priority 1 have been issued a new FOBT kit. The remaining people, those living in 'hot zones', received a letter from the Commonwealth Chief Medical Officer in December 2009 advising that a replacement FOBT kit will be issued when the temperature is cooler.

The majority of people in Priority 2 have also been issued a new FOBT kit. The remaining people are those living in 'hot zones'.

FOBT kits are currently being issued to people in Priority 3 and will be completed by mid March 2010. The exception may be people living in 'hot zones'.

All kits will be issued to people living in 'hot zones' by July 2010.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-069

OUTCOME 1: Population Health

Topic: NATIONAL BOWEL CANCER SCREENING PROGRAM

Written Question on Notice

Senator Adams asked:

- a) How many of the new testing kits have been distributed?
- b) What has been the return rate for the new kits?

Answer:

- a) 360,739 faecal occult blood test (FOBT) kits were distributed between 2 November 2009 and 31 January 2010.

Of this number:

128,441 were sent to people who received a negative or inconclusive result from the modified FOBT kit; and

232,298 to people who were sent an invitation package that included a modified FOBT kit, but who had not completed and returned the test for analysis.

- b) As at end January 2010, 81,526 participants have returned samples for analysis.

Of this number:

72,747 (56.6%) samples have been returned from participants who had previously received a negative or inconclusive result from the modified FOBT kit.

8,779 (3.8%) samples have been returned from participants who previously had not completed and returned the modified FOBT kit for analysis.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-070

OUTCOME 1: Population Health

Topic: NATIONAL BOWEL CANCER SCREENING PROGRAM

Written Question on Notice

Senator Adams asked:

Has the hiatus in the program caused a negative perception about the program?

Answer:

No attitudinal research has been undertaken.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-071

OUTCOME 1: Population Health

Topic: NATIONAL BOWEL CANCER SCREENING PROGRAM

Written Question on Notice

Senator Adams asked:

What marketing has been conducted to promote resumption of the program?

Answer:

Advertisements were placed in national primary and regional newspapers upon recommencement of the Program.

Advice for general practitioners was provided in:

- Friday Facts, a newsletter sent by the Royal Australian College of General Practitioners (RACGP) to its members;
- [6minutes.com.au](http://6minutes.com.au) and the Australian Doctor and the Medical Observer publications.

In October 2009 a letter was sent to all nominated GPs whose patients received a negative result from the FOBT kit issued between December 2008 and May 2009. This letter advised that the replacement FOBT kit has been assessed by the TGA and an independent Expert Advisory Group and that invitations to retest would commence in the coming weeks.

Updates were posted on the Department's website.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-072

OUTCOME 1: Population Health

Topic: NATIONAL BOWEL CANCER SCREENING PROGRAM

Written Question on Notice

Senator Adams asked:

Is the department aware of any programs or public surveys being conducted by private practices for bowel cancer testing?

Answer:

Yes. There are a number of companies/organisations offering bowel cancer tests.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-214

OUTCOME 1: Population Health

Topic: MEN'S HEALTH AMBASSADOR PROGRAM

Hansard Page: CA 132

Senator Fierravanti-Wells asked:

Can you take on notice the total costs in relation to that program?

Answer:

The total cost for National Men's Health Ambassadors was \$18,612.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-034

OUTCOME 1: Population Health

Topic: ARTIFICIAL KNEE REPLACEMENT

Written Question on Notice

Senator Xenophon asked:

- a) Is the TGA aware of the De Puy recall of its LCS Duofix Femoral Component (artificial knee replacement)?
- b) When and how was the TGA notified?
- c) A statement issued by De Puy, the company states that it voluntarily stopped issuing these joints as a precautionary measure, and that this action was 'conducted in consultation with the Therapeutic Goods Administration'. Why was this recall voluntary?
- d) Faults were appearing in these joints from 2007. Why didn't the TGA act earlier?

Answer:

- a) Yes, the TGA is aware of the recall of this product.
- b) The TGA was notified by phone and email from Johnson & Johnson Medical Pty Ltd (the Australian sponsor for the De Puy implant) on 24 July 2009 that they wished to recall all current batches of the LCS Duofix Femoral Component from hospitals in Australia.
- c) The recall was 'voluntary' because it was initiated by the product sponsor.

When a sponsor informs the TGA of a known or potential defect with their product and that they wish to remove these products from the marketplace, the action that follows is referred to as a *Voluntary Recall*. In other words, it is one initiated by the product sponsor.

When the TGA becomes aware of a problem with a product, an investigation and a discussion with the sponsor and manufacturer are immediately initiated. If during the investigation it becomes clear to the TGA that a product needs to be recalled, and the manufacturer agrees with or is persuaded by the TGA's arguments, the action that follows is also considered to be a *Voluntary Recall*.

If the manufacturer disagrees that a recall is necessary and refuses to comply with the TGA's request, the TGA may use its powers under the *Therapeutic Goods Act 1989* to force the company to recall. Such a recall is called a *Mandatory Recall*.

For both types of recall, the TGA ensures that the recall is conducted in accordance with the Uniform Recall Procedures for Therapeutic Goods, which is a process agreed by all States and Territories.

- d) From 2007 to end 2009, the TGA received 59 reports of adverse events associated to the LSC Duofix implant. Of these, two were received in 2007, nine in 2008 and 48 in 2009. Further detail of these reports is included below:

<b>2007</b>	
Metallosis	1
Infection	1
<b>2008</b>	
Metallosis	4
Pain and swelling	1
Loosening	1
Instability	2
Other	1
<b>2009</b>	
Metallosis	22
Pain and swelling	15
Loosening	4
Infection	1
Instability	1
Other	5

As a result of the increase in reports received in 2009 an investigation was undertaken by the product manufacturer, which led to the subsequent recall of the product. The investigation revealed that not every implant will have the manufacturing problem and not all patients who received an affected implant will respond in the same way or within the same time period. Hence the problem in this case only became apparent when there were sufficient numbers of reports and other causative factors could be eliminated and a trend discernible.

All adverse event reports received by the TGA are assessed initially by TGA staff to determine if rapid action is required. All reports are also independently reviewed by a subcommittee of the Advisory Committee on Medical Devices. This committee includes scientific, engineering and clinical experts, and includes an expert in the field of orthopaedics. The reports received in 2007 and 2008 were referred to this Committee and were not identified as signalling a need for further investigation.

The TGA also has an expert advisory committee, the Orthopaedic Expert Working Group, which meets to discuss implants highlighted in the National Joint Replacement Registry (NJRR) and any other issues relating to orthopaedic procedures that the TGA feels it needs expert advice on. The NJRR report did not highlight this implant as having an unacceptable revision rate and was therefore not considered by the Working Group.

Where significant safety issues related to the medical device are identified by the TGA, the TGA undertakes regulatory actions which may include advising consumers and healthcare professionals of the identified risks, working with the manufacturer or sponsor of the device to correct identified vulnerabilities in design, modifying labelling or instructions for use of the device, or recalling devices from the market.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-116

OUTCOME 1: Population Health

Topic: FOOD LABELLING REVIEW

Written Question on Notice

Senator Colbeck asked:

- a) Will there be an interim report?
- b) Will it be made public?

Answer:

- a) This Review is supported by all Australian Governments and New Zealand and is independent. The Review has not advised on whether there will be an interim report.
- b) See the response to question a) above

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-117

OUTCOME 1: Population Health

Topic: COAG FOOD LABELLING REVIEW

Written Question on Notice

Senator Colbeck asked:

Will the final report be delivered first to COAG or some other body/Minister?

Answer:

The Council of Australian Governments (COAG) during its meeting on 7 December 2009 agreed that the Australia and New Zealand Food Regulation Ministerial Council will report to COAG, through the Business Regulation and Competition Working Group, in early 2011 on the outcomes of the review.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-118

OUTCOME 1: Population Health

Topic: COAG FOOD LABELLING

Written Question on Notice

Senator Colbeck asked:

- a) What has been the expenditure so far on the review?
- b) What is the full project cost?
- c) Who pays for this?

Answer:

- a) The expenditure on the review at 15 February 2010 is \$84,782.48.
- b) The total budget of the Review is \$1 million dollars.
- c) Australian Commonwealth, state and territory governments are sharing the \$1 million budget, according to the Australian Health Minister's Advisory Council cost share formula as following:

<b>Jurisdiction</b>	<b>2009/2010 % Share</b>
Australian Government	50
New South Wales	16.3
Victoria	12.39
Queensland	10.01
Western Australia	5.06
South Australia	3.75
Tasmania	1.17
Australian Capital Territory	0.81
Northern Territory	0.51
<b>Total</b>	<b>100</b>

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-148

OUTCOME 1: Population Health

Topic: NATIONAL JOINT REPLACEMENT REGISTRY (NJRR)

Hansard Page: CA 141

Senator Xenophon asked:

Can the TGA provide advice on the devices that have been withdrawn from the market as a result of information coming from the National Joint Replacement Registry?

Answer:

The TGA makes considerable use of the National Joint Replacement Registry (NJRR) data as part of its post-market monitoring of orthopaedic implants. The TGA has established an expert advisory committee to review NJRR data and advise the TGA on the need for regulatory action arising from information coming from the NJRR.

Removing an implant from the market is only one of the several recommendations that the advisory committee may provide to the TGA. The advisory committee may also recommend that the manufacturer/sponsor is asked to justify ongoing supply in light of the revision rates; or they may recommend the performance of the implant continues to be monitored; or that no action is required.

The following provides a summary of the outcomes to date:

Of the 34 implants referred to the advisory committee:

Number TGA advised to continue to observe	14
Number TGA advised no further action required	7
Number TGA advised to remove from market/justify ongoing supply	13

Of the 13 implants for which the recommendation of the clinical experts on the advisory committee was to remove the implant from the market, or to justify ongoing supply:

Number removed from market	9
Number where a justification was provided and accepted (product not removed)	3
Number where removal is in progress	1

In its most recent report (October 2009) The NJRR has identified a further 30 implants as having higher than expected revision rates. Consideration of these implants is currently under way. The TGA has already referred 22 of those 30 implants to the expert advisory committee. So far the panel has recommended that 10 of the 22 implants should be considered further for removal from supply. The TGA is considering this latest set of recommendations.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-149

OUTCOME 1: Population Health

Topic: REPORTING SAFETY CONCERNS

Hansard Page: CA 141

Senator Xenophon asked:

- a) Is there an obligation on manufacturers, sponsors or importers to report safety concerns with a device to the TGA, including any reports or concerns from overseas?
- b) If a manufacturer or sponsor does not report safety issues with a device, what are the penalties?
- c) Has anyone been prosecuted for not complying?

Answer:

- a) Yes. Section 41FN(3)(d) of the *Therapeutic Goods Act 1989* (the Act) states that the person responsible for including a medical device on the Australian Register of Therapeutic Goods must provide information of the kind required in sections 41MP(2) and 41MPA(2) of the Act within the period specified in the Regulations. Sponsors or manufacturers must provide information about the performance of the device which could lead to events such as serious injury to the patient or user.

The Therapeutic Goods Regulations define what to report, when to report and to whom to report the adverse event. Adverse events that occur in Australia that meet the reporting criteria must be reported within the prescribed timeframes. These timeframes are:

- |  |          |
|--|----------|
| - if the incident has or could result in a serious public health threat or concern                     | 48 hours |
| - if the incident has or could result in serious injury or death                                       | 10 days  |
| - if the incident was a 'near adverse event' which if repeated could result in death or serious injury | 30 days  |

Adverse events that occur overseas are required to be included in the annual reports for higher risk medical devices (Class III Active Implantable Medical Devices and implantable medical devices that are Class IIb). If there is any action as a result of an investigation of an adverse event that occurred overseas and the product is supplied in Australia the TGA must be notified.

- b) Criminal and civil penalties are in section 41MP and section 41MPA of the *Therapeutic Goods Act 1989*. The maximum penalty under section 41MP is 12months imprisonment or 1000 penalty units (approx \$110,000) or both. Under section 41MPA the penalties are 3,000 penalty units for an individual and 30,000 penalty units for a body corporation.
- c) The penalty and sanctions provisions in the Act (Sections 41MP and 41MPA) have been in force since 2002 and 2006 respectively. To date no prosecutions have been launched in relation to any failure to report an adverse event.

Since the implementation of the new medical devices regulatory framework in 2002 the TGA has worked with the Medical Technology Association of Australia and other industry associations to raise awareness amongst sponsors of their obligations to report adverse incidents.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-035

OUTCOME 1: Population Health

Topic: LCS DUOFIX FEMORAL COMPONENT

Written Question on Notice

Senator Xenophon asked:

The implant in question had a revision rate of over 1.45% in three years in Australia, compared to a global rate of 0.57%. Was the TGA aware of this, and what impact did this figure have on action taken by the TGA?

Answer:

These revision rates of 1.45% in Australia and 0.57% world-wide represent the number of revisions as a proportion of implants sold by the manufacturer. The TGA first became aware of these revision rates when Johnson & Johnson Medical Pty Ltd contacted the TGA in July 2009 with concerns raised by hospitals in Australia over current batches of the LCS Duofix Femoral Component.

When the TGA became aware of this data, it investigated the cause of the problem which was found to relate to manufacturing issues. The affected batches were recalled and the TGA decided to suspend further supply pending resolution of the problem. However, the company opted to withdraw the product from supply in Australia.

The TGA monitors the revision histories of orthopaedic implants by reference to National Joint Replacement Registry (NJRR) data, but in this case the revision data did not indicate that action was necessary. It is of note that the NJRR data for this product is 1.19 revisions per 100 component years (i.e. not expressed as a proportion of sales volumes), which is not sufficiently high for the NJRR to identify the implants as having higher than anticipated revision rates. The need for recall became apparent after investigation revealed the cause of the problem was due to manufacturing issues rather than a design fault.



ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-036

OUTCOME 1: Population Health

Topic: POST-MARKET SURVEILLANCE

Written Question on Notice

Senator Xenophon asked:

What post-market surveillance does the TGA conduct to ensure that the real rate of complication is no greater than the rate claimed in the application, and approved as being safe?

Answer:

The TGA has a range of post-market controls that it uses to monitor the in-use performance of medical devices. These controls include:

- An Incident Reporting and Investigation Scheme. This Scheme captures reports from industry, professionals and the general community relating to potential problems with devices. Under this scheme all reports are reviewed internally and by an independent expert committee of clinicians and biomedical engineers who provide advice to TGA on actions that might need to be taken.
- Review of annual reports. Sponsors of higher risk medical devices (including orthopaedic implants) are required to submit a report to TGA each year for the first three years following market approval. In some cases more frequent reporting is mandated. These reports contain information on the marketing and performance of the medical device.
- Monitoring and product compliance. Information relating to product performance is received by TGA from various sources including ones such as the National Joint Replacement Registry and overseas regulatory agencies.

All such data is reviewed and, where issues are substantiated, or where the information in the annual reports relating to performance of the device differs from the data provided in the original application, the TGA may take regulatory action. This action can include product recall or cancellation from the Australian Register of Therapeutic Goods.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-037

OUTCOME 1: Population Health

Topic: ADVERSE INCIDENTS

Written Question on Notice

Senator Xenophon asked:

- a) When evidence demonstrates that a sponsor has provided false declarations that have a material effect on the investigation into an adverse incident, and make the findings inaccurate, does the TGA take any action against the sponsor?
- b) Are sponsors required to hold insurance to cover injury to patients?

Answer:

- a) There are provisions in the *Therapeutic Goods Act 1989* that require the sponsor of goods included in the Australian Register of Therapeutic Goods (ARTG) to give information to the Secretary in writing about certain adverse effects not previously provided to the Secretary. There is a criminal offence provision and a corresponding civil penalty provision for failing to do this (Sections 29A and 29AA). If there is evidence that a sponsor has failed to notify the Secretary of adverse events in accordance with the requirements of those provisions, the TGA may refer the matter to the Commonwealth Director of Public Prosecutions for attention, or take the matter to the Federal Court to pursue civil penalties. There are also provisions for criminal and civil penalty sanctions if the sponsor does not notify the Secretary about the same kind of adverse effects if the application to include those products in the ARTG is withdrawn by the sponsor (Sections 29B and 29C).

There is also scope for the Secretary to remove a sponsor's goods from the ARTG in the event of a failure by the sponsor to notify adverse effects in accordance with ss.29A or 29AA. Removal of goods from the ARTG means the sponsor of those goods may no longer supply these in Australia, or import into or export them from Australia.

- b) This is not a matter covered under the Therapeutic Goods Act.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-038

OUTCOME 1: Population Health

Topic: PATIENT AND PRODUCT INFORMATION

Written Question on Notice

Senator Xenophon asked:

Do the TGA assess Patient and Product Information with the application for approval? If not, why not? If so, what criteria do they use to determine whether the information is accurate and adequate?

Answer:

The TGA uses a risk based approach to regulate medical devices, where the degree of pre-market scrutiny is commensurate with the risk associated with the device. This approach assists with the timely access to medical devices, while still affording an appropriate level of scrutiny over the higher risk devices. The regulatory scheme is aligned closely with internationally harmonised principles adopted in jurisdictions such as the USA, EU and Canada.

Unlike medicines, which are supplied with Patient/Product Information, medical devices are accompanied by the manufacturer's Instructions for Use. This information is reviewed as part of the application process for all higher risk devices. Instructions for Use for lower risk devices are assessed during post-market reviews.

For higher risk medical devices, additional documentation relating to the safety and performance of the device is also assessed before the device is entered in the Australian Register of Therapeutic Goods. During an application audit, the TGA reviews information to substantiate that the matters certified by the applicant are correct. The information that the TGA reviews during the audit includes:

- (a) The manufacturer's declaration of conformity.  
This is a legal declaration made by the manufacturer of the medical device in which they declare that the device meets the relevant Australian regulatory requirements.
- (b) Copies of conformity assessment certification.  
This includes quality system and product design certificates issued under the European Medical Devices Directive, and helps demonstrate compliance with an appropriate conformity assessment procedure (i.e. whether the manufacturer has a suitable Quality Management System to manufacture that kind of medical device).

- (c) Copies of the product labelling, Instructions for Use, and promotional material.  
These are reviewed for compliance with the applicable provisions of the Essential Principles in the Regulations (e.g. whether there is sufficient information to allow the device to be used safely and effectively).
- (d) The manufacturer's risk management report.  
This is reviewed to determine whether the manufacturer has taken all of the relevant risks into consideration when designing and manufacturing the device, particularly in relation to the clinical use of the device.
- (e) Clinical evidence review.  
The manufacturer's clinical evidence is reviewed to ensure compliance with the clinical evaluation procedures set out in the Regulations, and with the Essential Principles relating to clinical risk/benefit. This includes a review of one or more of a documented literature review of current publications of relevance; full clinical trial reports involving the device in question or a similar device; or in some cases a clinical justification from a clinical expert substantiating clinical safety and performance via reference to a similar or predicate medical device. A clinical expert report is also required from a person with relevant qualifications pertaining to the device and its intended use, where the device's supporting clinical data and clinical safety is discussed in detail.

Many of the above elements are underpinned by international standards (e.g. ISO 13485 for quality management systems, ISO 14971 for risk management applied to medical devices). In cases where TGA clinical assessors believe the submitted data to be deficient or not comprehensive, then questions are raised with the applicant to address the issues. TGA staff may also conduct their own literature reviews to verify the accuracy and completeness of the submitted data. TGA also utilises an independent expert advisory committee to assist it with device assessments.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-059

OUTCOME 1: Population Health

Topic: RU486

Written Question on Notice

Senator Barnett asked:

- a) Has the TGA received an application to register RU486?
- b) How many applications has the TGA received in total to date for licences for authorised prescriber status to import and prescribe RU486 for abortion?
- c) How many of these have been approved?
- d) Please specify the states and territories to which each licence applies.
- e) What special conditions, if any, have been included as part of each licence?

Answer:

- a) No.
- b) Under section 19(5) of the *Therapeutic Goods Act 1989* (the Act) the Secretary of the Department of Health and Ageing can authorise certain medical practitioners to prescribe a specified unapproved therapeutic good or class of unapproved therapeutic goods to specified recipients or classes of recipients (identified by their medical condition). The medical practitioner authorised under these arrangements can prescribe that product to individual patients who come within the class of recipients without further approval from the TGA. As at 5 March 2010, 80 applications have been received from medical practitioners for an authorisation under section 19(5) for approval to supply mifepristone (also known as RU486) for the termination of pregnancy.

Under regulation 5H of the *Customs (Prohibited Imports) Regulations 1956* the Secretary of the Department of Health and Ageing can authorise the granting of permission for the importation of mifepristone (the importation of which is otherwise prohibited). As at 5 March 2010, 24 requests have been received for permission to import mifepristone solely for the purpose of supplying practitioners authorised under section 19(5) of the Act to prescribe mifepristone for the termination of pregnancy.

- c) As at 5 March 2010, 69 approvals have been granted under section 19(5) of the Act for authorisation to supply mifepristone for termination of pregnancy. As at 5 March 2010, 24 permits have been granted for the importation of mifepristone solely for the purpose of supplying practitioners authorised under section 19(5) of the Act to prescribe mifepristone for the termination of pregnancy.

d) Authorisations under section 19(5) of the Act and permissions under regulation 5H of the Customs (Prohibited Imports) Regulations have been granted to practitioners and importers in all states and territories other than Tasmania and the Northern Territory.

e) The letter of authorisation sent to practitioners authorised under section 19(5) to prescribe mifepristone includes the following conditions:

- The unapproved therapeutic good may be prescribed only for patients under the authorised medical practitioner's immediate care.
- The authorised practitioner will obtain informed consent from each patient (or guardian) in relation to the proposed use of the unapproved therapeutic good, and in this context, the patient must be informed that the good is either not on the Australian register, or does not appear on the register for the proposed use, and has not been evaluated for quality, safety and efficacy in the Australian context.
- The use of mifepristone must only be strictly in accordance with the protocol submitted to the TGA.
- The use of mifepristone must be monitored by the relevant ethics committee.
- While the use of mifepristone authorised under section 19(5) of the Act is not for a research study, the ethics committee should monitor its use in accordance with the NHMRC Statement on Ethical Conduct of Research Involving Humans. Specifically, at least every six months it should:
  1. Review the outcomes of the use of mifepristone for the patients involved.
  2. Review the maintenance and security of records related to these patients.
  3. Review compliance with the approved protocol.
  4. Review compliance with the conditions of approval.
  5. Recommend or adopt any additional appropriate mechanisms for monitoring including random inspections of sites at which the mifepristone will be administered, review the data and signed consent forms, and/or interview, with their prior consent, of patients who receive mifepristone.
  6. Require that the practitioner report to it anything that might warrant review of ethical approval of the protocol, including serious or unexpected adverse effects in patients receiving mifepristone, and any unforeseen events that might affect the continued ethical acceptability of its use.
- Any other relevant Australian Government, state or territory laws must be complied with.

Other conditions imposed on practitioners authorised under section 19(5) include reporting to the TGA every six months on the number of patients for whom the good has been prescribed and that the authorised practitioner must continue to have the endorsement of the ethics committee.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-060

OUTCOME 1: Population Health

Topic: DR CAROLINE DE COSTA

Written Question on Notice

Senator Barnett asked:

- a) In relation to the licence issued to Dr Caroline de Costa, is the TGA aware of her statements in the media that she suspended her practice of medical abortion using RU486 in June 2009 on the grounds that such abortions may not be legal in Queensland, and that she announced that even after changes were made to Queensland law in relation to medical abortion that she would continue this suspension of her practice unless abortion was decriminalised?
- b) Does Dr de Costa still hold a licence to prescribe RU486 for abortion?
- c) If so, why does she still have this licence when on her own admission acting on the licence may be illegal in Queensland?

Answer:

- a) The TGA is aware of reports in the media in August 2009 that Dr de Costa had “suspended” prescribing mifepristone (also known as RU486) for the termination of pregnancy after a couple were charged under the Queensland Criminal Code but is not aware of the specific statements referred to in the Senator’s question.
- b) Under section 19(5) of the *Therapeutic Goods Act 1989* (the Act) the Secretary of the Department of Health and Ageing can authorise certain medical practitioners to prescribe a specified unapproved therapeutic good or class of unapproved therapeutic goods to specified recipients or classes of recipients (identified by their medical condition). The medical practitioner authorised under these arrangements can prescribe that product to individual patients who come within the class of recipients without further approval from the TGA. Practitioners authorised under section 19(5) do not hold a licence as such.  
  
Dr de Costa is authorised under section 19(5) to prescribe mifepristone.
- c) The TGA is responsible for regulating the safety, quality and efficacy of therapeutic products as set out under the Act. In approving Dr de Costa’s application to prescribe mifepristone under section 19(5) of the Act the TGA considered relevant requirements of the Act and notified Dr de Costa that in prescribing mifepristone any relevant state laws must be complied with. It is not the TGA’s role, as defined in the Act, to monitor or enforce compliance with state law. This is a matter for relevant State authorities.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-147

OUTCOME 1: Population Health

Topic: ST JUDE MEDICAL VALVE

Hansard Page: CA 139

Senator Xenophon asked:

At the time of the Karen Carey case, was the TGA aware of any similar adverse incidents with the St Jude medical valve.

Answer:

The TGA was well aware of the risks of valve thrombosis and cerebrovascular accident (strokes) associated with the use of prosthetic heart valves. This has been well described in the scientific literature for many years and may occur with any brand of prosthetic valve.

A search of the TGA's adverse incident reporting database has not revealed similar adverse incidents with the St Jude medical valve prior to the time of the Karen Carey case.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-067

OUTCOME 1: Population Health

Topic: NATIONAL ROLL-OUT DIGITAL MAMMOGRAPHY WITHIN  
BREASTSCREEN AUSTRALIA

Written Question on Notice

Senator Adams asked:

- a) How many of the new digital mammography machines for breast cancer detection have been rolled out and where?
- b) How has the roll out been prioritised?
- c) Have there been any problems which are causing delay to the roll out of the new machines?

Answer:

- a) Two:
  - a mobile van with new digital mammography technology to supplement screening services for women in South East Queensland was commissioned in November 2009; and
  - BreastScreen NSW upgraded to digital mammography technology at its Bathurst site on 13 January 2010.
- b) Each jurisdiction provided proposals based on their priorities for roll-out. Implementation Plans are currently being finalised.
- c) No.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-252

OUTCOME 1: Population Health

Topic: NATIONAL BOWEL CANCER SCREENING PROGRAM

Written Question on Notice

Senator Fierravanti-Wells asked:

How many people who were initially told they had a negative or inconclusive result have since tested positive?

Answer:

As at 31 January 72,747 participants who previously received a negative or inconclusive result from the modified faecal occult blood test (FOBT) kit have returned samples for analysis.

Of those, 3,848 have now received a positive FOBT result.

A positive FOBT result does not mean that someone has bowel cancer. What it does mean is that some blood was present in one or both of the samples provided. There could be a number of reasons why blood was found including adenomas, diverticular disease or haemorrhoids.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Budget Estimates 2009-2010, 10 February 2010

Question: E10-081

OUTCOME 1: Population Health

Topic: SERALINI PAPER

Written Question on Notice

Senator Siewert asked:

In 2009, Seralini published a paper which effectively called into question the FSANZ approval of three Monsanto GE maize varieties as safe (MON863, MON810 and NK603). Seralini et al. (2009), A comparison of the Effects of Three GM Corn Varieties on Mammalian Health, *Int. J. Biol. Sci.* 5(7): 706-726. FSANZ published a response to this on its website, indicating that it convened an expert panel in 2007 to investigate a similar claim made by Seralini in an earlier paper.

- a) It appears that the primary reason for rejecting the conclusion of the 2007 Seralini paper is disagreement with statistical methodology. Is that correct?
- b) From the FSANZ website, FSANZ rejects the Seralini statistical analysis on the basis of food agency views not the peer reviewed literature, is that correct? 'the numerous deficiencies of their statistical re-analysis that had been reported by several international regulatory agencies' (FSANZ 2007; EFSA 2007a; EFSA 2007b; Monod 2007). Has FSANZ seen any peer reviewed literature that supports the FSANZ position?
- c) Was this panel the international panel that produced the paper Report of an Expert Panel on the reanalysis by Seralini et al. (2007) of a 90-day study conducted by Monsanto in support of the safety of a genetically modified corn variety (MON863)?

If Yes:

- (i) Is FSANZ aware that the study was funded in whole or in part by Monsanto?
- (ii) Is FSANZ aware of the literature that indicates that industry supported studies are statistically more likely to provide conclusions that support the industry funding the studies? Pryme, I.F. & Lembcke, R. (2003) *In Vivo* studies of possible human health consequences of genetically modified food and feed – with particular regard to ingredients consisting of genetically modified plant materials, *Nutrition and Health*, 17: 1-8. p.6 Wadman, N. (2005) One in three scientists confesses to having sinned, *Nature* 435, 718-719, 9/6/05  
[www.nature.com/nature/journal/v435/n7043/full/435718b.html](http://www.nature.com/nature/journal/v435/n7043/full/435718b.html) James, T. (2004), Link found between funding and findings, *Australian Doctor*, 13/2/04, [www.australiandoctor.com.au/news/44/0c01d644.asp](http://www.australiandoctor.com.au/news/44/0c01d644.asp)

If No:

- (i) Who was on the 2007 FSANZ expert panel?
  - (ii) Were any members of the panel independent?
  - (iii) Did any members of the panel have any links (financial or otherwise) to the biotech industry?
  - (iv) Was the panel or any studies it released supported or funded by Monsanto?
  
  - (v) Were the conclusions of the panel unanimous?
  - (vi) Was the conclusion of the panel ever submitted to a peer reviewed journal for publication? (If not, why not?)
  - (vii) Apart from the Monsanto funded study above, is FSANZ aware of any peer-reviews study that supports the FSANZ position regarding Seralini's conclusion?
- d) Was a similar expert panel convened in response to the 2009 Seralini paper? If not, why not? If yes, who was on the panel?
- e) Was the paper reviewed internally?
- f) Who reviewed the paper?
- g) Was written advice provided internally?
- h) If more than one person was involved, was there consensus on the final position?

Answer:

- a) No. The conclusions in the Seralini paper (published in 2007) were based only on statistics, and failed to take other pertinent toxicological evidence into account.
- b) No. Seralini claims that his statistical analysis found a connection between the GM diet and adverse effects. FSANZ rejects this conclusion on purely scientific grounds. A paper containing similar criticisms of Seralini's work was published in a peer-reviewed journal in 2007 by an expert group of scientists (Doull et al. 2007).
- c) Yes.
- (i) Yes, the authors acknowledge support from Monsanto.
  - (ii) Yes. FSANZ has the relevant expertise to conduct its own scientific analysis of the issues to form an opinion. In this case, published literature and critiques of Seralini's conclusions by other government agencies merely confirmed the FSANZ findings.

d, e and f)

FSANZ did not convene an expert panel to review Seralini's 2009 paper. Instead, FSANZ toxicologists reviewed the statistical analysis made by the authors and found their claims of having found toxic effects were not supported by any new evidence. The authors acknowledged that their findings did not directly indicate toxicity.

g and h)

Yes. There was a consensus amongst scientific staff that Seralini et al. had overstated the significance of the results of their statistical analysis and that they also had failed to give appropriate weight to other toxicological evidence which did not support their claims.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Budget Estimates 2009-2010, 10 February 2010

Question: E10-083

OUTCOME 1: Population Health

Topic: GM ROUND-UP READY CANOLA

Written Question on Notice

Senator Siewert asked:

- a) Who at FSANZ read the material supplied by Monsanto in its GM Roundup Ready Canola application?
- b) Did FSANZ request any independent information in relation to the application?

Answer:

- a) Numerous members of staff, including the Project Manager, GM team members and Chief Scientist, read all or specific parts of the material supplied by Monsanto in support of glyphosate tolerant (RoundUp Ready®) canola.
- b) Yes. FSANZ routinely uses the public consultation process to seek independent information on an application. There were two distinct rounds of public consultation on RoundUp Ready® canola during the course of the assessment.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-114

OUTCOME 1: Population Health

Topic: COAG FOOD LABELLING

Written Question on Notice

Senator Colbeck asked:

I understand the panel is currently finalising a schedule of consultations around Australia – but only in capital cities:

- a) Who was consulted over this schedule?
- b) Will there be any meetings scheduled for regional cities?

Answer:

- a) The Independent Review Committee determined the consultation schedule.
- b) In addition to the public forums, stakeholders are encouraged to provide a written submission to the Review Committee through the website. The meetings are scheduled for all capital cities in Australia and New Zealand.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-115

OUTCOME 1: Population Health

Topic: FOOD LABELLING REVIEW

Written Question on Notice

Senator Colbeck asked:

- a) When do you anticipate an end date to the review?
- b) Is there any reason for not signalling an end date on the review website?

Answer:

- a) The Council of Australian Governments (COAG) during its meeting on 7 December 2009 agreed that the Australia and New Zealand Food Regulation Ministerial Council will report to COAG, through the Business Regulation and Competition Working Group, in early 2011 on the outcomes of the review.
- b) The website ([foodlabellingreview.gov.au](http://foodlabellingreview.gov.au)) includes information about the end date.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Budget Estimates 2009-2010, 10 February 2010

Question: E10-121

OUTCOME 1: Population Health

Topic: MELAMINE LEVELS

Written Question on Notice

Senator Back asked:

Is FSANZ aware of information that melamine levels in Chinese dairy products have not been subject to any change despite the controversy surrounding the recent discovery of the chemical in milk in China?

Answer:

FSANZ is aware of media reports that some of the products previously recalled during the earlier melamine incident in 2008 had been repackaged and put back onto the market in China. FSANZ understands that the Chinese Government has put in place measures to ensure such products are found and destroyed. FSANZ will continue to seek further information from the Chinese Government on the success of these measures.

Australia does not import dairy produce from China. However, there may potentially be some highly processed goods imported from China that could contain small amounts of dairy ingredients. Following the 2008 melamine incident, the Australian Quarantine and Inspection Service acted upon FSANZ's risk assessment advice and implemented measures at the border to ensure melamine is not present in products imported from China containing dairy ingredients. These arrangements are still in place.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Budget Estimates 2009-2010, 10 February 2010

Question: E10-122

OUTCOME 1: Population Health

Topic: CHINESE DAIRY PRODUCTS

Written Question on Notice

Senator Back asked:

- a) Does FSANZ conduct its own tests on international products?
- b) If so, is this the case for all Chinese dairy products?

Answer:

- a) FSANZ does not conduct its own direct tests on imported products, although some imported products are covered when FSANZ undertakes surveys of foods available in Australia. FSANZ works closely with the Australian Quarantine and Inspection Service (AQIS) and provides risk assessment advice on medium to high risk foods. AQIS acts upon this advice through a range of risk management measures, one of which includes testing of a medium to high risk food product for specific chemical and/or microbiological hazards.
- b) Australia does not import dairy produce from China. However, some highly processed goods may potentially be imported from China that could contain small amounts of dairy ingredients. Following the 2008 melamine incident, AQIS acted upon FSANZ's risk assessment advice and implemented measures at the border to ensure melamine is not present in products imported from China containing dairy ingredients. These arrangements are still in place.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Budget Estimates 2009-2010, 10 February 2010

Question: E10-123

OUTCOME 1: Population Health

Topic: MELAMINE

Written Question on Notice

Senator Back asked:

- a) Please detail the full scope of products that are investigated in line with the melamine scare.
- b) Has there been a change in the testing and recommended surveillance of these products since the scare?
- c) Please provide details of this process.

Answer:

- a) In response to the adulteration of milk and milk products in China with melamine, FSANZ led a nationally-coordinated survey of foods containing dairy based ingredients imported from China. A second tier of the nationally-coordinated survey investigated a wider range of foods imported from China that contain protein (e.g. soy products) and had the potential to be adulterated with melamine to boost the nitrogen content, used as an indicator for protein content.

In the first tier, a total of 153 samples were analysed from the following food categories: biscuits; buns, rolls and dumplings; cakes and muffins; chocolate; confectionery other than chocolate; crackers and crisps; dairy dessert and custards; ice-confection and other frozen desserts; infant rusks; milk-based tea drinks, milk drinks and drink powders with dairy ingredients. Eight products tested positive for melamine, with seven products having levels above those likely to be legitimately found in foods, indicating possible food adulteration<sup>1</sup>. These products were withdrawn from sale.

In the second tier, a total of 124 samples of mixed foods were analysed, including the following categories: soy-based infant formula; surimi products; egg noodles, meal replacement shakes; tofu and tempeh; textured or hydrolysed vegetable protein; soy sauces; batter mixes; gravy/soup mixes; non dairy pastry products; small goods; soy drinks and extruded snack foods. There were no detections of melamine in these products.

---

<sup>1</sup> Melamine levels in food exceeding 2.5 mg/kg were considered indicative of food adulteration.

- b) The nationally-coordinated survey was a comprehensive one-off survey to investigate the prevalence of melamine in a range of processed foods in China that may have been adulterated. The Australian Quarantine and Inspection Service (AQIS) acted upon FSANZ's risk assessment advice, formulated using the analysis undertaken in the survey, and implemented measures at the border to ensure melamine is not present in products from China. These arrangements, which include testing for melamine, are still in place.
- c) The process for the nationally-coordinated survey included: identification of foods likely to contain dairy based ingredients or likely to have been adulterated using a recipe approach; development of a sampling plan based on the identified foods and their availability nationally; sampling undertaken by food regulatory partners in Australian state and territory jurisdictions; analysis undertaken by a laboratory engaged by FSANZ; and risk assessments undertaken for those samples which tested positive for melamine.

The process for measures implemented by AQIS is as follows: FSANZ provides risk assessment advice to AQIS on medium to high risk foods, and AQIS acts upon this advice through a range of risk management measures, one of which includes testing of a medium to high risk food product for the specific chemical and/or microbiological hazard, in this case testing for melamine.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Budget Estimates 2009-2010, 10 February 2010

Question: E10-250

OUTCOME 1: Population Health

Topic: BPA IN BABY BOTTLES

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) Can FSANZ provide an update on BPA (Bisphenol A). Specifically whether the Agency still considers it safe for use in various products including baby bottles?
- b) Can the Department provide an updated list of other jurisdictions that have withdrawn the use of BPA from products – irrespective of the reasoning?
- c) Is the Department aware of any new literature raising concerns of health implications of BPA?
- d) Has the Department analysed this literature? If so, what conclusions have been reached?

Answer:

- a) In collaboration with other domestic regulatory agencies, FSANZ has evaluated the safety of BPA and plasticisers in food, including that consumed by infants from baby bottles. FSANZ is aware of recent health concerns over the effects of BPA on hormones and the reproductive system of animals and a reported association between BPA and diabetes and cardiovascular disease in humans. FSANZ concludes that levels of intake of BPA or plasticisers from food are unlikely to pose a risk to public health for any age group including babies. This view is shared by other leading food regulators internationally.
- b) On 17 October 2008, the Canadian Government announced that while it agreed with Health Canada's risk assessment that infants' exposure to BPA was safe, it would, nonetheless, adopt a precautionary approach and prohibit the importation, sale and advertising of polycarbonate baby bottles. FSANZ, to the best of its knowledge, is not aware of any other countries having withdrawn the use of BPA in plastic products.
- c) A recent article<sup>2</sup> from the United Kingdom reports an association between Bisphenol A levels in a single urine sample taken from individuals in the USA and pre-existing heart disease in those subjects.

---

<sup>2</sup> Melzer D, Rice NE, Lewis C, Henley WE, Galloway TS (2010). Association of Urinary Bisphenol A Concentration with Heart Disease: Evidence from NHANES 2003/06. *PLoS ONE*, 5(1), 1-9.

- d) Although the study is new, the reported association is not new. The study provides no data on a causal link between urinary Bisphenol A and heart disease and there are a number of confounding factors which may have led to the reported association. The study's authors have called for further research to determine whether a causal link does in fact exist between BPA and heart disease.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Budget Estimates 2009-2010, 10 February 2010

Question: E10-251

OUTCOME 1: Population Health

Topic: FOLIC ACID FORTIFICATION

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) How many flour millers have undergone compliance checks by FSANZ or State Agencies regarding the addition of folic acid to bread within prescribed guidelines?
- b) Can FSANZ provide any guideline or guarantees on the accuracy of dosage within individual loaves of bread to date (i.e. what proportion of loaves of bread sold may contain folic acid above the guidelines of FSANZ)?
- c) Can the Agency update the committee on all health implications of high doses of folic acid and about the FSANZ guidelines?
- d) What are the implications of the decision by the NZ government decision not to adopt the folic acid fortification standard on the future development of standards for the FSANZ 'Treaty'?

Answer:

- a) FSANZ does not undertake compliance and enforcement activities as this is the responsibility of the states and territories. However, FSANZ has been working with the states and territories and industry to assist millers put in place the arrangements required to meet the new requirements. To the best of FSANZ's knowledge, no formal compliance or enforcement action has been taken to date by states and territories in relation to addition of folic acid within the prescribed range.
- b) Flour millers have indicated to FSANZ that, in accordance with their quality assurance protocols, they are on average meeting the prescribed range of folic acid fortification in bread-making flour. The amount of folic acid in an individual loaf of bread will depend on the amount of wheat flour and the manufacturing practices used during bread-making. As flour millers are complying with fortification requirements, the amount of folic acid in bread should be within expected range limits. The analytical surveys to be undertaken later in 2010 as part of the Implementation Sub-Committee Coordinated Survey Plan are expected to include sampling of both flour and bread.

- c) Since gazettal of the folic acid Standard, FSANZ has continued to monitor and review the scientific literature relating to folic acid intakes and public health and safety. FSANZ has consulted experts, including those with expertise in cancer, to provide advice and interpretation on emerging scientific evidence in this area. No new definitive evidence has emerged that challenges FSANZ's conclusion as to the safety of mandatory fortification with folic acid at the prescribed fortification levels.

This concurs with the outcomes of a recent review in the United Kingdom. The United Kingdom Food Standards Agency (UKFSA) in 2007 recommended the mandatory addition of folic acid to either bread or flour. However, before making its final recommendation, the UKFSA sought expert advice from the Scientific Advisory Committee on Nutrition (SACN) on a number of ongoing trials looking at the effect of folic acid on the risk of some types of cancer. In October 2009 the UKFSA announced, on the basis of SACN's advice, that the new evidence on the possible link between folic acid and cancer does not change its previous view recommending the introduction of folic acid fortification.

- d) There are no implications on the future development of standards on *The Agreement between the Government of Australia and the Government of New Zealand concerning a Joint Food Standards System* (the Treaty) arising from New Zealand's decision to defer implementation of mandatory folic acid fortification until May 2012 .

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Budget Estimates 2009-2010, 10 February 2010

Question: E10-396

OUTCOME 1: Population Health

Topic: TESTING OF CHEMICAL RESIDUES

Hansard Page: CA135-136

Senator Siewert asked:

- a) How does FSANZ determine what chemical residues to test for in imported foods?
- b) How does FSANZ know that a specific chemical is not there if we are not testing for it?

Answer:

- a) FSANZ does not determine what chemical residues to test for in imported foods. Under the *Imported Food Control Regulations 2003*, FSANZ's role is to undertake risk assessments on foods and to advise the Australian Quarantine and Inspection Service (AQIS) when a type of food poses a medium to high risk. In general, chemical residues do not pose a medium to high risk to public health and safety and thus with few exceptions, FSANZ has not advised AQIS they pose a high risk.

If FSANZ becomes aware of concerns about possible residues in imported foods and assesses the risk of that food as a medium or high risk, it can advise AQIS who can elevate inspection and testing of that food for that chemical to the risk category.

- b) FSANZ and other government agencies in Australia and New Zealand regularly monitor the food supply to ensure that it is safe, and that foods comply with standards for microbiological contaminants, pesticide residue limits and chemical contamination. They also monitor food safety incidents worldwide. The Food Regulation Standing Committee's *Implementation* Sub-Committee develops and implements a rolling three-year bi-nationally coordinated food survey plan. FSANZ acts as the central point for collection and sharing of this food surveillance data. The surveys undertaken include general compliance testing, applied research surveys on emerging issues and surveys conducted in response to food incidents. The Australian Total Diet Study, which estimates the Australian population's exposure to a range of chemicals on a regular basis, is one such food surveillance activity undertaken as part of this nationally coordinated approach. Chemical residues have been included in past surveys and will also be included in future surveys.

It is not feasible or cost effective to test for chemicals where it has been estimated there would be a low likelihood of exposure or where there are no triggers for safety concerns.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Budget Estimates 2009-2010, 10 February 2010

Question: E10-397

OUTCOME 1: Population Health

Topic: TESTING REGIME FOR CHEMICAL RESIDUES

Hansard Page: CA 137

Senator Siewert asked:

- a) Is there a reason or rationale for the discrepancy between Australia's chemical residue testing regime for imported foods and that of other countries?
- b) Is there any approach internationally to try to standardise the approach to testing?

Answer:

- a) There is no internationally-agreed regime for testing imported foods and no action to develop a standard approach to testing. Countries determine their own priorities for monitoring and surveillance arrangements for their food supply. This may include some testing of food at a country's border, certification arrangements with trading partners and random surveillance within a country.
- b) International guidance on standards and their implementation is developed through the Codex Alimentarius Commission. FSANZ is actively involved in Codex committees and develops standards consistent with those international guidance documents.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-196

OUTCOME 1: Population Health

Topic: VACCINATION OF IMMIGRANTS

Written Question on Notice

Senator Boyce asked:

Why has the department taken up the responsibility for the vaccination for immigrants, yet has failed to fund catch-ups for those who were unable to be provided with the necessary vaccinations in their previous home country?

Answer:

The *Australian Immunisation Handbook* (9th edition) provides clinical guidance on best practice administration of vaccines, including catch up programs where relevant. The various recommendations in the Handbook are funded through a combination of mechanisms including the Australian Government funded National Immunisation Program (NIP), state and territory programs, the Pharmaceutical Benefits Scheme (PBS) and private prescription.

The NIP provides free vaccines to all Australians in accordance with the NIP Schedule. All eligible children can receive the child catch-up regimen under the NIP Schedule, covering measles, mumps and rubella and inactivated poliomyelitis up to four years of age; hepatitis B, varicella, and human papillomavirus up to 13 years of age; and diphtheria, tetanus and acellular pertussis up to 17 years of age.

The NIP generally does not provide funding for catch-up vaccination for adults, other than on an occasional and time-limited basis upon the introduction of new vaccines.

In order to ensure effective use of public funds the *National Health Act 1953* requires that before a catch program for a particular cohort of people is funded, or a vaccine is added to the NIP or subsidised under the PBS, the Pharmaceutical Benefits Advisory Committee (PBAC) undertakes a thorough and objective assessment of the clinical, efficacy and cost-effectiveness of vaccines in comparison with other available treatments, and provides appropriate advice to the Minister for Health and Ageing. The Department or the Minister does not have any discretion in this regard. Considerations in this context would include the level of herd immunity in the community and the need for equitable treatment of all Australian adults in the same circumstances, given that a number of currently available vaccines were not available previously under childhood programs.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-256

OUTCOME 1: Population Health

Topic: VACCINATION RATES

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) What impact has the discontinuation of immunisation incentive payments to GPs had on vaccination rates and recording of vaccination on the Australian Childhood Immunisation Register (ACIR)?
- b) Were ATAGI consulted on the decision to discontinue immunisation incentive payments and if so was this advice provided to the Minister?

Answer:

- a) With the exception of children aged 24-27 months, immunisation coverage rates have continued to improve across all age groups since the removal of the General Practice Immunisation Incentive (GPII) Service Incentive Payment (SIP) in October 2008. General practitioners continue to receive incentive payments for immunisation through quarterly GPII outcomes payments, paid to registered GPII practices achieving 90% immunisation coverage and monthly Australian Childhood Immunisation Register (ACIR) notification payments, paid to individual providers.

Age group	Immunisation coverage September 2008	Immunisation coverage December 2009
12-15 months	91.2%	91.6%
24-27 months	92.5%	91.0%
60-63 months	78.8%	82.6%
72-75 months	88.3%	90.4%

In January 2009 the Maternity Immunisation Allowance payment was split into two payments, one at 18 months and one other at four years of age where a child is fully immunised, to improve the immunisation coverage rate at five years. The ACIR definition of 'fully immunised' was tightened in December 2009 with the effect that the number of children defined as fully immunised reduced. As a result of these simultaneous events, any changes in immunisation coverage rates are not able to be attributed to a particular event such as the removal of the SIP.

- b) The decision to remove the GPII SIP was a policy matter for the Government. The Australian Technical Advisory Group on Immunisation (ATAGI) was not consulted as this issue falls outside the scope of ATAGI's terms of reference. ATAGI provides technical advice to the Minister on the medical administration of vaccines available in Australia, including those on the National Immunisation Program.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-258

OUTCOME 1: Population Health

Topic: VACCINATION PURCHASING

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) Has the transfer of vaccine purchasing arrangements from the states and territories to the Commonwealth Government been completed?
- b) Did the transfer of vaccine purchasing arrangements to the states and territories result in savings to the Commonwealth?

Answer:

- a) No, the transfer will be effected through a series of procurement processes that are to be conducted over the next four years.
- b) Vaccine purchasing arrangements will progressively transfer from states and territories to the Commonwealth over a number of years and no savings have been made by the Commonwealth to date. In the medium to long term it is possible administrative efficiencies and savings will be made by both the Commonwealth and states and territories as a result of replacing eight separate jurisdictional tender processes with a single national tender for each vaccine. The actual level of savings will be dependent on the outcome of the tender processes.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-259

OUTCOME 1: Population Health

Topic: VACCINATION PURCHASING

Written Question on Notice

Senator Fierravanti-Wells asked:

What steps have been taken to ensure that the Federal government obtains competitive prices for vaccines and value to taxpayers?

Answer:

Vaccine procurement will be undertaken in accordance with the Commonwealth Procurement Guidelines. Each vaccine type for a specific disease or group of diseases will be procured by an open approach to the market to enable those suppliers which are eligible to apply to put forward a competitive bid. The tender evaluation process is underpinned by a comprehensive assessment of value for money that includes a comparative cost model across all tenderers able to satisfy the statement of requirement.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-260

OUTCOME 1: Population Health

Topic: VACCINATION PURCHASING

Written Question on Notice

Senator Fierravanti-Wells asked:

How much funding was provided to the states and territories to recompense them for the loss of benefits from the Commonwealth assuming responsibility for purchasing of vaccines?

Answer:

The National Partnership Agreement on Essential Vaccines (NPEV) is a multilateral agreement between the Commonwealth and states and territories. The NPEV was signed in August 2009 by First Ministers and is publicly available on the Federal Financial Relations website. States and territories are not expected to lose benefits under these new arrangements.

The NPEV has two elements. The first element covers the purchasing arrangements where the Commonwealth reimburses the states and territories to continue to purchase the vaccine. This funding will progressively transfer from the states and territories to the Commonwealth as the vaccines are procured by the Commonwealth. The reimbursement provided equates to the total cost of vaccines purchased by states and territories.

The second element is the incentive payment which provides financial support for the states and territories to carry out ongoing project management including management of wastage leakage and improving immunisation coverage. The incentive payment is calculated as 4% of the cost of the total vaccine outlay. Part of the payment is dependent on states and territories achieving agreed outcomes, such as improved vaccination rates for Aboriginal and Torres Strait Islander children. In addition states and territories have been funded for delivering school vaccination programs and publicising immunisation programs for Aboriginal people through the National Health Care Agreement.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-261

OUTCOME 1: Population Health

Topic: NATIONAL IMMUNISATION STRATEGY

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) Who is responsible for the development of the National Immunisation Strategy?
- b) Does this involve state and territory representatives?
- c) When will the strategy be completed and released?

Answer:

- a) The Commonwealth on behalf of the Australian Health Ministers Council is taking a lead in the development of the National Immunisation Strategy (NIS). The National Immunisation Committee which includes members representing states and territories, medical practitioners, immunisation providers and consumers, is providing input to the development of the NIS.
- b) Yes
- c) A draft strategy is expected to be completed in mid 2010 with endorsement of the final strategy to be sought from AHMAC in the fourth quarter of 2010.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-257

OUTCOME 1: Population Health

Topic: VACCINATION LEVELS

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) Please provide the annual percentage of vaccination reporting to the ACIR for the past five years?
- b) Have vaccination levels of children fallen in all age groups?
- c) What levels – from what levels and age groups?
- d) Do they continue a downward trend?
- e) Why is this occurring?
- f) What are the dangers to the community?
- g) Has the department / government taken its eye off the ball on achieving high vaccination rates?
- h) What does it intend to do to reverse this decline?

Answer:

- a) The Australian Childhood Immunisation Register (ACIR) reporting is quarterly by three month cohort rather than annual immunisation coverage rates. The ACIR immunisation coverage rates for the previous five years across the four measured age groups, as at the December quarter, are shown in the table below.

Quarter	Age Group			
	12-15mth	24-27mth	60-63mth	72-75mth
Dec-05	91.0%	92.1%	83.0%	84.0%
Dec-06	91.2%	92.4%	84.8%	88.0%
Dec-07	91.5%	93.0%	86.8%	88.8%
Dec-08	91.3%	92.7%	79.4%	89.4%
Dec-09	91.6%	91.0%	82.6%	90.4%

Source: ACIR National Coverage Reports Dec05 through Dec09 – Medicare Australia.

- b) No.

- c) Coverage for the 12-15 months and the 72-75 months age group has increased from December 2005 to December 2009. The coverage for the 24-27 months and 60-63 months age groups has fallen slightly between December 2005 and December 2009, as shown in the table a) above.
- d) As shown in the table in (a) above, there is no consistent downward trend over a five year period in coverage rates of any of the age groups measured.
- e) See d) above.
- f) Given the high immunisation rates, across all age groups, there are no new risks to the community from vaccine preventable diseases.
- g) No, the data on immunisation coverage indicate the Immunise Australia program continues to be effective in maintaining and improving immunisation rates in Australia.
- h) The Australian Government in collaboration with states and territories is currently developing the NIS for Australia which will identify specific strategies to maintain and further improve the effectiveness of the NIP, and immunisation coverage rates. Under the new Commonwealth Own Purchase Expense arrangements, the Commonwealth has entered into a new National Partnership Agreement with states and territories. As part of this agreement incentive payments will be provided to states and territories which can demonstrate that they have maintained or, where relevant, improved coverage rates within their jurisdiction, for example, for Aboriginal children and five year olds.



**Australian Government**  
**Department of Health and Ageing**

Ms Naomi Bleeser  
Secretary  
Senate Community Affairs Committee  
Parliament House  
CANBERRA ACT 2066

Dear Ms Bleeser

**Request for Amendment to Evidence Provided at the Senate Community Affairs  
Committee Hearing, Health and Ageing Portfolio,  
Additional Estimates 2009-10, 10 February 2010: Outcome One.**

I am writing to correct a statement that I made at the Additional Estimates 2009-10 hearing of the Senate Community Affairs Committee on 10 February 2010.

Senator Fierravanti-Wells asked the following question:

“Professor Daube is the President of the Public Health Association of Australia. Could you confirm with me whether he was solely responsible or in part responsible for issuing the invitations to those consultations?”

My response was as follows:

“No, he was not. I might take that on notice but my understanding is that the consultations were issued from the department – he was not involved in selecting the participants.”

Further detail on the process of issuing invitations to the consultations has now been brought to my notice, and the response should now be amended as follows (changes are underlined):

“The invitations to the general consultations were issued by the Public Health Association of Australia. Invitations to the ten thematic round table consultations were issued by the Department.”

Yours sincerely

Dr Masha Somi  
Acting Assistant Secretary  
Population Health Strategy Unit

3 | March 2010

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-086

OUTCOME 1: Population Health

Topic: AIHW PROCESS

Written Question on Notice

Senator Siewert asked:

What process does the Institute go through to decide that AIHW will become involved in a particular piece of research?

Answer:

AIHW work projects fall under two broad types of arrangements.

1. Appropriation-funded work involves preparation of an annual work plan and an appropriation budget that are both approved by the AIHW Board.
2. Externally-funded work can be funded under a variety of arrangements with specific decision processes, including:
  - an existing Memorandum of Understanding (MoU) with a Commonwealth Department (Department of Health and Ageing, Department of Families, Housing, Community Services and Indigenous Affairs, Department of Veterans' Affairs) for which a process is set out in the MoU;
  - arrangements for project work undertaken through national information committees such as for the Australian Health Ministers' Advisory Council; or
  - deeds of standing offer.

In particular, the AIHW Director and AIHW staff are guided in their decision-making by

- a) the *Australian Institute of Health and Welfare Act 1997*;
- b) AIHW Strategic Directions - approved by the AIHW Board;
- c) the AIHW Work Plan - approved by the AIHW Board annually;
- d) the AIHW policy on work in the public domain.

Specific considerations taken into account in deciding whether to undertake a particular piece of commissioned work include:

- availability of skilled staff;
- adequacy of funding;
- clarity of the task; and
- arrangements concerning public release.

As a general policy, all AIHW work is placed in the public domain. Consistent with this, the AIHW prefers to enter into arrangements where it retains rights to intellectual property to facilitate the Institute's ability to publish its findings. In considering proposed research projects, the AIHW Ethics Committee requires agreement that research results will be placed in the public domain before approval is given to the research.

Where there are some concerns about the requirements of the work, for example, methodological concerns, those are brought to the attention of the Director and a judgement is made on the basis of the value AIHW can add to the work.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-087

OUTCOME1: Population Health

Topic: REPORTS

Written Question on Notice

Senator Siewert asked:

Is it usual for AIHW to put their name to a report where the experimental design and data collection have been undertaken by others?

Answer:

The usual practice of the AIHW is to clearly state the role it has played in relation to a particular piece of work. In most cases, the methodology is determined by the AIHW.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-088

OUTCOME 1: Population Health

Topic: REPORTS

Written Question on Notice

Senator Siewert asked:

- a) What kind of conditions or contractual obligations are there on parties concerning the release of a report done on a commercial arrangement?
- b) Under what conditions can AIHW refuse to release a report?

Answer:

- a) Conditions in relation to release of a report are negotiated as part of the process of the AIHW being commissioned to undertake a particular piece of work.

Most of the commissioned work undertaken by the AIHW is managed under Memoranda of Understanding with the government departments – that is, the Department of Health and Ageing and the Department of Families, Housing, Community Services and Indigenous Affairs. Under these Memoranda, publication is managed by the AIHW, and there is an agreed protocol whereby advance notice is provided to key parties.

- b) Under the *Australian Institute of Health and Welfare Act 1987* (the Act), the AIHW has a responsibility to publicly report reliable information about the health and welfare status of Australians and the services they receive. As a general policy, all AIHW data are placed in the public domain. It is expected that a report based on work produced under contract with an external agency will also be publicly available.

Under the terms of the Act and the National Health Information Agreement the AIHW requires approval from data custodians to the use of their data for the purposes of particular analyses. Hence, the AIHW cannot agree to the release of a report, or of data, unless the use of the data for that purpose is agreed.

Under a policy on AIHW work in the public domain, approved by the AIHW Board, the Director, at her discretion, can refuse to publish outputs where she considers the quality of the data is inadequate for its purpose. Alternative approaches to the use of this power involve ensuring that the limitations of the data and the conclusions that may or may not be drawn from it are transparently portrayed.

Other circumstances under which a report might not be released into the public domain, at the discretion of the Director, include where agreement is reached at the commencement of the work in relation to:

- specific confidential analysis contracted by government agencies as an input to policy development and evaluation processes;
- work produced under a contract with an external agency where the Intellectual Property resides with the contractor (particularly where work is bid under a tender process);
- data and information infrastructure development work, including evaluating the feasibility or usefulness of a collection through pilot data collections (which may or may not precede full-scale data collection and production of a statistical report).



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-089

OUTCOME 1: Population Health

Topic: AIHW POLICIES

Written Question on Notice

Senator Siewert asked:

What kinds of policies does AIHW have to maintain the standards of its work and protect its reputation?

Answer:

All AIHW outputs are reviewed at senior levels by the relevant Group Head, the Head of the Statistics and Information Group and the Director.

Relevant AIHW policies include those relating to:

- business risk management;
- security risk management;
- fraud control;
- AIHW Ethics Committee processes and guidelines;
- policy on AIHW work in the public domain;
- data custodian guidelines;
- confidentiality undertakings;
- guidelines on statistical methodologies, including the AIHW guide to statistical practices;
- statistical clearance processes;
- consultation and peer review processes;
- publications clearance procedures; and
- embargoed release policy.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-090

OUTCOME 1: Population Health

Topic: INCOME QUARANTINING EVALUATION REPORT

Written Question on Notice

Senator Siewert asked:

- a) Was the 'AIHW report' on income quarantining meant to be internal analysis for government or a public report?
- b) Was this report released through the usual channels?
- c) What are the usual channels and protocols for the release of an AIHW report?
- d) How would you characterise the strength of evidence presented in this report?
- e) Do you believe that the design of this research - the methodology used, the reliability and validity of the data collected, the number of people questioned, the manner in which they were selected - provides sufficient basis to make policy decisions?

Answer:

- a) The AIHW was commissioned by the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) to undertake the report on Evaluation of Income Management in the Northern Territory in its capacity as a member of the FaHCSIA Social Policy Research and Evaluation Panel (SPREP). Under these arrangements, Intellectual Property in all contract material vests in the Commonwealth - represented for the purposes of the contract by FaHCSIA (FaCSIA Deed of Agreement 46017636 of 18 June 2007).

The AIHW Board has adopted a policy under which research carried out by the Institute is released into the public domain unless a conscious decision is made by the Director at commencement of the project that the material is not for release. Further, in approving research work to be carried out by the AIHW and by researchers using information held by the Institute, the AIHW Ethics Committee requires the public dissemination of research results.

Under these circumstances, the AIHW expected that the work would be placed in the public domain, although the Intellectual Property and publication arrangements remained with the Department.

- b) It is normal practice for the AIHW to publish its own reports. However, there are a number of cases where AIHW produces work which is intended for publication by other agencies - such as the Australian Commission for Safety and Quality in Healthcare or the National Health and Hospitals Commission.

In the case of the Evaluation of Income Management in the Northern Territory, AIHW was aware that the pre-release of the report to the Minister and the public release of the report were to be handled by FaHCSIA. This was consistent with the particular requirements of the contractual arrangements applying under the SPREP arrangements described above.

- c) As noted at b) above, it is normal practice for the AIHW to publish its own reports. However, different arrangements are from time to time negotiated for specific pieces of work.

No matter what the publication arrangements, final approval of AIHW publications rests with the Director.

- d) The AIHW assessment of the strength of the evidence for the evaluation is clearly presented and stated throughout the report, including in the Executive Summary. This view is then summarised on page 64 in the Discussion and Conclusions section:

‘The range of different data sources on income management meant that the evaluation was able to draw a number of conclusions about its effectiveness, based on the consistency of findings across a number of studies. The strength of research evidence is, however, constrained by the methodology used and the quality of the research. The types of studies used for the evaluation do not rank highly on standard evidence hierarchies and there were some issues with their quality. The evidence available for the evaluation was therefore not strong.’

- e) The role of the AIHW is to assemble and provide evidence for policy development and other purposes. It is not within the AIHW’s remit to apply that evidence to policy-making. These questions are therefore best directed to agencies with responsibility for policy-making.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-091

OUTCOME 1: Population Health

Topic: EVIDENCE BASED POLICY

Written Question on Notice

Senator Siewert asked:

- a) What does an evidence-based approach to policy development really mean?
- b) Does the strength of that evidence need to be proportionate to the magnitude of the economic or social cost of a policy, how many Australians it affects and its likely impacts on the lives of those affected?
- c) What recommendations does AIHW make to government and to policy makers about the kind of evidence base they need; what kind of baseline data; control groups; what sort of objective measures of outcomes; what balance of quantitative and qualitative data and what kind of selection process for participants?

Answer:

- a) and b)

The role of the AIHW is to assemble and provide evidence for policy development and other purposes. It is not within the AIHW's remit to apply that evidence to policy-making. These questions are therefore best directed to agencies with responsibility for policy-making.
- c) Government agencies and policy makers may take advice from many sources in preparing an evidence base or in undertaking evaluations.

Within the AIHW, a key objective in all our work is enhancing the evidence base that can be applied to policy-making in the health and welfare sectors.

Where a particular piece of work requires specific analysis, for example comparison over time or between population groups, we can provide advice on the best statistical method that makes best use of the available data sources. Such methods would include, for example, the need for baseline data and the use of control groups. Having applied the best methods, we then give a transparent account of the methodology used and any limitations of the underlying data.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-092

OUTCOME 1: Population Health

Topic: BOVINE SPONGIFORM ENCEPHALOPATHY (BSE)

Written Question on Notice

Senator Heffernan asked:

Will the appointment of Prof John Mathews and his report (September 2009) and review of scientific evidence into the risks associated with importing the beef and beef products from BSE affected countries:

- a) What were the contractual arrangements/terms of his contract?
- b) What was his remuneration?
- c) Who appointed him?
- d) Was this appointment arranged and discussed with the Department of Agriculture, Fisheries and Forestry (DAFF)?
- e) Can the Department supply copies to the Committee of this letter of appointment and contractual arrangements, remuneration package and any related correspondence to the appointment of Prof John Mathews? (And if not, why not?)

Answer:

- a) Professor Mathews was contracted as a consultant on 31 August 2009 to update and re-examine the scientific evidence used to inform Australia's bovine spongiform encephalopathy (BSE) policy particularly in relation to food and the flow on implications to human blood, human blood products and other human therapeutic goods to reflect any advances in scientific knowledge since the last update to the review in 2006. Professor Mathews was asked to:
  - Consider the two scientific reports: *Review of the Scientific Evidence to inform BSE Policy* (April 2005); and the *Addendum and Updated Executive Summary Scientific Risk Assessment* (9 August 2006), and in addition;
  - Consider any new scientific information that has become available since the reports were developed, in the broad but with a specific focus on the implications that a change to policy that allowed low risk beef and beef products to be imported from countries that are considered BSE 'negligible' or "controlled" risk may have for human blood, human blood products and other human therapeutic goods;

- Consider any new scientific evidence in relation to the effectiveness of controls that have been put in place to ensure that cattle tissues that could potentially contain the BSE agent do not enter the food chain from countries that have had BSE infections in indigenous cattle;
- Draw on relevant scientific literature concerning the transmission of variant Creutzfeldt-Jakob (vCJD) in particular, and where relevant, of other transmissible spongiform encephalopathies (TSEs), to assess the current level of knowledge relating to the science, epidemiology and technical information of vCJD disease and control mechanisms for preventing vCJD contamination in relation to possible transmission by human blood or human blood products or other human therapeutic goods; and
- Provide an updated Addendum, with an executive summary, against the reports that clearly articulates any new evidence, updated conclusions, an assessment of the risks associated with the change in food policy that allowed beef and certain beef products to be imported into Australia from BSE “negligible” or “controlled” risk countries and identifies whether any further measures would need to be taken to protect Australia’s food, human blood supply or the safety of other human therapeutic goods.

Professor Mathews was contracted to provide his draft report to the Department by 15 September 2009.

In addition to the delivery of services agreed in the original contract, a deed of variation was drafted to cover additional work undertaken by Professor Mathews, which included:

- Editorial changes to the Review, as required by the National Health and Medical Research Council’s Transmissible Spongiform Encephalopathies Committee.
- Preparation and attendance at a stakeholder consultation forum.
- Preparation and attendance at two Senate Inquiry hearings (December 2009 and February 2010).

A second deed of variation was drafted to cover the additional time required from Professor Mathews to prepare, attend and then respond to questions on notice from the 5 February 2010 Senate Inquiry hearing.

A copy of the templates for the consultancy contract and the deed of variation are at Attachment A.

- b) Professor Mathews’ remuneration for the original consultancy contract was up to \$24,500. The first deed of variation approved additional expenditure of up to \$8,500. The second deed of variation approved additional expenditure of up to \$4,000. Therefore the total remuneration for the consultancy contract is up to \$37,000.
- c) Mary McDonald, First Assistant Secretary, Regulatory Policy and Governance Division, Department of Health and Ageing.

- d) Yes.
- e) The release of information relating to contractual arrangements and engagement of Professor Mathews would involve information that is commercially confidential in character and as such has not been included in this response.



**Australian Government**  
**Department of Health and Ageing**

**SHORT FORM CONSULTANCY CONTRACT**

This Contract is made between the

**COMMONWEALTH OF AUSTRALIA** ('the Commonwealth') for the purposes of this Contract represented by and acting through the Department of Health and Ageing ('the Department') ABN 83 605 426 759

and

*[Insert name and registered address of Consultant] ABN [insert number]* ('the Consultant').

**OPERATIVE PART**

**1. Interpretation**

In this Contract, unless the contrary intention appears:

'**Confidential Information**' means information that is by its nature confidential, the Consultant knows or ought to know is confidential, or is designated by the Commonwealth as confidential, but does not include information which is or becomes public knowledge other than by breach of this Contract or by any other unlawful means, is in the possession of the Consultant without restriction in relation to disclosure before the date of receipt from the Commonwealth, or has been independently developed or acquired by the Consultant.

'**Conflict**' includes any conflict of interest, any risk of a conflict of interest and any apparent conflict of interest arising through the Consultant (or Consultant Personnel) engaging in any activity or obtaining any interest that is likely to conflict with or restrict the Consultant in performing the Services fairly and independently;

'**Contract Material**' means all Material:

- (a) created for the purposes of this Contract;
- (b) provided or required under this Contract to be provided to the Commonwealth as part of the Services; or
- (c) copied or derived at any time from the Material referred to in paragraphs (a) or (b);

'**Consultant Personnel**' means:

- (a) officers, employees, agents or subcontractors of the Consultant;

Updated 15 December 2008



- (b) officers, employees, agents or subcontractors of the Consultant's subcontractors; and
- (c) includes those individuals (if any) engaged by the Consultant or its subcontractors on a voluntary basis;

engaged in the performance of the Services;

**'Department'** includes any department or agency of the Commonwealth of Australia that is from time to time responsible for the administration of this Contract;

**'Existing Material'** means all Material in existence prior to the commencement of this Contract that is incorporated in, or supplied with, or as part of, or is required to be supplied with, or as part of, the Contract Material;

**'Intellectual Property'** means all copyright (including rights in relation to phonograms and broadcasts), all rights in relation to inventions (including patent rights), plant varieties, registered and unregistered trade marks (including service marks), registered and unregistered designs, circuit layouts, and all other rights resulting from intellectual activity in the industrial, scientific, literary or artistic fields;

**'Item'** means an Item of the Schedule to this Contract;

**'Material'** means documents, records, equipment, software (including source code and object code), goods, images, information and data stored by any means;

**'Services'** means the services, described in Item 1, to be performed by the Consultant under this Contract.

## **2. Performance of the Services, Fees and Consultant Warranties**

- 2.1 The Consultant agrees to perform the Services in accordance with this Contract and with due care and skill, ensure that the Services are fit for the purpose for which they are provided, and comply with the time frame for performance of the Services specified in Item 2.
- 2.2 The Commonwealth agrees to pay the fees specified in Item 3, pay the allowances specified in Item 4, and provide the facilities and assistance specified in Item 6.
- 2.3 The Commonwealth will be entitled, in addition to any other right it may have, to withhold any payment of fees or allowances until the Consultant has completed to the satisfaction of the Commonwealth that part of the Services to which the payment relates.
- 2.4 Subject to clauses 7 and 8, no right or obligation in this Contract is to be read or understood as limiting the Consultant's rights to enter into public debate or criticism of the Commonwealth, its agencies, officers, employees or agents.
- 2.5 The Consultant represents and warrants to the Commonwealth that:
  - (a) it will promptly notify and fully disclose to the Commonwealth in writing any event or occurrence actual or threatened which could have an adverse effect on the Consultant's ability to perform any of its obligations under this Contract;
  - (b) no litigation, arbitration, mediation, conciliation or proceedings including any investigations, are taking place, pending, or are threatened against the Consultant which could have an adverse effect upon either the Consultant's

capacity to perform its obligations under this Contract or the Consultant's reputation;

- (e) it has not had a judicial decision (excluding decisions under appeal) made against it in relation to employee entitlements where that claim has not been paid; and
- (d) it has had no significant deficiency in the performance of any substantive requirement or obligation under any prior contract with the Commonwealth or any Commonwealth government agency.

### **3. Subcontractors**

- 3.1 The Consultant agrees not to subcontract the performance of any part of the Services without the prior written approval of the Commonwealth.
- 3.2 The Consultant agrees to ensure that the other party to any subcontract has consented to the public disclosure of its name in connection with the performance of the Services and that the subcontract contains all the relevant terms of this Contract including those relating to compliance with the law.

