

**SCHEDULE OF DOCUMENTS - FOI-1579**

**ATTACHMENT A**

<b>Doc. No.</b>	<b>No. of Pages</b>	<b>Date</b>	<b>Description of Document</b>	<b>Decision<sup>1</sup></b>	<b>Portion Exempt</b>
1	355	28.05.2019	Incoming government brief prepared for the Coalition (blue book)	REI	s 22 - pages 123-133, 138 (in part) s 42 - pages 73-76, 256-263 (in full) pages 72 and 255 (in part) s 47C - pages 1 -71, 77-119, 139-142, 156-162, 209-218, 264-335 (in full) pages 72 and 255 (in part) s 47F - pages 165-168, 171, 177-178 (in part)

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<sup>1</sup> REI = Release with Exemptions applied and irrelevant material removed

## Status of Bills

### Status of Bills before Parliament when it was prorogued and the House of Representatives dissolved

The following Health portfolio Bills were before Parliament when it was prorogued and the House of Representatives dissolved, and they have lapsed:

- Aged Care Amendment (Movement of Provisionally Allocated Places) Bill
- Australian Sports Anti-Doping Authority Amendment (Sport Integrity Australia) Bill
- Health Insurance Amendment (Bonded Medical Programs Reform) Bill
- National Health Amendment (Pharmaceutical Benefits) Bill
- National Sports Tribunal Bill
- National Sports Tribunal (Consequential Amendments and Transitional Provisions) Bill
- Australian Sports Anti-Doping Authority Amendment (Enhancing Australia's Anti-Doping Capability) Bill

### Status of Bills on the 2019 Autumn legislation programme when Parliament was prorogued and the House of Representatives dissolved

The following Health portfolio Bills that had not been before Parliament and were on the Autumn legislation program lapsed when Parliament was prorogued and the House of

s 42, s 47

- Aged Care (Accommodation Payment Security) Amendment Bill
- Aged Care (Accommodation Payment Security) Levy Amendment Bill

s 42, s 47C

- Medical and Midwife Indemnity Legislation Amendment Bill

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*Australian Sports Commission (ASC) and Australian Sports Foundation (ASF)*

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## Portfolio overview

The Department of Health is a Department of State operating under the *Public Service Act 1999* and the *Public Governance, Performance and Accountability Act 2013* (PGPA Act).

## Our vision

Better health and wellbeing for all Australians, now and for future generations.

## Our purpose

To support government and stakeholders to lead and shape Australia's health and aged care system and sporting outcomes through evidence-based policy, well targeted programs and best practice regulation.

## Our strategic priorities under our current 2019 Corporate Plan

### Better health and ageing outcomes and reduced inequality through:

- an integrated approach that balances prevention, primary, secondary and tertiary care
- promoting greater engagement of individuals in their health and healthcare
- enabling access for people with cultural and diverse backgrounds including Aboriginal and Torres Strait Islander peoples, people in rural and remote areas and people experiencing socio-economic disadvantage

### Affordable, accessible, efficient, and high quality health and aged care system through:

- partnering and collaborating with others to deliver health and aged care programs
- better, more cost-effective care through research, innovation and technology
- regulation that protects the health and safety of the community, while minimising unnecessary compliance burdens

### Better sport outcomes through:

- boosting participation opportunities for all Australians
- optimising international performance
- safeguarding integrity in sport

## Secretary - Glenys Beauchamp PSM



Glenys Beauchamp was appointed Secretary of the Department of Health on 18 September 2017.

Glenys has had an extensive career in the Australian Public Service at senior levels with responsibility for a number of significant government programs covering economic and social policy areas.

She has more than 25 years of experience in the public sector and began her career as a graduate in the Industry Commission. Before her current role, Glenys was:

- Secretary, Department of Industry, Innovation and Science (2013 to 2017)
- Secretary, Department of Regional Australia, Local Government, Arts and Sport (2010 to 2013)
- Deputy Secretary, Department of the Prime Minister and Cabinet (2009 to 2010)
- Deputy Secretary, Department of Families, Housing, Community Services and Indigenous Affairs (2002 to 2009).

Glenys has held a number of executive positions in the ACT Government, including Deputy Chief Executive, Department of Disability, Housing and Community Services and Deputy CEO, Department of Health. She also held senior positions in housing, energy and utilities functions with the ACT Government.

Glenys was awarded a Public Service Medal in 2010 for coordinating Australian Government support during the 2009 Victorian bushfires. Glenys has an economics degree from the Australian National University and a Master of Business Administration from the University of Canberra.

### Contact details:

Role: Secretary

Email: [Glenys.Beauchamp@health.gov.au](mailto:Glenys.Beauchamp@health.gov.au)

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Mobile: s 22

## Chief of Staff - Amy Winterbine



Amy Winterbine joined the Department of Health in 2007 and is the Chief of Staff. Amy's responsibilities include providing strategic support and advice to the Secretary, managing critical tasks, identifying opportunities and monitoring progress on key activities and processes.

During her time at Health, Amy has worked in a number of high profile areas including Private Health Insurance, Medicare Benefits and Budget.

Amy has also worked at the Department of Finance where she contributed to the delivery of several Budget and Mid-Year Economic and Fiscal Outlook processes. Amy has an economics degree and a business degree from the University of Newcastle and a Master of Public Administration from the University of Canberra.

### Contact details:

Role: Chief of Staff

Email: [Amy.Winterbine@health.gov.au](mailto:Amy.Winterbine@health.gov.au)

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## Chief Operating Officer - Matt Yannopoulos, PSM



Matt Yannopoulos took up the role of Chief Operating Officer on 9 July 2018. In this position he is responsible for the Department of Health's corporate and enabling areas including finance, legal, corporate services, Health's state network, human resources, communications and information technology.

Prior to this, Matt was the Senior Responsible Officer for the Child Care Reform Implementation at the Department of Education. In this role has was responsible for the leadership and direction for the Program of Child Care Reform Implementation including the build of the new IT system supporting the child care reforms across the Departments of Education, Human Services and Social Services. Matt was awarded the Public Service Medal in 2019 for the leadership and delivery of reform to payments for child care.

Matt has held previous government positions including First Assistant Secretary, Portfolio Investment Division and Chief Information Officer (CIO) at Health, as well as other significant roles such as Portfolio CIO of the Department of Immigration and Border Protection and as the Department of Defence's first Chief Technology Officer.

Matt has an accounting and information technology background and is an accredited CPA. He is also an Adjunct Professor at the University of Canberra.

### Contact details:

Role: Chief Operating Officer – Corporate Operations

Email: [Matt.Yannopoulos@health.gov.au](mailto:Matt.Yannopoulos@health.gov.au)

Phone: (02) 6289 1829

Mobile: s 22



## Chief Medical Officer - Professor Brendan Murphy



Professor Brendan Murphy is the Chief Medical Officer for the Australian Government and is the principal medical adviser to the Minister and Health. He also holds direct responsibility for Health's Office of Health Protection and the Health Workforce Division. In addition to the many committees he chairs, co-chairs and participates in, he is the Australian Member on the International Agency for Research on Cancer (IARC) Governing Committee and represents Australia at the World Health Assembly.

Prior to his appointment Brendan was the Chief Executive Officer of Austin Health in Victoria.

Professor Murphy is:

- a Professorial Associate with the title of Professor at the University of Melbourne
- an Adjunct Professor at Monash University
- a Fellow of the Australian Academy of Health and Medical Sciences
- a Fellow of the Royal Australian College of Physicians
- a member of the Australian Institute of Company Directors.

He was formerly CMO and director of Nephrology at St Vincent's Health, and sat on the Boards of Health Workforce Australia, the Florey Institute of Neuroscience and Mental Health, the Olivia Newton-John Cancer Research Institute and the Victorian Comprehensive Cancer Centre. He is also a former president of the Australian and New Zealand Society of Nephrology.

### Contact Details:

Role: Deputy Secretary/Chief Medical Officer – Chief Medical Officer

Email: [Brendan.Murphy@health.gov.au](mailto:Brendan.Murphy@health.gov.au)

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## **Deputy Secretary for Health Products Regulation – Adjunct Professor John Skerritt**



Adjunct Professor John Skerritt heads the Health Products Regulation Group, which works to safeguard and enhance the health of all Australians through effective, timely and risk proportionate regulation of therapeutic goods through the Therapeutic Goods Administration. The Health Products Regulation Group also regulates the import, export and manufacture of controlled drugs as well as the cultivation and manufacture of cannabis for medicinal purposes through the Office of Drug Control.

John was formerly a Deputy Secretary in the Victorian Government and has extensive experience in medical, agricultural and environmental policy, regulation, research management, technology application and commercialisation. John was the Deputy Chief Executive Officer of the Australian Centre for International Agricultural Research and a Ministerial appointee on the Gene Technology Technical Advisory Committee. During the 1990s, he held senior management positions in CSIRO and Cooperative Research Centres.

He has significant experience on boards of international and national organisations and more than 25 years of experience in negotiating and leading international technical and commercial collaborations. He is currently Vice-Chair of the International Coalition of Medicines Regulatory Authorities and the Scientific Advisory Council of the Centre for Innovation in Regulatory Science.

John is an Adjunct Full Professor of the Universities of Sydney, Queensland and Canberra. He has a University Medal and PhD from the University of Sydney. He is a graduate of the Senior Executive Programs of London Business School and of IMD Business School, Switzerland. He is a Fellow of the Academy of Technological Sciences, and he is a Fellow of the Institute of Public Administration of Australia (Vic).

### **Contact details:**

Role: Deputy Secretary – Health Products Regulation

Email: [John.Skerritt@health.gov.au](mailto:John.Skerritt@health.gov.au)

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## **Deputy Secretary for Health Systems Policy and Primary Care Group – Caroline Edwards**



Caroline Edwards joined the Department of Health in November 2017 as the Deputy Secretary for Health Systems Policy and Primary Care Group. Caroline's responsibilities include primary care and mental health, health economics and research, Aboriginal and Torres Strait Islander health, whole of portfolio strategic policy and Commonwealth-State relations.

Before joining Health, Caroline was Deputy Secretary of the Health and Aged Care Group in the Department of Human Services where she delivered programs in the health portfolio including Medicare, the Pharmaceutical Benefits Scheme and aged care payments.

Caroline's earlier career focused on social policy, particularly Aboriginal and Torres Strait Islander affairs. This has included policy and program roles in Canberra and the Northern Territory (NT) covering Aboriginal land negotiations, remote service delivery and welfare reform. Various roles have required close engagement with state and territory governments, a range of stakeholders and community. She also took a secondment to the Treasury in 2016 to lead local and international action on corporate tax avoidance issues.

Caroline has worked outside the Australian Public Service (APS) as a solicitor in private practice and at Aboriginal Legal Aid in Darwin, as a Judicial Registrar in the NT Magistrates Court and as NT District Registrar of the Federal Court, where she exercised judge delegated functions as well as conducting mediation and case management of native title, commercial law and other cases.

Caroline is committed to developing leadership within the APS as well as fostering diversity and innovation. Caroline holds a Bachelor of Laws with first class Honours from Monash University.

### **Contact details:**

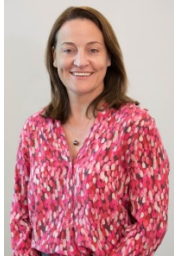
Role: Deputy Secretary – Health Systems Policy and Primary Care

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Phone: (02) 6289 1235

Mobile: s 22

## Deputy Secretary for Health Financing - Penny Shakespeare



Penny Shakespeare is Deputy Secretary of the Health Financing Group in the Department of Health. This includes the Technology Assessment and Access Division, Medical Benefits Division and Provider Benefits Integrity Division.

Since joining the department in 2006, Penny has held a number of senior leadership positions. Penny was the First Assistant Secretary of the Technology Assessment and Access Division, where she led the division through a period of significant change to further build on the division's capabilities in Health Technology Assessment.

Penny also previously led the Health Workforce Division as First Assistant Secretary and was head of the department's Medical Benefits Branch and Private Health Insurance Branch.

Before joining the department, Penny worked as an industrial relations lawyer in the Department of Employment and Workplace Relations, and in regulatory policy roles, including as head of the ACT Office of Industrial Relations. She was a member of the National Occupational Health and Safety Commission and the Workplace Relations Ministers' Advisory Council.

Penny has a Bachelor of Laws, a Masters Degree in International Law and is admitted as a barrister and solicitor.

### Contact details:

Role: Deputy Secretary – Health Financing

Email: [Penny.Shakespeare@health.gov.au](mailto:Penny.Shakespeare@health.gov.au)

Phone: (02) 6289 3348

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## Deputy Secretary for Population Health and Sport – Dr Lisa Studdert



Dr Lisa Studdert is the Deputy Secretary for Population Health and Sport. In addition, Lisa leads the coordination of processes supporting the Royal Commission into Aged Care Quality and Safety, including the Aged Care Royal Commission Taskforce.

Lisa joined Health in June 2013 as a First Assistant Secretary in the Therapeutic Goods Administration, and went on to lead the Population Health and Sport Division, with oversight of population health, sport, sport integrity, cancer policy and screening, hearing and aged care reform and compliance business areas. She worked in the office of the Minister for Health, Greg Hunt, and as Chief of Staff to former Health Minister, Sussan Ley.

In 2011, Lisa was a member of the senior leadership team at the Australian National Preventive Health Agency and she also has a background working in population and preventive health policy and programs in Australia and internationally.

Lisa is a PhD graduate of Cornell University.

### Contact details:

Role: Deputy Secretary – Population Health and Sport

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## Deputy Secretary (Special Adviser) – Dr Margot McCarthy



Dr Margot McCarthy joined the Department of Health in November 2015 after responsibility for the Ageing and Aged Care portfolio transferred to Health from the Department of Social Services. Margot is currently working off-line on a long term aged care policy project.

Margot has held a number of senior positions in the Department of Defence, Department of the Prime Minister and Cabinet (PM&C) and the Department of Social Services.

In February 2013, she was appointed as an Associate Secretary in PM&C, leading the National Security and International Policy Group, which provided advice to the Prime Minister and whole-of-government coordination on national security matters.

Margot is a graduate of Oxford University (DPhil in English Literature) and the London School of Economics and Political Science (MSc in Management). She completed her undergraduate studies at the University of New England.

### Contact details:

Role: Special Adviser

Email: [Margot.McCarthy@health.gov.au](mailto:Margot.McCarthy@health.gov.au)

Phone: (02) 6289 1479

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## Deputy Secretary A/g for Ageing and Aged Care – Dave Hallinan



David is acting Deputy Secretary for the Ageing and Aged Care Group. David's role from 2016 to April 2019 was as the First Assistant Secretary responsible for leading the Health Workforce Division. The division is responsible for the Australian Government's involvement in the regulation, training, supply and distribution of the Health Workforce, including the implementation of the Stronger Rural Health Strategy and the Murray Darling Medical School Network.

David worked in the Department of Health for the 10 years prior to 2011, in areas spanning primary care, Medicare benefits, population health and portfolio review functions. From 2011 to 2016, David worked in the Department of Finance in policy advisory roles across a wide range of portfolios before returning to the Department of Health in January 2016.

### Contact details:

Role: Deputy Secretary A/g – Ageing and Aged Care

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## Executive contact list

Position/Group	Name	Email	Office	Mobile
Secretary	Glenys Beauchamp	<a href="mailto:Glenys.Beauchamp@health.gov.au">Glenys.Beauchamp@health.gov.au</a>	02 6289 8400	s 22
Chief of Staff	Amy Winterbine	<a href="mailto:Amy.Winterbine@health.gov.au">Amy.Winterbine@health.gov.au</a>	02 6289 9446	
Deputy Secretaries				
Chief Operating Officer	Matt Yannopoulos	<a href="mailto:Matt.Yannopoulos@health.gov.au">Matt.Yannopoulos@health.gov.au</a>	02 6289 1829	
Chief Medical Officer	Prof Brandan Murphy	<a href="mailto:Brendan.Murphy@health.gov.au">Brendan.Murphy@health.gov.au</a>	02 6289 8408	
Health Products Regulation	Adj Prof John Skerritt	<a href="mailto:John.Skerritt@health.gov.au">John.Skerritt@health.gov.au</a>	02 6232 8200	
Health Systems Policy and Primary Care	Caroline Edwards	<a href="mailto:Caroline.Edwards@health.gov.au">Caroline.Edwards@health.gov.au</a>	02 6289 1235	
Health Financing	Penny Shakespeare	<a href="mailto:Penny.Shakespeare@health.gov.au">Penny.Shakespeare@health.gov.au</a>	02 6289 3348	
Population Health and Sport	Dr Lisa Studdert	<a href="mailto:Lisa.Studdert@health.gov.au">Lisa.Studdert@health.gov.au</a>	02 6289 4003	
Special Advisor	Dr Margot McCarthy	<a href="mailto:Margot.McCarthy@health.gov.au">Margot.McCarthy@health.gov.au</a>	02 6289 1479	
Ageing and Aged Care	Dave Hallinan A/g	<a href="mailto:David.Hallinan@health.gov.au">David.Hallinan@health.gov.au</a>	02 6289 9175	



## Department of Health staffing profile as at 30 April 2019

As at 30 April 2019, 4,429 people were employed by Health. The data below provides a breakdown of the staffing profile including Full Time Equivalent (FTE) and Average Staffing Level (ASL), demographics, classification and location.

### Headcount, FTE and ASL

	30 Apr 2019
Ongoing Headcount	4175
Non-ongoing Headcount	254
<b>Total Headcount</b>	<b>4429</b>
FTE	4053
ASL	4040
ASL Cap - FY 2018-19	4058

The year to date ASL at 30 April 2019 for the department was 4,040 and is tracking 18 below the ASL cap of 4,058.

### Demographics

	Department 30 Apr 2019	APS Average 30 Jun 2018
Non-ongoing staff	5.7%	9.6%
Female	68.1%	59.0%
Part-time staff	21.3%	14.3%
Aboriginal and/or Torres Strait Islander	2.4%	3.3%
Staff with disability	4.5%	3.7%
Staff turnover rate excluding voluntary redundancy and machinery of government (ongoing, annualised)	8.4%	7.8%

The department is tracking better than the APS average in the proportion of female, part-time and staff with disability.

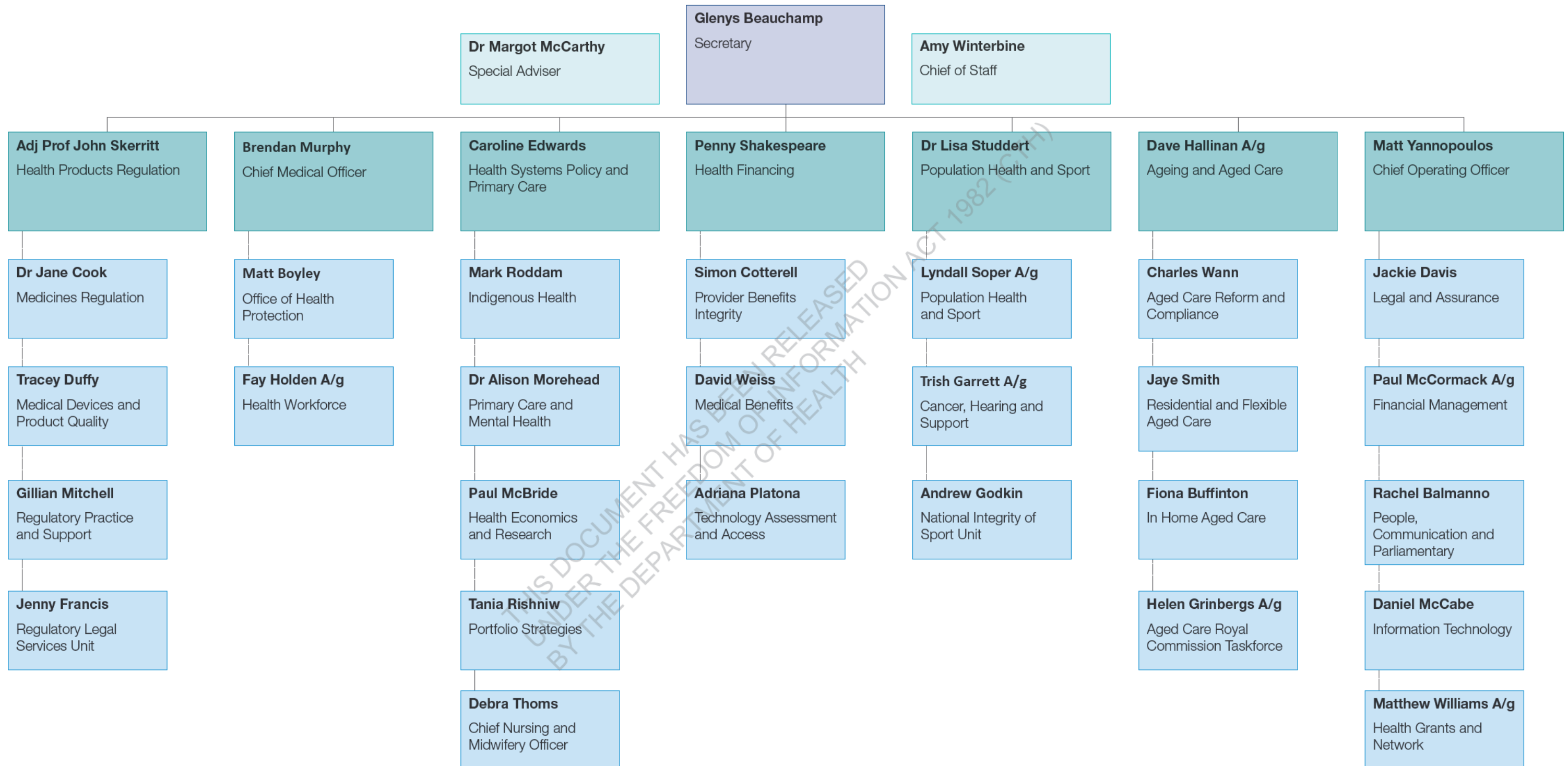
## Classification

Actual Classification and Equivalents	Headcount at 30 Apr 2019			
	Female	Male	Non-binary	Total
Secretary	1			1
Chief Medical Officer		1		1
Holder of Public Office	2	4		6
Senior Executive Band 1-3	86	57		143
Medical Officer 5-6	9	13		22
Executive Level 1-2	1,266	711		1,977
APS 1-6	1,651	627	1	2,279
<b>Department Total</b>	<b>3,015</b>	<b>1,413</b>	<b>1</b>	<b>4,429</b>

## Location

The majority of departmental staff (83.9%) are located in Canberra and 16.1% in the states and territories.

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Total headcount
Headcount 30 Apr 2019	3715	278	9	119	56	49	150	53	4,429
Percentage 30 Apr 2019	83.9%	6.3%	0.2%	2.7%	1.3%	1.1%	3.4%	1.2%	



## Outcome and program structure

Outcomes are the Government's intended results, benefits or consequences for the Australian community. Entities, such as the department, are required to use outcomes as a basis for budgeting, measuring performance and reporting. Annual Administered funding is appropriated on an outcome basis. The department currently has six outcomes and 28 programs.

