

PDR No	Spoken/Written	Question Submitted By	Question Date	Hansard Page	Group Responsible	Subject	Full Question Text
SQ19-000479	Spoken	McCarthy, Malarndirri	23/10/2019	10, 11	People Communication and Parliamentary	Staffing Reduction/ASL	<p>Senator McCARTHY: Yes. I just want to go to staffing. According to the staffing of agencies document in the 2019-20 budget papers, there was a staffing reduction of 107 over the last financial year across health agencies. Are you able to comment on this, Ms Beauchamp? Ms Beauchamp: I haven't got the detail in front of me, but they primarily relate to machinery-of-government changes for our portfolio. We had a number of staff go to the Department of Social Services around the administration of grants, for example, last year and it would also reflect some projects that may be terminating or finishing from year to year. Senator McCARTHY: Would you know the list of those programs? Is that something you can provide to the committee? Ms Beauchamp: I can certainly take that on notice, yes, but primarily it's the transfer of resources between agencies. Senator McCARTHY: Are you able to provide comment on the Department of Health's reduction of 259 ASLs? Ms Beauchamp: That primarily relates to my previous answer in terms of the administration of grants going to the Department of Social Services.</p>
SQ19-000480	Spoken	Green, Nita	23/10/2019	14	Youth Taskforce	Youth Speeches	<p>Senator GREEN: How many speeches have you given as Minister for Youth, Minister Colbeck, and how many of those speeches have been to an audience of young people? That's people 24 and younger. Senator Colbeck: I'm not sure that I've actually addressed specific forums. I've had quite a few meetings with youth organisations and groups and meetings with young people. I'd have to take that on notice. I'll have to go back through my diary and check it. Senator GREEN: You're not sure if you've given any speeches about youth? Senator Colbeck: If I want to give you a correct answer, I'll need to go back through my diary and check it. Senator GREEN: Do you have any plans to make any speeches? Or do you need to check your diary for that one as well? Are there any big events coming up that you are planning on talking at? Senator Colbeck: Again, I will have to check my diary and see what is ahead of me. Senator GREEN: Have you met with any counterparts from state and territories, that is, the youth ministers from any states and territories? Senator Colbeck: Again, I will have to check my diary.</p>
SQ19-000481	Spoken	McCarthy, Malarndirri	23/10/2019	20-21	Aged Care Reform and Compliance	Viability Concerns from Service Providers	<p>Senator McCARTHY: Can the department confirm how many residential aged-care facilities have been in contact with it in relation to their viability as required? Mr Hallinan: We don't hold specific data on the number of providers that have contacted us. Senator McCARTHY: Sorry, Mr Hallinan. I don't know if I am having hearing problems. I just can't seem to hear you very well. Mr Hallinan: Sorry. No, we don't hold data on the number of providers that have contacted us about their finances. Senator McCARTHY: You don't have the numbers? Mr Hallinan: Not specifically, no. Senator McCARTHY: Why don't you have the numbers? Mr Hallinan: It's not something that we collect. It's not a regular occurrence for us. Senator McCARTHY: Are you able to get the numbers? Ms Beauchamp: For each and every service provider, of course we have very close working relationships with all of the peaks who represent the residential aged-care providers. As Mike Callaghan has referred to, there are a number of surveys that are undertaken through Stuart Brown and indeed the financing authority. We are in regular contact with the peaks around the health of the residential aged-care sector. Senator McCARTHY: But isn't it a requirement under the Aged Care Act? Mr Hallinan: They provide us their financial statements at the end of every financial year, but that's quite different to a contact with us to say that they are concerned about their finances. Senator McCARTHY: So you can't provide figures then for 2015-16, 2016-17, 2017-18 and 2018-19 in relation to the question I have asked? Ms Beauchamp: In terms of the number of contacts we have with individual service providers, I think that would be very hard to gather that information, particularly over past years in terms of every officer who's had a contact with a service provider around viability in particular. Senator McCARTHY: You say it would be very hard, but are you able to do it? Ms Beauchamp: I don't think so, without going through people's diaries and also confirming that with each and every service. I just think that would be something that's unreasonable to expect. Senator WATT: But there are instances where service providers have contacted the department expressing concern about their viability? Ms Beauchamp: Yes. Senator McCARTHY: Are you able to give us information on those? Senator WATT: How regularly do they happen? Ms Beauchamp: We primarily deal through the peaks representing service providers and of course they have made much contact and lots of public statements. But in terms of actual</p>

SQ19-000483	Spoken	McCarthy, Malarndirri	23/10/2019 23-23	Aged Care Reform and Compliance	Viability Supplement Funding Details	<p>Senator McCARTHY: So let me get those figures. Of the \$320 million, a 30 per cent increase in relation to viability; is that correct? Mr Smith: A 30 per cent increase to the viability supplement, yes. Senator McCARTHY: You said 30 per cent in relation to homelessness? Mr Smith: The homelessness supplement, yes. Mr Hallinan: They are both in addition to the \$320 million. Senator McCARTHY: So, in addition to the \$320 million? Mr Hallinan: There is an ongoing uplift in the viability supplements. Senator McCARTHY: How much of the \$320 million has been allocated to date? Mr Smith: It's all been paid out. Senator McCARTHY: How was it decided which residential aged-care facility received funding first? Mr Smith: It was paid via a general uplift to the subsidy. It was paid to all residential providers proportionally. Senator McCARTHY: How many is that? Mr Smith: There are 800-odd residential providers and 2,700 services. They all received an uplift. Ms Beauchamp: In addition to those viability supplements, which are particularly focused on rural, regional and Aboriginal and Torres Strait Islander facilities, there was extra targeting for those services as well as the additional uplift across the board of the \$320 million. Senator McCARTHY: When you say that there was a general uplift, what was the general uplift for each of them? Mr Smith: It averaged around \$1,800 per resident. Senator McCARTHY: When was that paid? Mr Smith: Between March and June 2019. Senator McCARTHY: On top of the \$1,800 per resident, is there a 30 per cent supplement on the viability and homelessness on top of that? Mr Smith: Yes. Senator McCARTHY: Could you provide a full list, including the funding amounts, for the committee? Mr Smith: I'm sorry, a full list of the providers that received those supplements? Senator McCARTHY: That's correct, yes. Mr Smith: Yes, we can do that. I'd have to take that on notice, but yes.</p>
SQ19-000484	Spoken	Siewert, Rachel	23/10/2019 27, 28, 30	Residential and Flexible Aged Care	For-profit/Not-for-profit Aged Care Service Funding in Remote Areas	<p>Senator SIEWERT: Perhaps I can go back to some of the viability issues. If Senator McCarthy has already asked them, tell me to go and look at the Hansard; I've been next door at another appointment. I want to focus on remote and very remote aged-care services; did we cover those earlier? Mr Hallinan: There was some discussion around them. Senator SIEWERT: Can I ask about the number—tell me where to go and look—of for-profit versus not-for-profit providers in remote and very remote areas? Mr Smith: We'll have that. It'll be in the Aged Care Financing Authority annual report. It might take us a little time to locate it specifically, or we could take that on notice and come back to you. Senator SIEWERT: If you could tell me, it would be important because it relates to some of the other issues. Mr Smith: Sure. ... Senator SIEWERT: That's what I'm trying to find out. I take your point about the RUCS study, but it doesn't take Einstein to work out that it costs more to deliver services in remote and very remote areas. How many services, remote and very remote, are not funded through the NATSI Flex program and are just relying on ACFI's supplements for funding under the Home Care Packages Program? Mr Murray: We have that information, but I would have to take it on notice to get the actual numbers for you. Senator SIEWERT: Okay, if you could take that on notice. I'm crossing over into NATSI Flex questions; is that okay? Ms Beauchamp: Yes. ... Senator SIEWERT: I understand that, and that was appreciated. But, from what I further understand from discussions with them, it's not doing enough to address the issues of non-viability in remote and very remote. You've taken on notice the issue around the for-profits versus the not-for-profits in remote and very remote. Can I add regional to that, please? I understand that there are very few for-profit organisations working anywhere in the bush. Mr Hallinan: We'll take that on notice and try to provide a breakdown using a geographic classification, a modified Monash or something. Senator SIEWERT: Can you make sure that it is intelligible for those of us who aren't always familiar with the different versions of geographic classifications? Mr Hallinan: We'll give you the best one. We could probably do it in two ways, but we'll see.</p>
SQ19-000486	Written	Lambie, Jacqui	28/10/2019	Health Workforce Division	Workforce Incentive Program	<p>What plans have the Government put in place to ensure the WIP does not systematically disadvantage existing private practices in regional and rural areas?</p>

SQ19-000489	Spoken	Siewert, Rachel	23/10/2019	30 Residential and Flexible Aged Care	Aboriginal Run Aged Care Services - Remote and Very Remote	Senator SIEWERT: Do you keep details on how many of the remote and very remote services are actually run by Aboriginal organisations? Mr Smith: That information would be available to us. Mr Barden: We do have that information and we could draw that together for you, on notice. Senator SIEWERT: If you could provide that on notice, it would be appreciated—both for residential and for home care services. Mr Barden: Yes.
SQ19-000490	Spoken	Siewert, Rachel	23/10/2019	39 Aged Care Reform and Compliance	Funding Allocation/Aged Care Workforce Council	Senator SIEWERT: Can I follow up on that? Senator Watt has done the workforce strategy stuff fairly comprehensively. I want to know: is the department providing the funding or secretariat support that you articulated earlier to the Aged Care Workforce Council? Ms Beauchamp: Yes. We have a contract with Miles Morgan to help with the secretariat and set-up and governance of the new council. Senator SIEWERT: How much is that? Ms Beauchamp: Off the top of my head, I think it's about \$600,000 as part of the \$2.6 million. Senator SIEWERT: Could you take that on notice? Ms Beauchamp: I've just confirmed that that is correct. Mr Hallinan: Total committed funding at the moment is \$500,000, but there's a budget allocation of \$600,000 to go towards the Miles Morgan arrangements. Senator SIEWERT: I'm sorry? I have trouble hearing sometimes. Mr Hallinan: The total allocation is \$600,000 and the total commitment in work orders so far is \$495,000. Senator SIEWERT: That's what has been done so far? Mr Hallinan: Yes. Ms Beauchamp: That's in terms of the secretariat support that you asked about. There is also other funding of the \$2.6 million; some of it is being provided through Miles Morgan for other elements in terms of support of the council—for example, development of an online training package, particularly for aged-care providers to help with their leadership and organisational culture, business skills and the like. I can identify the faces of the 2.6; I might take that on notice. Senator SIEWERT: Perhaps you could take that on notice.
SQ19-000491	Written	Lambie, Jacqui	23/10/2019	Health Workforce Division	Workforce Incentive Program	Many rural Physiotherapy practices operate over several hundred kilometres- what systems are in place to protect these businesses from being disadvantaged by the WIP?
SQ19-000492	Written	Lambie, Jacqui	23/10/2019	Health Workforce Division	Workforce Incentive Program	Physiotherapy practices are reporting a decline in the commercial viability of their practices and their ability, what is in place to ensure the value of existing businesses is retained?
SQ19-000493	Written	Lambie, Jacqui	23/10/2019	Health Workforce Division	Workforce Incentive Program	What requirements will be in place to ensure general practices are required to demonstrate workforce shortage prior to employment of physiotherapists and other allied health providers?
SQ19-000494	Written	Lambie, Jacqui	23/10/2019	Health Workforce Division	Workforce Incentive Program	Given that the intent of the program is to supplement rather than substitute existing services, what measures are in place to ensure that the program is able to deliver this and evaluate that it has successfully occurred? And what is in place to mitigate this occurring in the first place?
SQ19-000495	Written	Polley, Helen	23/10/2019	Portfolio Strategies	Health Wait Lists - Primary Care and Tazreach	<ul style="list-style-type: none"> •\$34.7 million was announced by the Federal Government for Tasmania to reduce surgery waiting times by providing an additional 6,000 surgeries and endoscopies and for primary care support for Tasmanians in rural and remote locations including \$14.7 million for TazReach. Has the agency allocated the \$34.7 million? •Can the department detail what the funding arrangements for this package are? Capital works component and service delivery component. •Has \$14.7 million been allocated for TazReach? If not, when will it be delivered in full? •When does the department believe the surgery wait time list will significantly reduce? •According to the HealthStats website, the number of patients on the elective surgery waiting list in Tasmania increased during the period April 2018 – March 2019. Why is this? •Can the department detail how many people in Tasmania are currently on elective surgery wait lists? For categories 1, 2 and 3 and a total figure? •Can the department detail how many people in the electorate of Bass are currently on elective surgery wait lists? For categories 1, 2 and 3 and a total figure?

SQ19-000496	Written	Polley, Helen	23/10/2019	Portfolio Strategies	Health Funding Cuts	<p>In the 2018-19 Budget the Federal Liberal's cut \$11 million from Tasmanian Hospitals. And reports suggest that there is a \$100M funding black hole in health every year from 2018-19 to 2024-25. Where was the \$11 million cut from? What services have suffered because of this cut? A report by the Auditor General found that, "it is my conclusion that the Tasmanian hospital system is not working effectively to meet the growing demand for ED care, inpatient beds and its associated performance obligations for ED access and patient flow within the THS Has this cut contributed to elective surgery wait time delays?" Has this \$11 million cut from 2018-19 contribute to the atrocious bed block situation at the LGH? The Audit Report went on to say that these challenges are heightening the risks for patients and staff and are preventing the EDs of Tasmania's four major hospitals from operating efficiently and effectively. Has this \$11 million cut from 2018-19 contributed to the atrocious conditions for patients and staff at the LGH? And other Tasmanian hospitals. The Audit Report continues saying the situation in Tasmanian hospitals is "partly due to capacity constraints....but also because of longstanding cultural and process weaknesses within hospitals that are impeding effective discharge planning, bed management and coordination between EDs and inpatient areas. I ask has this funding cut of \$11 million at the LGH contributed to the deaths of patients at the LGH? Successive reviews by the Tasmanian and Australian governments over the last decade have highlighted dysfunctional silos, behaviours, process barriers and resistance to change from some clinicians and administrators within hospitals as major drivers of inefficiencies. Has this \$11 million cut contributed to this worsening of culture within Tasmania's hospital system?</p>
SQ19-000497	Written	Polley, Helen	23/10/2019	Portfolio Strategies	Health Wait List	<p>Nobody can deny that the hospital system is broken in Tasmania and undergoing a very stressful time for patients and staff. Waiting lists are in the thousands, patients are waiting years for life saving surgery. I can't name this person for privacy reasons. What should a Launceston man who has been diagnosed with bowel cancer (a cancer which kills more Australians than all others combined) do if they have been on the waiting list for more than two years? Should they move interstate to receive treatment? That is, if they have the means to do so? Even if the cancer is non aggressive no one would want to live with the fact that they have a 100 per cent positive diagnosis of cancer and they can't be treated for two years or possibly three. And yet, just a small colonoscopy (which could take 45 minutes) could tell them whether they die or not. What is a person supposed to do in a situation like that? What are their options?</p>
SQ19-000498	Written	Polley, Helen	23/10/2019	Portfolio Strategies	Health Funding for Tasmanian Hospitals	<p>Can the department detail the total funding commitments to THS (Tasmanian Health system) for 2019-20 financial year? Out of this funding can the department detail what funding commitments are provided for the LGH, RHH and Mersey? Can the department detail what the funding arrangements for this package are? Capital works component and service delivery component. From this funding what has been allocated for primary care at the LGH? From this funding what has been allocated for infrastructure at the LGH? From this funding what has been allocated for staff recruitment at the LGH? From this funding what has been allocated for cardiac care at the LGH? From this funding what has been allocated for preventive health at the LGH?</p>
SQ19-000499	Written	Polley, Helen	23/10/2019	Medical Benefits Division	Bass Bulk Billing Rates	<p>What was the bulk billing rate in Bass in 2018-19? For GP's? Specialists? And overall? Can the department detail the average out of pocket cost/fee for doctors visits in Bass? Can the department detail the average out of pocket cost/fee for doctors visits in Tasmania? Health spending data from the Australia Institute of Health and Wellbeing found that in 2018-19, 1 in 10 Tasmanians are deciding against medical treatment because the cost is too high. Can the department estimate the amount of Tasmanians who are choosing not to seek medical care because of the high cost? There are no longer enough doctors offering bulk billing in Launceston and surrounding areas. Why is this occurring? Doctors are not taking on new patients. Why is this happening? Is this because their practices no longer have capacity to see new patients?</p>

SQ19-000500	Spoken	Siewert, Rachel	23/10/2019	39 Residential and Flexible Aged Care	Meetings Regarding Funding Support - Uniting Care	<p>Senator SIEWERT: Perhaps you could take that on notice. The rural and regional specific strategy: is there funding support for that body as well? Ms Beauchamp: Which body? Senator SIEWERT: The team that's doing the rural and regional workforce work. Ms Beauchamp: Are you talking more broadly about the rural workforce strategy? Senator SIEWERT: No. I'm talking more about rural and regional aged care; what work is being done there? Mr Hallinan: The remote accord? Senator SIEWERT: The remote accord. I'm sorry; I didn't have the right name. Mr Smith: Funding support is provided to that. My colleague Mr Barden will be on his way momentarily and he'll be able to provide some detail on that. Ms Beauchamp: I think we've allocated \$1.5 million and have contacted someone to develop up the remote accord; I can't think of the organisation. Mr Smith: Yes. Uniting Care is leading that. Senator SIEWERT: I'm aware of that. Mr Smith: It's bringing together a consortia of rural and remote providers. They've recently brought on board a dedicated officer through the funding that the Australian government has provided. That person started recently and we're expecting to see some outputs from that group fairly soon. There have been a number of meetings. I can get you more specific detail, but I just don't have it in front of me. Senator SIEWERT: If you could, it would be appreciated; thank you.</p>
SQ19-000501	Written	Polley, Helen	23/10/2019	Portfolio Strategies	Bed Block	<p>Royal Hobart Hospital (RHH) was significantly bed blocked for almost 93% of the time, with patient safety severely and routinely compromised, on average, almost once every four days. Has the \$11 million funding cut from 2018-19 contributed to the high rate of bed block at the RHH? Launceston General Hospital (LGH) spent more than 70 per cent of the time during the period (29 June 2018 – 24 January 2019) at the highest possible level of escalation and in a state of almost constant 'gridlock'. Has the \$11 million funding cut from 2018-19 contributed to the high rate of bed block at the RHH? Can the department detail how many people have experienced a bed block situation at the LGH and RHH over the last 12 months?</p>
SQ19-000502	Spoken	Siewert, Rachel	23/10/2019 39-40	PA - Aged Care Quality and Safety Commission	Complaints Regarding Physical and Chemical Restraints	<p>Senator SIEWERT: If you could, it would be appreciated; thank you. I would like to ask both the department and the commissioner some questions about physical and chemical restraints. Can I start with you, Ms Anderson? How many complaints have you received in total? Ms Anderson: Overall, rather than just straight— Senator SIEWERT: I want to go overall, and then I want to dive down. Ms Anderson: We've only been in existence for 10 months, but we tend to report in an annual year because we have continuity with the predecessor agency. If I give you a 2018-19 figure, it is six months of our operation and six months of the prior organisation. In 2018-19 we received 7,828 complaints, which was a 35 per cent increase on the prior year. Senator SIEWERT: Are you able to give me the first quarter for this year? Ms Anderson: No. I can give you the six months. Senator SIEWERT: Six months is fine. Ms Anderson: 4,220—1 January to June. Senator SIEWERT: But you can't tell me— Ms Anderson: No. I don't have the figures for the first quarter of 2019-20. I can get those for you. Senator SIEWERT: Can you take that on notice? Ms Anderson: Yes. Senator SIEWERT: Thank you. How many of those were around both chemical and physical restraints? I want them separated, not together; I beg your pardon. Ms Anderson: In 2018-19 we received a total of 122 complaints relating to chemical and physical restraint. Senator SIEWERT: Related to chemical and physical. Can you break that down? Ms Anderson: I don't believe I can, I'm sorry. Again, I will try. I'm not sure our search function in our complaints database would allow us to have that granularity, but I'm happy to look at it for you. Senator SIEWERT: If you could. Can you also tell me why? I realise they are about restraints but they are very different issues. Ms Anderson: Yes, they are; certainly. Our coding will give us some insight into that. For example, medication management is another angle on chemical restraint. I'm pleased to provide you what we can do. Senator SIEWERT: That would be appreciated. Again, can I ask you to take that on notice for the quarter because I presume you can't break that down. Was the 122 for the whole of the year? Ms Anderson: That's correct; 2018-19. Senator SIEWERT: And for your six months? Ms Anderson: I'm afraid I don't have this over six months; it is just a single year's figure. Again, I'm probably able to provide that to you subsequently.</p>

SQ19-000503	Spoken	Siewert, Rachel	23/10/2019 42-43	Residential and Flexible Aged Care	Dementia Training Programs	<p>Senator SIEWERT: I have a series of questions that I will end up putting on notice. One of my overriding questions is—and thank you for the information you've provided—for example, physical and chemical restraints are being used on a lot of people with dementia because the residential facilities are not properly designed; they are not properly implementing cognitive behaviour practices. When do we get to the point where we require residential providers to actually provide facilities that are properly designed to address residents with dementia, which we know is only going to increase? I have seen best practice. I know it's possible, and it doesn't cost the earth. When are we going to get to that point? Minister, it might be something for you.</p> <p>Senator Colbeck: It's a good question, and it's clearly something that's a point of discussion at the commission. The government's clear perspective by the implementation of the new regulations—and not just putting the regulations there and leaving them—as you have heard, is that there is a range of things happening in conjunction with it. Commissioner Anderson is also doing some work in the way that she assesses—which comes also to your point—the quality standards, because all these things play into those broader processes. It's about trying to drive behaviour change from the sector. There is a significant piece of work that's been done on transferring some of that best practice through the industry—some of the programs we have running, for example, with Dementia Australia—which is about addressing understanding of behaviours, what people with dementia actually see, why they react in certain ways, and transmitting that information across the sector so that we can start to drive that change. You've got in excess of 50 per cent of the residential aged-care population with some form of presentation of dementia. In my view, it has to become part of everyday practice. There is a significant piece of work to do for the whole sector in changing that practice. This is the commencement of that process. We've had some conversations around workforce. There is a significant piece of work, I think, in uplifting capacity in the workforce. Some of the measures we have in place are about addressing that. There is some fantastic work that is already out there. I refer to the Wicking institute at the University of Tasmania and the MOOCs that they have, which are free. There are two of those. They are about to run them again. I've spoken to aged-care</p>
SQ19-000504	Spoken	O'Neill, Deborah	23/10/2019	44 Aged Care Reform and Compliance	Elder Abuse - Law Reform Commission	<p>Senator O'NEILL: I have a few questions about the reviews that have been discussed earlier, with regard to how many reviews have been held. After two years how many of the 43 recommendations of the Australian Law Reform Commission's report on elder abuse have been fully implemented? Senator Colbeck: You will have to speak to the Attorney-General's Department about that. Senator O'NEILL: No responsibility for that here? Senator Colbeck: They are the lead agency that is looking at the elder abuse reforms. The Law Reform Commission reported to the Attorney-General's Department. Our department is working in conjunction with the Attorney-General's Department, but they are the lead agency. Senator O'NEILL: Could you take on notice how many of the 43 recommendations that are relevant to the department have actually been implemented? Ms Beauchamp: We can take that on notice. Senator O'NEILL: And give evidence of where that's occurred and the funding allocations. Ms Beauchamp: Sure.</p>
SQ19-000505	Spoken	O'Neill, Deborah	23/10/2019	44 Aged Care Reform and Compliance	Tune Review - Recommendation Implementation	<p>Senator O'NEILL: There is a theme here. The next one is the Tune review. I have a copy of it here. There were 38 recommendations, including several that I think are very important, that we will get to shortly, with regard to home care packages. How many of the 38 recommendations from the Tune review have been fully implemented? Senator Colbeck: Not all because the government didn't agree with all of them. There were a couple specifically that we said that we didn't agree with; I think it was 13 and 15 that we said we didn't support. Progressively, we are implementing a number of reforms that will address some of the issues that were raised in the Tune review. Senator O'NEILL: Twenty-five, you assert, are implemented of the 38? Senator Colbeck: No, I didn't say that. I said we are working through a range of reforms across the sector that will address some of the issues that were raised by the Tune review. Senator O'NEILL: Could you provide a detailed summary of the 25 that you say are underway, what stage of implementation they are at, what plans are aligned to the 25 that you are implementing and the cost allocation for implementation for each of those? Ms Beauchamp: I haven't got that detail in front of me; certainly, we can get that. We have been quite active in terms of implementing recommendations.</p>

SQ19-000507	Spoken	O'Neill, Deborah	23/10/2019	45 Aged Care Reform and Compliance	Commonwealth Responsibility Regarding Royal Commission	Mr Hallinan: Then we have \$660,000 for the development and delivery of tailored online training modules for aged-care managers; and around \$760,000 to develop options to better integrate health and aged-care workforces. How do you manage the health and aged-care workforce integration between doctors, nurses, allied health providers in and out of aged-care settings? Senator O'NEILL: Thank you for breaking that down into those four areas. Do you have a document that aligns them against the 14 measures? Ms Beauchamp: I refer to the evidence that's been given to the royal commission. Senator O'NEILL: That does that? Ms Beauchamp: Yes, but some of those are the responsibility of industry in terms of codes of conduct and the like. We could provide a more detailed response in terms of what the Commonwealth is doing under each of the measures. Senator O'NEILL: Thank you. I would appreciate that on notice.
SQ19-000508	Spoken	Watt, Murray	23/10/2019	46 In home Aged Care	Older Australian Deaths While Waiting for Home Care Packages	Senator WATT: I want to get some baseline figures, to begin with. We've previously obtained figures from the department about the number of older Australians who have died while waiting for home care packages. We've had those figures for 2017-18 in the past. Are we able to get figures for 2018-19? Dr Hartland: Not at this point. We are refreshing those figures but we don't have updated figures for you. Senator WATT: We don't actually know the number who have died at this point? Dr Hartland: We don't. We are doing that analysis at the moment. Senator WATT: Do we know anything about the level—whether there are more people waiting for level three or four packages rather than one or two? Dr Hartland: We've provided—I believe, in response to a question on notice—some information about that for previous years, and when we do the analysis we will have it in the same form. But we don't have updated figures at this point. Senator O'NEILL: When do you expect to be able to provide that? Dr Hartland: It is certainly close. I would think within the month. Senator WATT: I might get you to take that on notice. Dr Hartland: Of course we will take it on notice.
SQ19-000509	Spoken	Watt, Murray	23/10/2019	47 In home Aged Care	NPS to Residential Care Data 2018-2019	Senator WATT: Yes, but they go to residential care because their needs have got to such a point that home care can't deal with them, because they've been waiting so long for a home care package. Dr Hartland: That is the assumption we don't have data on. We can tell you how many people left the NPS to go to residential care, but whether that was because they didn't get the package that they were assessed for in the time that they wanted or because they actually wanted to go to residential care, which is the point the minister is making, we can't give you data on that. Senator WATT: Can you take it on notice? What I'm looking for are the 2018-19 figures that match up with that 13,430 figure for 2017-18. Dr Hartland: Yes, we'll take it on notice.
SQ19-000510	Spoken	Watt, Murray	23/10/2019	47 In home Aged Care	Residential Care to Hospital Care Data 2018-2019	Senator WATT: Does the department have any details about the number of older Australians who have been waiting for their approved home care package and who have entered the hospital system in 2018-19? Dr Hartland: No, I don't believe I have seen that figure. We've in the past calculated figures of people who have entered the hospital system from residential care, because that's an issue that is often raised with the states and we discuss it with them, but I don't believe I've seen that figure. We would have to test whether it would be something we could analyse. Mr Hallinan: I'd be surprised if we could actually get that number. Senator WATT: Could you take that on notice for us? Mr Hallinan: We will look into it.

SQ19-000511	Written	Polley, Helen	23/10/2019	Medical Benefits Division	Mammography Units	At the last federal campaign \$3 million was promised for two new diagnostic mammography units. Has the agency allocated the \$3 million in funding yet? If no, when will it be delivered? Can the department detail what the funding arrangements for this package are? Capital works component and service delivery component. Can the department detail current rates for diagnostic mammography in Tasmania? Can the department detail current rates for diagnostic mammography in Launceston and surrounding areas (Bass)? Can the department detail the current average cost for diagnostic mammography services in Tasmania and how do these rates compare to other states and territories around Australia? Is the current cost of diagnostic mammography prohibitive for women in Tasmania? Can the department provide projections for diagnostic mammography rates once the two units are integrated into THS/the Tasmanian community?
SQ19-000512	Written	Polley, Helen	23/10/2019	Mental Health Division	Mental Health	At the last federal election campaign the Liberal's announced \$10.5 million for a walk in mental health clinic in Launceston. Has the agency allocated the \$10.5 million yet? Can the department detail what the funding arrangements for this package are? And when and how will it be delivered? Capital works component and service delivery component. Has the department identified a location/building for the clinic to be established? What is the timeframe for the establishment of the clinic? Is there an estimated figure of how many people would utilise the service?
SQ19-000513	Spoken	Griff, Stirling	23/10/2019	56 PA - Australian Digital Health Agency	My Health Record Access Data	Senator GRIFF: The questions I have in relation to that are: what percentage of patients seen by a GP have their My Health Record accessed during consultation or immediately after? I'm not sure whether that is known, but I think that is an interesting question. I will run through them, but I don't expect you'll be able to answer all of them. The next question is: what proportion of patients who attend an emergency department have their My Health Record accessed? What proportion of Australian citizens who have a My Health Record have accessed their own record, particularly if they are accessed more than once, apart from the initial setup? What degree, if any, of data mining has taken place so far in relation to the My Health Record? It is really those first three that I'd be interested in. I don't expect that you'll be able to answer them now, but if you can that's fantastic. Mr Kelsey: If I could say, first of all, that we very much appreciate taking those on notice so that we can provide the most detailed data where that's available. We are aware of increasingly large numbers of patients and consumers accessing their health records. As things stand, since the expansion program was initiated at the end of February, 278,000 consumers have accessed their record for the first time and many others are accessing it on a more routine basis. I can certainly give you data on the number of hospital connections or the number of the activity within those hospitals in terms of document uploads, if that will help. But we will take, if we may, the specific questions on notice. Senator GRIFF: So at this stage 278,000 out of 24 million, is it? Mr Kelsey: Roughly speaking. Senator GRIFF: Who have actually accessed their record? Mr Kelsey: For the first time since opt-out. There are many others who are doing so, but since the point of opt-out. Senator GRIFF: When do you think you will be able to provide those answers? Ms McMahon: I can provide some statistics on hospital connections. We currently have 616 public hospitals and health services across the country connected to the My Health Record and 216 private hospitals and clinics also connected. In terms of volumes of documents, we currently have 4.7 million discharge summaries from hospitals in the My Health Record and a range of other things, so pathology reports, 22.41 million—a number of those come from the public health system but also the private system—and diagnostic imaging, 4.11 million reports as well. Those are the volumes. Senator GRIFF: That's all useful, but again, as I read out

SQ19-000514 Spoken	O'Neill, Deborah	23/10/2019 56-57	Health Economics and Research	Medical Research Future Fund - Grant Allocation	<p>Senator O'NEILL: Could I go to the Medical Research Future Fund? Thank you for the information that you tabled this morning. Obviously, that will need a bit of interrogation and probably some more questions on notice will arise. I understand that the MRFF grants have been made through a mix of competitive and targeted processes; is that correct? Ms Edwards: That is correct. Senator O'NEILL: Could you give me a breakdown of the two types—those that have been awarded through some sort of competitive process and those that have been awarded directly by either the minister or the department? Ms Edwards: I will start with the headline figures and my colleague can provide further detail. Obviously, within contested and non-contested or limited contested there's a range of different mechanisms. Generally speaking, of the 231 MRFF grants awarded as of 31 August, 170, or 74 per cent, of those grants were awarded through competitive grants processes. Senator O'NEILL: You said that was 74 per cent? Ms Edwards: Yes, if the maths in my brief is correct. Senator O'NEILL: And then by deduction? Ms Edwards: Twenty-six per cent were through other types of grant rounds, particularly through emerging priorities grounds and so on—things that needed immediate funding in order to do emerging priorities. As I say, those can be through a range of different mechanisms on which we could provide more detail, if required. Senator O'NEILL: Thank you; if you can. With the 170 we've got through the competitive process, would you be able to give me the 61—the 26 per cent by other processes? Can you break that down? Mr McBride: We can but we would probably have to take it on notice. We haven't organised what we've brought in that order, and we'd have to read through an enormous amount of grant processes. We can certainly do it but we probably don't have it for you today. Ms Edwards: We have provided today on notice all of the grants that are executed. They don't indicate that, so we'd have to go through and indicate it on those. We could provide you with a revised version to indicate the manner of the grant. Senator O'NEILL: I would appreciate that, if you could take on notice that detail.</p>
SQ19-000515 Written	Polley, Helen	23/10/2019	Portfolio Strategies	Kings Meadows Community Health Centre	<p>During the federal campaign the government announced \$10 million to redevelop and extend Kings Meadows Community Health Centre to meet increased demand for renal and oral health services. Importantly the redevelopment will increase the number of dialysis bays for chronic patients. Has the agency allocated the \$10 million yet? Can the department detail what the funding arrangements for this package are? And when and how will it be delivered? Capital works component and service delivery component. How many residents are projected to use the facility for renal and oral health?</p>

