

Funding

This section identifies the Department's funding structure.

6.1 Appropriations

6.1A: Annual appropriations (recoverable GST exclusive)

Annual Appropriations for 2025

| | Appropriation ¹ \$'000 | Annual Adjustments to appropriation ² \$'000 | Total appropriation \$'000 | Appropriation applied in 2025 (current and prior years) ³ \$'000 | Variance ⁴ \$'000 |
|---|--------------------------------------|---|----------------------------------|--|---------------------------------|
| Departmental | | | | | |
| Ordinary annual services | 1,743,438 | 250,377 | 1,993,815 | 1,900,070 | 93,745 |
| Capital Budget ⁴ | 21,449 | 6 | 21,455 | 19,772 | 1,683 |
| Other services | | | | | |
| Equity Injections | 329,246 | - | 329,246 | 58,656 | 270,590 |
| Total departmental | 2,094,133 | 250,383 | 2,344,516 | 1,978,499 | 366,017 |
| Administered | | | | | |
| Ordinary annual services | | | | | |
| Administered items | 15,973,015 | 1,432 | 15,974,447 | 14,630,694 | 1,343,753 |
| Payments to corporate Commonwealth entities | 790,497 | - | 790,497 | 790,497 | - |
| Other services | | | | | |
| Administered assets and liabilities | 100,213 | - | 100,213 | 84,974 | 15,239 |
| Payments to corporate Commonwealth entities | 46,128 | - | 46,128 | 46,128 | - |
| Total administered | 16,909,853 | 1,432 | 16,911,285 | 15,552,293 | 1,358,992 |

¹ In 2025 departmental appropriations, \$0.413m relating to ordinary annual services appropriations and \$197.492m relating to equity injections appropriations were permanently withheld under Section 51 of the PGPA Act. A further \$115.740m relating to equity injections appropriations was temporarily quarantined for administrative purposes. Departmental ordinary annual services appropriations include \$1.202m of NMHC appropriations not subject to Section 75 transfers. In 2025 administered appropriations, \$308.095m relating to ordinary annual services appropriations was permanently withheld under Section 51 of the PGPA Act and \$60.597m was temporarily quarantined for administrative purposes. Administered ordinary annual services appropriations include \$0.062m of NMHC appropriations not subject to Section 75 transfers.

² Departmental: adjustments to appropriations for ordinary annual services are an aggregate result of PGPA Act Section 74 receipts of \$248.641m, further Section 74 receipts of \$0.093m relating to NMHC appropriations, and Section 75 transfer of appropriation from NMHC of \$1.643m; adjustments to appropriations for the capital budget relate entirely to Section 75 transfer of appropriations from NMHC. Administered: adjustments to appropriations for ordinary annual services relate entirely to Section 75 transfer of appropriation from NMHC.

³ Departmental: amounts applied in relation to ordinary annual services include \$2.708m of NMHC appropriations. Administered: amounts applied in relation to ordinary annual services include \$0.236m of NMHC appropriations.

4. The aggregate variance of \$95.428m for departmental ordinary annual services and capital budget primarily represents the timing difference of payments to suppliers and employees. The variance of \$270.59m for departmental equity is largely due to the 2025 appropriations funding permanently withheld under Section 51 of the PGPA Act or quarantined for administrative purposes but still reported as available. The variance in administered ordinary annual services of \$1,343.753m reflects delays in granting activities experienced across a range of programs. The variance in administered assets and liabilities of \$15.239m is due to the timing of replenishment activities for inventory purchasing.
5. Departmental and Administered Capital Budgets are appropriated through Appropriation Acts (No. 1,3,5). They form part of ordinary annual services, and are not separately identified in the Appropriation Acts.
6. The following entities spend money from the Consolidated Revenue Fund (CRF) on behalf of this entity: Services Australia and Department of Industry, Science and Resources.

Annual Appropriations for 2024

| | Annual Appropriation ¹ \$'000 | Adjustments to appropriation ² \$'000 | Total appropriation \$'000 | Appropriation applied in 2024 \$'000 | Variance ³ \$'000 |
|---|---|---|-------------------------------|---|---------------------------------|
| Departmental | | | | | |
| Ordinary annual services | 1,351,987 | 198,455 | 1,550,442 | 1,440,139 | 110,303 |
| Capital Budget* | 19,870 | - | 19,870 | 16,618 | 3,252 |
| Other services | | | | | |
| Equity Injections | 239,832 | (3,331) | 236,501 | 186,123 | 50,378 |
| Total departmental | 1,611,689 | 195,124 | 1,806,813 | 1,642,880 | 163,933 |
| Administered | | | | | |
| Ordinary annual services | | | | | |
| Administered items | 16,949,177 | - | 16,949,177 | 14,937,005 | 2,012,172 |
| Payments to corporate Commonwealth entities | 673,387 | - | 673,387 | 673,387 | - |
| Other services | | | | | |
| Administered assets and liabilities | 43,887 | - | 43,887 | 125,783 | (81,896) |
| Payments to corporate Commonwealth entities | 36,203 | - | 36,203 | 36,203 | - |
| Total administered | 17,702,654 | - | 17,702,654 | 15,772,378 | 1,930,276 |

1. In 2024 departmental appropriations, \$0.488m relating to ordinary annual services appropriations and \$9.096m relating to equity injections appropriations were permanently withheld under Section 51 of the PGPA Act. In 2024 administered appropriations, \$272.292m relating to ordinary annual services appropriations was permanently withheld under Section 51 of the PGPA Act and \$32m was temporarily quarantined for administrative purposes.

2. Departmental: adjustments to appropriations for ordinary annual services are a net result of PGPA Act Section 74 receipts of \$204.763m and Section 75 transfer of appropriation to OIGAC of \$6.308m; adjustments to appropriations for other annual services relate entirely to Section 75 transfer of appropriations to OIGAC.

3. The aggregate variance of \$113.555m for departmental ordinary annual services and capital budget primarily represents the timing difference of payments to suppliers and employees. The variance of \$50.378m for departmental equity reflects the timing of payments for capital projects. The variance in administered ordinary annual services of \$2,012.172m reflects delays in granting activities experienced across a range of programs. The variance in administered assets and liabilities of (\$81.896m) is due to utilisation of prior years' appropriations for inventory purchasing.

4. Departmental and Administered Capital Budgets are appropriated through Appropriation Acts (No. 1,3,5). They form part of ordinary annual services, and are not separately identified in the Appropriation Acts.

5. The following entities spend money from the Consolidated Revenue Fund (CRF) on behalf of this entity: Services Australia and Department of Industry, Science and Resources.

6.1B: Unspent annual appropriations ('recoverable GST exclusive')

| | 2025 | 2024 |
|---|----------------|----------------|
| | \$'000 | \$'000 |
| Departmental | | |
| Appropriation Act (No. 1) 2021-22 ¹ | - | 8,335 |
| Appropriation Act (No. 1) 2022-23 ² | 500 | 500 |
| Appropriation Act (No. 2) 2022-23 ² | 48,400 | 48,400 |
| Appropriation Act (No. 3) 2022-23 ² | 121 | 121 |
| Supply Act (No. 1) 2022-2023 - Departmental Capital Budget ² | 7 | - |
| Supply Act (No. 2) 2022-23 ² | 21 | - |
| Supply Act (No. 3) 2022-23 ² | 245 | - |
| Supply Act (No. 3) 2022-2023 - Departmental Capital Budget ² | 14 | - |
| Supply Act (No. 4) 2022-23 ² | 29 | - |
| Appropriation Act (No. 1) 2023-24 ³ | 191,348 | 189,366 |
| Appropriation Act (No. 1) 2023-24 - Cash at Bank | - | 11,558 |
| Appropriation Act (No. 3) 2023-24 | 240 | 240 |
| Appropriation Act (No. 4) 2023-24 ⁴ | 17,377 | 76,033 |
| Appropriation Act (No. 5) 2023-24 ⁵ | 3,253 | 3,253 |
| Appropriation Act (No. 5) 2023-24 - Departmental Capital Budget | - | 3,515 |
| Appropriation Act (No. 1) 2024-25 ⁶ | 16,732 | - |
| Appropriation Act (No. 1) 2024-25 - Cash at Bank | 1,602 | - |
| Appropriation Act (No. 1) 2024-25 - Departmental Capital Budget | 5,222 | - |
| Appropriation Act (No. 3) 2024-25 | 88,381 | - |
| Appropriation Act (No. 2) 2024-25 ⁷ | 322,855 | - |
| Appropriation Act (No. 4) 2024-25 | 6,391 | - |
| Total departmental | 702,738 | 341,321 |

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| | 2,025 | 2,024 |
|---|------------------|-------------------|
| | \$'000 | \$'000 |
| Administered | | |
| Appropriation (COVID-19 Assistance) Act (No. 1) 2021-2022 | - | 935,671 |
| Appropriation (COVID-19 Assistance) Act (No. 2) 2021-2022 | - | 2,036,373 |
| Appropriation Act (No. 1) 2021-2022 | - | 214,659 |
| Appropriation Act (No. 2) 2021-2022 | - | 24,287 |
| Appropriation Act (No. 3) 2021-2022 | - | 1,826,851 |
| Appropriation Act (No. 4) 2021-2022 | - | 2,414,091 |
| Appropriation Act (No. 1) 2022-2023 ² | 1,255,757 | 1,438,370 |
| Appropriation Act (No. 2) 2022-2023 ² | 532,498 | 532,498 |
| Appropriation Act (No. 3) 2022-2023 ² | 556,991 | 613,995 |
| Supply Act (No. 1) 2022-2023 ² | 587,003 | 747,005 |
| Supply Act (No. 2) 2022-2023 ² | 271 | 271 |
| Supply Act (No. 3) 2022-2023 ² | 1,990 | - |
| Appropriation Act (No. 1) 2023-2024 ⁸ | 999,573 | 999,524 |
| Appropriation Act (No. 3) 2023-2024 ⁹ | 929,230 | 929,435 |
| Appropriation Act (No. 4) 2023-2024 | 39,638 | 39,638 |
| Appropriation Act (No. 5) 2023-2024 ¹⁰ | 67,226 | 67,226 |
| Appropriation Act (No. 1) 2024-2025 ¹¹ | 1,249,408 | - |
| Appropriation Act (No. 2) 2024-2025 | 10,835 | - |
| Appropriation Act (No. 3) 2024-2025 ¹² | 545,760 | - |
| Appropriation Act (No. 4) 2024-2025 | 4,404 | - |
| Total administered | 6,780,584 | 12,819,894 |

1. In departmental appropriations a total of \$8.335m in 2021-22 appropriations has lapsed on 1 July 2024.

2. In departmental appropriations a total of \$49.337m in 2022-23 appropriations will lapse on 1 July 2025. In administered appropriations \$2,934.510m will lapse on 1 July 2025.

3. This amount includes \$10.385m which has been permanently withheld under Section 51 of the PGPA Act.

4. This amount includes \$9.096m which has been permanently withheld under Section 51 of the PGPA Act.

5. This amount includes \$0.488m which has been permanently withheld under Section 51 of the PGPA Act.

6. This amount includes \$0.413m which has been permanently withheld under Section 51 of the PGPA Act.

7. This amount includes \$197.905m which has been permanently withheld under Section 51 of the PGPA Act and another \$115.740m which has been temporarily quarantined for administrative purposes.
 8. This amount includes \$460.253m which has been permanently withheld under Section 51 of the PGPA Act and another \$32.008m which has been temporarily quarantined for administrative purposes.
 9. This amount includes \$175.989m which has been permanently withheld under Section 51 of the PGPA Act and another \$42.125m which has been temporarily quarantined for administrative purposes.
 10. This amount includes \$1.249m which has been permanently withheld under Section 51 of the PGPA Act.
 11. This amount includes \$263.836m which has been permanently withheld under Section 51 of the PGPA Act and another \$60.197m which has been temporarily quarantined for administrative purposes.
 12. This amount includes \$44.259m which has been permanently withheld under Section 51 of the PGPA Act and another \$0.400m which has been temporarily quarantined for administrative purposes.
- Prior years unspent departmental appropriations were adjusted by a total of \$2.323m under Section 75 of the PGPA Act. Prior years unspent administered appropriations were adjusted by a total of \$7.177m under Section 75 of the PGPA Act.

6.1C: Special appropriations ('recoverable GST exclusive')

| Authority | Appropriation applied | |
|--|-----------------------|-------------------|
| | 2025 \$'000 | 2024 \$'000 |
| Aged Care (Accommodation Payment Security) Act 2006 | - | - |
| Aged Care Act 1997 | 32,458,769 | 28,127,091 |
| Health Insurance Act 1973 | - | - |
| National Health Act 1953 | 2,493,856 | 2,378,717 |
| Medical Indemnity Act 2002 | 75,146 | 66,544 |
| Private Health Insurance Act 2007 | 7,337,913 | 7,071,154 |
| Dental Benefits Act 2008 | 318,730 | 325,385 |
| Medicare Guarantee Act 2017 | 355,389 | - |
| Health and Other Services (Compensation) Act 1995 | - | - |
| Medical Indemnity Agreement (Financial Assistance - Binding Commonwealth Obligations) Act 2002 | - | - |
| Midwife Professional Indemnity (Commonwealth Contribution) Scheme Act 2010 | - | - |
| Public Governance, Performance and Accountability Act 2013 s.77 | 1,926 | 2,931 |
| Total special appropriations applied | 43,041,730 | 37,971,822 |

Services Australia drew money from the Consolidated Revenue Fund on behalf of the Department against the following special appropriations:

- a) Aged Care Act 1997
- b) Health Insurance Act 1973
- c) National Health Act 1953
- d) Medical Indemnity Act 2002
- e) Dental Benefits Act 2008
- f) Private Health Insurance Act 2007, and
- g) Medicare Guarantee Act 2017

6.2 Special Accounts

| Recoverable GST Exclusive | Services for Other Entities and Trust Moneys Account ¹ | | Australian Immunisation Register Account ² | | Sport and Recreation Account ³ | |
|--|---|----------------|---|----------------|---|----------------|
| | 2025 \$'000 | 2024 \$'000 | 2025 \$'000 | 2024 \$'000 | 2025 \$'000 | 2024 \$'000 |
| Balance brought forward from previous period | 601,936 | 368,207 | 7,010 | 8,057 | 182 | 182 |
| Increases | | | | | | |
| Appropriation credited to special account | 15,398 | 7,736 | 600 | 551 | - | - |
| Other increases | 18,798 | 237,410 | 6,875 | 5,600 | - | - |
| Total increases | 34,196 | 245,146 | 7,475 | 6,151 | - | - |
| Available for payments | 636,132 | 613,353 | 14,485 | 14,208 | 182 | 182 |
| Decreases | | | | | | |
| Administered | 553,223 | 11,417 | 6,626 | 7,198 | - | - |
| Total administered | 553,223 | 11,417 | 6,626 | 7,198 | - | - |
| Total decreases | 553,223 | 11,417 | 6,626 | 7,198 | - | - |
| Total balance carried to the next period | 82,909 | 601,936 | 7,859 | 7,010 | 182 | 182 |
| Balance represented by: | | | | | | |
| Cash held in entity bank accounts | 73 | 164 | 1,013 | 7,010 | - | - |
| Cash held in the Official Public Account | 82,836 | 601,772 | 6,846 | - | 182 | 182 |
| Total balance carried to the next period | 82,909 | 601,936 | 7,859 | 7,010 | 182 | 182 |

¹ Appropriation: *Public Governance, Performance and Accountability Act 2013*; section 78

Establishing Instrument: *Public Governance, Performance and Accountability Act*; section 78

Purpose:

The special account was established to enable the Department to hold and expend amounts for a range of purposes including for, on behalf of, or jointly with, other persons or entities, such as amounts held for joint activities with other governments, other Commonwealth entities, Commonwealth companies and other entities. The special account also enables the Department to hold and expend amounts held on trust, or for the benefit of another person, amounts in relation to agreements with other governments and amounts received that are permitted or required to be repaid.

2. Appropriation: *Public Governance, Performance and Accountability Act 2013*; section 78
 Establishing Instrument: *Public Governance, Performance and Accountability Act*; section 78

Purpose:

The special account was established to manage contributions from the Commonwealth, States and Territories to make incentive payments to accredited vaccination providers for providing immunisation for children up to seven years of age.

3. Appropriation: *Public Governance, Performance and Accountability Act 2013*; section 78
 Establishing Instrument: *Public Governance, Performance and Accountability Act*; section 78

Purpose:

The special account was established to manage contributions from the Commonwealth, States and Territories in support of activities and projects arising from and undertaken on behalf of the Meeting of Sport and Recreation. These contributions are to be used for payments for secretariat functions, the "Play by the Rules" program, and to undertake a range of projects beneficial to jurisdictions.

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| Recoverable GST Exclusive | Therapeutic Goods Administration Account ⁴ | | | Gene Technology Account ⁵ | | | Industrial Chemicals Special Account ⁶ | | |
|---|---|----------------|---------------|--------------------------------------|---------------|---------------|---|--------|--------|
| | 2025 | 2024 | 2025 | 2024 | 2025 | 2024 | 2025 | 2024 | 2025 |
| | \$'000 | \$'000 | \$'000 | \$'000 | \$'000 | \$'000 | \$'000 | \$'000 | \$'000 |
| Balance brought forward from previous period | 78,037 | 71,623 | 10,693 | 9,086 | 39,641 | 36,564 | | | |
| Increases | | | | | | | | | |
| Appropriation credited to special account | 74,327 | 34,777 | 8,114 | 9,997 | 1,802 | 760 | | | |
| Other increases | 202,003 | 202,604 | 198 | 1,304 | 20,633 | 22,683 | | | |
| Total increases | 276,330 | 237,381 | 8,312 | 11,301 | 22,435 | 23,443 | | | |
| Available for payments | 354,367 | 309,003 | 19,005 | 20,387 | 62,076 | 60,007 | | | |
| Decreases | | | | | | | | | |
| Departmental | 261,562 | 230,966 | 10,470 | 9,694 | 23,041 | 20,366 | | | |
| Total departmental | 261,562 | 230,966 | 10,470 | 9,694 | 23,041 | 20,366 | | | |
| Total decreases | 261,562 | 230,966 | 10,470 | 9,694 | 23,041 | 20,366 | | | |
| Total balance carried to the next period | 92,805 | 78,037 | 8,536 | 10,693 | 39,035 | 39,641 | | | |
| Balance represented by: | | | | | | | | | |
| Cash held in entity bank accounts | 5,858 | 6,028 | 1,645 | 4,802 | 351 | 658 | | | |
| Cash held in the Official Public Account | 86,947 | 72,009 | 6,891 | 5,891 | 38,684 | 38,983 | | | |
| Total balance carried to the next period | 92,805 | 78,037 | 8,536 | 10,693 | 39,035 | 39,641 | | | |

⁴ Appropriation: *Public Governance, Performance and Accountability Act 2013*; section 80
Establishing Instrument: *Therapeutic Goods Act 1989*

Purpose (as per section 45 of the *Therapeutic Goods Act 1989*):

a) to make payments to further the objects of the Act, and

b) to enable the Commonwealth to participate in the international harmonisation of regulatory controls on therapeutic goods and other related activities.

⁵ Appropriation: *Public Governance, Performance and Accountability Act 2013*; section 80

Establishing Instrument: *Gene Technology Act 2000*

Purpose:

for the receipt of all moneys and payment of all expenditures and disbursements related to all operations of the Gene Technology Regulator.

⁶ Appropriation: *Public Governance, Performance and Accountability Act 2013*; section 80

Establishing Instrument: *Industrial Chemicals Act 2019*

Purpose:

for the receipt of all moneys and payment of all expenditures and disbursements related to all operations of the Australian Industrial Chemicals Introduction Scheme.

| Recoverable GST Exclusive | Medical Research Future Fund Account ⁷ | | Medicare Guarantee Account ⁸ | | Biomedical Translation Fund Account ⁹ | |
|--|---|-------------|---|-------------|--|-------------|
| | 2025 \$'000 | 2024 \$'000 | 2025 \$'000 | 2024 \$'000 | 2025 \$'000 | 2024 \$'000 |
| Balance brought forward from previous period | 61,196 | 114,455 | 5,240,727 | 5,241,725 | 51,507 | - |
| Increases | | | | | | |
| Statutory credits | 650,000 | 650,000 | 46,000,000 | 47,521,044 | - | - |
| Other increases | 5,545 | 2,311 | - | - | - | 69,877 |
| Total increases | 655,545 | 652,311 | 46,000,000 | 47,521,044 | - | 69,877 |
| Available for payments | 716,741 | 766,766 | 51,240,727 | 52,762,769 | 51,507 | 69,877 |
| Decreases | | | | | | |
| Administered | 689,856 | 705,570 | 51,240,727 | 47,522,042 | 13,035 | 18,370 |
| Total administered | 689,856 | 705,570 | 51,240,727 | 47,522,042 | 13,035 | 18,370 |
| Total decreases | 689,856 | 705,570 | 51,240,727 | 47,522,042 | 13,035 | 18,370 |
| Total balance carried to the next period | 26,885 | 61,196 | - | 5,240,727 | 38,472 | 51,507 |
| Balance represented by: | | | | | | |
| Cash held in the Official Public Account | 26,885 | 61,196 | - | 5,240,727 | 38,472 | 51,507 |
| Total balance carried to the next period | 26,885 | 61,196 | - | 5,240,727 | 38,472 | 51,507 |

7. Appropriation: *Public Governance, Performance and Accountability Act 2013*; section 80
Establishing Instrument: *Medical Research and Future Fund Act 2015*

Purpose:
to provide grants of financial assistance to support medical research and medical innovation.

8. Appropriation: *Public Governance, Performance and Accountability Act 2013*; section 80
Establishing Instrument: *Medical Guarantee Act 2017*

Purpose:
to secure the ongoing funding of the Medicare Benefits Schedule and the Pharmaceutical Benefits Scheme.

9. Appropriation: *Public Governance, Performance and Accountability Act 2013*; section 78
Establishing Instrument: *Public Governance, Performance and Accountability Act*; section 78

Purpose:

- to provide capital to promote the commercialisation of biomedical discoveries in accordance with the Biomedical Translation Fund Programme Guidelines;
- to carry out activities that are incidental to the purpose in paragraph a), including dealing with direct and indirect costs;
- to repay amounts where a court order, Act or other law requires or permits the repayment of an amount received; and
- to reduce the balance of the special account (and, therefore, the available appropriation for the special account) without making a real or notional payment.

6.3 Regulatory Charging Summary

| | 2025 \$'000 | 2024 \$'000 |
|---|----------------|----------------|
| Amounts applied | | |
| Departmental | | |
| Annual appropriations | 45,835 | 39,978 |
| Special appropriations (including special accounts) | 226,089 | 208,758 |
| Administered | | |
| Annual appropriations | 12,334 | 7,044 |
| Total amounts applied | 284,257 | 255,780 |
| Expenses | | |
| Departmental | 280,985 | 254,067 |
| Administered | 19,734 | 15,100 |
| Total expenses | 300,719 | 269,167 |
| External Revenue | | |
| Departmental | 226,089 | 208,758 |
| Administered | 44,820 | 37,891 |
| Total external revenue | 270,909 | 246,650 |
| Amounts written off | | |
| Departmental | 381 | 669 |
| Total amounts written off | 381 | 669 |

Regulatory charging activities:

Australian Industrial Chemicals Introduction Scheme (AICIS). Charges are levied for registration, assessment and regulation of the importation and manufacture of industrial chemicals in Australia.

Medicinal cannabis. Fees and charges for the regulation of the cultivation and manufacture of Australian produced medicinal cannabis products.

The **National Joint Replacement Registry** facilitates the collection of data that provides a prospective case series on all joint replacement surgery undertaken in Australia.

Pharmacy approvals. Pharmacists seeking to provide Pharmaceutical Benefits Scheme medicines by establishing a new pharmacy or relocating an existing pharmacy are charged a fee for service to recover the cost of approving these applications.

Listing of medicines on the Pharmaceutical Benefits Scheme for approval by the **Pharmaceutical Benefits Advisory Committee** and designated vaccines on the National Immunisation Program for approval by the **Australian Technical Advisory Group on Immunisation** are subject to regulatory charges.

Administered revenue only is recorded for the **Private Health Insurance Ombudsman Levy**.

Registration and approval of private hospitals under the **Private Health Insurance 2nd Tier Private Hospital Default Benefits** program are subject to regulatory charges.

The **Prescribed List** details medical devices and human tissue products for which health insurers must pay benefits if the patient has an appropriate health insurance policy. Regulatory charging activities include evaluation, listing and management services provided by the Department.

The **Therapeutic Goods Administration** (TGA) undertakes cost recovered activities to evaluate the safety, quality and efficacy of medicines, medical devices and biologicals available for supply in, or export from Australia.

Cost Recovery Implementation Statements for the above activities are available at:

[AICIS: https://www.industrialchemicals.gov.au/cost-recovery-implementation-statement-2025-26](https://www.industrialchemicals.gov.au/cost-recovery-implementation-statement-2025-26)

[Medicinal Cannabis: https://www.odc.gov.au/resources/publications/cost-recovery-implementation-statement-cris-regulation-medicinal-cannabis-2025-26](https://www.odc.gov.au/resources/publications/cost-recovery-implementation-statement-cris-regulation-medicinal-cannabis-2025-26)

[National Joint Replacement Registry: https://www.health.gov.au/resources/publications/national-joint-replacement-registry-cost-recovery-implementation-statement](https://www.health.gov.au/resources/publications/national-joint-replacement-registry-cost-recovery-implementation-statement)

[Pharmacy Approvals: https://www.health.gov.au/sites/default/files/2025-07/cost-recovery-implementation-statement-2025-2026.pdf](https://www.health.gov.au/sites/default/files/2025-07/cost-recovery-implementation-statement-2025-2026.pdf)

[PBAC: https://www.pbs.gov.au/industry/listing/elements/fees-and-charges/2025-26-PBS-NIP-Cost-Recovery-Implementation-Statement.pdf](https://www.pbs.gov.au/industry/listing/elements/fees-and-charges/2025-26-PBS-NIP-Cost-Recovery-Implementation-Statement.pdf)

[Private Health Insurance second-tier default benefits: https://www.health.gov.au/sites/default/files/2025-06/cost-recovery-implementation-statement-cris-administration-of-private-health-insurance-second-tier-default-benefits_0.pdf](https://www.health.gov.au/sites/default/files/2025-06/cost-recovery-implementation-statement-cris-administration-of-private-health-insurance-second-tier-default-benefits_0.pdf)

[Prescribed List: https://www.health.gov.au/sites/default/files/2025-07/cost-recovery-implementation-statement-administration-of-the-prescribed-list-of-medical-devices-and-human-tissue-products.pdf](https://www.health.gov.au/sites/default/files/2025-07/cost-recovery-implementation-statement-administration-of-the-prescribed-list-of-medical-devices-and-human-tissue-products.pdf)

[TGA: https://www.tga.gov.au/resources/publication/publications/cost-recovery-implementation-statement-2025-2026](https://www.tga.gov.au/resources/publication/publications/cost-recovery-implementation-statement-2025-2026)

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6.4 Net Cash Appropriation Arrangements

| | 2025 \$'000 | 2024 \$'000 |
|--|-----------------|----------------|
| Total comprehensive loss - as per the Statement of Comprehensive Income | (40,832) | (110,835) |
| Plus : depreciation/amortisation of assets funded through appropriations (departmental capital budget funding and/or equity injections) ¹ | 51,565 | 52,910 |
| Plus : depreciation of right-of-use assets ² | 57,013 | 56,841 |
| Less : cost recovered depreciation ¹ | (8,012) | (8,418) |
| Less : lease principal repayments ² | (51,804) | (50,753) |
| Net Cash Operating Surplus / (Deficit) | 7,929 | (60,255) |

The Government funds the Department on a net cash appropriation basis, where appropriation revenue is not provided for depreciation and amortisation expenses. Depreciation and amortisation is included in the Department's cost recovered operations to the extent that it relates to those activities.

1. From 2010-11, the Government introduced net cash appropriation arrangements where revenue appropriations for depreciation/amortisation expenses of non-corporate Commonwealth entities and selected corporate Commonwealth entities were replaced with a separate capital budget provided through equity appropriations. Capital budgets are appropriated in the period when cash payment for capital expenditure is required.

The Department excludes the cost of depreciation and amortisation related to the cost recovered activities outlined in Note 6.3.

2. The inclusion of depreciation/amortisation expenses related to ROU leased assets and the lease liability principal repayment amount reflects the impact of AASB 16 *Leases*, which does not directly reflect a change in appropriation arrangements.

Managing Uncertainties

This section analyses how the Department manages financial risks within its operating environment.

7.1A: Departmental - contingent assets and liabilities

Quantifiable Contingencies

| | Claims for | | Total | |
|--|-------------------|---------------|--------------|---------------|
| | costs & penalties | | 2025 | 2024 |
| | 2025 | 2024 | | |
| | \$'000 | \$'000 | \$'000 | \$'000 |
| Contingent assets | | | | |
| Balance from previous period | 23,273 | - | 23,273 | - |
| New contingent assets recognised | 1,545 | 23,273 | 1,545 | 23,273 |
| Re-measurement | 1,399 | - | 1,399 | - |
| Assets realised | (23,000) | - | (23,000) | - |
| Total contingent assets | 3,217 | 23,273 | 3,217 | 23,273 |
| Contingent liabilities | | | | |
| Balance from previous period | - | - | - | - |
| New contingent liabilities recognised | 2,260 | - | 2,260 | - |
| Re-measurement | 1,250 | - | 1,250 | - |
| Total contingent liabilities | 3,510 | - | 3,510 | - |
| Net contingent assets / (liabilities) | (293) | 23,273 | (293) | 23,273 |

Unquantifiable Contingencies

At 30 June 2025, the Department was involved in a number of litigation cases before the courts, in which some cases may result in costs awarded for the Department and other party for and partly against the Department, but none of these have yet been finalised. It is not possible to quantify amounts relating to these cases and the information is not disclosed on the grounds that it might seriously prejudice the outcomes of these cases.

The Secretary of the Department has initiated a number of civil penalty proceedings against persons alleged to have contravened the *Therapeutic Goods Act 1989 (Cth)*. If successful, those proceedings may result in a pecuniary penalty order requiring the respondents to pay an amount in penalties to the Commonwealth. It is not possible to quantify amounts relating to these cases and the information is not disclosed on the grounds that it might seriously prejudice the outcomes of those cases.

The Department has provided indemnities to its transactional bankers in relation to any claims made against the bank resulting from errors in the Department's payment files. There were no claims made during the year.

Significant Remote Contingencies

The Department did not have any significant remote contingencies as at 30 June 2025 (2024: Nil).

Accounting Policy

Contingent liabilities and contingent assets are not recognised in the statement of financial position but are reported in the relevant notes. They may arise from uncertainty as to the existence of a liability or asset, or represent an asset or liability in respect of which the amount cannot be reliably measured. Contingent assets are disclosed when settlement is probable but not certain, and contingent liabilities are disclosed when settlement is greater than remote.

7.1B: Administered - contingent assets and liabilities

| | Indemnities | | Claims for damages or costs | | Aged Care Accommodation Bond Guarantee Scheme | | Total | |
|---------------------------------------|-------------|--------|-----------------------------|---------|---|---------|----------|----------|
| | 2025 | 2024 | 2025 | 2024 | 2025 | 2024 | 2025 | 2024 |
| | \$'000 | \$'000 | \$'000 | \$'000 | \$'000 | \$'000 | \$'000 | \$'000 |
| Contingent assets | | | | | | | | |
| Balance from previous period | - | - | 7,364 | 6,900 | - | - | 7,364 | 6,900 |
| New contingent assets recognised | - | - | 261 | 1,164 | - | - | 261 | 1,164 |
| Re-measurement | - | - | 814 | 1,000 | - | - | 814 | 1,000 |
| Assets realised | - | - | (200) | (1,000) | - | - | (200) | (1,000) |
| Assets expired | - | - | (964) | (700) | - | - | (964) | (700) |
| Total contingent assets | - | - | 7,275 | 7,364 | - | - | 7,275 | 7,364 |
| Contingent liabilities | | | | | | | | |
| Balance from previous period | 79,000 | 75,000 | 7,227 | 8,022 | - | 2,180 | 86,227 | 85,202 |
| New contingent liabilities recognised | - | - | 249 | 1,178 | - | - | 249 | 1,178 |
| Re-measurement | 3,607 | 4,000 | 9,500 | 800 | - | - | 13,107 | 4,800 |
| Liabilities realised | - | - | (813) | (200) | - | (2,180) | (813) | (2,380) |
| Obligations expired | - | - | (400) | (2,573) | - | - | (400) | (2,573) |
| Total contingent liabilities | 82,607 | 79,000 | 15,763 | 7,227 | - | - | 98,370 | 86,227 |
| Net contingent liabilities | | | | | | | (91,096) | (78,863) |

Quantifiable Administered Contingencies

The above table contains contingent liabilities in respect to:

- Indemnities: \$82.6m (2024: \$79.0m). The amount represents an estimate of the Department's liability in respect of medical indemnity payments under the High Cost Claims Scheme.
- Claims for costs: The table reports a contingent asset of up to \$7.3m (2024: \$7.4m) and a contingent liability of up to \$15.8m (2024: \$7.2m) in respect of claims for costs.

Unquantifiable Administered Contingent Assets

At 30 June 2025, the Department has a number of items for which it was not possible to estimate the amounts of any eventual payments that may be received in relation to these claims. These items are outlined below but were not included in the above table.

Legal action seeking compensation

The Department is engaged in legal action against certain pharmaceutical companies seeking compensation for savings it claims were denied to the Commonwealth because interim injunctions granted to these companies in unsuccessful patent litigation delayed generic versions of drugs being listed on the Pharmaceutical Benefits Scheme, and thereby delayed statutory and price disclosure-related price reductions for these drugs.

Public Hospital Funding

The Auditor-General Report No. 26 2018-19 *Australian Government Funding of Public Hospital Services - Risk Management, Data Monitoring and Reporting Arrangements* identified the potential for duplicate payments for the same public hospital service through funding under the Medicare Benefits Schedule and through public hospital funding under the National Health Reform Agreement. The Department has agreed to identify and prevent potential duplicate payments, including Medicare Benefits Schedule payments, by the Australian Government for public hospital services, and identify and recover past duplicate payments to the maximum extent permitted by law.

The 2020-2025 Addendum to the NHRA notes that the Commonwealth and States are jointly responsible for the funding of public hospitals and working together on policy decisions or areas of the system that impact each other's responsibilities. The Addendum requires information to be shared between Jurisdictions and the Commonwealth on a timely basis to support reconciliations of payments, data reporting and calculations of activities to ensure funding is accurate, transparent and accountable. In relation to the contingent asset for the recovery of overpayments, the nature of the contingency is such that the quantum of the potential asset is unknown at this stage.

Under the Addendum, the Administrator will determine the data matching business rules, with consultation of the Parties, to identify services funded by the Commonwealth through both this Addendum and other Commonwealth programs. The relevant Commonwealth officer responsible for compliance will notify, consult and validate with the States and Territories prior to undertaking any compliance activity relating to duplicate payments.

Unquantifiable Administered Contingent Liabilities

At 30 June 2025, the Department has a number of items for which it was not possible to estimate the amounts of any eventual payments that may be required in relation to these claims. These items are outlined below but were not included in the above table.

Aged Care Accommodation Bond Guarantee Scheme

A Guarantee Scheme has been established through the *Aged Care (Accommodation Payment Security) Act 2006* and *Aged Care (Accommodation Payment Security) Levy Act 2006*. Under the Guarantee Scheme, if a provider becomes insolvent or bankrupt and is unable to repay outstanding accommodation payment balances to aged care residents, the Australian Government will repay the balances owing to each resident. In return, the residents' rights to pursue the defaulting provider for recovery of the accommodation payment funds transfers to the Government. In the event the Government cannot recover the full amount from the defaulting provider, it may levy all providers holding accommodation payment balances to recoup the shortfall. It is not possible to quantify the Australian Government's contingent liability in the event the Guarantee Scheme is activated. The Department has implemented risk mitigation strategies which should reduce the risk of default and thereby activation of the Guarantee Scheme.

From the latest available information, the maximum contingent liability, in the unlikely event that all providers defaulted, is \$42.18 billion. Since the Guarantee Scheme was introduced, it has been activated 17 times with refunds of approximately \$180.2 million (including interest) made to 541 residents or their estates. It is difficult to predict the frequency and size of future activations, although frequency has increased in the last 5 years. The Commonwealth's exposure through the Guarantee Scheme increases directly in line with an increase in Refundable Accommodation Deposit values and interest rate rises.

Diagnostic Products Agreement

The Australian Government has provided an indemnity to a review of certain matters in relation to Diagnostics Products Agreement. The indemnity provides certain specified members of the review the same level of indemnity as Australian Government officers for the purpose of the review. For the period ended 30 June 2025 no claims have been made (2024: Nil).

Medical Indemnity

Services Australia delivers the Exceptional Claims Scheme (ECS) for doctors and the duplicate scheme for allied health professionals on behalf of the Australian Government. Under these schemes, the Australian Government reimburses medical indemnity insurers for 100% of the cost of private practice claims that are above the limit of their medical indemnity insurance contract, which is typically \$20m. To be covered by the ECS, practitioners must have medical indemnity insurance cover to at least a threshold of \$15m for claims arising from incidents notified between 1 January and 30 June 2003, and \$20m for claims notified from 1 July 2003. As the Allied Health ECS commenced on 1 July 2020, only incidents on or from this date will be eligible.

As at 30 June 2025, the Department had received one Qualifying Claim Certificate, which may give rise to claims under the ECS. However, no payment has been requested, and the Department's liability remains uncertain and cannot be quantified.

Medical Rural Bonded Scholarship Waivers

The Department is using debt waivers to address the creation of statutory debts by participants of the Medical Rural Bonded Scholarship Scheme who inadvertently breached contractual arrangements from 2020, when the reformed Bonded Medical Program was implemented. In 2023–24, the Department waived no statutory debts, however further waivers may be required. The total value of the waivers cannot yet be quantified.

CSL Ltd

Under existing agreements, the Australian Government has indemnified CSL Ltd for certain existing and potential claims made for personal injury, loss or damage suffered through therapeutic and diagnostic use of certain products manufactured by CSL Ltd. For the period ended 30 June 2025 no claims have been made (2024: Nil).

The Australian Government has indemnified CSL Ltd for a specific range of events that occurred during the Plasma Fractionation Agreement from 1 January 1994 to 31 December 2004, where alternative cover was not arranged by CSL Ltd. For the period ended 30 June 2025 no claims have been made (2024: Nil).

Lifeblood

Under certain conditions the Australian Government, States and Territories jointly provide indemnity to Lifeblood through a cost sharing arrangement for claims, both current and potential, regarding personal injury and loss of life.

Deeds of Agreement between the Australian Red Cross Society and the National Blood Authority in relation to the operation of Lifeblood and the development of principal manufacturing sites in Sydney and Melbourne include certain indemnities and a limitation of liability in favour of Lifeblood. These indemnities cover defined sets of potential business, product and employee risks and liabilities. Certain indemnities for specific risk events that operate within the terms of the Deed of Agreement are capped and must meet specified pre-conditions.

Indemnities and limitation of liability only operate in the event of the expiry and non-renewal, or the early termination of the Deed, and only within a certain scope. They are also subject to appropriate limitations and conditions including in relation to mitigation, contributory fault, and the process of handling relevant claims.

For the period ended 30 June 2025 no claims have been made (2024: Nil).

Vaccines

Under certain conditions the Australian Government has provided an indemnity for the supply of certain vaccines to the suppliers of the vaccines. The contracts under which contingent liability is recognised will expire across a range of dates to 2036. However, until replacement stock is sourced the contingent liability for use of the vaccine currently held remains with the Commonwealth. For the period ended 30 June 2025 no claims have been made (2024: Nil).

mRNA manufacturing facility

The Commonwealth has entered into a strategic partnership with Moderna Australia Pty Ltd (Moderna) to establish domestic mRNA vaccine manufacturing capacity and capability in Australia. Under the agreement between the Commonwealth and Moderna, the Commonwealth may enter into a pandemic vaccine advance purchase agreement with Moderna for locally manufactured mRNA vaccines in certain circumstances where an infectious disease pandemic is declared. Moderna will also have the capacity to supply the Commonwealth with non pandemic vaccines through a non pandemic vaccine supply agreement.

The Commonwealth does provide indemnities to Moderna under these arrangements to cover certain liabilities that could result from the implementation of the arrangement.

There are also indemnities provided by Moderna in favour of the Commonwealth for certain liabilities, which reflect risk sharing between the parties and are intended to limit financial exposure to the Australian Government.

Significant Remote Contingencies

The Australian Government has provided indemnities to the suppliers of potential COVID-19 vaccine, for which the Australian Government has entered into Advance Purchasing Agreements, covering certain liabilities that could result from the use of the vaccine. These agreements support access to vaccines from AstraZeneca Pty Ltd, Pfizer Inc, Moderna Switzerland GmbH and Novavax, Inc.

This document has been released under
the Freedom Of Information Act 1982 by
the Department of Health, Disability and Ageing

7.2 Financial Instruments

| | 2025 | 2024 |
|---|----------------|----------------|
| | \$'000 | \$'000 |
| 7.2A: Categories of financial instruments | | |
| Financial assets at amortised cost | | |
| Cash and cash equivalents | 141,978 | 139,929 |
| Goods and services receivable | 15,500 | 32,485 |
| Less: Impairment allowance | (3,904) | (4,011) |
| Total financial assets at amortised cost | 153,574 | 168,403 |
| Total financial assets | 153,574 | 168,403 |
| Financial Liabilities | | |
| Financial liabilities measured at amortised cost | | |
| Trade creditors | 97,391 | 108,008 |
| Total financial liabilities measured at amortised cost | 97,391 | 108,008 |
| Total financial liabilities | 97,391 | 108,008 |

Accounting Policy

In accordance with AASB 9 *Financial Instruments*, the Department classifies its financial assets as financial assets measured at amortised cost. This classification is based on the Department's business model for managing the financial assets and contractual cash flow characteristics at the time of initial recognition.

Financial assets at amortised cost

Financial assets included in this category must meet two criteria:

- the financial asset is held in order to collect the contractual cash flows, and
- the cash flows are solely payments of principal and interest on the principal outstanding amount.

Amortised cost is determined using the effective interest rate method.

Impairment of financial assets

Financial assets are assessed for impairment at the end of each reporting period based on the ECL methodology, using the general approach which measures the loss allowance based on an amount equal to lifetime expected credit losses where risk has significantly increased, or an amount equal to 12-month expected credit losses if risk has not increased.

The simplified approach for trade, contract and lease receivables is used. This approach always measures the loss allowance as the amount equal to the lifetime expected credit losses.