### Outcome 1: Health System Policy, Design and Innovation

- 1.1: Health Policy Research and Analysis
- 1.2: Health Innovation and Technology
- 1.3: Health Infrastructure
- 1.4: Health Peak and Advisory Bodies
- 1.5: International Policy

### Outcome 2: Health Access and Support Services

- 2.1: Mental Health
- 2.2: Aboriginal and Torres Strait Islander Health
- 2.3: Health Workforce
- 2.4: Preventive Health and Chronic Disease Support
- 2.5: Primary Health Care Quality and Coordination
- 2.6: Primary Care Practice Incentives
- 2.7: Hospital Services

### Outcome 3: Sport and Recreation

- 3.1: Sport and Recreation

### Outcome 4: Individual Health Benefits

- 4.1: Medical Benefits
- 4.2: Hearing Services
- 4.3: Pharmaceutical Benefits
- 4.4: Private Health Insurance
- 4.5: Medical Indemnity
- 4.6: Dental Services
- 4.7: Health Benefit Compliance
- 4.8: Targeted Assistance – Aids and Appliances

### Outcome 5: Regulation, Safety and Protection

- 5.1: Protect the Health and Safety of the Community Through Regulation
- 5.2: Health Protection and Emergency Response
- 5.3: Immunisation

### Outcome 6: Ageing and Aged Care

- 6.1: Access and Information
- 6.2: Home Support and Care
- 6.3: Residential and Flexible Care

## Central and State and Territory Offices

There are seven state and territory offices of the department, managed by four state/territory managers. The seven offices represent the department's interests at the state and territory level and are able to ensure appropriate integration of services on the ground with those of state and territory government agencies.

State and territory staff work in partnership with local stakeholders to ensure services provided through departmental programs are responsive to the diverse local needs and conditions. State and territory offices have a key role in implementation of the department's programs in the areas of aged care, Aboriginal and Torres Strait Islander health, primary care and a number of population health and rural health initiatives.

### Key contacts

Central Office		
Canberra (Central) office	Glenys Beauchamp, Secretary 02 6289 8400	Sirius Building 23 Furzer Street Woden Town Centre ACT 2606
		Scarborough House Atlantic Street Woden Town Centre ACT 2606
State and territory offices		
NSW/ACT Office	Zamir Yusuf, acting State Manager 02 9263 3880	260 Elizabeth Street Surry Hills NSW 2010
Victoria	Christine Svarcas, State Manager 03 9665 8706	Level 9 595 Collins Street Melbourne VIC 3000
Tasmania		Level 1 100 Melville Street Hobart TAS 7000
South Australia	Ian Crettenden, State Manager 08 8237 8269	Level 13 11-29 Waymouth Street Adelaide SA 5000
Western Australia		Level 1 Australia Place 15-17 William Street Perth WA 6000
Queensland	Nicole Jarvis, State Manager 07 3360 2801	160 Ann Street Brisbane QLD 4000
Northern Territory		Level 7 Jacana House 39-41 Woods Street Darwin NT 0800

## Glossary

Accreditation	Being granted recognition for meeting designated standards for structure, process and outcome.
Accreditation (aged care)	A process through which residential aged care homes must go in order to be recognised as approved providers under the <i>Aged Care Act 1997</i> .
Acute Hospitals	Public, Department of Veterans Affairs (repatriation) and private hospitals which provide services primarily to admitted patients with acute or temporary ailments. The average length of stay is relatively short.
Adverse Event	An incident in which harm resulted to a person receiving health care.
Adverse Reaction	An adverse event where the correct process was followed for the context in which the event occurred but unexpected and unpreventable harm resulted.
Additional Estimates	Where amounts appropriated at Budget time are insufficient, Parliament may appropriate more funds to portfolios through the Additional Estimates Acts. (i.e. Appropriation Acts 3 and 4).
Administered items	Expenses, revenues, assets or liabilities that agencies administer on behalf of the Commonwealth. Administered expenses include grants, subsidies and benefits. Funds which are spent on behalf of the Government according to Government direction (for example, funding for the Pharmaceutical Benefits Scheme).
Administrative data	Data that are routinely collected in the course of general administration. Includes data from the Registrars of Births, Deaths and Marriages and hospital morbidity data.
Administrative Funds	Are funds allocated to cover the overhead or running costs structure of the Department (e.g. salaries, use of consultants, property operating expenses, printing etc.).
<i>Aedes albopictus</i>	Exotic mosquitoes that are carriers (vectors) of dengue, yellow fever, Zika and chikungunya.
Affective Disorders	Mood disorders such as depression, mania and bipolar affective disorder.
Age Standardisation	A method of removing the influence of age when comparing populations with different age structures. This is usually necessary because the rates of many diseases vary strongly (usually increasing) with age. The age structures of the different populations are converted to the same standard structure, then the disease rates that would have occurred with that structure are calculated and compared.
Agency	Means a Department of State or a Prescribed Agency.
Alzheimer's disease	A disease (named after a German physician) in which there is progressive loss of brainpower shown by worsening short-term memory, confusion and disorientation. A form of dementia.
Ambulatory Care	Care provided to hospital patients who are not admitted to the hospital, such as patients of emergency departments and outpatient clinics. The term is also used to refer to care provided to patients of community-based (non-hospital) health care services.
Antimicrobial resistance (AMR)	The ability of a microorganism (like bacteria, viruses and parasites) to stop an antimicrobial (such as antibiotics, antivirals and antimalarials) from working against it.
Anxiety disorders	A group of mental disorders marked by excessive feelings of apprehension, worry, nervousness and stress. Includes panic disorder, various phobias, generalised anxiety disorder, obsessive-compulsive

	disorder and post-traumatic stress disorder.
Arthritis	A group of disorders in which there is inflammation of the joints, which can become stiff, painful, swollen or deformed. The two main types of arthritis are osteoarthritis and rheumatoid arthritis.
Asthma	An inflammatory disease of the air passages that makes them prone to narrow too easily and too much, causing episodes of shortness of breath and wheezing or coughing. The narrowing is due to many triggers which include the house dust mite, exercise, pollens, cold weather, throat and chest infections, tobacco smoke and other factors.
Benchmark	A standard or point of reference for measuring quality or performance. See also benchmarking.
Benchmarking	A continuous process of measuring quality or performance against the highest standards. See also benchmark.
Benefits realisation	A program or activity that shows how to convert benefits into practice.
Blood Borne Viruses (BBV)	Viruses that are transmitted through contact between infected blood and uninfected blood (eg. hepatitis B and hepatitis C).
Bipolar affective disorder	A mental disorder where the person may be depressed at one time and manic at another. Formerly known as manic depression.
Blood cholesterol	Fatty substance produced by the liver and carried by the blood to supply the rest of the body. Its natural function is to supply material for cell walls and for steroid hormones, but if levels in the blood become too high this can lead to atherosclerosis and heart disease.
Blood Group	Complex chemical substances found on or in the surface of red cells that distinguish each blood group.
Body mass index (BMI)	The most commonly used method of assessing whether a person is normal weight, underweight, overweight or obese. Calculated by dividing the persons weight (in kilograms) by their height (in metres) squared. Also known as Quetelet's Index. For both men and women, underweight is a BMI below 18.5, acceptable weight is from 18.5 to less than 25, overweight is 25 and above but less than 30, and obese is 30 and over.
Capital expenditure	Expenditure on large-scale fixed assets (for example, new buildings and equipment with a useful life extending over a number of years).
Cardiovascular disease	Any disease of the heart (cardio) or blood vessels (vascular). Includes heart attack, angina, stroke and peripheral vascular disease. Also known as circulatory disease.
Casemix	The range and types of patients (the mix of cases) treated by a hospital or other health service. This provides a way of describing and comparing hospitals and other services for planning and managing health care. Casemix classifications put patients into manageable numbers of groups with similar conditions that use similar healthcare resources, so that the activity and cost-efficiency of different hospitals can be compared.
Cause of death	From information reported on the medical certificate of cause of death, each death assigned an underlying cause of death according to rules and conventions of the 9th or 10th revision of the International Classification of Diseases. The underlying cause is defined as the disease which initiated the train of events leading directly to death. Deaths from injury or poisoning are classified according to the circumstances of the violence which produced the fatal injury, rather than to the nature of the injury.
Cervical cancer	A cancer of the cervix, often caused by human papillomavirus, which is a sexually transmissible infection.

Change management	The process of developing a planned approach to change in an organisation. The objective is to make the best of the shared efforts of all people involved in the change.
Chief Executive Instructions (CEIs)	Instructions issued by the Chief Executive Officer. They outline the mandatory requirements within which all Departmental officials must work. The CEIs carry the force of the law and officials must comply with them.
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), the general term chronic diseases is usually confined to non-communicable diseases.
Clinical information system	A system that collects, stores, retrieves, and communicates health related data, information and knowledge.
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.
Communicable disease	An infectious disease transmissible (as from person to person) by direct contact with an affected 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.
Council of Australian Governments (COAG)	COAG is the peak intergovernmental forum in Australia. The members of COAG are the Prime Minister, state and territory First Ministers and the President of the Australian Local Government Association.
Credentialling	The process of assessing and conferring approval on a person's suitability to provide a defined type of healthcare.
Decision support system	Process where a computer stores a set of best practice rules or knowledge and checks information entered into the system against that information.
Deinstitutionalisation	A term referring to a shift in service delivery away from institutional care, towards care in the home and community.
Dementia	A general and worsening loss of brain power such as memory, understanding and reasoning.
Dengue	A mosquito-borne viral infection.
Departmental	Assets, liabilities, revenues and expenses directly controlled by agencies.
Departmental outputs	Four common 'departmental' outputs are reported for each of the ten output groups. Broadly, these outputs are the direct product of the policy, management and administrative functions of the Department of Health.
Depression	A mood disorder with prolonged feelings of being sad, hopeless, low and inadequate, with a loss of interest or pleasure in activities and often with suicidal thoughts or self-blame.
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, and is usually able to be



	regulated through dietary control.
Digital Health	Application of internet and other related technologies in the health care industry to improve the access, efficiency, effectiveness and quality of clinical and business processes utilised by health care organisations, practitioners, patients and consumers to improve the health status of patients.
Discrete Indigenous community	A geographical location with a physical or legal boundary that is inhabited or intended to be inhabited predominantly (more than 50%) by Indigenous people, with housing and infrastructure that is either owned or managed on a community basis.
Disposable Income	Gross income less direct tax and Medicare levy.
Diagnosis related groups (DRGs)	A widely used type of casemix classification system. In the case of Australian acute hospitals, AN-DRGs (Australian National Diagnosis Related Groups) classify admissions into groups with similar clinical conditions (related diagnoses) and similar resource usage. This allows the activity and performance of hospitals to be compared on a common basis. See also casemix.
Eating disorder	Clinically severe disturbances in eating behaviour, such as anorexia or bulimia nervosa.
Epidermolysis Bullosa	A rare inherited skin disorder that causes blistering and requires clinically appropriate dressings.
Employed Person	A person aged 15 years or more who, during the reference week of the labour force survey, worked for one hour or more for pay, profit or commission.
Epidemiology	The study of the patterns and causes of health and disease in populations, and the application of this study to improve health.
Estimated Resident Population	Australia's population statistics are compiled by the ABS according to the place of usual residence of the population. Usual residence is defined as the place where a person has lived or intends to live for a period of 6 months or more.
Extended Medicare safety net	Introduced on 12 March 2004 to cover 80 per cent of out-of-pocket costs for Medicare-claimable services provided outside hospital once annual thresholds are reached.
External Cause	Environmental event, circumstance and/or condition as the cause of injury, poisoning and/or other adverse effect. Used in disease classification.
Financial Management and Accountability Act	This is the principal legislation governing the proper use of public money, public property and other Commonwealth resources. It is one of three pieces of legislation, which replaced the Audit Act 1901. The other two pieces of legislation are the Commonwealth Authorities and Companies Act and the Auditor-General Act.
Financial year	The 12 month period from 1 July to 30 June.
Freestanding Day Hospital Facility	A private hospital where only minor operations and other procedures not requiring overnight stay are performed, not forming part of any private hospital providing overnight care.
General Practitioner (GP)	A medical practitioner who provides primary care to patients and their families within the community.
Genetically modified organisms	Organisms modified by gene technology.

Gene technology	Gene technology is a technique for the modification of genes or other genetic material.
Geo-coding	Giving a geographic identifier or code to locations, such as an address, allowing data to be linked.
Governance	Method or system of government or management.
Haemopoietic progenitor cell (HPC)	Blood cells found in bone marrow, peripheral blood and umbilical cord blood that are capable of self-renewal into all blood cell types.
Handicap	A disadvantage resulting from impairment or disability that limits or prevents the fulfilment of a role that is normal.
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.
Health Care Card	These cards provide for medical and/or related services free of charge or at reduced rates to recipients of Commonwealth government pensions or benefits.
Healthcare provider	Health professional or health organisation involved in supplying health services.
Health <b>Connect</b>	This is a network of electronic health records that aims to improve the flow of information across the Australian health sector.
Health informatics	The application of information technology to healthcare.
Health Promotion	Activities to improve health and prevent disease.
Health Status	An individual's or population's overall level of health, taking account of various aspects such as life expectancy, amount of disability, levels of disease risk factors and so forth.
Health outcome	A change in the health of an individual or population due wholly or partly to a preventive or clinical intervention.
Heart attack	Life threatening emergency that occurs when a vessel supplying blood to the heart muscle is suddenly blocked completely by a blood clot. The medical term commonly used for a heart attack is myocardial infarction.
Hepatitis A (infectious hepatitis)	An acute but benign form of viral hepatitis transmitted by ingesting food or drink that is contaminated with faecal matter.
Hepatitis B (serum hepatitis)	An acute (sometimes fatal) form of viral hepatitis transmitted by sexual contact, by transfusion or by ingestion of contaminated blood or other bodily fluids.
Hepatitis C	A blood borne viral disease that can result in serious liver disease such as cirrhosis, liver failure and liver cancer. Hepatitis C is usually transmitted by parenteral means (as injection of an illicit drug or blood transfusion or exposure to blood or blood products).
High level residential aged care	Residential aged care services delivered to residents with high levels of dependency. These are approximately equivalent to the services delivered by nursing homes in the past.
Highly specialised drugs	Under Section 100 of the National Health Act, certain drugs (for example, Cyclosporin) can only be supplied to community patients through hospitals because the hospitals can provide the facilities or staff necessary for the appropriate use of the drugs. These drugs are funded by the Commonwealth separately from the PBS.
Human papillomavirus (HPV)	A virus that causes genital warts and which is linked in some cases to the development of more serious cervical cell abnormalities.

Hodgkin's disease (Hodgkin's lymphoma)	A cancer marked by progressive painless enlargement of lymph nodes throughout the body. A form of lymphoma.
Hospitalisation	The term used to refer to the episode of care, which can be a total hospital stay (from admission to discharge, transfer or death), or a portion of a hospital stay beginning and ending in a change of type of care (for example, from acute to rehabilitation).
Hostel	Establishment for people who cannot live independently but who do not need nursing care in a hospital or nursing home. Hostels provide board, lodging or accommodation and cater mostly for the aged, distressed or people with a disability. Residents are generally responsible for their own provisions but may be given domestic assistance such as help with meals, laundry and personal care.
Illicit drugs	<p>The term 'illicit drug' can encompass a number of broad concepts including:</p> <ul style="list-style-type: none"> <li>• illegal drugs – a drug that is prohibited from manufacture, sale or possession in Australia – for example, cannabis, cocaine, heroin and ecstasy.</li> <li>• misuse of pharmaceuticals (drugs that are available from a pharmacy, over-the-counter or by prescription), which may be subject to misuse – for example, opioid-based pain relief medications, opioid substitution therapies, benzodiazepines, over-the-counter codeine and steroids.</li> <li>• other psychoactive substances – legal or illegal, potentially used in a harmful way – for example, kava, or inhalants such as petrol, paint or glue.</li> </ul>
Immunisation	Inducing immunity against infection by the use of an antigen to stimulate the body to produce its own antibodies. See <b>vaccination</b> .
Impairment	Any loss or abnormality of psychological, physiological or anatomical structure or function.
Incidence	The number of new cases (of an illness or event etc.) occurring during a given period. Compare with prevalence.
Incident	An event or circumstance which could have resulted, or did result, in unintended or unnecessary harm to a person and/or a complaint, loss or damage.
Indemnity	A legally binding promise whereby one party undertakes to accept the risk of loss or damage another may suffer.
Indicator (Health indicator)	A key statistic that indicates an aspect of population health status, health determinants, interventions, services or outcomes. Indicators are designed to help assess progress and performance, as a guide to decision making. They may have an indirect meaning as well as a direct one; for example, Australia's overall death rate is a direct measure of mortality but is often used as a major indicator of population health.
Indigenous	A person who identifies himself or herself as being of Aboriginal and/or Torres Strait Islander origin and is accepted as such by the community in which he or she lives. (The 'Commonwealth Definition' given in High Court Judgement 1983).
Incidence	The number of new cases (of an illness or event, and so on) occurring during a given period. Compare with <b>prevalence</b> .
Inflammation	Local response to injury or infection, marked by local redness, heat, swelling and pain. Can also occur when there is no clear external cause

	and the body reacts against itself, as in the auto-immune disorders.
Information management	The process of defining, evaluating, protecting and distributing data within an organisation, and the technology used to send data to other organisations.
Informed consent	Permission granted by an individual to use their health information for a specific purpose, with an understanding of what they are agreeing to.
Intellectual Property	Intellectual Property is a right which may, for example, enable the use of material which is subject to copyright, or patented invention, or computer software developed by Commonwealth employees in the course of their duty, consultants or contractors engaged to provide a specific service or product. Often such rights have considerable value. It is important, the Department ensures that the Commonwealth's rights are properly protected and that any financial benefit arising from these developments is optimised for the benefit of the Commonwealth.
International Classification of Diseases	The World Health Organization's internationally accepted classification of death and disease. The 10th Revision (ICD-10) is currently in use. In this report, causes of death classified before 1979 under previous revisions have been reclassified to ICD-10 by the AIHW.
Interoperability	The ability of information technology systems to reliably exchange information.
Intervention (for health)	Any action taken by society or an individual which steps in (intervenes) to improve health, such as medical treatment and preventive campaigns.
Insulin	Hormone that is produced by the pancreas and regulates the body's energy sources, most notably the sugar glucose.
Jurisdictions	In the Commonwealth of Australia, these include the six States, the Commonwealth Government and the two Territories.
Labour Force	The labour force includes people who are employed and people who are unemployed (not employed and actively looking for work).
Length of stay	Duration of hospital stay, calculated by subtracting the date the patient is admitted from the day of separation. All leave days, including the day the patient went on leave, are excluded. A same-day patient is allocated a length of stay of 1 day.
Liability	Responsibility for an action according to the law or in a legal sense.
Life expectancy	An indication of how long a person can expect to live. Technically it is the number of years of life remaining to a person at a particular age if death rates do not change.
Mammogram	X-ray of the breast. May be used to assess a breast lump or as a screening test in women with no evidence of cancer.
Mania	A mental disorder where the person is overexcited, overactive and excessively and unrealistically happy and expansive. It is the opposite of depression and can alternate with it in the same person in what is known as bipolar affective disorder (formerly known as manic depression).
Measles	A highly contagious infection, usually of children, that causes flu-like symptoms, fever, a typical rash and sometimes serious secondary problems such as brain damage. Preventable by vaccine.
Medical indemnity insurance	A form of professional indemnity cover that provides surety to medical practitioners and their patients in the event of an adverse outcome arising

	from medical negligence.
Medical Services Advisory Committee (MSAC)	<p>MSAC is an independent non-statutory committee established by the Australian Government.</p> <p>MSAC appraises new medical services proposed for public funding, and provides advice to Government on whether a new medical service should be publicly funded (and if so, its circumstances) on an assessment of its comparative safety, clinical effectiveness, cost-effectiveness, and total cost, using the best available evidence.</p>
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).
Memorandum of Understanding	A written but non-contractual agreement between two or more entities or other parties to take a certain course of action.
Medsafe	New Zealand Medicines and Medical Devices Safety Authority.
Melanoma	A cancer of the body's cells that contain pigment (melanin), mainly affecting the skin.
Meningitis	Inflammation of the brain's covering (the meninges), as can occur with some viral or bacterial infections.
Mental Disorders	Disturbances of mood or thought that can affect behaviour and distress the person or those around them, so the person cannot function normally. Includes anxiety disorders, depression and schizophrenia.
Meningococcal disease	The inflammation of meninges of the brain and the spinal cord caused by <i>meningococcal bacteria</i> that invade the body through the respiratory tract. The infection develops quickly and is often characterised by fever, vomiting, an intense headache, stiff neck and septicemia (an infection in the bloodstream).
Mooditj	WA sexual health and positive lifestyle program for Indigenous youth aged 11-14 Years.
Morbidity	Refers to ill health in an individual and to levels of ill health in a population or group.
Motor Neurone Disease	A disease of the nervous system with progressive wasting of muscles, weakness and paralysis.
Multiple Sclerosis	One of the most common nervous system disorders, with varied symptoms such as loss of control of limbs, sudden vision problems and disturbed sensations.
Mumps	A contagious viral disease marked by acute and painful swelling of the saliva producing glands, often similarly affecting the testicles and sometimes other parts.
Musculoskeletal	Relating to the muscles, joints and bones.
National Health Performance Authority	The NHPA initiative is a collaborative effort involving the Commonwealth Government and State and Territory Governments that seeks to focus public attention and health policy on those areas that are considered to

	contribute significantly to the burden of illness in the community, and for which there is potential for health gain.
Non-admitted patient	A patient who receives care from a recognised non-admitted patient service/clinic of a hospital.
Non-government Community Service Organisations (NGCSOs)	Organisations, operated on either a for-profit or not-for-profit basis, privately managed to provide community services for family with children, youth, adults, older people, people with disabilities, and people from different ethnic backgrounds.
Non-repudiation	Sender cannot deny sending a record to the electronic health register or to another person.
Nosocomial	Pertaining to or originating in a hospital (synonymous with "hospital-acquired").
Obesity	Marked degree of overweight, defined as body mass index 30 and over. See also overweight.
Occasion of service	Occurs when a patient receives some form of service from a functional unit of the hospital, but is not admitted.
Oncology	The study, knowledge and treatment of cancer and tumours.
Ophthalmology	A medical specialty dealing with eye diseases.
Organisation for Economic Co-operation and Development (OECD)	An organisation of 35 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.
Original Medicare safety net	Covers the difference between the Medicare benefit paid and the schedule fee for out-of-hospital services.
Osteoporosis	A chronic and common form of arthritis, affecting mostly the spine, hips, knees and hands. It first appears from the age of about 30 and is more common and severe with increasing age.
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.
Out-of-pocket costs	The total costs incurred by individuals for health care services over and above any refunds from Medicare and private health insurance funds.
Outreach	Where a medical specialist provides specialist medical health services in a location that is not the location of their regular practice.
Overweight	Defined as a body mass index 25 and over but less than 30. See also obesity.
OzFoodNet	Foodborne Illness Surveillance.
Palliative care	Care provided to achieve the best possible quality of life for patients with a progressive and far-advanced disease, with little or no prospect of cure.
Panic disorder	Marked by panic attacks (episodes of intense fear or discomfort) that occur suddenly and unpredictably.

