



OUTCOME 09

HEALTH INVESTMENT

Knowledge, information and training for developing better strategies to improve the health of Australians.

OUTCOME 9: HEALTH INVESTMENT

PART 1: OUTCOME PERFORMANCE REPORT

Outcome 9 was managed in 2004-05 by the Health Services Improvement Division, the e-Health Implementation Group, Portfolio Strategies Division and the National Health and Medical Research Council, which reports in the Department's annual report and its own annual report of operations for the calendar year.

The Australian Institute of Health and Welfare and the National Institute of Clinical Studies also contributed to the outcome and produce their own annual reports.

Major Achievements

- In January 2005 all Australian Health Ministers agreed to an implementation plan to progress four priority areas in safety and quality improvement in public hospitals including:
 - open disclosure;
 - performance management;
 - development of a minimum data set; and
 - external review.
- The National Health and Medical Research Council awarded 930 new research grants during 2004-05.
- Revision of the implementation strategy for *HealthConnect* to align the program with national governance arrangements for e-health, including the establishment of the National e-Health Transition Authority (NEHTA).

Challenges

- The revision of the implementation strategy for *HealthConnect* has meant that the Department has had to negotiate new milestones for *HealthConnect* with all States and Territories, taking into account the changes to the implementation strategy including the role of the Department in the development of *HealthConnect*.
- In consultation with States and Territories, a revised timeframe was agreed for the

development of the National Chronic Disease Strategy (NCDS) and the National Service Improvement Frameworks (NSIFs) to ensure a well considered and broadly accepted set of documents. The development of the NCDS and NSIFs has been undertaken under the auspices of the National Health Priority Action Council (NHPAC) by all jurisdictions and has involved expert input by clinicians and professional groups. National consultations with a broad range of stakeholders were also undertaken.

KEY STRATEGIC DIRECTIONS FOR 2004-05

Improved Quality of Care

The Department provided secretariat support to the National Health Priority Action Council which is chaired by the Chief Medical Officer, with the development of the overarching National Chronic Disease Strategy and the disease specific National Service Improvement Frameworks progressed in 2004-05. Consultative workshops in each State and Territory were held in June 2005. By promoting an integrated evidence-based approach to health care service delivery for people with complex care needs, more effective prevention and management strategies can be put in place, with improved outcomes for individuals, clinical practitioners and jurisdictional level service delivery planners.

Diabetes

Diabetes constitutes a major health risk to Australians, particularly in those who are overweight or obese. In addition to the personal health costs, the disease imposes a large public health burden, with the estimated annual cost to the nation exceeding \$1.2 billion.

The Department continues to support general practice doctors (GPs) to improve the care of people with diabetes through the National Integrated Diabetes Program. The program provides a national, integrated approach to improving detection and management of diabetes by providing incentives to GPs through the Medicare Benefits Schedule, providing infrastructure and support for the Divisions

of General Practice network, consumer engagement and changes to the practice of health professionals. In the 2005-06 Budget, the Government allocated \$44.2 million to continue the program for a further four years.

In meeting the goals of the National Diabetes Strategy, the Department in 2004-05 made further progress administering the development of clinical practice guidelines for the management of Type 2 diabetes with six in a set of nine guidelines now endorsed by the National Health and Medical Research Council (NHMRC). In addition, guidelines for the management of Type 1 diabetes for children and adolescents were endorsed by the NHMRC in February 2005. In August 2004 the Department commissioned the development of a National Service Improvement Framework (NSIF) for Diabetes which identifies the best opportunities to improve health system delivery, based on evidence and consumer opinion. The Department has consulted widely in the development of the NSIF which will be presented to the Australian Health Ministers' Advisory Conference in October 2005 along with an overarching National Chronic Disease Strategy.

To complement the NSIF, the Department is developing an Aboriginal and Torres Strait Islander Advocacy Brief to address the chronic conditions of diabetes, cardiovascular disease and asthma. This document is being developed in consultation with an advisory group including Indigenous health experts and a separate group of representatives from State and Territory Health Departments. This brief, which is scheduled for completion by the end of September 2005, will identify the best opportunities for improvements in the health system affecting Indigenous communities that can be pursued within the context of the National Diabetes Strategy, the National Strategy for Heart Stroke and Vascular Disease and the National Asthma Strategy.

Cardiovascular Health

Heart, stroke and vascular diseases kill more Australians than any other disease group. The total burden of these diseases is expected to increase over the coming decades due to the increasing number of older people, among whom these diseases are most common.

The NSIF for Heart, Stroke and Vascular Disease was commissioned in August 2004. In July 2005 the Department consulted widely to finalise a

draft which will be considered by the Australian Health Ministers' Advisory Conference in October 2005.

The Department progressed the National Strategy for Heart, Stroke and Vascular Health through its work with St John Ambulance on the use of automated external defibrillators which have been shown to prevent death and disability following sudden cardiac arrest.

Under the National Strategy, the Department also progressed work with the National Stroke Foundation on the development of evidence-based *Clinical Guidelines for Stroke Rehabilitation and Recovery* covering the post acute phase of stroke care and completing a suite of stroke care guidelines. The Department expects to provide a draft document, which is the result of wide consultation, to the NHMRC for full council endorsement in September 2005.

In 2003, the Department also provided funding to a project for improving cardiovascular risk assessment over 5 years. A final report has now been received and the Department is considering the potential application.

Asthma Management Program

Implementation of the Medicare Benefits Schedule GP Initiative 3+ Visit Plan continued to be supported through the National Asthma 3+ Community Support Program delivered by State and Territory Asthma Foundations with funding administered by the Department. This continued to be funded by the Department to encourage uptake of the 3+ Visit Plan and effective self management by people with moderate to severe asthma. Education on asthma and the 3+ Visit Plan for health professionals was delivered by the National Asthma Council with funding administered by the Department.

The Asthma Friendly Schools Program is delivered by the asthma foundations with support from the Department, achieving full recognition of up to 50 per cent of all schools in Australia as 'Asthma Friendly' and registration of 80 per cent of all schools in the program by June 2005.

The Department administered funding to the asthma foundations to undertake a fourth round of Asthma Community Grants designed to increase community awareness of asthma and promote a team approach to asthma management. The grants targeted Indigenous communities, culturally and linguistically diverse groups and asthma education. Additional

activities supported by the Department included a pilot of best-practice hospital discharge practices for asthma patients in 30 emergency departments across Australia; GP Decision Support Materials to assist in the diagnosis of asthma in older Australians; a 3+ Visit Plan communication strategy for pharmacists; and publication of eight evidence-based information brochures on asthma topics for health professionals and consumers.