A write-off constitutes a derecognition event where the write-off directly reduces the gross carrying amount of the financial asset.

Financial liabilities at amortised cost

Supplier and other payables are recognised at amortised cost to the extent that the goods or services have been received and irrespective of having been invoiced.

7.2B: Net gains or losses on financial assets

| | | |
|---|--------------|----------------|
| Financial assets at amortised cost | | |
| Impairment | (404) | (1,702) |
| Net losses on financial assets at amortised cost | (404) | (1,702) |
| Net losses on financial assets | (404) | (1,702) |

7.3 Administered - Financial Instruments

| | 2025 \$'000 | 2024 \$'000 |
|--|------------------|------------------|
| 7.3A: Categories of financial instruments | | |
| Financial assets at amortised cost | | |
| Cash and cash equivalents | 245,490 | 6,111,083 |
| Accrued recoveries revenue | 1,513,536 | 2,494,310 |
| Goods and services receivables | 2,233,692 | 1,250,569 |
| Advances and loans | 142,371 | 158,290 |
| Less: Impairment allowance | (380,251) | (1,892,015) |
| Total financial assets at amortised cost | 3,754,837 | 8,122,237 |
| Financial assets at fair value through other comprehensive income | | |
| Other investments | 190,860 | 195,208 |
| Total financial assets at fair value through other | 190,860 | 195,208 |
| Total financial assets | 3,945,697 | 8,317,445 |
| Financial Liabilities | | |
| Financial liabilities measured at amortised cost | | |
| Trade creditors | 272,700 | 207,309 |
| Grants payable | 253,172 | 559,793 |
| Total financial liabilities measured at amortised cost | 525,872 | 767,102 |
| Total financial liabilities | 525,872 | 767,102 |
| 7.3B: Net gains or losses on financial assets | | |
| Financial assets at amortised cost | | |
| Interest revenue | 7,133 | 12,728 |
| Impairment | (92,948) | (818,916) |
| Net losses on financial assets at amortised cost | (85,814) | (806,188) |
| Net losses on financial assets | (85,814) | (806,188) |

7.4 Fair Value Measurement

The following tables provide an analysis of assets that are measured at fair value. The remaining assets and liabilities disclosed in the statement of financial position do not apply the fair value hierarchy.

| | Note | Fair value measurements at the end of the reporting period | |
|-----------------------------------|------|--|----------------|
| | | 2025 \$'000 | 2024 \$'000 |
| Non-financial assets | | | |
| Land and Buildings | 3.2A | 52,739 | 57,099 |
| Plant and equipment | 3.2A | 6,811 | 6,410 |
| Total non-financial assets | | 59,550 | 63,510 |

Accounting Policy

The Department's assets are held for operational purposes, not for the purposes of deriving a profit. As allowed for by AASB 13 *Fair Value Measurement*, quantitative information on significant unobservable inputs used in determining fair value is not disclosed.

Assets held at fair value include land and buildings and property, plant and equipment. Assets not held at fair value include intangibles, assets under construction and ROU assets.

The Department reviews its valuation model each year via a desktop exercise with a formal revaluation undertaken every three years, with the most recent comprehensive revaluation undertaken in 2024. If during the conduct of the desktop valuation, indicators of a particular asset class change materially, that class is subject to specific valuation in the reporting period. Both the comprehensive revaluation and the desktop review were undertaken by JLL.

The categories of fair value measurement are:

- a) Level 1: quoted prices (unadjusted) in active markets for identical assets that the entity can access at measurement date.
- b) Level 2: inputs other than quoted prices included within Level 1 that are observable for the asset, either directly or indirectly.
- c) Level 3: unobservable inputs.

Departmental assets are held at fair value and are measured at category Levels 2 or 3 with no fair values measured at category Level 1.

Leasehold improvements are predominantly measured at category Level 3 and the valuation methodology used is Depreciated Replacement Cost (DRC). Under DRC the estimated cost to replace the asset is calculated, with reference to new replacement price per square metre, and then adjusted to take into account its consumed economic benefit (accumulated depreciation). The consumed economic benefit has been determined based on the professional judgement of JLL with regard to physical, economic and external obsolescence factors. For all leasehold improvement assets, the consumed economic benefit is determined based on the term of the associated lease.

Property, plant and equipment is measured at either category Level 2 or 3. The valuation methodology is either market approach or DRC, based on replacement cost for a new equivalent asset. The significant unobservable inputs used in the fair value measurement of PPE assets are the market demand and JLL's professional judgement.

The Department deems transfers between levels of fair value hierarchy to have occurred when there has been a change to the inputs to the fair value measurement (for instance from observable to unobservable and vice versa) and the significance that the changed input has in determining the fair value measurement.

Other information

8.1 Current/non-current distinction for assets and liabilities

8.1A: Current/non-current distinction for assets and liabilities

| | 2025 | 2024 |
|---|------------------|------------------|
| | \$'000 | \$'000 |
| Assets expected to be recovered in: | | |
| No more than 12 months | | |
| Cash and cash equivalents | 141,978 | 139,929 |
| Trade and other receivables | 454,112 | 306,737 |
| Land and buildings | 5,879 | 8,251 |
| Plant and equipment | 1,334 | 1,158 |
| Computer software | 24,046 | 43,101 |
| Other financial assets | 18,905 | 11,965 |
| Other non-financial assets | 23,140 | 35,892 |
| Total no more than 12 months | 669,395 | 547,034 |
| More than 12 months | | |
| Land and buildings | 530,195 | 546,834 |
| Plant and equipment | 5,523 | 5,307 |
| Computer software | 238,146 | 264,715 |
| Other non-financial assets | - | 162 |
| Total more than 12 months | 773,865 | 817,018 |
| Total assets | 1,443,260 | 1,364,053 |
| Liabilities expected to be settled in: | | |
| No more than 12 months | | |
| Suppliers | 127,386 | 145,655 |
| Employee payables | 31,670 | 25,795 |
| Other payables | 1,973 | 8,997 |
| Leases | 47,293 | 47,293 |
| Employee provisions | 78,580 | 57,758 |
| Total no more than 12 months | 286,902 | 285,497 |
| More than 12 months | | |
| Leases | 466,112 | 500,867 |
| Employee provisions | 184,039 | 175,969 |
| Other provisions | 12,205 | 12,261 |
| Total more than 12 months | 662,356 | 689,097 |
| Total liabilities | 949,258 | 974,594 |

8.1B: Administered - current/non-current distinction for assets and liabilities

| | 2025 \$'000 | 2024 \$'000 |
|---|------------------|-------------------|
| Assets expected to be recovered in: | | |
| No more than 12 months | | |
| Cash and cash equivalents | 245,490 | 6,111,083 |
| Accrued recoveries revenue | 1,145,533 | 612,640 |
| Trade and other receivables | 2,331,364 | 1,310,952 |
| Plant and equipment | - | 1,457 |
| Inventories | 133,967 | 858,149 |
| Other non-financial assets | 413,016 | 1,040,694 |
| Total no more than 12 months | 4,269,369 | 9,934,975 |
| More than 12 months | | |
| Trade and other receivables | 124,015 | 142,793 |
| Investment in portfolio entities | 2,763,523 | 626,522 |
| Other investments | 190,860 | 195,208 |
| Inventories | 593,814 | 277,394 |
| Total more than 12 months | 3,672,212 | 1,241,916 |
| Total assets | 7,941,582 | 11,176,891 |
| Liabilities expected to be settled in: | | |
| No more than 12 months | | |
| Suppliers payable | 278,951 | 214,436 |
| Subsidies payable | 120,681 | 109,249 |
| Personal benefits payable | 253,172 | 1,998,612 |
| Grants payable | 2,184,884 | 559,793 |
| Subsidies provision | 122,124 | 129,485 |
| Personal benefits provision | 1,233,289 | 1,204,819 |
| Total no more than 12 months | 4,193,102 | 4,216,394 |
| More than 12 months | | |
| Subsidies provision | 513,516 | 470,715 |
| Total more than 12 months | 513,516 | 470,715 |
| Total liabilities | 4,706,618 | 4,687,109 |

8.2 Restructuring

8.2A: Abolition of National Mental Health Commission

In the 2025 Federal Budget the Government announced a reform process to reset and strengthen the National Mental Health Commission (NMHC). As an initial step, all of NMHC's functions, employees, assets and liabilities were transferred to the Department from 1 October 2024, with the NMHC continuing as a non-statutory office within the Department. Under the reform, the NMHC's purpose and primary activities have remained to promote transparency and accountability and monitor the impact of all governments' policies and investment in mental health.

| DEPARTMENTAL RESTRUCTURING - NMHC | 1/07/2024 ¹ | 1/10/2024 |
|--|------------------------------|------------------|
| | \$'000 | \$'000 |
| FUNCTIONS ASSUMED | | |
| Assets assumed | | |
| Cash and cash equivalents | 2 | - |
| Trade and other receivables | 3,709 | 4,164 |
| Land and buildings | 2,710 | 2,046 |
| Plant and equipment | 54 | - |
| Other non-financial assets | 99 | - |
| Total assets assumed | 6,575 | 6,210 |
| Liabilities assumed | | |
| Suppliers | 131 | 1 |
| Other payables | 334 | 297 |
| Leases | 2,492 | 2,266 |
| Employee provisions | 1,722 | 1,845 |
| Total liabilities assumed | 4,679 | 4,410 |
| Net assets/(liabilities) assumed | 1,896 | 1,800 |
| Equity recognised | | |
| Contributed equity | 709 | 715 |
| Asset revaluation reserve | 177 | 177 |
| Retained earnings | 1,010 | 908 |
| Total equity recognised | 1,896 | 1,800 |
| ADMINISTERED RESTRUCTURING - NMHC | 1/07/2024¹ | 1/10/2024 |
| | \$'000 | \$'000 |
| FUNCTIONS ASSUMED | | |
| Assets assumed | | |
| Cash and cash equivalents | 2 | - |
| Trade and other receivables | 4 | 12 |
| Total assets assumed | 6 | 12 |
| Liabilities relinquished | | |
| Suppliers payable | 70 | - |
| Total liabilities assumed | 70 | - |
| Net assets/(liabilities) assumed | (64) | 12 |

1. In accordance with the requirements of the *Public Governance, Performance and Accountability Rule 2014*, the Department has reported the NMHC function as if it was part of the Department for the entire 2024-25 reporting period. NMHC comparative data is available in NMHC's 2023-24 Annual Report.

8.2B: Administrative Arrangements Order of 13 May 2025

The Administrative Arrangements Order (AAO) was re-issued on 13 May 2025. In response, the Disability and Carers function was transferred to the Department from the Department of Social Services (DSS), and the Sport and Recreation function was transferred from the Department to the Department of Infrastructure, Transport, Regional Development, Communications, Sports and the Arts (DITRDCA).

To align with the determinations made under section 72 of the *Public Service Act 1999* to move staff between agencies, and under section 75 of the *Public Governance, Performance and Accountability Act 2013* to transfer appropriation funding between agencies, the transfer of associated departmental and administered assets and liabilities has taken effect as at 3 July 2025 for the DITRDCA MOG and 31 July 2025 for the DSS MoG. Additionally, Sport and Recreation Special Account was transferred to DITRDCA effective 1 September 2025. Further details will be disclosed in the 2025–26 financial statements.

With the exception of administered investments, no departmental or administered assets and liabilities were transferred during 2024–25. Administered investments relating to these relevant functions were transferred from the date of the AAO, and are reported by the responsible entity in their 2024–25 financial statements.

There were no departmental or administered funding transfers during the 2024–25 financial year.

ADMINISTERED RESTRUCTURING

| | 2025 |
|--------------------------------------|--------------------------------|
| | Disability and Carers function |
| | DSS |
| | \$'000 |
| FUNCTIONS ASSUMED¹ | |
| Assets recognised | |
| Administered Investments | 2,365,991 |
| Total assets recognised | 2,365,991 |
| Net assets recognised | 2,365,991 |

1. There were no income or expenses recognised by the Department in relation to the transferring function in the 2024–25 financial statements. Income and expenses related to the Disability and Carers function have been reported by the DSS for the entire 2024–25 financial year.

| | 2025 |
|---|-------------------------------|
| | Sport and Recreation function |
| | DITRDCA |
| | \$'000 |
| FUNCTIONS RELINQUISHED² | |
| Assets relinquished | |
| Administered Investments | 359,483 |
| Total assets relinquished | 359,483 |
| Net assets relinquished | 359,483 |

2. Income and expenses relating to the transferring function have been reported by the Department for the entire 2024–25 financial year. No income or expenses were recognised by the DITRDCA in relation to the Sport and Recreation function in their 2024–25 financial statements.

8.3 Budget Variance Commentary

Explanations of Major Variances to Budget

The table below provides explanations for the major variances between the Department's original budget estimates, as published in the May 2024 Portfolio Budget Statements, and the actual financial performance and position for the year.

The information presented below should be read in the context of the following:

1. Variance commentary has been included when the variance is greater than 10% of the original estimate and it has been considered important for a reader's understanding or is relevant to the assessment of the discharge of accountability and for analysis of the Department's performance. Variances below this threshold are not included unless considered significant by their nature.
2. Variances attributable to factors which would not reasonably have been identifiable at the time of budget preparation, such as impairment of assets or impacts of Australian Government Bond Rates, have not been included in the explanations unless they have been considered important for a reader's understanding of the Department's performance.
3. Variances relating to cash flow are a result of the factors explained for variances related to net cost of services, or assets and liabilities.
4. The 2024-25 original budget was prepared before the 2023-24 final budget outcome was known. As a consequence, the opening balance of the statement of financial position was estimated, and in some cases variances between the 2023-24 final budget outcome and the 2024-25 original budget estimates can be attributable to unanticipated movements in prior year-end balances.
5. The original budget is not audited.

Departmental budget variances

| Variance explanation | Impacted line items |
|--|--|
| <p>The variance in the net cost of services was as a result of the following factors:</p> <p>(a) Higher than budgeted expenses for employee benefits reflect continuing growth in ASL during the year (879 ASL or 14%) which is attributable to further funding received in 2024-25 for Digital Capability and Sustainment of Aged Care Systems. Employee costs were also impacted by the full year impact of the pay increase in March 2024 (4%) and three months since March 2025 (3.8%).</p> <p>(b) Higher than budgeted supplier expense is primarily due to the use of contractors and consultants in response to the Aged Care digital transformation, and vaping reforms.</p> <p>(c) Lower than budgeted depreciation and amortisation as a result of reduction in the carrying value of computer software.</p> <p>(d) Write-down expenses are driven largely by impairment of capitalised software development costs, recognised as a result of an annual impairment review process, with impairment of leasehold improvements also a contributing factor. Relevant assets are tested for impairment on a case by case basis, and the timing and value of the resulting write-down expenses does not follow a predictable pattern.</p> <p>(e) Other revenue is an amalgamation of a range of minor receipts and recoveries accounts. These items can fluctuate widely with no predictable pattern.</p> | <p>Employee benefits</p> <p>Suppliers</p> <p>Depreciation and amortisation</p> <p>Write-down and impairment of other assets</p> <p>Other revenue</p> |
| <p>The variance in total assets was a result of the following factors:</p> | |

(a) A higher than expected trade and other receivables balance was driven by the value of unspent annual appropriations at the end of the year.

Trade and other receivables

(b) Debtor balances arising from the Department's cost recovered activities classified as revenue from contracts with customers. These balances fluctuate depending on the invoicing and payment cycles.

Other financial assets

(c) The value of computer software assets is the net result of asset capitalisations, the amortisation and impairment charges for the year, and the value of previously capitalised development costs reclassified to operating expenses during 2024-25.

Computer software

(d) Other non-financial assets relate to prepaid expenses and are driven by the value of IT-related prepayments. These balances fluctuate from year to year with no predictable pattern.

Other non-financial assets

The variance in total liabilities was a result of the following factors:

(a) The variances in supplier payables and other payables are due to the difference in classification of unearned revenue between the original budget and the actual figures.

Supplier payables / Other payables

(b) The increase in employee-related balances is consistent with a significant increase in employee benefits expenses compared to the original budget.

Employee payables / Employee provisions

(c) The variance in other provisions is due to a reassessment and a resulting decrease in the value of provisions for restoration costs in connection with the Department's leases.

Other provisions

There was no major variance in the Department's net assets position overall.

Administered budget variances

| Variance explanation | Impacted line items |
|---|--|
| <p>The variance in net cost of services was a result of the following items:</p> | |
| <p>(a) Supplier costs are largely driven by purchases under the demand-driven Immunisation program and Aged Care contracts for services.</p> | <p>Suppliers expenses / Other expenses</p> |
| <p>(b) Additional payments were provided by Parliament at Mid-Year Economic and Fiscal Outlook for the Australian Sports Commission, and the Australian Digital Health Agency.</p> | <p>Payments to corporate Commonwealth entities</p> |
| <p>(c) The write-off of inventory, including the NMS and COVID-19 vaccines, that has been identified as impaired on the basis that it has passed the expiry date. For budgeting purposes, a consistent level of inventory holdings is assumed. Actual inventory balance continues to gradually decline in the post COVID-19 pandemic years, due to a combination of old stock being impaired as it expires and only limited targeted replenishment activities being undertaken, based on the modelled supply and demand</p> | <p>Write-down and impairment of non-financial assets</p> |
| <p>(d) Lower than anticipated recoveries of unspent grant funding and other miscellaneous receipts. These items can fluctuate with no predictable pattern.</p> | <p>Other revenue</p> |
| <p>The variance in total assets was as a result of the following factors:</p> | |
| <p>(a) The original budget contained the accumulated balance across multiple years in the MGF Special Account. At 30 June 2025 the closing balance of the MGF Special Account was nil. The purpose of this special account is to secure the ongoing funding of the Medicare Benefits Schedule (MBS) and the Pharmaceutical Benefits Scheme (PBS).</p> | <p>Cash and cash equivalents</p> |
| <p>(b) A difference in timing between the billing cycle and collections for PBS drug recoveries and aged care recoveries from the National Disability Insurance Agency. These items can fluctuate widely depending on the demand for relevant PBS items and various medicines reaching the relevant thresholds to trigger recoveries.</p> | <p>Accrued recoveries revenue / Trade and other receivables</p> |
| <p>(c) Inventory and prepaid inventory balances are driven by the value of in-year purchasing, deployments and write-offs of NMS stock and COVID-19 vaccines and consumables. For budgeting purposes, a consistent level of inventory holdings is assumed. Actual inventory balance continues to gradually decline in the post COVID-19 pandemic years, due to a combination of old stock being impaired as it expires and only limited targeted replenishment activities being undertake, based on the modelled supply and demand.</p> | <p>Inventories / Other non- financial assets (inventory prepayments)</p> |
| <p>The variance in total liabilities was as a result of the following factors:</p> | |
| <p>(a) Supplier liabilities can fluctuate from year to year and are driven by inventory accruals which depend on the timing of inventory deliveries and the associated invoicing.</p> | <p>Supplier payables</p> |
| <p>(b) Variance in the personal benefits payable and provisions is consistent and in line with the variance in the personal benefit expense.</p> | <p>Personal benefits payable / Provisions</p> |
| <p>(c) Variance in the subsidies payable is within the expected range and represents less than 1% of the current year's subsidies expenses.</p> | <p>Subsidies payable</p> |
| <p>(d) Grant liabilities vary from year to year depending on the timing of grant rounds and milestones.</p> | <p>Grants payable</p> |



05

Part 5:

Appendices

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Appendix 1: Expenses and Resources Statements

| Entity resource statement | Actual available appropriation for 2024-25 \$'000 (A) | Payments made 2024-25 \$'000 (B) | Balance remaining 2024-25 \$'000 (A) – (B) |
|--|--|---|---|
| DEPARTMENTAL | | | |
| Annual appropriations – ordinary annual services¹ | | | |
| Prior year departmental appropriation | 187,508 | 3,540 | 183,968 |
| Departmental appropriation | 1,757,639 | 1,651,337 | 106,302 |
| Departmental capital budget ² | 21,455 | 16,233 | 5,222 |
| Receipts retained under PGPA Act – section 74 | 248,734 | 248,734 | - |
| Total annual appropriations – ordinary annual services | 2,215,336 | 1,919,844 | 295,492 |
| Annual appropriations – other services – non-operating³ | | | |
| Prior year departmental appropriation | 66,937 | 58,656 | 8,281 |
| Equity injections | 131,754 | - | 131,754 |
| Total annual appropriations – other services – non-operating | 198,691 | 58,656 | 140,035 |
| Total departmental annual appropriations | 2,414,027 | 1,978,500 | 435,527 |
| Special accounts⁴ | | | |
| Opening Balance | 128,371 | | |
| Appropriation receipts ⁵ | 84,243 | | |
| Non-appropriation receipts to special accounts | 217,549 | | |
| Payments made | | 289,787 | |
| Total special accounts | 430,163 | 289,787 | 140,376 |
| Less departmental appropriations drawn from annual/special appropriations and credited to special accounts | 84,243 | | |
| TOTAL DEPARTMENTAL RESOURCING | 2,759,947 | 2,268,287 | 575,903 |

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

ADMINISTERED**Annual appropriations – ordinary annual services¹**

| | | | |
|---|-------------------|-------------------|--|
| Outcome 1 | 7,821,630 | 7,370,849 | |
| Outcome 2 | 2,016,401 | 1,738,037 | |
| Outcome 3 | 5,970,258 | 5,394,880 | |
| Outcome 4 | 166,158 | 126,929 | |
| Receipts retained under PGPA Act – section 74 | - | | |
| Payments to corporate Commonwealth entities | 790,497 | 790,497 | |
| Total annual appropriations – ordinary annual services | 16,764,944 | 15,421,192 | |

Annual appropriations – other services – non-operating³

| | | | |
|---|-------------------|-------------------|--|
| Prior year administered appropriation | 572,407 | - | |
| Administered assets and liabilities | 100,213 | 84,974 | |
| Receipts retained under PGPA Act – section 74 | - | | |
| Payments to corporate Commonwealth entities | 46,128 | 46,128 | |
| Total annual appropriations – other services – non-operating | 718,748 | 131,102 | |
| Total administered annual appropriations | 17,483,692 | 15,552,294 | |

Administered special appropriations**Special appropriations limited by criteria/entitlement**

| | | | |
|---|--|-------------------|--|
| <i>Aged Care (Accommodation Payment Security) Act 2006</i> | | - | |
| <i>Aged Care Act 1997</i> | | 32,458,769 | |
| <i>Health Insurance Act 1973</i> | | - | |
| <i>National Health Act 1953</i> | | 2,493,856 | |
| <i>Medical Indemnity Act 2002</i> | | 75,146 | |
| <i>Private Health Insurance Act 2007</i> | | 7,337,913 | |
| <i>Dental Benefits Act 2008</i> | | 318,730 | |
| <i>Medicare Guarantee Act 2017</i> | | 355,389 | |
| <i>Public Governance, Performance and Accountability Act 2013–s77</i> | | 1,926 | |
| Total administered special appropriations | | 43,041,729 | |

| Entity resource statement | Actual available appropriation for 2024–25 \$'000 (A) | Payments made 2024–25 \$'000 (B) | Balance remaining 2024–25 \$'000 (A) – (B) |
|--|--|---|---|
| Special accounts | | | |
| Opening Balance | 5,962,558 | | |
| Appropriation receipts ⁴ | 15,998 | | |
| Appropriation receipts – other entities ⁵ | 46,650,000 | | |
| Non-appropriation receipts to special accounts | 31,218 | | |
| Payments made | - | 52,503,467 | |
| Total special accounts | 52,659,774 | 52,503,467 | 156,307 |
| Less administered appropriations drawn from annual/special appropriations and credited to special accounts | 15,998 | | |
| Less payments to corporate entities from annual/special appropriations | 836,625 | 836,625 | |
| TOTAL ADMINISTERED RESOURCING⁶ | 69,290,843 | 110,260,865 | 156,307 |
| Total resourcing and payments for the Department of Health, Disability and Ageing | 72,050,790 | 112,529,152 | 732,210 |

Notes:

- ¹ Appropriation Act (No.1) 2024–25 and Appropriation Act (No.3) 2024–25. This also includes prior year Departmental appropriation and section 74 retained revenue receipts, and excludes amounts permanently withheld under s51 of the PGPA Act.
- ² Departmental capital budgets are not separately identified in Appropriation Acts and form part of ordinary annual services items. For accounting purposes, this amount has been designated as a 'contributions by owners'.
- ³ Appropriation Act (No.2) 2024–25 and Appropriation Act (No.4) 2024–25.
- ⁴ Appropriation receipts from the Department of Health, Disability and Ageing's annual appropriations 2024–25 included above.
- ⁵ Appropriation receipts from other entities credited to the Department of Health, Disability and Ageing's special accounts.
- ⁶ Total resourcing excludes the actual available appropriation for all Special Appropriations.

| Outcome 1 – Expenses and Resources | Budget Estimate 2024–25 \$'000 (A) | Actual 2024–25 \$'000 (B) | Variation \$'000 (B) – (A) |
|--|--|------------------------------------|----------------------------------|
| Program 1.1: Health Research, Coordination and Access¹ | | | |
| Administered expenses | | | |
| Ordinary annual services Appropriation Act (No. 1) | 171,314 | 196,776 | 25,462 |
| to Services for Other Entities and Trust Moneys Special Account | (11,478) | (7,119) | 4,359 |
| Special Accounts | | | |
| Biomedical Translation Fund | - | 3,899 | 3,899 |
| Services for Other Entities and Trust Moneys Special Account | 11,478 | 38,741 | 27,263 |
| Expense adjustment ² | - | (31,622) | (31,622) |
| Medical Research Future Fund | 650,000 | 650,000 | (0) |
| Special appropriations | | | |
| <i>National Health Act 1953</i> – blood fractionation, products and blood related products to National Blood Authority | 1,168,695 | 1,168,694 | (1) |
| <i>Public Governance, Performance and Accountability Act 2013</i> s77 – repayments | 2,000 | 1,926 | (74) |
| Payments to corporate entities | 341,240 | 341,240 | - |
| Total for Program 1.1 | 2,333,249 | 2,362,535 | 29,286 |
| Program 1.2: Mental Health¹ | | | |
| Administered expenses | | | |
| Ordinary annual services Appropriation Act (No. 1) | 1,594,446 | 1,568,022 | (26,424) |
| Total for Program 1.2 | 1,594,446 | 1,568,022 | (26,424) |
| Program 1.3: First Nations Health¹ | | | |
| Administered expenses | | | |
| Ordinary annual services Appropriation Act (No. 1) | 1,280,431 | 1,264,105 | (16,326) |
| Total for Program 1.3 | 1,280,431 | 1,264,105 | (16,326) |
| Program 1.4: Health Workforce | | | |
| Administered expenses | | | |
| Ordinary annual services Appropriation Act (No. 1) | 1,942,868 | 1,845,815 | (97,053) |
| Total for Program 1.4 | 1,942,868 | 1,845,815 | (97,053) |
| Program 1.5: Preventive Health and Chronic Disease Support¹ | | | |
| Administered expenses | | | |
| Ordinary annual services Appropriation Act (No. 1) | 769,707 | 702,373 | (67,334) |
| Total for Program 1.5 | 769,707 | 702,373 | (67,334) |
| Program 1.6: Primary Health Care Quality and Coordination | | | |
| Administered expenses | | | |
| Ordinary annual services Appropriation Act (No. 1) | 726,607 | 713,211 | (13,396) |
| Total for Program 1.6 | 726,607 | 713,211 | (13,396) |

| Outcome 1 – Expenses and Resources | Budget Estimate 2024–25 \$'000 (A) | Actual 2024–25 \$'000 (B) | Variation \$'000 (B) – (A) |
|--|--|------------------------------------|----------------------------------|
| Program 1.7: Primary Care Practice Incentives and Medical Indemnity | | | |
| Administered expenses | | | |
| Ordinary annual services Appropriation Act (No. 1) | 509,385 | 464,340 | (45,045) |
| Special appropriations | | | |
| <i>Medical Indemnity Act 2002</i> | 135,964 | 143,736 | 7,772 |
| <i>Midwife Professional Indemnity (Commonwealth Contribution) Scheme Act 2010</i> | 4,824 | 1,605 | (3,219) |
| Total for Program 1.7 | 650,173 | 609,680 | (40,493) |
| Program 1.8: Health Protection, Emergency Response and Regulation¹ | | | |
| Administered expenses | | | |
| Ordinary annual services Appropriation Act (No. 1) | 1,231,200 | 1,360,983 | 129,783 |
| Other Services Appropriation Act (No. 2) | - | 55 | 55 |
| Non cash expenses ³ | 376,528 | 90,670 | (285,858) |
| Total for Program 1.8 | 1,607,728 | 1,451,708 | (156,020) |
| Program 1.9: Immunisation¹ | | | |
| Administered expenses | | | |
| Ordinary annual services Appropriation Act (No. 1) to Australian Immunisation Special Account | 34,857 (7,133) | 34,332 (600) | (525) 6,533 |
| Special Accounts | | | |
| Australian Immunisation Register Special Account (s78 PGPA Act) | 9,819 | 6,626 | (3,193) |
| Expense adjustment ² | - | (3,355) | (3,355) |
| Special appropriations | | | |
| <i>National Health Act 1953</i> – essential vaccines | 716,822 | 701,284 | (15,538) |
| Total for Program 1.9 | 754,365 | 738,288 | (16,077) |

| Outcome 1 – Expenses and Resources | Budget Estimate 2024–25 \$'000 (A) | Actual 2024–25 \$'000 (B) | Variation \$'000 (B) – (A) |
|---|---|--|---|
| Outcome 1 totals by appropriation type | | | |
| Administered expenses | | | |
| Ordinary annual services Appropriation Act (No. 1) to Special Accounts | 8,260,815 (18,611) | 8,149,957 (7,719) | (110,858) 10,892 |
| Other Services Appropriation Act (No. 2) | - | 55 | 55 |
| Special appropriations | 2,028,305 | 2,017,245 | (11,060) |
| Special Accounts | 671,297 | 664,288 | (7,009) |
| Non cash expenses ³ | 376,528 | 90,670 | (285,858) |
| Payments to corporate entities | 341,240 | 341,240 | - |
| Departmental expenses | | | |
| Departmental appropriation ⁴ to Special Accounts | 665,649 (84,242) | 619,879 (84,242) | (45,770) - |
| Expenses not requiring appropriation in the budget year ⁵ | 14,599 | 16,041 | 1,442 |
| Special Accounts | | | |
| AICIS ⁶ | 21,132 | 23,041 | 1,909 |
| OGTR ⁷ | 8,253 | 10,470 | 2,217 |
| TGA ⁸ | 282,755 | 261,562 | (21,193) |
| Expense adjustment ² | 5,165 | 30,171 | 25,006 |
| Total expenses for Outcome 1 | 12,572,885 | 12,132,656 | (440,229) |
| Average staffing level (number) | 3,878 | 3,922 | 44 |

| Outcome 2 – Expenses and Resources | Budget Estimate 2024–25 \$'000 (A) | Actual 2024–25 \$'000 (B) | Variation \$'000 (B) – (A) |
|---|--|------------------------------------|----------------------------------|
| Program 2.1: Medical Benefits | | | |
| Administered expenses | | | |
| Ordinary annual services Appropriation Act (No. 1) | 142,143 | 126,529 | (15,614) |
| Special account | | | |
| <i>Medicare Guarantee Fund – medical benefits</i> | 32,497,570 | 32,354,436 | (143,134) |
| <i>accrual adjustment</i> | 33,241 | 91,706 | 58,465 |
| Total for Program 2.1 | 32,672,954 | 32,572,671 | (100,283) |
| Program 2.2: Hearing Services | | | |
| Administered expenses | | | |
| Ordinary annual services Appropriation Act (No. 1) | 652,816 | 660,491 | 7,675 |
| Total for Program 2.2 | 652,816 | 660,491 | 7,675 |
| Program 2.3: Pharmaceutical Benefits | | | |
| Administered expenses | | | |
| Ordinary annual services Appropriation Act (No. 1) | 1,139,326 | 978,228 | (161,098) |
| Special account | | | |
| <i>Medicare Guarantee Fund</i> | | | |
| – <i>pharmaceutical benefits</i> | 19,617,607 | 18,886,291 | (731,316) |
| <i>accrual adjustment</i> | 127,692 | 435,570 | 307,878 |
| Total for Program 2.3 | 20,884,625 | 20,300,089 | (584,536) |
| Program 2.4: Private Health Insurance | | | |
| Administered expenses | | | |
| Ordinary annual services Appropriation Act (No. 1) | 16,313 | 10,181 | (6,132) |
| Special appropriations | | | |
| <i>Private Health Insurance Act 2007 – incentive payments</i> | | | |
| <i>and rebate</i> | 7,312,590 | 7,379,913 | 67,323 |
| Total for Program 2.4 | 7,328,903 | 7,390,094 | 61,191 |
| Program 2.5: Dental Services | | | |
| Administered expenses | | | |
| Special appropriations | | | |
| <i>Dental Benefits Act 2008</i> | 365,397 | 345,477 | (19,920) |
| Total for Program 2.5 | 365,397 | 345,477 | (19,920) |
| Program 2.6 Health Benefit Compliance | | | |
| Administered expenses | | | |
| Ordinary annual services Appropriation Act (No. 1) | 18,036 | 8,987 | (9,049) |
| Total for Program 2.6 | 18,036 | 8,987 | (9,049) |

| Outcome 2 – Expenses and Resources | Budget Estimate 2024–25 \$'000 (A) | Actual 2024–25 \$'000 (B) | Variation \$'000 (B) – (A) |
|--|--|------------------------------------|----------------------------------|
| Program 2.7: Targeted Assistance – Aids and Appliances | | | |
| Administered expenses | | | |
| Ordinary annual services Appropriation Act (No. 1) | 3,645 | 3,060 | (585) |
| Special appropriations | | | |
| <i>National Health Act 1953</i> | | | |
| – aids and appliances | 545,380 | 526,917 | (18,463) |
| Total for Program 2.7 | 549,025 | 529,977 | (19,048) |
| Outcome 2 totals by appropriation type | | | |
| Administered expenses | | | |
| Ordinary annual services Appropriation Act (No. 1) | 1,972,279 | 1,787,477 | (184,802) |
| Special appropriations | 8,223,367 | 8,252,307 | 28,940 |
| Payments to corporate entities | | | |
| Special accounts | 52,115,177 | 51,240,727 | (874,450) |
| accrual adjustment | 160,933 | 527,275 | 366,342 |
| Departmental expenses | | | |
| Departmental appropriation ² | 233,171 | 253,151 | 19,980 |
| Expenses not requiring appropriation in the Budget year ³ | 3,503 | 6,419 | 2,916 |
| Total expenses for Outcome 2 | 62,708,430 | 62,067,356 | (641,074) |
| Average staffing level (number) | 1,065 | 1,077 | 12 |

Notes:

- ¹ This Program excludes National Partnership payments to State and Territory Governments by the Treasury as part of the Federal Financial Relations (FFR) Framework.
- ² Departmental appropriation combines 'Ordinary annual services (Appropriation Act 1)' and 'Revenue from independent sources (s74)'.
- ³ Expenses not requiring appropriation in the budget year are made up of depreciation expense, amortisation, make good expense, operating losses and resources received free of charge.

| Outcome 3 – Expenses and Resources | Budget Estimate 2024–25 \$'000 (A) | Actual 2024–25 \$'000 (B) | Variation \$'000 (B) – (A) |
|--|---|--|---|
| Program 3.1: Access and Information | | | |
| Administered expenses | | | |
| Ordinary annual services Appropriation Act (No. 1) | 917,875 | 735,243 | (182,632) |
| Total for Program 3.1 | 917,875 | 735,243 | (182,632) |
| Program 3.2: Aged Care Services¹ | | | |
| Administered expenses | | | |
| Ordinary annual services Appropriation Act (No. 1) ² | 4,358,486 | 4,059,253 | (299,233) |
| Zero Real Interest Loans | | | |
| – appropriation | 2,942 | - | (2,942) |
| – expense adjustment ³ | (2,942) | (224) | 2,718 |
| Other Services Appropriation Act (No. 2) | | | |
| Refundable Accommodation Deposits | | | |
| – appropriation | - | - | - |
| – expense adjustment ⁴ | - | - | - |
| Special appropriations | | | |
| <i>Aged Care Act 1997</i> | | | |
| – flexible care | 865,302 | 812,237 | (53,065) |
| <i>Aged Care Act 1997</i> | | | |
| – residential and home care | 31,817,163 | 31,929,148 | 111,985 |
| <i>National Health Act 1953</i> | | | |
| – continence aids payments | 126,616 | 125,145 | (1,471) |
| <i>Aged Care Act 2006</i> | | | |
| – Accommodation Payment Security | - | - | - |
| Total for Program 3.2 | 37,167,567 | 36,925,559 | (242,008) |
| Program 3.3: Aged Care Quality | | | |
| Administered expenses | | | |
| Ordinary annual services Appropriation Act (No. 1) | 652,355 | 389,355 | (263,000) |
| Total for Program 3.3 | 652,355 | 389,355 | (263,000) |
| Outcome 3 totals by appropriation type | | | |
| Administered expenses | | | |
| Ordinary annual services Appropriation Act (No. 1) | 5,931,658 | 5,183,851 | (747,807) |
| – expense adjustment ³ | (2,942) | (224) | 2,718 |
| Other services | | | |
| – expense adjustment ⁴ | - | - | - |
| Special appropriations | 32,809,081 | 32,866,530 | 57,449 |
| Departmental expenses | | | |
| Departmental appropriation ⁵ | 797,051 | 796,228 | (823) |
| Expenses not requiring appropriation in the budget year ⁶ | 14,796 | 18,730 | 3,934 |
| Total expenses for Outcome 3 | 39,549,644 | 38,865,115 | (684,529) |
| Average staffing level (number) | 1,933 | 1,941 | 8 |

Notes:

- ¹ This Program excludes Home and Community Care National Partnership payments to State and Territory Governments by the Treasury as part of the Federal Financial Relations (FFR) Framework.
- ² 'Ordinary annual services (Appropriation Act No. 1)' against program 3.2 excludes amounts appropriated in Bill 1 for Zero Real Interest Loans as this funding is not accounted for as an expense.
- ³ Payments under the zero real interest loans program are a loan to aged care providers and not accounted for as an expense. The concessional loan discount is the expense and represents the difference between an estimate of the market rate of interest, and that recovered under the loan agreement, over the life of the loan. This adjustment recognises the difference between the appropriation and the concessional loan discount expense.
- ⁴ Payments under the Refundable Accommodation Deposit (RAD) loan support program are a loan to support aged care providers who face insolvency risks as a result of an outflow of refundable accommodation deposits. This adjustment recognises the difference between the appropriation and the concessional loan discount and unwinding of the concessional discount loan expense.
- ⁵ Departmental appropriation combines 'Ordinary annual services (Appropriation Act No. 1)' and 'Revenue from independent sources (s74)'. Actual expenses include a significant adjustment to reflect the appropriate accounting treatment of IT Software services.
- ⁶ Expenses not requiring appropriation in the budget year are made up of depreciation expense, amortisation, make good expense, operating losses and resources received free of charge.

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| Outcome 4 – Expenses and Resources ¹ | Budget Estimate 2024–25 \$'000 (A) | Actual 2024–25 \$'000 (B) | Variation \$'000 (B) – (A) |
|--|---|------------------------------------|----------------------------------|
| Program 4.1: Sport and Physical Activity² | | | |
| Administered expenses | | | |
| Ordinary annual services Appropriation Act (No. 1) | 141,611 | 116,275 | (25,336) |
| Other Services Appropriation Act (No. 2) | - | 30,133 | 30,133 |
| Payments to corporate entities | 449,257 | 449,257 | - |
| Total for Program 4.1 | 590,868 | 595,665 | 4,797 |
| Outcome 4 totals by appropriation type | | | |
| Administered expenses | | | |
| Ordinary annual services Appropriation Act (No. 1) | 141,611 | 116,275 | (25,336) |
| Other Services Appropriation Act (No. 2) | - | 30,133 | 30,133 |
| Payments to corporate entities | 449,257 | 449,257 | - |
| Departmental expenses | | | |
| Departmental appropriation ³ | 21,499 | 21,462 | (37) |
| Expenses not requiring appropriation in the budget year ⁴ | 146 | 306 | 160 |
| Total expenses for Outcome 4 | 612,513 | 617,434 | 4,921 |
| Average staffing level (number) | 91 | 97 | 6 |

Notes:

- ¹ On 13 May 2025, the Prime Minister announced an amended Administrative Arrangement Order transferring responsibility for Sport functions to the Department of Infrastructure, Transport, Regional Development, Communications, Sport and the Arts (Infrastructure). In accordance with annual performance reporting requirements under s17AJ(d) of the PGPA Rule 2014, performance on Sport functions are reported within Infrastructure's 2024–25 Annual Report for the entire reporting period (that is 1 July 2024 to 30 June 2025). Funding transferred to Infrastructure under section 75 of the *Public Governance, Performance and Accountability Act 2013* from 1 July 2025 and are therefore reflected in **Appendix 1: Expenses and Resources Statements**, and **Part 4: Financial Statements** of this annual report.
- ² This Program excludes National Partnership payments to State and Territory Governments by the Treasury as part of the Federal Financial Relations (FFR) Framework.
- ³ Departmental appropriation combines 'Ordinary annual services (Appropriation Act 1)' and 'Revenue from independent sources (s74)'.
- ⁴ Expenses not requiring appropriation in the budget year are made up of depreciation expense, amortisation, make good expense, operating losses and resources received free of charge.

Disability and carers

On 13 May 2025, the Prime Minister announced an amended Administrative Arrangement Order transferring responsibility for Disability and Carer functions to the Department effective immediately. To give effect to these changes, funding transferred from the former Department of Social Services under section 75 of the *Public Governance, Performance and Accountability Act 2013* from 1 July 2025. Refer to the Department of Social Services 2024–25 Annual Report for financial reporting related to Disability and Carers.

Appendix 2: Workforce Statistics

The following tables show workforce statistics for the Department of Health, Disability and Ageing for 2024–25. This includes Indigenous staff numbers, staff numbers by classification, distribution of staff by state and territory, as well as a range of other information relating to workplace arrangements, remuneration and salary structures.

On 13 May 2025, the department underwent a Machinery of Government change. The staffing tables below show the department's workforce during the 2024–25 financial year. They include staff working on Sport and Physical Activity functions, which were part of the department during that time. However, they do not include staff who joined from the Department of Social Services to support Disability and Carers functions, as those changes, while effective from 13 May 2025, did not take place until after 30 June 2025.

For information on the department's workforce composition and human resource policies, refer **Part 3.4: People** in this Annual Report.