Pap smear	Papanicolaou smear, a procedure to detect cancer and pre-cancerous conditions of the female genital tract.
Pathology	The study and diagnosis of disease through the examination of organs, tissues, cells and bodily fluids.
Pathogen	Disease-causing agent.
Patient-days	The number of full or partial days of stay for patients who were admitted for an episode of care and who underwent separation during the reporting period. A patient who is admitted and separated on the same day is allocated 1 patient-day.
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.
Plasma	Liquid portion of blood that contains proteins.
Plasma Fractionation	The process by which plasma is separated into some of its different component parts.
Portfolio Additional Estimates Statements	Statements prepared by portfolios to explain the Additional Budget appropriations in terms of outcomes and outputs.
Portfolio Budget Statements	Statements prepared by portfolios to explain the Budget appropriations in terms of outcomes and programs.
Post-traumatic stress disorder (PTSD)	A form of anxiety disorder in which a person has a delayed and prolonged reaction after being in an extremely threatening or catastrophic situation such as a war, natural disaster, terrorist attack, serious accident or witnessing violent deaths.
Potential years of life lost (PYLL)	Number of potential years of life lost in a population as a result of premature death.
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 <b>incidence</b> .
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 Carer	Defined by the ABS as a person of any age who provides the most informal assistance, in terms of help or supervision with one or more disabilities. The assistance has to be ongoing, or likely to be ongoing, for at least 6 months and be provided for one or more of the core activities (communication, mobility or self-care).
Principal Diagnosis	The diagnosis describing the problem that was chiefly responsible for the

	patient's episode of care in hospital.
Privacy impact assessment	A formal process to identify and assess the impact of processes on personal privacy, including potential risks and compliance.
Private health insurance	Health insurance funds offer benefits to members for approved services provided in both public and private hospitals. They also operate ancillary tables which provide benefits for a wide range of non-hospital health and health-related services. There are a number of categories of health insurance membership which provide a wide range of benefits cover. These include 'exclusionary tables' under which funds are able to tailor the range of benefits provided to meet particular needs of different groups of contributors.
Private Hospital	A privately owned and operated institution, catering for patients who are treated by a doctor of their own choice. Patients are charged fees for accommodation and other services provided by the hospital and relevant medical and paramedical practitioners. Includes private freestanding day hospital facilities.
Private Patients	Persons admitted to a private hospital; or persons admitted to a public hospital who decide to choose the doctor(s) who will treat them and to have private ward accommodation. This means they will be charged for medical services, food and accommodation.
Procedural Rules (PRs)	PRs expand on the CEIs and provide more detailed operational requirements. Officials must have regard to the PRs to ensure full accountability and adequate controls are in place.
Program/Programme	A specific strategy, initiative or grouping of activities directed toward the achievement of Government policy or a common strategic objective.
Program Allowances	Program Allowances are payments made in the nature of a benefit, direct to an individual for the purposes of assisting the individual.
Program Funds	Program Funds are funds appropriated by Parliament to implement the Government's Health and Aged Care programs.
Program Grants	Program Grants are payments under specific legislation and/or an agreement by Health and Aged Care to an individual or organisation for the purposes of assisting in the achievement of the individual's or organisation objectives. Program Grants include General Purpose Grants, Specific Purpose Grants, and Grant-in-aid.
Program Guidelines	Program Guidelines set down the administrative arrangements and specify the control requirements for the management of specific programs.
Program Payments	Program Payments are payments made from program funds and consist of program allowances, program grants and program service payments.
Program Service Payments	Program Service Payments are payments made to a contractor or provider for the provision of health related services.



Prostheses List	Under the <i>Private Health Insurance Act 2007</i> , private health insurers are required to pay benefits for a range of prostheses that are provided as part of an episode of hospital treatment or hospital substitute treatment for which a patient has cover and for which a Medicare benefit is payable for the associated professional service. The types of products on the Prostheses List include cardiac pacemakers and defibrillators, cardiac stents, joint replacements and intraocular lenses, as well as human tissues such as human heart valves. The list does not include external legs, external breast prostheses, wigs and other such devices. The Prostheses List contains prostheses and human tissue prostheses and the benefit to be paid by the private health insurers. The Prostheses List is published bi-annually.
Psychiatric hospitals	Establishments devoted primarily to the treatment and care of inpatients with psychiatric disorders.
Psychosis	A broad grouping for a more severe degree of mental disturbance, often involving fixed, false beliefs known as delusions.
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.
Public Patient	A patient admitted to a public hospital who has agreed to be treated by doctors of the hospital's choice and to accept shared ward accommodation. This means the patient is not charged.
Quality Use of Medicines (QUM)	<p>QUM means:</p> <ul style="list-style-type: none"> <li>• selecting management options wisely</li> <li>• choosing suitable medicines if a medicine is considered necessary,</li> <li>• using medicines safely and effectively.</li> </ul> <p>The definition of QUM applies equally to decisions about medicine use by individuals and decisions that affect the health of the population.</p>
Radiology	The use or study of X-rays and other rays to help view internal parts of the body as a guide to diagnosis as well as to treatment and its progress.
Radiation oncology (radiotherapy)	The study and discipline of treating malignant disease with radiation. The treatment is referred to as radiotherapy or radiation therapy.
Registrar	Any person undertaking medical vocational training in a recognised medical specialty training program accredited by the Australian Medical Council.
Remote	The term 'Remote' is used to indicate those Australians living in areas that lie within either the 'Very Remote Australia' or 'Remote Australia' categories of the Australian Standard Geographical Classification Remoteness structure.
Rural	Rural localities and towns with a total population of under 1,000 people 'Rural' also forms part of the Rural, Remote and Metropolitan Areas Classification (RRMA). RRMA has been used to classify the geographic location of medical practitioners. In the classification, 'rural' zone includes small rural centres (urban centre population between 10,000 and 24,999), large rural centres (urban centre population between 25,000 and 99,000), and other rural centres (urban centre population less than 10,000), with

	each having an index of remoteness less than 10.5.
Secure health provider identification (ID)	A number that identifies a health care professional to show that they are who they say they are.
Semantic interoperability	Requires that information exchanged can be clearly and consistently understood between information technology systems.
Sexually transmissible infection (STI)	An infectious disease that can be passed to another person by sexual contact. Notable examples include chlamydia and gonorrhoea.
Sign (clinical)	An indication of a disorder that is detected by a clinician or other observer who examines the person affected. Unlike with symptoms, a patient does not necessarily notice or complain of a sign and many signs are detected only with special techniques used by the person doing the examination.
SNAP Framework	SNAP (smoking, nutrition, alcohol and physical activity) Framework - a framework for developing integrated approaches to behavioural risk factor management within general practice.
Social Phobia	A persistent, irrational fear of being the focus of attention, or fear of behaving in a way that will be embarrassing or humiliating.
Sorry Business	The time after the death of someone from an Aboriginal or Torres Strait Islander community.
Stoma	Artificial body opening in the abdominal region, for the purpose of waste removal.
Terminal Care	Treatment of patients in the final stages of incurable disease.
Torres Strait Islander	A person of Torres Strait Islander descent who identifies as a Torres Strait Islander and is accepted as such by the community in which he or she lives.
Underlying cause of death	The disease or injury which initiated the morbid train of events leading directly to death. Accidental and violent deaths are classified to the external cause, that is, to the circumstance of the accident or violence which produced the fatal injury rather than to the nature of the injury.
Underweight	Defined as a body mass index less than 18.5.
Unemployed Person	Person aged 15 years or more who was not employed during the reference week but who had actively looked for work or was currently available for work.
Vaccination	The process of administering a vaccine to a person to produce immunity against infection. See <b>immunisation</b> .
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.

The Health portfolio consists of:

- The Department of Health;
- 18 portfolio agencies;
- Six statutory office holders; and
- Five regulators.

## Portfolio agencies

There are 18 portfolio agencies in the Health portfolio. They are:

- [Aged Care Quality and Safety Commission](#)
- [Australian Commission on Safety and Quality in Health Care](#)
- [Australian Digital Health Agency](#)
- [Australian Institute of Health and Welfare](#)
- [Australian Radiation Protection and Nuclear Safety Agency](#)
- [Australian Sports Anti-Doping Authority](#)
- [Australian Sports Commission and Australian Sports Foundation](#)
- [Cancer Australia](#)
- [Food Standards Australia New Zealand](#)
- [Independent Hospital Pricing Authority](#)
- [National Blood Authority](#)
- [National Health and Medical Research Council](#)
- [National Health Funding Body](#)
- [National Industrial Chemicals Notification and Assessment Scheme](#)
- [National Mental Health Commission](#)
- [Office of the Gene Technology Regulator](#)
- [Organ and Tissue Authority](#)
- [Professional Services Review](#)

## Statutory Office Holders

The portfolio incorporates six statutory office holders which exercise independent statutory functions with administrative support from the department. Five operate in the department:

- [Aged Care Quality and Safety Commissioner](#)
- [Aged Care Pricing Commissioner](#)
- [Gene Technology Regulator](#)
- [Director of the National Industrial Chemicals Notification and Assessment Scheme](#)
- [National Rural Health Commissioner](#)

The [Administrator of the National Health Funding Pool](#) operates within the [National Health Funding Body](#).

## Regulators

There are five regulators:

- [Australian Radiation Protection and Nuclear Safety Agency](#) (agency with regulatory functions)
- [Australian Sports Anti-doping Authority](#) (agency with regulatory functions)

- [National Industrial Chemicals Notification and Assessment Scheme](#) (agency with regulatory functions)
- [Office of the Gene Technology Regulator](#) (agency with regulatory functions)
- [Therapeutic Goods Administration](#) (regulatory body embedded within the Australian Government Department of Health – Health Products Regulation Group)

All portfolio agencies are directly financially accountable to Ministers, Parliament and/or the Australian Securities and Investment Commission under the Public Governance, Performance and Accountability (*PGPA Act*).

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BY THE DEPARTMENT OF HEALTH

## Portfolio Agencies and Statutory Officials contacts list

Agency	Office holder, term of appointment and contacts	Postal address	Office address
Aged Care Quality and Safety Commission (ACQSC)	Janet Anderson Commissioner <b>Expiry – 31/12/2021</b> P: (02) 6289 9804 E: <a href="mailto:Janet.Anderson@agedcarequality.gov.au">Janet.Anderson@agedcarequality.gov.au</a>	Aged Care Quality and Safety Commission GPO Box 9819 in your capital city	111 Phillip St Parramatta NSW 2150
Aged Care Pricing Commissioner (ACPC)  s 47F	John Dicer Commissioner <b>Expiry 20/05/2021</b>	Department of Health GPO Box 9848 Canberra ACT 2601	Level 10, 260 Elizabeth Street Sydney NSW 2000
Australian Commission on Safety and Quality in Health Care (ACSQHC)	Professor Debora Picone AM CEO <b>Expiry - 04/03/2022</b> P: (02) 9126 3550 M: s 47F E: <a href="mailto:debora.picone@safetyandquality.gov.au">debora.picone@safetyandquality.gov.au</a>	GPO Box 5480 Sydney NSW 2001	Level 5 255 Elizabeth St Sydney NSW 2000
Australian Digital Health Agency	Tim Kelsey CEO <b>Expiry – 14/08/2021</b> P: (02) 8298 2630 M: s 47F E: <a href="mailto:tim.kelsey@health.gov.au">tim.kelsey@health.gov.au</a>	Level 25, 56 Pitt Street, Sydney NSW 2000	Level 25, 56 Pitt Street Sydney NSW 2000
Australian Institute of Health and Welfare (AIHW) (Not on Health's payroll)	Barry Sandison Director <b>Expiry – 4/5/2021</b> P: (02) 6244 1100 M: s 47F E: <a href="mailto:barry.sandison@aihw.gov.au">barry.sandison@aihw.gov.au</a>	GPO Box 570 Canberra ACT 2601	1 Thynne Street Fern Hill Park Bruce ACT 2617

Australian Organ and Tissue Donation and Transplantation Authority (AOTDTA) (Not on Health's payroll)	Lucinda Barry CEO <b>Expiry – 17/9/2021</b> P: s 47F 0 EA: s 47F E: s 47F <b>Corporate Email:</b> <a href="mailto:enquiries@donatelife.gov.au">enquiries@donatelife.gov.au</a>	PO Box 295 Civic Square ACT 2608	Level 6 221 London Circuit Canberra ACT 2600
Australian Radiation Protection and Nuclear Safety Agency (ARPANSA)	Dr Carl-Magnus Larsson CEO <b>Expiry - 21/03/2021</b> P: s 47F M: s 47F E: <a href="mailto:carl-magnus.larsson@arpansa.gov.au">carl-magnus.larsson@arpansa.gov.au</a> EA: s 47F	PO Box 655 Miranda NSW 1490	38-40 Urunga Parade Miranda NSW 2228
Australian Sports Anti-Doping Authority (ASADA)	David Sharpe CEO <b>Expiry – 24/9/2022</b> E: <a href="mailto:David.Sharpe@asada.gov.au">David.Sharpe@asada.gov.au</a> P: s 47F M: s 47F EA: s 47F P: s 47F	PO Box 1744 Fyshwick ACT 2609	6/5 Tennant Street Fyshwick ACT 2609
Sport Australia (previously the Australian Sports Commission)  (Not on Health's payroll)	Kate Palmer Executive Director <b>Expiry – 29/1/2020</b> P: s 47F M: s 47F E: <a href="mailto:kate.palmer@ausport.gov.au">kate.palmer@ausport.gov.au</a>	PO Box 176 Belconnen ACT 2616	Leverrier Street Bruce ACT 2617
Cancer Australia (CA)  (Not on Health's payroll)	Professor/(Dr) Helen Zorbas AO CEO <b>Expiry - 14/06/2019</b> P: s 47F M: s 47F E: <a href="mailto:helen.zorbas@canceraustralia.gov.au">helen.zorbas@canceraustralia.gov.au</a>	Locked Bag 3 Strawberry Hills NSW 2012	Level 14 300 Elizabeth Street Surrey Hills NSW 2010

Food Standards Australia New Zealand (FSANZ)  (Not on Health's payroll)	Mr Mark Booth CEO <b>Expiry – 5/3/2021</b> <a href="mailto:mark.booth@foodstandards.gov.au">mark.booth@foodstandards.gov.au</a> P: (02) 6271 2200	PO Box 5423 Kingston ACT 2610	Level 4 15 Lancaster Place Majura Park ACT 2609
Office of the Gene Technology Regulator (GTR)	Dr Rajumati Bhula Gene Technology Regulator <b>18 July 2016 - 18 July 2021</b> <a href="mailto:raj.bhula@health.gov.au">raj.bhula@health.gov.au</a> P: s 47F M: s 47F	MDP 54 GPO Box 9848 Canberra ACT 2601	Pharmacy Guild House 1 <sup>st</sup> Floor 15 National Circuit Barton ACT 2600
Independent Hospital Pricing Authority (IHPA)	Mr James Downie CEO <b>Expiry – 31/08/2021</b> P: (02) 8215 1100 M: s 47F <a href="mailto:james.downie@ihpa.gov.au">james.downie@ihpa.gov.au</a>	PO Box 483 Darlinghurst NSW 1300	Level 6 1 Oxford Street Sydney NSW 2000
National Blood Authority (NBA)	Mr John Cahill General Manager <b>Expiry – 26/9/2020</b> <a href="mailto:John.cahill@nba.gov.au">John.cahill@nba.gov.au</a> P: s 47F M: s 47F	Locked Bag 8430 Canberra ACT 2601	Level 2 243 Northbourne Avenue Lyneham ACT 2602
National Health and Medical Research Council (NHMRC)  (Not on Health's payroll)	Prof Anne Kelso CEO <b>Expiry – 26/4/2023</b> <a href="mailto:anne.kelso@nhmrc.gov.au">anne.kelso@nhmrc.gov.au</a> P: (02) 6217 9200 M: s 47F	GPO Box 1421 Canberra ACT 2601	Level 1 16 Marcus Clarke Street Canberra ACT 2601

National Health and Medical Research Council –Commissioner of Complaints (NHMRC)  (Not on Health's payroll)	Mr Chris Reid <b>Expiry – 31/12/2019</b> <a href="mailto:Chris.reid@nhmrc.gov.au">Chris.reid@nhmrc.gov.au</a>	GPO Box 1421 Canberra ACT 2601	Level 1 16 Marcus Clarke Street Canberra ACT 2601
National Health Funding Body (NHFB)	Mr Shannon White CEO <b>Expiry – 3/4/2023</b> <a href="mailto:shannon.white@nhfb.gov.au">shannon.white@nhfb.gov.au</a> P: (02) 6289 7249 EA - s 47F P: s 47F s 47F	GPO Box 1252 Canberra ACT 2601	CPA House Level 3 10 Rudd Street Canberra ACT 2601
National Health Funding Pool Administrator (NHFA)	Mr Michael Lambert Administrator <b>Expiry – 9/7/2023</b> <a href="mailto:michael.lambert@nhfa.gov.au">michael.lambert@nhfa.gov.au</a> M: s 47F	GPO Box 1252 Canberra ACT 2601	CPA House Level 3 10 Rudd Street Canberra ACT 2601
National Mental Health Commission (NMHC)	Ms Christine Morgan CEO <b>Expiry – 3/3/2024</b> <a href="mailto:christine.morgan@mentalhealthcommission.gov.au">christine.morgan@mentalhealthcommission.gov.au</a> P: s 47F M: s 47F	PO Box R1463 Royal Exchange NSW 1225	Level 29 126 Phillip Street Sydney NSW 2000
National Industrial Chemicals Notification and Assessment Scheme (NICNAS)	Dr Brian Richards Director s 47F  <b>Expiry - 26/09/2022</b> P: (02) 8577 8808 M: s 47F E: <a href="mailto:brian.richards@nicnas.gov.au">brian.richards@nicnas.gov.au</a>	GPO Box 58 Sydney NSW 2001	Level 7 260 Elizabeth Street Surry Hills NSW 2010



National Rural Health Commissioner (NRHC)	Emeritus Professor Paul Worley Commissioner <b>Expiry – 11/11/2019</b> E: <a href="mailto:paul.worley@health.gov.au">paul.worley@health.gov.au</a>	Department of Health GPO Box 9848 Canberra ACT 2601	-
Professional Services Review (PSR)	Professor Julie Anne Quinlivan Director <b>Expiry – 13/02/2020</b> <a href="mailto:julie.quinlivan@psr.gov.au">julie.quinlivan@psr.gov.au</a> P: (02) 6120 9100	PO Box 7152 Canberra Post BC Fyshwick ACT 2610	Level 1 20 Brindabella Circuit Business Park Canberra Airport ACT 2609

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## **Aged Care Pricing Commissioner (ACPC)**

The Aged Care Pricing Commissioner (ACPC) is an independent, statutory office holder appointed under the *Aged Care Act 1997* and reports to the Minister for Senior Australians and Aged Care.

The functions of the ACPC include:

- the approval of extra service fees
- the approval of proposed accommodation payments that are higher than \$550,000 as determined by the Minister
- any other functions conferred on the ACPC by the Minister or under Commonwealth law

John Dicer started as the ACPC on 21 May 2018.

John has extensive experience in law specialising in major infrastructure projects, construction, transport (aviation and rail), environmental law, property, and risk, governance and compliance. John has been working for more than 25 years within the corporate-government sector as a General Counsel or equivalent and held senior executive roles with Airservices Australia, the Department of Innovation, Industry, Science and Research, RailCorp and the Olympic Co-ordination Authority.

### **Structure**

The ACPC is supported by a team of four assessors, one database manager and one executive support officer.

### **Office location**

The ACPC has two offices, one in Canberra where John resides, and one in Sydney where the team is based.

The Sydney office is at Level 10, 260 Elizabeth Street, Sydney.

## **Aged Care Financing Authority (ACFA)**

The ACPC, under the Aged Care Act, is a government representative on ACFA and has attended all ACFA meetings since his appointment as ACPC in May 2018.

### **Important stakeholders**

The main stakeholders are the Minister, Secretary, Deputy Secretaries and other Senior Executive officers at the Department of Health; peak industry bodies such as ACFA, ACSA, LASA, Aged Care Guild, COTA, NSA, Dementia Australia, ACQSA as well as a number of residential aged care providers including Uniting Care, Catholic Care, Hammond Care, Regis, Arcare, Provectus and Presbyterian Care.

### **Major initiatives**

The ACPC has formed an Industry Reference and Working Group (IRWG) comprising a number of residential aged care providers and consumer groups (both individual and peak industry bodies). The first task of the IRWG is to assist the ACPC review and revise its application form and put it on an online environment, moving away from our paper based processes and procedures. Other initiatives of the ACPC, supported by the IRWG, include a new application guide, assessor's manual, FAQs, checklist, best practice models, website, newsletter and survey/questionnaire.

### **Major reforms/reports**

There are two main recommendations in the Legislated Review of the Aged Care Act carried out by David Tune in 2017 which directly relate to the ACPC's office. The first recommendation is increasing the threshold for RADs requiring ACPC approval from \$550,000 to \$750,000. The second recommendation relates to removing the cap on the basic daily fee/additional services fee and requiring any daily fee sought to be imposed greater than \$100 to require ACPC approval. Both recommendations are with Government for consideration.

### **Workload**

On an annual basis average, the ACPC reviews and approves approximately 300 applications to charge a RAD greater than \$550,000. The ACPC also reviews and approves approximately 50 extra service fee applications a year. In the financial year ended 30 June 2018, the ACPC reviewed and approved approximately 540 applications to charge a RAD greater than \$550,000. This increase in volume was associated with the lapsing of approvals after four years that were initially granted in 2014.

### **Decisions reviewable**

All decisions made by the ACPC are reviewable by the AAT and all documents created could be captured by an FOI application.

## Point of contact

The first and main point of contact for the ACPC's office is the ACPC John Dicer. John's contact details are:

Email: [john.dicer@acpc.gov.au](mailto:john.dicer@acpc.gov.au)

Phone: (02) 9263 3821

Mobile: s 47F

## Royal Commission

The ACPC will draft a submission to the Royal Commission during May 2019 with a view to be filed no later than 30 June 2019.