### **4. Taxes, Duties and Government Charges**

- 4.1 Except as provided by this clause, all taxes, duties and government charges imposed or levied in Australia or overseas in connection with this Contract must be paid by the Consultant or as the Consultant might arrange.
- 4.2 The amounts payable under this Contract:
  - (a) include an amount to cover any liability of the Consultant for Goods and Services Tax (GST) on any supplies made by the Consultant under this Contract which are taxable supplies within the meaning of the *A New Tax System (Goods and Services Tax) Act 1999* ('GST Act'); and
  - (b) must not include any amount representing GST paid by the Consultant for which the Consultant may claim an input tax credit within the meaning of the GST Act.
- 4.3 In relation to any taxable supplies made under this Contract, the Consultant agrees to issue the Commonwealth with a tax invoice in accordance with the GST Act together with, or as a part of, each invoice submitted for payment in accordance with Item 5.

#### **4A. Small Business Payments**

- 4A.1 This clause only applies if:
  - (a) the Consultant is a Small Business; and
  - (b) the fee for Services will be paid by the Commonwealth from departmental items.
- 4A.2 For the purposes of this clause:
  - (a) 'Small Business' means an enterprise that employs less than the full time equivalent of 20 persons at the date of execution of this Contract, where 'full time equivalent' has the meaning given by the Australian Bureau of Statistics and where, if the enterprise forms part of a group, this test is applied to the group as a whole;

- (b) 'General Interest Charge Rate' means the general interest charge rate determined under section 8AAD of the *Taxation Administration Act 1953* on the day payment is due, expressed as a decimal rate per day; and
  - (c) 'The day that payment is made' is the day when the Commonwealth's system generates a payment request into the banking system for payment to the Consultant.
- 4A.3 The Commonwealth agrees to pay to the Consultant the fees for Services completed to the satisfaction of the Commonwealth within 30 days after the receipt by the Commonwealth of a correctly rendered invoice submitted in accordance with Item 5. If this period ends on a day that is not a business day, payment is required on the next business day.
- 4A.4 The Commonwealth is not required to make any payment to the Consultant in the absence of a correctly rendered invoice. Accordingly, an invoice which includes amounts that are not properly payable under this Contract or are incorrectly calculated is not a correctly rendered invoice and the Commonwealth is not required to make any payment in respect of that invoice.
- 4A.5 If the Commonwealth fails to pay to the Consultant an amount payable by it under this Contract by the day it is due for payment and payable, the Commonwealth agrees to pay simple interest on the unpaid amount at the General Interest Charge Rate calculated in respect of each day from the day after the amount was due up to and including the day that payment is made in accordance with the formula set out in clause 4A.6. Interest is only payable by the Commonwealth when the amount of interest exceeds \$10 and the Consultant has issued a correctly rendered invoice in relation to the interest.
- 4A.6  $SI = UA \times GIC \times D$
- Where:
- SI = simple interest amount;
  - UA = the unpaid amount;
  - GIC = General Interest Charge daily rate; and
  - D = the number of days from the day after payment was due up to and including the day that payment is made.
- 5. Material Provided by the Commonwealth**
- 5.1 The Consultant agrees to ensure that any Material provided by the Commonwealth to the Consultant for the purposes of this Contract is used only for the purposes of performing the Services and strictly in accordance with any conditions, restrictions or directions given by the Commonwealth.
- 5.2 The Consultant will return to the Commonwealth all such Material on expiration or earlier termination of this Contract, or otherwise deal with such Material as directed by the Commonwealth.
- 5.3 This clause will survive the expiration or earlier termination of this Contract.
- 6. Contract Material**
- 6.1 Intellectual Property in all Contract Material, and ownership of all Material in which Contract Material is or will be embodied, vests or will vest in the

Commonwealth. Upon the expiration or termination of this Contract the Consultant agrees to deliver to the Commonwealth or otherwise deal with all such Material as directed by the Commonwealth.

- 6.2 The Consultant warrants that it is entitled, or will be entitled at the relevant time, to deal with the Intellectual Property in the Contract Material in the manner provided for in this clause 6.
- 6.3 Clause 6.1 does not affect the ownership of Intellectual Property in any Existing Material that is agreed in writing between the Consultant and the Commonwealth to be excepted from that clause, but the Consultant grants, or undertakes to arrange for a third party to grant, to the Commonwealth a permanent, irrevocable, royalty-free, licence fee-free, world-wide, non-exclusive licence (including a right of sublicense) to use, reproduce, modify, adapt, publish, perform, broadcast, communicate, commercialise and exploit the Intellectual Property in any such Existing Material in conjunction with the other Contract Material.
- 6.4 This clause will survive the expiration or earlier termination of this Contract.

#### **7. Disclosure of Information**

- 7.1 The Consultant agrees not to disclose to any person other than the Commonwealth, any Confidential Information relating to this Contract or the Services without the prior written approval of the Commonwealth. This obligation will not be taken to have been breached where the information referred to is legally required to be disclosed.
- 7.2 This clause will survive the expiration or earlier termination of this Contract.

#### **8. Protection of Personal Information**

- 8.1 The Consultant agrees to comply with the Information Privacy Principles contained in the *Privacy Act 1988* to the extent that the content of those principles apply to the types of activities the Consultant is undertaking under this Contract, as if the Consultant were an agency as defined in that Act.
- 8.2 The Consultant acknowledges its continuing obligation to comply with the National Privacy Principles under the *Privacy Act 1988*.
- 8.3 This clause will survive the expiration or earlier termination of this Contract.

#### **9. Conflict of Interest**

- 9.1 The Consultant warrants that, to the best of its knowledge after making diligent inquiry, at the date of signing this Contract no Conflict exists or is likely to arise in the performance of obligations under this Contract by the Consultant or the Consultant Personnel. If, during the term of this Contract a Conflict arises, the Consultant agrees to notify the Commonwealth immediately in writing of the Conflict, make a full disclosure of all relevant information relating to the Conflict, and take such steps as the Commonwealth may reasonably require to resolve or otherwise deal with the Conflict.

#### **10. Compliance with Laws and Policies**

- 10.1 The Consultant agrees, in carrying out this Contract, to comply with:
  - (a) the provisions of any applicable Australian law;

- (b) all relevant legislation of the Commonwealth (particularly the *Crimes Act 1914*, *Criminal Code Act 1995*, *Racial Discrimination Act 1975*, *Sex Discrimination Act 1984*, *Disability Discrimination Act 1992*, *Equal Opportunity for Women in the Workplace Act 1999*, *Age Discrimination Act 2004*, *Ombudsman Act 1976* and *Auditor-General Act 1997*), or of any State, Territory or local authority;
  - (c) the Australian Government's *Lobbying Code of Conduct* as published by the Australian Public Service Commission in 2008; and
  - (d) any policies notified to the Consultant in writing.
- 10.2 The Consultant acknowledges that under section 137.1 of the Schedule to the *Criminal Code Act 1995* (Cth), giving false or misleading information to the Commonwealth is a serious offence.
- 10.3 The Consultant agrees, when using the Commonwealth's premises or facilities, to comply with all reasonable directions and procedures relating to occupational health, safety and security in operation at those premises or in regard to those facilities (including the Commonwealth's smoke-free work-place policy) whether specifically drawn to the attention of the Consultant or as might reasonably be inferred from the circumstances.
- 10.4 Without limiting the effect of clause 17.3, the Consultant must comply with and require Consultant Personnel engaged in the performance of the Services to comply with the behaviours set out in the Code of Conduct in section 13 of the *Public Service Act 1999* (Cth) as if the Consultant and those Consultant Personnel were APS employees as defined in that Act.
- 11. Access to Consultant's Premises**
- 11.1 The Consultant agrees to give to the Liaison Officer named in Item 8 and any persons authorised in writing by the Commonwealth (including but not limited to, the Auditor-General, the Ombudsman and the Privacy Commissioner) (referred to in this clause collectively as 'those permitted') access to premises at which Material associated with this Contract is stored or where work associated with this Contract is undertaken, and the Consultant Personnel, in order for those permitted to be able to inspect and copy Material for purposes associated with this Contract or any review of performance under this Contract
- 11.2 The Consultant agrees to provide all assistance reasonably requested by the Commonwealth in respect of any inquiry into or concerning the Services or this Contract.
- 11.3 This clause will survive the expiration or earlier termination of this Contract.

## **12. Indemnity**

- 12.1 To the extent permitted by law, the operation of any legislative proportionate liability regime is excluded in relation to any claim against the Consultant or under or in connection with this Contract.
- 12.2 The Consultant agrees to indemnify the Commonwealth, its officers, employees and agents from and against any liability incurred by the Commonwealth, or loss of or damage to property of the Commonwealth, or loss or expense incurred by the Commonwealth in dealing with any claim against it (including legal costs and expenses on a solicitor/own client basis), arising from:
- (a) any act or omission by the Consultant or the Consultant Personnel in connection with this Contract, where there was fault (including without limitation any negligent or otherwise tortious act or omission) on the part of the person whose conduct gave rise to that liability, loss, damage or expense; or
  - (b) any breach by the Consultant of its obligations or warranties under this Contract.
- 12.3 The Consultant's liability under the indemnity will be reduced proportionately to the extent that any negligent or other tortious act or omission of the Commonwealth contributed to the relevant liability, loss, damage, or expense.
- 12.4 The right of the Commonwealth to be indemnified under this clause 12:
- (a) is in addition to, and not exclusive of, any other right, power or remedy provided by law; and
  - (b) does not entitle the Commonwealth to be compensated in excess of the amount of the relevant liability, loss, damage, or expense.
- 12.5 This clause will survive the expiration or earlier termination of this Contract.

## **13. Insurance**

- 13.1 Subject to the Commonwealth agreeing in writing to vary this obligation, the Consultant agrees, for so long as any obligations remain in connection with this Contract, to effect and maintain the insurances described in Item 7 for all the Consultant's obligations under this Contract, including those which survive its expiration or termination. The Consultant further agrees, upon request, to provide proof of insurance acceptable to the Commonwealth.

## **14. Termination for Convenience**

- 14.1 The Commonwealth may, at any time by notice in writing, terminate this Contract immediately. To avoid doubt, the Commonwealth has an unfettered discretion to terminate this Contract in accordance with this clause.
- 14.2 Upon receipt of a notice of termination, the Consultant agrees to stop work on this Contract, take all available steps to minimise loss resulting from that termination and protect Contract Material.
- 14.3 Where there has been a termination under clause 14.1, the Commonwealth will be liable only for payments and assistance for services properly rendered before the effective date of termination, and reasonable costs unavoidably incurred by the Consultant and directly attributable to the termination.

- 14.4 The Commonwealth will not be liable to pay compensation under clause 14.3 in an amount which would, in addition to any amounts paid or due, or becoming due, to the Consultant under this Contract, together exceed the fees set out in Item 3.
- 14.5 The Consultant will not be entitled to compensation for loss of prospective profits.

**15. Termination for Default**

- 15.1 Where a party fails to satisfy any of its obligations under this Contract, the other party may:
- (a) if it considers the failure is not capable of remedy, by notice in writing, terminate this Contract immediately; or
  - (b) if it considers the failure is capable of remedy, by notice in writing, require that the failure be remedied within a time specified in the notice (being not less than seven days); and
  - (c) if the failure is not remedied in accordance with a notice issued under paragraph (b), by further notice in writing, terminate this Contract immediately.
- 15.2 The Commonwealth may also, by notice, terminate this Contract immediately if the Consultant:
- (a) being a corporation, comes under one of the forms of external administration referred to in chapter 5 of the *Corporations Act 2001*, or an order has been made for the purpose of placing the corporation under external administration; or
  - (b) being an individual, becomes bankrupt or enters into a scheme of arrangement with creditors.
- 15.3 Termination under this clause 15 is without prejudice to any common law right to terminate or claim damages.
- 16. Deemed termination for convenience**
- 16.1 If a purported termination for cause by the Commonwealth under clause 15 is determined by a competent authority not to be properly a termination for cause, then that termination by the Commonwealth will be deemed to be a termination for convenience under clause 14 which termination has effect from the date of the notice of termination referred to in clause 15.

**17. General**

- 17.1 No variation of this Contract is binding unless it is agreed in writing between the parties.
- 17.2 This Contract forms the entire agreement between the parties for the provision of the Services.
- 17.3 The Consultant agrees not to represent itself, and to use its best endeavours to ensure that Consultant Personnel do not represent themselves, as being officers, employees, partners or agents of the Commonwealth, or otherwise able to bind or represent the Commonwealth.
- 17.4 If a party does not exercise (or delays in exercising) any of its rights under this Contract, that failure or delay does not operate as a waiver of those rights.
- 17.5 The Consultant must not assign its rights under this Contract without the prior written approval of the Commonwealth.
- 17.6 The Commonwealth and the Consultant must attempt to settle by negotiation any dispute in relation to this Contract before resorting to external legal proceedings.
- 17.7 The laws of the Australian Capital Territory apply to this Contract.



**SCHEDULE**

**1. The Services**

The Services consist of the following:

**2. Timing**

The Services are to be performed in accordance with the following time frame:

**3. Fees**

**4. Allowances**

**5. Invoices**

Invoices must be addressed to the Liaison Officer and include the following information:

**6. Commonwealth Assistance**

The Commonwealth will provide the following facilities and assistance to the Consultant for the performance of the Services:

**7. Insurance**

The Consultant will effect and maintain the following insurance in accordance with the requirements specified in clause 13:

- (a) workers' compensation insurance as required by law;
- (b) public liability policy insurance to the value of at least \$XX million (\$XXXX) in respect of each claim; and
- (c)

**8. Liaison Officer**

The person for the time-being holding, occupying or performing the duties of ..... *[insert position]*, currently ..... *[insert name]*, available at ..... *[insert street address, postal address and facsimile number]*, will be the Liaison Officer, with responsibility for general liaison with the Consultant and accepting and issuing any written notices under this Contract on behalf of the Commonwealth.

This Short Form Contract for Services is **SIGNED** as a contract.

**SIGNED** for and on behalf of the )  
COMMONWEALTH OF AUSTRALIA )  
acting through the Department of Health )  
and Ageing on: )

\_\_\_\_\_ )  
*Date* )  
by: )

\_\_\_\_\_ )  
*Name of signatory* )

\_\_\_\_\_ )  
*Position of signatory* )  
in the presence of: )

\_\_\_\_\_ )  
*Name of witness* )

\_\_\_\_\_ )  
*Signature* )

\_\_\_\_\_ )  
*Signature of witness* )

**SIGNED** for and on behalf of )  
 )  
 )

\_\_\_\_\_ ABN/ACN )  
*Name of Consultant* )  
on: )

\_\_\_\_\_ )  
*Date* )  
by: )

\_\_\_\_\_ )  
*Name of Director* )

and: )  
 )  
 )

\_\_\_\_\_ )  
*Name of Director/Secretary* )

\_\_\_\_\_ )  
*Director's signature* )

\_\_\_\_\_ )  
*Signature of Director/Secretary* )



**Australian Government**  
**Department of Health and Ageing**

**DEED OF VARIATION No [...]**

Between

**The Commonwealth of Australia** as represented by the Department of Health and Ageing  
("the Commonwealth") ABN: 83 605 426 759

and

*[insert name and registered address of Contractor/Participant] ABN [insert ABN] [insert description of legal entity as described in Principal Agreement]*

**RECITALS:**

- A. The Parties wish to vary the agreement relating to *[insert details]* dated *[insert date the agreement was executed]* [and previously varied on *[insert date of any previous variations or delete if not relevant]* ("the **Principal Agreement**")].
- B. Clause *[insert correct clause number from Principal Agreement]* of the Principal Agreement states that no variation is binding unless it is agreed in writing between the Parties.

**OPERATIVE PART:**

1. The Parties vary the Principal Agreement as follows:  
  
*[insert details - eg, delete Item X of the Schedule and replace with xxx]*
2. The Principal Agreement, as amended by this Deed of Variation, constitutes the entire agreement between the Parties.

EXECUTED AS A DEED

**SIGNED, SEALED AND DELIVERED**

for and on behalf of the COMMONWEALTH OF AUSTRALIA

**By**

..... )  
(Print name) )  
..... )  
(Signature) )  
..... )  
(Print the position held) ) Date: ...../...../200.....

**in the presence of**

..... )  
(Witness's name) )  
(Signature) )

**SIGNED, SEALED AND DELIVERED**

for and on behalf of

.....  
(Print the Contractor's / Participant's name)

**By**

..... )  
(Print Director's name) )  
(Signature of Director) )  
..... )  
Date: ...../...../200.....

**and**

..... )  
(Print the 2<sup>nd</sup> Director's or Company )  
Secretary's name) ) (Signature of Director or Company )  
Secretary) )

Date: ...../...../200.....

*[Note to users - you will need to insert the appropriate signature block according to the type of legal entity - see Commentary. The signature block above is only appropriate when the Contractor/Participant is a company incorporated under the Corporations Act.]*

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-178

OUTCOME 1: Population Health

Topic: H1N1 VACCINE

Written Question on Notice

Senator Humphries asked:

Has a combined seasonal influenza and H1N1 vaccine been ordered for population dosing in Australia? If so, how many doses have been ordered, and by what date will the target dosage for winter 2010 be ready?

Answer:

The seasonal influenza vaccine provides protection against three strains of influenza including Pandemic H1N1 2009. The seasonal influenza vaccine is available under the National Immunisation Program to the following eligible groups:

- All individuals aged 65 years and over
- All Aboriginal and Torres Strait Islander peoples aged 15 years and over;
- Individuals aged 6 months and over with medical conditions predisposing to severe influenza, namely;
  - cardiac disease, including cyanotic congenital heart disease, coronary artery disease and congestive heart failure
  - chronic respiratory conditions, including suppurative lung disease, chronic obstructive pulmonary disease and severe asthma
  - other chronic illnesses requiring regular medical follow up or hospitalisation in the previous year, including diabetes mellitus, chronic metabolic diseases, chronic renal failure, and haemoglobinopathies
  - chronic neurological conditions that impact on respiratory function, including multiple sclerosis, spinal cord injuries, and seizure disorders
  - impaired immunity, including HIV, malignancy and chronic steroid use
  - Long term aspirin therapy in children aged 6 months to 10 years
- Pregnant women.

The Commonwealth has contracts in place to secure up to 3.8 million doses of seasonal influenza vaccine with two additional contracts soon to be executed for an additional 0.7 million doses. The contracts allow for each state and territory to order influenza vaccines based on demand. Vaccines will be delivered to state and territory warehouses and then to immunisation providers from mid March to May 2010.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-405

OUTCOME 1: Population Health

Topic: AIHW WORK ANALYSING INCOME MANAGEMENT

Hansard Page: CA 18

Senator Siewert asked:

- a) How much was the contract between the AIHW and FaHCSIA relating to the income management evaluation report that was released by the Australian Government in December 2009?
- b) What were the timelines relating to commissioning and delivery of the research undertaken by AIHW in the report?

Answer:

- a) The contract (as amended in June 2009) was for \$49,950 plus GST.
- b) The timelines for commissioning and delivery were as follows.

<b>Event</b>	<b>Date</b>
A request for tender to assist in the evaluation of income management in the Northern Territory was received from FAHCSIA.	8 January 2009
A contract for AIHW to undertake parts of the evaluation – Evaluation of Income Management Initiative in the Northern Territory – was signed (FaHCSIA Official Order 45357558).	26 March 2009
A deed varying the contract to reflect a reduced AIHW role was signed.	11 June 2009 (AIHW) 15 June 2009 (FaHCSIA)
The final of the evaluation report, together with the FaHCSIA 'Clearance for Publication' form signed by the AIHW were sent to FaHCSIA.	24 September 2009
The evaluation report was released by the Minister for Families, Housing, Community Services and Indigenous Affairs and by the Minister for Indigenous Health, Rural and Regional Health and Regional Services Delivery.	15 December 2009

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-407

OUTCOME 1: Population Health

Topic: AIHW STATISTICS ABOUT AUSTRALIAN GOVERNMENT EXPENDITURE ON PUBLIC HEALTH

Hansard Page: CA 23

Senator Fierravanti-Wells asked:

- a) What has been the Australian Government's annual expenditure on public health over the period 1995-96 to 2007-08 in current prices?
- b) What were the increases in the Australian Government's annual expenditure on public health over the period 1995-96 to 2007-08 in current prices?

Answer:

Estimates according to consistent definitions for public health expenditure are only available for years since 1999-2000. Public health expenditure is defined as expenditure on the following nine types of activities, undertaken or funded by the key jurisdictional health departments, that address issues related to populations, rather than individuals. These activities comprise communicable disease control, selected health promotion, organised immunisation, environmental health, food standards and hygiene, breast cancer, cervical and bowel cancer screening, prevention of hazardous and harmful drug use and public health research. These activities do not include treatment services. *Source: Glossary of Table 4.5 of AIHW 2009 Health expenditure Australia 2007-08.*

- a) Total Australian Government annual funding of expenditure on public health in 2006-07 and 2007-08 is shown in Table 2.1 below (reproduced from AIHW (2009) *Public health expenditure in Australia 2007-08*, page 5). The AIHW reports on both the funding of, and expenditure on, public health activities by the Australia Government.

Funding of expenditure for public health by the Australian Government includes Specific Purpose Payments (SPPs) to the states and territories for public health as well as other direct public health expenditures by the Australian Government.

**Table 2.1: Total government funding of expenditure on public health activities, current prices, by source of funds and shares of total public health funding/expenditure, 2006–07 and 2007–08**

Source of funds	2006–07		2007–08	
	Amount (\$ million)	Share of total (%)	Amount (\$ million)	Share of total (%)
<b>Funding by the Australian Government</b>				
Direct expenditure	508.4	29.6	562.7	26.1
SPPs to states and territories	492.8	28.7	810.1	37.5
<i>Australian Government funding</i>	<i>1,001.2</i>	<i>58.4</i>	<i>1,372.7</i>	<i>63.6</i>
<b>Funding by state and territory governments</b>				
Gross expenditure	1,206.4	70.4	1,596.1	73.9
SPPs from the Australian Government	492.8	28.7	810.1	37.5
<i>Net funding by the states and territories</i>	<i>713.6</i>	<i>41.6</i>	<i>786.0</i>	<i>36.4</i>
<b>Total funding/expenditure</b>	<b>1,714.8</b>	<b>100.0</b>	<b>2,158.8</b>	<b>100.0</b>

Source: AIHW health expenditure database.

Australian Government funding of public health expenditure was \$451.6 million in 1999–00, \$545.9 million in 2000–01, \$573.1 million in 2001–02, \$706.6 million in 2002–03, \$657.5 million in 2003–04, \$866.5 million in 2004–05 and \$796.7 million in 2005–06.

Source: AIHW Health expenditure data cubes.

<http://www.aihw.gov.au/expenditure/datacubes/index.cfm>

- b) The changes in the Australian Government's funding of public health expenditure for the years 2000–01 to 2007–08 compared to the previous year are in Table 1 below (calculated from the data above in answer a)).

**Table 1: Changes in Australian Government funding of public health expenditure on previous year, in current prices, 1999–00 to 2007–08, (\$m)**

	2000–01	2001–02	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08
Change in Australian Government funding of public health expenditure on previous year (\$m)	94.3	27.2	133.5	-49.2	209.0	-69.8	204.5	371.5



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-408

OUTCOME 1: Population Health

Topic: AIHW STATISTICS ABOUT AUSTRALIAN GOVERNMENT EXPENDITURE ON PUBLIC HOSPITALS

Hansard Page: CA 23

Senator Fierravanti-Wells asked:

- a) Was the Australian Government's annual expenditure on public hospitals in 1995 approximately \$5.2 billion?
- b) Was the Australian Government's annual expenditure on public hospitals in 2007–08 over \$12 billion?
- c) What has been the Australian Government's annual expenditure on public hospitals over the period 1995–96 to 2007–08 in current prices?
- d) What is the average annual current price increase in this expenditure over the same period?

Answer:

- a) The AIHW publishes data in financial years. The Australian Government's funding of expenditure on public hospitals was \$5,188 million in 1994–95, \$5,204 million in 1995–96 and \$5,333 million in 1996–97.

*Source:* AIHW Health expenditure data cubes.

<http://www.aihw.gov.au/expenditure/datacubes/index.cfm>.

- b) The Australian Government's funding of expenditure on public hospitals in 2007–08 was \$12,059 million (see Table 4.5 below reproduced from AIHW (2009) *Health expenditure Australia 2007–08*).

**Table 4.5: Funding of public hospitals<sup>(a)</sup>, current prices, by broad source of funds, 1997–98 to 2007–08**

Year	Government						Non-government			Total		
	Australian Government			State/territory			Amount (\$m)	Growth (%)	Share (%)	Amount (\$m)	Growth (%)	Share (%)
	Amount (\$m)	Growth (%)	Share (%)	Amount (\$m)	Growth (%)	Share (%)						
1997–98	5,907	..	42.5	6,987	..	50.3	1,004	..	7.2	13,898	..	100.0
1998–99	6,659	12.7	44.3	7,274	4.1	48.4	1,093	8.9	7.3	15,026	8.1	100.0
1999–00	6,981	4.8	44.6	7,555	3.9	48.3	1,099	0.6	7.0	15,635	4.1	100.0
2000–01	7,499	7.4	45.2	7,834	3.7	47.2	1,249	13.6	7.5	16,582	6.1	100.0
2001–02	7,988	6.5	44.6	8,503	8.5	47.5	1,408	12.8	7.9	17,900	7.9	100.0
2002–03	8,700	8.9	44.1	9,654	13.5	48.9	1,370	-2.7	6.9	19,723	10.2	100.0
2003–04 <sup>(b)</sup>	9,056	4.1	42.9	10,555	9.3	50.0	1,497	9.3	7.1	21,110	7.0	100.0
2004–05 <sup>(b)</sup>	9,724	7.4	41.6	11,894	12.7	50.9	1,737	16.1	7.4	23,358	10.6	100.0
2005–06 <sup>(b)</sup>	10,086	3.7	39.8	13,301	11.8	52.5	1,962	12.9	7.7	25,352	8.5	100.0
2006–07 <sup>(b)</sup>	10,738	6.5	38.6	14,853	11.7	53.4	2,200	12.1	7.9	27,794	9.6	100.0
2007–08 <sup>(b)</sup>	12,059	12.3	39.2	16,226	9.2	52.8	2,439	10.9	7.9	30,728	10.6	100.0
<b>Average annual growth rate</b>												
1997–98 to 2002–03	8.0		6.7		6.4		7.3					
2002–03 to 2007–08	6.7		10.9		12.2		9.3					
1997–98 to 2007–08	7.4		8.8		9.3		8.3					

(a) Includes dental services, community health services, patient transport services, public health and health research undertaken by public hospitals (see Box 4.1).

(b) Public hospital expenditure estimates for 2003–04 to 2007–08 are derived from Public Hospital Establishments data published in *Australian Hospital Statistics* (see Box 4.1). These differ from the estimates included in Appendix A.

Source: AIHW health expenditure database.

Note: Table 4.5 above is reproduced from AIHW (2009) *Health expenditure Australia 2007–08*.

- c) The Australian Government's funding of expenditure on public hospitals over the period 1997–98 to 2007–08 is shown in Table 4.5 above (reproduced from AIHW (2009) *Health expenditure Australia 2007–08*). The Australian Government's funding of expenditure on public hospitals for 1995–96 and 1996–97 is given above in the answer to question a).
- d) The current price increase in Australian Government funding of public hospital expenditure between 1995–96 and 2007–08 was \$6,858 million (\$12,059 million in 2007–08 minus \$5,204 million in 1995–96). This gives an annual average current price increase of \$572 million (\$6,858 million divided by 12).

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-409

OUTCOME 1: Population Health

Topic: AIHW STATISTICS ABOUT AUSTRALIAN GOVERNMENT EXPENDITURE ON HEALTH AND AGED CARE

Hansard Page: CA 23

Senator Fierravanti-Wells asked:

What has been the Australian Government's annual expenditure on health and aged care over the period 1995-96 to 2007-08 in current prices?

Answer:

The AIHW reports health and residential aged care expenditure separately, with residential aged care expenditure classified as part of welfare expenditure. Australian Government annual funding of health expenditure for 1995-96 to 2007-08, and Australian Government annual funding for residential aged care expenditure for 1998-99 to 2005-06 (the period for which AIHW holds this data) are shown in

Table 1 (The AIHW does not compile data on Australian Government funding of non-residential aged care).

**Table 1: Australian Government funding of health (recurrent and capital) expenditure and residential aged care expenditure in current prices, 1995-96 to 2007-08, \$m**

	Australian Government funding of total (recurrent and capital) health expenditure (\$m)	Australian Government funding of residential aged care expenditure (\$m)
1995-96	16,847	
1996-97	17,354	
1997-98	18,852	
1998-99	20,959	3,337
1999-00	23,304	3,586
2000-01	25,864	3,831
2001-02	27,752	4,005
2002-03	30,005	4,301
2003-04	32,033	5,114
2004-05	35,493	5,334
2005-06	37,074	5,335
2006-07	39,872	
2007-08	44,773	

Source: Table 3.5 of AIHW 2009 *Health expenditure Australia 2007-08*, AIHW Health expenditure data cubes. <http://www.aihw.gov.au/expenditure/datacubes/index.cfm> and AIHW Welfare expenditure database (unpublished).

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Budget Estimates 2009-2010, 10 February 2010

Question: E10-084

OUTCOME 1: Population Health

Topic: GM EGGPLANT

Written Question on Notice

Senator Siewert asked:

- a) Is FSANZ aware that the Indian Government has banned genetically modified eggplant after the ex-Director of Monsanto India admitted that the corporation provided 'fake scientific data' to regulators?
- b) What action has FSANZ taken in response to this news?
- c) Does this raise concerns about information that Monsanto has presented in Australia to support its various GM products?
- d) Does FSANZ intend to review information presented to FSANZ by Monsanto?
- e) If not, why not?

Answer:

- a) Yes.
- b) In the absence of corroborating evidence, FSANZ was unable to confirm statements made in the public domain by the ex-employee of Monsanto. However, after further investigation, FSANZ understands that the regulatory agency in India, the Genetic Engineering Approval Committee (GEAC), recommended the commercial release of GM eggplant after completing a rigorous safety assessment, and has not changed its scientific opinion. However, the Indian Government decided not to proceed.
- c) No. While there has never been an application from Monsanto for GM eggplant in Australia, FSANZ remains confident of the safety of other GM products developed by Monsanto based on the integrity of supporting safety studies. Monsanto information dossiers are submitted to regulatory agencies around the world, and they are consequently examined in detail by many scientists working in government agencies and in various academic fields. The global assessment of the data involving a high level of scientific scrutiny makes data falsification extremely unlikely to pass undetected. In contrast, GM eggplant has, to date, been subjected to assessment in only one country.

- d) No. FSANZ is satisfied with the quality and authenticity of the data submitted by Monsanto, and notes that food standards agencies in many other countries have reached similar conclusions.
  
- e) Like other food standards agencies, FSANZ operates a robust system with checks and balances to ensure that all information received from any company, including Monsanto, in support of a food product is verifiable. One strategy is to require applicants to submit raw laboratory data, which allows FSANZ to review experiments holistically and reach an independent interpretation of the results. Some studies have been generated in specialised laboratories and academic institutions external to the company, which introduces further transparency into the system. All information received by FSANZ is accompanied by appropriate quality assurance certification and a statutory declaration. On a case-by-case basis, FSANZ will not hesitate to question any company data that requires clarification or reject any data that does not meet appropriate standards.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-113

OUTCOME 1: Population Health

Topic: FOOD LABELLING LAW

Written Question on Notice

Senator Colbeck asked:

- a) Why did it take the Ministerial Council one year minus one day to, first of all, agree to the food labelling law and policy review (24/10/08) and then appoint a panel (23/10/09)?
- b) What was the hold-up?
- c) I note that four out of the five members of the review panel are largely coming from public health or academic background – with the fifth having a background in the food sector. Was there any particular reason for not having greater representation from either the food processing or primary production sectors?
- d) What was the process for selection of the panel members?
- e) Who signed off on the panel members?

Answer:

- a) On 28 October 2008, the Australia and New Zealand Food Regulation Ministerial Council (Ministerial Council) and the COAG Business Regulation and Competition Working Group (BRCWG), agreed in principle to commission an independent, comprehensive review of food labelling law and policy. The Ministerial Council during that meeting also agreed that the review will be undertaken by an independent expert panel and that the expert panel will comprise prominent individuals who collectively possess knowledge and expertise in the fields of public health, regulatory, economics/public policy, law and consumer behaviour and business.

On 1 May 2009 the Ministerial Council agreed to the Terms of Reference for the independent, comprehensive review of food labelling law and policy and agreed that it is to be chaired by an independent public policy expert who will be selected by the Ministerial Council once funding for the review had been secured.

Following the securing of the funding the Ministerial Council on 23 October 2009 agreed to appoint Dr Neal Blewett AC as Chairperson for the Review.

- b) See the answer to a) above
- c) The Ministerial Council agreed that the review should be undertaken by an independent expert panel, which should comprise prominent individuals who collectively possess knowledge and expertise in the fields of public health, regulation, economics/public policy, law, consumer behaviour and business (biographies of Panel members at Attachment A).
- d) The Ministerial Council appointed Dr Blewett as the Chairperson for this Review. The Food Regulation Standing Committee (FRSC) selected and appointed the Panel members in consultation with the Chair and in accordance with the criteria established by the Ministerial Council. FRSC comprises representatives from all jurisdictions in Australia and New Zealand.
- e) See the answer to d) above

## MEMBERS OF FOOD LABELLING LAW AND POLICY REVIEW PANEL

**Dr Neal Blewett AC**

After a distinguished academic career, including a period as Professor of Political Theory and Institutions at Flinders University, Neal Blewett entered Federal Parliament in 1977 as the Member for Bonython. In 1983 he became Minister for Health in the Hawke government and over the next seven years was the political architect of Medicare, was responsible for the development of Australia's AIDS policies, introduced the first national drugs campaign and worked for a greater emphasis in national health policies on the prevention of diseases. He served later as Minister for Trade and Overseas Development and as Minister for Social Security. Retiring from Parliament in 1994, he became Australian High Commissioner to London in that year, as well as serving between 1995 and 1998 on the Executive Board of the World Health Organization. In recognition of his services to Australian society, he was made a Companion of the Order of Australia in 1995.

**Dr Chris Reynolds**

Dr Chris Reynolds is a lawyer, with postgraduate qualifications in public health and a PhD from the Department of Community Medicine at Adelaide University. He has taught Constitutional Law, Environmental Law, and Law and Medicine at Flinders University School of Law and the University of South Australia. His main areas of research and consulting have been in public health law and policy, and he has advised the Australian Government and state governments on reforms to public health, food legislation, drug and tobacco laws and also in policy relating to HIV/AIDS. Between 2002 and 2005 he was a Director of Research at the National Centre for Public Health Law at Melbourne's Latrobe University and was a Food Standards Australia New Zealand (FSANZ) Fellow until 2004.

**Dr Simone Pettigrew**

Dr Simone Pettigrew holds a Bachelor of Economics from the University of Sydney, a Master of Commerce from the University of New South Wales, and a PhD in Consumer Research from the University of Western Australia (UWA). She is currently affiliated with the UWA Business School. Her primary research focus is health promotion, specifically in relation to obesity, food marketing, alcohol consumption, ageing, and mental health. She is the editor of the *Journal of Research for Consumers*.

**Associate Professor Heather Yeatman**

Associate Professor Heather Yeatman has 30 years experience working in areas relating to health, nutrition, the food system and public engagement in policy. After 10 years in the Health Department in South Australia, she joined the University of Wollongong, where she was instrumental in establishing the dietetics program and a new graduate program in public health nutrition. Dr Yeatman was involved in the Australian Food and Nutrition Policy (1992) and has acted as a scientific expert to government and non-government agencies. She has also served as a member on the FSANZ Board. Through these experiences she has developed unique expertise in food and nutrition policy across the spectrum of local, state, national and international levels.

**Mr Nick Goddard**

Mr Nick Goddard is a communications and marketing professional with over 25 years experience in the food industry. He has solid track record in bringing new and innovative food products to market, and in doing so has developed a good understanding of the challenges and opportunities the existing food labelling laws present to both businesses and consumers. Mr. Goddard has a Bachelor of Commerce and an MBA, and brings a pragmatic business and solutions oriented approach to the Panel. He is currently Executive Director of an agri-food industry association.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-119

OUTCOME 1: Population Health

Topic: FOOD LABELLING REVIEW

Written Question on Notice

Senator Colbeck asked:

- a) What is the remuneration for the panel chair?
- b) And for the other panel members?

Answer:

- a) The Independent Food Labelling Law and Policy Review Committee is established as an external Department of Health and Ageing Committee. All members are being remunerated in accordance with the current Remuneration Tribunal Determination: Remuneration and allowances for Holders of Part time Public Office for “offices not specified” (Attachment A); and Determination: Official Travel by Office Holders (Attachment B). The remuneration for the Chair is \$615 per day.
- b) The remuneration for panel members is \$547 per day.



## REMUNERATION TRIBUNAL

---

# Determination 2009/14: Remuneration and Allowances for Holders of Part-Time Public Office

---

### **This Determination comprises:**

**Part 1** – General

**Part 2** – Fees

**Part 3** – Conditions of Official Travel

**Schedule A** – Specified Offices – Fees and Allowances

**Schedule B** – List of Professional Committees (Health and Ageing, and Families, Housing, Community Services and Indigenous Affairs Portfolios)

**Schedule C** – Primary Industry Authorities – Fees and Allowances

**Schedule D** – Torres Strait Regional Authority – Fees and Allowances

**Schedule E** – Aboriginal Land Councils – Fees and Allowances.

### **PART 1 – GENERAL**

- 1.1 Legislative Basis:** The Remuneration Tribunal has made this Determination in accordance with subsections 7(3) and 7(4) of the *Remuneration Tribunal Act 1973*.
- 1.2 Effective Date:** This Determination takes effect on and from 1 October 2009.
- 1.3 Effect on Earlier Determinations:** This Determination supersedes and revokes in full Determination 2008/07 (as amended) – *Remuneration and Allowances for Holders of Part-Time Public Office*.
- 1.4 Definitions:** In this Determination, unless the context clearly indicates otherwise:

‘authority’ is a reference to any body or office to which office-holders, as defined in clause 1.4, are appointed;

‘business of the authority’ means any business of the authority conducted by an office-holder with the approval of the authority, other than attendance at a formal meeting and the preparation time for that meeting, except as specified in Clause 2.5;

‘office-holder’ means the holder of a part-time public office;

‘public office’ has the same meaning as in the *Remuneration Tribunal Act 1973*.

### **PART 2 – FEES**

- 2.1 Specified Offices:** The fees set out in Schedules A, B, C, D and E apply to the holders of the public offices specified in those schedules.
- 2.2 Remuneration Packaging:** An agency may provide access to remuneration packaging to office-holders covered by this Determination. An office-holder may elect either to take benefits in lieu of her or his fee or to take a combination of her or his fee and benefits.
- 2.2.1** Any election made in accordance with clause 2.2 must:
- (a) be in accordance with agency policies and procedures on remuneration packaging applicable to such offices;

- (b) be consistent with relevant taxation laws and rulings or guidelines applicable to remuneration packaging schemes issued by the Australian Taxation Office; and
- (c) not result in any cost to the Commonwealth (including in relation to any fringe benefits taxation) additional to the cost which would be incurred if benefits able to be taken as fees were taken as fees.

**2.3 Offices not specified:** An office-holder in respect of whom a fee has not otherwise been specified in this Determination shall, subject to the conditions outlined in clauses 2.5 to 2.8 of this Determination, be paid a daily fee as set out in Table 2A below.

**Table 2A: Public Offices not specified in this Determination – Daily Fees with effect from 1 October 2009**

Office	Category 1	Category 2	Category 3
	\$ per day	\$ per day	\$ per day
<b>Chairperson</b>	377	510	615
<b>Member</b>	283	377	547

**2.3.1 Minister decides category:** The category of fee to be paid shall be determined by the Minister within whose portfolio responsibility the public office is located, in accordance with the nature, function and responsibilities of the office.

**2.3.2 Official Travel:** An office-holder whose fee has been determined in accordance with clause 2.3 shall be entitled to travelling allowance for travel on official business within Australia at the Tier 2 rate, in accordance with Part 3 of this Determination.

#### Conditions of payment of daily fees

**2.4 Application:** The provisions of clauses 2.5 to 2.8 apply to office-holders covered by clause 2.3 and by Schedules A, B and C, unless otherwise specified. Clauses 2.5 to 2.8 do not apply to Schedules D and E.

**2.5 Daily fee – preparation for meetings:** The daily fee for a formal meeting includes a component to cover normal preparation time, but where the chairperson of the authority considers the period of preparation time involved is so unusual as to warrant recognition that period may be included as business of the authority.

**2.6 Daily fee – minimum hours:** An office-holder shall be paid the daily fee in respect of such period, not less than three hours, on any one day on which he or she attends a formal meeting of the authority, and/or is engaged on business of the authority other than normal preparation time for a meeting, subject to the following conditions.

**2.6.1** The chairperson, or nominated presiding officer, shall in each case certify whether the period of three hours has elapsed and in so certifying may have regard to reasonable travelling time incurred by an office holder away from the metropolitan area of the capital city or the environs of the town in which he or she lives.

**2.6.2** The maximum payment in respect of any one day shall be the appropriate daily fee.

**2.7 Part-payment of daily fee – meeting days:** An office-holder may be paid in respect of formal meetings of less than three hours subject to the following conditions:

- (a) for formal meetings aggregating less than two hours, an amount equal to two-fifths of a daily fee;
- (b) for formal meetings, or formal meetings and business of the authority on the day of a formal meeting, of two hours or more, but less than three hours on any one day, an amount equal to three-fifths of a daily fee;

- (c) the maximum payment in respect of any one day shall be the appropriate daily fee;
- (d) eligibility for each payment shall be certified by the chairperson or nominated presiding officer and in so certifying the chairperson may have regard to reasonable travelling time in accordance with subclause 2.6.1; and
- (e) preparation time shall only be included in accordance with clause 2.5.

**2.8 Aggregation of hours for daily fee – non-meeting days:** An office-holder may also be paid a daily fee in respect of aggregates of periods of business of the authority of less than three hours, subject to the following conditions:

- (a) individual periods of business must be on other than formal meeting days and each period must be for a minimum of one hour;
- (b) to attract payment of a daily fee, aggregated periods shall total at least five hours;
- (c) the maximum payment in respect of any one day shall be the appropriate daily fee;
- (d) eligibility for each payment shall be certified by the chairperson and in so certifying the chairperson may have regard to reasonable travelling time in accordance with subclause 2.6.1; and
- (e) preparation time shall only be included in accordance with clause 2.5.

**2.9 Daily Fee – SCT:** The following sub-clauses apply, (and clauses 2.5 to 2.8 do not apply) in relation to a person who holds an office as a member of the Superannuation Complaints Tribunal on a part-time basis.

- 2.9.1** A daily fee is payable once such a person has undertaken official business of five hours duration in aggregate, regardless of the day or days on which that work is done.
- 2.9.2** The Chairperson of the Superannuation Complaints Tribunal must certify the nature, reasonableness and duration of official business undertaken prior to any payment of fees to such a person.
- 2.9.3** Official business may include a hearing, preparation for a hearing, decision writing, checking and travel time other than for travel between the person's home and principal place of work.
- 2.9.4** The maximum payment in respect of any one day shall be the appropriate daily fee.

### **PART 3 – CONDITIONS OF OFFICIAL TRAVEL**

- 3.1 Official Travel Determination:** The provisions of Determination 2004/03 (as amended) – *Official Travel by Office Holders* – apply to offices covered by this Determination, subject to any exclusions or limitations in this Determination. In establishing entitlements, the Travel Tier identified in this Determination for an office will apply under Determination 2004/03.

## SCHEDULE A – FEES AND ALLOWANCES FOR SPECIFIED OFFICES

### General provisions relating to the following table:

- The fees set out in Table A1A below are payable in accordance with the conditions of this Determination to the holders of the relevant office.
- **In Columns 2 and 3:**
  - an “a” following the dollar amount signifies an Annual Fee applies;
  - a “d” following the dollar amount signifies a Daily Fee applies.
- The additional clauses referred to in Column 4 are listed immediately following the Table.

**Table A1A – Specified offices – fees and travel tier. (Rates are effective from 1 October 2009 unless otherwise specified.)**

Column 1 Office/Authority	Column 2 Chair \$		Column 3 Member \$		Column 4 Additional clauses applying	Column 5 Travel tier
NBN Co Limited	-		92,700	<i>a</i>		1
Future Fund	175,340	<i>a</i>	87,680	<i>a</i>		1
Australia Post	158,210	<i>a</i>	79,120	<i>a</i>	A2	1
Commonwealth Grants Commission	(full-time)		66,000	<i>a</i>		1
Australian Broadcasting Corporation (ABC)	145,530	<i>a</i>	47,890	<i>a</i>	A3	1
Australian Fair Pay Commission	128,740	<i>a</i>	64,380	<i>a</i>		1
Minimum Wage Panel Members – Fair Work Australia	-		64,380	<i>a</i>		1
ASC Pty Ltd	113,640	<i>a</i>	56,860	<i>a</i>	A1, A4	1
Medibank Private Ltd	113,640	<i>a</i>	56,860	<i>a</i>	A1	1
Reserve Bank of Australia	-		56,830	<i>a</i>		1
Murray-Darling Basin Authority	95,750	<i>a</i>	56,830	<i>a</i>		2
National Water Commission	(full-time)		50,380	<i>a</i>		1
Commonwealth Scientific and Industrial Research Organisation (CSIRO)	95,750	<i>a</i>	47,890	<i>a</i>	A1, A5	1
Defence Housing Australia	95,750	<i>a</i>	47,890	<i>a</i>	A1	1
Airservices Australia	95,750	<i>a</i>	47,890	<i>a</i>	A1, A6	1
Australian Rail Track Corporation	95,750	<i>a</i>	47,890	<i>a</i>		1
Civil Aviation Safety Authority Board (CASA)	95,750	<i>a</i>	47,890	<i>a</i>	A42	1
Commissioner, Australian Transport Safety Bureau Commission	(full-time)		47,890	<i>a</i>		1
Payments System Board	-		46,490	<i>a</i>		1
Australian Reward Investment Alliance (ARIA) Board	95,160	<i>a</i>	44,790	<i>a</i>	A1	1
Australian Curriculum Assessment and Reporting Authority (ACARA)	82,400	<i>a</i>	813	<i>d</i>	A43	See A9
Tourism Australia	80,630	<i>a</i>	40,350	<i>a</i>	A1, A7	1
Innovation Australia Board	77,250	<i>a</i>	36,050	<i>a</i>		2
Innovation Australia Committee	12,910	<i>a</i>	7,570	<i>a</i>	A8	2
Innovation Australia Committee – Non Innovation Australia Board Member	817	<i>d</i>	817	<i>d</i>		2
Private Health Insurance Administration Council	73,290	<i>a</i>	42,790	<i>a</i>	A1	1

Column 1 Office/Authority	Column 2 Chair \$		Column 3 Member \$		Column 4 Additional clauses applying	Column 5 Travel tier
General Practice Education and Training Limited	73,290	<i>a</i>	33,100	<i>a</i>		1
Pharmaceutical Benefits Advisory Committee	(full-time)		32,470	<i>a</i>		1
Safety, Rehabilitation and Compensation Commission	73,290	<i>a</i>	30,980	<i>a</i>		1
Military Superannuation and Benefits Scheme – Board of Trustees	73,290	<i>a</i>	24,460	<i>a</i>	A1	1
Administrative Review Council	73,290	<i>a</i>	753	<i>d</i>		1
National Health and Medical Research Council (NHMRC)	73,290	<i>a</i>	18,770	<i>a</i>	A9	See A9
NHMRC – Research Committee	64,540	<i>a</i>	-			2
NHMRC – Australian Health Ethics Committee	52,200	<i>a</i>	-			2
NHMRC – Special Expert Committee on Transmissible Spongiform Encephalopathies	35,250	<i>a</i>	-			2
NHMRC – All other Principal Committees not specified in this Determination	52,200	<i>a</i>	-			2
Quarantine & Exports Advisory Council	73,290	<i>a</i>	624	<i>d</i>		1
International Air Services Commission	61,620	<i>a</i>	30,980	<i>a</i>		1
Medical Services Advisory Committee	61,620	<i>a</i>	-			1
Food Standards Australia New Zealand	61,350	<i>a</i>	30,980	<i>a</i>	A10	1
National Competition Council	58,200	<i>a</i>	30,980	<i>a</i>		1
Foreign Investment Review Board	55,910	<i>a</i>	30,310	<i>a</i>	A11	1
Indigenous Land Corporation	55,910	<i>a</i>	30,310	<i>a</i>	A1, A11	1
Aboriginal Hostels Limited	55,910	<i>a</i>	30,310	<i>a</i>		2
Australian Maritime Safety Authority	55,910	<i>a</i>	24,460	<i>a</i>	A1, A11	1
Australian Nuclear Science and Technology Organisation Board (ANSTO)	55,910	<i>a</i>	24,460	<i>a</i>	A1, A11	1
ANSTO – Technical Advisory Committee	753	<i>d</i>	689	<i>d</i>		1
Export Finance and Insurance Corporation	55,910	<i>a</i>	24,460	<i>a</i>	A1, A11, A12	1
Special Broadcasting Service	55,910	<i>a</i>	24,460	<i>a</i>	A11	1
Australian Electoral Commission	55,910	<i>a</i>	-			1
Australian Hearing Services	55,910	<i>a</i>	24,460	<i>a</i>	A1	1
Australian Heritage Council	55,910	<i>a</i>	24,460	<i>a</i>		1
Australian Heritage Council – Associate Member	-		24,460	<i>a</i>		1
Indigenous Business Australia	55,910	<i>a</i>	24,460	<i>a</i>	A1, A11	1
National Offshore Petroleum Safety Authority Board	48,900	<i>a</i>	24,460	<i>a</i>		1
Australian Organ and Tissue Donation and Transplantation Authority Advisory Council	48,900	<i>a</i>	592	<i>d</i>	A39	2
Aged Care Standards and Accreditation Agency	46,490	<i>a</i>	24,460	<i>a</i>		1
National Rural Advisory Council	46,490	<i>a</i>	24,460	<i>a</i>		1
Screen Australia	46,490	<i>a</i>	24,460	<i>a</i>	A37	1

Column 1 Office/Authority	Column 2 Chair \$		Column 3 Member \$		Column 4 Additional clauses applying	Column 5 Travel tier
Australian Sports Commission	46,490	<i>a</i>	24,460	<i>a</i>	A1, A13	1
Australian Sports Anti-Doping Authority	(full-time)		24,460	<i>a</i>	A13	2
Information Industries Board	-		24,460	<i>a</i>		1
Albury-Wodonga Development Corporation	46,490	<i>a</i>	23,320	<i>a</i>		1
National Capital Authority	46,490	<i>a</i>	18,770	<i>a</i>		1
Great Barrier Reef Marine Park Authority	(full-time)		18,770	<i>a</i>		2
Australia Council	46,490	<i>a</i>	13,300	<i>a</i>	A13	1
Teaching Australia – Australian Institute for Teaching and School Leadership	46,490	<i>a</i>	13,300	<i>a</i>	A14	see A14
Safe Work Australia Council	46,490	<i>a</i>	-			2
National Disability and Carer Ministerial Advisory Council	36,670	<i>a</i>	377	<i>d</i>	A15	2
Australian Institute of Marine Science Council	36,670	<i>a</i>	18,770	<i>a</i>	A16	2
Frontline Defence Services (AAFCANS)	36,670	<i>a</i>	18,770	<i>a</i>	A1	2
Sydney Harbour Federation Trust	36,670	<i>a</i>	18,770	<i>a</i>	A1	2
Cancer Australia	36,670	<i>a</i>	18,770	<i>a</i>		2
National Childcare Accreditation Council	36,670	<i>a</i>	624	<i>d</i>		2
Radiation Health and Safety Advisory Council	36,670	<i>a</i>	-			2
Australian Technical Advisory Group on Immunisation	35,250	<i>a</i>	624	<i>d</i>		1
Council for the Australian Film Television and Radio School	32,420	<i>a</i>	16,220	<i>a</i>	A1	2
Australian Statistics Advisory Council	26,580	<i>a</i>	-			1
Public Lending Right Committee	26,580	<i>a</i>	-			2
ARC College of Experts	26,580	<i>a</i>	18,770	<i>a</i>		2
Australian Sports Drug Medical Advisory Committee	26,580	<i>a</i>	18,770	<i>a</i>		2
Australia Business Arts Foundation	26,580	<i>a</i>	13,300	<i>a</i>	A17	1
Australian National Maritime Museum Council	26,580	<i>a</i>	13,300	<i>a</i>		2
Australian National Maritime Museum – Member of a Committee (other than a council member)	-		624	<i>d</i>		2
Australian War Memorial Council	26,580	<i>a</i>	13,300	<i>a</i>		2
National Gallery of Australia Council	26,580	<i>a</i>	13,300	<i>a</i>	A17	2
National Library of Australia Council	26,580	<i>a</i>	13,300	<i>a</i>	A17	2
National Museum of Australia Council	26,580	<i>a</i>	13,300	<i>a</i>		2
Classification Review Board	25,090	<i>a</i>	692	<i>d</i>	A18	2
Defence Reserves Support Council (DRSC) – National Executive	22,400	<i>a</i>	19,050	<i>a</i>		2
DRSC – State/Territory Chairs	430	<i>d</i>	-			2
Australian Pesticides & Veterinary Medicines Authority	21,220	<i>a</i>	18,010	<i>a</i>		2
Australian Institute of Health and Welfare	19,280	<i>a</i>	550	<i>d</i>		2



Column 1 Office/Authority	Column 2 Chair \$		Column 3 Member \$		Column 4 Additional clauses applying	Column 5 Travel tier
Australia Council, Boards	19,280	<i>a</i>	-			2
Tuggeranong Office Park Pty Limited (TOP)	16,480	<i>a</i>	-			1
Advisory Panel on the Marketing in Australia of Infant Formula	15,310	<i>a</i>	-			2
Australian Learning and Teaching Council	8,130	<i>a</i>	6,150	<i>a</i>	A19	1
Professional Services Review – Committees	1,186	<i>d</i>	1,053	<i>d</i>		1
Professional Services Review – Determining Authority	1,186	<i>d</i>	1,053	<i>d</i>		1
Australian Energy Regulator	-		977	<i>d</i>		1
Financial Reporting Panel	1,097	<i>d</i>	891	<i>d</i>	A20	1
Companies Auditors and Liquidators Disciplinary Board	1,097	<i>d</i>	891	<i>d</i>	A21	1
Member, Tax Practitioners Board	-		891	<i>d</i>	A40	2
Specialist Medical Review Council	986	<i>d</i>	813	<i>d</i>	A22	1
Education Investment Fund Advisory Board	986	<i>d</i>	813	<i>d</i>		1
Co-operative Research Centres Committee	986	<i>d</i>	813	<i>d</i>		2
Skills Australia	986	<i>d</i>	813	<i>d</i>		1
Infrastructure Australia	986	<i>d</i>	813	<i>d</i>		1
Health and Hospitals Fund Advisory Board	986	<i>d</i>	813	<i>d</i>		1
Australian Solar Institute - Chair/Director	986	<i>d</i>	813	<i>d</i>		1
National Transport Commission	907	<i>d</i>	813	<i>d</i>		1
Low Emissions Technology Demonstration Fund Expert Panel	907	<i>d</i>	813	<i>d</i>		1
ACCC – Associate Member	-		813	<i>d</i>		1
ACMA – Associate Member	-		813	<i>d</i>		1
Prime Minister’s Science, Engineering and Innovation Council	-		813	<i>d</i>		1
Family Law Council	907	<i>d</i>	748	<i>d</i>		1
Tax Agents’ Board	907	<i>d</i>	748	<i>d</i>	A23	2
Patent and Trade Marks Attorneys Disciplinary Tribunal	891	<i>d</i>	-			2
Threatened Species Scientific Committee	882	<i>d</i>	590	<i>d</i>		1
Australian Reinsurance Pool Corporation	872	<i>d</i>	718	<i>d</i>		1
Owner-Driver Review Panel	841	<i>d</i>	721	<i>d</i>		2
Takeovers Panel	813	<i>d</i>	813	<i>d</i>	A24	1

Column 1 Office/Authority	Column 2 Chair \$		Column 3 Member \$		Column 4 Additional clauses applying	Column 5 Travel tier
Repatriation Medical Authority	813	<i>d</i>	721	<i>d</i>	A25	1
Gene Technology Technical Advisory Committee	813	<i>d</i>	615	<i>d</i>	A26	1
Gene Technology Ethics and Community Consultative Committee	813	<i>d</i>	615	<i>d</i>	A26	1
Official Establishments Trust	813	<i>d</i>	615	<i>d</i>		1
Oil Stewardship Advisory Council	813	<i>d</i>	615	<i>d</i>		1
Pharmaceutical Benefits Pricing Authority	813	<i>d</i>	615	<i>d</i>		1
Professional Committees in Health and Ageing and FaHCSIA Portfolios (listed in Schedule B)	813	<i>d</i>	615	<i>d</i>		1
Professional Standards Board for Patent and Trade Marks Attorneys	813	<i>d</i>	615	<i>d</i>		1
National Film and Sound Archive	813	<i>d</i>	615	<i>d</i>	A38	2
Committee Member, Tax Practitioners Board	-		615	<i>d</i>		2
Seafarers Safety, Rehabilitation and Compensation Authority	813	<i>d</i>	-		A27	1
Tasmanian Freight Equalisation Scheme Review Authority	813	<i>d</i>	-			1
Productivity Commission	(full-time)		748	<i>d</i>		1
Comcover Advisory Council	-		748	<i>d</i>		1
Council of Business Regulation	-		748	<i>d</i>		1
National Blood Authority	782	<i>d</i>	592	<i>d</i>		1
Australian Industry Development Corporation	748	<i>d</i>	615	<i>d</i>		1
Defence Force Advocate	-		721	<i>d</i>	A28	1
Defence Force Remuneration Tribunal	-		721	<i>d</i>		1
Pharmaceutical Benefits Remuneration Tribunal	(full-time)		721	<i>d</i>		1
Refugee Review Tribunal	-		721	<i>d</i>	A29	2
Migration Review Tribunal	-		721	<i>d</i>	A30	2
Anti-Doping Research Panel	-		721	<i>d</i>		1
Defence Science and Technology Organisation Advisory Board	753	<i>d</i>	615	<i>d</i>		2
Corporations and Markets Advisory Committee (Convener/Member)	748	<i>d</i>	681	<i>d</i>		1
Australian Community Pharmacy Authority	748	<i>d</i>	615	<i>d</i>		2
Australian River Co. Ltd	748	<i>d</i>	615	<i>d</i>	A31	2
Co-operative Research Centres Appraisal Panels	748	<i>d</i>	615	<i>d</i>		2
ABC – Independent Complaints Review Panel	748	<i>d</i>	615	<i>d</i>		2
Australian National Council on Drugs	748	<i>d</i>	615	<i>d</i>	A32	2

Column 1 Office/Authority	Column 2 Chair \$		Column 3 Member \$		Column 4 Additional clauses applying	Column 5 Travel tier
Regional Telecommunications Independent Review Committee	748	<i>d</i>	615	<i>d</i>		2
Disciplinary Appeal Committees under <i>PE(CT) Regulations 1999</i>	748	<i>d</i>	-			2
Commission for International Agricultural Research	721	<i>d</i>	525	<i>d</i>		2
Biological Diversity Advisory Committee	721	<i>d</i>	457	<i>d</i>		2
Indigenous Advisory Committee	721	<i>d</i>	457	<i>d</i>		2
Fuel Standards Consultative Committee	721	<i>d</i>	457	<i>d</i>		2
Disability Standards Review Panel	721	<i>d</i>	377	<i>d</i>		2
National Housing Supply Council	721	<i>d</i>	-			2
Social Security Appeals Tribunal (SSAT) Director	721	<i>d</i>	-			2
SSAT Member	-		673	<i>d</i>	A33	3
SSAT Medical Member	-		673	<i>d</i>	A33, A34	3
Geographical Indications Committee	694	<i>d</i>	615	<i>d</i>		2
Australian Strategic Policy Institute	694	<i>d</i>	561	<i>d</i>		2
Australian Social Inclusion Board	694	<i>d</i>	547	<i>d</i>		2
Superannuation Complaints Tribunal	(full-time)		721	<i>d</i>		2
Veterans' Review Board (Senior Member; Member)	658	<i>d</i>	586	<i>d</i>		2
Australian Technology Group	624	<i>d</i>	-			1
ABC Advisory Council	615	<i>d</i>	547	<i>d</i>		2
Australian Institute of Criminology Board of Management	615	<i>d</i>	547	<i>d</i>		2
Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS)	615	<i>d</i>	547	<i>d</i>		2
AIATSIS Research Advisory Committee	-		377	<i>d</i>		2
National Archives of Australia Advisory Council	615	<i>d</i>	547	<i>d</i>		2
National Customs Brokers Licensing Advisory Committee	615	<i>d</i>	547	<i>d</i>		2
Editorial Advisory Board	615	<i>d</i>	-		A35	2
Defence Industry Study Course	615	<i>d</i>	-			2
Religious Advisory Committee to the Services	547	<i>d</i>	547	<i>d</i>		2
National Rural Advisory Council – Specialist Committees	-		547	<i>d</i>		2
Accreditation Decisions Review Committee	510	<i>d</i>	467	<i>d</i>		2
Military Superannuation and Benefits Scheme Reconsideration Committee	510	<i>d</i>	467	<i>d</i>		2
ARIA Reconsideration Advisory Committee	-		467	<i>d</i>		2
CSIRO – Advisory Committees	510	<i>d</i>	377	<i>d</i>		2
Medical Training Review Panel	-		377	<i>d</i>		2

Column 1 Office/Authority	Column 2 Chair \$		Column 3 Member \$		Column 4 Additional clauses applying	Column 5 Travel tier
Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections	377	<i>d</i>	283	<i>d</i>	A41	2
Defence Families of Australia	377	<i>d</i>	-			2
Australian Bravery Decorations Council	No fee		No fee			1
Council for the Order of Australia	No fee		No fee			1
Central Trades Committee	-		No fee			2
Local Trades Committee	-		No fee			2
Military Rehabilitation and Compensation Commission	No fee		No fee		A36	2

## **ADDITIONAL CLAUSES TO TABLE A1A**

**A1. Various bodies:** A member of the named body who is the Chair of the Audit Committee, or Audit and Risk Committee, however named, will receive an additional \$13,300 per annum. A member who is a member of the Committee will receive an additional \$6,650 per annum.

**A2. Australia Post:** A member who is appointed as a Deputy Chair will receive an additional \$9,150 per annum. A member who is appointed to the Audit Committee will receive an additional \$9,150 per annum as member, or \$18,290 per annum as Chair, of the Committee. A member who is appointed to the Board of Postcorp will receive \$4,120 per annum.

**A3. ABC:** A member who is appointed as a Deputy Chair will receive \$71,820 per annum.

**A4. ASC Pty Ltd:** A Member who is the Chair of the Business Assurance and Security (BAS) Committee will receive an additional \$12,770 per annum. A Member who is member of the BAS Committee will receive an additional \$6,390 per annum.

**A5. CSIRO:** An additional per diem payment of \$733 shall be paid to members of CSIRO who serve on the boards of subsidiaries/associated commercial enterprises.

**A6. Airlines Australia:** A member who is appointed as Deputy Chair will receive an additional fee of \$6,650 per annum.

**A7. Tourism Australia:** A member who is appointed as Deputy Chair will receive \$53,580 per annum.

**A8. Innovation Australia:** The Chair and Members of the Innovation Australia Board shall only receive remuneration for one Committee.

**A9. Various:** The Chair is entitled to Tier 1 travel arrangements and Members are entitled to Tier 2 travel arrangements.

**A10. FSANZ:** A Member who is the Chair of the Finance, Audit and Risk Management (FARM) Committee will receive an additional \$7,973 per annum. A Member who is member of the FARM Committee will receive an additional \$3,987 per annum.

**A11. Various:** A member of the named body who is appointed as a Deputy Chair will receive \$36,670 per annum.

**A12. EFIC:** A member who is the Chair of the Export Finance and Insurance Corporation's Alliance and Contingent Divestment Implementation Committee will receive an additional pro-rata payment of \$7,973 per annum. A member who is a member of the Export Finance and Insurance Corporation's Alliance and Contingent Divestment Implementation Committee will receive an additional pro-rata payment of \$3,987 per annum.

**A13. Various:** A member of the named body who is appointed as a Deputy Chair will receive \$27,250 per annum.

**A14. Teaching Australia:** While Professor Gregor Ramsey is Chair he will receive the Chair's fee plus an additional loading of 70%. The Chair is entitled to Tier 1 travel. The Deputy Chair will receive the Member's fee plus an additional loading of 100%. Members are entitled to Tier 2 travel.

**A15. National Disability and Carer Ministerial Advisory Council:** A member who is appointed as a Deputy Chair will receive \$25,120 per annum.

**A16. AIMS:** A member who is chair of the Audit Committee will receive an additional \$7,973 per annum. A member who is a member of the Audit Committee will receive an additional \$3,987 per annum.

**A17. Various:** A member of the named body who is appointed as a Deputy Chair will receive \$18,770 per annum.

**A18. Classification Review Board:** A member who is appointed as a Deputy Convener will receive \$717 per day. In addition, when the Deputy Convenor acts as Convenor, he or she will be entitled to the remuneration and other conditions determined for the Convenor.

**A19. ALTC:** Members serving on the Audit and Risk Management Committee receive an additional \$3,255 per annum for the Committee Chair and \$2,452 per annum for Committee Members.

**A20. FRP:** The Chair rate will apply to a member on any day that the member chairs a Panel.

**A21. CALDB:** The Deputy Chairman will receive \$1,002 per diem. Office holders who qualified under Determination 2005/14 and who decided to retain their previous conditions receive – Chairman, retainer of \$9,827 per annum and \$986 per day; Deputy Chairman, retainer of \$7,921 per annum and \$986 per day and Members, retainer of \$2,926 per annum and \$813 per day.

**A22. SMRC:** Councillors who work permanently on a part-time basis will receive a retainer of \$24,070 (Chair) or \$16,220 (Members).

**A23. Tax Agents' Board:** For the Chairman and Members of the Tax Agents' Board, in lieu of clause 2.8(a), individual periods of business must be on other than formal meeting days and each period must be for a minimum of six minutes.

- A24. Takeovers Panel:** Daily fees are only payable for sitting days of takeover proceedings and for Panel days. Remuneration for other business is by way of an annual fee of \$17,560 for the Chairman and \$2,930 for the Members.
- A25. Repatriation Medical Authority:** Retainers of \$48,090 for the Chairperson and \$32,040 for the Members will be payable.
- A26. Gene Technology Committees:** an Expert Adviser appointed to either the Gene Technology Technical Advisory Committee or the Gene Technology Ethics and Community Consultative Committee will receive \$615 per day and is entitled to Tier 1 Travel.
- A27. Seafarers Safety, Rehabilitation and Compensation Authority:** A member who is appointed as a Deputy Chair will receive \$748 per day.
- A28. Defence Force Advocate:** Fees payable for work done within s.58T(c) of the *Defence Act 1903* shall be the maximum daily rate as determined for senior counsel in the Australian Government Solicitor's Commonwealth Policy on Counsel Fees.
- A29. RRT:** Members of the Refugee Review Tribunal receive a daily fee for seven hours work (which may be cumulative over several days).
- A30. MRT:** Members of the Migration Review Tribunal receive a daily fee for seven hours work (which may be cumulative over several days).
- A31. Australian River Company:** Mr E G Anson shall receive additional remuneration of \$50,210 per annum, on a pro-rata basis, for periods where he has the approval of the Board to perform executive duties. A member who is appointed as a Deputy Chair will receive \$681 per day.
- A32. ANCD:** A member who is appointed as a Deputy Chairman will receive \$672 per day.
- A33. SSAT:** The maximum fees payable each year to part-time Directors, Medical Members and Members of the Social Security Appeals Tribunal are capped at 80% of the sum of the base salary plus supplement in lieu of performance remuneration determined for full-time Directors.
- A34. SSAT Medical Members:** Medical Members will receive a minimum payment of \$6,726 per annum, and will receive no daily fee for the first ten days each year. The daily fee as set out in Table A1A, Column 3, will apply for each day worked in excess of ten days each year.
- A35. Editorial Advisory Board:** Subject to a minimum payment of \$2,792 per annum.
- A36. MRCC:** Where a member has an entitlement to Tier 1 travel by virtue of a full-time appointment, that entitlement will also apply to this Office.
- A37. Screen Australia:** A member who is appointed as a Deputy Chair will receive \$24,460 per annum. A member who is chair of the Audit Committee will receive an additional \$7,980 per annum. A member who is a member of the Audit Committee will receive an additional \$3,990 per annum.
- A38. National Film and Sound Archive:** A member who is appointed as a Deputy Chair will receive \$615 per day.
- A39. Australian Organ and Tissue Donation and Transplantation Authority Advisory Council:** For the period 1 January 2009 to 31 December 2009, the Chair will receive the Chair's fee plus an additional loading of 50%.
- A40. Tax Practitioners Board:** The maximum fees payable each year to part-time Members of the Tax Practitioners Board are capped at 80% of the sum of the base salary payable each year to a full-time Member.
- A41. Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections (MACBBVSTI):** Members appointed as organisational representatives, such as Federal Parliamentarians and State/Territory Officials, will not receive the travel allowance determined for MACBBVSTI Members if they have an entitlement to travel allowance from a different source.
- A42. Civil Aviation Safety Authority Board:** A member who is appointed a Deputy Chair will receive \$54,540 per annum.
- A43. Australian Curriculum Assessment and Reporting Authority:** The Deputy Chair will receive \$61,800 per annum, and is entitled to Tier 1 travel. The Chair and Deputy Chair will receive an additional 50 per cent loading until 1 July 2011 (subject to review).

## **SCHEDULE B – PROFESSIONAL COMMITTEES – HEALTH AND AGEING, AND FAMILIES, HOUSING, COMMUNITY SERVICES AND INDIGENOUS AFFAIRS PORTFOLIOS**

**B1.** The Offices in subclause B1.1 are defined as Professional Committees in the Health and Ageing, and Families, Housing, Community Services and Indigenous Affairs Portfolios. As determined in Table A1A of Schedule A, the entitlements of these committees are as follows.

- Chair \$813 per day
- Member \$615 per day
- Travel Tier 1

### **B1.1 Professional Committees**

- Adverse Drug Reactions Advisory Committee
- Australian Drug Evaluation Committee
- Bioengineering and Biomaterials Subcommittee
- Complementary Medicines Evaluation Committee
- Congenital Abnormalities Subcommittee
- Expert Group on Outpatient Services
- Fractionation Subcommittee of Human Pituitary Advisory Committee
- General Practice Co-ordination Group
- General Practice Education and Training Council
- General Practice Policy Group
- General Practice Recognition Appeals Committee
- General Practice Recognition Eligibility Committees
- Implantable Medical Devices Tracking Sub-committee
- Medical Devices Evaluation Committee
- Medical Devices Incident Review Committee
- Medical Services Advisory Committee
- Medicare Participation Review Committees
- Medicines Evaluation Committee
- National Drug Information Advisory Subcommittee
- National Drugs and Poisons Schedule Committee
- National Indigenous Health Equality Council
- National Medicines Policy Committee
- National Pathology Accreditation Advisory Council
- Pathology Services Table Committee
- Pharmaceutical Services Committee of Inquiry
- Rural Workforce Agency Evaluation Advisory Committee
- Therapeutic Goods Committee

**SCHEDULE C – FEES AND ALLOWANCES FOR PRIMARY INDUSTRY AUTHORITIES**

**General provisions relating to the following table:**

- The fees set out in Table C1A below are payable in accordance with the conditions of this Determination to the holders of the relevant office.
- ***In Columns 2 and 3:***
  - *an “a” following the dollar amount signifies an Annual Fee applies;*
  - *a “d” following the dollar amount signifies a Daily Fee applies.*
- The additional clauses referred to in Column 4 are listed immediately following the Table.