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Table 1: All Ongoing Employees (2024–25)

| State/Territory | Man/Male | | | Woman/Female | | | Non-binary | | | Prefers not to answer | | | Uses a different term | | | Total |
|------------------------------|--------------|------------|--------------|--------------|------------|--------------|------------|-----------|-----------|-----------------------|-----------|----------|-----------------------|-----------|----------|--------------|
| | Full-time | Part-time | Total | Full-time | Part-time | Total | Full-time | Part-time | Total | Full-time | Part-time | Total | Full-time | Part-time | Total | |
| Australian Capital Territory | 1,258 | 66 | 1,324 | 2,635 | 597 | 3,232 | 11 | 2 | 13 | - | - | - | - | - | - | 4,569 |
| New South Wales | 209 | 17 | 226 | 392 | 91 | 483 | 5 | 2 | 7 | - | - | - | - | - | - | 716 |
| Northern Territory | 3 | 0 | 3 | 23 | 2 | 25 | 0 | 0 | 0 | - | - | - | - | - | - | 28 |
| Queensland | 148 | 10 | 158 | 366 | 77 | 443 | 3 | 1 | 4 | - | - | - | - | - | - | 605 |
| South Australia | 79 | 1 | 80 | 153 | 36 | 189 | 2 | 0 | 2 | - | - | - | - | - | - | 271 |
| Tasmania | 29 | 5 | 34 | 50 | 20 | 70 | 0 | 0 | 0 | - | - | - | - | - | - | 104 |
| Victoria | 210 | 17 | 227 | 387 | 85 | 472 | 3 | 1 | 4 | - | - | - | - | - | - | 703 |
| Western Australia | 30 | 4 | 34 | 72 | 24 | 96 | 0 | 0 | 0 | - | - | - | - | - | - | 130 |
| External Territories | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Overseas | 0 | 1 | 1 | 2 | 1 | 3 | - | - | - | - | - | - | - | - | - | 4 |
| Total | 1,966 | 121 | 2,087 | 4,080 | 933 | 5,013 | 24 | 6 | 30 | - | - | - | - | - | - | 7,130 |

Table 2: All Non-Ongoing Employees (2024-25)

| State/Territory | Man/Male | | | Woman/Female | | | Non-binary | | | Prefers not to answer | | | Uses a different term | | | Total |
|------------------------------|-----------|-----------|-----------|--------------|-----------|------------|------------|-----------|----------|-----------------------|-----------|----------|-----------------------|-----------|----------|------------|
| | Full-time | Part-time | Total | Full-time | Part-time | Total | Full-time | Part-time | Total | Full-time | Part-time | Total | Full-time | Part-time | Total | |
| Australian Capital Territory | 42 | 15 | 57 | 81 | 36 | 117 | 1 | 0 | 1 | - | - | - | - | - | - | 175 |
| New South Wales | 11 | 2 | 13 | 18 | 3 | 21 | 0 | 1 | 1 | - | - | - | - | - | - | 35 |
| Northern Territory | 1 | 0 | 1 | 1 | 0 | 1 | 0 | 0 | 0 | - | - | - | - | - | - | 2 |
| Queensland | 10 | 0 | 10 | 14 | 7 | 21 | 0 | 1 | 1 | - | - | - | - | - | - | 32 |
| South Australia | 3 | 0 | 3 | 11 | 2 | 13 | 0 | 0 | 0 | - | - | - | - | - | - | 16 |
| Tasmania | 1 | 1 | 2 | 2 | 0 | 2 | 0 | 0 | 0 | - | - | - | - | - | - | 4 |
| Victoria | 7 | 1 | 8 | 14 | 8 | 22 | 0 | 0 | 0 | - | - | - | - | - | - | 30 |
| Western Australia | 0 | 0 | 0 | 4 | 1 | 5 | 0 | 0 | 0 | - | - | - | - | - | - | 5 |
| External Territories | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Overseas | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Total | 75 | 19 | 94 | 145 | 57 | 202 | 1 | 2 | 3 | - | - | - | - | - | - | 299 |

Table 3: Australian Public Service Act Ongoing Employees (2024–25)¹

| Classification | Man/Male | | | Woman/Female | | | Non-binary | | | Prefers not to answer | | | Uses a different term | | | Total |
|------------------------------|-----------|-----------|-------|--------------|-----------|-------|------------|-----------|-------|-----------------------|-----------|-------|-----------------------|-----------|-------|-------|
| | Full-time | Part-time | Total | Full-time | Part-time | Total | Full-time | Part-time | Total | Full-time | Part-time | Total | Full-time | Part-time | Total | |
| SES 3 ² | 4 | 0 | 4 | 5 | 0 | 5 | 0 | 0 | 0 | - | - | - | - | - | - | 9 |
| SES 2 | 18 | 0 | 18 | 28 | 0 | 28 | 0 | 0 | 0 | - | - | - | - | - | - | 46 |
| SES 1 | 60 | 1 | 61 | 115 | 8 | 123 | 0 | 0 | 0 | - | - | - | - | - | - | 184 |
| Holder of Public Office | 1 | 0 | 1 | 1 | 0 | 1 | 0 | 0 | 0 | - | - | - | - | - | - | 2 |
| EL 2 ³ | 300 | 10 | 310 | 562 | 67 | 629 | 2 | 0 | 2 | - | - | - | - | - | - | 941 |
| EL 1 | 633 | 35 | 668 | 1,251 | 346 | 1,597 | 9 | 2 | 11 | - | - | - | - | - | - | 2,276 |
| APS 6 | 522 | 35 | 557 | 1,157 | 290 | 1,447 | 9 | 3 | 12 | - | - | - | - | - | - | 2,016 |
| APS 5 | 207 | 10 | 217 | 496 | 114 | 610 | 1 | 0 | 1 | - | - | - | - | - | - | 828 |
| APS 4 | 67 | 7 | 74 | 201 | 30 | 231 | 1 | 0 | 1 | - | - | - | - | - | - | 306 |
| APS 3 | 14 | 2 | 16 | 16 | 10 | 26 | 0 | 0 | 0 | - | - | - | - | - | - | 42 |
| APS 2 | 5 | 3 | 8 | 10 | 3 | 13 | 0 | 0 | 0 | - | - | - | - | - | - | 21 |
| APS 1 | 3 | 1 | 4 | 1 | 2 | 3 | 0 | 0 | 0 | - | - | - | - | - | - | 7 |
| Health Entry Level Broadband | 46 | 2 | 48 | 93 | 1 | 94 | 1 | 1 | 2 | - | - | - | - | - | - | 144 |
| Legal 2 | 13 | 2 | 15 | 20 | 8 | 28 | 0 | 0 | 0 | - | - | - | - | - | - | 43 |
| Legal 1 | 22 | 1 | 23 | 62 | 6 | 68 | 1 | 0 | 1 | - | - | - | - | - | - | 92 |
| Chief Medical Officer | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - | - | - | - | - | - | 0 |
| Medical Officer 6 | 1 | 0 | 1 | 2 | 0 | 2 | 0 | 0 | 0 | - | - | - | - | - | - | 3 |
| Medical Officer 5 | 13 | 1 | 14 | 7 | 2 | 9 | 0 | 0 | 0 | - | - | - | - | - | - | 23 |
| Medical Officer 4 | 14 | 3 | 17 | 16 | 12 | 28 | 0 | 0 | 0 | - | - | - | - | - | - | 45 |
| Medical Officer 3 | 16 | 8 | 24 | 22 | 31 | 53 | 0 | 0 | 0 | - | - | - | - | - | - | 77 |
| Medical Officer 2 | 2 | 0 | 2 | 2 | 0 | 2 | 0 | 0 | 0 | - | - | - | - | - | - | 4 |
| Senior Public Affairs 2 | 1 | 0 | 1 | 3 | 0 | 3 | 0 | 0 | 0 | - | - | - | - | - | - | 4 |

Table 3: Australian Public Service Act Ongoing Employees (2024–25)¹ continued

| Classification | Man/Male | | | Woman/Female | | | Non-binary | | | Prefers not to answer | | | Uses a different term | | | Total |
|-------------------------------------|--------------|------------|--------------|--------------|------------|--------------|------------|-----------|-----------|-----------------------|-----------|----------|-----------------------|-----------|----------|--------------|
| | Full-time | Part-time | Total | Full-time | Part-time | Total | Full-time | Part-time | Total | Full-time | Part-time | Total | Full-time | Part-time | Total | |
| Public Affairs 3 | 1 | 0 | 1 | 6 | 2 | 8 | 0 | 0 | 0 | - | - | - | - | - | - | 9 |
| Public Affairs 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - | - | - | - | - | - | 0 |
| Senior Principal Research Scientist | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - | - | - | - | - | - | 0 |
| Principal Research Scientist | 1 | 0 | 1 | 3 | 1 | 4 | 0 | 0 | 0 | - | - | - | - | - | - | 5 |
| Senior Research Scientist | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | - | - | - | - | - | - | 1 |
| Research Scientist | 1 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | - | - | - | - | - | - | 1 |
| Other ⁴ | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | - | - | - | - | - | - | 1 |
| Total | 1,966 | 121 | 2,087 | 4,080 | 933 | 5,013 | 24 | 6 | 30 | - | - | - | - | - | - | 7,130 |

Notes:

¹ Includes staff on leave and secondment and staff acting at a higher level for any period as at 30 June 2025.

² SES are defined as Senior Executive Service staff.

³ EL are defined as Executive Level staff.

⁴ 'Other' includes Secretary.

Table 4: Australian Public Service Act Non-Ongoing Employees (2024–25)¹

| Classification | Man/Male | | | Woman/Female | | | Non-binary | | | Prefers not to answer | | | Uses a different term | | | Total |
|------------------------------|-----------|-----------|-------|--------------|-----------|-------|------------|-----------|-------|-----------------------|-----------|-------|-----------------------|-----------|-------|-------|
| | Full-time | Part-time | Total | Full-time | Part-time | Total | Full-time | Part-time | Total | Full-time | Part-time | Total | Full-time | Part-time | Total | |
| SES 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - | - | - | - | - | - | 0 |
| SES 2 | 1 | 0 | 1 | 1 | 0 | 1 | 0 | 0 | 0 | - | - | - | - | - | - | 2 |
| SES 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - | - | - | - | - | - | 0 |
| Holder of Public Office | 0 | 0 | 0 | 3 | 1 | 4 | 0 | 0 | 0 | - | - | - | - | - | - | 4 |
| EL 2 | 4 | 3 | 7 | 3 | 1 | 4 | 0 | 0 | 0 | - | - | - | - | - | - | 11 |
| EL 1 | 17 | 5 | 22 | 24 | 11 | 35 | 0 | 1 | 1 | - | - | - | - | - | - | 58 |
| APS 6 | 19 | 2 | 21 | 46 | 11 | 57 | 0 | 1 | 1 | - | - | - | - | - | - | 79 |
| APS 5 | 11 | 0 | 11 | 26 | 8 | 34 | 0 | 0 | 0 | - | - | - | - | - | - | 45 |
| APS 4 | 12 | 1 | 13 | 32 | 8 | 40 | 0 | 0 | 0 | - | - | - | - | - | - | 53 |
| APS 3 | 4 | 2 | 6 | 8 | 3 | 11 | 0 | 0 | 0 | - | - | - | - | - | - | 17 |
| APS 2 | 3 | 2 | 5 | 1 | 5 | 6 | 1 | 0 | 1 | - | - | - | - | - | - | 12 |
| APS 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - | - | - | - | - | - | 0 |
| Health Entry Level Broadband | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - | - | - | - | - | - | 0 |
| Legal 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - | - | - | - | - | - | 0 |
| Legal 1 | 2 | 0 | 2 | 1 | 0 | 1 | 0 | 0 | 0 | - | - | - | - | - | - | 3 |
| Chief Medical Officer | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - | - | - | - | - | - | 0 |
| Medical Officer 6 | 0 | 1 | 1 | 0 | 1 | 1 | 0 | 0 | 0 | - | - | - | - | - | - | 2 |
| Medical Officer 5 | 1 | 1 | 2 | 0 | 2 | 2 | 0 | 0 | 0 | - | - | - | - | - | - | 4 |
| Medical Officer 4 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | - | - | - | - | - | - | 1 |
| Medical Officer 3 | 1 | 0 | 1 | 0 | 2 | 2 | 0 | 0 | 0 | - | - | - | - | - | - | 3 |
| Medical Officer 2 | 0 | 2 | 2 | 0 | 3 | 3 | 0 | 0 | 0 | - | - | - | - | - | - | 5 |
| Public Affairs 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - | - | - | - | - | - | 0 |

Table 4: Australian Public Service Act Non-Ongoing Employees (2024–25)¹ continued

| Classification | Man/Male | | | Woman/Female | | | Non-binary | | | Prefers not to answer | | | Uses a different term | | | Total |
|-------------------------------------|-----------|-----------|-----------|--------------|-----------|------------|------------|-----------|----------|-----------------------|-----------|----------|-----------------------|-----------|----------|------------|
| | Full-time | Part-time | Total | Full-time | Part-time | Total | Full-time | Part-time | Total | Full-time | Part-time | Total | Full-time | Part-time | Total | |
| Public Affairs 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - | - | - | - | - | - | 0 |
| Senior Principal Research Scientist | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - | - | - | - | - | - | 0 |
| Principal Research Scientist | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - | - | - | - | - | - | 0 |
| Other | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - | - | - | - | - | - | 0 |
| Total | 75 | 19 | 94 | 145 | 57 | 202 | 1 | 2 | 3 | - | - | - | - | - | - | 299 |

Notes:

¹ Includes staff on leave and secondment and staff acting at a higher level for any period as at 30 June 2025.

Table 5: Australian Public Service Act Employment type by location (2024–25)

| State/Territory | Ongoing | Non-Ongoing | Total |
|------------------------------|--------------|-------------|--------------|
| Australian Capital Territory | 4,569 | 175 | 4,744 |
| New South Wales | 716 | 35 | 751 |
| Northern Territory | 28 | 2 | 30 |
| Queensland | 605 | 32 | 637 |
| South Australia | 271 | 16 | 287 |
| Tasmania | 104 | 4 | 108 |
| Victoria | 703 | 30 | 733 |
| Western Australia | 130 | 5 | 135 |
| External Territories | - | - | - |
| Overseas | 4 | 0 | 4 |
| Total | 7,130 | 299 | 7,429 |

Table 6: Australian Public Service Act Indigenous Employment (2024–25)

| Employment status | Total |
|-------------------|------------|
| Ongoing | 158 |
| Non-Ongoing | 2 |
| Total | 160 |

Table 7: Number of SES staff covered by Individual Agreements

| Nominal Classification | Number of SES staff with Individual Agreements | | | | | Total |
|------------------------|--|--------------|----------------|-----------------------------|-----------------------------|------------|
| | Woman/ Female | Man/ Male | Non- binary | Prefers not to answer | Uses a different term | |
| SES 3 | 5 | 2 | - | - | - | 7 |
| SES 2 | 29 | 14 | - | - | - | 43 |
| SES 1 | 99 | 56 | - | - | - | 155 |
| Chief Medical Officer | 0 | 1 | - | - | - | 1 |
| Medical Officer 6 | 3 | 1 | - | - | - | 4 |
| Medical Officer 5 | 11 | 16 | - | - | - | 27 |
| Total | 147 | 90 | - | - | - | 237 |

Table 8: Key management personnel (KMP) length of term at 30 June 2025

During the 2024–25 financial year, the department had 16 executives who met the definition of KMP.

| Name | Position title | Term as KMP |
|--------------------|--|--|
| Blair Comley | Secretary | Full year |
| Paul Kelly | Chief Medical Officer | 1 July 2024 to 4 November 2024 |
| Elizabeth Develin | Deputy Secretary | Full year |
| Anthony Lawler | Deputy Secretary and Chief Medical Officer | Full year as Deputy Secretary. Chief Medical Officer from 22 October 2024 to 31 May 2025 |
| Charles Wann | Chief Operating Officer | Full year |
| Penny Shakespeare | Deputy Secretary | Full year |
| Blair Exell | Deputy Secretary | 1 July 2024 to 17 February 2025 |
| Mary Wood | Deputy Secretary | 21 October 2024 to 30 June 2025 |
| Sonja Stewart | Deputy Secretary | 17 December 2024 to 30 June 2025 |
| Michael Lye | Deputy Secretary | 1 July 2024 to 10 December 2024 |
| Michael Kidd | Chief Medical Officer | 1 June 2025 to 30 June 2025 |
| Celia Street | Deputy Secretary (acting) | Part year (acting > 20 days) |
| Rachel Balmanno | Deputy Secretary (acting) | Part year (acting > 20 days) |
| Nicholas Henderson | Deputy Secretary (acting) | Part year (acting > 20 days) |
| Amy Laffan | Deputy Secretary (acting) | Part year (acting > 20 days) |
| Matthew Williams | Deputy Secretary (acting) | Part year (acting > 20 days) |

Table 9: Information about remuneration for key management personnel¹

In the notes to the financial statements (Note 4.2 key management personnel remuneration), the department disclosed \$5.4 million in KMP expenses during 2024–25. In accordance with the Public Governance, Performance and Accountability Rule 2014 (PGPA Rule), this information is disaggregated as follows:

| Name | Position title | Short-term benefits \$ | | | Postemployment benefits \$ | Other long-term benefits \$ | | Termination benefits \$ | Total remuneration \$ |
|-------------------|--|------------------------|---------|-------------------------------|----------------------------|-----------------------------|--------------------------|-------------------------|-----------------------|
| | | Base salary | Bonuses | Other benefits and allowances | | Long service leave | Other long-term benefits | | |
| Blair Comley | Secretary | 916,968 | - | 8,843 | 29,985 | 16,756 | - | - | 972,552 |
| Paul Kelly | Chief Medical Officer | 159,749 | - | 1,238 | 27,310 | 4,613 | - | 467,712 | 660,623 |
| Elizabeth Develin | Deputy Secretary | 442,511 | - | 69,124 | 67,897 | 8,251 | - | - | 587,783 |
| Anthony Lawler | Deputy Secretary and Chief Medical Officer | 475,164 | - | 3,358 | 69,678 | 12,887 | - | - | 561,087 |
| Charles Wann | Chief Operating Officer | 404,720 | - | 3,552 | 78,115 | 29,127 | - | - | 515,513 |
| Penny Shakespeare | Deputy Secretary | 396,755 | - | 3,552 | 80,092 | 15,384 | - | - | 495,783 |
| Blair Exell | Deputy Secretary | 276,649 | - | 2,205 | 46,972 | 20,656 | - | - | 346,481 |
| Mary Wood | Deputy Secretary | 270,243 | - | 2,329 | 45,336 | 9,561 | - | - | 327,470 |
| Sonja Stewart | Deputy Secretary | 269,284 | - | 1,905 | 48,691 | 3,584 | - | - | 323,464 |

Table 9: Information about remuneration for key management personnel¹ continued

| Name | Position title | Short-term benefits \$ | | | Postemployment benefits \$ | Other long-term benefits \$ | | Termination benefits \$ | Total remuneration \$ |
|--------------------|--|------------------------|---------|-------------------------------|----------------------------|------------------------------|--------------------|-------------------------|-----------------------|
| | | Base salary | Bonuses | Other benefits and allowances | | Superannuation contributions | Long service leave | | |
| Michael Lye | Deputy Secretary | 192,991 | - | 1,592 | 35,945 | 5,489 | - | 236,016 | |
| Michael Kidd | Chief Medical Officer | 32,651 | - | 286 | 5,190 | 473 | - | 38,599 | |
| Celia Street | Deputy Secretary (acting) ¹ | 94,844 | - | 1,306 | 21,013 | 4,458 | - | 121,621 | |
| Rachel Balmano | Deputy Secretary (acting) ¹ | 42,936 | - | 408 | 7,333 | 1,305 | - | 51,982 | |
| Nicholas Henderson | Deputy Secretary (acting) ¹ | 40,807 | - | 367 | 5,434 | 1,691 | - | 48,299 | |
| Amy Laffan | Deputy Secretary (acting) ¹ | 32,189 | - | 283 | 4,573 | 2,109 | - | 39,154 | |
| Matthew Williams | Deputy Secretary (acting) ¹ | 30,924 | - | 286 | 4,550 | 1,382 | - | 37,142 | |

Notes:

- ¹ Includes employees who have acted in a KMP position in excess of 4 weeks and who have exercised significant authority in planning, directing and controlling the activities of the department.
- ² Excludes an employee who transferred to the Department on 31 July 2025 from the Department of Social Services under an Administrative Arrangements Order (AAO) dated 13 May 2025. The department did not make any payments to this officer during the financial year.

Table 10: Information about remuneration for senior executives

| Total remuneration bands | Number of senior executives | Short-term benefits \$ | | | Postemployment benefits \$ | Other long-term benefits \$ | | Termination benefits \$ | Total remuneration \$ |
|--------------------------|-----------------------------|------------------------|-----------------|---------------------------------------|----------------------------|-----------------------------|----------------------------------|-------------------------|-----------------------|
| | | Average base salary | Average bonuses | Average other benefits and allowances | | Average long service leave | Average other long-term benefits | | |
| \$0 – \$220,000 | 50 | 97,392 | - | 2,897 | 19,615 | 2,978 | - | - | 122,882 |
| \$220,001 – \$245,000 | 5 | 183,497 | - | 5,185 | 38,064 | 6,537 | - | - | 233,283 |
| \$245,001 – \$270,000 | 16 | 210,998 | - | 5,624 | 39,582 | 6,620 | - | - | 262,824 |
| \$270,001 – \$295,000 | 41 | 219,179 | - | 4,368 | 37,052 | 11,200 | - | 11,455 | 283,254 |
| \$295,001 – \$320,000 | 36 | 246,047 | - | 5,690 | 41,394 | 12,629 | - | - | 305,760 |
| \$320,001 – \$345,000 | 39 | 263,071 | - | 8,923 | 44,434 | 13,731 | - | - | 330,159 |
| \$345,001 – \$370,000 | 23 | 290,443 | - | 8,553 | 47,127 | 12,437 | - | - | 358,559 |
| \$370,001 – \$395,000 | 6 | 296,102 | - | 15,584 | 48,819 | 20,131 | - | - | 380,635 |
| \$395,001 – \$420,000 | 9 | 327,984 | - | 11,065 | 55,355 | 16,623 | - | - | 411,027 |
| \$420,001 – \$445,000 | 4 | 334,855 | - | 22,167 | 56,980 | 18,681 | - | - | 432,684 |

Table 10: Information about remuneration for senior executives continued

| Total remuneration bands | Number of senior executives | Short-term benefits \$ | | | Postemployment benefits \$ | Other long-term benefits \$ | | Termination benefits \$ | Total remuneration \$ |
|--------------------------|-----------------------------|------------------------|-----------------|---------------------------------------|----------------------------|-----------------------------|----------------------------------|-------------------------|-----------------------|
| | | Average base salary | Average bonuses | Average other benefits and allowances | | Average long service leave | Average other long-term benefits | | |
| \$445,001 – \$470,000 | 3 | 361,550 | - | 14,313 | 64,142 | 19,565 | - | - | 459,569 |
| \$470,001 – \$495,000 | 3 | 363,858 | - | 38,816 | 62,055 | 21,840 | - | - | 486,569 |
| \$495,001 – \$520,000 | 1 | 401,328 | - | 3,566 | 78,581 | 19,475 | - | - | 502,949 |

Notes:

- ¹ Any employee who held a substantive SES or equivalent position during 2024–25 is represented as one. This excludes those executives who have been disclosed in Table 9.
- ² Excludes bond rate impacts on long service leave.
- ³ Termination payments (excluding employee leave entitlement payments) were made to three (3) senior executives or equivalent employees during 2024–25.
- ⁴ The table includes the part year impact of senior executives who either commenced or separated during the year, including six (6) senior executives who were partially reported in Table 9.
- ⁵ The table excludes three (3) senior executive or equivalent employees who were on leave without pay for the entire financial year, or until their termination.
- ⁶ The table includes five (5) senior executives who transferred to the Department of Infrastructure, Transport, Regional Development, Communications, Sport and the Arts on 3 July 2025 under an Administrative Arrangements Order (AAO) dated 13 May 2025.
- ⁷ The table excludes thirteen (13) senior executives who transferred from the Department of Social Services on 31 July 2025 under an Administrative Arrangements Order (AAO) dated 13 May 2025. The department did not make any payments to these officers during the 2024–25 financial year.

Table 11: Information about remuneration for other highly paid staff

| Total remuneration bands | Number of other highly paid staff | Short-term benefits \$ | | | Post-employment benefits \$ | Other long-term benefits \$ | | Termination benefits \$ | Total remuneration \$ |
|--------------------------|-----------------------------------|------------------------|-----------------|---------------------------------------|-----------------------------|-----------------------------|----------------------------------|-------------------------|-----------------------|
| | | Average base salary | Average bonuses | Average other benefits and allowances | | Average long service leave | Average other long-term benefits | | |
| \$260,000 – \$270,000 | 10 | 217,635 | - | 3,848 | 33,851 | 8,217 | - | - | 263,551 |
| \$270,001 – \$295,000 | 10 | 219,036 | - | 14,461 | 35,440 | 9,600 | - | - | 278,537 |
| \$295,001 – \$320,000 | 5 | 190,765 | - | 20,758 | 32,374 | 7,056 | - | 58,898 | 309,851 |
| \$320,001 – \$345,000 | 1 | 244,267 | - | 32,930 | 41,219 | 9,941 | - | - | 328,356 |
| \$345,001 – \$370,000 | - | - | - | - | - | - | - | - | - |
| \$370,001 – \$395,000 | - | - | - | - | - | - | - | - | - |
| \$395,001 – \$420,000 | - | - | - | - | - | - | - | - | - |
| \$420,001 – \$445,000 | - | - | - | - | - | - | - | - | - |
| \$445,001 – \$470,000 | - | - | - | - | - | - | - | - | - |
| \$470,001 – \$495,000 | - | - | - | - | - | - | - | - | - |
| \$495,001 – \$520,000 | - | - | - | - | - | - | - | - | - |

Notes:

- ¹ Excludes bond rate impacts on long service leave.
- ² Termination payments (excluding employee leave entitlement payments) relate to two (2) employees who ceased during 2024–25.
- ³ The table includes the part year impact of some employees who have temporarily filled a SES position during 2024–25.

Table 12: Australian Public Service Act Employment salary ranges by classification level (Minimum/Maximum) (2024–25)

| Classification | Minimum Salary \$ | Maximum Salary \$ |
|------------------------------|-------------------|-------------------|
| SES 3 | 393,016 | 456,637 |
| SES 2 | 286,191 | 347,392 |
| SES 1 | 225,279 | 271,793 |
| EL 2 | 144,175 | 170,695 |
| EL 1 | 120,842 | 137,823 |
| APS 6 | 98,336 | 110,937 |
| APS 5 | 87,843 | 94,998 |
| APS 4 | 81,954 | 86,594 |
| APS 3 | 72,336 | 80,179 |
| APS 2 | 62,595 | 68,307 |
| APS 1 | 54,516 | 60,150 |
| Other ¹ | - | - |
| Minimum/Maximum range | 54,516 | 456,637 |

Notes:

¹ 'Other' Includes staff ranging from under 18 years of age to 20 years of age.

Table 13: Non-SES staff covered by Individual Flexibility Arrangements and the Enterprise Agreement (EA) at 30 June 2025

| Number of staff covered by the: | | Total |
|---------------------------------|---|-------|
| EA | EA and an approved Individual Flexibility Arrangement | |
| 7,135 | 73 | 7,208 |

Disclaimer: To ensure all current Individual Flexibility Arrangements (IFAs) are captured, the information in Table 13 is based on the nominal position occupied by the staff member as at 30 June 2025. While IFAs are not applied during periods of higher duties, IFA entitlements are reinstated upon return to the nominal position.

Table 14: Non-salary benefits

| Non-SES staff |
|---|
| Access to engage in private medical practice for Medical Officers |
| Access to Individual Flexibility Arrangements |
| Access to negotiated discount registration/membership fees to join a fitness or health club |
| Access to paid leave at half pay |
| Access to remote locality conditions |
| Access to the Employee Assistance Program |
| Additional cultural and ceremonial Aboriginal and Torres Strait Islander employee's leave |
| Australian Defence Force Reserve, full-time service or cadet leave |
| Annual close down and early stand down at Easter and Christmas Eve |
| Annual leave |
| Annual free onsite influenza vaccinations for staff |
| Bereavement and compassionate leave |
| Breastfeeding facilities and family care rooms |
| Cash-out of annual leave |
| Community service leave |
| Financial assistance to access financial advice for staff 54 years and older |
| Financial assistance to access financial advice for staff involved in a redundancy process |
| Flexible working locations and home-based work including, where appropriate, access to laptop computers, dial-in facilities, and mobile phones |
| Flextime (not all non-SES employees) and time in lieu |
| Hepatitis B vaccinations for staff who are required to come into regular contact with members of the community classified as at increased risk with regard to hepatitis B |
| Miscellaneous leave with or without pay |
| Parental leave – includes maternity, adoption and partner leave |
| Personal/carers leave |
| Provision of eyesight testing and reimbursement of prescribed eyewear costs specifically for use with screen-based equipment |
| Public Transport Loan Scheme |
| Purchased and extended purchased leave |
| Recognition of travel time |
| Relocation assistance |
| Reflection room |
| Study assistance |
| Support for professional and personal development |
| SES staff |
| All the above benefits except flextime and access to Individual Flexibility Arrangements |
| Airport lounge membership |
| Car parking |
| Individual determinations made under section 24(1) of the <i>Public Service Act 1999</i> |
| IT Reimbursement Scheme |
| Development assistance |

Table 15: Health Entry Level Broadband

| Local title | APS classification | Salary ranges at 30 June 2025 \$ |
|---|--------------------------|----------------------------------|
| Health Entry-Level (A, C, or T) ¹ | APS 4 | 86,594 |
| | | 84,209 |
| | | 81,954 |
| | APS 3 | 80,179 |
| | | 76,542 |
| | | 74,384 |
| | | 72,336 |
| | APS 2 | 68,307 |
| | | 66,410 |
| | | 64,473 |
| | | 62,595 |
| | APS 1 | 60,150 |
| | | 57,351 |
| | | 55,452 |
| | | 54,516 |
| | Staff at 20 years of age | - |
| Staff at 19 years of age | - | |
| Staff at 18 years of age | - | |
| Staff under 18 years of age | - | |

Notes:

¹ (A) = Apprentice, (C) = Cadet and (T) Trainee.

Table 16: Health and Aged Care Graduate Broadband

| Local Title | APS Classification | Salary ranges at 30 June 2025 \$ |
|-------------------------------|--------------------|----------------------------------|
| Health and Aged Care Graduate | APS 5 | 94,998 |
| | | 90,231 |
| | | 87,843 |
| Soft barrier | | |
| Health and Aged Care Graduate | APS 4 | 86,594 |
| | | 84,209 |
| | | 81,954 |

Table 17: Professional 1 salary structure

| Local title | APS classification | Salary ranges at 30 June 2025 \$ |
|----------------|--------------------|----------------------------------|
| Professional 1 | APS 5 | 94,998 |
| | APS 5 | 90,231 |
| | APS 4 | 84,210 |
| | APS 4 ¹ | 81,955 |
| | APS 3 ² | 76,542 |
| | APS 3 | 74,384 |

Notes:

¹ Salary on commencement for a professional with a 4 year degree (or higher).

² Salary on commencement for a professional with a 3 year degree.

Table 18: Medical Officer salary structure

| Local title | Salary ranges at 30 June 2025 \$ |
|-------------------------|----------------------------------|
| Medical Officer Class 6 | 347,392 |
| | 331,072 |
| | 314,753 |
| | 298,431 |
| Medical Officer Class 5 | 296,272 |
| | 284,848 |
| | 273,424 |
| | 262,001 |
| Medical Officer Class 4 | 205,038 |
| | 193,535 |
| | 186,279 |
| Medical Officer Class 3 | 178,846 |
| | 170,816 |
| Medical Officer Class 2 | 160,964 |
| | 152,770 |
| Medical Officer Class 1 | 139,606 |
| | 126,468 |
| | 117,509 |
| | 108,473 |

Table 19: Legal salary structure

| Local title | Classification | Salary ranges at 30 June 2025 \$ |
|-------------|----------------|----------------------------------|
| Legal 2 | EL 2 | 176,673 |
| | | 169,003 |
| | | 163,540 |
| Legal 1 | EL 1 | 149,538 |
| | | 137,664 |
| | | 126,100 |
| | APS 6 | 108,509 |
| | | 103,106 |
| | | 98,336 |
| | | 91,016 |
| APS 5 | 85,328 | |
| APS 4 | | |

Table 20: Public Affairs salary structure

| Local title | Classification | Salary ranges at 30 June 2025 \$ |
|-------------------------|----------------|----------------------------------|
| Senior Public Affairs 2 | EL 2 | 177,526 |
| | | 170,625 |
| Senior Public Affairs 1 | EL 2 | 162,501 |
| Public Affairs 3 | EL 1 | 148,158 |
| | | 140,973 |
| | | 132,403 |
| Public Affairs 2 | APS 6 | 111,051 |
| | | 103,106 |
| | | 98,336 |
| | APS 5 | 94,998 |
| | | 90,231 |
| | | 86,594 |
| APS 4 | 81,955 | |
| APS 4 ¹ | | |

Notes:

¹ This level is generally reserved for staff with less than 2 years' experience.

Table 21: Research Scientist salary structure

| Local title | Classification | Salary ranges at 30 June 2025 \$ |
|-------------------------------------|----------------|----------------------------------|
| Senior Principal Research Scientist | EL 2 | 216,785 |
| | | 195,006 |
| Principal Research Scientist | EL 2 | 191,180 |
| | | 185,255 |
| | | 177,694 |
| | | 173,009 |
| | | 166,593 |
| Senior Research Scientist | EL 2 | 173,598 |
| | | 162,501 |
| | | 157,252 |
| | | 144,175 |
| Research Scientist | EL 1 | 129,855 |
| | | 120,842 |
| | APS 6 | 103,294 |
| | | 97,902 |
| | | 95,240 |

This document has been released under the Freedom Of Information Act 1982 by the Department of Health, Disability and Ageing

Appendix 3: Processes Leading to PBAC Consideration – Annual Report for 2024–25

Introduction

This is the 16th Annual Report to the Parliament on processes that lead to the Pharmaceutical Benefits Advisory Committee's (PBAC's) consideration of submissions (and associated recommendations) to list items on the Pharmaceutical Benefits Scheme (PBS).

This Annual Report has been prepared pursuant to subsection 99YBC(5) of the *National Health Act 1953* (the Act), under which it is required that: The Secretary must, as soon as practicable after June 30 in each year, prepare and give to the Minister a report on processes leading up to PBAC consideration, including:

- a. *the extent and timeliness with which responsible persons are provided copies of documents relevant to their submission to the PBAC*
- b. *the extent to which responsible persons exercise their right to comment on these documents, including appearing at hearings before the PBAC*
- c. *the number of responsible persons seeking a review of the PBAC recommendation.*

Pharmaceutical Benefits Advisory Committee

The PBAC is established under section 100A of the Act and is an independent expert body appointed by the Australian Government. Members include doctors, health professionals and health economists, as well as industry and consumer representatives. It considers medicines for listing on the PBS, and no new medicine can be listed unless the PBAC makes a positive recommendation to the Minister for Health and Ageing and Minister for Disability and the National Disability Insurance Scheme (the Minister). Other provisions of the Act also confer functions on the PBAC to consider vaccines for inclusion on the National Immunisation Program (NIP). The PBAC holds 3 scheduled meetings each year, usually in March, July and November, as well as 3 intracycle meetings each year.²⁵⁰

An unprecedented number of submissions from pharmaceutical companies were received for the March 2025 PBAC meeting. In response, the PBAC held an additional full meeting in May 2025 in place of an intracycle meeting to ensure all submissions were considered.

When considering a medicine for listing, the PBAC considers:

- the medical condition(s) for which the medicine was registered for use in Australia
- how effective and safe it is likely to be compared to therapies Australians already have access to (including non-medical treatments)
- who is most likely to benefit
- and whether any additional cost is commensurate with improvements over alternative therapies.

²⁵⁰ The data in this report does not include data for intracycle or extraordinary meetings. Sponsors can only lodge submissions to the main meetings through the Health Products Portal.

The PBAC has 2 sub-committees to assist with analysis and advice in these areas. They are the:

- **Economics Sub-Committee (ESC)**, which assesses clinical and economic evaluations of medicines submitted to the PBAC for listing and advises the PBAC on the technical aspects of these evaluations.
- **Drug Utilisation Sub-Committee (DUSC)**, which assesses estimates on projected usage and the financial cost of medicines. It also collects and analyses data on actual use (including in comparison with different countries) and provides advice to the PBAC.

Role of the PBAC

The PBAC:

- recommends medicines and medicinal preparations to the Minister for funding under the PBS
- recommends vaccines to the Minister for funding under the NIP
- advises the Minister and department about cost-effectiveness (value for money) which includes cost (overall budget)
- recommends the circumstances in which a medicine can be funded (e.g. maximum quantities and repeats based on community use, and any restrictions on the indications)
- regularly reviews items listed on the PBS
- advises the Minister about any other matters relating to the PBS and NIP, including on any matter referred to it by the Minister.

Requirements of Section 99YBC of the Act

a. Extent and timeliness of the provision of relevant documents to responsible persons²⁵¹

The PBAC provides applicants (usually pharmaceutical industry sponsors of medicines and medicinal products) with documents relevant to their submissions in an orderly, timely and transparent fashion. This is achieved through the well-established practice of providing applicants with documents relevant to their submissions 7 weeks before the applicable PBAC meeting. These documents are referred to as commentaries.

The PBAC Secretariat receives applicants' pre-subcommittee response(s) 6 weeks before the relevant PBAC meeting. Following the meeting of PBAC sub-committees, the PBAC Secretariat provides relevant sub-committee papers to applicants 2 weeks before the relevant PBAC meeting. Sponsors then provide their responses to the PBAC Secretariat one week before the PBAC meeting.

Following the PBAC meeting, the Secretariat provides summary advice on the outcomes of PBAC consideration to the relevant sponsor half a week after the meeting. Detailed advice is provided 3 weeks (positive recommendations) and 5 weeks (all other outcomes) after the relevant PBAC meeting.

²⁵¹ Responsible person for a brand of a pharmaceutical item is defined by the *National Health Act 1953* to be a person determined by the Minister under section 84AF to be the responsible person for the brand of the pharmaceutical item.

b. Extent to which responsible persons comment on their commentaries

During 2024–25, the PBAC held 4 ordinary meetings. There were 111 Category 1, Category 2, facilitated resolution pathway, and standard re-entry submissions lodged for consideration by the PBAC in 2024–25 and they proceeded to evaluation. All except one applicant responded to their commentaries. Two submissions were evaluated but then withdrawn before being considered by the PBAC and 4 submissions were held over to a future meeting. The PBAC considered 105 of the submissions at its main meetings, and 3 of the 4 held over submissions at its intracycle meetings in 2024–25. For the:

- **July 2024 PBAC meeting**, 24 Category 1, Category 2, facilitated resolution pathway, and standard re-entry submissions were lodged. One Category 2 submission did not have a commentary and one submission was withdrawn by the sponsor before evaluation. A total of 22 responses were received for the commentaries. One submission was withdrawn before the PBAC meeting and 2 submissions were held over to a future meeting. In total, 20 Category 1, Category 2, facilitated resolution pathway, and standard re-entry submissions were considered by the PBAC. Fifteen responsible persons appeared before the PBAC.
- **November 2024 PBAC meeting**, 38 Category 1, Category 2, facilitated resolution pathway, and standard re-entry submissions were lodged. One submission was withdrawn by the sponsor before evaluation. There were 36 responses received for the commentaries. One submission was withdrawn before the PBAC meeting and one submission was held over to a future meeting. In total, 35 Category 1, Category 2, facilitated resolution pathway, and standard re-entry submissions were considered by the PBAC. Eighteen responsible persons appeared before the PBAC.
- **March 2025 PBAC meeting**, 34 Category 1, Category 2, facilitated resolution pathway, and standard re-entry submissions were lodged. One submission was held over to a future meeting before the commentary was provided to the sponsor. There were 33 responses received for the commentaries. One additional submission was held over before the PBAC meeting to a future meeting after the commentary was provided to the sponsor. In total, 32 Category 1, Category 2, facilitated resolution pathway, and standard re-entry submissions were considered by the PBAC. Twenty-two responsible persons appeared before the PBAC.
- **May 2025 PBAC meeting**, 18 Category 1, Category 2, facilitated resolution pathway, and standard re-entry submissions were assigned to the meeting. One submission was withdrawn by the sponsor before evaluation. A total of 17 responses were received for the commentaries. In total, 17 Category 1, Category 2, facilitated resolution pathway, and standard re-entry submissions were considered by the PBAC. Eight responsible persons appeared before the PBAC.

c. Number of responsible persons seeking a review of PBAC recommendations

During the 2024–25 financial year, there were no requests to the PBAC for an Independent Review.