SQ19-000516 Spoken	O'Neill, Deborah	23/10/2019 57-58	Health Economics and Research	MRFF Funding Distribution	<p>Senator O'NEILL: At the moment I don't understand the 'through to'. There might be 17 different mechanisms, by the sound of things; or are there only two ways in which you get the additional funds? Mr McBride: There is the traditional competitive process, where we go through a contestable— Senator O'NEILL: Put that aside; let's just talk about the 26 per cent. Mr McBride: Beyond that, that MRFF is new and we are feeling our way through circumstances within those governing priorities that grants should be agreed upon, with the minister being the ultimate decision-maker. Senator O'NEILL: You can see that I don't understand how that operates; could you provide me with a fulsome answer so that I can understand the ways in which this money is being discerned and distributed? Mr McBride: Certainly. Senator O'NEILL: I would also like the number of grants; and, in addition to the number of grants, the dollar value of each of the grants, if you could break that down—the 170 and the 61. Mr McBride: Yes. Senator O'NEILL: What's the rationale for not providing the funding through the competitive process? Mr McBride: I think we've just been through that. The MRFF has been set up deliberately differently than the NHMRC, where there is, as I said, a priority process. Rather than have researchers come to the MRFF and say, 'I've got a great idea,' there is a deliberate process to set priorities which will help to channel research energy into areas that are under-researched. Senator O'NEILL: Is there a research focus? Is there a guideline that you operate within or is it completely open to decision-making moment by moment? Mr McBride: There is that priority-setting process that the Medical Research Advisory Board goes through. That guides the minister in his decision-making as to where research should be prioritised. Rather than have researchers come along with an idea that they want to pursue, we signal to the research community areas where there is a need for research investment, and that guides the decision-making process. Senator O'NEILL: Is there a solid reason why the government couldn't set a research focus and funding quantum and then run a competitive process within those parameters? Mr McBride: Once again, I think the MRFF has been set up deliberately differently than that, acknowledging that in certain emergency circumstances the government should be in a position to make funding decisions that channel research into those areas. Senator O'NEILL: In what emergency circumstances has the</p>
SQ19-000517 Spoken	O'Neill, Deborah	23/10/2019	59 Health Economics and Research	MRFF Grants Against Departmental Recommendation	<p>Senator O'NEILL: Has the government awarded any MRFF grants which the department has recommended against? Ms Edwards: We will take it on notice but the four of us are not aware of any. Obviously, where there is a process for any such instances—I can't recall any in my time but we will take it on notice to confirm that. Senator O'NEILL: If you do identify any, could you provide the dollar value of such ones? Ms Edwards: Absolutely. I'm reasonably confident that there is no such grant, but we will check.</p>

SQ19-000518	Spoken	O'Neill, Deborah	23/10/2019 59-60, 73	Health Economics and Research	MRFF Funding Allocation - Competitive/Other Process	<p>Ms Beauchamp: I think we've been relatively transparent around the information that has been tabled today in terms of every project that's been supported. If you look through the list, there is probably very little—probably none—that you wouldn't like to see funded. We have pretty strong governance arrangements around the MRFF as well, and program guidelines for each of the major programs that are undertaken under the MRFF. I think it is an innovative way of us ensuring there is proper governance, proper integrity in the process and that the money is being spent wisely. I wouldn't like to say there's been any compromise of integrity on the delivery of the MRFF.</p> <p>Senator O'NEILL: I'm just having a look at them and I can see the detail here. Thank you very much. I will have to have a closer look at them afterwards. Can you give me the headline figures of the investment that supports the 170 successful competitive grant recipients, and the 61 others? Ms Edwards: I can do that. Just a moment—I'm trying to go electronic and it's failing me. I may have to revert to old-fashioned next time. We may not be able to, sorry. Mr McBride: Sorry, Senator, was your question about the characterisation of those? Senator O'NEILL: Yes. There are 170 that received 74 per cent of the funding through the competitive process and 61 others, which accounts for the other 26 per cent. What's the funding allocation to each of those two categories? Mr McBride: In aggregate terms? Senator O'NEILL: Yes please. Ms Edwards: We've cut the numbers in a different way as we've given you. Senator O'NEILL: I see, yes. Ms Edwards: So we may have to take that— Senator O'NEILL: Maybe someone can work on that and come back to us. Ms Edwards: We'll give it a go. Senator O'NEILL: That would be much appreciated because I'm sure that somebody can get that on an Excel spreadsheet and do the calc very quickly in a way that is difficult to do with a hard copy. Ms Edwards: We will come back to you. Senator O'NEILL: I look forward to that. _____ Ms Edwards: I also have an answer to Senator O'Neill's question earlier about the breakdown in funding between mechanisms of choosing grants in the NRMF. Did you want me to provide that now? CHAIR: If you have that, Senator O'Neill will be very happy to hear that, I'm sure. Ms Edwards: We've put this together so the numbers are slightly approximate because we've done it this afternoon quickly for you, but it is approximately \$200 million through the full-blown competitive process we talked about. There's about \$61 million,</p>
SQ19-000519	Spoken	Roberts, Malcolm	23/10/2019	61 PA - Australian Digital Health Agency	My Health Record - Health Specialist Data	<p>Ms McMahon: Over the last three years of the agency's operation we've focused initially on general practice, public and private hospitals, pathology sector and pharmacy. This financial year we've started focusing on specialists. When we appeared before this committee in February we reported at that point that in addition to the public health system, because of course specialists do work in public hospitals and private hospitals and access the record that way, we had 271 medical specialist organisations in February who were directly connected. That's increased 185 per cent since our last appearance; so we now have 742 medical specialist organisations. We are also working directly with a number of software providers who service medical specialists to improve the usability of software and the way it connects and uses the My Health Record to improve the experience of those specialists in connecting to this information. Senator ROBERTS: How far do you have to go? How many agencies or how far down the track are you as a percentage of capturing your target? Ms McMahon: In terms of the software vendors? Senator ROBERTS: No, in terms of how many other specialists, how many other health practitioners? Ms McMahon: I will need to provide the denominator to you on notice. We've got a number of specialists working in the public and private hospitals. In terms of them practising through their rooms, I will need to take that on notice too to find the total number.</p>
SQ19-000520	Written	Polley, Helen	23/10/2019	Portfolio Strategies	Cardiac Care	<p>How many people per week present at the LGH for cardiovascular healthcare? How many people per week are seen by a medical professional at the LGH for cardiovascular health? How many people per week receive a cardiogram or ECG at the LGH? What is the average wait time for a cardiogram at the LGH? How many patients are referred to a private clinic for a cardiogram because the LGH is unable to see them? What is the average timeframe it takes for the LGH to provide a cardiogram to a patient?</p>

SQ19-000521	Spoken	McCarthy, Malarndirri	23/10/2019 63, 71	Mental Health Division	Indigenous Community Meetings - Christine Morgan	Ms Beauchamp: We engage with the PM's adviser on a regular basis. I think Ms Edwards has already spoken about how we are supporting her in that role. This is a multifaceted approach, so Ms Morgan has been around the country having conversations with particular communities for different aspects—drought, Aboriginal and Torres Strait Islanders; that has been far-ranging. But we are also conscious of the need to ensure there is more access to community-based programs, and online support. We are focusing on youth suicide prevention as well. So a number of initiatives are being rolled out at the same time that advice is going forward to the ministers and the Prime Minister. Senator McCARTHY: Ms Beauchamp, which Indigenous communities has Ms Morgan met with? Ms Beauchamp: Christine Morgan, the adviser, is going around meeting with a number of communities separately. Senator McCARTHY: Do you want to name them? Ms Edwards: We can provide you with that on notice. She is independent to us; she reports to the Prime Minister, so I don't have the detail of her meeting schedule— CHAIR: Can I jump in there, just while you are taking those questions on notice, we did ask earlier, Ms Morgan, about your visits to communities or Aboriginal and Torres Strait Islander organisations. Are you able to provide that as well to the committee? Ms Morgan: I certainly can. In terms of specific organisations, I will have to provide that information. But the approach that we took when we were doing the consultation was to go into 26 communities around Australia. We focused on what we called town hall meetings, which was our way of representing that we wanted to meet with people in community. And we had some stakeholder engagement in addition to that. Of the 26 communities that we visited, in nearly every one, I think it would be fair to say, we touched with Indigenous people. We also had some specific communities. The places that we visited were Thursday Island, Palmerston, Nhulunbuy, Kununurra, Kalgoorlie, Geraldton, Perth, Mount Isa, Townsville, Brisbane and Gold Coast, Armidale, Bathurst, Broken Hill, Wollongong, Albury-Wodonga, Bendigo, Melbourne, Dandenong, Safety Beach, Launceston, Hobart, Adelaide and Port Lincoln. I've also had opportunity to travel to the Kimberleys and I have met with groups such as Red Dust and have engaged with individuals from the Indigenous community as well. In terms of names of organisations, I will need to take that on notice.
SQ19-000522	Written	Polley, Helen	23/10/2019	Portfolio Strategies	Ambulance Ramping	Has the \$11 million funding cut from the 2018-19 year to the LGH resulted in worse ramping conditions? Would you agree with the Auditor General's report that continued high rates of ramping is a result of longstanding capacity issues? Would you agree with the Auditor General's report that continued high rates of ramping is a result of cultural issues within the hospital system in Tasmania? Would you agree with the Auditor General's report that continued high rates of ramping is a result of governance issues within the hospital system in Tasmania?
SQ19-000523	Spoken	McCarthy, Malarndirri	23/10/2019	64 Mental Health Division	Suicide Prevention Sites	Senator McCARTHY: Can I just ask how many suicide prevention trial sites are currently operational? Mr Roddam: Twelve. Senator McCARTHY: In what way are they operational? Mr Roddam: There are 12 distinct suicide prevention sites. They all have different models that they are trialling and different ways in which they're operating. We did, in the last estimates, table an update on the 12 sites and the activity going on within them, which we have updated and which we're happy to table, if that would assist. Senator McCARTHY: That would be really good.
SQ19-000524	Written	Roberts, Malcolm	23/10/2019	Medicines Regulation	Medicinal Cannabis	If medical cannabis was listed on the ARTG by compound profile, being the THC:CBD levels, then growers could nominate a profile to supply and Doctors could prescribe by profile. This is the same system being used to put cannabis into the SAS, with the profiles being selected to offer a good range of options. Will the Health Department consider this approach?

SQ19-000525	Spoken	Siewert, Rachel	23/10/2019	71 PA - National Mental Health Commission	LGBTQ+ Outreach Group Data	Senator SIEWERT: In terms of when you are engaged, talking to people, you will be reaching out specifically to LGBTI groups around Australia? Ms Morgan: We not only will, but we have done. It is very important to us that we do that. Senator SIEWERT: Would you take on notice the groups that you have reached out to overall to date and the groups that you plan to? Is that possible? Ms Morgan: It is. I don't have the information here today. Senator SIEWERT: Take that on notice, I beg your pardon. I didn't expect you to be able to rattle it off. If you could take that on notice, that would be very much appreciated. Ms Morgan: I will. In terms of the consultation, we had at our town hall consultations over 1,060 people. We met with an additional 100 stakeholders and we had over 2,200 responses to our survey. So embedded in that is a significant number. We will bring back to you what information we can. Senator SIEWERT: Thank you very much. That would be much appreciated.
SQ19-000526	Spoken	Siewert, Rachel	23/10/2019 72-73	Mental Health Division	Emotional, Social, and Wellbeing Strategy - Recommendations 10 and 11	Senator SIEWERT: If you could table it today, that would be very much appreciated. In terms of the recommendations, I wanted to go to the recommendations around the emotional, social and wellbeing strategy and ask for an update on where that is up to—recommendations 10 and 11. 'We recommended that the Commonwealth Government prioritise the development and implementation of evaluation plans for the National strategic framework for Aboriginal and Torres Strait Islander peoples' mental health and social and emotional wellbeing'. Where is that up to? The government supported that but that's been on the books now for quite some time and we're still not seeing it adequately implemented, let alone evaluated. Ms Edwards: We might have to take that one on notice, because we're not sure we have got the right information here. Senator SIEWERT: Could you take that for both recommendation 10 and also the recommendation that we made around the PHNs—or are you able to provide that information? Mr Roddam: No, we would need to take that on notice. Senator SIEWERT: If you could take that on notice that would be appreciated.
SQ19-000527	Written	Roberts, Malcolm	23/10/2019	Technology Assessment and Access Division	PBS Savings - Medicinal Cannabis	The PBS is budgeted at \$40 billion over forward estimates. Medicare in the United States has saved about US\$1 billion in 2018/19 financial year from patients switching from expensive pharmaceuticals to cheaper medical cannabis. This suggests \$100m saving a year in Australia. Has the Department/agency modelled or is it aware of any modelling of the effects of medical cannabis on the cost of the PBS?
SQ19-000528	Written	Roberts, Malcolm	23/10/2019	Medicines Regulation	Registration on the ARTG	Can you confirm that research and empirical data can be used in an application for registration on the ARTG, where that data comes from the United States, Canada, Israel and the EU?
SQ19-000529	Written	Roberts, Malcolm	23/10/2019	Medical Devices and Product Quality	ARTG Preferences	Does the ARTG favour locally manufactured products over imported products?
SQ19-000530	Written	Roberts, Malcolm	23/10/2019	Medicines Regulation	Medical Cannabis Prescriptions	The TGA website is publishing numbers for medical cannabis prescriptions. Is it true that that number is for prescriptions issued, including multiple prescriptions to the same person? How many actual people have paid for their prescription and are therefore accessing medical cannabis for real?
SQ19-000532	Written	Roberts, Malcolm	23/10/2019	Medicines Regulation	CBD for Nausea	The TGA maintains a publication titled "Guidance for the use of medicinal cannabis in Australia". That guide includes the use of CBD for nausea, and that use is listed as "insufficient evidence". Since 2016 the NSW Government has been conducting a trial in conjunction with the Chris O'Brien Lifehouse and The University of Sydney. The first round of 81 patients proved so successful that the trial is now being expanded to 170 patients. Further, the first trial report proved cannabis was safe and effective. That gold standard trial has not caused a change to this listing. You now have evidence why have you not updated your guide, and when will you?
SQ19-000533	Written	Roberts, Malcolm	23/10/2019	Regulatory Practice and Support	National Health Plan - Medical Cannabis	Can I refer you to the document titled "Australia's Long Term National Health Plan". Having read this whole document can I ask why Medical Cannabis is not mentioned at all. Does the Minister not consider cannabis has any place in the future of Australian medicine?

SQ19-000534	Spoken	O'Neill, Deborah	23/10/2019	76 PA - National Health and Medical Research Cour Sapphire Development - Briefing Request		<p>Mr Krizan: Again, we have kept the minister apprised broadly around the Sapphire development, but this comes under the purview of the CEO's departmental expenses. We wouldn't normally be drawing something like this to the minister's attention because at the moment it's not particularly outside of expectations. We are developing a system in phases as we can bring to bear resources, and the main time we would inform the minister, and more widely, is if there were some sort of problem or risk to government or risk to the organisation, and that doesn't exist at this stage.</p> <p>Senator O'NEILL: Could you give me an indication in the management of this contract what briefs were provided to the minister about your progress? Mr Krizan: I would have to go back. There have been probably four or five, but I would have to take that on notice. Senator O'NEILL: If you could provide as much detail as you can about the briefing that went to the minister and if you could provide a copy of the briefing, that would be appreciated. Mr Krizan: We can certainly do that. You will find that it is a quite cursory briefing. As I said, the minister doesn't usually get involved in matters of departmental administration. That is the CEO's purview. Senator Colbeck: We will take that notice. We may not be able to provide a copy of the brief, but we will take that on notice. Senator O'NEILL: But it's a cursory brief anyway. Senator Colbeck: As you would understand, it is advice to government. It might be that we can advise you of, say, the times of advice to government. But I will take on notice the provision of a brief because that's the appropriate process.</p>
SQ19-000535	Spoken	O'Neill, Deborah	23/10/2019 77-78	PA - National Health and Medical Research Cour Sapphire Project Staffing		<p>Senator O'NEILL: Thank you very much. Have any staff within the NHMRC been allocated to work on this project? How many are working on it and how many do you think have worked on it over the course of its delivery so far? Prof. Kelso: We will provide that information on notice, if we may. It involves people across the organisation because there has to be very close integration between our grants teams and the IT teams and then, of course, the vendor people as well. It's not a simple number, I'm afraid. We will do our best. ... Senator O'NEILL: On notice, could I ask you to provide a table with the number of staff working on the program—part time or full time—within the NHMRC since it commenced in 2017, and if you could specify the level, whether it is APS5 or EL2 et cetera, and whether they were reallocated from within the NMHRC or brought in specially for this project. Thank you. Thanks for your patience, Chair.</p>
SQ19-000536	Written	Roberts, Malcolm	23/10/2019	Population Health and Sport	Gender Health Outcomes	<p>Referring again to the document titled "Australia's Long Term National Health Plan". This document has been de-gendered. For example life expectancy, which is surely a key indicator of success or failure in health services, is provided in a single average figure. Health services however vary between men and women, therefore health outcomes will vary and the KPIs will need to reflect both. Why was this document de-gendered?</p>
SQ19-000537	Written	Roberts, Malcolm	23/10/2019	Medical Devices and Product Quality	Safety Tests - Prescriptions	<p>Every year 293 million ARTG drug prescriptions are written (and I accept some are for devices not drugs). Yet the TGA website lists only 450 safety tests that have been conducted in the last 12 months across all classifications of prescription drugs. That is a tiny percentage. Can you guarantee that you are conducting enough safety tests to provide Australians with safe medicines?</p>
SQ19-000538	Written	Roberts, Malcolm	23/10/2019	Medical Devices and Product Quality	Sartan and Zantac Contamination	<p>Can you tell me why safety testing failed to detect Sartan - a contaminated blood pressure medication, or Zantac - contaminated with a known carcinogen and both now recalled following detection overseas? Can you tell me how many products were recalled in the last 5 years and how many of those were detected by your testing rather than tip offs from the supplier or overseas agencies? Why is the SARA database currently inaccessible due to a 404 error and when is this expected to be rectified?</p>

SQ19-000539	Written	Roberts, Malcolm	23/10/2019	Medicines Regulation	Puberty Blocking Medication	Puberty blocking medication, commonly called Lupron (Leuprorelin acetate and similar) is approved for adult use for conditions such as prostate cancer and endometriosis. Lupron is associated with thousands of reports of harm to adults. It stops the natural secretion of hormones which works to block development of organs. If it's started in early puberty, these kids will be unlikely to develop mature sperm or eggs. Evidence points to side effects including lower bone density and interference in brain development. According to The Australian, 2145 children were referred for gender treatment between 2014 and last year with kids as young as 9 being put on these puberty blockers. 1. Who gave approval for this drug to be used on kids? Please provide details of the meeting notes, committee decision, regulatory instrument or other authorising document? 2. What gold standard tests were carried out before being approved for use on kids? 3. What is the youngest child that has received puberty blocking medication?
SQ19-000540	Written	Roberts, Malcolm	23/10/2019	Medicines Regulation	Prescription Packaging - Side Effects	1. Has the TGA changed your rules on provision of side effects and adverse reaction warnings on prescription medication packaging or pack inserts? 2. If an everyday Australian gets a new prescription, can I rely entirely on the pack, product or insert information to warn me of side effects or adverse reactions? If not please explain your answer fully.
SQ19-000541	Spoken	Siewert, Rachel	23/10/2019 79-80	Primary Care Division	Emotional, Social, and Wellbeing Recommendations - PHN Program Reports	Senator SIEWERT: Can I go back to the rural and regional inquiry. Where we left off was: I think you took on notice the issues around the emotional and social wellbeing recommendations. Can I go through a couple more. In terms of recommendation 3—which was about the PHNs and the local community input and you start from local community when you are looking at providing services—the government's response says that: While the PHNs vary in structure and scope, reflecting local conditions, they work to a shared PHN program performance and quality framework. The first report is due to be finalised in the last quarter of 2019. I'm just wondering is that on target and whether that is actually going to be available. Is there any possible update at this stage? Ms Edwards: We've got a partial answer, I think. I think it is true to say we haven't prepared for these questions; so we haven't gone through the recommendations. We will take on notice to respond properly but the officer from the relevant area is here. Ms Claremont: I am just going to tell you a little bit about the PHN program performance and quality framework. PHNs are reporting under that for the first time during 2018-19, and their reports were due to the department on 30 September; so the department would be analysing those reports now. Nothing would be ready to report about, but those 31 PHNs would have reported under that framework for the first time through their 12-month performance reports. Senator SIEWERT: Do you have a proposed release date of when that will be available? Ms Claremont: To be honest, we could take that on notice because there's a range of schedules that they will report under. And it's the first time that the PHNs are reporting that way. The department will look at the range of schedules and performance reports. Senator SIEWERT: I beg your pardon? Ms Claremont: The department will have to look at the range of schedules and performance reports for the first time as well; so it's a little bit hard to put an exact time frame on it.
SQ19-000542	Written	Roberts, Malcolm	23/10/2019	Medicines Regulation	Cannabis Side Effects	Can the Department provide a breakdown, by state, of the following data by State, for the period March 2017 to February 2018: (a) The number of patients presenting with cannabis related psychosis; (b) The number of patients presenting with cannabis dependency; (c) The number of patients presenting with cannabis withdrawal symptoms; (d) The number of patients presenting with acute cannabis intoxication; (e) The number of patients presenting with lung damage or similar/related condition where the cause is reasonably considered to be vaping.

SQ19-000543 Spoken	O'Neill, Deborah	23/10/2019	81 Primary Care Division	PHN Service Providers - Autiding/Funding Certainty	<p>Senator O'NEILL: Can you provide on notice your auditing of the current status of the services that are being provided by PHN to see how many of the service providers they are actually giving funding certainty to? The worst outcome would be that the PHN gets a certainty or funding for three years and that the people delivering it don't actually have any certainty. The goal was to provide certainty of service provision and continuity of service access to the same service provider wherever possible. I thought that was a policy outcome. Ms Edwards: We certainly should take it on notice. There are 2,900 contracts the PHNs have; so I would be loathe to commit to providing all of that on notice. If we provide you some detail about the manner, or if there are any particular instances you are concerned about, if you provide it to the department we'd investigate those. Senator O'NEILL: I can provide you with some, but we can't be the auditor of this process. We need confidence that there is no hoarding of that money for three years by the PHN and insecurity. Ms Edwards: I appreciate the question but I'm just not sure that providing the detail of 2,900 contracts is the best way to provide the information to you. We could take it on notice. We understand the question. It's about: are PHNs appropriately passing on funding security for the services they provide, particularly in relation to mental health? And we can undertake to investigate anything you might provide us through the minister's office or through the committee and also to provide a general answer and to go to your question, which we understand and we share the concern.</p>
SQ19-000544 Spoken	Siewert, Rachel	23/10/2019 82-83	Mental Health Division	NDIS - Funding Transition Data	<p>Senator SIEWERT: Can I go to the NDIS. Can you update us as to how the funding for transition has gone? Ms Edwards: Let's start with how the transition is going in terms of how many people—I ask this particular question to give you a sense. On 1 July 2019 there were 15,484 clients of Partners in Recovery, FAMS and day-to-day living. Senator SIEWERT: That's together, you mean? Ms Edwards: Together, total. Then by 31 July—so after a month—there were 12,805 because people had exited to Continuity of Support because they hadn't succeeded in being eligible for the NDIS or they had exited onto the NDIS or they had exited for some other reason. Senator SIEWERT: Do we know where they went? Ms Edwards: Yes, we do: 673 went to the NDIS, 1,479 exited to CoS—Continuity of Support—and there 527 exits for other reasons. So that shows that we had a little under 3,000 being dealt with then. We've got a breakdown of where people are up to in the queue; I thought this is where you would be interested. Then I have some August numbers to show how we are moving through the transition. As of 31 July—I can provide these numbers later on notice, but to give a sense—there were 1,325 who had met NDIA access requirements but were awaiting to have their package. There were 2,700 waiting for an NDIA decision. Senator SIEWERT: There were 1,325 who had had the package but— Ms Edwards: They had had access agreed but they haven't moved on to the package yet, so they are still in our bucket until that's happened, and then they are counted as exited to the NDIS. There are 2,702 waiting for an access decision. They had done the application process and so on. There were 4,018 who were preparing NDIS applications. That means there were 4,560 not yet preparing an application. So those are the ones yet to enter into the process. There is a small number of 200 who are at other stages of transition. You've got to remember that there are people for whom we have no contact details; we haven't had contact with the provider for a long time. So a small number may never be found or might be very difficult to find. But it's small—200. Senator SIEWERT: So 200 are on the books but not receiving service at the moment? Ms Edwards: That we know of. We haven't made the conclusion they are not receiving services because we want to make sure we don't overlook anyone, but that looks likely—at least a proportion of them. Hopefully some of them are well and no longer require services. So we had 12,805 by the end of</p>

SQ19-000545	Written	Faruqi, Mehreen	23/10/2019	Population Health and Sport	Economic and Social Impacts of Recreational Hunting and Shooting	<p>1. How much did the report 'Economic and Social Impacts of recreational hunting and shooting', released in September 2019, cost the health budget? a. What was the tender process to appoint RMCG as the authors? b. Has the report been peer reviewed? If yes, please provide details of what the peer review process was. i. If not, why not? c. What involvement did the Department have in relation to this report? Please provide detail. 2. Where did the original idea for this report come from and what was the timeline? i. How was the need for the assessment determined? ii. Was Senator Mckenzie or her office involved in the commissioning of the report, or in any other way? b. Is there any research the department would like to have had done this year, but that it couldn't fund? c. How and where was data for the report collected? 3. Some of the assertions of the report have been ridiculed, such as that somehow people who shoot animals have a higher level of wellbeing than people who don't shoot animals. Is this conclusion borne out by any other evidence that the Department is aware of? Please provide details.</p>
SQ19-000546	Spoken	Griff, Stirling	23/10/2019 86-87	Primary Care Division	Palliative Care Programs/PHN	<p>Senator GRIFF: Okay. I am just looking at the Greater Choice for At Home Palliative Care funding. Was that \$8.3 million? Mr Cotterel: Yes. Senator GRIFF: It was \$8.3 million over the three years. In the instance of South Australia or the Adelaide PHN, they work solely with aged-care providers to deliver the pilot program and it doesn't appear that there was any at-home palliative care component of that. Is that your understanding? Would that be your understanding as well? Is that common? Mr Cotterel: I'm not aware of the details of what is happening in the Adelaide PHN with that project, but I can give you the aims of the initiative and I can take on notice what is happening in Adelaide. Senator GRIFF: If you could take that on notice. My interest is the percentage that's being spent towards at-home versus aged-care providers, because that seems to be an area that's very much lacking. So on notice that would be appreciated. Ms Edwards: I would just note that, for many old people, the residential aged-care facility is their home. I hear the point, but I just wanted to make the point—and we will take on notice what is happening in South Australia—that people in aged-care facilities are really keen to make sure they can stay in their familiar surroundings comfortably and with dignity as much as anyone else. Senator GRIFF: The World Health Assembly statement in 2014 and the document entitled the National Palliative Care Strategy 2018 recognised the holistic assessment of pain and other problems, whether psychosocial or spiritual. Are there any programs that are currently being funded that specifically address assessment and treatment of psychosocial or spiritual needs in palliative care on a federal basis? Ms Edwards: We'll take that on notice, but I think our understanding would be that we fund for holistic care which would cover medical, pain and other needs as well as the spiritual, psychosocial and other needs a patient might have. Certainly that's our expectation of how we do this sort of funding.</p>
SQ19-000547	Written	Polley, Helen	23/10/2019	Residential and Flexible Aged Care	Resource Utilisation Classification Study Findings	<p>What is the current contract value for the Resource Utilisation Classification Study (RUCS)? Can the Department provide an update on how the contract is being fulfilled? Is the Department satisfied with the Resource Utilisation Classification Study? Has there been extensive consultation on the findings of the RUCS? What are the findings of the RUCS? If consultation not complete, when will it be completed? Has the trial of the RUCS commenced? If not, when will it occur? Has a trial site for the RUCS been decided? Does the RUCS test still aim to field test the assessment tool and supporting software, hardware, IT systems and IT support arrangements, and assessment workforce management processes? Is there a specific date when the RUCS trial will be complete in 2020? Have there been any meeting dates with the Minister to discuss the RUCS? Can the department provide the dates of these meetings?</p>

SQ19-000548	Written	Polley, Helen	23/10/2019	In home Aged Care	Home Care Packages	The latest figures I am aware of show that there are over 129,000 Australians waiting for an approved aged care package. Can the department provide the most up to date figure in terms of those Australians waiting for a home care package? Can the department provide a breakdown, in terms of the level of the package. For example, how many people are waiting on level 1,2, 3 and 4? Looking to the forward estimates, can the department detail how many packages they expect will be required for Australia's ageing population? An estimated figure for 2019-20 and 2020-21?
SQ19-000549	Written	Polley, Helen	23/10/2019	Residential and Flexible Aged Care	Residential Aged Care Funding	In February 2019 funding of \$320 million was announced for a general subsidy for residential aged care. Can the Department detail how a mainstream residential aged care home in rural, regional and remote care home is classified? Which mainstream residential aged care homes received funding? Can the department provide a breakdown of figures of what funding has been provided to these residential homes? What is the current rate of basic care subsidy provided to these homes? Does the department expect this basic care subsidy to be increased?
SQ19-000550	Written	Polley, Helen	23/10/2019	Residential and Flexible Aged Care	Dementia and Cognition Supplement	Can the Department provide the following details in relation to the \$35.7 million supplement for dementia and cognition for veterans that was announced in February this year? How many veterans are receiving the veterans' supplement for 2018-19? Can the department provide an estimation for 2019-20 of people who will receive the Dementia and Cognition Supplement?
SQ19-000551	Written	Polley, Helen	23/10/2019	In home Aged Care	Commonwealth Home Support Program	Can the Department confirm if the CHSP is set to continue beyond 2020? If yes, why will the CHSP continue and who made the decision? If not, is the CHSP transition on track to take place in 2020? If yes, can the Department provide an update on its preparedness for the changeover? If no, why not?
SQ19-000552	Written	Polley, Helen	23/10/2019	In home Aged Care	Meals on Wheels Funding	Can the Department confirm if funding for Meals on Wheels outlets will end on 30 June, 2020? If yes, please provide details outlining how all Meals on Wheels outlets will be funded. If no, will new contracts been sent out to all Meals on Wheels outlets?
SQ19-000553	Written	Polley, Helen	23/10/2019	PA - National Health and Medical Research Council	Boosting Dementia Research Grant Scheme Funding	Without a medical breakthrough, it is predicted that more than 1.1 million Australians will be living with dementia by 2058. The Government has announced \$21 million in Federal funding for dementia research. Were aged care stakeholders including researchers and the National Health and Medical Research Council's (NHMRC) consulted before this funding announcement? If yes, did the Department meet with the National Health and Medical Research Council? What research specifically will this funding go to? Can the department detail the recipients who will receive funding from the Boosting Dementia Research Grant scheme funding? Out of the \$21 million how much will go to tackling prevention? Out of the \$21 million how much will go into tackling risk reduction? Better data on dementia underpins targeted capacity building in the sector and will assist the long-term planning of dementia care in Australia. When are the findings of the research expected to be made available to the public?
SQ19-000554	Written	Roberts, Malcolm	23/10/2019	PA - Australian Digital Health Agency	Patient Information GP's/Hospitals	Investment in systems to enable secure patient information sharing is very common, and yet in Australia, only about 20% of GPs say they receive data back from hospitals after a patient emergency admission. Can you please explain why? What gaps the Department has identified between these two sectors? Please explain how the Government plans to close these gaps?