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## Aged Care Quality and Safety Commission (ACQSC)

Established 1 January 2019

Key functions as set out in the *Aged Care Quality and Safety Commission Act 2018* include:

- protecting and enhancing the safety, health, wellbeing and quality of life of aged care consumers
- promoting the provision of quality care and services
- consumer engagement functions
- complaints functions
- regulatory functions
- education functions

The ACQSC integrates and streamlines the governance roles of the former Australian Aged Care Quality Agency and the former Aged Care Complaints Commissioner. Combining these functions strengthens the focus on consumers, streamlines regulation, supports better engagement with consumers and providers, and promotes transparency. Planning is underway to further consolidate regulatory functions in the ACQSC in early 2020, with the transfer of specific compliance responsibilities from the department. The role of the ACQSC is to independently accredit, assess and monitor aged care services that are subsidised by the Government, including resolving complaints about these services. Through engagement and education, the ACQSC aims to build aged care consumer confidence and trust in providing aged care services, empower consumers, advise providers on compliance with quality standards and promote best practice service provision.

The ACQSC gives senior Australians and their families a single point of contact when they want to raise a concern, or access information about the performance of an aged care service against the standards. The ACQSC will better target aged care services that do not comply with quality standards or are at risk of non-compliance.

The ACQSC works under the *Aged Care Quality and Safety Commission Act 2018* and the Aged Care Quality and Safety Commission Rules 2018. The ACQSC is a non-corporate Commonwealth entity under the *Public Governance, Performance and Accountability Act 2013*.

### Entity Outcome and Program

**Outcome 1** – Protect and enhance the safety, health, wellbeing and quality of life of aged care consumers, including through effective engagement with them, regulation and education of Commonwealth-funded aged care service providers and resolution of aged care complaints

**Program 1.1** – Quality Aged Care Services

The work of the ACQSC links to the work of the Department of Health through Program 6.3: Aged Care Quality.

### Other key information

**Director/CEO/Commissioner:** Janet Anderson, Aged Care Quality and Safety Commissioner

**Average staffing level:** 430

### Advisory council members

Position	Appointee	Start Date	End Date
Commissioner	Ms. Janet Anderson	1 January 2019	31 December 2021
Member	Mr. Paul Sadler	20 May 2017	19 May 2020
Member	Mr. Ian Yates	20 February 2017	19 May 2020
Member	Dr. Dorothy Jones	1 January 2019	8 April 2022
Member	Dr. Stephen Judd	1 January 2019	19 May 2020
Member	Ms. Maree McCabe	1 January 2019	19 August 2019
Member	Ms. Carolanne Barkla	9 April 2019	9 April 2022
Member	Ms. Susan Kurrle	9 April 2019	8 April 2022
Member	Ms. Sally Evans	9 April 2019	8 April 2022

Further information on the work of this entity available at: [Aged Care Quality and Safety Commission](#)

## Australian Commission on Safety and Quality in Health Care (ACSQHC)

The Australian Government aims to improve the long-term sustainability, quality and safety of Australia's health care system. This will be achieved in part through the work of the Australian Commission on Safety and Quality in Health Care (ACSQHC).

The ACSQHC was established by the Council of Australian Governments to lead and coordinate national improvements in safety and quality in health care based on best available evidence. This includes providing strategic advice to Health Ministers on best practice to drive safety and quality improvements, and making recommendations about priority areas for action. The ACSQHC works in partnership with patients, state and territory governments, consumers, health professionals, managers, policy makers and health care organisations to achieve a sustainable, safe and high quality health system.

The ACSQHC has four priority areas of work:

- Patient safety: to have a safe health system that is designed to ensure patients and consumers are kept safe from preventable harm
- Partnering with patients, consumers and committees to have a health system where patients, consumers and members of the community partner with health professionals in all aspects of health care
- Quality, cost and value to have a health system that provides the right care, minimises waste and optimises value and productivity
- Supporting health professionals to provide safe and high quality care to have a health system that supports safe clinical practice by having robust and sustainable improvement systems.

During 2019–20, the ACSQHC will continue to focus its efforts on improvements in safety and quality that can be advanced through national action. This will include a strong focus on implementing the second edition of the National Safety and Quality Health Service Standards. It will also include continued examination of variation in health care and opportunities to advance patient outcomes by improving the quality, value and appropriateness of care.

The *National Health Reform Act 2011* specifies the roles and responsibilities of the ACSQHC. The ACSQHC is a corporate Commonwealth entity under the *Public Governance, Performance and Accountability Act 2013*.

### Entity Outcome and Program

**Outcome 1** - Improved safety and quality in health care across the health system, including through the development, support for implementation, and monitoring of national clinical safety and quality guidelines and standard

**Program 1.1** – Safety and Quality in Health Care

The work of the ACSQHC links to the work of the Department of Health through Program 1.1 – Health Policy Research and Analysis.

### Other information

**Director/CEO:** Adjunct Professor Debora Picone AM, Chief Executive Officer

**Average staffing level:** 86

**Board Management:** Yes

Position	Appointee	Start Date	End Date
Chair	Prof. Villis Raymond Marshall AC	1 April 2017	30 June 2020
Member	Dr. Veronica Casey	1 April 2019	31 March 2022
Member	Dr. David Filby	29 July 2016	31 March 2021
Member	Mr. Martin Bowles	29 July 2016	31 March 2020
Member	Prof. John Walsh AM	29 July 2016	31 March 2021
Member	Ms. Wendy Harris QC	29 July 2016	31 March 2020
Member	Ms. Christine Gee	1 July 2018	31 March 2022
Member	Dr. Helena Williams	1 April 2019	31 March 2024
Member	Prof. Alison Kitson	1 July 2017	30 June 2019
Member	Ms Ms. Glenys Beauchamp PSM	1 April 2018	31 March 2023

Further information on the work of this entity available at: [Australian Commission on Safety and Quality in Health Care](https://www.acsqhc.gov.au).

## Australian Digital Health Agency

Digital information is the bedrock of high quality health care. The Australian Digital Health Agency is tasked by all Australian governments to improve health outcomes for Australians through the delivery of digital health care systems and the national digital health strategy for Australia. Established as a statutory authority in the form of a corporate Commonwealth entity, the Agency reports to state and territory health ministers through the Council of Australian Governments Health Council under an Intergovernmental Agreement. The Commonwealth Minister for Health is the responsible minister for the Agency and may direct the Agency, in consultations with jurisdictions, about the performance of its functions or the exercise of its powers.

The specific legislative functions of the Agency include:

- To coordinate, and provide input into, the ongoing development of the National Digital Health Strategy.
- To implement those aspects of the National Digital Health Strategy that are directed by the Ministerial Council.
- To develop, implement, manage, operate and continuously innovate and improve specifications, standards, systems and services in relation to digital health, consistently with the national digital health work program.
- To develop, implement and operate comprehensive and effective clinical governance, using a whole of system approach, to ensure clinical safety in delivering the national digital health work program.
- To develop, monitor and manage specifications and standards to maximise effective interoperability of public and private sector digital health systems.
- To develop and implement compliance approaches in relation to the adoption of agreed specifications and standards relating to digital health.
- To liaise and cooperate with overseas and international bodies on matters relating to digital health.
- Such other functions as are conferred on the Agency by this instrument or by any other law of the Commonwealth.
- To do anything incidental to or conducive to the performance of any of the above functions.

The Agency also operates the National Clinical Terminology Service, is the system operator for the My Health Record system, and funds the national health care identity system through the Healthcare Identifiers Service. These products and services are used in well over 100 individual health software systems and more than 15,000 healthcare organisations in Australia today, including public and private hospitals, general practice, community pharmacy, pathology and diagnostic imaging practices.

The Agency provides the leadership, coordination and delivery of a collaborative and innovative approach to utilising technology to support and enhance a clinically safe and connected national health system. This will give individuals more control of their health and their health information, and support health care professionals to provide informed health care through access to current clinical and treatment information.

In 2019–20, the Agency will prioritise the implementation of the second year of the National Digital Health Strategy – *Safe, seamless and secure: evolving health and care to meet the needs of modern Australia*<sup>[1]</sup> – approved by Australia's Health Ministers on 4 August 2017. The Strategy articulates the need for a coordinated approach to delivering digital health within Australia, and identifies seven strategic priority outcomes:

- Health information that is available whenever and wherever it is needed.
- Health information that can be exchanged securely.
- High-quality data with a commonly understood meaning that can be used with confidence.
- Better availability and access to prescriptions and medicines information.
- Digitally-enabled models of care that improve accessibility, quality, safety and efficiency.
- A workforce confidently using digital health technologies to deliver health and care.
- A thriving digital health industry delivering world-class innovation.

The Agency works closely with clinical, consumer and health service delivery organisations to support the strategic digital health strategy for Australia. It engages in clinical and consumer co-design of all its digital products and services. It also works closely with the health care clinical software industry, which supports health care organisations and their clinicians with digital tools and software.

The Agency is currently undertaking a national consultation on health services interoperability, with a view to seeking agreement by all Australian health ministers in late 2019 to a set of national interoperability standards. This important work is required to ensure Australia is well placed to take advantage of emerging health treatments like genomics and precision medicines. Additionally, the Agency has a strategic program through the Health Services Principles Committee (an Australian Health Ministers Advisory Council subcommittee) to align national technology infrastructure to increase the safety, efficiency and effectiveness of health care. This strategic workplan aligns with the National Health Priorities, and will benefit all patients by reducing avoidable hospital admissions, fewer adverse drug events, reduced duplication of tests, better coordination of care for people with chronic and complex conditions, and better informed treatment decisions.

## Entity Outcome and Program

**Outcome 1:** To deliver national digital healthcare systems to enable and support improvement in health outcomes for Australians.

**Program 1.1:** Develop, Collect, Analyse and Report High Quality National Health and Welfare Information and Statistics for Governments and the Community

The work of the Agency links to the work of the Department of Health through Program 1.2: Health Policy, Research and Analysis.

Further information on the work of this entity available at: [Australian Digital Health Agency](#)

## Other information

**Average staffing level:** 250

**Board Management:** Yes

## Board members

Position	Appointee	Start Date	End Date
Chair	Dr. Elizabeth Deveny	20 April 2019	19 April 2022
Member	Ms. Glenys Beauchamp PSM	28 May 2018	27 May 2021
CEO/Executive Director/Managing Director	Mr. Tim Kelsey	15 August 2016	14 August 2021
Member	Dr. Samuel Heard	20 April 2019	19 April 2022
Member	Ms. Lyn McGrath	20 April 2019	19 April 2022
Member	Dr. Zoran Bolevich	1 August 2018	31 July 2021
Member	Ms. Emma Hossack	20 April 2019	19 April 2022
Member	Prof. Michael Woods	20 April 2019	19 April 2022
Member	Dr. Bennie Ng	20 April 2019	19 April 2022
Member	Mr. Michael Walsh	1 August 2018	31 July 2021
Member	Prof. Learne Durrington	20 April 2019	19 April 2021
Member	Ms. Kylie Ward	20 April 2019	19 April 2022

## Key contacts

### Ministerial requests or briefings:

Mark Kinsela, Chief of Staff

Mobile: s 47F

Email: [mark.kinsela@digitalhealth.gov.au](mailto:mark.kinsela@digitalhealth.gov.au)

### Media:

Mobile: s 47F

Email: [media@digitalhealth.gov.au](mailto:media@digitalhealth.gov.au)

Ministerial Correspondence: [maps@digitalhealth.gov.au](mailto:maps@digitalhealth.gov.au)

### Agency Executive:

Tim Kelsey, Chief Executive Officer

Mobile: s 47F

Email: [tim.kelsey@digitalhealth.gov.au](mailto:tim.kelsey@digitalhealth.gov.au)

Tim Kelsey is Chief Executive of the Australian Digital Health Agency, appointed till August 2021.

Tim was formerly National Director for Patients and Information in NHS England – a role which combined the functions of chief technology and information officer with responsibility for patient and public participation. He took up the post in 2012 after serving as the British government's first Executive Director of Transparency and Open Data. Tim was also National Information Director for health and care in England and Chair of the National Information Board which advises the Secretary of State on national priorities for data and technology.





Bettina McMahon, Chief Operating Officer, Strategy and Delivery

Mobile: s 47F

Email: [bettina.mcmhon@digitalhealth.gov.au](mailto:bettina.mcmhon@digitalhealth.gov.au)

Bettina is responsible for leading industry, government and jurisdictional engagement for the Agency, driving adoption and usability of digital health.

Bettina was formally the Head of Risk and Assurance responsible at the National eHealth Transition Authority (NEHTA).

Bettina has held senior management roles in the area of risk management and compliance with AUSTRAC, the Office of Transport Security, and the Australian Government Information Management Office. She commenced her career working for the NSW Environment Protection Authority.



Ronan O'Connor, National Health Chief Information Officer, Infrastructure Operations

Ronan is responsible for leading Infrastructure Operations covering the national digital health systems and the My Health Record.

Ronan formally worked within the UK Government shaping policy and transforming health services.

Ronan has held board level positions within the NHS in England, worked as a Senior Civil Servant within the UK Civil Service and brings proven leadership skills in using Information, Technology and Communications to drive service transformation.



Clinical Professor Meredith Makeham, Chief Medical Adviser

Professor Makeham is the Agency clinical spokesperson and leads the research and evidence work in the Agency.

Professor Makeham is a practicing family General Practitioner and a leading patient safety advocate and researcher in digital health and safety.

Professor Makeham formally led the Primary Care Digital Health and Safety research stream at the Australian Institute of Health Innovation at Macquarie University, and is a member of the WHO Safer Primary Care working group.



Steven Issa, Chief Digital Officer

Steven Issa is the Chief Digital Officer and is responsible for innovation, digital health design and implementation, and alignment.

Steven formally was the director for Service NSW's face to face and digital Service Centres and is an experienced senior executive.





# Australian Institute of Health and Welfare (AIHW)

The Australian Government, through the Australian Institute of Health and Welfare (AIHW), is committed to providing high quality, meaningful and timely national health and welfare-related data and analysis across all relevant sectors. Accurate statistical information, comprehensive data development and high quality analysis is critical to good policy making and effective service delivery, leading to better health and welfare outcomes for all Australians. The independence of the AIHW is central to maintaining the ready acceptance of the accuracy and relevance of the evidence base developed by the AIHW.

In 2019–20 and beyond, the AIHW will focus on five strategic goals:

## Leaders in health and welfare data

The AIHW will engage nationally and internationally with authorities to develop, promote and deliver quality standards, systems and processes for collecting, curating and linking health and welfare data.

## Drivers of data improvements

The AIHW will build on its trusted status to identify and respond to gaps and opportunities in multisource health and welfare data holdings. The AIHW will support its partners to develop and capture the data required to inform national priorities.

## Expert sources of value-added analysis

The AIHW will harness and enhance its capabilities in the health and welfare area to turn data and information into knowledge and intelligence. The AIHW will translate this evidence to provide insight into patterns, trends and outcomes, including how these compare across organisations, regions and internationally.

## Champions for open and accessible data and information

The AIHW will leverage emerging technology and enhance its products and services to provide data and information tailored to diverse access, timeliness and quality requirements. The AIHW will support its partners in making its data accessible while protecting privacy.

## Trusted strategic partners

The AIHW will foster strategic partnerships and engage collaboratively with stakeholders to deliver program-specific expertise and enable others to achieve their strategic goals.

The role and functions of the AIHW are set out in the *Australian Institute of Health and Welfare Act 1987*. The AIHW is a corporate Commonwealth entity under the *Public Governance, Performance and Accountability Act 2013*.

## Entity Outcome and Program

**Outcome 1** - A robust evidence-base for the health, housing and community sectors, including through developing and disseminating comparable health and welfare information and statistics.

**Program 1.1:** Develop, Collect, Analyse and Report High Quality National Health and Welfare Information and Statistics for Governments and the Community

The work of the AIHW links to the work of the Department of Health through Program 1.1: Health Policy, Research and Analysis.

## Other information

**Director:** Barry Sandison

**Average staffing level:** 319

**Board Management:** Yes

## Board Members

Position	Appointee	Start Date	End Date
Chair	Ms. Louise Markus	3 April 2017	13 December 2019
Deputy Chair	Dr. Erin Lalor	14 December 2016	13 December 2019
Director	Mr. Barry Sandison	5 May 2016	4 May 2021

Position	Appointee	Start Date	End Date
Member	Ms. Caroline Edwards	24 November 2017	Determined by the appointer
Member	Dr. Zoran Bolevich	3 December 2018	2 December 2019
Member	Ms. Luise McCulloch	4 February 2015	Determined by the appointer
Member	Ms. Cathryn Ryan	3 December 2018	2 December 2019
Member	Ms. Marilyn Chilvers	3 December 2018	2 December 2019
Member	Christine Castley	3 December 2018	2 December 2019
Member	Dr. Simone Ryan	3 December 2018	2 December 2019
Member	Mr. Michael Perusco	3 December 2018	2 December 2019
Member	Ms. Christine Gee	3 December 2018	2 December 2019
Member	Ms. Christine Pascott	3 December 2018	2 December 2019

Further information on the work of this entity available at: [Australian Institute of Health and Welfare](#)

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# Australian Organ and Tissue Donation and Transplantation Authority

The Australian Government’s national program to improve opportunities for transplantation through increased organ and tissue donation was endorsed by the Council of Australian Governments (COAG) on 3 July 2008.

The Australian Organ and Tissue Donation and Transplantation Authority, also known as the Organ and Tissue Authority (OTA), works to implement the national program in partnership with: the states and territories, the national DonateLife network in each state and territory, the donation and transplantation clinical sectors, eye and tissue banks, and the Australian public.

Australia’s program is implemented within the context of clear international commitments and statements by the World Health Organization. These relate to the obligation of governments to be accountable and responsible for implementing safe, ethical and effective organ and tissue donation and transplantation systems.

Under the program, all state and territory governments are committed to increasing Australia’s organ and tissue donation rates. This will be achieved by continuing to improve donation practice in hospitals, promoting community awareness of organ and tissue donation and managing downstream services including tissue typing, retrieval surgery and transplantation services.

In April 2018, COAG health ministers agreed to the Australian Government’s proposal to undertake a review of the organ donation, retrieval and transplantation system. The review aims to improve the capacity and capability of the health system to support future growth and sustainability of donation and transplantation outcomes.

In December 2018, the Australian Health Ministers Advisory Council agreed to retain the national organ donation target of 25 donors per million population for 2019 pending the outcome of the review.

In 2019–20, the OTA will continue to work with its partners and stakeholders to increase donation and transplantation outcomes with a focus on:

- increasing the number of Australians agreeing to donate
- providing support for families involved in the donation process in hospitals
- increasing registration and family discussion about donation
- enhancing systems to support donation and transplantation

The OTA is a statutory authority established by the *Australian Organ and Tissue Donation and Transplantation Authority Act 2008* and a non-corporate Commonwealth entity under the *Public Governance, Performance and Accountability Act 2013*.

In 2017, the OTA Board was established under the PGPA Act. The Board is responsible for the overall governance of the OTA ensuring that it meets its statutory functions and achieves its objectives under the *Australian Organ and Tissue Donation and Transplantation Authority Act 2018* and that it also complies with the PGPA Act.

The OTA is run by a CEO who is also a member of the OTA Board.

## Entity Outcome and Program

**Outcome 1** – Improved access to organ and tissue transplants, including through a nationally coordinated and consistent approach and system.

**Program 1.1:** A Nationally Coordinated System for Organ and Tissue Donation for Transplantation

The work of the OTA links to the work of the Department of Health through Program 1.1: Health Policy Research and Analysis.

## Other information

**CEO:** Lucinda Barry, Chief Executive Officer

**Average staffing level:** 28

**Board Management:** Yes

## Board Members

Position	Appointee	Start Date	End Date
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Position	Appointee	Start Date	End Date
Chair	Dr. Malcolm Washer	1 July 2017	30 June 2021
Deputy Chair	Prof. Carol Pollock	1 July 2017	30 June 2021
Member	Mr. Oren Klemich	4 October 2017	3 October 2021
Member	Ms. Margaret Kruger	4 October 2017	3 October 2021
Member	Dr. Marisa Herson	4 October 2017	3 October 2021
Member	Prof. Stephen Lynch	4 October 2017	3 October 2021

Further information on the work of this entity available at: [Organ and Tissue Authority](#)

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## Australian Radiation Protection and Nuclear Safety Agency (ARPANSA)

The Australian Radiation Protection and Nuclear Safety Agency (ARPANSA) is a non-corporate Commonwealth entity established under the *Australian Radiation Protection and Nuclear Safety Act 1998* (ARPANS Act). ARPANSA's primary functions are to:

- promote uniformity of radiation protection and nuclear safety policy and practices across jurisdictions of the Commonwealth and states and territories
- provide advice on radiation protection, nuclear safety and related issues
- undertake research in relation to radiation protection, nuclear safety and medical exposures to radiation
- provide services relating to radiation protection, nuclear safety and medical exposures to radiation
- regulate nuclear installations, radiation facilities, legacy sites, radiation apparatus and radioactive material owned and operated by Commonwealth entities

ARPANSA regularly assesses its operating environment, challenges, goals and risks to identify key priorities for coming years. In 2019–20, ARPANSA will continue to focus on strategic objectives that reflect its statutory responsibilities and will further build its risk informed approach to effective regulation of radiation and nuclear facilities and practices.

### Entity Outcome and Program

**Outcome 1** - Protection of people and the environment through radiation protection and nuclear safety research, policy, advice, codes, standards, services and regulation.

**Program 1.1:** Radiation Protection and Nuclear Safety

The work of the ARPANSA links to the work of the Department of Health through Program 5.1: Protect the Health and Safety of the Community through Regulation.

### Other information

**CEO:** Dr Carl-Magnus Larsson, Chief Executive Officer

**Average staffing level:** 134

**Board Management:** Yes – Government appropriated board

### Board Members

Position	Appointee	Start Date	End Date
Chair	Dr. Roger Allison	1 April 2019	31 March 2020
Member	Dr. Jane Canestra	1 April 2019	31 March 2020
Member	Prof. Pam Sykes	1 April 2019	31 March 2020
Member	Dr. Peter Karamoskos	1 April 2019	31 March 2020
Member	VACANT		
Member	Stephen Newbery	1 March 2018	28 February 2021
Member	Mr. Frank Harris	1 April 2015	31 March 2020
Member	Mr. Keith Baldry	1 March 2018	28 February 2021
Member	Dr. Melanie Taylor	1 April 2019	31 March 2020
CEO	Dr. Carl-Magnus Larsson	22 March 2019	21 March 2021
Member	Dr. Hugh Heggie	1 February 2017	31 January 2020
Member	Ms. Melissa Holzberger	1 April 2017	31 March 2020

Position	Appointee	Start Date	End Date
Member	Prof. Adele Green	1 April 2019	31 March 2020

Further information on the work of this entity available at: [Australian Radiation Protection and Nuclear Safety Agency](#)

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# Australian Sports Anti-Doping Authority (ASADA)

The Australian Government, as a signatory to the United Nations Educational, Scientific and Cultural Organization International Convention against Doping in Sport, implements anti-doping arrangements that are consistent with the principles of the World Anti-Doping Code.