Number and category of submissions lodged for each PBAC meeting in 2024–25²⁵²

July 2024 PBAC Meeting

| Category | Number |
|------------------------|-----------|
| 1 | 9 |
| 2 | 13 |
| 3 | 4 |
| 4 | 6 |
| Committee Secretariat | 1 |
| Early resolution | 0 |
| Early re-entry | 3 |
| Facilitated resolution | 0 |
| Standard re-entry | 2 |
| Total | 38 |

November 2024 PBAC Meeting

| Category | Number |
|------------------------|-----------|
| 1 | 7 |
| 2 | 26 |
| 3 | 9 |
| 4 | 5 |
| Committee Secretariat | 5 |
| Early resolution | 0 |
| Early re-entry | 2 |
| Facilitated resolution | 0 |
| Standard re-entry | 5 |
| Total | 59 |

March 2025 PBAC Meeting

| Category | Number |
|------------------------|-----------|
| 1 | 14 |
| 2 | 9 |
| 3 | 6 |
| 4 | 5 |
| Committee Secretariat | 1 |
| Early resolution | 0 |
| Early re-entry | 0 |
| Facilitated resolution | 1 |
| Standard re-entry | 10 |
| Total | 46 |

²⁵² The categories for submissions are prescribed by the National Health (Pharmaceuticals and Vaccines—Cost Recovery) Regulations 2022. Further information on the categories of submissions available at: www.legislation.gov.au/F2022L00118

May 2025 PBAC Meeting

| Category | Number |
|------------------------|-----------|
| 1 | 2 |
| 2 | 13 |
| 3 | 0 |
| 4 | 1 |
| Committee Secretariat | 0 |
| Early resolution | 1 |
| Early re-entry | 0 |
| Facilitated resolution | 0 |
| Standard re-entry | 3 |
| Total | 20 |

Number and category of withdrawn submissions for each PBAC meeting in 2024–25

July 2024 PBAC Meeting

| Category | Number | Reasons for withdrawal |
|------------------------|--------|---|
| 1 | 1 | Determined by applicant, reason not available |
| 2 | 1 | Determined by applicant, reason not available |
| 3 | 0 | N/A |
| 4 | 0 | N/A |
| Committee Secretariat | 0 | N/A |
| Early resolution | 0 | N/A |
| Early re-entry | 0 | N/A |
| Facilitated resolution | 0 | N/A |
| Standard re-entry | 0 | N/A |

November 2024 PBAC Meeting

| Category | Number | Reasons for withdrawal |
|------------------------|--------|---|
| 1 | 0 | N/A |
| 2 | 2 | Determined by applicant, reason not available |
| 3 | 0 | N/A |
| 4 | 0 | N/A |
| Committee Secretariat | 0 | N/A |
| Early resolution | 0 | N/A |
| Early re-entry | 0 | N/A |
| Facilitated resolution | 0 | N/A |
| Standard re-entry | 0 | N/A |

March 2025 PBAC Meeting

| Category | Number | Reasons for withdrawal |
|------------------------|--------|------------------------|
| 1 | 0 | N/A |
| 2 | 0 | N/A |
| 3 | 0 | N/A |
| 4 | 0 | N/A |
| Committee Secretariat | 0 | N/A |
| Early resolution | 0 | N/A |
| Early re-entry | 0 | N/A |
| Facilitated resolution | 0 | N/A |
| Standard re-entry | 0 | N/A |

May 2025 PBAC Meeting

| Category | Number | Reasons for withdrawal |
|------------------------|--------|---|
| 1 | 0 | N/A |
| 2 | 0 | Determined by applicant, reason not available |
| 3 | 0 | N/A |
| 4 | 0 | N/A |
| Committee Secretariat | 0 | N/A |
| Early resolution | 0 | N/A |
| Early re-entry | 0 | N/A |
| Facilitated resolution | 0 | N/A |
| Standard re-entry | 0 | N/A |

Number of responsible persons that responded to their commentaries, including appearing before PBAC meetings

All except one of the responsible persons who submitted a Category 1, Category 2, facilitated resolution pathway, and standard re-entry submission to the PBAC during 2024–25 responded to their commentary.

Responsible persons can appear before the PBAC by attending the meeting (either live or virtually) or via a pre-recorded or written mechanism.

July 2024 PBAC Meeting

| Number of Category 1, Category 2, facilitated resolution pathway and standard re-entry submissions | Number of responsible persons that responded to their commentaries | Number of responsible persons that appeared before PBAC | |
|--|--|---|-----------------------|
| | | Live/Virtual | Pre-recorded/ Written |
| 23 ²⁵³ | 22 | 9 | 6 |

²⁵³ While there were 24 Category 1, Category 2, facilitated resolution pathway, and standard re-entry submissions lodged for the July 2024 PBAC meeting, one Category 2 submission did not have a commentary so there were only 23 commentaries for responsible persons to respond to.

November 2024 PBAC Meeting

| Number of Category 1, Category 2, facilitated resolution pathway and standard re-entry submissions | Number of responsible persons that responded to their commentaries | Number of responsible persons that appeared before PBAC | |
|--|--|---|----------------------|
| | | Live/Virtual | Pre-recorded/Written |
| 38 | 36 | 4 | 14 |

March 2025 PBAC Meeting

| Number of Category 1, Category 2, facilitated resolution pathway and standard re-entry submissions | Number of responsible persons that responded to their commentaries | Number of responsible persons that appeared before PBAC | |
|--|--|---|----------------------|
| | | Live/Virtual | Pre-recorded/Written |
| 34 | 33 | 12 | 10 |

May 2025 PBAC Meeting

| Number of Category 1, Category 2, facilitated resolution pathway and standard re-entry submissions | Number of responsible persons that responded to their commentaries | Number of responsible persons that appeared before PBAC | |
|--|--|---|----------------------|
| | | Live/Virtual | Pre-recorded/Written |
| 18 | 17 | 3 | 5 |

Number of pre-submission meetings held in 2024–25

| Pre-submission meetings per month | Meetings held |
|-----------------------------------|---------------|
| 2024 | |
| July | 2 |
| August | 7 |
| September | 8 |
| October | 0 |
| November | 1 |
| December | 2 |
| 2025 | |
| January | 4 |
| February | 0 |
| March | 1 |
| April | 4 |
| May | 6 |
| June | 0 |
| Total | 35 |

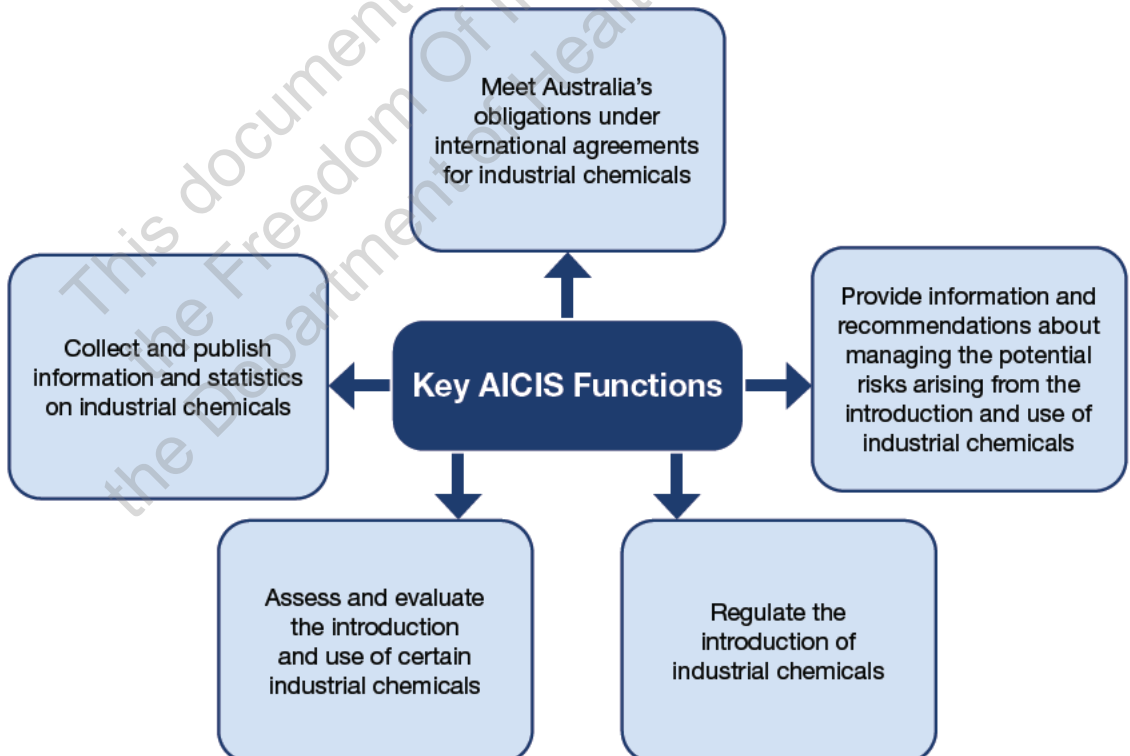
Appendix 4: Report on the operation of the Australian Industrial Chemicals Introduction Scheme (AICIS) for 2024–25

About AICIS: Protecting Australians and the environment from industrial chemical risks through robust scientific risk assessments, risk-proportionate regulation and the information we make available.

The Industrial Chemicals Act 2019 (IC Act) establishes AICIS as the regulatory scheme for the introduction (importation and manufacture) of industrial chemicals in Australia. AICIS is led by the Executive Director, who is an independent statutory office holder appointed by the Governor-General with specific powers and functions under the IC Act. The Executive Director is assisted by staff in the Australian Government Department of Health, Disability and Ageing and scientific staff from the Department of Climate Change, Energy, the Environment and Water (DCCEEW) who assess the environmental risks of industrial chemicals on behalf of AICIS under a Service Level Agreement.

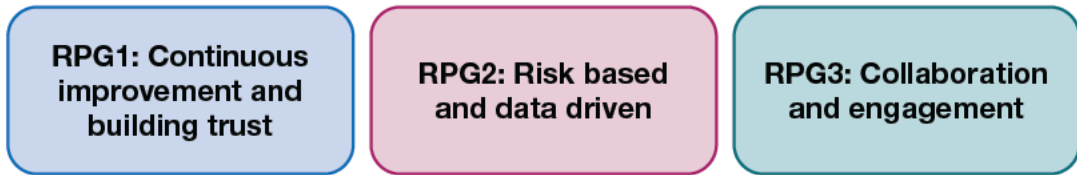
AICIS is responsible for assessing, evaluating and monitoring industrial chemicals as defined by the IC Act. AICIS aids in the protection of Australian people and the environment by assessing the human health and environmental risks posed by industrial chemicals, providing information to promote their safe use, and making risk management recommendations to Commonwealth standard setting bodies, and state and territory risk managers. AICIS is designed to make regulatory effort proportionate to the risks posed by industrial chemical introductions.

Figure 1. AICIS functions



Under the Regulator Performance Guide (RPG), AICIS is required to report against 3 principles of regulator best practice.

Figure 2. Regulator Performance (RMG 128) principles



These principles have informed and supported AICIS's organisational vision: 'AICIS is a trusted regulator that encourages safe and sustainable use of industrial chemicals'.

Facilitating safe chemical introductions through registration

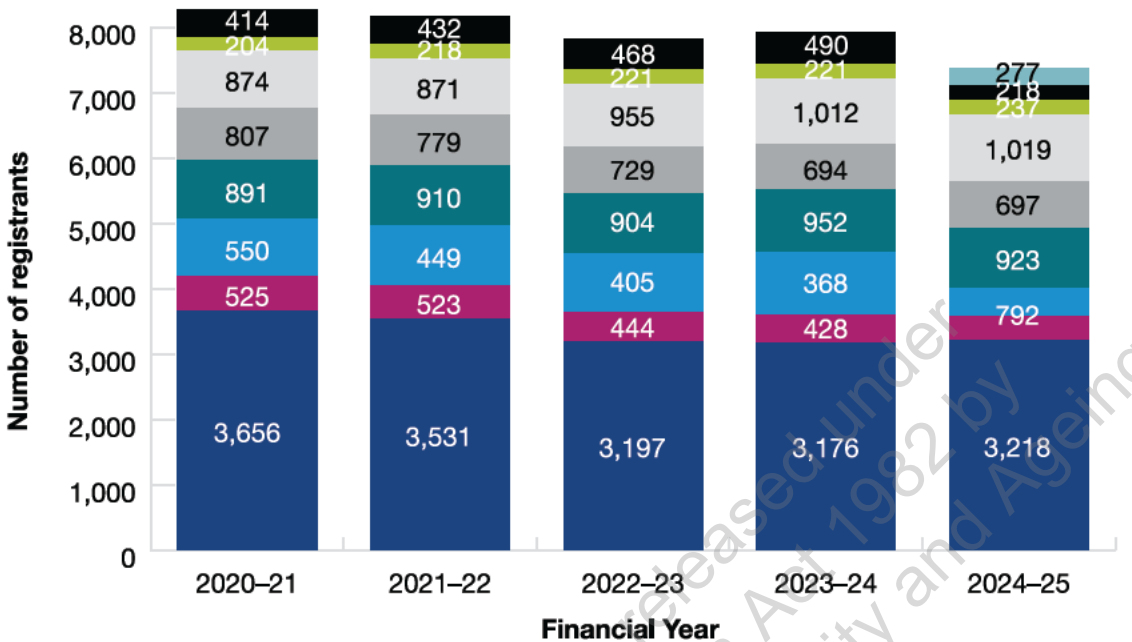
Introducers (importers and manufacturers) of industrial chemicals into Australia must be registered on the AICIS Register of Industrial Chemical Introducers before they can introduce. To register, introducers pay a low, flat fee (all registrants) and an annual charge (levy) based on the value of relevant industrial chemicals introduced in the previous financial year. The revenue from registration funds post-market evaluations of industrial chemicals, compliance monitoring and management of contraventions of relevant laws, and provides scheme support and communication activities.

During 2024–25, AICIS adjusted registration level thresholds according to the 2024–25 AICIS Cost Recovery Implementation Statement and aligned the levels to regulatory effort informed through effort data collected. As a result, 96% of registrants benefited from a reduced levy charge. Level 1 registrants (3,218 registrants introducing relevant industrial chemicals to a value less than \$50,000 per financial year) pay the flat fee, but do not pay a charge (**Figure 3**).

In 2024–25, 7,381 introducers were registered with AICIS, compared to 7,341 in the previous financial year, indicating the stabilisation in registration figures over the last 3 years. Registration numbers by level in 2024–25 were proportionally consistent with the corresponding previous thresholds.

A total of 1,043 introducers registered for the first time in 2024–25 (**Figure 4**). The number of new registrants each year can reflect both businesses seeking to commence introduction of industrial chemicals, or those identified by AICIS compliance activity as needing to become registered. AICIS will continue to monitor registration trends in 2025–26.

Figure 3: Number of registrants by registration level from 2020–21 to 2024–25



- Registration Level 1 \$0–\$49,999
- Registration Level 2 \$50,000–\$74,999
- Registration Level 2* \$75,000–\$99,999¹
- Registration Level 3* \$100,000–\$249,999
- Registration Level 4* \$250,000–\$499,999
- Registration Level 5* \$500,000–\$2,999,999
- Registration Level 6* \$3,000,000–\$4,999,999
- Registration Level 7* \$5,000,000–\$14,999,999
- Registration Level 8* ≥\$15,000,000

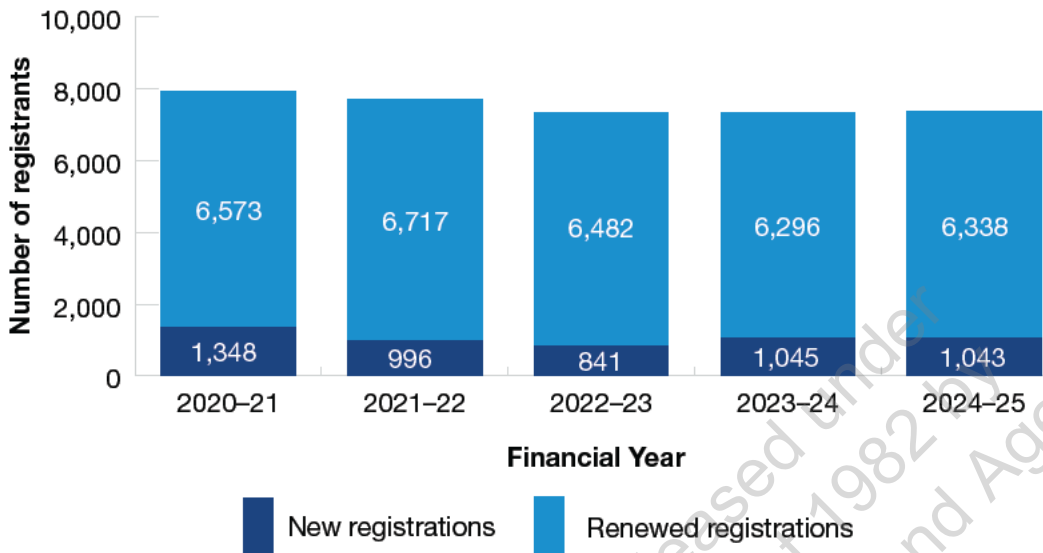
Notes:

¹ Registration Level 2* was the 2023–24 threshold Level 3, which was combined with threshold Level 2 for the 2024–25 levy, making the 2024–25 Level 2 threshold \$50,000 to \$99,999. Each subsequent level was adjusted and the highest threshold level 8 was created for ≥\$15,000,000.

Source: AICIS internal data.

Registration renewal has remained stable from 2023–24 to 2024–25, with most of the changes occurring among Level 1. This trend was further reflected in the profile of new registrants, of which approximately 84% are Level 1.

Figure 4: Number of new registrants and registration renewals from 2020–21 to 2024–25



Source: AICIS internal data.

Risk-based Introduction Categories for risk-proportionate regulation

RPG2: Risk based and data driven

The scheme's introduction categories are based on the level of risk associated with the industrial chemical introduction.

Introducers of industrial chemicals into Australia must comply with the requirements of a category of introduction, which are based on the level of risk to human health and the environment from the introduction.

Industrial chemicals listed on the Australian Inventory of Industrial Chemicals (Inventory) can be introduced as 'listed introductions' by registered introducers. Listed introductions must comply with any regulatory obligations and restrictions stipulated in an industrial chemical's Inventory terms of listing. Terms of a listing may include a defined scope of assessment, conditions of introduction or use, specific information requirements or any other legal obligations.

Chemicals not listed on the Inventory are not available for industrial use in Australia unless their introduction is authorised under one of the following introduction categories: exempted, reported, assessed or commercial evaluation (Figure 5). *Very low to low-risk* introductions (exempted and reported) can be made without pre-market assessment, while *medium to high-risk* introductions must be authorised under an assessment certificate issued by the Executive Director of AICIS.

Figure 5: AICIS’s Risk Proportionate Introduction Categories

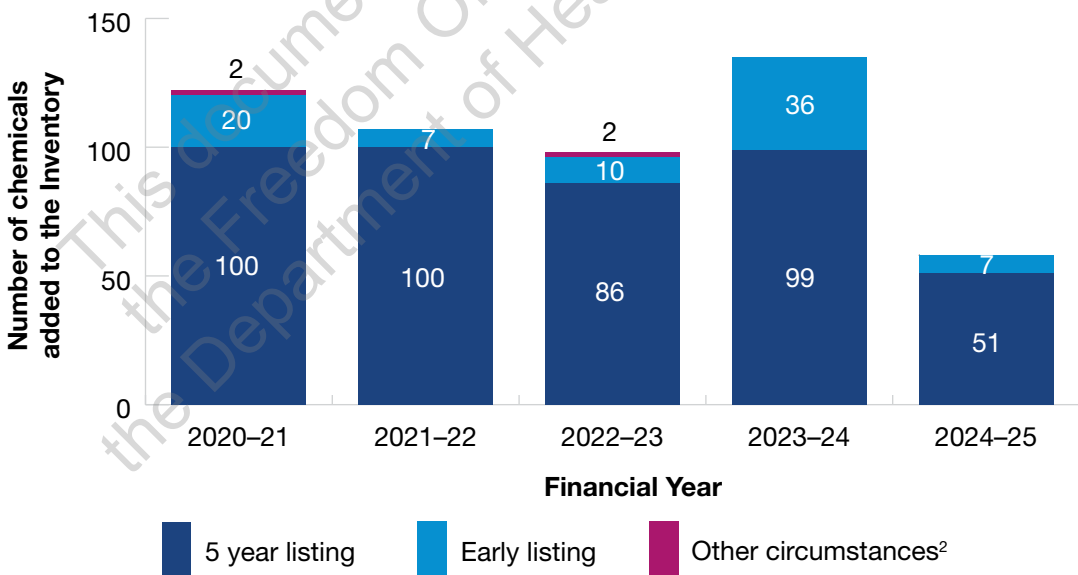
If a chemical is not on the Inventory, or the introduction is outside the chemical’s ‘Inventory terms of listing’

| Listed | Exempted | Reported | Assessed | Commercial Evaluation |
|--|---|--|--|--|
| <ul style="list-style-type: none"> Is already listed on the Inventory It can be imported or manufactured if the terms of the Inventory listing are met | <ul style="list-style-type: none"> It’s categorised as an exempted (<i>very low-risk</i>) introduction A once-off declaration required after the chemical’s introduction | <ul style="list-style-type: none"> It’s categorised as a reported (<i>low-risk</i>) introduction A once-off pre-introduction report required before the chemical’s introduction | <ul style="list-style-type: none"> It’s categorised as an assessed (<i>medium to high risk</i>) introduction An assessment certificate is required before the chemical’s introduction | <ul style="list-style-type: none"> Determine the chemical’s commercial potential A CEA is required before the chemical’s introduction |

Listed Introductions

Listed Introductions cover the domestic manufacture and importation of industrial chemicals that are listed on the Inventory and where the introducer meets the industrial chemical’s terms of Inventory listing according to the IC Act. Industrial chemicals are routinely listed on the Inventory 5 years after an assessment certificate is issued, unless the certificate holder applies for and is granted an early listing. During 2024–25, a total of 58 industrial chemicals (51 routine listing and 7 early listing – refer to **Figure 6**) were added to the Inventory. These industrial chemicals can now be imported and/or domestically manufactured by any registered introducer if the terms of the Inventory listing are met. No applications were submitted in 2024–25 to vary the terms of an inventory listing.

Figure 6: Industrial chemicals added to the Inventory by listing type from 2020–21 to 2024–25



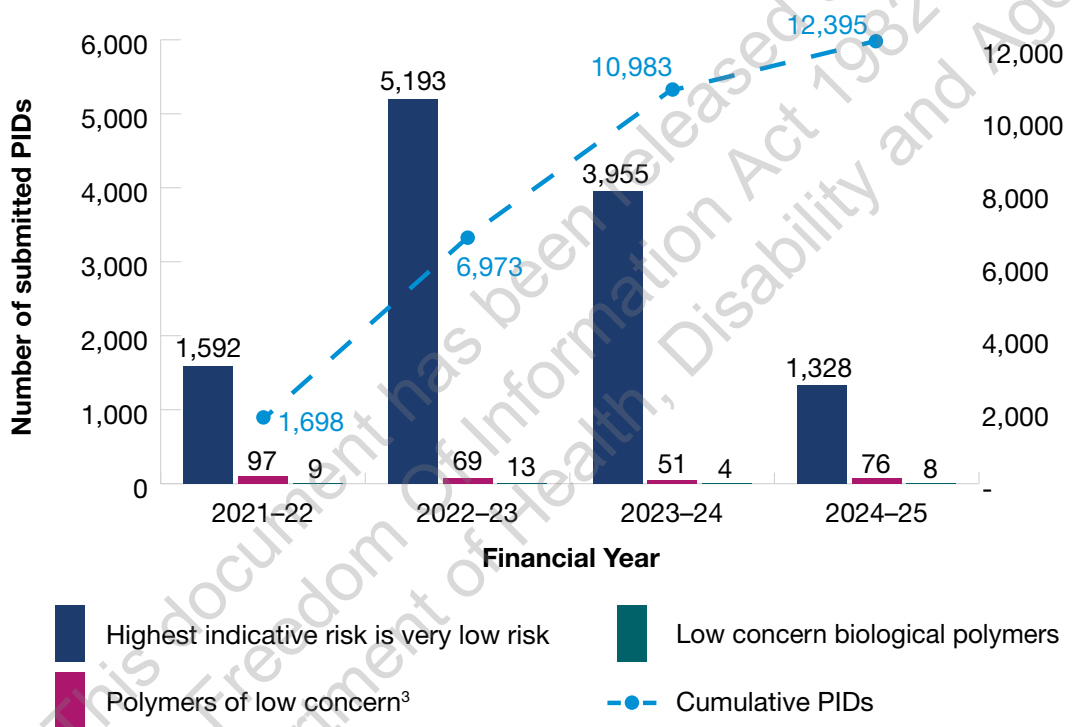
²Other circumstances include variations following amendments to the rules.

Source: AICIS internal data.

Exempted Introductions

The Exempted Introduction category encourages innovation by providing a no-cost, fast option for *very low* indicative risk introduction. Regulatory requirements are proportionate to risk, where introducers using this introduction pathway maintain records and in prescribed circumstances submit a once-off post-introduction declaration (PID) after the industrial chemical's introduction. During 2024–25, a total of 1,412 PIDs were submitted, including; 1,328 PIDs classified as 'Highest indicative risk is very low risk', 76 as 'Polymers of low concern' and 8 as 'Low concern biological polymers'. This is a decrease from the 5,275 PIDs for the 2022–23 financial year (covering the time by which the transitional arrangement were ending) and a reduction in PIDs over 2 consecutive years. This trend is further evident on the secondary axis in **Figure 7**, which shows an overall increase in cumulative PIDs over time, but with a reduced slope. Given PIDs remain valid across future financial years, a downward trend may reflect that existing PIDs sufficiently cover ongoing commercial needs for these types of introductions.

Figure 7: Submitted PIDs by type of exempted introduction from 2020–21 to 2024–25



³ A single PID of this type can be submitted for multiple industrial chemicals.

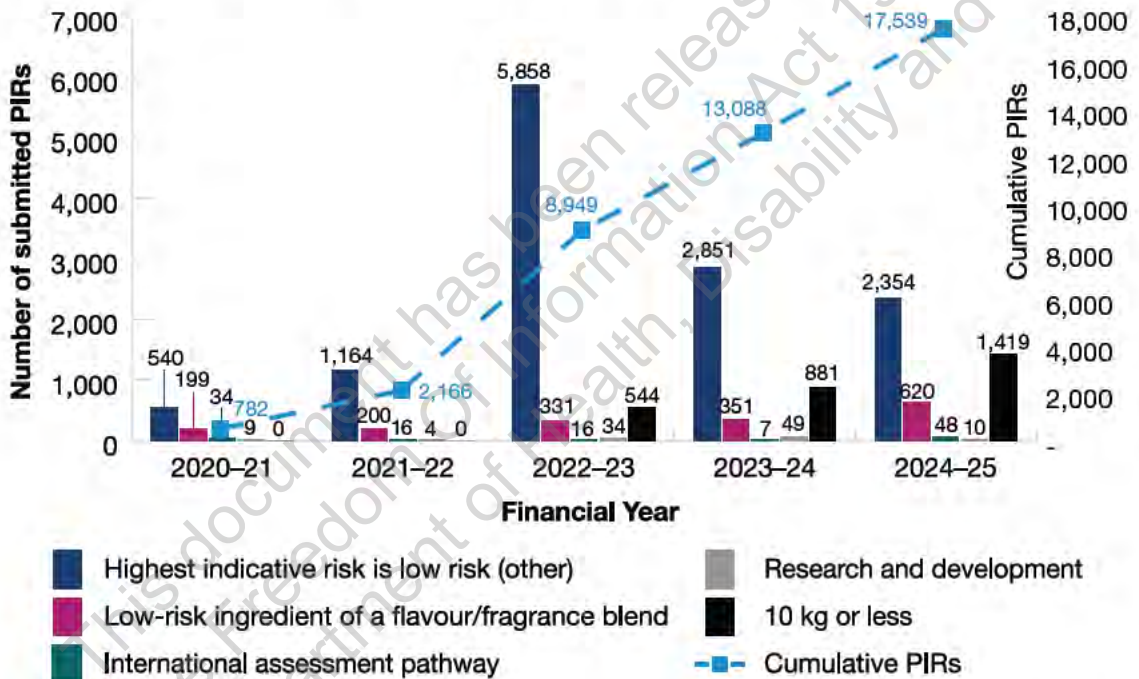
Source: AICIS internal data.

Reported Introductions

The Reported Introduction category encourages innovation by providing a no-cost option for low indicative risk introduction. Regulatory requirements are proportionate to risk, where introducers using this introduction pathway maintain records and provide a once-off pre-introduction report (PIR) for the industrial chemical's introduction. Once a PIR is submitted, an introducer can commence importing or manufacturing the industrial chemical.

During 2024–25, a total of 4,451 PIRs were received. **Figure 8** provides the number of PIRs received over the first 5 years of the scheme. PIRs reduced from a peak of 6,783 in 2022–23 (due to the end of the transitional period), to 4,139 in 2023–24, with a slight increase to 4,451 during 2024–25. This trend is largely driven by a reduction in the subtype 'Highest indicative risk is low risk (other)' subtype. In contrast, subtype 'Low-risk ingredient of a flavour/fragrance blend' and the '10 kg or less' (introduced 2022–23), have shown increased utilisation. The cumulative number of PIRs on the secondary axis in **Figure 8**, demonstrate the utility of Reported introductions sustain the rate observed in the prior year and is continuing to increase.

Figure 8: Submitted PIRs by type of reported introduction from 2020–21 to 2024–25



Source: AICIS internal data.

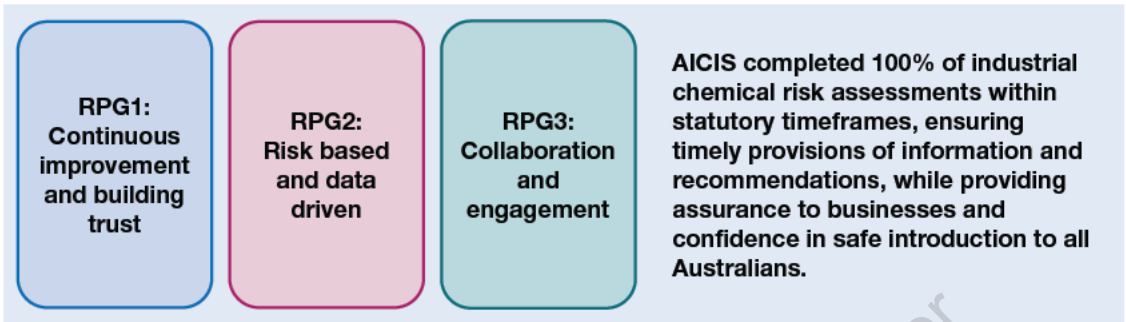
RPG1:
Continuous improvement and building trust

RPG2:
Risk based and data driven

RPG3:
Collaboration and engagement

The reported introduction type of '10 kg or less', represented 32% of all PIRs submitted in 2024–25, compared to 21% in 2023–24 and 8% in 2022–23 (when this type was introduced). The continued increase in uptake indicates that this regulatory option has been successful in reducing regulatory burden and achieving risk proportionate regulation.

Assessed Introductions

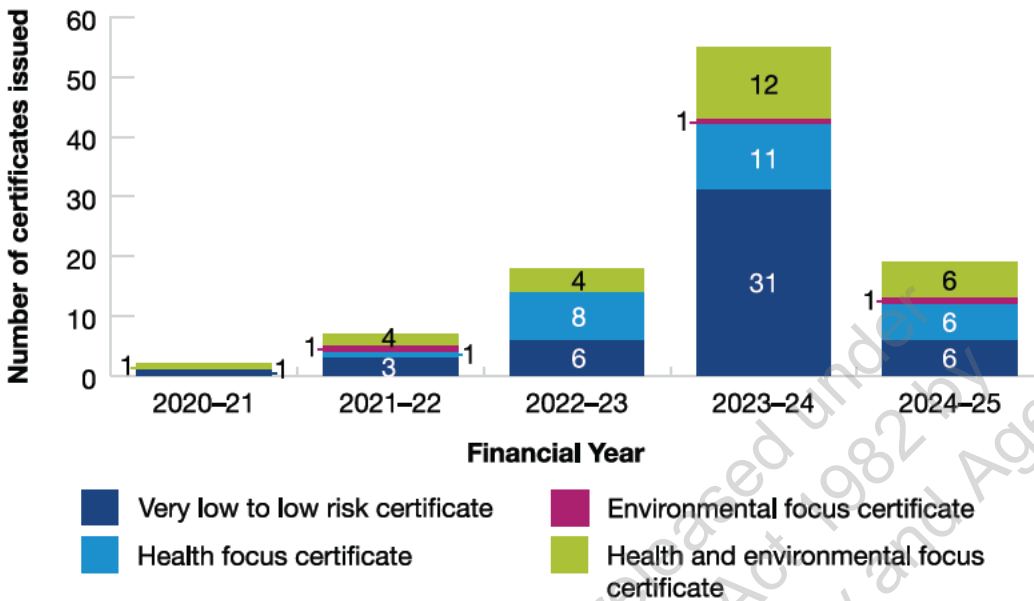


Assessed introductions are those with a medium to high indicative risk. Introducers must apply for and be issued an assessment certificate prior to introduction. An assessment statement is published on the AICIS website with a summary of the risk assessment and the means for introducers to manage any risks. Risk-management recommendations are referred to the relevant Australian standard-setting bodies and/or states and territories risk-management agencies. There are 5 main types of applications for assessment certificates:

1. health and environmental focus
2. health focus
3. environmental focus
4. very low to low risk
5. comparable hazard assessments.

AICIS issued 19 assessment certificates during 2024–25. The number of certificates issued over the last 5 years shows variability (**Figure 9**).

Figure 9: Certificates issued by type from 2020–21 to 2024–25



Source: AICIS internal data.

In 2024–25, 6 certificates were issued for industrial chemical introductions with very low to low indicative risk. This choice allows industry to seek that these chemicals be added to the Inventory, which allows suppliers to utilise the Listed introduction category to broaden their supply chain. There were no comparable hazard assessment applications in 2024–25. Two applications to vary the terms of an assessment certificate were assessed and approved in 2024–25.

This document has been released under the Freedom Of Information Act 1982 by the Department of Health, Disability and Ageing

Commercial Evaluation Introductions

The Commercial Evaluation Introduction category encourages innovation by providing a fast, cost-effective option for introducers to evaluate an industrial chemical's commercial potential. Introducers must apply for and be authorised by a Commercial Evaluation Authorisation (CEA) prior to introduction. The annual number of CEAs issued has varied since the Scheme commenced (Figure 10). A total of 3 CEAs were issued in 2024–25 compared to 17 in 2023–24 (where 14 CEAs were from the same introducer).

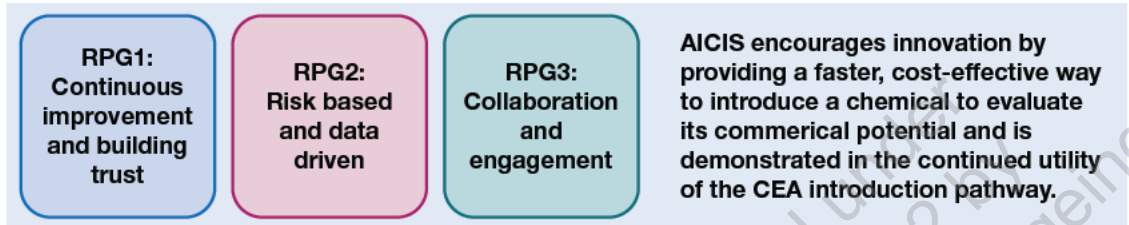
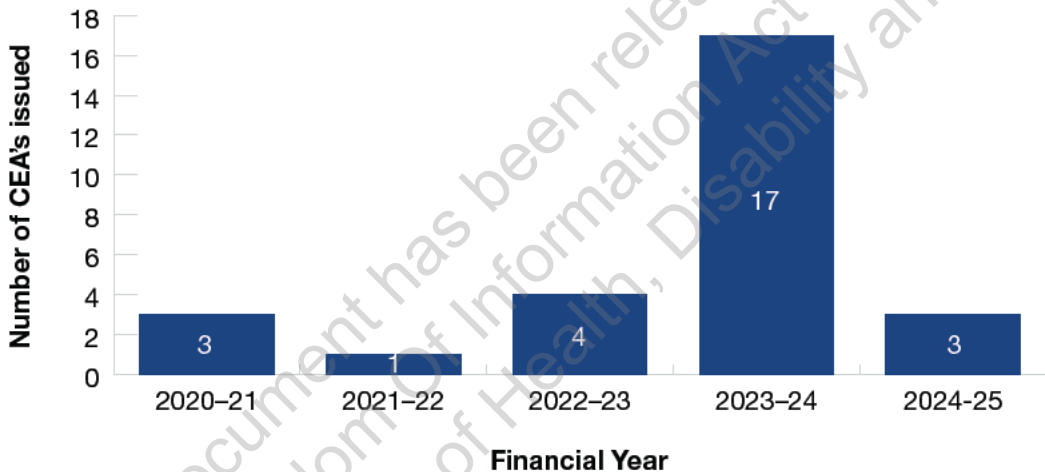


Figure 10: Commercial evaluation authorisations (CEA) from 2020–21 to 2024–25



Source: AICIS internal data.

Delivering Australia's international obligations on the import and export of restricted industrial chemicals

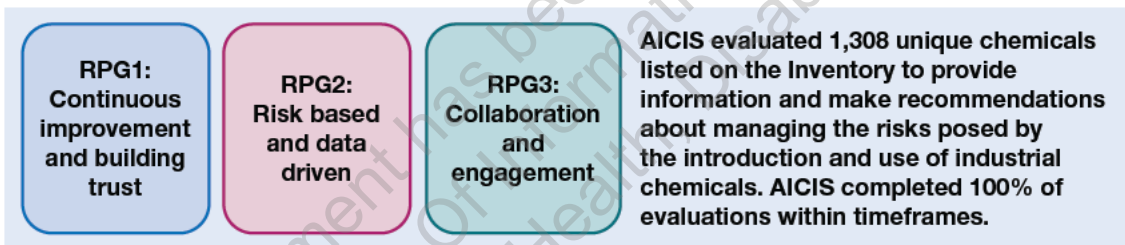
AICIS can approve, restrict or refuse applications to introduce or export industrial chemicals listed in international conventions and assists Australia to meet its obligations by undertaking compliance monitoring relating to industrial chemicals under the Rotterdam and Minamata Conventions.

Anyone seeking to import or export certain banned or severely restricted industrial chemicals into or out of Australia are subject to the Prior Informed Consent (PIC) procedure of the Rotterdam Convention or the Minamata Convention and must apply for and receive authorisation from the Executive Director. The PIC procedure ensures Australia and other countries are informed about the risks of toxic chemicals before agreeing to import or export them, making informed decisions and preventing exposure.

During 2024–25, AICIS approved 3 annual export Rotterdam authorisations and approved one annual import Rotterdam authorisations. Two applications (one import and one export) were rejected. Two Minamata authorisation applications were received and subsequently withdrawn by the applicant.

Imports and exports relating to all active Rotterdam authorisations were monitored to ensure the terms of these authorisations were met, and 26 monitoring activities were undertaken on specific import and export transactions to ensure the AICIS authorisation requirements were being met.

Evaluating industrial chemicals for safe use and regulatory confidence



AICIS may initiate, at any time, evaluations of industrial chemicals and matters relating to industrial chemicals. These post-market evaluations can address industrial chemicals listed on the Inventory, authorised by assessment certificates, introduced under reported or exempted introduction categories, and those excluded from other parts of the *Industrial Chemicals Act 2019* (IC Act). Evaluations produce information to support the risk management of chemicals where required.

AICIS prioritises industrial chemicals for evaluation using technological tools and expert judgement drawing on hazard and exposure information to estimate relative risk and with consideration of available resources, data, and information. Prioritisation ensures that initiated evaluations are risk proportionate, timely and targeted.

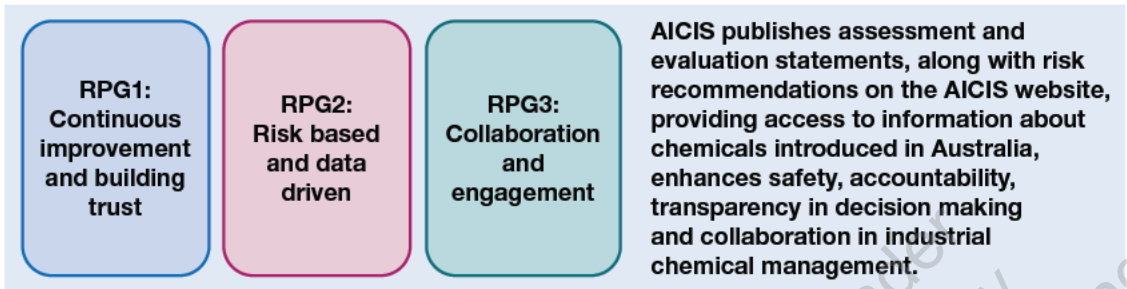
In 2024–25, 863 submissions were received in relation to 'specific information requirements.' Information from these submissions was used to determine if an evaluation was needed and should be prioritised.

In 2024–25, 26 evaluations for human health and/or the environment were completed for 1,308 unique industrial chemicals listed on the Inventory.

Between 1 July 2020 and 30 June 2025, AICIS completed 178 evaluations covering 10,999 industrial chemicals listed on the Inventory. Industrial chemicals on the Inventory without a current risk assessment continue to be targeted for evaluation using established criteria.

Following evaluations conducted in 2024–25, the Executive Director concluded that variations to the Inventory terms of listing for one chemical was necessary. The variations align the obligation for introducers to provide specific information with the risk identified and considered in the evaluations.

Providing information and recommendations about the risks and uses of industrial chemicals



Risk assessments of pre-market introductions (assessment statements) and post-market introductions (evaluation statements) are published on the AICIS website for use by all stakeholders, including other Australian Government and state and territory regulatory agencies such as public health, worker health and safety, environmental, transport and consumer product safety agencies. Assessment and evaluation statements support introducers by outlining safe introduction and use practices, including suggested control measures to manage risks from exposure to assessed chemicals, based on hazard, volume and use information.

AICIS makes risk management recommendations to relevant risk management agencies when risks requiring management are identified. These recommendations are made to assist risk managers to make sure appropriate controls are in place for industrial chemicals introduced into Australia.

AICIS maintains the Risk Management Recommendations Register, which provides a convenient central repository of all AICIS's risk management recommendations. This provides transparency to all stakeholders about the implementation status of AICIS recommendations made to these risk management agencies.

AICIS does not have any statutory oversight over the processes or decisions of the risk managers to whom recommendations are made.

During 2024–25, AICIS made a total of 90 risk management recommendations to risk managers:

- 74 to SafeWork Australia (hazard classification for worker safety)
- 15 to the Department of Health, Disability and Ageing (The Poisons Standard, Standard for the Uniform Scheduling of Medicines and Poisons)
- one to the Department of Climate Change, Energy, the Environment and Water (Industrial Chemicals Environmental Management Standard).

Recommendations made to risk management agencies support regulatory alignment and ensures decisions are based on the latest evidence, creating a cohesive national framework, with distinct but complementary roles, to protect human health and the environment from risks associated with the introduction and use of industrial chemicals.