**Table C1A – Primary Industry Authorities – fees and travel tier. (Rates are effective from 1 October 2009 unless otherwise specified.)**

<b><u>Column 1</u></b> <b>Authority/Office</b>	<b><u>Column 2</u></b> <b>Chair \$</b>		<b><u>Column 3</u></b> <b>Member \$</b>		<b><u>Column 4</u></b> <b>Additional clauses</b>	<b><u>Column 5</u></b> <b>Travel Tier</b>
Australian Fisheries Management Authority Commission	59,080	<i>a</i>	29,720	<i>a</i>	C1	1
Grains Research and Development Corporation	58,440	<i>a</i>	29,080	<i>a</i>	C2	1
Australian Wine and Brandy Corporation	46,490	<i>a</i>	26,450	<i>a</i>		2
Fisheries Research and Development Corporation	46,490	<i>a</i>	26,450	<i>a</i>		1
Land and Water Australia	46,490	<i>a</i>	26,450	<i>a</i>		1
Rural Industries Research and Development Corporation	46,490	<i>a</i>	26,450	<i>a</i>	C3	1
Grape and Wine Research and Development Corporation	46,490	<i>a</i>	26,580	<i>a</i>		2
Cotton Research and Development Corporation	36,670	<i>a</i>	18,770	<i>a</i>		2
Sugar Research and Development Corporation	36,670	<i>a</i>	18,770	<i>a</i>	C4	2
Fishing Industry Policy Council	32,420	<i>a</i>	-			2
Wheat Exports Australia	907	<i>d</i>	590	<i>d</i>		1
Australian Fisheries Management Authority Selection Committee	748	<i>d</i>	-		C5	1
Australian Wine and Brandy Corporation Selection Committee	748	<i>d</i>	-			1
Fisheries Research and Development Corporation Selection Committees	748	<i>d</i>	-			1
Research and Development Corporations Selection Committees	748	<i>d</i>	-			1
Research and Development Councils Selection Committees	748	<i>d</i>	-		C6	1
Committees of Research and Development Corps	615	<i>d</i>	547	<i>d</i>	C7	2
Statutory Fishing Rights Allocation Review Panel	615	<i>d</i>	547	<i>d</i>		2
Management Advisory Committees, Australian Fisheries Management Authority	547	<i>d</i>	377	<i>d</i>		2



<u>Column 1</u> Authority/Office	<u>Column 2</u> Chair \$		<u>Column 3</u> Member \$		<u>Column 4</u> Additional clauses	<u>Column 5</u> Travel Tier
Rural Industries State Research Committees	467	<i>d</i>	377	<i>d</i>		2

**C1. Australian Fisheries Management Authority Commission:** A member who is appointed as a Deputy Chair will receive \$40,020 per annum.

**C2. Grains Research and Development Corporation:** The Chair of the Finance, Risk and Audit Committee will receive an additional annual fee of \$13,300; whilst a member of the same committee will receive an additional annual fee of \$6,650.

**C3. Rural Industries Research and Development Corporation:** The Chair of the Audit Committee will receive an additional annual fee of \$7,973; whilst a member of the same Committee will receive an additional annual fee of \$3,987.

**C4. Sugar Research and Development Corporation:** A Non-executive Director who sits on of the Audit Committee will receive an additional \$7,973 per annum as Chair of the Committee or \$3,987 per annum as Member of the Committee.

**C5. Australian Fisheries Management Authority (AFMA):** A member of the AFMA Selection Committee appointed under section 141B(1)(b) of the *Fisheries Management Act 1991* shall be paid a daily fee of \$494.

**C6. Research and Development Council:** A member of a Selection Committee appointed under section 126(2)(b) of the *Primary Industries and Energy Research and Development Act 1989* shall be paid a daily fee of \$494.

**C7. Research & Development Corps:** This entry refers to committees established under the *Primary Industries and Energy Research Development Act 1989*.

**SCHEDULE D – FEES AND ALLOWANCES FOR TORRES STRAIT REGIONAL AUTHORITY**

**General Provisions relating to the following table:**

**D1. Fees:** The fees set out in Table D1A below are payable in accordance with this Determination to the holders of the relevant office.

**D2. Aggregated hours:** The office-holders specified in this Schedule shall be paid in accordance with the following conditions:

- (a) for formal meetings and/or business of the authority aggregating 6 hours or more on any one day – 100% of the daily fee;
- (b) for formal meetings and/or business of the authority aggregating 3 hours or more but less than 6 hours on any one day – 60% of the daily fee;
- (c) for formal meetings and/or business of the authority aggregating less than 3 hours on any one day – 40% of the daily fee; and
- (d) eligibility for each payment shall be certified by the chairperson or nominated presiding officer and in so certifying the chairperson may have regard to reasonable travelling time incurred by an office holder away from the metropolitan area of the capital city or the environs of the town in which the office holder lives.

Table D1A –Torres Strait Regional Authority – fees and travel tier. (Rates are effective from 1 October 2009 unless otherwise specified).

Office	Daily fee			Travel Tier
	Chair	Deputy Chair	Member	
Torres Strait Islander Advisory Board	\$547	-	\$377	2
Torres Strait Regional Authority	-	\$510	\$377	2
TSRA – Member Advisory Council	-	-	\$377	2

## SCHEDULE E – FEES AND ALLOWANCES FOR ABORIGINAL LAND COUNCILS

### General Provisions relating to the following table:

- **Fees:** The fees set out in Table E1A below are payable in accordance with this Determination to the holders of the relevant office.

Table E1A – Holders of Public Offices in Aboriginal Land Councils. (Rates are effective from 1 October 2009 unless otherwise specified.)

Office	Rate of Salary or Fee		Travel Tier
	\$	Frequency	
<b>NORTHERN LAND COUNCIL</b>			
<b>Chairman</b> If engaged part-time on the functions and duties of the office	615	Daily fee	2
<b>Member</b> if engaged on general Council business	245	Not exceeding daily fee	2
if engaged on business of the executive	350	Not exceeding daily fee	2
<b>CENTRAL LAND COUNCIL</b>			
<b>Chairman</b> If engaged part-time on the functions and duties of the office	615	Daily fee	2
<b>Member</b> if engaged on general Council business	245	Not exceeding daily fee	2
if engaged on business of the executive	350	Not exceeding daily fee	2
<b>TIWI LAND COUNCIL</b>			
<b>Chairman</b>	47,140	Annual fee	2
<b>Deputy Chairman</b>	26,580	Annual fee	2
<b>Member, Management Committee</b>	26,580	Annual fee	2
<b>ANINDILYAKWA LAND COUNCIL</b>			
<b>Chairman</b>	64,670	Annual fee	2
<b>Member</b>	245	Not exceeding daily fee	2

Signed this 24 day of September 2009

Signed  
John C Conde AO  
PRESIDENT

-  
Janet E Grieve  
MEMBER

Signed  
John D C Allen  
MEMBER

---

## Determination 2009/10: Official Travel by Office Holders

---

- (i) Pursuant to subsections 5(2A), 7(3), 7(3D), and 7(4) of the *Remuneration Tribunal Act 1973*, the Remuneration Tribunal has inquired into the remuneration and allowances to be paid to holders of public office, and other matters significantly related thereto, and determines as set out below.
- (ii) This Determination takes effect on and from 30 August 2009 unless otherwise specified.

### **PART 1 – TRAVEL ALLOWANCE – OFFICE HOLDERS**

- 1.1** In this part, Determination Number 3 of 2004 (as amended) is referred to as the Principal Determination.
- 1.2** The Principal Determination is amended by deleting Schedule A – *Remuneration Tribunal Travelling Allowance Rates*, and replacing it with the Schedule A contained in Attachment A to this Determination.
- 1.3** The Principal Determination is amended by deleting Table 4A – *Motor Vehicle Allowance*, and inserting Table 4A contained in Attachment B to this determination.
- 1.4** The Principal Determination is amended by placing Clause 3.5 after Clause 3.8 and renumbering the affected clauses in the new sequential order.
- 1.5** The Principal Determination is amended by deleting the current wording of clause 1.5.7 and replacing it with the following wording:

‘**partner**’ means the de facto partner of an office holder as defined in the *Acts Interpretation Act 1901*.

Signed this 6th day of August 2009

Signed  
John C Conde AO  
PRESIDENT

Signed  
Janet E Grieve  
MEMBER

Signed  
John D C Allen  
MEMBER

**SCHEDULE A****REMUNERATION TRIBUNAL TRAVELLING ALLOWANCE RATES**

**A1. Travelling Allowance Rates:** The Travelling Allowance rates set out in Table A1.A will apply on and from 30 August 2009 in accordance with the provisions of Part 3 (*Travel Expenses*) of Determination 2004/03.

**Table A1.A – Rates of Travelling Allowance (Accommodation, meals and incidentals) per overnight absence.**

Column 1	Column 2	Column 3	Column 4
	TIER 1	TIER 2	TIER 3
<b>CAPITAL CITIES</b>			
Adelaide	\$359	\$314	\$264
Brisbane	\$386	\$364	\$308
Canberra	\$380	\$314	\$252
Darwin	\$415	\$301	\$266
Hobart	\$345	\$281	\$224
Melbourne	\$415	\$328	\$280
Perth	\$425	\$342	\$271
Sydney	\$415	\$356	\$290
<b>COUNTRY CENTRES</b>			
<b>Non- Specified Country Centres</b> (ie not specified below)	\$340	\$224	\$191
<b>NORTHERN TERRITORY</b>			
Alice Springs	\$340	\$242	\$206
Jabiru	\$348	\$329	\$305
Yulara	\$481	\$462	\$438
<b>QUEENSLAND</b>			
Cairns	\$340	\$254	\$230
Dalby	\$340	\$242	\$206
Emerald	\$340	\$244	\$220
Gladstone	\$340	\$249	\$226
Gold Coast	\$340	\$266	\$242
Hervey Bay	\$340	\$250	\$226
Horn Island	\$340	\$290	\$266
Innisfail	\$340	\$242	\$206
Mackay	\$340	\$263	\$240
Mount Isa	\$340	\$289	\$266

<b>Column 1</b>	<b>Column 2</b>	<b>Column 3</b>	<b>Column 4</b>
	<b>TIER 1</b>	<b>TIER 2</b>	<b>TIER 3</b>
Roma	\$340	\$242	\$206
Thursday Island	\$340	\$311	\$287
Townsville	\$340	\$255	\$231
Weipa	\$340	\$269	\$245
<b>NEW SOUTH WALES</b>			
Bathurst	\$340	\$242	\$206
Broken Hill	\$340	\$242	\$206
Dubbo	\$340	\$242	\$206
Maitland	\$340	\$239	\$215
Newcastle	\$340	\$258	\$235
Orange	\$340	\$242	\$206
Port Macquarie	\$340	\$246	\$222
Wagga Wagga	\$340	\$248	\$225
Wollongong	\$340	\$242	\$206
<b>VICTORIA</b>			
Bairnsdale	\$340	\$242	\$206
Ballarat	\$340	\$249	\$226
Bendigo	\$340	\$253	\$229
Bright	\$340	\$241	\$218
Castlemaine	\$340	\$242	\$206
Echuca	\$340	\$242	\$206
Geelong	\$340	\$252	\$228
Horsham	\$340	\$244	\$220
Portland	\$340	\$242	\$206
Seymour	\$340	\$242	\$206
Swan Hill	\$340	\$242	\$206
Warrnambool	\$340	\$244	\$220
Wonthaggi	\$340	\$253	\$229
<b>SOUTH AUSTRALIA</b>			
Bordertown	\$340	\$242	\$206
Ceduna	\$340	\$242	\$206
Kadina	\$340	\$242	\$206
Mount Gambier	\$340	\$242	\$206
Naracoorte	\$340	\$242	\$206
Port Augusta	\$340	\$242	\$206
Port Lincoln	\$340	\$242	\$206

<b>Column 1</b>	<b>Column 2</b>	<b>Column 3</b>	<b>Column 4</b>
	<b>TIER 1</b>	<b>TIER 2</b>	<b>TIER 3</b>
Renmark	\$340	\$242	\$206
Whyalla	\$340	\$242	\$206
Wilpena Pound	\$340	\$266	\$242
<b>WESTERN AUSTRALIA</b>			
Albany	\$340	\$242	\$206
Broome	\$357	\$338	\$314
Bunbury	\$340	\$251	\$227
Carnarvon	\$340	\$277	\$254
Dampier	\$340	\$305	\$282
Derby	\$340	\$312	\$289
Esperance	\$340	\$246	\$222
Exmouth	\$340	\$321	\$297
Geraldton	\$340	\$260	\$237
Halls Creek	\$340	\$278	\$255
Kalgoorlie	\$340	\$261	\$238
Karratha	\$435	\$416	\$392
Kununurra	\$340	\$288	\$265
Newman	\$340	\$301	\$277
Port Hedland	\$420	\$401	\$377
<b>TASMANIA</b>			
Burnie	\$340	\$256	\$232
Devonport	\$340	\$259	\$236
Launceston	\$340	\$246	\$223
<b>EXTERNAL TERRITORIES</b>			
Christmas Island	\$340	\$253	\$230
Cocos (Keeling) Island	\$340	\$241	\$217
Norfolk Island	\$340	\$250	\$227

**A2. Meal and Incidental Components:** The rates set out in Table A2.A provide the relevant meal and incidental components of the Travelling Allowance rates set out in Table A1.A. These rates are specified for the purposes of clauses 3.5, 3.6 and 3.7 of Determination 2004/03.

**Table A2.A – Meals and Incidentals Components**

	High Cost Centres (including capital cities)			Non-specified Country Centres (including centres listed in Table A2.B)		
	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3
<b>Breakfast</b>	\$26	\$25	\$23	\$26	\$23	\$20
<b>Lunch</b>	\$37	\$35	\$25	\$37	\$23	\$23
<b>Dinner</b>	\$63	\$49	\$43	\$63	\$45	\$40
<b>Incidentals</b>	\$24	\$24	\$17	\$24	\$24	\$17
<b>Total</b>	\$150	\$133	\$108	\$150	\$115	\$100

**Table A2.B – Group 2 Country Centres (refer Table A1)**

Country Centre	Country Centre
Albany (WA)	Mount Gambier (SA)
Alice Springs (NT)	Naracoorte (SA)
Bairnsdale (Vic)	Orange (NSW)
Bathurst (NSW)	Port Augusta (SA)
Bordertown (SA)	Port Lincoln (SA)
Broken Hill (NSW)	Portland (Vic)
Castlemaine (Vic)	Renmark (SA)
Ceduna (SA)	Roma (Qld)
Dalby (Qld)	Seymour (Vic)
Dubbo (NSW)	Swan Hill (Vic)
Echuca (Vic)	Whyalla (SA)
Kadina (SA)	Wollongong (NSW)
Innisfail (Qld)	



**Attachment B to Determination 2009/10**

**Table 4A – Motor Vehicle Allowance**

With effect on and from 30 August 2009

<b>Engine Capacity (non-rotary)</b>	<b>Engine Capacity (rotary)</b>	<b>Rate Cents per kilometre</b>
Above 2,600 cc	Above 1,300 cc	75
1,601 to 2,600 cc	801 to 1,300 cc	74
1,600 cc or less	800 cc or less	63

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-374

OUTCOME 1: Population Health

Topic: PATIENT AND PRODUCT INFORMATION

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) Given that this was an experimental vaccine, tested and approved by the TGA in record speed, what liability has the Government been exposed to in the event of long term side effects and harm from the vaccine?
- b) What assurance can the Government give individuals who have received the vaccine in the event of long term side effects and harm from the vaccine?
- c) Are recipients of the vaccine being monitored for ongoing side effects or long term harm?

Answer:

- a) Panvax is not an experimental vaccine. It is made using the same manufacturing processes that are used each year to manufacture seasonal influenza vaccines, for which there is an extensive body of safety data covering a period of 40 years.

Consistent with normal approval processes for vaccines, Panvax was approved in September 2009 in accordance with Sub-section 25(1)(d) of the *Therapeutic Goods Act 1989*, under which a sponsor must provide supporting data to establish the quality, safety and efficacy of a vaccine before it can be approved for use in Australia. As is the case with all approved vaccines and medicines, the TGA is closely monitoring and reporting on the use and safety of Panvax.

- b) The objective of the *Therapeutic Goods Act 1989* is to provide a national framework for the regulation of therapeutic goods in Australia. The TGA carries out a range of assessment and monitoring activities to ensure therapeutic goods available in Australia are of a quality standard and that the Australian community has access, within a reasonable time, to new therapeutic products. Panvax has been developed within this framework to ensure its quality, safety and efficacy.

- c) In line with normal processes, the TGA is closely monitoring and reporting on the use of Panvax. The TGA has a well-developed system for collecting reports of adverse events about vaccination with Panvax via a continuous post-marketing monitoring system, including a dedicated phone line, a dedicated web-based reporting form as well as the adverse drug reaction reporting portal on the TGA website. Adverse reports are assessed within the TGA and by the Advisory Committee on the Safety of Medicines (ACSOM) and analysed to identify ‘safety signals’, that is a preliminary indication of a medicine-related safety issue emerging in data patterns. When a signal is identified, a detailed evaluation is undertaken to establish whether a true causal association exists between the medicine and the adverse reaction.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-106

OUTCOME 1: Population Health

Topic: BINGE DRINKING

Written Question on Notice

Senator Siewert asked:

Following the passage of the Customs Tariff Amendment (2009 Measures No 1) Bill 2009 and the Excise Tariff Amendment (2009 Measures No 1) Bill 2009 the government set aside an additional \$50 million to tackle binge drinking.

- a) How much of this money has already been allocated in budget expenditure and where that has been the case, the amount of funding for and nature of the initiatives that have been provided for?
- b) Please outline progress in establishing the sponsorship fund for local community organisations who provide sporting and cultural activities?
- c) Have any funds been spent in setting up this fund?
- d) Have any funds been allocated to community level initiatives designed to tackle binge drinking?
- e) Has there been any additional funding provided for telephone counselling services and alcohol referrals?
- f) Has any funding from this \$50 million package been attributed to expansion of social marketing campaigns?

Answer:

a – f)

In association with the passage of the Excise Tariff Amendment (2009 Measures No. 1) Bill 2009 and Customs Tariff Amendment (2009 Measures No. 1) Bill 2009, the Australian Government agreed with the Australian Greens and Senator Xenophon to invest an additional \$50 million in a range of measures designed to tackle binge drinking, including:

- a fund to provide sponsorship to local community organisations who provide sporting and cultural activities, as an alternative to other forms of sponsorship;
- community level initiatives designed to tackle binge drinking;
- enhancing telephone counselling services and alcohol referrals; and
- possible expansion of existing social marketing campaigns.

The initiatives will be implemented commencing in the 2010-11 financial year.

There is a high level of continuing activity occurring in 2009-10 through the existing measures under the National Binge Drinking Strategy, including community level initiatives and social marketing campaigns.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-207

OUTCOME 1: Population Health

Topic: NATIONAL PREVENTATIVE HEALTH TASKFORCE

Hansard Page: CA 16

Senator Fierravanti-Wells asked:

Can you take on notice the one about the international travel for the Preventative health experts and the \$47,842 for background papers?

Answer:

The Chair of the Preventative Health Taskforce, Professor Rob Moodie, attended the UK Department of Health conference 'Closing the Gap in a Generation' on 6-7 November 2008 at the invitation of the UK Government. While in Europe, Professor Moodie took the opportunity to meet with a number of preventive health experts in London, Geneva and Helsinki between 6 and 13 November 2008 in his capacity as Chair of the Taskforce.

\$10,118.24 was paid to the Statesman Travel Group on 28 November 2008 for this travel.

Monash University was commissioned in June 2008 to prepare a report for the Preventative Health Taskforce giving a current overview of international prevention strategies and programs in relation to chronic disease, paying particular attention to the areas of obesity, tobacco, alcohol, physical inactivity and diet.

\$47,842.30 was paid to Monash University on 15 July 2008 for this report.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-215

OUTCOME 1: Population Health

Topic: NATIONAL PREVENTIVE HEALTH TASKFORCE

Hansard Page: CA 133

Senator Fierravanti-Wells asked:

- a) Could you provide me with a list of each of those consultations and tell me which ones were by invitation only and which ones were more open consultations?
- b) Also, could you tell me, if possible, the people who attended each of those consultations and whether there was a mix of industry and public health people?

Answer:

- a) In developing the National Preventative Health Strategy, the National Preventative Health Taskforce (the Taskforce) released a discussion paper, *Australia: the healthiest country by 2020* and three associated technical papers on obesity, tobacco and alcohol in October 2008. These documents formed the basis for conducting consultations and calling for public submissions. The Taskforce publicly invited submissions in response to its discussion paper and received over 400 such submissions.

In addition the Taskforce held 30 consultations with almost 1,000 stakeholders in capital cities and select regional centres between October 2008 and February 2009 (see table below). The Taskforce engaged the Public Health Association of Australia to coordinate and facilitate the consultations. Whilst attendance at the consultations was by invitation only, the Association worked closely with national and local organisations to make sure all appropriate stakeholders representing diverse backgrounds and experience were identified and invited.

Date	Consultation	Location
22 October 2008	General Consultation (morning)	Hobart
22 October 2008	General Consultation (afternoon)	Hobart
23 October 2008	General Consultation (morning)	Launceston
23 October 2008	General Consultation (afternoon)	Launceston
31 October 2008	General Consultation	Darwin
31 October 2008	Northern Territory Government	Darwin
31 October 2008	Australian General Practice Network Forum	Darwin

<b>Date</b>	<b>Consultation</b>	<b>Location</b>
4 November 2008	General Consultation	Alice Springs
7 November 2008	General Consultation	Dubbo
17 November 2008	General Consultation	Canberra
19 November 2008	Australian Capital Territory Government	Canberra
24 November 2008	General Consultation	Brisbane
24 November 2008	Queensland Government	Brisbane
25 November 2008	General Consultation	Cairns
25 November 2008	General Consultation	Sydney
26 November 2008	General Consultation	Sydney
26 November 2008	NSW Government	Sydney
29 January 2009	General Consultation	Adelaide
29 January 2009	South Australian Government	Adelaide
30 January 2009	General Consultation	Mount Gambier
3 February 2009	National Indigenous Health Equality Council	Melbourne
5 February 2009	General Consultation	Perth
5 February 2009	Western Australian Government	Perth
5 February 2009	Indigenous Consultation	Perth
6 February 2009	General Consultation	Kalgoorlie
10 February 2009	General Consultation	Melbourne
11 February 2009	General Consultation	Melbourne
13 February 2009	General Consultation	Wodonga
3 March 2009	Independent Sports Panel	Melbourne
18 March 2009	Victorian Government	Melbourne

The Taskforce also held ten thematic round tables bringing together experts and industry representatives to discuss major determinants of smoking, obesity and excessive alcohol consumption (see table below). The Department was responsible for coordinating and facilitating these consultations including invitations.

<b>Date</b>	<b>Thematic Roundtable</b>	<b>Location</b>
17 November 2008	Thematic Roundtable: Prevention and Primary Care, including in remote and rural settings.	Canberra
19 November 2008	Thematic Roundtable: Targets, Strategies, Evidence and Evaluation	Canberra
24 November 2008	Thematic Roundtable: Reshaping Demand and Supply in Food	Sydney
25 November 2008	Thematic Roundtable: Prevention in Indigenous Communities	Cairns
15 December 2008	Thematic Roundtable: Recreation, Fitness and Weight Loss	Melbourne
15 December 2008	Thematic Roundtable: The Built Environment	Melbourne
29 January 2009	Thematic Roundtable: Reshaping the Culture of	Sydney



<b>Date</b>	<b>Thematic Roundtable</b>	<b>Location</b>
	Drinking	
29 January 2009	Thematic Roundtable: Private Health Insurance and Prevention	Sydney
29 January 2009	Thematic Roundtable: Medicines and Prevention	Sydney
10 February 2009	Thematic Roundtable: Healthy Workplaces	Melbourne

- b) Participants included a mix of people representing industry, public health, professional groups, consumer groups, government, and other non-government organisations. In particular, the thematic roundtables ‘Reshaping the Culture of Drinking’, ‘The Built Environment’, ‘Recreation, Fitness and Weight Loss’, ‘Healthy Workplaces’, ‘Medicines and Prevention’, ‘Private Health Insurance and Prevention’, and ‘Reshaping Demand and Supply in Food’ provided dedicated opportunities for consultation with the relevant industries.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-216

OUTCOME 1: Population Health

Topic: NATIONAL PREVENTIVE HEALTH TASKFORCE

Hansard Page: CA 134

Senator Fierravanti-Wells asked:

Would you take on notice the question: what other funds or otherwise were provided to people who provided papers?

Answer:

The Department, on behalf of the National Preventative Health Taskforce, commissioned three background papers, eight papers and two pieces of writing to assist with the drafting of the National Preventative Health Strategy.

Details of the funds provided to people commissioned to write these papers are as follows.

Background papers

<b>Contractor</b>	<b>Details of paper</b>	<b>Author(s)</b>	<b>Value (\$)</b>
Monash University	A Rapid Review of Chronic Disease Prevention Strategies and Programs in Selected OECD Countries	S. Fawkes, B. Mouy, B. Oldenburg, R. Watson & A. Abdullah.	\$47,842.00
Turning Point Alcohol and Drug Centre	A Window of Opportunity: Background Paper on the Prevention of Alcohol Misuse and Related Harm	M. Hamilton, R. Room, T. King, M. Livingston & B. Vandenberg	\$24,623.50
Cancer Council Victoria	Tobacco Control in Australia: Making Smoking History	Cancer Council Victoria	\$21,313.00
<b>Total (\$)</b>			<b>\$93,778.50</b>

### Commissioned Papers

<b>Contractor</b>	<b>Title of commissioned paper</b>	<b>Author(s)</b>	<b>Value (\$)</b>
S. Friel	Health equity in Australia: A policy framework based on action on the social determinants of obesity, alcohol and tobacco.	S. Friel	\$17,714.40
M. Harris	The role of primary health care in the prevention of chronic disease.	M. Harris	\$5,905.80
J. Garrard	Taking action on obesogenic environments: Building a culture of active, connected communities.	J. Garrard	\$4,428.60
L. King	Inappropriate food marketing.	L. King, B. Kelly, T. Gill, J. Chau and K. Chapman	\$22,732.60
J. Boffa	Reducing the harm from alcohol, tobacco and obesity in indigenous communities: Key approaches and actions.	J. Boffa and E. Tilton with D. Legge and B. Genat	\$17,328.00
T.Chikritzhs	The impact of the Prevention Task Force target reductions for risky/high risk drinking on national morbidity and mortality, 2007-2020.	T. Chikritzhs	Nil
D. Holman	Deaths and premature loss of life caused by overweight and obesity in Australia in 2011-2050: Benefits from different intervention scenarios.	D. Holman and V. Gray	Nil
S. Hurley	Predicted impact of proposed tobacco control strategies.	S. Hurley, M. Spittal, M. Scollo, S. Durkin and M. Wakefield	Nil
<b>Total (\$)</b>			<b>\$68,109.40</b>

These papers are available at the Preventative Health Taskforce's website: [www.preventativehealth.org.au](http://www.preventativehealth.org.au) in the 'Engagement and Consultation' section.

### Commissioned writing for the Strategy

<b>Contractor</b>	<b>Details of paper</b>	<b>Author(s)</b>	<b>Value (\$)</b>
R. Kent	Building infrastructure that supports and sustains action	R. Kent	\$7,500.00
S. Goldfeld	Maternal and Child health	S. Goldfeld and F. Oberklaid	\$3,000.00
<b>Total (\$)</b>			<b>\$10,500.00</b>

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-104

OUTCOME 1: Population Health

Topic: ALERTING THE COMMUNITY TO LINKS BETWEEN ILLICIT DRUGS AND MENTAL ILLNESS

Written Question on Notice

Senator Siewert asked:

How much of the \$21.6 million of funding for the Alerting the Community to Links between Illicit Drugs and Mental Illness has been spent?

Answer:

In the 2006 Budget the then Government announced funding of \$21.61 million over four years for the COAG Measure Mental Health - Alerting the Community to Links between Illicit Drugs and Mental Illness. Between 2006 and 2008 \$437,994.98 was spent under this measure.

In 2006-07 Blue Moon Research and Planning undertook market research and produced the Alerting the Community to the Link between Illicit Drugs and Mental Illness - Developmental Research which found that there was a considerable level of awareness amongst young people about the potential for mental health problems associated with illicit drug use. This report can be found at:  
<http://www.health.gov.au/internet/main/publishing.nsf/Content/phd-pub-illicit-mental-health>

In 2008-09 this measure was terminated as a savings measure under the Budget Initiative “*Responsible Economic Management – Alerting the Community to the Links Between Illicit Drugs and Mental Illness – advertising and information campaigns*”.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-033

OUTCOME 1: POPULATION HEALTH

Topic: NATIONAL DRUGS CAMPAIGN (NDC)

Written Question on Notice

Senator Xenophon asked:

- a) Has the July/August 2009 Evaluation of the National Drugs Campaign been completed?
- b) What were the findings of the evaluation?
- c) What changes are being made in response to the evaluation?

Answer:

- a) Yes. The evaluation was completed in July 2009.
- b) The evaluation report has been published and is available at [www.drugs.health.gov.au](http://www.drugs.health.gov.au)  
Key findings from the evaluation of stage one of the Campaign that ran from 19 April 2009 to 30 June 2009 are:

***Campaign Reach, Recognition and Message Recall***

- Campaign reach was strong, with 76% of young people aged 15-24 saying they had recently seen, read or heard advertising about illicit drugs, and of those, 61% correctly described elements of the Campaign when asked what they had seen or heard;
- Prompted recognition of the Campaign was high, with 93% of 15-24 year olds recognising at least one element of the Campaign;
- Virtually all of those who recognised the Campaign television commercials (TVCs) agreed they were both believable (96% for 'ice' and 95% for 'marijuana/ecstasy') and effective (91% for 'ice' and 89% for 'marijuana/ecstasy');
- Of those who recalled the stage one Campaign advertising, 87% recalled a message aligned with the Campaign's intended messages of: the general negative effects of illegal drugs; to avoid or stop using illegal drugs; the unpredictable effects of illegal drugs; or the negative physical or behavioural effects of drugs;
- Reflecting the allocated media weight, recognition of the 'ice' advertising was recalled most often (46%), with recognition of the 'ice' TVC in particular slightly higher amongst 15-17 year olds (74%) than those aged 18-24 years (65%); and
- Recognition of the 'ice' TVC was especially high among 18-24 year old males (63%), and those 15-17 year olds who had discussed illegal drugs with their parents in the last two months (83% versus 71% of those who had not done so).

### ***Reported Campaign Influence***

- 74% of 15-24 year olds felt the Campaign had influenced what they did or thought about illegal drugs, including:
    - resolving to think more about illegal drugs and the consequences of their use;
    - to avoid their use;
    - to receive confirmation of a pre-existing negative view of drugs; or
    - to be better informed about drugs.
  - 56% of 15-17 year olds felt the Campaign had made it easier to talk to their parents about illicit drugs, while 26% claimed to have done so in the previous two months; and
  - Since the commencement of the youth component of the NDC in 2004, the proportion of 15-24 year olds ‘at risk’ of accepting an offer from a friend has significantly decreased in 2009, with a reduction in marijuana (from 43% in 2004 to 36% in 2009), ecstasy (from 24% to 18%) and speed (from 18% to 11%).
- c) Stage two of the National Drugs Campaign, launched on 25 February 2010, was developed in light of the evaluation findings from stage one to ensure its continued relevance and impact.

Key findings from the stage one evaluation used to inform stage two include:

***Key Finding:*** The evaluation revealed high levels of recognition (67%), perceived believability (96%) and effectiveness (91%), of the ‘ice’ television advertisement among 15-24 year olds.

***Action:*** The ‘ice’ creative for press, outdoor and online components has been retained and used for this stage of the Campaign<sup>3</sup>.

***Key Finding:*** The stage one evaluation findings indicate that, since 2004 (prior to the launch of the youth component of the National Drugs Campaign), young people find the association between ecstasy use and mental health problems, including aggression, depression and paranoia, to be credible.

***Action:*** One of the ecstasy creative executions for stage two of this phase of the Campaign portrays the potential mental health consequences of taking ecstasy, including psychological problems, memory loss and insomnia.

***Key Finding:*** The evaluation indicated that recognition of outdoor advertising (for example, billboards and bus stops) was particularly high, with 50% of 15-24 year olds recognising this form of advertising when prompted.

***Action:*** The media buy for this stage of the Campaign is heavily weighted towards outdoor and in-venue advertising.

---

<sup>3</sup> The ‘Ice’ television commercial will not be used in the 2010 Campaign phase as television is not a component of the media buy.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-188

OUTCOME 1: Population Health

Topic: ALCOHOL AND DRUG REPORTS - HEALTH DATA ISSUES SPECIFIC TO QUEENSLAND

Written Question on Notice

Senator Boyce asked:

I have previously inquired into the reasons why AIHW have produced reports on Alcohol and Other Drug Treatment Services for all states and territories bar Queensland. AIHW stated that this was due to Queensland being unable to reach the National Minimum Data Set.

- a) Do data issues present a reporting problem in any other health areas for Queensland?
- b) If other areas are similarly affected in Queensland as far as Queensland Health is concerned, what are these areas and what is being done to address these problems?

Answer:

- a) For the other health National Minimum Data Sets there is not a reporting problem for Queensland as there is with the Alcohol and Other Drug Treatment Services National Minimum Data Set. Queensland data from these other health National Minimum Data Sets are reported in national publications such as the Australian Hospital Statistics series.
- b) Not applicable.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-194

OUTCOME 1: Population Health

Topic: EXPENDITURE ON DRUG STRATEGY POLICY

Written Question on Notice

Senator Boyce asked:

- a) What is the breakdown of spending for the Drug Strategy policy?
- b) How much is spent on harm minimisation; supply reduction; demand reduction; and prevention?

Answer:

- a) The Department's administered expenditure under the Drug Strategy program in the current financial year (2009-10) and in forward estimates to 2012-13 amounts to approximately \$627 million. This expenditure can be grouped as follows:
  - Support for treatment services: \$246.0 million
  - Social marketing campaigns on tobacco and illicit drugs: \$113.3 million
  - Indigenous tobacco initiative (including a measure of the Council of Australian Governments): \$106.4 million
  - National Binge Drinking Strategy\*: \$36.1 million
  - Other research and grants programs and policy development in alcohol, tobacco and illicit drugs: \$125.0 million
- \* The Government has committed to investing a further \$50 million in this strategy from 2010-11.
- b) Harm minimisation is an overarching term that encompasses supply reduction, demand reduction and harm reduction, and has been a longstanding principle of the National Drug Strategy.

The National Drug Strategy is a cooperative venture between Australian, state and territory governments and the non-government sector to reduce the harm caused by drug use in the Australian community. The strategy also crosses the health, law enforcement and education sectors. The Department of Health and Ageing is primarily responsible for contributions to harm reduction and demand reduction. Prevention is an element within all aspects of the strategy.

Therefore activities under these categories are not mutually exclusive, and it would be misleading to suggest an aggregate figure of spending under each category.



ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-195

OUTCOME 1: Population Health

Topic: DRUG TREATMENT COMPARISONS

Written Question on Notice

Senator Boyce asked:

According to Dr Dennis Young, executive director DRUG ARM Australasia and president of the Queensland Network of Alcohol and Drug Agencies, less than half of dependent drug users are receiving treatment. This is compared to more than 70 per cent in other Western countries.

- a) Has the Department commissioned comparative studies to find better treatment methods for illicit drug users?
- b) What are these alternatives?

Answer:

a and b)

The Department of Health and Ageing (the Department) has previously commissioned comparative treatment model studies for specific illicit drugs. These include:

- *National Evaluation of Pharmacotherapies for Opioid Dependence* (NEPOD – 2001) which contributed to the development and implementation of a range of effective, evidence-based, best practice treatment options for people who are opioid dependent.
- *Models of intervention and Care for psychostimulant users* (2004) which documented the prevalence and risks associated with psychostimulant use, pharmacology, best practice in detoxification and clinical interventions, and identified gaps in the literature.
- Both of these reports are available at [www.health.gov.au](http://www.health.gov.au)

In addition to the above reports, the Department funds three National Drug Research Centres of Excellence to provide a continuing body of research that contributes to evidence-informed practice by health, law enforcement and education services.

The Department also routinely monitors the international research literature on new and emerging evidence on illicit drug treatments. Areas emerging in the literature and in practice that the Department is keeping under review include online treatment and information, best practice comorbidity interventions, effectiveness of treatment models for cannabis misuse and Indigenous illicit drug misuse prevention strategies.

Any emerging pharmaceutical treatments for illicit drug-related disorders must be assessed by the Therapeutic Goods Administration for safety, quality and efficacy before the Department can consider them as potentially viable treatment options.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-406

OUTCOME 1: Population Health

Topic: AIHW REPORTS ON ALCOHOL AND OTHER DRUG TREATMENT SERVICES (AODTS)

Hansard page: CA 22

Senator Boyce asked:

- a) How long has the AIHW been producing reports about the National Minimum Data Set (NMDS) on Alcohol and Other Drug Treatment Services?
- b) How long has Queensland been unable to contribute data from non-government organisations for national reporting purposes?

Answer:

- a) The AIHW has been producing reports based on the NMDS since 2000-01. Eight national reports have been published up to and including the 2007-08 data year. The 2008-09 report is in production now. Briefings for states and territories (excluding Queensland) have been released each year as well.
- b) The AODTS-NMDS is an agreed set of data items for collection from all in-scope agencies in Australia. Over the time the collection has been operating, most states and territories have made improvements to their data collection processes to better meet the requirements of the NMDS. Queensland Health has been working with non-government organisations, in collaboration with the Queensland Network of Alcohol and Drug Agencies, to improve non government organisations capacity to report. Queensland Health has recently requested that AIHW produce a briefing based on the 2008-09 data. This briefing will be released around August 2010.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-217

OUTCOME 1: Population Health

Topic: NATIONAL PREVENTATIVE HEALTH TASKFORCE

Hansard Page: CA 135

Senator Fierravanti-Wells asked:

I am very concerned about the series of what seem to be potential conflicts in relation to this. You have a group of people over here who are being paid by the government to come up with a solution and then on the other hand you have the solution being set up. You have got this agency that is being set and you have got a whole lot of people being paid by government to do research to set up an agency. I am concerned about the potential conflict in this. I would appreciate if you could take on notice a considered response to the matters I have raised.

Answer:

The Council of Australian Governments agreed to the establishment of a national preventive health agency and its broad structure in November 2008 as part of the National Partnership Agreement on Preventive Health. The Preventative Health Taskforce and the National Health and Hospitals Reform Commission both provided specific advice and recommendations on the role and remit of a preventive health agency.

While a range of independent and expert committees and individuals provided advice, consistent with their roles, it was governments that made the decisions about what recommendations to pursue. It is unclear, in this context, how a conflict of interest could arise.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-262

OUTCOME 1: Population Health

Topic: BINGE DRINKING

Written Question on Notice

Senator Fierravanti-Wells asked:

The Government recently released its commissioned research into the effectiveness of its \$20 million campaign 'don't turn another night into a nightmare'.

- a) Did this research factor in industry sales data during the first year of the Government's RTD tax that showed beer and spirits increased by five percent and 16 percent respectively for the year to April 2009 and a net decline of just 0.2 percent in the same period?
- b) Does the Department intend to undertake any research into the failure of the alcopops tax and specifically the unintended consequences for the tax and its impact on subsequent campaigns like 'Don't turn a night out into a nightmare'?
- c) What measures of accountability and oversight have been established to provide taxpayers with confidence that the almost \$1 billion committed to Preventative Health Strategy will be used on effective health programs rather than more alcopop tax failures?

Answer:

a and b)

Industry sales data was not included in the National Binge Drinking Campaign evaluation. Evaluations of social marketing campaigns assess the extent to which the campaign delivers against the communication objectives amongst the target audience including any changes in attitudes or behaviours. (The target groups for the National Binge Drinking Campaign were: teenagers aged 15-17 years, and young adults aged 18-25 years. The secondary target audience was parents of 13-17 year olds who were primarily targeted through public relations activities.)

Alcohol sales data does not enable identification of attitudes, consumption patterns among age, gender and other sub-groups, nor does it assess campaign diagnostic variables, eg awareness, knowledge, attitudes, intentions and behaviours.

The Department of Health and Ageing cannot confirm the validity of the industry sales data referred to by the Senator. The Department considers the excise clearance data provided by the Department of the Treasury as the best available proxy for alcohol consumption, which shows very different results.

The Australian Taxation Office has advised that total beer and spirits clearances decreased approximately 10% in the July to December 2009 period compared to the same period in 2007. While unmixed spirits clearances increased by approximately 7%, ready-to-drink clearances dropped by over 36%, which more than offset the increase in unmixed spirits. These data exclude customs duty and are not seasonally adjusted.

The excise increase was introduced in April 2008, seven months before the launch of the National Binge Drinking Campaign in November 2008. Consequently, the excise increase was taking effect before campaign activity began. Both initiatives have in common the objective of reducing binge drinking.

- c) There are no funds allocated to the Preventative Health Taskforce's Preventative Health Strategy specifically. However, the question may refer to the National Partnership Agreement on Preventive Health announced by the Council of Australian Governments (COAG) on 29 November 2008. Under this National Partnership Agreement the Commonwealth Government will provide \$872.1 million over six years from 2009-10, of which States and Territories will receive \$642.9 million. This partnership implements a number of recommendations of the Preventative Health Strategy.

The National Partnership Agreement will address lifestyle risks associated with chronic disease through healthy lifestyle programs in workplaces, communities and childhood settings. These initiatives will be supported by disseminated messages through social marketing campaigns, and establish the infrastructure required to monitor and evaluate the progress of interventions.

Excessive alcohol consumption will be addressed under the Healthy Communities (\$71.8 million over four years from 2009-10, Commonwealth own purpose expense) and Healthy Workers (\$294.6 million over six years from 2009-10, transfer payments to states and territories) initiatives.

Approximately half of the transfer payments will be made available as reward payments to the States and Territories that meet a number of performance benchmarks outlined in the National Partnership Agreement. Achievement against these performance benchmarks may be subject to analysis by the COAG Reform Council.

A cross-jurisdictional Implementation Working Group chaired by the Department of Health and Ageing has been established to ensure the planning and coordination of implementation arrangements under the National Partnership Agreement. This Group advises the Australian Health Minister's Conference through the Minister for Health and Ageing on implementation progress.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-075

OUTCOME 2: Access to Pharmaceutical Services

Topic: PHARMACEUTICAL BENEFITS SCHEME (PBS)

Written Question on Notice

Senator Adams asked:

Can you provide a current median lag time difference between a listing of a new drug on the PBS versus the approval time of a new drug by the US Food and Drug Administration (FDA)?

Answer:

No. This is not a comparison of like with like as the FDA process is most directly comparable with those of the Therapeutic Goods Administration. These processes are concerned with the approval of drugs for marketing on the basis of safety and efficacy rather than analysis of cost effectiveness for the purpose of subsidy, which is the issue addressed in assessment for PBS listing.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009–10, 10 February 2010

Question: E10–078

OUTCOME 2: Access to Pharmaceutical Services

Topic: GEMCITABINE

Written Question on Notice

Senator Siewert asked:

- a) Is Gemcitabine listed on the PBS for gall bladder cancer? If not, why not if this is the most effective treatment available?
- b) What are the costs associated with treating gall bladder cancer with this drug?

Answer:

- a) No, gemcitabine is not listed on the Pharmaceutical Benefits Scheme (PBS) for the treatment of gall bladder cancer, as the sponsor of this drug has not made an application for PBS-listing for this indication.
- b) As no application or cost data has been submitted to the Pharmaceutical Benefits Advisory Committee in relation to the treatment of gall bladder cancer with gemcitabine, the costs associated with treating the condition with this drug have not been made available to the Department of Health and Ageing.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-264

OUTCOME 2: Access to Pharmaceutical Services

Topic: CHEMOTHERAPY BUDGET MEASURE

Senator Fierravanti-Wells asked:

Written Question on notice

- a) What alternatives to the 2008 chemotherapy measure have been considered?
- b) Why is this measure being considered under the 5<sup>th</sup> Community Pharmacy Agreement?
- c) How many pharmacists are affected by this measure and what is the financial impact on individual pharmacists and companies that have specialised in the dispensing and supply of PBS chemotherapy medicines?

Answer:

- a) As noted by the Department at the Estimates hearing, the approach to implementing the measure is still being considered in consultation with the Pharmacy Guild of Australia as part of the negotiation of the 5<sup>th</sup> Community Pharmacy Agreement. As part of this process, a proposal put to Government by a range of chemotherapy stakeholders is being considered. Further details about the outcome of the discussions with the Guild on the measure will be able to be provided when the negotiation of the Agreement is completed.
- b) As these concerns related primarily to pharmacy remuneration, and because negotiation of the 5<sup>th</sup> Community Pharmacy Agreement was soon to commence, the Government decided to defer negotiation of the measure to coincide with the 5<sup>th</sup> Agreement negotiations.
- c) In 2007-08, 475 pharmacies dispensed items within the scope of this measure. As the arrangements for this measure are still to be finalised particularly in relation to the remuneration of items affected by this measure, it is not possible to determine the financial impact on pharmacy or specialist chemotherapy reconstitution companies.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-265

OUTCOME 2: Access to Pharmaceutical Services

Topic: CHEMOTHERAPY BUDGET MEASURE

Senator Fierravanti-Wells asked:

Have state and territory cancer specialists and hospital pharmacists who utilise access to PBS chemotherapy medicines in managing cancer patients in private hospitals been consulted on this measure?

Answer:

Yes, the Government has consulted widely on this measure including the following stakeholders involved in the provision of chemotherapy services to private hospitals:

- Pharmacy Guild of Australia;
- Community Pharmacy Chemotherapy Services Group (CPCSG);
- Society of Hospital Pharmacists of Australia (SHPA);
- Private Cancer Physicians of Australia (PCPA);
- Medical Oncologists Group of Australia (MOGA);
- APHS Pharmaceuticals;
- Capital Chemist Group;
- Clinical Oncological Society of Australia (COSA);
- HPS Pharmaceuticals;
- McBeath Pharmacies; and
- Slade Pharmaceutical Services.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-268

OUTCOME 2: Access to Pharmaceutical Services

Topic: CHEMOTHERAPY BUDGET MEASURE

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) What advice did TGA provide on this measure?
- b) Have any other countries moved to smaller vials to control costs?

Answer:

- a) TGA provided advice in relation to the safety of multiuse of vials.
- b) The Department is not aware of whether other countries have moved to smaller vials specifically in order to control costs. The Department is aware that smaller vial sizes for some oncology drugs are available in other countries and not currently available in Australia.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-270

OUTCOME 2: Access to Pharmaceutical Services

Topic: CHEMOTHERAPY BUDGET MEASURE

Written Question on Notice

Senator Fierravanti-Wells asked:

When will the guidelines for the safe preparation of chemotherapy infusions be available?

Answer:

These guidelines are being prepared by the Society of Hospital Pharmacists of Australia in conjunction with the Clinical Oncological Society of Australia. A final version of these guidelines has not been provided to the Department. The Department does not currently have information when they will be available.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-276

OUTCOME 2: Access to Pharmaceutical Services

Topic: CABINET CONSIDERATION OF MEDICINES

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) What is the process around cabinet consideration?
- b) Are pharmaceutical companies advised on a timeline?

Answer:

- a) The Department adheres to timelines and procedures as directed by the Department of the Prime Minister and Cabinet.
- b) No.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-281

OUTCOME 2: Access to Pharmaceutical Services

Topic: PBS PRESCRIBING RIGHTS

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) Has any progress been made in determining the extent of PBS prescribing rights for nurse practitioners and midwives?
- b) Will all eligible nurse practitioners have the same prescribing rights or will there be some method to recognise specialisation?

Answer:

- a) Please refer to Hansard, 10 February 2010, page reference CA 58.
- b) Please refer to Hansard, 10 February 2010, page reference CA 58.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-287

OUTCOME 2: Access to Pharmaceutical Services

Topic: THERAPEUTIC GROUPS

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) Three new therapeutic groups for bisphosphonates and anti-depressants will be created. What advice has the Department taken to verify the clinical interchangeability of medications in the therapeutic groups proposed?
- b) Was the expert opinion of medical professionals sought prior to making the decisions about these therapeutic groups and the medications to be included in them?

Answer:

- a) As provided for in the *National Health Act 1953*, the Minister's delegate formed the therapeutic groups after receiving advice from the independent expert body, the Pharmaceutical Benefits Advisory Committee (PBAC). The PBAC both provided initial advice and considered and gave further advice to the Department in relation to comments received from pharmaceutical companies and medical professionals, when the Government announced the intention to form the groups in November 2009 and the Department wrote to affected companies seeking their comment.
- b) Yes. Most members of the PBAC are medical experts.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-289

OUTCOME 2: Access to Pharmaceutical Services

Topic: THERAPEUTIC GROUPS

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) I understand that it is relatively simple to assess the comparable pricing of medicines deemed to deliver the same health outcome, but what is the process to determine that medicines in a Therapeutic Group actually do deliver the same health outcome?
- b) How is this measured?
- c) The doctor, presumably could advise their patient that according to the Government, Crestor and Lipitor are the same, and they could be swapped over to Lipitor at no additional cost or impact on their health - is this correct?
- d) So, building in another assumption, this patient has a bad cholesterol problem and is on the highest dose of Crestor, which I believe is 40mg a day. If the doctor wants to switch their patient to Lipitor to save money, what should they prescribe?

Answer:

- a) Before a therapeutic group can be formed, the Minister or the delegate must obtain written advice from the Pharmaceutical Benefits Advisory Committee (PBAC). The PBAC has a function under the *National Health Act 1953* to provide that advice. The delegate or Minister may have regard to PBAC advice about interchangeability of PBS drugs when deciding what drugs should be in a therapeutic group. The PBAC is an independent expert body that gives advice to the Government in relation to the Pharmaceutical Benefits Scheme (PBS). It forms its own views, based on the information available to it, about the health outcomes from taking particular drugs.
- b) The PBAC takes into account information available to it from a range of sources, including published peer-reviewed journals and studies, submissions by pharmaceutical companies and others, Product Information, and the expert analysis that underpins the PBAC deliberations.
- c) The choice of which medicine the patient is prescribed is a matter for the doctor and their patient.

- d) The doctor should prescribe the medicine and a dose of that medicine that is considered to be the most appropriate for the patient using the registered product information as a guide. The formation of a therapeutic group does not conflict with the Government's view that a patient's doctor is best placed to advise on the clinical needs of his or her patient.

Lipitor and Crestor are priced equivalently.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-181

OUTCOME 2: Access to Pharmaceutical Services

Topic: THE FOURTH COMMUNITY PHARMACY AGREEMENT REVIEWS

Hansard Page: CA 55

Senator Siewert asked:

When will they be publicly available?

Answer:

The public release of any of the Fourth Community Pharmacy Agreement review reports requires the agreement of both the Pharmacy Guild of Australia and the Minister for Health and Ageing. The reviews and their current status are detailed in the table below.

Review	Status
Review of Concessional Entitlement Validation (CEV) Payments to pharmacy Collection and recording of PBS prescriptions priced below the patient co-payment study	The review has been completed. There is no report for this review. The study has been completed. PDF printable version of the final report is available at: <a href="http://www.health.gov.au/internet/main/publishing.nsf/Content/pharmacy-4cpa-reviews">http://www.health.gov.au/internet/main/publishing.nsf/Content/pharmacy-4cpa-reviews</a>
Review examining the existing supply arrangements of PBS medicines in the residential aged care facilities and private hospitals	The review has been completed, and is in the final stages of clearance.
Review of the role of community pharmacy in drug recalls	The review has been completed, and is in the final stages of clearance.
Review of the staged supply of PBS medicines when specified by the prescriber	The review has been completed, and is in the final stages of clearance.
Review examining the existing supply and remuneration arrangements for drugs supplied under five programs established under Section 100 of the <i>National Health Act 1953</i> and how these supply arrangements impact on community pharmacies	The review has been completed, and is in the final stages of clearance.
The review of Pharmacy Location Rules	It is expected that the review will be finalised by June 2010.

The Pharmacy Guild of Australia and the Government agreed that the remaining four reviews detailed in the Fourth Community Pharmacy Agreement are no longer necessary and will not be conducted.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-183

OUTCOME 2: Access to Pharmaceutical Services

Topic: 5<sup>th</sup> COMMUNITY PHARMACY AGREEMENT

Hansard Page: CA 56

Senator Fierravanti-Wells asked:

- a) Will the cost of the Pharmaceutical Benefits Schedule (PBS) in coming years be higher or lower than the budget forward estimates when the 2009-10 budget was presented?
- b) Can you provide revised year-by-year estimates on the same basis in the wake of negotiations of the 5<sup>th</sup> Community Pharmacy Agreement?

Answer:

- a) The most recent update of the PBS Forward Estimates was at Additional Estimates in November 2009. The forecasts at Additional Estimates were higher than in the May 2009 Budget reflecting a range of intervening variations and their costs (including listing of lenalidomide, delays to the chemotherapy measure, additional therapeutic groups and the impact of emerging trends in certain drug groups). Updated PBS Forward Estimates will be published in the May 2010 Budget.
- b) Negotiations with the Pharmacy Guild of Australia have not yet concluded. Following the conclusion of negotiations, revised estimates will be published

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-273

OUTCOME 2: Access to Pharmaceutical Services

Topic: PBS AND CABINET CONSIDERATION

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) How many medicines were considered by cabinet in 2007-08?
- b) How many medicines were considered by cabinet in 2008-09?
- c) Can you provide a list of when medicines considered by cabinet in 2007-08 and 2008-09 were recommended for listing by the PBAC?

Answer:

- a) Six.
- b) Four.
- c) The following medicines considered by cabinet in 2007-08 - 2008-09 were recommended for listing by the PBAC in the months indicated below:

<b>Cabinet Consideration</b>	<b>Name of Medicine</b>	<b>Month of PBAC Recommendation</b>
2007-2008	Infliximab	March 2007
2007-2008	Cinacalcet	November 2007
2007-2008	Natalizumab	November 2007
2007-2008	Adalimumab	November 2007
2008-2009	Clopidogrel	March 2008
2008-2009	Posaconazole	March 2008
2008-2009	Sunitinib	July 2008
2008-2009	Bevacizumab	July 2008

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-275

OUTCOME 2: Access to Pharmaceutical Services

Topic: PBS MEDICINES

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) Are there an increasing number of medicines being listed on the PBS that cost over \$10 million per annum?
- b) How many were listed in 2006-07, 2007-08 and 2008-09?

Answer:

- a) No.
- b) The number of medicines costing over \$10 million per annum that were listed on the PBS for the period 2006-07 to 2008-09 is as follows:

<b>Year</b>	<b>Number of Medicines</b>
2006-07	13
2007-08	11
2008-09	6

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-282

OUTCOME 2: Access to Pharmaceutical services

Topic: THERAPEUTIC GROUPS

Written Question on Notice

Senator Fierravanti-Wells asked:

- c) Will any of these medicines considered for inclusion in the therapeutic groups announced as part of the May 2009 Budget and MYEFO be moved from the F1 PBS formulary to the F2 PBS formulary as a result of the formation of these new therapeutic groups?
- d) Will some of these molecules be moved into F2 prior to them being subjected to brand competition themselves? If so, how?
- e) Did the Minister request that the PBAC provide advice on establishing these therapeutic groups?

Answer:

- b) Yes. Drugs listed on the PBS are placed in either the F1 or F2 formulary, depending on whether they meet the criteria set out in the *National Health Act 1953* (the Act) for inclusion in F1. Combination drugs without brand competition are not placed in a formulary.
- c) Yes. The Act specifically provides that a drug in a therapeutic group with another drug that has brand competition cannot be in the F1 formulary. This means any F1 single brand drug placed in a therapeutic group with an F2 drug that has brand competition moves into F2. Inclusion in F2 is not limited to drugs that have brand competition. The relevant drugs are placed in F2 when they no longer satisfy the F1 criteria as specified in the Act.
- d) The Minister's delegate sought advice from PBAC about the proposal to form the therapeutic groups.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February

Question: E10-283

OUTCOME 2: Access to Pharmaceutical services

Topic: THERAPEUTIC GROUPS

Written Question on Notice

Senator Fierravanti-Wells asked:

- f) Was the advice that the medicines were interchangeable at the patient level prepared by the Department of Health and Ageing and ratified by the PBAC?
- g) Was the TGA asked to provide advice on interchangeability at the patient level and if so, when and please provide the advice.
- h) Has the Department received any advice or is the Department aware of any advice that any of the drugs subject to the proposed therapeutic groups may not be fully interchangeable at the patient level?
- i) Please provide revised year-by-year estimates on the same basis in the wake of the negotiation of the fifth community pharmacy agreement?

Answer:

- e) No. The Pharmaceutical Benefits Advisory Committee (PBAC) made an independent recommendation about formation of the groups in response to a request for advice.
- f) No.
- g) No. The Department received comments and submissions from some pharmaceutical companies and medical professionals setting out views about interchangeability of the drugs in the therapeutic groups mentioned in the Mid Year Economic Forecast and Outlook 2009. These comments and submissions were considered by the PBAC before it gave its final advice to the delegate in January 2010.
- h) As the Fifth Community Pharmacy Agreement is still being negotiated this information is not yet available.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-288

OUTCOME 2: Access to Pharmaceutical Services

Topic: PHARMACEUTICAL BENEFITS SCHEDULE (PBS) AUTHORITY SYSTEM

Written Question on Notice

Senator Ferravanti-Wells asked:

The Productivity Commission Review of Regulatory Burdens on Business has recommended the removal of the PBS authority system. Doctors can spend between four and ten minutes on the telephone waiting to obtain an authority from a Medicare Australia clerk. Requests are never rejected. This red tape means doctors have less time to care for patients.

At the last hearings we learnt that the streamlined authority arrangements for some PBS medications that were introduced by the previous government have demonstrated that removing this red tape does not deter doctors from prescribing PBS medicines outside the PBS restrictions.

Given the real opportunity here to increase the productivity of the health system by freeing doctors from this red tape authority system so that they can be more available to their patients, why was the Department's response to this Productivity Report silent on this particular recommendation to remove the PBS authority system altogether.

Answer:

It is not correct to say requests are never rejected. Medicare Australia has advised the Department that in 2008–09 some 178,517 written and phoned authority requests were rejected of a total of 6.4 million requests.

The PBS authority system operates where the drugs are listed on the PBS for limited indications or for specific place in therapy. By requiring prescribers to answer questions relating to the patient's medical condition and attest that the prescription is being written in accordance with PBS item restrictions the Government seeks to limit use of subsidised therapy to that where cost effectiveness has been demonstrated.

The current criteria for streamlining authority medicines provide a reasonable balance between reducing administrative requirements and maintaining clinical effectiveness, patient safety and cost efficiency. That is, the criteria limit the streamlined authorities to those medicines:

- a) that treat chronic and stable conditions,
- b) with stable dosage regimes; and

- c) that are less susceptible to risk of misuse or increased prescribing outside of restrictions.

The Streamlined Authority Forum (SAF), involving the Australian Medical Association, National Prescribing Services (NPS), Australian General Practitioners Network, Royal Australian College of General Practitioners (RACGP) and Pharmaceutical Benefits Advisory Committee has been established and provides stakeholders an opportunity for ongoing assessment of items for streamlining.

As of 1 March 2010, as a result of the work of the SAF, there have been 21 new listings of streamlined authorities and 17 for alternative forms or strengths for combination products where one of the constituents is already streamlined since implementation in July 2007.

There were three medicines, quinine, mesalazine and gabapentin, referred to the SAF by the Drug Utilisation Sub-Committee in which prescribing has increased since streamlining. Prescribing of quinine in particular was considered by the SAF to be an issue of concern. Consequently information has been provided to prescribers by the NPS and on the RACGP website. The Department is continuing to monitor these medicines closely.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-290

OUTCOME 2: Access to Pharmaceutical Service

Topic: CRESTOR AND LIPITOR

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) I understand that when Crestor was first listed on the PBS, the PBAC recommended a dose relatively to Lipitor of 1:3, meaning that 1mg of Crestor was roughly equivalent in health outcome to 3mg of Lipitor - is this correct?
- b) Dr Primrose confirmed that when Crestor was first listed on the PBS, the PBAC recommended a dose relatively to Lipitor of 1:3, meaning that 1mg of Crestor was roughly equivalent in health outcome to 3mg of Lipitor. So, therefore, would it not be true to say that a patient on 40mg of Crestor should be switched to 120mg of Lipitor?
- c) How is it possible for the patient to get 120mg of Lipitor, given this dose does not exist, has not been subject to clinical trial, and is not approved by the TGA?
- d) Has the PBAC examined or been asked to examine any other classes of medicines for which it would recommend the creation of a Therapeutic Group?

Answer:

- a) At the July 2006 meeting, the PBAC recommended rosuvastatin calcium for listing on a cost minimisation basis compared to atorvastatin, with the ratio of equi-effective doses being rosuvastatin to atorvastatin 1:3.
- b) It is not correct to say that patients on 40 mg Crestor should be switched to 120 mg of Lipitor. The therapeutic relativity is a guide to how the drug is priced, not how it should be used in the clinical setting.
- c) See b) above.
- d) Since June 2009, the PBAC has not examined or been asked to examine any other classes of medicines for which it would recommend the creation of a therapeutic group.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-297

OUTCOME 2: Access to Pharmaceutical Services

Topic: HIGHLY SPECIALISED DRUGS PROGRAM

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) Has this program been reviewed, if so what is the process, will the review be released and if so when?
- b) What was the quantum of savings that were identified by the review?
- c) What changes were implemented to the program?

Answer:

- a) The Highly Specialised Drug (HSD) Program has been reviewed on a number of occasions. Three internal Government reviews have been undertaken which evaluated the effectiveness and efficiency of the program administration. These were not released publicly. The program has also been recently reviewed in 2009-10 under the 4<sup>th</sup> Community Pharmacy Agreement.

The 2009-10 review of the HSD Program was part of a broader review of programs established under section 100 of the *National Health Act 1953*. This review focussed on issues affecting community pharmacies involved in these programs. The review process consisted of an annotated literature search, stakeholder consultation, analysis of submissions received in response to a discussion paper, and convening workshops. The review has been completed, and is in its final stages of clearance.

- b) No savings were identified through any of the reviews
- c) A number of administrative enhancements were implemented as a result of the internal reviews including forging closer relationships between the Highly Specialised Drugs Working Party and the Pharmaceutical Benefits Advisory Committee and developing community based prescribing for those drugs where appropriate.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-074

OUTCOME 2: Access to Pharmaceutical Services

Topic: HIGH COST DRUGS

Written Question on Notice

Senator Adams asked:

- a) What is the average amount of time it is taking to; list high-cost drugs on the PBS which have already been recommended for approval by Cabinet?
- b) How does this average timeframe compare with that of five and ten years ago?

Answer:

- a) Two months.
- b) The timeframe is consistent to that of five years ago. However, in the past ten years the process has changed and as such, a comparison of data related to timeframes for this period cannot be drawn.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-180

OUTCOME 2: Access to Pharmaceutical Services

Topic: COMMUNITY SERVICE OBLIGATIONS

Hansard Page: CA 52

Senator Boyce asked:

Would it be possible to get the amounts that were paid to Australian Pharmaceutical Industries, Sigma Pharmaceutical, Symbion Pharmacy Services, Friendly Society Medical Association and Central Hospital Supplies for those years? (The years referred to are 2010-11, 2009-10 and 2008-09)

Answer:

Information regarding the amounts paid to Community Service Obligation (CSO) Distributors is commercially sensitive as disclosure of this information would enable a third party to ascertain the market share of each CSO Distributor. This information falls within the definition of Confidential Information under the terms of the individual CSO Distributor Deeds between CSO Distributors and the Commonwealth.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-192

OUTCOME 2: Access to Pharmaceutical Services

Topic: AUSTRALIAN HEALTHCARE ASSOCIATES REPORTING ON SERVICES

Written Question on Notice

Senator Boyce asked:

How often does Australian Healthcare Associates report to the department and what problems, improper or illegal activities or breaches associated with the Community Service Obligation (CSO) funding pool have they reported and what has been done about it?

Answer:

Australian Healthcare Associates (AHA) provides routine formal reports to the Department of Health and Ageing on a monthly, six-monthly and annual basis. AHA also provides ad hoc reports to the Department, as required.

As at 24 February 2010, and since the commencement of the CSO, a total of 46 complaints have been received (all of which have been closed) and a total of 85 breaches have been recorded (of which 12 are still under investigation and 73 have been closed).

The majority of complaints, performance issues and breaches to date relate to the compliance of CSO Distributors against the CSO service standards and CSO compliance requirements. The remaining breaches relate to the compliance of CSO Distributors against the broader obligation under the Deeds to provide timely and accurate data and reports. Of the breaches that have been closed, AHA has not identified anything significant enough to warrant an application of sanctions against a CSO Distributor.

The Department is unable to provide information on specific breaches by individual CSO Distributors as this falls within the definition of Confidential Information under the terms of the individual CSO Distributor Deeds between CSO Distributors and the Commonwealth.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-266

OUTCOME 2: Access to Pharmaceutical Services

Topic: 5TH COMMUNITY PHARMACY AGREEMENT

Written Question on Notice

Senator Fierravanti-Wells asked:

What advice has been provided in the context of the 5<sup>th</sup> Pharmacy Agreement to the Minister on this [chemotherapy] measure?

Answer:

Refer to Hansard, Wednesday 10 February 2010, CA 57 to CA 58.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-267

OUTCOME 2: Access to Pharmaceutical Services

Topic: CHEMOTHERAPY BUDGET MEASURE

Senator Fierravanti-Wells asked:

What consultation has the Department undertaken with relevant stakeholders:

- a) Prior to the announcement, and
- b) Feasibility of producing smaller vials?

Answer:

- a) This measure was announced in the 2008 Budget. Budget measures are “Cabinet-in-Confidence” and can not be discussed with stakeholders prior to announcement.
- b) The Government continues to discuss the supply of appropriate vial sizes on the PBS with manufacturers where the provision of a different vial size would be beneficial.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-269

OUTCOME 2: Access to Pharmaceutical Services

Topic: CHEMOTHERAPY BUDGET MEASURE

Written Question on Notice

Senator Fierravanti-Wells asked:

In relation to the delayed implementation of more efficient arrangements for chemotherapy drugs under the Pharmaceutical Benefits Scheme announced in the 08-09 Budget:

- a) What are the proposed criteria to remove unsuitable medicines from the measure and the addition of unavoidable wastage factors for some medicines,
- b) What are the issues from this measure surrounding community pharmacy that will be considered in the context of the 5<sup>th</sup> Community Pharmacy Agreement,
- c) Will this measure impact on State and Territory governments budget in relation to the Highly Specialised Drugs program, and
- d) What discussions on this measure have been conducted with state and territory governments?

Answer:

- d) The drugs that will be within the scope of the measure and any remuneration that will apply to them are still the subject of Government consideration and can not be commented on at this stage.
- e) The issues that were outstanding between Government and stakeholders were related primarily to remuneration, which is why the Government took the decision to negotiate chemotherapy remuneration within the context of the 5<sup>th</sup> Community Pharmacy Agreement.
- f) No.
- g) State and territory governments were consulted on 10 February 2009 and 15 May 2009.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February

Question: E10-272

OUTCOME 2: Access to Pharmaceutical Services

Topic: PHARMACEUTICAL BENEFITS SCHEDULE (PBS) AND CABINET THRESHOLD

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) The threshold for cabinet consideration of a listing of a new medicine is currently \$10 million - how was the \$10 million determined as the threshold, and when was the threshold policy introduced?
- b) When was it last changed?
- c) Given the role of Medicare Australia in implementation of PBS, what contribution/percentage of the threshold is attributed to Department of Human Services versus Department of Health and Ageing?
- d) Is there any other area in Health that requires such a threshold?

Answer:

- a) The \$10 million threshold was a decision made by Government in 2002.
- b) There has been no change to the threshold since it was introduced.
- c) None. The threshold is based on administered funds and does not include any departmental costs for managing the PBS.
- d) Yes, the National Immunisation Program and the Medicare Benefits Schedule.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-277

OUTCOME 2: Access to Pharmaceutical Services

Topic: CABINET THRESHOLD

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) Has modelling been conducted to assess the impact on increasing the cabinet threshold from \$10 million to \$15 million?
- b) Has modelling been conducted to assess the impact on increasing the cabinet threshold?
- c) What would be the budget impact if you increased the cabinet threshold from \$10 million to \$15 million?

Answer:

- a) No.
- b) No.
- c) Nil. All medicines, regardless of whether they are over or under \$10 million, are included in the forward estimates. However it would reduce the scrutiny of Cabinet over forward expenditure decisions.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-278

OUTCOME 2: Access to Pharmaceutical Services

Topic: PBS MEDICINES

Written Question on Notice

Senator Fierravanti-Wells asked:

Has the use of academic detailing of Pharmaceutical Benefits Scheme (PBS) medicines been considered by the Department? If so, who would this be conducted by and what is the estimated savings of implementing this measure?

Answer:

The Australian Government has funded the National Prescribing Service (NPS) since 1998 to assist prescribers, pharmacists and consumers in the Quality Use of Medicines. For health professionals, the NPS provides independent advice and support to assist clinical management decisions and to improve quality prescribing and dispensing.

The NPS run the NPS Facilitator Program, which encompasses educational visits (academic detailing). Educational visits are conducted and delivered by NPS Facilitators.

Since 2005-06, the NPS have reported savings of \$138.6 million. For the 2007-08 financial year alone, NPS activities generated savings of \$45.9 million to the PBS.

Through the 2009-10 Budget the Australian Government increased funding to the NPS to enhance the scope and impact of these activities. In addition to this increased expenditure, an additional \$72 million in savings to the PBS is required from 2009-10 to 2012–2013, bringing the total PBS savings required for this period to \$232 million over four years. Within these overall cost savings, the separate impact of academic detailing has not been measured.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-279

OUTCOME 2: Access to Pharmaceutical Services

Topic: PHARMACEUTICAL BENEFITS SCHEME (PBS) LISTINGS

Written Question on Notice

Senator Fierravanti-Wells asked:

Has work been done to assess impact of PBS listing on meeting health outcome and savings to health and hospital costs by listing medicines?

Answer:

The impact on health outcomes of a new drug proposed for listing on the PBS in comparison with existing drugs, including changes to Medicare Benefits Schedule and hospital resources are considered by the Pharmaceutical Benefits Advisory Committee as part of cost-effectiveness assessment.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-280

OUTCOME 2: Access to Pharmaceutical Services

Topic: PHARMACEUTICAL BENEFITS SCHEME (PBS) GROWTH

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) What is the estimated growth of the PBS for 09-10
- b) How does this compare with previous years
- c) What are the key drivers of PBS growth?

Answers:

- a) The current forecast for 2009-10 at Additional Estimates 2009-10 anticipates that PBS expenditure will be approximately \$8.5 billion with a growth rate of 10.6% compared with the actual 2008-09 expenditure.
- b) The annual PBS expenditure for 2008-09 was \$7.7 billion with a growth rate of 9.2%. This compares to annual growth of 9.4% in 2007-08 and average annual growth of 10% between 1997-98 and 2007-08.
- c) PBS expenditure growth in 2008-09 was largely driven by:
  - an increase in script volumes (around 6% growth over 2007-08 volumes);
  - national population growth (around 2% over 2007-08 population); and
  - increased concessional coverage (around 1% over 2007-08 coverage).By drug type the largest contributors (in absolute dollars) to 2008-09 PBS expenditure growth were as follows:
  - Antineoplastics for cancer;
  - Lipid lowering drugs for high cholesterol; and
  - Immunosuppressives for arthritis, psoriasis, Crohn disease.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-285

OUTCOME 2: Access to Pharmaceutical Services

Topic: COMMUNITY PHARMACY AGREEMENT

Written Question on Notice

Senator Fierravanti-Wells asked:

Table 8 in statement 6 of Budget Paper No.1 for 2009-10 gives a five year cost of pharmaceutical services and benefits (for 2008, 2009, 2010, 2011 and 2012) at \$51.663 million. Please provide a revised year by year estimate on the same basis in the wake of the negotiations of the 5<sup>th</sup> Community Pharmacy Agreement?

Answer:

The total cost of pharmaceutical services and benefits shown in Table 8 in statement 6 of Budget Paper No.1 is \$51.663 billion, not \$51.663 million. This figure includes pharmaceutical benefits and related programs as well as community pharmacy.

A revised year by year estimate will be available and published in the context of the 2010-11 Budget.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-286

OUTCOME 2: Access to Pharmaceutical Services

Topic: PHARMACY LOCATION RULES

Written Question on Notice

Senator Fierravanti-Wells asked:

The Government says it is keen to see one stop shop health care and services (superclinics). Given this, why has the government locked in pharmacy location rules for another five years when these rules will hinder improved access to pharmacy services co-located with other health services in a single location?

Answer:

On 24 December 2009, the Government and the Pharmacy Guild announced their agreement to the broad principles for a Fifth Community Pharmacy Agreement, including the retention of pharmacy location rules.

The rules do not preclude pharmacists from establishing new pharmacies, or relocating existing pharmacies, in large medical centres that provide primary and allied health care.

The current rules are being reviewed as required under Clause 28 of the Fourth Community Pharmacy Agreement and the review is expected to report by June 2010. The rules can be varied at any time through agreement between the Government and the Guild.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-284

OUTCOME 2: Access to Pharmaceutical Services

Topic: ELECTRONIC PRESCRIPTIONS

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) While there has been no public announcement of the fact, the pharmacy sector is quite openly saying that they have agreed with the Government that the next Pharmacy Agreement will include an e-health payment for electronic prescriptions. Why have pharmacies been the only health profession group to be given an e-health payment for electronic prescriptions?
- b) How much will the pharmacists be paid for each electronic prescription?
- c) How was the amount of the payment to pharmacies arrived at?
- d) Why are pharmacists going to receive a payment and not doctors, who are also part of the e-prescribing process?