Better Arthritis Care

The Department referred the National Action Plan for Osteoarthritis, Rheumatoid Arthritis and Osteoporosis to Health Ministers which was endorsed in July 2005. An Arthritis and Musculoskeletal Conditions Quality Improvement Program addressing the key clinical focus areas of the national action plan was supported by the Department and managed by the Royal Australasian College of Physicians.

Cancer

National monitoring of cancer is particularly important as one in three men and one in four women can be expected to be diagnosed with a cancer before the age of 75 years.

During the period 1991 to 2001 there was a 34 per cent increase in new cancer cases compared with population growth of 12.3 per cent over the same period. Much of this difference is due to the ageing of the population and improved screening and early diagnoses.¹

Each year, an estimated 460,000 people are diagnosed with cancer. Approximately 374,000 (80 per cent) of these cancers are less threatening types of skin cancer – namely non-melanocytic skin cancers. Excluding non-melanocytic skin cancer, there were 88,398 new cases of cancers in 2001 compared to 65,966 in 1991. Prostate cancer was the most common registrable cancer in males, with 11,191 new cases diagnosed in 2001, followed by colorectal cancer (6,961), lung cancer (5,384) and melanoma (5,024). These four cancers account for 60 per cent of all registrable cancers in males. In females, breast cancer was the most common registrable cancer with 11,791 cases, followed by colorectal cancer (5,883), melanoma (3,861) and lung cancer (2,891), which in total account for 60 per cent of all registrable cancers in females.²

Key activities undertaken by the Department in 2004-05 include:

- the Supporting Women in Rural Areas Diagnosed with Breast Cancer initiative implemented across all States and Territories;
- the first round of the Building Cancer Support Groups initiative was conducted in which 15 projects were funded; and
- funding delivered to Camp Quality and Make-A-Wish to assist them in continuing to provide support to children with cancer and their families.

Improved Safety

The Department works collectively with all State and Territory governments to improve the safety and quality of health care through support for the Australian Council for Safety and Quality in Health Care (the Council) which was established in 2000. The Office of the Safety and Quality Council, housed in the Department, manages Council activities and facilitates the implementation of Health Ministers' decisions.

Improving safety and quality is a major focus of Australian Health Ministers' health reform agenda and in January 2005 they agreed to an implementation plan to progress four priority areas in safety and quality in public hospitals including:

- open disclosure: open communication in public and private hospitals following an adverse event in health care (based on a national Open Disclose Standard);
- performance management: ensuring clinicians have the knowledge, skills and local resources to deliver safe health care (based on a national Standard for Credentialling);
- development of improved information collection to assess the safety and quality of our health care system; and
- external review: ensuring accreditation and review systems in hospitals are robust, and are integrated and streamlined where possible.

The Council's programs have been extended from a focus on the acute public sector to incorporate aged care and general practice settings. A number of Council tools and strategies are being adapted for use in these sectors in the future. However, considerably more progress is needed in other areas and the Government is also keen that the private health sector is engaged effectively as the quality and safety agenda progresses.

¹ Cancer in Australia 2001, Australian Institute of Health and Welfare.

² Cancer in Australia 2001, Australian Institute of Health and Welfare.

A recent focus for the Department was the coordination of input to the *Review of Future Governance Arrangements for Safety and Quality and Health Care* which Ministers agreed to in July 2004. The Review Team reported to Health Ministers in July 2005 and Ministers agreed that the Australian Council for Safety and Quality in Health Care will be succeeded in 2006 by a national body, the Australian Commission on Safety and Quality in Health Care, which will be closely linked to both government and non-government bodies. The Review noted the importance of engaging with the private sector to coordinate safety and quality initiatives across the health system.

Medical Workforce Initiatives

In 2004-05, the Department progressed three medical workforce initiatives announced in the Strengthening Medicare package. The initiatives target overseas trained doctors, bonded medical school places, and medical specialists:

- the number of appropriately qualified overseas trained doctors working in areas of workforce shortage in Australia has increased as a result of medical recruitment activities managed by the Department through international recruitment agencies. During 2004-05, an additional 160 doctors were recruited and had commenced work in areas of workforce shortage, resulting in an increase of 139 doctors over the previous year. This overseas trained doctor initiative was supported by improved training and support for overseas trained doctors, and simplified processes for overseas trained doctors entering and working in Australia;
- the Bonded Medical Places Scheme, managed by the Department, provided an additional 246 publicly funded medical school places in 2005. Students taking up a place under this Scheme are required to work for a minimum of six years in a district of workforce shortage on completion of their training; and
- the Department's Specialist Re-Entry Program is supporting specialists who want to resume clinical practice after taking a career break. The program provides training and mentoring assistance and training placements for this group.

National Health and Medical Research

Investment Review of Health and Medical Research

The Investment Review was announced by the former Minister for Health and Ageing, the Hon Kay Patterson on 2 October 2003 to assess the impact on Australia's health and medical research outcomes resulting from the 1999-2000 Budget initiative to double funding for research over six years.

The Investment Review team chaired by Mr John Grant AC was asked to report on the effectiveness and efficiency of NHMRC funding in meeting its objectives and its response to changed priorities and emerging issues in the Australian research environment. The NHMRC made a significant contribution during the course of this review including presenting a detailed submission and providing the Review Secretariat with explanatory information and responses to supplementary questions.

The final report *Sustaining the Virtuous Cycle For a Healthy Competitive Australia: Investment Review of Health and Medical Research* was officially released by the Minister for Health and Ageing, the Hon Tony Abbott MP on 9 December 2004. The Australian Government is currently considering the report and its recommendations.

High Impact Research

Strategic Research Initiatives in areas of National Priority and Aboriginal and Torres Strait Islander Health

The NHMRC was involved in setting and implementing national research priorities, and has taken a lead agency role in the strategic development and support of research in the priority area of Promoting and Maintaining Good Health. The type of support NHMRC provides ranges from grants for investigator initiated or targeted priority driven research projects and programs, as well as to grants for multi-disciplinary collaborations that explore innovative approaches to understanding and improving health.

The NHMRC and the Australian Research Council (ARC) have worked together to actively promote the establishment of multi-disciplinary research

in national research priority areas. This has included the joint development and funding of:

- the coordination of leading edge research. In August 2004, \$9.3 million was awarded to five networks of researchers that work on: the development of biotechnology tools and new health diagnostics; ways of improving childhood health and the quality of life for older Australians; the control and eradication of parasites; and better understanding the relationship between genes and the environment. A total of \$2.5 million has been committed to this initiative; and
- research projects to establish a body of evidence to inform policy makers, industry, practitioners and individuals on health and continuing participation in economic and social life with increasing age. Expressions of interest in competing for grants of up to \$500,000 were invited in June 2005. A total of \$10.0 million over five years has been set aside for this initiative.