SQ19-000555	Spoken	Griff, Stirling	23/10/2019 87-88	Population Health and Sport	Drafting Changes on Alcohol Strategy	<p>Senator GRIFF: Yes. I would be interested just to know at this stage how many drafts you would have— Ms Soper: The development of this strategy has actually been around for some period of time. It started in 2015. There was a public consultation process undertaken in late 2015 which was actually looking for the kinds of things that should be involved in the strategy. There wasn't a draft at that period of time. On 27 November 2017 MDAF agreed to an additional public consultation process which ran from 11 December 2017 to 11 February 2018. That further informed the strategic direction and priorities of the strategy. Feedback from those submissions was considered by MDAF in June 2018. Generally, the majority of submissions were supportive of the key aspects of the draft strategy. The main areas which submissions focused their feedback on included the cited evidence from research, the role of industry, the strategy as a framework and the proposed target for the strategy of 10 per cent reduction. In June 2018 MDAF agreed to make submissions received during that public consultation process public. Then there was a roundtable held in July 2018 which was attended by representatives of public health organisations, research bodies as well as industry bodies. Then that draft strategy was—so the draft strategy was then updated to reflect comments and discussions that took place in that stakeholder roundtable. In September 2018 the department submitted a revised strategy to the minister's office seeking approval for circulation to the National Drug Strategy Committee. On 8 February 2019 the National Drug Strategy Committee met and discussed the draft strategy. However, a version was not agreed at that point and endorsed to be provided out to MDAF. On 27 February 2019 Ministers Hunt and Dutton, who were the Ministerial Drug and Alcohol Forum co-chairs, circulated a draft strategy to MDAF members for out-of-session consideration. Senator GRIFF: So we're now up to four drafts? Mr Laffan: There have been multiple iterations of this. I wouldn't say that at each of the meetings that Ms Soper has outlined there is a different draft, but there were multiple ones throughout different occasions with working groups under the National Drug Strategy Committee to bring different versions forward. Senator GRIFF: My interest is simply at what point was the alcohol industry involved and at what point in this process did it dramatically change from being cautious about alcohol to actually saying it's an important part of</p>
SQ19-000556	Written	Roberts, Malcolm	23/10/2019	Primary Care Division	Integrated Healthcare/Primary Health Gaps	<p>What investment has the Government committed to close the gaps in integrated healthcare between primary health and the hospital/acute sector in the current budget?</p>
SQ19-000557	Spoken	McMahon, Sam	23/10/2019 93-94	Portfolio Strategies	Katherine Hospital - Enquiry Into Lack of Services	<p>Senator McMAHON: So there is no requirement to provide minimum basic services at any particular hospital? Ms Edwards: No—there is an expectation that states and territories provide services for all the people who live there in a proper way, but they are the operators of the system. Probably if a hospital in a very populous place decided not to provide a very important service, we might certainly talk to the states and territories about that. But they are the runners of the hospitals and they make the decisions about what is managed where. That's why we have people airlifted to major hospitals in Sydney, for example, if there's something very rare or important. Senator McMAHON: Would it concern you to know that the Katherine hospital in my hometown, which is a large, 60-bed regional hospital in a remote location serving 19,000 permanent population in the region, is no longer providing emergency minor surgical services to patients, forcing them to wait for days on end or drive 300 kilometres? Ms Edwards: It's certainly information which we would be interested in receiving. We certainly might look into it. I certainly wouldn't be qualified to make a decision about that. I don't know if the Chief Medical Officer wanted to make about a comment about where and how we provide services. Prof. Murphy: I'm not directly involved with it, but I think in a hospital of that size you'd expect to provide emergency care in that location. I'm not aware of the details of what's happening there, but generally speaking in that level of service emergency care would be something that's required. Senator McMAHON: Would you be prepared to take that on notice and look into it? Ms Edwards: Always, yes.</p>
SQ19-000558	Written	Roberts, Malcolm	23/10/2019	Primary Care Division	Community Based Healthcare Funding	<p>How much additional funding has the Government allocated to improve community-based healthcare which could potentially reduce the load on emergency departments and hospitals?</p>

SQ19-000561	Spoken	O'Neill, Deborah	23/10/2019 96-98, 99	Population Health and Sport	National Plans - Full Update and Complete List	<p>Senator O'NEILL: Let me just get to the rest of them. How many—my question was how many plans or strategies has the minister commissioned. So you've spoken to the Long Term National Health Plan, which has a subset of four elements. Dr Studdert: The minister launched the Long Term National Health Plan at the Press Club— Senator O'NEILL: Yes—what else? Dr Studdert: and then he has commissioned us in the department—in various parts of the department. My colleague Mr Cotterell is working on the long-term primary health plan. I'm leading work on the long-term preventative health plan and other colleagues are working on mental health—you talked about that earlier this afternoon—and health workforce. Senator O'NEILL: If I ask you about the National Preventative Health Strategy, is that the one that you are referring to that's embedded in that? Dr Studdert: Yes. Senator O'NEILL: And the 10-year Primary Health Care Plan—that's a second one that you're referring to within the Long Term National Health Plan? Dr Studdert: Yes. Senator O'NEILL: Okay. And additional to the prevention piece? Dr Studdert: Prevention is the one—preventive health prevention— Senator O'NEILL: Okay—national preventative health. What about the health workforce? Dr Studdert: That's another part of our department. Senator O'NEILL: And mental health as well? Dr Studdert: Yes. Senator O'NEILL: What other national plans or strategies are you aware of that the minister has also launched since you did your 15 last year? Dr Studdert: I can't recall any on the spot here, but I'd be happy to take that on notice to be sure I've given you— Ms Beauchamp: All the priorities are well set out in the Long Term National Health Plan in terms of all the action items and implementation priorities under that, which is available on our website and was launched in the last couple of months. Senator O'NEILL: I guess my concern is that there are so many discrete bits that it's even difficult for the department to keep track of how many there are. Dr Studdert: No, I wouldn't want to give you that impression. Senator O'NEILL: How about the National Action Plan for Blood Cancers? Dr Studdert: That's not in this outcome, in 2.4, but I'm sure there is someone that could come and talk to you about that. Senator O'NEILL: But that's another national plan. I'm asking about the national plans. Is that a national plan or not a national plan? Dr Studdert: I'd have to get the relevant officer to talk to you about that. Senator O'NEILL: As I understand it, it was announced in September 2019 as a national</p>
SQ19-000563	Written	Roberts, Malcolm	23/10/2019	Medical Benefits Division	Private Health Insurance	<p>People are leaving or taking the bare minimum in private health insurance because of the high cost and some are using their private health insurance in public hospitals to avoid gap payments. Are too many Australians under-insured or not insured? This has the potential for people to migrate to public hospitals filling them, with some at breaking point, while the private hospital system has vacant wards. What statistics are available on the rate of people with private health insurance electing to use public hospitals? What steps does the government have in place to fix these issues?</p>
SQ19-000564	Written	Di Natale, Richard	23/10/2019	Portfolio Strategies	Health Impacts of Climate Change	<p>What modelling has the Department done on the likely health costs and impacts of unchecked climate change on health outcomes for Australians and Australia's health system?</p>
SQ19-000565	Written	Di Natale, Richard	23/10/2019	Health Workforce Division	Shortfall of GPs in Australia	<p>What steps is the Department taking to address the looming shortfall of GPs in Australia, given the RACGP now reports that there are now almost 10 new graduates from other specialties to every new GP graduate?</p>

SQ19-000566 Spoken	Patrick, Rex	23/10/2019 102-103	Health Workforce Division	Country Towns Without a Doctor - KPI Request	<p>Senator PATRICK: This organisation is very interested in performance obviously in the way that it delivers services and ultimately in the performance outcome. Could you indulge me with a response to a question on notice? Using South Australia as an example, could you highlight the country towns that don't have a doctor and, looking at the measures that you've just described and the sausage machine—I'm loath to call it a sausage machine, because they're doctors—tell me how you estimate being able to fill those places? Obviously you can't map one of the sausages to a particular location, but you must have a sense, with all the money you're spending and all of these programs, that you will be getting doctors popping out at points in time. In essence I'm asking you for the KPIs that I might hold you to over the rest of this parliament. Prof. Murphy: I think KPIs on a high level are probably very reasonable. One of the challenges in going town by town is that every town is different. Senator PATRICK: I'm not suggesting you do that. Prof. Murphy: There are often factors that have nothing to do with the Commonwealth or state medical programs there. Senator PATRICK: It might be something that says that in January 2020 you expect to have filled three and then six months later a further two. We could see how that's tracking and see where people are leaving the system as well. There's lots of money being spent to achieve a particular objective. Prof. Murphy: Sure. Senator PATRICK: I'd like to be able to measure that. Prof. Murphy: We've already got data that shows that over the last four years there has been a substantial increase in GP services and GP numbers in non-metropolitan areas. The modified Monash 6 and 7, the remote and very remote, is where there is still a deficiency, but all the other areas now have equivalent GP services per year to the metropolitan areas. Those smaller towns still have an increase. There's definitely an increase. We're reporting that there have been an extra 300 doctors in rural Australia in the last 12 months. It is a very challenging goal. I think it is right to be held to it, because we have to look at new and more innovative models to accelerate the pace. We know that—and this is central to the National Medical Workforce Strategy we are running—over the next 10 years we will have a lot of measures to redirect people from specialist practice that is oversupplied into general practice and to select the right rural origin people who will want to work and stay in the bush, but we don't have 10 years</p>
SQ19-000567 Spoken	O'Neill, Deborah	23/10/2019 103-104	Health Workforce Division	GP Training Enquiry	<p>Senator O'NEILL: Can I ask a couple of questions that follow-up directly from what Senator Patrick said with regard to GPs. I've had stakeholders advise that has been a 20 per cent fall in the number of applications for GP training positions since 2015. I'm also told that 63 first-year GP training places of 1,500 went unfilled in 2019. And stakeholders say that very poor conditions and pay compared to hospital based training programs are the main issues that are impacting that. We've got the sausage factory, but it's hitting a point of crisis. CHAIR: Put those questions on notice, I think. Prof. Murphy: Sure, very happy to. Senator O'NEILL: If you could respond to that, that would be good, and a detail of where you're up to for the Rural Generalist Pathway—how many we've got going in New South Wales. Prof. Murphy: We're very happy to respond. But we have a record number of general practice trainees, 5,300 at the moment, and we turned out more than a thousand new GPs this year. There has been a slight fall in the applicant numbers, but we had a huge expansion in applications over the last decade. We've doubled the number of funded training positions. We're happy to respond to that on notice. There are issues, as I said before, about Page 104 Senate Wednesday, 23 October 2019 COMMUNITY AFFAIRS LEGISLATION COMMITTEE attraction to GP training, and we're looking at some of those structural issues with the colleges of general practice at the moment. Senator O'NEILL: And that was the next thing: what responsibility are the colleges undertaking in terms of the work for the distribution? Prof. Murphy: Again, you put—I'm breaking into your dinnertime— CHAIR: I'm very conscious of time and we are very running late. Prof. Murphy: Just briefly, the colleges and the department are working really closely because the training is being transitioned to the colleges. The Commonwealth spends \$300 million a year on GP training. We want to make sure that that training, when it transitions fully to the colleges, is the best possible training solution. Ms Holden is spending half her life working with the colleges on these issues at the moment. We're very cognisant of that. Senator O'NEILL: My question is: what so they see as their moral responsibility? It's okay to manage their standards, but—</p>

SQ19-000568	Spoken	Farrell, Don	23/10/2019	105 PA - Sport Australia	Terms of Reference Regarding the Efficiency and Effectiveness of the ASC	<p>Senator FARRELL: Is there a problem with releasing the terms of reference? Senator Colbeck: I hadn't contemplated that, Senator. As I said, it's a process of government. A number of agencies have them—in fact, when I was in the tourism portfolio, the Department of Foreign Affairs and Trade was having a functional efficiency review conducted, as were the War Memorial and a number of others. It's a process, from my perspective, that's prospective and will inform government around things such as the review of the act, which is part of the Sport 2030 plan.</p> <p>Senator FARRELL: Is there a reason why the public can't have access to the terms of reference? Is there something secret about the inquiry? Senator Colbeck: Not necessarily. It's a process of government in looking at the functional efficiency of its functions in undertaking those particular actions. Senator FARRELL: Are you prepared to release the terms of reference? Senator Colbeck: I'm happy to consider that. I'll take that on notice.</p>
SQ19-000569	Spoken	Farrell, Don	23/10/2019	108 PA - Sport Australia	Community Sport Infrastructure Grants Program - Rejected Applicants	<p>Senator FARRELL: I'd like to ask some questions about the community sports grants program. It's providing important support to many clubs and communities to improve sporting facilities, which is obviously a very good thing. But there have been concerns raised about how the funding was awarded under the program, and I think we're expecting a report from the ANAO on that next month. I wonder if you could tell me, perhaps Ms Palmer, how many applications did Sport Australia receive across the three rounds of the Community Sport Infrastructure grants program? Ms Palmer: Just over 2,000. Senator FARRELL: Of those 2,000 applications, how many did Sport Australia recommend for funding? Ms Palmer: In round 1 there were 224 grants. In round 2 there were 232. In round 3 there were 228. Senator FARRELL: I got some responses to questions I put on notice in April relating to the CSI grants program. Those questions were No. 371 and 416. Those responses suggested that Minister McKenzie rejected a total of 618 of the grants Sport Australia had recommended for approval. Is that an unusually high proportion of recommended grants for the minister to reject? Ms Palmer: I'm not privy to that. This is our first experience in this type of grant program. Senator FARRELL: But the figure is right: 618 were rejected by Minister McKenzie? Ms Palmer: Yes. Senator FARRELL: Are you able to provide us with the list with the same sorts of details as published by Sport Australia on the Sport Australia website for the successful grant recipients of all grants recommended for approval but which were rejected by Minister McKenzie? Ms Palmer: Could you state that again, please, Senator? Senator FARRELL: Okay. So we know the minister rejected 618— Ms Palmer: Yes. Senator FARRELL: Are you able to provide us with the names of those 618 rejected applications? On the Sport Australia website it shows you the grants that you awarded and the nature of the grant application—what it was going to do. Senator Colbeck: Take that on notice.</p>
SQ19-000570	Written	Di Natale, Richard	23/10/2019	Health Workforce Division	Health Workforce Data	<p>The Department has changed the way it reports workforce data. What is the reason for this and have you received any feedback relating to this?</p>

SQ19-000571	Spoken	Siewert, Rachel	23/10/2019 112-113	PA - Australian Sports Anti-Doping Authority	Thymosin Beta 2 Ban in 2012	<p>Senator SIEWERT: Can I ask ASADA some questions about thymosin. Mr Sharpe: What was your specific question? Senator SIEWERT: I wanted to follow up the story from last week that said that thymosin beta 2 was not banned in 2012 when the Essendon players were found to have used it. Senator Colbeck: Can I make a declaration right now that I'm a member of the Essendon Football Club just so that it doesn't come back to haunt me later—a long-suffering member! Mr McDonald: Thanks, Senator. Not wanting to upset my minister of course, I'll give you an answer. Just going back to the Essendon matter, which again was raised and will probably continue to be raised over the foreseeable future, the investigation was named Cobia. It was unprecedented for sport in Australia. As it relates to the media, the media is actually inaccurate and we, ASADA, corrected the record at the time. So— Senator SIEWERT: This was the media release you put out that same day? Mr Sharpe: That's right: in response to that media. So the allegations in the media, or the assertion in the media, was that ASADA controls the prohibited list. It doesn't; it has nothing to do with it. That's controlled by the World Anti-Doping Agency under their code which has a prohibited list. Thymosin was listed in 2010 on that list. There were allegations in the media that ASADA had manipulated that. ASADA does not control that list in any way. It was listed in 2010 as a prohibited substance under the prohibited list. Senator SIEWERT: Do you have a copy—or can you tell me where I can access a copy—of that listing with its date for 2010? Mr Sharpe: Yes. I'll take it on notice as to where to find it. The current prohibited list is online on WADA's website as it stands today, and that is updated quite regularly.</p>
SQ19-000573	Written	Di Natale, Richard	23/10/2019	Health Workforce Division	Health Workforce Data	<p>What is the most recent data available on the new 'Health Workforce Data tool'? I understand that it only goes up to 2017 - whereas the GP workforce reports which were previously available through the Medical Benefits Division's website including information up to July last year? What is the reason for removing the general practice workforce data report from the Department's website? What quality checks have been done to ensure the data on the new data tool is accurate?</p>
SQ19-000574	Spoken	Siewert, Rachel	23/10/2019 112-113	PA - Australian Sports Anti-Doping Authority	Thymosin - Prohibited Substances/WADA	<p>Senator SIEWERT: To your knowledge, has WADA done any further work on thymosin? Mr Sharpe: WADA is constantly reviewing the prohibited list and has prohibited substances to go on that list. Going back to the general category, they are continually looking at different chemicals and products that are out there, particularly substances that aren't for human use. It's a continual process with WADA. Senator SIEWERT: Thank you for that; that was useful. But have they specifically done it for thymosin? Mr Sharpe: I would have to take that on notice. Senator SIEWERT: If you could, that would be appreciated. If there's been any further listing, could you provide the details of any further listing, and if it is against something, and what the nature is of any further listing that's been undertaken? Mr Sharpe: Certainly.</p>
SQ19-000575	Spoken	Farrell, Don	23/10/2019	113 PA - Sport Australia	Complaints and Disputes - Individual Options	<p>Senator FARRELL: I had some questions about Australia, but I will put them on notice. I have this, in the same vein. It's been reported that a complaint has been made to Sport Australia relating to the behaviour of some members of the Australian under-23 football team, the Olyroos. Is that correct? Ms Palmer: Yes, we did receive a complaint. Senator FARRELL: What was the process of handling that complaint? Ms Palmer: We passed that complaint straight on to the sport, to the FFA. Senator FARRELL: I suppose, to some extent, this is related to the questions asked by Senator Patrick. What avenues do members of sporting organisations have to resolve issues that they feel have not been appropriately dealt with by their state or national sporting organisations? Ms Palmer: They would deal with that type of matter through their member-protection policy. There are guidelines there around how they might deal with those matters. Senator FARRELL: Is every sport required to have one of those? Ms Palmer: They are, yes. Senator FARRELL: If a national sporting organisation doesn't resolve a complaint or dispute, what options are currently available to the individuals who've made that complaint or dispute? Ms Palmer: I'll have to take that on notice.</p>

SQ19-000576	Spoken	Farrell, Don	23/10/2019	114 PA - Sport Australia	Project Funding Approval	<p>Senator FARRELL: But these were not recommendations made by Sport Australia; they were made by the minister. Ms Palmer: They may not have been. Senator FARRELL: They may not have been. How many projects were there that were not recommended by Sport Australia for funding but were approved by the minister? Ms Palmer: In round 1, 293 were rejected; in round 2, 141 were rejected; and in round 3, 184 were rejected. Senator FARRELL: Thank you. Senator Colbeck: I just want to clarify whether that's those that were rejected but approved, or just rejected by Sport Australia? Ms Palmer: The minister as the delegate made the decisions about the grants. Senator Colbeck: I'm still not clear on the answer. Perhaps I've misinterpreted the question. Senator FARRELL: Would you like me to read it out again, minister? Senator Colbeck: I would just like to clarify that for the committee. Senator FARRELL: My question was this: how many projects were there that were not recommended by Sport Australia for funding but were approved by the minister anyway? Senator Colbeck: Unless I'm misinterpreting, I think the answer was in relation to projects that were actually rejected. Is that correct? Ms Palmer: That's right. Yes, it is. Senator Colbeck: So it's an answer to a different question, as I thought it might be. Ms Palmer: Can I take that on notice. I would like to make sure it's correct. Senator FARRELL: Okay, no problem.</p>
SQ19-000577	Spoken	Watt, Murray	23/10/2019	127 Technology Assessment and Access Division	PBS listings agreement	<p>Senator WATT: It is your job, and you do it very well. But, unfortunately, there are a few other facts to be discussed as well. Are there any instances where a PBS listing has been announced by the minister without a final agreement being signed by the department and supplying company? Ms Platona: I'm not aware of it. Ms Shakespeare: Neither of us are aware of that. Senator WATT: Could you take that on notice, and if there are any, could you please table— Ms Shakespeare: How far back do you want us to check? Senator WATT: Probably back to about 2013, I'd say. Ms Shakespeare: We'll see what we can do.</p>
SQ19-000578	Spoken	Siewert, Rachel	23/10/2019	115 Medical Benefits Division	MBS For Eating Disorders - Profession Expansion	<p>Senator SIEWERT: Is the department concerned at all that providers with no experience in this particular population may be providing advanced psychotherapies for this particular group? Mr Simpson: The new items have been through an extensive consultation process with the sector and they are subject to the existing arrangements, as Mr Shakespeare has said, under the Better Access items. Patients are expected to progress through courses of treatment under the expanded suite of items. They will be under a consultant psychiatrist or their regular GP, who will regularly consult after 10, 20, and 30 sessions. As they progress through their severity, whether they need different skill sets from different clinicians involved will be assessed by those clinicians as they progress through. Senator SIEWERT: In that case, that's the way that the people with adequate experience and expertise will be providing those services once they're monitored? That's how you plan to keep track of that? Mr Simpson: That'll be a decision for the clinicians who have been responsible for initiating the treatment plan in the first place. They will be the ones who do the assessment. There are a range of clinicians who can be brought the process at different points of a patient's course of treatment, depending on their needs. The schedule and structure have been designed in a way that will allow bespoke skill sets from across different clinical areas to come in according to a patient's needs. Senator SIEWERT: Have the professions that are able to provide services under these new items been expanded? Mr Simpson: I would have to double-check that for you. I think that is the existing professions under the Better Access items, but I would want to clarify that for you.</p>

SQ19-000579	Spoken	Hughes, Hollie	23/10/2019 116-117	Mental Health Division	Eating Disorder Investments/Grants	<p>Senator HUGHES: I have a couple of quick questions. Could you give us a bit of a sense of how much the government is spending on these eating disorder programs, particularly MBS services?</p> <p>Mr Weiss: This was a measure in the 2018-19 MYEFO, I think, and the estimated cost was \$110 million over the forward estimates. Senator HUGHES: How does that compare with previous investments into eating disorders in particular? Ms Shakespeare: I think we'd need to take that on notice. I'm not sure that we've had any specific investments in eating disorders under the MBS, but there may have been other grant programs across the department in the past. We'd need to check. Senator HUGHES: You don't know about anything specifically focused on eating disorders? Ms Shakespeare: Certainly not in the Health Financing Group. Senator HUGHES: If you could take that on notice, that would be great.</p>
SQ19-000580	Spoken	Lines, Sue	23/10/2019 119-120	Medical Benefits Division	MRI Eligibility - Rejected Applications	<p>Senator LINES: Across the PHNs, then, did any of the licences that were granted have a lower assessment score than applications that were rejected? Ms Shakespeare: I don't think that we provided the scores in order. We provided advice on the PHN, and the department's advice was at a time when the funding had been announced at the beginning of the ITA process for, I think, a total of 21 additional MRI—sorry, 20. I think during the assessment process, because there were two streams—there were MRI upgrades as well as fully eligible new units—we managed to recommend 21 because of the— Senator LINES: Yes. But back to what I was asking: across the PHNs, were any licences granted that had a lower assessment score than applications that were rejected but didn't succeed in getting an MRI? Ms Shakespeare: Not to my knowledge, but I'd like to check back in detail through the list that we provided. Senator LINES: Okay. Senator Colbeck: I think it is worth noting that, from the information I have seen, patient access was improved across 85 per cent of PHNs. Senator LINES: That's not what I'm asking, Minister. Senator Colbeck: Well, I'm making the point. Senator LINES: Sure. Senator Colbeck: Over 27 of 31 PHNs, patient access was improved. Senator LINES: It's late, and I really want to continue along the line of questioning that I've got. If you go back and look at what you've taken on notice now, if there were MRIs that had a lower assessment score than applications that were rejected, can you tell me which ones? We just want to know which ones. Ms Shakespeare: So which of the successful MRIs? Senator LINES: Yes. If they had a lower score than ones that were rejected, which ones were those? Ms Shakespeare: We'll take that on notice. Senator LINES: Do you know, or does anyone here know, whether any rejected applications were ranked more highly by the department than Sound Radiology in Parkside, South Australia, which did receive a licence? Ms Shakespeare: I think we'll need to take that on notice too. Senator LINES: You don't have anyone who can answer it tonight? Mr Weiss? Mr Weiss: No, we don't. Senator LINES: There's no-one here from all the officials in the room? You don't have that information. Ms Shakespeare: Not with access to the micro detail of the scores across the 493 locations. Senator LINES: I'm asking about a specific one, Sound Radiology in Parkside, South Australia. Ms Shakespeare: We don't have the details of the 493 here, but we're happy to take that on notice. Senator LINES: Including</p>

SQ19-000581	Spoken	Watt, Murray	23/10/2019	129 Technology Assessment and Access Division	PBAC recommendations	<p>Senator WATT: Thank you for that explanation. How many PBAC recommendations have there been since October 2013? Ms Shakespeare: I think we'd need to take that on notice. It's all publicly available, but we haven't sat down and counted them up. Senator WATT: This might be a better way to put it: how many PBAC recommendations were required for these 2,200 new and amended listings? Ms Shakespeare: We'll have to go and check that. Senator WATT: Okay. Are you able to confirm how many out of the new and amended listings are an identical medicine but a different brand? Ms Platona: No, they wouldn't fit into that category. Senator WATT: They wouldn't be included in the 2,200? Ms Platona: Can you repeat the question, Senator? Senator WATT: How many PBAC recommendations were required for the 2,200 new and amended listings? Ms Platona: We'll take that on notice. And you had another question, Senator. Senator WATT: Are you able to tell us when the minister last received advice on how many PBS listings there have been? Ms Platona: I provided advice to the minister on 14 October. Senator WATT: And that advice was that there had been around 2,200 new and amended listings since October 2013. Was that right? Ms Platona: So I provided advice to the minister. That was on 14 October. There were no other positive PBAC recommendations for which the sponsors have indicated that they wish to proceed and which have met and completed all the listing requirements. We are updating the list on 1 November. We have completed the requirements for the cystic fibrosis drugs, and we are continuing to work on the next update to the list, which will be on 1 December. Senator WATT: Could you please table a copy of that advice? Ms Platona: Yes.</p>
SQ19-000582	Spoken	Griff, Stirling	23/10/2019 120-121	Medical Benefits Division	Palliative Care During In-Home GP Visits	<p>Senator GRIFF: Would you be able to advise the total MBS costs for GP in-home visits specifically providing services to be considered to be for palliative care patients each year? Ms Shakespeare: I'm not sure that we're going to be able to identify GP services provided for in-home visits for palliative care purposes. I'm not sure that there are any specific items. Many of the GP MBS rebates are paid for general services, which can be provided to people regardless of their condition. We'll certainly look into what we can provide to you about what's able to be identified as palliative care. Senator GRIFF: If you could, I'd be interested to see what that is for the last three years. I note that items 3018, 3023 and 3028, which don't appear to be available to GPs, appear to provide specialist palliative medicine to a patient in their own home. Would that be correct? Ms Shakespeare: I think we'd need to check on those specific items and get back to you. Senator GRIFF: Okay. So there's no way at this stage that you can identify if a regular GP, apart from a specialist with those item numbers, is attending for palliative care purposes? Ms Shakespeare: We have after-hours items, which I imagine could be provided by a GP who was visiting somebody for palliative care purposes, but because they're not— Senator GRIFF: But that's a general after-hours item, urgent— Ms Shakespeare: That's right. Mr Weiss: Unless the item descriptor specified that it was a home visit for palliative care purposes, we wouldn't be able to identify. So, if it's just a general item, we don't know what the home visit was for—whether it was for palliative care or for some other form of care. That information just won't be available. Senator GRIFF: Okay. I imagine this again will be on notice. MBS items 735, 739, 743, 747, 750 and 758 are described as being for patients who have a medical condition that either is likely to extend beyond six months or is terminal. Would that be the correct interpretation of those items? Again I know you'll want to take that on notice. These items provide for a GP to coordinate or participate in a multidisciplinary case conference in the community or a residential aged-care facility. I imagine you'll need to check that. How does the department distinguish between services provided for those who have conditions that extend beyond six months and those receiving end-of-life care in the community? Ms Shakespeare: Would it be okay if we did take those questions on notice? We haven't got the details here with us at the moment.</p>

SQ19-000583	Spoken	Siewert, Rachel	23/10/2019 121-122	Medical Benefits Division	MBS Review - Recommendations Accepted in Modified Form	<p>Senator SIEWERT: Could I go to the MBS review. How many recommendations have been made to government since the commencement of the review? Mr Weiss: My memory of this is that there have been 332 recommendations made to government, to this point in time. Senator SIEWERT: How many of those have now been dealt with by government? Mr Weiss: Almost 300. The figure in my head is 297, but I'll— Ms Shakespeare: Two hundred and ninety-seven recommendations is correct. Senator SIEWERT: Have been dealt with by government? Mr Weiss: Yes. Ms Shakespeare: Accepted by government. Senator SIEWERT: So 297 have been accepted? Ms Shakespeare: And there are 35 recommendations under consideration. Senator SIEWERT: You've anticipated my next question. None have been rejected? That's according to my maths. Ms Shakespeare: We break down the accepted recommendations to recommendations accepted in full and recommendations accepted in a modified form. Senator SIEWERT: How many have been accepted in full and how many in a modified form? Ms Shakespeare: There have been 277 accepted in full and 20 accepted in a modified form. Senator SIEWERT: How modified were they? Ms Shakespeare: Probably a good example was the urgent after-hours items, where the government made changes to the after-hours items to retain different types of rebates for vocationally registered and non vocationally registered doctors providing urgent after-hours services, and a range of other policy changes to try to make sure that urgent after-hours items were actually being claimed for urgent services, whereas the task force had recommended that those urgent after-hours items should be limited to doctors who didn't usually work in the after-hours period. The intent of the recommendation was to try to ensure that that part of the Medicare Benefits Schedule was being used for genuinely urgent services, but we achieved the objectives in a different way. Senator SIEWERT: Thank you. For those 20, what process do you go through when you modify them? Do you seek further advice? If so, who from? Ms Shakespeare: The department will provide advice. The recommendations go from the committee directly to the minister. The minister then seeks input from the department. We will consult with a range of groups in terms of providing that advice: royal college in that area, the AMA, other societies if there are any and sometimes consumer groups. It really depends on the recommendations and what clinical area</p>
SQ19-000584	Spoken	Watt, Murray	23/10/2019	132 Medical Benefits Division	Private Health Insurance	<p>Ms Shakespeare: We've had fairly large-scale public input processes in the fairly recent past. I think we had an opportunity for all members of the public to provide their views to us on private health insurance, and we received 40,000 emails. So, we've had opportunities for public input on private health insurance options. Senator WATT: And when will the review report to the minister? Ms Shakespeare: We're providing options to the minister. We've already provided some advice to the minister. Senator WATT: On things that can be done about private health insurance premiums? Ms Shakespeare: Yes. Senator WATT: When was the most recent time you did that? Ms Shakespeare: I'd have to take that on notice, Senator. Senator WATT: If you could, please. And without getting into what it says, have there been any recommendations made for cabinet consideration about private health insurance premiums? Ms Beauchamp: Senator, I think at the moment we're busy collecting ideas and comments from a range of sources. Of course we have regular discussions with Minister Hunt on what ideas might be coming forward and what options are coming forward. There's nothing formal that has been put to government at this stage</p>

SQ19-000585 Spoken	Siewert, Rachel	23/10/2019 122-123	Medical Benefits Division	MBS Review - Implementation Committees	<p>Mr Weiss: Administered expenditure since the review first began—this is as at the end of August this year—is \$34,715,709. Senator SIEWERT: That's about \$10 million under what was budgeted—is that correct? Ms Shakespeare: There have been a couple of budget allocations here. The review is still to run until the end of the current financial year. That allocation was \$44.2 million over three years. We're still spending money for the rest of this year. There are other committees still operating. We've had 70 clinical committees all up. Quite a few of them. It's a significant investment, but its over— Senator SIEWERT: I'm merely asking. Where I wanted to go was: is this the end of the process, finishing up at the end of this financial year and no more money allocated, or are you going to do the rest of the— Mr Weiss: The current agreed funding from the government does expire on 30 June 2020. Senator SIEWERT: Which is in eight months time. And that is seen as the end of the review process? Mr Weiss: That will certainly be the end of the task force part of the review. The clinician review part of it for the task force we expect will be finished by then. There will still clearly be implementation work of the task force's recommendations that will go beyond that date. Ms Shakespeare: We need to think about the ongoing arrangements for making sure that the MBS remains up to date and represents clinical best practice. As I mentioned before, how we look at ongoing utilisation reviews, reviews after MSAC has recommended new items, is another thing that we have to continue doing to make sure that everything is— Senator SIEWERT: It's ongoing? Ms Shakespeare: Yes. It's a rolling exercise from here. Senator SIEWERT: Is that what you anticipate doing next, looking at how the rolling process would operate? Would that be a correct interpretation? Ms Shakespeare: Yes. We need to understand what will happen after the task force has finalised its work. Mr Weiss: Part of the task force's terms of reference was to provide a recommendation to government about whether there should be some sort of ongoing review function, and the task force has discharged its obligations there and made a recommendation. That recommendation is yet to be considered by the government. Senator SIEWERT: You pre-empted my next question! Is the consideration of those recommendations anticipated to be soon? Ms Shakespeare: Yes. Senator SIEWERT: Will it be publicly announced? Ms Shakespeare: That will be a matter for government. Senator SIEWERT:</p>
SQ19-000586 Spoken	Siewert, Rachel	23/10/2019 123-124	Medical Benefits Division	<p>Medicare for Young People in Detention - Royal Commission into the Protection and Detention of Children in the NT</p>	<p>Senator SIEWERT: I'm chasing up the recommendations from the Royal Commission into the Protection and Detention of Children in the Northern Territory. I know I have to ask the bulk of them tomorrow in DSS, but the one that relates to the MBS Medicare items for young people in detention—have you given any consideration or been asked to give any consideration to that recommendation and the one that relates to access to the PBS? Ms Shakespeare: I'm not sure where the whole-of-government process is up to there. We've certainly been asked for our views on that recommendation. Our views are that people in prisons, in incarceration, have their health best managed by the state and territory government that's responsible for the operation of the prison. That's the existing arrangement. Medicare Benefits Schedule provides benefits to privately practising doctors, nurses and allied health workers. It's very hard to coordinate them to deliver services to incarcerated people in prisons. Senator SIEWERT: Have you looked at the recommendation from the royal commission? Ms Shakespeare: Yes. Senator SIEWERT: These are young people we're talking about who desperately need medical care, and they're not getting it properly. That's why the recommendation was made. Ms Shakespeare: I think that the recommendation about their medical care is still addressed best by the government that's providing the services—the daily care services and the health services—to the prison population they're responsible for. Senator SIEWERT: Have you spoken to the Aboriginal community controlled health services that are strongly supporting this recommendation? Ms Shakespeare: They haven't spoken with DSS directly, no. Senator SIEWERT: Have you spoken to them about it? Sought any of their opinions on this particular recommendation? Ms Shakespeare: We'd also refer back to the Health Insurance Act, which does not allow the payment of MBS benefits where there is also an arrangement for payments for— Senator SIEWERT: Acts can be changed. CHAIR: It's a matter of policy. Senator SIEWERT: Have you given any advice to government on it? I'm not asking what the advice was; I'm asking: have you given any advice to government on it? Ms Shakespeare: Yes. Senator SIEWERT: About the possibility of amending the legislation? Ms Shakespeare: We can just confirm that we provided advice. Senator SIEWERT: On both the MBS and the PBS? The recommendation extends to that. Ms Shakespeare: Yes. They're covered by the</p>

SQ19-000587	Written	Di Natale, Richard	23/10/2019	Population Health and Sport	Smoking Rate Targets	Given that annual smoking related deaths in Australia remain high and that Australian smoking rates have been virtually flat since 2013, and that the previous target of Australian smoking rates reaching 10% in 2018 was not accomplished, how will Australia achieve the same newly declared target of 10% in 2025? Why was the previous target not reached? What assessment of the current settings is the department undertaking to ensure that the new target is met?
SQ19-000588	Written	Di Natale, Richard	23/10/2019	Population Health and Sport	Smoking Rates US/UK	The decline in smoking rates in the UK and US has accelerated since 2012 despite lacklustre tobacco control policies but smoking rates in Australia have been virtually flat since 2013 although Australian tobacco control policies are extremely vigorous: is the major explanation for this a much higher vaping rate in the UK (7%) and US (3%) compared to Australia (1%)?
SQ19-000589	Written	Di Natale, Richard	23/10/2019	Population Health and Sport	Fetal Alcohol Spectrum Disorder	In November 2018, the Government released the National Fetal Alcohol Spectrum Disorder Strategic Action Plan 2018-2028 and announced \$7.2 million in new funding for Fetal Alcohol Spectrum Disorder. Has any of this \$7.2 million been offered to DrinkWise for their alcohol and pregnancy campaign? If yes, how much and for what purposes?
SQ19-000590	Written	Di Natale, Richard	23/10/2019	Population Health and Sport	DrinkWise Alcohol and Pregnancy Campaign	In June 2018, the Government provided \$233,000 GST inclusive to DrinkWise for their alcohol and pregnancy campaign. In the September issue of National Liquor News reference is made to in-kind support from the Federal Department of Health for the campaign. What in-kind support is being provided? Is it limited to playing videos on the Aboriginal Health TV Network?
SQ19-000591	Spoken	Watt, Murray	23/10/2019	132 Medical Benefits Division	Private Health Insurance Premium review	Senator WATT: So the department's familiar with these meetings that the minister has described that he's been having? Ms Beauchamp: Yes. Senator WATT: Can you please take on notice the names of the organisations the minister has met with as part of this fresh review? Ms Beauchamp: I would certainly have to take it on notice because there are probably some meetings he has had that I do not know about. Senator WATT: Maybe it's better directed to the minister, then. Senator Colbeck: I'm happy to take it on notice. Senator WATT: Could you take on notice the organisations he's met with, how many times and when those meetings occurred, please. The department has had its own meetings as part of this. So, again, could you take on notice which organisations the department has met with on this next stage of reforms, how many times and when, please. Ms Shakespeare: Okay. Senator WATT: But are we talking about dozens of meetings or a handful of meetings? Ms Shakespeare: Dozens. Senator WATT: Starting when? He launched this review on 23 July in The Sydney Morning Herald, so I'm mostly interested in meetings that have occurred since then. Ms Shakespeare: Since 23 July? Okay
SQ19-000592	Spoken	Watt, Murray	23/10/2019	133-134 Medical Benefits Division	Private Health Insurers transitions	Senator WATT: I have just a few questions about gold, silver, bronze. That has obviously had a lot of attention as well. Insurers were given between 1 April this year and 1 April next year to transition to the new gold, silver, bronze system. How many insurers have made the transition as of today? What are the most recent figures? Mr Weiss: The data we have is that 36 insurers have either fully or partially implemented the gold, silver, bronze, basic conversion of their products. Senator WATT: Have you got a breakdown for full and partial? Mr Weiss: No, I don't. Senator WATT: Could you take that on notice? Mr Weiss: Yes. Senator WATT: When is that as of? Mr Weiss: 14 October, I'm told. Senator WATT: Forgive my ignorance; how many insurers are there all up? That's 36 out of— Mr Weiss: 37. Senator WATT: Thirty-six out of 37. Do you know what proportion of policies that represents, because each insurer has multiple policies, don't they? Ms Shakespeare: We have data as at 30 June 2019. Approximately 50 per cent had been categorised into the new product tiers, but there would have been an increase on that since 30 June. Senator WATT: Does that mean that those ones have fully transitioned? Ms Shakespeare: Yes. If they've been categorised into the new product tiers, they would be fully transitioned. What the partial implementation means is that some insurers may have transitioned some products but not other products. Senator WATT: Could you come back to us with an up-to-date figure on that? Mr Weiss: We'll have an up-to-date figure next time APRA produce their quarterly private health insurance statistics, which I think will be some time in November.