Maintaining a trusted Australian Inventory of industrial chemicals to support safe chemical use and introduction

RPG1: Continuous improvement and building trust

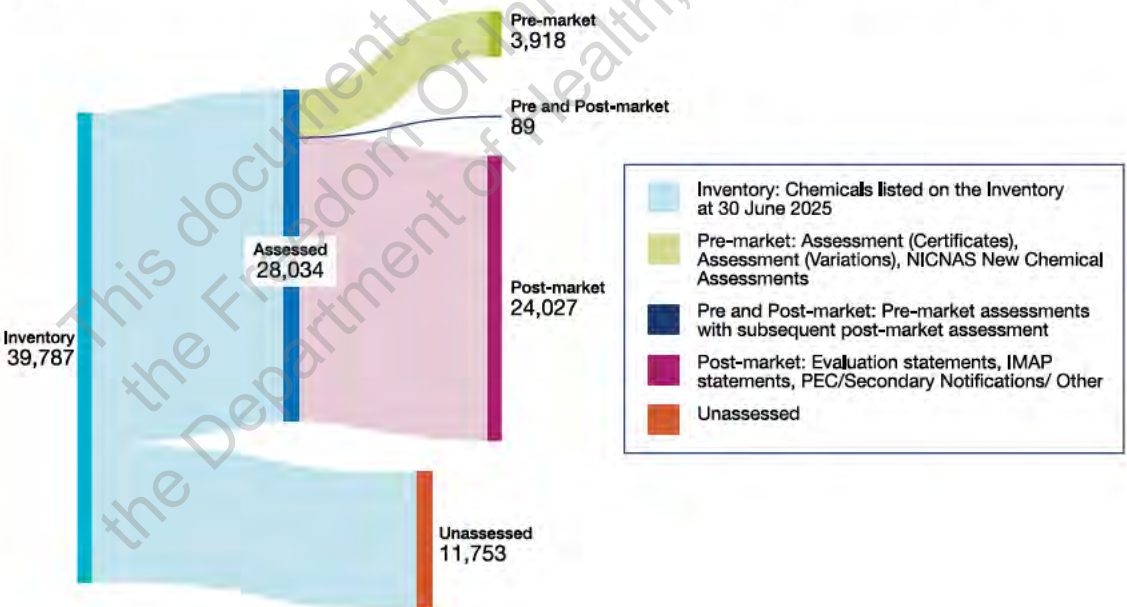
The Inventory promotes safe chemical use, compliance, and protection of confidential data, allowing introducers to navigate regulatory requirements effectively.

AICIS manages the Inventory, a database of industrial chemicals available for industrial use in Australia, containing chemical identity details, regulatory obligations relating to the importation and manufacture of industrial chemicals. The Inventory was created from the former Australian Inventory of Chemical Substances, under the predecessor to AICIS, the National Industrial Chemical Notification and Assessment Scheme (NICNAS), which operated from 1990 to 30 June 2020.

Status of the Inventory

At the commencement of AICIS, approximately 47% of the inventory had been assessed. By 30 June 2025, AICIS raised this to 70% through pre-market assessments and post-market evaluations. **Figure 11** breaks down the Inventory according to the number of industrial chemicals on the Inventory and whether and how they have been assessed as at 30 June 2025.

Figure 11: Assessment status of industrial chemicals on the Inventory as at 30 June 2025



Source: AICIS internal data.

Protecting confidential information

Industrial chemicals can be listed on the Inventory with Confidential Business Information (CBI) protection. Applications for protection of CBI are subject to a statutory test that balances commercial prejudice and public interest. Confidential listings are subject to review every 5 years. Under AICIS, 12 industrial chemicals listed on the Inventory have had the proper name for the industrial chemical and/or end use protected. Where the proper name for the industrial chemical is protected this is done by use of an AICIS Approved Chemical Name (AACN). An AACN is a generic or 'masked' chemical name. Where end use is protected this done by publishing a generalised end use. Under transitional arrangements the Inventory contains 95 industrial chemicals where the identity is CBI and not publicly disclosed. In 2024–25, 20 applications for continued protection of CBI were approved. Inventory listings for 11 industrial chemicals became publicly searchable following revocation of continued protection of CBI approval.

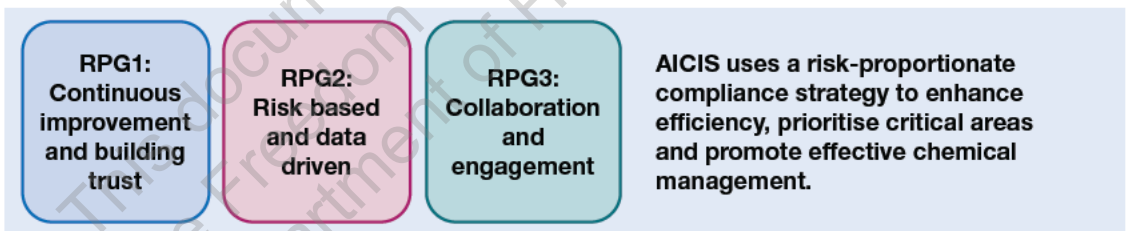
Minor variations for accuracy

During 2024–25, 140 minor variations of chemicals on the Inventory were made to update chemical names on the Inventory in line with Chemical Abstracts Service (CAS) nomenclature revisions. Minor variations did not change the identity or regulatory status of these industrial chemicals.

Public availability of the Inventory

The Inventory is publicly available and searchable (excluding protected information). To support industry stakeholders, downloadable snapshots of the publicly available information on the Inventory were made available twice in 2024–25, enabling bulk searches of industrial chemicals.

Ensuring safe chemical introduction through compliance monitoring and enforcement



Compliance monitoring and enforcement activities are proportionate to risk, with an initial focus on fostering voluntary compliance through education and awareness raising activities to assist introducers' understanding of their regulatory obligations under the IC Act.

AICIS assessment and prioritisation of non-compliance includes determining the risk posed by the introduction of the subject industrial chemical, the offending entity's willingness to comply, the compliance history of the entity involved and how the issue relates to the objects and intent of the IC Act.

AICIS uses a range of data sources to inform compliance monitoring activities. Data provided by the Australian Border Force is used to detect unregistered introducers and confirm their appropriate level of registration. Using this information, 1,651 businesses registered with AICIS during 2024–25. The registration levels of 614 introducers were also adjusted as a result of AICIS monitoring.

AICIS monitors introducers' self-categorisation of their introductions and record keeping obligations under the IC Act. Post-introduction declarations (PIDs) are submitted after introduction has occurred and by 30 November of the year of the first exempted introduction. Submitted PIDs undergo rapid, pre-screening to select those for further analysis. Four hundred and eighty were reviewed for potential miscategorisation. Monitoring activity identified 470 PIDs requiring some level of AICIS intervention, ranging from provision of advice regarding the type of exempted introduction, to case management of 15 unauthorised introductions to ensure introducers correctly categorise these and future introductions. Cumulative PIDs screened since screening began in 2022–23, was 3,150, representing 25% of all PIDs.

Pre-introduction reports (PIRs) are submitted prior to proposed introduction. PIRs undergo rapid, pre-screening to select those for further analysis; 214 were reviewed for potential miscategorisation. Monitoring activity identified 178 PIRs requiring some level of AICIS intervention, ranging from provision of advice regarding the type of reported introduction, including to vary or withdraw the PIR, to case management of 41 unauthorised introductions to ensure introducers correctly categorise these and future introductions. Cumulative PIRs screened since screening began in 2020–21, was 1,267, representing 7.2% of all PIRs.

Monitoring activities during 2024–25, identified 101 instances of unauthorised introductions, for the various categorisation pathways, were in contravention of the IC Act, each of which are currently being case managed.

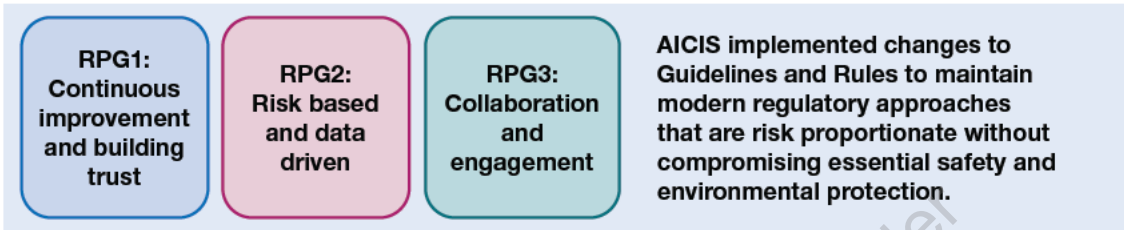
Introducers submit an annual declaration each year, confirming all industrial chemicals introduced during the previous AICIS registration year (1 September to 31 August) were authorised under the IC Act. During 2024–25, 5,072 annual declarations were received for the previous registration year. Low level registrants (<\$100k registration value) account for the largest proportion of overdue annual declarations. The lower rates of annual declarations observed among Level 1 introducers likely reflect their status as predominantly new entrants to the Scheme, who may lack familiarity with the requirements of the IC Act and those who have ceased introduction since the beginning of the registration year. All instances of non-compliance with reporting obligations are managed in accordance with AICIS' published risk proportionate compliance approach.

During 2024–25, a total of 576 referrals of non-compliance were received, of which 96% were screened and prioritised for response. During this period, 586 compliance cases were opened and 509 cases were resolved. Case management includes formal evidence-gathering and information collation activities where serious non-compliance is suspected or identified. The formal enforcement provisions of the *Regulatory Powers (Standard Provisions) Act 2014* are available to AICIS.

Where an entity is in breach of the IC Act, they can propose an enforceable undertaking. Enforceable undertakings are not accepted in all circumstances and are case dependent.

During 2024–25, AICIS published an Enforceable Undertaking with an Australian importer and distributor of fragrance, personal care and cleaning products. The written agreement required the entity to implement procedural changes and training programs to ensure future compliance with these obligations under the IC Act.

Strengthening safe introduction through regulatory stewardship



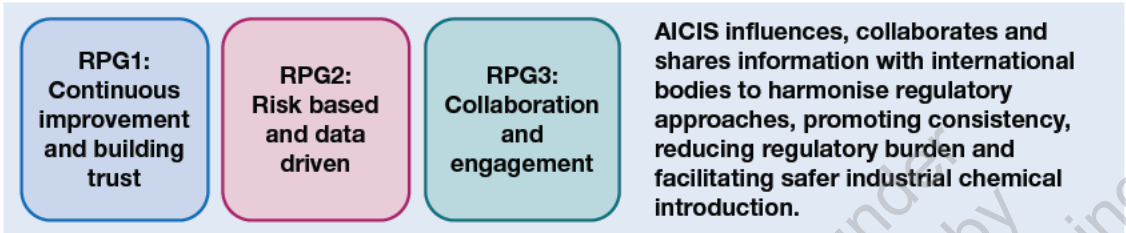
Amendments were made to the General Rules and the Categorisation Guidelines that support the Scheme and contain the technical and operational details of AICIS. These changes help the Scheme remain contemporary and fit for purpose within existing policy settings.

From 1 July 2024, the use of chemicals as or in vaping goods ceased to be an industrial use under the *Industrial Chemicals Act 2019*, becoming a therapeutic use under the *Therapeutic Goods Act 1989*. Consequential changes were made to the Industrial Chemicals (General) Rules 2019 and Industrial Chemicals Categorisation Guidelines.

Commencing 24 September 2024, changes to AICIS Categorisation Guidelines were made after engagement and consultation with stakeholders. This included adding almost 600 unique entries to the 'List of chemicals with high hazards for categorisation' that introducers may need to check when categorising their chemical introductions. These additions help to better align the regulatory status of these highly hazardous chemicals with trusted global and domestic sources and contribute to the protection of human health and the environment. Additional refinements to information requirements were also included in these Guidelines updates.

During 2024–25, AICIS consulted on other potential improvements to the Scheme that do not require amendments to the Act or General Rules and are within current policy settings. These are intended to ensure that the Scheme remains fit for purpose. This included options for simplifying compliance with specific information requirements for listed introductions and updates to the application form for certain types of assessment certificates.

Delivering safer introductions through international regulatory cooperation and alignment



Under the IC Act, the promotion of international harmonisation of regulatory controls or standards for industrial chemicals is a function of the Executive Director. During 2024–25, AICIS participated in international activities to harmonise, develop, and adopt international standards and methods, horizon scanning and scientific development.

During 2024–25, AICIS actively collaborated with international counterparts on regulatory and scientific matters through regular teleconferences, working groups, and conferences. The Organisation for Economic Co-operation and Development's (OECD) Chemicals and Biotechnology Committee (CBC) and its key subsidiary Working Parties remain the primary channels for multilateral engagement. AICIS staff participated in 19 meetings of the OECD working parties and expert groups and responded to 194 requests on various topics.

AICIS contributed to regulatory methodologies, engaging in workshops and expert groups on topics including exposure and hazard assessment, manufactured nanomaterials and advanced materials such as graphene. AICIS's approach to assessing repeat dose systemic toxicity of industrial chemicals was presented at the OECD Working Party on Hazard Assessment (WPHA) expert group on systemic toxicity, that develops guidance for non-animal testing methods. AICIS acted as the coordinating agency and the secretariat for the Australian delegation at the 7th OECD CBC meeting in 2025. AICIS presented on the implementation of Australia's risk-proportionate regulatory scheme 5 years on, at the 9th OECD WPHA meeting. This provided an opportunity to share how Australia's approach balances regulatory effort with the level of risk posed by introduction.

Additionally, AICIS provided a presentation to the International Uniform Chemical Information Database (IUCLID) User Expert Panel Group meeting on the strategies, benefits and challenges in upgrading to newer versions of IUCLID. AICIS also provided a recorded presentation for the Open-Ended Working Group for the Global Framework Chemicals assisting in the strategic approaches to international chemicals management.

AICIS provided input into 11 requests from the United Nations Environment Program Conventions, including providing input into Annex E risk profiles related to the Stockholm Convention and export information related to the Rotterdam Convention.

Formal bilateral cooperative arrangements and memoranda of understanding are in place with counterpart agencies in Canada, Europe, New Zealand and the United States of America. Regular dialogue was maintained with these agencies during 2024–25 on emerging topics of interest, such as computational approaches for enhanced hazard identification, and uncertainty principles linked to quantitative risk assessments.

During 2024–25, AICIS participated in 4 bilateral international meetings and 49 exchanges between bilateral partners including the European Chemicals Agency and Health Canada, on issues related to technical cooperation and sharing of industrial chemical information relating to assessments. For example, during 2024–25, AICIS shared evaluation statements while Health Canada shared reports under the Canadian Chemicals Management Plan.

Continued collaboration with our bilateral and multilateral partners enhances our awareness of international developments in chemicals risk assessment and increases in-house understanding in use and interpretation of non-animal test methodologies in risk assessment. Evaluations benefited from the use of international assessment materials, chemical intelligence, and use of information from stakeholders.

International collaboration and regulatory cooperation within AICIS compliance activities facilitates the exchange of regulatory information, enhances oversight of chemical movements across borders, and supports alignment with global obligations, such as those under the Rotterdam Convention. During 2024–24, AICIS collaborated with the US Environmental Protection Agency under the *Toxic Substances Control Act* section 12(b), receiving 30 export notifications and related regulatory actions of certain chemicals movements. For Australia, these notifications are non-binding and do not trigger any regulatory action under Australian law, but they serve as information-sharing mechanisms, supporting regulatory oversight and international responsibility in the international trade of potentially hazardous chemicals.

Enhancing safe introductions through workforce development and expertise

RPG1: Continuous improvement and building trust

AICIS supports capability building to strengthen performance, foster innovation and contribute to the Scheme being a trusted regulator that encourages safe and sustainable use of industrial chemicals.

Capability building continued across the organisation during 2024–25.

A range of in-house guidance materials were developed to facilitate staff technical capability. These relate to grouping of chemicals, use descriptions, predictive toxicity and modelling. AICIS established the new in-house Learning Management System (LMS) to facilitate self-directed computer-based learning. The AICIS LMS contains a number of resources to build staff capability including:

- guides to toxicology and chemistry
- introduction to regulation and conducting peer reviews
- membership to an online commercial provider supporting product safety
- chemical compliance through on-demand conferences, courses and eLearning modules.

AICIS strengthened its internal capability by hosting 7 staff forums, fostering knowledge exchange and professional growth through engagement with national and international experts, regulators, academia, and industry across diverse scientific and non-scientific topics.

AICIS participated in the Australian Government Regulatory Science Network's Annual Symposium and interagency webinars.

Delivering regulatory confidence through stakeholder engagement and communication

RPG3: Collaboration and engagement

AICIS continues to engage genuinely and regularly with stakeholders to assist with education of compliance obligations, improve and consult on regulatory practices, obtain feedback on evaluations, and provide guidance and information that is clear, concise and easily accessible.

During 2024–25, active engagement continued via a range of mechanisms with: government entities, the industrial chemicals industry, community groups and academia, providing collaborative communication, transparency and deepening public trust.

AICIS had 27 meetings with registrants and industry associations to help these stakeholders understand regulatory requirements, compliance obligations and to share operational experience of the Scheme.

During 2024–25, AICIS received and addressed 4,201 stakeholder phone enquiries and 2,734 written enquiries.

AICIS collaborated with government departments and agencies (including the Department of Health, Disability and Ageing, the Therapeutic Goods Administration, the Department of Climate Change, Energy, the Environment and Water (DCCEEW), the National Health and Medical Research Council drinking water quality team, Queensland Crime and Corruption Commission, Attorney General's Department, Food Standards Australia New Zealand and Safe Work Australia) during 2024–25 and provided technical input into 19 requests related to industrial chemicals.

The AICIS Stakeholder Engagement Committee (SEC), with representatives drawn from peak industry and community groups, continued as an essential forum for transparent stakeholder engagement. Two meetings of the SEC and one education session for members were held in 2024–25.

During 2024–25, AICIS utilised its Consultation Hub for 2 draft evaluation waves and 3 areas of proposed changes (including changes to the Industrial Chemicals Categorisation Guidelines, Inventory chemical records and the application form for certain types of certificates). Consultations were also promoted through social media channels, information sessions and subscription newsletters. Open consultations seek to identify any practical challenges, unintended consequences, areas for improvements. Past consultation outcomes and AICIS responses are published to ensure transparency and build public trust.

AICIS issued 12 stakeholder newsletters to over 2,782 subscribed stakeholders, enabling regular, direct engagement. The newsletters contained information for stakeholders on a range of matters including changes to categorisation, record keeping and reporting, online forms, guidance materials, regulatory notifications and consultation opportunities.

AICIS published 60 news items and announcements on its website. This included 29 Inventory notices, 7 regulatory notices and 24 news and updates on information on upcoming consultations, updated guidance and regulatory changes.

Enhancing safe introduction through digital transformation

RPG1:
Continuous
improvement and
building trust

RPG2:
Risk based and
data driven

AICIS continues to deliver digital tools for stakeholders and staff, though cheminformatics, enhancements to the AICIS IT System and website.

In 2024–25, AICIS established a Computational Science Unit to strengthen its ability to maximise value derived from data and enhance data driven regulation by utilising and creating business intelligence, cheminformatics, and business and analytical tools within the AICIS IT System.

The AICIS IT System is a comprehensive platform that manages information efficiently, standardises workflow for consistent reporting and facilitates digital interactions between AICIS staff and industrial chemical introducers, applicants, and their representatives. It also offers transparency to industry stakeholders by allowing them to track their applications and payments made via a personalised dashboard.

AICIS Business Services portal is connected to Microsoft Dynamics Customer Relationship Management (CRM) and the International Uniform Chemical Information Database (IUCLID). The CRM is a platform used in several business areas in the Department of Health, Disability and Ageing. IUCLID is a database used to record, store, maintain and exchange chemical information using internationally harmonised structured data on OECD Harmonised Templates. IUCLID is used by AICIS to assist applicants to meet their regulatory information requirements, and for AICIS to conduct risk assessments.

In 2024–25, system enhancement and updates were implemented within the business service portal (Portal) to centralise and support an enhanced integration solution for online payments, Inventory enhancements (including internal chemical listing processes and usability processes across the Portal and CRM), an integrated engagement activity register and enhancements to the customs data solution, further assisting business processes, optimising resources and enabling efficiencies.

AICIS launched 2 new self-guided online decision tools on the website to assist soap introducers with registration requirements. Additionally, a new video was released for all introducers, providing guidance on effective ways to search for their chemicals on the Inventory.

In 2024–25, AICIS continued to contribute internationally within the OECD IUCLID Management Group and the European Chemicals Agency, particularly on resolution of challenges with installing newer versions of IUCLID.

Financial Performance and Management

Revenue from industry fees and charges totalled \$21.1 million, a decrease of \$2.0 million compared to the previous financial year. This reflects the charging arrangements outlined in the 2024–25 Cost Recovery Implementation Statement. Total expense for 2024–25 was \$28.7 million, an increase of \$4.6 million from the previous financial year. This increase is primarily attributed to a one-off accounting adjustment following a review of the department's accounting treatment and classification of capital and operating IT expenses in 2023–24. This adjustment reflects a technical change in accounting treatment rather than an increase in actual expenditure and is not expected to recur in future years.

The AICIS final net result for 2024–25 is a deficit of \$5.7 million, which has been factored into the overall departmental result.

Table 1. AICIS financial results for 2024–25 compared to 2023–24

| | 2023–24 \$'000 | 2024–25 \$'000 |
|--|-------------------|-------------------|
| Industry cost recovered revenue | 23,091 | 21,128 |
| Other revenue | 760 | 1,802 |
| Total revenue | 23,851 | 22,930 |
| Total expenses | 24,069 | 28,674 |
| Operating surplus/deficit | -219 | -5,744 |

Acknowledgements

The Executive Director of AICIS is an independent statutory office holder grateful for the assistance of staff from the Department of Health, Disability and Ageing in both day-to-day administration of the Scheme, and in the scientific assessment of the human health risks of industrial chemicals. The Executive Director of AICIS is also grateful for the assistance of scientific staff from the DCCEEW, who assess the environmental risks of industrial chemicals on behalf of AICIS under a Service Level Agreement.

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Appendix 5: Australian National Preventive Health Agency Financial Statements



INDEPENDENT AUDITOR'S REPORT

To the Minister for Health and Ageing

Opinion

In my opinion, the financial statements of the Australian National Preventive Health Agency (the Entity) for the year ended 30 June 2025:

- comply with Australian Accounting Standards – Simplified Disclosures and the *Public Governance, Performance and Accountability (Financial Reporting) Rule 2015*; and
- present fairly the financial position of the Entity as at 30 June 2025 and its financial performance and cash flows for the year then ended.

The financial statements of the Entity, which I have audited, comprise the following as at 30 June 2025 and for the year then ended:

- Statement by the Accountable Authority and Chief Financial Officer;
- Statement of Comprehensive Income;
- Administered Schedule of Assets and Liabilities;
- Notes to the financial statements, comprising material accounting policy information and other explanatory information.

Basis for opinion

I conducted my audit in accordance with the Australian National Audit Office Auditing Standards, which incorporate the Australian Auditing Standards. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of my report. I am independent of the Entity in accordance with the relevant ethical requirements for financial statement audits conducted by the Auditor-General and their delegates. These include the relevant independence requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) to the extent that they are not in conflict with the *Auditor-General Act 1997*. I have also fulfilled my other responsibilities in accordance with the Code. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Accountable Authority's responsibility for the financial statements

As the Accountable Authority of the Entity, the Secretary of the Department of Health, Disability and Ageing is responsible under the *Public Governance, Performance and Accountability Act 2013* (the Act) for the preparation and fair presentation of annual financial statements that comply with Australian Accounting Standards – Simplified Disclosures and the rules made under the Act. The Secretary is also responsible for such internal control as the Secretary determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Secretary is responsible for assessing the ability of the Entity to continue as a going concern, taking into account whether the Entity's operations will cease as a result of an administrative restructure or for any other reason. The Secretary is also responsible for disclosing, as applicable,

matters related to going concern and using the going concern basis of accounting, unless the assessment indicates that it is not appropriate.

Auditor's responsibilities for the audit of the financial statements

My objective is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian National Audit Office Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with the Australian National Audit Office Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control;
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Entity's internal control;
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Accountable Authority;
- conclude on the appropriateness of the Accountable Authority's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the Entity to cease to continue as a going concern; and
- evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Accountable Authority regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Australian National Audit Office



Ann MacNeill
Acting Executive Director
Delegate of the Auditor-General

Canberra
22 September 2025

Statement by the Secretary and Chief Financial Officer

In our opinion, the attached financial statements for the period 1 July 2024 to 30 June 2025:

- a) comply with subsection 42 (2) of the PGPA Act,
- b) have been prepared based on properly maintained financial records as per subsection 41 (2) of the PGPA Act, and
- c) at the date of this statement, there are reasonable grounds to believe that the Australian National Preventive Health Agency will be able to pay its debts as and when they fall due.

Signed

Blair Comley PSM
Secretary
Department of Health, Disability and
Ageing

Date: 22/9/2025

Signed

David Hicks
Chief Financial Officer
Department of Health, Disability and
Ageing

Date: 22/9/2025

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the Freedom Of Information Act 1982 by
the Department of Health, Disability and Ageing

Statement of Comprehensive Income

for the period ended 30 June 2025

| | 2025 | 2024 |
|--|---------------|---------------|
| | \$ | \$ |
| Net Cost of Services | | |
| Expenses | | |
| Expenses incurred ¹ | <u>16,370</u> | <u>16,452</u> |
| Total expenses | <u>16,370</u> | <u>16,452</u> |
| Revenue | | |
| Resources received free of charge ¹ | <u>16,370</u> | <u>16,452</u> |
| Total own-source income | <u>16,370</u> | <u>16,452</u> |
| Net cost of services | <u>-</u> | <u>-</u> |
| Surplus attributable to the Australian Government | <u>-</u> | <u>-</u> |

The above statements should be read in conjunction with the accompanying notes.

Administered Schedule of Assets and Liabilities*as at 30 June 2025*

| | 2025 | 2024 |
|--|-------------------|-------------------|
| | \$ | \$ |
| Assets | | |
| Financial assets | | |
| Cash in special accounts | 12,382,827 | 12,382,827 |
| Total assets administered on behalf of Government | 12,382,827 | 12,382,827 |
| Net assets | 12,382,827 | 12,382,827 |

Administered Reconciliation Schedule

| | 2025 | 2024 |
|--|-------------------|-------------------|
| | \$ | \$ |
| Net Administered assets as at 30 June | 12,382,827 | 12,382,827 |

The above schedules should be read in conjunction with the accompanying notes.

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Note 1 Overview

Abolition of the Australian National Preventive Health Agency

In the 2014-15 Budget papers the Australian Government announced as part of its Smaller Government initiative that it would abolish the Australian National Preventive Health Agency (ANPHA) and integrate its ongoing functions into the Department of Health.

The *Australian National Preventive Health Agency (Abolition) Bill 2014* (the Bill) was introduced to Parliament on 15 May 2014 by the Australian Government. The Bill was passed by the House of Representatives on 3 June 2014 but was negatived by the Senate on its second reading on 25 November 2014. There is currently no bill before Parliament to abolish ANPHA.

As at 30 June 2025, ANPHA had no debts and no employees.

ANPHA is an Australian Government Agency and does not have a separate legal identity to the Australian Government.

Objectives of the Australian National Preventive Health Agency

ANPHA is listed as a non-corporate Commonwealth entity under the *Public Governance, Performance and Accountability Act 2013* (PGPA Act), and its role and functions are set out in the *Australian National Preventive Health Agency Act 2010*.

The Australian Government established ANPHA on 1 January 2011 to provide a new national capacity to drive preventive health policy and programs.

ANPHA was structured to meet one outcome:

A reduction in the prevalence of preventable disease, including through research and evaluation to build the evidence base for future action, and by managing lifestyle education campaigns and developing partnerships with non-government sectors.

ANPHA activities that contributed toward this outcome are classified as either departmental or administered. Departmental activities involve the use of assets, liabilities, income and expenses controlled or incurred by ANPHA in its own right. Administered activities involve the management or oversight by ANPHA, on behalf of the Government, of items controlled or incurred by the Government.

Basis of Preparation of the Financial Statements

The financial statements are general purpose financial statements and are required by section 42 of the PGPA Act.

The financial statements have been prepared in accordance with:

- a) Public Governance, Performance and Accountability (Financial Reporting) Rule 2015 (FRR), and
- b) Australian Accounting Standards and Interpretations – including simplified disclosures for Tier 2 entities under AASB 1060 issued by the Australian Accounting Standards Board (AASB) that apply for the reporting period.

The financial statements have been prepared on an accrual basis and in accordance with the historical cost convention, except for certain assets and liabilities at fair value.

The financial statements are presented in Australian dollars and values are rounded to the nearest dollar unless otherwise specified.

Unless an alternative treatment is specifically required by an accounting standard or the FRR, assets and liabilities are recognised in the statement of financial position when and only when it is probable that future economic benefits will flow to the entity or a future sacrifice of economic benefits will be required and the amounts of the assets or liabilities can be reliably measured. ANPHA has no unrecognised departmental or administered liabilities or assets.

Unless alternative treatment is specifically required by an accounting standard, income and expenses are recognised in the Statement of Comprehensive Income when and only when the flow, consumption or loss of economic benefits has occurred and can be reliably measured.

Material Accounting Judgements and Estimates

No accounting assumptions or estimates have been identified that have a significant risk of causing a material adjustment to carrying amounts of assets and liabilities within the next reporting period.

Cash

ANPHA no longer holds any cash independently. Cash holdings, recognised at its nominal amount are cash in special accounts, this balance is held in the Official Public Account.

Related Party Relationships

ANPHA is an Australian Government controlled entity. Related parties to ANPHA are the Portfolio Minister and Executive Government, and other Australian Government entities.

ANPHA had no related party transactions to report during 2024-25 or in the comparative year.

New Australian Accounting Standards

ANPHA adopted all new, revised and amending standards and interpretations that were issued by the AASB prior to the sign-off date and are applicable to the current reporting period. The adoption of these standards and interpretations did not have a material effect, and are not expected to have a future material effect on the Department's financial statements.

No accounting standard has been adopted earlier than the application date as stated in the standard.

Taxation

ANPHA is exempt from all forms of taxation except Fringe Benefits Tax (FBT) and the Goods and Services Tax (GST).

Revenues, expenses and assets are recognised net of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office.

Events after the Reporting Period

Departmental

There was no subsequent event that had the potential to significantly affect the ongoing structure and financial activities of the entity.

Administered

There was no subsequent event that had the potential to significantly affect the ongoing structure and financial activities of the entity.

Reporting of Administered Activities

ANPHA had no Administered activities to report during the reporting year or in the comparative year.

Note 2 Special Accounts

The Australian National Preventive Health Agency special account (administered)^{1,2,3}

| | 2025 | 2024 |
|--------------------------------|-------------------|------------|
| | \$ | \$ |
| Special account balance | 12,382,827 | 12,382,827 |

No transactions were recorded against the ANPHA special account in the reporting period.

¹ Appropriation: *Public Governance, Performance and Accountability Act 2013*, Section 80.

² Establishing Instrument: *Australian National Preventive Health Agency Act 2010*, Section 50.

³ Purposes of the Account:

- (a) paying or discharging the costs, expenses and other obligations incurred by the Commonwealth in the performance of the Chief Executive Officer's functions,
- (b) paying any remuneration and allowances payable to any person under the *Australian National Preventive Health Agency Act 2010*, and
- (c) meeting the expenses of administering the Account.

Appendix 6: Advertising and Market Research

Advertising and market research

The department must report on payments over \$16,900 made to advertising agencies, market research organisations, polling organisations, direct mail organisations, and media buying organisations.

This section details these payments, along with the names of advertising campaigns conducted by the department in 2024–25.

Advertising campaigns

During 2024–25, the department conducted the following advertising campaigns, which were certified by the Secretary in line with the Guidelines on Information and Advertising Campaigns²⁵⁴ where required:

- 2025 Influenza Vaccination campaign
- Childhood Immunisation campaign
- Medicare Benefits campaign
- Pharmaceutical Benefits Scheme Awareness campaign (Phase 1 and 2)
- Medicare Urgent Care Clinics campaign (Phase 2)
- National Tobacco and E-cigarette Campaign (Phase 1)
- Youth Vaping Education Campaign (Phase 2)
- Aged Care Volunteer Visitors Scheme campaign
- Aged Care Star Ratings campaign
- Respiratory Syncytial Virus (RSV) campaign
- National Primary Care Workforce campaign

Further information on these advertising campaigns is available at www.health.gov.au and in the reports on Australian Government advertising prepared by the Department of Finance. Those reports are available on the Department of Finance's website.²⁵⁵

²⁵⁴ Available at: www.finance.gov.au/government/advertising/australian-government-guidelines-information-and-advertising-campaigns-non-corporate-commonwealth-entities

²⁵⁵ Available at: www.finance.gov.au/

Table 3.5.3: Advertising, market research, direct mail and media advertising payments for 2024–25

| Organisation | Service provided | Paid (Inc. GST) |
|---|---|------------------------|
| Advertising agencies | | |
| 33 Creative Pty Ltd | National Primary Care Health Workforce campaign First Nations advertising and creative services | \$330,000.00 |
| BMF Australia | National Tobacco and E-cigarette Campaign (Phase 1) creative services | \$320,100.00 |
| Carbon Media Pty Ltd | 2025 Influenza Vaccination campaign creative services for First Nations audiences | \$43,912.00 |
| Carbon Media Pty Ltd | First Nations creative services for Medicare Benefits campaign | \$30,800.00 |
| Carbon Media Pty Ltd | National Tobacco and E-cigarette Campaign (Phase 1) creative services for First Nations audiences | \$80,437.50 |
| Carbon Media Pty Ltd | PBS Awareness campaign Phase 1 First Nations creative services | \$220,000.00 |
| Clemenger BBDO Pty Ltd | National Primary Care Health Workforce campaign creative services | \$1,764,128.43 |
| CultureVerse HQ Pty Ltd | National Primary Care Health Workforce campaign multicultural advertising and creative services | \$91,384.69 |
| Cultural Perspectives Pty Ltd | Medicare Urgent Care Clinics campaign creative services for multicultural audiences | \$26,576.00 |
| Cultural Perspectives Pty Ltd | Multicultural creative services for Medicare Benefits campaign | \$60,852.11 |
| Cultural Perspectives Pty Ltd | PBS Awareness campaign Phase 1 multicultural creative services | \$537,375.71 |
| Cultural Perspectives Pty Ltd | PBS Awareness campaign Phase 2 multicultural creative services | \$164,856.52 |
| Ogilvy Australia | 2025 Influenza Vaccination campaign creative services | \$80,618.26 |
| Ogilvy Australia | Aged Care Star Ratings campaign creative services | \$469,043.28 |
| Ogilvy Australia | Creative services for Medicare Benefits campaign | \$1,238,166.60 |
| Ogilvy Australia | Medicare Urgent Care Clinics campaign creative services | \$330,000.00 |
| Ogilvy Australia | PBS Awareness campaign Phase 1 creative services | \$37,529.80 |
| Ogilvy Australia | PBS Awareness campaign Phase 2 creative services | \$1,007,206.44 |
| Market research | | |
| Anti Cancer Council of Victoria T/A The Cancer Council Victoria | National bowel cancer screening program | \$461,144.30 |
| Anti Cancer Council of Victoria T/A The Cancer Council Victoria | Delivery of the Australian Secondary School Students Alcohol and Drugs Survey | \$330,000.00 |

| Organisation | Service provided | Paid (Inc. GST) |
|---|--|-----------------|
| Anti Cancer Council of Victoria T/A The Cancer Council Victoria | Research services and technical advice | \$712,357.12 |
| Australian Institute of Health and Welfare | 2025 National Drug Strategy Household Survey | \$4,102,055.00 |
| Australian National University | Monitor mental health needs of First Nations people during Voice to Parliament referendum | \$300,000.00 |
| Bastion Insights Pty Ltd | Voluntary patient registration research | \$48,873.00 |
| Bastion Insights Pty Ltd | Market research to support development of new Tobacco Health Warnings and Health Promotion Inserts | \$462,946.00 |
| Cancer Council Victoria | NBCSP market research | \$275,449.90 |
| Cancer Council Victoria | NBCSP Age-Lowering market research | \$55,090.20 |
| Cancer Council Victoria | NBCSP Partnership Kit Return Analysis | \$221,100.00 |
| Fifty-Five Five Pty Ltd | Developmental research for a Cervical Screening campaign | \$201,300.00 |
| Fifty-Five Five Pty Ltd | Concept testing and First Nations market research for Aged Care Star Ratings campaign | \$168,336.72 |
| Fifty-Five Five Pty Ltd | Research for the National Early Intervention Service | \$81,400.00 |
| Fifty-Five Five Pty Ltd | 2025 Winter vaccination developmental and concept testing | \$338,248.90 |
| Fifty-Five Five Pty Ltd | Developmental research for vaccination | \$110,000.00 |
| Fifty-Five Five Pty Ltd | Medicare Benefits Campaign concept testing | \$646,140.00 |
| Fifty-Five Five Pty Ltd | PBS Awareness Campaign concept testing research – phase 1 and 2 | \$172,128.00 |
| Hall & Partners Pty Ltd | Evaluation research for the 2025 influenza vaccination campaign | \$234,151.50 |
| Hall & Partners Pty Ltd | Medicines evaluation | \$16,940.00 |
| Hall & Partners Pty Ltd | Evaluation research for the National Tobacco and E-cigarette and Youth Vaping Education campaigns | \$238,255.60 |
| Hall & Partners Pty Ltd | Research services for the 2024–25 childhood immunisation campaign | \$37,180.00 |
| Hall & Partners Pty Ltd | Evaluation research for Medicare urgent care clinics communications | \$161,194.00 |
| Hall & Partners Pty Ltd | Evaluation research for PBS Awareness campaign – phase 1 | \$89,856.52 |
| Hall & Partners Pty Ltd | Evaluation research for PBS Awareness campaign – phase 2 | \$80,822.52 |
| Hall & Partners Pty Ltd | Evaluation research for Medicare Benefits campaign | \$106,722.00 |
| Hall & Partners Pty Ltd | National Primary Care Health Workforce campaign | \$49,161.20 |
| Hall & Partners Pty Ltd | Medicare Urgent Care Clinics campaign evaluation – Phase 2 | \$126,484.89 |
| Hall & Partners Pty Ltd | Medicare Benefits campaign evaluation | \$106,722.00 |

| Organisation | Service provided | Paid (Inc. GST) |
|---|--|-----------------|
| Hall & Partners Pty Ltd | Star Ratings campaign evaluation | \$101,524.52 |
| Hall & Partners Pty Ltd | Childhood Immunisation campaign evaluation | \$105,311.35 |
| Healthcare Management Advisors Pty | Evaluation services for the Chronic Wound Consumables Scheme | \$82,418.00 |
| Kantar Public Australia Pty Ltd | Developmental research for the National Tobacco and E-cigarette Campaign (Phase 2) | \$330,000.00 |
| Kantar Public Australia Pty Ltd | Developmental research for the Youth Vaping Education Campaign | \$41,250.00 |
| Kantar Public Australia Pty Ltd | Developmental research for National Lung Cancer Screening Program | \$440,720.50 |
| Kantar Public Australia Pty Ltd | Aged care policy research | \$156,200.00 |
| Kantar Public Australia Pty Ltd | Provision of independent evaluation services | \$119,087.50 |
| Multicultural Centre for Women's Health INC | Research on Culturally and Linguistically Diverse Women Experiences of Gender Bias in Health System and Health Resources | \$355,427.37 |
| Ninti One Limited | Market research with First Nations aged care workforce stakeholders | \$174,195.00 |
| Nous Group Pty Ltd | Consumer access pathways research | \$246,000.00 |
| Orima Research Pty Ltd | Miscarriage market research | \$113,512.50 |
| Orima Research Pty Ltd | National Health and Medical Research Community Focus Groups | \$175,481.74 |
| Painted Dog Research Pty Ltd | General Practice Kits Evaluation | \$110,000.00 |
| Painted Dog Research Pty Ltd | Skin Cancer Awareness campaign evaluation | \$446,820.00 |
| Painted Dog Research Pty Ltd | Lung Cancer Screening Program campaign evaluation | \$230,323.50 |
| PriceWaterHouseCoopers Consulting (Australia) Pty Ltd | Evaluation research for Lifeline Australia's Aboriginal and Torres Strait Islander crisis support phone line | \$290,391.65 |
| The Australian Council for Education Research Limited | Provision of the national registrar survey 2024 and 2025 | \$167,104.70 |
| The Cancer Council NSW | National research insights into electronic cigarette use among young people | \$880,000.00 |
| The Social Research Centre Pty Ltd | Australian Food Frequency Survey Project | \$268,171.33 |
| University of New South Wales | Qualitative Data to Inform the National Suicide Prevention Outcomes Framework | \$73,231.40 |
| Whereto Research Based Consulting Pty Ltd | Development of consumer resources that support the Australian Pregnancy Care Guidelines | \$328,240.00 |
| Whereto Research Based Consulting Pty Ltd | Campaign evaluation | \$135,300.00 |
| Whereto Research Based Consulting Pty Ltd | Data collection services | \$247,500.00 |

| Organisation | Service provided | Paid (Inc. GST) |
|--|---|-----------------|
| Where to Research Based Consulting Pty Ltd | Development of a monitoring and evaluation framework to support implementation of the National Nursing Workforce Strategy | \$358,600.00 |
| Where to Research Based Consulting Pty Ltd | National Primary Care Health Workforce campaign | \$545,830.88 |
| Where to Research Based Consulting Pty Ltd | Evaluation Research – National Cervical Screening Self-Collect | \$531,630.00 |
| Where to Research Based Consulting Pty Ltd | Evaluation Research – Bowel Cancer Screening | \$153,450.00 |
| Where to Research Based Consulting Pty Ltd | Health professionals research | \$45,715.00 |

Direct mail organisations (includes organisations which handle the sorting and mailing out of information material to the public)

| | | |
|-----------------------------|---|--------------|
| Indigenous Print | National Immunisation Program mailout | \$29,689.58 |
| National Mail and Marketing | National Immunisation Program mailout | \$115,827.50 |
| National Mail and Marketing | Lung cancer screening general practitioner education kits | \$438,520.25 |
| National Mail and Marketing | Tobacco reforms mailout to retailers | \$112,244.05 |

Media advertising organisations (the master advertising agencies which place Government advertising in the media – this covers both campaign and non-campaign advertising)

| | | |
|------------------------------|---|-----------------|
| Mediabrand Australia Pty Ltd | Media buy for the Medicare Urgent Care Clinic campaign | \$6,069,899.66 |
| Mediabrand Australia Pty Ltd | Media buy for the 2025 Influenza Vaccination campaign | \$1,980,000.00 |
| Mediabrand Australia | Media buy for the National Tobacco and E-cigarette Campaign (Phase 1) | \$9,871,680.63 |
| Mediabrand Australia | Media buy for the Youth Vaping Education campaign (Phase 2) | \$5,779,699.39 |
| Mediabrand Australia Pty Ltd | Media buy for Childhood Immunisation campaign | \$4,675,000.00 |
| Mediabrand Australia Pty Ltd | Media buy for PBS Awareness campaign – phase 1 | \$4,990,000.18 |
| Mediabrand Australia Pty Ltd | Media buy for PBS Awareness campaign – phase 2 | \$6,125,197.58 |
| Mediabrand Australia Pty Ltd | Media buy for RSV maternal vaccination campaign | \$770,000.00 |
| Mediabrand Australia Pty Ltd | Media buy for Medicare Benefits campaign | \$12,476,480.54 |
| Mediabrand Australia Pty Ltd | Media buy for Aged Care Star Ratings campaign | \$2,562,657.50 |
| Mediabrand Australia Pty Ltd | Media buy for National Primary Care Health Workforce campaign | \$5,235,941.04 |
| Mediabrand Australia Pty Ltd | Media buy for Aged Care Volunteer Visitors Scheme (burst 2) | \$238,692.91 |
| Mediabrand Australia Pty Ltd | Media buy for Vape surrender scheme public notice | \$44,208.90 |
| Mediabrand Australia Pty Ltd | Media buy for Paracetamol changes round one – campaign | \$29,596.51 |

| Media advertising organisations (the master advertising agencies which place Government advertising in the media – this covers both campaign and non-campaign advertising) | | |
|---|--|--------------|
| Mediabrand Australia Pty Ltd | Media buy for Paracetamol changes round two – campaign | \$19,999.95 |
| Mediabrand Australia Pty Ltd | Media buy for Unapproved therapeutic goods – campaign | \$49,999.94 |
| Mediabrand Australia Pty Ltd | Media buy for Influencer and direct marketing – campaign | \$19,999.94 |
| Mediabrand Australia Pty Ltd | Media buy for Tools to manage medicine shortages – campaign | \$ 19,669.95 |
| Mediabrand Australia Pty Ltd | Media buy for Understanding complementary medicines – campaign | \$25,471.60 |
| Mediabrand Australia Pty Ltd | Media buy for What TGA can/can't do during recalls – campaign | \$29,999.95 |
| Mediabrand Australia Pty Ltd | Media buy for Gene technology notices | \$21,799.30 |

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Appendix 7: Work Health and Safety

This report is made under schedule 2 part 4 of the *Work Health and Safety Act 2011* (WHS Act).²⁵⁶

In 2024–25 the department continued its commitment to promoting and maintaining a comprehensive safety and wellbeing culture by prioritising physical and psychological health and safety. The department has a network of Health and Safety Representatives, the National Work Health Safety Committee, and Family and Domestic Violence Officers.