The Australian Sports Anti-Doping Authority (ASADA) is Australia’s national anti-doping agency. ASADA operates and delivers an innovative and holistic anti-doping program for the Australian sports community. ASADA is globally recognised for continually setting new global benchmarks in operating and delivering an effective anti-doping program. ASADA does this by working alongside sporting organisations, athletes, support personnel and government entities, both in Australia and internationally. The National Integrity of Sport Unit (NISU), positioned within the Department of Health, is responsible for providing policy advice to the Government, informed in part by the operational experiences of ASADA.

The role and functions of ASADA are set out in the *Australian Sports Anti-Doping Authority Act 2006*, the *Australian Sports Anti-Doping Authority Regulations 2006* and the National Anti-Doping Scheme. ASADA is a non-corporate Commonwealth entity under the *Public Governance, Performance and Accountability Act 2013*.

## Entity Outcome and Program

**Outcome 1** – Protection of the health of athletes and the integrity of Australian sport including through engagement, deterrence, detection and enforcement to minimise the risk of doping.

**Program 1.1:** Program 1.1: Engagement, Deterrence, Detection and Enforcement

The work of the ASADA links to the work of the Department of Health through Program 3.1: Sport and Recreation.

Further information on the work of this entity available at: [Australian Sports Anti-Doping Authority](#).

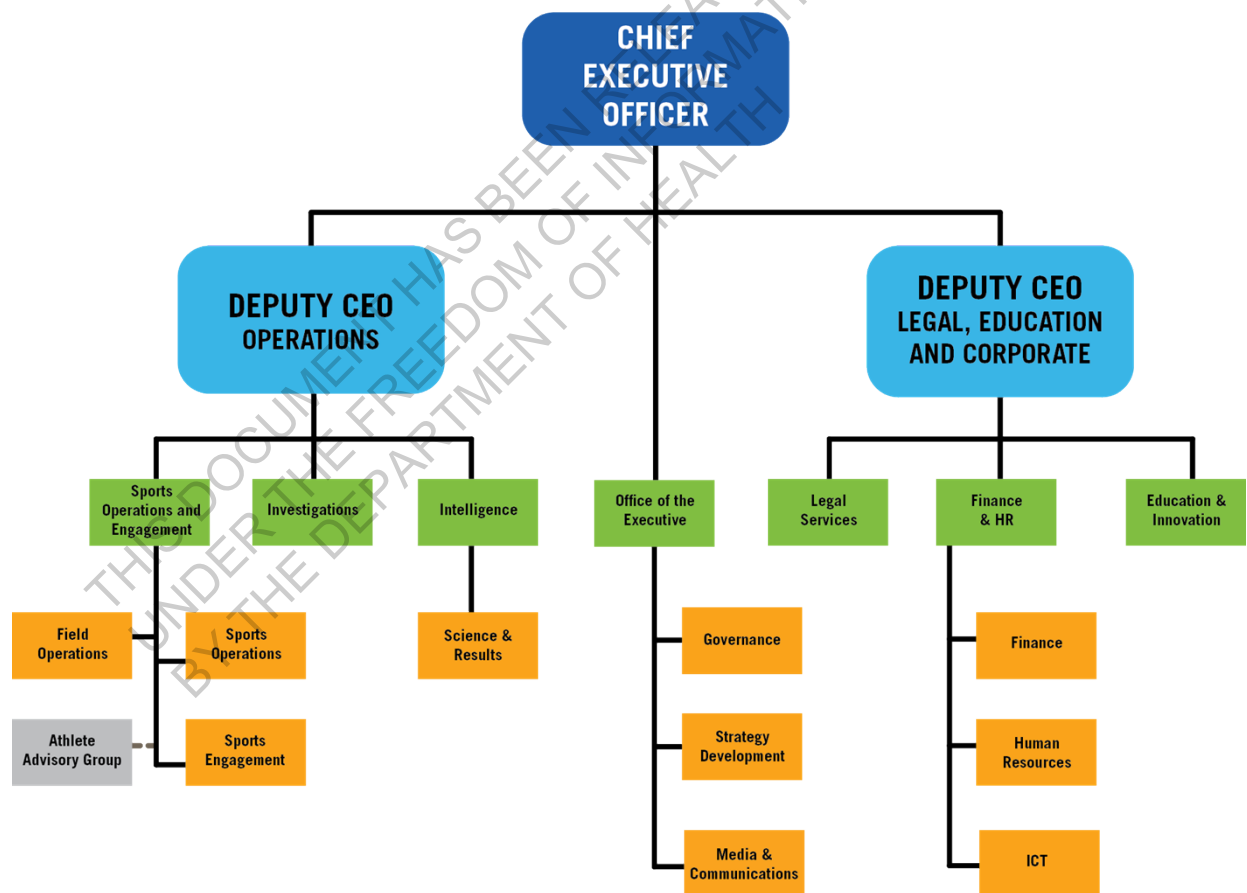
### Senior executive:

- David Sharpe APM OAM, Chief Executive Officer
- Brian McDonald APM, Deputy Chief Executive, Officer Operations
- Darren Mullaly, Deputy Chief Executive Officer, Legal, Education & Corporate

### Staffing arrangements:

At 31 March 2019, ASADA’s ASL comprises 76 staff (primarily based in Canberra) and 276 casual field staff.

### ASADA Organisational Chart



## Key priorities for ASADA

**Implementing ASADA’s ‘Future’ operating model** – ASADA is focused on educating all Australians that the organisation is more than a testing agency. As doping practices become more sophisticated and complex, ASADA has taken proactive steps to keep pace. Acknowledging this, ASADA implemented its ‘Future’ operating model in July 2018. The model was formed around a number of external and internal reviews. The model is based on three fundamental, mutually supportive pillars:

- Enhanced engagement and partnerships
- Enhanced intelligence
- Enhanced education and awareness.

To protect the health of athletes and the integrity of Australian sport, in 2019–20 ASADA will focus its efforts on:

- enhancing engagement with sporting organisations and athletes to build a positive anti-doping culture that values compliance with responsibilities
- using innovation and technology to maximise engagement with sports and athletes
- increased education and extending its reach into grassroots

- offering enhanced anti-doping education and awareness-raising initiatives
- enhancing intelligence capabilities to better protect and educate sport from the risk of doping

**Sport Integrity Australia** – In partnership with NISU, Sport Australia and the Australian Criminal Intelligence Commission, ASADA is implementing the Government's Response to the Wood Review – Safeguarding the Integrity of Sport. In July 2020, a new single agency – Sport Integrity Australia – will be established to protect Australian sport from integrity threats. It will provide a single point of expertise and enhanced coordination for sport integrity matters for athletes, athlete support personnel and sporting organisations in both amateur and professional codes. It will unite integrity work currently performed by ASADA, NISU and Sport Australia. Sport Integrity Australia will also perform the functions of Australia's national anti-doping organisation.

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## Australian Sports Commission (aka Sport Australia)

### Vision and role

Sport Australia, funded by the Australian Sports Foundation, is the Australian Government's lead sport agency, with a deep understanding of the industry and strong collaborative relationships.

It is a strong and influential agency that you can leverage to achieve meaningful outcomes for Australia in sport and physical activity.

The Australian Sports Commission's (ASC) vision is for Australia to be the world's most active sporting nation, known for its integrity, sporting success and world-leading sports industry.

In 2018–19, the ASC adopted a new brand, Sport Australia, to reflect its changing role in sport and promote a better connection with the Australian community. Sport Australia plays a central leadership role across the sport and physical activity sector, building collaboration, alignment and effectiveness. It promotes and supports the development of a cohesive and effective national sport sector that creates opportunities for all Australians to participate and excel in sport.

As the Australian Government's lead agency for sport and physical activity, Sport Australia will contribute to improving the health and wellbeing of Australians and making communities stronger through sport and physical activity. The Government is continuing to invest in high-performance sports and to get Australians moving more often. The investments are targeted to those organisations that are best placed to assist Sport Australia to deliver on its purpose. Sport Australia also contributes to the delivery of the Government's *Sport 2030* priority of safeguarding the integrity in sport.

In addition to providing funding, Sport Australia will work with partners to improve the capacity and capability of sporting organisations. This will enable them to thrive as viable operations and maximise their contributions to high-performance and participation outcomes. Sport Australia also engages directly with Australians to increase awareness of the value of physical activity as a part of everyday life.

The Australian Institute of Sport (AIS), which operates under the direction of the Sport Australia Board, is Australia's strategic high-performance sport agency, responsible for leading and enabling a united high-performance system that supports Australian athletes and teams to achieve podium success. In 2019–20, a focus will continue on the revitalisation of the AIS site in Canberra.

### Governance and functions

The role and functions of Sport Australia are set out in the *Australian Sports Commission Act 1989*. The ASC is a corporate Commonwealth Entity under the *Public Governance, Performance and Accountability Act 2013*.

Sport Australia is governed by a board of commissioners appointed by the Minister for Sport. The Board determines Sport Australia's overall direction, decides on allocation of resources and policy for delegated decisions, and is accountable to the Minister for Sport.

In line with the ASC Act, Sport Australia's function includes 'to advise the Minister in relation to the development of sport' as well as the development of quality policy within the sport portfolio.

As such, Sport Australia works closely with the Minister's Office, the Office for Sport and the Department of Health to develop policy, while recognising it is the department which has the government infrastructure and capability required to interact with formal Cabinet processes.

As well as working with its departmental colleagues, Sport Australia also works directly with sporting organisations, peak bodies, other federal departments and agencies, state and territory agencies, institutes and academies of sport, and the business sector.

## Entity Outcome and Program

**Outcome 1** - Increased participation in organised sport and continued international sporting success including through leadership and development of a cohesive and effective sports sector, provision of targeted financial support, and the operation of the Australian Institute of Sport.

**Program 1.1:** Australian Sports Commission

The work of the Sport Australia links to the work of the Department of Health through

**Program 3.1:** Sport and Recreation.

## Other information

**CEO:** John Wylie, Chief Executive Officer

**Enabling legislation and year established:** *Australian Sports Commission Act 1989*

**Board Management:** Yes

The ASC is governed by a board of commissioners who bring a range of expertise to guide the work of the ASC.

Position	Appointee	Start Date	End Date
Chair	Mr. John Wylie AM	6 November 2017	5 November 2020
Deputy Chair	Mr. Stephen Moneghetti	13 December 2018	12 December 2021
Member	Ms. Andrea Mitchell	15 November 2017	14 November 2020
Member	Ms. Gabrielle Trainor	5 October 2017	5 October 2020
Member	Mr. Andrew Ireland	13 December 2018	12 December 2021
Member	Ms. Amanda Laing	13 December 2018	12 December 2021

Position	Appointee	Start Date	End Date
Member	Mr. Andrew Plympton	5 October 2017	6 November 2020
Member	Ms. Pippa Downes	13 December 2018	12 December 2021
Member	Mr. Kurt Fearnley	13 December 2018	12 December 2021
Member	Ms. Jennifer Morris	13 December 2018	12 December 2021
Member	Ms. Glenys Beauchamp	18 September 2017	1 January 2009
Member	Mr. Patrick Farmer	12 February 2017	11 December 2020

Further information on the work of this entity available at:

[Australian Sports Commission](#)

[Australian Sports Foundation](#)

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## Cancer Australia

As the Australian Government's national cancer control agency, Cancer Australia provides leadership in cancer control and care across all forms of the disease.

Cancer Australia works to reduce the impact of cancer, address disparities and improve outcomes for people affected by cancer by leading and coordinating national, evidence-based interventions across the continuum of care.

The Australian Government, through Cancer Australia, aims to:

- provide national leadership in cancer control to improve cancer outcomes
- coordinate evidence-informed interventions with a range of health care providers and groups across the continuum of cancer care
- lead the development of sustainable and effective models of cancer care
- provide advice on appropriate cancer care

Cancer Australia oversees budgets for cancer research, clinical trials and strengthening national data capacity.

In 2019–20, Cancer Australia will:

- continue to implement the Australian Brain Cancer Mission, which aims to double survival rates and improve the quality of life of people living with brain cancer over 10 years through to 2027
- continue to implement the Invest in Medical Research – fighting childhood cancer program
- fund research in priority areas through the Priority-driven Collaborative Cancer Research Scheme, including a focus on low survival cancers common among children (0–14 years of age), cancer prevention and health services research
- translate evidence to inform the development and implementation of policies and programs in cancer control
- promote evidence-informed clinical practice to health professionals across Australia
- lead the development of innovative, sustainable, and evidence-based models of cancer care
- strengthen national data by reporting on the progress of cancer and treatment for selected cancers
- provide information for people affected by cancer about their diagnosis and treatment
- promote cancer awareness in the community

The role and functions of Cancer Australia are set out in the *Cancer Australia Act 2006*. Cancer Australia is subject to the *Public Service Act 1999* and the *Auditor-General Act 1997*, and is a non-corporate Commonwealth entity under the *Public Governance, Performance and Accountability Act 2013*.

## Entity Outcome and Program

**Outcome 1** - Minimised impacts of cancer, including through national leadership in cancer control with targeted research and clinical trials; evidence informed clinical practice; strengthened national data capacity; community and consumer information and support.

### Program 1.1: Improved Cancer Control

The work of Cancer Australia links to the work of the Department of Health through Program 2.4: Preventive Health and Chronic Disease Support.

## Other information

**CEO:** Professor Helen Zorbas AO, Chief Executive Officer

**Average staffing level:** 71

**Board Management:** Yes

## Council board members

Position	Appointee	Start Date	End Date
Chair	Prof. Robert Thomas OAM	2 February 2019	2 February 2022
Member	Dr Chris Milross	2 August 2017	2 August 2020
Member	Dr. Benjamin Brady	24 January 2018	24 January 2021
Member	The Hon. Jillian Skinner	13 August 2018	13 August 2021
Member	Prof. Tracey O'Brien	4 April 2019	2 July 2019
Member	Prof. Dorothy Keefe PSM	13 August 2018	13 August 2021
Member	Ms. Lillian Leigh	13 August 2018	13 August 2021
Member	Dr. Serena Sia	13 August 2018	13 August 2021
Member	Dr. William Glasson AO	13 August 2018	13 August 2021
Member	Ms. Perry Sperling PSM	13 August 2018	13 August 2021
Member	Prof. Joanne Aitken	13 August 2018	13 August 2021
Member	Prof. Penny Blomfield	13 August 2018	13 August 2021
Member	Prof. Kelvin Kong	13 August 2018	13 August 2021
Member	Dr. Elizabeth Marles	2 August 2017	2 August 2020

Further information on the work of this entity available at: [Cancer Australia](https://www.cancer.gov.au)

## Food Standards Australia New Zealand (FSANZ)

The Australian Government aims to ensure Australia's food supply is safe and well managed in order to minimise the risk of adverse health events.

Food Standards Australia New Zealand (FSANZ) plays an essential role in ensuring the food system within Australia and New Zealand is safe. Internationally recognised for its excellent work, FSANZ supports an industry that in 2016 had exports of \$39.5 billion from Australia and \$NZ30.7 billion from New Zealand.

It is one of the few examples of a Trans-Tasman public sector organisation and has been operating for more than 25 years. Around 80 per cent of FSANZ funding comes from the Australian government with 18 per cent from the New Zealand government. FSANZ has offices in Canberra and Wellington.

The key aims of FSANZ are to achieve:

- a high degree of consumer confidence in the quality and safety of food available in Australia and New Zealand
- an effective, transparent and accountable regulatory framework within which industry can work efficiently
- the provision of adequate information about food to support informed food choices
- the harmonisation of food standards in Australia and New Zealand, and internationally

The Food Regulation System in its current form has not changed substantially since it was established in 2000. In contrast, the environment has evolved considerably over this period, driven by:

- increased globalisation of food production and supply
- the growing pace of technological change and industry innovation
- the proliferation of e-commerce
- greater consumer expectations around access to food information coupled with a stronger focus by society on diet, health and wellbeing
- greater industry expectations for more proportionate regulation
- fiscal constraints on government agencies

On this basis it is reasonable to consider whether the system, including FSANZ's contribution within it, remains in-step with the contemporary needs and expectations of the community, jurisdictions, the food industry, and ministers.

FSANZ has a program of work under way to update current systems and processes and to also consider how to best position its contribution in the contemporary food regulatory environment.

The work is complementary to that occurring under Ministerial Priority 3 – Maintaining a strong, robust and agile System, which is focused on broader system issues.

Food standards are implemented through multi-jurisdictional arrangements with the Australian, New Zealand and state and territory governments that are overseen by the Australia and New Zealand Ministerial Forum on Food Regulation.

Regulation is a critical component of the cooperative framework established to deliver safe food in Australia. Food standards developed by FSANZ are based on risk analysis using the best available scientific and other relevant evidence.

FSANZ supports the government to build consumer confidence in food regulation by improving communication with technical and non-technical audiences. FSANZ will expand its online engagement to enhance consultation on standards development and the provision of information about food safety regulation.

FSANZ also coordinates national food surveillance and food recall activities, maintains national food composition and food consumption databases, and provides advice to the Department of Agriculture and Water Resources to assist it to control imported foods.

In 2019–20, FSANZ will continue work to revise standards for infant formula and food produced using gene technology, progress reviews of the Food Standards Code (food safety requirements and primary production and processing standards) and provide advice on modernisation of food regulation.

FSANZ will also continue work requested by the Australia and New Zealand Ministerial Forum on Food Regulation on pregnancy warning labels on packaged alcohol beverages, formulated supplementary sports foods and sugar labelling and contribute to the system-wide priority to reduce the levels of foodborne illness, especially salmonella and campylobacter.

The role and functions of FSANZ are set out in the *Food Standards Australia New Zealand Act 1991*. FSANZ is a corporate Commonwealth entity under the *Public Governance, Performance and Accountability Act 2013*.

## Entity Outcome and Program

**Outcome 1** - A safe food supply and well-informed consumers in Australia and New Zealand, including through the development of food regulatory measures and the promotion of their consistent implementation, coordination of food recall activities and the monitoring of consumer and industry food practices.

**Program 1.1:** Food Regulatory Activity and Services to the Minister and Parliament

The work of the FSANZ links to the work of the Department of Health through Program 2.4: Preventive Health and Chronic Disease Support.

## Other information

**CEO:** Mark Booth, Chief Executive Officer

**Average staffing level:** 107

**Board Management:** Yes

### Board Members

Position	Appointee	Start Date	End Date
Chair	Ms. Robyn Kruk	2 November 2016	30 September 2020
Member	Prof. Mary Barton	7 July 2017	6 July 2021
Member	Ms. Suzanne Chetwin	17 October 2017	16 October 2021
Member	Prof. Martin Cole	7 July 2017	6 July 2021
Member	Ms. Josephine Davey	17 October 2017	16 October 2021
Member	Assoc Prof Stephen John Corbett	1 July 2015	30 June 2019
Member	Mr Dr. Michael Dunbier	1 July 2018	30 June 2021
CEO	Mr. Mark Booth	6 March 2017	5 March 2021
Member	Ms. Jane Lancaster	29 July 2016	30 June 2019
Member	Prof. Mark Lawrence	7 July 2017	6 July 2021
Member	Mr. John Hart	17 October 2017	16 October 2021
Member	Ms. Teresa Ciprian	1 July 2017	30 June 2021

Further information on the work of this entity available at: [Food Standards Australia New Zealand](#)

## Independent Hospital Pricing Authority (IHPA)

The Independent Hospital Pricing Authority (IHPA) is an independent statutory agency established as part of the National Health Reform Agreement signed by all Australian governments in 2011.

Its objective is to promote improved efficiency of public hospital services by implementing activity-based funding (ABF) for public hospital services.

The IHPA is governed by the Pricing Authority consisting of a chair (Mr Shane Solomon), a deputy chair (Mr Jim Birch, until 30 June 2019) and seven other members appointed by the Minister for Health. In 2018, Mr Birch advised his intention to resign from the Pricing Authority effective 30 June 2019.

The IHPA's Chief Executive Officer is Mr James Downie. It currently has 50 staff and an annual budget of \$23.5 million, funded entirely by the Commonwealth.

The IHPA is independent of the Australian, state and territory governments.

The role and functions of the IHPA are set out in the *National Health Reform Act 2011*. It is a corporate Commonwealth entity under the *Public Governance, Performance and Accountability Act 2013*.

The Pricing Authority is guided by a number of committees including a Clinical Advisory Committee that is appointed by the Minister for Health and a Jurisdictional Advisory Committee that includes senior officers from every Australian health department.

The IHPA determines the National Efficient Price (NEP) on an annual basis. This provides a benchmark for the efficient provision of services in Australian public hospitals, as well as forming the basis (along with the actual volume of services provided) for the calculation of the Commonwealth's financial contribution to public hospital funding.

The IHPA also determines the National Efficient Cost (NEC) for block-funded services on an annual basis. These services are predominately small rural hospitals which may not be financially viable under an ABF model, community mental health services and teaching, training and research activities undertaken in public hospitals.

The Addendum to the National Health Reform Agreement signed in 2016 has seen the scope of the IHPA's work expanded to look at funding mechanisms that provide a price signal to improve safety and quality in Australian public hospitals. This has resulted in the implementation of measures including no funding for 'sentinel events' that occur in public hospitals, and a risk-adjusted funding reduction for hospital-acquired complications that occur during admitted patient episodes of care.

As part of the Addendum, the IHPA is currently investigating a number of options for a funding mechanism to reduce avoidable hospital readmissions. The Addendum expires in June 2020 leaving the IHPA's ability to continue with this work uncertain at this point in time.

The implementation of ABF in public hospitals has had a number of positive impacts to the system over the past eight years. These include the significantly increased transparency of funding arrangements for Australian public hospitals, a significant reduction in the rate of growth of hospital costs, from more than four per cent per annum in the period 2006–2012 to around one per cent per annum between 2012–13 and 2016–17. This is reflected in an annual growth in the NEP of around 1.7 per cent. The establishment of the NEP has also allowed public hospitals to benchmark costs of service delivery against the national average cost, enabling them to identify inefficient practices and manage costs and resource allocation more effectively.

### Entity Outcome and Program

**Outcome 1** - Promote improved efficiency in, and access to, public hospital services primarily through setting efficient national prices and levels of block funding for hospital activities.