SQ19-000593	Spoken	Griff, Stirling	23/10/2019	140 Regulatory Practice and Support	Pentobarbitone or Nembutal in a number of suicides of veterinarians	<p>Senator GRIFF: And I think the interesting thing is that, according to the coroner's report, the Presiding Member of the Veterinary Surgeons Board of South Australia, for instance, Mr John Strachan— Dr Skerritt: Did support it. Senator GRIFF: Yes. The board supported the up scheduling of the drug. They now require SA veterinary hospitals to lock it up as though it was a schedule 8 drug. Dr Skerritt: There's a difference between veterinary hospitals versus veterinary clinics. Senator GRIFF: I understand that. Dr Skerritt: The SA veterinary board only regulates the large hospitals. Senator GRIFF: But here is an area that now requires it to happen because of the— Dr Skerritt: Yes. And there are some others, and there were some veterinary stakeholders who did support it. But the majority did not support it. Those submissions are made public. They're on our website. Senator GRIFF: So will you reconsider it? Dr Skerritt: We can do so if we have a request. Or we can elect to do so. I'm happy to discuss this with the committee and the delegate. The issue will be: what has changed since 2017? Veterinarians would still hold the keys and the logistical issues of locking up large volumes are still there. I anticipate that, since they were the two strong issues back in 2017, they'll still be the issues that may render this impractical. But the question can be asked. Senator GRIFF: Could you report back? Dr Skerritt: I will.</p>
SQ19-000595	Spoken	Siewert, Rachel	23/10/2019	140-141 Office of Health Protection	Senate inquiry into Lyme-like illness	<p>Senator SIEWERT: I have some questions following up on the Senate inquiry into Lyme-like illnesses. Is it possible to get a table—which I have asked agencies to do previously in relation to Senate inquiry recommendations—showing where you're up to on each of the recommendations from the Senate committee? Prof. Murphy: We can take that on notice. Senator SIEWERT: You can take that on notice. I don't expect you to zoom it out of the air. I would like an up-to-date run-down on where you are against each of the recommendations. Prof. Murphy: Yes.</p>
SQ19-000596	Written	Di Natale, Richard	23/10/2019	Primary Care Division	Health Care Homes Trial	<p>What is the status of the health care homes trial? a. When will it conclude? b. Patient enrolment was extended until July 2019 or when it reached 12 000 - was this number reached by July? If not, how many patients are enrolled? c. Are there any data associated with patient outcomes available from the trial to date?</p>
SQ19-000597	Spoken	Siewert, Rachel	23/10/2019	141 Office of Health Protection	Clinical Pathways Project	<p>Senator SIEWERT: That would be much appreciated. Can I go to the clinical pathways project? I understand that you've commissioned consultants. Is that correct? Prof. Murphy: The work's completed—a draft clinical pathway. I reviewed it just a few days ago to send it out for broad consultation. So it's going out to consultation. It's a good document. Senator SIEWERT: It's going out to stakeholders? Prof. Murphy: To stakeholders for consultation. Senator SIEWERT: Can I very quickly understand the process. You hired the consultants, who have done— Prof. Murphy: They did some workshops with stakeholders and consulted a variety of groups, including stakeholders. They've drafted a clinical pathway, and that is now going out for consultation with all the stakeholders to make sure that they're happy with it. Senator SIEWERT: How long is it going out for? Prof. Murphy: Mr Boyley might have an idea. Mr Boyley: I would need to take that on notice. It's a good question, because I haven't got that in my brief, and I have only just been reviewing it. It won't be out for a huge amount of time, but I'm happy to take on notice the exact period for you.</p>

SQ19-000598	Spoken	Siewert, Rachel	23/10/2019	141 Office of Health Protection	Education Program	<p>Senator SIEWERT: Okay, so it will go out shortly; thank you. I also understand that there's been work done on an education program. Is that correct? Mr Boyley: That is correct. I'm just looking for the right part of my page. I'm happy to take your question. Senator SIEWERT: Okay, thank you. Can I ask about the current status of that particular project. Mr Boyley: Certainly. I'm hoping that I don't need to take it on notice, but I'm just checking. Apologies—I'm going to need to take that on notice. I'm not trying to avoid the question; I just don't have the brief in front of me. Senator SIEWERT: I didn't take it that you were. Mr Boyley: No, I'm just making sure— Senator SIEWERT: You can't have everything there. Could you take on notice the current status of that project— Mr Boyley: Absolutely. Senator SIEWERT: how far progressed it is, how close to completion it is? Prof. Murphy: This should probably be in the table that we'll provide you anyway, so we can put all that information in the table. Senator SIEWERT: Fantastic; that would be great—and who's been consulted to date as well; that would be appreciated. Mr Boyley: Yes, happy to.</p>
SQ19-000599	Written	Di Natale, Richard	23/10/2019	Population Health and Sport	ANAO Report into the National Ice Action Strategy	<p>The ANAO report into the National Ice Action Strategy is a pretty damning account of the department's management of this funding. The report's conclusion states: "[the department] did not plan for implementation effectively. Performance and accountability measures were not developed, and implementation and risk plans were not used." a. How does the department justify the failure to develop performance and accountability measures for this program? b. Why were implementation and risk plans not used? 3. The report further states: "The department does not have an evaluation approach in place for the National Ice Action Strategy, and is not monitoring progress towards the goal and objective. Public reporting by the department does not currently provide sufficient transparency about how implementation is progressing or what progress is being made towards the goal and objective." a. What was the 'goal' of the strategy? b. There is no evaluation in place, so how will you know if it has been successful? 4. What proportion of funding for drug and alcohol did the strategy make up?</p>
SQ19-000600	Written	Di Natale, Richard	23/10/2019	Primary Care Division	Practice Incentive Program Quality	<p>How many general practices have registered for the Practice Incentive Program Quality Incentive since registrations opened on 1 August? How can the department be confident that the budget forecast of \$201.5 million over five years going will meet demand for the incentive payment based on the current registrations? Will the funding be increased if it is insufficient? Will registrations be capped? How many practices are actively sharing their data? There have been reports that practices are being asked to share all of their data, not just the data required for the QPIP: How is the Department ensuring that practices are able to share data on the 10 required data points only without having to share all of their patient data? Why are general practices being advised to provide all their patient data to their PHN to qualify for the payment when that is not a requirement of the program? How is the Department resolving the issues with the data sharing agreements between general practices and PHNs regarding risks and data security requirements? How is the Department ensuring patient data is protected? How is the Department ensuring PHNs are requesting the appropriate information from general practices?</p>

SQ19-000601	Spoken	Siewert, Rachel	23/10/2019	142 Health Workforce Division	medical practitioners providing medical support for people with Lyme-like, tick-borne, vector-borne illnesses	<p>Senator SIEWERT: I have had reports—and this came up during the inquiry—of suspension of medical practitioners who have been involved in providing medical support for people with Lyme-like, tick-borne, vector-borne illnesses. I'm wondering whether you keep an eye on that and whether you can provide us an update of how many doctors are involved and whether the process is ongoing. Prof. Murphy: We wouldn't have direct information. That's a process that AHPRA or the medical board runs. There were a small number of practitioners, I think, who actually had restrictions on their practice rather than full suspensions. I know of at least one or two that were administering intravenous antibiotics in their consulting rooms in the absence of any evidence of infection. The medical board took that to be an inappropriate practice and put restrictions on their practice. That certainly caused some stakeholder upset, but it was seen to be quite unusual clinical practice to be administering intravenous antibiotics when there's no evidence of a proven bacterial infection, and there are risks associated with putting intravenous drips in someone in a GP's surgery. So the board took that view. We certainly get reports from the board, but the board is fiercely independent of government and works in its own way. Senator SIEWERT: I understand that, and while investigations are ongoing APRA aren't going to tell me a lot. Do you get reports, after the fact, from APRA? Prof. Murphy: APRA reports publicly the outcomes of its significant findings. We don't get a specific feed of that information. Senator SIEWERT: Is there a way you can find out more information about the number of doctors? Prof. Murphy: We could see if APRA will provide that information. They may or may not, but we can certainly ask them. Senator SIEWERT: Can I ask you to take that on notice, to approach APRA, to see how many doctors there are and, within the bounds of the confidentiality of the process, what other issues APRA has taken action on? I know it's tricky. Prof. Murphy: Yes. Senator SIEWERT: That would be appreciated. I'll put the rest on notice. Thank you.</p>
SQ19-000602	Written	Farrell, Don	23/10/2019	PA - Sport Australia	Community Sport Infrastructure Grants Program Enquiry	<p>Community Sport Infrastructure grants program The Sport Australia website states that more than "2,050 applications submitted totalling more than \$396 million in grant requests". Please provide exact figures for the total number of applications received and the total value of grant requests. Of the more than 2050 applications submitted, how many were eligible and how many were considered ineligible? How many of the eligible projects were recommended to the Minister for funding under Round 1? On what date was a list of recommended projects for Round 1 provided to the Minister's office? On what date did the Minister approve each grant awarded under Round 1? How many of the eligible projects were recommended to the Minister for funding under Round 2? On what date was a list of recommended projects for Round 2 provided to the Minister's office? On what date did the Minister approve each grant awarded under Round 2? How many of the eligible projects were recommended to the Minister for funding under Round 3? On what date was a list of recommended projects for Round 3 provided to the Minister's office? On what date did the Minister approve each grant awarded under Round 3? Did the Minister request any additional information on any application in any round? If so, which applications and in which round? Did the information provided to the Minister's office by Sport Australia include identification of which Federal electorates projects and / or grant recipients were located in? Did the information provided to the Minister's office by Sport Australia include addresses or other location information on projects and / or grant recipients? How many people were involved in providing input to the recommendations for funding that were provided to the Minister? Were all of those people employees of Sport Australia? If not, who outside of Sport Australia staff was involved in providing input on which applications should be recommended for funding? If they were, which employees were involved and what are their job titles? Did the same group of people provide all input for each round? If not, who else provided input and for which round(s)? Please detail the process, step-by-step, that was undertaken from the point of Sport Australia receiving an application for funding up to and including an applicant and local MP being notified of a grant being awarded, including any processes undertaken in the Minister's office. Was this process the same for every application</p>

SQ19-000603	Spoken	Lines, Sue	23/10/2019	142 Medical Devices and Product Quality	Self testing IVD - Ellume	<p>Senator LINES: Can the department, please, table all correspondence relating to the review of the self-testing IVD review and all correspondence relating to the company Ellume? Dr Skerritt: That's a request for tabling, Senator. We certainly can do it. I should emphasise that I certainly—and I'm not aware of any of our staff having any interaction with this company, Ellume, directly. The requirement to review the self-testing framework was a legal one, because the current legislation— Senator LINES: Yes. I'm just asking you to table the correspondence and any correspondence relating to Ellume. Did the Minister for Health ask the TGA to review the regulation of in vitro diagnostic medical devices in May of this year? Dr Skerritt: No. The sequence of events was as follows. We get media requests all the time. In this case, a media request went to my colleague Brendan Murphy. He was asked to put out a statement explaining why self-testing, in the broad, with the exception of HIV and a few other things, was not permitted. Brendan realised it was a regulatory issue. And, in an exchange of emails to Brendan, I indicated, 'Hey, we're required to review this anyway. I wouldn't mind starting it a bit early, ' because we're swept up with self-testing, a whole lot of things like do-it-yourself genetic tests, which have a lot of ethical, financial and legal issues associated with them. If you're tested to have a particular heritable disease you have to declare it in travel insurance and life insurance, for example. I intervened to say, 'Hey, I think we need to this earlier than, say, early 2020 because of the sheer complexity of the issue.' Senator LINES: Given the time constraints, I'm sorry, can you table the date, and can you table the correspondence around that, please? Dr Skerritt: Certainly. I can table correspondence that I have just referred to.</p>
SQ19-000604	Written	Di Natale, Richard	23/10/2019	Primary Care Division	Chronic Disease Funding Model	<p>Budget papers indicate that funding for the chronic disease care funding model will commence in 2020-21 – Does this mean that the program will be rolled out to patients from 1 July 2020? If not, when?</p>
SQ19-000605	Written	Farrell, Don	23/10/2019	Health Grants and Network	FFWSS Program Enquiry	<p>Female Facilities and Water Safety Stream (FFWSS) Program \$150 million for female change rooms and swimming facilities Has this fund been opened to applications for grants? If yes, on what date was it opened to applications? If no, on what date will it be opened to applications? If it won't be, how will it be delivered? Can you provide a link to the guidelines or criteria for allocations of funding from this pool? If there are no guidelines or criteria, please detail what projects will be eligible. From what date, where and how can organisations apply for funding from this pool? Has any of this pool of funding been transferred from the Infrastructure portfolio to the Health portfolio? If so, on what date did that transfer happen? If not, is that transfer planned? What proportion of the \$150 million announced has been or will be transferred to the Health portfolio? Will the funds actually be transferred or will it just be a change in responsibility for delivery? Which Minister currently has the authority to approve projects for funding from this pool? Has that authority changed since the pool was announced in March 2019? If it is not Minister Colbeck, are there plans for that responsibility to be transferred to Minister Colbeck? Why? How many projects and to what value have been approved under this pool by Minister Colbeck? How many projects and to what value have been approved under this pool by Minister McCormack? How many projects and to what value have been approved under this pool by Minister McKenzie? How many projects and to what value have been approved under this pool by any other Minister(s) and if there have been projects approved by any other Minister(s), which Minister(s)? Has any funding from this pool been committed? If so, how many allocations have been made, on what date(s) were they made and what are the individual and combined values of these allocations? Has any funding allocated or to be allocated from this pool been announced publicly by any Liberal, National, minor party or independent MP or Senator? If so, how many announcements have been made, on what date(s) were they made, what are the details of those announcements and what are the individual and combined values of the committed funding outlined in those announcements? What proportion of the \$150 million is or will be allocated for female change rooms at sporting grounds and what proportion for community swimming facilities? Are the funds for community swimming facilities specifically for female change rooms</p>
SQ19-000606	Written	Di Natale, Richard	23/10/2019	Medical Benefits Division	Medicare Changes MBS Review	<p>Has the Department put in place a process for post-implementation review of changes to Medicare that arose as part of the MBS Review?</p>

SQ19-000607	Written	Farrell, Don	23/10/2019	PA - Sport Australia	One Management Sports Governance Model	<p>'One Management' sports governance model Why did Sport Australia rename the 'participation' NSO funding investment stream as 'sport business'? Is core funding under 'sport business' entirely for participation outcomes? Is core funding alone, not including impact funding, less than what was previously being provided to NSOs in the 'participation' component of their funding? What are the 'business capability initiatives' that 'impact funding' is supporting? Is impact funding linked in any way to the implementation of the governance model Sport Australia calls 'One Management'? If it is linked, please detail how the delivery of impact funding is or could be linked to an NSO's implementation of the 'One Management' model. Is Sport Australia aware of Western Australian Minister for Sport the Honourable Mick Murray's concerns about the implementation of the 'One Management' model, as outlined in a letter from Minister Murray to Minister Colbeck dated the 15th of August this year? What has Sport Australia done to address Minister Murray's concerns that the implementation of the 'One Management' model is:</p> <ul style="list-style-type: none"> • Like "a corporate takeover"; • Not treating WA State Sporting Associations with respect and openness; • Things being undertaken with the issuing of demands and ultimatums". <p>Have any State Sports Associations been told that if they do not comply with the 'One Management' model then athletes from that state may not be eligible for National and International selection? Is that the case? What consultations or discussions did Sport Australia undertake with State and Territory governments during the development of the 'One Management' model? Did those consultations or discussions include mutual agreements about whether state funding previously provided to State Sports Associations would automatically be provided to NSOs after the implementation of 'One Management'? On what date was the 'One Management' item withdrawn from the agenda for the Meeting of Sport and Recreation Ministers in October 2018? Who made the decision to withdraw discussion of 'One Management' from the agenda? Why was it withdrawn? Were any requests received to restore an item for discussion of the 'One Management' model to the agenda for the MSRM scheduled for Friday, 1 November? Who were these requests received from? Was 'One Management' restored to the agenda for the MSRM scheduled for Friday, 1 November? Was 'One Management' discussed at that meeting?</p>
SQ19-000608	Written	Farrell, Don	23/10/2019	PA - Sport Australia	Sport Australia/AIS Staffing	<p>Sport Australia / AIS On what date does Kate Palmer's decision to step down as CEO of Sport Australia come into effect? On what date did Sport Australia CEO Kate Palmer notify Chair John Wylie and the board of her intention not to seek reappointment beyond the end of her current contract? How was this notification communicated – e.g. in writing or verbally? Did Ms Palmer give any indication of her reason(s) for not seeking an extension of her contract? On what date did Sport Australia CEO Kate Palmer notify Minister Colbeck of her intention not to seek reappointment beyond the end of her current contract? How was this notification communicated – e.g. in writing or verbally? Did Ms Palmer give any indication of her reason(s) for not seeking an extension of her contract? On what date did Sport Australia CEO Kate Palmer notify AIS Director Peter Conde of her intention not to seek reappointment beyond the end of her current contract? How was this notification communicated – e.g. in writing or verbally? Did Ms Palmer give any indication of her reason(s) for not seeking an extension of her contract? Does Sport Australia or the AIS pay for long-term accommodation in the ACT for any employees who are not permanently based in Canberra? If yes, how many, who and in what roles?</p>
SQ19-000609	Written	Farrell, Don	23/10/2019	PA - Sport Australia	AIS Site Strategy Project	<p>AIS Site Strategy Project Is the detailed business case for the AIS Site Strategy Project complete? What is the next step? Will any further development of or improvements to the Bruce campus site here in Canberra will require funding from government? Will any decisions on the future of the Bruce campus be postponed until the findings of the 'Functional and Efficiency Review of the Australian Sports Commission' are known? Will that review consider any aspect of the future of the AIS at the Bruce campus? If yes, what specifically will it consider?</p>

SQ19-000610	Written	Farrell, Don	23/10/2019	PA - Sport Australia	AIS Research and Innovation Activities	<p>AIS research and innovation activities How does the AIS decide which individuals or organisations it will partner with on research and innovation? Has the AIS ever partnered with an individual or organisation that has designed technology that improves performance? If an Australian designs an innovation that is subsequently approved for use by the international governing body of the relevant sport, what reason(s) would the AIS have for not cooperating to further develop such a design and encourage its uptake by Australian athletes? Has the AIS been approached at any time by an Australian who has developed an equipment innovation relating to rowing oars? What action(s) has the AIS taken to partner with any individual(s) in relation to innovations for rowing oars? Has the AIS at any time declined to work with any individual who has developed an equipment innovation relating to rowing oars? If so, why did the AIS decline to work with an innovator in this area? Are rowers from other nations using an oar innovation designed by an Australian in competition? Have any rowers using Australian-designed oar innovations beaten Australian rowers not using the same innovations in completion?</p>
SQ19-000611	Written	Farrell, Don	23/10/2019	PA - Australian Sports Anti-Doping Authority	Cyber-Attacks and Hacking	<p>ASADA Has ASADA ever been targeted by cyber-attacks / hacking? If so, on what dates has ASADA been targeted by cyber-attacks / hacking? Have cyber-attacks / hackers ever breached ASADA's cyber-security protections? If so, on what dates have cyber-attacks / hackers ever breached ASADA's cyber-security protections? If ASADA's cyber-security protections have ever been breached, what sort of data or private information has or may have been accessed by cyber-attacks / hackers? Has the personal information of any Australian athlete ever been accessed by cyber-attacks / hacking of international agencies, including but not limited to WADA? Are ASADA's current cyber-security protections sufficient to protect the Authority, athletes and clients from breaches of private data? If not, what is needed to ensure that all private and personal data and information stored by ASADA is protected from the risk of cyber-attack?</p>
SQ19-000612	Written	Di Natale, Richard	23/10/2019	Medical Benefits Division	Telehealth	<p>There are 8 new MBS telehealth items available in regional areas from 1 November this year for GP services. Is it correct that patients will be required to have had 3 in-person consultations in a year with the doctor before being eligible for these telehealth items? Given telehealth items are largely to overcome the need to travel to seek medical care, what reason is there to require that patients have already visited the doctor three times in person before becoming eligible for these items? After the first 12 months - do they need to three more face-to-face consultations to qualify? oDoes the 12 months start at the first consultation or the third? If a patient sees their regular doctor three times and then wants to use telehealth after that but the doctor doesn't want to offer that service are they required to see another doctor three times? Can a doctor refuse to offer this service? Is there a 15km rule for eligibility for these telehealth items? oWho is responsible for measuring? The Patient? The doctor? oDoes a patient need to be 15km from any practitioner? Or just their preferred practitioner? What strategies are in place to deal with: oThe internet connection in rural and remote locations? oThe costs associated with establishing technological capability to access these services both for the individual and for GPs? oPoor connectivity may reduce the time for other consultations for practices - how will this be mitigated/taken into consideration? oSecure connection? How will this be ensured? Will a specific app/program be required?</p>

SQ19-000613	Spoken	Siewert, Rachel	23/10/2019	137 Technology Assessment and Access Division	Risperidone Prescribing Rates - PBS	<p>Senator SIEWERT: Professor Murphy, you were talking about how it doesn't stop other use of it. Is there a way to monitor the use of it outside of just asking providers how much of risperidone they're using that's not attracting the subsidy through the PBS? Prof. Murphy: We think most of it is attracting a PBS subsidy. It's just whether it's used for that indication. There are other indications on the PBS for these drugs. One of the things we are going to do in terms of compliance activity is identify those GPs who work primarily in residential aged care and do what we've done in a number of other situations, which is to write to them, drawing attention to their high prescribing rates. There is probably not much prescribing, even though these drugs are cheap, but we don't know that they're all prescribed under that particular code. You can use other codes, which is why the other antipsychotics which aren't recommended for dementia can be used. But they are being used what is called 'off label'. They're being used for, say, management of schizophrenia or some other code which is inappropriate. We can track all that. We certainly will be very clearly targeting those doctors who have high prescribing rates. Senator SIEWERT: Even if they're not on the PBS? Prof. Murphy: Even if they're not using that code. We're trying to identify those doctors who have a strong residential aged-care practice and see if they've got a high prescribing rate. Dr Towler, who was here earlier, is doing a lot of work around that. Senator SIEWERT: Could you take on notice a bit more detail around that process? I must admit I don't understand how you track the code if you're not doing it on the PBS.</p>
SQ19-000614	Written	O'Neill, Deborah	23/10/2019	Primary Care Division	National Plan to Reduce Violence Against Women and Their Children 2010-2022/Women's Safety Package	<p>What health initiatives stem from / contribute to the a) 4th Action Plan under the National Plan to Reduce Violence against Women and their Children 2010-2022 and b) Women's Safety Package? Please work with PM&C, DSS and other relevant agencies to produce consolidated tables (across portfolios) showing funding allocations and implementation progress for policies/programs under each of a) and b).</p>
SQ19-000615	Written	O'Neill, Deborah	23/10/2019	Primary Care Division	Stillbirth Research and Education	<p>Please provide a detailed report on specific progress against each recommendation of the Senate Select Committee on Stillbirth Research and Education (all of which the Government has accepted / accepted in principle). Where necessary, please work with other departments/agencies in order to provide a consolidated response</p>
SQ19-000616	Written	O'Neill, Deborah	23/10/2019	Health Economics and Research	MRFF Grants and Missions	<p>1. On what basis is it determined that MRFF grants should be awarded without a competitive process? 2. How many MRFF grants have been awarded that do not align with the AMRAB MRFF strategy and priorities? 3. During the 2019 NHMRC Investigator Grants (open Dec 2018 to Jan 2019) applicants were asked to indicate whether they would also like to be considered for an MRFF funded Investigator Grant through two schemes – the MRFF Next Generation Clinical Researcher initiative, and the Million Minds Mission. When will the outcomes of these schemes be known, and if no grants will be awarded when will the Department inform researchers who have applied for them? 4. When will the second round of the MRFF Frontiers program open for applications? Researchers had expected the round to be open by now, has it been delayed until next year? 5. When will the Department of Health website be updated to provide details of the missions that have been announced? The research missions page only lists the Australian Brain Cancer Mission and the Million Minds Mental Health Research Mission. The Minister has announced some time ago cardiovascular, stem cell, and genomics missions. When will the missions be listed on the website so the community and researchers can find out details on how they will work? 6. The communique from the AMRAB meeting held in July states that AMRAB recommends the Government establish a National Institute of Health Research (NIHR) in alignment with the UK model. a. What were the reasons for AMRAB making this recommendation? b. Has the government considered this, and will it be taking up this recommendation?</p>

SQ19-000618	Written	O'Neill, Deborah	23/10/2019	PA - Australian Digital Health Agency	Pinpoint Talent Contracts	AUSTRALIAN DIGITAL HEALTH AGENCY • With reference to the list of contracts published by the Australian Digital Health Agency in accordance with Senate Order 13 for the period 1 January 2017 to 31 December 2017: Can AusTender contract notice numbers be provided for all contracts with Pinpoint Talent Pty Ltd. • With reference to the list of contracts published by the Australian Digital Health Agency in accordance with Senate Order 13 for the period 1 July 2017 to 30 June 2018: Can AusTender contract notice numbers be provided for all contracts with Pinpoint Talent Pty Ltd. • With reference to the list of contracts published by the Australian Digital Health Agency in accordance with Senate Order 13 for the period 1 January 2018 to 31 December 2018: Can AusTender contract notice numbers be provided for all contracts with Pinpoint Talent Pty Ltd. • With reference to the list of contracts published by the Australian Digital Health Agency in accordance with Senate Order 13 for the period 1 July 2018 to 30 June 2019: Can AusTender contract notice numbers be provided for all contracts with Pinpoint Talent Pty Ltd. • What is the total value of contracts between the Australian Digital Health Agency and Pinpoint Talent Pty Ltd with a contract start date between 1 January 2017 – 31 December 2017. • What is the total value of contracts between the Australian Digital Health Agency and Pinpoint Talent Pty Ltd with a contract start date between 1 January 2018 – 31 December 2018. • What is the total value of contracts between the Australian Digital Health Agency and Pinpoint Talent Pty Ltd with a contract start date between 1 January 2019 – 31 December 2019. DEPARTMENT OF HEALTH • Do the Commonwealth Procurement Guidelines require contract details to be published on AusTender within 42 days of entering into or amending a contract if it is valued at or above the reporting threshold. Were details of each contract between the Australian Digital Health Agency and Pinpoint Talent Pty Ltd published in accordance with the mandatory reporting requirements; if not, can contract details, including start date, end date, category and value, be provided where they were not published in accordance with the mandatory reporting requirements; if not, in relation to each contract, why not.
SQ19-000619	Written	O'Neill, Deborah	23/10/2019	Health Economics and Research	HTLV-1 funding	HTLV-1 funding Please provide a breakdown of the \$8 million announced by Minister Hunt on 25 May 2018, including by a) year, b) program/activity and c) expended/committed/unallocated funding
SQ19-000620	Written	O'Neill, Deborah	23/10/2019	Health Workforce Division	Rae Lamb Review	A review was conducted by Rae Lamb into the interface of the National Health Practitioner Ombudsman and Privacy Commissioner (NHPOPC) and the Australian Health Practitioner Regulation Agency (AHPRA) after an increase in complaints to the NHPOPC. A report summary is publicly available. 1) Why is the full report not publicly available? 2) Can the report be tabled/made available?
SQ19-000621	Written	O'Neill, Deborah	23/10/2019	Health Workforce Division	Health Workforce Certificates	1) What are the criteria and weightings applied to the granting of health workforce certificates? 2) What ministerial and departmental discretion is available in the application of this policy? 3) If there is discretion, have there been any instances of its use so far? Who has made those decisions and which practices/companies have benefited? 4) Has the Department done any modelling/analysis of the impact the HWC policy is having on recruitment to outer metropolitan and regional areas not in DPA areas? If so please provide it to the Committee. 5) What feedback is the Department and the Minister receiving from outer metropolitan and regional practices not in DPA areas from the new policy?
SQ19-000622	Written	O'Neill, Deborah	23/10/2019	Health Workforce Division	Access to Workforce Data	1. Why has general practice workforce data report been removed from Department's website? 2. Why has the Department changed the way it reports workforce data? 3. What quality checks have been done to ensure the data it now presents is accurate?

SQ19-000623	Written	O'Neill, Deborah	23/10/2019	Primary Care Division	PIPQI - Current Uptake and Budget Implications	Current uptake and budget implications 1. How many general practices have registered for the PIPQI since registrations opened on 1 August? 2. Is the budget forecast of \$201.5 million over five years going to meet demand for the incentive payment based on the current registrations? Data sharing and privacy issues 3. How many practices are actively sharing their data? 4. There have been reports that practices are being asked to share all of their data, not just the data required for the QIPIP: a. How is the Department ensuring that practices are able to share data on the 10 required data points only without having to share all of their patient data? b. Why are general practices being advised to provide all their patient data to their PHN to qualify for the payment when that is not a requirement of the program? 5. How is the Department resolving the issues with the data sharing agreements between general practices and PHNs regarding risks and data security requirements? 6. How is the Department ensuring patient data is protected? 7. How is the Department ensuring PHNs are requesting the appropriate information from general practices?
SQ19-000624	Written	O'Neill, Deborah	23/10/2019	Medical Benefits Division	New Telehealth Items for Remote GP Consultations	How many people does the Department estimate as being eligible for this item in the MMM 6-7 areas in each PHN region (ie how many individuals received 3 or more consultations from a single practitioner in the previous year)?
SQ19-000625	Written	Di Natale, Richard	23/10/2019	Technology Assessment and Access Division	Hepatitis C Treatments	1. Has the Department commenced the cost-effective review of the Hepatitis C treatments as per the March recommendation of the PBAC? - When will this work be completed? - Why is this review being undertaken? 2. How much did the government forecast to spend on these drugs when listing them – after rebates not including rebates? 3. How much has the government spent on these drugs since the were listed – net of rebates? (recognising the new measure to remove rebates comes into effect from next year so the government must have a figure) 4. How many patients is the Government forecasting it will treat each financial year for the next four years? - What's this number based on? 5. What are the monthly new initiations on these drugs from 1 January 2017 to 30 September 2019? 6. Do the Risk Share Arrangements for these drugs rely on a certain number of patients to be treated in order for the price to be cost effective or cheaper to Government? 7. Is this cost-effective review being undertaken because uptake rates are slowing and so the drugs are now more expensive? 8. Given that the hepatitis community and the Kirby and Doherty joint reports note there is a slowing down of treatment and the CMO is on the record stating we need 1500-2000 new treatments per month for Australia to achieve its WHO elimination targets, why isn't this review being undertaken as a post market review to allow patient and clinician involvement? 9. How does the recent reduction in PBS remuneration for safe use of PBS medicines in hospitals by \$44 million correlate with the announcement that medication safety will be a national health priority? 10. Does the government agree that Victorian Agency for Health Information research indicating that only 30% of Australians get the appropriate PBS medicines after hospital admission for heart attack is a concern? And if so, why is the government reducing funding for the safe provision of PBS medicines by pharmacists in hospitals by \$44 million? Will the government consider using the \$155 million underspend in PBS expenditure in 2018-19 to improve access to PBS medicines in hospitals?
SQ19-000626	Written	O'Neill, Deborah	23/10/2019	Medical Benefits Division	MBS Review - Allocation of Funding	Update of funding allocated to MBS Review 1. How much has been spent on the MBS Review since commitment in the 2017-18 Budget of \$44.2 million for three years? 2. Given no additional funding has been allocated in 2019-20 Budget, does this mean the MBS Review will conclude next year? 3. If not, what is the MBS Review forecast to cost over the forward estimates from 2019-20? Update on MBS Review recommendations 4. How many recommendations have been made to government since the commencement of the MBS Review? 5. How many recommendations are waiting government review? 6. How many recommendations from have been accepted? Information on MBS Implementation Committees 7. How many MBS Review implementation committees have been formed, will be formed, and what will they do? 8. How are they being funded? 9. What are they budgeted to cost over the forward estimates?