In May 2005 the NHMRC awarded \$6.5 million for research under its Healthy Start to Life for Indigenous Children program. This program addresses priorities for action identified by the Ministerial Taskforce on Indigenous Affairs. The taskforce called for early childhood intervention, a key focus of which will be improved mental and physical health, and in particular primary health, and early educational outcomes, as a priority area for action. Research investment was also guided by the NHMRC Road Map: A Strategic Framework for Improving Aboriginal and Torres Strait Islander Health through Research which promotes a research focus on the factors and processes that promote resilience and wellbeing during the periods of pregnancy, infancy, childhood and adolescence and form the basis for good health throughout.

Aboriginal and Torres Strait Islander health research is a NHMRC priority for 2003-2006. Expenditure on Indigenous health research was \$4.6 million in 2001 and will increase to \$14.7 million (almost 3.5 per cent of the total NHMRC research expenditure) in 2005. Activity in this area spans a number of NHMRC Principal Committees. The Health Advisory Committee undertook projects dealing with cardiac rehabilitation in Aboriginal and Torres Strait Islander patients and management of drinking water in remote communities. In addition, Australian Health Ethics Committee

continues to promote the implementation of its guidelines for the ethical conduct of Aboriginal and Torres Strait Islander health research.

Research Grants

With the investment of \$115 million in 20 new grants in 2005 (60 per cent more than in 2004), the total commitments to the NHMRC Program Grants scheme, introduced in 2002 which address the issue of providing funding vehicles that were of greater size, scope and duration, has now exceeded \$500 million.

The NHMRC's research grants initiatives also included funding to enable Australian researchers to develop closer links with industry and to gain experience in the commercial development of research findings. Expenditure in this area increased from \$1.8 million at the end of the last triennium (2000-2003) to more than \$3.7 million by June 2005.

Research Workforce

To support the future of health related research in Australia, the NHMRC provides funding to a number of projects which support the training of postgraduate students. Support for our brightest scientists and clinicians from starting out to early career development and beyond has always been a component of research expenditure by the NHMRC. While research grants account for almost half of total funding, career related funding is also significant. Support for people in 2005 increased by 19 per cent over that for 2004 (from 862 to 1,054).

Ethics

The NHMRC issued *Ethical guidelines on the use of assisted reproductive technology in clinical practice and research* (the guidelines) in September 2004 following a revision of the 1996 guidelines. The guidelines address complex ethical issues in the area of assisted reproductive technology such as pre-implantation genetic diagnosis and surrogacy. They also form part of the legislative framework to regulate research involving excess embryos from assisted reproductive technology under the *Research Involving Human Embryos Act 2002* (RIHE Act 2002).

In collaboration with the Australian Vice-Chancellors' Committee and the ARC, the NHMRC continued revision of the *National Statement on Ethical Conduct in Research*

Involving Humans. The *National Statement* sets national standards to guide institutions, researchers and Human Research Ethics Committees (HRECs) in the ethical review and conduct of research involving humans, and sets out their respective responsibilities.

Annual compliance reporting by the 220 registered HRECs found that 218 HRECs were compliant with the *National Statement*. The compliance status of the remaining two HRECs is dependent on consideration of further information which has been sought from these committees.

In May 2005, the NHMRC hosted the second National Ethics in Human Research Conference. Opened by the Minister for Health and Ageing and attended by more than 400 registrants, the conference provided a national forum for researchers, members of HRECs, ethicists, research and institutional administrators, sponsors of research, students and community members to discuss a range of ethical and practice issues pertaining to research involving humans. The theme of the 2005 conference was 'Conflicts of interest in human research'.

High Quality Advice on Health Issues

During 2004-05, the NHMRC developed health advice for the Australian community including best practice clinical practice guidelines for clinicians and information for consumers as well as broader public health advice on issues as diverse as hormone replacement therapy and managing bodies of recreational water.

The NHMRC also continued its program of encouraging development of clinical practice guidelines by other organisations and approved, as meeting the NHMRC standards, guidelines in diabetes, immunisation, acute pain management, and the management of asymptomatic women with screen detected abnormalities.

To maintain the currency of its advice, the NHMRC continued a program of reviewing its publications. In 2004-05, the NHMRC rescinded 56 publications and recommended the review of 11 others.

In addition to the above, and following a request from the Minister for Health and Ageing, the NHMRC, in September 2004, initiated a review of the therapeutic effectiveness and safety of microwave (UHF radiowave) cancer therapy. An interim report was provided to the Minister in April 2005 and a final report is expected in August 2005.

Human Cloning and Licensing of Embryo Research

The NHMRC Licensing Committee was established under the *Research Involving Human Embryos Act 2002* (RIHE Act 2002) which was passed by Parliament in December 2002. The Committee is responsible for administering the national regulatory system described by the RIHE Act 2002 and the *Prohibition of the Human Cloning Act 2002* (PHC Act 2002).

Under Section 21 of the RIHE Act 2002 there are strict criteria that the Licensing Committee must consider before it decides to issue a licence authorising the use of excess assisted reproductive technology embryos. A total of nine licences have been issued including three during this reporting period.

Under Section 29 of the RIHE Act 2002, the Licensing Committee is required to maintain a public database containing details about each licence issued.

Reporting, Monitoring and Compliance

Under Section 19(3) of the RIHE Act 2002, the NHMRC is required to table a report to Parliament on or before 30 June and 31 December each year, and at any other time required by either House of Parliament. Biannual Reports include information about the operation of the Act and licences issued under the Act. In 2004-05, reports were tabled for the periods 1 April 2004 to September 2004 and 1 October 2004 to 31 March 2005.

PERFORMANCE INDICATORS (EFFECTIVENESS INDICATORS)

The Department of Health and Ageing is responsible, and accountable, for contributing to the achievement of nine outcomes. Effectiveness indicators are used to measure the progress the Department is making in achieving our outcomes.

Listed below are the effectiveness indicators for Outcome 9 followed by a brief description of the Department's performance in meeting these targets.

Health Services Improvement Division, E-Health Improvement Group and Portfolio Strategies Division

Indicator 1. Effective use of quality improvement methods to promote safety and quality in health care

Target:

- a. Agreement by Health Ministers to annual plans of the Australian Council for Safety and Quality in Health Care.
- b. Health Ministers' agreement to a National Chronic Disease Strategy.