The department offered several preventive, early intervention and rehabilitation initiatives and services to support employee health and wellbeing, reduce the impact of injury or illness and maintain a healthy and psychologically safe workplace. This included:

- an influenza vaccination program with access to COVID-19 booster vaccinations. Staff were able to access onsite clinics and vouchers for free vaccination at participating pharmacies. A total of 4,292 individual vaccinations were completed onsite, of this 1,755 were COVID-19 vaccinations. A further 1,648 vouchers for influenza vaccination were downloaded.
- an employee assistance program (EAP) for employees and their families, including unlimited access during significant local, social and global events.
- an extensive catalogue of webinars for both personal and workplace issues. Topics included mental health awareness, growth mindset, sleep and our health, thriving under pressure, building resilience, maintaining motivation and compassion burnout.
- mental health education for employees and managers and evidence-based mental health interventions and tailored support for high-risk roles.
- in person and virtual workstation assessments led by an occupational therapist to support evidence-based adjustments and employee wellbeing, including when working remotely.
- early intervention and rehabilitation case management to support recovery and a safe and durable return to work.
- enhancements to our Work Health and Safety Management system to increase safety audits and inspections to ensure proactive identification and rectification of hazards.
- new risk registers to support us in mitigating risks identified via annual inspections, hazards and incident notifications, and in consultation with Health and Safety Representatives.

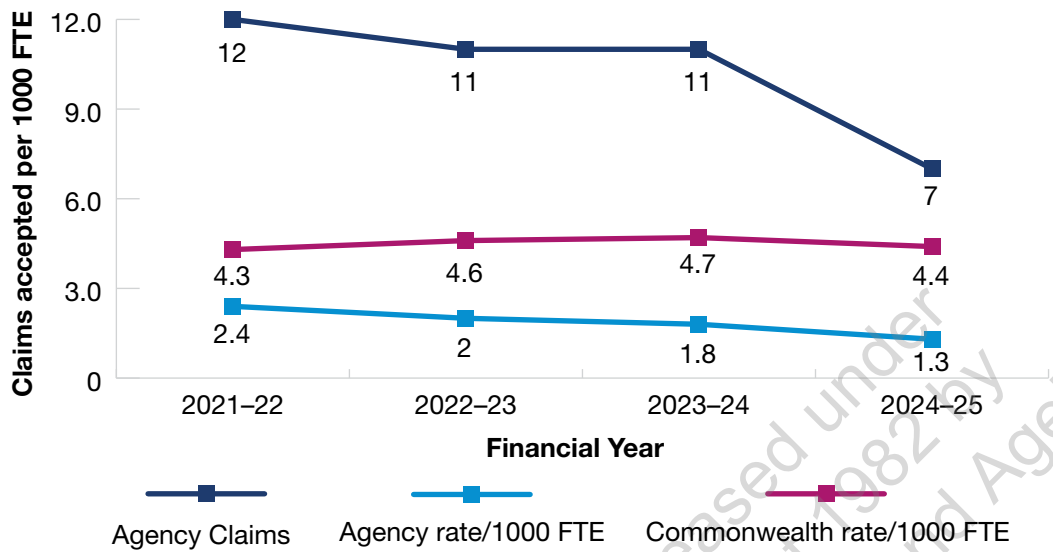
The department's workers' compensation premium rate was lower in 2024–25 (0.63%) compared to the previous reporting period (0.75%²⁵⁷).

The department has a small number of accepted Comcare claims each year. Comcare accepted 8²⁵⁸ claims in 2024–25, a decrease from the 11 accepted claims in 2023–24. The department's incidence of accepted claims per 1,000 full time equivalent remains lower than the Commonwealth average at 1.3, compared to 4.4. The department's most common mechanisms of injury for accepted claims across the 2021–22 to 2024–25 period were mental stress, body stressing and falls, trips and slips. The department continues to enforce and review policies, procedures, and practices to appropriately protect workers from, and respond to, potential hazards.

²⁵⁶ Available at: www.legislation.gov.au/C2011A00137/latest/text

²⁵⁷ This figure does not match the figure reported in the 2023–24 Annual Report. This is because premium rates are subject to change due to incidents that are incurred but not reported (IBNR) within the relevant period. This is why last year's reported rate of 0.63% increased to 0.75%.

²⁵⁸ Claims can be reported against the year in which the injury/illness occurred after each reporting period.

Figure 1: Number of accepted compensation claims from 2021–22 to 2024–25

The department remains committed to providing support for employees to manage mental health within the workplace, following the launch of the ‘Healthy Minds at Work’ Strategy in 2023. The Strategy promotes self-care and supports a psychologically safe and mentally healthy workplace. The department has a dedicated mental health intranet page providing staff access to a library of information, support options and educational tools – ensuring staff and managers have the resources to support themselves and their teams.

The department’s EAP is available to staff of the department and portfolio entities, and their immediate families. The program provides personal coaching and counselling to support staff and their families with issues at work or home. It also provides services tailored to specific groups or needs, such as coaching and advice to managers, vocational counselling and career planning, financial counselling, and specialist help lines for Aboriginal and Torres Strait Islander employees, support for LGBTIQ+, disability and carers, eldercare, and for people affected by family and domestic violence.

The department continues to make higher use of its EAP compared to the rest of the Australian Public Service. The most common form of access is virtual appointments followed by telephone access. Average utilisation for the department sits at 25.7%, while the rest of the Commonwealth has an average of 9.2%. The department experiences a lower percentage of usage compared to industry averages for most psychosocial hazards in the workplace. Personal reasons continue to be the dominant reason for accessing the program. The most significant reason for higher use compared to 2023–24 is family issues.

The department recognises the impact family, domestic and sexual violence can have on safety, wellbeing, capacity to work and financial security. The department assists employees who are at risk of or being impacted by family, domestic and sexual violence. This includes flexible working arrangements, access to leave, a dedicated family and domestic violence officer, and security measures. The department’s new Enterprise Agreement reflects changes to the National Employment Standards (*Fair Work Act 2009*), including access to a minimum of 10 days of paid family and domestic violence leave per year. An e-learning module was implemented to raise awareness among managers and employees of how family and domestic violence can impact staff.

The department offers eyesight testing and eyewear reimbursement, and access to quit smoking programs for eligible employees. The department offers a corporate gym membership scheme under which staff can access discounted membership or attendance rates at nominated gyms in major cities.

Notifiable incidents

In the 2024–25 financial year, the department received 370 incident and hazard reports, up from 266 reports in 2023–24. The increase highlights the growing awareness among staff of the importance of timely incident reporting and early hazard identification. This rise is attributed to ongoing education and engagement efforts aimed at strengthening our safety culture. Of the 370 safety events reported, 185 were incident reports and 185 were hazards. These incidents included:

- 88 injury and illness incidents
- 75 minor incidents
- 16 near misses
- 6 dangerous incidents.

No fatalities were recorded. Of the 88 injury or illness incidents, 81 of these were physical injuries and only 7 incidents resulted in psychological symptoms. The hazards included:

- 94 physical hazards
- 31 ergonomic hazards
- 24 psychological hazards
- 5 biological hazards
- 2 chemical hazards
- 2 hazards categorised as other.

Of the 185 incidents reported in 2024–25, only 9 were notifiable to our regulator Comcare. These included:

- 6 minor incidents
- 2 serious injuries
- 1 dangerous incident.

Below is a high-level overview of each, along with actions taken to address them.

The first incident was an employee experiencing an anaphylactic reaction due to exposure to an ingredient in food provided at a work event. The person was admitted to hospital for treatment. This included an anaphylactic plan which has been implemented in the workplace.

The second incident was due to a locker door guard falling from a height. Upon investigation, a defect in installation was discovered. The guard was replaced and installed according to manufacturer's instructions. All locker doors were subsequently checked to ensure compliance with manufacturers installation recommendations.

The third, fourth and fifth incidents occurred due to lift malfunctions. No injuries were sustained. In all these incidents the department did not have management or control of the plant. Lift repairs were undertaken by building management.

The sixth incident was an employee undertaking an inspection overseas when they were exposed to a chemical vapour which resulted in a reaction in their eyes. The employee was provided with first aid. An inspection undertaken by the Person with Management Control (PWMC) identified the jacket which covers glass reactors at the site had malfunctioned, resulting in the chemical concentrate heating outside the contained glass jacket and exposing the employee to the vapour. The malfunction has since been rectified by the PWMC.

The seventh incident involved an employee receiving a laceration to their head which required stitches. The incident occurred when the employee was picking up an item they left on their staircase and struck their head on the step rail.

The eighth incident occurred when a ceiling tile fell on an employee's shoulder. Works in the roof cavity had been undertaken by a contractor. The contractor failed to properly secure the roof tile which resulted in the tile falling onto the employee.

The ninth incident occurred when a magnetic lock fell from above a building entry door hitting a worker on the arm. The worker was provided first aid. The building manager arranged for the magnetic lock to be replaced with a hydraulic door closer to prevent recurrence.

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Appendix 8: Environment Protection and Biodiversity Conservation

Ecologically sustainable development principles

The principles of ecologically sustainable development (ESD), outlined in section 3A of the *Environment Protection and Biodiversity Conservation Act 1999*, are that:

- decision making processes should effectively integrate both long term and short term economic, environmental, social and equity considerations
- if there are threats of serious or irreversible environmental damage, lack of full scientific certainty should not be used as a reason for postponing measures to prevent environmental degradation
- the present generation should ensure the health, diversity and productivity of the environment is maintained or enhanced for the benefit of future generations
- the conservation of biological diversity and ecological integrity should be a fundamental consideration in decision making
- improved valuation, pricing and incentive mechanisms should be promoted.

The department also administers legislation as outlined below that is relevant to, and meets the principles of, ESD.

Gene Technology Act 2000

Through the Gene Technology Regulator (the Regulator), the department protects the health and safety of people and the environment by identifying risks posed by gene technology and manages those risks through regulating activities with genetically modified organisms (GMOs). These activities range from contained work in certified laboratories to the release of GMOs into the environment. The Regulator imposes licence conditions to protect the environment and uses extensive powers to monitor and enforce those conditions.

Industrial Chemicals Act 2019

The Australian Industrial Chemicals Introduction Scheme (AICIS) aids in the protection of the Australian people and the environment by assessing the risks from the introduction and use of industrial chemicals and making recommendations to promote their safe use. AICIS operates within an agreed framework for chemical management consistent with the National Strategy for ESD and is aligned with the United Nations Conference on Environment and Development Agenda 21 (Rio Declaration) chapter on the environmentally sound management of toxic chemicals.

Commonwealth Climate Disclosure 2024–25

Commonwealth Climate Disclosure is the government's policy for Commonwealth entities to publicly disclose their exposure to climate risks and opportunities, as well as their actions to manage them, delivering transparent and consistent climate disclosures to the Australian public. Under the policy, non-corporate Commonwealth entities are required to complete climate disclosures.

This is the department's second climate disclosure, and it has been prepared in accordance with the Year 1 Reporting Provisions for Tranche 1 entities.

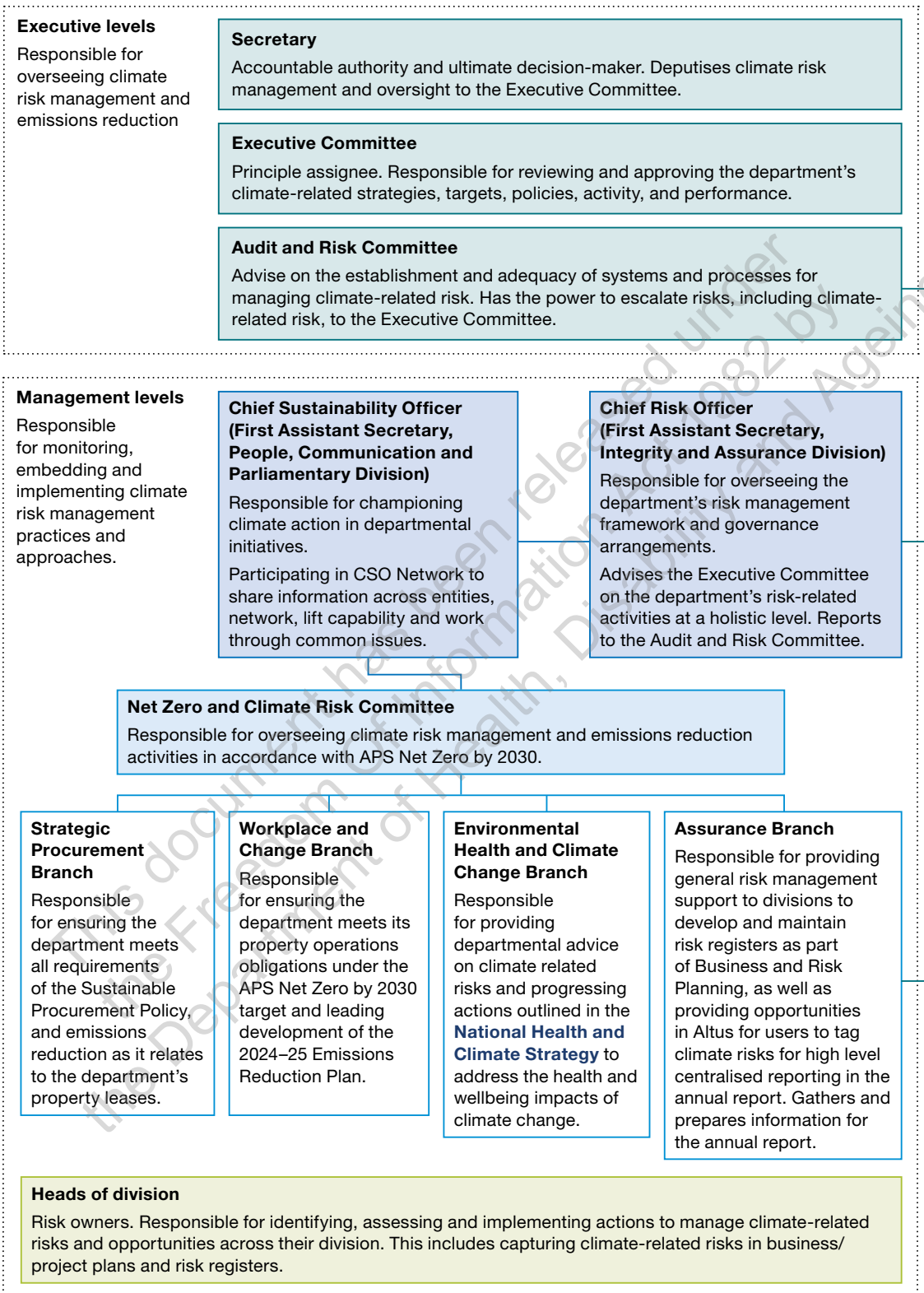
1. Governance

In 2024–25, the department continued to strengthen its approach to climate-related governance under the Commonwealth Climate Disclosure policy. Governance arrangements remain firmly in place, with the addition of the Net Zero and Climate Risk Committee (NZCRC), responsible for overseeing climate risk management and emissions reduction activities across the department.

The governance structure for climate risk management—outlined in **Figure 1**—continues to guide departmental efforts. These arrangements are scheduled for review in 2025–26 and any updates will be reflected in our subsequent disclosure.

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Figure 1: Governance arrangements



Our climate governance is anchored in the agency's Risk Management Framework and Risk Management Policy, to ensure alignment with section 16 of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act). This requires the Secretary to maintain internal systems for oversight and management of risk, including climate related risks and opportunities. This accountability is met through both the Executive Committee, which the Secretary chairs, and the Audit and Risk Committee, which reports to the Secretary.

The Chief Sustainability Officer (CSO) supports the Secretary by overseeing the management of climate-related risks and opportunities. The CSO works closely with both the Audit and Risk Committee and Executive Committee on key issues related to the implementation of the APS Net Zero Strategy 2030, including the endorsement and oversight of the department's Emissions Reduction Plan.

A key outcome of these governance arrangements in 2024–25 was the NZCRC's development and implementation of an Action Plan for 2024–25. Under this Action Plan, progress has been made in several areas, including:

- uplifting staff capability and engagement
- electrifying the vehicle fleet
- improving building energy efficiency through consolidation of leased premises and continued roll-out of the New Ways of Working program
- applying sustainability considerations to procurement practices
- streamlining processes for emissions data collection, validation, and reporting.

Progress against the Emissions Reduction Plan is monitored through quarterly reporting to the NZCRC, using performance indicators aligned with the APS Net Zero Strategy in Government Operations and Commonwealth Risk Management Policy.

The department has taken steps to integrate climate risk into corporate documentation and developed tools to support divisional-level climate risk assessments, guided by the Australian Government's Approach to Climate Risk and Opportunity Management in the Public Sector 2024–2026. A recent initiative to further build staff capability was to embed climate risk considerations into the department's Policy Playbook, a new resource developed to support policy development across the department.

2. Strategy

The department has yet to identify material climate risks and opportunities at the organisational level. The department anticipates these will align with and build upon the risks and opportunities identified in the National Health and Climate Strategy.²⁵⁹ This includes risks to:

- the department's own operations
- the availability of health, disability and ageing services due to infrastructure and workforce challenges
- critical supply chains including for medicines and other therapeutic goods.

Operational Impacts

Over the past 5 years, an increase in extreme weather and infectious disease events has affected staff and offices across the country to varying degrees. However, the impacts on business continuity have decreased due to workforce dispersion, improved ICT capability, and flexible work arrangements. The department's business continuity planning identifies the material climate risks and opportunities to be considered in operational resilience planning. A particular focus on sustainable energy is now needed to ensure operational resilience in the face of power outages.

Our Emissions Reduction Plan outlines the actions we plan to take in the short term to reduce our emissions and mitigate and manage climate-related risks.

Areas of focus for 2025–26 include:

- aligning the Risk Framework with Climate Risk and Opportunity Management Program (CROMP) Framework
- integrating climate risk into core business and risk planning
- building climate literacy across our workforce.

3. Risk Management

In 2024–25 the department reviewed its Enterprise Risks and began to integrate climate considerations into business and risk planning processes. Divisional heads were encouraged to take an active leadership role to embed climate risk into divisional planning by:

- referencing APS Net Zero and Climate Risk resources
- assessing climate risk in the context of divisional functions
- embedding climate considerations into planning and risk management processes.

This work is being guided by the principles of the CROMP framework. The next stage is to establish a consistent, enterprise-wide approach to identifying and managing climate-related risks and opportunities. This will be progressed through existing governance structures, ensuring alignment with broader organisational objectives and accountability mechanisms. Following completion of the 2025–26 business and risk planning cycle, we will assess the effectiveness of current tools and processes in supporting the identification and mitigation of climate risks to improve future guidance and actions.

²⁵⁹ www.health.gov.au/our-work/national-health-and-climate-strategy

4. Metrics and Targets

The department uses a range of quantitative and qualitative metrics to assess progress in reducing emissions, including:

- greenhouse gas (GHG) emissions across Scope 1, 2, and (where feasible) Scope 3
- energy consumption and efficiency metrics (e.g. kWh per full-time equivalent (FTE), building energy ratings)
- renewable energy uptake, both mandatory and voluntary
- climate adaptation progress, measured through integration of climate resilience into policies and operations
- staff engagement in sustainability initiatives and training opportunities made available.

These metrics inform strategic planning, risk management, and investment decisions, and are reviewed annually.

Greenhouse gas emissions for 2024–25 are calculated in line with the **Emissions Reporting Framework**²⁶⁰ provided by Department of Finance. This approach is consistent with the whole-of-Australian Government approach as part of the APS Net Zero by 2030 policy.

The following qualifications should be considered when reviewing the data:

- a portion of Department of Health, Disability and Ageing property-related activity data was unable to be separated from the Department of Social Services' (DSS) data and has been included in the DSS annual report
- due to the billing cycles not aligning with the end of the financial year, some electricity data was not available during the initial collection process in July–August 2025. Adjustments to the data may be required in future reports
- reporting on refrigerants is optional for 2024–25 and will be phased in as emissions reporting matures
- domestic travel emissions may contain some emissions from portfolio agencies due to shared services agreements. Efforts were made to separate the data; however, a small portion may have been included in the Department of Health, Disability and Ageing's annual report
- data on emissions from hire cars and accommodation for 2024–25 may be incomplete. The quality of data is expected to improve over time as emissions reporting matures
- for Solid Waste, 79% primary data was available from waste management service providers, with the remaining portion estimated due to shared tenancy arrangements. For sites without direct data, the department's Property Services Provider conducted a review of alternative estimation methodologies and referred to the GHG Protocol – Technical Guidance for Calculating Scope 3 Emissions, which allows the use of proxies or secondary data where primary data is not available. Proxies included the use of FTE data, floor area and customised waste generation benchmarks.

²⁶⁰ Available at: www.finance.gov.au/government/climate-action-government-operations/commonwealth-emission-reporting/emissions-reporting-framework

2024–25 Greenhouse Gas Emissions Inventory – Location-Based Method

| Emission Source | Scope 1 t CO ₂ -e | Scope 2 t CO ₂ -e | Scope 3 t CO ₂ -e | Total t CO ₂ -e |
|---------------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|
| Electricity (Location Based Approach) | n/a | 3,609.47 | 239.30 | 3,848.78 |
| Natural Gas | 423.91 | n/a | 107.77 | 531.68 |
| Solid Waste | - | n/a | 209.29 | 209.29 |
| Refrigerants | - | n/a | N/A | - |
| Fleet and Other Vehicles | 27.46 | n/a | 6.93 | 34.40 |
| Domestic Commercial Flights | n/a | n/a | 1,937.59 | 1,937.59 |
| Domestic Hire Car | n/a | n/a | 31.95 | 31.95 |
| Domestic Travel Accommodation | n/a | n/a | 484.68 | 484.68 |
| Other Energy | - | - | - | - |
| Total t CO₂-e | 451.38 | 3,609.47 | 3,017.52 | 7,078.37 |

Note:

The table above presents emissions related to electricity usage using the location-based accounting method. CO₂-e = Carbon Dioxide Equivalent.

n/a = not applicable

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2024–25 Greenhouse Gas Emissions

| Emission Source | Scope 2 t CO ₂ -e | Scope 3 t CO ₂ -e | Total t CO ₂ -e | Electricity kWh |
|---|---------------------------------|---------------------------------|-------------------------------|---------------------|
| Electricity (Location Based Approach) | 3,609.47 | 239.30 | 3,848.78 | 5,601,003.73 |
| Market-based electricity emissions | 584.14 | 79.33 | 663.47 | 721,163.68 |
| Total renewable electricity consumed | n/a | n/a | n/a | 4,879,840.05 |
| <i>Renewable Power Percentage</i> ¹ | n/a | n/a | n/a | 1,019,102.63 |
| <i>Jurisdictional Renewable Power Percentage</i> ^{2,3} | n/a | n/a | n/a | 3,860,737.42 |
| <i>GreenPower</i> ² | n/a | n/a | n/a | - |
| <i>Large-scale generation certificates</i> ² | n/a | n/a | n/a | - |
| <i>Behind the meter solar</i> ⁴ | n/a | n/a | n/a | - |
| Total renewable electricity produced | n/a | n/a | n/a | - |
| <i>Large-scale generation certificates</i> ² | n/a | n/a | n/a | - |
| <i>Behind the meter solar</i> ⁴ | n/a | n/a | n/a | - |

Note:

The table above presents emissions related to electricity usage using both the location-based and the market-based accounting methods. CO₂-e = Carbon Dioxide Equivalent. Electricity usage is measured in kilowatt hours (kWh).

- ¹ Listed as Mandatory renewables in 2023–24 Annual Reports. The renewable power percentage accounts for the portion of electricity used, from the grid, that falls within the Renewable Energy Target.
- ² Listed as Voluntary renewables in 2023–24 Annual Reports.
- ³ The Australian Capital Territory is currently the only state or territory with a jurisdictional renewable power percentage.
- ⁴ Reporting behind the meter solar consumption and/or production is optional. The quality of data is expected to improve as emissions reporting matures.

Targets and Progress

The 2024–25 reporting period reflects the transition from a pilot phase to formal Year 1 reporting, moving from a basic Greenhouse Gas profile to mandatory Scope 1 and 2 reporting.

During 2024–25, the department experienced 6% workforce growth and had a national footprint of 17 office spaces—including regional locations and a specialised laboratory. This dispersion added complexity to emissions management due to diverse operational needs and infrastructure. As the department adapts to these operational shifts, emissions data may reflect short-term increases, underscoring activities to support long-term reductions.

From 2023–24 to 2024–25, total emissions decreased by approximately 13.6%, indicating progress in emissions reduction efforts.

Compared to emissions data for 2023–24, there has been a decrease in total CO₂-e emissions for location-based electricity and natural gas, while emissions from fleet have increased.

- The department has made measurable progress in reducing its carbon footprint with decreases in Scope 1 and 2 emissions due to improved building energy-efficiency.
- The department expanded its vehicle fleet by 8, including 4 diesel vehicles for regional operations, where EV charging infrastructure remains limited. This may have contributed to an increase in fleet emissions despite ongoing electrification of the vehicle fleet more generally.

Efforts are underway to improve data collection and estimation methodologies, including for travel and procurement-related emissions, to support Scope 3 reporting in future years.

5. Emissions Reduction Plan 2024–25

Our approach to reducing emissions is detailed in our publicly available Emissions Reduction Plan. In 2024–25 we made progress against our plan, which included:



Electrifying the vehicle fleet and supporting staff to utilise existing charging infrastructure



Increased building energy efficiency through consolidation of leased premises and use of sustainable design and procurement practices



Enhanced waste management through improved recycling practices



Applying sustainability principles to procurement



Streamlining emissions data collection and reporting.

The department is actively identifying solutions, building internal capability and leveraging cross-agency collaboration to contribute to successful delivery of the APS Net Zero Strategy 2030.

Our focus over the coming year will be to:

- continue implementation of the Fleet Strategy and EV charging plan
- maintain consolidation of office space and transition to all-electric buildings
- monitor and report on emissions data with improved accuracy
- uplift staff awareness and capability
- improve data collection for future inclusion of Scope 3 emissions in reporting
- strengthen the identification and management of climate-related risk and opportunity by all business areas.

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Appendix 9: Compliance with the *Carer Recognition Act 2010*

Disability confidence and recognition of carers

The department strives to be an inclusive organisation that supports staff with disability and those with caring responsibilities.

The department implements initiatives that acknowledge Carers Week and the International Day of People with Disability. In 2024–25 activities included leading and participating in ‘All Abilities’ cross-agency basketball games in recognition of International Day of People with Disability.

Working with carer organisations

The department consults with carer organisations to develop support mechanisms and implement reforms. Consultation ensures programs and services continue to meet the requirements of the *Carer Recognition Act 2010* and consider the needs of carers, people with disability and vulnerable populations.

We recognise the significant contribution Australia’s 3 million unpaid carers make to the community and the economy, and, as such, deliver a range of services and supports to help carers in their caring role, including the Carer Gateway program.

The *Carer Recognition Act 2010* provides a legislative framework to recognise carers and includes the Statement for Australia’s Carers that stipulates carers should have the same rights, choices and opportunities as other Australians. This Act also includes a range of public service agency obligations, including ensuring carers are recognised in human resource policies, consulting with carers and peak bodies when creating or changing care supports and ensuring we adhere to the principles in the Statement for Australia’s Carers.

Section 7(1) – Each public service agency is to take all practicable measures to ensure that its employees and agents have an awareness and understanding of the Statement for Australia’s Carers.

As the lead department for carer policy and programs, we inform the general public about the *Carer Recognition Act 2010* through the Carer Gateway website.

Additionally, in 2024–25 we funded Carers Australia, the national peak body for Australia’s unpaid carers, to coordinate and manage National Carers Week activities in October 2024. The activities aim to raise awareness and inform carers about services and supports available to them.

Section 7(2) – Each public service agency’s internal human resources policies, so far as they may significantly affect an employee’s caring role, are to be developed having due regard to the Statement for Australia’s Carers.

Our human resources policies comply with the principles contained in the Statement for Australia’s Carers. The department’s Enterprise Agreement 2024–27 includes carer’s leave entitlements.

In addition to carer's leave, the department's Enterprise Agreement and human resources policies support staff to access flexible working arrangements, including:

- changes in hours and patterns of work
- part-time work
- compressed hours
- job sharing home-based work.

We also uphold the requirements of the National Employment Standards under the *Fair Work Act 2009*, including entitlements for employees who are recognised carers.

Our staff have access to health and diversity facilities including dedicated rooms to help manage unforeseen caring responsibilities.

In addition, they can access free counselling arranged through the Employee Assistance Program.

Our intranet also provides employees and managers with information about carers' entitlements and internal and external resources.

Section 8(1) – Each public service care agency is to take all practicable measures to ensure that it, and its employees and agents, take action to reflect the principles of the Statement for Australia's Carers in developing, implementing, providing or evaluating care supports.

To ensure the needs of carers are met in the development of carer policy, we fund and regularly consult with Carers Australia on matters relating to carer policy and services and seek advice on issues affecting unpaid carers.

We commission Carers Australia to undertake an annual national survey asking carers about their health and wellbeing, and the types of supports they have accessed in their caring role. The findings of this survey are used to inform ongoing policy and program development, including developing and evaluating carer supports such as Carer Gateway.

Carers Australia continues to lead the Carer Policy Forum on behalf of the department, bringing together leaders from the community, advocacy groups and service organisations across different sectors with an interest in carer policy. The forum serves in an advisory and consultative capacity to the department on carer policy and services.

We work closely with other Australian Government agencies from which carers access services – including the Department of Social Services, Services Australia and the National Disability Insurance Agency – to ensure alignment in policies to support carers. Whole-of-government and cross-jurisdictional disability reform will present further opportunities to consider how we can respond to the needs of unpaid carers and recognise their important role in assisting people with disability.

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List of Requirements

The list below outlines compliance with key annual performance reporting information, as required in section 17AJ(d) of the Public Governance, Performance and Accountability Rule 2014.

This Schedule is made for subsection 46(3) of the Act.

| PGPA Rule Reference | Part of Report | Description | Requirement | Location |
|---------------------|--|---|-------------|--------------|
| 17AD(g) | Letter of Transmittal | | | |
| 17AI | | A copy of the letter of transmittal signed and dated by the accountable authority on date final text approved, with statement that the annual report has been prepared in accordance with section 46 of the Act and any enabling legislation that specifies additional requirements in relation to the annual report. | Mandatory | Page 1 |
| 17AD(h) | Aids to access | | | |
| 17AJ(a) | | Table of contents. | Mandatory | Page 2 |
| 17AJ(b) | | Alphabetical index. | Mandatory | Page 402 |
| 17AJ(c) | | Glossary of abbreviations and acronyms. | Mandatory | Page 392–401 |
| 17AJ(d) | | List of requirements. | Mandatory | Page 385 |
| 17AJ(e) | | Details of contact officer. | Mandatory | Page ii |
| 17AJ(f) | | Entity's website address. | Mandatory | Page ii |
| 17AJ(g) | | Electronic address of report. | Mandatory | Page ii |
| 17AD(a) | Review by accountable authority | | | |
| 17AD(a) | | A review by the accountable authority of the entity. | Mandatory | Page 4–7 |
| 17AD(b) | Overview of the entity | | | |
| 17AE(1)(a)(i) | | A description of the role and functions of the entity. | Mandatory | Page 18 |
| 17AE(1)(a)(ii) | | A description of the organisational structure of the entity. | Mandatory | Page 168–169 |
| 17AE(1)(a)(iii) | | A description of the outcomes and programs administered by the entity. | Mandatory | Page 19 |
| 17AE(1)(a)(iv) | | A description of the purposes of the entity as included in the entity's corporate plan. | Mandatory | Page 18 |
| 17AE(1)(aa)(i) | | Name of the accountable authority or each member of the accountable authority. | Mandatory | Page 16 |
| 17AE(1)(aa)(ii) | | Position title of the accountable authority or each member of the accountable authority. | Mandatory | Page 16 |

| PGPA Rule Reference | Part of Report | Description | Requirement | Location |
|---------------------|--|---|-----------------------------------|-----------------------|
| 17AE(1)(aa)(iii) | | Period as the accountable authority or member of the accountable authority within the reporting period. | Mandatory | Page 16 |
| 17AE(1)(b) | | An outline of the structure of the portfolio of the entity. | Portfolio departments – mandatory | Page 16 |
| 17AE(2) | | Where the outcomes and programs administered by the entity differ from any Portfolio Budget Statements, Portfolio Additional Estimates Statements or other portfolio estimates statement that was prepared for the entity for the period, include details of variation and reasons for change. | If applicable, mandatory | Page 23 |
| 17AD(c) | Report on the Performance of the entity | | | |
| | Annual Performance Statements | | | Part 2 |
| 17AD(c)(i); 16F | | Annual Performance Statement in accordance with paragraph 39(1)(b) of the Act and section 16F of the Rule. | Mandatory | Page 22 |
| 17AD(c)(ii) | Report on Financial Performance | | | Part 1 & 4 |
| 17AF(1)(a) | | A discussion and analysis of the entity's financial performance. | Mandatory | Page 200 |
| 17AF(1)(b) | | A table summarising the total resources and total payments of the entity. | Mandatory | Page 292–302 |
| 17AF(2) | | If there may be significant changes in the financial results during or after the previous or current reporting period, information on those changes, including: the cause of any operating loss of the entity; how the entity has responded to the loss and the actions that have been taken in relation to the loss; and any matter or circumstances that it can reasonably be anticipated will have a significant impact on the entity's future operation or financial results. | If applicable, mandatory | Page 200 |
| 17AD(d) | Management and Accountability | | | |
| | Corporate Governance | | | Part 3.1 |
| 17AG(2)(a) | | Information on compliance with section 10 (fraud and corruption systems). | Mandatory | Page 159–161 |
| 17AG(2)(b)(i) | | A certification by accountable authority that fraud and corruption risk assessments and fraud and corruption control plans have been prepared. | Mandatory | Page 161 |

| PGPA Rule Reference | Part of Report | Description | Requirement | Location |
|--------------------------|----------------|--|--------------------------|-----------------|
| 17AG(2)(b)(ii) | | A certification by accountable authority that appropriate mechanisms for preventing, detecting incidents of, investigating or otherwise dealing with, and recording or reporting fraud and corruption that meet the specific needs of the entity are in place. | Mandatory | Page 161 |
| 17AG(2)(b)(iii) | | A certification by accountable authority that all reasonable measures have been taken to deal appropriately with fraud and corruption relating to the entity. | Mandatory | Page 161 |
| 17AG(2)(c) | | An outline of structures and processes in place for the entity to implement principles and objectives of corporate governance. | Mandatory | Page 150 |
| 17AG(2)(d) – (e) | | A statement of significant issues reported to Minister under paragraph 19(1)(e) of the Act that relates to non-compliance with Finance law and action taken to remedy non-compliance. | If applicable, mandatory | Page 160 |
| Audit Committee | | | | Part 3.1 |
| 17AG(2A)(a) | | A direct electronic address of the charter determining the functions of the entity's audit committee. | Mandatory | Page 154 |
| 17AG(2A)(b) | | The name of each member of the entity's audit committee. | Mandatory | Page 154 |
| 17AG(2A)(c) | | The qualifications, knowledge, skills or experience of each member of the entity's audit committee. | Mandatory | Page 155–156 |
| 17AG(2A)(d) | | Information about the attendance of each member of the entity's audit committee at committee meetings. | Mandatory | Page 154 |
| 17AG(2A)(e) | | The remuneration of each member of the entity's audit committee. | Mandatory | Page 154 |
| External Scrutiny | | | | Part 3.6 |
| 17AG(3) | | Information on the most significant developments in external scrutiny and the entity's response to the scrutiny. | Mandatory | Page 190–196 |
| 17AG(3)(a) | | Information on judicial decisions and decisions of administrative tribunals and by the Australian Information Commissioner that may have a significant effect on the operations of the entity. | If applicable, mandatory | Page 194 |
| 17AG(3)(b) | | Information on any reports on operations of the entity by the Auditor-General (other than report under section 43 of the Act), a Parliamentary Committee, or the Commonwealth Ombudsman. | If applicable, mandatory | Page 195 |
| 17AG(3)(c) | | Information on any capability reviews on the entity that were released during the period. | If applicable, mandatory | Not applicable |

| PGPA Rule Reference | Part of Report | Description | Requirement | Location |
|---------------------|--------------------------------------|--|--------------------------|-------------------------------|
| | Management of Human Resources | | | Part 3.4 |
| 17AG(4)(a) | | An assessment of the entity's effectiveness in managing and developing employees to achieve entity objectives. | Mandatory | Page 170-182 |
| 17AG(4)(aa) | | Statistics on the entity's employees on an ongoing and non-ongoing basis, including the following: (a) statistics on full-time employees; (b) statistics on part-time employees; (c) statistics on gender; (d) statistics on staff location. | Mandatory | Page 170-171, Page 303-311 |
| 17AG(4)(b) | | Statistics on the entity's APS employees on an ongoing and non-ongoing basis; including the following: <ul style="list-style-type: none"> • Statistics on staffing classification level; • Statistics on full-time employees; • Statistics on part-time employees; • Statistics on gender; • Statistics on staff location; • Statistics on employees who identify as Indigenous. | Mandatory | Page 170-171, Page 303-322 |
| 17AG(4)(c) | | Information on any enterprise agreements, individual flexibility arrangements, Australian workplace agreements, common law contracts and determinations under subsection 24(1) of the <i>Public Service Act 1999</i> . | Mandatory | Page 171-172, Page 310-317 |
| 17AG(4)(c)(i) | | Information on the number of SES and non-SES employees covered by agreements etc. identified in paragraph 17AG(4)(c). | Mandatory | Page 310-317 |
| 17AG(4)(c)(ii) | | The salary ranges available for APS employees by classification level. | Mandatory | Page 317 |
| 17AG(4)(c)(iii) | | A description of non-salary benefits provided to employees. | Mandatory | Page 318 |
| 17AG(4)(d)(i) | | Information on the number of employees at each classification level who received performance pay. | If applicable, mandatory | Not applicable |
| 17AG(4)(d)(ii) | | Information on aggregate amounts of performance pay at each classification level. | If applicable, mandatory | Not applicable |
| 17AG(4)(d)(iii) | | Information on the average amount of performance payment, and range of such payments, at each classification level. | If applicable, mandatory | Not applicable |
| 17AG(4)(d)(iv) | | Information on aggregate amount of performance payments. | If applicable, mandatory | Not applicable |

| PGPA Rule Reference | Part of Report | Description | Requirement | Location |
|---------------------|---|---|--------------------------|-----------------|
| | Assets Management | | | Part 3.5 |
| 17AG(5) | | An assessment of effectiveness of assets management where asset management is a significant part of the entity's activities. | If applicable, mandatory | Page 183 |
| | Purchasing | | | Part 3.5 |
| 17AG(6) | | An assessment of entity performance against the <i>Commonwealth Procurement Rules</i> . | Mandatory | Page 184–187 |
| | Reportable consultancy contracts | | | Part 3.5 |
| 17AG(7)(a) | | A summary statement detailing the number of new reportable consultancy contracts entered into during the period; the total actual expenditure on all such contracts (inclusive of GST); the number of ongoing reportable consultancy contracts that were entered into during a previous reporting period; and the total actual expenditure in the reporting period on those ongoing contracts (inclusive of GST). | Mandatory | Page 185 |
| 17AG(7)(b) | | A statement that “ <i>During [reporting period], [specified number] new reportable consultancy contracts were entered into involving total actual expenditure of \$[specified million]. In addition, [specified number] ongoing reportable consultancy contracts were active during the period, involving total actual expenditure of \$[specified million].</i> ” | Mandatory | Page 185 |
| 17AG(7)(c) | | A summary of the policies and procedures for selecting and engaging consultants and the main categories of purposes for which consultants were selected and engaged. | Mandatory | Page 185 |
| 17AG(7)(d) | | A statement that “ <i>Annual reports contain information about actual expenditure on reportable consultancy contracts. Information on the value of reportable consultancy contracts is available on the AusTender website.</i> ” | Mandatory | Page 185 |

| PGPA Rule Reference | Part of Report | Description | Requirement | Location |
|--|--|--|--------------------------|-----------------|
| Reportable non-consultancy contracts | | | | Part 3.5 |
| 17AG(7A)(a) | | A summary statement detailing the number of new reportable non-consultancy contracts entered into during the period; the total actual expenditure on such contracts (inclusive of GST); the number of ongoing reportable non-consultancy contracts that were entered into during a previous reporting period; and the total actual expenditure in the reporting period on those ongoing contracts (inclusive of GST). | Mandatory | Page 186 |
| 17AG(7A)(b) | | A statement that “ <i>Annual reports contain information about actual expenditure on reportable non-consultancy contracts. Information on the value of reportable non-consultancy contracts is available on the AusTender website.</i> ” | Mandatory | Page 186 |
| 17AD(daa) | Additional information about organisations receiving amounts under reportable consultancy contracts or reportable non-consultancy contracts | | | Part 3.5 |
| 17AGA | | Additional information, in accordance with section 17AGA, about organisations receiving amounts under reportable consultancy contracts or reportable non-consultancy contracts. | Mandatory | Page 186 |
| Australian National Audit Office Access Clauses | | | | Part 3.5 |
| 17AG(8) | | If an entity entered into a contract with a value of more than \$100 000 (inclusive of GST) and the contract did not provide the Auditor-General with access to the contractor’s premises, the report must include the name of the contractor, purpose and value of the contract, and the reason why a clause allowing access was not included in the contract. | If applicable, mandatory | Not applicable |
| Exempt contracts | | | | Part 3.5 |
| 17AG(9) | | If an entity entered into a contract or there is a standing offer with a value greater than \$10 000 (inclusive of GST) which has been exempted from being published in AusTender because it would disclose exempt matters under the FOI Act, the annual report must include a statement that the contract or standing offer has been exempted, and the value of the contract or standing offer, to the extent that doing so does not disclose the exempt matters. | If applicable, mandatory | Page 188 |

| PGPA Rule Reference | Part of Report | Description | Requirement | Location |
|---------------------|------------------------------------|---|--------------------------|----------------------------------|
| | Small business | | | Part 3.5 |
| 17AG(10)(a) | | A statement that <i>“the Department of Health, Disability and Ageing supports small business participation in the Commonwealth Government procurement market. Small and Medium Enterprises (SME) and Small Enterprise participation statistics are available on the Department of Finance’s website.”</i> | Mandatory | Page 184 |
| 17AG(10)(b) | | An outline of the ways in which the procurement practices of the entity support small and medium enterprises. | Mandatory | Page 184 |
| 17AG(10)(c) | | If the entity is considered by the Department administered by the Finance Minister as material in nature—a statement that <i>“the Department of Health, Disability and Ageing recognises the importance of ensuring that small businesses are paid on time. The results of the Survey of Australian Government Payments to Small Business are available on the Treasury’s website.”</i> | If applicable, mandatory | Page 184 |
| | Financial Statements | | | Part 4 |
| 17AD(e) | | Inclusion of the annual financial statements in accordance with subsection 43(4) of the Act. | Mandatory | Page 204 |
| | Executive Remuneration | | | Part 3.4 & Appendix 1 |
| 17AD(da) | | Information about executive remuneration in accordance with Subdivision C of Division 3A of Part 2–3 of the Rule. | Mandatory | Page 172, Page 292–294 |
| 17AD(f) | Other mandatory information | | | |
| 17AH(1)(a)(i) | | If the entity conducted advertising campaigns, a statement that <i>“During 2024–25, the Department of Health, Disability and Ageing conducted the following advertising campaigns: [name of advertising campaigns undertaken]. Further information on those advertising campaigns is available at www.health.gov.au and in the reports on Australian Government advertising prepared by the Department of Finance. Those reports are available on the Department of Finance’s website.”</i> | If applicable, mandatory | Page 359–364 |
| 17AH(1)(a)(ii) | | If the entity did not conduct advertising campaigns, a statement to that effect. | If applicable, mandatory | Not applicable |

| PGPA Rule Reference | Part of Report | Description | Requirement | Location |
|---------------------|----------------|--|--------------------------|--|
| 17AH(1)(b) | | A statement that “ <i>Information on grants awarded by the Department of Health, Disability and Ageing during the period 1 July 2024 to 30 June 2025 is available at www.grants.gov.au</i> ” | If applicable, mandatory | Page 188 |
| 17AH(1)(c) | | Outline of mechanisms of disability reporting, including reference to website for further information. | Mandatory | Page 179 |
| 17AH(1)(d) | | Website reference to where the entity's Information Publication Scheme statement pursuant to Part II of FOI Act can be found. | Mandatory | Page 193 |
| 17AH(1)(e) | | Correction of material errors in previous annual report. | If applicable, mandatory | Not applicable |
| 17AH(2) | | Information required by other legislation. | Mandatory | Page 195–196, Page 323, Page 330, Page 351, Page 365, Page 369, Page 379 |