SQ19-000627	Written	O'Neill, Deborah	23/10/2019	Primary Care Division	2019 Budget Measure: Guaranteeing Medicare - Strengthening Primary Care	2019 Budget measure 'Guaranteeing Medicare — strengthening primary care' — and particularly the commitment to "provide \$448.5 million over the three years from 2020-21 for a new chronic disease care funding model" 1) What is the annual breakdown of the total \$448.5 million? 2) Is this funding demand-driven or capped? I.e. could the cost of the program exceed \$448.5 million? 3) On what date will the program start? 1 July 2020? 4) Will all practices and GPs be eligible for the program? a) Or will eligibility be limited in some way, like the Health Care Homes trial was limited to 10 Primary Health Networks? b) What proportion of practices/GPs has the Department assumed will participate? c) Will payments be made to practices or individual GPs? 5) Will all patients over 70 years be eligible for the program? a) Or will eligibility be limited in some way, like the Health Care Homes trial was limited to patients with two or more chronic conditions? b) What proportion of patients has the Department assumed will participate?
SQ19-000628	Written	O'Neill, Deborah	23/10/2019	Primary Care Division	Child Dental Benefits Schedule	1) Can the Department confirm that the 2019 Budget measure 'Child Dental Benefits Schedule – three year extension' continues states' access to the CDBS for three years from 1 January 2020? a) Why was states' access due to expire? b) Why a three year extension and not an indefinite one? c) Does the measure increase utilisation of the CDBS in any other way? Or does the entire spend result from continuing states' access? d) Please provide a breakdown of the spending by year and state. 2) What's the current utilisation of the CDBS? (Percentage of eligible children who access services) 3) What has utilisation been in recent years, and what is it projected to be over the forward estimates?
SQ19-000629	Written	O'Neill, Deborah	23/10/2019	Provider Benefits Integrity Division	Health Benefit Compliance	1. According to the most recent information available, can the Department provide information on: o which health professionals have been investigated for suspected non-compliance? And what proportion of each target group was investigated? o the main reasons why health professionals have been targeted by compliance activities? o the nature of the Department's compliance activities (eg professional review, warning letter etc)? Spending versus savings on compliance measures 2. How much did the Department spend on compliance activities in 2018-19 financial year? 3. How does the amount spent on compliance activities compare with the amount estimated to have been lost as a result of non-compliance during the 2018-19 financial year? Prevention of compliance issues 4. What is the Department doing to reduce the need for compliance activity (ie education)? 5. Are health providers being offered any education or support at the point they are being contacted for compliance purposes?
SQ19-000630	Written	Di Natale, Richard	23/10/2019	Medical Benefits Division	Private Health Insurance	1. Private health insurance premiums continue to rise, more and more younger healthier people are departing private health insurance and both out of pocket costs and lack of transparency remain significant factors in people choosing to leave PHI. On 11 October 2018, Minister Hunt said that the government's PHI reforms would 'These reforms will have an overall neutral to - 0.3% impact on premiums compared with current policy settings.' Is there any evidence of reduced premiums? 2. Choice has released a report showing that many 'Silver Plus' policies are more expensive and offer less cover than 'Gold' policies. What will the government be doing to stop this? a. Does the government accept that the new classifications have not improved transparency or clarity for consumers about private health insurance? 3. Did the government predict that their reforms to PHI would have resulted in a stabilisation of the number of people leaving PHI by now? 4. What is the current value of the PHI rebate to the budget? 5. How much has the government spent on PHI rebate for the 'Basic' classification of PHI since its establishment?

SQ19-000631	Written	O'Neill, Deborah	23/10/2019	Technology Assessment and Access Division	Diabetes Monitoring - NDSS	<ul style="list-style-type: none"> • Have all savings from product price reductions on the National Diabetes Services Scheme been re-invested in the National Diabetes Services Scheme? o If not, where have they been re-invested in? • Under the measure “Changes to the Continuous Glucose Monitoring Program” it explicitly notes the listing of three new Continuous Glucose Monitoring products from 1 March 2019. Can you please explain what those products are? o Have they been listed on the National Diabetes Services Scheme? • What information was available to the Minister in November last year before he announced that Flash Glucose Monitoring would be available on 1 March 2019? • Did the Department know that the Minister was going to announce the 1 March listing date when it was announced? • Can you provide an update on how pricing negotiations are tracking and when the device is likely to be realistically listed? o Are the negotiations currently for the whole of population or a specific population? • What are the requirements for a patient to be eligible for NDSS funding for constant glucose monitoring (CGM)? • If a patient turns 21 and otherwise is not planning pregnancy, would this mean they no longer have NDSS funding to access CGM? • Are you aware of reports that people with type 1 diabetes have been purposefully making themselves hypoglycaemic to meet the requirements for funding for Constant Glucose Monitoring?
SQ19-000632	Written	O'Neill, Deborah	23/10/2019	Regulatory Practice and Support	TGA Resourcing and Performance	<p>1. Did the Department tell the TGACC meeting on 17 October that 74 TGA staff positions had been redistributed to elsewhere in the Department?</p> <p>2. Please provide a breakdown of TGA staffing for each year from 2012-13 to 2019-20, including breakdowns by TGA function (e.g. advertising complaints) and level.</p> <p>3. Despite assurances that the TGA would be adequately resourced to manage complaints from 1 July 2018, can the Department confirm that only 26 (21%) of 121 complaints met their time to closure KPI (60-90 days) during 2018-19?</p> <p>4. Has the Department modelled how many extra staff would be required to send all valid complaints (those correctly identifying a breach of the Act or Code) to the advertisers asking for a response and then making a determination on whether compliance was achieved and sanctioning those where it had not?</p> <p>5. A TGA spokesperson has reportedly said “we have identified that the published KPIs are considerably shorter than those set by bodies dealing with similar types of matters. They were also set based on a significantly lower estimate of complaints than has been received, and prior to the commencement of the new advertising framework... It is important to note that the TGA is currently actioning all complaints received, within our jurisdiction to do so. Many regulators, instead of complaints handling, have adopted a reporting scheme and accept reports of non-compliance that are recorded and then assessed as to which will be actioned”. Does this confirm that the TGA is planning to lengthen the time to complete a complaint and stop dealing with so-called low-priority complaints?</p>
SQ19-000633	Written	Di Natale, Richard	23/10/2019	Primary Care Division	Child Dental Benefits Schedule	<p>1. What is the current rate of utilisation of the CDBS? a. How many Australian children are eligible for this program? b. How does this compare to the rate of uptake?</p> <p>2. How many children are new to the scheme in 2019 and how many have been receiving care under the scheme since its inception?</p> <p>3. Are mouthguards included in eligible care through the CDBS? Why not?</p> <p>4. What efforts is the government currently taking to ensure families know they have access to the CDBS? How does this differ to previous years?</p> <p>5. What is the current waiting time for public dental services for each state for public dental lists?</p>

SQ19-000634	Written	O'Neill, Deborah	23/10/2019	Aged Care Reform and Compliance	Chemical and Physical Restraint	Can the Department confirm the individuals or organisation that were consulted in drafting the Minimising the Use of Restraints regulation prior to 1 July, 2019? Please provide a list of those who were part of the consultation process. Can the Department explain why there wasn't more consultation undertaken with a wider range of aged care advocates, lawyers, older Australians, their families and carers? What was the rationale for the consultation process and who would be consulted? Can the Department confirm if it has taken any steps to ensure residential aged care facilities are undertaking training for all of their staff so they understand the new chemical and physical restraint regulations? Can the Department confirm the number of residential aged care facilities that have been inspected since the Minimising the Use of Restraints regulation came into effect on 1 July, 2019? Please provide this information as a total and by state and territory. Can the Department provide the number of residential aged care facilities that have failed to comply with the current regulations on chemical and physical restraint? Please provide this information by state and territory. Can the Department confirm if any of these residential aged care facilities are facing regulatory action? If yes, what regulatory action is being taken for each of the residential aged care facilities? Please provide this information by state and territory.
SQ19-000635	Written	O'Neill, Deborah	23/10/2019	Aged Care Reform and Compliance	Residential Aged Care Facilities - Registered Nurses	Can the Department detail how many residential aged care facilities have a registered nurse on site 24 hours a day? Please provide this information as a total and by state and territory. Can the Department confirm how many residential aged care facilities have a registered nurse rostered but not on the site of an aged care facility? Please provide this information as a total and by state and territory. Can the Department confirm how many residential aged care facilities that do not have a registered nurse on site 24 hours a day and how many residents they have classified as high care? Please provide this information as a total and by state and territory. Can the Department confirm if it has provided advice to the Minister in relation to all staff working in residential aged care facilities being required to undertake training around dementia support? If yes, when was this advice provided?
SQ19-000636	Written	Di Natale, Richard	23/10/2019	Provider Benefits Integrity Division	Medicare Compliance	1. In 2019-20 Federal Budget, the federal government allocated \$105.9 million over five years for Medicare compliance and debt recovery activities. According to the most recent information available, can the Department provide information on: oWhich health professionals have been investigated for suspected non-compliance? And what proportion of each target group was investigated? oThe main reasons why health professionals have been targeted by compliance activities? oThe nature of the Department's compliance activities (eg professional review, warning letter etc)? 2. How much did the Department spend on compliance activities in 2018-19 financial year? 3. How does the amount spent on compliance activities compare with the amount estimated to have been lost as a result of non-compliance during the 2018-19 financial year? 4. What is the Department doing to reduce the need for compliance activity (ie education or other activities)? 5. Are health providers being offered any education or support at the point they are being contacted for compliance purposes? 6. What is the rationale for the Department using 'high billing' as a measure to target compliance activity, when high billing may not an indicator for incorrect billing? What other measures are used?
SQ19-000637	Written	O'Neill, Deborah	23/10/2019	Residential and Flexible Aged Care	Outsourcing Obligations - Aged Care Providers	Similar to Earle Haven how many aged care providers outsource all of their obligations to another service provider? Can the Department provide a list of service providers, the name of the residential aged care facility and by state/territory? If not, why not?
SQ19-000638	Written	O'Neill, Deborah	23/10/2019	Residential and Flexible Aged Care	Earle Haven Funding	Please provide the amount of public funding did Earle Haven received last financial year? Please outline what Earle Haven spent that public funding on? Can the Department provide details in relation to why Kate Carnell was chosen to undertake a full inquiry into this matter when it or the Aged Care Quality & Safety Commission could have provided this information?

SQ19-000639	Written	O'Neill, Deborah	23/10/2019	Residential and Flexible Aged Care	Carers and Aged Care Respite	Is the Department aware of the Aged Care Financing Authority's (ACFA) 2018 report on access to aged care respite? If yes, can the Department outline what work is being undertaken on changes to the provision of aged care respite recommendations included in this report? The ACFA report also identified that there were some specific changes to the respite system which could proceed separately to other reforms. Can the Department outline what work is being undertaken in relation to this matter?
SQ19-000640	Written	Di Natale, Richard	23/10/2019	Health Workforce Division	Podiatric Surgery	1. Is the department aware of concern relating to the classification of 'Podiatric Surgeon' by the Podiatry Board of Australia and the lack of training or oversight of these practitioners by the Australian Medical Board? What, if anything is the department doing in response to this issue?
SQ19-000641	Written	O'Neill, Deborah	23/10/2019	Residential and Flexible Aged Care	Aged Care Navigators	Please provide an update on the Aged Care Navigators including: • How much funding has been spent to date? • How many older Australians have engaged with the trial? • How many navigators are being trialled? Please provide this information by state and territory. • How much funding has been allocated to the evaluation process? • How long will the evaluation take to complete? • When will the results of the trial be made available to the Minister or made public?
SQ19-000642	Written	O'Neill, Deborah	23/10/2019	Aged Care Reform and Compliance	Consultancy - Aged Care Portfolio	Can the Department provide the total amount of funding spent on consultants in the aged care portfolio in 2018-19? Please provide a list of consultants used in this year and the work they have or are undertaking. Please provide the same information for the years 2016-17 and 2017-18.
SQ19-000643	Written	O'Neill, Deborah	23/10/2019	Residential and Flexible Aged Care	AN-ACC Trial (RUCS)	Can the Department provide an update on the AN-ACC trial including: • The total amount of funding allocated to the trial. • How much of the allocated funding has been spent to date? • How many residential aged care facilities are part of the trial? • When will the trial be completed? • What organisation is undertaking the evaluation of the trial? When will this begin? How much funding has been allocated to the evaluation process? • Will the evaluation be made public?
SQ19-000645	Written	O'Neill, Deborah	23/10/2019	Residential and Flexible Aged Care	General Aged Care Statistics - Home Care/Residential	Please provide the following as a total, by state and territory and in the years 2016-17, 2017-18 and 2018-19 the number of older Australians receiving aged care services: • All Australians receiving an aged care service. • Delivered in a residential aged care facility. • Via the Home Care Packages Program. • Via the Commonwealth Home Support Program. • Those who are a veteran, those who have a disability, those who identify as Aboriginal or Torres Strait Islander and those who identify as CALD. Please provide the number of young people who reside in residential aged care facilities as a total and by state and territory for the years 2016-17, 2017-18 and 2018-19. Please list the number of residential aged care facilities by name, by state and territory that provide specific cultural services.
SQ19-000646	Written	Di Natale, Richard	23/10/2019	Health Workforce Division	Sonographers	Is it correct that sonographers are the only medical imaging profession not regulated in Australia? Given that 10.9 million ultrasound scans, funded by Medicare, last year by sonographers, what is the rationale/justification for the continuing lack of regulatory oversight of these practitioners? Has the department been approached by the Peak Body for sonography in Australia with a proposal to include sonographers in the AHPRA regulatory regime? a. Given that the whole profession and medical groups support such a move - what reason could there be to continue to not regulate them? Sonographers have been reported as a workforce shortage in rural and metro areas every year for over a decade, what strategy is in place to rectify the shortage? In March 2018, the Senate Community Affairs References Committee inquiry into Availability and accessibility of diagnostic imaging equipment around Australia reported that this shortage could be addressed by 'supporting private radiology practices to train sonographers.' What has the Government done in response to this recommendation?

SQ19-000647	Written	O'Neill, Deborah	23/10/2019	Aged Care Reform and Compliance	Compulsory Reporting Scheme for Allegations or Suspicions of Assault	Please provide details about what work has been undertaken to progress the Serious Incident Response Scheme? Will this scheme apply in a residential aged care facility and in the home of older Australians receiving support or care as part of the Commonwealth Home Support Program and the Home Care Package Program? Please provide the amount of funding that has been allocated to this measure including how much money has been spent to date? Can the Department confirm if there will be ongoing funding requirements allocated to maintain this registry? If yes, please provide the amount of funding per year across the forward estimates? If not, why not? Can the Department confirm who will be responsible for managing the registry? When will the Serious Incident Response Scheme be operational?
SQ19-000649	Written	O'Neill, Deborah	23/10/2019	People Communication and Parliamentary	Organisational Chart	Can the Department provide its current organisational chart and the two previous versions?
SQ19-000650	Written	Di Natale, Richard	23/10/2019	Office of Health Protection	Hepatitis B and C	How much funding is the government providing to support the elimination of hepatitis B and hepatitis C from 2019-20 onwards as part of its new national strategies, excluding the money it is spending on subsidising medicines and money provided through the NHMRC. The CMO is on the record as stating that 1500-2000 new HCV initiations are required each month to achieve the WHO elimination targets. What were the monthly initiation rates for each month of 2019? Is the Government doing anything to improve uptake of these treatments in the community and primary care setting? Is the CMO still confident that all WHO targets for elimination will be reached by the Government? If yes, how does the CMO see this as possible if the numbers initiating treatment are continuing to fall and the most recent surveillance report funded by the government suggests this may not be the case Has the CMO written to GPs to encourage uptake in Primary Care? The Minister for Health committed to convening a roundtable to tackle the prevalence of hepatitis B and C in the community. Has the Department commenced work on this? Have you consulted with any of the stakeholder groups? Who will be involved? When will this be happening? The PBAC in its march outcomes noted the surveillance work for hepatitis C is being tendered by the Office of Health Protection. Is this underway? What improvements in data will you be asking for given the significant time delays in production of the report and the slow release of data?
SQ19-000651	Written	O'Neill, Deborah	23/10/2019	Residential and Flexible Aged Care	Workforce Strategy - A Matter of Care	Please confirm the membership of and the amount of funding allocated to the: • Aged Care Workforce Industry Council • Aged Services Industry Reference Committee How much funding has been allocated to the Aged Care Workforce Industry Council to undertake its work to progress the 14 measures included in the A Matter of Care workforce strategy? Of this funding, how much has been spent to date and please provide a breakdown of how the money has or will be spent? Can the Department confirm how many of the 14 measures included in the A Matter of Care workforce strategy have been fully implemented by the Government? Please provide a detailed table of each of the 14 measures and the work that has been undertaken to date and by whom?
SQ19-000652	Written	Di Natale, Richard	23/10/2019	Medicines Regulation	Medicinal Cannabis	1. How many authorised prescribers of Medicinal Cannabis are there across the country? Please breakdown by state (and more detailed location if possible), and medical specialty? 2. How many SAS applications have the TGA approved this financial year? This calendar year? Since the last estimates? Altogether since inception of the medicinal cannabis regulatory regime commenced? 3. How many prescriptions have been issued for medicinal cannabis? 4. How many have been filled for medicinal cannabis? 5. How many of these are repeats/the same patient?
SQ19-000653	Written	O'Neill, Deborah	23/10/2019	Aged Care Reform and Compliance	Aged Care Worker Training	Can the Department outline what work it is undertaking to develop training opportunities for aged care workers? Can the Department confirm if it has provided any advice to the Minister or other Departments or has worked with other Departments to develop training opportunities for aged care workers, specifically for personal care workers? If yes, please provide details including which Department(s) and what classification of worker.

SQ19-000654	Written	O'Neill, Deborah	23/10/2019	Health Grants and Network	Henry Kendall Aged Care Facility	Can the Department confirm when it was advised that the Henry Kendall facility located in Wyoming would be closing? Can the Department confirm when it notified the Minister for Aged Care of the facility's impending closure? Can the Department confirm why the Henry Kendall facility could not continue delivering aged care services and would have to close? Can the Department confirm if any additional funding was given to Henry Kendall to assist the facility to continue delivering aged care services after it advised the Department it would be closing? Can the Department confirm how much taxpayer funds this facility received to deliver services for each of the following years: 2015-16, 2016-17, 2017-18 & 2018-19. Can the Department confirm what this funding was spent on? Can the Department confirm what assistance it has or is providing to the residents and families of the Henry Kendall facility? Did the Department provide assistance to residents and families to find a new facility?
SQ19-000655	Written	O'Neill, Deborah	23/10/2019	Residential and Flexible Aged Care	Murchison Community Care 40-Bed DP Jones Nursing Home	Can the Department confirm when it was advised that the Murchison Community Care 40-bed DP Jones Nursing Home located in Shepparton would no longer be able to deliver aged care services? Can the Department confirm when it notified the Minister for Aged Care of the facility's impending closure? Can the Department confirm if the Minister for Aged Care's office requested any advice in the lead up to or after the facility advised it would be going into voluntary administration about additional funding being provided to keep aged care services being delivered? If yes, when was this advice sought and when did the Department give the advice to the Minister's office. Can the Department confirm if the facility has or will be receiving any additional financial support from the Commonwealth so it can or could continue to deliver aged care services? If yes, please provide the total amount of funding, when it was paid to the facility and on what basis would that funding be used for? If yes, who made the decision to provide additional funding for this particular residential aged care facility? If the Murchison Community Care 40-bed DP Jones Nursing Home did receive funding can the Department confirm if this is the first time that the Commonwealth has provided additional funding to a residential aged care facility to ensure it could continue to deliver aged care services? If yes, can the Department confirm why other residential aged care facilities have not been offered the same financial support? If no, can the Department provide a list of residential aged care facilities by name, location, by state, the date the funding was given and how much funding each facility received in total?
SQ19-000656	Written	O'Neill, Deborah	23/10/2019	Residential and Flexible Aged Care	Accommodation Bonds - Murchison Community Care	Can the Department confirm if residents who held accommodation bonds at the Murchison Community Care 40-bed DP Jones Nursing Home and have had to be transferred to another facility were able to have their accommodation bonds repaid as part of the Australian Government Guarantee (AGG)? If yes, can the Department explain what the process is for residents whose bonds are yet to be refunded under this scheme but are required to enter into another bond arrangement at the new facility? Can the Department confirm how long it takes for the bond to be repaid as part of the AGG?
SQ19-000657	Written	Green, Nita	23/10/2019	Youth Taskforce	Youth Taskforce	<ul style="list-style-type: none"> •When was the Youth Taskforce established? •What is the constitution of the Taskforce? - What is the age and gender of the Taskforce members? -How many First Nations people are on the Taskforce? •What is the balance of regional and city representation on the Taskforce? •What is the purpose of the Taskforce? •What will be the outputs of the Taskforce? •Where does funding from the Taskforce sit in the Budget? -How much budget has been allocated to the Taskforce? •Please provide a list of organisations the taskforce has met with and intends to meet with?

SQ19-000658	Written	O'Neill, Deborah	23/10/2019	In home Aged Care	My Aged Care	Can the Department provide the total cost of the build and operations of the My Aged Care website? Has the \$61.7 million allocated in the 2018-19 Budget to re-develop the My Aged Care website been spent? If yes, please provide how much has been spent and a list of what the funding has been spent on? The Department confirmed that the satisfaction rate for the My Aged Care website in 2017-18 was 56%. The KPI was 65%. Please provide the satisfaction rate for the My Aged Care website for 2018-19 and the KPI for the same year. How many phone calls were made to the My Aged Care call centre in 2016-17, 2017-18 and 2018-19? How many of these phone calls were not answered in 2016-17, 2017-18 and 2018-19? Please provide the total number of staff that is employed at the My Aged Care call centre in 2016-17, 2017-18 and 2018-19. Are any of these staff contracted? If yes, please provide the total number of staff that are contracted and which state/territory they are based in.
SQ19-000659	Written	O'Neill, Deborah	23/10/2019	In home Aged Care	ACAT and RAS Assessments	Please provide the following: • The number of ACAT assessments undertaken in the past 12 months, that is, 2018-19? Please provide a quarterly breakdown. • The number of ACAT assessments undertaken in the previous 12 months, that is, 2017-18? • The number of older Australians who have requested or needed to be re-assessed by an ACAT assessor due to their circumstances changing in 2017-18 and 2018-19? • As per SQ19-000018 please provide an update from 1 January, 2019 to now in relation to how many older Australians have dual approvals – that is approvals for both home and residential care? Can the Department explain why ACAT assessors carry out dual approvals when assessing older Australians? Is the process of carrying out a dual assessment a KPI? Can the Department outline how many KPI's are used within the ACAT system as well as the detail around what these KPI's cover? Have these KPIs changed over the last 12 months? If yes, please outline the changes. Can the Department confirm if ACAT teams are meeting all of their KPI's? If yes, please provide details by state/territory. If not, why not? Can the Department provide an update on the work it is undertaking to integrate the RAS and ACAT assessment workforces? Please provide details of where the Department is at including the expected completion date. Can the Department confirm if RAS & ACAT assessors use a vulnerability indicator as part of the assessment of older Australians for the CHSP or HCAPP? If yes, what definition or set of criteria are used to identify an older Australian as vulnerable? Can the Department confirm how many older Australians have been identified as vulnerable a part of their RAS or ACAT assessment?
SQ19-000660	Written	O'Neill, Deborah	23/10/2019	In home Aged Care	Home Care Packages - Service Providers	Can the Department outline what an approved home care provider is required to provide in writing to each home care package recipient? What work is the Department undertaking to ensure that the home care package recipient is informed of what their full entitlements are and how they can spend it?
SQ19-000661	Written	Griff, Stirling	23/10/2019	Population Health and Sport	National Alcohol Strategy Draft Report	1. Whether the alterations in the revised draft are contained in the most recent version currently under consideration. If not, which of these alterations are contained in the version currently under consideration by state and territory ministers (the answer can be supplied by annotating revised draft if that is easiest); 2. If the alterations in the revised draft are not in the most recent (or final) version of the report, please advise when and why these alterations were removed; 3. Of those alterations that remain, please provide a justification for making these changes; and 4. Which of the changes above arose following industry input/suggestion/rewriting/influence?

SQ19-000662	Written	O'Neill, Deborah	23/10/2019	PA - Aged Care Quality and Safety Commission	Home Care Packages - Compliance	Can the Department confirm how many service providers operating and delivering home care have yet to have a quality review? Can the Department explain why some service providers have yet to have a quality review? Please provide a list of these service providers and the date they were approved as a provider. How many home care providers have been sanctioned by the Aged Care Commission for non-compliance in 2017-18 and 2018-19? How many home care providers have been recommended for sanction by the Department of Health and or the Aged Care Commission since 2017? Can the Department provide details about what safeguards it or the Government has put in place to ensure the quality and safety of care is being delivered in the home of older Australians?
SQ19-000663	Written	O'Neill, Deborah	23/10/2019	In home Aged Care	Home Care Packages Program - Hearing Devices	Can the Department confirm if hearing equipment can be purchased as part of an older Australian's Home Care Package? If yes, what equipment can be purchased? If not, why not? Is the cochlear implant available as part of an older Australian's home care package? If not, why not?
SQ19-000664	Written	O'Neill, Deborah	23/10/2019	Residential and Flexible Aged Care	Home Care Packages Program - Service Providers	How many service providers by state and territory and in total were approved by the Department in the following years? • 2016-17 • 2017-18 • 2018-19
SQ19-000665	Written	Kitching, Kimberley	23/10/2019	Financial Management	Executive Management	1. In relation to executive management for the Department and its agencies, can the following be provided for FY 2018-19 and 2019-20 to date: a. The total number of executive management positions b. The aggregate total remuneration payable for all executive management positions. c. The change in the number of executive manager positions. d. The change in aggregate total remuneration payable for all executive management positions.
SQ19-000666	Written	O'Neill, Deborah	23/10/2019	In home Aged Care	Home Care Packages Program - Fees	Can the Department confirm what work it or the Government is undertaking to address concerns from older Australians receiving care in their home about the growing administrative costs being charged by service providers? Can the Department provide the number of home care approvals by quarter and by state and territory for the following years? • 2017-18 • 2018-19
SQ19-000667	Written	O'Neill, Deborah	1/11/2019	In home Aged Care	Home Care Packages Program - Respite	Can the Department explain how older Australians, their family or carers can access respite including how much respite and the cost of accessing respite? Can the Department confirm the following in its answer? • Can an older person receiving support via the Commonwealth Home Support Program use their package to access respite? If yes, how much can they spend or allocate from their package, what type and how much respite can they access? If not, why not? • Can an older person receiving care via the Home Care Package Program use their package to access respite. If yes, how much can they spend or allocate from their package, what type and how much respite can they access? If not, why not? Please provide the number of older Australians who have accessed respite through the Commonwealth Home Support Program in 2016-17, 2017-18 and 2018-19. Please provide the number of older Australians who have accessed respite through their home care package in 2016-17, 2017-18 and 2018-19.
SQ19-000668	Written	O'Neill, Deborah	23/10/2019	In home Aged Care	Home Care Packages Program - Unspent Funds	Can the Department confirm the current amount of unspent funds as part of the Home Care Packages Program? Can the Department confirm if it is undertaking any work for the Government on utilising these unspent funds?
SQ19-000669	Written	Kitching, Kimberley	23/10/2019	People Communication and Parliamentary	Ministerial Functions	1. In relation to any functions or official receptions hosted by Ministers or Assistant Ministers in the portfolio since 1 July 2018, can the following be provided: a. List of functions. b. List of all attendees. c. Function venue. d. Itemised list of costs (GST inclusive). e. Details of any food served. f. Details of any wines or champagnes served including brand and vintage. g. Any available photographs of the function. h. Details of any entertainment provided.

SQ19-000670	Written	O'Neill, Deborah	23/10/2019	In home Aged Care	Home Care Packages Program - Waitlist Data	As per the information contained in SQ19-000386 please provide an update on how many older Australians have died while waiting for the home care package they have been approved for in 2018-19 by total and by level of package? As per the information contained in SQ19-000336 please provide an update on how many older Australians have entered residential aged care while waiting for the home care package they have been approved for in 2018-19 by total and by level of package? Can the Department provide details on how many older Australians waiting for their approved home care package in 2018-19 have entered the hospital system? If not, why not? Does the Department track the number of older Australians who voluntarily choose to come off the home care packages wait list? If not, why not? If yes, can the Department provide the number of older Australians, their approved package level and the reason why they chose to come off the wait list? Can the Department explain why there is a difference in the home care package wait list total between the March 2019 report and the June 2019 report? How many home care packages were put into the system between 31 March, 2019 and 30 June, 2019? Please explain why this number of home care packages has been put into the system in this quarter and not before? The March and June quarterly home care packages reports provide the number of older Australians waiting on a home care package at their approved level, who have yet to be offered a lower level package, by Aged Care Planning Region (ACPR). This information is contained in Appendix D. As with previous quarterly reports can the Department provide the total number of older Australians waiting for their approved package as at 31 March 2019 and 30 June 2019 by Aged Care Planning Region? That is a breakdown of the 119,524 older Australians on the home care package wait list by ACPR as at 31 March, 2019 and a breakdown of the 129,038 older Australians on the home care package wait list by ACPR as at 30 June, 2019? Can the Department explain why the home care package wait list is no longer provided as a total in the last two quarterly reports and why this information is not provided as a breakdown across each of the ACPRs? Can the Department provide a breakdown of the number of older Australians waiting for their approved home care package by electorate as at 31 March 2019 and 30 June 2019? If not, why not?
SQ19-000671	Written	O'Neill, Deborah	23/10/2019	In home Aged Care	Commonwealth Home Support Program - Local Government	Please provide the amount of CHSP allocated to Local Governments in Victoria as a total and by individual Local Governments in 2016-17, 2017-18 and 2018-19. Can the Department confirm how many Local Governments in Victoria have withdrawn from the CHSP in 2016-17, 2017-18 and 2018-19? Please provide a list of Local Governments and the year they withdrew from delivering CHSP services. Please provide the number of older Victorians supported by Local Governments via the CHSP in 2016-17, 2017-18 and 2018-19. Can the Department detail which other Local Governments receive funding to provide the CHSP? Please provide this information by state/territory, the number of older people receiving services, the amount of funding allocated as a total and in the years 2016-17, 2017-18 and 2018-19.
SQ19-000672	Written	O'Neill, Deborah	23/10/2019	In home Aged Care	Commonwealth Home Support Program - Viability	Can the Department confirm when it was advised that the Henry Kendall aged care facility at Wyoming, along with the dementia unit at The Orchards in Lisarow would both close their doors, affecting over 80 residents? Can the Department confirm when it was advised that the Murchison Community Care 40-bed DP Jones Nursing Home went into voluntary administration? Please provide the number of CHSP providers who reported they are or were at capacity and unable to take on new clients for the 2016-17, 2017-18 and 2018-19 financial years.
SQ19-000673	Written	O'Neill, Deborah	23/10/2019	In home Aged Care	Commonwealth Home Support Program - Organisations charging services	Can the Department confirm how many organisations deliver services as part of the CHSP? Please provide a list by state/territory. Please outline which of these organisations are not charging for services?

SQ19-000674	Written	O'Neill, Deborah	23/10/2019	In home Aged Care	Commonwealth Home Support Program - \$150 million grants program	Can the Department confirm that the previous grants round (not the latest) in relation to the CHSP growth fund, was an uncontested allocation? If yes, can the Department provide the list of successful service providers by Aged Care Planning Region (ACPR), by state and territory and the amount of funding they received? Can the Department confirm that the current grants program announced by the Minister on 17 September, 2019 is an open tender process? If yes, please explain why there has been a shift from an uncontested allocation to an open tender process? Can the Department confirm that this grants program was only available to those service providers already delivering services? If yes, please explain why? Can the Department confirm that this grants program was also opened up to service providers delivering disability services? If yes, please explain why? Can the Department explain why not all ACPAs were included in the grants program? How and why was this decision made? Please provide a list by state and territory of the ACPAs that were included in the grants program. Can the Department confirm if the RAS played a role in identifying need in relation to an ACPR being included in the latest grant program? If yes, how did the RAS know that there was or wasn't a level of need in a particular ACPR? Can the Department explain how need could be identified if there was no service being delivered in an ACPR? Can the Department confirm how many organisations have applied for grants as part of the \$150 million announcement made by the Minister on 17 September, 2019?
SQ19-000675	Written	Kitching, Kimberley	23/10/2019	Financial Management	Departmental functions	1. In relation to expenditure on any functions or official receptions etc hosted by the Department or agencies within the portfolio since 1 July 2018, can the following be provided: a. List of functions. b. List of all attendees. c. Function venue. d. Itemised list of costs (GST inclusive). e. Details of any food served. f. Details of any wines or champagnes served including brand and vintage. g. Any available photographs of the function. h. Details of any entertainment provided.
SQ19-000676	Written	O'Neill, Deborah	23/10/2019	In home Aged Care	Commonwealth Home Support Program - Data	Can the Department provide the following information about the CHSP? • How many people accessed the CHSP in 2017-18? Please provide this information as a total, by service type and by state and territory. • What was the CHSP expenditure in 2017-18? Please provide this information as a total, by service type and by state and territory. • What was the CHSP consumer contribution in 2017-18? Please provide this information as a total, by service type and by state and territory. • How many people accessed the CHSP in 2018-19? Please provide this information as a total, by service type and by state and territory. • What was the CHSP expenditure in 2018-19? Please provide this information as a total, by service type and by state and territory. • What was the CHSP consumer contribution in 2018-19? Please provide this information as a total, by service type and by state and territory.