Information source/reporting frequency:

Australian Council for Safety and Quality in Health Care; National Institute of Clinical Studies; Cochrane Collaboration; and independent data from bodies such as the AIHW.

a. At the Australian Health Ministers' Conference in July 2004, Health Ministers reviewed the Council's progress and considered recommendations for future action in the following areas:

- implementation of the Open Disclosure Standard;
- performance management;
- development of a minimum data set; and
- external review.

Ministers reaffirmed their commitment to progress these initiatives and sought an implementation plan from the Australian Health Ministers' Advisory Council (AHMAC). The implementation plan, developed in consultation with all States and Territories, was subsequently endorsed by Ministers in January 2005. These initiatives will build upon work previously agreed to by Health Ministers and will contribute to real reductions in patient harm as processes are implemented across the health system.

b. The Australian Health Ministers' Advisory Council in June 2005 agreed to extend the timeframe for the development of the National Chronic Disease Strategy (NCDS) to enable the production of a well considered and broadly consulted approach. It is planned to present the package comprising the National Chronic Disease Strategy and the National Service Improvement Frameworks to AHMAC and Health Ministers for consideration later in 2005. The Department has facilitated the development of the NCDS through participation in the process and the secretariat support.

Indicator 2. Provision of quality-assured consumer health information and resources to support involvement in health service planning

<i>Target:</i>	<i>Information source/reporting frequency:</i>
a. Greater than 10,000 information items available through HealthInsite.	a. HealthInsite: Annual or as required.
b. Maintain number of users above 4,000 per day.	b. Website Log File Analysis: Annual.
c. Maintain a hit rate above 100,000 per day.	c. Website Log File Analysis: Annual.
d. Remain in top ten health websites (by user count).	d. External Website Monitoring: Annual.
e. Take on consumer comment and feedback.	

HealthInsite³ currently provides access to approximately 12,000 information items. The number of users of HealthInsite has consistently been well above 4,000 per day in 2005, averaging approximately 8,000 users per day. The average number of hits per day has been between 400,000 and 600,000 since the site re-design was implemented in the second half of 2004. HealthInsite has retained its rating in the top five health and medical information websites visited by Australians. Consumer comments and feedback have continued to drive enhancements to the site, including the creation of new topic areas.

Indicator 3. Support evidence based strategies to improve the care for people with diseases or conditions in the National Health Priority Areas

<i>Target:</i>	<i>Information source/reporting frequency:</i>
a. Development of National Services Improvement Framework for Diabetes and Cardiovascular diseases.	AIHW reports; State and Territory data registries; NHPA reports; Health Insurance Commission data; the Australian Bureau of Statistics National Health Survey; and Australasian Cochrane Centre evidence reports.
b. Data collection, monitoring and analyses to identify and support efforts to prevent and ameliorate diseases or conditions in the National Health Priority Areas.	

- a. Draft National Service Improvement Frameworks (NSIFs) for Diabetes and Cardiovascular Diseases were developed and circulated for wide consultation. All NSIFs will be presented to AHMAC with the National Chronic Disease Strategy in October 2005.
- NSIFs for Asthma and for Osteoarthritis, Rheumatoid Arthritis and Osteoporosis were developed by expert groups supported by the Department and circulated for stakeholder comment.
- b. The Department continued its partnership with the AIHW to operate the National Centre for Monitoring Diabetes and the National Centre for Monitoring Cardiovascular Disease. Bulletins published by the centres in 2004-2005 included *Costs of Diabetes in Australia, 2000-01*, *Living Dangerously – Australians with multiple risk factors for cardiovascular disease*, and *Rheumatic Heart Disease: all but forgotten in Australia except among Aboriginal and Torres Strait Islander peoples*.

³ Accessible online at <www.healthinsite.gov.au>.

Data collection, surveillance and monitoring of asthma continued through the Australian System for Monitoring Asthma and included the development of a number of significant publications providing data and information on asthma including publication of a report detailing health system expenditure on asthma and completion of the *Asthma in Australia 2005* report by the Australian Centre for Asthma Monitoring (ACAM).

Indicator 4. Effective and innovative use of health information improves the delivery of health care and achieve better quality of care and health outcomes

Target:

- a. Further advancement of the national health information agenda.
- b. Mandatory guidelines for research and genetics for the proposed National Health Privacy Code.

Information source/reporting frequency:

- a. High level of policy advice on national health information issues provided to the Australian Health Information Council.
- b. Report to Health Ministers in 2004 on mandatory guidelines by the Australian Health Ministers' Advisory Council Privacy Working Group.

- a. The National E-Health Transition Authority (NEHTA) was established in August 2004 to accelerate the adoption of e-Health by delivering urgently needed health information standards and integrating infrastructure. NEHTA advanced work that supports Australian Government programs such as HealthConnect and projects throughout jurisdictions. This work includes progressing the development of clinical data standards, consent models and patient, provider and product directories.

The inaugural National Health Information Summit was held in December 2004 and attended by over 400 participants. It explored key themes and priorities for information and communications technology in Australia's health sector. The Summit presented a diverse range of pre-eminent experts who are leading research and development in the field of health information management and information and communications technology both in Australia and overseas.

- b. The Department was involved in the development of draft guidelines for research, and explanatory notes on genetics for the proposed National Health Privacy Code were prepared by the Australian Health Ministers' Advisory Council Privacy Working Group and provided to the Australian Health Ministers in July 2004. The mandatory research guidelines have been developed in consultation with representatives of the NHMRC and the Australian Health Ethics Committee. Explanatory notes on genetics were developed to explain the scope of the principles under the proposed Code.

⁴ Accessible online at <www.ahic.org.au/evaluation>.

Indicator 5. Leadership provided by the Department of Health and Ageing progresses the health information management agenda

<i>Target:</i>	<i>Information source/reporting frequency:</i>
High level of leadership shown by the Department to progress the health information agenda.	Stakeholder feedback from formal discussions, papers, public consultation and legislation.

In July 2004, Health Ministers agreed to establish the National E-Health Transition Authority (NEHTA) to drive the national development of national health standards and infrastructure. In January 2005, Health Ministers also endorsed in-principle the three-year work program for the entity from 2005-06 to 2007-08. The Department administered funding of \$4.75 million for NEHTA's work program in 2004-05 and jointly managed this work program through membership on an Australian Health Ministers' Advisory Council working group.

The Department provided support for the Australian Health Information Council in progressing its work program and participated in the national governance arrangements for health information management and information and communications technology.

Extensive stakeholder feedback on plans for implementing *HealthConnect*, in relation to a draft business architecture and lessons learned from the *MediConnect* field test and *HealthConnect* trials, led to a revision of the implementation strategy by the Department. The revised strategy was endorsed by the Minister for Health and Ageing, all States and Territories, and by other key stakeholders, and is to be managed under e-health governance arrangements endorsed by Health Ministers.