Answer:

a – d)

Please refer to Hansard, 10 February 2010, CA 56.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-182

OUTCOME 2: Access to Pharmaceutical Services

Topic: 5<sup>TH</sup> COMMUNITY PHARMACY AGREEMENT

Hansard Page: CA 56

Senator Siewert asked:

Can you write into the fifth one that there will be an evaluation of the fifth one?

Answer:

The issue of an evaluation of the Fifth Agreement will be considered in the negotiation of the Agreement with the Guild.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-271

OUTCOME 2: Access to Pharmaceutical Services

Topic: HERCEPTIN

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) What is the status of discussions and progress with Roche products the manufacturer of Herceptin on making smaller vials available in Australia? If no agreement is reached will the government mandate smaller vials?
- b) How much Herceptin is wasted in Australia due to the current vial size and what is the cost of this wastage?
- c) What would the savings to the PBS of smaller vials?

Answer

- a) The status and progress of any discussions with the manufacturer is Commercial-In-Confidence.
- b) and c)  
Wastage attributable to this factor is conservatively estimated to be about 13%. This figure is based on an article titled "Trastuzumab and Metastatic Breast Cancer: Trastuzumab Use in Australia - Monitoring the Effect on an Expensive Medicine Access Program", Sallie-Anne Pearson, Clare Ringland and Robyn Ward, Journal of Clinical Oncology, August 2007. While the Department is unable to verify this figure, it has estimated that this equates to about \$15.3m per annum. Some of this wastage could be saved by the use of smaller vials.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February

Question: E10-274

OUTCOME 2: Access to Pharmaceutical Services

Topic: HIGH-COST DRUGS

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) Is there a waiting list order of priority for medicines requiring cabinet approval?
- b) What is the average length of time between PBAC approval and cabinet consideration?
- c) What was it in 2007-08 and 2008-09?
- d) What is the average length of time between PBAC approval, cabinet consideration and then announcement of funding?
- e) What was it in 2007-08 and 2008-09?

Answer:

- a) No.
- b) The average length of time between PBAC recommendation and Cabinet consideration since November 2007 is 6.7 months. There are a number of administrative processes that need to be completed between the Department and the drug sponsor before a medicine can be considered by the Cabinet. These may include pricing negotiations with the sponsor, finalisation of the conditions for listing and quality and availability checks. These processes are included in the reported length of time from PBAC recommendation to Cabinet consideration.

c)

<b>Year</b>	<b>Length of Time (Months)</b>
2007-08	5.5
2008-09	7.5

- d) The average length of time between PBAC approval, Cabinet consideration and announcement of funding since November 2007 is 8.9 months.

<b>Year</b>	<b>Length of Time (Months)</b>
2007-08	7
2008-09	10

- e) See answer to d).

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-309

OUTCOME 3: Access to Medical Services

Topic: WORKPLACE BULLYING

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) Have there been any workplace issues in the PSR?
- b) If so, what were they?
- c) What action was taken
- d) What outcomes from this action?
- e) Were formal complaints lodged?
- f) What was the outcome?
- g) What action was taken on those outcomes?
- h) Have people been moved on or are they still in their same jobs?
- i) If someone left under what circumstances?

Answer:

- a) A grievance alleging workplace harassment and bullying was lodged by a PSR staff member.
- b) See response to a).
- c) The grievance was investigated by an independent investigator.
- d) The investigator found that there was one breach of the Australian Public Service code of conduct but that no sanction was warranted.
- e) See response to a).
- f) See response to d).
- g) The complainant and the officer subject to the investigation were advised of the resolution of the grievance.
- h) No one has changed jobs as a result of this matter.
- i) No one has left PSR as a result of this matter.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-298

OUTCOME 3: Access to Medical Services

Topic: PATHOLOGY BULK-BILLING

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) Given the Government's Budget decision to reduce fees payable to providers of diagnostic imaging and pathology services, what affect has this had on the bulk billing levels for these services?
- b) How many companies and practices have since introduced gap fees for patients? Please provide a list of companies that have introduced a gap fee?
- c) Are these among the largest diagnostic, pathology and GP providers within Australia?
- d) What are the amounts of out-of-pocket costs now being charged by practices which formerly bulk-billed?
- e) Is the Department concerned about the numbers of practices that are ceasing bulk billing?

Answer:

- a) The latest published bulk billing statistics are for the December quarter 2009.

In the December quarter 2009, a record 68.9 per cent of diagnostic imaging services were bulk billed, up 0.5 of a percentage point on the September quarter 2009, and up 3.2 percentage points on the December quarter 2008.

In the December quarter 2009, 84.6 per cent of pathology services were bulk billed, down 1.0 percentage point on the September quarter 2009 and down 2.0 percentage points on the December quarter 2008.

Medicare bulk billing statistics by broad type of service group (Tables B7C and C3) can be accessed on the Department of Health and Ageing web site at:  
<http://www.health.gov.au/medicarestats>

b and c)

Information about individual companies and practices in Medicare records are confidential under the secrecy provisions (section 130) of the *Health Insurance Act 1973*.

- d) In the December quarter 2009, the average out-of pocket cost for patient billed pathology services was \$20.27, as compared to \$21.55 in the September quarter 2009, and \$16.17 in the December quarter 2008.
- e) The decision to bulk bill is entirely at the discretion of the provider. The government supports bulk billing but it has no power to compel providers to bulk bill.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-299

OUTCOME 3: Access to Medical Services

Topic: PATHOLOGY BULK-BILLING

Written Question on Notice

Senator Fierravanti-Wells asked:

Given that one of the nation's biggest pathology providers has also ended bulk billing at many of its GP practices, what further impact is this having on bulk billing rates?

Answer:

Information about individual providers is confidential under the secrecy provisions of the *Health Insurance Act 1973*.

In the December quarter 2009, 79.6 per cent of non-referred (GP) attendances were bulk billed, up 0.8 of a percentage point on the September quarter 2009 and up 0.6 of a percentage point on the December quarter 2008.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-295

OUTCOME 3: Access to Medical Services

Topic: MBS SERVICES

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) Further to questions about what services public hospitals are able to bill to Medicare, please provide a comprehensive list of MBS services that public hospitals are allowed under the National Healthcare Agreements to bill the Commonwealth for?
- b) What proportion of Medicare benefits are provided as part of outpatient services in public hospitals?
- c) Is the Department aware of any jurisdictions which bill outpatient services to Medicare?

Answer:

- a) Public hospitals do not bill the Commonwealth for Medical Benefits Schedule (MBS) services.

A private patient, whether in a public or a private hospital, may claim a rebate for any approved service listed on the MBS.

Public patients of public hospitals cannot claim Medicare benefits unless the Minister for Health and Ageing otherwise directs under subsection 19(2) of the *Health Insurance Act 1973*.

Under clause B12 of the Business Rules to the National Healthcare Agreement, fees may be charged against the MBS for the provision of Magnetic Resonance Imaging (MRI) services to non-admitted patients in public hospitals (items in Group I5 of the MBS refer).

- b) It is not possible to provide statistics on the proportion of Medicare benefits provided as private outpatient services in public hospitals, since treating practitioners are not required to identify such services to Medicare Australia. The services would be billed and claimed in the same way as any other non-inpatient service. Medicare benefits are not payable for public outpatient services, other than for MRI services.
- c) Yes. All jurisdictions may generate charges against the MBS for outpatient services provided to private patients, where those patients have been referred to a named medical specialist who is exercising a right of private practice and the patient chooses to be treated as a private patient.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-302

OUTCOME 3: Access to Medical Services

Topic: PATHOLOGY BULK-BILLING

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) Is the Department able to provide an update of current bulk billing rates for pathology services and how these compare historically?
- b) Is the Government able to provide a breakdown of bulk billing rates for pathology services by Federal Electorate?

Answer:

- a) Statistics on the number and percentage of pathology services bulk billed, by quarter of processing, March quarter 2006 to December quarter 2009, are presented in the following table:

<b>MEDICARE - PATHOLOGY NUMBER AND PERCENTAGE OF SERVICES BULK BILLED BY QUARTER OF PROCESSING</b>					
<b>Year</b>	<b>Quarter</b>	<b>Bulk billed</b>	<b>Not bulk billed</b>	<b>Total</b>	<b>% Bulk Billed</b>
<b>2006</b>	<b>March</b>	18,119,388	2,879,020	20,998,408	86.3%
	<b>June</b>	17,846,697	2,941,788	20,788,485	85.8%
	<b>Sept</b>	18,767,017	3,063,794	21,830,811	86.0%
	<b>Dec</b>	18,339,297	2,898,642	21,237,939	86.4%
<b>2007</b>	<b>March</b>	19,303,746	2,904,679	22,208,425	86.9%
	<b>June</b>	19,441,716	2,823,276	22,264,992	87.3%
	<b>Sept</b>	20,124,522	3,519,478	23,644,000	85.1%
	<b>Dec</b>	20,715,644	3,213,002	23,928,646	86.6%
<b>2008</b>	<b>March</b>	19,899,531	3,159,812	23,059,343	86.3%
	<b>June</b>	21,683,239	3,435,708	25,118,947	86.3%
	<b>Sept</b>	21,238,030	3,427,212	24,665,242	86.1%
	<b>Dec</b>	22,172,735	3,428,042	25,600,777	86.6%
<b>2009</b>	<b>March</b>	22,735,526	3,389,882	26,125,408	87.0%
	<b>June</b>	20,540,590	3,512,914	24,053,504	85.4%
	<b>Sept</b>	22,978,432	3,850,748	26,829,180	85.6%
	<b>Dec</b>	21,834,219	3,966,758	25,800,977	84.6%

Statistics on bulk billing rates for pathology services by quarter (Table B7C) and by financial year (Table C3), can be accessed on the Department of Health and Ageing web site at: <http://www.health.gov.au/medicarestats>

- b) Statistics on bulk billing rates for pathology services are not available by Federal Electorate.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-414

OUTCOME 3: Access to Medical Services

Topic: PATHOLOGY BULK-BILLING

Hansard Page: CA 96

Senator Fierravanti-Wells asked:

The bulk billing in Queensland for pathology has taken about a four per cent reduction? [*Mr Tony Kingdon: 'I will check that figure'.*]

Answer:

In the December quarter 2009, 77.2 per cent of pathology services in Queensland were bulk billed, down 4.6 percentage points on the September quarter 2009.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-291

OUTCOME 3: Access to Medical Services

Topic: MBS SIMPLIFICATION PROCESS

Written Question on Notice

Senator Fierravanti-Wells asked:

In relation to the MBS simplification process that was an election commitment by the ALP in 2007, the Minister's media release from December 2008 indicates that the MBS simplification review would be in force in a new MBS schedule on 1 July 2009. Given that the MBS schedule of 1 November 2009 does not reflect the review outcomes and the proposed reforms are currently being considered by the Government.

- a) What are the recommendations and outcomes of the review?
- b) What are the timelines for finalising this review and implementing its recommendations?

Answer:

- a) The recommendations and outcomes of the MBS Review are as follows:

<b>Reform</b>	<b>Effect</b>
New descriptors for longer consultations	Increases GPs' confidence to provide and bill for longer consultations, encouraging more holistic and preventive care for patients and less "6 minute medicine."
Increased fees for longer consultations	Improves incentives for doctors to spend time with patients.
Health Assessments: replacing current structure with 4 time based items	Reduces number of items, removes inequities in fee levels.
Health Assessments: merging Indigenous health assessment items into a single item	Reduces number of items without affecting service provision or data collection.
Increasing benefit for Healthy Kids Check provided by a practice nurse	Maintains previous fee relativities that would otherwise be affected by change to time based structure.
Chronic Disease Management: combining the Management Plan and Team Care Review items	Reduces number of items without impacting on service provision or data collection.

<b>Reform</b>	<b>Effect</b>
Simplifying the structure for non-urgent after hours out-of-surgery items	Reduces number of items without affecting service provision or data collection.
Simplifying the structure for urgent after hours out-of-surgery items	Reduces number of items, reduces after hours time bands from three to two.
Make non-urgent after hours time bands consistent with those for urgent after hours items.	Encourages GPs to provide services to people at home and in nursing homes after 6pm.
Prolonged attendance items: allowing two or more doctors to bill for an emergency service	Ensures MBS covers fees of all doctors who attend to a patient in imminent danger of death.
A simplified structure for in-hours out of surgery items	Reduces number of items without affecting service provision or data collection.
GP Case Conferences: combining like items	Reduces number of items without affecting service provision or data collection.
GP Case Conferences: making case conference time periods consistent with clinical practice and other items	Changes service time bands (with corresponding fee changes) to better fit practicalities of GP practices.
Reforming explanatory notes	Explanatory notes currently take up as much of the MBS book as the items themselves and cause confusion and frustration for doctors. These are being rewritten to increase clarity and reduce the number of pages by 40%.
MBS online: a new front end to navigate the Schedule	New search functionality in the online Schedule will help GPs to quickly and easily identify appropriate items and how to use them without having to understand every complex detail of the schedule.

They are in addition to simplified administrative arrangements for claiming the allied health chronic disease items which commenced on 1 January 2009.

- b) The MBS Review is complete, and will come into effect on 1 May 2010.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-415

OUTCOME 3: Access to Medical Services

Topic: MBS QUALITY FRAMEWORK

Hansard Page: CA 90

Senator Siewart asked:

Do you have timeframes for the establishment of the Quality Framework committees and do you have an idea of the stakeholders that will be included on those committees?

Answer:

It is expected that the Medicare Benefits Schedule Quality Framework committees will include members from peak clinical, consumer and technically-oriented organisations and be constituted to provide advice on expert matters as well as broader representational matters. However, there are currently no finalised timeframes for establishing the committees, nor lists of stakeholders expected to be members of the committees.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-416

OUTCOME 3: Access to Medical Services

Topic: MBS QUALITY FRAMEWORK

Hansard Page: CA 89

Senator Siewert asked:

Is it possible to find out which peak bodies have been consulted on the development of the MBS Quality Framework?

Answer:

As at 10 February 2010, consultations have been undertaken between the Department and 39 stakeholders for the purpose of discussing the development of the Medicare Benefits Schedule (MBS) Quality Framework. Of these, 35 were peak bodies and they are listed at Attachment A. This does not include consultations that have been undertaken to discuss the Pathology or Diagnostic Imaging reviews, during which the Quality Framework, as a related review, may have been discussed.

**List of stakeholders engaged in consultations**

1. Australian Association of Pathology Practices
2. Australian Association of Private Radiation Oncology Practices
3. Australian College of Rural and Remote Medicine
4. Australian Diagnostic Imaging Association
5. Australian General Practice Network
6. Australian Health Insurance Association
7. Australian Institute of Medical Scientists
8. Australian Medical Association
9. Australian Nursing and Midwifery Council
10. Australian Physiotherapy Association
11. Australian Practice Nurses Association
12. Australian Rheumatology Association
13. Australian Society of Anaesthetists
14. Australian Society of Ophthalmologists
15. Australian Society of Orthopaedic Surgeons
16. Catholic Health Australia
17. Chiropractors Association of Australia
18. Consumers Health Forum of Australia
19. Doctors Action Group
20. Gastroenterological Society of Australia
21. National Association of Specialist Obstetricians and Gynaecologists
22. National Coalition of Public Pathology
23. National Seniors Australia
24. Neurosurgical Society of Australasia
25. Optometrists Association of Australia
26. Royal Australasian College of Physicians
27. Royal Australasian College of Surgeons
28. Royal Australian and New Zealand College of Obstetricians and Gynaecologists
29. Royal Australian and New Zealand College of Ophthalmologists
30. Royal Australian and New Zealand College of Psychiatrists
31. Royal Australian and New Zealand College of Radiologists
32. Royal Australian College of General Practitioners
33. Royal College of Nursing Australia
34. Royal College of Pathologists of Australasia
35. Rural Doctors Association of Australia



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-417

OUTCOME 3: Access to Medical Services

Topic: MEDICARE REBATE FOR ANGIOGRAMS

Hansard Page: CA 96

Senator Fierravanti-Wells asked:

- a) Has the Medicare rebate for angiograms been reduced, and, if so, by how much?
- b) How many patients are likely to be affected by this measure and face a gap payment?  
Can you take that on notice?

Answer:

a and b)

As stated by Ms Robertson at the Senate Estimates Hearings (CA96), (Line 37)

“Part of the measure involving the injection into the joints and the cataract cuts also had cuts to a certain number of cardiac angiography items. They were cut by 20 per cent.”

In the period 1 November 2009 to 1 February 2010, 16,484 patients made one or more claims against the 11 items. These numbers will include procedures performed prior to the introduction of the measure. Changes to gap payments are dependent upon individual billing practices of doctors.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-292

OUTCOME 3: Access to Medical Services

Topic: MEDICARE REBATE - CATARACTS

Written Questions on Notice

Senator Fierravanti-Wells asked:

- a) Was there any consideration, investigation or other internal steps taken within the Department to backdate the new Medicare rebates from February 1 to November 1 last year?
- b) If not, why not? Or what was the outcome of those considerations?
- c) Why was it considered not feasible to backdate the new revised Medicare rebate?
- d) Was such a backdating canvassed during negotiations with ophthalmologists?
- e) Was the Department asked at any time by the Minister's office to provide advice on backdating the new rebate?

Answer:

a, b and c)

Refer to Hansard, Wednesday 10 February 2010 CA 90, Line 20.

- d) The Department is not aware if this option was canvassed.
- e) Yes.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-293

OUTCOME 3: Access to Medical Services

Topic: CATARACTS

Written Questions on Notice:

Senator Fierravanti-Wells asked:

- a) Has the Department quantified how many Australians were forced to pay hundreds of dollars more for cataract surgery in the period 1 November 2009 to 1 February 2010?
- b) If so, how many? If not, why not?
- c) Has the Department been asked to establish the number of people who received substantially lower rebates than existed before November 1 and that exist now since February 1? If so, how many? If no, why not?
- d) Has there been any assessment made as to whether these people, such as senior Australians, could be reimbursed for this now reversed and revised Budget measure?
- e) What are these people being told when they seek information about their situation?
- f) Are there any plans to reconsider?

Answer:

- a) No.
- b) Refer to Hansard Page CA 90, Line 33.
- c) Yes. There were 16,199 patients who underwent cataract surgery in the period 1 November 2009 until 31 January 2010.
- d) No.
- e) Patients are advised that:

“The Government is aware that patients who underwent cataract surgery in the period 1 November 2009 – 31 January 2010 received a lower MBS rebate than those who had the surgery after 1 February 2010. However, while the Government understands the financial difficulties faced by some patients who had their cataract surgery during this period, the rebates in place at that time were underpinned by legislation.

The decision to implement new fees, via a number of determinations under section 3C of the *Health Insurance Act 1973*, arose from actions taken by the Senate to disallow the Medicare items for cataract surgery. The determinations were necessary to ensure that Medicare rebates for cataract surgery were maintained and that patients would continue to be covered under their private health insurance arrangements”

- f) That is a policy question for the Government.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-321

OUTCOME 3: Access to Medical Services

Topic: MBS ITEMS 10950-10970

Written Question on Notice

Senator Fierravanti-Wells asked:

How many low care residents have utilised allied health services per year under MBS items 10950-10970 following preparation of a care plan contributed to by a GP using MBS item 731?

Answer:

Medicare data does not distinguish between high-care and low-care residents of aged care facilities.

The number of aged care residents who have utilised allied health services under MBS items 10950-10970, by calendar year, after the preparation of MBS item 731:

Year	Patients
2005 (July-Dec)*	2,701
2006	8,993
2007	11,327
2008	12,899
2009	16,205

\*MBS item 731 was introduced in July 2005

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-308

OUTCOME 3: Access to Medical Services

Topic: PATHOLOGY BULK-BILLING

Written Question on Notice

Senator Fierravanti-Wells asked:

At this stage, is there any evidence that bulk billing incentives are working as intended? Please support your answer with comprehensive time series data on rates of bulk billing, including rates in rural and remote areas.

Answer:

Bulk billing incentives for pathology episodes and for diagnostic imaging, were introduced into the MBS on 1 November 2009.

In the December quarter 2009, a record 68.9 per cent of diagnostic imaging services were bulk billed, up 0.5 of a percentage point on the September quarter 2009, and up 3.2 percentage points on the December quarter 2008.

In the December quarter 2009, 84.6 per cent of pathology services were bulk billed, down 1.0 percentage point on the September quarter 2009 and down 2.0 percentage points on the December quarter 2008.

Bulk billing rates for pathology episodes and for diagnostic imaging per quarter for the last four years are presented in the table below.

Statistics are not published on bulk billing rates for pathology services by rural and remote areas.

<b>MEDICARE - PATHOLOGY &amp; DIAGNOSTIC IMAGING PERCENTAGE OF SERVICES BULK BILLED BY QUARTER OF PROCESSING</b>			
<b>Year</b>	<b>Quarter</b>	<b>Pathology</b>	<b>Diagnostic Imaging</b>
<b>2006</b>	<b>March</b>	86.3%	60.2%
	<b>June</b>	85.8%	60.7%
	<b>Sept</b>	86.0%	60.6%
	<b>Dec</b>	86.4%	60.6%
<b>2007</b>	<b>March</b>	86.9%	61.3%
	<b>June</b>	87.3%	61.7%
	<b>Sept</b>	85.1%	62.0%
	<b>Dec</b>	86.6%	63.3%
<b>2008</b>	<b>March</b>	86.3%	63.2%
	<b>June</b>	86.3%	64.1%
	<b>Sept</b>	86.1%	64.6%
	<b>Dec</b>	86.6%	65.7%
<b>2009</b>	<b>March</b>	87.0%	66.6%
	<b>June</b>	85.4%	67.3%
	<b>Sept</b>	85.6%	68.4%
	<b>Dec</b>	84.6%	68.9%

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-300

OUTCOME 3: Access to Medical Services

Topic: BULK BILLING INCENTIVES

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) What impact will the changes to the rural and remote classification system have on bulk billing rates – given that some areas, such as the Sunshine Coast, will move from a regional zoning to a metropolitan zoning and therefore doctors there will no longer be eligible for incentives to practice there?
- b) Has any modelling or projections been done on this?
- c) Some doctors stand to lose several tens of thousands of dollars in incentives because of reclassification and say that will put pressure on their ability to bulk bill, has this been taken into account?

Answer:

- a) There are no plans to move the bulk billing incentive scheme to the new geographic classification scheme.
- b) No modelling or projections concerning rates of bulk billing have been done in relation to changes to the geographic classification system.
- c) Refer to response to a).



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-412

OUTCOME 3: Access to Medical Services

Topic: HEALTHY KIDS CHECK

Hansard Page: CA88

Senator Fierravanti-Wells asked:

“Perhaps I might read to you from what I think is your website, Ms Halton. It says:

*The aim of the Healthy Kids Check is to ensure every four year old child in Australia has a basic health check to see if they are healthy, fit and ready to learn when they start school.”*

In response to Senator Fierravanti-Wells’ request, the Department agreed to check the formal commitment.

Answer:

The Government’s commitment in respect of the Healthy Kids Check is that it will be *available* to all four-year-olds at the request of parents or carers at the time of their four-year-old immunisation, when children are getting ready to start school (eg Minister Roxon’s media release of 1 July 2008 announcing the implementation of the measure). The Portfolio Budget Statements 2008-09 (Budget related paper No 1-10, Health and Ageing Portfolio) also contain as an indicator: “Healthy Kids Checks provided to at least 10% of four year old children in Australia annually” (p.118).

On review, the Department acknowledges that the entry on its website has the potential to mislead. It has been updated accordingly.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-413

OUTCOME 3: Access to Medical Services

Topic: HEALTHY KIDS CHECK

Hansard Page: CA 89

Senator Fierravanti-Wells asked:

- a) Please take on notice to give me some figures in relation to those who have seen doctors and nurse practitioners since the program commenced.
- b) Please provide me with the estimated [expenditure] and then the actual [expenditure].

Answer:

- a) The following table provides a breakdown of Healthy Kids Checks and Child Health Assessments provided by the Commonwealth and State/Territory respectively for Financial Year 2008-09.

	NSW	VIC	QLD	SA	WA	TAS	ACT	NT
<b>MBS items 709 and 711</b>	15,195	4,292	13,813	1,703	3,603	1,117	830	108
<b>State &amp; Territory services</b>	- *	39,213	80 **	11,916 ***	14,022 ****	1,135	4,008	2,024

Notes:

\* New South Wales have indicated that data on the uptake of the 4 year old child health assessment will not be available before 30 June 2010.

\*\* This is the number of 4 year old checks provided by Queensland Health in Cape York Peninsular and represents 69% of the eligible population in that area.

\*\*\* This is based on the number of 4 year old health checks provided to 65% of pre school children in South Australia.

\*\*\*\* This is an estimate of the number of 4 year old checks provided in country Western Australia and Perth based on the figures for 2009 calendar year.

- b) The table below shows the funding allocated for the MBS Healthy Kids Check items over the four years of the initiative, and expenditure up to the end of January 2010.

	<b>2008-09</b>	<b>2009-10</b>	<b>2010-11</b>	<b>2011-12</b>
<b>MBS services allocation</b>	\$5.297m	\$4.106m	\$4.298m	\$4.384m
<b>MBS services actual</b>	\$1.834m	\$1.237 m		

The table below shows the block funding allocated to States and Territories to promote and provide health checks to 4 year old children.

<b>State/Territory</b>	<b>2008-09 Funds Allocated</b>	<b>2009-10 Funds Allocated</b>
<b>NSW</b>	\$566,134	\$481,980
<b>VIC</b>	\$437,910	\$368,350
<b>QLD</b>	\$359,680	\$331,145
<b>WA</b>	\$200,905	\$185,280
<b>SA</b>	\$155,078	\$140,170
<b>TAS</b>	\$84,100	\$80,165
<b>NT</b>	\$75,460	\$67,095
<b>ACT</b>	\$63,424	\$70,815
<b>TOTAL</b>	\$1,942,691	\$1,725,000

T1

Australian Government directory of services for older people

<http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-agdos-2010.htm>

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-019

OUTCOME 4: Aged Care and Population Ageing

Topic: GRACE MUNRO

Written Question on Notice

Senator Williams asked:

We understand that the Department has granted approval as an Approved Provider for a newly formed community group in Bundarra called - The Grace Munro Aged Care Centre Limited. We understand this company has formed a Community Group wanting to keep the Grace Munro Centre open, and is planning to take over the facility from the time that McLean intends to close it. We understand that this company received their approved provider status in less than the ordinary 60 days, perhaps closer to 30 to 40 days including Christmas. Did the Department process the company's approved provider status quickly because Mr Tony Windsor the local Member is a Director of the company?

Answer:

No.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-020

OUTCOME 4: Aged Care and Population Ageing

Topic: GRACE MUNRO

Written Question on Notice

Senator Williams asked:

It has been interesting to note the media releases from Mr Tony Windsor about Grace Munro, and the fact these media releases have been quite negative and somewhat defamatory towards H.N. McLean. The Department would naturally be aware that Tony Windsor is a Director of Grace Munro Aged Care Centre Limited as he would have been identified as 'Key Personnel'. Does the Department think that Mr Windsor's Directorship poses any conflict of interest?

Answer:

This is not a matter that the Secretary of the Department of Health and Ageing, or her delegate, must consider in assessing an application to be an approved provider of aged care under the *Aged Care Act 1997*.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-021

OUTCOME 4: Aged Care and Population Ageing

Topic: TONY WINDSOR – GRACE MUNRO CENTRE

Written Question on Notice

Senator Williams asked:

Has Tony Windsor been extended any exemptions from the Department on the basis of he is a Federal Member, for example, has the Department received a copy of his National Police Certificate?

Answer:

Grace Munro Aged Care Centre Ltd. provided all documentation required under the *Aged Care Act 1997* including all information for its key personnel.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-022

OUTCOME 4: Aged Care and Population Ageing

Topic: GRACE MUNRO AGED CARE CENTRE LTD

Written Question on Notice

Senator Williams asked:

How will the Department demonstrate integrity of process for considering applications for an Approved Provider in the future in light of the accelerated approval for Grace Munro Aged Care Centre Limited with a Federal Member as a Director?

Answer:

All applications are assessed in accordance with the criteria set out in the *Aged Care Act 1997* (the Act) and Approved Provider Principles. The Act states that the Secretary or her delegate must determine whether or not an applicant is approved as a provider of care within 90 days of receiving the application.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-005

OUTCOME 4: Aged Care and Population Ageing

Topic: ALZHEIMER'S

Written Question on Notice

Senator Xenophon asked:

- a) Is the Minister/Department considering funding the Alzheimer's Australia *Mind your Mind* program which would have the advantage of promoting positive awareness of dementia and informing Australians about dementia risk reduction?
- b) Has a cost/benefit analysis been done on this Program?

Answer:

- a) The Australian Government is currently funding Alzheimer's Australia to deliver the National Dementia Support Program, which includes support for the *Mind your Mind* program.
- b) The Department is not aware of any cost/benefit analysis undertaken in relation to the *Mind your Mind* program.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-016

OUTCOME 4: Aged Care and Population Ageing

Topic: FACILITIES

Written Question on Notice

Senator Williams asked:

We understand that there have been closures of aged care facilities throughout Australia because of viability concerns and in those instances responsible providers have taken active measures to protect residents, their rights, care and finances. If a provider with a good history of providing services states that one of their facilities is no longer financially viable, what investigation does the Department undertake of the provider to prove or disprove their viability concerns?

Answer:

The Department's primary concern is for the ongoing quality of care, well-being and safety of the residents, including security of any accommodation bonds. The Department does not routinely assess whether financial viability is the cause of a closure, even where the provider claims this is the case, as approved providers are within their rights to close a service for reasons of their own choosing. However, where a provider is considering closing a service it would prefer to keep it open, the Department is willing to work with the provider to ensure that the provider has all the information available to make a fully informed decision, this can include arranging for advice and support to the provider, which may include options for improving financial viability.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-018

OUTCOME 4: Aged Care and Population Ageing

Topic: GRACE MUNRO

Written Question on Notice

Senator Williams asked:

We understand that there is an 11 bed residential facility located in Bundarra called the Grace Munro Centre and that this centre has struggled with its viability for the past four years under the management of H.N. McLean. McLean to all intent and purposes is a large reputable provider and has been providing aged care services for more than 50 years. McLean has move to close the Grace Munro Centre provide alternate care for the four permanent residents. Does the Department agree that it would be difficult to impossible maintain the viability of an 11 bed facility, with only four permanent residents?

Answer:

On 26 February 2010 the Department approved the application to transfer places from H. N. McLean to Grace Munro Aged Care Centre Ltd. The transfer took effect from midnight 27 February 2010. The effect of the approval is that Grace Munro Aged Care Limited can provide care under the *Aged Care Act 1997* (the Act) and receive subsidies from the Australian Government to do so. Grace Munro Aged Care Limited has an allocation of 11 residential aged care places in which care can be provided.

Under the Act, in deciding whether a transfer is justified in the circumstances the Secretary of the Department must consider a number of matters, including the financial viability of the aged care service.

As such, any transferee must provide financial information including but not limited to, its actual and proposed assets, liabilities, income and expenditure, sensitivity of debt servicing capacity, use of accommodation bonds and other sources of funding and any other special financial arrangements in place.

A careful assessment of the financial information provided is undertaken by the Department, often with the assistance of an independent financial analyst. If the Secretary is not satisfied that the transferee can maintain a viable aged care service then the transfer can be rejected. The application to transfer the 11 places at Grace Munro to the new provider was approved.

The small number of remaining residents in Grace Munro in the lead up to the scheduled closure of the service by H. N. McLean, was significantly due to the fact that the service was scheduled to close and some residents had transferred to alternative accommodation and care, at another H. N. McLean home in Inverell.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-097

OUTCOME 4: Aged Care and Population Ageing

Topic: YOUNG PEOPLE IN RESIDENTIAL AGED CARE PROGRAM

Written Question on Notice

Senator Siewert asked:

Can the Department detail the types of accommodation services delivered under the program and detail how they differ from historical disability accommodation services in meeting the specific needs of the YPIRAC target group (i.e. medical and rehabilitation needs)?

Answer:

As indicated in the Department's evidence to the Committee (Hansard, 10 February 2010, CA 78), the Commonwealth's component of the Council of Australian Government's Younger People in Residential Aged Care initiative is administered by the Department of Families, Housing, Community Services and Indigenous Affairs.

The Department notes that the Department of Families, Housing, Community Services and Indigenous Affairs took this question on notice in its evidence to the Committee (Hansard, 11 February 2010, CA 104).

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-108

OUTCOME 4: Ageing and Aged Care

Topic: RESIDENTIAL PLACES

Written Question on Notice

Senator Adams asked:

- (a) How many residential places were allocated nationally in 08-09 (i.e. in total) and how many of them were taken up?
- (b) Of the total number of places taken up nationally in the last round, how many have been handed back?

Answer:

- (a) Nationally, 7,663 residential aged care places were made available in the 2008-09 Aged Care Approvals Round and 5,748 residential aged care places were allocated.
- (b) 20 residential provisionally allocated places (7 high care and 13 low care) from the 2008-09 Round were handed back. The places were surrendered due to Council restrictions on the development.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-111

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE

Written Question on Notice

Senator Adams asked:

Are the increasing costs of state utilities (electricity, gas, sewerage, etc) factored into Commonwealth aged care funding?

Answer:

The indexation arrangements for care recipient fees and Commonwealth aged care subsidies take into account movements in the Consumer Price Index, which in turn takes into account movements in the costs of state utilities.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-189

OUTCOME 4: Aged Care and Population Ageing

Topic: EVANS HEAD

Written Question on Notice

Senator Boyce asked:

- a) What progress since February 2009 has there been on the establishment of a nursing home at Evans Head?
- b) Has the proposed bed number for this establishment changed since February 2009?

Answer:

- a) In late August 2009, the NSW state government approved an application submitted by the Richmond Valley Council to rezone the relevant portion of land at the current site proposed for the service. The approval allows the development of a residential aged care service on the site.

The approved provider, Ex Services Home Ballina, has advised the Department that the required engineer surveys of the site have been conducted, as well as preliminary architectural plans. The construction process can only occur however once the site has been decontaminated.

- b) The approved provider has a provisional allocation of 55 residential aged care places allocated under the *Aged Care Act 1997*. This has not changed since February 2009.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-313

OUTCOME 4: Aged Care and Population Ageing

Topic: CONDITIONAL ADJUSTMENT PAYMENT

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) Is the Conditional Adjustment Payment (CAP) index going to be maintained in the 2010-11 financial year?
- b) It is my understanding that the industry participated in the review of the CAP index and that that review was undertaken by the Department at the end of calendar 2008 year. Has the Department completed that review?
- c) Has the review been made public?
- d) Is it the Department's view, that the review should be made public?

Answer:

- a) The Government provided funding in the 2009-10 Budget to support the continuation of the CAP at 8.75 per cent of the basic care subsidy.
- b) Yes.
- c) No.
- d) The release of the Report of the Review of the CAP is a matter for the government.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-320

OUTCOME 4: Aged Care and Population Ageing

Topic: GOVERNMENT RESPONSE TO THE PRODUCTIVITY COMMISSION'S  
ANNUAL REVIEW OF REGULATORY BURDENS ON BUSINESS: SOCIAL  
INFRASTRUCTURE SERVICES

Written Question on Notice

Senator Fierravanti-Wells asked:

In its response to Recommendation 2.9 of the Review, the Government stated that General Purpose Financial Reports are the most appropriate statements for aged care providers to prepare because they focus on providing information to meet the consumer information needs of users who are unable to command the preparation of reports tailored to their information needs. Could you please comment on the efficacy of requiring aged care providers to prepare audited special purpose financial reports which have been developed specifically to cater for the particular information needs of users in the aged care sector, including the adoption of standard accounting treatment of matters such as bed licence values, accommodation bonds and government capital grants?

Answer:

The Department of Health and Ageing notes that General Purpose Financial Reports are, by definition, financial reports intended to meet the information needs common to users who are unable to command the preparation of reports tailored so as to satisfy, specifically, all of their information needs (Australian Accounting Standards Board, *Statement of Accounting Concepts 2: Objective of General Purpose Financial Reporting*).

Necessarily, therefore, any special purpose financial report that was developed specifically to cater for the particular information needs of users in the aged care sector (including those users unable to command the preparation of reports tailored to their information needs) would be a General Purpose Financial Report.

With respect to the adoption of a standard accounting treatment of matters such as bed licence values, accommodation bonds and government capital grants, the department notes that the identification of the needs for such standards and the development of such standards is a matter for the Australian Accounting Standards Board. If such standards were developed then they would apply to the General Purpose Financial Reports that approved providers of residential aged care are required to produce in order to be eligible for the Conditional Adjustment Payment.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-322

OUTCOME 4: Aged Care and Population Ageing

Topic: RETURN ON INVESTMENTS

Written Question on Notice

Senator Fierravanti-Wells asked:

In answer to Question E09-271 (Budget Estimates 2009) regarding the analysis and methodology used by the DoHA to arrive at the conclusion that there was a 10% return on investment on 31 December 2008, the Department stated that the figure was from an analysis of the financial performance of the providers in the top quartile.

- a) What data source was used to obtain this answer?
- b) If not the General Purpose Financial Reports (GPFRs), why not?

Answer:

- a) Data extracted from the General Purpose Financial Reports of aged care providers.
- b) Not applicable.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-323

OUTCOME 4: Aged Care and Population Ageing

Topic: GENERAL PURPOSE FINANCIAL REPORTS (GPFRS)

Written Question on Notice

Senator Fierravanti-Wells asked:

The GPFR de-identified data on the DoHA website for 2006-07 contains a caveat as to the accuracy of the data.

- a) Was the data cleansed of inaccurate outliers before being loaded on the website?
- b) If no, does this mean that any analysis derived from the reports and used by DoHA in evidence to Senate Estimates and the Senate Inquiry into Residential and Community Care in Australia would be of doubtful accuracy due to the inclusion of outliers?
- c) Does this mean that consumers should not be expected to place reliance on GPFRs for their common information needs?

Answer:

- a) The caveat that appears on the Department of Health and Ageing's website does not relate to the accuracy of the data supplied by aged care providers but rather relates to the variation in accounting treatments of some items between providers and its interpretation by the department.

The department notes that the General Purpose Financial Reports of residential aged care providers are required to provide a fair and reasonable account of their financial performance and that each provider's accounts are verified as such by a registered company auditor. The department therefore did not consider it to be appropriate or necessary to exclude the financial accounts of any provider from the website.

- b) No. See the answer to a) above.
- c) No. See the answer to a) above.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-326

OUTCOME 4: Ageing and Aged Care

Topic: AGED CARE APPROVALS ROUND (ACAR)

Written Question on Notice

Senator Fierravanti-Wells asked:

The Minister recently announced the 2010 ACAR. Can you detail how the total figures for the 2010 ACAR were calculated as the 12,000 plus places that are on offer seem to be considerably more than the projected release in 2010 as previously advised in Ministerial announcements for the three year forward projection?

Answer:

The places made available in the 2009-10 ACAR total 12,218 compared to a total of 11,823 places indicated previously, an increase of 375 places overall.

The number of places made available each year is based on the most recent population projections provided by the Australian Bureau of Statistics, the number of operational aged care places as per the most recent aged care place stocktake (in this case, the 30 June 2009 stocktake), the estimated rate at which provisionally allocated places become operational and the national aged care planning benchmark of 113 operational places per thousand people aged 70 or over to be achieved in 2011.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-330

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE PROVISION RATIOS

Written Question on Notice

Senator Fierravanti-Wells asked:

Does the Department agree that, because of the balance of care ratios, older people are denied equal opportunity to determine whether they receive care in their own home or in an aged care home, or the security of knowing that as their care needs change, they will continue to be able to receive their care in their own home? If not, why not?

Answer:

No. Older people now have greater opportunities to receive aged care, both low level care and high level care, in their own homes than at any time previously.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-331

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE

Written Question on Notice

Senator Fierravanti-Wells asked:

Does the Department agree that bond paying residents are cross subsidising non bond paying residents, especially accommodation charge high care residents whose fee is capped? If not, why not?

Answer:

The Department cannot comment on the financial practices of individual providers.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-333

OUTCOME 4: Aged Care and Population Ageing

Topic: 2010 INTERGENERATIONAL REPORT (IGR)

Written Question on Notice

Senator Fierravanti-Wells asked:

It is widely acknowledged, including by the current Minister for Ageing, that many older people would prefer to live in their own home for as long as possible with the support of community care. On the other hand, the 2010 IGR's aged care projections to 2050 show that the bulk of the expenditure growth in aged care will be accounted for by residential care.

Residential care expenditure is projected to increase from 0.6% of gross domestic product (GDP) currently to 1.4% by 2050, while expenditure for community care is projected to increase from 0.2% of GDP to 0.4% over the same period, reflecting existing policy on balance of care planning ratios. Having regard to the pressures on future Commonwealth Budgets and consumer preferences to live at home for as long as possible, I would like a considered response from the department on the implications for the IGR projections if a greater proportion of people were to receive community aged care, in line with their preferences. In particular:

- a) Would an increase in the proportion of aged care provided as community aged care result in a reduction in the IGR expenditure projections for aged care?
- b) If so, please identify the major components of the current cost drivers that would result in a change (increase or decrease) in the projections eg. accommodation supplements?
- c) Provide an assessment of the order of magnitude of any reduction that may result for any given shift in the current balance in favour of community aged care.

Answer:

- a) The aged care projections in the 3<sup>rd</sup> *Intergenerational Report* were developed by the Treasury. The Department of Health and Ageing does not have access to the Treasury model that underlies those projections and so is unable to comment on the implications for those projections of any change in assumptions underlying the model or on the structure of the Treasury model.
- b) See the answer to a) above.
- c) See the answer to a) above.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-335

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE OCCUPANCY RATES

Written Question on Notice

Senator Fierravanti-Wells asked:

- d) Has the Department in analysing the stocktake or in preparing for the report on the industry for the period 2008-09 undertaken an analysis of the current occupancy levels across the industry?
- b) If so, please provide data on all jurisdictions and all aged care funding service types.

Answer:

- a) As advised during the committee's hearings, the department monitors aged care occupancy rates on an ongoing basis (Hansard, 10 February 2010, CA 67).
- b) Occupancy rates for residential care and community care packages are provided in the following table for the period 2008-09.

<b>State/Territory</b>	<b>Residential care</b>	<b>Community Aged Care Packages</b>	<b>Extended Aged Care at Home Packages</b>	<b>Extended Aged Care at Home (Dementia) Packages</b>
NSW	92.7%	96.2%	95.2%	89.3%
VIC	91.6%	97.8%	98.3%	95.3%
QLD	92.4%	87.3%	91.1%	80.9%
SA	96.2%	97.6%	97.5%	94.9%
WA	94.2%	89.8%	91.2%	84.8%
TAS	94.3%	97.7%	91.0%	83.1%
ACT	92.5%	96.4%	96.2%	92.6%
NT	89.0%	91.3%	83.1%	66.8%
<b>Australia</b>	<b>92.9%</b>	<b>94.6%</b>	<b>94.8%</b>	<b>89.0%</b>



ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-337

OUTCOME 4: Aged Care and Population Ageing

Topic: CONCESSIONAL RESIDENT RATIO

Written Question on Notice

Senator Fierravanti-Wells asked:

In the 2007 reform package titled 'Securing the Future' aged care providers were assured that the new reform would significantly increase the number of concessional and assisted residents such that the 40% universal target would be readily achieved in most parts of the country.

- a) Can you advise what the current concessional/assisted resident outcomes across all regions are in the previous financial year and whether the national target of 40% is being achieved nationally and by region?
- b) What is the impact on providers and consumers if the 40% target cannot be achieved and that many providers are reduced to the lower level of the concessional residential supplement, simply because the concessional resident target population base does not exist in their region?
- c) Is one of the reasons why providers are so reluctant to invest in capital infrastructure that the concessional resident supplement is inadequate to meet the capital cost?
- d) Is one of the reasons why providers are so reluctant to invest in capital infrastructure because they face the threat of having their concessional supplement reduced to the lower level and that this part of their operations is outside of their control?

Answer:

- a) The following Table sets out the proportion of eligible residents in each planning region who were supported, concessional or assisted in 2008-09. The Table confirms that the proportion is greater than 40 per cent nationally and in almost all planning regions.

State	Planning Region	Ratio	State	Planning Region	Ratio
NSW	Central Coast	41.6%	SA	Eyre Peninsula	50.7%
NSW	Central West	45.0%	SA	Hills, Mallee & Southern	48.8%
NSW	Far North Coast	43.5%	SA	Metropolitan East	37.9%
NSW	Hunter	44.8%	SA	Metropolitan North	53.2%
NSW	Illawarra	40.5%	SA	Metropolitan South	45.4%
NSW	Inner West	51.4%	SA	Metropolitan West	46.6%
NSW	Mid North Coast	42.3%	SA	Mid North	55.9%
NSW	Nepean	45.8%	SA	Riverland	50.6%
NSW	New England	43.0%	SA	South East	40.8%
NSW	Northern Sydney	32.5%	SA	Whyalla, Flinders & Far North	58.0%
NSW	Orana Far West	48.8%	SA	Yorke, Lower North & Barossa	42.9%
NSW	Riverina/Murray	41.5%	<b>SA</b>	<b>State ratio</b>	<b>46.3%</b>
NSW	South East Sydney	39.6%	WA	Goldfields	63.8%
NSW	South West Sydney	47.6%	WA	Great Southern	44.8%
NSW	Southern Highlands	42.2%	WA	Kimberley	90.9%
NSW	Western Sydney	48.1%	WA	Metropolitan East	45.1%
<b>NSW</b>	<b>State ratio</b>	<b>42.9%</b>	WA	Metropolitan North	42.3%
VIC	Barwon-South Western	36.8%	WA	Metropolitan South East	49.8%
VIC	Eastern Metro	34.9%	WA	Metropolitan South West	50.2%
VIC	Gippsland	41.1%	WA	Mid West	52.4%
VIC	Grampians	45.6%	WA	Pilbara	42.9%
VIC	Hume	38.0%	WA	South West	43.6%
VIC	Loddon-Mallee	39.9%	WA	Wheatbelt	47.7%
VIC	Northern Metro	44.2%	<b>WA</b>	<b>State ratio</b>	<b>47.1%</b>
VIC	Southern Metro	40.2%	TAS	North Western	48.7%
VIC	Western Metro	45.7%	TAS	Northern	46.9%
<b>VIC</b>	<b>State ratio</b>	<b>40.1%</b>	TAS	Southern	44.7%
QLD	Brisbane North	43.2%	<b>TAS</b>	<b>State ratio</b>	<b>46.3%</b>
QLD	Brisbane South	43.0%	ACT	ACT	38.0%
QLD	Cabool	43.5%	<b>ACT</b>	<b>State ratio</b>	<b>38.0%</b>
QLD	Central West	46.4%	NT	Alice Springs	74.7%
QLD	Darling Downs	43.2%	NT	Barkly	93.6%
QLD	Far North	50.5%	NT	Darwin	62.6%
QLD	Fitzroy	45.6%	NT	Katherine	91.6%
QLD	Logan River Valley	48.3%	<b>NT</b>	<b>State ratio</b>	<b>72.0%</b>
QLD	Mackay	44.3%			
QLD	North West	68.0%		<b>Australia</b>	<b>43.3%</b>
QLD	Northern	45.0%			
QLD	South Coast	45.4%			
QLD	South West	32.1%			
QLD	Sunshine Coast	44.4%			
QLD	West Moreton	47.0%			
QLD	Wide Bay	46.6%			
QLD	<b>State ratio</b>	<b>44.9%</b>			

- b) This question appears to be based on a false premise given the information in the answer to a) above.

- c) This question appears to be based on a false premise given the information in the answer to a) above.
- d) This question appears to be based on a false premise given the information in the answer to a) above.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-338

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE FUNDING INSTRUMENT (ACFI)

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) When is it anticipated that the ACFI Review will be completed?
- b) When is it anticipated that Government will act upon the recommendations flowing from the ACFI Review?

Answer:

- a) The review is expected to be completed by mid 2010.
- b) The Review of the ACFI has not yet reported to the Government.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-341

OUTCOME 4: Ageing and Aged Care

Topic: AGED CARE FUNDING INSTRUMENT (ACFI)

Written Question on Notice

Senator Fierravanti-Wells asked:

Can you advise why there has been a six fold increase in the number of residents who are attracting no funding under ACFI as opposed to under RCS?

Answer:

This issue is currently being considered in the Review of the Aged Care Funding Instrument.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-342

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE

Written Question on Notice

Senator Fierravanti-Wells asked:

Do you believe that it is reasonable that an aged care operator is expected to provide full housing, hotel and support services for a person entering care based on the payment by the resident of the basic daily fee of approximately \$34.00?

Answer:

The basic daily fee is not intended to cover the full extent of these services.

In addition to the basic daily fee, residents with sufficient assets can be asked to pay an accommodation bond or an accommodation charge. The Australian Government pays an accommodation supplement in respect of eligible residents who are not able to pay an accommodation bond or an accommodation charge, or who are only able to pay a small accommodation bond or a small accommodation charge.

Eligible approved providers can also receive other Government supplements in respect of residents for who no basic subsidy is payable, including the viability supplement.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-0343

OUTCOME 4: Aged Care and Population Ageing

Topic: Aged Care Funding Instrument (ACFI)

Written Question on Notice

Senator Fierravanti-Wells asked:

Do you understand why there has been this considerable increase in the non subsidy group at the bottom of the ACFI scale?

Answer:

This issue is currently being considered in the Review of the Aged Care Funding Instrument.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-344

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE ASSESSMENT TEAM (ACAT)

Written Question on Notice

Senator Fierravanti-Wells asked:

Do you know how many ACAT approved care recipients are not actually gaining entry into care because providers are unable to accept them as residents due to the zero funding

Answer:

The level of basic subsidy payable in respect of a resident depends upon the appraisal of the care needs by their approved provider against the Aged Care Funding Instrument. It is therefore not possible to determine what funding level would apply to an approved care recipient who has not been admitted to care.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-348

OUTCOME 4: Aged Care and Population Ageing

Topic: COAG COMMITMENT

Written Question on Notice

Senator Fierravanti-Wells asked:

In relation to COAG's commitment to fix the intersection of aged care and disability services and clarify the roles and responsibilities of governments announced in the COAG communiqué 2 October 2008:

- a) How many meetings of the Senior Official Roles and Responsibilities Working Group have been held?
- b) Has the Senior Officials Roles and Responsibilities Working Group provided a report to governments?
- c) Has the report been considered by COAG and if not, when will the report be considered?

Answer:

- a) Six.
- b) Yes.
- c) Yes.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-350

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE ASSESSMENT TEAMS (ACAT)

Written Question on Notice

Senator Fierravanti-Wells asked:

What is the average waiting time in days for an ACAT assessment since 21 October 2009 by state and territory?

Answer:

The Department of Health and Ageing is unable to answer this question as the data for the period 2009-2010 has not yet been provided by all jurisdictions.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-385

OUTCOME 4: Aged Care and Population Ageing

Topic: HOME AND COMMUNITY CARE (HACC) PROGRAM

Written Question on Notice

Senator Fierravanti-Wells asked:

There are almost 300 HACC services with 50 per cent of their clients from Aboriginal and Torres Strait Islander communities. What proportion of the HACC budget is spent on Indigenous places?

Answer:

The HACC Program is jointly managed by the Australian Government and state and territory governments. While the Australian Government contributes approximately 60% of program funds, the remaining funding is provided by state and territory governments. State and territory governments are responsible for the day-to-day administration of the HACC Program and the provision of services within their jurisdiction. The Australian Government's role is to provide national leadership for policy development. Jurisdictions are not required to report funding allocations by ethnicity to the Australian Government.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-399

OUTCOME 4: Aged Care and Population Ageing

Topic: ANALYSIS OF OCCUPANCY LEVELS ACROSS THE INDUSTRY

Written Question on Notice

Senator Fierravanti-Wells asked:

Can you provide that for all jurisdictions and all aged-care funding service types?

Answer:

The response to this question is contained in the response to question E10-335.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-400

OUTCOME 4: Aged Care and Population Ageing

Topic: REVIEW OF THE CONDITIONAL ADJUSTMENT PAYMENT

Written Question on Notice

Senator Adams asked:

When was it (the Review) provided to the Minister?

Answer:

The Review was provided to the Government in February 2009.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-402

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE FUNDING INSTRUMENT (ACFI) REVIEW

Written Question on Notice

Senator Fierravanti-Wells asked:

When do you anticipate that the ACFI review will be completed?

Answer:

The response to this question is contained in response to question E10-338.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-410

OUTCOME 4: Aged Care and Population Ageing

Topic: MORE AGED CARE NURSES

Hansard Page: CA 85

Senator Fierravanti-Wells asked:

Can you take on notice to provide the number and location?

Answer:

2,573 scholarships have been offered to successful applicants under the Aged Care Nurses Scholarship Scheme since 2002, 2,506 scholarships were accepted. However, 450 scholars have subsequently withdrawn from their course, forfeiting their scholarship, and 43 scholars have suspended or deferred study.

Information on the precise location of scholarships since 2002 is not held by the Department. Priority for the scholarships is for applicants in rural and remote areas.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-112

OUTCOME 4: Aged Care and Population Ageing

Topic: EXTRA FUNDING FOR HOME CARE

Written Question on Notice

Senator Eggleston asked:

- a) What persons are authorised to act as representatives for the government and present grants to community groups of projects?
- b) Is it not the practise that all grants be presented by a Member of Parliament or Senator representing the relevant Minister or, if such persons are not available, a representative of the relevant government department?
- c) Is it still practice that endorsed candidates for political parties who are not members of Parliament have no official status in representing the Government for the presentation of grants.
- d) Why did Jackie Jarvis, the endorsed Labor candidate for the House of Representatives seat of Stirling, announce the increased annual funding of \$850,000 for Health and Community Care organisations in Bunbury, Busselton, Harvey, Collie, Capel and Dadanun?

Answer:

a and b)

Joint media announcements for new funding to the Home and Community Care (HACC) Program are generally made at the discretion of the Australian Government Minister for Ageing and their state or territory counterpart.

- c) At the Australian Government Minister for Ageing's discretion, Members of Parliament and Senators are advised of successful applicants to the HACC Program in their jurisdiction.
- d) The Minister for Ageing made funding available for new projects in the HACC Program in Western Australia on 10 December 2009.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-328

OUTCOME 4: Ageing and Aged Care

Topic: AGED CARE APPROVALS ROUND (ACAR)

Written Question on Notice

Senator Fierravanti-Wells asked:

- (a) In the current ACAR, can the Department rule out not allocating more community care places than advertised?
- (b) If the department can't rule this out, does this mean that a shortfall in the applications for residential places, especially high care, is anticipated?
- (c) What will be the ratio for community care places (by state/territory) when the current ACAR advertised community care are allocated?
- (d) What will be the implications for the integrity of the current planning ratios if more Community Care places are again allocated than advertised?
- (e) Is it consistent with the Government's tendering and purchasing policy, at least in spirit, to vary a tender without the opportunity of all tenderers to reconsider their tender applications?
- (f) If no, does it potentially compromise the achievement of a fair and equitable tender process?

Answer:

- (a) Places for allocation must be created by the Minister under the *Aged Care Act 1997*. The Department cannot allocate more places than have been created by the Minister.
- (b) No.

- (c) If all the community care places are allocated in line with the distributions advertised in the 2009-10 Regional Distribution of Aged Care Places, the estimated community care allocated ratio (using June 2010 population projections) for each state and territory will be:

<b>State/territory</b>	<b>Community care allocated ratio</b>
New South Wales	24.4
Victoria	25.2
Queensland	27.8
Western Australia	31.2
South Australia	23.9
Tasmania	26.4
Australian Capital Territory	38.0
Northern Territory	131.4

- (d) The Department expects to meet the overall national target of 113 places per thousand people aged 70 or over, and the overall proportions of high and low care (65 low and 48 high level places per thousand people aged 70 or over) in 2011.
- (e) and (f) The Aged Care Approvals Round (the Round) is not a tender or purchasing process. Prospective applicants are advised that while the number of places advertised represents the Department's intentions in relation to allocation, there is no guarantee that the exact number of places advertised will be allocated. The conduct of the Round is subject to independent probity advice and the recent audit of the planning and allocation process by the Australian National Audit Office (ANAO Report No. 40, 2008-09) did not make any adverse findings regarding probity in the conduct of the round.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-332

OUTCOME 4: Ageing and Aged Care

Topic: AGED CARE APPROVALS ROUND

Written Question on Notice

Senator Fierravanti-Wells asked:

As the number of places approved for Extra Service status has grown by a massive 36% in 08-09, from 12,684 places to 17,294, or from 6.5% of allocated places to 8.6% (p.33 of 08-09 Report and p.18 of the 07-08 Report), is this the Government's way of introducing Bonds into High care?

Answer:

No.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-381

OUTCOME 4: Ageing and Aged Care

Topic: AGED CARE

Senator Fierravanti-Wells asked:

Emergency Assistance Program to provide short term help in a crisis:

- a) Where and how does this program operate?
- b) How many individuals have accessed the program and what assistance was requested and provided?

Answer:

- a) The emergency assistance program is an element under the Indigenous Aged Care Plan, which aims to improve the long-term quality of aged care for Aboriginal and Torres Strait Islander Australians. Aged care providers accessing assistance under the program are generally located in remote Aboriginal or Torres Strait Islander communities.
- b) Ten aged care services have requested and received a range of assistance including clinical or care support, governance and financial management support, provision of equipment, and maintenance and repair services.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-382

OUTCOME 4: Ageing and Aged Care

Topic: INDIGENOUS AND REMOTE AGED CARE

Written Question on Notice

Senator Fierravanti-Wells asked:

Peer and Professional Support Program for Aboriginal Aged Care:

- a) What is this program and what does it provide?
- b) Is it pilot program? If so when will it be fully available?
- c) How many aboriginal aged care workers are there?

Answer:

- a) One of the key elements under the Indigenous Aged Care Plan is a Support Program to give remote and Aboriginal and Torres Strait Islander aged care providers access to a range of professional services. The program aims to provide assistance across five key functional areas: care delivery, governance and management, financial management, quality delivery and locum relief.
- b) The program is not a pilot.
- c) The AIHW report, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2008*, (page 203) identified that 1,735 Aboriginal and Torres Strait Islander people were employed as an aged and/or disabled carer in Australia in 2006.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-427

OUTCOME 4: Ageing and Aged Care

Topic: VIABILITY

Hansard Page: CA81 and CA 82

Senator Williams asked:

I would like to talk about smaller regional aged care facilities. We have some in country areas where they have 12 beds or less, and I know they are struggling. Do you see a lot in your industry where these smaller facilities are actually closing?

Answer:

No.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-063

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE HOMES

Written Question on Notice

Senator Adams asked:

The Australian newspaper published an article on 24 September 2009, stating that a third of the retirement and aged care properties available for sale around Australia are in the hands of insolvency firms. Is this of concern to the Department?

Answer:

The article referred to “60 aged care facilities and retirement villages and pieces of land to build such complexes.” The Commonwealth Government is not responsible under the *Aged Care Act 1997* for the regulation of retirement villages or land not used for aged care.

The Department of Health and Ageing maintains a watching brief on sales activity within the Commonwealth funded aged care industry as part of its overall regulatory compliance monitoring.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 12 February 2010

Question: E10-204

OUTCOME 4: Aged Care and Population Ageing

Topic: ABORIGINAL AND TORRES STRAIT ISLANDER AGED CARE WORKFORCE

Hansard Page: CA 54-55

Senator Fierravanti-Wells asked:

On July 2008 there were a couple of releases by the Minister about proposals to improve aged and community care for Indigenous Australians, particularly in the Northern Territory. I wanted to get a picture of HACC, following through on some of these press releases. In August 2008 you said HACC employed about 1,400 Aboriginal and Torres Strait Islander people nationally. A number of reviews were announced in November 2008. There was an independent review of three government aged care workforce initiatives in the Northern Territory.

Answer:

The Commonwealth commissioned report *Mapping of the National Aboriginal and Torres Strait Islander HACC Workforce*, completed in February 2007, identified approximately 295 Aboriginal and Torres Strait Islander focused HACC service providers nationally. Within these services, an estimated 74%, or 1,390 workers, were identified as Aboriginal and/or Torres Strait Islander.

The AIHW report, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2008*, identifies that 1,735 Aboriginal and Torres Strait Islander people are employed as an aged and/or disabled carer in Australia.

Gevers Goddard Jones was engaged in February 2009 to undertake an independent evaluation of:

- the transition of community development placements to paid positions in community aged care services;
- the delivery of training for Aboriginal and Torres Strait Islander aged care workers; and
- the development of training resources and other workforce supports such as policy and procedures manuals.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-319

OUTCOME 4: Aged Care and Population Ageing

Topic: GOVERNMENT'S RESPONSE TO THE PRODUCTIVITY COMMISSION'S ANNUAL REVIEW OF REGULATORY BURDENS ON BUSINESS: SOCIAL AND INFRASTRUCTURE SERVICES.

Written Question on Notice

Senator Fierravanti- Wells asked:

A significant number of the regulatory matters raised in the Commission's Review are to be considered further in other reviews and processes being conducted within the Health and Ageing portfolio: namely the Review of the Accreditation Standards; the Review of the Accreditation Processes; and the Review of the Complaints Investigation Scheme.

- a) What is the Department's timetable for these Reviews?
- b) Will the Review reports be released and when will they be released?

Answer:

- a) The Department has been progressing reviews of the Accreditation process and Standards. In relation to the review of processes, a public consultation process was completed during 2009, following release of a discussion paper. Further consultation is occurring with the Ageing Consultative Committee with a view towards implementation of proposed changes in mid 2010. In relation to the Standards, draft Standards will be completed mid 2010 and will then be the subject of consultation with the aged care sector and piloting. Timing of implementation of revised Standards is a matter for the Government. The report on the review of the Aged Care Complaints Investigation Scheme was provided to the Minister for Ageing by Associate Professor Marilyn Walton in late 2009.
- b) Any decision regarding the release of the reports is a matter for the Government.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 12 February 2010

Question: E10-377

OUTCOME 4: Aged Care and Population Ageing

Topic: ABORIGINAL AND TORRES STRAIT ISLANDER AGED CARE WORKFORCE

Written Question on Notice

Senator Fierravanti-Wells asked:

The Minister, in November 2008, announced reviews of three government aged care workforce initiatives in the Northern Territory.

- a) How were these reviews conducted?
- b) Have the reviews been completed?
- c) Have they been released and if not, why and when will they be released?

Answer:

- a) The review is being conducted through a combination of:
  - interviews and/or surveys with key stakeholders;
  - analysis of reporting data; and
  - face to face case studies with eight communities.

b and c)

The review has not been released as it is not complete.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-379

OUTCOME 4: Aged Care and Population Ageing

Topic: NATIONAL ABORIGINAL AND TORRES STRAIT ISLAND FLEXIBLE AGED CARE PROGRAM

Written Question on Notice

Senator Fierravanti-Wells asked:

The Minister in a press release 22 September 2008 stated that providers of Indigenous aged care expressed support for a model that allows for peer assessment by providers and professional colleagues, who understand the cultural context within which their services operate.

- a) What does this mean?
- b) Will or can providers of Indigenous aged care self regulate?

Answer:

- a) Peer reviewers are “like” organisations that would understand the flexible service context and the provision of services for this client group within small remote and very remote locations.
- b) No.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-383

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE WORKERS

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) The program offers 1,400 training places for aged care workers in rural and remote areas, how many places have been taken up?
- b) How many Registered Training Organisations are providing training courses for personal care workers in aged care?

Answer:

- a) Funding was made available for up to 1,400 training places in late 2008 and the successful tender was contracted to deliver 1,356 training places. All those training places have been taken up.
- b) At any given point in time there are over 100 Registered Training Organisations providing training courses for personal care workers in aged care around Australia on behalf of the Department of Health and Ageing.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-001

OUTCOME 4: Aged Care and Population Ageing

Topic: ALZHEIMER'S DISEASE

Written Question on Notice

Senator Xenophon asked:

Alzheimer's is the largest single cause of disability in older Australians.

- a) What steps is DoHA taking to ensure that adequate provisions are made for current sufferers of Alzheimer's and other dementia related conditions?
- b) What funding has been set aside for this?

Answer:

- a) The *National Framework for Action on Dementia 2006-2010* provides an overarching vision for Australia's dementia care and support services.

The Department of Health and Ageing is implementing a range of programs that respond to the priority areas under the "*Framework*" to improve the quality of life for people living with dementia, their families and carers.

The Australian Government subsidises residential and community care services to support people with dementia. In addition, the Australian Government has committed to the ongoing support of the \$120 million per year Dementia Initiative which includes:

- Extended Aged Care at Home Dementia Packages;
- early intervention programs;
- improved care initiatives;
- training for aged care workers, carers, police and ambulance officers; and
- research.

The Department of Health and Ageing, through the Community Sector Support Scheme, provides funds to support the national secretariat activities of Alzheimer's Australia to represent and advocate for the needs and interests of people with dementia.

The Australian Government's National Respite for Carers Program funded 292 dementia specific services Australia wide, with funding in 2008-09 of more than \$66 million.

Also, through the Home and Community Care (HACC) program, over \$19.5 million has been allocated for the construction or renovation of 16 dementia day care centres across New South Wales.

- b) The Australian Government has committed a total of \$135.284 million in 2009-10 to the Dementia Initiative. This is in addition to Australian Government subsidies provided for residential and community care programs.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-003

OUTCOME 4: Aged Care and Population Ageing

Topic: DEMENTIA

Written Question on Notice

Senator Xenophon asked:

- a) Given that 37% of sufferers currently do not receive any care, is the Department planning to increase or extend the Dementia Initiative?
- b) If so, when were such plans put to the Minister?
- c) Has any costing been done on this?

Answer:

- a) The Australian Government has committed to the ongoing support of the Dementia Initiative.
- b) The future priorities of the Dementia Initiative will be informed by the independent national evaluation of the Initiative as well as consultation with and advice from the Minister's Dementia Advisory Group. The final synthesis report of the national evaluation of the Dementia Initiative was received by the Department on 24 February 2010 and will be provided to the Minister in March 2010.
- c) No

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-004

OUTCOME 4: Aged Care and Population Ageing

Topic: DEMENTIA-RELATED ILLNESS

Written Question on Notice

Senator Xenophon asked:

Science has shown that a healthy diet and mental and physical exercise can reduce the chance of developing dementia-related illness.

- d) Considering the fact that these measures could effectively reduce the projected impact of dementia on our community, what steps will the Department be taking to make people aware of what they can do to reduce their risk?
- e) Has a cost/ benefit analysis been done on the effect of raising awareness versus the cost of caring?

Answer:

- a) The Australian Government has invested in the promotion of exercise and nutrition through the National Partnership Agreement on Preventive Health. The Healthy Communities initiative, under the National Partnership Agreement on Preventive Health, will provide \$72.0 million over four years from 2009-10 to 2012-13 to increase participation in accredited community based physical activity and healthy eating programs or activities with priority given to socio-economically disadvantaged areas. The initiative includes three key components: Grants to Local Government, National Program Grants and a Quality Framework and System.

Also, the Dementia Collaborative Research Centres (DCRCs) funded under the Dementia Initiative have examined the role of lifestyle factors on the development of dementia. For example, prevention, risk reduction and early intervention is the key focus of the DCRC situated at the Australian National University.

The DCRCs encourage community awareness of dementia risk factors through promotion of projects and knowledge translation. All projects undertaken by the DCRCs are promoted within Australia and overseas and the project outcomes are used to develop tools, guidelines and education packages for health professionals such as general practitioners.



There are also several other programs which the Australian Government funds which promote healthy living initiatives, including:

- the *Choose Health: Be Active* resource jointly funded by the Department of Health and Ageing and the Department of Veteran's Affairs which provides helpful tips and advice on how older people can take on moderate activity to improve their lives and health;
- The *Australian Dietary Guidelines* and the *Australian Guide to Healthy Eating* which are intended to inform the population of the minimum dietary requirements needed to maintain good health across the lifespan. The National Health and Medical Research Council and the Department of Health and Ageing are currently funding a review of these guidelines to ensure current scientific evidence and practical recommendations for use in both consumer guides and nutrition education tools; and
- The Mind your Mind program, conducted by Alzheimer's Australia, received \$185,000 in 2009-10 to support the production of resources to raise awareness of lifestyle risk factors associated with dementia and advice on ways that these can be reduced.

b) No.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-065

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE FACILITIES

Written Question on Notice

Senator Adams asked:

Has there been found to be an increasing number of insolvencies of aged care facilities and if so, what measures are being taken to work with the industry to identify key causes of unfinancial viability and to address these causes?

Answer:

The number of cases of insolvency of residential aged care providers is too small to allow the development of any reliable trend measure.

The Department notes that six residential aged care providers were placed in external administration in 2008-09, compared to two residential aged care providers to date in 2009-10.

Collectively these eight approved providers operated 12 residential aged care services. Of these 12 services, only four have ceased operating as a result of financial difficulties.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-310

OUTCOME 4: Aged Care and Population Ageing

Topic: RESIDENTIAL AGED CARE BEDS

Written Question on Notice

Senator Fierravanti-Wells asked:

On 1 October 1997 how many residential aged care beds and community aged care packages were:

- a) Allocated? and;
- b) Operational?

Answer:

On Wednesday 3 February 2010, Senator Ludwig answered this question, as part of Senate Question No. 2404, originally asked by Senator Cormann in the Senate. The response by Senator Ludwig, representing the Minister for Ageing, as reported in Hansard, p. 412-3 was:

Information on allocated aged care places is held on departmental files and, for later years, in departmental computer systems. Calculating the number of residential aged care places and Community Aged Care Packages that were allocated and operational at 1 October 1997 would require the examination of a significant number of files. Summary information is routinely prepared for 30 June each year and the information is provided below.

As at 30 June 1997, departmental records indicate that there were:

- 138,987 Australian Government subsidised operational residential aged care places;
- 4,441 operational Community Aged Care Packages; and
- 152,027 allocated aged care places.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-312

OUTCOME 4: Aged Care and Population Ageing

Topic: RESIDENTIAL AGED CARE PLACES

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) Of the residential aged care places allocated since 1 October 1997 how many became operational in each financial year allocated as high care and low care?
- b) What would be the cost impact on Government outlays if the current high and low care allocations of residential aged care places at 44 places each per 1,000 persons aged 70+ was replaced with allocations being solely on the basis of 88 places per 1,000 persons aged 70+?

Answer:

On Wednesday 3 February 2010, Senator Ludwig answered these questions, as part of Senate Question No. 2404, originally asked by Senator Cormann in the Senate. The response by Senator Ludwig, representing the Minister for Ageing, as reported in Hansard, p. 412-4 was:

- a) Information on allocated aged care places is held on departmental files, and for later years, in departmental computer systems. The following table includes data from 1 November 1999 onwards.

Number of residential care places allocated from 1/11/1999 which became operational in each financial year, by high care and low care

	1999-2000	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009
High	215	96	367	1,080	1,466	1,962	2,040	1,769	2,521	2,316
Low	307	752	1,711	3,543	3,823	3,510	2,833	2,660	3,208	2,758

- b) It is not possible to meaningfully estimate the impact of the change proposed in the question. The impact would be dependent on the behaviour of care providers and whether they would choose to change the current mix of resident admissions either in favour of people assessed as requiring low care or high care.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-314

OUTCOME 4: Aged Care and Population Ageing

Topic: CONDITIONAL ADJUSTMENT PAYMENT REVIEW

Written Question on Notice

Senator Fierravanti-Wells asked:

The Government has drawn upon the CAP Review (completed 12 months ago) in framing its response to Recommendation 2.9 in the Productivity Commission's recent Annual Review of Regulatory Burdens on Business - Social and Economic Infrastructure Services concerning the efficacy of General Purpose Financial Reports.

- a) Given the reliance on the CAP Review in framing the response, and the importance of the productivity analysis contained in the CAP Review to both aged care providers and consumers, when will the CAP Review report be made public?
- b) If not immediately, what are the reasons for this?

Answer:

- a) The release of the Report of the Review of the Conditional Adjustment Payment is a matter for the government.

The Department notes that the productivity analysis is available publicly in the Department's supplementary submission to the Inquiry into Residential and Community Aged Care in Australia, which was conducted by the Senate's Finance and Public Administration Committee in April 2009.

- b) See the answer to a) above.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-315

OUTCOME 4: Aged Care and Population Ageing

Topic: CONDITIONAL ADJUSTMENT PAYMENT (CAP)

Written Question on Notice

Senator Fierravanti-Wells asked:

Can the Department advise whether the circumstances which lead to Professor Hogan to recommend the CAP index in 2004 have changed in any way?

Answer:

In his Review of Pricing Arrangements in Residential Aged Care, Professor Hogan found that:

All the work on the aged care industry supported and funded by the Review points to the large potential gains in efficiency and productivity to be secured by changes in policy towards some regulatory features bearing on providers. Hence the continued financial support provided by the Government should reflect the necessary support to stimulate realisation of gains in efficiency (page 289).