SQ19-000677	Written	O'Neill, Deborah	23/10/2019	PA - Aged Care Quality and Safety Commission	Questions for the Aged Care Quality & Safety Commission - Earle Haven	The Minister said in the Parliament that he first heard about the closure of Earle Haven on 11 July, 2019. When did the Commission first become aware that there were issues at the Earle Haven facility? Can the Commission confirm when the first complaint was made about Earle Haven? Can the Commission confirm when the last complaint was made about Earle Haven? How many complaints were made to the Commission about Earle Haven in total prior to the facility closing? How many sanctions were issued for the Earle Haven facility? Please provide a list. What role did the Aged Care Quality and Safety Commission have in relation to the ongoing incidences and final closure of the Earle Haven aged care facility? Did the Commission and the Department have any responsibility to advise the Minister or Department of what was happening at Earle Haven in the lead up to it closing? If yes, who did the Commission or Department notify first and when? Please confirm how many visits Commission staff made to Earle Haven prior to its closing? As residents were transferred what role did the Commission play in this process? Was there any monitoring of activities during this period of time? Where Commission staff on site? What follow up processes has the Commission undertaken since the closure of the Earle Haven facility? After all of the complaints and sanctions against Earle Haven why did it take the Commission so long to revoke the facility's license to deliver aged care services? Given the long history of Earle Haven with the number of complaints and the sanctions put in place has the Aged Care Quality & Safety Commission made any apologies to the residents, families and or carers as a result of Earle Haven closing?
SQ19-000678	Written	O'Neill, Deborah	23/10/2019	PA - Aged Care Quality and Safety Commission	Questions for the Aged Care Quality & Safety Commission - Powers of the Commission	Can the Commission confirm if the Minister for Aged Care, Senator Colbeck, has written to the Commission enquiring if it has adequate powers to undertake its role – including the areas of complaints, non-compliance, accreditation and sanctions? Does the Commission believe it has adequate powers to deal effectively with complaints, non-compliance and sanctions?
SQ19-000679	Written	Kitching, Kimberley	23/10/2019	Financial Management	Executive office upgrades	1. Have any furniture, fixtures or fittings of the Secretary's office, or the offices of any Deputy Secretaries been upgraded since 1 July 2018. If so, can an itemised list of costs please be provided (GST inclusive).
SQ19-000680	Written	O'Neill, Deborah	23/10/2019	PA - Aged Care Quality and Safety Commission	Questions for the Aged Care Quality & Safety Commission - Complaints	When a complaint is made does the Commission capture any additional information that would identify the complainant from a broader cohort or different population? For example if the person is from a special needs group, those with vulnerability, a veteran, or those from a specific culture, a person with disability or an Aboriginal or Torres Strait Islander? If not why not? How does the Commission measure trends via its complaint processes? That is, how does the Commission measure or identify a repetitive theme of complaints from a specific cohort of people, a state or territory or a provider? Under the new standards can the Commission provide the total number of complaints received by the agency in the first six months since it was established on 1 January, 2019? That is from 1 January, 2019 – 30 June 2019. Please provide a breakdown for residential aged care and home care. How many of these complaints have not been addressed, are under investigation or have now been concluded? Of the complaints that have been concluded how many follow up enquiries have the Commission received by the complainant(s) who are not satisfied with the outcome of the investigation carried out by the Commission?

SQ19-000681	Written	O'Neill, Deborah	23/10/2019	PA - Aged Care Quality and Safety Commission	Questions for the Aged Care Quality & Safety Commission - Complaints	Can the Commission provide the total number of complaints received by the agency in the previous six months? That is from 1 July, 2018 – 31 December, 2018. Please provide a breakdown for residential aged care and home care. How many of these complaints are still active? How many complaints have been addressed? How many complaints have now been concluded? Of the complaints that have been concluded how many follow up enquiries have the Commission received by the complainant(s) who are not satisfied with the outcome of the investigation carried out by the Commission? How many staff were employed to deal with complaints in the period 1 January, 2019 to 30 June 2019? How many staff were employed to deal with complaints in the period 1 July, 2018 to 31 December, 2019? Can the Commission provide its organisational chart as at 1 January, 2019 and as at 1 January, 2018?
SQ19-000682	Written	O'Neill, Deborah	23/10/2019	PA - Aged Care Quality and Safety Commission	Questions for the Aged Care Quality & Safety Commission - Complaints	How many complaints have the Aged Care Quality and Safety Commission received since 1 January 2019 in relation to chemical and physical restraints? How many of these complaints are still active and how many have been resolved? How many complaints have the Aged Care Quality and Safety Commission received since 1 July, 2019 in relation to chemical and physical restraints? How many of these complaints are still active and how many have been resolved? Can the Commission confirm how many complaints dealing with chemical and restraint since 1 January, 2019 have resulted in the residential aged care facility being sanctioned or issued with a notice of non-compliance? How many of these complaints have been referred to Australian Health Practitioner Regulation Agency? Can the Commission confirm how many complaints dealing with chemical and restraint since 1 July, 2019 have resulted in the residential aged care facility being sanctioned or issued with a notice of non-compliance? How many of these complaints have been referred to Australian Health Practitioner Regulation Agency? Can the Commission explain the processes involved on how it follows up on chemical and physical restraint complaints to ensure the residential aged care facility is being compliant? Do any of the processes involve, for example, an unannounced visit? In relation to chemical and physical restraint does the Commission publish any of the following? If not, why not? • The name of the facility. • The numbers of allegations, investigations, sanctions or non-compliance. • The number of concluded cases.
SQ19-000683	Written	O'Neill, Deborah	23/10/2019	PA - Aged Care Quality and Safety Commission	Questions for the Aged Care Quality & Safety Commission - Accreditation	Can the Commission provide the total number of accreditations carried out in the agency in the first six months since it was established on 1 January, 2019? That is from 1 January, 2019 – 30 June 2019. Can the Commission provide the total number of accreditations carried out by the agency in the previous six months? That is from 1 July, 2018 – 31 December, 2018. How many staff were employed to deal with accreditations in the period 1 January, 2019 to 30 June 2019? How many staff were employed to deal with accreditation in the period 1 July, 2018 to 31 December, 2019?
SQ19-000684	Written	Kitching, Kimberley	23/10/2019	Financial Management	Facilities upgrades	1. Were there any upgrades to facility premises at any of the Departments or agencies since 1 July 2018. This includes but is not limited to: staff room refurbishments, kitchen refurbishments, bathroom refurbishments, the purchase of any new fridges, coffee machines, or other kitchen equipment. 2. If so, can a detailed description of the relevant facilities upgrades be provided together with an itemised list of costs (GST inclusive). 3. If so, can any photographs of the upgraded facilities be provided.
SQ19-000685	Written	O'Neill, Deborah	23/10/2019	PA - Aged Care Quality and Safety Commission	Questions for the Aged Care Quality & Safety Commission - Unannounced visits	Can the Commission provide the total number of unannounced visits carried out by the agency in the first six months since it was established on 1 January, 2019? That is from 1 January, 2019 – 30 June 2019. Did any of these visits occur out of hours, on weekends or on public holidays? If yes, how many visits were made and when did the visits occur? If not, why not? Can the Commission provide the total number of unannounced visits carried out by the agency in the previous six months? That is from 1 July, 2018 – 31 December, 2018. Did any of these visits occur out of hours, on weekends or on public holidays? If yes, how many visits were made and when did the visits occur? If not, why not?

SQ19-000686	Written	Kitching, Kimberley	23/10/2019	Financial Management	Staff travel	1. What is the total cost of staff travel for departmental/agency employees for FY 2018-19 and FY 2019-20 to date.
SQ19-000687	Written	Kitching, Kimberley	23/10/2019	Financial Management	Legal costs	1. What are the total legal costs for the Department/agency for FY 2018-19 and FY 2019-20 to date.
SQ19-000688	Written	Kitching, Kimberley	23/10/2019	People Communication and Parliamentary	Secretarial travel	1. Can an itemised list of the costs of all domestic and international travel undertaken by the Secretary of the Department since 1 July 2018 be provided including: a. Flights for the Secretary as well as any accompanying departmental officials, and identify the airline and class of travel. b. Ground transport for the Secretary as well as any accompanying departmental officials. c. Accommodation for the Secretary as well as any accompanying departmental officials, and identify the hotels the party stayed at and the room category in which the party stayed. d. Meals and other incidentals for the Secretary as well as any accompanying departmental officials. Any available menus, receipts for meals at restaurants and the like should also be provided. e. Any available photographs documenting the Secretary's travel should also be provided.
SQ19-000689	Written	Kitching, Kimberley	23/10/2019	Legal and Assurance	FOI's	1. Please list the number of Freedom of Information Act requests ('FOI requests') received by the Department for the following years: a. 2013-14; b. 2014-15; c. 2015-16; d. 2016-17; e. 2018-19; and f. 2019-20 to date. 2. For each year above, please provide: a. The number of FOI requests the Department granted in full; b. The number of FOI requests the Department granted in part; c. The number of FOI requests the Department refused in full; and d. The number of FOI requests the Department refused for practical reasons under the Freedom of Information Act. 3. For each year above, please also provide: a. The number of times the Department failed to make any decision on a FOI request within the 30 day statutory period; and b. The number of times a request to the Department resulted in a practical refusal (i.e. no decision was made on the request). 4. For each year above, please also provide: a. The number of times the Department's FOI decisions have been appealed to the OAIC; and b. The number of times has the OAIC overturned – in whole or in part – the Department's decision to refuse access to material. 5. Please provide the staffing (both ASL and headcount) of staff at the Department who work exclusively on FOI requests, broken down by APS level (e.g. three EL1s, four APS6s, one SES) for each of the following years: a. 2013-14; b. 2014-15; c. 2015-16; d. 2016-17; e. 2018-19; and f. 2019-20 to date. 6. For each of the years above, please also list the number of officers who are designated decision makers under the Freedom of Information Act 1982 within the Department. 7. In the past 12 months, has the Department seconded additional resources to processing Freedom of Information requests? If so, please detail those resources by APS level. 8. Please provide the number of officers who are currently designated decision makers under the Freedom of Information Act 1982 within the Minister's office. 9. Please provide the number of FOI requests currently under consideration by the Department. Please also provide the number of these requests that are currently overdue in response. 10. Does the department consult or inform the Minister when it receives Freedom of Information requests? If so: a. How many times has this occurred in the past twelve months; and b. Please outline the process by which the Department consults the Minister. 11. Has the Department consulted or informed another Department or agency about any FOI request in the past twelve months. If so, please provide the
SQ19-000690	Written	Kitching, Kimberley	23/10/2019	People Communication and Parliamentary	Briefings	1. Has the Department/agency or the Minister's office provided briefings to independents/minor parties in the Senate or House of Representatives. If so, can the following be provided: a. The subject matter of the briefing. b. The location and date of the briefing. c. Who proposed the briefing. d. Attendees of the briefing by level/position
SQ19-000691	Written	Kitching, Kimberley	23/10/2019	People Communication and Parliamentary	Acting Minister Arrangements	1. Can the Department provide all leave periods of the portfolio Minister from 24 August 2018 to date. 2. Can the Department further provide acting Minister arrangements for each leave period.
SQ19-000692	Written	Kitching, Kimberley	23/10/2019	People Communication and Parliamentary	Departmental staff allowances	1. Can a list of Departmental/agency allowances and reimbursements available to employees be provided.
SQ19-000693	Written	Kitching, Kimberley	23/10/2019	People Communication and Parliamentary	Market Research	1. Does the Department/agency undertake any polling or market research in relation to government policies or proposed policies. 2. If so, can the Department provide an itemised list of: a. Subject matter b. Company c. Costs d. Contract date period 3. Can the Department/agency advise what, if any, research was shared with the Minister or their office and the date and format in which this occurred.

SQ19-000694	Written	Kitching, Kimberley	23/10/2019	People Communication and Parliamentary	Advertising and information campaigns	1. What was the Department/agency's total expenditure on advertising and information campaigns for FY 2018-19 and for the current financial year to date. 2. What advertising and information campaigns did the Department/agency run in each relevant period. For each campaign, please provide: a. When approval was first sought. b. The date of approval, including whether the advertising went through the Independent Campaign Committee process. c. the timeline for each campaign, including any variation to the original proposed timeline. 3. Can an itemised list of all Austender Contract Notice numbers for all advertising and information campaign contracts in each period be provided.
SQ19-000695	Written	Kitching, Kimberley	23/10/2019	Communications Branch	Promotional merchandise	1. What was the Department/agency's total expenditure on promotional merchandise for FY 2018-19. 2. Can an itemised list of all Austender Contract Notice numbers for all promotional merchandise contracts in that period please be provided. 3. Can photographs or samples of relevant promotional merchandise please be provided.
SQ19-000696	Written	Kitching, Kimberley	23/10/2019	Financial Management	Ministerial Overseas Travel	1. Can an itemised list of the costs met by the department or agency for all international travel undertaken by Ministers or Assistant Ministers in the portfolio since 1 July 2018 please be provided including: a. Flights for the Minister and any accompanying members of the Minister's personal staff or family members, as well as any accompanying departmental officials, together with the airline and class of travel. b. Ground transport for the Minister and any accompanying members of the Minister's personal staff or family members, as well as any accompanying departmental officials. c. Accommodation for the Minister and any accompanying members of the Minister's personal staff or family members, as well as any accompanying departmental officials, and identify the hotels the party stayed at and the room category in which the party stayed. d. Meals and other incidentals for the Minister and any accompanying members of the Minister's personal staff or family members, as well as any accompanying departmental officials. Any available menus, receipts for meals at restaurants and the like should also be provided. e. Any available photographs documenting the Minister's travel should also be provided.
SQ19-000697	Written	Siewert, Rachel	30/10/2019	In home Aged Care	CHSP Data Queries	<ul style="list-style-type: none"> -Data from the Department provided in QON 235 highlighted people waiting for HCP or an interim arrangement have different usage patterns to regular CHSP users with a greater likelihood of using nursing and other high level supports. Has the Department done any analysis on this data and what it shows? -How many people accessed the CHSP in 2017-18 broken down by service type and state/territory? -What was the CHSP program expenditure broken down by service type and state/territory? -What was the CHSP consumer contribution broken down by service type and state/territory? -What is the cost per meal paid by the government in 2017-18 under the CHSP. -What is the Government doing now to address consistency of assessment for services, accessibility of programs, and to reduce underspends that lead to reduced package availability? -Can the Department please provide a comparison of the number of ACAT assessments approving individuals for high care HCPs across States and Territories. Can the Department please advise if assessment teams are directed to benchmark assessments or in other ways manage the number of approvals for each level and, if so, if directions vary between States?
SQ19-000698	Written	Kitching, Kimberley	23/10/2019	People Communication and Parliamentary	Social media influencers	1. What was the Department/agency's total expenditure on social media influencers for FY 2018-19 and 2019-20 to date. 2. What advertising or information campaigns did the Department/agency use social media influencers to promote. 3. Can a copy of all relevant social media influencer posts please be provided. 4. Can an itemised list of all Austender Contract Notice numbers for all relevant social media influencer contracts please be provided.

SQ19-000700	Written	Kitching, Kimberley	23/10/2019	People Communication and Parliamentary	Commissioned Reports and Reviews	<p>1. Since 24 August 2018, how many Reports or Reviews have been commissioned. Please provide details of each report including: a. Date commissioned. b. Date report handed to Government. c. Date of public release. d. Terms of Reference. e. Committee members and/or Reviewers. 2. How much did each report cost/or is estimated to cost. 3. The background and credentials of the Review personnel. 4. The remuneration arrangements applicable to the Review personnel, including fees, disbursements and travel 5. The cost of any travel attached to the conduct of the Review. 6. How many departmental staff were involved in each report and at what level. 7. What is the current status of each report. When is the Government intending to respond to each report if it has not already done so.</p>
SQ19-000701	Written	Siewert, Rachel	23/10/2019	Aged Care Reform and Compliance	Minimising the Use of Restraints Regulation	<p>How has the Department of Health responded to the fact that the Minimising the Use of Restraints regulation violates Australia's human right obligations to prevent inhuman and degrading treatment [[Article 15 Conv Rights of People With Disabilities (CPRD), Article 37 of Conv Against Torture, Art. 7 ICCPR] and promote the right to health? [Art 12, ICESCR and Art 25 of CRPD] The UN Committee on the Rights of Persons with Disabilities has said laws that permit the practice of restraining persons with disabilities or using other coercive measures to control them should be repealed. How does the Department of Health respond to that statement? The UN Committee on the Rights of Persons with Disabilities criticized the use of restraints in its 2013 review of Australia, expressing serious concern that persons with disabilities are "subjected to unregulated behaviour modification or restrictive practices such as chemical, mechanical and physical restraints and seclusion, in various environments, including schools, mental health facilities and hospitals." The Committee called on Australia to take immediate steps to end such practices. The current regulation doesn't end the practice or prohibit it, so why doesn't the Department of Health take steps to bring the regulation in line with international law? The Department of Health reported it spent \$4.1 million on research [HALT and RedUSE studies] for programs to reduce the use of chemical restraint in aged care between 2013-2016, what has been the impact of those programs? We understand these programs were effective, and yet have been discontinued. Why have these approaches been discontinued rather than incorporating them into the latest rounds of regulation reorganizing? How many aged care facilities have been inspected since the Minimising the Use of Restraints regulation came into effect July 1? Have any facilities faced penalties for failing to adhere to its current guidelines on chemical restraint? How many? Have any faced regulatory action? What was it, and how many? Who was consulted in drafting the regulation? Why wasn't there more consultation with aged care advocates, lawyers and affected older people? On the issue of informed consent, the Department of Health has said this is the responsibility of prescribers (ie doctors) and not the responsibility of the facilities to obtain informed consent to have these medications. Do you see it as your responsibility to protect older people in aged care facilities from chemical restraint? Given the concerns about</p>
SQ19-000702	Written	Siewert, Rachel	23/10/2019	In home Aged Care	Regional Assessment Service/National Aged Care Advocacy Program	<p>How many remote and very remote services are not funded through NATSIFAC and are therefore reliant on ACFI plus supplements, or funding under the Home Care Package program? In the last financial year, how many people have been deemed eligible and ineligible to receive meal services through the CHSP broken down by each state and territory? Do Regional Assessment Services in WA limit CHSP consumers to two service types? If so, why? Has the department undertaken any auditing of the Regional Assessment Service application of nutritional screening elements within the National Screening and Assessment Form? If so, what were the outcomes? If not, why not? What is the government doing to support the 35 council shires in WA that now have no CHSP meal service provider? What is the government doing to support shire councils in WA that are withdrawing from the provision of meals services? What is happening to funding and services under the National Aged Care Advocacy Program post June 2020? Does the Government have any plans to review funding under the National Aged Care Advocacy Program?</p>

SQ19-000703	Written	Kitching, Kimberley	23/10/2019	Financial Management	Board Appointments	1. Provide an update of portfolio boards, including board title, terms of appointment, tenure of appointment and members. 2. What is the gender ratio on each board and across the portfolio 3. Please detail any board appointments made from 1 July 2018 to date. 4. What has been the total value of all Board Director fees and disbursements paid. 5. What is the value of all domestic travel by Board Directors. 6. What is the value of all international travel by Board Directors.
SQ19-000704	Written	Siewert, Rachel	23/10/2019	Residential and Flexible Aged Care	Rural Aged Care Beds	In relation to the Government's announcement around 150 new rural aged care beds, how will need be assessed to ensure the beds go to highest need areas? The media release states "these Multi-Purpose Service beds integrate health and aged care services by pooling Federal Government aged care funding and State Government health funding to deliver flexible care that best meets individual communities' needs." What does this mean?
SQ19-000705	Written	Siewert, Rachel	23/10/2019	In home Aged Care	Aged Care - Costs of Disability	What work is the government doing to recognise the ongoing costs of disability within an aged care package, especially for older Australians living with a progressive disability acquired before age 65 who are not supported by the Continuity of Support program? Has the government done any work to investigate the ongoing costs of aids and equipment for people with disability over the age of 65 and how these costs could be covered through an aged care package?
SQ19-000706	Written	Kitching, Kimberley	23/10/2019	People Communication and Parliamentary	Appointments – briefs prepared	1. How many times has the Department prepared a brief for statutory authorities, executive agencies, advisory boards, government business enterprises or any other Commonwealth body which includes a reference to a former Liberal or National member of parliament at a state, territory or federal level. 2. For each brief prepared, can the Department advise: a. The former member. b. The board or entity. c. Whether the request originated from the Minister's office. d. Whether the appointment was made.
SQ19-000707	Written	Siewert, Rachel	23/10/2019	Residential and Flexible Aged Care	Adjusted Subsidy Reduction	The Adjusted Subsidy Reduction applies to aged care services operated by state and territory governments. It amounts to close to \$5,000 per resident per year. Why should a resident who chooses a public sector residential aged care place be funded close to \$5,000 less per year than a resident in a for-profit or not-for-profit bed? Is the Government going to remove the Adjusted Subsidy Reduction so that residents who choose a public sector aged care bed receive the same funding compared with those in not-for-profit and for-profit beds? What was the total State/territory subsidy top up for the Adjusted Subsidy Reduction, by state and territory for the years 2016/17; 2017/18; 2018/19?
SQ19-000708	Written	Kitching, Kimberley	23/10/2019	People Communication and Parliamentary	Stationery	1. How much has been spent on ministerial stationery requirements in FY 2019-19 and FY 2019-20 to date.
SQ19-000709	Written	Siewert, Rachel	23/10/2019	Residential and Flexible Aged Care	MPS Review - Flexible Care Subsidies	Which aged care facilities, by state and territory, have gone into or are under administration in the years 2016/17; 2017/18, 2018/19? Understand the MPS Review by the University of Technology is now with Minister Hunt. Is that the case? When will the Minister respond to the MPS Review? An MPS bed attracts funding of approximately \$40,000 per year in comparison with average ACFI funding of \$67,000. Is there any action being taken to increase Flexible Care Subsidies for multi-purpose services? What were the aged care occupancy levels in MPS services by state/territory for the years: 2015/16; 2016/17; 2017/18; 2018/19?
SQ19-000710	Written	Siewert, Rachel	23/10/2019	Residential and Flexible Aged Care	CCTV Cameras - Elder Abuse	What evidence is available that CCTV cameras are effective in preventing the abuse of people living in residential aged care facilities? Why is the Government spending \$500,000 on trialling a CCTV project in South Australian residential care facilities? How was Care Protect selected to deliver this project?

SQ19-000711	Written	Siewert, Rachel	23/10/2019	PA - Aged Care Quality and Safety Commission	Residential Audits and Complaints	<p>What are your most complained about issue in residential audits? What steps are taken against facilities that don't meet outcomes re "medication management"? How many facilities have been fined for engaging in chemical restraint? What other sanctions have been applied to facilities for engaging in chemical restraint? Can you name each of these facilities that have been sanctions or penalized for use of chemical restraint? How many times have you referred those complaints to AHPRA? Do you follow up with AHPRA to see how those complaints are resolved? How does the Aged Care Quality and Safety Commission follow up on complaints to ensure compliance? What mechanisms are in place to prevent retaliation by a facility for a complaint made against it? Why hasn't the Aged Care Quality and Safety Commission made its complaint resolutions public? Do you publish the numbers of allegations, investigations and closed cases of chemical restraint, the facility names, and the amounts of fines or other penalties for this practice? If not, why not? How many aged care facilities have been inspected for chemical restraint in 2019? Can you describe how the quality assurance about the experiences of residents is properly assessed if it is all about the paperwork?</p>
SQ19-000712	Written	Kitching, Kimberley	23/10/2019	People Communication and Parliamentary	Media monitoring	<p>1. What is the total cost of media monitoring services, including press clippings, electronic media transcripts etcetera, provided to the each Minister's office for FY 2018-19 and FY 2019-20 to date. a. Which agency or agencies provided these services. b. Can an itemised list of Austender Contract notice numbers for any media monitoring contracts in each period please be provided c. What is the estimated budget to provide these services for the year FY 2019-20. 2. What was the total cost of media monitoring services, including press clippings, electronic media transcripts etcetera, provided to the department/agency for FY 2018-19 and FY 2019-20 to date. a. Which agency or agencies provided these services. b. Can an itemised list of Austender Contract Notice numbers for any media monitoring contracts in each period please be provided c. What is the estimated budget to provide these services for the year FY 2019-20.</p>
SQ19-000713	Written	Siewert, Rachel	23/10/2019	Mental Health Division	Mental Health Care - Suicide/Headspace	<p>Is the Government investigating whether referrals for a mental health care plan can be undertaken by a clinical nurse practitioner? If so, what are the findings? If not, why not? What steps is the Government undertaking to ensure its own social security policies are not inflicting unnecessary additional stress and harm? With regards to the Government's 0 suicide rate target, does this apply to people under Government care such as refugees in offshore detention who do not get access to health care? What are the KPIs and outcome measures assigned to headspace centres? What targets do headspace centres need to meet? Please provide an update on the recommendations in the Senate inquiry 'The Hidden Toll: Suicide in Australia'. What is the government doing to address issues around state run mental health facilities that are refusing to accept or disseminate political communication, for example the Just Us publication?</p>
SQ19-000714	Written	Siewert, Rachel	23/10/2019	Medical Benefits Division	Royal Commission into the Protection and Detention of Children in the NT Recommendation	<p>What is the government doing to address recommendation 15.4(c) from the Royal Commission into the Protection and Detention of Children in the Northern Territory that recommends the Minister for Health "direct that if an initial questionnaire for Fetal Alcohol Spectrum Disorder indicates that a full assessment is required, that assessment be funded through Medicare or the NDIS as appropriate."</p>
SQ19-000715	Written	Siewert, Rachel	23/10/2019	Health Workforce Division	Medical Practitioner Suspension	<p>If a medical practitioner is suspended, how does the department support their patients? Do they have a list of practitioners they can refer patients to?</p>

SQ19-000716	Written	Kitching, Kimberley	23/10/2019	People Communication and Parliamentary	Communications staff	1. For all departments and agencies, please provide – in relation to all public relations, communications and media staff – the following: 2. By Department or agency: a. How many ongoing staff, the classification, the type of work they undertake and their location. b. How many non-ongoing staff, their classification, type of work they undertake and their location. c. How many contractors, their classification, type of work they undertake and their location. d. How many are graphic designers. e. How many are media managers. f. How many organise events. 3. Do any departments/agencies have independent media studios. a. If yes, why. b. When was it established. c. What is the set up cost. d. What is the ongoing cost. e. How many staff work there and what are their classifications.
SQ19-000717	Written	Siewert, Rachel	23/10/2019	PA - National Health and Medical Research	Cour Lyme-like Diseases and Testing	What is the department doing to ensure doctors who are treating people with Lyme-like disease are able to treat patients without fear of regulatory action? Will the department make a public statement legitimising tick-borne disease testing results from both IGenEX and Arminlabs international laboratories?
SQ19-000718	Written	Siewert, Rachel	23/10/2019	PA - Sport Australia	Olyroos Players Facing Sanctions	In relation to the Olyroos players who are facing sanctions: Precisely when – ie what day - was the complaint received by Sport Australia? What was the nature of the complaint? What did Sport Australia offer the complainant by way of assistance or counselling? How was it received? Is that person/phone line/email address? What was the nationality of the complainant? Were they Australian? Precisely when – ie what day - was the complaint passed onto Football Federation Australia? What explains the delay? Why did Sport Australia not refer the complaint to the Federal Police? Did the complaint involve possible breaches of criminal offences? How much money did taxpayers pay Football Federation Australia in 2018/19? If complaints to Sport Australia involve possible criminal offences is it obliged to alert the Federal Police, or is there no such duty, and sports are given the opportunity to handle complaints in-house behind closed doors? What can Sport Australia do in situations where a complaint is not handled adequately? Is Sport Australia satisfied by Football Federation Australia's handling of the complaint?
SQ19-000719	Written	Siewert, Rachel	23/10/2019	PA - Australian Institute of Health and Welfare	Royal Commission Recommendations	Australian Institute of Health and Welfare The Royal Commission into the Protection and Detention of Children in the Northern Territory recommended that the Commonwealth Government commission the Australian Institute of Health and Welfare to: <ul style="list-style-type: none"> Develop a nationally agreed definition or definitions for the collection of youth recidivism statistics Collect and publish statistics on youth recidivism from around Australia, and Provide technical support to states and territories to assist their collection of data under the agreed definition. 1. Has the Commonwealth Government done any work with the AIHW regarding this recommendation? 2. Please provide an update on the Commonwealth Government's progress in implementing each element of this recommendation, including expected timelines and consultation process. The Royal Commission also recommended the Northern Territory Government develop a plan in consultation with the AIHW to work progressively towards with the Juvenile Justice National Minimum Data Set requirements within a reasonable time but not more than two years from the date of this report. 1. What progress has been made in implementing this recommendation? 2. What is the Commonwealth doing to address any barriers to implementation?
SQ19-000720	Written	Rice, Janet	23/10/2019	Population Health and Sport	Food Regulation Standing Committee	Food labelling <ul style="list-style-type: none"> Please provide a copy of the Food Regulation Standing Committee Options paper: Misleading descriptions of food, and any associated documents (attachments, related papers, summaries, etc.).
SQ19-000721	Written	Kitching, Kimberley	23/10/2019	People Communication and Parliamentary	Departmental Staff in Minister's Office	1. Can the Department provide an update on the total number of departmental staff seconded to ministerial offices, including: a. Duration of secondment. b. APS level. 2. Can the Department provide an update on the total number of DLOs/CLOs for ministerial offices including APS level.
SQ19-000722	Written	Rice, Janet	23/10/2019	Population Health and Sport	Sports Grants	Sports grants <ul style="list-style-type: none"> Of the 684 recipient projects, how many were recommended by the Department? What records does the Department have of funding decisions by the Minister?