Indicator 6. Uptake of Medical Rural Bonded Scholarships and Bonded Medical School places

<i>Target:</i>	<i>Information source/reporting frequency:</i>
Improved geographic distribution of the medical workforce.	Number of doctors working in areas of workforce shortage as a result of these programs.

One hundred new scholarships were made available in 2005 under the Medical Rural Bonded Scholarship Scheme (MRBSS) and 246 new medical school places were made available in that year under the Bonded Medical Places (BMP) Scheme. All scholarships/places made available under both schemes were taken up fully. Participants in these two schemes are currently in the training phase. It is anticipated that participants in the MRBSS will be commencing work in rural and remote areas from 2009. It is anticipated that participants in the BMP will be commencing work in areas of workforce shortage from 2011.

National Health and Medical Research Council

Indicator 7. World class knowledge creation and translation into policy and practice

Target:

- a. Growth in the proportion of funds allocated for research in identified areas of priority and awards of greater size, scope and duration.
- b. Increase in the level of protected intellectual property and participation of commercial partners in NHMRC supported research.
- c. Production and dissemination of evidence-based guidelines, regulatory recommendations and health advice and information across a range of contemporary health issues and concerns relevant to the needs of stakeholders.

Information source/reporting frequency:

- a. Annual expenditure data from research management information systems.
- b. Survey of administering institutions every two years.
- c. Range of health advice documents from the publications database/website. Stakeholder surveys each triennium.

9

OUTCOME

- a. Funds awarded to priority driven and strategic research has increased from \$2.5 million in 2000 to \$26.7 million in 2005. In addition, the NHMRC has established a number of significant programs to address the National Research Priorities – more than \$25.0 million of NHMRC funding and a \$10.0 million commitment from the Australian Research Council (ARC) have been provided to research addressing the Promoting and Maintaining Good Health National Research Priorities (NRP). A further \$10.0 million jointly between the NHMRC and ARC will address research into the Frontier Technologies NRP in 2005-06. Greater emphasis on longer-term, larger grants saw the number of new grants with budgets in excess of \$1.0 million nearly double over the period 2000-05 (from 24 to 46), whereas in the same period there was a reduction in the number of grants with budgets less than \$250,000 (409 to 280). This not only reflects the increase in the funding to grants of greater scale, scope and duration, but also the fundamental cost of research.
- b. The NHMRC's research grants continue to show evidence of increased protection of intellectual property. For example, the level of patenting activity indicated by researchers in NHMRC project grant applications submitted in 2004 (for funding commencing in 2005) increased by 12 per cent from 2003 and has increased overall from 15 per cent of all applications in 1999 to 44 per cent of all applications in 2004. In 2004, the NHMRC provided input to the National Survey of Research Commercialisation for the years 2001 and 2002. This follows on from the 2002 Survey which covered the year 2000. The key messages from the survey were mixed, with employment from the commercialisation of research activity continuing to increase while income as a result of commercialisation remained steady.
- c. During 2004-05, evidence-based guidelines and other publications in hormone replacement therapy, water quality, diabetes, cancer and pain were released by the NHMRC. Stakeholder survey for the 2003-06 triennium has commenced. Reporting is due by the end of December 2005.

Indicator 8. An effective system of human research ethics review

Target:

- a. 100% compliance by registered Human Research Ethics Committees (HREC) with the National Statement on Ethical Conduct in Research Involving Humans.
- b. Ethical guidelines and advice are responsive and useful to researchers, HRECs and members of the public.

Information source/reporting frequency:

- a. Annual compliance reports from Human Research Ethics Committees.
- b. Stakeholder survey each triennium.

- a. In 2003-04, of 220 registered HRECs, 218 (ie 99.1 per cent) were assessed as compliant. Two committees are currently being assessed and their status has yet to be determined.
- b. The stakeholder survey for the 2003-06 triennium has commenced. Results will be available by December 2005.

Indicator 9. Regulation of the ban on human cloning and licensing of embryo research

Target:

- a. 100% compliance with the requirements of the *Prohibition of Human Cloning Act 2002*.
- b. Establishment of the reviews of the *Prohibition of Human Cloning Act 2002* and the *Research Involving Human Embryos Act 2002*.

Information source/reporting frequency:

- a. Reports to Parliament.
- b. Ministerial announcement.

- a. Inspectors appointed under the RIHE Act 2002 conduct regular inspections of licence holders and monitor other activities to ensure 100 per cent compliance with the requirements of the PHC Act 2002. Four inspectors were appointed by the Chair of the NHMRC Licensing Committee for monitoring and compliance purposes. A program of information exchange visits were established to provide information to assist organisations in the establishment of appropriate protocols to ensure compliance with legislation. Full compliance with the requirements of the PHC Act 2002 and the RIHE Act 2002 was achieved.
- b. The Minister for Ageing, the Hon Julie Bishop MP, announced the establishment of the Legislation Review Committee on 17 June 2005. The Committee will report by 19 December 2005.

PART 2: PERFORMANCE INFORMATION

Performance Information for Administered Items

National Health and Medical Research Council

Administered Item 1. Health research, ethics and advice, including:

- research in all fields relevant to health and health services in accordance with applicable ethical and scientific standards; and
- development of authoritative health advisory guidelines.

Target:	<i>Quality:</i> Review of annual progress reports for project and program awards and evaluations of commissioned research programs.
Result:	Target met. Recipients of NHMRC research funding are required to provide a brief report of their progress annually and a comprehensive report at the end of the grant. All programs are generally progressing satisfactorily. Where exceptions to satisfactory progress are noted, these are followed up to ascertain the cause of any problem. A substantial revision of the NHMRC Performance Measurement Framework (PMF) was undertaken to align the PMF with the NHMRC's Strategic Plan for the 2003-06 triennium. Council agreed to the revised PMF in September 2004 and implementation and reporting of the PMF measures will be undertaken in the August – December 2005 period.
Target:	<i>Quantity:</i> More than 500 new research awards and maintenance of more than 1,200 continuing research awards.
Result:	Target met. The NHMRC funded 930 new awards that commenced in 2005 and is maintaining 1,915 active continuing research awards from previous years.
Target:	<i>Quality:</i> Timely production of evidence-based guidelines to support policy development.
Result:	Target met. A number of publications were released during the year. Please refer to Appendix XV – <i>Guidelines and publications of the 2004 NHMRC Annual Report</i> ⁵ for a list of publications released.