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Acronyms and Abbreviations

| | |
|----------------|---|
| ABN | Australian Business Number |
| ABS | Australian Bureau of Statistics |
| ABS ERP | Australian Bureau of Statistics Estimated Resident Population |
| ABF | Australian Border Force |
| ACAT | Aged Care Assessment Teams |
| ACCHO | Aboriginal Community Controlled Health Organisation |
| ACQSC | Aged Care Quality and Safety Commission |
| ACSQHC | Australian Commission on Safety and Quality in Health Care |
| ADHD | Attention Deficit Hyperactivity Disorder |
| ADS | Australia's Disability Strategy |
| AHPC | Australian Health Principal Committee |
| AICIS | Australian Industrial Chemicals Introduction Scheme |
| AIHW | Australian Institute of Health and Welfare |
| AIR | Australian Immunisation Register |
| ANAO | Australian National Audit Office |
| APRA | Australian Prudential Regulation Authority |
| APS | Australian Public Service |
| APSC | Australian Public Service Commission |
| ARC | Audit and Risk Committee |
| CALD | Culturally and Linguistically Diverse |
| CCS | Commonwealth Contracting Suite |
| CDBS | Child Dental Benefits Schedule |
| CDC | Centre for Disease Control |
| CDPP | Commonwealth Director of Public Prosecutions |
| CEO | Chief Executive Officer |
| CFO | Chief Financial Officer |
| CGRP | Commonwealth Grant Rules and Principles |
| CHSP | Commonwealth Home Support Program |
| CMO | Chief Medical Officer |
| CPA | Certified Practising Accountants |

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|------------------|---|
| CROMP | Climate Risk and Opportunity Management Program |
| CSO | Community Service Obligations |
| DIR | Intentional release into the environment |
| DNIR | Do not involve release into the environment |
| DRMC | Disability Reform Ministerial Council |
| DSS | Department of Social Services |
| EA | Enterprise Agreement |
| EAP | Employee Assistance Program |
| EDW | Enterprise Data Warehouse |
| EL | Executive Level |
| ERP | Estimated Resident Population |
| ESD | Ecologically Sustainable Development |
| FBT | Fringe Benefits Tax |
| FOI | Freedom of Information |
| FSSC | Financial Statements Sub-Committee |
| FTE | Full time equivalent |
| GID | Governance of Indigenous Data |
| GMOs | Genetically modified organisms |
| GP | General practitioner |
| GST | Goods and Services Tax |
| HCPs | Home Care Packages |
| HDA | Healthdirect Australia |
| HILDA | Household, Income, and Labour Dynamics in Australia |
| HPV | Human papillomavirus |
| HR | Human resources |
| HSP | Hearing Services Program |
| IAHP | Indigenous Australians' Health Programme |
| IFA | Individual Flexibility Arrangement |
| IPS | Information Publication Scheme |
| IV fluids | Intravenous fluids |
| JEV | Japanese Encephalitis Virus |
| KMP | Key Management Personnel |

| | |
|-----------------|---|
| LGBTIQA+ | Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/Questioning, Asexual |
| MBS | Medicare Benefits Schedule |
| Mpox | Monkeypox |
| MPSP | Multi-Purpose Services Program |
| MRFF | Medical Research Future Fund |
| NACCHO | National Aboriginal Community Controlled Health Organisation |
| NAIDOC | National Aboriginals' and Islanders' Day Observance Committee |
| NATSIFAC | National Aboriginal and Torres Strait Islander Flexible Aged Care |
| NATSISN | National Aboriginal and Torres Strait Islander Staff Network |
| NBCSP | National Bowel Cancer Screening Program |
| NCIRS | National Centre for Immunisation Research and Surveillance |
| NCSP | National Cervical Screening Program |
| NCSR | National Cancer Screening Register |
| NDIA | National Disability Insurance Agency |
| NDIS | National Disability Insurance Scheme |
| NDSHS | National Drug Strategy Household Survey |
| NDSS | National Diabetes Services Scheme |
| NHEMS | National Health Emergency Management Sub-committee |
| NHRA | National Health Reform Agreement |
| NHMRC | National Health and Medical Research Council |
| NHS | National Health Survey |
| NHWDS | National Health Workforce Datasets |
| NIP | National Immunisation Program |
| NMHC | National Mental Health Commission |
| NSPO | National Suicide Prevention Office |
| ODC | Office of Drug Control |
| OECD | Organisation for Economic Co-operation and Development |
| OGTR | Office of the Gene Technology Regulator |
| PBAC | Pharmaceutical Benefits Advisory Committee |
| PBS | Pharmaceutical Benefits Scheme |
| PGPA | Public Governance, Performance and Accountability |
| PHI | Private Health Insurance |

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|-----------------|--|
| PHNs | Primary Health Networks |
| PID | Public Interest Disclosure |
| PIP | Practice Incentive Program |
| PIP QI | Practice Incentive Program's Quality Improvement Incentive |
| PMHC MDS | Primary Mental Health Care Minimum Data Set |
| PPH | Potentially Preventable Hospitalisations |
| PRSC | Performance Reporting Sub-Committee |
| RAP | Reconciliation Action Plan |
| RN | Registered Nurse |
| SES | Senior Executive Service |
| SMEs | Small and Medium Enterprises |
| TGA | Therapeutic Goods Administration |
| UCC | Urgent Care Clinic |
| YPIRAC | Younger people in residential aged care |

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Glossary

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| Australian Industrial Chemicals Introduction Scheme (AICIS) | The regulatory scheme for the introduction of industrial chemicals in Australia, either through importation and manufacture. AICIS focuses on prevention and early intervention to protect human health and the environment, through effective regulatory oversight of industrial chemicals introduction. |
| Antimicrobial resistance | Antimicrobial resistance occurs when germs (bacteria, virus, or fungus) that cause infections resist the effects of the medicines used to treat them. These resistant bacteria are harder to treat than non-resistant bacteria. |
| Australia's Disability Strategy 2021–2031 | Australia's Disability Strategy 2021–2031 (ADS) is a national framework that all Australian governments have signed up to. It sets out a plan for continuing to improve the lives of people with disability in Australia over 10 years. ADS replaces and builds on the first National Disability Strategy 2010–2020. |
| Avian Influenza | Avian Influenza is a viral disease of birds found worldwide. Avian influenza strains are described as low pathogenicity (LPAI) or high pathogenicity (HPAI). Most LPAI strains of avian influenza virus cause minimal disease in wild birds and poultry. However, some LPAI strains can evolve into HPAI strains when they spread among poultry and can result in widescale death of poultry and wild birds. |
| BreastScreen Australia Program | BreastScreen Australia is a joint initiative of the Australian and state and territory governments and aims to reduce illness and death from breast cancer by detecting the disease early. Women over 40 can have a free mammogram every 2 years and women aged 50 to 74 are actively invited to screen. |
| Chronic disease | The term applied to a diverse group of diseases, such as heart disease, cancer and arthritis, that tend to be long-lasting and persistent in their symptoms or development. Although these features also apply to some communicable diseases (infections), chronic disease is usually confined to non-communicable diseases. |
| Closing the Gap | Council of Australian Governments Closing the Gap initiatives, designed to close the gap in health equality between Indigenous and non-Indigenous Australians. |
| Commonwealth Home Support Program/Programme (CHSP) | The CHSP provides entry level support for older Australians who need help to live independently in their homes and communities. Support can include help with daily tasks, home modifications, transport, social support, and nursing care. |
| Communicable disease | An infectious disease transmissible (as from person to person) by direct contact with an infected individual or the individual's discharges or by indirect means. Communicable (infectious) diseases include sexually transmitted diseases, vector-borne diseases, vaccine preventable diseases and antimicrobial resistant bacteria. |
| COVID-19 | Coronavirus disease 2019. An illness caused by the SARS-CoV-2 virus that was first identified in December 2019. Formerly known as 2019-nCoV. |

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| Desktop review | A limited, remote assessment that uses existing information and documents to form an opinion or evaluation, without a physical inspection. |
| Diabetes | Refers to a group of syndromes caused by a malfunction in the production and release of insulin by the pancreas leading to a disturbance in blood glucose levels. Type 1 diabetes is characterised by the abrupt onset of symptoms, usually during childhood, and inadequate production of insulin requiring regular injections to regulate insulin levels. Type 2 diabetes is characterised by gradual onset commonly over the age of 45 years, but increasingly occurring in younger age groups. Type 2 diabetes can usually be regulated through dietary control. |
| Emissions Reduction Plan (ERP) | The ERP is a key component of the Net Zero and Climate Risk Committee Action Plan and guides efforts to reduce and track operational emissions. It outlines practical actions the department will undertake to reduce emissions across electricity, buildings, vehicles, travel and procurement. |
| Endometriosis | Endometriosis is a complex, chronic condition where tissue that is similar to the lining of the uterus grows outside of the uterus on other organs. It can be painful and debilitating, but there are effective treatments that may relieve the symptoms of endometriosis. |
| Financial year | The 12 month period from 1 July to 30 June. |
| General practitioner (GP) | A medical practitioner who provides primary care to patients and their families within the community. |
| Genetically modified organisms (GMO) | Organisms modified by gene technology. |
| Gene technology | Gene technology is a technique for the modification of genes or other genetic material. |
| headspace | A mental health support service for young people. It covers a critical gap by providing tailored and holistic mental health support to 12 to 25 year olds. |
| Health care | Services provided to individuals or communities to promote, maintain, monitor or restore health. Health care is not limited to medical care and includes self-care. |
| Healthdirect Australia (HDA) | HDA is a government-owned, not-for-profit organisation that provides free health information, advice and service referrals to people living in Australia. HDA is funded by the Commonwealth and state and territory governments. |
| Health outcome | A change in the health of an individual or population due wholly or partly to a preventive or clinical intervention. |
| Highly Pathogenic Avian Influenza (HPAI) | Avian influenza is a highly contagious viral disease of birds and can affect most wild and domesticated bird species. HPAI viruses are a subset of all avian influenza strains that are identified by certain molecular markers that are associated with the ability to cause severe disease and mortality, usually in poultry. |

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| Home Care Package (HCP) | A coordinated mix of services that can include help with household tasks, equipment (such as walking frames), minor home modifications, personal care, and clinical care such as nursing, allied health, and physiotherapy services. These services support older people with complex needs to live independently in their own homes. |
| Human papillomavirus (HPV) | A virus that causes genital warts which is linked in some cases to the development of more serious cervical cell abnormalities. |
| Immunisation | Inducing immunity against infection by the use of an antigen to stimulate the body to produce its own antibodies. See vaccination. |
| Incidence | The number of new cases (of an illness or event, and so on) occurring during a given period. Compare with prevalence. |
| Indemnity insurance | A form of professional indemnity cover that provides surety to medical practitioners, midwives and their patients in the event of an adverse outcome arising from medical negligence. |
| Influenza (flu) | Caused by the influenza virus, which is easily spread from person to person and is not the same as the common cold. The flu is a serious disease as it can lead to bronchitis, croup, pneumonia, ear infections, heart and other organ damage, brain inflammation and brain damage, and death. |
| Japanese Encephalitis | Japanese encephalitis is caused by the Japanese encephalitis virus (JEV). It is spread through bites from mosquitos, which become infected through biting infected pigs and waterbirds. JEV is endemic to parts of Asia and the Torres Strait region of Australia. JEV has now also been detected in humans, animals and mosquitos in mainland Australia. |
| Jurisdictions | In the Commonwealth of Australia, these include the 6 states, the Australian Government and the 2 territories. |
| Measles | A highly contagious infection, usually in children, that causes flu-like symptoms, fever, a typical rash and sometimes serious secondary problems such as brain damage. Preventable by vaccine. |
| Medical Research Future Fund (MRFF) | The MRFF delivers better and more advanced health care and medical technology for Australians. It provides support to researchers to discover the next penicillin, pacemaker, cervical cancer vaccine or cochlear ear. |
| Medicare | A national, government-funded scheme that subsidises the cost of personal medical services for all Australians and aims to help them afford medical care. The Medicare Benefits Schedule (MBS) is the listing of the Medicare services subsidised by the Australian Government. The schedule is part of the wider MBS (Medicare). |
| Mpox | Mpox (formerly referred to as monkeypox) is an infectious disease caused by the monkeypox virus, and can cause painful rashes, lesions, fever, and enlarged lymph nodes. Mpox is primarily spread through close contact including intimate and sexual activity, and has been of particular concern for gay, bisexual, and men who have sex with other men. |
| National Aboriginal and Torres Strait Islander Health Plan 2021–2031 | Sets the policy direction for First Nations health and wellbeing. It will guide the development of all First Nations health policies, programs, and initiatives over the next 10 years. |

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| National Bowel Cancer Screen Program (NBCSP) | The NBCSP aims to reduce deaths from bowel cancer by detecting the early signs of the disease. Eligible Australians aged 45 to 74 years are sent a free, simple test that is completed at home. |
| National Carer Strategy 2024–2034 | The National Carer Strategy provides a national framework to support Australia’s unpaid carers, recognising the critical role carers play in society and the profound contribution they make to the lives of people they care for. |
| National Cervical Screening Program | Aims to reduce illness and death from cervical cancer. Women and people with a cervix aged 25 to 74 years are invited to have a cervical screening test every 5 years through their healthcare provider. |
| National Diabetes Services Scheme (NDSS) | Helps people with diabetes to understand and manage their life with diabetes. It also provides timely, reliable, and affordable access to NDSS support services and products, including syringes and needles, blood glucose strips, insulin pump consumables, and continuous glucose monitoring products. |
| National Disability Insurance Scheme (NDIS) | The NDIS provides funding to eligible people with disability to gain more time with family and friends, greater independence, access to new skills, jobs, or volunteering in their community, and an improved quality of life. The NDIS also connects anyone with disability to services in their community. |
| National Drug Strategy 2017–2026 (The Strategy) | The Strategy is an overarching framework which identifies national priorities relating to alcohol, tobacco and other drugs. The Strategy guides action by Australian and state and territory governments in partnership with service providers and the community across the pillars of demand reduction, supply reduction and harm reduction. |
| National Health Reform Agreement (NHRA) | Signed by all Australian governments, the 2020–25 Addendum to the National Health Agreement commits to improving health outcomes for all Australians by providing better coordinated care in the community, and ensuring the future sustainability of Australia’s health system. It is the key mechanism for the transparency, governance, and financing of Australia’s public hospital system. On 5 February 2025, all Australian governments agreed to extend the 2020–25 NHRA by a further 12 months to allow for continued discussions on a new multi-year agreement. |
| National Immunisation Strategy for Australia 2025–2030 | The Strategy sets a vision for a healthier Australia through immunisation. It is supported by a mission to reduce the impact of vaccine-preventable diseases through high uptake of safe, effective and equitable immunisation across the lifespan. |
| National Incident Centre | The National Incident Centre is the department’s emergency response centre. It coordinates national responses to health emergencies, significant events and emerging threats, where there is an impact on human health or health systems. |
| National Preventive Health Strategy 2021–2030 (NPHS) | The NPHS aims to improve the health and wellbeing of all Australians at all stages of life through a systems-based approach to prevention that addresses the wider determinants of health, reduces health inequities and decreases the overall burden of disease. |

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| Organisation for Economic Co-operation and Development (OECD) | An organisation of 38 countries (mostly developed and some emerging, such as Mexico, Chile and Turkey), including Australia. The OECD's aim is to promote policies that will improve the economic and social wellbeing of people around the world. |
| Outcomes | Outcomes are the government's intended results, benefits or consequences for the Australian community. The government requires entities, such as the department, to use Outcomes as a basis for budgeting, measuring performance and reporting. Annual administered funding is appropriated on an Outcomes basis. The department's current Outcomes are listed in Part 2: Annual Performance Statements of this Annual Report. |
| Pandemic | A pandemic is a worldwide spread of a new disease, such as a new influenza virus, or the coronavirus that causes COVID-19. |
| Pharmaceutical Benefits Advisory Committee (PBAC) | <p>PBAC is an independent expert body appointed by the Australian Government. Members include doctors, health professionals, health economists and consumer representatives.</p> <p>Its primary role is to recommend new medicines for listing on the PBS. No new medicine can be listed unless the committee makes a positive recommendation.</p> |
| Pharmaceutical Benefits Scheme (PBS) | A national, government-funded scheme that subsidises the cost of a wide range of pharmaceutical drugs for all Australians to help them afford standard medications. The PBS lists all the medicinal products available under the PBS and explains the uses for which they can be subsidised. |
| Portfolio Budget Statements (PB Statements) | Statements prepared by portfolios to explain the Budget appropriations in terms of Outcomes and programs. |
| Prevalence | The number or proportion (of cases, instances, and so forth) in a population at a given time. In relation to cancer, prevalence refers to the number of people alive who had been diagnosed with cancer in a prescribed period (usually 1, 5, 10 or 26 years). Compare with incidence. |
| Primary care | Provides the patient with a broad spectrum of care, both preventive and curative, over a period of time and coordinates all of the care the person receives. |
| Primary Health Networks (PHNs) | PHNs are independent organisations funded to coordinate primary health care in their regions. PHNs assess the needs of their community and commission health services so that people in their region can get coordinated health care where and when they need it. |
| Program/Programme | A specific strategy, initiative or grouping of activities directed toward the achievement of government policy or a common strategic objective. |
| Public health | Activities aimed at benefiting a population, with an emphasis on prevention, protection and health promotion as distinct from treatment tailored to individuals with symptoms. Examples include anti-smoking education campaigns and screening for diseases such as cancer of the breast or cervix. |

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| Syphilis | Syphilis is a serious infection caused by the <i>Treponema pallidum</i> bacterium. It has a complex disease progression, and early symptoms are often unnoticed. Left untreated, it can have significant health effects in several organ systems. In pregnant women it can lead to birth complications, congenital syphilis, and miscarriages. Syphilis is treatable with long-acting penicillin injections. |
| Telehealth | Use of telecommunication techniques for the purpose of providing telemedicine, medical education, and health education over a distance. |
| Therapeutic Goods Administration (TGA) | The TGA is Australia's regulatory authority for therapeutic goods such as medicines, medical devices, and diagnostic tests. |
| Vaccination | The process of administering a vaccine to a person to produce immunity against infection. See immunisation. |
| Vaping | Recreational use of vapourised nicotine and/or e-cigarettes. |
| World Health Organization (WHO) | The WHO is a specialised agency of the United Nations (UN). Its primary role is to direct and coordinate international health within the UN system. The WHO has 194 member states, including Australia. |

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for future generations.



Australian Government
Department of Social Services

Current Grant Agreement Performance Indicators

Below are the Performance Indicators and measures currently included in Carer Gateway Service Provider (CGSP) grant agreements.

| Performance Indicator Description | Measure |
|---|---|
| Number of clients assisted | Measured using benchmarking, comparing your achievement against similar service providers delivery comparable services, using characteristics defined in the Data Exchange Protocols. |
| Number of events/service instances delivered | Measured using benchmarking, comparing your achievement against similar service providers delivering comparable services, using characteristics defined in the Data Exchange Protocols. |
| Percentage of participants from priority target groups | Measured using benchmarking, comparing your achievement against similar service providers delivering comparable services, using characteristics defined in the Data Exchange Protocols. |
| Percentage of clients achieving individual goals related to independence, participation and well-being | Measured using benchmarking, comparing your achievement against similar service providers delivering comparable services, using characteristics defined in the Data Exchange Protocols. |
| Percentage of clients achieving improved independence, participation and well-being | Measured using benchmarking, comparing your achievement against similar service providers delivering comparable services, using characteristics defined in the Data Exchange Protocols. |
| Activities are completed according to scope, quality, timeframes and budget defined in the Activity Work Plan | The Department and you agree that the Activity Work Plan has been completed as specified or, in case of divergence, to a satisfactory standard. |

KPI's and Domains of Measurement

A new set of KPIs will be included in the grant agreement variations. This will standardise measures of performance and replace individual provider forecasts and Performance Indicators in the current grant agreements. The KPIs will also increase the department's ability to effectively plan for potential changes to the Carer Gateway program or model in the future.

The department is not looking to increase reporting burden or change the current focus areas of the program, however is required to increase its ability to assess the health of the program and of individual service areas. The department will re-engage in 6 monthly performance monitoring meetings with individual CGSPs.

It is important to note that the KPIs are indicators only and will be viewed by the department as an opportunity to identify where measures in a CGSP service area/s are either **meeting or not meeting**. If a service area is analysed as **not meeting** an indicator at the end of a reporting cycle, the department will expect that during the 6 monthly performance monitoring meeting there will be a structured discussion with the CGSP about why this may have occurred and what actions are being taken to possibly resolve the issue. The department is aware there may be valid reasons or operational differences which cause variation in service delivery.

As discussed at the 30 January 2024 meeting, there are three domains of measurement which the department will address with the implementation of a new set of KPIs;



There was also discussion about the inclusion of a Data Quality measure. The department will clarify its expectations of data quality within the Data Exchange Reporting section of the grant agreements, rather than in the KPIs.

The department has consulted with departmental stakeholders including other program areas and Accenture, as the Carer Gateway Performance Monitoring contractors, in the development of the KPIs.

Current Proposed KPIs

Please note these will not be considered final until all providers have agreed to the Deed of Variation.

| Key Performance Indicator Description | Status | Measure |
|--|---|--|
| Total number of clients assisted | Original <i>Context added</i> | Measured against the national average percentage of region carer population estimates from the 2015 Survey of Disability Ageing and Carers (SDAC), using data characteristics defined in the Data Exchange Protocols. |
| The number of new clients | New <i>Provides additional context to the above measure</i> | Measured against the national average percentage of new unique clients registered in the reporting period, using data characteristics defined in the Data Exchange Protocols. |
| Number of events / service instances delivered for each service type | Original <i>Context added</i> <i>Refer to Additional Information below</i> | Measured comparing Grantee's achievement against the 25th percentile of all CGSP service delivery in calendar year 2023, using data characteristics defined in the Data Exchange Protocols. |
| 1800 Call Wait Times | New | Measured using target of 60 seconds , using data submitted by the Grantee in a 6 monthly Activity Work Plan Report. |
| Intake to Carers Star™ | New | Measured using target of 10 days for 70% of carers, using characteristics defined in the Data Exchange Protocols. |
| Carers Star™ to First Service | New | Measured using target of 28 days for 70% of carers, using characteristics defined in the Data Exchange Protocols. |
| Percentage of clients with assessed satisfaction | New | Measured using target of 40% of carers who received a service in the reporting period using characteristics defined in the Data Exchange Protocols. |

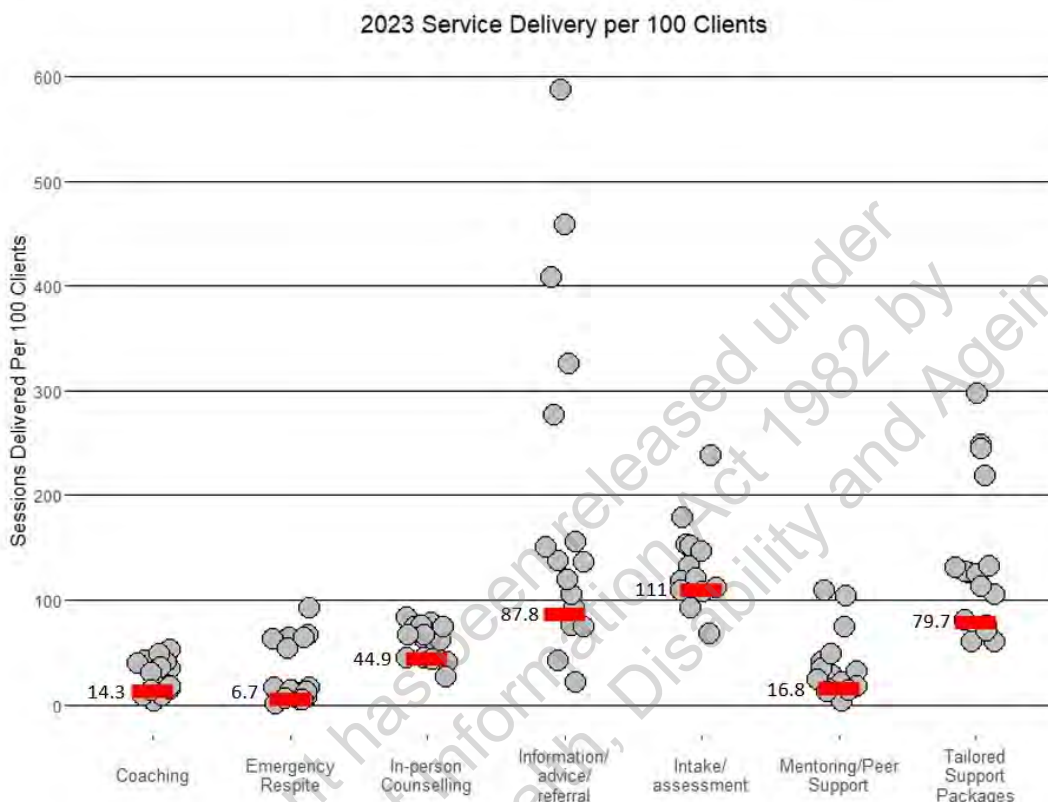
| | | |
|---|---|--|
| Percentage of clients achieving high satisfaction (defined as a score of 4 or 5 on the satisfaction survey) | New | Measured using target of 90% of carers who have returned a satisfaction survey in the current period, using characteristics defined in the Data Exchange Protocols. |
| Carers Star™ Completed by First Service | New | Measured using target of 90% using characteristics defined in the Data Exchange Protocols. |
| Percentage of clients fully assessed | New | Measured using target of 50% using characteristics defined in the Data Exchange Protocols. |
| Percentage of clients achieving improved or maintained well-being as assessed by Carer Star™ | Original Clarification made and context added | Measured using target of 80-90% using characteristics defined in the Data Exchange Protocols. |
| Activities are completed according to scope, quality, timeframes and budget defined in the Activity Work Plan | Original No change | The Department and you agree that the Activity Work Plan has been completed as specified or, in case of divergence, to a satisfactory standard. |

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Additional Information:

KPI - Number of events / service instances delivered for each service type

The inclusion of this KPI in the grant agreement variation will replace the previous individual CGSP forecasts. The **RED** solid bar in the graph below represents the **25th percentile**. The graph demonstrates the performance of service regions against the benchmark set by the KPI.



Methodological considerations;

- The graph shows the number of instances of each service type, per 100 clients who accessed *any* service in the region, during the specified period. This standardises the number of service instances among service regions regardless of region size or population.
- The 25th percentile is the value at which 25% of the service areas lie below that value, and 75% above that value. The 50th percentile cuts the data set in half and is also known as the median.
- Calendar year 2023 most accurately represents the current service delivery environment.
- As demonstrated in the department’s response to Action Item 3, from the 30 January 2024 meeting, there is no obvious correlation between service region location (metro vs. regional/remote) and service delivery.
- One service area outlier in Intake/Assessment service type was excluded in the calculation of the mean as this represents a data quality issue.
- Outliers in the Information/Advice/Referral service type were included in the calculation of the mean, as although these are also likely to represent a data quality issue, it is being used consistently by numerous providers and investigation is ongoing.



Australian Government
Department of Social Services

The Data Exchange Protocols

Effective from 1 March 2026

Published 4 February 2026

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the Freedom Of Information Act 1982 by
the Department of Health, Disability and Ageing

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1 Introduction

1.1 Purpose of this document

This document provides operational guidance to users of the Data Exchange across the full range of grant funded services, such as those associated with the Community Grants Hub and hosted by the Department of Social Services (DSS).

The Data Exchange Protocols (the protocols) should be read in conjunction with the:

- Data Exchange Framework which outlines the principles and vision underpinning the Data Exchange
- Program Specific Guidance for organisations, which outline specific reporting requirements for each program
- organisation's funding agreement
- task cards and e-Learning modules for users of the Data Exchange web-based portal
- Data Exchange technical specifications for all users submitting their data through system-to-system transfer or bulk upload from their own case management software.

The protocols are not intended to prescribe how organisations should run their business or collect data; they are intended to provide practical information for managers and front-line staff to help them integrate the Data Exchange data definitions and requirements into existing service and administrative practices. The protocols are periodically updated to provide current and accurate guidance.

1.2 The Data Exchange Framework

The Data Exchange Framework represents the program performance reporting approach for client facing funding agreements. The Department of Social Services (DSS) progressively introduced standardised, prioritised, and collaborative reporting processes across grants programs from 1 July 2014. From 1 July 2016, the Data Exchange was expanded as part of the Commonwealth Government's [Community Grants Hub](#).

Collecting and reporting data about clients and services helps funding agencies and organisations to improve the well-being of Australians accessing our services.

- Data provides a comprehensive picture of the programs we deliver and helps us measure the impact we are making in Australian communities over time.
- Funding agencies use these insights to shape programs, ensuring they are resourced to better support vulnerable Australians and respond to emerging needs effectively.
- High-quality data helps funding agencies and organisations maintain a clear vision of the changes needed to achieve and track progress toward those goals.
- It enables funding agencies and organisations to identify what is working, address what is not, and foster accountability and collaboration.

The requirements of the Data Exchange are divided into two parts: a small set of mandatory priority requirements that all organisations report, and an extended data set, known as the partnership approach. As part of the partnership approach, organisations are encouraged to collect the Standard Client/Community Outcome Reporting (SCORE) information for as many clients as practical.

This approach to reporting is streamlined, automated and includes a shift in focus of performance measurement from 'outputs' to more meaningful information about service delivery 'outcomes' through:

- **Streamlined reporting arrangements**—A standard client level data record (the priority requirements) applies across the broad suite of government funded client-based programs, replacing aggregate data reports, 'smart forms' and multiple IT reporting systems.

- **Free access to a web-based portal**— Organisation can access a free IT system to manually input client data. This helps record clients, service and outcomes data that meet funding agreement performance data requirements and allows organisations to confidentially manage their core client and case information.
- **Bulk uploading and system-to-system transfers**—The Data Exchange supports organisations who have a compatible case management software to transfer information directly from their own systems through bulk uploading and system-to-system transfers.
- **Promoting a partnership approach to reporting**—Organisations participating in the partnership approach to share client outcomes data with their funding agency in exchange for relevant reports. These reports are outcomes focused and include a rich set of added information to help inform service delivery using program performance, client survey and government data.

Go to the [Data Exchange website](#) for more information about the Data Exchange's policy principles and program specific guidance.

2 Data Exchange organisation and user responsibilities

Organisations reporting into the Data Exchange are responsible for implementing appropriate controls and processes to:

- promote awareness of, and compliance with, the Data Exchange Protocols by users within the organisation; and
- obtain accurate, complete, unbiased and secure collection and recording of client, service delivery and outcome (where relevant) data in the Data Exchange.

Taking obligations under the *Privacy Act 1988* (Cth) into account, organisations and users must make best endeavours to ensure data entered in the Data Exchange is, to the best of their knowledge:

- **Accurate** and up to date - it is the user's responsibility to correct or delete any incorrect data where possible, as soon as practicable, after becoming aware of any issues
- **Complete** – organisations should make best efforts to collect required data from clients and ensure all collected data is correctly entered into the Data Exchange
- **Unbiased** - data entered should:
 - be representative of the client population and free from avoidable sampling bias (for example, if 50% of clients identify as male, then close to 50% of SCORE assessments should be for male clients)
 - be objective and free from observer bias (for example, SCORE assessment data should reflect the most objective view of the client's circumstances possible and be free, as possible, from the assessor's personal opinion).
- **Secure** – client information should be protected from unauthorised use or disclosure, in accordance with [Chapter 5](#) of the protocols.

Processes and controls implemented by organisations to ensure users meet their Data Exchange responsibilities may include (but are not limited to):

- Staff who use Data Exchange have read and agreed to adhere to the Data Exchange Protocols
- Staff who use Data Exchange have completed relevant online Data Exchange training
- Data entry and access rights to Data Exchange (and any third-party software product used to transfer data to Data Exchange) are periodically reviewed and remain appropriate
- Processes (e.g. written guidance to support how data is collected and recorded) have been established to ensure mandatory Data Exchange data is collected and accurately recorded (in any third-party software product or directly into the Data Exchange web-based portal)

- Processes (e.g. written guidance to support how data is collected and recorded) have been established to ensure SCORE data is accurate, complete and unbiased when recorded in Data Exchange
- Quality assurance processes have been established to confirm data transfers/uploads into Data Exchange are completed successfully (and any upload errors rectified)
- Any other processes and controls relevant to promoting compliance with the Data Exchange Protocols and data integrity.

Organisations may be required, upon request by DSS, to provide evidence of processes and controls used to meet their Data Exchange responsibilities. DSS or funding agencies may request to visit organisations' premises to observe these processes in practice. Funded organisations are responsible for ensuring any delivery partners (such as subcontractors, community partners, consortium members or brokers) using the Data Exchange also meet their Data Exchange responsibilities. This includes ensuring that they are complying with any applicable legislation such as the *Privacy Act 1988* (Cth).

3 Recording client level data

This section describes the important concepts and terminology associated with collecting and reporting client level data. It is important that managers and front-line staff understand these concepts because they underpin the framework of the Data Exchange.

3.1 Client level data

Client level data refers to data collected and reported on each individual client rather than as summary (aggregate) data. The Data Exchange is designed to capture individual client level data. However, where collecting client data is not practical or possible, such as community sessions involving a large group of people, aggregate reporting is still accommodated by the system.

The main advantages of client level data are the:

- flexibility to analyse and report administrative data in multiple formats for different audiences, without burdening organisations with multiple data requests
- improved reliability of administrative data, as all organisations collect the same raw data records without the need to apply complex counting rules
- improved usefulness of administrative data, due to the use of a Statistical Linkage Key (SLK) allowing for the matching of de-identified data records across funded activities
- improved capacity for reporting data back to organisations, as the de-identified administrative data is held within a common data repository.

Organisations must use best efforts to request collection of client-level data from clients directly receiving services. The organisation must then report the responses received to the Data Exchange in accordance with sections 5.2 and 5.3.

Organisations must seek a client's consent to collect, use, disclose or store their personal information. Where a client chooses not to provide enough information to create a client record, the client should be reported as an unidentified client, in accordance with section 3.8.

Client level data provided through the Data Exchange is de-identified so that no identifiable client information is used by an organisation's funding agency.

Data Exchange staff work with organisations to ensure clear information is available to clients to affirm that only de-identified data is captured as part of program performance reporting and used for the purposes of policy development, grants program administration, research and evaluation.

Go to the [Data Exchange website](#) and Section 5 of this document for more information about privacy. Program specific guidance on clients, support people and other client level data items is available on the [Data Exchange website](#).

3.2 Who is a client?

When delivering program activities the term 'client' is used in many different ways, covering individuals, families, groups, other organisations and whole communities; as well as casework, participants, audiences and one-off contact. While this flexibility appropriately reflects the diverse strategies used to deliver services, we recognise that it may also create particular challenges for program performance reporting.

The Data Exchange uses a specific definition of 'client' to ensure comparable information is reported for the number of individuals that have received a service within a reporting period. This means that 'apples with apples' comparisons are possible within and across activities.

For the purposes of recording a 'client' record in the Data Exchange, a client is defined as:

An individual who receives a service as part of a funded activity that is expected to lead to a measurable outcome.

This definition includes a number of components that must be met in order to count a person as a client. These components are program and context specific and involve determining whether the individual in their own right is expected to achieve an outcome that is linked to a program specific objective.

Many different types of outcomes are achieved as part of service delivery. Outcomes are not limited to high-level, life changing events. Client outcomes can also be as simple as learning a new skill, receiving a service that is required, or gaining increased knowledge about other services that are appropriate and available. These outcomes should be recorded within the Data Exchange.

In cases where an organisation is funded to provide training, support and skills development of organisation's staff, the staff member is considered a 'client' for the purposes of reporting in the Data Exchange.

3.3 Who is a support person?

At times, there may be other people present at a service who do not meet the definition of a client. This could include carers of clients, family members or children who attend to support the client. Paid employees of an organisation are not counted as support people. The support person is not expected to achieve a direct outcome through this service interaction and is *not* counted as a client.

There are no requirements to record the details of support people in the Data Exchange, however if an organisation wants, they can create an individual record for these people and record them as support people at the session level.

3.4 Services for children

A child is recorded as a client in the Data Exchange if the child directly received the service and meets the above definition of an individual client. When children are recorded within the Data Exchange the organisation should seek consent from a child's parent or guardian, except in circumstances where the organisation considers that the child is a mature minor and is able to provide informed consent on their own. Refer to section 5.2.4 for more information on obtaining consent from children.

3.5 Services for couples, families and households

The Data Exchange captures information about individual clients, however there are some funded activities where multiple individuals are assisted as part of the same 'case', 'family' or 'group'. In these instances, a client record should be created for each individual client and grouped together using a 'case' record.

Table 1. Example of a client and support person

| Activity/Service Context | Who is the client? |
|--|---|
| Helping a couple at risk of homelessness to manage their finances in order to prevent a future accommodation crisis. | Both people in the couple are considered clients, as they are both receiving the service, benefit from that service, and meet the definition of a 'client' as per the program activity guidelines. Two client records should be created and used within the Data Exchange. |
| A youth attends counselling and their parent/carer is in the room during the counselling session. | The youth is counted as the client as they have received the service and will achieve an outcome. The parent/carer is not recorded as a client as no measurable outcome is achieved on this occasion. The parent/carer could be recorded as a support person, however this is not mandatory. If the parent/carer attends a session and participates directly (achieving their own outcome) they would be recorded as clients. |

3.6 Group session

A group session means a session where services are delivered directly to three or more clients who attend together. A measurable outcome is expected to be achieved for each of those clients.

A group session can be made up of a family group, clients that are known to each other, or strangers. This definition does not count a support person or practitioner as a member of that group.

Examples of group sessions may include family group counselling sessions, family capacity building activities, group training, mentoring/peer support groups, playgroups, breakfast clubs or school holiday activity groups.

Organisations must use best efforts to request collection of client-level data from clients attending group sessions and record data collected in the Data Exchange in accordance with section 5.2 and 5.3.

Where it is impractical to collect client-level data, or a client chooses not to provide enough information to create a client record, clients should be reported as unidentified clients, in accordance with section 3.8.

3.6.1 Group session census

At a minimum, organisations delivering eligible funded activities are required to request collection of client-level data from all clients attending group sessions in the months of April and November and record data collected in the Data Exchange.

Eligible funded activities include all DSS-funded activities that end after 30 June 2026.

This approach is known as the group session census and aims to increase the reporting of client-level data for clients attending group sessions for eligible funded activities. Where organisations have established reporting practices that exceed the above minimum requirements, they are encouraged to continue with those practices.

3.7 Community session

Some organisations deliver sessions to large groups in the community. A community session means a session where a large group of people attend and services are not delivered directly to individuals.

The purpose and delivery of this work differ across activities but can include community outreach, early intervention and prevention, education and awareness raising, and community capacity building activities.

Examples of community sessions may include community information sessions, running stalls at community fairs, presentations at school assemblies, handing out pamphlets or other public events.