SQ19-000723	Written	Rice, Janet	23/10/2019	People Communication and Parliamentary	Recognition of Sex and Gender	Australian Government Guidelines on the Recognition of Sex and Gender • Please provide an update to QoN SQ18-000432. In particular, is the Department compliant with the Australian Government Guidelines on the Recognition of Sex and Gender? Are any portfolio agencies compliant?
SQ19-000724	Written	Kitching, Kimberley	23/10/2019	Legal and Assurance	CDDA Payments	1. How many claims have been received under the Compensation for Detriment caused by Defective Administration scheme (CDDA) by the Department for FY 2018-19? 2. How many claims were: a. Accepted. b. Rejected. c. Under consideration. 3. Of the accepted claims, can the Department provide: a. Details of the claim, subject to relevant privacy considerations b. The date payment was made c. The decision maker.
SQ19-000725	Written	Rice, Janet	23/10/2019	PA - Australian Sports Anti-Doping Authority	Thymosin Beta-4 and ASADA Website	<p>• On what date did ASADA discontinue the https://checkssubstances.asada.gov.au/ website, and instead start referring athletes to https://www.globaldro.com/AU/search/ • What factors or decision prompted the change? • Does ASADA agree that the description on the former website was accurate, that it allowed players to check whether substances were banned and rely on the results from that page?</p> <p>o https://web.archive.org/web/20150801164533/https://www.asada.gov.au/substances/check-your-substances/: "Check Your Substances is an online tool that enables athletes to find out whether the most commonly prescribed, over-the-counter and complementary medicines in Australia are permitted or prohibited in their sport ... At the end of a search a reference number will be provided to document search results. It is extremely important that this reference number is retained as proof of the search before using a medication or substance. This may help an athlete if they are ever called upon to provide that information in the future." • On what date did the Australia Check Your Substances page first list Thymosin Beta-4? • Should players who used the page before that date have been able to rely on the results which would have indicated no concerns in relation to Thymosin Beta-4? • Given statements by ASADA that Thymosin Beta-4 "was always banned before, during and after the Cobia investigation" and that "Thymosin Beta 4 has never been approved for human use", why was it not listed on the https://checkssubstances.asada.gov.au/ from 2010 following the WADA listing?</p>
SQ19-000726	Written	Rice, Janet	23/10/2019	PA - Food Standards Australia New Zealand	Food Standards Code	1) Does FSANZ currently consider foods produced using the following techniques to be genetically modified food under the Food Standards Code? a. Site directed nucleases 1 b. Site directed nucleases 2 and 3 c. RNA interference

SQ19-000727	Written	Rice, Janet	23/10/2019	PA - Food Standards Australia New Zealand	New Breeding Techniques	<p>2) When does FSANZ intend to release the findings of its review into New Breeding Techniques?</p> <p>a. Does FSANZ anticipate any regulatory amendments being necessary? b. If yes to a. when does FSANZ anticipate conducting further public consultation? 3) FSANZ has stated that "techniques resulting in null segregants, and certain applications of gene editing, do not present a greater food safety concern than techniques currently used in conventional breeding." (FSANZ (2018) Workshop on the Regulatory Status of New Breeding Techniques: TALKING POINTS, http://emergingtech.foe.org.au/wp-content/uploads/2018/07/Document-16_Talking-points-for-Scott.pdf) a. Does FSANZ still maintain this conclusion in light of the release of the study by US Food and Drug Administration scientists revealing the presence of bacterial DNA coding resistance to 3 different antibiotics in gene edited bulls? (Norris, A.L. (2019) Template plasmid integration in germline genome-edited cattle, https://www.biorxiv.org/content/10.1101/715482v1) b. Does FSANZ believe that gene edited cattle expressing resistance genes for antibiotics used in both animal and human medicine pose no greater risk to human health than naturally bred cattle? c. A number of recent studies appear to have shown that SDN-1 techniques also carry the risk of accidental transgene insertion. (https://www.nature.com/articles/srep12281; https://bmcbiotechnol.biomedcentral.com/articles/10.1186/s12896-015-0131-2; http://www.plantphysiol.org/content/169/2/960; https://cdn.elifesciences.org/articles/39468/elifesciences-39468-v2.pdf) Does FSANZ believe this contradicts the conclusion that these techniques "do not present a greater food safety concern than techniques currently used in conventional breeding"? d. If no, on what basis? Please provide any reports supporting this conclusion. e. The developers of the GM cattle did not detect the accidental transgene insertion. In the absence of any regulation, how will FSANZ ensure that SDN-1 organisms entering the food chain do not contain accidental transgenes?</p>
SQ19-000728	Written	Rice, Janet	23/10/2019	PA - Food Standards Australia New Zealand	Recent Food Studies Queries	<p>4) A recent peer-reviewed paper observed that gene editing allows genetic engineers to target areas highly conserved areas of the genome that are normally resistant to mutation – resulting in mutations that could never occur in nature (Kawall, K. (2019) New Possibilities on the Horizon: Genome Editing Makes the Whole Genome Accessible for Changes, <i>Frontiers in Plant Science</i>, 10:525 https://www.frontiersin.org/articles/10.3389/fpls.2019.00525/full). a. Does FSANZ believe this contradicts the conclusion that these techniques "do not present a greater food safety concern than techniques currently used in conventional breeding"? (FSANZ (2018) Workshop on the Regulatory Status of New Breeding Techniques: TALKING POINTS, http://emergingtech.foe.org.au/wp-content/uploads/2018/07/Document-16_Talking-points-for-Scott.pdf) 5) Is the FSANZ aware of the 2018 study (Kosicki et al. (2018) <i>Nature Biotechnology</i>, DOI: 10.1038/nbt.4192) by the Wellcome Sanger Institute that found that in around a fifth of cells, CRISPR caused deletions or rearrangements more than 100 DNA letters long? a. Do similar mutations to this occur naturally? b. If NO to a. does FSANZ believe that its statement that that these techniques "do not present a greater food safety concern than techniques currently used in conventional breeding." is therefore incorrect? And if not – why not? c. If YES to a. Please provide any reports supporting this?</p>
SQ19-000729	Written	Rice, Janet	23/10/2019	PA - Food Standards Australia New Zealand	International Staff Travel	<p>6) How many international trips have FSANZ staff taken in the past 3 years? a. How much has FSANZ spent in the last 3 years on international trips either as direct payments, co-payments or in-kind contributions? b. What was the purpose of each trip? c. Why has FSANZ stopped publicly reporting travel expenses? d. Please provide any travel reports completed following this travel.</p>

SQ19-000730	Written	Rice, Janet	23/10/2019	Office of Gene Technology Regulator	Gene Technology Regulations - Cattle Queries	<p>1) Recent amendments to the Gene Technology Regulations were tabled based on advice from the OGTR that "SDN-1 organisms present no different risk than organisms carrying naturally occurring genetic changes." (OGTR (2019) Questions & Answers on the Technical Review of the Gene Technology Regulations 2001, July 2019, http://www.ogtr.gov.au/internet/ogtr/publishing.nsf/Content/A0E750E72AC140C4CA2580B10011A68E/\$File/Technical Review QA July 2019.docx) a) Does the OGTR still maintain this conclusion in light of the release of the study by US Food and Drug Administration scientists revealing the presence of bacterial DNA coding resistance to 3 different antibiotics in gene edited bulls? (Norris, A.L. (2019) Template plasmid integration in germline genome-edited cattle, https://www.biorxiv.org/content/10.1101/715482v1) b) Does the OGTR believe that gene edited cattle expressing resistance genes for antibiotics used in both animal and human medicine pose no greater risk to human health than naturally bred cattle? 2) A number of recent studies appear to show that SDN-1 techniques also carry the risk of accidental transgene insertion (https://www.nature.com/articles/srep12281; https://bmcbiotechnol.biomedcentral.com/articles/10.1186/s12896-015-0131-2; http://www.plantphysiol.org/content/169/2/960; https://cdn.elifesciences.org/articles/39468/elifesciences-39468-v2.pdf) Does the OGTR believe this contradicts the conclusion that "SDN-1 organisms present no different risk than organisms carrying naturally occurring genetic changes.?" a) If no, on what basis? Please provide the papers relied on to support this conclusion. b) If the developers of the GM cattle did not detect the accidental transgene insertion. In the absence of any regulation, how will the OGTR ensure that SDN-1 organisms released into the environment do not contain accidental transgenes?</p>
SQ19-000731	Written	Rice, Janet	23/10/2019	Office of Gene Technology Regulator	Gene Editing Study Queries	<p>3) A recent peer-reviewed paper observed that gene editing allows genetic engineers to target areas of the genome that are normally resistant to mutation – resulting in mutations that could never occur in nature. (https://www.frontiersin.org/articles/10.3389/fpls.2019.00525/full) a) Does the OGTR believe this contradicts the conclusion that "SDN-1 organisms present no different risk than organisms carrying naturally occurring genetic changes.?" b) If no, on what basis? Please provide the papers relied on to support this conclusion. 4) In its Regulation Impact Statement for consultation the OGTR states that "because the changes brought about through SDN-1, including off-target effects, are no different to natural mutations, they do not give rise to any different risks to natural mutations." a) Is the OGTR aware of the 2018 study (Kosicki et al. (2018) Nature Biotechnology, DOI: 10.1038/nbt.4192) by the Wellcome Sanger Institute that found that in around a fifth of cells, CRISPR caused deletions or rearrangements more than 100 DNA letters long? b) Do similar mutations to this occur naturally? c) If NO to b), does the OGTR accept that the statement in its Regulation Impact Statement that "because the changes brought about through SDN-1, including off-target effects, are no different to natural mutations, they do not give rise to any different risks to natural mutations." is therefore incorrect? And if not – why not? If YES to b) Can you substantiate this statement with examples please?</p>
SQ19-000732	Written	Rice, Janet	23/10/2019	Office of Gene Technology Regulator	Salk Institute Study	<p>5) Is the OGTR aware of the recent study by the Salk Institute (Jupe F, Rivkin AC, Michael TP, Zander M, Motley ST, Sandoval JP, et al. (2019) The complex architecture and epigenomic impact of plant T-DNA insertions. PLoS Genet 15(1): e1007819) which found that the use of <i>Agrobacterium tumefaciens</i> to deliver genetic material into plants can cause large chromosomal rearrangements? a) Given that <i>Agrobacterium tumefaciens</i> is also usually used in new GM techniques such as CRISPR, Does the OGTR believe that this is sufficient evidence to reconsider its proposed deregulation of SDN-1? b) If no to a) why not?</p>

SQ19-000733	Written	Rice, Janet	23/10/2019	Office of Gene Technology Regulator	SDN-1 Regulation Recommendations	6) The recent Review of the Gene Technology Scheme recommended the introduction of additional risk tiering into the Scheme, "to facilitate flexibility of the regulatory Scheme and ensure the level of regulation remains proportionate to risk, and protects against under regulation and over-regulation." a) Did the OGTR consider using such an approach for SDN-1 organisms? b) If yes to a) why was this approach rejected? c) If no to a) why not?
SQ19-000734	Written	Rice, Janet	23/10/2019	Office of Gene Technology Regulator	SDN-1 - Pests and Associated Risks	7) In its discussion paper regarding the regulatory amendments The OGTR stated that "for pests or disease-causing organisms, for example pathogenic microorganisms, small sequence changes might give rise to significant risks. Blanket exclusions may not be commensurate with the level of risk posed by these techniques." a) Why then has the OGTR recommended a blanket regulatory exclusion for all SDN-1 organisms - including pests and disease-causing organisms? b) Does the OGTR believe that pests and disease-causing organisms modified using SDN-1 present no different risk than organisms carrying naturally occurring genetic changes?
SQ19-000735	Written	Rice, Janet	23/10/2019	Office of Gene Technology Regulator	CRISPR Threat and Risk	8) In 2016, the US Director of National Intelligence, James Clapper added gene editing techniques such as CRISPR to a list of threats posed by "weapons of mass destruction and proliferation" in the annual worldwide threat assessment report of the U.S. intelligence community. The report concluded that "given the broad distribution, low cost, and accelerated pace of development of this dual-use technology, its deliberate or unintentional misuse might lead to far-reaching economic and national security implications." (Regalado, A. (2016) Top U.S. Intelligence Official Calls Gene Editing a WMD Threat, MIT Technology Review, February 9, 2016, http://tinyurl.com/h76cq6b). a) What consideration did the OGTR give in its Technical Review of the Gene Technology Regulations to the potential biosafety risks of deregulating SDN-1? b) Did it consult with the Australian defence or intelligence agencies? c) Please provide any documents produced in assessing this risk. d) The deregulation of SDN-1 means that biohackers are free to genetically modify microbes outside of licensed facilities and with no regulatory oversight. How does the OGTR intend to manage this potential biosafety risk?
SQ19-000736	Written	Rice, Janet	23/10/2019	Office of Gene Technology Regulator	Animal Welfare Concerns - Gene Editing	9) Animal studies suggest that gene editing techniques can inadvertently cause very low live-birth rates; abnormal sizes - rendering animals incapable of natural movement; and respiratory and cardiac problems (Mutant Meat (2018) Mutant meat: will Australia deregulate genetically modified animals?, http://emergingtech.foe.org.au/wp-content/uploads/2018/10/Mutant-Meat-Friends-of-the-Earth-Australia-2018.pdf ; http://www.slate.com/articles/technology/future_tense/2016/06/the_ethical_problems_with_sus_per_muscly_pigs.html). a) What consideration if any has the OGTR given to the potential animal welfare implications of deregulating SDN-1 in animals? b) Can the OGTR provide any documents that it has produced assessing these impacts?

SQ19-000737	Written	McCarthy, Malarndirri	23/10/2019	PA - Australian Digital Health Agency	AusTender Contract Notice Numbers	<ul style="list-style-type: none"> •With reference to the list of contracts published by the Australian Digital Health Agency in accordance with Senate Order 13 for the period 1 January 2017 to 31 December 2017: Can AusTender contract notice numbers be provided for all contracts with Pinpoint Talent Pty Ltd. •With reference to the list of contracts published by the Australian Digital Health Agency in accordance with Senate Order 13 for the period 1 July 2017 to 30 June 2018: Can AusTender contract notice numbers be provided for all contracts with Pinpoint Talent Pty Ltd. •With reference to the list of contracts published by the Australian Digital Health Agency in accordance with Senate Order 13 for the period 1 January 2018 to 31 December 2018: Can AusTender contract notice numbers be provided for all contracts with Pinpoint Talent Pty Ltd. •With reference to the list of contracts published by the Australian Digital Health Agency in accordance with Senate Order 13 for the period 1 July 2018 to 30 June 2019: Can AusTender contract notice numbers be provided for all contracts with Pinpoint Talent Pty Ltd. •What is the total value of contracts between the Australian Digital Health Agency and Pinpoint Talent Pty Ltd with a contract start date between 1 January 2017 – 31 December 2017. •What is the total value of contracts between the Australian Digital Health Agency and Pinpoint Talent Pty Ltd with a contract start date between 1 January 2018 – 31 December 2018. •What is the total value of contracts between the Australian Digital Health Agency and Pinpoint Talent Pty Ltd with a contract start date between 1 January 2019 – 31 December 2019.
SQ19-000738	Written	McCarthy, Malarndirri	23/10/2019	PA - Australian Digital Health Agency	Contract Mandatory Reporting Requirements	<ul style="list-style-type: none"> •Do the Commonwealth Procurement Guidelines require contract details to be published on AusTender within 42 days of entering into or amending a contract if it is valued at or above the reporting threshold. Were details of each contract between the Australian Digital Health Agency and Pinpoint Talent Pty Ltd published in accordance with the mandatory reporting requirements; if not, can contract details, including start date, end date, category and value, be provided where they were not published in accordance with the mandatory reporting requirements; if not, in relation to each contract, why not.
SQ19-000739	Written	McCarthy, Malarndirri	23/10/2019	Population Health and Sport	Asthma Australia Funding	<p>On 27 June 2018 then Health Minister Greg Hunt Announced \$7.6m to Asthma Australia for Asthma Child and Adolescent Program and Community Support Program 1. Is this money for the three program components being school and youth, 1800 ASTHMA calls and COACH program? 2. Is any of it allocated to research? 3. Of the \$7.6m how much is allocated to each program? 4. What is the period of time that is covered by the funding? Is it till 2022? 5. Is there an agreement between Asthma Australia and the Federal Government that outlines the KPIs or outcomes and targets to be achieved by AA. If so what are these? 6. Is any of that funding allocated to the administration of Asthma Australia? 7. Is the funding allocated or broken down by state and territory or is Australia seen as the whole target group? 8. Is the Dept tracking or monitoring whether the money is being spent in each state and territory 9. Given that NT and WA did not join Asthma Australia how are funds guaranteed to get to these areas or is AA not compelled to providing funding for these areas? 10. Does the funding allow support for non-AA organisations such as Asthma Foundations to deliver interventions in a different way from COACH in light of lack of evidence of efficacy? 11. What is planned for an evaluation of the different programs? 12. What are the actions to be taken if reporting shows the program to be not as effective as planned? 13. What is the Plan of Action for the schools and youth component of the funding? 14. How are the standardised programs accommodating access to identified risk groups such as ATSI and CALD (e.g. telephone use and access could be difficult and so excludes COACH).</p>
SQ19-000740	Written	Kitching, Kimberley	23/10/2019	People Communication and Parliamentary	Recruitment	<p>1. What amount has been expended by the department/agency on external recruitment or executive search services in FY 2018-19 and FY 2019-20 to date. 2. Which services were utilised. Can an itemised list be provided.</p>

SQ19-000741	Written	Kitching, Kimberley	23/10/2019	People Communication and Parliamentary	Staffing	1. How many full-time equivalent staff are engaged at 21 October 2019. How does this differ from the figures presented in Budget Paper 4 in the 2019-20 Budget. 2. How many of these positions are (a) on-going and (b) non-ongoing. 3. How many redundancies have occurred in FY 2018-19 and FY 2019-20 to date. How many were: a. Voluntary b. Involuntary. 4. How many of those redundancies occurred as a result of departmental restructuring. What is the total cost of those redundancies. 5. What was the total value in dollar terms of all termination payments paid to exiting staff. 6. How much overtime or equivalent has been paid to staff in FY 2018-19 and FY 2019-20 to date. 7. How many section 37 notices under the Public Service Act 1999 have been offered in FY 2018-19 and FY 2019-20 to date.
SQ19-000742	Written	Lines, Sue	23/10/2019	Health Grants and Network	City of South Perth Aquatic Centre	City of South Perth Aquatic Centre • Can a copy of the letter Minister Colbeck sent to the City of South Perth Council committing government funding for a new swimming pool in the council area be provided? • What government program/fund is this contribution being made from?
SQ19-000743	Written	Lines, Sue	23/10/2019	Health Grants and Network	Ellenbrook Indoor Aquatic Centre	Ellenbrook Indoor Aquatic Centre • What government program/fund is the Federal Government contribution being made from for the Ellenbrook Indoor Aquatic Centre? • What is the projected commencement date for the project? • What is the projected completion date for the project?
SQ19-000744	Written	Kitching, Kimberley	23/10/2019	Legal and Assurance	Comcare	1. For FY 2018-19 and FY2019-20 to date, can the Department advise whether it has been the subject of any investigations involving Comcare. If yes, please provide details of the circumstances and the status. 2. Can the Department advise the number of sanctions it has received from Comcare in the FY2019-20 to date.
SQ19-000745	Written	Kitching, Kimberley	23/10/2019	Legal and Assurance	Fair Work Commission	1. For FY 2018-19 and FY2019-20 to date, how many references have been made to the Fair Work Commission within the Department or agency.
SQ19-000747	Written	Lines, Sue	23/10/2019	PA - Sport Australia	Wyong Reserve Floodlighting upgrade	Wyong Reserve Floodlighting upgrade • What government program/fund is the Federal Government contribution being made from for the Wyong Reserve Floodlighting upgrade in the City of Canning? • What is the projected commencement date for the project? • What is the projected completion date for the project?
SQ19-000748	Written	Kitching, Kimberley	23/10/2019	Legal and Assurance	Fair Work Ombudsman	1. For FY 2018-19 and FY2019-20 to date, how many references have been made to the Fair Work Ombudsman within the Department or agency.
SQ19-000749	Written	Lines, Sue	23/10/2019	PA - Sport Australia	Manning Tennis Club - new playground equipment	Manning Tennis Club - new playground equipment • What government program/fund is the Federal Government contribution being made from for the Wyong Reserve Floodlighting upgrade in the City of Canning? • How much has the Federal Government committed for the project? • What is the projected commencement date for the project? • What is the projected completion date for the project?
SQ19-000750	Written	Kitching, Kimberley	23/10/2019	People Communication and Parliamentary	Office of the Merit Protection Commissioner	1. For FY 2018-19 and FY2019-20 to date, how many references have been made to the Office of the Merit Protection Commissioner within the Department or agency.
SQ19-000751	Written	Lines, Sue	23/10/2019	PA - Sport Australia	Manning Memorial Bowling Club - new kitchen equipment/patio upgrade	Manning Memorial Bowling Club - new kitchen equipment/patio upgrade • What government program/fund is the Federal Government contribution being made from for the new kitchen equipment/patio upgrade at Manning Memorial Bowling Club in the Town of Victoria Park? • How much has the Federal Government committed for the project? • What is the projected commencement date for the project? • What is the projected completion date for the project?
SQ19-000753	Written	Kitching, Kimberley	23/10/2019	Legal and Assurance	Public Interest Disclosures	1. For FY 2018-19 and FY2019-20 to date, how many public interest disclosures have been received.
SQ19-000756	Written	Lines, Sue	23/10/2019	PA - Sport Australia	Aqualife, East Victoria Park - centre upgrade	Aqualife, East Victoria Park - centre upgrade • What government program/fund is the Federal Government contribution being made from for the centre upgrade of the Aqualife Centre in the Town of Victoria Park? • How much has the Federal Government committed for the project? • What is the projected commencement date for the project? • What is the projected completion date for the project?

SQ19-000762	Written	Gallagher, Katy	23/10/2019	Financial Management	External Consultants	1. In relation to the use of all external consultants in the Department or agencies within the portfolio, can the following be provided. a. For each of the last six financial years from 2013-14 to 2018-19, the total amount spent on external consultants, including: i. contracts tagged as a "consultancy". ii. contracts not defined as a "consultancy", but tagged as "business intelligence consulting services", "information technology consultation services", "management advisory services", "management support services", "organisational structure consultation", "risk management consultation services" or "strategic planning consultation services" b. The total amount of full time equivalent hours (FTE's) provided by external consultants in 2018-19. c. The total amount of variances granted to external consultant contracts (including those specified in 1(a)(i) above) in 2018-19. d. A breakdown by consultant, specifications and project completion for 2018-19.
SQ19-000763	Written	Lines, Sue	23/10/2019	Mental Health Division	Headspace Centre, Cannington	Headspace Centre, Cannington •What government program/fund is the Federal Government contribution being made from for the development of a new Headspace Centre in Cannington in the City of Canning? •What is the projected commencement date for the project? •What is the projected completion date for the project?
SQ19-000764	Written	Gallagher, Katy	23/10/2019	Information Technology	Information Technology Consultant Spend	1. In relation to expenditure on information technology in the Department or agencies within the portfolio, can the following be provided. a. For each of the last six financial years from 2013-14 to 2018-19, the total amount spent on information technology consultation services b. The total amount of full time equivalent hours (FTE's) provided by information technology consultation services in 2018-19. c. The total amount contracted to information technology consultation services in 2018-19. d. The total amount of variances granted to information technology consultation services contracts in 2018-19. e. A breakdown by consultant, specifications and project completion for 2018-19.
SQ19-000765	Written	Gallagher, Katy	23/10/2019	Financial Management	External Contractors	1. In relation to the use of all external contractors in the Department or agencies within the portfolio, can the following be provided: a. The total amount spent on all contracts for Management and Business Professionals and Administrative Services for each of the last six financial years from 2013-14 to 2018-19. b. The total amount spent on all contracts tagged as "Temporary Personnel Services" for each of the last six financial years from 2013-14 to 2018-19. c. The total number of external contractors employed in 2018-19. d. The aggregate total remuneration payable for all external contractors employed in 2018-19. e. The total number of FTE hours provided by external contractors in 2018-19.
SQ19-000766	Written	Gallagher, Katy	23/10/2019	Information Technology	Information Technology Contractors	1. In relation to the use of external information technology contractors in the Department or agencies within the portfolio, can the following be provided: a. The total amount spent on external contractors for each of the last six financial years from 2013-14 to 2018-19. b. The total number of external contractors employed in 2018-19. c. The aggregate total remuneration payable for all external contractors employed in 2018-19. d. The total number of FTE hours provided by external contractors in 2018-19.
SQ19-000767	Written	Gallagher, Katy	23/10/2019	Health Grants and Network	Grants	1. Please provide, for all administered and discretionary grant programs administered by each department and agency within the portfolio: a. Name of the administered or discretionary grant program. b. The recipient of the grant. c. The ABN or ACN of the grant recipient. d. The charitable status of the grant recipient. e. Who authorised the grant payment. f. For each year of the budget and forward estimates: i. What is the total funding budgeted for the program; ii. How much funding has been contracted and allocated; iii. How much funding has been contracted but not allocated; iv. How much funding has been committed but not contracted; v. How much funding is uncommitted, uncontracted and unallocated.
SQ19-000768	Written	Gallagher, Katy	23/10/2019	Financial Management	Cost of APS Staff	1. The total cost of all staff employed under the Public Service Act for each of the last six financial years from 2013/14 to 2018/19.

SQ19-000773	Spoken	O'Neill, Deborah	23/10/2019	74 PA - National Health and Medical Research Cour Sapphire Legal Advice Costs	Senator O'NEILL: How much does that legal advice cost? Mr Krizan: I don't have that level of detail with me, but I am more than happy to accept that on notice. Senator O'NEILL: Do you cost the element for the internal advice or just external, independent— Mr Krizan: We don't normally attribute to that level. It would be, in the scheme of things, relatively minor. It would be unusual for us to attribute our internal legal expenses over such a project. Senator O'NEILL: If you could provide detail of the cost of the independent legal advice, the cost on that— Mr Krizan: I certainly can. Senator O'NEILL: Thank you. Was it provided on each occasion by the same independent expert? There had been multiple occasions on which you had sought advice. Mr Krizan: We have used the same lawyers throughout the process. Senator O'NEILL: If you could identify that, that would also be appreciated.	
SQ19-000774	Spoken	O'Neill, Deborah	23/10/2019	76 PA - National Health and Medical Research Cour Sapphire Information	Prof. Kelso: I wonder whether it would be helpful just very briefly to explain what Sapphire is so that the significance of it is a little clearer? If that's not useful then I certainly won't waste your time. Senator O'NEILL: We're just on a tight time line. Perhaps if you could give me that fulsomely in writing, that would be very helpful. Thank you. Prof. Kelso: With pleasure.	
SQ19-000775	Spoken	Steele-John, Jordon	23/10/2019 78-79	PA - National Health and Medical Research Cour ME/CFS	Senator STEELE-JOHN: So that then goes before a committee? Prof. Kelso: Yes. Senator STEELE-JOHN: Is the committee already established? Prof. Kelso: As far as I know the committee is not yet established, but if it has been then I will provide that advice on notice. Senator STEELE-JOHN: Would you be able to provide me with the membership? Prof. Kelso: We don't identify the members of committees publicly until after the processes have finished, if at all, because we don't want applicants writing a grant to suit the particular interests of members. So it's very important as part of an open process not to do that. Senator STEELE-JOHN: I am aware that there is quite a bit of research in Australia talking to the harm that can be done to those who journey with this condition when they are subjected to a psychosomatic based approach to their condition. You are of the medical field of old. I presume there would be a process in place to make sure that nothing that was approved by the NHMRC could do harm to somebody involved in the research process. Prof. Kelso: This will be a matter for the expert reviewers to advise us on, because we at NHMRC aren't expert in the wide range of medical research that we fund, which is why we rely on expert committees, and we will be very careful in the selection of members of that committee to make sure we have a breadth of expertise. Beyond that, at this stage I can't really say anything more. Senator STEELE-JOHN: If you can provide me with any information, even going to the qualifications that you've been looking for in the selection of this committee, the more information you can provide me with, the more comfort I can provide to the community.	
SQ19-000776	Written	Kitching, Kimberley	23/10/2019	Financial Management	Congestion Busting	1. Can the Department/agency advise how it is "congestion busting" in relation to bureaucratic bottlenecks and regulatory bottlenecks. 2. Have any additional resources been allocated within the Department to achieve "congestion busting" within the department
SQ19-000777	Written	Griff, Stirling	23/10/2019	Health Economics and Research	COAG Health accountability	Ministers agreed to commit to create a data and reporting environment that increases patient choice through greater public disclosure of hospital and clinician performance and information. Has specific funding been allocated towards the implementation of this decision of COAG? Who is responsible for leading this effort on a federal basis? More specifically, are there any additional systems being set up to track the use of implanted medical devices, given the occurrence of adverse events in recent years relating to implants? a. If so, what are they? b. If not, why not? Has this been, or is this being considered?
SQ19-000778	Written	Griff, Stirling	23/10/2019	Health Economics and Research	Medical Research Future Fund (MRFF)	What is the total amount that has been disbursed from the MRFF fund to date? How have you worked out how much funding to make available to which research areas/priorities? How much funding in total has been allocated to rare/low survival cancers? Was there a ramp up in disbursements in the lead up to the election? What percentage of MRFF funds were handed out in the 12 months prior to the election?

SQ19-000779	Written	Griff, Stirling	23/10/2019	Health Workforce Division	Reforms to the Health Practitioner Regulation National Law	Can the department please provide an update of how the reforms to the Health Practitioner Regulation National Law are progressing, following the consultation which closed in October 2018. Please also advise on the next planned steps, if known.
SQ19-000780	Written	Griff, Stirling	23/10/2019	Indigenous Health	Aboriginal Traditional Medicine - Program 2.2	Delivery of Program 2.2: Aboriginal and Torres Strait Islander Health, includes meeting goals under the Implementation Plan for the Aboriginal and Torres Strait Islander Health Plan 2013–2023 ('Implementation Plan'). Strategy 6D of the Implementation Plan requires that workforce strategy considers how the health sector can work collaboratively with traditional healers. Can you please provide an update regarding the progress on that strategy? What specific amount from the budget of \$974 million within Program 2.2 is allocated to the development or use of Aboriginal traditional healers? What data does the Department currently collect regarding the use of Aboriginal traditional healers within the public and community health care systems? How are these services provided? i. How are the traditional healers recruited and remunerated? ii. Are they employed directly or are they provided through an agency arrangement? iii. Are there credentialing processes or registration requirements to practice as a traditional healer? Can you advise the specific value of Federal Government funding spent on programs that involved traditional healers over the past two (2) years?
SQ19-000781	Written	Griff, Stirling	23/10/2019	Indigenous Health	Aboriginal Traditional Medicine - Program 1.1	Delivery of Program 1.1 includes dedicated research funding toward preventable health challenges facing Aboriginal and Torres Strait Islander Australians. Noting the Federal Government's National Aboriginal and Torres Strait Islander Health Plan 2013-2023 sets as a goal health policies and programs that are evidence-based, including traditional healing and cultural models of care, what portion of Indigenous health research funding is provided to investigate the efficacy of Aboriginal traditional healing? Given the emphasis on the inclusion of traditional healers and culturally appropriate practices in Aboriginal and Torres Strait Islander health plans, does the Medical Research Future Fund include Aboriginal traditional healing in its research agenda? If not, why not?
SQ19-000782	Written	Griff, Stirling	23/10/2019	Mental Health Division	Aboriginal Traditional Medicine - Indigenous Suicide Prevention	The Strategic Direction Statement in Budget Related Paper No. 1.9 notes that \$15 million will be invested in Indigenous Suicide Prevention. Would you please clarify in which Programs this funding is included? a. Delivery of Program 2.1 Mental Health refers to \$15 million being provided over three years from 2019-20 toward suicide prevention initiatives. Is this the same \$15 million referred to in the Strategic Direction Statement above? i. If so why does this not identify as funding for Indigenous Suicide Prevention? b. What portion is actually allocated for Indigenous suicide prevention?
SQ19-000783	Written	Griff, Stirling	23/10/2019	Mental Health Division	Aboriginal Traditional Medicine - Mental Health Programs	The Federal Government's National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Emotional Wellbeing 2017-2023 recognises the role of cultural healers (such as Ngangkari traditional healers from the NPY lands) in maintaining and healing social, emotional and spiritual wellbeing for Indigenous Australians. What is the current level of funding provided for mental health programs addressing Indigenous Suicide prevention that utilise Aboriginal traditional healers? Noting reference to traditional healers in Action Areas and Key Strategies throughout the 2017-2023 Framework, can you advise the specific value of Federal Government funding spent on Indigenous mental health programs that involved traditional healers over the past two (2) years?

SQ19-000784	Written	Griff, Stirling	23/10/2019	Medical Benefits Division	Private Health Insurance Rates Falling	On 21 August 2019, the ABC reported in an article that the percentage of Australians with basic hospital cover has dropped to its lowest level in more than a decade. This has been despite the much-trumpeted reforms to cover levels with the so-called Gold, Silver, Bronze and Basic plans. Does the department have a view on the success or otherwise of these reforms? Has the department done any modelling showing the ideal proportion of the population with private insurance cover for different age groups? Can this be provided? Does the department have a view on unexplained and unpredictable medical gaps as being a factor in discouraging people from maintaining their private health insurance? What steps is the department taking to encourage more young people to join the private insurance pool?
SQ19-000785	Written	Griff, Stirling	23/10/2019	Office of Health Protection	Vaccine Approval	I note that the vaccines for Meningococcal B and Shingrix have been approved by the Australian Therapeutic Advisory Group on Immunisation (ATAGI) but have not been placed on the National Immunisation schedule (NIS). 1. Is there a reason the government has not acted on the ATAGI recommendations? 2. Is there a PBAC process on assessing savings from lifetime costs avoided by effective immunisation? 3. Can you confirm whether Shingrix is known to be far more effective than Zostavax at reducing shingles, a painful and disabling condition? 4. Can you confirm that most meningococcal cases are now type B cases because that vaccine is not available on the NIS?
SQ19-000787	Written	Griff, Stirling	23/10/2019	Health Workforce Division	Pharmacy prescribing	Can you confirm that Minister Hunt has instructed the Chief Medical Officer to examine a proposal for "supervised prescribing" by pharmacists? Did the supervised prescribing proposal come from the Pharmacy Guild or the Pharmacy Board? Does the proposal recommend a separate payment to pharmacists? What has been proposed? What is the cost of the alternative option of providing more than one months' supply for such low risk medications? I understand this has also been assessed by the department.
SQ19-000788	Written	Griff, Stirling	23/10/2019	Technology Assessment and Access Division	Diabetes and looping	Is the department aware that young adult diabetic patients with Type 1 diabetes (Insulin dependent diabetes) are making their own "looping" devices in order to build automated insulin delivery systems to improve their diabetic control? (Looping is a process which involves building an artificial pancreas, DIY style, with the loop itself being a free app template for building the automated insulin delivery system.) What risks does the department accept these patients are taking? Does the department recognise this as an inevitable consequence of that fact that automated insulin pumps are only provided by the government for Type 1 diabetics under the age of 18? Why are these pumps provided only for those under the age of 18? Does the department think that the harmful effects of poor diabetic control cease after the age of 18? What would be the estimated cost to the budget if all Type 1 diabetics were offered access to an accurate insulin pump? Does regulation exist to control the sale of second-hand pumps such as the Medtronic pump? Is there any mechanism for testing the accuracy and effectiveness of these second-hand pumps?
SQ19-000789	Written	Griff, Stirling	23/10/2019	Medical Benefits Division	Specialist Gaps	The department would be aware of the relatively new medical fee comparison website MyDrBill website which draws upon a cache of de-identified Medibank Private billing data made available through a project between Medibank and the Royal Australian College of Surgeons. Minister Hunt has promised a fee transparency website and has been quoted stating that this website will be available from 1 January 2020. Can the department advise if this is tracking on schedule for delivery in January? Is there a reason why participation in the website is not compulsory? a. Has the department considered making participation compulsory for any practitioner who is claiming a payment from Medicare? b. If not, why not? Will there be comparisons between an individual specialist gap and the average gap? Including the Australian Medical Association (AMA) fee for example? How often will a specialist be required to update their gap fee? a. Can that be an automated live update from Medicare data? What should consumers do when the gap listed on the website is markedly different (much lower) than the real gap they are quoted in person?