Health Services Improvement Division, E-Health Implementation Group and Portfolio Strategies Division

Administered Item 2. Workforce, including:

- development of projects to improve the training of the health workforce, including:
 - tabling of a Medical Training Review Panel report in Parliament;
 - monitoring of vocational training opportunities for medical graduates through the Medical Training Review Panel under Section 3GC of the *Health Insurance Act 1973*; and
 - supporting the work of the Medical Specialist Training Taskforce;

Target:	<i>Quantity:</i> Distribute approximately 3,000 reports on the Medical Training and Review Panel either in hard copy or through access to the Department's website.
Result:	Target met. The Department distributed 3,000 Medical Training Review Panel Annual Reports to stakeholders. An electronic copy of the Report was made available through the Department's website. ⁶

⁵ Accessible online at < www.nhmrc.gov.au/publications/synopses/nh34syn.htm>.

⁶ Accessible online at <www.health.gov.au>.

Target:	<i>Quality:</i> Medical Specialist Training Taskforce to present recommendations to the Australian Health Ministers Advisory Council (AHMAC) regarding future medical specialist training arrangements.
Result:	Target met. Recommendations to expand the range of settings for medical specialist training beyond public teaching hospitals into the private sector were presented to the AHMAC in November 2004. AHMAC recommended the establishment of a Medical Specialist Training Steering Committee to research additional specific issues. The Department provided secretariat services to the Steering Committee, and funded this research. The steering committee will report back to AHMAC in 2006 with a view to finalising these issues.
Target:	<i>Quality:</i> Medical Training and Review Panel to report to Parliament by December 2004.
Result:	Target met. The Department tabled the Medical Training and Review Panel Annual Report in Parliament on 23 December 2004.
Target:	<i>Quality:</i> Medical Specialist Training Taskforce to present recommendations to the Australian Health Ministers Advisory Council by December 2004.
Result:	Target met. See above target regarding Medical Specialist Training Taskforce.

- Rural Clinical Schools; and

Target:	<i>Quality:</i> All Rural Clinical Schools operating with long term placements.
Result:	Target met. All participating universities have established their Rural Clinical School, delivering a national network of ten schools across Australia. Each of these Rural Clinical Schools is providing long term placements, enabling participating medical students to develop relationships with communities and increasing the likelihood that they will return to practice medicine in rural areas once they gain medical qualifications.
Target:	<i>Quantity:</i> Ensure that at least 25% of medical students undertake a minimum of one year of clinical training in a rural area.
Result:	Target met. For the 2005 academic year, over 26% of eligible medical students will undertake extended training periods at a variety of rural and remote locations.
Target:	<i>Quantity:</i> Progress reports received on nine funding agreements with Australian universities to establish rural clinical schools.
Result:	Target met. Progress reports outlining achievement of outcomes required under the funding agreements have been provided by all participating universities.

- strategies to increase the number of doctors practising in designated districts of workforce shortage;

Target:	<i>Quantity:</i> A minimum of 150 doctors to participate in programs under the More Doctors for Outer Metropolitan Areas measure.
Result:	Target met. As at June 2005, 212 doctors have relocated to, or significantly increased their hours of work in, outer metropolitan districts of workforce shortage under the More Doctors for Outer Metropolitan Areas Measure.

Target:	<i>Quantity:</i> 100 new Rural Medical Bonded Scholarships awarded per annum.
Result:	Target met. All 100 scholarship contracts for 2005 have been signed.
Target:	<i>Quantity:</i> 246 places taken up each year under the Bonded Medical School Places Scheme.
Result:	Target met. All 246 medical school places under the Bonded Medical Places Scheme have been taken up.

Administered Item 3. National health priorities and quality

- The Australian Council for Safety and Quality in Health Care is to improve the safety and quality of patient care through a range of priority programs.
- Initiatives to improve the safety and quality of patient care.
- Strategic action in the National Health Priority Areas.

Target:	<i>Quality:</i> A high level of satisfaction of the Council members with the relevance, quality and timeliness of policy, advice and management.
Result:	Target met. Council members regularly commended the Office of the Safety and Quality Council for providing high quality and relevant policy advice and managing Council's work program in a timely manner.
Target:	<i>Quality:</i> Implementation of the National Health Priority Action Council Key Directions 2003-05 by December 2005.
Result:	Target met. Revised Key Directions for the National Health Priority Action Council were agreed by AHMAC in June 2004. Progress has been made in meeting these directions.
Target:	<i>Quality:</i> Develop an implementation plan for the National Service Improvement Framework (NSIF).
Result:	Target met. Initial State and Territory based consultations in June 2005 were held to canvass implementation issues related to all the NSIFs and the National Chronic Disease Strategy.
Target:	<i>Quality:</i> Implement the National Cancer Control Plan 2004-06, with a focus on improving prevention, detection, management, supportive care and monitoring of cancer.
Result:	Target met. Implementation of the Control Plan was progressed through the National Service Improvement Framework which outlines what all Australians with, or at risk of, cancer should expect to be provided through the Australian health care system. The plan will form part of the role of the new national agency, Cancer Australia.
Target:	<i>Quality:</i> Continue implementation of the National Asthma Management Program, including the GP Asthma Initiative – the 3+ Visit Plan and other key activities targeting the needs of specific population groupings.
Result:	Target met. Implementation of the GP Initiative 3+ Asthma Visit Plan continued to be supported through the National Asthma 3+ Community Support Program delivered by State and Territory Asthma Foundations. A fourth round of Asthma Community Grants were provided targeting Indigenous communities and culturally and linguistically diverse groups.

Target:	<i>Quality:</i> Implement guidelines and develop performance monitoring indicators for cancer care.	
Result:	Target met.	Clinical Practice Guidelines for Psychosocial care of Adults with Cancer implemented and distributed to health professionals.
Target:	<i>Quality:</i> Continue to develop evidence-based guidelines and improve the detection, management and monitoring of diabetes mellitus.	
Result:	Target met.	Seven of 9 guidelines have been fully endorsed by the NHMRC. The final 2 are expected to be completed in 2005-06.

- National Institute of Clinical Studies to increase the use of appropriate research knowledge to improve health care.

Target:	<i>Quality:</i> Achievement of work program outlined in the National Institute of Clinical Studies 2002-05 Business Plan.	
Result:	Target met.	Strategies and targets met.
Target:	<i>Quantity:</i> Five evidence update publications produced.	
Result:	Target met.	5 publications produced.
Target:	<i>Quantity:</i> Five clinical change workshops and/or meetings undertaken.	
Result:	Target met.	5 workshops undertaken.

- Peak community organisations' input into policy and program development and delivery, through the Community Sector Support Scheme.

Target:	<i>Quality:</i> Achievement of agreed plans and targets by funded organisations.	
Result:	Target met.	15 Community Sector Support Scheme funding agreements undertaken in 2004-05.