It was to give effect to this finding that he recommended that:

The Government should introduce an incentive supplement, payable in addition to all existing subsidies and supplements, with the value of the supplement for each resident to be set at 1.75 per cent on an annual basis. The need for, and value of the supplement, should be reviewed in 2007-08. Continued eligibility of providers for the supplement should be linked to gains in efficiency, productivity and workforce training (recommendation 13, page 289).

Analysis by the Department suggests that the industry has continued to make similar gains in productivity since the introduction of the Conditional Adjustment Payment.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-316

OUTCOME 4: Aged Care and Population Ageing

Topic: CAP REVIEW

Written Question on Notice

Senator Fierravanti-Wells asked:

Is it the Department's view that the cost increases that the industry will face over the next 12 months will be less than 1% and that a 1% increase will adequately compensate the industry for expected cost increases over the 2010-11 financial year?

Answer:

The Department is unaware of any projections that either the revenues or costs of residential aged care providers will grow by one per cent in 2010-11.

The Department notes that residential aged care providers receive income from residents, through fees and charges, and from the Commonwealth, through subsidies and supplements, as well as other sources. The Department also notes that over the four years to 30 June 2009, income per resident (from residents and the Commonwealth) grew, on average, by 4 per cent per year.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-336

OUTCOME 4: Aged Care and Population Ageing

Topic: CONCESSIONAL RESIDENT RATIO

Senator Fierravanti-Wells asked:

- a) I understand that in the lead up to the 2007 election, the current government undertook to review the concessional resident ratio with the intention of bringing the ratio into line with the regional targeted numbers for concessional resident rather than a universal national target. Is that correct?
- b) Has that review occurred? If not, why not?

Answer:

- a) In the lead up to the 2007 election, the current government made a commitment to review the aged care planning ratios. This included, “the need to adjust the low asset/income concessional ratio in line with up-to-date Census and ABS data, and the ability to develop and implement a range of concessional ratios that reflect more accurately the local demographics.”
- b) The aged care planning ratios have been considered in several recent reviews, including by:
  - the National Health and Hospital Reform Commission (NHHRC), which provided its final report in June 2009; and
  - the Senate Standing Committee on Finance and Public Administration Inquiry into Residential and Community Aged Care in Australia, which reported in April 2009.

The Prime Minister has announced that the Government will commission the Productivity Commission to hold a public inquiry into aged care in Australia. The Prime Minister has also indicated that the inquiry would examine the needs of older Australians for the next 20 years and look at appropriate standards and funding arrangements to secure the best outcomes from aged care services.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-339

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE FUNDING INSTRUMENT (ACFI) REVIEW

Written Question on Notice

Senator Fierravanti-Wells asked:

Will the ACFI Review report be treated in the same way as the CAP Review report and be hidden from public view and particularly, from the industry participants who have contributed to its deliberations?

Answer:

The Review of the Aged Care Funding Instrument has not yet been completed. Its release is a matter for the Government.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-387

OUTCOME 4: Aged Care and Population Ageing

Topic: TRANSITION CARE FOR TERRITORIANS

Written Question on Notice

Senator Fierravanti Wells asked:

How many transition care beds are there in the Northern Territory?

Answer:

There are 29 transition care places allocated to the Northern Territory. All these places are operational.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-403

OUTCOME 4: Aged Care and Population Ageing

Topic: CONCESSIONAL RESIDENT RATIO

Hansard Page: CA 75

Senator Fierravanti-Wells asked:

Can you just take on notice if there is a review at present on the concessional resident ratio and what has happened to that review.

Answer:

The response to this question is contained in the response part b) of E10-336.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-431

OUTCOME 4: Aged Care and Population Ageing

Topic: AMBASSADOR FOR AGEING

Hansard Page: CA 67

Senator Fierravanti-Wells asked:

I am glad to see we are actually getting out [sic] money's worth. Could you give me a list and all the dates of those?

Answer:

In response to Senator Fierravanti-Wells' question the information requested is detailed at the following website address and is current as of 29 March 2010.  
<http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-ambassador-past-events.htm>

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-325

OUTCOME 4: Aged Care and Population Ageing

Topic: REVIEW OF AGED CARE APPROVALS ROUND

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) In the 2007 election, the government committed to undertake a review of the aged care approval rounds process. Has that review occurred? If not, why not?
- b) Is there a review process planned in the near term? If not, why not?

Answer:

- a) An independent Australian National Audit Office (ANAO) audit of the allocation process was completed in June 2009. ANAO found that the planning and allocation of aged care places was a mature process and, overall, the Department had adopted an appropriate approach to its planning, implementation and reporting against government targets.
- b) Although the Department has supported the recommendations of the ANAO report, it will be appropriate to address the issues raised in the audit as part of the Productivity Commission public inquiry into aged care in Australia.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 12 February 2010

Question: E10-384

OUTCOME 4: Aged Care and Population Ageing

Topic: COMMUNITY DEVELOPMENT EMPLOYMENT PROJECTS (CDEP)  
TRANSFER IN HOME AND COMMUNITY CARE (HACC)

Written Question on Notice

Senator Fierravanti-Wells asked:

[Regarding transfer for 254 Indigenous People from Community Development Employment Projects to HACC]:

- a) How has this transfer taken place?
- b) How all staff have been transferred to HACC and if not, why not?
- c) Have staff transferred to HACC been offered permanent employment and if not, why not?

Answer:

- a) The conversion of Community Development Employment Projects (CDEP) placements to paid employment in government service delivery was a whole of government initiative under the *Northern Territory (NT) Jobs Package*.

From 2007 to 2009, the Department provided funding to the Northern Territory Department of Health and Families (NTDHF) to fund HACC services to employ Aboriginal and Torres Strait Islander people in permanent, part-time equivalent positions. NTDHF managed the identification of CDEP positions and subsequent funding to HACC service providers.

In August 2009, the Department took over responsibility for administering the positions directly with aged care service providers.

Note: In 2009, the Department also directly funded 41 permanent part-time positions in Aboriginal and Torres Strait Islander Flexible Aged Care services and four positions in one residential aged care service. This brings the total number of aged care positions funded under the *NT Jobs Package* to 349.

- b) No. Not all people chose to take up the offer of employment.
- c) Yes.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-002

OUTCOME 4: Aged Care and Population Ageing

Topic: DEMENTIA SUFFERERS

Written Question on Notice

Senator Xenophon asked:

It is suggested that Australia will face a shortage of almost 150,000 paid and unpaid carers for people with dementia-related conditions by 2030.

- a) What strategies does the Department of Health and Ageing (DoHA) have in place to ensure that future sufferers will be cared for?
- b) Has any modelling been done regarding the costs involved?

Answer:

- a) The Commonwealth is pursuing a number of strategies to ensure those with dementia now, and in the future, are well cared for. For instance people with dementia are supported through the Australian Government's 54 Commonwealth Respite and Carelink Centres (the Centres), nationally. These Centres are funded for more than \$51 million to provide a range of services under the National Respite for Carers Program and the Commonwealth Carelink Program.

The Centres provide a link to a wide range of community, aged care and support services available locally. Centres provide information about services for older people, as well as assistance to carers with options to take a break through short-term and emergency respite services, based on assessed need. One of the principle target groups for carer respite and support services are carers of people with dementia and challenging behaviour.

A number of Centres have also received funding under the Dementia Education and Training for Carers Program for skills enhancement projects for carers and families of people living with dementia.

In addition the Australian Government currently funds the National Carer Counselling Program for more than \$3 million in 2009-10 through Carers Australia, to provide short term counselling, emotional and psychological support services for carers, including those carers looking after people with dementia.

The Commonwealth government funds the Extended Aged Care at Home Dementia (EACHD) program which provides a community care alternative to frail older people with dementia. EACHD packages support older people with dementia through provision of a range of home care services including specialised services to assist care recipients who experience behaviours of concern and psychological symptoms associated with dementia.

An EACHD package is funded at \$47,640 per package per year. In 2009-10 the Australian Government will provide \$104.5 million to the EACHD program. As at 30 June 2009, there were 2,568 EACHD packages allocated across Australia with a further additional 955 places to be released as a result of the 2009-10 Aged Care Approvals Round.

Also, as part of the Australian Government's Dementia Initiative a number of programs provide information and support for the carers and families of people living with dementia including:

- Dementia Behaviour Management Advisory Services in each state and territory provide clinical interventions, information and support to help family carers and aged care staff to improve their care of people with dementia where the behaviour of the person with dementia impacts on their care; and
- The National Dementia Support Program provides information, counselling, support and education programs. Alzheimer's Australia, the national peak body for people living with dementia, their families and carers is funded to deliver the program.

b) No.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-015

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE FACILITIES

Written Question on Notice

Senator Williams asked:

You would appreciate that smaller facilities, and again I use the example of 12 beds or less, would find it difficult to remain viable, and there would be temptation to use resident's bonds to keep afloat. How many facilities does the Department anticipate will fit into this category over the next 12 months and what steps is the Department taking to protect residents and their life savings?

Answer:

The Department's primary concern is for the ongoing quality of care, well-being and safety of the residents, including security of any accommodation bonds.

The *Aged Care Act 1997* (the Act) specifies that approved providers must only use accommodation bonds for the purpose of providing aged care to care recipients. It also specifies that income derived from bonds can only be used to meet capital works costs, to retire debt and assist with meeting certification and accreditation requirements.

The Act establishes protections for bonds including the requirement to comply with prudential standards. These protections are enforced by the Department. Approved providers remain responsible for ensuring that their residential aged care homes remain financially viable and that they are able to meet debts as and when they fall due, including accommodation bond refunds.

In the event that an approved provider becomes bankrupt or insolvent and defaults on its bond refund obligations the Australian Government, through the Accommodation Bond Guarantee Scheme, guarantees that accommodation bonds will be repaid.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-093

OUTCOME 4: Aged Care and Population Ageing

Topic: THE COAG YOUNG PEOPLE IN RESIDENTIAL AGED CARE PROGRAM

Written Question on Notice

Senator Siewert asked:

- a) What were the targets and to what extent have the State/Territory Governments achieved the targets in each of the three focus areas for the program?
- b) Can the Department also provide details of the expenditure of the program by State and Territory, including the costs of administering the program in each jurisdiction?
- c) What plans are in place to address the ongoing demand for these services and divert future young people away from aged care, or move those who did not get service from the 2006-11 program?

Answer:

- a) As indicated in the Department's evidence to the committee (Hansard, 10 February 2010, CA 78), the Commonwealth's component of the Council of Australian Government's Younger People in Residential Aged Care initiative is administered by the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA).

The Department notes that FaHCSIA provided some information relevant to this question in its evidence to the Committee (Hansard, 11 February 2010, CA 103).

- b) See the answer to a) above.
- c) See the answer to a) above.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-094

OUTCOME 4: Aged Care and Population Ageing

Topic: YOUNG PEOPLE IN NURSING HOMES

Written Question on Notice

Senator Siewert asked:

- a) Has there been a reduction of Young People in Nursing Homes (YPINH) in all jurisdictions as a result of the Young People in Residential Aged Care (YPIRAC) Program?
- b) Can the Department report on the figures as at the end of 2009?

Answer:

- a) As indicated in the Department's evidence to the committee (Hansard, 10 February 2010, CA 78), the Commonwealth's component of the Council of Australian Government's Younger People in Residential Aged Care initiative is administered by the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA).

In its evidence to the Committee (Hansard, 11 February 2010, CA 102), FaHCSIA indicated that as at 30 June 2009, and since the Younger People in Residential Aged Care initiative commenced on 1 July 2006:

- 97 younger people with disability in residential aged care had been assisted to move into appropriate supported disability accommodation;
  - 205 younger people with disability who are at risk of admission to residential aged care had been diverted into more appropriate forms of accommodation; and
  - 469 younger people with disability in residential aged care had been provided with enhanced specialist disability services.
- b) The Department is unable to report on data at the end of 2009 as the Commonwealth's component of the Council of Australian Government's Younger People in Residential Aged Care initiative is administered by FaHCSIA.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-109

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE APPROVAL ROUNDS (ACAR) IN WA

Written Question on Notice

Senator Adams asked:

The 09-10 ACAR allocation for Western Australia is 1,564 residential aged care places. With such a large gap between allocation and number of places taken up in the last round, and an increased number of places on offer in the new round, what measures are being taken to close the gap?

Answer:

The 2009-10 ACAR is being supported by a \$200 million capital assistance package made up of zero real interest loans and capital grants. Zero Real Interest Loans are available for the construction or expansion of residential facilities in areas of high need. Through the provision of low cost finance, approved providers are encouraged to establish residential services in areas where they were previously less likely to invest, including those regions which have failed to attract a sufficient number of quality applications in recent ACAR.

In Western Australia, applicants can apply for a zero real interest loan and associated places in the aged care planning regions of Metropolitan North, Metropolitan South West and South West. Applicants can also apply for a combination of capital grant and zero real interest loans in the aged care planning regions of Goldfields, Great Southern, Kimberley, Mid West, Pilbara and Wheatbelt.

In addition, 634 high level community care packages have been made available to providers in Western Australia, in order to ensure that care is available to older people with high care needs.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-190

OUTCOME 4: Aged Care and Population Ageing

Topic: Evans Head

Written Question on Notice

Senator Boyce asked:

- a) Have any Environmental Impact Statements or tenders been commissioned to clean up the chemical contamination at the proposed aerodrome site?
- b) When will this occur?
- c) Has the decontamination of this site begun?
- d) Has the department considered other sites, such as ones proposed by the Evans Head Memorial Aerodrome Committee?
- e) What has been the result of that consideration?
- f) Is the department aware of the site to the south of Currajong Street and an 'Old School Site' which were deemed appropriate for the construction of a nursing home conducted under an independent town planner commissioned by the Evans Head Memorial Aerodrome Committee?
- g) If these sites are unsuitable, please detail the reasons for this?

Answer:

- a-b) On 9 March 2010, the Richmond Valley Council commenced a selective tender process to remediate the contaminated land at the aerodrome site. The tender closed on 8 April 2010.

A completed Environmental Impact Statement can not occur until the preferred method of decontamination is known as a result of the tender process.

- c) Underground fuel storage tanks at the aerodrome site have been removed. The larger remediation works will commence following the outcome of the Richmond Valley Council's tender process.
- d-g) None of the sites proposed by the Evans Head Memorial Aerodrome Committee have been supported by either the approved provider or the Richmond Valley Council.

Matters pertaining to the land area made available for a project, rezoning of the land, land value, land use, and rates, are all local council issues, and all sit within legislative and regulatory frameworks over which the Department of Health and Ageing has no control.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-191

OUTCOME 4: Aged Care and Population Ageing

Topic: EVANS HEAD

Written Question on Notice

Senator Boyce asked:

- a) Considering this project has suffered prolonged delays will the department make the construction of a nursing home at Evans Head a priority?
- b) Can the department provide an estimated completion date?

Answer:

- a) The department is not responsible for the construction delays of the service. However, the department continues to work with all parties concerned to expedite the project.
- b) The approved provider estimates that the construction of the residential aged care service will be completed by early 2013 at the latest.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-311

OUTCOME 4: Aged Care and Population Ageing

Topic: RESIDENTIAL AGED CARE

Written Question on Notice

Senator Fierravanti-Wells asked:

As at 30 June 2009 how many residential aged care, community aged care packages (CACPs), Extended Aged Care at Home (EACH) and Extended Aged Care at Home Dementia (EACH D) places were:

- c) Allocated? and;
- d) Operational?

Answer:

On Wednesday 3 February 2010, Senator Ludwig answered this question, as part of Senate Question No. 2404, originally asked by Senator Cormann in the Senate. The response by Senator Ludwig, representing the Minister for Ageing, as reported in Hansard, p. 412-4 was:

- a) As at 30 June 2009 there were:
  - 203,766 residential aged care places;
  - 42,694 Community Aged Care Packages;
  - 5,515 Extended Aged Care at Home (EACH) packages; and
  - 2,568 EACH Dementia packages.

Residential aged care places include those delivered in aged care homes, multi-Purpose Services and national Aboriginal Torres Strait Islander Aged Care Services. Low level community care places include Community Aged Care Packages and those delivered through Multi-Purpose Services and National Aboriginal and Torres Strait Islander Aged Care Services.

- b) As at 30 June 2009, there were:
  - 178,379 residential aged care;
  - 40,195 Community Aged Care Packages;
  - 4,478 EACH packages; and
  - 2,036 EACH Dementia packages.

Residential aged care places include those delivered in aged care homes, multi-Purpose Services and national Aboriginal Torres Strait Islander Aged Care Services. Low level community care places include Community Aged Care Packages and those delivered through Multi-Purpose Services and National Aboriginal and Torres Strait Islander Aged Care Services.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-317

OUTCOME 4: Aged Care and Population Ageing

Topic: COMMONWEALTH OWN PURPOSE OUTLAYS (COPO) INDEX

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) Please provide a list of Commonwealth programs such as Veteran Home Help which do not operate within the constraints of the COPO index?
- b) Why then in the opinion of the Department that aged care services should be expected to operate within the COPO index?

Answer:

a and b)

The current indexation arrangements for residential aged care came into effect on 1 July 1996. They seek to ensure that aged care providers are compensated for increases in their costs that are due to price movements in the economy as a whole and which therefore are not within the control of the aged care provider.

To this end, the indexation arrangements use the Consumer Price Index as a measure of movements in the non-labour costs of providers and the decisions of the Australian Fair Pay Commission as a measure of non-productivity based movements in the wage costs of providers.

Annual indexation of fees and charges comprise part of the revenue increases for aged care providers. In 2009-10, the Australian Government will provide a total of \$10 billion to support the aged care needs of older people. This represents an increase in funding of about 10 per cent over 2008-09 levels.

For residential care, the Government will provide \$7.1 billion in 2009-10 – an increase of more than 9 per cent over 2008-09.

Over the next four years, the Government will be providing on average about \$45,000 per resident per year to every aged care home in Australia.

Measures in the 2009-10 Budget deliver an additional \$728 million over the next four years for aged care homes.



This includes \$713.2 million flowing through to aged care providers from the pension increase.

Further questions on the operation of Commonwealth Own Purpose Expenditure indexation should be directed to the Minister of Finance and Deregulation.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-318

OUTCOME 4: Aged Care and Population Ageing

Topic: RESIDENT CLASSIFICATION SCHEME

Written Question on Notice

Senator Fierravanti-Wells asked:

Could the Department please advise whether a cost of care study was undertaken to inform the setting subsidy levels for the Resident Classification Scheme, and what form did that study take? Would the Department provide a copy of any study project brief for the study of any draft or final reports?

Answer:

A cost of care study was not undertaken to inform the setting of the subsidy levels of the Resident Classification Scale (RCS), which was introduced in 1997 to integrate the then separate nursing home and hostel funding and classification arrangements.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-329

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE PLANNING RATIO

Written Question on Notice

Senator Fierravanti-Wells asked:

Does the Department agree that the current rationing of overall aged care places is inherently discriminatory due to the restricted availability of services resulting in not all older people assessed as needing aged care under the Aged Care Act having an equal opportunity for timely access to services of their choice? If not, why not?

Answer:

Older people now have greater opportunities to receive aged care services in their own homes and in residential settings than at any time previously. As at 30 June 2009 a total of 228,038 aged care places were available across the aged care system.

The Home and Community Care (HACC) program also provided community care services to around 862,400 individuals at home in 2008-2009. Around 69 per cent of HACC recipients were aged 70 years or over.

The Australian Government's aged care planning ratio is designed to achieve an equitable distribution of aged care services across the country. The aged care planning framework aims to ensure that the growth in the number of aged care places matches growth in the aged population. It also ensures balance in the provision of services between metropolitan, regional, rural and remote areas, as well as between people needing different levels of care.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-340

OUTCOME 4: Aged Care and Population Ageing

Topic: Aged Care Funding Instrument (ACFI) Review

Senator Fierravanti-Wells asked:

- a) Can you advise the number of residents as at 30 June 2008 who were classified as Category 8?
- b) Can you advise the number of residents as at 30 June 2009 who were classified as receiving no income under ACFI?

Answer:

- a) On 30 June 2008, there were 390 residents classified as Resident Classification Scale (RCS) Category 8.

The Department of Health and Ageing notes, however, that not all residents were classified under the RCS on 30 June 2008, as the Aged Care Funding Instrument (ACFI) had commenced operation on 20 March 2008.

On 30 June 2007, prior to the commencement of the ACFI, there were 528 residents classified as RCS Category 8.

- b) On 30 June 2009, 1,138 residents were receiving no basic subsidy under the ACFI.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-345

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE FUNDING INSTRUMENT (ACFI) REVIEW

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) Will the ACFI Review examine the decision to impose a zero subsidy funding category for care recipients and the capacity for aged care providers to accept residents when only the basic daily care fee is being contributed towards their care costs?
- b) It is my understanding that as part of the ACFI Review, the Department plans to undertake this review and what involvement there will be from the industry in ensuring that this consideration adequately reflects clinical care on the ground?

Answer:

- a) The Department notes that the decision to impose a zero care subsidy funding category predates the introduction of the ACFI on 20 March 2008 and, indeed, the introduction of the former Resident Classification Scale on 1 October 1997. The ACFI Review will examine issues relating to care recipients in this category.
- b) The Department's Review of the ACFI includes a public submission process and is supported by two stakeholder committees:
  - The Aged Care Funding Instrument Industry Reference Group
  - The Aged Care Funding Instrument Technical Reference Group

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-346

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE FUNDING INSTRUMENT REVIEW

Written Question on Notice

Senator Fierravanti-Wells asked:

Can you advise the process through which the Department plans to undertake this review and what involvement there will be from the industry in ensuring that this consideration adequately reflects clinical care on the ground?

Answer:

The Department's Review of the Aged Care Funding Instrument includes a public submission process and is supported by two stakeholder committees, which both include representatives with clinical expertise, industry and consumer representatives:

- The Aged Care Funding Instrument Industry Reference Group
- The Aged Care Funding Instrument Technical Reference Group

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-349

OUTCOME 4: Aged Care and Population Ageing

Topic: BED LICENCES

Written Question on Notice

Senator Fierravanti-Wells asked:

How many bed licences have been handed back since 21 October 2009?

Answer:

From 21 October 2009 to 10 February 2010 there were 160 residential provisional allocations surrendered of which 40 were allocated in the 2005 Aged Care Approvals Round and 120 were allocated in the 2007 Aged Care Approvals Round. From 21 October 2009 to 10 February 2010 there were 27 residential provisional allocations lapsed of which 20 were allocated in the 2003 Aged Care Approvals Round and seven were allocated in the 2005 Aged Care Approvals Round. No operational places were relinquished in this time period.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-380

OUTCOME 4: Aged Care and Population Ageing

Topic: INDIGENOUS AND REMOTE AGED CARE

Written Question on Notice

Senator Fierravanti-Wells asked:

Capital Work Grants for Aboriginal Aged Care:

- a) How many new buildings have been completed?
- b) How many buildings now meet basic safety and amenity standards?
- c) How much has been spent on this program?

Answer:

- a) The capital works program covers new buildings, refurbishment, extensions, staff housing and ongoing maintenance.

In relation to new buildings, funding was provided to construct staff accommodation for the Docker River Flexible Aged Care Service. Staff accommodation has been delivered to Docker River and is being connected to essential services.

- b) Flexible aged care services are funded under the National Aboriginal and Torres Strait Islander Flexible Aged Care Program, to deliver culturally appropriate aged care, close to home and country, mainly in rural and remote areas. Safety and Risk reviews for all flexible aged care services were undertaken in October 2008. As a result, action plans were developed for each service and the Department provided funding to ensure safety standards are met. All services have implemented the action plans.
- c) \$6.2m has been spent on this program.



ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-386

OUTCOME 4: Aged Care and Population Ageing

Topic: ROLL OUT OF NATIONAL QUALITY STANDARDS AND TRAINING

Written Question on Notice

Senator Fierravanti-Wells asked:

- c) Assuming that the standards have been delivered according to the timelines in the Minister's press release in September 2008, provide details on the roll out of the standards, and uptake of the standards?
- d) If not rolled out, why not and when will they be delivered?

Answer:

a) and b)

The introduction of an independent set of quality standards to be applied to flexible Aboriginal aged care services is one of four key elements of the Australian Government's Indigenous Aged Care Plan.

To date progress has been made in a number of the elements including risk and safety reviews of all the services and a building audit of infrastructure across the services.

The development of the quality standards is a sensitive and complex piece of work with the flexible services involved having varying levels of understanding and capability in reference to quality services monitoring. Therefore, extensive consultation has been required with Indigenous services and aged care providers to ensure that the Framework is both applicable and usable in the cultural context within which Indigenous services operate.

A draft framework is being considered by the Department, which will in due course pilot the standards to all services in 2010. The findings of the pilot for the draft framework will determine the final framework which is expected to be finalised in due course.

All services will have received an initial quality review by the end of 2010. It is anticipated that the new framework and processes will be ready for implementation in 2011.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-401

OUTCOME 4: Aged Care and Population Ageing

Topic: PLANNING RATIOS

Written Question on Notice

Senator Fierravanti-Wells asked:

What is the impact on the number of allocated places over the next 30 years by moving from a target ratio of 113 places per 1,000 persons 70-plus to one based on persons 85-plus, as foreshadowed in the NHHRC recommendation?

Answer:

The current target ratio for the provision of aged care is 113 places per 1,000 people aged 70 years or over.

The National Health and Hospital Reform Commission (NHHRC) recommended the planning ratio transition from the current basis of places per 1000 people aged 70 or over to care recipients per 1000 people aged 85 or over. The NHHRC proposed utilising an equivalent ratio whereby the number of places resulting from the current target of 113 places per 1000 people aged 70 years or over be converted into a ratio of places per 1000 people aged 85 years or over.

At June 2011 the equivalent ratio is 581 places per 1000 people aged 85 years or over.

This equivalent ratio is then applied to population projections to estimate the number of places needed in the future.

The growth in places under either ratio method is a result of population growth relative to the June 2011 target population size. It is expected that by 2041, the 85 years and over population will have grown by 198 per cent, compared to its June 2011 population, and the 75 years and over population will have grown by 139 per cent. As a result, in 2041 it is expected that the 85 years and over equivalent ratio would require around an extra 144,000 aged care places over that required by the current planning ratio.

The estimated number of places under the current target and the NHHRC proposal are provided in the following table:

<b>Estimated allocated aged care places, 2011 to 2041</b>		
	<b>2011</b>	<b>2041</b>
113 places per 1,000 people aged 70 or over	244,486	583,376
581 places per 1,000 people aged 85 or over	244,486	727,799

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-324

OUTCOME 4: Aged Care and Population Ageing

Topic: POPULATION DATA FOR PEOPLE AGED 70 YEARS AND OVER, AND  
NUMBER OF PLACES BY PLANNING REGION, SLA AND LGA LEVELS

Written Question on Notice

Senator Fierravanti-Wells asked:

Why does the Department not make available to the sector, as part of the ACAR information, data on the population 70 years and over and number of allocated and operational places at the Planning Region, SLA and LGA level?

Answer:

- In its Provision of 30 June 2009 Stocktake of Aged Care Places, the Department provides the number of allocated and operational places and ratios by Aged Care Planning Region (ACPR). This document is available on the Department of Health and Ageing website.
- The Department provides Statistical Local Area (SLA) population projections, by age and sex, from 2007 to 2027 on its website.

These projections are a revised set using preliminary 2007 Census-based Estimated Resident Population and assumptions from the 2006-2101 issue of *Population Projections, Australia* (ABS Cat. No. 3222.0 – Series B).

- In February 2010, the Department provided a concordance between: SLA; Local Government Area; Home and Community Care Planning Region; and ACPR on its website.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-064

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE FACILITIES

Written Question on Notice

Senator Adams asked:

What analysis has been undertaken of turnover of aged care facilities and the reasons behind sales?

Answer:

The decision to sell an aged care service is a matter for an approved provider and is not an unusual occurrence in the aged care sector and therefore is not analysed as such.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-107

OUTCOME 4: Aged Care and Population Ageing

Topic: RESIDENTIAL CARE PLACES IN WESTERN AUSTRALIA

Written Question on Notice

Senator Adams asked:

- a) Of the 1,208 residential care places offered in WA through the 2008 ACAR, how many were taken up?
- b) Were any of the places which were taken up returned?
- c) How does this gap in Western Australia compare with the take up of residential aged care places in other states and territories?

Answer:

- a) 519 residential places were allocated to Western Australia as a result of the 2008-09 Aged Care Approvals Round.
- b) No.
- c) Given the approach to the allocation of bed licences adopted under the Aged Care Act, comparisons of the provision of services should not be taken based on one allocation round. The Government expects to meet the target ratio of 113 places per 1,000 people aged 70 or over by June 2011.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-247

OUTCOME 4: Aged Care and Population Ageing

Topic: EMISSIONS TRADING SCHEME (CARBON POLLUTION REDUCTION SCHEME) AND THE AGED CARE SECTOR

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) Has any preliminary work been conducted by the department on the costs to the aged care industry of the impact of the Government's Carbon Pollution Reduction Scheme?
- b) What is the nature of the work?
- c) Has advice been provided to the Minister on the impact of the Carbon Pollution Reduction Scheme on the aged care sector?

Answer:

- a) Yes.
- b) The Department has examined the preliminary analysis conducted for the Australian Government by the Centre for Integrated Sustainability Analysis at the University of Sydney.
- c) Yes. The Department has advised the Minister for Ageing on the relevant findings of the White Paper, Carbon Pollution Reduction Scheme Australia's Low Pollution Future. The Department has not advised the Minister for Ageing on the final impact of the proposed Carbon Pollution Reduction Scheme on the aged care sector.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-378

OUTCOME 4: Aged Care and Population Ageing

Topic: INDIGENOUS AGED CARE

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) How many older Indigenous people have to leave their communities to receive aged care?
- b) How many aged care beds are available to older Indigenous people and the location of the beds?

Answer:

- a) Aged Care services for older Indigenous people are delivered both as community care packages into Indigenous communities and through the provision of residential places in services that are, as far as possible, located in indigenous communities.
- b) In addition to access to all mainstream residential aged care services, there is the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (the Flexible Aged Care Program) which currently funds approximately 650 places, mainly in rural and remote locations. Attachment A contains locations of each service. Service providers deliver a mix of residential and community care services in accordance with the needs of the communities. In addition 30 new places have been allocated and they are expected to be operational in late 2010-11.

**ATTACHMENT A**

<b>SERVICE NAME</b>	<b>LOCATION</b>
<b>NSW</b>	
Gilgandra Shire Council	Gilgandra
Canowindra Tweed-Byron Aged & Disabled	Tweed Heads
Maari Ma Health Aboriginal Corp	Wilcannia
<b>TOTAL NSW</b>	
<b>QLD</b>	
Georgina Margaret Davidson-Thompson Hostel	Morningside
Sandy Boyd Hostel	Palm Island
Shalom Elders Village	Condon
Injilinjilji Aged Care Service	Mt Isa
<b>TOTAL QLD</b>	
<b>TAS</b>	
Tasmanian Aboriginal Care Service	Hobart
Cape Barren Aged Care Service	Cape Barren Island
Flinders Island Aboriginal Association Inc	Flinders Island
<b>TOTAL TAS</b>	
<b>VIC</b>	
ACES Iris Lovett Gardiner Centre	East Brunswick
<b>TOTAL VIC</b>	
<b>SA</b>	
Wami Kata Old Folks Home	Port Augusta
Aboriginal Elders Village	Davoren Park
Seaview Village Aged Care	Thevenard
Umoona Aged Care	Cooper Pedy
Tullawon Aged Care	Yalata Community
Tjilpiku Pampaku Ngura Aged Care Service	Pukatja Community Umuaa
<b>TOTAL SA</b>	
<b>WA</b>	
Kungarakarrangkalpa Aged Care Service	Warnan
<b>TOTAL WA</b>	
<b>NT</b>	
Malandari Flexible Aged Care Service	Borrooloola
Yuendumu Old People's Program	Yuendumu
Munkadinamanja Flexible Aged Care Service	Alyangula-Groote Eylandt
Anmatjere Flexible Aged Care Service	Ti Tree
Malala Flexible Aged Care Service	Maningrida
Malakanya Flexible Aged Care Service	Bathurst Island
Tjilpi Pampaku Ngara Flexible Aged Care Service	Docker River
Wadeye Flexible Aged Care Service	Wadeye- Pt Keats
Timber Creek Flexible Aged Care Service	Victoria River
Kalkarindji Flexible Aged Care Service	Kalkarindji
Kalano Flexible Aged Care Service	Katherine
<b>NT TOTAL</b>	



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-398

OUTCOME 4: Aged Care and Population Ageing

Topic: COST OF EMISSION TRADING SCHEME (ETS)

Written Question on Notice

Senator Fierravanti-Wells asked:

Can you take on notice that I would like detail – not just some one-liner that ‘we provided input’ – of information that has been provided to Treasury about the costs of the ETS on aged-care facilities?

I would like to know the extent of the work that you have done, and if you have not done any work on it, I would like to understand why you have not done work on it, given the parlous state of this industry at the moment

Answer:

The response to this question is contained in the response to question E10-247.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-327

OUTCOME 4: Ageing and Aged Care

Topic: AGED CARE APPROVALS ROUND (ACAR)

Written Question on Notice

Senator Fierravanti-Wells asked:

- (g) In previous ACARs, it has been noticeable that the Community Care applications have been over-subscribed but Residential applications have in most jurisdictions been under-subscribed. Can you outline why in the Department's opinion, these under-subscriptions have occurred?
- (h) Do you believe that there will be under-subscriptions in the 2010 ACAR?
- (i) What is the solution to convincing industry to fully subscribe for the 2010 round and future rounds?
- (j) What do you believe will be the impact on the industry's capacity to meet the future demographic growth in ageing if this under-subscription continues?

Answer:

- a) Residential care has not been undersubscribed in recent aged care approvals rounds - nationally the 2008-09 Aged Care Approvals Round attracted applications seeking in excess of 14,200 residential places compared to the 7,663 made available.
- b) As at 16 April 2010, in response to the 2009-10 Aged Care Approvals Round, 2,639 applications have been received for the 12,218 places made available; in total, applicants are seeking in excess of 57,700 places. There may be some variation to these figures once the quality assurance process, associated with the application assessment phase, is completed.
- c) The 2009-10 Aged Care Approvals Round included a capital assistance package of more than \$200 million, made up of zero real interest loans and capital grants to support new construction and investment in residential aged care.
- d) The places made available in the 2009-10 aged Care Approvals Round will ensure that the overall target ratio of 113 aged care places per 1,000 people aged 70 and over is achieved in 2011.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-014

OUTCOME 4: Aged Care and Population Ageing

Topic: SMALL RESIDENTIAL CARE FACILITIES

Written Question on Notice

Senator Williams asked:

The Government has a long term policy commitment to the protection and care of our vulnerable aged. This commitment covers both care provision and prudential management. Given the Government's commitment, how does the Department of Health and Ageing assure the Government that operators of smaller residential care facilities, say 12 beds or less, are not placing resident care or their finances at risk?

Answer:

The Department of Health and Ageing (the Department) recognises that smaller residential aged care services, which are commonly located in rural and remote areas, can experience more challenging circumstances when compared to their metropolitan based counterparts.

Accordingly, a special payment known as the 'viability supplement' is made available to residential aged care services located in these rural and remote areas to assist in meeting costs. The amount of viability supplement paid is determined by the location of the service, the number of occupied places, and the proportion of care recipients with special needs.

Irrespective of the size of a residential aged care service, the Australian Government has in place a comprehensive approach to ensure the provision of quality care and services to people receiving Australian Government subsidised aged care. This approach encompasses: the accreditation of aged care homes in accordance with 44 expected quality outcomes; the certification of aged care buildings; police checks for staff and volunteers working in aged care services; and mandatory reporting of alleged assaults on elderly people in care and of unexplained resident absences.

The Department and the independent Aged Care Standards and Accreditation Agency Ltd (the Agency) monitor aged care services to ensure they are meeting their responsibilities and can take action where there is a risk to the health, safety or wellbeing of care recipients. The Complaints Investigation Scheme (the Scheme) also gathers and investigates information about instances where an approved aged care provider may not be meeting its responsibilities under the *Aged Care Act 1997*.

In the event that either the Agency or the Scheme identify that an approved provider is not meeting its responsibilities steps are taken to remedy this in a timely manner.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-017

OUTCOME 4: Aged Care and Population Ageing

Topic: REGIONAL AGED CARE SERVICES

Written Question on Notice

Senator Williams asked:

We understand that KPMG have conducted some viability assessments on regional aged care services throughout Australia, and that these reports have been frank and fearless in representing the realities of these services and their sustainability. We also understand that a number of smaller facilities did not take up the option of the KPMG assessments, presumably out of fear of what the assessment may tell them. Does the department think it would be reasonable to require a financial viability assessment as part of accreditation, and if so, will the Department pursue the development of this requirement?

Answer:

It is not appropriate for the department to offer opinions on policy options.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-110

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE WORKFORCE

Written Question on Notice

Senator Adams asked:

- a) What modelling has been conducted to assess the impact of Award Modernisation on the aged care workforce?
- b) What impacts will Award Modernisation have on the aged care workforce?
- c) Have the effects of award modernisation on the workforce been factored in to grants for aged care?

Answer:

- a) In 2009, the Department of Health and Ageing engaged Access Economics Pty Ltd to undertake an analysis of pre-modern and modern awards relevant to aged care and to develop a model to estimate the impact on aged care providers of the award modernisation process.
- b) The following Table summarises Access Economics' estimates of the impact on the labour costs of aged care homes of the award modernisation process. Different estimates are provided for aged care homes of different resident mixes.

<b>Resident mix of home</b>	<b>Impact on labour costs per resident per day</b>
Mainly high care residents	\$0.44
Mainly low care residents	\$0.39
A mix of high and low care residents	\$0.37

- c) The Australian Government is committed to ensuring the transition to any changes resulting from award modernisation is staged and manageable.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-334

OUTCOME 4: Aged Care and Population Ageing

Topic: PRODUCTIVITY COMMISSION PUBLIC INQUIRY INTO AGED CARE

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) Can the Department confirm that the Productivity Commission's public inquiry into aged care which was foreshadowed in August 2009 has not been abandoned?
- b) If it has not been abandoned, can the Department advise when the Terms of Reference will be released, when the inquiry will commence and when will be the reporting date for the draft report.

Answer:

- a) The Assistant Treasurer, Senator the Hon Nick Sherry, and the Minister for Ageing, the Hon Justine Elliot, announced the terms of reference for the Productivity Commission's public inquiry into aged care on 21 April 2010.
- b) See a) above.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-347

OUTCOME 4: Aged Care and Population Ageing

Topic: PRODUCTIVITY COMMISSION INQUIRY INTO AGED CARE

Written Question on Notice

Senator Fierravanti-Wells asked:

When the report of the National Health and Hospital Reform Commission (NHHRC) was delivered by the Prime Minister, he announced that there would be a referral to the Productivity Commission of a range of issues surrounding the recommendations contained within the report in respect of aged care.

- a) Can you advise whether this referral to the Productivity Commission has yet occurred? If not, why not?
- b) When is the referral likely to occur?
- c) When is the Productivity Commission likely to respond to this referral from the Government?
- d) Does this then clearly indicate that the Government plans not to introduce any significant reform in the aged care industry until at least Budget 2011 and probably well beyond that timeframe?
- e) Does the Department agree that there are some immediate issues that could alleviate the compliance, regulatory and cost burden on the aged care industry with little impact upon Government outlays?

Answer:

- a) The Assistant Treasurer, Senator the Hon Nick Sherry, and the Minister for Ageing, the Hon Justine Elliot, announced the terms of reference for the Productivity Commission's public inquiry into aged care on 21 April 2010.
- b) See a) above.
- c) The Commission is to provide a draft report by December 2010 and final report by April 2011.
- d) No. Under the Government's National Health Reform Plan, as agreed by COAG on 19-20 April 2010, the Commonwealth will have full funding and policy responsibility for aged care, enabling it to develop a nationally consistent aged care system.
- e) See (d) above. In addition, the Government accepted or accepted in principle the majority of the aged care recommendations made by the Productivity Commission in its report *Annual Review of Regulatory Burdens on Business: Social and Economic Infrastructure Services*. Implementing these changes will reduce the burden of regulation on the aged care industry.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-356

OUTCOME 4: Aged Care and Population Ageing

Topic: AWARD MODERNISATION

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) Has the Department considered the impact of award modernisation on grants for aged care programs?
- b) What were the findings of the analysis and modelling of Financial impact of Award Modernisation on the Aged Care Sector prepared by Access Economics?

Answer:

- a) See the answer to Question E10-110.
- b) See the answer to Question E10-110.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-249

OUTCOME 4: Aged Care and Population Ageing

Topic: EMISSIONS TRADING SCHEME (CARBON POLLUTION REDUCTION SCHEME) AND AGED CARE FACILITIES

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) What are the details of compensation packages under the proposed Carbon Pollution Reduction Scheme for aged care facilities?
- b) Will aged care operators have to increase residents' fees to cover increased operating costs?
- c) Would pensioners in these facilities be worse off under the CPRS-ETS?

Answer:

a, b and c)

The Government announced on 27 April 2010 that it will delay the introduction of the Carbon Pollution Reduction Scheme (CPRS) until after the end of the current commitment period of the Kyoto Protocol and only when there is greater clarity on the actions of other major economies including the United States, China and India. This means that the Government will not move to legislate the CPRS before the end of 2012.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2009-2010, 10 February 2010

Question: E10-432

OUTCOME 4: Ageing and Aged Care

Topic: CONTINENCE AIDS PAYMENT SCHEME

Hansard Page: CA 63

Senator Fifield asked:

Where are the locations of the Contenance Aids Payment Scheme Information (CAPS) Sessions?

Answer:

CAPS information sessions locations and dates are at [Attachment A](#).

**CONTINENCE AIDS PAYMENT SCHEME INFORMATION SESSIONS  
LOCATIONS**

**Attachment A**

<b>AUSTRALIAN CAPITAL TERRITORY</b>			
1	Canberra	The Hellenic Club, Matilda Street, Woden, ACT 2606	<ul style="list-style-type: none"> <li>• Mon, 29 March 2010</li> </ul>
<b>NEW SOUTH WALES</b>			
2	Wollongong	Novotel Wollongong Northbeach, 2- 14 Cliff Road, North Wollongong, NSW 2500	<ul style="list-style-type: none"> <li>• Fri, 9 April 2010</li> </ul>
3	Dubbo	Macquarie Inn, Corner of Wheelers Lane and Birch Avenue, Dubbo, NSW 2830	<ul style="list-style-type: none"> <li>• Mon, 12 April 2010</li> </ul>
4	Sydney	The Menzies Hotel Sydney, 14 Carrington Street, Sydney, NSW 2000	<ul style="list-style-type: none"> <li>• Thu, 15 April 2010</li> <li>• Fri, 16 April 2010</li> <li>• Tue, 17 May 2010</li> </ul>
5	Coffs Harbour	Coffs Harbour Racing Club, Howard Street, Coffs Harbour NSW 2450	<ul style="list-style-type: none"> <li>• Mon, 19 April 2010</li> </ul>
6	Newcastle	West's Mayfield, 32 Industrial Drive, Mayfield, NSW 2304	<ul style="list-style-type: none"> <li>• Tue, 20 April 2010</li> </ul>
7	Albury	Commercial Club, 618 Dean Street, Albury, NSW 2640	<ul style="list-style-type: none"> <li>• Thu, 29 April 2010</li> </ul>
<b>NORTHERN TERRITORY</b>			
8	Darwin	Vibe Hotel Darwin, 7 Kitchener Drive, Darwin, NT 0800	<ul style="list-style-type: none"> <li>• Wed, 5 May 2010</li> <li>• Thu, 6 May 2010</li> </ul>
9	Alice Springs	Alice Springs Convention Centre, 93 Barrett Drive, Alice Springs, NT 0870	<ul style="list-style-type: none"> <li>• Mon, 10 May 2010</li> <li>• Tue, 11 May 2010</li> </ul>
<b>QUEENSLAND</b>			
10	Brisbane	Brisbane Convention and Exhibition Centre, Corner of Merivale and Glenelg Streets, South Bank, QLD 4101	<ul style="list-style-type: none"> <li>• Fri, 9 April 2010</li> <li>• Mon, 12 April 2010</li> <li>• Tue, 20 May 2010</li> </ul>
11	Rockhampton	Leichhardt Hotel, Corner of Denham and Bolsover Streets, Rockhampton QLD 4700	<ul style="list-style-type: none"> <li>• Fri, 16 April 2010</li> </ul>

12	Cairns	Cairns Convention Centre, Corner of Wharf and Sheridan Streets, Cairns, QLD 4870	<ul style="list-style-type: none"> <li>• Tue, 20 April 2010</li> </ul>
13	Townsville	Holiday Inn, 334 Flinders St, Townsville, QLD 4810	<ul style="list-style-type: none"> <li>• Wed, 21 April 2010</li> </ul>
14	Mt Isa	Red Earth Hotel, 20 West Street (Corner of Rodeo Drive and West Streets), Mt Isa, QLD 4825	<ul style="list-style-type: none"> <li>• Tue, 27 April 2010</li> </ul>
15	Roma	Roma Explorers Inn, 44778 Warrego Hwy, Roma QLD 4455	<ul style="list-style-type: none"> <li>• Fri, 30 April 2010</li> </ul>
16	Thursday Island	Thursday Island (Tagai) TAFE, 19 Aplin Road, Thursday Island, QLD 4875	<ul style="list-style-type: none"> <li>• Wed, 5 May 2010</li> </ul>
<b>SOUTH AUSTRALIA</b>			
17	Adelaide	The Education Development Centre, Milner Street, Hindmarsh, SA 5007	<ul style="list-style-type: none"> <li>• Mon, 24 May 2010</li> <li>• Tue, 1 June 2010</li> </ul>
18	Whyalla	Westlands Hotel Motel, 100 McDouall Stuart Ave, Whyalla, SA 5608	<ul style="list-style-type: none"> <li>• Tue, 25 May 2010</li> </ul>
19	Port Lincoln	Port Lincoln TAFE, 2 London St. Port Lincoln, SA 5606	<ul style="list-style-type: none"> <li>• Wed, 26 May 2010</li> </ul>
<b>TASMANIA</b>			
20	Hobart	Derwent Entertainment Centre, Brooker Highway, Glenorchy, TAS 7010	<ul style="list-style-type: none"> <li>• Wed, 12 May 2010</li> </ul>
21	Launceston	Mecure Hotel Launceston, 3 Earl St., Launceston, TAS 7250	<ul style="list-style-type: none"> <li>• Thu, 13 May 2010</li> </ul>
22	Devonport	Devonport Entertainment and Convention Centre, 145 - 151 Rooke St. Devonport, TAS 7310	<ul style="list-style-type: none"> <li>• Fri, 14 May 2010</li> </ul>
<b>VICTORIA</b>			
23	Melbourne	Etihad Stadium, (Laureate Room, Level D, Gate 6), 740 Bourke St. Docklands, VIC 3008	<ul style="list-style-type: none"> <li>• Mon, 19 April 2010</li> <li>• Tue, 20 April 2010</li> <li>• Thu, 6 May 2010</li> </ul>
24	Ballarat	Ballarat Town Hall, Sturt Street, Ballarat, VIC 3353	<ul style="list-style-type: none"> <li>• Wed, 21 April 2010</li> </ul>

25	Warrnambool	Warrnambool Entertainment Centre, 185 Timor Street, Warrnambool, VIC 3280	<ul style="list-style-type: none"> <li>• Fri, 23 April 2010</li> </ul>
26	Shepparton	Country Comfort Hotel, 481 Wyndham Street, Shepparton, VIC 3630	<ul style="list-style-type: none"> <li>• Tue, 27 April 2010</li> </ul>
27	Bendigo	Lake View Resort, 286 Napier Street, Bendigo, VIC 3550	<ul style="list-style-type: none"> <li>• Thu, 29 April 2010</li> </ul>
<b>WESTERN AUSTRALIA</b>			
28	Perth	Mecure Hotel Perth, 10 Irwin Street, Perth, WA 6000	<ul style="list-style-type: none"> <li>• Thu, 29 April 2010</li> <li>• Fri, 30 April 2010</li> </ul>
29	Port Hedland	All Seasons, Corner of Lukis and McGregor Streets, Port Hedland, WA 6721	<ul style="list-style-type: none"> <li>• Tue, 4 May 2010</li> </ul>
30	Broome	Mecure Inn Broome, 1 Weld Street, Broome WA 6725	<ul style="list-style-type: none"> <li>• Thu, 6 May 2010</li> </ul>
31	Albany	Motel Le Grande, 479 Albany Highway, Albany, WA 6330	<ul style="list-style-type: none"> <li>• Tue, 18 May 2010</li> </ul>

T2

Senator Siewert asked:

- a) Are Divisions of General Practice able to pay Board Directors?
- b) Do all Divisions pay Board Directors? How much do Divisions pay Board Directors?
- c) Are there standard guidelines about payments to Board Directors?

Answer:

- a) Yes, core funds provided by the Commonwealth under the Divisions of General Practice Program may be used to pay fees to Board Directors.
- b) The Department understands that most Divisions pay fees to Board Directors, but it does not collect data on the level of payments made to individual Directors.  
The Department approves an annual budget for each Division based on outcomes and activities at the local level.  
It is a matter for each Division, in developing its budget, to decide how much is allocated to governance arrangements, including Directors' fees.
- c) There are no standard guidelines about how much Directors can be paid.



**Australian Government**  
**Department of Health and Ageing**

Ms Naomi Bleeser  
Secretary  
Senate Community Affairs Committee  
Parliament House  
CANBERRA ACT 2066

Dear Ms Bleeser

**Request for Amendment to Evidence Provided at Additional Estimates Hearing,  
10 February 2010: Outcome 5**

I am writing to correct a statement that I made at the Additional Estimates Hearing of the Senate Community Affairs Committee on 10 February 2010.

Senator Fierravanti-Wells asked the following question:

“..does the Department provide any relocation incentives for GPs to move to superclinics?”

My response was as follows:

“There is a very small amount of money within the funding envelope available for relocation incentives. To date that has not been taken up other than, I think, by one clinic.”

It has been brought to my attention that there are two clinics that have taken up relocation incentives. Thus the response should now be amended as follows (changes are underlined):

“There is a very small amount of money within the funding envelope available for relocation incentives. To date that has not been taken up other than, I think, by two clinics.”

Yours sincerely

A handwritten signature in blue ink, appearing to read 'T Bessell'.

Dr Tracey Bessell  
Acting Assistant Secretary  
GP Super Clinics Branch

25 February 2010

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-163

OUTCOME 5: Primary Care

Topic: DIVISIONS OF GENERAL PRACTICE

Senator Siewert asked:

- a) How much funding was provided to Divisions of General Practice in 2007-08, 2008-09 and allocated in 2009-10 for Aboriginal health programs and services and what Aboriginal health outcomes were achieved in the 2007-08 and 2008-09 financial years and how were these outcomes evaluated?
- b) How many Divisions of General Practice does the Department of Health and Ageing currently fund (2009-10)?
- c) What is the total amount funded by the DoHA to all Divisions of General Practice for the last five financial years and how much out of each funded project do Divisions of General Practice keep for administration?

Answer:

a) **Substance Use**

- Central Queensland Rural Division of General Practice received funding of \$104,937 in 2008-9, and has been allocated funding of \$112,958 in 2009-10 to employ a Psychologist based in Woorabinda. Activity report for 2008-09 shows that 163 unique patients received services during the 12 months from 1 July 2008 to 30 June 2009 and there were 855 episodes of care over the period. In addition the psychologist provides community workshops, school based drug and alcohol programs and other community based activities.
- North West Queensland Primary Health Care Association received \$319,314 in 2009-10 to undertake a Scoping Study on best practice methodologies in leading Indigenous Alcohol and Drug Residential Rehabilitation services across Australia. The Scoping Study Report describes the proposed governance model, preferred service provider/s and detailed service delivery model for the Aboriginal and Torres Strait Islander residential rehabilitation service due to be operational in Normanton in early 2011.

**Healthy for Life**

Through the Healthy for Life program seven Divisions of General Practice have received funds between 2007-08 and 2009-10 to increase access to primary health care services for Aboriginal & Torres Strait Islander peoples, with specific focus on child & maternal health, chronic disease and men's health.



Total funding (GST exclusive) for these seven Divisions of General Practice is:

2007-08: \$803,648

2008-09: \$2,123,126

2009-10: \$1,440,337

These Divisions are:

- North and West Queensland Primary Health Care Association (Qld);
- Tweed Valley General Practice Network (NSW);
- Southern General Practice Network Ltd (NSW);
- New England Division of General Practice Ltd (NSW);
- Barwon Division of General Practice Ltd (NSW);
- Blue Mountains Division of General Practice (NSW); and
- North West Slopes Division of General Practice Ltd.

The *Healthy for Life* program was evaluated in 2008-09. Although data is collected on a regular basis, the program has been in a significant growth phase, and it is not possible to quantify the health outcomes at the individual service level at this time.

### Sexual Health Service

- South East Sydney Division of General Practice (NSW) received funding (GST exclusive) \$173,553 in 2008-09 and has been allocated \$166,103 in 2009-10 for a Youth Demonstration Project. The project aims to improve sexual health services to young Aboriginal people through the implementation of a Safe Summer Survival youth peer and education project; and the establishment of an Aboriginal Youth Health Clinic.
- Safe Summer Survival involves the recruitment and training of young people to conduct outreach activities to their peers. This involves engagement of young Aboriginal people to supervise activities that promote healthy lifestyles, increase education in sexual health, strengthen relationships and build self-esteem and cultural pride of young people to develop community capacity.
- The project works with local GPs to identify and facilitate cultural awareness training for local GPs interested in providing services to Koori youth and establish a Koori Youth Health Clinic at the La Perouse Community Health Centre.
- The Australian Institute of Health and Welfare assisted participating services in developing indicators, continues assisting with data collection and monitoring, and is evaluating the implementation of the demonstration projects.

b) In 2009-10 the Department of Health and Ageing is providing core funding to 109 Divisions of General Practice, eight state based organisations and the peak body, the Australian General Practice Network.

c) Core funding provided to the Divisions of General Practice Network over the past five years is as follows:

	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10
	GST Excl. \$m	GST Excl. \$m	GST Excl. \$m	GST Excl. \$m	GST Excl. \$m	GST Excl. \$m
<b>Core Funding</b>	67.0	73.4	74.0	75.5	76.5	82.9

Core funding supports the infrastructure and operational costs of the Divisions Network including staffing, rent/occupancy, governance, accreditation, IT support, data collection capacity and general administration costs.

The Commonwealth also funds the Divisions Network to deliver a range of primary health care programs to local communities. The administration component for each project is determined by the program area, and varies according to the characteristics of the project and of the Division.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-165

OUTCOME 5: Primary Care

Topic: DIVISIONS OF GENERAL PRACTICE

Written Question on Notice

Senator Siewert asked:

Were the opinions of the National Aboriginal Community Controlled Health Organisation and its Members sought in the evaluation of the performance of the Divisions of GPs in the field of Aboriginal health outcomes?

Answer:

The opinions of the National Aboriginal Community Controlled Health Organisation were considered in undertaking the *Review of the role of the Divisions of General Practice*. The Government response to this review was released in April 2004. In response, the National Quality and Performance System (NQPS) for the Divisions of General Practice Network was introduced in 2005. The set of National Performance Indicators that formed part of the NQPS included a focus on Aboriginal and Torres Strait Islander health and a requirement for Divisions to collaborate with relevant Indigenous health organisations. Divisions of General Practice continue to report on activities in the area of Aboriginal and Torres Strait Islander Health.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-138

OUTCOME 5: Primary Care

Topic: NATIONAL MATERNITY SERVICES PLAN

Written Question on Notice

Senator Adams asked:

The 2009-10 Budget foreshadowed to a new maternity services plan including additional scholarships for GPs and midwives to expand the maternity workforce, particularly in rural and remote Australia. It also indicated that the states and territories would be asked to make complementary commitments and investments, particular around the provision of birthing centres and rural maternity units. Can the Department advise:

- a) What progress has been made with the states and territories on funding for rural maternity units?
- b) How many additional scholarships have been provided to GPs and midwives to provide maternity services in rural and remote Australia.

Answer:

- a) The Australian Government is working with states and territories to develop the National Maternity Services Plan (the Plan). The overall objective of the Plan is to provide a strategic national framework for maternity services, endorsed by state, territory and Australian Governments. The Plan is expected to be completed in mid-2010.
- b) The Australian Government will fund up to 20 full time equivalent scholarships for the rural midwifery workforce to update their skills. These scholarships will be worth up to \$15,000 per year for two years to assist midwives in undertaking post-graduate study and/or continuing professional development activities. The scholarships were developed to assist rural midwives to meet the eligibility requirements needed to provide Medicare subsidised services and to be granted prescribing rights under the Pharmaceutical Benefits Scheme. The next opportunity for applications for midwife scholarships will be in early 2010.

The support program to assist GPs to undertake training towards procedural qualifications in obstetrics or anaesthetics is expected to be advertised in May 2010, with grant payments commencing before the end of 2009-10.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-167

OUTCOME 5: Primary Care

Topic: DIVISIONS OF GENERAL PRACTICE

Written Question on Notice

Senator Siewert asked:

How many Divisions of General Practice has the department funded (operating and infrastructure costs) to set up Private Profit Practices for providing health services to Aboriginal/Non-Aboriginal people?

Answer:

The department does not fund Divisions to set up private profit practices for providing health services to Aboriginal/Non-Aboriginal people.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-150

OUTCOME 5: Primary Care

Topic: INDIGENOUS HEALTH PRACTICE INCENTIVE PAYMENT

Written Question on Notice

Senator Siewert asked:

- a) Is it true that about a third of Aboriginal Community Controlled Health Services cannot claim the new Indigenous Health Practice Incentive Payment (PIP)?
- b) What is being done to ensure that mainstream practices do not abuse the program?
- c) Is it also true that administration costs are using up almost 40% of the funding of the current PIP payments according to the 2003 Senate Medicare report?

Answer:

- a) To participate in the Practice Incentives Program (PIP), practices must be accredited, or registered for accreditation, against the Royal Australian College of General Practitioners (RACGP) Standards for general practices (Standards). Practices that are registered for accreditation must be fully accredited within twelve months of joining the PIP.

Currently there are 133 Aboriginal Community Controlled Health Services (ACCHS) able to provide Medicare rebated services. 73 of these ACCHS are participating in PIP. A further 37 are either already accredited or being assisted to achieve accreditation against the RACGP standards and can register with PIP.

23 (17%) of the 133 ACCHS are neither accredited nor seeking accreditation at this time. However, if they were able to achieve accreditation they would be eligible to participate in PIP.

The Government strongly supports accreditation as a key mechanism for ensuring access to high quality primary health care services. Through the 2007-08 Budget measure *Establishing Quality Health Standards*, the Australian Government is providing support to eligible ACCHS to prepare for, and achieve, clinical and/or organisational accreditation against Australian health care standards, including the RACGP Standards.

- b) Medicare Australia audits around 10 % of PIP practices annually as part of its usual audit and compliance activities. Auditing of participation in the PIP Indigenous Health Incentive, including both mainstream general practices and ACCHS, will commence twelve months after the first payments are made (ie May 2011).

It is a requirement of participation in the PIP Indigenous Health Incentive that practices are able to substantiate claims for payment by providing:

- evidence that a mechanism is in place to ensure their Aboriginal and Torres Strait Islander patients aged 15 years and over with a chronic disease are followed up;
- evidence of having completed appropriate cultural awareness training; and
- records of patient consent.

- c) The Administered funding allocations for PIP incentives are used only to provide incentive payments to general practices and general practitioners, and are not used for administrative costs. Additional funding is provided to meet administration costs.



**Australian Government**  
**Department of Health and Ageing**



Ms Naomi Bleeser  
Secretary  
Senate Community Affairs Committee  
Parliament House  
CANBERRA ACT 2066

Dear Ms Bleeser

**Request for Amendment to Evidence Provided at Additional Estimates Hearing,  
10 February 2010: Outcome 5**

I am seeking to correct a statement made by Ms Jan Bennett at the Additional Estimates Hearing of the Senate Community Affairs Committee on 10 February 2010.

Ms Bennett, who was at the time the First Assistant Secretary, Primary and Ambulatory Care Division, has retired from the Australian Public Service with effect from 19 February 2010.

At the Additional Estimates Hearing, Senator Fierravanti-Wells asked the following question: "... are there specific incentives that you envisage for GPs to relocate?"

As part of her response Ms Bennett said:

"Can I add to Ms Halton's answer about allied health to give you the figures for Ballan. As I said, they had almost 16,000 GP presentations; but they have also had 5,700 allied health presentations in the same period..."

It has been brought to my attention that Ms Bennett quoted total presentations, including both GP and allied health, as "GP presentations." Thus the response should now be amended as follows (changes are underlined):

"As I said, they had almost 16,000 total presentations; including 5,700 allied health presentations in the same period..."

Yours sincerely

Rosemary Huxtable  
Deputy Secretary  
Department of Health and Ageing

15 March 2010



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-303

OUTCOME 5: Primary Care

Topic: NURSE PRACTITIONERS AND MIDWIVES

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) Can the Department provide an update on the progress toward defining a 'collaborative arrangement' in accordance with the Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009?
- b) What advice or options has the Department provided to the Minister or her office on the nature of a 'collaborative arrangement'?
- c) Did the Department consider the number of referrals that may be likely from nurse practitioners to specialist medical practitioners as part of its costing for this measure?
- d) What proportion of nurse practitioner consultations does the Department anticipate will result in a referral to a specialist medical practitioner?
- e) What budgetary impact is this expected to have on the MBS?

Answer:

- a) The definition of collaborative arrangements is continuing to be discussed with relevant stakeholders. Through the Maternity Services Advisory Group (MSAG) and the Nurse Practitioner Advisory Group (NPAG), the Department has received a wide range of views on how a collaborative arrangement might be defined.

Consultations commenced in August 2009 with key stakeholder groups from the medical, nursing, midwifery and consumer organisations.

Three MSAG meetings were held on 12 August and 26 November 2009 and 18 March 2010. Two technical advisory workshops were held on 12 October and 4 November 2009.

The NPAG has met three times (28 August, 24 November 2009 and 24 February 2010) and the Nurse Practitioner Technical Advisory Group for Eligibility and Medicare Benefits Schedule (MBS) met twice on 13 October and 13 November 2009.

- b) The Department has kept the Minister informed of its continuing discussions with stakeholders through the respective advisory groups, but to date has provided no formal advice on defining collaborative arrangements for the purposes of shaping subordinate legislation under the Health Insurance Act 1973.
- c) New policy costings incorporate estimates of all potential costs and savings to the MBS and the Pharmaceutical Benefits Scheme, including through referrals to specialists.
- d) Details of assumptions underpinning the costing of Budget measures are agreed with the Department of Finance and Deregulation and are confidential.
- e) Estimates for this measure include a net expense through the MBS of \$23.032 million for the period 2010-2011 to 2010-2013.

Senate Community Affairs Committee  
ANSWERS TO QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question no: E10-101

OUTCOME 5: Primary Care

Topic: MENTAL HEALTH NURSES

Written Question on Notice

Senator Siewert asked:

The COAG report promised funding of \$191 million dollars for 'Mental Health nurses' over the five year plan with a focus on support in rural areas. In the latest progress report (2009) it is detailed that funding has been cut to \$56.8 million dollars.

- a) Why has this program been cut by \$134 million dollars?
- b) Where has that money gone?

Answer:

- a) Under the 2008-09 Federal Budget funding for the Mental Health Nurse Incentive Program was adjusted to reflect the lower than anticipated demand at the time.
- b) The forward estimates were adjusted to reflect the reduction of \$134 million.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-134

OUTCOME 5: Primary Care

Topic: DOCTOR NUMBERS

Written Question on Notice

Senator Adams asked:

- a) Has the department made estimates of the numbers of doctors likely to move as a result of these measures, as the basis for calculating how much incentive money is required?
- b) What do these estimates suggest for the redistribution of doctors between major cities and regional and remote areas?

Answer:

a and b)

In preparation for the 2009 Budget, analysis and modeling was conducted to estimate the impact that existing and new rural workforce programs, as well as the transition to ASGC-RA, would have on the redistribution of doctors between major cities and regional and remote areas.

The Department understands that the decision for doctors to relocate and practise in rural and remote Australia is not solely based on financial consideration, however a package of financial and non-financial incentives will encourage and support the recruitment and retention of doctors to these areas.

It is estimated that the majority of these doctors will relocate to inner regional (RA2), outer regional (RA3) and remote areas (RA4). This is one part of the Rural Health Workforce Strategy, which will make rural practice more attractive, and encourage doctors to remain in rural and remote areas.

It is anticipated that the transition to ASGC-RA will result in more than 2,400 doctors becoming eligible for rural retention incentives for the first time. This is a significant redistribution of doctors between major cities and regional and remote areas.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-366

OUTCOME 5: Primary Care

Topic: MEDICAL EDUCATION AND TRAINING

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) What are the estimates of the expected number of medical school graduate by year for the next five years and contrast this with the number of PYG1 post-graduate training places now confirmed (by year and by medical specialty)?
- b) Is the Government on track to deliver its 2009/10 budget commitment to increase GP training places by 212 from 2011?
- c) Is the Government on track to deliver its 2009/10 budget commitment to create 73 additional specialist training places in the private sector?
- d) Has the Government encountered any obstacles to delivering these promises, and if so, the nature and intensity of these obstacles?

Answer:

- a) Data on the projected number of medical graduates is only available to 2012. This information is available in the Medical Training Panel Review 12th Report, April 2009 (pg 13).

Table 2.10: Number of medical students expected to graduate from Australian universities, domestic and international 2008-2012

	2008	2009	2010	2011	2012
<i>Domestic<sup>1</sup></i>	1,820	1,983	2,224	2,654	2,920
<i>International</i>	423	459	423	458	517
<b>Total</b>	2,243	2,442	2,647	3,112	3,437

Source: Medical Deans Australia and New Zealand

Projections for PGY1 places nationally and data are not available.

- b) Answered at Estimates – refer to Hansard CA116
- c) Answered at Estimates – refer to Hansard CA116
- d) No.

Senate Community Affairs Committee  
 ANSWERS TO QUESTIONS ON NOTICE  
 HEALTH AND AGEING PORTFOLIO

Additional Budget Estimates 2009-10, 10 February 2010

Question: E10-135

OUTCOME 5: Primary Care

Topic: GENERAL PRACTICE TRAINING PLACES

Written Question on Notice

Senator Adams asked:

- a) How many vocational training places are there this year for general practice and how many will there be in the out-years?
- b) Are the existing GP training places fully subscribed?
- c) Is the department confident that if a greater number of GP training places are made available, there will be sufficient medical graduates to fill them?
- d) What is the evidence of the preferred pathways to specialties apart from general practice for medical students currently in training?
- e) Is the department considering any new measures to ensure that sufficient numbers of the new medical graduates choose general practice?

Answer:

- a) On 15 March 2010, the Government announced an expansion to the GP training program to provide 1200 places per annum by 2014.

The table below shows the number of general practice training places available on the Australian General Practice Training (AGPT) program and the Remote Vocational Training Scheme (RVTS) from 2009 and into the out-years.

	2009	2010	2011	2012	2013	2014
<b>AGPT training places</b>	<b>675</b>	<b>700</b>	<b>900</b>	<b>1,000</b>	<b>1,100</b>	<b>1,200 ongoing</b>
<b>RVTS training places</b>	<b>15</b>	<b>15</b>	<b>22</b>	<b>22</b>	<b>22</b>	<b>22 ongoing</b>

- b) All the available training places on the AGPT program (which is 700 in 2010) have been filled.  
All the available training places on the RVTS (which is 15 in 2010) have been filled
- c) Based on the increasing number of medical school graduates coming through the system, and the number of applications for GP training places in 2009 and 2010, the Government is confident that the 900 places available in 2011 will be filled.

- d) The Medical Training Review Panel (Report 12: 2009) outlines advanced vocational trainee positions, by medical specialty, for 2008:
- a. General practice, 28.5%;
  - b. Medicine, 23.5%;
  - c. Psychiatry, 3.7%;
  - d. Surgery, 13.8%;
  - e. Emergency medicine, 6.3%;
  - f. Anaesthesia, 6.1%;
  - g. Obstetrics & Gynaecology, 1.4%;
  - h. Radiology, 5.5%;
  - i. Pathology, 4.4%;
  - j. Intensive care, 4.3%; and
  - k. Other, 2.5%.
- e) The Department seeks to promote general practice as a career choice through its funding arrangements with General Practice Education and Training Limited and General Practice Registrars Australia Limited (GPRA).

GPRA promotes general practice as a career choice to medical graduates and pre-vocational doctors through its General Practice Student Network and GP Compass project.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-363

OUTCOME 5: Primary Care

Topic: GP SUPER CLINICS

Written Question Notice

Senator Fierravanti-Wells asked:

“How many local doctors have relocated to the super clinics that have opened?”

Answer:

- Ballan: No local doctors have relocated to the GP Super Clinic.
- Strathpine: One local GP had previously resigned from a local practice and was about to leave the area. After contacting the GP Super Clinic this GP is now employed at the Clinic
- Port Stephens: No local doctors have relocated to the GP Super Clinic



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-421

OUTCOME 5: Primary Care

Topic: GP SUPER CLINICS

Hansard Page: CA 33

Senator Boyce asked:

...if you could give us the opening hours of the ones that are fully operational.

Answer:

As at 31 May 2010, the three fully operational GP Super Clinics are Ballan (VIC), Strathpine (QLD) and Port Stephens (NSW).

The Ballan GP Super Clinic operates from 8.30 am to 6:30 pm Monday to Friday, 9.00 am to 1.00pm Saturday and participates in an After Hours roster, with an on call doctor providing overnight coverage.

The Strathpine GP Super Clinic operates from 8.00 am to 7.00 pm weekdays, 8.00 am to 6.00 pm on Saturdays, 9.00 am to 5.00 pm on Sundays.

The Port Stephens GP Super Clinic operates Monday, Wednesday and Friday 8am to 4pm, Tuesday and Thursday 8am to 8pm (8am to 12 noon is dedicated to services for residents in residential aged care facilities) and Sundays 10am – 4pm.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-294

OUTCOME 5: Primary Care

Topic: GP SUPER CLINICS

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) Given that the Government is spending \$275 million on its so-called GP Super Clinic scheme, is consideration being given to similar funding to other GP practices to extend their services?
- b) On what basis would this funding be provided?
- c) What amount of funding is being earmarked for this measure?
- d) What commitments would GP practices have to give to receive any direct funding from the Commonwealth?

Answer:

- a),b) and c) Announced in the 2010 Budget, \$355.2 million over three years will be available to establish around 23 large and medium GP Super Clinics and to upgrade around 425 general practices, primary care and community health services, and Aboriginal Medical Services to assist with the delivery of team based care.
- d) The full range of criteria to apply to both the GP Super Clinics and the grants to upgrade 425 services is currently being developed.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-422

OUTCOME 5: Primary Care

Topic: GP SUPER CLINICS

Question on Notice: Hansard Page CA 34, 36, 37

Senator Fierravanti-Wells asked:

- a) How many medical practitioners are currently employed at the existing superclinics, and have you done some work in relation to anticipated doctor numbers at each of those clinics?"
- b) How many local doctors have relocated to the super clinics that have opened?"
- c) How much money is available for that [relocation incentives]?

Answer:

- a) As at 31 May 2010, employment of GPs at the three fully operational GP Super Clinics is as follows: the Ballan GP Super Clinic (VIC) employs four GPs, the Strathpine GP Super Clinic (QLD) employs six GPs and the Port Stephens GP Super Clinic (NSW) employs four.
- b) Ballan: No local doctors have relocated to the GP Super Clinic.  
Strathpine: One local GP had previously resigned from a local practice and was about to leave the area. After contacting the GP Super Clinic this GP is now employed at the Clinic.  
Port Stephens: No local doctors have relocated to the GP Super Clinic
- c) The GP Super Clinics Program provides for relocation incentive payments under certain circumstances (eg. only for health professionals relocating during the first 12 months of the GP Super Clinic's operation), and where nominated by the funding recipient. The GP Super Clinics *National Program Guide 2008* provides details of the amounts available.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-351

OUTCOME 5: Primary Care

Topic: GP SUPER CLINICS

Written Question on Notice

Senator Fierravanti-Wells asked:

The Department of Health and Ageing confirmed that only two superclinics have opened. Could the following information be provided: Details of the progress as of 23 February 2010 of the planned GP superclinics (Palmerston, Mt Isa, Riverina, Wallan, Devonport, Ipswich, Onkaparinga, Cairns, Modbury, Playford North, North Central Coast, Grafton, Queanbeyan, Berwick, Gladstone, Bundaberg, Redcliffe and Brisbane South), including:

- a) Completion of Contract.
- b) Status of local government building approval.
- c) Date construction commenced, if not commenced proposed date of commencement.
- d) Recruitment processes for GPs, allied health professionals and administrative staff.
- e) Proposed date of opening.