SQ19-000790	Written	Griff, Stirling	23/10/2019	Technology Assessment and Access Division	Chronic Pain MedsCheck	<p>During Additional Estimates in February 2019, I asked the department for the total amount of Government funds allocated in 2018/19 for the various MedsCheck services (i.e. MedsCheck, Diabetes MedsCheck, Chronic Pain MedsCheck). I was advised this number was just over \$37.6 million. I understand there were approximately 1,650 pharmacies participating in these various trials. What was the average spend per pharmacy in 2018-19 for providing these programs? What improved outcomes have been demonstrated so far from the MedsCheck and Diabetes MedsCheck programs? During Additional Estimates in February 2019, I also asked the department for the number of patients recruited to date for the Chronic Pain MedsCheck trial. I was advised this number was almost 4,000 as at July 2019. Since then, it has been reported that there are almost 6,000 patients currently recruited to the trial. Why is an extension needed when the department has advised that with 2,000 patients there would be sufficient coverage from the analysis of the data set for a comprehensive evaluation of the Chronic Pain MedsCheck trial?</p> <p>a. What statistical advice did the department receive about the design of the trial and the required participant numbers? b. Do pharmacies get paid separately for completing the online training set up by the Pharmacy Guild? c. Is the department aware of the research confounder of interobserver variability? Does the department think that the inter-observer variability between 1645 different trial sites would negate any findings from this so called "trial"?</p>
SQ19-000791	Written	Griff, Stirling	23/10/2019	Technology Assessment and Access Division	Medical Abortion	<p>I understand the requirements for training and prescribing for the abortion drug RU-486 (Mifepristone) were set out in 2012 when it was first approved. What are the training requirements for the use of this drug currently? Is it wholly online? a. How long does it take to complete? b. Have the prescription requirements changed over the past six years since RU-486 was first approved? An article in the Brisbane times from 22 September 2019 states that there are approximately 1,300 GPs registered to prescribe a medical abortion, with only 0.2% of those based in regional and rural areas. Can the department elaborate on why there are regional barriers? a. What is the department doing to make access to abortions equitable? b. Has the department engaged with regional doctors to provide the training? i. If not, why not? ii. If so, what are the reasons access remains so low? Do you know which regions are underserved? Is there MBS and PBS data to show PHNs where RU-486 has never been prescribed?</p>

SQ19-000792	Written	Griff, Stirling	23/10/2019	Medical Benefits Division	Limitations of MBS to GPs for the provision for in-home Palliative Care	<p>What items on the MBS currently identify the level of GP in-home visits for the purpose of assessment and providing related treatment to palliative care patients? Has the MBS Review Taskforce, or any other team in the department, had feedback from GPs regarding the inadequacy of MBS items for reimbursement of palliative care related in-home visits? Will the MBS Review Taskforce look into MBS items specifically relating to in-home palliative care to support people choosing to die in their own homes? Is the Taskforce doing any other work to assess cost benefit of in-home palliative care or ways of more accurately collecting data on medical benefits claimed for in-home care? Items 90001 and 90002 provide a flag fall which GPs can claim when attending to patients at Residential Aged Care Facilities. It is understood that these benefits are claimed over and above the actual benefit for the service provided when attending patients at those facilities. Is this a correct interpretation of those MBS items? In the Productivity Commission's 2017 Inquiry Report 'Introducing Competition and Informed User Choice into Human Services: Reforms to Human Services', the PC determined that up to 70% of Australians prefer to die at home. Would it be cost effective to extend these flag fall benefits to GPs attending to palliative care patients in their own homes, potentially minimising hospital presentations? The PC's 2017 report identified substantial cost benefits by providing in-home palliative care to those who prefer that option. However, the net cost to State and Territory Government in providing unmet demand for these services is currently unknown. Noting these findings, can you advise what mechanisms the department can employ to determine unmet demand for in-home palliative care? Will such data collection mechanisms assist State and Territory Governments determine cost benefit through providing in-home palliative care? Is the department able to capture data regarding services provided by Nurses and Allied Health professionals relating to in-home palliative care? If so, what data is currently being collected and through what sources/mechanisms? An article in the Sydney Sunday Telegraph on 28 July 2019 reported that the Royal Australian College of General Practitioners (RACGP) raised concerns that palliative care doctors were withholding prescription of opioids due to the possibility of deregistration for overprescribing these medicines. The article indicates this response followed</p>
SQ19-000793	Written	Griff, Stirling	23/10/2019	Portfolio Strategies	Double Operating Lists	<p>Does the department have any data on double operating lists where the same surgeon is listed as the main operator in two theatres at once? (This is different to the primary and assistant surgeons both charging the primary operating fee but concerned with the primary surgeon charging the primary operating fee more than once for the same day and time.) a. If so, is there any data on outcomes of the operations? b. Are private patients potentially facing a higher error rate? Can the department advise whether this practice is safe? a. Does the department have a view on how surgeons would adhere to "team time-out" (for the surgical team to pause and verbally confirm the correct patient, procedure and site, as well as necessary equipment available before starting the procedure) and other guidelines?</p>
SQ19-000794	Written	Griff, Stirling	23/10/2019	Primary Care Division	Dentist Kickbacks	<p>Is the department aware of media reports of the US owned company Invisalign Australia paying incentives to dentists based on their volume of sales? Would the department agree that at over \$600,000 for a Platinum dentist, this would be a significant "Rolls-Royce" type of incentive? Does the department consider this level of incentive to be appropriate and if so, how is this justified? Are all dentists in Australia bound by the Dental Board of Australia's Code of Conduct, or is this voluntary? a. It appears the code of conduct refers to 'providing treatment options based on the best available information and not influenced by financial gain or incentives' however it does not appear to expressly prohibit the payment of commissions or incentives. Is the Department aware of anyone being penalised for taking incentives? Will the government commit to ensuring that the companies who supply dentists, need to put on the public record any incentives or commissions paid to dentists, including educational hospitality, conferences and discounts based on purchase volumes? How can patients know and trust that the device being prescribed is in their best interest when it is tainted by what can be perceived as unethical behaviour?</p>

SQ19-000795	Written	Griff, Stirling	23/10/2019	Medical Devices and Product Quality	Generic medicines and their safety and efficacy	<p>Can the TGA advise how many direct inspections of drug manufacturing facilities it performs each year? Are any of these inspections done in overseas plants? a. Of these, how many facilities relate to the manufacture of generic drugs? Is the TGA aware of US Food and Drug Administration (FDA) notices to Indian generic manufacturers in 2014-15? Are overseas manufacturers who have been subject to an FDA notice automatically restricted from supplying into Australia? What independent tests of the efficacy and chemical content of generic medicines is carried out by the TGA? Or do the manufacturers and sponsors provide data from self-assessment? Is there any evidence on the TGA database that generic medicines have more adverse events reported compared with non-generic medicines? How many medications are supplied where the original and the only generic version are made by the same manufacturer? (One example is Twynsta and Pritor (Telmisarten / Amlodipine)). Does the department know whether these are made in the same factory or in different countries? a. If they are made in the same factory, by the same company, why is there both a branded and a generic version? b. If they are made in different factories in different countries, what independent testing of purity and efficacy at batch level is done by the TGA?</p>
SQ19-000796	Written	Griff, Stirling	23/10/2019	Regulatory Practice and Support	Medicines Australia	<p>Is it compulsory for all medicine manufacturers and importers to be members of Medicines Australia (MA)? a. Is the MA code of conduct mandatory for those who are not members? Other than the TGA at initial approval stage, what regulations govern medicine manufacturers and importers? What regulations specifically govern the advertising and promotion of medicines to: a. Consumers; and b. Doctors. Has Medicines Australia ever sanctioned a member organisation for breaches of its code of conduct? Does MA have to report to the department on any such sanction? I understand Medicines Australia has a new website to enable searches of payments made to doctors and nurses (https://www.disclosureaustralia.com.au/search/). Can you confirm that the MA code explicitly excludes food and beverages from reporting requirements? a. Why does the MA code exclude food and beverages when the evidence shows that provision of meals at educational events influences prescribing behaviour? Is reporting on payments compulsory for all manufacturers and importers? a. Could this reporting be made compulsory as a condition of the Australian Register of Therapeutic Goods approval?</p>

SQ19-000797	Written	Gallagher, Katy	23/10/2019	Information Technology	PSPF and Essential 8 Compliance	<p>The Australian Government set a target date for government entities to achieve compliance with the Australian Signals Directorate's Top Four mitigation strategies as detailed in the Protected Security Policy Framework (PSPF), INFOSEC 10 core requirements by 30 June 2014. Non-corporate Commonwealth entities are required to apply the Mandatory 4 whereas it is only considered best practice for corporate Commonwealth entities and wholly-owned Commonwealth companies. ASD had stated that implementing the top 4 mitigation strategies will be able to prevent over 85% of unauthorised intrusions. Overall compliance and reporting</p> <ul style="list-style-type: none"> • Is the Department compliant with the core requirements in the Protected Security Policy Framework, INFOSEC 10: Safeguarding information from cyber threats policy? • Under the Public Governance, Performance and Accountability Act 2013, all non-corporate Commonwealth entities are required to report annually to the Attorney-General on the implementation of the Protected Security Policy Framework (PSPF). Has the Department provided an annual report to the Attorney general in 2015, 2016, 2017, 2018 and 2019 on compliance with the INFOSEC 10 core requirements? • Mandatory 4 implementation • Has the Department implemented Protected Security Policy Framework INFOSEC 10, requirement 1: application whitelisting? • According to the Essential Eight Maturity Model what is the maturity of application whitelisting implementation? • Has the Department implemented Protected Security Policy Framework INFOSEC 10, requirement 2: patching applications? • According to the Essential Eight Maturity Model, what is the maturity of patching applications implementation? • Has the Department implemented Protected Security Policy Framework INFOSEC 10, requirement 3: restriction of administrative privileges? • According to the Essential Eight Maturity Model, what is the maturity of 'restrict administrative privileges' implementation? • Has the Department implemented Protected Security Policy Framework INFOSEC 10, requirement 4: patching operating systems? • According to the Essential Eight Maturity Model, what is the maturity of 'Patching operating systems' implementation? • Essential 8 implementation • Has the Department implemented Protected Security Policy Framework INFOSEC 10, C.4, 27 (a): configuring Microsoft Office macro settings? • According to the Essential Eight Maturity Model what is the maturity of
SQ19-000798	Written	Griff, Stirling	23/10/2019	Health Workforce Division	Improving patient safety	<p>There have been several recent reports of significant medical errors leading to so called avoidable deaths. The media usually reports on the incident and names the clinicians. What does the department view are some of the "system factors" that play a role in the cause of these incidents? It seems that fatigue and long hours are a common factor in many medical errors. What steps has the department taken to ensure safe working hours for doctors? Pilots and truck drivers have mandated safe working hours, after which they must rest. Why is there not a similar system for doctors in whose hands we place our lives? Why are junior doctors in hospitals working Dickensian hours (routine shifts of 16 hours, with some up to 24 hours)? Why is it that the response of administration to clinician burnout is to preach resilience, rather than fix what is a broken system? Is the department aware of any health administrators held responsible for medical errors that occur by fatigued or overworked staff? Bullying and poor culture are other major factors related to patient safety and good outcomes. What steps is the department taking to ensure that bullying is stamped out in the health system?</p>
SQ19-000799	Written	Griff, Stirling	23/10/2019	Regulatory Practice and Support	TGA and advertising to doctors	<p>I understand that direct advertising about Medicines to consumers is regulated by the TGA. Why is the TGA not required to regulate advertising to doctors and nurse practitioners? What steps has the department taken to prevent marketing by companies such as Mundi Pharma which pushes doctors to prescribe opioids such as Oxycontin? Did the department work to correct the false claims of safety made by the company in its marketing to doctors? Does the department support revising the TGA advertising code to include advertising to doctors and nurse practitioners?</p>

SQ19-000800	Written	Griff, Stirling	23/10/2019	PA - Food Standards Australia New Zealand	Pregnancy warning labels	<p>The proposed changes to the Food Standards Code to implement mandatory pregnancy warning labels will be present to the Ministerial Forum on Food Regulation by the end of December 2019 and (assuming accepted without amendment) finalised and gazetted by mid-March 2020. What is the process for FSANZ if the Ministerial Forum on Food Regulation members decides to amend or reject the proposed labelling changes? How will an amendment or rejection of the proposed labelling changes impact the expected timeline? Please explain FSANZ's public health rationale for a two-year transition timeframe, when other countries have been able to implement changes within 12 months (or less) and considering the industry is well aware that labelling changes have long been mooted (and that the voluntary scheme has been in place since mid-2011)? Why, on top of the two year transition, is there also a proposed stock-in-trade exemption for alcoholic beverages packaged and labelled before the end of that two year transition period, given this will further delay implementation? How many years following gazettal might an alcoholic beverage be sold without the mandatory labels? Three years, four..? What is FSANZ's understanding of the average quantum of labelling stock held by alcohol producers/manufacturers that would warrant an effective extension to the two year transition period? What is the public health rationale for container size rather than alcoholic content (i.e. number of standard drinks in the container) determining what warning label should appear (pictogram vs pictogram and warning statement)? Why is 200mL the cut off below which products only need to display the pictogram without the words - given a 200ml bottle of vodka, for instance, can contain about six standard drinks, and the industry will have a transition period within which it can adapt labels to fit? What is FSANZ's proposal to evaluate the effectiveness of the warning labels in doing their intended job of informing consumers about risks of alcohol consumption during pregnancy? What are FSANZ's monitoring and compliance mechanisms to ensure that the warning labels, once mandatory, are being implemented as intended? The FSANZ consultation paper says the CPTPP would require labels for imported wine and spirits to be affixed separately as a supplementary label. Does this prohibit front of package warning labels on imported wine, beer and spirits? Has FSANZ received advice from DFAT on how, in practice, labelling would be affixed to packs due to Australia's</p>
SQ19-000801	Written	Griff, Stirling	23/10/2019	Health Workforce Division	Sonographers (Ultrasound technicians) not regulated	<p>The Medical Radiation Practice Board of Australia regulates Medical Radiation practitioners (people who take x-rays including radiographers, nuclear medicine technologists, radiation therapists), yet it does not regulate Sonographers or MRI technicians. Is there a reason for this discrepancy? Is performing a medical ultrasound considered less likely to lead to clinical harm if poorly performed? What steps would need to be taken to fix this gap in regulation of consumer facing clinical practitioners? If a patient feels that a sonographer has demonstrated inappropriate behaviour in a clinical setting, what avenues of complaint does that patient have given they are not a registered health practitioner under the Australian Health Practitioner regulation Agency (AHPRA)? As sonographers are not regulated by AHPRA, what is there to stop an offending sonographer from simply moving to another area and reoffending?</p>

SQ19-000802	Written	Griff, Stirling	23/10/2019	Health Workforce Division	Cosmetic clinics and Botox and filler injections	Cosmetic clinics provide Botox and filler injections. These clinics are often staffed by nurses or other people such as beauty therapists. There are no set standards for training before a person can start providing these services. Can the Department of Health confirm that several clinics utilise a doctor consultation via Skype or other technology-based patient consultations? Does one consultation then allow for the patient to receive multiple treatments from otherwise unsupervised workers over the next year? When something goes wrong – what happens to the patient when the doctor is not on site and there is no option for rapid reversal of treatment or emergency care? An article published in the Herald Sun on 30 September 2019 provides examples where consumers have experienced significant harm (such as a lip infection after having permanent lip filler injected). In light of this, is there a need for legislative review of the unregulated cosmetic services being provided? a. Is the Department currently considering a review or changes to the guidelines which govern the way cosmetic services are provided? i. If so, what is being done and what changes can be expected? If not, why not? Does the Department support the development of cosmetic services being setup in shopping centres? a. Despite being classified as ‘minor (non-surgical) cosmetic medical procedures’, does this serve to trivialise the access to what are significant invasive procedures? Are there any minimum standards in terms of equipment and resuscitation capability which apply to clinics providing cosmetic injections?
SQ19-000803	Written	Griff, Stirling	23/10/2019	Medical Devices and Product Quality	TGA and breast implants	Can the TGA advise if it asked Allergan to explain why the company withdrew the textured breast implants in Europe but not Australia? Why did the TGA leave the Allergan textured implants available in Australia after the French and UK regulators implemented restrictions? How many Australian women were implanted with textured implants between when the French regulator made its decision in November 2018, and the eventual withdrawal in Australia? Based on current rates how many additional cases of BIA-ALCL (breast implant associated anaplastic large cell lymphoma) are expected due to the delay?
SQ19-000804	Written	Griff, Stirling	23/10/2019	Aged Care Reform and Compliance	Department of Health and Bupa meetings	Can the department please provide a list of all of the meetings it has had with Bupa since 1 January 2019, including the topic of the meeting, who instigated the meeting (whether it was the department, or Bupa) and the date of each meeting?
SQ19-000805	Written	Patrick, Rex	23/10/2019	PA - Sport Australia	Sports Funding - Equestrian Australia	How much Commonwealth funding has Equestrian Australia received for each of the last 5 financial years? Please provide a breakdown of the type/purpose of funding for each financial year. What governance requirements are placed on sporting organisations that receive government funding? How are these requirements imposed (e.g grant condition, recommendation etc)? Please provide requirements documentation provided to Equestrian Australia in relation to current funding.
SQ19-000806	Written	Waters, Larissa	23/10/2019	Medical Benefits Division	Midwifery continuity of care	There is a large body of evidence to demonstrate the outstanding clinical outcomes, consumer satisfaction and financial efficiency associated with midwifery continuity of care models. The Participating Midwife Reference Group Report undertaken as part of the Medicare Review identifies (at p47) factors that impact on enhancing consumer access to midwifery continuity of care. The report identified two main barriers for accessing this exemplary model of maternity care: financial and structural. Given the fee for service model does not align well with midwifery continuity of care models, what is the department doing to investigate the possibility of a bundled funding model, as recommended in the report? Private midwives are required to have 5,000 clinical care hours over 6 years in order to be registered and given a provider number. a. Is this experience requirement based on any evidence? b. How is the government addressing concerns from practising midwives that these requirements present unnecessary hurdles to the provision of care? What steps is the Department taking to improve public education and awareness of private midwifery continuity of care options?

SQ19-000807	Written	Waters, Larissa	23/10/2019	Portfolio Strategies	Abortion and reproductive rights	Termination is now lawful in all States and Territories, but access remains a problem in many areas due to prohibitive costs or lack of local services. Has the Department provided any advice to the Minister regarding options to ensure equitable access to terminations in all States and Territories? Does the Department maintain or publish data on the number and location of public hospitals in each state that currently offer abortion services? If so, please provide a copy of this information. Has any work been undertaken by the Department to facilitate provision of termination services at public hospitals? How could the Federal government contribute to increasing availability of abortions in public hospitals through funding mechanisms? What is the status of efforts to list provide pbs subsidies for long acting reversible contraceptive insertions like the Merina that would make this contraceptive method more affordable?
SQ19-000808	Written	Waters, Larissa	23/10/2019	Health Economics and Research	Endometriosis	Recent studies have estimated that 7-11% of Australian women suffer from endometriosis and the economic burden of the disease – including loss of productivity, health care and medication – is up to \$30,000 per person. What is the Department doing to ensure that targeted research is undertaken to assist in pain management? What analysis has been done to prioritise the funds allocated to this research?
SQ19-000809	Written	Carr, Kim	23/10/2019	Mental Health Division	Royal Comission Recommendations for Survivors of Child Sexual Abuse	The Royal Commission also recommended that changes be made to Medicare to provide for rest of life psychological care to survivors of child sexual abuse. Has the Government acted on those recommendations? If so, please provide details. If not, why not?
SQ19-000810	Written	Faruqi, Mehreen	23/10/2019	Population Health and Sport	National Women's Health Strategy 2020-2030 - area 5	Q11: What funding and resources will be provided to implement priority area 5 of the National Women's Health Strategy 2020-2030 focused on the health impacts of violence against women and girls?
SQ19-000811	Written	McCarthy, Malarndirri	23/10/2019	Primary Care Division	STILLBIRTH POLICY DEVELOPMENT – NATIONAL ACTION PLAN	•Can the Department provide an update on the government's development of a Stillbirth National Action Plan? •B there are timeframe the Department is working towards? •Can the Department outline the elements of the Plan?
SQ19-000812	Written	McCarthy, Malarndirri	23/10/2019	Primary Care Division	STILLBIRTH POLICY DEVELOPMENT – NATIONAL PERINATAL MORTALITY DATA COLLECTION	The Government agreed in principle to the Committee's recommendation (Rec 2) to prioritise the development of a comprehensive, standardised, national perinatal mortality data collection. Can the Department provide an update on this?
SQ19-000813	Written	McCarthy, Malarndirri	23/10/2019	Primary Care Division	STILLBIRTH POLICY DEVELOPMENT – AUTOPSIES AND INVESTIGATIONS	•The Government agreed to refer recommendation 3 (adding stillbirth autopsies to the Medicare Benefits Schedule) to the Medical Services Advisory Committee for advice. Has this occurred? If not, when will it occur? •The Government agreed in principle to the Committee's recommendation (Rec 4) to identify strategies for increasing the number of perinatal pathologists available to undertake stillbirth investigations. Can the Department provide an update on this?
SQ19-000814	Written	McCarthy, Malarndirri	23/10/2019	Primary Care Division	STILLBIRTH POLICY DEVELOPMENT – RESEARCH FUNDING PRIORITIES	The Government agreed in principle to the Committee's recommendation (Rec 5) to establish a set of research funding priorities. Can the Department provide an update on when funding discussions with the States and Territories are expected to take place with The Australian Health Ministers' Advisory Council?
SQ19-000815	Written	McCarthy, Malarndirri	23/10/2019	Primary Care Division	STILLBIRTH POLICY DEVELOPMENT – RESEARCH FUNDING REVIEW	•The Government agreed in principle to the Committee's recommendation (Rec 6) that current research funding arrangements be reviewed and stated there are initiatives under the Medical Research Future Fund which may benefit Stillbirth research. Can the department provide an update on which initiatives will be beneficial to Stillbirth researchers? •Can the department provide an update on when the Government will request NHMRC to conduct a review into longer term funding cycles?
SQ19-000816	Written	McCarthy, Malarndirri	23/10/2019	Primary Care Division	STILLBIRTH POLICY DEVELOPMENT - MEDICAL RESEARCH FUND ALLOCATION	The Government agreed in principle to the Committee's recommendation (Rec 7) to consider support for the development of a national biobank for stillbirth placenta research through the Medical Research Future Fund. Can the Department provide an update on this?

SQ19-000817	Written	McCarthy, Malarndirri	23/10/2019	Primary Care Division	STILLBIRTH POLICY DEVELOPMENT – NATIONAL CARE MODEL	The Government agreed in principle to the Committee's recommendation (Rec 8) to develop a national culturally appropriate continuity of care model, indicating however that this is a state and territory government responsibility rather than a national responsibility and that it would write to all State and Territory Ministers. Can the Department provide an update on if the Government has written to all State and Territory ministers to seek their support for action through the Australian Health Ministers' Advisory Council? If not, why not?
SQ19-000818	Written	McCarthy, Malarndirri	23/10/2019	Primary Care Division	STILLBIRTH POLICY DEVELOPMENT – BEST PRACTICE GUIDE LINES	The Government agreed in principle to the Committee's recommendation (Rec 9) to develop national guidelines for hospitals and health centres which provide culturally appropriate support and information for bereaved families who have experienced stillbirth. Can the Department provide an update on any options identified by the Government to progress such guidelines?
SQ19-000819	Written	McCarthy, Malarndirri	23/10/2019	Primary Care Division	STILLBIRTH POLICY DEVELOPMENT - PUBLIC AWARENESS CAMPAIGN	The Government agreed in principle to the Committee's recommendation (Rec 10) to develop and implement a national stillbirth public awareness plan. Can the Department provide an update on any further opportunities it has explored as part of the development of this National Preventative Health Strategy?
SQ19-000820	Written	McCarthy, Malarndirri	23/10/2019	Primary Care Division	STILLBIRTH POLICY DEVELOPMENT – CALD HOSPITAL PROTOCOLS	The Government agreed in principle to the Committee's recommendation (Rec 12) to develop and implement culturally and linguistically appropriate protocols for public hospitals. Can the Department provide an update on when the development of such protocols for the States and Territories will be discussed through AHMAC?
SQ19-000821	Written	McCarthy, Malarndirri	23/10/2019	Primary Care Division	STILLBIRTH POLICY DEVELOPMENT – ONLINE REGISTER	The Government agreed in principle to the Committee's recommendation (Rec 13) regarding the creation of an online register of current research and clinical guidelines relating to stillbirth. Can the Department provide an update on the feasibility of a special collection of evidence reviews on stillbirth from the Cochrane Library?
SQ19-000823	Written	Pratt, Louise	23/10/2019	PA - National Mental Health Commission	Small Business Owners Mental Health	The Government committed \$11.5 million for a National Mental Health Workplace Initiative that will support businesses to create a mentally healthy workplace. Can the ombudsman update the committee on this initiative? Can the ombudsman provide the committee with the funding profile over the forward estimates? Can the committee be provided with a list of services, information sources etc. that have been developed as a result of this initiative? What evaluation framework for the efficacy of these initiatives has been put in place?
SQ19-000824	Written	Rice, Janet	23/10/2019	PA - Sport Australia	Sports Grants - Community Sport Infrastructure Program	Please provide a list of potential and actual grant recipients for the Community Sport Infrastructure program, including the list of 618 recommended entities that did not receive funding. Were any recipients under rounds 1, 2 or 3 not existing eligible applicants? If so, please provide a list of entities and the amounts they received.
SQ19-000825	Written	Lines, Sue	23/10/2019	PA - Sport Australia	Middleton Park Change Rooms upgrade	What government program/fund is the Federal Government contribution being made from for the Middleton Park Change Rooms upgrade in the Town of Victoria Park? What is the projected commencement date for the project? What is the projected completion date for the project?

SQ19-000826	Spoken	O'Neill, Deborah	23/10/2019	5 Medical Benefits Division	GP Bulk-Billing Rates by Electorate	Ms Beauchamp: In terms of updated figures on how many people have opted out of My Health Record and what participation rate it represents, I've just got a summary to provide as well, and that is certainly in line with the public commentary and our previous questions on notice that, whilst the opt-out period has finished now, certainly over 90 per cent of people have a My Health Record now. In terms of medical benefits, GP bulk-billing rates and specialist bulk-billing, we have provided a summary of each state and territory GP bulk-billing rates, the percentage of patients who have all GP services bulk-billed, the average out-of-pockets and the same for specialists. But what we haven't done—and I'll take this on notice—is provided it by electorate. That is the only piece of work that is outstanding in response to your letter. Senator O'NEILL: Thank you. And 4.3? Ms Beauchamp: We can certainly table that in terms of all the progress on the PBAC recommendations since 2013. Senator O'NEILL: I want to express my thanks for the work that you did in providing that. Could I get an indication of when you might be completing the work by electorate? Ms Beauchamp: It should be in the next few days. Senator O'NEILL: Excellent. I notice you're going to provide me with a hard copy, but do you also have a soft copy you could provide? Ms Beauchamp: I haven't personally got a soft copy. I've only got the big hard copies. They are very large spreadsheets. Senator O'NEILL: They are. If you could forward that to my public address, senator.o'neill@aph.gov.au? Ms Beauchamp: Through the committee secretary?
SQ19-000827	Written	O'Neill, Deborah	31/10/2019	PA - National Health and Medical Research Cour	NHMRC ME/CFS Report	When can we expect a response to the NHMRC ME/CFS Advisory Report from the CEO Professor Anne Kelso?
SQ19-000828	Spoken	Watt, Murray	23/10/2019	7 Medical Benefits Division	Private Health Insurance Premium Increases	Senator WATT: Do you have figures there about private health insurance premium increases? Ms Shakespeare: The officers for outcome 4 will be here later today. Senator WATT: We will get into detail then. But in terms of top line figures, are you able to confirm that private health insurance premiums have increased by an average of 30.01 per cent since 2014? Ms Shakespeare: We will have to take that on notice. We do know that the premium increase that took effect on 1 April this year was 3.25 per cent, which is the lowest average premium increase in 18 years.
SQ19-000829	Written	Roberts, Malcolm	23/10/2019	In home Aged Care	Increase in funding in 2019/20 for improved in-home solutions	General practices are well positioned to support people in community based programs especially in regional communities. Is there a real increase in funding in 2019/20 for programs focussed on improved in-home solutions, for example, for Parkinson's patients and for community mental health?
SQ19-000830	Spoken	O'Neill, Deborah	23/10/2019	45 Aged Care Reform and Compliance	Implementation of the 14 measures – A Matter of Care, The Workforce Strategy	Senator O'NEILL: Great; thank you. After a year, how many of the 14 measures included in A matter of care, the workforce strategy, have been fully implemented? Ms Beauchamp: As I gave in evidence at the royal commission, many of those recommendations were to be industry led. We have provided detailed responses to each of those strategic actions. I can reproduce that for the committee, if you would like. It's actually public and on the royal commission's website. Senator O'NEILL: If you could table that, if somebody could assist us by getting it to us— Ms Beauchamp: It is publicly available on their website. Senator O'NEILL: I know, Ms Beauchamp. It's just a matter of sitting still, and going and finding it. If it can be provided by the department, that would be very helpful— Ms Beauchamp: I can provide the link.
SQ19-000831	Spoken	O'Neill, Deborah	23/10/2019	77 PA - National Health and Medical Research Cour	Sapphire Pilot	Senator O'NEILL: The people who are submitting into that particular scheme are now submitting into Sapphire? Prof. Kelso: It opened today, and it closes, I think, early in the new year; it might be before Christmas. They have usually about six weeks to two months to submit applications and then we will commence peer review. Senator O'NEILL: I'm sure you'll be watching this closely. Prof. Kelso: Indeed. Senator O'NEILL: I will be interested in any updates you can provide in the next couple of weeks about how the initial pilot is going.

SQ19-000832	Spoken	Siewert, Rachel	23/10/2019	112 PA - Australian Sports Anti-Doping Authority	Date of CAS Hearing	<p>Senator SIEWERT: What date was that, just so I'm clear on dates? Mr McDonald: The hearing, in relation to the matter? Senator SIEWERT: Yes. Mr McDonald: I'd need to go back and check. Senator SIEWERT: Is that the 2014 one? Mr McDonald: The fact that the substance was prohibited at the time it was alleged that the Essendon players had taken it was subject to that CAS hearing. Senator SIEWERT: If you could check the date on that—was it 2014? Mr Sharpe: It would have been around that time, yes. Senator SIEWERT: Can you expand it a little bit further, in terms of what you just said about having to—did you say it was talked about extensively there? Mr Sharpe: It was certainly the subject of extensive evidence provided, in relation to that and that fact of where thymosin was listed, when it was listed, how it was listed under the category. It was all taken as part of the evidence within the CAS hearing.</p>
SQ19-000833	Spoken	O'Neill, Deborah	23/10/2019	85 Mental Health Division	Location of Satelites	<p>Senator O'NEILL: And any detail that you can. Could I just ask a clarifying or on notice question with regard to the headspaces. Could you provide on notice exactly where the satellites are—the 10 new expanded—so the details of what is where? Ms Edwards: Yes. Senator O'NEILL: What's there now and what's been announced— Ms Edwards: What's coming down the line—exactly—with funding allocation? Senator O'NEILL: Where it's been allocated. Ms Edwards: Yes. Senator O'NEILL: And where you anticipate the others will go if you could do that. The last thing is what evaluation has been undertaken of any of the satellite sites in terms of service provision. Mr Roddam: We can take that on notice.</p>
SQ19-000834	Spoken	McCarthy, Malarndirri	23/10/2019	85 Mental Health Division	Number of Youth Mental Health Ambassadors in the Northern Territory	<p>Senator MCCARTHY: Sixteen in total. Can I just ask how many are in the Northern Territory? Mr Roddam: I would need to take that on notice. Senator O'NEILL: Can you provide a distribution of where they all are? Mr Roddam: We can do that</p>
SQ19-000835	Spoken	O'Neill, Deborah	23/10/2019	70 Mental Health Division	National Suicide Trials	<p>Senator O'NEILL: Is that by anecdotal report or by evaluation? Ms Beauchamp: No, it's actually evidence based, and that's why Black Dog Institute have actually been employed to do the work. Funding has been provided by not just the Commonwealth but the states and territories where these trial sites are operating, to look at the evaluation framework that you're talking about and at how we collect information that we know is going to lead to a reduction in suicide rates. When you look at the documents that have been brought together and the information around the trial sites—four years does sound like a long time, but when you're looking at activities being put in place and the different models—that actually is a good framework that's going to give us valuable information in terms of going forward. I might be able to get my hands on that document and provide it.</p>
SQ19-000836	Spoken	O'Neill, Deborah	23/10/2019	47 Health Economics and Research	Home Care Package	<p>Senator Colbeck: The question is: is it possible to gather that data? That's the question the officers are asking. They've said they are prepared to take the question on notice, which is fine. Ms Beauchamp: The other element is the episodic nature of people going into hospital for good clinical reasons. And you're looking at a home care package or a residential care package for longer term. People are going into hospital generally for a short-term episodic need. I think it is two different questions. Senator O'NEILL: Do they? That is an assertion that perhaps cannot be made without the data. That's just the point. It's very difficult to make policy without accurate data. Ms Beauchamp: We might be able to provide information on why people of a certain age are going into hospital.</p>
SQ19-000838	Spoken	Askew, Wendy	23/10/2019	71 PA - National Mental Health Commission	LGBTIQ communities	<p>CHAIR: Can I jump in there, just while you are taking those questions on notice, we did ask earlier, Ms Morgan, about your visits to communities or Aboriginal and Torres Strait Islander organisations. Are you able to provide that as well to the committee? Ms Morgan: I certainly can. In terms of specific organisations, I will have to provide that information</p>

SQ19-000839	Spoken	Hughes, Hollie	23/10/2019	58 Health Economics and Research	Women's Health Strategy - Endometriosis	Senator HUGHES: Can I come back to the emerging areas? One of the areas that's coming through is endometriosis; can you explain the process for that grant and the patient focus within that? Ms Edwards: I agree it's a very interesting area to discuss, but I don't know if we've got the detail on that particular one. You would see that, with the vast number of grants, we haven't got the detail on it. That's why I raised it because it's a particular interest of mine. Obviously, it's part of our women's health strategy. We probably haven't got the detail on it. But we'll be providing on notice all of the various things, and you'll see the enormous spread of research activities that are being conducted. Senator HUGHES: It would be wonderful if you could include that.
SQ19-000840	Spoken	Griff, Stirling	23/10/2019	27 Aged Care Reform and Compliance	General Practice training programs	Senator GRIFF: Are you running any programs for GPs and nurses to help them implement falls protection? Ms Laffan: Not to my knowledge. Senator GRIFF: Why is that? Would that not be important, given the significant effect of falls? Mr Hallinan: General practice training programs are traditionally managed through the RACGP, the College of General Practitioners, through a CPD model—continuing professional development. I can take on notice for you the extent to which falls prevention activities might be covered through CPD arrangements of the college. Senator GRIFF: I would appreciate that; thank you.
SQ19-000841	Spoken	Siewert, Rachel	23/10/2019	72 Mental Health Division	Expert Advisory Committee panel members	Mr Roddam: Yes, certainly by next estimates the committee that we are setting up will have met and we will have, I think, an idea on time frames on the strategy by the time of next estimates. Senator SIEWERT: If I can find this elsewhere, tell me where to find it. Who is on the expert panel? Mr Roddam: I think we have the list. Senator SIEWERT: Do you have a list— Mr Roddam: I know it is being co-chaired by Mr Tom Bryson and Miss Jennifer Taylor. Senator SIEWERT: Is there a list you could table before the end of today? Mr Roddam: Sure, we will do that. In fact, I may have it now. Sorry, we will get back with that. Senator SIEWERT: If you could table it today, that would be very much appreciated.
SQ19-000842	Written	Griff, Stirling	4/12/2019	Medical Benefits Division	MBS review taskforce and surgical assisting	- The Medical Benefits Schedule Review Taskforce ('the taskforce') has been tasked with reviewing all MBS items, including a review of the assisting items 51300 and 51303. Can you confirm whether the taskforce prepared a proposal to change the remuneration arrangements for MBS services provided by surgical assistants? What was the outcome of the proposal? - Can you provide the feedback provided following consultation on the proposal to reform the assisting items 51300 and 51303? - Has this been handed on to another review group which is separate from the MBS review taskforce? - What has been the cost of the MBS review to date?