**Program 1.1:** Public Hospital Price Determinations

The work of the IHPA links to the work of the Department of Health through Program 2.7: Hospital Services

### Other information

**CEO:** James Downie, Chief Executive Officer

**Board Management:** Yes – Government appointed board

### Board Members

Position	Appointee	Start Date	End Date
Chair	Mr. Shane Solomon	1 February 2017	31 January 2022
Deputy Chair	Mr. Jim Birch AM	1 February 2017	30 June 2019
Member	Prof. Jane Hall	1 February 2017	31 January 2020
Member	Mr. Glenn Appleyard	1 February 2017	31 January 2021
Member	Dr. Michael Walsh	1 February 2017	31 January 2022
Member	Assoc Prof Bruce Chater OAM	1 February 2017	31 January 2021
Member	Ms. Prudence Ford	6 October 2017	5 October 2022
Member	Ms. Jennifer Williams	6 October 2017	5 October 2022
Member	Dr. Kate Taylor	6 October 2017	5 October 2022

Further information on the work of this entity available at: [Independent Hospital Pricing Authority](http://www.independenthospitalpricingauthority.gov.au).



## National Blood Authority (NBA)

The National Blood Authority (NBA) is a statutory agency within the Health portfolio that manages and coordinates arrangements for the supply of blood and blood products and services on behalf of the Australian, state and territory governments.

The NBA was established by the *National Blood Authority Act 2003 (Cth)* following the signing of the original National Blood Agreement in 2002 by all state and territory health ministers.

The agreement sets out the national policy framework for managing and funding the blood sector. Under the terms of the agreement, the rate of funding of blood and blood products is shared between the Commonwealth (63 per cent) and states and territories (37 per cent). The budgeted expenses for 2019–20 is \$1.286 billion.

The agency has an average staffing level of 54 and maintains an in-house information and communications technology development capability comprising up to 25 staff engaged under contract.

The primary objectives under the National Blood Agreement are to:

- provide an adequate, safe, secure and affordable supply of blood products, blood-related products and blood-related services
- promote safe, high-quality management and use of blood products, blood-related products and blood-related services in Australia

The NBA manages national contracts to secure the supply of safe and affordable blood products in Australia in accordance with the National Blood Agreement.

The NBA works with governments and stakeholders to implement an efficient, demand-driven blood supply system that is highly responsive to clinical needs and based on evidence and good clinical practice. The purchasing and supply arrangements for fresh, fractionated and recombinant blood products continue to be improved, including further strengthening risk-mitigation arrangements.

The NBA undertakes a range of activities aimed at improving the clinical use of blood and blood products in recognition of the growing cost of blood products and the growing evidence of risk associated with unnecessary transfusions. Specifically, the NBA aims to improve the sustainability and performance of the sector through:

- enhanced data capture and analysis
- improved governance of access to immunoglobulin products to ensure the most cost-effective use of limited and high cost products
- the development and publication of evidence-based national clinical practice guidelines, informed by close engagement with clinicians

The role and functions of the NBA are set out in the *National Blood Authority Act 2003*. The NBA is a non-corporate Commonwealth entity under the *Public Governance, Performance and Accountability Act 2013*.

### Entity Outcome and Program

**Outcome 1** - Access to a secure supply of safe and affordable blood products, including through national supply arrangements and coordination of best practice standards within agreed funding policies under the national blood arrangements.

**Program 1.1:** National Blood Agreement Management

The work of the NBA links to the work of the Department of Health through Program 1.1: Health Policy Research and Analysis.

### Other information

**Director/CEO:** John Cahill, Chief Executive Officer

**Average staffing level:** 54

**Board Management:** Yes

### Board Members

Position	Appointee	Start Date	End Date
Chair	Dr. Amanda Rischbieth	21 March 2019	20 March 2023
Member	Mr. Paul Bedbrook	23 October 2017	22 October 2020
Member	Mr. Geoffrey Bartle	23 October 2017	22 October 2021
Member	Prof. Lyn Beazley AO	18 January 2017	17 January 2021
Member	Prof. Christopher Brook PSM	18 January 2017	17 January 2021
Member	Assoc Professor Alison Street AO	21 March 2019	20 February 2023
Member	Ms. Penny Shakespeare	21 March 2019	20 March 2023

Further information on the work of this entity available at: [National Blood Authority](#)



## National Health and Medical Research Council (NHMRC)

The National Health and Medical Research Council (NHMRC) is the Commonwealth's key entity for managing investment in, and the integrity of, health and medical research.

NHMRC is also responsible for developing evidence-based health advice for the Australian community, health professionals and governments, and for promoting the highest standards in health and medical research.

In 2019–20 the appropriation to the Medical Research Endowment Account for health and medical research grants will be more than \$842.7 million. Grants are awarded based on independent expert review and supports research in universities, medical research institutes and hospitals around Australia.

The NHMRC has implemented a new grant program which encourages greater creativity and innovation in research and provides opportunities for talented researchers at all career stages. The council is also developing a new grant application and data management system, Sapphire, which will complement the new grant program by streamlining application and assessment processes. Both these initiatives will minimise the burden of application and peer review on the research community.

The NHMRC's work also facilitates and promotes the translation of evidence derived from health and medical research into clinical practice and systems designed to prevent illness and improve public health. The council's guidelines and advice support the states and territories in achieving consistent standards in public and environmental health. The NHMRC works to ensure strategic alignment with the Medical Research Future Fund and is assisting the Department of Health in delivering some schemes.

The role and functions of NHMRC are set out in the *National Health and Medical Research Council Act 1992*. The council also has statutory obligations under the *Prohibition of Human Cloning for Reproduction Act 2002*, the *Research Involving Human Embryos Act 2002*, and the *Medical Research Future Fund Act 2015*.

The current 24-member council of the NHMRC, chaired by Professor Bruce Robinson AM, is appointed to 30 June 2021.

The NHMRC is a non-corporate Commonwealth entity under the *Public Governance, Performance and Accountability Act 2013*.

### Entity Outcome and Program

**Outcome 1** - Improved health and medical knowledge, including through funding research, translating research findings into evidence-based clinical practice, administering legislation governing research, issuing guidelines and advice for ethics in health and the promotion of public health.

**Program 1.1:** Health and Medical Research

The work of the NHMRC links to the work of the Department of Health through Program 1.1: Health Policy Research and Analysis.

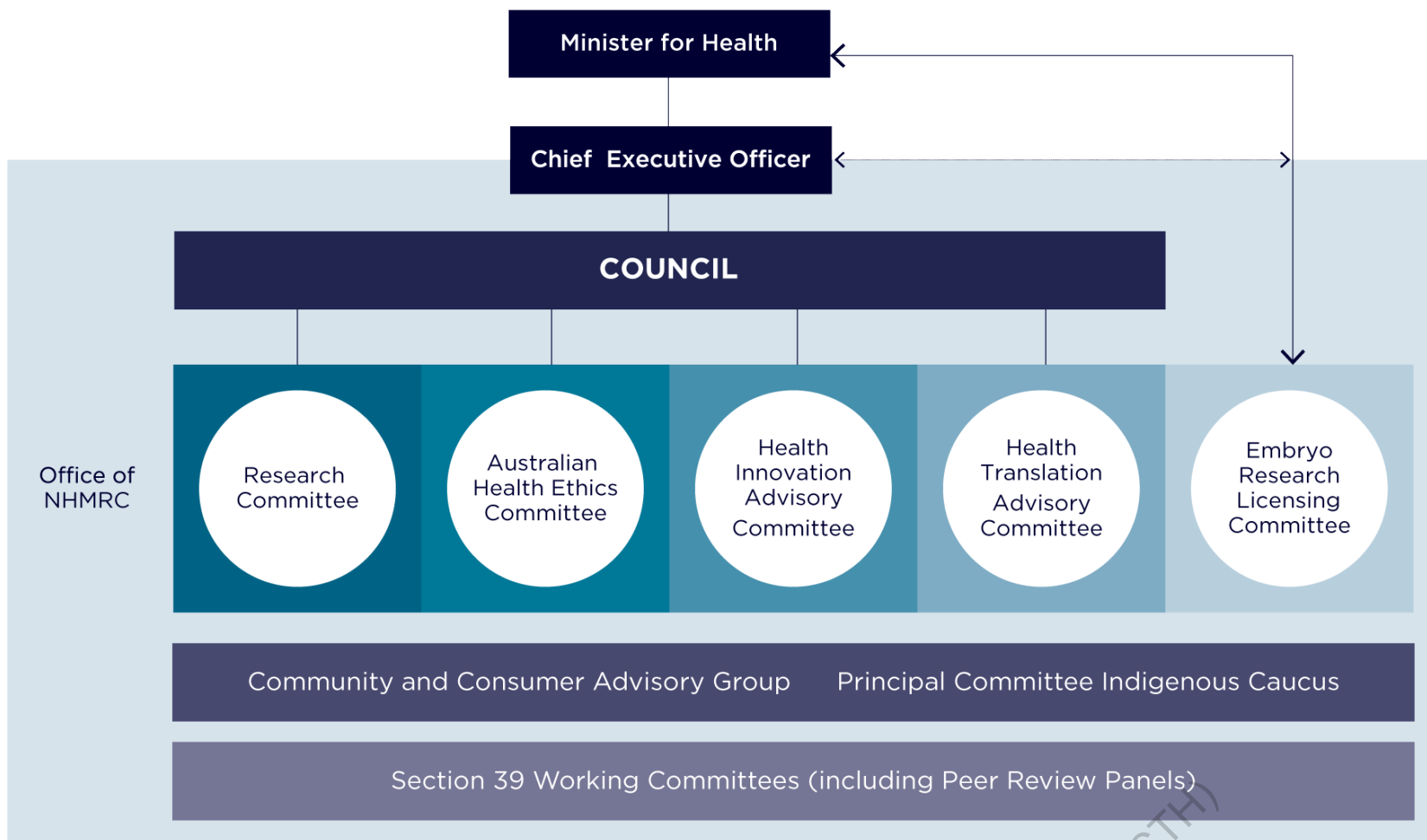
### Other information

**Average staffing level:** 181

Further information on the work of this entity available at: [National Health and Medical Research Council](https://www.nhmrc.gov.au)

### NHMRC's Structure

NHMRC's work is underpinned by a committee-based structure that ensures robust expert advice on a wide range of health and medical research topics is provided to council members and Chief Executive Officer.



## Council of NHMRC

The Council of NHMRC is established under s20 of the NHMRC Act. Its function is to provide advice to the CEO and any other functions conferred by the Minister after consulting the CEO and conferred by the NHMRC Act, regulations or any other law. Council members are remunerated under Remuneration Tribunal determinations, as amended from time to time<sup>1</sup>. The current 24-member Council<sup>2</sup> of NHMRC, chaired by Professor Bruce Robinson AM, is appointed to 30 June 2021.

## Principal Committees of NHMRC

The NHMRC Act requires the establishment of the Research Committee<sup>3</sup> and the Australian Health Ethics Committee<sup>4</sup>. For the 2018-2021 triennium, the Health Innovation Advisory Committee (HIAC) and the Health Translation Advisory Committee (HTAC) will continue as Principal Committees (PCs).

Additionally, the Embryo Research Licensing Committee (ERLC) is a PC established and governed by the *Research Involving Human Embryos Act 2002* (RIHE Act). ERLC carries out NHMRC's only regulatory function under the national regulatory framework established by the RIHE Act and the *Prohibition on Human Cloning Act 2002*. This legislation prohibits human cloning for reproductive purposes and a range of other practices relating to reproductive technology. It also regulates research activities that involve the use of human embryos created by assisted reproductive technology or by other means. Consequently, ERLC has different operation and reporting lines to other PCs and the ERLC Chair does not sit on Council.

The terms of reference for the 2018-2021 triennium PCs were published in the *Commonwealth Gazette* of 5 July 2018<sup>5</sup>. Members of PCs are remunerated under Remuneration Tribunal determinations.

## Other NHMRC Committees

The CEO may establish any working committees that she considers necessary to help carry out the functions of the CEO, Council or a PC. These committees provide expert health and/or technical advice, or assist with the peer review of applications for NHMRC funding. Members of the CEO's advisory committees are remunerated under Remuneration Tribunal determinations.

<sup>1</sup> Remuneration Tribunal (Remuneration and Allowances for Holders of Part-Time Public Office) Determination 2018; Remuneration Tribunal (Official Travel) Determination 2018

<sup>2</sup> <https://www.nhmrc.gov.au/about/council-nhmrc>.

<sup>3</sup> <https://www.nhmrc.gov.au/about/nhmrc-committees/research-committee/members-research-committee-rc-2015-2018-triennium>.

<sup>4</sup> <https://www.nhmrc.gov.au/about/nhmrc-committees/australian-health-ethics-committee-aheac/members-australian-health-ethics-comm>.

<sup>5</sup> <https://www.legislation.gov.au/Details/C2018G00516>

## National Health Funding Body (NHFB)

The NHFB is an independent statutory authority. It aims to assist the Administrator of the National Health Funding Pool in enabling and supporting more transparent and efficient public hospital funding and reporting.

The NHFB was created through the National Health Reform Agreement, *the National Health Reform Act 2011* and corresponding health reform legislation.

### Entity Outcome and Program

**Outcome 1** - Provide transparent and efficient administration of Commonwealth, state and territory funding of the Australian public hospital system, and support the obligations and responsibilities of the Administrator of the National Health Funding Pool.

#### Program 1.1: National Health Funding Pool Administration

The work of the NHFB links to the work of the Department of Health through Program 2.7: Hospital Services.

### Other information

**Director/CEO:** Shannon White, Chief Executive Officer

**Average staffing level:** 21

The National Health Funding pool is an independent statutory office holder.

### Current appointments

Position	Appointee	Start Date	End Date
Administrator	Mr. Michael Lambert	17 July 2018	9 July 2023

Further information on the work of this entity available at: [National Health Funding Body](#)

## The National Industrial Chemicals Notification and Assessment Scheme (NICNAS) and Australian Industrial Chemicals Introduction Scheme (AICIS)

Within the Department of Health, the Office of Chemical Safety (OCS) administers the statutory scheme known as the National Industrial Chemicals Notification and Assessment Scheme (NICNAS), established under the *Industrial Chemicals (Notification and Assessment) Act 1989* (ICNA Act).

NICNAS helps to protect the Australian population and the environment by assessing risks arising from the introduction and use of industrial chemicals. Industrial chemicals include a broad range of chemicals used in inks, plastics, adhesives, paints, glues, solvents, cosmetics, soaps and many other products.

OCS risk assessments inform decisions made by a wide range of Australian, state and territory government agencies involved in regulating the control, use, release and disposal of industrial chemicals.

The *ICNA Act*:

- provides a national system to assess new and existing industrial chemicals for their health and environmental risks
- establishes a national inventory (the [Australian Inventory of Chemical Substances](#) (AICS) and a [Register of Industrial Chemical Introducers](#))
- compels commercial importers and/or manufacturers to notify for assessment certain industrial chemicals that are new to Australia
- provides information and makes recommendations about chemicals to other government agencies responsible for the regulation of industrial chemicals
- collects statistics on the use of industrial chemicals in Australia
- enables Australia to meet its obligations under international agreements about chemicals

### Funding

The full costs of administering NICNAS are recovered from the regulated industry. The majority of NICNAS activities (except new chemical assessments and services to Commonwealth agencies) are funded through a levy on companies introducing (importing or manufacturing) industrial chemicals in Australia. The amount payable is determined by the value of industrial chemicals introduced each year, in four registration levels (A to D).

Cost-recovered funds are held in the NICNAS Special Account, managed in accordance with the *ICNA Act* and the *Public Governance, Performance and Accountability Act 2013*. The mid-year estimate for funds recovered from industry in 2018–19 is approximately \$17 million.

### Staffing

The Executive Director of OCS is Dr Brian Richards, who is also the statutory office-holder accountable to Parliament for the administration of the *ICNA Act*, as the Director of NICNAS.

OCS staff are employees of the Department of Health. Their role is to assess chemicals and assist with the administration of the *ICNA Act*. The current staffing complement is 80 full-time equivalent staff, excluding contract staff (staff in the Department of Environment and Energy conduct the environmental component of the risk assessments on behalf of the scheme).

### Reforms

From 1 July 2020, a new scheme known as the *Australian Industrial Chemical Introduction Scheme* will be introduced under the *Industrial Chemicals Act 2019* (IC Act), replacing NICNAS (and the *ICNA Act*). The main purpose of the new scheme will remain the same as NICNAS — to help protect the Australian people and the environment by assessing the risks of industrial chemicals and providing information and recommendations to promote their safe use. The new scheme has been designed to be a more risk proportionate regulatory scheme, while maintaining Australia's robust health, safety and environmental standards. Under the *IC Act* there will be:

- greater alignment between the regulatory effort and the likely risk of a chemical introduction
- streamlined introduction pathways for lower risk chemical introductions, resulting in reduced regulatory burden for industry
- improved protections for the public, workers, and the environment from the use of higher risk chemicals
- greater use of international assessment materials, including through a streamlined introduction pathway for introductions that have been assessed by a trusted international body
- new and improved monitoring and compliance powers
- improved approaches to reviewing chemicals on the Australian market
- greater transparency by striking a balance between confidentiality and publicly available information
- a ban on the use of animal test data for supporting the introduction of ingredients used solely in cosmetics

Further information on the work of this entity available at: [National Industrial Chemicals Notification and Assessment Scheme](#)

## National Mental Health Commission (NMHC)

The Australian Government is committed to delivering an efficient, integrated and sustainable mental health system to improve the mental health of Australians and help prevent suicide.

The National Mental Health Commission (NMHC) supports the Australian Government through the provision of insight, advice and evidence on ways to continuously improve Australia's mental health and suicide prevention systems, and acts as a catalyst for change to achieve those improvements. This includes increasing accountability and transparency in mental health through the provision of independent reports and advice to the Australian Government and the community.

The NMHC provides cross-sectoral leadership on the policy, programs, services and systems that support better mental health, and social and emotional wellbeing in Australia.

The NMHC works with stakeholders, particularly people with lived experience of mental illness, their families and other support people to ensure reforms are collectively owned and actioned. The NMHC acknowledges that engaging stakeholders and facilitating meaningful participation is essential to achieving transformational change.

Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing will be a priority across all key work areas.

The NMHC facilitates collaboration across all sectors to promote mental health and prevent mental illness and suicide. This includes health, housing, human services, income support, justice, education, employment, defence, veterans' affairs and the broader system to maximise outcomes and integrate service provision.

The NMHC is an executive agency established on 1 January 2012 under the *Public Service Act 1999* and is a non-corporate Commonwealth entity under the *Public Governance, Performance and Accountability Act 2013*.

### Entity Outcome and Program

**Outcome 1** - Provide expert advice to the Australian Government and cross-sectoral leadership on the policy, programs, services and systems that support mental health in Australia, including through administering the Annual National Report Card on Mental Health and Suicide Prevention, undertaking performance monitoring and reporting, and engaging consumers and carers.

**Program 1.1:** National Mental Health Commission

The work of the NMHC links to the work of the Department of Health through Program 2.1: Mental Health.

### Other information

**CEO:** Ms. Christine Morgan

**Board Management:** Yes

Position	Appointee	Start Date	End Date
Chair	Ms. Lucinda Brogden	1 February 2018	31 July 2020
Other	Prof. Helen Milroy	1 August 2017	31 July 2020
Member	Prof. Ngjare Brown	1 September 2018	31 July 2020
CEO	Ms. Christine Morgan	4 March 2019	3 March 2024
Member	Ms. Niharika Hiremath	3 April 2019	31 January 2021
Member	Dr. Elizabeth-Ann Schroeder	3 April 2019	31 January 2021
Member	Prof. Wendy Cross	1 August 2017	Determined by the appointer
Member	Prof. Maree Teesson Professor	1 September 2018	31 January 2021
Member	Ms Ms. Kerry Hawkins	1 September 2018	31 January 2021
Member	Mr Mr. Mendel Kastel	1 September 2018	31 July 2020
Member	Ms. Christina McGuffie	1 September 2018	31 July 2020

Further information on the work of this entity available at: [National Mental Health Commission](#).

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## Office of the Gene Technology Regulator (OGTR)

### Overview

The National Gene Technology Scheme for regulating genetically modified organisms (GMOs) is comprised of the Commonwealth *Gene Technology Act 2000* (the Act) and *Gene Technology Regulations 2001* (the Regulations), and corresponding state and territory legislation.

The object of the Act is to “protect the health and safety of people, and to protect the environment, by identifying risks posed by or as a result of gene technology, and by managing those risks through regulating certain dealings with GMOs”.

The scheme was developed in consultation with all Australian jurisdictions and is supported by the intergovernmental Gene Technology Agreement between the Australian, state and territory governments.

The Legislative and Governance Forum on Gene Technology (the Forum), with Ministerial representatives from all Australian jurisdictions, provides broad oversight of the implementation of the regulatory system, and is supported by the Gene Technology Standing Committee (GTSC) comprised of government officials.

The Act operates in conjunction with other Commonwealth, State and Territory regulatory schemes relevant to GMOs and genetically modified (GM) products. This arrangement avoids regulatory duplication, and reciprocal provision of advice between regulators supports coordinated decision making.

The Office of Health Protection (OHP) within the Department of Health is responsible for policy aspects of the scheme, including implementing recommendations from the Forum’s third review of the scheme. The OHP also provides secretariat support to the Forum on behalf of all jurisdictions.

### Gene Technology Regulator

The Act establishes the Gene Technology Regulator (the Regulator), an independent statutory office holder appointed by the Governor-General (in July 2016, Dr Raj Bhula was appointed to this role for a five-year period).

The Regulator administers the Act and corresponding state and territory laws. All jurisdictions (except for Western Australia) have legislation that has been declared corresponding with the Commonwealth legislation. The Regulator also has extensive powers to monitor and enforce the legislation.

Functions of the Regulator are set out in section 27 of the Act and include providing advice to the Forum on the effectiveness of the scheme and possible amendments to relevant legislation. A prominent function is the risk assessment of licence applications for environmental releases of GMOs (e.g. for cultivation of GM crops).

As provided for in the Act, the Regulator is assisted in performing her functions by the Office of the Gene Technology Regulator (OGTR). OGTR officers are provided by the Department of Health.

### Key functions of the responsible Australian Government Minister

While the Regulator is responsible for the administration of the Act, certain functions are exercised by the responsible Minister. These include:

- Forum: the responsible Minister from the Health portfolio represents the Commonwealth on the Forum. The Forum is responsible for overseeing the implementation of gene technology legislation. As responsible Minister, you are the current Chair of this Forum
- Appointment of advisory committees: the Act establishes two expert committees to provide advice to the Regulator and the Forum:
  - Gene Technology Technical Advisory Committee (GTTAC)
  - Gene Technology Ethics and Community Consultative Committee (GTECCC)
- Emergency Dealing Determinations: the emergency response provisions of the Act allow the responsible Minister to expedite the temporary approval of a GMO to address a threat to human health or the environment
- Tabling of reports in Parliament: the Regulator is required to provide an annual report on operations to the Minister with responsibility for gene technology. It is the Minister’s responsibility to table the report in both Houses of Parliament

### Current Issues

#### Amendments to the Gene Technology Regulations 2001

On 4 April 2019 the Governor-General made the *Gene Technology Amendment (2019 Measures No. 1) Regulations 2019* (the Amendment Regulations). The Amendment Regulations will be tabled in each House of Parliament for a 15-sitting day disallowance period.