Administered Item 4. Information management/information technology:

- Achieve integration of the MediConnect design with HealthConnect.

Target:	<i>Quality:</i> Finalise the first full iteration of the National Health Information Network design which incorporates MediConnect as the medication record.	
Result:	Target not met.	The establishment of the National E-Health Transition Authority (NEHTA), and the revision of the HealthConnect implementation strategy during 2004-05, made this target redundant. The revised HealthConnect strategy incorporates MediConnect as the the medication record component of electronic health record services that are developed across Australia under the revised implementation strategy, according to standards and architectures specified by NEHTA.
Target:	<i>Quality:</i> Commence implementation of a fully integrated Records System (storage) in one or more States.	
Result:	Target met.	An integrated records system has been developed for implementation in the Northern Territory from 1 July 2005 by the Northern Territory Department of Health and Community Services in partnership with the Department.

Performance Information for Departmental Outputs

Health Services Improvement Division, E-Health Implementation Group and Portfolio Strategies Division

Output Group 1. Policy advice, relating to:

- National Health Priority Areas and quality and safety;
- health workforce;
- health information and advice;
- information management, development and delivery across and within the health sector; and
- the Community Sector Support Scheme.

Target:	<i>Quality:</i> A high level of satisfaction of the Ministers, Parliamentary Secretary and Ministers' Offices with the relevance, quality and timeliness of policy advice.
Result:	Target met. The Minister and Minister's Office were satisfied with the relevance, quality and timeliness of policy advice, Question Time Briefs, Parliamentary Questions on Notice and briefings.
Target:	<i>Quality:</i> Timely production of evidence-based policy research.
Result:	Target met. The Department, as the Secretariat for the Australian Health Information Council, has supported the development of the <i>National Health Workforce Health Informatics Capacity Building Statement</i> . A set of evaluation guidelines ⁷ for the evaluation of electronic decision support systems have been produced and released. The Department undertook an evaluation of the <i>MediConnect</i> field tests and the <i>HealthConnect</i> trials during 2004-05. The outcomes of this evaluation have been published, including the results of extensive stakeholder feedback, research, and analysis of associated legal issues. The lessons learned from this work have also been incorporated into the revised implementation strategy for <i>HealthConnect</i> developed by the Department in consultation with all stakeholders.
Target:	<i>Quality:</i> Opportunity for stakeholders to participate in policy and program development.
Result:	Target met. The Overseas Trained Doctors Reference Group, established in December 2003, provided an ongoing consultative mechanism where stakeholders could discuss issues regarding the overseas trained doctors' measures announced as part of Strengthening Medicare. <i>HealthConnect</i> stakeholders were extensively consulted during 2004-05 in the revision of the implementation strategy. Stakeholders also had extensive involvement in the documentation of the Lessons Learned from the <i>MediConnect</i> field test and the <i>HealthConnect</i> trials.
Target:	<i>Quality:</i> High level of satisfaction of program areas with input by peak community organisations into policy and program development and delivery as evidenced by feedback at annual review sessions.
Result:	Target met. The Department was satisfied with the input provided by the funded peak community organisations and their relevance to the Department's policies and programs.

9

OUTCOME

⁷ Accessible online at <www.ahic.org.au/evaluation>.

Output Group 2. Program management, including:

- contracts for:
 - workforce education, training and development;
 - National Health Priority Areas;
 - consumer participation;
 - quality improvement issues;
 - performance information issues;
 - health and medical research awards; and
 - international collaborations; and

Target:	<i>Quality:</i> Contracts meet requirement for procurement and accountability.	
Result:	Target met.	In accordance with the <i>Financial Management and Accountability Act 1997</i> and supporting regulation and orders, the Chief Executive Instructions and Procedural Rules dated 22 December 2003.
Target:	<i>Quantity:</i> Approximately 9 consultancies, 4 Memoranda of Understanding, 98 contracts, 311 funding agreements and 1 grant.	
Result:	Target met.	In 2004-05, the following were undertaken: <ul style="list-style-type: none"> • 11 consultancies; • 533 contracts for service; • 514 funding agreements; and • 9 Memoranda Of Understanding.
		<ul style="list-style-type: none"> • research and development work to test and evaluate the feasibility of the National Health Information Network: <ul style="list-style-type: none"> - including health information management; and
Target:	<i>Quality:</i> Undertake research and evaluation activities to determine the feasibility of implementing e-health record initiatives nationally and develop infrastructure necessary for proposed e-health initiatives to proceed.	
Result:	Target met.	Revision of the <i>HealthConnect</i> implementation strategy was based on research and evaluation of the feasibility of implementing e-health records undertaken during 2004-05. The National E-Health Transition Authority (NEHTA) was established by Health Ministers during 2004-05 to specify the standards and architectures of the national infrastructure to support this implementation.
Target:	<i>Quality:</i> Develop infrastructure to support electronic health information exchange, including finalisation of the first full iteration of the <i>HealthConnect</i> design as part of the National Health Information Network.	
Result:	Target met.	Revision of the <i>HealthConnect</i> implementation strategy and the establishment of NEHTA made this target redundant.

Target:	<i>Quantity:</i> Development of standards and other building blocks, and the commencement of implementation of a Records System (storage) in one or more States.	
Result:	Target met.	The development of standards and other building blocks is being undertaken by the NEHTA, and the implementation of a records system has commenced in the Northern Territory.
Target:	<i>Quality:</i> A high level of stakeholder satisfaction with the timely development and implementation of national strategies for electronic health records.	
Result:	Target met.	Revision of the HealthConnect implementation strategy during 2004-05, involved extensive stakeholder consultation, and a high level of satisfaction and engagement in the new strategy.

- financial management and reporting.

Target:	<i>Quality:</i> Budget predictions are met and actual expenses vary less than 5% from budgeted expenses.	
Result:	Target met.	Budget predictions and actual expenses varied less than 5%.
Target:	<i>Quality:</i> 100% of payments are made accurately and in accordance with negotiated service standards.	
Result:	Target met.	All payments were made accurately and on time.
Target:	<i>Quality:</i> A high level of stakeholder satisfaction with relevance, quality and timeliness of information and education services.	
Result:	Target met.	There was a high level of stakeholder satisfaction with the relevance, quality and timeliness of information provided to stakeholders during consultations; for example, the revision of the HealthConnect implementation strategy.

Performance Information for Departmental Outputs

National Health and Medical Research Council

Output Group 1. Policy advice, relating to:

- ethical standards (human research); and
- health and medical research.