Answer:

(a), (b), (c), (e) The information on the progress, as of 10 March 2010, of the 36 GP Super Clinics is set out in the table below:

Location	Date of Funding Agreement (FA) Funding recipient Completion of contract	Status of local government building approval	Date construction commenced* or proposed to commence	Proposed opening date
<b>NSW</b>				
Grafton	FA signed 25 Jun 2009  Ochre Health Foundation Ltd  20 years after practical completion of the works	Development Application approved with conditions. Currently addressing these.	Approximately September 2010	Late 2011
North Central Coast  (Warnervale)	FA signed 15 Apr 2009  Warnervale Medical Services Pty Ltd	Development Application submitted. Awaiting outcome.	Post development application approval.	Early 2012

<b>Location</b>	<b>Date of Funding Agreement (FA) Funding recipient Completion of contract</b>	<b>Status of local government building approval</b>	<b>Date construction commenced* or proposed to commence</b>	<b>Proposed opening date</b>
	20 years after practical completion of the works			
Queanbeyan	FA signed 26 Jun 2009  Queanbeyan GP Super Clinic  20 years after practical completion of the works	Building approval obtained 27 January 2010.	Construction commenced in Feb 2010.	Late 2011
Riverina (Narrandera)	FA signed 3 Aug 2009  NGPM Pty Ltd  20 years after practical completion of the works	Has submitted Development Application. Awaiting outcome.	Not available.	Mid 2011
<b>VIC</b>				
Berwick	FA signed 6 Nov 2009.  Dandenong Casey Super Clinic Limited  20 years after practical completion of the works	Awaiting advice on need for development approval.	Anticipated late 2010.	Mid 2011
Wallan	FA not yet executed			
<b>QLD</b>				
Brisbane Southside (A hub and spoke model)  Annerley Logan	FA signed 5 Nov 2009  University of Queensland  20 years after practical completion of the works	Development application approved for Annerley hub. Yet to apply for Logan hub.	Construction commenced in early 2010 (Annerley).  Logan – post development application approval.	Annerley hub: late 2010 Logan hub: late 2011
Bundaberg	FA signed 8 April 2010  Bundaberg Health Promotions Ltd.	Recently purchased land. Has not yet applied for development approval.	Post development application approval.	Early 2012
Cairns (A hub and spoke model)	FA signed 20 May 2009  Balance! Healthcare Ltd  20 years after practical completion	Development Applications applied for hub and spoke locations.	Hub - post development application approval.  Spoke - construction commenced in early 2010.	Mid/late 2011

<b>Location</b>	<b>Date of Funding Agreement (FA) Funding recipient Completion of contract</b>	<b>Status of local government building approval</b>	<b>Date construction commenced* or proposed to commence</b>	<b>Proposed opening date</b>
	of the works			
Gladstone	FA signed 12 Feb 2010  GP Super Clinic Gladstone P/L  20 years after practical completion of the works	Land acquisition being finalised. Has not yet applied for Development Application approval.	Post development application approval.	Mid/late 2011
Ipswich	FA signed 26 Jun 2009  University of Queensland  20 years after practical completion of the works	Development Application approval not required as on University land.	Refurbishment at two existing sites commenced early April 2010. Further site yet to commence construction.	Late 2010 for refurbished sites. Early 2012 for new site.
Mt Isa	FA signed 25 Jun 2009  North and West Queensland Primary Health Care  20 years after practical completion of the works	Has not yet applied for Development Application approval.	Not available.	Mid 2012
Redcliffe	FA signed 27 Jan 2009  Redcliffe Hospital Foundation (Moreton Bay Integrated Care Centre)  20 years after practical completion of the works	Development Application approved.	Construction commenced May 2010.	Mid 2011
<b>TAS</b>				
Devonport	FA signed 9 Apr 2009.  Devonport GP Superclinic P/L  20 years after practical completion of the works	Building approval obtained 18 May 2009.	Construction on track for June 2010 completion.	Mid 2010
<b>NT</b>				
Palmerston	FA signed 22 Apr 2009  Northern Territory	Building approval obtained September 2009.	Construction commenced in September 2009.	Mid-late 2010

<b>Location</b>	<b>Date of Funding Agreement (FA) Funding recipient Completion of contract</b>	<b>Status of local government building approval</b>	<b>Date construction commenced* or proposed to commence</b>	<b>Proposed opening date</b>
	Department of Health and Families  20 years after practical completion of the works			
<b>SA</b>				
Modbury	FA signed 29 Jul 2009  SA Health 20 years after practical completion of the works	Development Application approved March 2010.	Construction commenced March 2010.	Late 2011
Noarlunga (Onkaparinga)	FA signed 29 Jul 2009  SA Health 20 years after practical completion of the works	Development Application approved May 2010.	Construction commenced May 2010.	Late 2011
Playford North	FA signed 29 Jul 2009  Adelaide Unicare 20 years after practical completion of the works	Development Application approved May 2010.	Construction to commence July 2010	Mid/late 2011

\* *Construction timeline can be subject to a range of issues common to capital works development, such as:*

- *local Government Development Approval processes;*
- *availability of construction workforce and materials; and*
- *weather conditions.*

(d) As specified in the *GP Super Clinics National Program Guide 2008*, the operator of the GP Super Clinic has responsibility for all employment matters, including recruitment processes for GPs, allied health professionals and administrative staff.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-420

OUTCOME 5: Primary Care

Topic: GP SUPER CLINICS

Hansard Page: CA 32, 33, 34

Senator Fierravanti-Wells asked:

Can you give a status on each of *[the GP Super Clinics]*. Can I have a document that sets out where they are located, which ones offering partial services and the time lines for opening and fully operational...[and] a breakdown of all the services that are being offered at the ones that either fully operational or partially operational, when the contracts were signed and when it is expected...that they will become fully operational;...[and] opening hours for Palmerston.

Answer:

The information requested is set out in the following table:

Location	Date of Funding Agreement (FA)	Proposed opening date	Services delivery
<b>NSW</b>			
Blue Mountains  (A hub and spoke model)  16 Ferguson Rd, Springwood; 110 Wentworth St, Blackheath; 61 Parke St and 147 Katoomba Rd, Katoomba	FA signed 23 Jan 2009	Late 2010	<u>Early services</u> Since mid/late 2009 one additional GP and two additional practice nurses, of which one specialises in oncology, with a second additional GP since March 2010. Audioly and dietetics services are also available
Grafton  Cnr Fitzroy and Clarence Streets, Grafton	FA signed 25 Jun 2009	Late 2011	
Gunnedah  Gunnedah District Hospital, Marquis Street, Gunnedah	FA signed 4 Mar 2010	Late 2011	



<b>Location</b>	<b>Date of Funding Agreement (FA)</b>	<b>Proposed opening date</b>	<b>Services delivery</b>
North Central Coast 85 Sparks Rd, Warnervale	FA signed 15 Apr 2009	Early 2012	<u>Early services</u> From existing facilities since September 2009, additional health services by GPs, nurses, physiotherapist, audiologist, dietician, podiatrist and pathologist(s).
Port Stephens 29 Stockton St, Nelson Bay	FA signed 3 Feb 2009	Operational as of 3 May 2010.	<u>Service delivery</u> From 3/5/10 a broad range of services & specific in-house and outreach age care services. Has 4 GPs (including 2 female), 2 practice nurses, and a range of allied health practitioners including diabetes education, psychologist, podiatrist, and physiotherapist. Dedicated aged care service every Tues and Thursday morning.
Queanbeyan 23 Antill St, Queanbeyan	FA signed 26 Jun 2009	Late 2011	
Riverina Victoria Square, Narrandera	FA signed 3 Aug 2009	Mid 2011	<u>Early services</u> From existing facilities since early February 2010 new Registrar and a dietician.
Shellharbour Cove Blv and Shallows Dr, Shellcove	FA signed 3 Feb 2009	Early 2011	
Southern Lake Macquarie 89 Dora St, Morisset	FA signed 29 Jan 2009	Late 2010	<u>Early services</u> From existing facility since August 2009, health services include additional pathology, new physiotherapy/rehabilitation centre with hydrotherapy pool, podiatry, exercise physiology, dietetics, speech pathology, psychology, social worker services.
<b>VIC</b>			
Ballan 164 Inglis St, Ballan	FA signed 30 Jun 2008	Fully operational from 14 September 2009.	<u>Service delivery</u> Chronic disease management services (heart disease, diabetes and asthma). Private GPs, practice nurses, dentists; visiting specialists (including an orthodontist and occupational oral physician; allied health care services (optometry, podiatry, dietetics, physiotherapy, occupational therapy, audiology, cardio lab, community /district nursing (including homeless emergency relief) and mental health services including psychology, counselling and drug and alcohol services; respiratory clinics; and women's health clinics.

<b>Location</b>	<b>Date of Funding Agreement (FA)</b>	<b>Proposed opening date</b>	<b>Services delivery</b>
Bendigo Arthur St, Bendigo	FA signed 30 Jun 2008	Mid 2011	<u>Early services</u> From existing facilities since December 2010, new mental health services and up skilling program for practice nurses.
Berwick Monash University (close to Clyde Road, Monash Freeway and Princes Highway), Berwick	FA signed 6 Nov 2009.	Mid 2011	
Geelong  Cnr Reynolds Rd and Princess Hwy, Belmont	FA signed 25 Feb 2009.	Late 2010	
Portland 148 Percy St, Portland	FA signed 19 May 2010.	Late 2011	
South Morang Cnr Civic Drive and McDonald Rd, South Morang	FA signed 6 May 2010.	Late 2011	
Wallan Not yet available	FA not yet executed		
Wodonga 153 High Street, Wodonga	FA signed 23 Feb 2010	Early 2012	
<b>QLD</b>			
Brisbane Southside  Pace Facility, University of Queensland, Annerley  Not available for Logan	FA signed 5 Nov 2009	Annerley hub: late 2010 Logan hub: late 2011	
Bundaberg Cnr Branyan and Crofton Sts, West Bundaberg	FA signed 8 April 2010	Early 2012	
Cairns Lot 32 Walker Rd, Edmunton (Hub)  (A hub and spoke model)	FA signed 20 May 2009	Mid/late 2011	<u>Early services</u> From late May 2010, additional GP, nurse and psychologist services at Woree spoke.
Gladstone  Not available	FA signed 12 Feb 2010	Mid/late 2011	
Ipswich  11 Salisbury Rd, University of Queensland Ipswich	FA signed 26 Jun 2009	Late 2010 for refurbished sites. Early 2012 for new site.	

<b>Location</b>	<b>Date of Funding Agreement (FA)</b>	<b>Proposed opening date</b>	<b>Services delivery</b>
campus, Ipswich			
Mt Isa Not available	FA signed 25 Jun 2009	Mid 2012	
Redcliffe Redcliffe Hospital, 108 Anzac Avenue, Redcliffe	FA signed 27 Jan 2009	Mid 2011	
Strathpine 328 Gympie Rd, Strathpine	FA signed 16 Apr 2009	Fully operational from 11 January 2010.	<u>Service delivery</u> GPs, nurses (including an Indigenous health nurse), allied health and pathology services. There is a pharmacy adjacent to the clinic.  Allied health services are delivered by a physiotherapist, a chiropractor, a dietician and diabetes educator, a psychologist, an exercise physiologist and a podiatrist). Audiology, x-ray and ultrasound services will be added in the coming weeks/months.
Townsville Not yet available	FA signed 21 May 2009	Late 2011	
<b>TAS</b>			
Burnie 55 Bass Hwy, Cooee	FA signed 17 Apr 2009	Late 2010	
Clarence (Hobart Eastern Shores site A) Bayview St, Rosny Park	FA signed 16 Jan 2009	Early 2011	
Devonport 8 Wenvoe St and 144 A-B William St, Devonport	FA signed 9 Apr 2009.	Mid 2010	<u>Early services</u> From existing facility since September 2009, new diabetes, asthma and falls prevention clinics. From March 2010, new hypertension and skin clinics.
Sorell (Hobart Eastern Shores site B) 42 Cole St, Sorell	FA signed 21 Apr 2009	Late 2010	
<b>NT</b>			
Palmerston Cnr Temple Cres and Cook St, Palmerston.	FA signed 22 Apr 2009	Mid-late 2010	<u>Early services</u> Since December 2008, the Urgent After Hours Care service has operated from 6.00 pm to 8.00 am.
<b>SA</b>			

<b>Location</b>	<b>Date of Funding Agreement (FA)</b>	<b>Proposed opening date</b>	<b>Services delivery</b>
Modbury  (A hub and spoke model)  Smart Rd, Modbury, and North East Road, Hillcrest	FA signed 29 Jul 2009	Late 2011	
Noarlunga  Alexander Kelly Drive, Noarlunga	FA signed 29 Jul 2009	Late 2011	
Playford North  Curtis Rd, Munno Para	FA signed 29 Jul 2009	Mid/late 2011	
<b>WA</b>			
Cockburn Cnr Beeliar Dve and Wentworth Ave, Success	FA signed 19 May 2010	Early 2012	
Midland  Cnr Yelverton Place and Centennial Pl, Midland	FA signed 31 Jul 2009	Mid 2011	
Wanneroo Not yet known	FA signed 21 April 2010-05-31	Early 2012	

**\*Practical completion date covers completion of construction, opening of clinic, delivery of range of services.**

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-128

OUTCOME 6: Rural Health

Topic: RURAL AND REMOTE HEALTH PROGRAMS

Senator Adams asked:

- a) Are there any rural and remote health programs in place which could be the vehicle by which the National Health and Hospitals Reform Commission's proposal for 'equivalence funding' to underserved areas could be provided?
- b) Does the data exist to enable us to know which are the underserved areas of the country by town? LGA?) and to what extent they are missing out on health services.

Answer:

- a) There is no single program currently in place. The National Health and Hospitals Reform Commission's proposal for 'equivalence funding' to underserved areas would need to be provided through a number of existing programs.
- b) There is no single way to measure the extent to which underserved communities are missing out on health services. MBS data sets allow measurement of Medicare funded services to localities across Australia.

In addition to Medicare funded services, the Australian, State and Northern Territory Governments provide funding through a number of targeted rural health programs that provide health services to underserved communities. Aggregated levels of services provided through these mechanisms are not captured through existing data sets.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-133

OUTCOME 6: Rural Health

Topic: RURAL AND REMOTE HEALTH STAKEHOLDER SUPPORT SCHEME

Senator Adams asked:

- a) How will the new Rural Health Stakeholder Support Scheme work?
- b) Which organisations are to be supported under it?
- c) Have those organisations been consulted about the scheme?
- d) What will be the advantages and any disadvantages of the new scheme compared with the existing situation?

Answer:

- a) The National Rural and Remote Health Stakeholder Support Scheme (RRHSSS) will develop a consistent approach to the funding provided to six peak rural and remote health stakeholder organisations to support core secretariat functions and to enable these organisations to contribute to the development of policy and programs that address rural and remote health issues.
- b) The six organisations supported by this initiative are:
  - National Rural Health Alliance;
  - Services for Australian Rural and Remote Allied Health;
  - Rural Doctors Association of Australia;
  - Health Consumers of Rural and Remote Australia;
  - Council of Remote Area Nurses of Australia; and
  - National Rural Health Students Network.
- c) Yes. During May and June 2009 the Department wrote to the six organisations advising of the establishment of the *National Rural and Remote Health Stakeholder Support Scheme*, and that each organisation would be consulted as part of this process.

On 17 December 2009, the Department wrote to the six organisations advising that work had commenced on developing guidelines for the RRHSSS. As part of this process, some general principles had been developed and were provided to the organisations for consideration. During January and February 2010, departmental officers met with each organisation (or contacted by teleconference) to discuss the general principles and sought their input on the proposed guidelines which will underpin the scheme.

d) Advantages of the new scheme are:

- The RRHSSS will provide three year period of funding certainty (as compared with existing one year agreements) which will allow the organisations to better plan their work programs and ensure they are able to contribute to Australian Government policy and programs.
- The single set of guidelines for the scheme will clearly articulate the basis on which the organisations are to be funded and the outcomes expected from that funding.
- The scheme will also reduce the administrative burden on stakeholder organisations by introducing streamlined reporting and accountability requirements for the funding.

No organisation will be worse off under the new funding arrangements.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-139

OUTCOME 6: Rural Health

Topic: HEALTHY HORIZONS

Written Question on Notice

Senator Adams asked:

- a) What progress has there been with the development of a replacement for Healthy Horizons – the national framework for rural and remote health services?
- b) Which organisations have been or are being consulted in this work?

Answer:

- a) The Commonwealth, all States and the Northern Territory are working through the Rural Health Standing Committee (RHSC) of the Australian Health Ministers' Advisory Council (AHMAC) to develop a new National Strategic Framework for Rural and Remote Health ('National Strategic Framework').

In January 2009, AHMAC tasked the RHSC to develop a new strategic framework. The work will also include an investigation into the feasibility of expanding the scope of the framework to include performance targets, performance indicators and possible funding options.

The RHSC undertook significant work in 2009 to develop the framework content and project parameters including agreed themes and priorities.

Following a Departmental procurement process, in December 2009 consultants Siggins Miller were engaged to assist in developing the new National Strategic Framework.

An extensive consultation process has been conducted over February and March 2010 (see further detail below).

- b) The RHSC is working in collaboration with the National Rural Health Alliance (NRHA) in the development of the new National Strategic Framework.



Additionally, consultations for the National Strategic Framework are being targeted at a wide range of rural health stakeholders including:

- RHSC members;
- all levels of government;
- Indigenous health organisations;
- the NRHA and its member organisations;
- consumer representative groups; and
- relevant key interest groups and organisations as identified on a state-by-state basis.

Stakeholder consultations for the project are being undertaken by Siggins Miller in February and March 2010, with project work to be completed by the end of May 2010.

Consultation forums being held in each capital city and in three regional centres – Burnie (Tasmania), Townsville (Queensland) and Alice Springs (Northern Territory) – in February and March 2010. State and territory governments have nominated relevant staff to attend these forums.

Stakeholder organisations unable to attend face-to-face consultation sessions will also have the opportunity to provide written submissions, with telephone interviews a further way that stakeholders may be consulted.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-141

OUTCOME 6: Rural Health

Topic: PATIENT ASSISTED TRAVEL SCHEMES

Senator Adams asked:

What progress has there been on PATS?

Answer:

The Australian Government is working with the states and territories to progress the recommendations of the Senate Community Affairs Committee report concerning the operation and effectiveness of Patient Assisted Travel Schemes (PATS).

The Health Policy Priorities Principal Committee of the Australian Health Ministers' Advisory Council (AHMAC) has tasked the Rural Health Standing Committee (RHSC) to develop:

- national PATS policy principles;
- three models to provide a basis for future costings work to be undertaken; and
- clear, consistent definitions to provide a common understanding of the meaning of the terms being used and their application in relation to jurisdictional PATS schemes.

Jurisdictional representatives consulted through AHMAC RHSC and have now reached agreement on the definitions, the draft policy principles and three models, which will be costed and provided to AHMAC for consideration.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-140

OUTCOME 6: Rural Health

Topic: RURAL AND REMOTE HEALTH

Written Question on Notice

Senator Adams asked:

- e) Is it true that the Australian Institute of Health and Welfare is currently not able to do any work on rural and remote health?
- f) If so, what is being done to rectify the matter?

Answer:

- a) The AIHW is currently finalising work from the previous (2008-2009) schedule with the Department on the release of the Men's Health Bulletin (report) that examined the differences in the morbidity and mortality of men living in rural areas compared to those living in urban areas. This will conclude the work funded by the Department on rural and remote health.
- b) The Department will discuss future data needs in the rural and remote area with the AIHW in line with the health care reform agenda.

The Department is keen to ensure that all primary care data collections are comprehensive, efficient, and responsive to the Department's needs, contribute to improved performance of our health care system and inform the development of evidence-based primary health care policy.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-418

OUTCOME 6: Rural Health

Topic: RURAL HEALTH

Written Question on Notice:

Senator Fierravanti-Wells asked:

Take a small coalmining town with a population of about 7,000 people such as Moranbah in central Queensland, would the doctors receive the same incentives as those in Townsville, which has a population of a bigger regional centre? Take a couple of further examples for practical purposes - comparison of Balaclava with a population of 1,600 people that would have to compete with a far larger centre. I will also use an example of Hay as well.

Answer:

Yes, in the example above, Moranbah and Townsville would both receive the same level of rural workforce incentives where the geographic eligibility is based on the new Australian Standard Geographical Classification – Remoteness Areas (ASGC-RA) which will commence on 1 July 2010. There are a number of examples where incentives under the new ASGC-RA system will be the same for different towns of varying population sizes.

ASGC-RA classification does not reflect the desirability of a location or compare population sizes of different localities within a particular RA classification. The RA classification reflects a measure of access to services, hence towns that share the same RA classification are more likely to share relative characteristics of remoteness, defined in terms of accessibility to goods and services. In some cases, this means that small rural towns such as Moranbah are within the same RA classification as larger towns such as Townsville.

Indeed, this was a similar circumstance under the old Rural, Remote and Metropolitan Areas (RRMA) classification system. For example, Tarcutta, NSW (population 300) and Wagga Wagga, NSW (population 60,000) were both classified as RRMA 3 and received the same level of incentives.

The Australian Government is aware of the difficulties for small rural towns to attract doctors when they are located near to larger, well serviced rural areas, and that the decision for a doctor to relocate to a rural or remote location is not solely based on financial incentive. The Government will be closely monitoring the transition to the ASGC-RA classification system after its introduction on 1 July 2010, particularly with regard to changes to doctor numbers in rural areas.

The Government made a decision to move to ASGC-RA because the RRMA system was a complex and out of date system. The Government identified a need to have an up to date remoteness classification structure that ensured incentives and rural health policies responded to current population figures and real need. Significant population changes and urban expansion since 1991 mean that the remoteness of many localities is not correctly reflected by the RRMA classification system. This compares to RA system, first developed in 2001, where the remoteness structure will be updated each census.



**Australian Government**

**Department of Health and Ageing**

Ms Naomi Bleeser  
Secretary  
Senate Community Affairs Committee  
Parliament House  
CANBERRA ACT 2066

Dear Ms Bleeser

**Request for Amendment to Evidence Provided at Additional Estimates Hearing,  
10 February 2010: Outcome 7.**

I am writing to correct a statement that I made at the Additional Estimates of the Senate Community Affairs Committee on 10 February 2010.

Senator Fierravanti-Wells asked the following question:

“I have some questions in relation to the direct bone conduction hearing device. I understand that children with a hearing loss in one ear only are not eligible for a subsidy for a direct bone conduction hearing aid device. I understand that this device costs about \$6000, and hearing loss in one ear from birth can cause learning problems. How many children are bore with hearing loss in only one ear in Australia per annum? Do we know that?”

My response was as follows:

“All children provided with free services through Australian Hearing. It is about 18 percent of total devices fitted by Australian Hearing. I can get the number for you.”

The response was accurate based on the information available at that time. It has been brought to my notice that the 18 percent of total devices fitted referred to above related to adult fittings under the Australian Government Hearing Service Program. In light of this subsequent advice the response should now be amended as follows (changes are underlined):

“All children provided with free services through Australian Hearing. It is about 25% percent of total devices fitted to children by Australian Hearing. I can get the number for you.”

Yours sincerely

A handwritten signature in black ink, appearing to read 'Teresa Ward', written over a horizontal line.

Teresa Ward  
Assistant Secretary  
Office of Hearing Services  
Regulatory Policy and Governance Division  
1 March 2010

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-394

OUTCOME 7: Hearing Services

Topic: BONE CONDUCTING HEARING AIDS

Hansard Page: CA 46

Senator Fierravanti-Wells asked:

I am particularly after the number of children that are born with hearing loss in only one ear. I would like to know what services are provided for those children.

- a) Is a direct bone conduction hearing aid device subsidised or not subsidised in Australia?
- b) If it is not, could you explain why not?
- c) Are there any plans for any such devices to be subsidised?

Answer:

- a) The Medical Services Advisory Committee Report on Universal Neonatal Hearing Screening (2007) reports a prevalence of unilateral hearing loss greater than 35 dB in 2 of every 1,000 newborn Australian children (live births). Infants and children with unilateral hearing loss receive services through the Government service provider, Australian Hearing. This includes an audiologist who will work with the family to plan the most appropriate clinical management. Direct bone conduction hearing aid devices are subsidised through the Australian Hearing Services Program where clinically appropriate.
- b) Not applicable.
- c) See a).

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-395

OUTCOME 7: Hearing Services

Topic: MODELLING PARAMETERS

Hansard Page: CA 46

Senator Siewert asked:

- a) Have you done any modelling around what it would cost to provide support for people over 21 to maintain the provision of services?
- b) You may be aware of the debate that is going on around the provision of services to people after they turn 21. Have you done any modelling around that? I appreciate that it is a complex issue, but are you able to provide us some of the parameters that you are considering to do that modelling?

Answer:

a) and b)

The Department has undertaken some preliminary modelling of the costs associated with the provision of hearing services to people over 21 years of age. The modelling has used parameters including the current child Community Service Obligations (CSO) population by age group, ABS population estimates and projections, Centrelink card holder population counts, inflation index, average prevalence hearing loss levels, average cost of the hearing services provided in the CSO program and the cost of new hearing technologies.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Cross Portfolio Indigenous Hearing 2009-2010, 12 February 2010

Question: E10-143

OUTCOME 8: Indigenous Health

Topic: INDIGENOUS HEALTH

Written Question on Notice

Senator Adams asked:

- a) What involvement has the Health Department had in work on the targets set by COAG for Indigenous education, health and well-being?
- b) Which agency is leading on the matter and by what means are the health aspects being dealt with?

Answer:

- a) The Department of Health and Ageing was involved in selecting and specifying the performance indicators for the National Indigenous Reform Agreement (NIRA) that are used to measure progress annually against the targets set by COAG. These indicators draw on the Aboriginal and Torres Strait Islander Health Performance Framework.

The Department was involved in the development of the health-related indicative trajectories for the COAG targets in the NIRA. The Department is also involved in the development of state trajectories for the COAG targets.

- b) The Department of Families, Housing, Community Services and Indigenous Affairs has the lead role in coordinating this work and liaises with the Department of Health and Ageing on the health and well-being COAG targets.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Cross Portfolio Indigenous Hearing 2009-2010, 12 February 2010

Question: E10-154

OUTCOME 8: Indigenous Health

Topic: STAFFING

Written Question on Notice

Senator Siewert asked:

How many Aboriginal identified positions does OATSIH currently employ?

Answer:

There are no identified Aboriginal positions within OATSIH. However, the Department actively encourages applications from Aboriginal and Torres Strait Islander people for all positions. The percentage of Aboriginal and Torres Strait Islander staff in the Department of Health and Ageing is well above the Australian Public Sector average.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Cross Portfolio Indigenous Hearing 2009-2010, 12 February 2010

Question: E10-156

OUTCOME 8: Indigenous Health

Topic: COMPLAINTS POLICY

Written Question on Notice

Senator Siewert asked:

- a) Does OATSIH have a complaints policy?
- b) If so, does OATSIH deal with its own complaints?
- c) Has the complaints policy been made public and distributed to all OATSIH-funded services/organisations?

Answer:

- a) Yes.
- b) Yes.
- c) Yes.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Cross Portfolio Indigenous Hearing 2009-2010, 12 February 2010

Question: E10-157

OUTCOME 8: Indigenous Health

Topic: FUNDING

Written Question on Notice

Senator Siewert asked:

- a) How does OATSIH determine who it funds?
- b) Who determines/approves this funding?

Answer:

- a) Most OATSIH funds are provided to health organisations and substance use services for the provision of services on an on-going recurrent basis. Funds are allocated annually to the organisations and services, together with an indexation increase, without the need for a submission.

Funding for specific grants is provided via an open tender process or grant funding round. Any organisation or service meeting the requirements for the funding is eligible to apply. Guidelines outlining the purpose and criteria for each funding process are made publicly available on the Department of Health and Ageing 'Tenders and Grants' internet page and are advertised in the national press.

- b) Funding is approved by the appropriate Delegate in accordance with the Financial Management and Accountability Act, Regulations and Orders 1997.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Cross Portfolio Indigenous Hearing 2009-2010, 12 February 2010

Question: E10-162

OUTCOME 8: Indigenous Health

Topic: ABORIGINAL COMMUNITY CONTROLLED HEALTH SERVICES (ACCHSs)

Written Question on Notice

Senator Siewert asked:

Does OATSIH have a service template and criteria for ACCHSs delivering culturally appropriate primary health care to Aboriginal communities (in urban, rural, remote and isolated communities) and if so, please table the documents? If OATSIH doesn't have such criteria, why not?

Answer:

The overarching requirements for OATSIH-funded organisations delivering services are set out in the OATSIH Funding Agreement.

Service delivery is established via an Action Plan, which is agreed with the Department before implementation. An Action Plan provides a tool for funded organisations to plan for service provision that best meets the needs of their individual communities. Services are required to be delivered in accordance with program frameworks and objectives, which are available publicly on the internet. An example of an Action Plan is attached ([Attachment A](#)).

## TWELVE MONTH ACTION PLAN

Plan period: 2008 - 2009

AREA (eg, General Primary Health Care Services)	What are we trying to do? (Aim)	How are we going to do it? (Strategies)	How will we know how we are going? (Measures)	How long will it take? (Timeframe)	What is the estimated cost? (\$)
Service Delivery (e.g. Maternal and Child Health, Primary Health Care Services, Substance Use, Sexual Health, Chronic Disease – Targeting NIDDM, heart disease and kidney failure in 2008-09)					

<b>Management</b>					

<b>Linkages and Coordination</b>					



<b>Community Involvement</b>					

# SECTION B - ACTION PLAN TEMPLATE

Please note this template is only for Section B of your Plan, that is the things you want to do but don't have the money for.

What are we trying to do? (Aim)	How are we going to do it? (Strategies)	What is the estimated cost? (\$)	Comments

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Cross Portfolio Indigenous Hearing 2009-2010, 12 February 2010

Question: E10-164

OUTCOME 8: Indigenous Health

Topic: ABORIGINAL MEDICAL SERVICES (AMSs)

Written Question on Notice

Senator Siewert asked:

How much does each AMSs receive for 'fundholder allowances/auspice fees' from OATSIH?

Answer:

Only a small percentage of AMSs auspice other service providers. Any allowances/auspice fees are negotiated between the AMS and auspiced organisation.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Cross Portfolio Indigenous Hearing 2009-2010, 12 February 2010

Question: E10-169

OUTCOME 8: Indigenous Health

Topic: NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

Written Question on Notice

Senator Siewert asked:

- a) What amount was allocated to the National Aboriginal Community Controlled Health Organisation (NACCHO) to sustain its operations in 2009-10?
- b) What amounts were allocated to its state/territory affiliates during the same period?

Answer:

- a) In 2009-10, the Department of Health and Ageing has allocated \$3,530,641 (GST inclusive).
- b) In 2009-10, the Department of Health and Ageing has allocated the following amounts (GST inclusive):

• Aboriginal Health Council of South Australia	\$2,533,500
• Aboriginal Medical Service Alliance of the Northern Territory	\$5,679,575
• Queensland Aboriginal and Islander Health Council	\$3,287,416
• Aboriginal Health Council of Western Australia	\$1,665,146
• Aboriginal Health and Medical Research Council of NSW	\$1,909,535
• Victorian Aboriginal Community Controlled Health Organisation	\$2,166,469
• Tasmanian Aboriginal Centre	\$466,181*
• Winnunga Nimityjah Aboriginal Health Service, ACT	\$230,890*

\*The Tasmanian Aboriginal Centre and Winnunga Nimityjah Aboriginal Health Service ACT also receive funding for the delivery of health services. This funding is not included in the amount cited above.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Cross Portfolio Indigenous Hearing 2009-2010, 12 February 2010

Question: E10-202

OUTCOME 8: Indigenous Health

Topic: HOME VISITING PROGRAM

Hansard Page: CA 54

Senator Fierravanti-Wells asked:

Can you please advise where the sites are and what status they have?

Answer:

Up to seven sites will be selected to implement the Australian Nurse Family Partnership Program. Five sites have been identified to date:

ANFPP Site Name	State	Status
Central Australian Aboriginal Congress	Alice Springs, NT	Home-visiting services commenced in March 2009 following program setup, recruitment and training.
Wuchopperen Health Service	Cairns, Qld	Home-visiting services commenced in April 2009 Following program setup, recruitment and training.
Victorian Aboriginal Health Service	Melbourne, VIC	Home-visiting services commenced in May 2009 following program setup, recruitment and training.
Wellington Aboriginal Corporation Health Service	Wellington/Dubbo, NSW	Currently undertaking program set-up, recruitment and training. Home-visits anticipated to commence in April 2010.
Aboriginal and Torres Strait Islander Community Health Service Brisbane	Brisbane, Qld	Currently undertaking program set-up, recruitment and training. Home-visits anticipated to commence in April 2010.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Cross Portfolio Indigenous Hearing 2009-2010, 12 February 2010

Question: E10-155

OUTCOME 8: Indigenous Health

Topic: OATSIH FOI

Written Question on Notice

Senator Siewert asked:

Does OATSIH deal with and determine its own Freedom of Information (FOI) Requests?

Answer:

The Department of Health and Ageing has an FOI Unit in its Legal Services Branch that coordinates and manages all FOI requests received by the Department. The FOI Unit distributes the request to the area of the Department with responsibility for the subject matter of the request. The FOI Unit provides guidance to ensure that all FOI requests are dealt with in accordance with the *Freedom of Information Act 1982*.

The authorised decision maker in OATSIH makes the decision on documents to be released that fall within OATSIH's area of responsibility.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Cross Portfolio Indigenous Hearing 2009-2010, 12 February 2010

Question: E10-203

OUTCOME 8: Indigenous Health

Topic: HOMES VISITING PROGRAM AND JTAI CONTRACTS

Hansard Page: CA 54

Senator Fierravanti-Wells asked:

There are two contracts: one is for \$8.6 million and one is for \$403,000. Perhaps you might like to have a look at those two and give me some more detail about that.

Answer:

- The two amounts refer to a Contract for Services with JTA International Pty Ltd.
- On 19 September 2008 the Contract for Services was executed between the Department of Health and Aging and JTA International, totalling \$8,665,003.00 (GST exclusive) to provide services as the Australian Nurse Family Partnership Program (ANFPP) Support Service to support the implementation of the ANFPP in Australia.
- On 12 June 2009 this contract was varied to provide JTA International with an additional \$403,700 (being \$367,000 plus \$36,700 GST) to provide additional services to enhance the delivery of training to services through additional training resources and support documentation.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Cross Portfolio Indigenous Hearing 2009-2010, 12 February 2010

Question: E10-076

OUTCOME 8: Indigenous Health

Topic: WALLAGA LAKE

Written Question on Notice

Senator Siewert asked:

- a) Is the Department aware of the asbestos contamination of the community at Wallaga Lake? If yes, has the Department taken any action to address the issue?
- b) Has the Department received any applications for funding to address the issue? If yes, could the Department outline what these applications were for and indicate if they have been funded?

Answer:

- a) Yes. The Department has not needed to take any action as the remediation of environmental asbestos at Wallaga Lake is the responsibility of the New South Wales Department of Environment, Climate Change and Water and the New South Wales Department of Health, who are working on this issue.

The Department has been advised that Merrimans Aboriginal Land Council informed the public in a media release that the final inspections on the Wallaga Lake sites were carried out on 3 November 2009 and that the first stage of the clean up was complete. The Department has also been advised that stage two involves an ongoing management plan to address any future asbestos contamination and is the responsibility of the Merriman's Aboriginal Land Council.

- b) Yes. Katungul Aboriginal Corporation Community and Medical Services (Katungul) requested funding to engage professionals to undertake an environmental investigation of asbestos in Wallaga Lake. Katungul also requested funding to arrange testing for asbestos related sickness for people in the Wallaga Lake community.

As the assessment and remediation of asbestos in the Wallaga Lake community was already being managed by the appropriate NSW Government agencies, the Department did not need to fund Katungul's request.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Cross Portfolio Indigenous Hearing 2009-2010, 12 February 2010

Question: E10-120

OUTCOME 8: Indigenous Health

Topic: INDIGENOUS DENTAL SERVICES

Hansard Page: Written Question on Notice

Senator Adams asked:

In evidence provided in October 2009 Estimates, Ms Savage stated that 5,106 dental services had been provided and that 38% of children receiving a dental referral had been seen at least once.

- a) How many of the 62% of all children as reported at the last estimates waiting for dental work have now been seen?
- b) How many are still waiting?
- c) What are the current figures relating to number of dental services performed?
- d) How many children needed additional work as a result of these services?
- e) What is the Government doing to ensure all children requiring dental services are being followed up to ensure the work is performed?

Answer:

- a) 12% or 373 children who had outstanding referrals at last senate estimates have been seen.
- b) 1,628 children are waiting to receive a dental service.
- c) Between 1 July 2007 and 31 December 2009, 7,082 dental services have been provided to 4,552 children.
- d) From the *Progress of the Northern Territory Emergency Response (NTER) Child Health Check Initiative : Final report on results from the Child Health Check and follow-up data collections* released on 4 December 2009, 825 (35%) children require further action following their dental check.
- e) The Australian Government has contracted the Australian Institute of Health and Welfare to collect, monitor and report on all data collected through the Child Health Check Initiative. This includes monitoring the progress of the 3,223 children who have a dental referral through this process. The Department is funding the Northern Territory Government to provide dental services to these children by the 30 June 2012 through the National Partnership Agreement, *Closing the Gap in the Northern Territory*.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Cross Portfolio Indigenous Hearing 2009-2010, 12 February 2010

Question: E10-144

OUTCOME 8: Indigenous Health

Topic: HEALTH PROFESSIONALS IN THE NT

Written Question on Notice

Senator Adams asked:

- a) Is evidence available about how many health professionals have been placed in the Northern Territory by the special taskforce and at what price per placement-month?
- b) If so, what does the evidence show?

Answer:

a and b)

There has been no 'special taskforce' responsible for placing health professionals in the Northern Territory.

Since the commencement of the Northern Territory Emergency Response in July 2007, health professionals have been recruited and deployed through various means and by many organisations including the Department of Health and Ageing (DoHA), Northern Territory Department of Health and Families Aboriginal Community Controlled Health Organisations, and the Remote Area Health Corp (under contract to DoHA) to provide child health checks , primary health care, dental, audiology and Ear, Nose and Throat specialist services.

Costing figures across these measures on a price per placement month basis are not available.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Cross Portfolio Indigenous Hearing 2009-2010, 12 February 2010

Question: E10-152

OUTCOME 8: Indigenous Health

Topic: OATSIH STAFFING

Written Question on Notice

Senator Siewert asked:

What is the level of staffing in each state/territory/central office for OATSIH staff for the past five financial years?

Answer:

The staffing level in OATSIH for each state/territory and central office since 2005-06 is represented in the table below. The staffing identified are direct OATSIH staff and excludes any departmental corporate staff and staff from other areas contributing to Outcome 8 objectives.

**Staffing – actual asl for the financial year**

	<b>2005-06</b>	<b>2006-07</b>	<b>2007-08</b>	<b>2008-09</b>
CO	124.2	124.1	160.6	192.5
NSW	20.8	26.2	27.0	23.0
VIC	11.9	14.0	13.7	13.3
QLD	31.2	36.2	33.5	35.4
SA	17.2	18.4	18.7	12.2
WA	24.2	25.1	26.3	24.4
TAS	4.1	5.8	5.0	3.4
NT	25.5	26.3	30.7	24.5
ACT	2.9	2.8	2.2	1.0
<b>Total</b>	<b>262.0</b>	<b>278.9</b>	<b>317.7</b>	<b>329.7</b>

Staffing levels for Outcome 8 by state/territory are not available prior to 2005-06. Outcome 8 commenced recording staffing information at jurisdictional level in 2005-06.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Cross Portfolio Indigenous Hearing 2009-2010, 12 February 2010

Question: E10-153

OUTCOME 8: Indigenous Health

Topic: OATSIH CONSULTANTS

Written Question on Notice

Senator Siewert asked:

How much has OATSIH spent on consultants for the last five financial years and does OATSIH have a preferred consultants list and how is this list determined?

Answer:

The amounts that OATSIH has spent on consultants for the last five completed financial years are as follows:

2004-05	\$2,379,468
2005-06	\$3,153,113
2006-07	\$3,043,794
2007-08	\$4,003,185
2008-09	\$4,125,830

OATSIH established a National Indigenous Advisory and Development Panel in response to an identified need for OATSIH and OATSIH-funded organisations to have access to a range of specialist advice and services regarding Indigenous health policy development, governance and program management.

The Panel was established via an open and competitive tender process.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Cross Portfolio Indigenous Hearing 2009-2010, 12 February 2010

Question: E10-158

OUTCOME 8: Indigenous Health

Topic: RISK ASSESSMENT

Written Question on Notice

Senator Siewert asked:

How many staff in OATSIH are qualified to undertake the Risk Assessment Process and what legislation basis does it have?

Answer:

Approximately 100 staff have received training in the risk assessment process undertaken by OATSIH.

The OATSIH risk assessment framework has been developed in accordance with the Australian/New Zealand Risk Management Standards 4360:2004.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Cross Portfolio Indigenous Hearing 2009-2010, 12 February 2010

Question: E10-159

OUTCOME 8: Indigenous Health

Topic: CAPITAL WORKS PROJECTS

Written Question on Notice

Senator Siewert asked:

- a) How many Capital Works Projects does OATSIH have on the 'waiting list'?
- b) What are they?
- c) How is this list determined for funding?
- d) How many of the Capital Works requirements are on the 'waiting list' and how many AMSs are non-compliant with the *Disability Services Act 1992*, or the Building Code of Australia?
- e) How many Aboriginal Medical Services (AMSs) do not have fire alarm systems in place?

Answer:

a to c):

OATSIH has no formal Capital Works Program, although some programs have a capital component. Projects are primarily funded through OATSIH Programs and Measures and the roll-out of projects is determined by individual Program funding criteria.

There is no specific capital works waiting list.

- d) OATSIH Funding Agreements with individual AMS require all construction to be in accordance with Building Code of Australia and Local and State Government requirements.
- e) OATSIH Funding Agreements with individual AMS require all construction to be in accordance with Building Code of Australia and Local and State Government requirements. This includes the Fitting and maintenance of Fire Alarms and is the responsibility of the AMS who owns the building.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Cross Portfolio Indigenous Hearing 2009-2010, 12 February 2010

Question: E10-160

OUTCOME 8: Indigenous Health

Topic: INFRASTRUCTURE PROJECTS FOR ABORIGINAL MEDICAL SERVICES (AMSs)

Written Question on Notice

Senator Siewert asked:

How much has OATSIH spent in the last five financial years on direct infrastructure projects in AMSs, mainstream services, or state and territory governments, health departments and or Area Health Services and or other OATSIH funded organisations?

Answer:

<b>Financial Year</b>	<b>Total</b>
2004-05	<b>25,435,477</b>
2005-06	<b>17,019,584</b>
2006-07	<b>33,161,366</b>
2007-08	<b>52,556,770</b>
2008-09	<b>35,750,274</b>
<b>Totals</b>	<b>163,923,471</b>

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Cross Portfolio Indigenous Hearing 2009-2010, 12 February 2010

Question: E10-161

OUTCOME 8: Indigenous Health

Topic: OATSIH STAFF

Written Question on Notice

Senator Siewert asked:

How many OATSIH staff members have had more than 12 month's experience in any of the following Aboriginal health settings prior to their appointment as OATSIH officers in either Aboriginal Community Controlled Health Services, Government Aboriginal Health Policy and or university degrees in Aboriginal health?

Answer:

This information is not readily available.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Cross Portfolio Indigenous Hearing 2009-2010, 12 February 2010

Question: E10-166

OUTCOME 8: Indigenous Health

Topic: ABORIGINAL HEALTH

Written Question on Notice

Senator Siewert asked:

- a) What proven experience and expertise does the Division of General Practitioners have in the delivery of effective programs in Aboriginal health?
- b) Apart from self evaluation has there ever been evidenced based objective analysis of these programs?

Answer:

- a) The Divisions of General Practice have been providing health services to Aboriginal and Torres Strait Islander people in some locations for many years, including Indigenous specific health programs such as Healthy for Life.
- b) The performance of all funded services is carefully monitored through funding agreements, supplemented by program specific evaluations.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Cross Portfolio Indigenous Hearing 2009-2010, 12 February 2010

Question: E10-170

OUTCOME 8: Indigenous Health

Topic: CLOSING THE GAP

Hansard Page: Written Question on Notice

Senator Siewert asked:

- a) How much of the new COAG \$1.6 billion for the Close the Gap initiative has been allocated directly to not-for-profit Aboriginal Community Controlled Health Services to deliver directly on the ground to Close the Gap?
- b) How much of this funding has gone directly to state and territory governments/health departments/area health services?
- c) How much of the new COAG \$1.6 billion has been spent on Departmental administration/bureaucracy?

Answer:

- a) The Commonwealth's contribution to the *National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes* is \$805.5 million over four years for an Indigenous Chronic Disease Package, with states and territories collectively contributing up to \$771.5 million.

The total amount of funding for Aboriginal Community Controlled Health Services (ACCHS) under the Indigenous Chronic Disease Package cannot be quantified at this stage, as distribution of funding will depend on the outcome of grants processes and the level of activity-generated payments for Medicare Benefits Schedule (MBS) and Practice Incentive Program (PIP) payments.

However, over the next four years, almost \$70 million will be available specifically for Aboriginal Community Controlled Health Services to fund:

- more than 80 new Aboriginal and Torres Strait Islander Outreach Worker positions (plus on the job training and support) to help Indigenous people access the health care services they need;
- around 75 additional health professionals and practice managers;
- staff housing and clinical upgrades in rural and remote areas to support deployment of additional health professionals; and
- an additional 38 General Practitioner registrar training posts and 50 nursing clinical placements offered each year in Indigenous health services.

To date, \$1.58 million under the Package has been allocated for ACCHS to fund 40 full-time equivalent Aboriginal and Torres Strait Islander Outreach Workers in 2009-10. ACCHS are also likely to receive a significant proportion of the funding for a tobacco control workforce and healthy lifestyle workers.

Additional funding will also be available from the new PIP Indigenous Health Incentive payments and changes to the MBS.

- b) The Commonwealth's contribution to the *National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes* is \$805.5 million over four years for an Indigenous Chronic Disease Package, with states and territories collectively contributing up to \$771.5 million.

To date, state and territory Governments have been offered a total of \$700,000 per annum, over three years from 2010-11, to enhance existing Quitlines to provide culturally sensitive services to Aboriginal and Torres Strait Islander people.

- c) The Commonwealth's contribution to the \$1.6 billion *National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes* is \$805.5 million over four years for an Indigenous Chronic Disease Package, with states and territories collectively contributing up to \$771.5 million.

As at the end of February 2010, \$12.544 million in departmental funding is estimated to have been spent by the Australian Government on administering the Commonwealth's Indigenous Chronic Disease Package.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Cross Portfolio Indigenous Hearing 2009-2010, 12 February 2010

Question: E10-197

OUTCOME 8: Indigenous Health

Topic: INDIGENOUS HEALTH

Written Question on Notice

Senator Boyce asked:

The Courier Mail reported on 11 January that three teenage boys in the Northern Territory had been mutilated through a botched circumcision ceremony. A senior Alice Springs doctor was quoted as saying greatly concerned that their injuries were alcohol related.

- a) Has the government provided any provision to ensure that these ceremonies are clean and safe besides sterile circumcision kits?
- b) Has the government provided any education for the elders that ensure they are properly trained and understand contamination issues?
- c) Will the government consider any protection measures for boys who do not want to participate in the ceremony?
- d) The Northern Territory Department of Health confirmed this case however refused to reveal the age of the boys. The Courier Mail understood these boys were sixteen and under; which should have resulted in the police being notified. Is this standard practice?

Answer:

a) and b)

Indigenous circumcision ceremonies are a community cultural event and not a medical event.

The Australian Government has funded initiatives, specifically to Central Australian Aboriginal Congress Incorporated, to minimise complications from circumcision, by promoting safe practice and proper infection control mechanisms.

The funds are being used to employ a senior Aboriginal man to develop and implement a Sexually Transmissible Infections (STI) and Blood Borne Virus (BBV) peer education program.

The program is targeted at young Aboriginal men in remote and urban communities in central Australia and has a focus on reducing the risk of Blood Borne Virus transmission during ceremonial business and promoting health seeking behaviour including Sexually Transmissible Infections and Blood Borne Viruses.

The senior Aboriginal man employed under this program will work with men in six language regions and will identify appropriate key senior men in each of the language regions who express interest in being employed and trained as ceremonial workers/peer educators.

Over a period of several visits, he will establish rapport with these men and provide training in STI/BBV modes of transmission, and health promotion/risk reduction strategies that can be implemented during the ceremonial season.

Ceremonial workers/peer educators will be paid to attend training sessions throughout the ceremonial season.

c) and d)

Child protection is the legislative responsibility of state and territory governments in all Australian jurisdictions.

At an Australian Government level, the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) is working with the state and territory governments under the National Framework for Protecting Australia's Children to attain a substantial and sustained reduction in child abuse and neglect in Australia over time.

Similarly legislation concerning sexual offences and notifiable diseases is the responsibility of state and territory governments.

The contractual arrangement between the Commonwealth and its funded health services requires organisations – including Aboriginal Medical Services – to comply with requirements of any law under any Australian jurisdiction, including mandatory reporting laws. This includes any relevant mandatory reporting under legislation concerning child protection, sexual offences and notifiable diseases.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Cross Portfolio Indigenous Hearing 2009-2010, 12 February 2010

Question: E10-201

OUTCOME 8: Indigenous Health

Topic: SELF-DIALYSIS AND COMMUNITY HUBS

Hansard Page: CA 53

Senator Siewert asked:

Is the South Australian government considering a stronger move to self-dialysis or community hubs as well?

Answer:

Any decision regarding support for self-dialysis or community hubs is a matter for the South Australian Government. State and Territory Governments, under the National Healthcare Agreement, have responsibility for renal dialysis service provision. The Department understands that a proposed TriState Agreement on renal dialysis service provision in Central Australia between the Northern Territory, South Australia and Western Australia is close to finalisation. The proposed TriState Agreement, once ratified, will provide a framework for the short and long term provision of renal dialysis services in Central Australia.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Cross Portfolio Indigenous Hearing 2009-2010, 12 February 2010

Question: E10-151

OUTCOME 8: Indigenous Health

Topic: OATSIH BUDGET

Written Question on Notice

Senator Siewert asked:

- a) What is the annual budget for the OATSIH and its state/territory and Central Offices for the past five financial years?
- b) How much of this annual budget is applied to travel in each state/territory and Central Offices for the last five financial years?

Answer:

- a) The annual budget for the OATSIH (Administered and Departmental) for the last five years is presented in the table below (\$'000):

2005-06 (\$'000)	2006-07 (\$'000)	2007-08 (\$'000)	2008-09 (\$'000)
384,114	435,872	558,150	563,310

- b) The travel expenses for the last five years are as follows:

	2005-06 (\$ millions)	2006-07 (\$ millions)	2007-08 (\$ millions)	2008-09 (\$ millions)
Central Office	0.915	1.028	1.325	0.606
NSW	0.185	0.199	0.199	0.093
VIC	0.060	0.072	0.052	0.031
QLD	0.178	0.263	0.267	0.095
SA	0.117	0.125	0.119	0.017
WA	0.186	0.218	0.205	0.066
TAS	0.035	0.031	0.033	0.006
NT	0.204	0.259	0.285	0.147
ACT	0.005	0.013	0.013	0.001
<b>Total Actual</b>	<b>1.885</b>	<b>2.208</b>	<b>2.498</b>	<b>1.062</b>

Travel expenses for Outcome 8 at jurisdictional level are not available prior to 2005-06. Outcome 8 commenced recording financial information at jurisdictional level in 2005-06.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Cross Portfolio Indigenous Hearing 2009-2010, 12 February 2010

Question: E10-168

OUTCOME 8: Indigenous Health

Topic: ABORIGINAL HEALTH

Written Question on Notice

Senator Siewert asked:

What evidence based research exists to prove that Divisions of General Practitioners can deliver Aboriginal health programs that are satisfactory to Aboriginal people?

Answer:

The Department does not have any specific research related to the Divisions of General Practice (Divisions) delivering Indigenous health programs. However, a number of Divisions have effectively delivered health programs to Indigenous Australians e.g. the Healthy for Life program is currently being successfully delivered by seven Divisions, with good take up by the local Indigenous communities, which demonstrates the proven ability of Divisions to deliver Indigenous specific health programs to the satisfaction of Indigenous people.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-185

OUTCOME 9: Private Health

Topic: PRIVATE HEALTH INSURANCE MEMBERSHIP

Hansard Page: CA 44

Senator Fierravanti-Wells asked:

In terms of membership numbers going into private health, how does this compare in the relevant quarters over the last five financial years, and as a proportion of the population of people taking up private insurance? In other words, over the last five years, how are the membership numbers comparing as a proportion of the population?

Answer:

The following table shows the number of people and proportion of the population with private hospital cover, for each quarter over the last five years.

Quarter Ended	Number of persons covered '000	Percentage of population covered
Dec-04	8,704	43.0%
Mar-05	8,706	42.8%
Jun-05	8,699	42.7%
Sep-05	8,757	42.8%
Dec-05	8,805	42.9%
Mar-06	8,829	42.8%
Jun-06	8,846	42.7%
Sep-06	8,928	42.9%
Dec-06	8,999	43.1%
Mar-07	9,068	43.2%
Jun-07	9,145	43.4%
Sep-07	9,292	43.9%
Dec-07	9,391	44.2%
Mar-08	9,477	44.4%
Jun-08	9,534	44.5%
Sep-08	9,602	44.6%
Dec-08	9,657	44.6%
Mar-09	9,702	44.6%
Jun-09	9,745	44.6%
Sep-09	9,821	44.7%
<b>Dec-09</b>	<b>9,866</b>	<b>44.7%</b>

Source: Private Health Insurance Administration Council

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-353

OUTCOME 9: Private Health

Topic: PRIVATE HEALTH INSURANCE REBATES

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) In the Government's first Budget changes were made to the Medicare Levy, in its second Budget it proposed changes to the Private Health Insurance rebates which the Senate has rejected - what other changes have been considered by the Department?
- b) Have other changes been proposed by the Department?
- c) Has the Government sought departmental submissions on other changes?

Answer:

- a) This question was asked by Senator Fierravanti-Wells at the Additional Estimates hearings of the Senate Community Affairs Committee on 10 February 2010. The response is at page CA 40 of Hansard.
- b) See a)
- c) See a).

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-354

OUTCOME 9: Private Health

Topic: PRIVATE HEALTH INSURANCE

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) When the estimated savings to the budget from the means testing of PHI were calculated, were the proposed savings part of the overall health budget savings or were they assigned to consolidated revenue or to fund other areas of government expenditure anywhere else - the pension increase for example?
- b) What does the Department understand that any savings from this measure would be used for?
- c) In your discussions with the Department of Finance, was the purpose of the savings discussed, or only the quantum?
- d) Did DoHA have any discussions with the Department of Families, Housing, Community Services and Indigenous Affairs about offering up any of these savings for pension increases?
- e) Did DoHA discuss offering up these estimated savings with PM&C or Treasury or Finance?

Answer:

- a) Estimated savings from the Fairer Private Health Insurance Rebate Tiers were allocated to consolidated revenue.
- b) The allocation of consolidated revenue is a decision of Government.
- c) The Department only discussed the estimated amount of savings with the Department of Finance and Deregulation.
- d) No.
- e) Estimated savings were modelled with Treasury and agreed with the Department of Finance and Deregulation.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-301

OUTCOME 3: Access to Medical Services

Topic: BULK BILLING RATES

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) What measures have the Department taken to ensure that bulk billing rates remain stable and/or increase?
- b) What impact could lower levels of bulk billing have on emergency department presentations?

Answer:

- a) Since 2004, the following Commonwealth programs have been introduced to improve the affordability of health care, including through higher rates of bulk billing:
  - In February 2004 General Practitioners (GPs) became eligible for additional payments when they bulk bill Commonwealth concession card holders and children under 16 years of age. These payments are currently \$5.70 in metropolitan areas and \$8.55 in rural areas, Tasmania, and eligible metropolitan areas.
  - In January 2005, rebates for non-hospital GP attendances were increased to 100 per cent of the Medicare Schedule fee.
  - In November 2009, bulk billing incentives for pathology were introduced for all Patient Episode Initiation (PEI) fees. PEI fees are Medicare benefits paid to pathologists for the collection of samples. The bulk-billing incentive is an additional \$1.60 for collections by public providers, and between \$2.00 and \$4.00 for collections by private pathology providers.
  - In November 2009, a bulk billing incentive to encourage diagnostic imaging (DI) providers to maintain or improve their rates of bulk billing. This incentive means that rebates for out of hospital bulk billed DI services are increased by up to 10 per cent of the schedule fee.
  - On 1 May, as a result of the Medicare Benefits Schedule (MBS) Review of primary care items, benefits for long and prolonged general practice attendances will increase. After hours items have also been rationalized and the period during which higher, after hours benefits apply to GP services has been extended.
- b) The Government is not aware of any recent research that demonstrates a direct relationship between bulk billing rates and inappropriate emergency department presentations.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-066

OUTCOME 10: Health System Capacity and Quality

Topic: BREAST AND OVARIAN CANCER

Written Question on Notice

Senator Adams asked:

- a) Can you please give the Committee a brief description of the recently launched online checklist for doctors, used to identify which women are at higher risk of ovarian or breast cancer?
- b) How is this checklist accessed and who has access to it?

Answer:

- a) National Breast and Ovarian Cancer Centre has developed a new online tool to assist general practitioners and other health professionals in assessing a woman's risk of breast or ovarian cancer based on family history.

The *Familial Risk Assessment - Breast and Ovarian Cancer* tool (the tool) will assist health professionals in identifying women who should be referred to a family cancer clinic for further assessment and advice, while reassuring the majority of women they are not at increased risk for ovarian or breast cancer based on their family history.

The tool takes a doctor and patient through a maximum of eight questions to provide an estimation of risk. Based on the answers supplied, the tool places a woman in one of three risk categories and provides advice on appropriate management options.

The tool was launched in February 2010, Australia's Ovarian Cancer Awareness Month.

- b) The online tool is designed for use by doctors as part of a consultation with a woman who is concerned about her risk of breast or ovarian cancer based on family history.

The online tool does not collect personal contact details of the patient or doctor, so women can be assured of their privacy.

The *Familial Risk Assessment - Breast and Ovarian Cancer* tool can be accessed online at [www.nbocc.org.au/fraboc](http://www.nbocc.org.au/fraboc)

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-030

OUTCOME 10: Health System Capacity and Quality

Topic: CANCER AUSTRALIA POLICIES

Written Question on Notice

Senator Xenophon asked:

- a) What programs or policies does Cancer Australia have in place to support innovative research in cancer treatment?
- b) Do these cover research that is in the early stages of development?
- c) How does Cancer Australia support researchers particularly in the early stages of research?
- d) If Cancer Australia is not involved in supporting research early on, what agencies fill this role?

Answer:

- a) Cancer Australia funds cancer research through the Priority-driven Collaborative Cancer Research Scheme (PdCCRS). This Scheme brings together Cancer Australia and other Government and non-Government organisations in a nationally co-ordinated approach to funding cancer research in priority areas. Research funded through the PdCCRS must relate to research priorities specified by Cancer Australia (or its funding partners).

Cancer Australia supports innovative research in cancer treatment through the setting of research priorities in the PdCCRS.

Research priorities of Cancer Australia include; the application of emerging new treatments and/or technologies, trials-based research in treatment, psychosocial care, supportive care, and/or palliative care, and evaluation of new treatments and technologies such as the role of Intensity-Modulated Radiation Therapy and Image-Guided Radiation Therapy in treatment and the role of positron emission tomography in biologically characterising treatment, response and subsequent prognosis.

Cancer Australia's funding to support research is provided through its dedicated budget for cancer research (\$4 million *per annum*) and through the *Boost Cancer Research* measure (total measure up to \$5 million *per annum*).

In the 2007–2009 rounds of the PdCCRS, Cancer Australia and its funding partners have funded 29 projects in cancer treatment totalling over \$12.8 million.

Cancer Australia also supports research into cancer treatment by supporting Australia's 13 Multi-site Collaborative National Cancer Clinical Trials Groups to build their capacity to conduct cancer clinical trials, and funding a *Regional Multi-site Clinical Trials Capacity Building Network* to expand the conduct of the clinical trials undertaken by these groups into regional areas.

The Multi-site Collaborative National Cancer Clinical Trials Groups and the *Regional Multi-site Clinical Trials Capacity Building Network* are funded through the *Support for Cancer Clinical Trials* program (\$5 million *per annum*) and *Boost Cancer Research* measure (up to \$5 million *per annum*).

- b) Research supported by the PdCCRS covers the full spectrum of cancer research from its early stages (basic biology) through to patient outcomes and survivorship research. Early stage cancer treatment research (Phase 1 clinical trials – first trials in humans) can be funded through the PdCCRS. It is up to the researchers to propose the research project.
- c) Cancer Australia supports researchers in the early stages of their research careers through the PdCCRS. Project grants of one year duration up to \$90,000 (GST-exclusive) are offered by Cancer Australia in partnership with the Cure Cancer Australia Foundation to support post-doctoral researchers with less than seven years post-doctoral experience.

Cancer Australia's PdCCRS research priorities do not exclude early stage research. As such, Cancer Australia can support researchers to undertake early stage research through the provision of project grant funding administered through the PdCCRS. It is up to the researchers to propose the research project.

- d) Other Government agencies such as the National Health and Medical Research Council (NHMRC) and the Australian Research Council also support early stage cancer research through the provision of research grants.

The NHMRC also have a range of scholarships and fellowships to support researchers in the early stages of their research careers.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-031

OUTCOME 10: Health System Capacity and Quality

Topic: CANCER RESEARCHERS

Written Question on Notice

Senator Xenophon asked:

What steps is Cancer Australia taking to ensure that researchers remain in Australia instead of taking advantage of overseas resources?

Answer:

The Priority-driven Collaborative Cancer Research Scheme (PdCCRS) offers the opportunity for Australian researchers to undertake research projects in Australia.

By partnering with other organisations to fund cancer research in the PdCCRS, Cancer Australia has helped to increase the cancer research grant funding available nationally. Cancer Australia in partnership with the Cure Cancer Australia Foundation has also created a funding opportunity for researchers in the early stages of their research careers through the PdCCRS (discussed above). Both of these initiatives have assisted to increase opportunities for researchers to undertake research in Australia.

Through the PdCCRS Cancer Australia fosters collaborations that are cross-disciplinary, national, multi-state or international, or involve key researchers in the area of endeavour involved. As such, Australian researchers can collaborate in an international research project, develop international partnerships, and expand their access to techniques and resources while remaining in Australia.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-032

OUTCOME 10: Health System Capacity and Quality

Topic: RESEARCH – DR BRENDAN COVENTRY

Written Question on Notice

Senator Xenophon asked:

- a) Is Cancer Australia aware of the research being undertaken by Dr Brendon Coventry in SA regarding cancer treatment cycles?
- b) Does Cancer Australia support this research and could it be a viable form of treatment?
- c) If so, what steps will Cancer Australia be taking to support the development of this program?

Answer:

- a) Cancer Australia is aware of the research into cancer treatment cycles being undertaken by Dr Coventry at the Royal Adelaide Hospital, which is seeking to improve the efficacy of chemotherapeutic and vaccine approaches to the treatment of melanoma and ovarian cancer.
- b) Cancer Australia is in favour of all high-quality, scientifically-based research that seeks to improve cancer outcomes and reduce the impact of cancer in the Australian community. Further research needs to be undertaken to demonstrate that this research has a positive therapeutic effect in a clinical setting.
- c) Clinical trials are fundamental to establishing if new cancer treatments are effective, and they help generate the evidence for best-practice cancer care.

Opportunities for funding trials-based cancer research exist through the Priority-driven Collaborative Cancer Research Scheme (PdCCRS). Dr Coventry is eligible to apply for funding through the PdCCRS.

Dr Coventry is also a member of the Australia and New Zealand Melanoma Trials Group (ANZMTG). Membership of this group provides Dr Coventry with the opportunity to plan and undertake national clinical trials. The ANZMTG is funded by Cancer Australia through the *Support for Cancer Clinical Trials* program.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-426

OUTCOME 10: Health System Capacity and Quality

Topic: ORAL CANCERS

Hansard Page: CA 127

Senator Fierravanti-Wells asked:

Please take on notice a question in relation to growing awareness in our community and, in particular, to oral cancers and where they sit in the priority and what work Cancer Australia may have done.

Answer:

In 2006, 2,853 people were diagnosed with oral cancers (cancers of the lip, oral cavity and pharynx) and 613 people died of these oral cancer. The Australian Government acknowledges the impact of oral cancer on the Australian population. Through its cancer agency Cancer Australia, the Australian Government provides a dedicated budget of \$4 million *per annum* for cancer research funding through the Priority-driven Collaborative Cancer Research Scheme. This Scheme brings together Cancer Australia and other Government and non-Government organisations in a nationally co-ordinated approach to funding cancer research. Through this scheme the Australian Government has already provided over \$263,000 to research directed towards improving responses of oral cancer to radiotherapy treatment.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-423

OUTCOME 10: Health System Capacity and Quality

Topic: eHEALTH

Written Question on Notice

Senator Boyce asked:

Would you be able to give me a list of who are the primary care sector vendors that NEHTA has been working with in terms of developing an implementation pathway?

Answer:

The National eHealth Transition Authority (NEHTA) is working with a significant number of vendors on implementation matters across both the primary care and jurisdictional environments.

NEHTA has consulted with its Vendor Reference Group, which consists of industry representatives nominated by the Medical Software Industry Association and the Australian Information Industry Association.

As a priority, NEHTA is working to identify opportunities to allow Divisions of General Practice to undertake early implementation projects. Once identified, the Divisions will then procure vendor services for their particular project.

In terms of the implementation of NEHTA's secure messaging initiative within primary care, NEHTA is working with:

2Hippo Pty Ltd	iSoft
ACSS	JAM Software Pty Ltd
ArgusConnect International Pty Ltd	Kestral Computing
Charm Health Pty Ltd	KeyTrust
Clarenston Pty Ltd (trading as Preferred Internet Provider and Preferred Hosted Services)	LRS Health
Clintel Systems Pty Ltd	Medical-Objects
Communicare Systems Pty Ltd	Mediflex Pty Ltd
Connectingcare	MedNetwork Systems Pty Ltd
Core Medical Solutions	Medtech Healthcare Pty Ltd
DataMotion Asia Pacific Limited	Ozdocsonline Pty Ltd
DDI Health	Pen Computer Systems Pty Ltd
D.R.A. Computing	Primary Healthcare

eClinic Pty Ltd	Pro Medicus Limited
eRx Script Exchange Pty Ltd	Rouesnel
Episoft Pty Ltd	ScanCARE Pty Ltd
Equipoise	SecureDome Pty Ltd
Extensia Health Solutions	Smart Health Solutions
Global Health	Sonic Healthcare
Health Communication Network Ltd (HCN)	Stat Health Systems
HealthLink	Townsville General Practice Network (TGPN)
Houston Medical	University of WA Centre for Software Practice (UWACSP)
Hunter Area Pathology Service	Westgate General Practice Network & Victoria University
IMVS	Zedmed Pty Ltd
IntraHealth Limited	

In terms of currently funded and active early implementation projects in the public hospital sector, NEHTA is working collaboratively with the vendors chosen by jurisdictions for those projects:

1. Cerner
2. Communicare
3. DCA
4. Initiate
5. Orion
6. PEN Computing

It should be noted that the above list will expand as jurisdictions procure additional vendor services on early implementation projects.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-424

OUTCOME 10: Health System Capacity and Quality

Topic: eHEALTH - TESTING WORKSHOP

Written Question on Notice

Senator Boyce asked:

- a) The testing workshop is happening in April, where?
- b) Does the testing workshop assume that all those software vendors want each other to see what they have done?
- c) Are they all going to be in the one room demonstrating how they think they have dealt with this issue?

Answer:

- a) The Integrating the Healthcare Enterprise (IHE) Secure Messaging Connectathon will take place in Canberra from the 19-23 April, 2010.
- b) The IHE Connectathon process provides an opportunity and facilities for software vendors to meet, set up their systems and test end to end connectivity for a range of products. Participation at the IHE Connectathon eliminates the need for software vendors to test their respective systems with each other on a case by case basis.

The testing process also builds positive relationships between companies at the technical level, which is important for dealing with connectivity issues in the marketplace, providing benefits vendors and customers alike.

Software vendors at the IHE Connectathon have the opportunity to share information with other vendors at their discretion. Vendors choose whether or not to participate.

Successful vendors are able to use an Integration Statement which recognises their result at the IHE Connectathon. Integration Statements are publicised by National eHealth Transition Authority (NEHTA) and IHE Australia and place vendors in a good position for future participation in NEHTA Conformance Compliance and Accreditation processes and at public showcasing of software products.

- c) The testing environment occurs in one room with all participants systems set up and able to test connectivity with the systems of other participants.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-425

OUTCOME 10: Health System Capacity and Quality

Topic: A NATIONAL STANDARD FOR EACH IDENTIFIER

Hansard Page: CA 125-126

Senator Boyce asked:

I understand there is an international standard – it is on 8824:1990(e) anybody who wants to know – that has been around for over 20 years now. On this basis of information that I have – and I am certainly not an expert on this topic – it is considered safe and robust, and yet it was not used for our identifiers.

- a) Can you tell me why?
- b) What we thought was wrong with the international identifier?
- c) What problems. If any, that could create in terms of international competitiveness for anyone developing software and the like here?

Answer:

- a) The National eHealth Transition Authority (NEHTA) has identified a number of International and Australian Standards that meet policy and stakeholder requirements for the design, development and implementation of the HI Service. They have adopted a range of standards in close consultation with key stakeholders, software vendors, and standards organisations such as Standards Australia. Some of these standards relate specifically to the implementation of the HI Service.

When determining a standards solution for the HI Service, NEHTA considers International Standards first and Australian Standards second to determine which standard meets the business or technical requirements. NEHTA also consider the maturity and acceptance of the standard, and the standard's appropriateness in the Australian context.

International Standard 8824:1990(e) has been superseded by International Standard 8824-1:2002. This standard provides a notation for defining the syntax of information data.

Standard ISO 7812-1:2006 specifies a numbering system for the identification of issuers of cards that require an issuer identification number to operate in international, interindustry and/or intra-industry interchange. This standard was selected as the appropriate Healthcare Identifier Numbering Specification because of its practical application in Australian healthcare settings and because it allows greater interoperability across both Australian and international health care settings.

Standard ISO 7812-1:2006 satisfies the following criteria:

- It identifies individual, provider and organisational subsets;
  - It includes a check digit for validation; and
  - All numbers (IHI, HPI-I and HPI-O) are of a consistent 16 digit length and may easily be presented on printed media (e.g. SmartCards, Health Cards, or Stationary as a Number or Barcode) and displayed on computer screens for presentation or data entry.
- b) ISO 7812-1:2006 was selected as the more appropriate standard as it provides for use within the Australian healthcare system and is interoperable in a variety of use case scenarios, including where the Standard ISO 8824-1:2002 is used. For example ISO 7812-1:2006 can work with health cards, HL7 Messaging, Patient ID wristbands, etc. The use of the ISO 7812-1:2006 standard allows greater interoperability and use across Australian and international health care settings.
- c) The healthcare identifiers comply with relevant international standards to permit global interoperability. Software vendors delivering products into the healthcare sector are already familiar with standards such as ISO 7812-1:2006 and would have implemented them in many of their products. The use of standard ISO 7812-1:2006 was recently raised by the healthcare software community in Australia. NEHTA has provided advice to vendors as to how the healthcare identifiers can be represented using these standards where appropriate.



ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-025

OUTCOME 10: Health System Capacity and Quality

Topic: EARLY STAGE RESEARCH FUNDING

Written Question on Notice

Senator Xenophon asked:

- a) What programs or policies does the NHMRC have in place to promote research in its early stages?
- b) How does the centre support researchers, particularly in the early stages of research?
- c) If the centre is not involved in supporting research early on, what funding is available to fill this role?

Answer:

a, b and c)

The following programs target researchers in the early stages of their careers. Because the emphasis in these programs is on developing a capacity for independent, original research the recipients of these awards are frequently involved in research in its early stages.

**Scholarships**

The aim of the scholarships scheme is to support outstanding Australian health and medical graduates early in their career so that they can be trained to conduct research that is internationally competitive and develop a capacity for original independent research. This is usually achieved by NHMRC funding its scholars to attain a PhD by full-time research.