Organisations are not generally required to request collection of client-level data from attendees at community sessions. However, client-level data should be requested if clients sign up for ongoing services with the organisation and a measurable outcome is expected to be achieved for those clients.

For organisations participating in the partnership approach, the outcomes achieved from community sessions are recorded through the Community component of the Standard Client/Community Outcome Reporting (SCORE).

3.8 Recording unidentified clients

An unidentified client is a client for whom no client-level data is collected.

Organisations may report aggregated counts of unidentified clients:

- for attendees at community sessions
- where it is impractical to collect client-level data from clients attending group sessions
- where clients choose not to provide enough information to create a client record.

Reporting unidentified clients demonstrates how many people attended sessions but does not include any other information about the people who attended (such as Aboriginal and Torres Strait Islander origin, culturally and linguistically diverse (CALD) background, age groups).

Counts of unidentified clients are reported as:

- 'Total number of unidentified clients associated with case' at the case level and
- 'Number of unidentified clients attended session' at the session level.

Unidentified client numbers captured at the case level estimate the total number of unidentified clients who are anticipated to attend services. In contrast, the unidentified client attendance numbers captured at the session level records how many unidentified clients actually attended that instance of service.

Cases and sessions can contain a mix of unidentified clients and clients with client records. Clients with client records are linked to the case and session. Counts of unidentified clients are reported separately, using the above fields.

Table 2. Example of when to record unidentified clients

| Activity/Service Context | Can unidentified clients be recorded? |
|---|--|
| Mental health awareness event for carers and families in the community. These were individuals attending information and advisory workshops. | Yes. As anonymous members of the public, these 25 people are recorded as an aggregate count (unidentified clients) because it is not practical to record individual client details or measure individual client outcomes. |
| A group attends a public event in the community. These were individuals attending an event for help with parenting issues and to find relevant programs in the service. | <p>Yes. Before the event, the service will create a case record to indicate the number of expected participants.</p> <p>After the event, the service will report the actual participants at the session level.</p> <p>Of these participants, some signed up for programs offered by the service and are expected to achieve a measurable outcome in their parenting skills. A client record is created for these participants.</p> <p>The other participants have no further relationship with the service and are recorded as unidentified clients.</p> |

4 Linking client data to service delivery

4.1 What is a service?

The Data Exchange framework has a specific definition of a service based on service delivery concepts. These concepts ensure that an instance of service is consistently applied across varying funded activities and service delivery contexts that are reported in the Data Exchange. For the purposes of the Data Exchange, a service is defined as:

One or more individual instances or episodes of assistance (known as sessions) within a reporting period that are delivered within a distinct case.

The concept of a 'case' and 'session' are integral to the Data Exchange as they maintain a consistent way for organisations to record information about the different activities clients are accessing, how they are being delivered and the location from which they are being delivered. These concepts are discussed below and in further detail at Section 6 of this document.

Go to the [Data Exchange website](#) for program specific guidance for more information on cases and sessions.

4.2 What is a case?

Cases act as containers, linking client and session data to location and program activity information. A case is defined as:

A method to capture one or more instances of service (known as sessions) received by a client or group of clients that is expected to lead to a distinct outcome. A case may contain between one and an unlimited number of sessions.

A case record helps understand what funded activity is being delivered, the location it is being delivered from, the reason clients came to the service and the number of clients receiving a service.

Each organisation can create cases in a format that best suits their needs. However, a case cannot exceed 1000 (one thousand) individual clients.

For users of the web-based portal, cases facilitate navigation and hold clients and sessions together.

- A case can operate over multiple reporting periods, for instance if a client returns to receive the same service.
- Depending on the nature of the service, a case can contain an individual, a couple, a family, or an unrelated group of individuals, such as a regular weekly or monthly group meeting.
- If a client attends a number of different funded activities, each of these is treated as a separate case.
- If a client receives the same services from a number of different locations (known as outlets) managed under the same program activity, each of these is treated as a separate case.
- To report a case, details are recorded about the activity, the location (or outlet) where the service occurred, and the client who will receive the service associated with that case record.

4.3 What is a session?

In the Data Exchange, a session is defined as:

An individual instance or episode of service, stored within a case, which is 'related' to other sessions (when/if they occur).

A session record includes the date the service occurred, the kind of service the client(s) received (known as service type) and which of the clients associated to the case were present. For organisations participating in the partnership approach, client pathways information (referrals out) is recorded at a session level. More information about the extended data set is found in Sections 7 and 8 of this document.

4.4 Counting rules for clients, cases and sessions

A **client** is counted against a reporting period if the client was recorded as attending at least one session within that reporting period.

A **case** is counted against a reporting period if at least one session is recorded under the case within that reporting period.

A **session** is counted against a reporting period if the date of the session fell within the reporting period and at least one client is attached.

4.5 What is an outlet?

For the purposes of the Data Exchange, an outlet is defined as:

The physical location from where a service is primarily being delivered.

- The organisation identifies the program activities each outlet delivers.
- Each outlet can have different staff, service information, program activities, and contact details.
- Where the service is mobile in nature, the outlet used should be the nearest administrative premises where staff are based, and where they are likely to be travelling from to deliver the service.
- Creating multiple outlets for services delivered from the same address must be avoided.
- Post office boxes cannot be used in place of a physical location.
- An outlet should never be created for a client's residential address, if a service is delivered in a client's home, or a sensitive/protected location such as a refuge.
 - In the instance of service delivery at a residential address, the outlet should reflect where staff are based or travelling from. This information is captured with the session details under the service setting field.
 - In the instance of service delivery at a protected address or refuge, the outlet can use an address of a non-identifiable public place nearby, such as a post office, police station or shopping centre.

4.6 Delivery partnerships and consortium arrangements

Organisations make different choices when it comes to setting up their delivery partners and outlets. As these decisions will affect who can enter, view and report data in the Data Exchange, set up needs to happen in agreement between the two parties, e.g. lead/facilitating and delivery partners. Particular attention needs to be paid to the naming of outlets, outlet addresses, the visibility of data and the protection of client privacy and personal information.

Go to the [Data Exchange website](#) training resources for guidance on partnerships and consortium arrangements.

4.6.1 Funding received from multiple sources

The Data Exchange Framework is intended to capture client outcomes from services funded through programs in scope for the Data Exchange. Where an organisation receives funding from multiple sources to help the delivery of an activity, the following guidance should be considered:

- (a) Where organisations deliver activities that are funded through multiple sources, the data reported should reflect the client's interaction with in-scope programs over the whole funding or reporting period (as opposed to only seeing a snapshot over a shorter period).
- (b) If Data Exchange related funding is only provided for a specific aspect of the service offering, such as in a certain location or to a specific client group, it is acceptable to only report on those clients or that specific outlet.
- (c) When an organisation distributes a voucher or other specific items (such as Energy Accounts Payment Assistance (EAPA) vouchers) and these items are acquitted in relation to the agency that provided the item and this agency is not reporting through the Data Exchange, this is not recorded in the Data Exchange.

5 Protecting a client's personal information

The Data Exchange Framework is designed to keep client information safe and follow the rules of the *Privacy Act 1988* (Cth), including the Australian Privacy Principles (APPs).

Under the Privacy Act, personal information is information or an opinion about an identified individual, or an individual who is reasonably identifiable:

- a) whether the information or opinion is true or not; and
- b) whether the information or opinion is recorded in a material form or not.

In the Data Exchange, a client's record is considered personal information if it includes their **name** (or **pseudonym**) and **street address**. This information can only be stored if the client gives clear consent. It is important to note that organisations cannot make it mandatory for clients to provide personal information. Clients must provide consent for their personal information to be collected, used, disclosed or stored by an organisation and DSS.

5.1 Data Exchange privacy protocols

Everyone using the Data Exchange must follow the *Privacy Act 1988* (Cth). This means:

- Staff should only access records if they have a real reason or 'need to know'.
- Organisations must take reasonable steps to ensure client details are correct and up to date.
- Organisations must fix or delete incorrect information as soon as they become aware of the error or mistake.
- Organisations must keep records secure at all times.
- Organisations must seek client consent and provide a privacy collection notice before storing their name (or pseudonym) and/or street address.

If an organisation enters personal information, only that organisation can see it. Strict IT security protocols prevent DSS staff accessing personal details except to check that privacy rules are working properly, or when assisting organisations to understand error and warning messages received when entering data into Data Exchange. Staff from other funding agencies do not have access personal information.

Funding agencies use anonymous (de-identified) data from the Data Exchange for program management, policy development, research, and evaluation. DSS uses strict methods to make sure clients cannot be re-identified.

For more details, visit the [Data Exchange website](#) to read the Privacy Impact Assessment by the Australian Government Solicitor.

5.2 Organisations' obligations when storing personal information in the Data Exchange

If an organisation wants to store a client's **name** (or **pseudonym**) and/or **street address** in the Data Exchange, they must:

- Tell the client how and why DSS collects their information (verbally or in writing) using the standard privacy notice or their own.
- Get the client's consent before entering the information.

Organisations can also refer clients to the "Information for clients on privacy" page on the [Data Exchange website](#), which explains privacy in plain English.

5.2.1 Standard privacy notice

Organisations using the standard privacy notice should use the below words in their registration forms:

"We collect some personal details from you on this form. Your personal information is protected by law, including by the Commonwealth *Privacy Act 1988* (Cth) (Privacy Act).

How we use the Data Exchange

We use an IT system called the 'Data Exchange' to manage your details and the services we provide to you. This system is run by the Australian Government Department of Social Services (DSS). DSS stores your personal information in the Data Exchange and only shares it with us so we can manage your services.

Your record in the Data Exchange can include your name and address, which helps us manage your details. However, you do not need to provide this information to DSS. If you choose not to, it will not affect the services you receive. You can also ask for this information to be removed from the Data Exchange at any time.

How DSS uses your information

DSS uses your de-identified (anonymous) information in the Data Exchange for things like policy development, managing grants, research and evaluation. DSS may share this anonymous data with other organisations for reporting and research purposes. Your personal details are removed before this happens so you cannot be identified.

DSS collects information in the Data Exchange so that government agencies can understand and improve how services are helping Australians. By agreeing to have your information shared in the Data Exchange you are supporting understanding and improvement of the services that you use.

More information

To learn more about how DSS manages your personal information, including how you can access or correct your details or make a privacy complaint, visit the [DSS website](#) and read their privacy policy."

5.2.2 Alternative notification on privacy

Organisations using their own privacy notice must ensure the client is aware of the following matters (as outlined in APP 5.2):

- (a) the Data Exchange is an IT system that is hosted by DSS
- (b) the organisation is using the Data Exchange for recording client information, and the client's personal information is stored on the Data Exchange for this purpose only
- (c) the client's personal information, which is stored by DSS on the Data Exchange, is only visible to the organisation that collected the information for the purposes of managing the client's case

- (d) DSS de-identifies and aggregates personal information that is stored on the Data Exchange to produce information for policy development, grants program administration, research and evaluation purposes, and this will not include information that identifies the client, or re-identifies the client, in any way
- (e) [DSS's privacy policy](#) is published on its website. The website contains information about how the client may access or correct the personal information that is stored on the Data Exchange; complain about a breach of the APPs by DSS, and how DSS will deal with the client's complaint. The privacy policy also contains information about the circumstances in which DSS may disclose personal information to overseas recipients
- (f) the consequences if personal information is not collected from the client.

Please see the [Office of the Australian Information Commissioner's website](#) to ensure that the privacy notice captures all matters it is required to under APP 5.

DSS will not review, approve or store an organisation's registration forms.

5.2.3 Consent to collect and store personal information

If an organisation wants to store a client's name (or a pseudonym) and/or street address in the Data Exchange, the client must give consent first. DSS will not store this information without consent. This consent must be clear and obvious, either verbally or in writing. Importantly, for consent to be valid it must be informed, voluntary, specific and the individual must have capacity.

After giving the privacy notice, the organisation must:

- Get the client's explicit consent (on behalf of DSS) to collect and store their personal information in the Data Exchange.
- Record the consent in the system by:
 - Ticking the consent box in the web portal, or
 - Indicating consent in a system-to-system transfer or bulk upload.
- Tell the client they can withdraw consent at any time.

If a client withdraws consent:

- Record this in the system by:
 - Unticking the consent box in the web portal, or
 - Indicating consent has been removed in a system-to-system transfer or bulk upload.
- DSS will then remove the client's name (or pseudonym) and/or street address from the Data Exchange.

For more details, organisations should check "Information for organisations about consent" on the [Data Exchange website](#) which explains consent in plain English.

5.2.4 Obtaining consent from children and individuals with compromised capacity

If the client is a child (i.e. under the age of 18), it's best to get consent from their parent or guardian.

However, if the organisation believes the child is mature enough to understand what's being asked, the child can give consent themselves.

As a general rule:

- Children **15 or older** are usually considered able to give consent, unless there's a reason to think otherwise.
- Children **under 15** are assumed not able to give consent.

If a client may not be able to give consent (for example, because of a physical or mental disability), the organisation should take special steps.

This might include finding someone who can give consent on the client's behalf, such as:

- A legal guardian
- Someone with an enduring power of attorney
- A person recognised under relevant laws (e.g., a “person responsible” under the *Guardianship Act 1987 (NSW)*)
- Someone the client nominated in writing when they were able to give consent

5.3 Organisations' obligations when NOT storing personal information in the Data Exchange

If an organisation chooses NOT to store a client's name (or pseudonym) and/or street address in the Data Exchange, the consent and notification requirements in section 5.2 do NOT apply.

In this case the organisation should:

- Leave the consent box unticked in the web portal, or
- Indicate consent has not been provided in a system-to-system transfer or bulk upload

DSS will use the client's name (or pseudonym) to create a Statistical Linkage Key and then delete it. The client record stored in the Data Exchange will not include the client's name, pseudonym, or street address.

5.4 De-identified data

DSS protects client privacy when using DEX data for reporting purposes by removing identifying details and using a special code (called a statistical linkage key) to link data safely.

5.4.1 DSS Statistical Linkage Key (SLK)

The Data Exchange uses a Statistical Linkage Key (SLK) to remove personal details while still linking records that belong to the same person. This unique code lets DSS link a client with the services they received, even if those services came from different organisations.

The SLK combines part of a person's name, date of birth and gender:

- 2nd, 3rd, and 5th letters of the family name
- 2nd and 3rd letters of the given name
- Day, month, and year of birth
- Gender

For example, John Smith, a male born on 14th February 1971 has an SLK of: **MIHOH140219711**

Organisations cannot see the SLK in the Data Exchange. Only a very small number of DSS staff can see it, and only for technical tasks like system maintenance or data analysis.

For organisations using the web portal, the SLK is created automatically. For organisations using bulk uploads or system-to-system transfers, the SLK can be generated using the algorithm above. The SLK should not use nicknames, shortened names, or anything that could identify the client.

Go to [Data Exchange website](#) for help configuring systems to push the SLK across to the Data Exchange.

5.4.2 Client ID

Each client record in the Data Exchange includes a client ID that must remain unique to that client in all circumstances while connected to the funded organisation. This is different to the SLK described above.

The client ID is made up of a series of alphanumeric text, either inputted by the organisation or created by the Data Exchange web-based portal.

Where an organisation enters their own client ID (as described below), this should be alphanumeric or numeric text only. This Client ID must not include shortened versions of a client's name, nickname or any

variations of their full name, or any other information that could identify a client, such as the client's My Aged Care ID, Centrelink Customer Reference Number (CRN), or DVA Card/ID number, under any circumstances

Web-based portal

- Organisations have the option of entering their own client ID (an ID used internally by the organisation), which must **not** include any information that could identify the client, or
- leave the field blank, where the portal will generate a client ID that is used by organisations to search for their record later.

Bulk upload or system-to-system transfer

- For organisations using their own client management system and uploading their data to the Data Exchange, the client ID becomes a mandatory field from their own system and used to cross-reference the record between the two systems in future interactions.

Go to the [Data Exchange website](#) for technical specifications.

5.5 Consent for follow up research, surveys and evaluations

Funding agencies and universities may want to do research in the future to better understand client needs and improve services. Such research would involve contacting clients to seek an update on their situation. Getting client consent now will create a list of people who are willing to take part in these studies later.

As part of the priority requirements, organisations must:

- Get the client's consent to participate in follow up research, surveys and evaluation.
- Record the consent in the system by:
 - Ticking the future research consent box in the web portal, or
 - Indicating consent in a system-to-system transfer or bulk upload.
- Tell the client they can withdraw consent at any time.

If a client withdraws consent:

- Record this in the system by:
 - Unticking the future research consent box in the web portal, or
 - Indicating consent has been removed in a system-to-system transfer or bulk upload.

When there is a research project:

- The project will be approved by a recognised ethics committee
- Researchers will contact organisations before the project starts
- The organisation will work with researchers to contact clients about the project and help them understand why research is important and what it means to participate.

5.6 Organisational privacy considerations

Once a client record is created, all Data Exchange users within the organisation can see it.

Organisations must have processes and controls in place to keep this information safe and prevent unauthorised access.

Records should only be accessed by authorised staff who need the information to deliver services to the client. Organisations must **never** share a client's personal information with DSS or funding agencies by phone or email (for example, when contacting the Data Exchange Helpdesk)

If an organisation becomes aware of a cyber security incident or a possible data breach, they must notify DSS and their funding agency as soon as possible.

5.6.1 Cyber Security Incidents

According to the Australian Cyber Security Centre's (ACSC) [Guidelines for Cyber Security Incidents](#), a Cyber Security incident is:

A cyber security incident is an unwanted or unexpected cyber security event, or a series of such events, that either has compromised business operations or has a significant probability of compromising business operations.

Unauthorised access to the Data Exchange system is a possible cyber security incident.

Organisations should have processes and controls in place to prevent and manage cyber security incidents for the Data Exchange. For example, ACSC's [Small Business Cyber Security Guide](#) recommends organisations:

- make an **emergency plan**, including processes for staff to report potential cyber security incidents
- **educate employees** on cyber security issues, including:
 - encouraging employees to visit [cyber.gov.au/learn](https://www.cyber.gov.au/learn)
 - adding cyber security training or practices into the induction process
 - encouraging positive security habits in staff
- implement Data Exchange **access controls**, including ensuring:
 - users have the bare minimum permissions they need to perform their work
 - revoking access from staff who leave the business.

All users with access to DSS IT resources have particular responsibilities in respect of:

- Password security. No-one is to attempt to bypass or defeat DSS' IT security system.
- Everyone is responsible for maintaining the integrity of software and hardware under their ownership and ensuring that its condition does not prejudice the integrity of DSS' propriety or licensed software or hardware.

The following resources may assist organisations in meeting their Data Exchange cyber security responsibilities:

- ACSC's [Resources for business and government](#) at <https://www.cyber.gov.au/>
- Australian Charities and not for Profit Commission's (ACNC) [Governance Toolkit: Cyber Security](#) at <https://www.acnc.gov.au/>.

5.6.2 Data Breaches

According to the Office of the Australian Information Commissioner (OAIC):

A data breach happens when personal information is accessed, disclosed without authorisation, or is lost.

If client's record in the Data Exchange is shared with or accessed by an unauthorised person, this is a possible data breach under the Privacy Act. A data breach may occur as part of a cyber security incident.

Organisations should have processes and controls in place to prevent and manage data breaches for the Data Exchange. For example, Office of the Australian Information Commissioner's (OAIC) [Protecting customers' personal information](#) recommends organisations:

- have personal information handling processes and procedures, and ensure staff undertake regular privacy training
- ensure staff access personal information on a need-to-know basis

- have policies on information security, including ICT security, physical security and access security take care when handling sensitive information
- have a data breach response plan.

The following OAIC resources at <https://www.oaic.gov.au/privacy/> may assist organisations in meeting their Data Exchange privacy and data breach responsibilities:

- [Privacy guidance for organisations and government agencies](#)
- [Data breach preparation and response](#) guide.

6 Collecting the priority requirements

The priority requirements are a small set of mandatory data items. These data items capture the demographics of clients accessing program activities, how often clients are attending, where they are attending and what program activities they are attending.

In summary, the priority requirements reflect the collection of information about client details, case and session details, and client consent to participate in follow-up research.

This section presents practical information about each of these concepts to support managers and frontline staff to consistently and accurately collect the required data.

Go to the [Data Exchange website](#) for more information on configuring systems and service delivery information such as how to use cases, sessions and service types. The data values are listed in Section 12 of this document.

6.1 Client level data

Client-level priority requirements capture client details and demographic characteristics. This provides an understanding of each client's pathways over time, on a de-identified basis.

Organisations must use best efforts to request collection of priority requirement client-level data from clients directly receiving services. The organisation must then report the responses received to the Data Exchange in accordance with sections 5.2 and 5.3.

Organisations must seek a client's consent to collect, use, disclose or store their personal information. Where a client chooses not to provide enough information to create a client record, the client should be reported as an unidentified client in accordance with section 3.8.

A client record only needs to be created once. It can then be maintained, updated and edited at any time.

Client records are the basic 'building blocks' of the Data Exchange Framework and are used to answer standard questions such as:

- how many clients were assisted?
- how many clients were assisted in previous reporting periods?
- how many clients received assistance under different funded activities?
- how many clients received assistance from a funded activity delivered by a different organisation?
- how many clients receiving assistance were from vulnerable target population groups?

Answers to these questions will help tell the broader story about the outcomes being achieved, by providing an understanding of **who** these outcomes are being achieved for and **when**.

6.1.1 Collecting client given and family names

Collecting a client's name would typically occur the first time that a client accesses any funded activity from an organisation, either in a registration form or in an intake interview. Organisations are free to gather this information in accordance with their standard practices.

A client's given name and family name are recorded because they form part of the SLK used to uniquely identify clients without disclosing personal information. **Given name** is typically a client's first name, but it may include one or more middle names. Ideally, the given name should be recorded exactly as it is on key identification documents such as a passport or driver's license.

Family name is typically the client's last name, or surname, and ideally should be recorded exactly as it is spelled on key identification documents.

Where clients are known by more than one name, or prefer to be called by a particular name, for example Joe rather than Joseph, their given and family names should reflect the name the client offers.

Where a client does not have identification documentation or chooses not to disclose their identifying information, the organisation should record the given and family name that is most commonly used or preferred to be used by the client.

Where a client does not wish to disclose their 'real' name, the organisation should indicate that a pseudonym is being used and record a pseudonym that ideally is used again if the client returns for other services. Where a client only has one name, this would be entered as their first and last name.

6.1.2 Date of birth

A client's date of birth is recorded for two reasons: it forms part of the SLK and provides a direct means of calculating the client's age.

Age groups demonstrate part of the standard demographic profile for clients required by many government programs and is of particular importance to programs that target age-specific cohorts.

Where a client does not know their date of birth or does not wish to disclose it, it is acceptable for an estimated date of birth to be used. An estimated date of birth indicator is in the Data Exchange and should be used to flag when this occurs. For example, if a client thinks they are approximately 30 years old (and it is 2019), the estimated date of birth indicator is flagged and the year of birth is recorded as 1989.

6.1.3 Gender

A client's gender is recorded because it forms part of the SLK and is recorded based upon how the client self-identifies. Please note that gender is different to sexuality and sexual orientation, which are not recorded in the Data Exchange.

The Data Exchange uses standard data definitions for gender developed by the Australian Bureau of Statistics (ABS) under their new [Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables, 2020](#), with five options::

- Man or Male
- Woman or Female
- Non-binary
- Different term [Free text field up to 100 characters]
- Prefer not to answer

The 'Non-binary' response is used where a client does not identify as male or female. Should a client use a term that does not align with the term listed, the term can be described under 'Different term'. If a client chooses not to disclose their gender, it is acceptable to record 'Prefer not to answer'.

6.1.4 Residential address

Information about where clients live can assist with understanding if services are located in the right area.

A client's residential address can also be compared to an outlet address to understand how far the client may be travelling to access a service, or how far staff may be travelling to deliver a service to a client.

A client's residential address can also be linked to other useful information to help understand a client's circumstances, such as the Socio-Economic Indexes for Areas (SEIFA) rankings and the Australian Bureau of Statistics (ABS) community profiles.

Within the Data Exchange, there is the capacity to record a full residential address for each client (street level, suburb, state and postcode). At a minimum, a client's state, suburb and postcode are considered part of the priority requirements and must be recorded to create the client record.

The identity of clients consenting to the reporting of their full residential address is protected by converting the data to the Australian Statistical Geography Standard. This means that a geography code is recorded in place of the client's address, which de-identifies the record.

In exceptional circumstances, it may not be appropriate to record the client's full residential address, such as where the client is experiencing domestic violence and does not wish to provide even their suburb, state and postcode due to fears for their personal safety. In these circumstances, the service outlet suburb, state and postcode should be recorded instead.

6.1.5 Recording a homeless client's residential address

If a client is homeless or of no fixed address, the client or organisation can determine the most appropriate address to be recorded. This may be the suburb, state and postcode of where the client usually spends the night, or suburb, state and postcode of the outlet where the client is seeking assistance. A flag to indicate the client is currently homeless is in the extended demographics section of the Data Exchange.

6.1.6 Indigenous status

A client's Indigenous status is recorded to provide an important understanding of whether clients who identify as Aboriginal or Torres Strait Islander origin are accessing services. Under standard data collection definitions used by the AIHW, five options are available to record a client's Indigenous status.

Indigenous status is part of the standard demographic profile for clients of many government programs and is of particular importance in ensuring Indigenous people and communities have appropriate access to funded services.

Where a client chooses not to disclose their Indigenous status, it is acceptable to record 'Not stated/Inadequately described'.

6.1.7 Cultural and Linguistic Diversity (CALD)

A client's CALD background is recorded to provide an important understanding of whether CALD clients are accessing services. Under standard data collection definitions used by the Australian Institute of Health and Welfare (AIHW), two questions are used to record a client's CALD status:

(a) Country of birth

- Record the country of birth indicated by the client
- A list of values is based on the Australian Bureau of Statistics [Standard Australian Classification of Countries \(SACC\), 2016](#)

(b) Main language spoken at home

- Record the main language spoken at home indicated by the client.
- A list of values is based on the Australian Bureau of Statistics [Australian Standard Classification of Languages \(ASCL\), 2016](#)

More detailed information about a client's CALD background such as ancestry is collected in the extended demographics section of the Data Exchange.

CALD status is part of the standard demographic profile for clients of many government programs and is of particular importance to ensure CALD clients and communities have appropriate access to funded services.

This information can also be beneficial for organisations in determining whether the engagement of translating services or bilingual staff may assist in better service delivery for their clients. Where a client chooses not to disclose their CALD status, it is acceptable to record 'Not stated/Inadequately described'.

6.1.8 Disability, impairment or condition

Clients are asked to self-identify whether they have a disability, impairment or condition because it is important for organisations and funding agencies to know whether clients with disability are accessing services.

Under standard data collection definitions used by the AIHW, disability is recorded in groupings that most clearly express the experience of disability by a person. Disability groupings constitute a broad categorisation of disabilities in terms of the underlying health condition, impairment, activity limitations, participation restrictions, environmental factors and support needs. Categories in the Data Exchange include:

- **Intellectual/learning:** associated with impairment of intellectual functions which limit a range of daily activities and restrict participation in a range of life areas, for example, but not limited to; dyscalculia, dysgraphia, dyslexia.
- **Psychiatric:** associated with clinically recognisable symptoms and behaviour patterns frequently associated with distress that may impair personal functioning in normal social activity, for example, but not limited to; Asperger syndrome, attention deficit hyperactivity disorder, autism, behavioural disorders, bipolar, depression, eating disorders, epilepsy, manias, phobias, schizophrenia, somnias.
- **Sensory/speech:** including vision disability (blindness, vision impairment); hearing disability (deafness, hearing impairment that cause severe restrictions in communication); deaf-blind (dual sensory impairments causing severe restrictions in communication); speech disability (speech loss, impairment which causes severe restrictions in communication).
- **Physical/diverse:** associated with the presence of an impairment, which may have diverse effects within and among individuals, including effects on physical activities such as mobility. This grouping includes physical disability, for example; paraplegia, quadriplegia, muscular dystrophy, motor neurone disease, neuromuscular disorders, cerebral palsy, absence or deformities of limbs, acquired brain injury, neurological disability (including epilepsy, dementias, multiple sclerosis and Parkinson disease).
- **None:** no disability, or no disability, impairment or condition are identified by the client.
- **Not stated/inadequately described.**

When recording data about disability, impairments or conditions clients should self-identify, and can identify with more than one group, for example physical/diverse and intellectual/learning.

Data about disability status is part of the standard demographic profile for clients of many government programs and is of particular importance to ensure people with a disability have appropriate access to funded services. Where a client chooses not to disclose if they have a disability, impairment or condition, it is acceptable to record 'Not stated/Inadequately described'.

6.2 Service delivery information

The concept of a case and session are integral to the Data Exchange as they maintain a consistent way to link a client with instances of service and to help tell the 'story' about outcomes achieved for clients.

Once a client record is created in the Data Exchange, it must be linked to the program and activities the client is participating in. This is captured using the case and session records. A case is the first step in recording service delivery information within the Data Exchange.

6.2.1 Case details

The second tier of the priority requirements is a case record, which includes a case ID, program activity, and outlet information. A case record is only created once for each unique case and is used over multiple reporting periods.

Each case record includes:

- **Case ID:** an alphanumeric code or title that uniquely identifies the case, and which is named in a way that is meaningful to the user. The case ID business rules are the same as those for the client ID: the case ID must be unique within the organisation and not include any identifiable information, such as a client's name or their Centrelink Customer Reference Number. Users of the Data Exchange web-based portal may leave the field blank, in which a case ID is automatically generated (numeric only). The field is mandatory for those uploading data through the bulk upload or system-to-system methods.
- **Program activity:** the funded activity that the case is being delivered under.
- **Outlet:** the location where the case is primarily being delivered. A case cannot have more than one outlet.
- **One or more client records:** links one or more clients to a case (or in limited circumstances an aggregate number of unidentified clients).

The number of case records an organisation creates will depend on the type of funded activity(ies) they deliver and the way these services are delivered. For example, if providing counselling to couples or families it would make sense to create a case for each couple/family. This would allow a user to see and reflect on the family composition of each couple/family, easily navigate the portal for efficient data entry, and potentially count the total number of cases as the number of couples/families accessing services.

In contrast, for organisations delivering activity-based services, it may be better suited to create a case for each of the locally run activities delivered in the community, such as a breakfast club or education course.

For organisations using the bulk upload or system-to-system method, the concept of a case is a node that allows all three tiers of the Data Exchange data (clients, cases and sessions) to be effectively uploaded.

6.2.2 Session details

The third tier of the priority requirements is a session record. A session record captures the types of services being delivered under the relevant case, which clients attended, and the dates of service. Sessions also indicate that a case was active within a reporting period. Each session record consists of:

- **Session ID:** a numeric code or title that identifies a particular instance/ episode of service. The session ID must be unique within the case and cannot include identifiable client information. Users of the Data Exchange web-based portal may leave the field blank, and a session ID is automatically generated (numeric only). The field is mandatory for those uploading data through the bulk upload or system-to-system methods.
- **Session date:** the date the instance/episode of service occurred.
- **Service type:** the main focus for the session delivered. If a session covered multiple service types, the most relevant one should be chosen, either based on the majority of time spent or the main way an outcome was achieved.
- **Client attendance:** recorded for each client that was present at the session.
- **Unidentified client attendance:** the aggregate number of unidentified clients who attended a session. This should be limited to large groups where the collection of client level information is not feasible. Unidentified client attendance at a session must be less than or equal to the number of unidentified clients against the case.

When recording a session, organisations should select the service type, which best reflects the nature of service delivery in that particular session. Different service types are associated with different funded activities. Within the Data Exchange web-based portal, only the relevant service types are available for a user to choose.

For organisations using the bulk upload or system-to-system method, sessions are a node that complete all three tiers of Data Exchange data (clients, cases and sessions) being effectively uploaded.

6.3 Program specific mandatory fields

The Data Exchange Framework establishes streamlined and standardised program performance reporting to inform priority requirements. A small number of funded activities require additional mandatory data items to be reported, as listed below. Go to Section 12 of this document for a comprehensive list of the field values.

6.3.1 Commonwealth Home Support Programme mandatory fields

The following items are required and will only present if the client is participating in the Commonwealth Home Support Programme activity:

- **Accommodation setting:** organisations are asked to record the accommodation setting category that best describes that of the client.
- **Living arrangements:** this is required for this program activity as it provides important information about a client's presenting context. Living arrangements and its categories are adapted from the data collection definitions used by the AIHW. This information can also be collected as 'household composition' in the partnership approach.
- **DVA card status:** a client's Department of Veterans' Affairs (DVA) card status is collected.
- **Existence of a Carer:** this field is required to determine how many clients have care arrangements in place. This question is a yes/no response.
- **Amount of assistance provided:** measured as hours and minutes, quantity, cost and/or type. These data fields will only present once the service type is selected in the session. For more information go to the program specific guidance on the [Data Exchange website](#)
- **Fees charged:** this item is captured at the session level. It allows organisations to report whether the participants of the session were charged a fee to attend the service and reflects the program activity policy regarding fee collection. This item is captured as a dollar figure.
- **Exit reason:** users can record the reason a client exited a service.

6.3.2 Family Law Services mandatory fields

The following items are required and will only present when a relevant Family Law Service is selected at the case and session creation level:

- **Parenting agreement reached:** this item is captured at the case level. It supports the measurement of an important program specific outcome, reflecting if a parenting agreement was reached between parties. The response options are Full agreement, Partial agreement, or No agreement.
- **Date of parenting agreement:** records the date the parenting agreement was agreed or reached.
- **Did a legal practitioner assist in parenting mediation sessions:** This yes/no question is also related to the above questions, indicating if a legal practitioner is present and participates in parenting mediation session. It must be completed.
- **Section 60(I) certificate type:** this item is used to record a section 60(I) certificate.
- **Date of certificate issued:** this item is related to the Section 60(I) certificate data field and records the date the Section 60(I) certificate was issued.

- **Property agreement reached:** this item is captured at the case level. It supports the measurement of an important program specific outcome, reflecting if a property agreement was reached between parties. The response options are Full agreement, Partial agreement, or No agreement.
- **Date of property agreement:** records the date the property agreement was agreed or reached.
- **Did a legal practitioner assist in property mediation sessions:** This yes/no question is also related to the above questions, indicating if a legal practitioner is present and participates in property mediation session. It must be completed.
- **Fees charged:** this item is captured at the session level. It allows organisations to report whether the participants of the session were charged a fee to attend the service and reflects the program activity policy regarding fee collection. This item is captured as a dollar figure.

6.3.3 Financial Wellbeing and Capability mandatory field

The following items are only required for the Commonwealth Financial Counselling and Financial Capability, and Money Support Hubs program activities where it is part of the session creation process. When the service type 'Education and Skills Training' is selected, the following field becomes mandatory:

- **Money management course delivered:** this item is captured at the session level. The field contains the workshop types able to be delivered under this program activity and allows organisations to show that clients have undertaken the required training.

6.3.4 National Disability Advocacy Program mandatory fields

The following items are only required for the National Disability Advocacy Program (NDAP) program activities where it is part of the session creation process. The following question is mandatory.

- **Topic:** this item is captured at the session level. This field allows organisations to select the reason why a client is accessing a service.

6.3.5 Rural Financial Counselling Service mandatory fields

The following items are only required for the Rural Financial Counselling Service (RFCS) program activities where it is part of the case and session creation process.

- **Agriculture Business Type:** this item is captured at the case level. This field allows organisations to record the business type indicated by the client, which has generated more than 50% of the client's income over the last three years.
- **Hardship:** this item is captured at the session level. This field is used to indicate the client's primary cause of difficulty or concern affecting their business. Hardship is a mandatory field that must be recorded for all sessions where an intake service type is selected. That is, when either Case managed – Intake, Transactional – Intake, or Service Transition is selected.
- **External Referral Destination:** this item is used to describe a client's referral to another service from the Rural Financial Counselling Service.

7 Collecting partnership approach data

The partnership approach is a collection of extended data items as well as Standard Client/Community Outcomes Reporting (SCORE) data items. Organisations participating in the partnership approach report an extended data set, in exchange for access to additional self-service reports.

The partnership approach is required for a funded activity when stipulated in the funding agreement and/or Program Specific Guidance. Where the partnership approach is not required, organisations may nonetheless choose to opt in.

This section presents practical information about collecting and reporting the extended data items under the partnership approach. Go to Section 8 of this document for detailed information about collecting and reporting SCORE and Section 12 for a list of data values.

The extended data items under the partnership approach include information about a client's presenting needs and circumstances, such as the reason for seeking assistance, referrals (in and out), household composition and income status. Unless specified as a requirement in the Program Specific Guidance, extended data item reporting is optional.

7.1 Client needs and presenting context

Organisations participating in the partnership approach report additional data items about client needs and presenting circumstances where they already collect such data, or where they consider this information to be relevant and are able to collect it.

There are eleven data categories, set out below, which identify client needs and presenting circumstances. For many organisations, this information is already collected as part of internal service planning. Other items (such as migration visa) may only be relevant for specific funded activities. An organisation can choose to record some or all of the additional items, selecting those that are relevant to their clients and services.

Unless specified as a requirement in the Program Specific Guidance, all of the following listed items are optional.

7.2 Reasons for seeking assistance

Data about the reason clients sought assistance is collected to inform service planning to better respond to presenting needs. The optional categories for describing the reason for seeking assistance are standardised to reflect the SCORE outcome domains that cover the range of funded activities captured as part of the Data Exchange Framework. For each client, data is recorded about the main reason for seeking assistance and, if relevant, a secondary reason for seeking assistance. Reasons for seeking assistance are recorded at the case level, to allow organisations to reflect that clients go to different activities to address different needs. This field is optional.

The categories describing the reason for seeking assistance are:

- **Age-appropriate development:** where the client is seeking to improve age-appropriate development.
- **Community participation and networks:** where the client is seeking to change the impact of poor community participation and networks on their independence, participation and wellbeing.
- **Family functioning:** where the client is seeking to improve family functioning and change its impact on their independence, participation and wellbeing.
- **Financial Resilience:** where the client is seeking to improve financial resilience and change its impact to improve the client's independence, participation and wellbeing.
- **Employment:** to change the impact of a client's lack of employment on their independence, participation and wellbeing.
- **Education and skills training:** where the client is seeking to engage with education and skills training to improve their independence, participation and wellbeing.
- **Material wellbeing and basic necessities:** to address the client's immediate lack of money and basic items needed for day-to-day living and to improve their independence, participation and wellbeing.
- **Housing:** where the client is seeking to improve their housing stability or address the impact of poor housing on their independence, participation and wellbeing.
- **Mental health, wellbeing and self-care:** where the client is seeking to change the impact of mental health issues and self-care issues on their independence, participation and wellbeing.
- **Personal and family safety:** where the client is seeking to change the impact of personal and family safety issues on their independence, participation and wellbeing.

- **Physical health:** where the client is seeking to change the impact of their physical health on their independence, participation and wellbeing.

Many clients' needs are complex and change over time. The 'real' reason for seeking assistance is often not apparent until after a client initially engages with the organisation. While recognising these limitations, data about the reasons for seeking assistance is recorded towards the start of the service to provide a high-level indication of the presenting need—within one of the standard circumstance outcome domains.

Reasons for seeking assistance is recorded as either the:

- **Primary reason for seeking assistance:** the main reason for seeking assistance, classified as one of eleven possible categories.
- **Secondary reasons for seeking assistance:** the secondary reasons for seeking assistance, if relevant select another reason from the eleven possible categories. In most cases, this should be limited to one or two.

7.3 Referral source

Referral source is the person or agency responsible for referring a client to an organisation. The source of referral is important in mapping client pathways and access points. This optional field helps organisations to identify the main avenues their clients come through to reach their services. This information is used to help target networking and communication strategies to increase client engagement with a particular funded activity if desired. This field is optional.

Based on the data collection definitions used by the AIHW, referral source is classified into three standard categories (agency/organisation, non-agency, not stated). This information is recorded at the case level and allows organisations to reflect that clients are referred from different sources for each case.

Agency/organisation

- Health agency
- Community services agency
- Educational agency
- Internal
- Legal agency
- Employment/job placement agency
- Lender/financial agency
- Accounting agency
- Centrelink
- My Aged Care Gateway
- Linkages Program
- CoS Program
- Local Area Coordinator (LAC) Referral
- NDIS Referral
- Humanitarian Settlement Program
- Other agency

Non-agency

- Self
- Family
- Friends
- General Medical Practitioner
- Other party
- Not stated/inadequately described

7.4 Referrals to other services

Data is recorded about referrals made to other services to reflect a client's need for help outside the scope of the funded activity. Referrals are recorded at the session level and can include one internal and one external type of referral per session record. Where more than one referral of each type is made, they are recorded in a separate session.

Two data items are recorded to reflect referrals to other services:

Referral to other service

- **Internal:** made to another service offered within the same organisation
- **External:** made to a service that is provided by a different organisation

Referral purpose

- **Physical health:** the client is referred to assist with the impact of their physical health on their independence, participation and wellbeing.
- **Mental health wellbeing and self-care:** the client is referred to help the impact of client's mental health and self-care issues on their independence, participation and wellbeing.
- **Personal and family safety:** the client is referred to help with the impact of personal and family safety issues on their independence, participation and wellbeing.
- **Age-appropriate development:** the client is referred to help improve age-appropriate development.
- **Community participation and networks:** the client is referred to help with the impact of poor community participation and networks on their independence, participation and wellbeing.
- **Family functioning:** the client is referred to improve family functioning and change its impact to improve the client's independence, participation and wellbeing.
- **Financial Resilience:** the client is referred to help improve financial resilience and change its impact to improve the client's independence, participation and wellbeing.
- **Employment:** the client is referred to help with the impact of a client's lack of employment on their independence, participation and wellbeing.
- **Education and skills training:** the client is referred to help with the impact of a client's inability to engage with education and skills training on their independence, participation and wellbeing.
- **Material wellbeing and basic necessities:** the client is referred to help with the impact of the client's immediate lack of money and basic items needed for day-to-day living to improve their independence, participation and wellbeing.
- **Housing:** the client is referred to improve their housing stability or address the impact of poor housing on their independence, participation and wellbeing.
- **Support to caring role:** the clients is referred to help with their caring responsibilities.
- **Other:** the referral purpose is not captured in the list provided.

7.5 Household composition

Data is reported about household composition as it provides important information about a client's presenting context. Household composition is classified into standard categories that are adapted from the data collection definitions used by AIHW. Household composition is adapted to include data on whether the client is homeless. This field is optional.

7.6 Highest level of education/qualification

Data is reported about highest educational achievement a person has attained. It lists qualifications and other educational attainments regardless of the particular field of study or the type of institution in which the study was undertaken. This field is optional.