The Amendment Regulations were the result of the Regulator’s technical review of the Regulations, outcomes of which were agreed by the Forum following a lengthy review process including two rounds of public consultation. The Amendment Regulations, which will commence on 8 October 2019, are necessary to clarify the regulatory status of organisms developed using a range of new technologies and ensure that the new technologies are regulated in a manner commensurate with the risks they pose.

#### Appointments to advisory committees

In December 2018, your predecessor approved starting a nomination and appointment process for both advisory committees which aimed to appoint members before current memberships expire on 31 January 2020.

A public call for nominations is under way and senior officials supporting the Forum will shortlist candidates.

Once shortlisting is completed, your agreement to consult the Forum on proposed committee Chairs and candidates will be sought.

A separate concurrent appointment process is under way for a GTECCC cross-member from the National Health and Medical Research Council’s Australian Health Ethics Committee (AHEC). There is currently no AHEC cross-member on GTECCC because the AHEC and GTECCC terms of the previous cross-member have expired. On notification of the nominee, your approval for consultation with the Forum regarding the nominee will be sought.

#### Implementing the recommendations of the Third Review of the National Gene Technology Scheme

On 11 October 2018, all Australian governments – through the Forum – endorsed 27 recommendations arising from the Third Review (the Review) of the Scheme.

The Forum also agreed to a high-level Action Plan to implement the recommendations, which address technical, regulatory, governance, social and ethical issues.

Forum Ministers agreed that implementation would be jointly funded and progressed through the GTSC, which will oversee work across all jurisdictions, deferring to the Forum where further guidance and decisions are required.

**Statutory office holder:** Dr Raj Bhula

Further information on the work of this entity available at: [Office of the Gene Technology Regulator](#).

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## Professional Services Review (PSR)

The Australian Government, through the Professional Services Review (PSR), safeguards the public against the risks and costs of inappropriate practice by health practitioners and health care corporations, and aims to protect the integrity of Commonwealth Medicare benefits, dental benefits and pharmaceutical benefits programs.

The PSR reviews and investigates health practitioners and employers of health practitioners who are suspected of inappropriate practice, on request from the Chief Executive of Medicare. 'Inappropriate practice' includes inappropriately rendering or initiating health services that attract a Medicare Benefits Schedule (MBS) payment, or inappropriately prescribing under the Pharmaceutical Benefits Scheme (PBS).

The PSR Scheme is part of a strong regulatory regime designed to ensure appropriate and cost-effective clinical services are delivered. In the past three years there has been a doubling in PSR activity and sixfold increase in recoveries and eightfold increase in disqualifications against historic averages.

The PSR Scheme covers the activities of medical practitioners, dentists, optometrists, midwives, nurse practitioners, chiropractors, physiotherapists, podiatrists, osteopaths, audiologists, diabetes educators, dieticians, exercise physiologists, mental health nurses, occupational therapists, psychologists, social workers, speech pathologists, Aboriginal and Torres Strait Islander health practitioners, Aboriginal health workers and orthoptists.

Following legislative change in 2018, the PSR is also able to review inappropriate practice by employers and corporations that 'employ or otherwise engage' health care practitioners. The PSR is currently conducting its first corporate review.

Reviews are conducted by the Director of PSR, who is appointed after consultation with the Australian Medical Association (AMA). The PSR Director can enter into a negotiated agreement with a health practitioner or corporation, or refer them to a committee of peers constituted by appointed PSR Panel members and Deputy Directors. The PSR Scheme applies sanctions to practitioners and corporations where a finding of inappropriate practice is made.

PSR seeks to change behaviour across the health professions and engages in education of the profession through the AMA, relevant Colleges and representative bodies of the professions.

The role and functions of PSR are set out in Part VAA of the *Health Insurance Act 1973*. PSR is a non-corporate Commonwealth entity under the *Public Governance, Performance and Accountability Act 2013*.

## Entity Outcome and Program

**Outcome 1** - A reduction of the risks to patients and costs to the Australian Government of inappropriate practice, including through investigating health services claimed under the Medicare and Pharmaceutical benefits schemes.

**Program 1.1:** Safeguarding the Integrity of the Medicare Program and Pharmaceutical Benefits Scheme

The work of the PSR links to the work of the Department of Health through Program 4.1: Medical Benefits and Program 4.7: Health Benefit Compliance.

## Other information

**Director:** Professor Julie Quinlivan, Director

### Board Management:

PSR's Executive and Management Committee comprise the Director, the Executive Officer and the Unit Managers. It meets on a monthly basis.

Further information on the work of this entity available at: [Professional Services Review](#)

## Ministerial engagement

Portfolio ministers have engaged with a range of advisory and support bodies related to health, sport and ageing, including:

- Aged Care Quality and Safety Advisory Council
- Australia and New Zealand Ministerial Forum on Food Regulation
- Australian Health Ministers' Advisory Council
- Cancer Australia Advisory Council
- Commonwealth Sports Ministers' Meeting
- Council of Australian Governments (COAG) Health Council (CHC)
- Legislative and Governance Forum on Gene Technology
- Meeting of Sport and Recreation Ministers
- Ministerial drug and alcohol forum
- National Blood Authority Board
- National Mental Health Commission Advisory Board
- Organ and Tissue Authority Board
- Professional Services Review Briefing
- World Anti-Doping Agency Executive Committee

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# **Aged Care Quality and Safety Advisory Council**

## **Objective**

The Advisory Council provides advice to the Commissioner and/or the Minister in relation to the Commissioner's functions. The functions conferred on the Commissioner under the *Aged Care Quality and Safety Commission Act 2018* are:

- a) the function of protecting and enhancing the safety, health, wellbeing and quality of life of aged care consumers; and
- b) the function of promoting the provision of quality care and services by approved providers of aged care services and service providers of Commonwealth funded aged care services; and
- c) the consumer engagement functions; and
- d) the complaints functions; and
- e) the regulatory functions; and
- f) the education functions.

## **Ministerial Involvement**

The functions of the Advisory Council are established under section 38 of the *Aged Care Quality and Safety Commission Act 2018*, as set out below.

The functions of the Advisory Council are:

- a) on its own initiative or at the request of the Commissioner, to provide advice to the Commissioner in relation to the Commissioner's functions; and
- b) at the request of the Minister, to provide advice to the Minister about matters arising in relation to the performance of the Commissioner's functions.

The Minister may give written directions to the Advisory Council about the performance of its functions or the procedures to be followed in relation to its meetings.

## **Chair**

The current Chair is appointed for a period up until 24 January 2021.

The current chair is Andrea Coote.

## **Meetings**

The Advisory Council will meet six times in 2019.

The first meeting occurred on 7 February 2019.

Meetings are scheduled for:

- 2 May 2019
- 20 June 2019
- 29 August 2019
- 17 October 2019
- 12 December 2019

## **Secretariat**

Support is provided by the Aged Care Quality and Safety Commission.

The Department of Health manages appointments of Advisory Council members.

## **Decisions**

The Advisory Council operates in an advisory capacity.

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# Australia and New Zealand Ministerial Forum on food regulation

## Objectives

The Australia and New Zealand Ministerial Forum on Food Regulation is responsible for:

- developing domestic food regulatory policy and policy guidelines for setting domestic food standards through the legislative process set out in the *Food Standards Australia and New Zealand Act 1991*
- promoting harmonised food standards within Australia and with New Zealand and between the parties and with the international food code (Codex Alimentarius)
- overseeing the implementation of domestic food regulations and standards
- promoting a consistent approach to the compliance with, and enforcement of food standards
- agreeing to a number of appointments to the Food Standards Australia New Zealand (FSANZ) board.

## Membership

The Forum membership comprises a Minister from New Zealand, and Health Ministers from Australia in the Commonwealth and states and territories. It also includes other Ministers from related portfolios such as primary industry and consumer affairs. This ensures a whole of government approach to food regulation. Each state and territory has a lead Minister for voting purposes.

## Chair

The Forum is chaired by the Commonwealth Health Minister who has portfolio responsibilities for food.

## Meetings

It meets at least once in a calendar year.

The Food Regulation Standing Committee supports the Forum, and coordinates policy advice to ensure a nationally consistent approach to implementing and enforcing food standards. The Committee also advises the Forum on starting and reviewing new activities.

## Secretariat and department contact

The Secretariat is located in the Preventive Health Policy Branch, Population Health and Sport Division within the Department of Health.

**Responsible Deputy Secretary:** Caroline Edwards

**Responsible First Assistant Secretary:** Tania Rishniw

# Australian Health Ministers' Advisory Council (AHMAC)

## Objective

To support the COAG Health Council (CHC) by providing strategic advice on issues relating to the coordination of health services across the nation, and by acting as a forum for planning, information sharing and innovation.

## Membership

Heads of the Commonwealth departments responsible for health and veterans' affairs, and the Chief Executive Officers from the state, territory and New Zealand health departments.

## Chair

The chair serves a two-year term, and alternates between large and small states. As with CHC, convention has been that the Commonwealth Government does not chair.

The current chair is Michael Pervan, Secretary, Department of Health and Human Services, Tasmania.

## Meetings

Face-to-face meetings are usually four times a year, with further meetings held by teleconference if required.

The next meeting is scheduled for 31 May 2019 in Melbourne.

## Secretariat

Support is provided by an independent Secretariat, located in South Australia.

## Principal committees

Four principal committees report to AHMAC, and there is departmental representation on each committee.

Principal committee	Chair	Departmental representative
Mental Health Principal Committee	Kym Peake (VIC)	Caroline Edwards
Health Services Principal Committee	Elizabeth Koff (NSW)	Caroline Edwards
Clinical Principal Committee	David Russell-Weisz (WA)	Brendan Murphy
Australian Health Protection Principal Committee	Brendan Murphy (Commonwealth)	Brendan Murphy

A range of specific purpose sub-committees operate under each principal committee to progress ongoing work or specific/time limited tasks.

## **Cost shared budget**

Each jurisdiction contributes to a cost shared budget, agreed annually to support the administrative costs of subsidiary bodies, and to develop joint projects and initiatives agreed by AHMAC.

The Commonwealth contributes 50 per cent of the budget, while the states and territories each contribute according to their population. When appropriate, New Zealand pays a fixed amount. Budget bids are put forward by principal committees or jurisdictions and must be supported by AHMAC before being approved by CHC.

**Responsible Deputy Secretary:** Caroline Edwards

**Responsible First Assistant Secretary:** Tania Rishniw

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# **Cancer Australia Advisory Council**

## **Objective**

According to the *Cancer Australia Act 2006*, the “Advisory Council’s function is to give advice to the Chief Executive Officer about the performance of Cancer Australia’s functions”.

## **Ministerial Involvement**

The Minister for Health appoints members of Cancer Australia’s Advisory Council by written instrument.

## **Chair**

The Chair of the Advisory Council is appointed by the Minister for Health for a period that must not exceed three years.

Under the *Cancer Australia Act 2006*:

- Advisory Council members, including the Chair, hold office for the period specified in the instrument of appointment.
- The period must not exceed three years.

The current Chair of the Advisory Council is Professor Robert Thomas OAM.

Professor Robert Thomas’ appointment as Chair of Cancer Australia’s Advisory Council commenced in February 2016. Professor Thomas was reappointed as Chair of the Advisory Council in February 2019, with his current term ending in February 2022.

## **Meetings**

The Advisory Council must meet three times per financial year.

The next meeting of the Advisory Council is scheduled for 30 May 2019.

## **Secretariat**

Support is provided by the General Manager Finance and Corporate Affairs, Cancer Australia.

## **Decisions**

The Council is an advisory body not a decision making body.



## Commonwealth Sports Ministers' Meeting

The Commonwealth Sports Ministers' Meeting (CSMM) is held every two years in the margins of the Summer Olympics and Commonwealth Games.

### Objectives

The purpose of the meeting is to discuss issues of mutual importance and strategically address the application of sports programs in assisting the social and economic development of Commonwealth nations.

### Membership

Membership consists of Ministers responsible for sport from the 53 countries and 18 territories of the Commonwealth. If a Minister is unable to attend, they are able to nominate a representative to attend on his or her behalf.

### Chair

The position of chair is rotated, with the host country of the Commonwealth Games chairing that year's meeting, along with the meeting at either the next or previous Summer Olympics.

The last meeting was chaired by the Minister for Sport Senator the Hon Bridget McKenzie and held in the margins of the 2018 Gold Coast Commonwealth Games.

### Meetings

CSMM meets every two years, for one day, with a welcome function often held the evening prior to the meeting.

### Associated meetings of officials

The Commonwealth Advisory Body on Sport (CABOS) is a senior officials level group, which advises the Commonwealth Secretariat and member governments on sport policy, particularly as it relates to Sport for Development and Peace. The agenda for each CSMM is set in consultation with the meeting Chair, the Commonwealth Secretariat and CABOS.

### Secretariat and department contact

The Commonwealth Secretariat in London manages secretariat duties for CSMM, with logistical arrangements for the meeting provided by the chairing Government. The Office for Sport in the Population Health and Sport Division is responsible for work related to the CSMM.

**Responsible Deputy Secretary:** Lisa Studdert.

**Responsible First Assistant Secretary:** Lyndall Soper

# **Council of Australian Governments (COAG) Health Council (CHC)**

## **Ministers' involvement and attendance**

All Commonwealth, state and territory and New Zealand Ministers with direct responsibility for health matters, including the Commonwealth Minister responsible for veterans' affairs, are members of COAG Health Council (CHC). The Commonwealth Minister with portfolio responsibility for health has primary responsibility for Commonwealth representation on CHC. With approval of the chair, other Commonwealth Ministers may also attend meetings where matters with direct relevance to their portfolio responsibilities are to be discussed.

## **Major focus areas**

All levels of government work together to improve health outcomes for all Australians and ensure the sustainability of the Australian health system.

In 2018–19, CHC has focused on issues including hospital and health services, long term future of the health system, coordination of care for people with chronic and complex conditions, Aboriginal and Torres Strait Islander health, digital health, health workforce, mental health, safety and quality, aged care and health promotion and prevention.

## **Chair**

The chair rotates annually, alternating between a large and a small state or territory Minister. It has been an ongoing convention that the Commonwealth Minister does not chair CHC. The current chair is Roger Cook, Minister for Health, Western Australia.

## **Meetings**

Face-to-face, two to three times a year.

The next meeting is scheduled for 4 July 2019 in Broome, WA.

## **Decisions**

Decisions are made by consensus, not by majority. Decisions are not legally binding, and are not released publicly, although CHC will issue a communique of key decisions following each meeting.

## **Secretariat**

Support is provided by an independent Secretariat, located in South Australia.

**Responsible Deputy Secretary:** Caroline Edwards

**Responsible First Assistant Secretary:** Tania Rishniw

## **Legislative and Governance Forum on Gene Technology**

The Legislative and Governance Forum on Gene Technology is a ministerial council which oversees Australia's joint state, territory and Commonwealth regulatory scheme for genetically modified organisms.

### **Objectives**

The intergovernmental Gene Technology Agreement, which sets out the scheme, established a ministerial council to:

- issue policy principles, policy guidelines and codes of practice to govern the activities of the independent Gene Technology Regulator and the operation of the scheme
- oversee the operation of the scheme.

### **Membership**

Membership of the Legislative and Governance Forum on Gene Technology includes one Minister from each state and territory and the Commonwealth, nominated by their Head of Government. Currently, members come from a range of portfolios including health, primary industry, agriculture and science/innovation.

### **Chair**

The chair is rotated annually (or at longer intervals as agreed), and has been held by the Commonwealth since 2011.

### **Meetings**

The forum meets on an as-needs basis, and the time and place of the meetings is determined by a majority of members. Most forum business is conducted out of session.

### **Associated meetings of officials**

The Gene Technology Standing Committee is responsible for coordinating policy advice to the Legislative and Governance Forum on Gene Technology. The Forum promotes national consultation on developing and implanting gene technology policy.

The forum develops and issues policy principles, guidelines and codes of practice. The Committee meets on an as-needs basis and most business is conducted out of session.

The Gene Technology Standing Committee is chaired by a senior official from the same jurisdiction as the chair of the Legislative and Governance Forum on Gene Technology.

### **Secretariat**

The Gene Technology Secretariat supports both the committee and the Forum. The Secretariat is currently located in the Best Practice Regulation Branch, Health Systems Policy Division, within the department.

**Responsible Deputy Secretary:** Professor Brendan Murphy

**Responsible First Assistant Secretary:** Sharon Appleyard

## Meeting of Sport and Recreation Ministers

The Meeting of Sport and Recreation Ministers was established to allow Sports Ministers to meet outside of the Council of Australian Governments (COAG) framework.

### Objectives

The Meeting of Sport and Recreation Ministers (MSRM) provides a forum for co-operation and co-ordination on matters relating to the development of sport and recreation.

### Membership

The MSRM is comprised of Commonwealth, State and Territory Ministers responsible for sport and recreation and is supported by the Committee of Australian Sport and Recreation Officials.

### Chair

The Terms of Reference provide for the position of chair to be rotated biennially. The position of chair is currently held by South Australia (until the end of 2019) with no decision on which jurisdiction will inherit the role.

### Meetings

The MSRM recently committed to meeting twice a year with the time and place of the meetings determined by the Chair (typically the location is in the Chair's jurisdiction). The April 2019 meeting discussed a strategic work plan which is currently under-development as well as a new MSRM Terms of Reference, the latest report on the National Policy Framework for Girls and Women in Sport and Healthy Eating in Children's Sport and Recreation.

The next meeting is proposed for 18 October 2019.

### Associated Meetings of Officials

The Committee of Australian Sport and Recreation Officials (CASRO) was established to prepare advice and respond to tasks referred to them by MSRM. The agreed objectives and functions are:

- actively promoting a nationally collaborative approach to sport and active recreation
- progressing agreed key priorities as set out in the MSRM strategic work plan
- identifying new and progressing existing sport and active recreation initiatives of national significance
- contributing to whole of government objectives by participating in other forums where these objectives are progressed
- progressing the sharing of information between governments, including New Zealand, and
- carrying out special projects to support coordination.

### Secretariat and Department Contact

The Secretariat position is held by the jurisdiction that chairs MSRM and CASRO. The Office for Sport in the Population Health and Sport Division is responsible for work related to these committees.

**Responsible Deputy Secretary:** Lisa Studdert  
**Responsible First Assistant Secretary:** Lyndall Soper

## Ministerial drug and alcohol forum

The establishment of a Ministerial Drug and Alcohol Forum to oversee the development, implementation and monitoring of Australia's national alcohol and other drug (AOD) policy frameworks was endorsed by the Council of Australian Governments (COAG) in December 2015 as part of the adoption of the National Ice Action Strategy.

The COAG agreement to establish the Forum has renewed the commitment of Australian governments to elevate alcohol and other drugs policy matters. These matters have previously been considered by CHC and/or COAG Law, Crime and Community Safety Council. An early body of work for the Forum will be finalising the 2016–25 National Drug Strategy.

Establishment of the Forum has started with discussions with state and territory governments around associated supporting governance and administrative arrangements.

## Membership

It is expected that Commonwealth Ministers from the Health and Justice portfolios will co-chair the Forum and that there be two Ministers from each jurisdiction: one from the health/community services portfolios (with alcohol and other drugs policy responsibilities), and one from the justice/law enforcement portfolios.

**Responsible Deputy Secretary:** Dr Lisa Studdert

**Responsible First Assistant Secretary:** Lyndal Soper A/g

## **National Blood Authority Board**

### **Objective**

Provide advice to the Chief Executive on the National Blood Authority strategic issues and the performance of the NBA's functions.

### **Ministerial Involvement**

The Board Chair and Board members are appointed by the Minister by written instrument.

### **Chair**

The term of appointment for the Board Chair is up to four years. The Minister may reappoint the Chair for more than one term.

The current Board Chair is Dr Amanda Rischbieth (appointed 21 March 2019).

### **Meetings**

The Board typically meets four times per calendar year.  
The next meeting is scheduled for 24 May 2019.

### **Secretariat**

Support is provided by the National Blood Authority.

### **Decisions**

Decisions are made by consensus.

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## **National Mental Health Commission Advisory Board**

### **Objective**

Monitoring and reporting; policy reform; catalyst for change in mental health and suicide prevention.

### **Ministerial Involvement**

- 1) Regular meeting with the Minister and the Chief Executive Officer (CEO).
- 2) The Prime Minister and Minister meet biannually with the NMHC Advisory Board and the CEO to receive direct advice on the mental health and suicide prevention system reforms.
- 3) Standing invitation to the Minister to attend all Advisory Board meetings.

### **Chair**

The current Board Chair is Lucy Brogden.

### **Meetings**

- 1) Regular meetings with the CEO and Minister – date to be confirmed.
- 2) Biannual meetings – date to be confirmed.
- 3) Standing invitation to Advisory Board meetings (approx. four per year).

### **Secretariat**

Support is provided by the National Mental Health Commission.

### **Decisions**

Communiques released following Advisory Board meetings.

# **Organ and Tissue Authority Board**

## **Objective**

To set the strategic direction for the Organ and Tissue Authority.

## **Ministerial Involvement**

The Board reports to the responsible Minister through a communique and a meeting with the Minister's Office post the quarterly Board meeting- usually with the Chief Executive Officer.

## **Chair**

The Chair is appointed by the Government.

The current Board Chair is Dr Mal Washer who is in his second year of a four year appointment.

## **Meetings**

The Board meets four times a year.

The next meeting is on 17 September 2019.

## **Secretariat**

Support is provided by the Organ and Tissue Authority.

## **Decisions**

The Board is directly accountable to the responsible Commonwealth Minister.



## **Professional Services Review Briefing (PSR)**

### **Objective**

Ensuring compliance with MBS and PBS through peer review.

### **Ministerial Involvement**

Briefing by the Director of the Professional Services Review Agency on likely issues that might come to the Minister's office.

### **Chair**

Director of PSR is appointed for three years and is eligible for reappointment (s 106Y *Health Insurance Act 1973*).

The appointment must be agreed with the AMA (s 83 *Health Insurance Act 1973*).

The current Board Chair is Professor Julie Quinlivan.

### **Meetings**

The Minister meets once a year with the Directory of PSR.

Dates to be determined.

### **Secretariat**

Support is provided by the Professional Services Review Agency.

### **Decisions**

N/A.

## **World Anti-Doping Agency (WADA)**

### **World Anti-Doping Agency (WADA) and Foundation Board**

#### **Objectives**

The Foundation Board is the supreme decision-making body of the World Anti-Doping Agency (WADA), the independent international agency to promote and coordinate the international fight against doping in sport. WADA is responsible for the operation of the World Anti-Doping Code, which is the core document that harmonises anti-doping policies, rules and regulations around the world.