Target:	<i>Quality:</i> A high level of satisfaction of the Ministers, Parliamentary Secretary and Ministers' Offices with the relevance, quality and timeliness of policy advice.	
Result:	Target met.	The Minister and Minister's Office were satisfied with the relevance, quality and timeliness of policy advice, Question Time Briefs, Parliamentary Questions on Notice and briefings.
Target:	<i>Quality:</i> Timely production of evidence-based policy research.	
Result:	Target met.	The NHMRC supported the timely production of evidence-based policy research in accordance with its legislation and Strategic Plan.

Target:	<i>Quality:</i> Opportunity for stakeholders to participate in policy and program development.	
Result:	Target met.	There is a legislative requirement under the NHMRC Act 1992 for the NHMRC to consult and have consumer representation on Council and Principal Committees. Consumer representation is held on the Council, the Health Advisory Committee, Research Committee, Licensing Committee, and the Australian Health Ethics Committee. Stakeholder survey for the 2003-06 triennium has commenced and will be reported by December 2005.

Output Group 2. Program management, relating to:

- contracts for health and medical research awards;
- consultancies to assist in the development of Health Advisory and Ethics guidelines;
- financial management and reporting; and

Target:	<i>Quality:</i> Contracts meet requirement for procurement and accountability.	
Result:	Target met.	Contracts and consultancies awarded during 2004-05 were developed and managed in accordance with best practice Australian Government procurement and funding guidelines.
Target:	<i>Quantity:</i> The number of awards funded by the NHMRC varies according to budget levels of eligible awards, the total funding available and the quality of applications for new awards in that year. It is expected the NHMRC will fund in excess of 3,500 new and continuing awards and contracts in the 2004-05 period.	
Result:	Target met.	The NHMRC managed 3,544 active funding awards in 2004-05, including 930 new awards (an 11% increase over 2003-04) and 2,614 awards continuing awards) from previous years.
Target:	<i>Quality:</i> A high level of stakeholder satisfaction with the timely development and implementation of national strategies.	
Result:	Target met.	Informal feedback from stakeholders is positive. Results from the 2005 formal stakeholder survey will be available by December 2005.
Target:	<i>Quality:</i> Budget predictions are met and actual expenses vary less than 5% from budgeted expenses.	
Result:	Target met.	Budget predictions and actual expenses varied less than 5%.
Target:	<i>Quality:</i> 100% of payments are made accurately and in accordance with negotiated service standards.	
Result:	Target met.	All payments were made on time and accurately.
Target:	<i>Quality:</i> A high level of stakeholder satisfaction with relevance, quality and timeliness of information and education services.	
Result:	Target met.	2004 ethics training program and 2005 ethics training day attracted 1,170 participants. Feedback for both series of events was very positive. The NHMRC commenced a stakeholder satisfaction survey in June 2005 and the results will be available by December 2005.

- licensing of uses of excess Assisted Reproductive Technology embryos and monitoring compliance with the *Research Involving Human Embryos Act 2002* and the *Prohibition of Human Cloning Act 2002*.

Target:	<i>Quantity:</i> Number of applications processed, number of licences issued and number of inspections.	
Result:	No target set for 2004-05.	The NHMRC Embryo Licensing Committee issued 3 licences this reporting period, and has issued a total of 9 licences to date. The Committee made 6 variations to licences during this period. All Applications for licences and requests to vary licences have been processed. During the reporting period, NHMRC Inspectors conducted 5 Records Audit Inspections and 3 Monitoring Inspections of licence holders.
Target:	<i>Quality:</i> Stakeholder feedback pertaining to the thoroughness of reports to Parliament and information on the public database of licences issued.	
Result:	Target met.	Stakeholder feedback is being sought as part of a wider survey. The public database of licences issued is maintained via the NHMRC website. The NHMRC conducts regular information sessions and the feedback on these is positive. The NHMRC also invites feedback on its operations via its website.

Outcome 9 - Financial Resources Summary

	(A) Budget Estimate 2004-05 \$'000 ¹	(B) Actual 2004-05 \$'000	Variation (Column B minus Column A) \$'000
Administered Expenses			
Administered Item 1: Health Research, Ethics and Advice			
Appropriation Bill 1/3	439,671	388,769	(50,902)
	439,671	388,769	(50,902)
Administered Item 2: Workforce			
Appropriation Bill 1/3	81,090	80,452	(638)
	81,090	80,452	(638)
Administered Item 3: National Health Priorities and Quality			
Appropriation Bill 1/3	38,372	35,847	(2,525)
	38,372	35,847	(2,525)
Administered Item 4: Information Management/Information Technology			
Appropriation Bill 1/3	27,709	26,075	(1,634)
	27,709	26,075	(1,634)
Total Administered Expenses	586,842	531,143	(55,699)
Departmental Appropriations			
Health and Ageing			
Output Group 1 - Policy Advice	22,160	23,028	868
Output Group 2 - Program Management	16,657	17,560	903
Total price of departmental outputs <i>(total revenue from Government & other sources)</i>	38,817	40,588	1,771
Total revenue from Government (appropriations) contributing to price of departmental outputs	37,955	38,016	61
Total revenue from other sources	862	2,572	1,710
Total price of departmental outputs <i>(total revenue from Government & other sources)</i>	38,817	40,588	1,771
National Health and Medical Research Council (NHMRC)			
Output Group 1 - Policy Advice	6,295	6,338	43
Output Group 2 - Program Management	14,690	14,790	100
Total price of NHMRC outputs <i>(total revenue from Government & other sources)</i>	20,985	21,128	143
Total revenue from Government (appropriations) contributing to price of NHMRC outputs	20,303	20,303	0
Total revenue from other sources	682	825	143
Total price of NHMRC outputs <i>(total revenue from Government & other sources)</i>	20,985	21,128	143
Total revenue from Government (appropriations) contributing to price of departmental (including NHMRC) outputs	58,258	58,319	61
Total revenue from other sources	1,544	3,397	1,853
Total price of departmental (including NHMRC) outputs <i>(total revenue from Government & other sources)</i>	59,802	61,716	1,914
Total estimated resourcing for Outcome 9 <i>(total price of outputs & admin expenses)</i>	646,644	592,859	(53,785)
Average Staffing Level (Number)			
Department	305.0	308.1	3.1
National Health and Medical Research Council	181.0	179.9	-1.1

The 2005-06 budget has not been provided. The Department of Health and Ageing has moved to a new Outcome structure for 2005-06 and is no longer appropriated under the 2004-05 Outcome structure. Accurate allocation of 2005-06 funding against the 2004-05 Outcome structure is not available and inclusion of notional allocations could be misleading to the reader.

1. Budgets taken from 2005-06 PBS and re-aligned to 2004-05 Outcome Structure.