**Training (Postdoctoral) Fellowship**

The purpose of NHMRC Training (Postdoctoral) Fellowships is to provide opportunities for Australian researchers to undertake research that is both of major importance in its field and of benefit to Australian health. Training (Postdoctoral) Fellowships provide a vehicle for training in basic research either in Australia or overseas (where appropriate). Awards are offered to a limited number of persons of outstanding ability who wish to make research a significant component of their career. These awards are open to researchers who have no more than two years post-doctoral experience.

### **Career Development Awards**

The awards are available to researchers in the early to mid-stages of their careers and are open to researchers who have less than twelve years post-doctoral experience.

The proposed research must be internationally competitive, develop capacity for original independent research, develop research leadership skills and help to establish researchers as independent and self-directed, in a research program or as part of a research team.

### **Project Grants**

The Project Grants funding scheme is NHMRC's main avenue of support for individuals and teams of researchers undertaking biomedical, clinical, public health and health services research in Australian universities, medical schools, hospitals or other research institutions.

The primary objective of the Project Grants scheme is to support individual researchers and research teams to conduct the highest quality research across all fields of research relevant to health, on projects chosen by researchers. Early stage 'proof-of-principle' and hypothesis driven research is eligible for funding under the scheme, as is research that informs health policy and decision making, and effective implementation of health and medical interventions in community and clinical settings.

The scheme also aims to provide opportunities for early career researchers to gain funding for high quality projects.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-027

OUTCOME 10: Health System Capacity and Quality

Topic: FUNDING RESEARCH

Written Question on Notice

Senator Xenophon asked:

- a) How does NHMRC encourage researchers to stay in Australia instead of going overseas to take advantage of 'innovation grants' to fund their research in the early stages?
- b) If there are no grants or funding available for innovative research, how will the NHMRC ensure that we do not lose important scientists and research overseas?

Answer:

- a) NHMRC funds innovative research through all its schemes and this research must be based in Australia.

The Postdoctoral (Training) Fellowships scheme has an overseas category of award which requires researchers to spend the first two years of their award overseas to gain international experience but then stipulates that they must return to Australia to continue their research for the next two years of the award.

The Australia Fellowship is an award to support the salary and research of outstanding researchers with a vision to expand the scale and scope of Australian health and medical research. This scheme has a particular focus on innovative research and Australia Fellows conduct innovative research at the highest international levels. One of the objectives of this scheme is to retain the skills of outstanding researchers in Australia.

The aims of the scheme are to:

- support the most outstanding and creative health and/or medical researchers across the range of disciplines in biomedical, clinical, health services and public health research;
- foster the expansion of the scale and scope of Australian health and medical research including innovative research that is transformative and with high impact potential;
- build excellent research teams in Australia, foster mentoring and collaboration and provide opportunities for talented researchers; and
- undertake research that is of major importance, potentially high impact and of significant benefit to Australians.

In the final round of the Australian Fellowships, NHMRC particularly encourages applications from health and medical researchers whose record of research achievements and vision for the Fellowship, contribute to the translation of discoveries into improvements in clinical care, health services and public health.

The Centres of Research Excellence (CRE) Scheme replaces the Centres for Clinical Research Excellence Scheme and the Capacity Building Grants in Population Health and Health Services Research.

In 2009, the CRE Scheme sought applications from teams of researchers to pursue innovative, high quality collaborative research activities in the following priority areas:

- Clinical Research
- Research into Asbestos Related Diseases
- Population Health Research
- Electromagnetic Energy Research
- Health Services Research

The CRE will build capacity, support research that will lead to improved community health outcomes, and ensure effective translation of research outcomes primarily into practice.

Another example of fostering innovation in Australia is our Development Grants Scheme. This scheme aims to

- increase, facilitate and expedite the translation of health and medical research outcomes through to commercialisation;
- stimulate technological innovation in the university, hospital and research institute sectors; and
- provide a potential mechanism through which projects may progress to a stage that makes them competitive to receive funding through business development programs within the Department of Innovation, Industry, Science and Research or through private sector investment.

- b) Innovation is a key assessment criteria of major NHMRC funding schemes. This research must be conducted through an Australian institution which ensures that important researchers and scientists remain in Australia.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-028

OUTCOME 10: Health System Capacity and Quality

Topic: H1N1 VACCINES

Written Question on Notice

Senator Xenophon asked:

- a) What process was undertaken by NHMRC to assess applications for research grants for development of H1N1 vaccines?
- b) How many applications were received?
- c) How many grants were issued?

Answer:

- a) The purpose of the urgent call for research proposals on H1N1 Human Swine Influenza was to inform public policy on the biology of the virus and for research to ensure good decision making for the management of H1N1 influenza in the community and in individual patient care. While the call was not focussed on vaccine development, all such applications were accepted for consideration.

The NHMRC announced the call for research on 29 May 2009. Applications closed at 5pm on 22 June 2009.

To assess the applications received, the CEO of the NHMRC appointed a Peer Review Panel comprising:

- Chair – Professor Jim Best, Dean of the School of Medicine, University of Melbourne and Chair of the NHMRC's Research Committee
- Professor Paddy Phillips, Chief Medical Officer for SA, and Flinders University
- Dr Charles Guest, Chief Health Officer, ACT
- Professor Matthew Gillespie, Director of the Prince Henry's Institute for Medical Research
- Clinical Associate Professor Lance Jennings, University of Otago, New Zealand - Virologist, specialising in understanding influenza pandemics
- Honorary Professor John Mathews, University of Melbourne - Public Health / Epidemiology
- Professor Kanta Subbarao (USA), National Institute of Allergy, Immunology / Virologist / Pediatrician; Chief of the Emerging Respiratory Viruses Section
- Professor Niels Becker, ANU - Public/Population Health; Epidemiology/Biostatistician

- Professor Subhash Vasudevan; Virologist, Duke campus of the National University of Singapore
- Dr Tuckweng Kok, Chief Medical Scientist (Chief Virologist), Institute of Medical and Veterinary Sciences, Adelaide
- Dr Allen Cheng, Alfred Hospital, Infectious Diseases, Epidemiology

Following declarations of Conflicts of Interest, each application was allocated to at least two members of the Peer Review Panel and one of those members was asked to be the primary spokesperson for a grant.

Spokespersons were provided with an assessment proforma that detailed the assessment criteria as per the policy document published on the NHMRC's website:

1. Relevance to the aims of this Urgent Call for Research
2. Scientific quality/merit and/or innovation
3. Qualifications and evidence of experience of investigator/s in the use of proposed research techniques
4. Overall project design, method and feasibility
5. Strength of the proposed research team/consortium
6. Ability to commence and complete the proposed research within the given timeframe
7. Value for money

The spokespersons were asked to rate each criterion on the seven-point scale normally used by the NHMRC to assess project grant applications.

Spokespersons were asked to provide recommendations as to whether any of the applications should be removed from further consideration based on all seven selection criteria: They were particularly asked to consider the capability of the researchers to report their findings by December 2009 and their track record of excellence in the field.

The Peer Review Panel met in Canberra on Monday 29 June 2009 and largely followed the NHMRC's Project Grant Review Panel processes in considering the applications, including scrutiny of the requested budget. All recommendations from spokespersons to remove non-competitive applications were ratified by the full panel (excluding conflicts of interest) at the 29 June meeting.

The recommendations from the Peer Review Panel were subsequently considered by the NHMRC's Research Committee and Council (both on 30 June 2009). Council agreed that the CEO should advise the Minister for Health and Ageing to make funding of \$6.97 million available from the Medical Research Endowment Account. The Minister for Health and Ageing announced the successful applicants on 8 July 2009

- b) 110 applications were received.
- c) 41 applications were funded.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-029

OUTCOME 10: Health System Capacity and Quality

Topic: VAXINE

Written Question on Notice

Senator Xenophon asked:

One of the applications to the NHMRC for a research grant was Dr Nikolai Petrovsky, who was leading a team of researchers at South Australia's Flinders Medical Centre to develop Vaxine, an egg-free vaccination against H1N1. When I asked a question during Senate Question Time on 13 August 2009 regarding this, the answer was that 'grant recipients were required to have results by December 2009. Vaxine was unable to show the NHMRC, I am informed, that they would be able to have their results by that time. I have been advised, however, that Vaxine did in fact have their results in order by the December deadline.

- a) Is it correct that a grant was awarded to a nanotechnology vaccine patch that would take 10 to 15 years to develop?
- b) Given the sense of urgency at the time for an effective and immediate vaccination against H1N1, how does an applicant with a 10 to 15 year proposal receive a grant, over a team of researchers who already had a vaccination underway?

Answer:

- a) No. The NHMRC provided funding for research proposals on Human Pandemic H1N1 Influenza for only one year.
- b) The research proposals funded under the NHMRC call for research proposals on Human Pandemic H1N1 Influenza were awarded following expert peer review against strict criteria that were applied to all applications.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-058

OUTCOME 10: Health System Capacity and Quality

Topic: HUMAN CLONING

Written Question on Notice

Senator Barnett asked:

- a) What steps have been taken to establish the independent review of the operation of the *Prohibition of Human Cloning For Reproduction Act 2002* and the *Research Involving Human Embryos Act 2002* each as amended by the *Prohibition of Human Cloning for Reproduction and the Regulation of Human Embryo Research Amendment Act 2006* as required by Section 25A of the *Prohibition of Human Cloning For Reproduction Act 2002* and by Section 47A of the *Research Involving Human Embryos Act 2002* to be undertaken as soon as possible after the third anniversary of the day on which the amending Act received Royal Assent (12 December 2006)?
- b) When is it anticipated that the composition of the committee that will conduct the review will be announced?

Answer:

- a) The Parliamentary Secretary for Health, the Hon Mark Butler MP, has written to each state and territory government and to bodies prescribed under the *Research Involving Human Embryos Regulations 2004*, seeking their views on suitable persons to appoint to the Review Committee.

The Parliamentary Secretary for Health, the Hon Mark Butler MP, is currently considering those names.

- b) Before the composition of the committee to undertake the Review can be announced, all states and territories must agree to the persons selected.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-026

OUTCOME 10: Health System Capacity and Quality

Topic: NHMRC FUNDING

Written Question on Notice

Senator Xenophon asked:

My understanding is that NHMRC funding is only available to projects where preliminary research has already been done. Is this correct?

Answer:

No, NHMRC research funding is awarded following rigorous peer review. In the case of:

- Project Grants, against the criteria of scientific quality, significance and innovation and track record relative to opportunity.
- Program Grants, against the criteria of research achievement, research strategy and collaborative gain.
- Partnership Project Grants, against the criteria of track records of the chief investigators relative to opportunity, scientific quality of the proposal and methodology, relevance and likelihood to influence health and research policy and strength of partnership.

NHMRC people support schemes and researchers at all stages of their careers and support research projects at all stages of development.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-124

OUTCOME 10: Health System Capacity and Quality

Topic: NATIONAL RESEARCH CENTRE FOR ASBESTOS RELATED DISEASES  
(NCARD)

Written Question on Notice

Senator Xenophon asked:

- a) What programs or policies does the centre have in place to promote innovative research in mesothelioma treatment?
- b) Do these cover research that is in the early stages of development?
- c) How does the centre support researchers, particularly in the early stages of research?
- d) If the centre is not involved in supporting research early on, what agencies fill this role?
- e) Is the centre aware of proposed research by Dr Doug Henderson and his colleagues from SA into the use of aquaporins to treat pleural effusions?
- f) Does the centre think that this is a valid avenue of research?
- g) If so, what steps will the Centre be able to take to support Dr Henderson and his colleagues in their research?

Answer:

NHMRC has no role in determining NCARD policies.

- a) NHMRC provided the seed funding for the establishment of the Centre. The establishment of the NCARD was an element of the Government's Strengthening Cancer initiative.
  - The NCARD is led by Professor Bruce Robinson and administered by the University of Western Australia (UWA).
  - \$6.2 million over three years is provided as part of the Australian Government's strategy for the centre and grant funding.
  - An additional \$413,431 over three years is provided to UWA to administer NCARD.

The Centre is formally hosted by the UWA and based at the leading Western Australian Institute for Medical Research (WAIMR).

WAIMR works in partnership with the WA Department of Health and the state's public hospitals.

NHMRC funding of research at NCARD is determined through NHMRC's normal competitive, peer review funding schemes.

- b) Through NHMRC, \$6.2 million was provided to set up the NCARD collaboration, with \$5.8 million of this allocated in a competitive grants process to 11 research centres across Australia, including the University of Western Australia, Peter MacCallum Centre in Victoria, James Cook University in Queensland, and The Prince Charles Hospital in Queensland. The remaining \$0.4 million has been used to support NCARD at the University of Western Australia to administer and coordinate the research network.

NCARD's research projects include:

- A study of epidemiology and community consequences of asbestos exposure.
  - The development of sensitive serum markers for improved diagnosis, monitoring and screening for early detection of mesothelioma.
  - An investigation of the importance of specific genes in asbestos-related disorders and their relationship to environmental factors.
  - The development of a national resource for mouse models, to help understand the disease in humans and provide essential data for clinical trials.
  - An investigation of mechanisms to inhibit the body's collagen production to slow growth in malignant mesothelioma tumours.
  - A combination of conventional therapies with immuno/gene therapies that encourage the body's own anti-cancer immune responses.
  - An investigation of ways to improve the ability to measure patient responses to chemotherapy treatment.
  - An examination of chromosomal changes in cancer cells to help improve the early detection of mesothelioma.
  - The development of a sustainable community-based response to asbestos-related disease in Aboriginal communities.
  - A study of people with chronic obstructive pulmonary disease who were formerly exposed to asbestos and cigarette smoke.
- c) NHMRC does not participate in the development of the Centre's policies and/or procedures.
- d) Research support is available from both government and non-government agencies. All NCARD researchers are able to apply for research funding through NHMRC.

The NHMRC, under its Act, has specific requirements for its research funding, which is provided on a competitive basis subsequent to receiving applications in defined periods each year, for defined categories of grants and awards.

In Australia, additional funding for asbestos related research is also provided through the Slater and Gordon Asbestos Research Fund which offers an annual research award of the Australian Lung Foundation to the value of \$30,000; and The Vojakovic Fellowship. This fund also provides additional awards for research into asbestos related diseases.

- e) NHMRC is not aware of correspondence NCARD may have had with individual researchers.
- f) See e).
- g) See e).

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-428

OUTCOME 10: Health System Capacity and Quality

Topic: HEALTH AND HOSPITAL REFORM COMMISSION

Hansard Page: CA 10

Senator Fierravanti-Wells asked:

When was the decision to give the National Health and Hospital Reform Commission its commission or to look at reforming the long-term health reform plan? When was that given?

Answer:

The terms of reference and appointments to the National Health and Hospital Reform Commission were announced on 25 February 2008.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-430

OUTCOME 10: Health System Capacity and Quality

Topic: INTERNATIONAL CONSULTANT ENGAGED BY AUSTRALIAN  
COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE (ACSQHC)

Hansard Page: CA 16

Senator Fierravanti-Wells requested:

Information on a contract for the professional services of an international adviser, Ross McLaren Wilson, a contract of \$77,000 from 1 July 2008 to 30 June 2009. What was he advising on and why was there a need to go to an international adviser for those services?

Answer:

The contract was for an adviser to the ACSQHC, which is a sub-committee of the Australian Health Minister's Conference. Its funding is shared 50/50 between the Commonwealth and the States and Territories.

In 2008, the Commission Members of the ACSQHC recognised that they needed an improved understanding of international developments in the patient safety and quality arena and engaged Dr Ross Wilson to provide strategic advice on international developments in safety and quality in healthcare.

Dr Wilson was engaged because he is well-placed to interpret international developments in healthcare safety and quality from an Australian perspective. He is an Australian who is internationally regarded as an expert in healthcare safety and quality and now works as the Deputy Chief Medical Officer for the New York City Health and Hospitals Corporation, the largest municipal hospital and health care system in the United States, where he is responsible for safety and quality of care. He was co-author of the ground-breaking *Quality in Australian Healthcare* study published in 1995 and has acted as a consultant to major international health agencies such as the World Health Organisation and the Institute of Health Improvement (USA).

During the term of his contract Dr Wilson engaged in regular teleconferences with the Commission, made a number of presentations in Australia to Commission staff on the latest international developments, and provided guidance on a regular basis at short notice to the Commission's Chief Executive from an international perspective on contemporary matters being examined by the Commission.

The contracted amount was \$77,000 including a component for travel and other incidentals. The travel component was not required. During the term of his contract (2008-09) Dr Wilson was paid a total of \$50,000 for his services.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-355

OUTCOME 10: Health System Capacity and Quality

Topic: REGIONAL CANCER CENTRES

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) Can the Department give an update on progress on the regional cancer centre initiative?
- b) How many proposals have been received?
- c) How many are from the public sector?
- d) How many from the private sector?
- e) Has advice been provided to the Minister or her office on progress or results?
- f) When was this advice provided?
- g) When is an announcement of the successful bids expected?

Answer:

a – g)

The Health and Hospitals Fund (HHF) Regional Cancer Centres Initiative Invitation to Apply process closed on 8 January 2010. 37 proposals were received. The proposals were referred to the HHF Advisory Board for assessment against the HHF evaluation criteria and Regional Cancer Centres guiding principles. The HHF Advisory Board has provided its assessment to Government. Government announced the first tranche of successful regional cancer centre projects on 7 April 2010.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-102

OUTCOME 11: Mental Health

Topic: MENTAL HEALTH SERVICES IN RURAL AND REMOTE AREAS

Written Question on Notice

Senator Siewert asked:

Mental Health Services in Rural and Remote Areas initiative provides \$59.737 million over five years (2006-07 - 2010-11). How much of this has been spent and where?

Answer:

A total of \$59.737 million has been allocated to the program over the five year period (2006-07 to 2010-11). \$50.8 million is committed through existing contracts. As at 31 January 2010, \$30.89 million has been paid to organisations. \$19.91 million will be paid over the remainder of the contract period. \$8.76 million will be committed through contract Deeds of Variation to extend the terms of funding under Stage One of the program. \$177,000 has been committed to an evaluation of the program.

15 organisations have been provided with \$20.3 million under Stage One of the program which runs from May 2007 until December 2009. Funding for Stage One organisations is in the process of being extended to 30 June 2011. As at 31 January 2010, \$17.783 million has been expended under existing contracts. The balance will be paid this financial year once contract Deeds of Variation, to extend the term of funding under Stage One, have been finalised.

Twenty four organisations were funded \$30.5 million under Stage Two of the program which runs from May 2008 until June 2011. As at 31 January 2010, \$13.096 million has been expended under the existing contracts. The balance of the funding is payable over the remaining funding term in line with contract arrangements.



Funding paid to individual organisations as at 31 January 2010 is as follows:

<b>STAGE ONE</b>	
<b>ORGANISATION</b>	<b>\$ PAID (as at 31 Jan 2010)</b>
General Practice Network NT (Central)	\$1,742,182.19
Eastern Goldfields Medical Division of General Practice (DGP)	\$851,950.00
Eyre Peninsula DGP	\$788,422.80
Kimberley DGP	\$1,889,533.50
Mallee DGP	\$875,000.00
Midwest DGP	\$907,940.99
Nganampa Health Council	\$895,935.00
North and West Queensland Primary Health Care	\$896,494.49
North West Slopes DGP	\$1,917,245.00
North West Tasmania DGP	\$962,500.00
General Practice Down South	\$1,109,863.01
Royal Flying Doctors QLD	\$2,211,492.07
General Practice Network NT (Top End)	\$1,615,311.21
Wuchopperen Health Service	\$893,907.28
Frontier Services	\$225,179.00
<b>TOTAL</b>	<b>\$17,782,956.54</b>

<b>STAGE TWO</b>	
<b>ORGANISATION</b>	<b>\$ PAID (as at 31 Jan 2010)</b>
Australian Council of RFDS	\$1,087,781.98
NSW Outback DGP	\$562,295.00
Barwon DGP	\$738,426.44
New England DGP	\$721,675.00
South East NSW DGP	\$472,976.89
Hunter Rural DGP	\$575,046.20
Dubbo Plains DGP	\$444,549.50
General Practice Network NT (Top End)	\$707,772.22
RFDS - Qld	\$803,225.00
Far Nth Qld Rural DGP	\$284,273.20
Central Qld Rural DGP	\$446,751.29
Southern Qld Rural DGP	\$500,907.00
Mallee DGP	\$239,310.00
West Vic DGP	\$388,247.12
Murray Plains DGP	\$552,484.00
North East Vic DGP	\$600,063.00
North West Tasmania DGP	\$207,390.99
Pilbara DGP	\$561,434.80
Eastern Goldfields Medical DGP	\$526,025.78
Midwest DGP	\$641,350.94
Flinders and Far North DGP	\$427,479.38
Yorke Peninsula DGP	\$562,738.59
Wuchopperen Health Service	\$380,236.70
Goulburn Valley DGP	\$663,882.00
<b>TOTAL</b>	<b>\$13,096,323.02</b>

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-105

OUTCOME 11: Mental Health

Topic: MENTAL HEALTH IN RURAL AREAS

Written Question on Notice

Senator Siewert asked:

What efforts are being done to reduce the reliance on a GP based mental health model in rural areas when the Rural Doctors Association of Australia has continually said there is a shortage of doctors and it cannot fill all the GP jobs that are available or needed?

Answer:

The Australian Government recognises that fee for service arrangements need to be complemented by fund holding arrangements, especially for hard to reach groups or those who have difficulty accessing GPs.

The Access to Allied Psychological Services (ATAPS) program enables consumers to be referred to allied mental health professionals who deliver focused psychological strategies through Divisions of General Practice and target hard to reach groups such as people in rural and remote communities.

The Mental Health Services in Rural and Remote Areas (MHSRRA) program provides funding for allied and nursing mental health professionals in rural and remote Australian communities that would otherwise have little or very limited access to mental health services.

The ATAPS and MHSRRA programs allow access for people with a diagnosable mental health disorder to allied and nursing mental health professionals such as psychologists, social workers, occupational therapists, mental health nurses, Aboriginal health workers and Aboriginal mental health workers. There is flexibility, where clinically required, for the delivery of mental health services to commence and for GP referral to be subsequently provided.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-099

OUTCOME 11: Mental Health

Topic: SUPPORT FOR DAY TO DAY LIVING IN THE COMMUNITY (D2DL)  
PROGRAM

Written Question on Notice

Senator Siewert asked:

Has the day to day living in the Community program been scaled back?

Answer:

No. Funding of approximately \$40.5 million over five years is being provided to the D2DL Program. The annual breakdown of funding is as follows:

Phase One			Phase Two		Total
2006-07	2007-08	2008-09	2009-10	2010-11	
\$3.9m	\$8.7m	\$8.7m	\$9.4m	\$9.8m	\$40.5m
\$21.3m			\$19.2m		\$40.5m

Funding during phase one was over a three year period and included an establishment costs component. Funding for phase two (2009-11) is over two years and recognises that the program is now fully operational.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-103

OUTCOME 11: Mental Health

Topic: EXPANDING SUICIDE PREVENTION

Written Question on Notice

Senator Siewert asked:

How much of the Expanding Suicide Prevention Programmes funding of \$62.4 million has actually been spent on programs on the ground? This information was not detailed in the Progress report May 2009.

Answer:

The total National Suicide Prevention Program (NSPP) funding for the five financial years, 2006-07 to 2010-11, is \$102.603 million as at 31 January 2010 including the additional investment of \$62.4 million under the *COAG Expanding Suicide Prevention Programme*. Of this, \$81.441 million (or 79.4% of total funding) as at 31 January 2010 has been committed for programs that implement activities and services 'on the ground.' This includes both locally designed and implemented community projects, and national projects which have proven to be effective and have been systematically rolled out at a local level to provide on the ground services, resources and activities. The remaining funding supports national projects such as research, communications, governance and funding for national non government organisations.

The following table provides a breakdown of the total funding allocated across the five years and actual expenditure and commitments for 'on the ground' or direct service related programs.

<b>NSPP FUNDING FOR 'ON THE GROUND' PROGRAMS</b>						
All amounts are GST Exclusive						
<b>'On the ground' Programs</b>	<b>2006-07</b>	<b>2007-08</b>	<b>2008-09</b>	<b>2009-10</b>	<b>2010-11</b>	<b>Program Totals</b>
Locally designed and implemented programs, eg The Older Men's Network in Towoomba Qld or Koori Kids in NSW.	8,439,658	7,137,053	7,916,780	8,876,765	6,990,138	39,360,395
Proven national programs that provide on the ground activities and services and have been rolled out at a local level, eg OzHelp or StandBy Bereavement Support Services.	6,245,900	9,468,608	9,903,759	8,840,115	7,622,176	42,080,560
<b>TOTAL</b>	<b>14,685,558</b>	<b>16,605,661</b>	<b>17,820,540</b>	<b>17,716,881</b>	<b>14,612,314</b>	<b>81,440,954</b>
<b>% of total NSPP funding</b>	<b>84.8%</b>	<b>88.6%</b>	<b>86.4%</b>	<b>80.0%</b>	<b>61.4%</b>	<b>79.4%</b>
	<b>2006-07</b>	<b>2007-08</b>	<b>2008-09</b>	<b>2009-10</b>	<b>2010-11</b>	<b>Program Totals</b>
<b>Other National Programs</b>	<b>2,625,538</b>	<b>2,131,145</b>	<b>2,802,561</b>	<b>2,432,656</b>	<b>1,571,125</b>	<b>11,563,026</b>
<b>% of total NSPP funding</b>	<b>15.2%</b>	<b>11.4%</b>	<b>13.6%</b>	<b>11.0%</b>	<b>6.6%</b>	<b>11.3%</b>
<b>TOTAL - Uncommitted Funds as at 31 January 2010</b>				<b>2,002,463</b>	<b>7,596,561</b>	<b>9,599,024</b>
<b>GRAND TOTAL - NSPP Programs</b>	<b>17,311,096</b>	<b>18,736,806</b>	<b>20,623,101</b>	<b>22,152,000</b>	<b>23,780,000</b>	<b>102,603,004</b>



**Australian Government**  
**Department of Health and Ageing**

Ms Naomi Bleeser  
Secretary  
Senate Community Affairs Committee  
Parliament House  
CANBERRA ACT 2066

Dear Ms Bleeser

**Request for Amendment to Evidence Provided at the Additional Estimates Hearing,  
10 February 2010: Outcome 11 Mental Health**

I am writing to correct a statement that I made at the Additional Estimates Hearing of the Senate Community Affairs Committee on 10 February 2010.

Senator Siewert asked the following question in relation to the rural and remote area services measure:

“As I understand it, that program has nearly \$60 million over five years. Is that correct?”

My response was as follows:

“The mental health services in rural and remote areas has got \$6.7 million over four years.”

However, in light of subsequent revision, the response should now be amended as follows (changes are underlined):

“In the 2009/10 Budget, additional funding of \$6.7 million over four years has been allocated to the Mental Health Services in Rural and Remote Areas Program.”

The evidence provided by Ms Virginia Hart provided an accurate overview of total funding for the program.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Georgie Harman'.

Georgie Harman  
First Assistant Secretary  
Mental Health and Chronic Disease Division

23 February 2010

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-193

OUTCOME 12: Health Workforce Capacity

Topic: BRINGING NURSES BACK INTO THE WORKFORCE

Written Question on Notice

Senator Boyce asked:

When the Bringing Nurses back into the Workforce Program began, there was an estimated 30,000 qualified nurses who could rejoin the workforce. Does the department have a current estimate of how many qualified nurses there are currently working in occupations other than nursing?

Answer:

The latest data available from the *AIHW Nursing and midwifery labour force 2007* indicated there are 28,537 qualified nurses not in the nursing workforce. Of these, 12,628 are employed in other occupations in Australia.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-171

OUTCOME 12: Health Workforce Capacity

Topic: BRINGING NURSES BACK INTO THE WORKFORCE

Hansard Page: CA 115

Senator Boyce asked:

Of the 617 nurses as at 30 November 2009 that have returned (to the hospital workforce as a result of the BNBW program), would you be able to split that between public and private hospitals?

Answer:

Of the 617 nurses that have returned to the workforce as at 29 November 2009, 132 of those have returned to the private sector, and 485 have returned to the public sector.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-172

OUTCOME 12: Health Workforce Capacity

Topic: NURSING WORKFORCE

Hansard Page: CA 116

Senator Boyce asked:

Do you have a current estimate of how many qualified nurses there are currently working outside the nursing workforce?

Answer:

The latest data available from the *AIHW Nursing and midwifery labour force 2007* indicated there are 28,537 qualified nurses not in the nursing workforce. Of these, 12,628 are employed in other occupations in Australia.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question no: E10-174

OUTCOME 12: Health Workforce Capacity

Topic: MEDICAL SPECIALIST TRAINING PLACES

Hansard Page: CA 116

Senator Fierravanti-Wells asked:

Can you provide some statistics around (the 350 training opportunities in specialist training this year) in terms of how many you have already?

Answer:

In the 2009 academic year the Specialist Training Program supported 332 training places. In the 2010 academic year the Specialist Training Program will offer funding for around 365 training places.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-358

OUTCOME 12: Health Workforce Capacity

Topic: CLINICAL TEACHING AND TRAINING INFRASTRUCTURE GRANTS AND INCREASED CLINICAL TRAINING CAPACITY GRANTS

Written Question on Notice

Senator Fierravanti-Wells asked:

Clinical Teaching and Training Infrastructure Grants and Increased Clinical Training Capacity Grants:

- a) Are there experts from the range of relevant settings and expertise involved in the assessment - for example, public hospitals, private hospitals, non-acute settings, medical and other health education and training?
- b) Why is there no detail available for applicants on how the grant applications will be assessed?
- c) When is an announcement of the successful bidders expected?

Answer:

- a) Departmental staff (including advisors) from a range of areas across the Department have been involved in the assessment of proposals. Jurisdictions have also been asked to provide comments.
- b) Section 5 of the Applicant Guidelines provides detail on the assessment process.
- c) An announcement is expected in the second quarter of 2010.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10-12 February 2010

Question: E10-136

OUTCOME 12: Health Workforce Capacity

Topic: RURAL CLINICAL SCHOOLS

Written Question on Notice

Senator Adams asked:

- a) Are the Rural Clinical Schools able to meet the demands from medical undergraduates for training in regional areas?
- b) What are the estimates of the number of medical undergraduates who will spend some of their time in a rural clinical school over the next few years?
- c) Is there evidence that students who spend some of their medical training in the rural clinical school are more likely to end up practising in a rural area?
- d) What role do the university departments of rural health have in supporting regional medical education?

Answer:

- a) Universities participating in the Rural Clinical Schools Program are required to ensure at least 25% of their Commonwealth Supported students undertake at least one year at a Rural Clinical School (RCS). All participants are meeting this target. Reports from participating universities indicate that some RCSs have more students apply than there are placements available. Demand for rural training is managed by each university and some exceed the 25% target. In 2009, 29.6% of Commonwealth Supported graduates at participating universities are likely to have completed at least one year at a Rural Clinical School.
- b) Based on the predictive 25% minimum training target, the following number of students are anticipated to graduate over the next three years having completed a year of training at an RCS.  
2010: 495  
2011: 605  
2012: 670
- c) Definitive health workforce outcomes for rural training programs are difficult to quantify due to the long lead time between the commencement of training and a students final choice of career location. However, current data based on student career intentions suggests that the program is generating valuable rural workforce outcomes. These include studies like:



- In 2006, the Federation of Rural Australia Medical Educators surveyed 125 students across 6 RCSs and found that 86% agreed they would consider rural practice after their RCS placement. 85% agreed that their RCS experience increased their interest in rural training and practice.
  - In 2009, the University of Queensland surveyed 180 medical graduates (years 2002-06) working in non-urban locations who had spent at least one year at their RCS. The study found that time spent at the RCS was the biggest factor that contributed to interest in a rural career.
  - In 2008, Flinders University surveyed 74 graduates (years 1998-2000) about the success of the Northern Territory Clinical School (NTCS) and the Parallel Rural Community Curriculum (PRCC) streams of study in encouraging students to undertake rural practice. The results showed that PRCC graduates were 19.1 and NTCS graduates 4.3 times more likely to choose a rural career path than their peers who studied in Adelaide.
- d) The overarching objectives of the University Departments of Rural Health Program are to:
- a) increase and improve rural experiences, including training to encourage cultural awareness and sensitivity to Indigenous health issues, for undergraduate students in the health professions.
  - b) expand educational opportunities relevant to rural and remote practice, in particular in relation to existing rural and remote health professionals and indigenous students.
  - c) undertake research into rural and remote health issues, including publication of papers and reports and applying for research grants and consultancies.
  - d) provide training and support for rural health professionals (including mentors, supervisors and preceptors), consumers and communities, including indigenous communities.
  - e) contribute to innovation in education, research and service development through collaborations with universities, health services and professional and community organisations, including indigenous communities.
  - f) embrace a strong public or population health focus; and contribute to the development of innovative service delivery models in rural and remote health.
  - g) endeavour to progress the rural health agenda within the medical and other health sciences faculties or departments to maximise the efficient use of resources provided for a range of rural health programs. These programs include, but are not limited to, the Rural Undergraduate Support and Coordination program, the Primary Health Care Research Education Development program and the Rural Clinical Schools program.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010 10 February 2010

Question: E10-187

OUTCOME 12: Health Workforce Capacity

Topic: OVERSEAS TRAINED DOCTORS

Written Question on Notice

Senator Boyce asked:

I refer to a statement issued on January 2 2010, by the Australian Doctors Trained Overseas Association which states: 'Australia has the dubious distinction of being the only OECD country where a doctor's rights are largely determined by their country of origin in the form of the ten year moratorium' and further: 'The moratorium is a blatant form of discrimination which contravenes the International Charter of Human Rights of which Australia is a signatory.' Does the Department accept that the moratorium is a contravention of the International Charter of Human Rights, and if not, why not?

Answer:

The operation of section 19AB of the *Health Insurance Act 1973* (the Act) does not restrict overseas trained doctors (OTDs) from working in Australia on the basis of their country of origin.

Section 19AB the Act restricts overseas trained doctors (OTDs) from accessing the Medicare benefits arrangements for a period of generally ten years unless they work in a district of workforce shortage. These restrictions are referred to as the 'ten year moratorium'.

The ten year moratorium applies to all OTDs, independent of nationality or citizenship, and is based on the doctor's residency status at the time that he/she commenced medical school.

Section 19AB of the Act does not restrict OTDs from working in the public health system, or other positions that do not require Medicare billing, if they so choose. OTDs are not forced to work in a specific location, or provide specific services, by the operation of this piece of legislation.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10-12 February 2010

Question: E10-359

OUTCOME 12: Health Workforce Capacity

Topic: OVERSEAS TRAINED DOCTORS

Written Question on Notice

Senator Fierravanti-Wells asked:

Has or is consideration being given to ending the arrangements which require overseas trained doctors to work in areas of workforce shortage – usually rural or remote areas?

Answer:

The Australian Government is not considering ending the ten year moratorium requirement on overseas trained doctors.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-360

OUTCOME 12: Health Workforce Capacity

Topic: OVERSEAS TRAINED DOCTORS

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) Given that overseas trained doctors represent 40% of the health workforce in regional and rural areas – what impact would changing the ten year moratorium have on these areas?
- b) Has the Government entered into any consultations about changing the moratorium and if so with whom?

Answer:

- a) Removing the ten year moratorium may impact on the ability of rural and remote communities to recruit and retain general practitioners. The initiatives announced as part of the Rural Health Workforce Strategy are designed to encourage more overseas trained doctors to take up rural and regional practice. A shorter moratorium period in more remote areas should prove to be attractive to some overseas trained doctors.
- b) Beyond the changes announced in the Rural Health Workforce Strategy, no other changes are planned.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-362

OUTCOME 12: Health Workforce Capacity

Topic: AFTER HOURS PROVISIONS

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) Are the after hours provisions for overseas trained doctors to work in areas that are not districts of workforce shortage available to all family GP practices?
- b) Is it formal policy that overseas trained doctors are able to access Medicare provider numbers outside of ordinary hours irrespective of location?
- c) What are the hours those provisions are available for overseas trained doctors to work in any area?

Answer:

- a) Yes, general practitioners are generally able to engage overseas trained doctors during the after hour period.
- b) Yes, generally the after hour period is regarded as a District of Workforce shortage.
- c) The 'after hours' period is defined as:
  - Monday to Friday - 6:00 pm to 8:00 am; and
  - All day Saturday, Sunday and Public Holidays.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-367

OUTCOME 12: Health Workforce Capacity

Topic: 10-YEAR MORATORIUM ON INTERNATIONAL MEDICAL GRADUATES

Written Question on Notice

Senator Concetta Fierravanti-Wells asked:

Background: In relation to the 10-year moratorium on international medical graduates (which the Department has been reviewing internally recently):

- a) Has the Department conducted a review into the impact of the 10 year moratorium on international medical graduates?
- b) What are the findings and recommendations of that review?
- c) What is the process and timeframe for progressing the recommendations in the review?

Answer:

- a) On 30 April 2008, the Audit of Health Workforce in Rural and Regional Australia report was released. This included the role of overseas trained doctors (OTDs) or international medical graduates in the provision of health services.
- b) As a result of the audit, Minister Roxon asked the Department to review the Commonwealth funded rural health programs and the geographic classification systems that determine the eligibility for rural health program funding.

In response to the audit and reviews, under the 2009 Budget the Australian Government announced the Rural Health Workforce Strategy:

- a \$134.4 million package to improve rural and remote workforce shortages and better target existing incentives through the provision of additional financial and non-financial support for rural doctors;
- a new structure for rural and remote health programs, including program consolidation, to be introduced in conjunction with the Budget measures; and
- the progressive introduction of the Australian Standard Geographical Classification - Remoteness Areas (ASGC-RA) system to replace the outdated Rural, Remote and Metropolitan Areas (RRMA) classification system as the basis of funding rural health programs.

- c) A key measure under the Rural Health Workforce Strategy will see the ten year moratorium period for OTDs scaled so that the greater benefits are targeted to the most remote areas. Scaling will commence from 1 July 2010, enabling OTDs to reduce their restriction period depending on the location in which they choose to practice, which is indicated in the table below.

<b>ASGC-RA Classification</b>	<b>ASGC-RA 1 (Major Cities)</b>	<b>ASGC-RA 2 (Inner Regional)</b>	<b>ASGC-RA 3 (Outer Regional)</b>	<b>ASGC-RA 4 (Remote)</b>	<b>ASGC-RA 5 (Very Remote)</b>
Period of restriction	10 years	9 years	7 years	6 years	5 years

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-352

OUTCOME 12: Health Workforce Capacity

Topic: RURAL HEALTH WORKFORCE STRATEGY

Written Question on Notice

Senator Fierravanti-Wells asked:

The 2009-10 budget committed \$134.4 million over four years (including an estimated \$26.7 million in 2009-10) to the rural health workforce strategy with targeted incentives to encourage doctors to work in some of Australia's most isolated rural and remote communities. Noting that it is still early days for the program, can the Department advise the following:

- a) The number of doctors attracted to work in these areas as a result of the program?
- b) The net effect of the program, taking into account the attrition of the remote medical workforce due to death, age retirement, invalidity retirement or relocation to urban, outer urban areas and larger regional centres.

Answer:

- a) The main elements of the strategy are being introduced from 1 July 2010. Therefore the number of doctors attracted to work in Australia's rural and remote areas cannot be determined. It is expected that more definitive numbers will not be known for at least 12 months after commencement. The effects of changes will be monitored through the collection of data based on the following performance measures:
  - the number of GPs working in rural and remote areas;
  - retention of current long serving doctors in rural and remote areas;
  - the number of GP Registrars working in rural and remote areas;
  - number of overseas trained doctors, particularly newly recruited overseas trained doctors, seeking to practise in more remote locations to reduce their restriction period under the *Health Insurance Act 1973*;
  - number of Australian trained doctors under 'bonded' arrangements, seeking to practise in rural or more remote rural locations to reduce their return of service obligation period;
  - the number of locums registered under the program;
  - the number of services requested and provided; and
  - the number of services provided to solo GP communities.
- b) The net effect of the programs taking into account arrivals and departures is to be measured over time through some of the performance measures above.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-419

OUTCOME 12: Health Workforce Capacity

Topic: RURAL HEALTH

Written Question on Notice

Senator Boyce asked:

The Rural Locum GP Program was announced late last year as providing \$6.1 million over four years to support rural and remote GPs.

- a) Are you able to give us a list of where those locum placements have been made?
- b) How many applications have you received to 31 January 2010?

Answer:

- a) Rural Health Workforce Australia has been funded to deliver this program. It delivered seven locum placements enabling seven GPs to commence leave prior to 31 January 2010. These placements were in:
  - Walwa (Vic);
  - Corryong (Vic);
  - Gayndah (Qld);
  - Charleville (Qld);
  - Swansea (Tas);
  - Kellerberrin (WA); and
  - Wickham (WA).

The program is well on track to deliver the 42 locum placements available nationally for the period ending 30 June 2010.

- b) Rural Health Workforce Australia received 11 applications for locum relief between 21 December 2010 (when the program was launched) and 31 January 2010.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 12 February 2010

Question: E10-199

OUTCOME 12: Health Workforce Capacity

Topic: MEDICAL STAFF IN INDIGENOUS COMMUNITIES

Written Question on Notice

Senator Boyce asked:

- a) How many experienced doctors with specialties work in remote areas full-time?
- b) Has the department been made aware of the need for general and specialist medical practitioners and auxiliary staff in Indigenous communities in the Northern Territory and, if so where (sic) are the conclusions? If not, why not?

Answer:

- a) In 2007, 143 medical specialists and 52 medical specialists-in-training were employed in remote/very remote areas across Australia, reported by the Australian Institute of Health and Welfare, *Medical labour force 2007*.
- b) Though there has been no specific proposals put forward or needs analysis undertaken regarding specialist medical practitioners and auxiliary staff in Indigenous communities in the Northern Territory (NT), the Department is aware of anecdotal evidence suggesting needs in this area. There are a number of mechanisms within the NT addressing medical workforce issues, including the following:
  - In 2008-2009 there were 200 services delivered through the Medical Specialist Outreach Assistance Program in the NT;
  - The Government funded 17 specialist training places in NT in 2009 through the Specialist Training Program;
  - The Government funded 15 Commencing general practitioner places in the NT in 2009 through the Australian General Practice Training Program; and
  - The Remote Area Health Corps commenced operations on 17 October 2008 and is a key workforce element of the Expanding Health Service Delivery Initiative. It has placed a total of 326 Health Professionals as at 26 February 2010. These placements include general practitioners, registered nurses, allied health and dental professionals.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-361

OUTCOME 12: Health Workforce Capacity

Topic: OVERSEAS TRAINED DOCTORS

Written Question on Notice:

Senator Fierravanti-Wells asked:

Is the Government considering increased incentives to retain and attract overseas trained doctors in regional and remote areas?

Answer:

The *Rural Health Workforce Strategy* (the Strategy) encompasses a number of initiatives that aim to better target workforce incentives to communities in greatest need. Incentives available to overseas trained doctors (OTDs) under the Strategy include:

*Scaling*

Since 1 January 1997, OTDs working in private practice in Australia are subject to Medicare provider number restrictions contained under section 19AB of the *Health Insurance Act 1973* (the Act). Section 19AB restricts access to Medicare benefits, requiring OTDs to work in designated districts of workforce shortage (DWS) for a minimum period of ten years (most commonly referred to as the 'ten year moratorium').

From 1 July 2010, scaling will enable OTDs to meet their service obligations sooner by working in a regional, rural or remote area. The greatest reward will be for those willing to work in the most remote locations as shown in the table below:

RA Classification	RA Category	Period of restriction	Scaling % discount	Restriction period
RA 1	Major City	10 years	Nil	10 years
RA 2	Inner Regional	10 years	10%	9 years
RA 3	Outer Regional	10 years	30%	7 years
RA 4	Remote	10 years	40%	6 years
RA 5	Very Remote	10 years	50%	5 years



### *National Rural Locum Program*

General Practitioners (GPs), including OTDs working in regional, rural and remote areas have access to subsidised locum relief through the National Rural Locum Program which comprises the:

- Specialist Obstetricians Locum Scheme (SOLS)
- General Practitioner Anaesthetists Locum Scheme (GPALS)
- Rural GP Locum Program

The programs were developed to ensure that rural doctors are able to obtain adequate time for rest and professional development.

### *General Practice Rural Incentives Program*

#### Retention payments:

From 1 July 2010, the General Practice Rural Incentives Program (GPRIP) consolidates the current Rural Retention Program and Registrars Rural Incentive Payments Scheme to simplify, improve and streamline the payment and eligibility requirements of rural incentive (retention) grants.

Under the new program, over 2,400 GPs (including OTDs) and GP Registrars will become newly eligible for grant payments to encourage them to continue practising in regional, rural and remote areas. Doctors previously eligible for the Rural Retention Program may have their annual retention grants increased from a maximum of \$25,000 to \$47,000 per annum.

#### Relocation payments:

From 1 July 2010, the Rural Relocation Incentive Grant component of GPRIP will provide a grant to doctors relocating to a regional, rural or remote area. Grant payments of up to \$120,000 will be available for doctors relocating to the most remote areas with amounts determined by the originating address and the location to which the doctor moves.

OTDs who have completed their return of service obligation under section 19AB of the *Health Insurance Act 1973*, have attained a specialist qualification through a recognised specialist college and hold Australian permanent residence or citizenship may be eligible to apply for a relocation grant.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-404

OUTCOME 12: Health Workforce Capacity

Topic: INDIGENOUS WORKFORCE

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) What progress has been made in recruiting Indigenous Australians to the health workforce over the past years?
- b) Has this met targets?
- c) If not, why not?

Answer:

- a) The *Aboriginal and Torres Strait Islander health labour force statistics and data quality assessment* report released by the Australian Institute of Health and Welfare (AIHW) in 2009 shows there has been increases in the number of Indigenous medical practitioners, Indigenous registered nurses, Indigenous students enrolled in health courses and Indigenous people with post-school qualifications in health.

Findings from the AIHW report include:

- At the time of the 1996 Census there were 61 Indigenous medical practitioners, including both general practitioners (GPs) and specialists.
  - The number of Indigenous GPs doubled between 1996 and 2006, from 41 to 82.
  - The number of registered Indigenous nurses rose by 71% between 1996 and 2006 to 1,135 nurses.
  - Between 2001 and 2006, the number of Indigenous students in a health course in higher education increased, from 1,104 to 1,426.
  - From 1996 to 2006, the number of Indigenous people with a post-school qualification in health more than doubled from 2,707 to 6,326.
  - In 2006, health was the third most popular area of study for Indigenous students after society and culture (which includes Indigenous studies and psychology), and education. Health accounted for 16% of Indigenous enrolments.
- b) Under Closing the Gap in November 2008, COAG agreed on a target to expand the Indigenous health workforce to 2.6% of the total health workforce. This is congruent to the overall percentage of Indigenous Australians in the population. There were no targets prior to November 2008.
  - c) Not applicable

Senate Community Affairs Committee  
ANSWERS TO QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO

Additional Budget Estimates 2009-10, 10 February 2010

Question no: E10-132

OUTCOME 12: Health Workforce Capacity

Topic: UN-BONDED SCHOLARSHIPS

Written Question on Notice

Senator Adams asked:

- a) Is it the case that the value of the un-bonded scholarship for medical students from rural areas has not increased since the scheme was established, while the value of the bonded medical scholarship has increased each year by CPI or its equivalent? b) If so, what is the reason for this distinction?

Answer:

- a) Yes. The Rural Australia Medical Undergraduate Scholarship (RAMUS) Scheme has provided participating students with scholarship support of \$10,000 per year since the scheme was established following the 1999-00 Budget. When the Scheme was originally designed in consultation with key stakeholders, the indexation of payments was not included within the program guidelines.

The Medical Rural Bonded Scholarship (MRBS) Scheme provides 100 rural bonded medical school places and scholarships each year. In return for the scholarship while they are studying medicine, students agree to work for 6 continuous years in a rural or remote area of Australia. The scholarship is indexed annually and in 2010 is valued at \$24,207.

- b) The RAMUS and MRBS Schemes were designed for different purposes. RAMUS provides a financial contribution to rural students to help them during a time of dislocation from home support. Indexation of the scholarships was not part of the original design of the Scheme. The MRBS has a return of service obligation, with a higher scholarship amount. Indexation was included in the original program design.

Senate Community Affairs Committee  
ANSWERS TO QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO

Additional Budget Estimates 2009-10, 10 February 2010

Question no: E10-137

OUTCOME 12: Health Workforce Capacity

Topic: VOCATIONAL TRAINING

Written Question on Notice

Senator Adams asked:

Can the department report progress on working with other organisations to increase the number of settings in which vocational training can be undertaken e.g. private hospitals?

Answer:

The Department through the Specialist Training Program (STP) advisory body, the Enhanced Medical Education Advisory Committee (EMEAC), works with other organisations to support specialist training places in settings beyond traditional public teaching hospitals. This includes working with organisations representing private hospitals.

The number of training places funded under the STP in the private sector is increasing progressively. In 2009, a total of 332 training posts were approved with nearly 67 % (200) being in the private sector.

Approximately 365 places will be approved for funding for the 2010 academic year in a mix of public and private settings.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-142

OUTCOME 12: Health Workforce Capacity

Topic: ORAL AND DENTAL HEALTH MEMBERS

Written Question on Notice

Senator Adams asked:

- a) What is the range of views of professional associations in the oral and dental health field about the shortage of their members in the rural/remote areas?
- b) Is there a consensus view on how the situation could be improved?

Answer:

- a) People working in the dental and oral health fields are represented by a range of professional associations and peak bodies. The Department is unable to comment on behalf of the various associations that represent dental and oral health professionals.
- b) There are some areas of common ground such as Healthy Mouths Healthy Lives: Australia's National Oral Health Plan 2004-2013. This represents an understanding on the part of the Commonwealth, state and territory governments, the oral health care professions and consumer groups to work cooperatively to achieve better access to appropriate and affordable services for all Australians.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-364

OUTCOME 12: Health Workforce Capacity

Topic: NURSING WORKFORCE

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) Why is there no recruitment target for the 'Bringing the Nurses Back' scheme in Year Two, Three and Four?
- b) What criteria are being used to assess the success of the scheme?
- c) Will the scheme continue over its projected five year lifespan – particularly if recruitment targets are not met?
- d) Are any changes to the scheme being considered?

Answer:

- a) The target was only set for the first year. The total recruitment target is 8,750 nurses assisted to return to the workforce, including 1,000 nurses into the aged care sector.
- b) The criterion being used to assess the success of the Bringing Nurses Back to the Workforce program is the number of nurses assisted to return to work in the hospital sector and the aged care sector.
- c) Answered during Senate Estimates, please refer to Hansard CA115.
- d) Answered during Senate Estimates, please refer to Hansard CA115.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Senate Estimates, 10 February 2010

Question: E10-173

OUTCOME 12: Health Workforce Capacity

Topic: MEDICAL TRAINING PLACES

Hansard Page: CA 116

Senator Fierravanti-Wells asked:

Can you provide some statistics indicating what progress the Commonwealth has made in its dealing with the states through COAG and other processes to ensure that there will be a balance in coming years between medical school graduates, on the one hand, and intern and postgraduate training places on the other? I am particularly interested in New South Wales.

Answer:

At the Australian Health Ministers' Conference meeting held on 12 February 2010, state and territory governments reconfirmed their continuing commitment to guarantee to provide high quality clinical placements and intern training for Commonwealth-funded medical students.

On 15 March 2010, the Australian Government announced an investment of \$632 million to train a record number of doctors to tackle doctor shortages, expand capacity and deliver better health and better hospitals.

The Government's investment includes the following components:

- expansion of the Prevocational General Practice Placements Program to 975 places by 2013;
- increasing the number of places available for medical graduates to train to become a General Practitioner from 600 to 1,200 per year by 2014; and
- increasing the available places in the specialist training program to over 900 per annum by 2014.

In addition to those measures outlined above the recent establishment of Health Workforce Australia through Government funding has resulted in a new national workforce authority, to produce more effective, streamlined and integrated clinical training arrangements and to support workforce planning and policy development.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-357

OUTCOME 12: Health Workforce Capacity

Topic: CLINICAL TRAINING

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) When was the funding for these programs first announced?
- b) Was the funding originally allocated in this form - by way of direct grants for specific projects?
- c) Why was the timeframe for applications under these programs so tight, and why were the grants announced so close to the end of the calendar year?
- d) How many applications have been received?
- e) How many from the private sector?
- f) Who is assessing the proposals?

Answer:

- a) 29 November 2008.
- b) Funding was allocated to support providers of clinical training to expand training capacity. This is reflected in the criteria for the assessment of applications.
- c) The timeframe was short to ensure that projects commence within the first half of 2010 to have an immediate impact on the availability of clinical training. The grants were advertised directly after all clearances required under the Commonwealth Grants Guidelines had been received.
- d) 204.
- e) 57 proposals were received with the lead organisation from the private sector (private hospital or practice or non government organisation) with a further 110 received from universities. The remainder are from state government departments or state funded health services.
- f) Proposals have been assessed by a panel of senior Departmental staff, with expert clinical advice on relevant issues, with successful recipients notified.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Senate Estimates, 10 February 2010

Question: E10-365

OUTCOME 12: Health Workforce Capacity

Topic: MEDICAL EDUCATION AND TRAINING

Written Question on Notice

Senator Fierravanti-Wells asked:

What progress has the Commonwealth made in its dealing with the states and territory governments (through COAG and other processes) to ensure that there will be a balance in coming years between medical school graduates on the one hand and intern and post-graduate training places on the other.

Answer:

See E10-173.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-306

OUTCOME 12: Health Workforce Capacity

Topic: DENTISTS AND DENTAL HYGIENISTS

Written Question on Notice

Senator Fierravanti-Wells asked:

What specific actions has the Government taken to train more dentists and dental hygienists since November 2007?

Answer:

In the 2008-09 Budget, the Australian Government provided \$49.5 million over four years to support James Cook University to establish a new school of dentistry in Cairns. This included \$33.0 million for capital infrastructure, funding for new Commonwealth supported university places in dentistry and funding for clinical training.

In addition, through the Department of Education Employment and Workplace Relations, the Australian Government continues to support universities and students by making significant investments in funding for higher education, improving infrastructure and increasing clinical training capacity.

Through the Department of Health and Ageing, the Australian Government supports training for dentists and dental allied oral health professionals by providing funding for student scholarship programs.

In the 2009-10 Budget, the Australian Government provided an additional \$4.1 million over four years through the Dental Training Expanding Rural Placements program. This will allow 30 full-time equivalent annual placements for dental students to undertake clinical training in rural areas with the aim of encouraging those students to practise in rural areas upon graduation.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-307

OUTCOME 12: Health Workforce Capacity

Topic: DENTISTS

Written Question on Notice

Senator Fierravanti-Wells asked:

What new initiatives has the Government introduced since November 2007 to ensure that there are more dentists working in regional and rural locations?

Answer:

In the 2008-09 Budget, the Australian Government provided \$49.5 million over four years to support James Cook University to establish a new school of dentistry in Cairns. This included \$33.0 million for capital infrastructure, funding for new Commonwealth supported university places in dentistry and funding for clinical training outreach to remote areas.

In the 2009-10 Budget, the Australian Government announced an investment of \$11.0 million over four years for a pilot program to improve the dental health of Indigenous Australians in rural and regional areas. The 'Closing the Gap - Indigenous Dental Services in Rural and Regional Areas' pilot program will provide transportable and mobile dental facilities to regional and remote Indigenous communities and assess the effectiveness of transportable dental facilities in communities where dental professionals and infrastructure are scarce.

In the 2009-10 Budget, the Australian Government announced a new investment to provide an additional \$4.1 million over four years through the Dental Training Expanding Rural Placements program. This will allow 30 full-time equivalent annual placements for dental students to undertake clinical training in rural areas with the aim of encouraging those students to practise in rural areas upon graduation.

In the 2009-10 Budget, the Australian Government announced a \$3.2 billion nation-building package of Health and Hospitals Funding (HHF) projects. This included specific funding for two infrastructure projects in Victoria; \$500,000 to develop the Cobram Dental and Medical Clinic and \$100,000 to upgrade the Ouyen Dental Service sterilisation area.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-079

OUTCOME 13: Acute Care

Topic: DENTAL HEALTH

Senator Siewert asked:

The Commonwealth Government has previously announced investments of \$780 million in Australia's dental health, providing \$490 million over five years for the Medicare Teen Dental Plan and \$290 million over three years for the Commonwealth Dental Health Program. Have these investments made a difference to the oral health of those Australians who are least able to afford or access dental care?

Answer:

Since the means tested Medicare Teen Dental Plan was implemented on 1 July 2008, 735,922 preventative dental checks have been claimed for a total of \$107.8 million in benefits (to 31 January 2010). This has resulted in 577,964 teenagers receiving an annual oral health check to keep their teeth healthy and encourage them to maintain good oral health habits. Teenagers 12-17 years of age in families receiving Family Tax Benefit Part A and teenagers of the same age receiving certain other government payments are eligible under the Plan to receive vouchers for the preventative dental check.

Under the Commonwealth Dental Health Program, the Government has been intending to provide \$290 million to state and territory governments to fund around one million additional public dental services, including priority treatment for people who have chronic conditions relating to their oral health. Public dental services are available to Pensioner Concession Card and Health Care Card holders.

The Government has signalled its intention to close the previous Government's chronic disease dental scheme in order to make funding available for the new, better targeted dental programs. However, the Senate has blocked the implementation of the Government's policies.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-126

OUTCOME 13: Acute Care

Topic: PUBLIC HOSPITALS

Senator Adams asked:

- a) The 2009-10 Budget provided \$750 million to reduce pressure on emergency departments of public hospitals and \$500 million to provide additional sub acute services, on top of \$1 billion previously announced to reduce elective surgery lists. Can the department advise how each of those sums of money has been allocated state by state and what proportion of that money has gone to regional, rural and remote areas?
- b) Given the principle of universal access on which the funding is provided, and the well-known poor state of rural health, can the Commonwealth insist on equitable distribution and hold the states accountable for how they distribute that money?

Answer:

- a) The Commonwealth provided states and territories (states) with \$750 million to reduce pressure on public hospitals by improving the operations of emergency departments over a four year period, through the National Partnership Agreement (NPA) on Hospital and Health Workforce Reform. The distribution of these funds is as follows:

State	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	AUS
\$ million	248.569	181.267	146.700	75.285	61.746	16.636	9.969	9.828	750.00

It is up to state and territory governments to allocate this funding throughout their jurisdictions. State implementation plans (which were developed by state and territory governments) provide general information as to how states will allocate this funding. Projects being funded include whole of state initiatives (which will benefit all public hospitals); initiatives for area health services; and initiatives for specific hospitals in metropolitan, regional, rural or remote areas. The implementation plans detailing how and where they are going to use the funding supplied are available on line at: [http://www.federalfinancialrelations.gov.au/content/national\\_partnership\\_agreements/health.aspx](http://www.federalfinancialrelations.gov.au/content/national_partnership_agreements/health.aspx)

Each state or territory's share of the \$500 million in funding for the subacute care element of the NPA was based on its population share weighted according to the age distribution of its population and the relative morbidity of each five-year age range as determined from the National Hospitals Data Collection.

- b) The Department cannot advise on the level of funding each state and territory is allocating to regional, rural and remote areas under this initiative as it is not an NPA requirement for states and territories to identify specific funding allocations against their subacute care NPA activities. However, the state and territory implementation plans for the use of their share of the \$500 million over four years may describe the strategies that are being put into place to provide or expand services in regional, rural and remote areas. The Commonwealth will be monitoring the extent to which states and territories are fulfilling their commitments against their implementation plans through reporting arrangements under the NPA.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-131

OUTCOME 13: Acute Care

Topic: ACCIDENT AND EMERGENCY CARE

Senator Adams asked:

What programs exist to provide acute, accident and emergency care for people living in rural and remote communities which have no hospital?

Answer:

An important element of health care for people living in rural and remote areas can be access to suitable transport for patients who are required to travel to receive essential medical and specialist services. As part of the National Healthcare Agreement, states and territories have committed to continue to provide and fund Patient Assistance Travel Schemes and ensure public patients are aware of how to access the schemes.

The National Health Call Centre Network (the Network) enables people in Australia, including people living in rural and remote communities, to ring for health advice and information, 24 hours a day, 7 days a week. Registered nurses, supported by a single national set of electronic decision support software and algorithms, provide safe and effective health triage, information and advice to callers. They direct callers to the most appropriate point of care (ie, self care, general practice, other health providers or emergency departments), thereby reducing the burden on hospitals. Services are currently available in the Australian Capital Territory, New South Wales, Northern Territory, South Australia, Tasmania and Western Australia.

The Royal Flying Doctor Service is funded to provide 'traditional' services (health care clinics, primary aero-medical evacuations, medical chests and remote consultations) in rural and remote Australia. The current agreement with the Commonwealth Government for these services ceases on 30 June 2011.

The Medical Specialist Outreach Assistance Program aims to complement medical specialist services provided by the state government and private providers by encouraging specialists to deliver outreach services to targeted areas of need in rural and remote Australia. This is achieved by meeting costs associated with delivering outreach services such as travel, accommodation, and venue hire.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-184

OUTCOME 13: Acute Care

Topic: ELECTIVE SURGERY WAITING LISTS

Senator Fierravanti-Wells asked:

Are you aware of other examples (where the states are doing work in relation to private sector capacity to deal with patients on public hospital waiting lists) other than the example provided?

Answer:

States and territories have not been requested to provide data about the use of private hospitals to reduce elective surgery waiting lists. Only patient-level waiting list data for public hospitals is provided.

It is at the discretion of each jurisdiction as to how they meet elective surgery waiting list targets. States and territories have the flexibility to provide elective surgery in ways that they determine will maximise throughput in order to reach targets.

It is known that consideration has been given by some states and territories to the option of utilising private hospitals for the purposes of providing an elective surgery service to public patients.

In the past, Queensland have voluntarily provided additional summary-level data to the Department of Health and Ageing for the Australian Health Minister's Conference that includes private hospitals treating public patients resulting in removal from public waiting lists (i.e. Surgery Connect).



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-296

OUTCOME 13: Acute Care

Topic: NATIONAL HEALTHCARE AGREEMENTS

Senator Fierravanti-Wells asked:

- a) How many breaches of the National Healthcare Agreements have been reported in the past two years and by which states and territories?
- b) Please provide details of each breach?

Answer:

- a) There have been no breaches of the National Healthcare Agreement by any state or territory since it came into effect on 1 July 2009.
- b) Not applicable.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-304

OUTCOME 13: Acute Care

Topic: PUBLIC DENTAL

Senator Fierravanti-Wells asked:

- a) How many people are currently on waiting lists for public dental services in Australia?
- b) Please provide a breakdown by age, sex and state and territory. What methodology has been used in compiling these statistics?
- c) Has there been any decline in waiting lists since November 2007?

Answer:

a and b)

This information is not held by the Commonwealth. States and territories are responsible for the provision of public dental services including the collection and management of data on waiting lists.

- c) This information is not held by the Commonwealth. The Government has been intending to provide \$290 million over three years to assist the states and territories with their public dental waiting lists through the Commonwealth Dental Health Program (CDHP). The investment in public dental services through the CDHP was to be funded by closing the Medicare chronic disease dental scheme which commenced on 1 November 2007. However, the Government's policy has been blocked by the Senate.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-305

OUTCOME 13: Acute Care

Topic: PUBLIC DENTAL SERVICES

Senator Fierravanti-Wells asked:

What is the current breakdown of funding provided by state and territory governments for public dental services?

Answer:

The table below provides the breakdown of state and territory expenditure for public dental services for 2007-08. This information was published in the Australian Institute of Health and Welfare report, Health Expenditure Australia 2007-08 and was released in September 2009.

**State and Territory Expenditure for Public Dental Services for 2007-08 (\$ million)**

<b>State or Territory</b>	<b>2008-09 (\$ million)</b>
New South Wales	\$161.0
Victoria	\$116.0
Queensland	\$147.0
Western Australia	\$58.0
South Australia	\$55.0
Tasmania	\$22.0
Northern Territory	\$14.0
Australian Capital Territory	\$8.0
<b>Total</b>	<b>\$581.0</b>

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-079

OUTCOME 13: Acute Care

Topic: DENTAL HEALTH

Senator Siewert asked:

The Commonwealth Government has previously announced investments of \$780 million in Australia's dental health, providing \$490 million over five years for the Medicare Teen Dental Plan and \$290 million over three years for the Commonwealth Dental Health Program. Have these investments made a difference to the oral health of those Australians who are least able to afford or access dental care?

Answer:

Since the means tested Medicare Teen Dental Plan was implemented on 1 July 2008, 735,922 preventative dental checks have been claimed for a total of \$107.8 million in benefits (to 31 January 2010). This has resulted in 577,964 teenagers receiving an annual oral health check to keep their teeth healthy and encourage them to maintain good oral health habits. Teenagers 12-17 years of age in families receiving Family Tax Benefit Part A and teenagers of the same age receiving certain other government payments are eligible under the Plan to receive vouchers for the preventative dental check.

Under the Commonwealth Dental Health Program, the Government has been intending to provide \$290 million to state and territory governments to fund around one million additional public dental services, including priority treatment for people who have chronic conditions relating to their oral health. Public dental services are available to Pensioner Concession Card and Health Care Card holders.

The Government has signalled its intention to close the previous Government's chronic disease dental scheme in order to make funding available for the new, better targeted dental programs. However, the Senate has blocked the implementation of the Government's policies.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-126

OUTCOME 13: Acute Care

Topic: PUBLIC HOSPITALS

Senator Adams asked:

- a) The 2009-10 Budget provided \$750 million to reduce pressure on emergency departments of public hospitals and \$500 million to provide additional sub acute services, on top of \$1 billion previously announced to reduce elective surgery lists. Can the department advise how each of those sums of money has been allocated state by state and what proportion of that money has gone to regional, rural and remote areas?
- b) Given the principle of universal access on which the funding is provided, and the well-known poor state of rural health, can the Commonwealth insist on equitable distribution and hold the states accountable for how they distribute that money?

Answer:

- a) The Commonwealth provided states and territories (states) with \$750 million to reduce pressure on public hospitals by improving the operations of emergency departments over a four year period, through the National Partnership Agreement (NPA) on Hospital and Health Workforce Reform. The distribution of these funds is as follows:

State	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	AUS
\$ million	248.569	181.267	146.700	75.285	61.746	16.636	9.969	9.828	750.00

It is up to state and territory governments to allocate this funding throughout their jurisdictions. State implementation plans (which were developed by state and territory governments) provide general information as to how states will allocate this funding. Projects being funded include whole of state initiatives (which will benefit all public hospitals); initiatives for area health services; and initiatives for specific hospitals in metropolitan, regional, rural or remote areas. The implementation plans detailing how and where they are going to use the funding supplied are available on line at: [http://www.federalfinancialrelations.gov.au/content/national\\_partnership\\_agreements/health.aspx](http://www.federalfinancialrelations.gov.au/content/national_partnership_agreements/health.aspx)

Each state or territory's share of the \$500 million in funding for the subacute care element of the NPA was based on its population share weighted according to the age distribution of its population and the relative morbidity of each five-year age range as determined from the National Hospitals Data Collection.

- b) The Department cannot advise on the level of funding each state and territory is allocating to regional, rural and remote areas under this initiative as it is not an NPA requirement for states and territories to identify specific funding allocations against their subacute care NPA activities. However, the state and territory implementation plans for the use of their share of the \$500 million over four years may describe the strategies that are being put into place to provide or expand services in regional, rural and remote areas. The Commonwealth will be monitoring the extent to which states and territories are fulfilling their commitments against their implementation plans through reporting arrangements under the NPA.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-131

OUTCOME 13: Acute Care

Topic: ACCIDENT AND EMERGENCY CARE

Senator Adams asked:

What programs exist to provide acute, accident and emergency care for people living in rural and remote communities which have no hospital?

Answer:

An important element of health care for people living in rural and remote areas can be access to suitable transport for patients who are required to travel to receive essential medical and specialist services. As part of the National Healthcare Agreement, states and territories have committed to continue to provide and fund Patient Assistance Travel Schemes and ensure public patients are aware of how to access the schemes.

The National Health Call Centre Network (the Network) enables people in Australia, including people living in rural and remote communities, to ring for health advice and information, 24 hours a day, 7 days a week. Registered nurses, supported by a single national set of electronic decision support software and algorithms, provide safe and effective health triage, information and advice to callers. They direct callers to the most appropriate point of care (ie, self care, general practice, other health providers or emergency departments), thereby reducing the burden on hospitals. Services are currently available in the Australian Capital Territory, New South Wales, Northern Territory, South Australia, Tasmania and Western Australia.

The Royal Flying Doctor Service is funded to provide 'traditional' services (health care clinics, primary aero-medical evacuations, medical chests and remote consultations) in rural and remote Australia. The current agreement with the Commonwealth Government for these services ceases on 30 June 2011.

The Medical Specialist Outreach Assistance Program aims to complement medical specialist services provided by the state government and private providers by encouraging specialists to deliver outreach services to targeted areas of need in rural and remote Australia. This is achieved by meeting costs associated with delivering outreach services such as travel, accommodation, and venue hire.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-184

OUTCOME 13: Acute Care

Topic: ELECTIVE SURGERY WAITING LISTS

Senator Fierravanti-Wells asked:

Are you aware of other examples (where the states are doing work in relation to private sector capacity to deal with patients on public hospital waiting lists) other than the example provided?

Answer:

States and territories have not been requested to provide data about the use of private hospitals to reduce elective surgery waiting lists. Only patient-level waiting list data for public hospitals is provided.

It is at the discretion of each jurisdiction as to how they meet elective surgery waiting list targets. States and territories have the flexibility to provide elective surgery in ways that they determine will maximise throughput in order to reach targets.

It is known that consideration has been given by some states and territories to the option of utilising private hospitals for the purposes of providing an elective surgery service to public patients.

In the past, Queensland have voluntarily provided additional summary-level data to the Department of Health and Ageing for the Australian Health Minister's Conference that includes private hospitals treating public patients resulting in removal from public waiting lists (i.e. Surgery Connect).



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-296

OUTCOME 13: Acute Care

Topic: NATIONAL HEALTHCARE AGREEMENTS

Senator Fierravanti-Wells asked:

- a) How many breaches of the National Healthcare Agreements have been reported in the past two years and by which states and territories?
- b) Please provide details of each breach?

Answer:

- a) There have been no breaches of the National Healthcare Agreement by any state or territory since it came into effect on 1 July 2009.
- b) Not applicable.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-304

OUTCOME 13: Acute Care

Topic: PUBLIC DENTAL

Senator Fierravanti-Wells asked:

- a) How many people are currently on waiting lists for public dental services in Australia?
- b) Please provide a breakdown by age, sex and state and territory. What methodology has been used in compiling these statistics?
- c) Has there been any decline in waiting lists since November 2007?

Answer:

a and b)

This information is not held by the Commonwealth. States and territories are responsible for the provision of public dental services including the collection and management of data on waiting lists.

- c) This information is not held by the Commonwealth. The Government has been intending to provide \$290 million over three years to assist the states and territories with their public dental waiting lists through the Commonwealth Dental Health Program (CDHP). The investment in public dental services through the CDHP was to be funded by closing the Medicare chronic disease dental scheme which commenced on 1 November 2007. However, the Government's policy has been blocked by the Senate.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-305

OUTCOME 13: Acute Care

Topic: PUBLIC DENTAL SERVICES

Senator Fierravanti-Wells asked:

What is the current breakdown of funding provided by state and territory governments for public dental services?

Answer:

The table below provides the breakdown of state and territory expenditure for public dental services for 2007-08. This information was published in the Australian Institute of Health and Welfare report, Health Expenditure Australia 2007-08 and was released in September 2009.

**State and Territory Expenditure for Public Dental Services for 2007-08 (\$ million)**

<b>State or Territory</b>	<b>2008-09 (\$ million)</b>
New South Wales	\$161.0
Victoria	\$116.0
Queensland	\$147.0
Western Australia	\$58.0
South Australia	\$55.0
Tasmania	\$22.0
Northern Territory	\$14.0
Australian Capital Territory	\$8.0
<b>Total</b>	<b>\$581.0</b>

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-079

OUTCOME 13: Acute Care

Topic: DENTAL HEALTH

Senator Siewert asked:

The Commonwealth Government has previously announced investments of \$780 million in Australia's dental health, providing \$490 million over five years for the Medicare Teen Dental Plan and \$290 million over three years for the Commonwealth Dental Health Program. Have these investments made a difference to the oral health of those Australians who are least able to afford or access dental care?

Answer:

Since the means tested Medicare Teen Dental Plan was implemented on 1 July 2008, 735,922 preventative dental checks have been claimed for a total of \$107.8 million in benefits (to 31 January 2010). This has resulted in 577,964 teenagers receiving an annual oral health check to keep their teeth healthy and encourage them to maintain good oral health habits. Teenagers 12-17 years of age in families receiving Family Tax Benefit Part A and teenagers of the same age receiving certain other government payments are eligible under the Plan to receive vouchers for the preventative dental check.