#### **Membership**

The Foundation Board consists of 38 members—the Chair, Vice Chair and an equal number of members (18) from the sports movement and the public authorities (governments). Government representation on the Board is structured to ensure that there is equitable representation from all five Olympic regions of the world.

The Australian Minister for Sport is one of the two Oceania representatives on the Foundation Board. Should the Minister not be able to attend the meetings, a Registered Deputy is appointed on an annual basis to attend on the Minister's behalf. The current Registered Deputy is the department's Sports Integrity Adviser, Andrew Godkin.

#### **Chair**

The WADA, Chair and Vice Chair positions are rotated between the international sports movement and governments every six years. WADA is currently chaired by Sir Craig Reedie (United Kingdom), Vice President of the International Olympic Committee.

Reverend Makhenkesi A. Stofile, a former South African Minister for Sport (2004–2010) is the Vice Chair.

#### **Meetings**

The Foundation Board meets in May and November each year.

#### **Secretariat**

The Minister's involvement in WADA is supported by the National Integrity of Sport Unit in the Population Health and Sport Division.

### **World Anti-Doping Agency Executive Committee**

#### **Objectives**

The Executive Committee represents the Foundation Board in the day-to-day management and administration of WADA.

#### **Membership**

The Executive Committee consists of 12 members—Chair, Vice Chair, five from the sports movement and one government representative from each of the five Olympic regions. Representation on the Executive Committee rotates on a two year/one year basis with New Zealand.

Should the Minister not be able to attend the meetings, a Registered Deputy is appointed on an annual basis to attend on the Minister's behalf. The current Registered Deputy is the department's Sports Integrity Adviser, Andrew Godkin.

## **Meetings**

The Executive Committee meets three times a year in May, September and November. The May and November Executive Committee and Foundation Board meetings are held on consecutive days.

**Responsible Deputy Secretary:** Lisa Studdert

**Responsible First Assistant Secretary:** Andrew Godkin

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## International engagement

The Health portfolio pursues Australia's health interests through participation in international fora, maintaining country-to-country partnerships and harnessing information on international best practice and innovation.

Active international engagement at relevant meetings of key international health bodies helps to:

- strengthen global health systems
- fulfil Australia's responsibility to contribute to improving global and regional public health
- contribute to policies and actions that protect and advance the health of the Australian community
- track emerging and evolving health issues
- learn from international experience and highlight our leadership on key issues

The department engages in a range of international fora such as:

- World Health Organization (WHO)
- Human Rights Council and the human rights treaty bodies
- International Agency for Research on Cancer
- World Anti-Doping Agency (WADA) Foundation Board and Executive Meeting
- other priority UN fora, including the UN General Assembly and the Commission on Narcotic Drugs
- G20
- Organisation for Economic Co-operation and Development (OECD) Health Committee and sub groups
- Asia-Pacific Economic Cooperation (APEC) Health Working Group and Life Sciences Innovation Forum
- Pacific Heads of Health and Pacific Health Ministers Meetings

Key areas of global health that Australia is monitoring include:

- universal health coverage (all individuals and communities receive the health services they need without suffering financial hardship)
- healthy ageing
- prevention and control of non-communicable diseases
- digital health

- tuberculosis control
- approaches to combat antimicrobial resistance
- human papillomavirus vaccinations and cervical cancer elimination
- tobacco and illicit drug control
- improving access to medicines

In coordinating Australia's international engagement on health, the department collaborates primarily with the Department of Foreign Affairs and Trade. Other agencies are consulted as needed, including:

- Attorney-General's Department
- Department of Home Affairs
- Department of the Prime Minister and Cabinet
- Department of Agriculture and Water Resources
- Department of Infrastructure
- Regional Development and Cities
- Department of the Environment and Energy
- IP Australia
- Department of Communications and the Arts
- Treasury
- Australian Bureau of Statistics.

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## Asia-Pacific Economic Cooperation



The Asia-Pacific Economic Cooperation (APEC) is a regional economic forum established in 1989 to leverage growing interdependence among Asia-Pacific countries. APEC has 21 member 'economies' and is currently hosted by Chile, to be followed by Malaysia in 2020 and New Zealand in 2021. Health became a focus of APEC following the SARS outbreak in the early 2000s.

In recent years, APEC's attention on health issues has expanded, with the recognition of health's role in developing and sustaining economic growth and trade. The department leads Australia's delegation to the main health fora in APEC – the Health Working Group (HWG) and Life Sciences Innovation forum (LSIF).

Australia is well respected within the HWG, driving projects on governance and strategic priority setting. In 2019, the HWG's theme is 'Supporting Health across the Life Course'. Activities focus on:

- health promotion and disease prevention
- enhanced access to care and services
- strengthening health systems for universal health coverage and sustainable development

The department also represents Australia in the LSIF, a tripartite forum that includes government, industry and academia. LSIF has fostered collaborative projects on mental health, cervical cancer and rare diseases. Australian government, industry and academia have been involved in these projects to varying degrees.

The department's engagement in APEC is unique amongst multilateral fora due to the eclectic make-up of member economies. APEC allows the department to build informal relationships with traditional allies such as the United States and Canada, as well as emerging powers, such as China. Additionally, APEC also brings an increased understanding of health issues in neighbouring countries, both developed (e.g. Japan, Singapore, South Korea) and developing (e.g. Indonesia, Malaysia, Papua New Guinea, the Philippines).

**Responsible Deputy Secretary:** Caroline Edwards

**Responsible First Assistant Secretary:** Tania Rishniw

## G20

The Group of Twenty (G20) is the premier international forum for global economic cooperation. Engagement in the G20 is a whole-of-government priority, as outlined in the Foreign Policy White Paper. The Department of the Prime Minister and Cabinet leads Australian Government engagement in the G20, with relevant departments leading engagement in the various thematic 'tracks' of the G20 agenda. The Department of Health leads Australia's participation in the G20 Health track.

Japan holds the G20 Presidency in 2019, and has set the following priorities for discussion in the Health track:

- the achievement of Universal Health Care (all individuals and communities receive the health services they need without suffering financial hardship)
- response to ageing societies (including measures to address dementia)
- health risk management and health security (including antimicrobial resistance).

A joint meeting of G20 Finance Ministers and Health Ministers will be held in Osaka, Japan on 28 June 2019, in the margins of the G20 Leaders' Summit (28–29 June). The G20 Health Ministers' Meeting is scheduled for 19–20 October 2019 in Okayama, Japan.

The G20 Health track was established by Germany under its 2017 Presidency, and continued by Argentina in 2018. At the 2018 G20 Health Ministers' Meeting in Buenos Aires, ministers reaffirmed their commitment to building consensus for sustainable development, considering health as one of the keys to achieving this worldwide. Key focus areas from the 2018 meeting included:

- antimicrobial resistance
- malnutrition, including childhood overweight and obesity
- health systems strengthening
- health systems responsiveness to disasters, catastrophes and pandemics

**Responsible Deputy Secretary:** Caroline Edwards

**Responsible First Assistant Secretary:** Tania Rishniw

## Organisation for Economic Cooperation and Development



The Organisation for Economic Cooperation and Development (OECD) Health Committee promotes policies that improve health system performance. Health Committee membership includes representatives from the 36 OECD member countries, including Australia, and it reports to the OECD Council.

Australia's engagement with the OECD Health Committee underpins the development of health policy by providing internationally comparable data with a range of indicators such as health care quality and health system performance.

The OECD Health Committee's work helps to inform Australia's health policy in areas such as people-centred care, mental health benchmarking, digital health data governance and preventive health.

The department and portfolio agencies also engage with OECD Health Committee sub groups which support the Health Committee's work. They are the:

- Working Party on Health Care Quality and Outcomes
- Expert Group on Pharmaceuticals and Medical Devices
- Expert Group on the Economics of Public Health
- Working Party on Health Statistics

The OECD publishes Health at a Glance which provides snapshots on data and trends on the performance of the health systems in OECD countries. It compares health systems and determinants, including risk factors. Key findings from [Australia's Health at a Glance \(2017\)](#) include that our population is healthier than the OECD average, considering life expectancy and other general measures of health status, but obesity rates are fifth highest of OECD countries.

**Responsible Deputy Secretary:** Caroline Edwards

**Responsible First Assistant Secretary:** Tania Rishniw



## United Nations Economic, Scientific and Cultural Organisation (UNESCO)



Australia's anti-doping arrangements give effect to national obligations under the UNESCO International Convention against Doping in Sport. Chiefly, the UNESCO Convention requires State Parties to implement arrangements that are consistent with the principles of the World Anti-Doping Code.

The UNESCO Convention came into effect on 1 February 2007 and represented the first time that governments around the world agreed to apply the force of international law to anti-doping.

The UNESCO Convention provides a legal framework for governments to address doping and to formalise global anti-doping rules, policies and guidelines. The UNESCO Convention is important for Australia as it provides the constitutional authority to the Commonwealth to enact anti-doping legislation—the *Australian Sports Anti-Doping Authority Act 2006*.

Australia contributes annually to the Voluntary Fund for the Elimination of Doping in Sport, which supports anti-doping projects in State Parties.

A total of 180 countries have ratified the UNESCO Convention. Every two years, the State Parties to the Convention attend the Conference of Parties in Paris. The Conference of Parties is next scheduled for 29–31 October 2019.

**Responsible Deputy Secretary:** Dr Lisa Studdert

**Responsible First Assistant Secretary:** Andrew Godkin

## World Anti-Doping Agency



The international anti-doping effort is built on co-operation between governments and the international sporting movement in supporting the activities of the World Anti-Doping Agency (WADA).

The WADA is a non-government organisation created in 1999 to promote, coordinate, and monitor the fight against doping in sport in all its forms. It is a foundation established under Swiss private law with headquarters in Montreal, Canada. Among other things, WADA:

- implements, supports and monitors compliance with the World Anti-Doping Code
- implements, supports and monitors compliance with the International Standards established under the Code to promote harmonisation in the technical and operational areas of anti-doping
- promotes global research to identify and develop process for detecting doping substances and methods
- develops and coordinates effective doping prevention strategies and education

The Australian Government seeks to progress the international anti-doping agenda by being an active contributor to the activities of WADA:

- The Minister for Sport currently represents the Oceania region on the WADA Executive Committee and is one of two Oceania representatives on the Foundation Board
- Australia makes an annual financial contribution to WADA (AU\$529,100 in 2019)
- Australia facilitates an anti-doping presence in the Pacific region through its annual support (\$AU105,798 in 2019) for the Oceania Regional Anti-Doping Organisation
- The Australian Government is a conscientious contributor to WADA's reviews and consultative processes and topical anti-doping issues
- WADA's Fifth World Conference on Doping in Sport will take place 5–7 November 2019 in Katowice, Poland

**Responsible Deputy Secretary:** Dr Lisa Studdert

**Responsible First Assistant Secretary:** Andrew Godkin

## World Health Organization



194  
Member States

The World Health Organization (WHO) is the United Nations agency for health, with expertise across a wide range of health issues. It sets global norms and standards, promotes the health and development agenda, and manages health crises, such as pandemics. It works across six regions with its headquarters in Geneva, Switzerland. Further information: [www.who.int/](http://www.who.int/)

The department is responsible for leading the Australian Government's engagement with WHO at both the global and regional levels. The annual World Health Assembly of the WHO's 194 Member States provides a forum for Australia to participate in the global norm-setting on health issues, to advocate for the health needs of our region, and shape policies that impact on Australia's health. The World Health Assembly is held annually in May in Geneva, and Australia is traditionally represented by a delegation of senior officials from the department and Department of Foreign Affairs and Trade.

In May 2018, Australia was elected onto the WHO Executive Board for a three-year term. Membership on the Executive Board enables Australia to more directly influence and inform the work of the WHO. The main functions of the Board are to determine the agenda for the World Health Assembly, give effect to its decisions and policies, provide advice and facilitate the work program.

Separately, WHO's Pacific presence supports the Pacific Community in organising the Pacific Health Ministers Meeting and other health-related fora in the region. In 2017, Australia became a full member of the Pacific Health Ministers Meeting, which is a biennial meeting to develop a consensus view of health in the Pacific and to set future directions. Australia will be invited to send a Health Minister to the August 2019 meeting. Our membership was granted on the understanding that Australia's engagement would be led by the health portfolio (and therefore not solely focused on Australia's aid relationship in the Pacific).

**Responsible Deputy Secretary:** Caroline Edwards

**Responsible First Assistant Secretary:** Tania Rishniw

## Legislation administered by the Health Portfolio

The information below is an extract from the Administrative Arrangements Order made 4 April 2019.

### **PART 9 THE DEPARTMENT OF HEALTH**

#### *Matters dealt with by the Department*

Public health, including health protection, and medical research  
Health promotion and disease prevention  
Primary health care  
Hospitals funding and policy, including relationships and linkages within the continuum of health care  
Implementation of the National Health and Hospitals Network  
Health research  
Pharmaceutical benefits  
Health benefits schemes  
Hearing services policy and funding  
Specific health services, including human quarantine  
Sport and recreation  
National drug strategy  
Regulation of therapeutic goods  
Notification and assessment of industrial chemicals  
Gene technology regulation  
Medical indemnity insurance issues  
Private health insurance  
Blood and organ policy and funding  
Health workforce capacity  
Mental health policy and primary mental health care  
Ageing research  
Health provider compliance  
Services for older people, including their carers  
Policy for and promotion of active ageing, other than employment policy  
Biosecurity, in relation to human health

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## Group responsibility for Health portfolio legislation

Group	Department's key primary legislation (not including all Tax Acts or other supporting legislation)
Health Financing Group	<p><i>Health Insurance Act 1973</i> [Medicare]</p> <p><i>National Health Act 1953</i> [Pharmaceutical Benefits Scheme (PBS), vaccines, aids and appliances]</p> <p><i>Medicare Guarantee Act 2017</i> (to the extent of its application to the Medicare Guarantee Fund (Health) Special Account, otherwise administered by Treasury) [Since 1 July 2017, the Act contains the Treasury and Health special accounts for Medicare and the PBS.]</p> <p><i>Human Services (Medicare) Act 1973</i> (Part IID , section 3 (definition of 'Departmental employee') and section 8AC, in relation to health provider compliance) [Relates to responsibilities for health provider compliance. The Act confers functions on the Chief Executive Medicare.]</p> <p><i>Health and Other Services (Compensation) Act 1995</i> [Provides a mechanism to recover Medicare, PBS and aged care monies in certain compensation situations.]</p>

Group	Department's key primary legislation (not including all Tax Acts or other supporting legislation)
	<p><i>Private Health Insurance Act 2007</i> [Provides for the regulation of private health insurance.]</p> <p><i>Medical Indemnity Act 2002</i> and associated medical indemnity Acts [Relates to Australian government assistance to support medical practitioner and midwife access to indemnity insurance.]</p>
<b>Health Products Regulation Group</b>	<p><i>Therapeutic Goods Act 1989</i> [Regulation of therapeutic goods.]</p> <p><i>Narcotic Drugs Act 1967</i> [Gives effect to certain of Australia's obligations under the <i>Single Convention on Narcotic Drugs 1961</i>, including regulation of medicinal cannabis.]</p>
<b>Chief Medical Officer Group</b>	<p><i>Australian Immunisation Register Act 2015</i> [Establishes a register of information about vaccinations to support Australian vaccination.]</p> <p><i>Biosecurity Act 2015</i> (in relation to human health, otherwise administered by the Department of Agriculture and Water Resources) [Provides for management Australia's biosecurity risks and gives effect to related international conventions.]</p>

Group	Department's key primary legislation (not including all Tax Acts or other supporting legislation)
	<p><i>National Health Security Act 2007</i> [Regulation of security sensitive biological agents.]</p> <p><i>Epidemiological Studies (Confidentiality) Act 1981</i> [Provides for secrecy provisions regarding certain studies.]</p> <p><i>Health Insurance Act 1973</i> [In relation to the Health workforce aspects of Medicare.]</p> <p><i>Industrial Chemicals (Notification and Assessment) Act 1989</i> [Establishes the National Industrial Chemicals Notification &amp; Assessment Scheme (NICNAS), a national system of notification and assessment of industrial chemicals. The NICNAS Director is a statutory officer holder with responsibility for day-to-day administration. On 1 July 2020 will be replaced by <i>Industrial Chemicals Act 2019</i>.]</p> <p><i>Gene Technology Act 2000</i> [Relates to identifying and managing gene technology risks. The Office of the Gene Technology Regulator is a statutory office holder responsible for day-to-day administration.]</p> <p><i>Australian Radiation Protection and Nuclear Safety Act 1998</i> [Relates to protection of the health and safety of people, and protection of the environment, from the harmful effects of radiation. Establishes the Australian Radiation Protection and Nuclear Safety Agency (ARPANSA). ARPANSA is a non-corporate Commonwealth entity.]</p>

Group	Department's key primary legislation (not including all Tax Acts or other supporting legislation)
<b>Health Systems Policy &amp; Primary Care Group</b>	<p><i>World Health Organization Act 1947</i> [Approves Australia becoming a member of the World Health Organisation.]</p> <p><i>Dental Benefits Act 2008</i> [Provides for certain dental benefits.]</p> <p><i>Prohibition of Human Cloning for Reproduction Act 2002</i> [Regulation regarding utilisation of human embryos by prohibiting certain practices.]</p> <p><i>Research Involving Human Embryos Act 2002</i> [Regulates activities involving the use of human embryos created by assisted reproductive technology or other means.]</p> <p><i>National Health Reform Act 2011</i> relates to:</p> <ul style="list-style-type: none"> <li>• Australian Commission on Safety and Quality in Health Care (ACSQHC);</li> <li>• Independent Hospital Pricing Authority (IHPA);</li> <li>• the Office of Administrator of the National Health Funding Pool (ANHFP); and</li> <li>• National Health Funding Body (NHFB).</li> </ul> <p>The NHFB is a non-corporate Commonwealth entity. The ACSQHC and the IHPA are corporate Commonwealth entities. The ANHFP is a statutory office holder.</p>



Group	Department's key primary legislation (not including all Tax Acts or other supporting legislation)
	<p><i>Australian Institute of Health and Welfare Act 1987</i></p> <p>[Establishes the Australian Institute of Health and Welfare (AIHW). Functions relate to collection, use and disclosure of information and statistics relating to health and welfare, and research into health. AIHW is a corporate Commonwealth entity.]</p> <p><i>National Blood Authority Act 2003</i></p> <p>[Establishes the National Blood Authority. Functions of the Authority relate to carrying out national blood arrangement. The Authority is a non-corporate Commonwealth entity.]</p> <p><i>Australian Organ and Tissue Donation and Transplantation Authority Act 2008</i></p> <p>[Establishes the Australian Organ and Tissue Donation and Transplantation Authority. Functions of the Authority relate to organ or tissue donation and transplantation. The Authority is a non-corporate Commonwealth entity.]</p> <p><i>National Health and Medical Research Council Act 1992</i></p> <p>[Establishes the National Health and Medical Research Council (NHMRC). Functions relate to fostering public health research, training, and consistent health standards. NHMRC is a non-corporate Commonwealth entity.]</p> <p><i>Healthcare Identifiers Act 2010</i></p> <p>[Assigns healthcare identifiers to healthcare recipients, individual healthcare providers, and healthcare provider organisations. Healthcare identifiers are used to communicate and manage health information about a healthcare recipient, including through the My Health Record system.]</p>

Group	Department's key primary legislation (not including all Tax Acts or other supporting legislation)
	<p><i>My Health Records Act 2012</i></p> <p>[Establishes the My Health Record, a national public system for making health information about a healthcare recipient available for the purposes of providing healthcare to the recipient.]</p>
<b>Population Health and Sport Group</b>	<p><i>Australian Sports Anti-Doping Authority Act 2006</i></p> <p>[Establishes the Australian Sports Anti-Doping Authority (ASADA). Functions relate to sports doping and safety matters. Implements international anti-doping conventions. ASADA is a non-corporate Commonwealth entity.]</p> <p><i>Australian National Preventative Health Agency Act 2010</i></p> <p>[This agency is no longer funded and does not operate. A bill to abolish the agency did not pass the Parliament.]</p> <p><i>Australian Sports Commission Act 1989</i></p> <p>[Establishes the Australian Sports Commission. Functions relate to providing leadership in the development of sport in Australia. Also known as Sport Australia and is a corporate Commonwealth entity.]</p> <p><i>Major Sporting Events (Indicia and Images) Protection Act 2014</i></p> <p>[Provides special protection regarding the use for commercial purposes of indicia and images connected with certain major sporting events.]</p> <p><i>National Cancer Screening Register Act 2016</i></p> <p>[Establishes a cancer screening register to support cancer screening programs, and the provision of</p>

Group	Department's key primary legislation (not including all Tax Acts or other supporting legislation)
	<p>access to cancer screening information and diagnoses.]</p> <p><i>Cancer Australia Act 2006</i>  [Establishes Cancer Australia, a non-corporate Commonwealth entity. Functions relate to national leadership in cancer control.]</p> <p><i>Food Standards Australia and New Zealand Act 1991</i>  [Establishes Food Standards Australia New Zealand (FSANZ). To ensure a high standard of public health protection throughout Australia and New Zealand, including promoting consistency between domestic and international food regulatory measures. FSANZ is a corporate Commonwealth entity.]</p> <p><i>Tobacco Advertising Prohibition Act 1992</i>  [Relates to improving public health, and limits the exposure of the public to messages and images that may persuade them to start or continue smoking, or use or continue to use tobacco products.]</p> <p><i>Tobacco Plain Packaging Act 2011</i>  [Relates to improving public health, and regulates the retail packaging and appearance of tobacco products to reduce the appeal of these products to consumers.]</p>

## Status of Bills

### Status of Bills before Parliament when it was prorogued and the House of Representatives dissolved

The following Health portfolio Bills were before Parliament when it was prorogued and the House of Representatives dissolved, and they have lapsed:

- Aged Care Amendment (Movement of Provisionally Allocated Places) Bill
- Australian Sports Anti-Doping Authority Amendment (Sport Integrity Australia) Bill
- Health Insurance Amendment (Bonded Medical Programs Reform) Bill
- National Health Amendment (Pharmaceutical Benefits) Bill
- National Sports Tribunal Bill
- National Sports Tribunal (Consequential Amendments and Transitional Provisions) Bill
- Australian Sports Anti-Doping Authority Amendment (Enhancing Australia's Anti-Doping Capability) Bill

### Status of Bills on the 2019 Autumn legislation programme when Parliament was prorogued and the House of Representatives dissolved

The following Health portfolio Bills that had not been before Parliament and were on the Autumn legislation program lapsed when Parliament was prorogued and the House of Representatives dissolved:

s 42, s 47C

- Aged Care (Accommodation Payment Security) Amendment Bill
- Aged Care (Accommodation Payment Security) Levy Amendment Bill

s 42, s 47C

- Medical and Midwife Indemnity Legislation Amendment Bill

s 42, s 47C

[Legislation administered by the Health Portfolio](#)