Under the Commonwealth Dental Health Program, the Government has been intending to provide \$290 million to state and territory governments to fund around one million additional public dental services, including priority treatment for people who have chronic conditions relating to their oral health. Public dental services are available to Pensioner Concession Card and Health Care Card holders.

The Government has signalled its intention to close the previous Government's chronic disease dental scheme in order to make funding available for the new, better targeted dental programs. However, the Senate has blocked the implementation of the Government's policies.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-126

OUTCOME 13: Acute Care

Topic: PUBLIC HOSPITALS

Senator Adams asked:

- a) The 2009-10 Budget provided \$750 million to reduce pressure on emergency departments of public hospitals and \$500 million to provide additional sub acute services, on top of \$1 billion previously announced to reduce elective surgery lists. Can the department advise how each of those sums of money has been allocated state by state and what proportion of that money has gone to regional, rural and remote areas?
- b) Given the principle of universal access on which the funding is provided, and the well-known poor state of rural health, can the Commonwealth insist on equitable distribution and hold the states accountable for how they distribute that money?

Answer:

- a) The Commonwealth provided states and territories (states) with \$750 million to reduce pressure on public hospitals by improving the operations of emergency departments over a four year period, through the National Partnership Agreement (NPA) on Hospital and Health Workforce Reform. The distribution of these funds is as follows:

State	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	AUS
\$ million	248.569	181.267	146.700	75.285	61.746	16.636	9.969	9.828	750.00

It is up to state and territory governments to allocate this funding throughout their jurisdictions. State implementation plans (which were developed by state and territory governments) provide general information as to how states will allocate this funding. Projects being funded include whole of state initiatives (which will benefit all public hospitals); initiatives for area health services; and initiatives for specific hospitals in metropolitan, regional, rural or remote areas. The implementation plans detailing how and where they are going to use the funding supplied are available on line at: [http://www.federalfinancialrelations.gov.au/content/national\\_partnership\\_agreements/health.aspx](http://www.federalfinancialrelations.gov.au/content/national_partnership_agreements/health.aspx)

Each state or territory's share of the \$500 million in funding for the subacute care element of the NPA was based on its population share weighted according to the age distribution of its population and the relative morbidity of each five-year age range as determined from the National Hospitals Data Collection.

- b) The Department cannot advise on the level of funding each state and territory is allocating to regional, rural and remote areas under this initiative as it is not an NPA requirement for states and territories to identify specific funding allocations against their subacute care NPA activities. However, the state and territory implementation plans for the use of their share of the \$500 million over four years may describe the strategies that are being put into place to provide or expand services in regional, rural and remote areas. The Commonwealth will be monitoring the extent to which states and territories are fulfilling their commitments against their implementation plans through reporting arrangements under the NPA.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-131

OUTCOME 13: Acute Care

Topic: ACCIDENT AND EMERGENCY CARE

Senator Adams asked:

What programs exist to provide acute, accident and emergency care for people living in rural and remote communities which have no hospital?

Answer:

An important element of health care for people living in rural and remote areas can be access to suitable transport for patients who are required to travel to receive essential medical and specialist services. As part of the National Healthcare Agreement, states and territories have committed to continue to provide and fund Patient Assistance Travel Schemes and ensure public patients are aware of how to access the schemes.

The National Health Call Centre Network (the Network) enables people in Australia, including people living in rural and remote communities, to ring for health advice and information, 24 hours a day, 7 days a week. Registered nurses, supported by a single national set of electronic decision support software and algorithms, provide safe and effective health triage, information and advice to callers. They direct callers to the most appropriate point of care (ie, self care, general practice, other health providers or emergency departments), thereby reducing the burden on hospitals. Services are currently available in the Australian Capital Territory, New South Wales, Northern Territory, South Australia, Tasmania and Western Australia.

The Royal Flying Doctor Service is funded to provide 'traditional' services (health care clinics, primary aero-medical evacuations, medical chests and remote consultations) in rural and remote Australia. The current agreement with the Commonwealth Government for these services ceases on 30 June 2011.

The Medical Specialist Outreach Assistance Program aims to complement medical specialist services provided by the state government and private providers by encouraging specialists to deliver outreach services to targeted areas of need in rural and remote Australia. This is achieved by meeting costs associated with delivering outreach services such as travel, accommodation, and venue hire.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-184

OUTCOME 13: Acute Care

Topic: ELECTIVE SURGERY WAITING LISTS

Senator Fierravanti-Wells asked:

Are you aware of other examples (where the states are doing work in relation to private sector capacity to deal with patients on public hospital waiting lists) other than the example provided?

Answer:

States and territories have not been requested to provide data about the use of private hospitals to reduce elective surgery waiting lists. Only patient-level waiting list data for public hospitals is provided.

It is at the discretion of each jurisdiction as to how they meet elective surgery waiting list targets. States and territories have the flexibility to provide elective surgery in ways that they determine will maximise throughput in order to reach targets.

It is known that consideration has been given by some states and territories to the option of utilising private hospitals for the purposes of providing an elective surgery service to public patients.

In the past, Queensland have voluntarily provided additional summary-level data to the Department of Health and Ageing for the Australian Health Minister's Conference that includes private hospitals treating public patients resulting in removal from public waiting lists (i.e. Surgery Connect).



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-296

OUTCOME 13: Acute Care

Topic: NATIONAL HEALTHCARE AGREEMENTS

Senator Fierravanti-Wells asked:

- a) How many breaches of the National Healthcare Agreements have been reported in the past two years and by which states and territories?
- b) Please provide details of each breach?

Answer:

- a) There have been no breaches of the National Healthcare Agreement by any state or territory since it came into effect on 1 July 2009.
- b) Not applicable.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-304

OUTCOME 13: Acute Care

Topic: PUBLIC DENTAL

Senator Fierravanti-Wells asked:

- a) How many people are currently on waiting lists for public dental services in Australia?
- b) Please provide a breakdown by age, sex and state and territory. What methodology has been used in compiling these statistics?
- c) Has there been any decline in waiting lists since November 2007?

Answer:

a and b)

This information is not held by the Commonwealth. States and territories are responsible for the provision of public dental services including the collection and management of data on waiting lists.

- c) This information is not held by the Commonwealth. The Government has been intending to provide \$290 million over three years to assist the states and territories with their public dental waiting lists through the Commonwealth Dental Health Program (CDHP). The investment in public dental services through the CDHP was to be funded by closing the Medicare chronic disease dental scheme which commenced on 1 November 2007. However, the Government's policy has been blocked by the Senate.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-305

OUTCOME 13: Acute Care

Topic: PUBLIC DENTAL SERVICES

Senator Fierravanti-Wells asked:

What is the current breakdown of funding provided by state and territory governments for public dental services?

Answer:

The table below provides the breakdown of state and territory expenditure for public dental services for 2007-08. This information was published in the Australian Institute of Health and Welfare report, Health Expenditure Australia 2007-08 and was released in September 2009.

**State and Territory Expenditure for Public Dental Services for 2007-08 (\$ million)**

<b>State or Territory</b>	<b>2008-09 (\$ million)</b>
New South Wales	\$161.0
Victoria	\$116.0
Queensland	\$147.0
Western Australia	\$58.0
South Australia	\$55.0
Tasmania	\$22.0
Northern Territory	\$14.0
Australian Capital Territory	\$8.0
<b>Total</b>	<b>\$581.0</b>

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-125

OUTCOME 13: Acute Care

Topic: PUBLIC HOSPITALS

Written Question on Notice

Senator Adams asked:

- a) How much of the money provided to the states for public hospitals - including allocations made outside the National Healthcare Agreement - has been allocated by state authorities to hospitals in regional and rural areas?
- b) What evidence is there of the extent to which hospitals in regional and rural areas, as distinct from those in capital cities, have overstretched accident and emergency services?
- c) Where A&E and elective waiting lists are concerned, are hospitals in regional and rural areas getting better or worse?
- d) Are figures on spending on public hospitals in regional areas available by ASGC-RA remoteness areas and, if so, what do they show about the relative stress being experienced by regional base hospitals as distinct from those in the major cities?

Answer:

- a) The Commonwealth has agreed to provide \$60.5 billion through the National Healthcare Special Purpose Payment in support of the National Healthcare Agreement to states and territories for healthcare including base hospital funding from 2008-09 to 2012-13 and a further \$3.9 billion under National Partnership Agreements to assist states and territories address specific needs including those of emergency departments and elective surgery.

There are no requirements for states and territories to report on funding disbursements at regional, rural or hospital level under these agreements. Consequently, no disaggregation of funding is possible at that level.

- b) The most recent edition of the *Australian hospital statistics*<sup>4</sup> indicates that, for the 2007-08 year, there were higher rates of accident and emergency services per 1,000 population in regional (466 services) and remote (908 services) than major cities (271 services).

Some examples of individual hospital emergency activity performance can be obtained from online quarterly reporting by state and territory health agencies but no comprehensive reporting on regional and rural hospitals is available.

---

<sup>4</sup> Australian Hospital Statistics 2007-08, AIHW, June 2009



c) For accident and emergency services, refer to previous answer.

For elective surgery waiting lists, national data is available by area based on the Accessibility/Remoteness Index of Australia (ARIA) which measures the remoteness of a point based on the physical road distance to the nearest Urban Centre (and therefore does not have a category for 'rural').

However, in terms of the three most recent years available (2005-06, 2006-07 and 2007-08) performance in regional Australia is improving. The percentage of patients seen within the recommended time has improved in both inner regional (80% in 2005-06 to 84% in 2007-08) and outer regional areas (82% in 2005-06 to 83% in 2007-08) and is comparable to the national average (84%).

d) No.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-198

OUTCOME 13: Acute Care

Topic: PUBLIC HOSPITALS

Senator Boyce asked:

Nayla Walden, a four year old Indigenous girl died after being turned away from hospital at least four times in the Queensland Gulf of Carpentaria. How has the department addressed the cultural differences between hospital staff and Indigenous people?

Answer:

Under the National Healthcare Agreement, state and territory governments are responsible for the management of public hospitals including staff training. Queensland Health is the appropriate state authority to respond to operational matters relating to public hospitals in Queensland.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-218

OUTCOME 13: Acute Care

Topic: PROFESSIONAL INDEMNITY INSURANCE FOR MIDWIVES

Hansard Page: CA 117

Senator Siewert asked:

Could you provide us again with the written advice that you gave in relation to the Australian Private Midwives Association's concern that, following advice from at least one medical indemnity insurer, doctors would not be able to enter an agreement with a midwife.

Answer:

Please see attached a copy of the letter from Ms Rosemary Huxtable PSM, Acting Deputy Secretary of the Department to Mr Elton Humphrey, Committee Secretary, Senate Standing Committee on Community Affairs on 21 January 2010.

The Attachments to which Ms Huxtable's letter refers have not been included as they do not pertain to Senator Siewert's question.





**Australian Government**  
**Department of Health and Ageing**

A/g DEPUTY SECRETARY

Mr Elton Humphery  
Committee Secretary  
Senate Standing Committee on Community Affairs  
PO Box 6100  
Parliament House  
CANBERRA ACT 2600

Dear Mr Humphery

**Supplementary information to the Senate Community Affairs Committee inquiry into the Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009 and two related Bills**

I am writing to provide supplementary information to the evidence provided to the Senate Community Affairs Committee public hearing, on 17 December 2009, in relation to its inquiry into the Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009 and two related Bills.

I will respond to specific questions taken on notice by the Department during the hearing.

**Further information regarding the example of a GP who was told he would be denied insurance if entering into a signed agreement with a non-insured privately practising midwife**

During the hearing, Senator Adams asked for more information regarding the example of a GP who was told she would be denied insurance if entering into a signed agreement with a non-insured privately practising midwife (CA 73).

***Answer:***

As indicated by Ms Flanagan, the Department has investigated the particular case mentioned by Senator Adams. The Department is advised that the inquiry was made by a general practitioner member of the Medical Indemnity Protection Society (MIPS) on 7 December 2009. The Department understands the member wanted to know if their current cover would respond to an incident involving them as a medical practitioner and one or more uninsured midwives who were attending a home birth.

The insurer indicated that there is a general requirement for members to have the appropriate recognised qualifications, training and experience for the health services they provide. In this case the member making the inquiry was not covered for obstetrics, so their current cover would not respond.

**Provision of data regarding the costs of maternity services in private hospitals**

Senator Siewert requested data be provided around various maternity costs in private hospitals specifically in relation to special care nurseries (CA 75).

**Answer:**

The average daily Special Care Nursery charge for privately insured patients in private hospitals in 2008-09 was \$740, with an average length of stay in a Special Care Nursery of 7 days. This calculation is based on the Hospital Casemix Protocol data collection and excludes cases where the Special Care Nursery charges were bundled with other types of hospital charges and could not be separately identified.

Note that these figures represent a national average for privately insured patients in private hospitals and exclude self-insured patients in private hospitals and all public hospital patients treated in private hospitals.

**Provision of the RANZCOG and ACM guidelines**

Senator Moore requested that the Department provide both the guidelines from RANZCOG and the guidelines from the midwives (CA 74-75).

**Answer:**

Copies of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists Guideline: *Suitability Criteria for Models of Care and Indications for Referral within and between Models of Care* and the Australian College of Midwives *National Midwifery Guidelines for Consultation and Referral* are Attachments A and B respectively.

**Provision of a diagram showing the Nurse Practitioner Advisory Groups and their responsibilities**

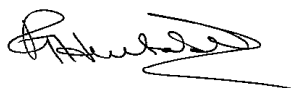
Senator Siewert requested a diagram be provided showing the Nurse Practitioner Advisory groups and their responsibilities (CA 69).

**Answer:**

A diagram showing the Nurse Practitioner Advisory groups and their responsibilities is provided at Attachment C.

I hope that this information is of assistance to the Committee.

Yours sincerely



Ms Rosemary Huxtable PSM  
A/g Deputy Secretary

21 January 2010

Attachments:

- A. RANZCOG *Suitability Criteria for Models of Care and Indications for Referral within and between Models of Care*
- B. Australian College of Midwives *National Midwifery Guidelines for Consultation and Referral*
- C. Diagram of Nurse Practitioner Advisory Groups

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-219

OUTCOME 13: Acute Care

Topic: PROFESSIONAL INDEMNITY INSURANCE FOR MIDWIVES

Hansard Page: CA 118

Senator Siewert asked:

When the Department asked medical indemnity insurers whether an insured doctor would remain insured if they have a collaborative arrangement with a midwife, even if the midwife is not insured for home births, can you give us the process that you have used, the questions that you asked and their response.

Answer:

Prior to Ms Huxtable's letter to the Committee Secretary on 21 January 2010, the Department had spoken to four of the five medical indemnity insurers in Australia who insure doctors. The Department has since received written advice from all five insurers that a doctor collaborating with a midwife will not result in a doctor's medical indemnity policy becoming 'void'.

The five medical indemnity insurers were asked to respond to three questions.

1. Would a medical indemnity policy issued by your insurer to a member/insured respond on behalf of the insured in the event of a claim against the insured in relation to an incident that involved collaboration with a midwife?

All insurers responded "Yes"; with most noting that this would be to the extent that their insured was liable and was acting within the scope of practice covered by the policy.

2. Has your MDO and/or insurer advised any insured(s) that their policy would not respond if a claim involved collaboration with an uninsured midwife? If so, what is the reason for the policy not responding?

Four of the five insurers responded "No". The fifth has responded to two member queries. The insurer's answer is at [Attachment A](#).

3. Has your MDO and/or insurer advised any insured(s) that their policy would not respond if a claim involved collaboration with an underinsured health professional (including an underinsured medical practitioner)? [Note: 'underinsured' refers to a situation where an insured is not insured for the full scope of his/her practice, and where the insured actually provides services in relation to his/her full scope of practice during the period of cover.]

Four of the five insurers responded "No."

The fifth responded as follows:

*"Members are certainly advised that they must select the appropriate practice category, retroactive date, make accurate declarations of risk history etc. Members who are acting as supervisors/trainers are advised that they must have the appropriate qualifications/training and experience for the nature of their practice and select the appropriate practice category for the training/supervision they are providing. Trainees providing health services under the supervision of a trainer rely on the indemnity of the trainer and are advised of the expectation that their trainer/supervisor must have the appropriate qualifications, training and experience and indemnity for that role. That advice is provided because if not then they are in effect "underinsured". The situation of anticipating underinsurance however does not normally arise (and hasn't previously to my knowledge) because underinsurance is not usually known until after the event and usually at the time the claim is made.*

*That is not the situation here as it is now understood that midwives currently do not have any medical indemnity insurance for home births."*

**Response from an insurer to questions about doctors collaborating with midwives**

**Question 2**

**Has your MDO and/or insurer advised any insured(s) that their policy would not respond if a claim involved collaboration with an uninsured midwife? If so, what is the reason for the policy not responding?**

*I understand that the insurer has been contacted by 2 members in relation to midwife queries.*

*The first contact (some months ago) concerned a hypothetical situation requesting the insurer's views on the scenario and the level of cover afforded by the Insurance Medical Indemnity Insurance Policy in such a situation.*

*The Underwriting Committee reviewed the scenario and in response to the questions asked advised that;*

- *There is a general requirement that members have the appropriate recognised qualifications, training and experience for the health services they provide.*
- *The insurer's Constitution at 1.2 details Objects of the Company and states at 1.2(c) "to promote honourable and to discourage irregular practice".*
- *The medical indemnity insurance policy does not cover independent contractors and in the event of a claim in relation to the actions of an uninsured health service provider, any associated/related health practitioner could also be named in proceedings even if due only to the fact that they held indemnity insurance.*

*Consequently, it was the view of the Committee that the scenario put forward (where an injured mother or baby may not have access to compensation) did not meet the insurer's requirements under its Constitution. The Committee observed that on this basis it would not seem appropriate for a member to be involved. The Committee also observed that there was no appropriate practice category for the nature of practice proposed (which was not shared care as defined and not obstetric practice).*

*The Committee stated that based on the scenario presented that if a member notified the insurer that they were to become involved in such practice (such notice being a requirement under 5.1.5 of the Insurance Policy), that it is likely that the insurer would give notice in accordance with 12.2.2 of the Insurance Policy (where the insurer asks the policyholder to cease a practice and if they do not do so, cover will cease for that practice after 14 days).*

*The Committee observed that the above would not apply to actual good Samaritan or emergency matters where there is no expectation/anticipation of a member's involvement in the care of the patient.*

*Member contact 2 (this week). In summary the member held a "General Practice - consultations and office procedures (non-procedural) practice category. GP's in that practice category who meet the general requirements of appropriate recognised qualifications, training and experience are permitted to provide shared ante-natal care. As required under shared care the member had referred the pregnant patient early to hospital to book in and had continued to provide care appropriate for shared ante-natal care on that understanding.*

*The member wrote to us because it had subsequently come to their attention that the patient had not presented the referral/booked-in to hospital and apparently intended to have a midwife assisted homebirth.*

*The member was advised that;*

- *their current practice category was no longer appropriate (as they were no longer providing shared-care as defined)*
- *if there was an intention to continue to provide ante-natal care outside of the shared-care requirements permitted under their current practice category*
  - *that they needed to provide the insurer with documentation showing that they had the appropriate recognised qualifications, training and experience for any expanded ante-natal role and*
  - *members who met the qualification, training and experience requirements for management of pregnancy outside of shared-care arrangements normally selected an Obstetrics category.”*

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-220

OUTCOME 13: Acute Care

Topic: PROFESSIONAL INDEMNITY INSURANCE FOR MIDWIVES

Hansard Page: CA 119

Senator Siewert asked:

Could you provide us with the data on which the actuarial assessment was based that assisted the Department to work out the cost of the Commonwealth supporting indemnity insurance for midwives, particularly midwives who are practising in hospitals and the numbers of births and dangers thereof. Also tell us if state by state is relevant information.

Answer:

The assessment by the Australian Government Actuary was based on the historical data relating to claims experience of obstetricians in Australia. Other matters were factored in, including the key assumptions listed below.

The Actuary's analysis assesses actuarial and financial risk, rather than the clinical risk of dangers of birth. The actuarial analysis was prepared at a national level and the Actuary was not asked to undertake state by state analysis, as the small number of midwives would not have led to meaningful analysis.

Key assumptions were:

Number of eligible midwives	196 midwives in 2010-11, rising to 712 midwives in 2013-14
Average claim size	\$227,000
Percentage of claims over \$1 million	7%
Number of claims per 1,000 births	1.1 claims
Full time caseload of each midwife	40 births per annum
Claim inflation rate	6%
Claim discount rate	6%

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-368

OUTCOME 13: Acute Care

Topic: PUBLIC HOSPITALS

Senator Fierravanti-Wells asked:

In Queensland, the state government has contracted private surgery to reduce waiting lists - is there any plan to adopt this nationally?

Answer:

As noted in the response to E10-184, it is at the discretion of each jurisdiction as to how they meet elective surgery waiting list targets. States and territories have the flexibility to provide elective surgery in ways that they determine will maximise throughput in order to reach targets.

It is known that consideration has been given by some states and territories to the option of utilising private hospitals for the purposes of providing an elective surgery service to public patients.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-369

OUTCOME 13: Acute Care

Topic: PUBLIC HOSPITALS

Senator Fierravanti-Wells asked:

- a) Has the Department investigated the use of private hospitals to treat public patients?
- b) If so, what were the outcomes of this investigation? If not, why?

Answer:

- a) No.
- b) It is up to the states and territories to decide how they utilise and allocate resources, including whether to use private or public hospitals to treat public patients. States and territories have the flexibility to provide public hospital services in ways that they determine will maximise patient outcomes.

The Commonwealth has not precluded the use of the private sector for public hospital services. Through the National Healthcare Agreement, the Government acknowledges that private providers play a significant role in delivering health services and will continue to be partners with government in meeting the objectives of the Agreement.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-370

OUTCOME 13: Acute Care

Topic: PUBLIC HOSPITALS

Senator Fierravanti-Wells asked:

- a) What information does the Department have about the capacity of the private sector to deal with patients on public hospital waiting lists?
- b) What benefits would this hold for patients, clinicians, public hospitals and private hospitals?
- c) If adopted, what would be the expected impact on elective surgery waiting lists?
- d) Would there be savings to the Federal health budget?
- e) Would the Healthcare Agreement be adjusted to reflect the savings to state and territory governments?
- f) What beneficial impact would a move to treat public patients in private hospitals have on public hospitals?

Answer:

- a) The Productivity Commission report, Public and Private Hospitals, December 2009, found that the occupancy rate of private hospitals in Australia in 2007-08 was 76% (page 162). The Productivity Commission reported that an occupancy rate of 85% has been suggested as an optimal target (page 161). This would indicate some capacity for private hospitals to treat additional patients, such as those on public hospital waiting lists.

b - f)

The Department is unable to assess the benefit/cost/impact of any proposal on particular stakeholders in the absence of any detail around how the proposal would operate.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-371

OUTCOME 13: Acute Care

Topic: PUBLIC HOSPITALS

Senator Fierravanti-Wells asked:

Catholic Health Australia has estimated that waiting lists would be halved if the Federal Government were to use private hospitals. Has the Department undertaken any analysis of the claims made by CHA?

Answer:

No.

As noted in the response to E10-184, it is at the discretion of each jurisdiction as to how they meet elective surgery waiting list targets and the Commonwealth have not precluded the use of the private sector.

It is known that consideration has been given by some states and territories to the option of utilising private hospitals for the purposes of providing an elective surgery service to public patients.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-080

OUTCOME 13: Acute Care

Topic: DENTAL PROGRAMS

Written Question on Notice

Senator Siewert asked:

What other initiatives are in place to ensure that the most disadvantaged Australians have access to dental health services?

Answer:

The following initiatives provide access to dental services and improve the oral health of disadvantaged Australians.

**Closing the Gap in the Northern Territory National Partnership Agreement - Schedule F: Follow Up Care Dental**

The Commonwealth has a National Partnership Agreement (NPA) with the Northern Territory (NT) Government, *Closing the Gap in the Northern Territory National Partnership Agreement*. Under this NPA the Commonwealth will fund the Territory Government \$6.421m over three years from 2009-10 to 2011-12 to provide dental follow-up services to Indigenous children with a dental referral from an initial child health check. Follow-up dental services are provided in addition to the NT Government's usual dental service program.

The Commonwealth is also providing funds up to \$3.211m over three years to a number of Aboriginal Medical Services to provide dental follow-up services in the Northern Territory.

**Closing the Gap - Indigenous dental services in rural and regional areas**

In addition, the Mobile Indigenous Dental Pilot program will provide \$11m over four years for projects providing dental treatment and prevention services to rural and regional Indigenous communities, utilising mobile facilities.

The objective of the project is to assess the effectiveness of different models to deliver dental services to communities where dental professionals and infrastructure are scarce.

Improving dental care is an election commitment and policy priority for the Government. This measure will contribute to “Closing the Gap” targets in relation to health status. Dental health is an identified priority area in the National Strategic Framework for Aboriginal and Torres Strait Islander Health.

### **The Nursing Home Oral and Dental Health Plan**

The Nursing Home Oral and Dental Health Plan (the Plan) is designed to strengthen dental and oral care in aged care facilities from the initial Aged Care Assessment Team assessment through to care planning and care delivery for residents in the homes. The Plan is not a replacement for professional dentistry services. It provides an increased awareness of oral hygiene issues for the staff who are in daily contact with the residents.

One component of the Plan includes training which is being offered to all aged care homes, multi-purpose services and Indigenous flexible care services during 2010. The training will be delivered at two levels:

- i. training aged care workers in how to provide daily oral hygiene;
- ii. providing registered nurses with a self-learning package of tools to enable them to undertake oral health assessment, oral health care planning and appropriate dental referrals for residents.

The Plan will be complemented by the Aged Care Access Initiative which provides funding for services by allied health professionals to residents in aged care homes for which there is no Medicare or other government subsidy and this includes dental and oral hygienists.

### **The Medicare Teen Dental Plan**

Since the means tested Medicare Teen Dental Plan was implemented on 1 July 2008, 735,922 preventative dental checks have been claimed for a total of \$107.8 million in benefits (to 31 January 2010). This has resulted in 577,964 teenagers receiving an annual oral health check to keep their teeth healthy and encourage them to maintain good oral health habits. Teenagers 12-17 years of age in families receiving Family Tax Benefit Part A and teenagers of the same age receiving certain other government payments are eligible under the Plan to receive vouchers for the preventative dental check.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-206

OUTCOME 13: Acute Care

Topic: AUSTRALIAN ORGAN AND TISSUE DONATION TRANSPLANTATION  
AUTHORITY WORKFORCE

Hansard Page: CA 30

Senator Boyce asked:

Could we have a list of your clinical work force, so to speak, the people, where they are based in Australia and which positions are filled and which are not?

Answer:

Hospital based staff, appointed in accordance with the World's Best Practice Reform Package on Organ and Tissue Donation for Transplantation, are based in 76 hospitals across Australia.

As at 12 April 2010, 156 hospital based staff have been recruited, occupying 89.0 of the target 96.45 full time equivalent positions. A detailed summary of the positions occupied in each state and territory is at Attachment A.

<b>AUSTRALIA TOTAL</b>			
<b>Hospitals</b>	<b>FTE funded</b>	<b>FTE</b>	<b>Total number of employed people included in FTE employed</b>
NSW TOTALS	30.00	27.75	36
WA TOTALS	8.45	6.95	12
VIC TOTALS	24.50	23.30	60
ACT TOTALS	2.00	1.60	3
TAS TOTALS	3.50	3.00	4
SA TOTALS	8.00	7.10	15
QLD TOTALS	16.50	16.50	23
NT TOTALS	3.50	2.80	3
<b>Total FTE DonateLife Hospital-based Staff - All Jurisdictions</b>	<b>96.45</b>	<b>89.00</b>	<b>156</b>

**CLINICAL STAFF DETAILED BY JURISDICTION AND HOSPITAL**

<b>NEW SOUTH WALES</b>			
<b>Hospitals</b>	<b>FTE funded</b>	<b>FTE</b>	<b>Total number of employed people included in FTE employed</b>
State wide position	1.00	1.00	1
1 Lismore, Tweed Heads	1.50	1.50	2
2 Tamworth	1.00	1.00	1
3 Coffs Harbour, Port Macquarie	1.50	1.50	2
4 John Hunter	3.00	3.00	3
5 Orange	1.00	1.00	1
6 Wagga	1.00	1.00	2
7 Goulburn	1.00	0.00	0
8 Wollongong	1.50	1.00	2
9 St George	2.00	2.00	2
10 Prince of Wales	1.50	1.50	2
11 Liverpool	2.00	2.00	2
12 Royal Prince Alfred	2.00	2.00	2
13 Bankstown / Concord	1.00	1.00	1
14 Nepean	2.00	2.00	2
15 Westmead	1.50	1.50	3
16 The Children's Hospital Westmead	1.00	1.00	2
17 Blacktown	0.50	0.50	1
18 Gosford	1.50	1.50	2
19 Hornsby	0.50	0.50	1
20 Royal North Shore	2.00	1.25	2
<b>Total FTE NSW DonateLife Hospital-based Staff</b>	<b>30.00</b>	<b>27.75</b>	<b>36</b>

<b>WESTERN AUSTRALIA</b>				
	<b>Hospitals</b>	<b>FTE funded</b>	<b>FTE</b>	<b>Total number of employed people included in FTE employed</b>
	State wide position	1.00	0.80	1
21	Sir Charles Gardiner Hospital	2.00	1.70	3
22	Royal Perth Hospital	2.00	1.50	2
23	Fremantle Hospital	2.00	1.50	3
24	Princess Margaret Hospital	0.45	0.45	1
25	Joondalup Hospital	0.50	0.50	1
26	St John of God Hospital (Subiaco & Murdoch)	0.50	0.50	1
	<b>Total FTE WA DonateLife Hospital-based Staff</b>	<b>8.45</b>	<b>6.95</b>	<b>12</b>



<b>VICTORIA</b>				
	<b>Hospitals</b>	<b>FTE funded</b>	<b>FTE</b>	<b>Total number of employed people included in FTE employed</b>
	State wide position	1.00	0.60	1
27	Alfred Hospital	2.50	2.50	6
28	Royal Melbourne Hospital	2.50	2.50	6
29	Austin Hospital	2.00	2.00	7
30	St Vincent's Hospital	1.60	1.60	4
31	Monash Medical Centre	1.60	1.60	5
32	Dandenong Hospital	1.00	1.00	3
33	Royal Children's Hospital	1.00	1.00	2
34	Box Hill Hospital	1.00	1.00	2
35	Maroondah Hospital	0.80	0.50	1
36	Frankston Hospital	1.00	1.00	2
37	Western Hospital	1.00	1.00	3
38	Northern Hospital	1.00	1.00	4
39	Geelong Hospital	1.00	1.00	2
40	Epworth Private Hospital	0.50	0.50	2
41	Cabrini Private Hospital	0.50	0.50	1
42	Ballarat Hospital	0.50	0.50	1
43	Bendigo Hospital	0.50	0.50	1
44	Latrobe Regional Hospital	0.50	0.50	1
45	Goulburn Valley Health	0.50	0.50	1
46	Mildura Base Hospital	0.50	0.50	1
47	South West Healthcare	0.50	0.00	0
48	Albury Wodonga Heath	0.50	0.50	1
49	Northeast Health Wangaratta	0.50	0.50	2
50	Central Gippsland Health Service	0.50	0.50	1
	<b>Total FTE VIC DonateLife Hospital-based Staff</b>	<b>24.50</b>	<b>23.30</b>	<b>60</b>

<b>ACT</b>				
	<b>Hospitals</b>	<b>FTE funded</b>	<b>FTE now</b>	<b>Total number of employed people included in FTE employed</b>
51	Canberra Hospital	2.00	1.60	3
	<b>Total FTE ACT DonateLife Hospital-based Staff</b>	<b>2.00</b>	<b>1.60</b>	<b>3</b>

<b>TAS</b>				
	<b>Hospitals</b>	<b>FTE funded</b>	<b>FTE now employed</b>	<b>Total number of people included in FTE employed</b>
52	Royal Hobart Hospital	2.00	1.50	2
53	Launceston General Hospital	1.00	1.00	1
54	North-West Regional Hospital	0.50	0.50	1
	<b>Total FTE TAS DonateLife Hospital-based Staff</b>	<b>3.50</b>	<b>3.00</b>	<b>4</b>

<b>SOUTH AUSTRALIA</b>				
	<b>Hospitals</b>	<b>FTE funded</b>	<b>FTE employed</b>	<b>Total number of people included in FTE employed</b>
	State wide position	1.00	1.00	1
55	Royal Adelaide Hospital	1.50	1.40	4
56	Flinders Medical Centre	1.00	1.00	2
57	Queen Elizabeth Hospital	1.00	0.80	2
58	Lyell McEwin Hospital	1.00	0.80	2
59	State-wide Paediatrics/Women's and Children's	1.00	1.10	3
60	State-wide Regional & Private Hospitals	1.50	1.00	1
	<b>Total FTE SA DonateLife Hospital-based Staff</b>	<b>8.00</b>	<b>7.10</b>	<b>15</b>

<b>QUEENSLAND</b>				
	<b>Hospitals</b>	<b>FTE funded</b>	<b>FTE employed</b>	<b>Total number of people included in FTE employed</b>
	State wide position	1.00	1.00	1
61	Royal Brisbane and Women's Hospital	2.00	2.00	2
62	Gold Coast Hospital	2.00	2.00	2
63	Princess Alexandra Hospital	2.00	2.00	2
64	Nambour Hospital	2.00	2.00	3
65	The Townsville Hospital	2.00	2.00	3
66	Cairns Base Hospital	0.50	0.50	1
67	Rockhampton Hospital	0.50	0.50	1
68	Mackay Hospital	0.50	0.50	1
69	Toowoomba Hospital	1.00	1.00	2
70	Mater Hospital	1.00	1.00	1
71	The Prince Charles Hospital	0.50	0.50	1
72	Logan Hospital	0.50	0.50	1
73	Wesley Private Hospital/St Andrew's Private Hospital	0.50	0.50	1
74	Greenslopes Hospital	0.50	0.50	1
	<b>Total FTE QLD DonateLife Hospital-based Staff</b>	<b>16.50</b>	<b>16.50</b>	<b>23</b>

<b>NORTHERN TERRITORY</b>				
	<b>Hospitals</b>	<b>FTE funded</b>	<b>FTE</b>	<b>Total number of people included in FTE employed</b>
	State Wide Position	1.00	1.00	1
75	Royal Darwin Hospital	1.50	0.80	1
76	Alice Springs Hospital	1.00	1.00	1
	<b>Total FTE WA DonateLife Hospital-based Staff</b>	<b>3.50</b>	<b>2.80</b>	<b>3</b>

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-082

OUTCOME 13: Acute Care

Topic: ELECTIVE SURGERY WAITING TIMES

Written Question on Notice

Senator Fielding asked:

- a) What is the average wait list time in public hospitals for category 1, 2 and 3 surgery? Can you please provide these figures on a state by state basis, and within those state figures, breaking them down further into a regional, remote and metro level.
- b) Furthermore, what is the average wait list time in public hospitals for the following surgical procedures:
  - i) Dental work?
  - ii) Cataract?
  - iii) Bypass surgery?
  - iv) Kidney transplant?
  - v) Hip replacement?
  - vi) Knee replacement?
  - vii) Carpal tunnel release?

Again, we would appreciate if you could provide these figures according to the same breakdown as explained above.

Answer:

- a) Table (a), below, sets out the median waiting times by clinical urgency, remoteness area and state/territory of hospital for 2007-08. The median waiting time is the time taken, in days, for 50 per cent of the people to be admitted to hospital. The median waiting time for surgery has been used as the waiting time indicator rather than the average, as the median is not affected by unusually long waiting times. Even a very small number of patients with long waiting times may affect the average, making the median a better description of typical waiting times.

**Table (a) ELECTIVE SURGERY – median waiting time (days) by clinical urgency, remoteness area and state/territory of hospital, 2007-08**

New South Wales

Remoteness Area (2001)	Clinical urgency	Median wait (days)
Major cities	1.Admission within 30 days desirable	9
	2.Admission within 90 days desirable	49
	3.Admission at some time in the future acceptable	115
	Total	35
Inner/Outer regional	1.Admission within 30 days desirable	12
	2.Admission within 90 days desirable	52
	3.Admission at some time in the future acceptable	165
	Total	51
Remote/Very remote	1.Admission within 30 days desirable	n.p.
	2.Admission within 90 days desirable	n.p.
	3.Admission at some time in the future acceptable	241
	Total	140
Total	1.Admission within 30 days desirable	10
	2.Admission within 90 days desirable	50
	3.Admission at some time in the future acceptable	129
	Total	39

n.p. not published (less than ten admissions)

Victoria

Remoteness Area (2001)	Clinical urgency	Median wait (days)
Major cities	1.Admission within 30 days desirable	7
	2.Admission within 90 days desirable	55
	3.Admission at some time in the future acceptable	83
	Total	33
Inner/Outer regional	1.Admission within 30 days desirable	8
	2.Admission within 90 days desirable	35
	3.Admission at some time in the future acceptable	89
	Total	28
Remote/Very remote	1.Admission within 30 days desirable	n.a.
	2.Admission within 90 days desirable	n.a.
	3.Admission at some time in the future acceptable	n.a.
	Total	n.a.
Total	1.Admission within 30 days desirable	7
	2.Admission within 90 days desirable	53
	3.Admission at some time in the future acceptable	83
	Total	33

n.a. not applicable

## Queensland

Remoteness Area (2001)	Clinical urgency	Median wait (days)
Major cities	1.Admission within 30 days desirable	11
	2.Admission within 90 days desirable	36
	3.Admission at some time in the future acceptable	84
	Total	25
Inner/Outer regional	1.Admission within 30 days desirable	14
	2.Admission within 90 days desirable	48
	3.Admission at some time in the future acceptable	91
	Total	29
Remote/Very remote	1.Admission within 30 days desirable	9
	2.Admission within 90 days desirable	54
	3.Admission at some time in the future acceptable	111.5
	Total	53
Total	1.Admission within 30 days desirable	12
	2.Admission within 90 days desirable	40
	3.Admission at some time in the future acceptable	86
	Total	27

## South Australia

Remoteness Area (2001)	Clinical urgency	Median wait (days)
Major cities	1.Admission within 30 days desirable	14
	2.Admission within 90 days desirable	58
	3.Admission at some time in the future acceptable	104
	Total	42
Inner/Outer regional	1.Admission within 30 days desirable	n.a.
	2.Admission within 90 days desirable	n.a.
	3.Admission at some time in the future acceptable	n.a.
	Total	n.a.
Remote/Very remote	1.Admission within 30 days desirable	n.a.
	2.Admission within 90 days desirable	n.a.
	3.Admission at some time in the future acceptable	n.a.
	Total	n.a.
Total	1.Admission within 30 days desirable	14
	2.Admission within 90 days desirable	58
	3.Admission at some time in the future acceptable	104
	Total	42

n.a. not applicable

## Western Australia

Remoteness Area (2001)	Clinical urgency	Median wait (days)
Major cities	1.Admission within 30 days desirable	12
	2.Admission within 90 days desirable	57
	3.Admission at some time in the future acceptable	60
	Total	31
Inner/Outer regional	1.Admission within 30 days desirable	5
	2.Admission within 90 days desirable	21
	3.Admission at some time in the future acceptable	45
	Total	23
Remote/Very remote	1.Admission within 30 days desirable	n.a.
	2.Admission within 90 days desirable	n.a.
	3.Admission at some time in the future acceptable	n.a.
	Total	n.a.
Total	1.Admission within 30 days desirable	11
	2.Admission within 90 days desirable	52
	3.Admission at some time in the future acceptable	59
	Total	30

n.a. not applicable

## Tasmania

Remoteness Area (2001)	Clinical urgency	Median wait (days)
Major cities	1.Admission within 30 days desirable	n.a.
	2.Admission within 90 days desirable	n.a.
	3.Admission at some time in the future acceptable	n.a.
	Total	n.a.
Inner/Outer regional	1.Admission within 30 days desirable	13
	2.Admission within 90 days desirable	94
	3.Admission at some time in the future acceptable	145
	Total	36
Remote/Very remote	1.Admission within 30 days desirable	n.a.
	2.Admission within 90 days desirable	n.a.
	3.Admission at some time in the future acceptable	n.a.
	Total	n.a.
Total	1.Admission within 30 days desirable	13
	2.Admission within 90 days desirable	94
	3.Admission at some time in the future acceptable	145
	Total	36

n.a. not applicable

### Northern Territory

Remoteness Area (2001)	Clinical urgency	Median wait (days)
Major cities	1.Admission within 30 days desirable	n.a.
	2.Admission within 90 days desirable	n.a.
	3.Admission at some time in the future acceptable	n.a.
	Total	n.a.
Inner/Outer regional	1.Admission within 30 days desirable	9
	2.Admission within 90 days desirable	73
	3.Admission at some time in the future acceptable	258
	Total	34
Remote/Very remote	1.Admission within 30 days desirable	20
	2.Admission within 90 days desirable	79
	3.Admission at some time in the future acceptable	235.5
	Total	62
Total	1.Admission within 30 days desirable	11
	2.Admission within 90 days desirable	75
	3.Admission at some time in the future acceptable	250
	Total	43

n.a. not applicable

### Australian Capital Territory

Remoteness Area (2001)	Clinical urgency	Median wait (days)
Major cities	1.Admission within 30 days desirable	14
	2.Admission within 90 days desirable	98
	3.Admission at some time in the future acceptable	203
	Total	72
Inner/Outer regional	1.Admission within 30 days desirable	n.a.
	2.Admission within 90 days desirable	n.a.
	3.Admission at some time in the future acceptable	n.a.
	Total	n.a.
Remote/Very remote	1.Admission within 30 days desirable	n.a.
	2.Admission within 90 days desirable	n.a.
	3.Admission at some time in the future acceptable	n.a.
	Total	n.a.
Total	1.Admission within 30 days desirable	14
	2.Admission within 90 days desirable	98
	3.Admission at some time in the future acceptable	203
	Total	72

n.a. not applicable



- b) Furthermore, what is the average wait list time in public hospitals for the following surgical procedures:
- i) Not available. The Elective Surgery Waiting Times collection includes information about the indicator procedure for which an elective surgery patient is waiting. There is no separate indicator procedure identifier for dental procedures. These types of procedures are included within the category “Other”.
  - ii) Table (b) (ii), below, includes information on median waiting times for cataract extraction procedures in 2007-08.

**Table (b) (ii) ELECTIVE SURGERY – median waiting time (days) by remoteness area and state/territory of hospital, Indicator procedure – Cataract extraction, 2007-08**

State / territory	Remoteness Area (2001)	Median wait (days)
NSW	Major cities	117
	Inner/Outer regional	229
	Remote/Very remote	221.5
	Total	168
VIC	Major cities	42
	Inner/Outer regional	82
	Remote/Very remote	n.a.
	Total	43
QLD	Major cities	61
	Inner/Outer regional	31
	Remote/Very remote	62
	Total	48
SA	Major cities	72.5
	Inner/Outer regional	n.a.
	Remote/Very remote	n.a.
	Total	72.5
WA	Major cities	62
	Inner/Outer regional	45
	Remote/Very remote	n.a.
	Total	59
TAS	Major cities	n.a.
	Inner/Outer regional	417
	Remote/Very remote	n.a.
	Total	417
NT	Major cities	n.a.
	Inner/Outer regional	182
	Remote/Very remote	188
	Total	184
ACT	Major cities	175
	Inner/Outer regional	n.a.
	Remote/Very remote	n.a.
	Total	175

- iii) Table (b) (iii), below, includes information on median waiting times for coronary artery bypass grafts in 2007-08.

**Table (b) (iii) ELECTIVE SURGERY – median waiting time (days) by remoteness area and state/territory of hospital, Indicator procedure – Coronary artery bypass graft, 2007-08**

State / territory	Remoteness Area (2001)	Median wait (days)
NSW	Major cities	14
	Inner/Outer regional	n.a.
	Remote/Very remote	n.a.
	Total	14
VIC	Major cities	11
	Inner/Outer regional	n.a.
	Remote/Very remote	n.a.
	Total	11
QLD	Major cities	9
	Inner/Outer regional	25
	Remote/Very remote	n.a.
	Total	9
SA	Major cities	20
	Inner/Outer regional	n.a.
	Remote/Very remote	n.a.
	Total	20
WA	Major cities	24
	Inner/Outer regional	n.a.
	Remote/Very remote	n.a.
	Total	24
TAS	Major cities	n.a.
	Inner/Outer regional	30.5
	Remote/Very remote	n.a.
	Total	30.5
NT	Major cities	n.a.
	Inner/Outer regional	n.a.
	Remote/Very remote	n.a.
	Total	n.a.
ACT	Major cities	13
	Inner/Outer regional	n.a.
	Remote/Very remote	n.a.
	Total	13

- iv) Not available. The Elective Surgery Waiting Times collection includes information about the indicator procedure for which an elective surgery patient is waiting. There is no separate indicator procedure identifier for kidney transplant procedures. These types of procedures are included within the category “Other”.

- v) Table (b) (v), below, includes information on median waiting times for total hip replacements in 2007-08.

**Table (b) (v) ELECTIVE SURGERY – median waiting time (days) by remoteness area and state/territory of hospital, Indicator procedure – Total hip replacement, 2007-08**

State / territory	Remoteness Area (2001)	Median wait (days)
NSW	Major cities	114
	Inner/Outer regional	195
	Remote/Very remote	n.a.
	Total	134
VIC	Major cities	124
	Inner/Outer regional	101
	Remote/Very remote	n.a.
	Total	121
QLD	Major cities	56
	Inner/Outer regional	75
	Remote/Very remote	n.a.
	Total	62
SA	Major cities	114
	Inner/Outer regional	n.a.
	Remote/Very remote	n.a.
	Total	114
WA	Major cities	81
	Inner/Outer regional	166
	Remote/Very remote	n.a.
	Total	84
TAS	Major cities	n.a.
	Inner/Outer regional	294
	Remote/Very remote	n.a.
	Total	294
NT	Major cities	n.a.
	Inner/Outer regional	129
	Remote/Very remote	n.a.
	Total	129
ACT	Major cities	184.5
	Inner/Outer regional	n.a.
	Remote/Very remote	n.a.
	Total	184.5

vi) Table (b) (v), below, includes information on median waiting times for total knee replacements in 2007-08.

**Table (b) (vi) ELECTIVE SURGERY – median waiting time (days) by remoteness area and state/territory of hospital, Indicator procedure – Total knee replacement, 2007-08**

State / territory	Remoteness Area (2001)	Median wait (days)
NSW	Major cities	183
	Inner/Outer regional	307
	Remote/Very remote	n.a.
	Total	235
VIC	Major cities	171
	Inner/Outer regional	151
	Remote/Very remote	n.a.
	Total	166
QLD	Major cities	67
	Inner/Outer regional	114.5
	Remote/Very remote	n.a.
	Total	77
SA	Major cities	206.5
	Inner/Outer regional	n.a.
	Remote/Very remote	n.a.
	Total	206.5
WA	Major cities	107
	Inner/Outer regional	202
	Remote/Very remote	n.a.
	Total	117.5
TAS	Major cities	n.a.
	Inner/Outer regional	381
	Remote/Very remote	n.a.
	Total	381
NT	Major cities	n.a.
	Inner/Outer regional	291.5
	Remote/Very remote	n.a.
	Total	291.5
ACT	Major cities	225.5
	Inner/Outer regional	n.a.
	Remote/Very remote	n.a.
	Total	225.5

vii) Not available. The Elective Surgery Waiting Times collection includes information about the indicator procedure for which an elective surgery patient is waiting. There is no separate indicator procedure identifier for carpal tunnel release procedures. These types of procedures are included within the category “Other”.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-127

OUTCOME 13: Acute Care

Topic: SURGICAL FACILITIES AND BIRTHING CENTRES

Written Question on Notice

Senator Adams asked:

- a) What is the government position on the closure of surgical facilities and birthing centres in regional and remote hospitals?
- b) Is there a risk that the Commonwealth will be under pressure to provide more acute, accident and emergency services if states close or rationalise activities in regional and rural hospitals?
- c) Should the broader role of small hospitals as centres for emergency and acute care, potential rural training centres, and local employers be taken into account in decisions relating to the closure of regional and rural hospitals?

Answer:

- a) Under the proposed National Health and Hospitals Network (NHHN), the Government will ensure new financing arrangements effectively support small regional and rural hospitals. The Government will provide block funding where appropriate so that small rural and regional hospitals can continue to deliver services. Funding will take into account the higher costs associated with delivering services in regional and rural areas including surgical and maternity services.

The Commonwealth Government is also working with states and territories to develop a National Maternity Services Plan (the Plan). The overall objective of the plan is to provide a strategic national framework for maternity services, endorsed by state, territory and Commonwealth Governments. As part of this, the Commonwealth will be seeking commitments and investments from the states and territories, particularly around the provision of birthing centres and rural maternity units.

- b) Under the proposed NHHN, responsibility for public hospital management including the provision of hospital services will be devolved to Local Hospital Networks (LHNs). This arrangement will increase local autonomy and flexibility so that services are more innovative and responsive to local needs. As mentioned above, the Government will provide block funding to retain the viability of small rural and regional hospitals which will potentially avoid closure of services. Rural and regional hospitals will also benefit from the Commonwealth's commitment to 60% of capital expenditure, both operating capital and planned new capital investment.

As announced under the Council of Australian Governments (COAG) meeting in April 2010, the Government will be investing \$750 million in facilitation, reward and capital funding over four years to support the delivery of public hospital emergency departments across Australia.

- c) There is nothing in the Government's health reform plan that would force the closure of rural hospitals. The reform plan acknowledges that some hospitals face higher staffing and equipment costs, and cannot achieve the economies of scale that large hospitals can. These hospitals may be provided with block funding which will allow them to maintain a minimum level of staff and facilities in order to provide services like limited emergency and acute care, generally provided by rural and remote hospitals. COAG will determine which hospitals qualify for block funding based on advice provided by the Independent Hospital Pricing Authority (IHPA). Under the agreement, the Commonwealth will provide 60 per cent of block funding for these hospitals.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-177

OUTCOME 14: Biosecurity and Emergency Response

Topic: H1N1

Written Question on Notice

Senator Humphries asked:

In relation to the Pandemic (H1N1) 2009 Pandemic Influenza (Swine Flu) vaccine:

- a) How many doses of the H1N1 vaccine are currently available for immediate dosage in Australia?
- b) When will the current stockpile of H1N1 vaccine reach their use-by date? If such dates vary, please provide the date by which most of the doses will expire.

Answer:

- a) As at 11 March 2010, approximately 7.73 million doses of Panvax® had been delivered to immunisation providers across the country for immediate use.
- b) Panvax currently has a 12 month expiry date from the date of manufacture (fill and finish stage). Undistributed vaccine will begin expiring from the end of July 2010, with the bulk of the undistributed vaccine expiring from September 2010 to January 2011. The vaccine sponsor, CSL Limited, would be responsible for making any requests to the Therapeutic Goods Administration to extend the shelf life of the vaccine and for submission of the necessary data to support such a request.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-179

OUTCOME 14: Biosecurity and Emergency Response

Topic: OHP STAFFING

Written Question on Notice

Senator Humphries asked:

- a) How many staff has resigned from the Office of Health Protection (OHP) in 2010 to date?
- b) How does the staff attrition rate in OHP compare with the rest of the Department over this period?

Answer:

- a) In the period 01 July 2009 to 31 December 2009 there were 3 officers who resigned from the Office of Health Protection (OHP).
- b) The Staff attrition rate for OHP for the period 01 July 2009 to 31 December 2009 based on collectable data is 7.9%. This attrition rate is 1.8% lower than the departmental average for the same period.



ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-372

OUTCOME 14: Biosecurity and Emergency Response

Topic: SWINE FLU

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) What assessment has been made of the nationwide response to the swine flu threat?
- b) What assessment has been made of the impact on the nation's hospitals?
- c) Given that the impacts of swine flu were far more mild than anticipated, yet hospitals around the country were overwhelmed with demand- how would hospitals have coped had the flu been far more severe?
- d) Is the Australian health system able to cope with a true pandemic?

Answer:

- a) An assessment of the pandemic response in 2009 is underway. Debrief sessions and identification of lessons learned has been undertaken by various individual jurisdictions, and by committees involved in the management of the response (including the Australian Health Protection Committee and the Communicable Diseases Network Australia), and by teams involved in particular elements of the response (eg border measures, public health, laboratory testing, stockpile deployment etc). Debrief sessions have also involved critical partners in the response including general practitioners and clinicians.

The lessons learned and issues identified in these processes will be used to refine our response in the coming winter and where relevant will be incorporated in future editions of the Australian Health Management Plan for Pandemic Influenza (AHMPPI) and in other operational plans and procedures.

- b) In 2009 there were a total of 4,992 hospitalisations associated with the pandemic (H1N1) 2009 virus, with 14% of hospitalised cases admitted to intensive care units (ICU). A feature of the epidemic has been the high proportion of relatively young people in intensive care with viral pneumonia and acute respiratory distress syndrome (ARDS) compared to seasonal influenza. Many patients admitted to ICU required mechanical ventilation and one third of these patients required a new invasive oxygenation technique, extracorporeal membrane oxygenation (ECMO), because of the severity of their respiratory failure. The use of the ECMO technique is believed to have prevented a fatal outcome for many patients. The highest peak of the epidemic in Australia lasted about three weeks with the Australian health system stressed but with spare capacity in ECMO, hospital and ICU beds and minimal cancellation of elective surgery.

Hospital capacity to respond to a pandemic is continually reviewed under state and territory response plans and will also be considered as part of the comprehensive review of the AHMPPI.

- c) While health services were stretched during the H1N1 2009 influenza pandemic, particularly at the height of the caseload in mid winter, the system coped overall.

As outlined in the AHMPPI, in a pandemic there are a number of measures that can be activated to ensure health services (in particular acute care services) are optimized to reduce overall morbidity and mortality. These measures aim to protect the valuable health workforce, reduce avoidable demand on the health system, sustain lifesaving non-influenza services, and provide critical care to influenza patients.

Some state and territory governments did need to implement measures such as delaying/rescheduling of elective surgery and more extensive usage of high dependency units particularly at the height of the 2009 pandemic. Health departments across Australia also implemented measures such as specialist influenza services including home care programs and flu clinics, and reorganised hospital and other health services to reduce demand on the health system. In a more severe pandemic, these and other measures would be more extensively deployed until the pandemic was brought under control.

All Australian governments would work collaboratively with clinicians and other health professionals, as well as the private sector to manage critical services.

- d) Following the World Health Organization's announcement on 24 April 2009 of outbreaks of a novel influenza strain emerging in North America, Australia has moved through several stages of the response set out in the AHMPPI. Having this nationally agreed and well tested plan enabled the Australian health system to respond effectively to the H1N1 influenza pandemic, which saw 681 people admitted to ICUs. Intensive care specialists reported that to August 2009, nearly 400 of the ICU admissions with influenza A were admitted for viral pneumonitis compared to an average of 57 cases of viral pneumonitis from all causes over the same period in the previous four years. In addition, in 2009, 61 ICU patients with confirmed influenza A required lifesaving treatment with ECMO, compared to an average of four cases in previous years. Given the effectiveness of the current response and the untapped capacity outlined in paragraphs B) and C) above, there is no reason to believe the health system would not also cope well in a future pandemic.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-373

OUTCOME 14: Biosecurity and Emergency Response

Topic: SWINE FLU VACCINE

Written Question on Notice

Senator Fierravanti-Wells asked:

In relation to the Pandemic (H1N1) 2009 Pandemic Influenza (Swine Flu) vaccine Professor Bishop said that in the first two months uptake of vaccine was three million doses.

- a) What was the breakdown of administration of the vaccine by gender, age group, state and territory?
- b) Who was responsible for recording the administration of the vaccine to an individual and where is this record kept and how will individuals be able to access their record to confirm that the vaccine was administered?
- c) Why does the Government have data for the administration of the first three million doses but for the seven million doses distributed up to January it can only rely on data of supply our suppliers?
- d) Are doctors being paid an incentive to record swine flu vaccination and if so how much is being paid?

Answer:

- a) As with seasonal influenza data, the Commonwealth does not collect gender and age specific data on pandemic (H1N1) 2009 influenza vaccinations. As at 25 March 2010, the breakdown of vaccine distributed to state and territory immunisation providers is as follows:

	NSW	QLD	TAS	VIC	WA	ACT	NT	SA
<b>Doses Distributed</b>	3,007,577	1,765,327	221,252	1,664,977	619,970	109,421	110,979	610,239

- b) Administration of the vaccine to an individual is recorded by the vaccine provider in line with the provider's usual record keeping processes. For vaccines delivered through general practice, vaccination will be recorded in the individual's patient records. Vaccines delivered by public clinics operated by state, territory and local governments are generally documented on consent forms retained by the jurisdictional agency.
- c) The figure of three million vaccinations administered between 20 November 2009 and 23 December 2009 came from the Australian Institute of Health and Welfare (AIHW) and is based on a survey of national adult uptake of influenza and pneumococcal vaccinations among Australian adults. The AIHW published their preliminary results in February 2010 and expect to publish a draft report in late March 2010 and a final report in May/June 2010. The Commonwealth also commissioned a pandemic specific vaccine survey (PVS) with a draft report due in April 2010 and a final report due in May 2010. As results from this become publicly available, estimated numbers of vaccinations will be updated.
- d) No.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-376 [amended response follows]

OUTCOME 14: Biosecurity and Emergency Response

Topic: SWINE FLU VACCINE

Written Question on Notice

Senator Fierravanti-Wells asked:

In relation to the Pandemic (H1N1) 2009 Pandemic Influenza (Swine Flu) vaccine Professor Bishop said that in the first two months uptake of vaccine was three million doses.

- a) Does each vial contain five doses of vaccine if not how many doses are there in each vial?
- b) How long does the vial remain viable once opened if not all doses are used at once?
- c) How much extra vaccine was ordered to allow for wastage in the event that not all doses were used from each vial and the remaining doses in a vial had to be discarded?
- d) Were 21 million doses of vaccine or 21 million vials of vaccine purchased from CSL? Please clarify how many actual doses of vaccine were ordered and the total cost?

Answer:

- a) 5mL multi-dose vials of H1N1 influenza vaccine contain a maximum of 20 x 0.25mL doses [for children aged six months to three years], or 10 x 0.5mL doses [for persons aged more than three years or more]. The 10mL multi-dose vials contain a maximum of 36 x 0.25mL doses [for children aged six months to three years] or 18 x 0.5mL doses [for persons aged three years or more].
- b) The Therapeutic Goods Administration determined that an opened vial (ie. a dose has been drawn) should not be used if more than 24 hours has elapsed since the first dose was drawn.
- c) Wastage of approximately ten per cent wastage was assumed, consistent with the arrangements under the National Immunisation Program.
- d) 21 million doses of vaccine were purchased from CSL at a cost of \$131,080,400 (GST inclusive).

## AMENDED RESPONSE

Senate Community Affairs Committee

### ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

#### HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-376 [amended]

#### OUTCOME 14: Biosecurity and Emergency Response

Topic: SWINE FLU VACCINE

Written Question on Notice

Senator Fierravanti-Wells asked:

In relation to the Pandemic (H1N1) 2009 Pandemic Influenza (Swine Flu) vaccine Professor Bishop said that in the first two months uptake of vaccine was three million doses.

- a) Does each vial contain five doses of vaccine if not how many doses are there in each vial?
- b) How long does the vial remain viable once opened if not all doses are used at once?
- c) How much extra vaccine was ordered to allow for wastage in the event that not all doses were used from each vial and the remaining doses in a vial had to be discarded?
- d) Were 21 million doses of vaccine or 21 million vials of vaccine purchased from CSL? Please clarify how many actual doses of vaccine were ordered and the total cost?

Answer:

- e) 5mL multi-dose vials of H1N1 influenza vaccine contain a maximum of 20 x 0.25mL doses [for children aged six months to three years], or 10 x 0.5mL doses [for persons aged more than three years or more]. The 10mL multi-dose vials contain a maximum of 36 x 0.25mL doses [for children aged six months to three years] or 18 x 0.5mL doses [for persons aged three years or more].
- f) The TGA determined that an opened vial (ie. a dose has been drawn) should not be used if more than 24 hours has elapsed since the first dose was drawn.
- g) Wastage of approximately ten per cent wastage was assumed, consistent with the arrangements under the National Immunisation Program.
- h) 21 million doses of vaccine were purchased from CSL at a cost of \$131,080,400 (GST inclusive). This is slightly lower than the amount initially recorded on Austender due to a change in the proportion of adult and paediatric vaccine to be supplied under the deed with CSL. AusTender has now been updated to reflect this final position.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-2010, 10 February 2010

Question: E10-375

OUTCOME 14: Biosecurity and Emergency Response

Topic: SWINE FLU VACCINE

Written Question on Notice

Senator Fierravanti-Wells asked:

In relation to the Pandemic (H1N1) 2009 Pandemic Influenza (Swine Flu) vaccine Professor Bishop said that in the first two months uptake of vaccine was three million doses.

- a) What is the use by date of the vaccine and has the TGA been asked to extend the date?
- b) If take up of vaccinations remains low, what happens to the stockpile of the vaccine?
- c) Has any attempt been made to sell the unused vaccine to other countries or return vaccine to CSL?
- d) Will the government be subject to a penalty payment if unused vaccine is returned to CSL?
- e) What was the total cost of the 21 million doses of the vaccine bought by the Australian Government?
- f) What is the total cost of the purchase of 21 million vaccine doses, storage, transportation and administration of all doses to date?
- g) How much is the Government paying CSL to store the unused vaccine doses?

Answer:

- a) Refer to E10-177.
- b) The Department expects uptake of the vaccine to continue through the coming months and the upcoming influenza season. No decisions have been taken on what to do with excess supplies, if any.
- c) No. Refer to b). Free vaccine is available to every person aged six months and over in Australia. The Government has committed up to ten per cent (2.1 million doses) of its vaccine to the World Health Organization (WHO) for use among priority groups in developing countries who face difficulties in accessing vaccine.
- d) No penalty costs apply in relation to CSL continuing to hold unused vaccine.

- e) The final cost of the vaccine is \$131,080,400 (GST inclusive). This is slightly lower than the amount initially recorded on Austender due to a change in the proportion of adult and paediatric vaccine to be supplied under the deed with CSL. AusTender has now been updated to reflect this final position.
- f) The cost of the vaccine includes storage and transportation to the point of administration in most cases, with some costs being borne by states and territories. The cost of administering the vaccine is being shared by the Commonwealth and states and territories, and a total cost of this activity is not available.
- g) Storage costs are part of the overall purchase price and cannot be separately identified.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-212

OUTCOME 15: Sport

Topic: FUNDING JUNIOR SPORT PROGRAMS/ACTIVITIES

Hansard Page: CA 109

Senator Boyce asked:

- a) Can I have a list of direct funding provided by the Australian Government through this portfolio to junior sports programs and/or junior sporting activities for whatever is a convenient time, but presumably, say, for the last financial year?
- b) Can I also have a list of indirect funding that the Commonwealth would provide perhaps to state organisations or other organisations which would, to your knowledge, fund junior sporting programs or junior sporting activities?

Answer:

- a) Below is a list of the direct funding provided by the Australian Sports Commission (ASC) to junior sport programs/activities during 2008-09:
  - The Active After-school Communities(AASC) Program is a national initiative that provides primary school children with access to free, sport and other structured physical activity programs in the after -school time slot of 3:00pm to 5:30pm. The Government appropriation for 2008-09 was \$41.7m and the Australian Sports Commission contributed \$4.0m from baseline participation funding.
  - The Local Sporting Champions is an Australian Government initiative administrated by the ASC designed to provide financial assistance for juniors towards the cost of travel, accommodation, uniforms or equipment when competing, coaching or officiating at a national sporting organisation endorsed state or national sporting competition. The total amount of funding spent during 2008-09 was \$1.6 million.
  - The Elite Indigenous Travel and Accommodation Assistance Program (EITAAP) provides financial assistance for Indigenous sportspeople who are involved in mainstream official national championships and international sporting competitions. During 2008-09 a total of \$446,031.87421 was allocated to 421 individual applicants aged 18 years and under.

- b) The ASC works closely with National Sporting Organisations (NSOs) and National Sporting Organisations for People with Disability (NSODs) to develop sport from community participation to high performance level.

The ASC also works in partnership with State/Territory Departments of Sport and Recreation (SDSRs) to develop sport from community participation to high performance level.

- The Community Sport Division within the ASC provided a total of \$1,105,000 in 2008-09 to NSOs and NSODs to support junior participation programs within the areas of Indigenous Sport and Sport for people with Disabilities.
- In 2008-09 the ASC allocated \$1,000,000 to seven SDSRs for the delivery of programs and services and the development of national networks. This funding included support for junior development programs.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-213

OUTCOME 15: Sport

Topic: DISABILITY REPORT - FUNDING JUNIOR SPORT PROGRAMS/ACTIVITIES

Hansard Page: CA 109

Senator Boyce asked:

Apropos of that there was a report produced by Dr Rhonda Galbally and others about August last year called *Shut out: the experience of living with disabilities and their families in Australia*. One of the recommendations of that was that government should not fund junior sporting activities if it did not ensure that children with disabilities were allowed to participate. Has that recommendation been looked at and, if so, what has been done about it?

Answer:

The Australian Sports Commission (ASC) supports a wide range of organisations that provide sporting opportunities for people with disability.

While this recommendation has not been looked at specifically, the ASC is not aware of any Government funded junior sporting activities that do not allow children with disabilities to participate.

The ASC currently provides funding and direct program support to 11 national sports organisations to develop Disability Action Plans that contain a range of strategies to target people with disabilities as participants and competitors. Many of these strategies are specific to junior sport initiatives.

In addition, the ASC manages the Active After-school Communities program, which has 496 special schools or mainstream schools with special education units attached, registered and participating in this national sport and physical activity initiative.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-429

OUTCOME 15: Sport

Topic: MINISTER ELLIS' TRAVEL TO BEIJING

Hansard Page: CA108

Senator Fierravanti-Wells asked:

I would also appreciate if you could provide to me a detailed itinerary for the Minister's visit. She was obviously there for a period of time.

Answer:

This information was provided to a Senate Question on Notice from Senator Minchin dated 27 August 2008 and published on 3 February, 2009 (Senate Question No 661 refers).

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-023

OUTCOME 15: Sport

Topic: CRAWFORD REPORT

Senator Mason asked:

- a) How was Gemba chosen as the consulting company for the Crawford Report?
- b) Were other companies considered for consulting roles?
- c) Who decided to include Gemba's report in the Crawford Report?

Answer:

a and b)

These are matters for the consideration and decision of the Independent Sport Panel.

c) The Independent Sport Panel.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-024

OUTCOME 15: Sport

Topic: INDEPENDENT SPORT PANEL

Written Question on Notice

Senator Mason asked:

- a) How many sitting days were claimed by each member of the Independent Sports Panel?
- b) How much was paid to each member of the Independent Sports Panel as sitting fees, individually and in total?
- c) Did the Department assist the Independent Sports Panel in any manner, including secretarial services?
- d) If so, what departmental resources were used?

Answer:

- a) Panel members were appointed for a term of 18 months to 1 March 2010, or until the cessation of the Panel. Panel members were asked to submit any outstanding claims for payment at the time of the cessation of the Panel on 1 March 2010. The final sitting days claimed by each member will not be known until all members have responded and these claims have been reconciled.
- b) This information will not be available until all claims for payment have been received from Panel Members. This information will be available after final claims have been lodged and processed.
- c) The Department provided Secretariat services for the Independent Sport Panel.
- d) There were changes in staff numbers over the period of the review depending on the volume and complexity of the work required. A maximum of six staff were involved in the review at any one time, including the normal associated administrative costs.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-208

OUTCOME 15: Sport

Topic: INDEPENDENT SPORT PANEL

Hansard Page: CA 104

Senator Mason asked:

- d) Are copies of the declarations of conflicts of interest, completed by panel members (before becoming members of the panel), publicly available?
- e) Do you know if those declarations required panel members to outline their affiliations with particular sporting organisations in Australia or internationally?

Answer:

The Conflict of Interest declarations made by all members of the Panel are standard departmental declarations and include clauses that require signatories to disclose any conflicts of interests that are likely to arise in the performance of their duties. While these declarations are not publicly available in line with standard practice, information on all members was released at the time of the announcement including details of experience and roles.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-209

OUTCOME 15: Sport

Topic: INDEPENDENT SPORT PANEL

Hansard Page: CA 104

Senator Mason asked:

- f) What was the total cost of the report?
- g) When will it be available?

Answer:

- a) Panel members were appointed for a term of 18 months to 1 March 2010, or until the cessation of the Panel. Panel members were asked to submit any outstanding claims for payment at the time of the cessation of the Panel on 1 March 2010. Details of the total cost of the report will be known shortly.
- b) Information on the total cost of the report is expected to be available once final claims have been submitted and processed.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-175

OUTCOME 15: Sport

Topic: AUSTRALIA'S BID FOR THE 2018 OR 2022 FIFA WORLD CUPS

Hansard Page: CA 108

Senator Fierravanti-Wells asked:

- a) What are Messrs Harvey and Dixon contracted for and how much are they being paid?
- b) What work is each likely to undertake in the future?

Answer:

- a) Mr Geoff Dixon and Mr Ron Harvey have been engaged to provide advice on the requirements and obligations on the guarantees that governments will provide to ensure a technically compliant Bid for the Fédération Internationale de Football Association (FIFA) World Cups in either 2018 or 2022.

In addition, they have facilitated discussions with the other major sporting codes to discuss potential impacts of code displacement if Australia were successful in hosting a World Cup.

Mr Dixon is working pro bono. Mr Harvey has received \$19,717.57 (GST inclusive) for his services (including travel) to date.

- b) Mr Harvey and Mr Dixon may be involved in finalising other aspects of the World Cup and Asia Cup bids.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-210

OUTCOME 15: Sport

Topic: INDEPENDENT SPORT PANEL

Hansard Page: CA 106

Senator Mason asked:

Do you know how much the Gemba Group was paid for their work with the Independent Sport Panel?

Answer:

\$65,000 (GST exclusive).

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009-10, 10 February 2010

Question: E10-085

OUTCOME 15: Sport

Topic: SPORT SPONSORSHIP

Written Question on Notice

Senator Siewert asked:

- a) In light of evidence that up to three quarters of televised playing time for popular sporting events, features promotion for alcohol and junk food. This is not referring so much to advertising - but to the impact of sponsorship and on screen advertising billboards. Given the health consequences that have been well documented with regards to obesity and alcohol consumption in Australia, is the department looking at restrictions on sports sponsorship in regards to the broadcasting of fast food and alcohol company's branding during viewing times when children and young people might be watching?
- b) Would the Department accept that alcohol and fast food companies appear to be using sport as a vehicle to circumnavigate existing advertising codes that dictate how alcohol and fast food can be promoted on television?
- c) Will the department follow up on the recommendations from the Prevention Taskforce that alcohol and junk food promotion be phased out where there is high exposure to young people?

Answer:

- a) There is currently a mix of Government regulation, industry self-regulation and new television initiatives to limit the exposure of children to advertising that may unduly influence them. The Australian Communications Authority (ACMA) is responsible for regulating children's programs and the Australian content of programs and advertisements. The Children's Television Standards (CTS) were reviewed and amended in 2009 to clarify promotion and endorsement of commercial products by animated characters or celebrities during C program times.

Voluntary industry initiatives include the Australian Food and Grocery Council (AFGC) *Responsible Children's Marketing Initiative* and the Australian Quick Service Restaurant Industry (ASQRI) Initiative for Responsible Advertising and Marketing to Children.

The Commonwealth Government has also funded the establishment of ABC3, which is a dedicated children's channel, providing age-appropriate and commercial free programs daily from 6am to 9pm.

- b) The Department is unable to comment on the motivation of any company to sponsor sporting or other organisations. However, in the 2010 budget, as part of the \$50 million extension to the National Binge Drinking Strategy, the Government is providing \$25 million over four years for a community sponsorship fund to provide an alternative to alcohol sponsorship for community sporting and cultural organisations. To be eligible for sponsorship under the community fund, organisations will need to agree not to accept sponsorship from the alcohol industry. The community will be consulted on detailed eligibility requirements and other aspects of the fund through a short consultation process.
- c) The Government's *Taking Preventative Action: a Response to Australia: the Healthiest Country by 2020* document notes the recommendations concerned and states that:
- a regulatory approach will not be taken at this time in respect of alcohol advertising, though other approaches are being taken (pp94-95); and
  - change in food advertising to children is being achieved through a mixture of regulation, industry self-regulation and television initiatives (as set out in (a) above). The Government will continue to monitor the impact of these initiatives to ensure their effectiveness in reducing children's exposure to advertising of energy-dense, nutrient-poor foods and beverages (pp46-47).