



Australian Government
Cancer Australia

ANNUAL REPORT
2008-09

CANCER AUSTRALIA

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2008-09

ABOUT THIS REPORT

Cancer Australia's annual report has been prepared in accordance with the *Requirements for Departmental Annual Reports* endorsed by the Joint Committee of Public Accounts and Audit (JCPAA) in June 2006.

It is available in print from 39 libraries around Australia and online at <http://www.canceraustralia.gov.au>

Contact us

If you have any queries about this report or suggestions as to how we could improve it, please contact:

Ms Anne Molan
Project Officer
Cancer Australia
PO Box 1201
DICKSON ACT 2602

Internet: <http://www.canceraustralia.gov.au>

Email: enquiries@canceraustralia.gov.au

Telephone: +61 2 6217 9823

Facsimile: +61 2 6217 9844

ABN 21 075 951 918

ISBN: 978-1-74241-053-1

Online ISBN: 978-1-74241-054-8

Publications Approval Number: P3-6132

Paper-based publications

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LETTER OF TRANSMITTAL



Australian Government

Cancer Australia

PO Box 1201
DICKSON ACT 2602

Dear Minister,

I am pleased to present the annual report of Cancer Australia for the year ended 30 June 2009.

This report has been prepared in accordance with the *Financial Management and Accountability Act 1997*, which requires that you table the report in Parliament. It reflects the *Requirements for Departmental Annual Reports* approved by the Joint Committee of Public Accounts and Audit under subsections 63(2) and 70(2) of the *Public Service Act 1999*.

The report has also been prepared to be consistent with the requirements for annual reporting of the *Cancer Australia Act 2006*.

The report includes Cancer Australia's audited financial statements as required by Section 57 of the *Financial Management and Accountability Act 1997*.

In addition, and as required by the Commonwealth Fraud Control Guidelines, I certify that I am satisfied that Cancer Australia has in place appropriate fraud control mechanisms that meet Cancer Australia's needs and that comply with the guidelines applying in 2008–09.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'David Currow', written in a cursive style.

Professor David Currow
Chief Executive Officer
Cancer Australia

20 October 2009

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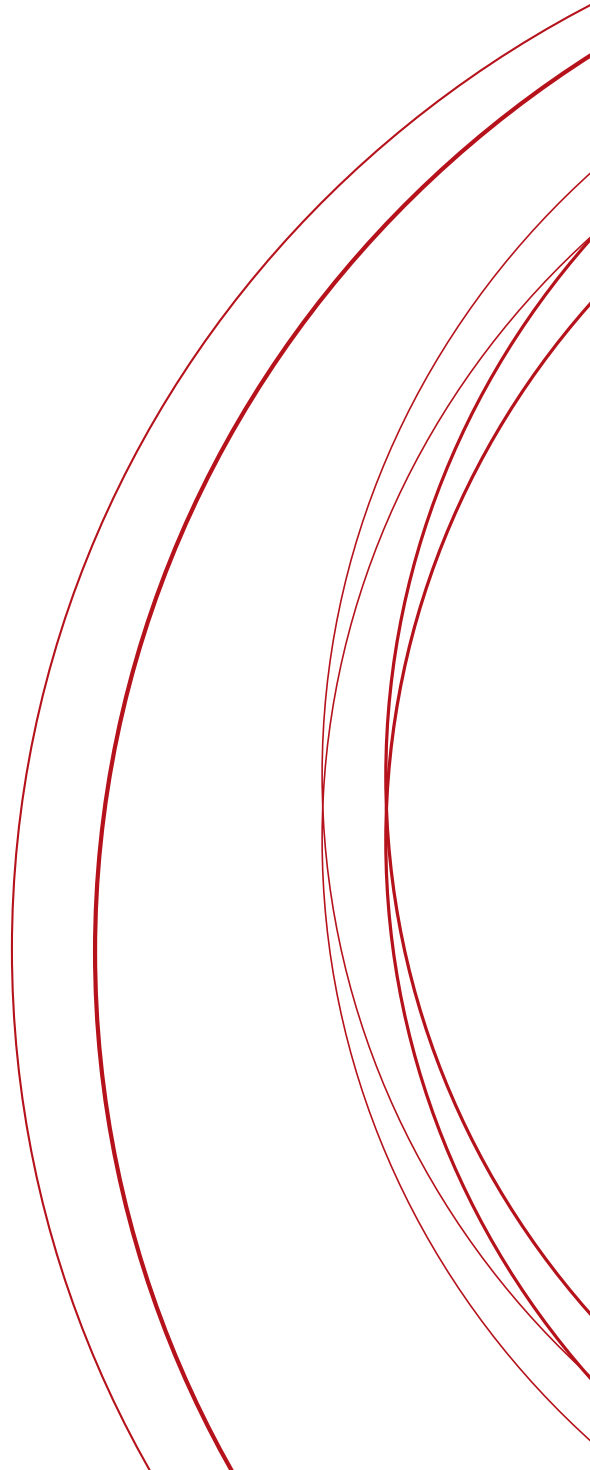
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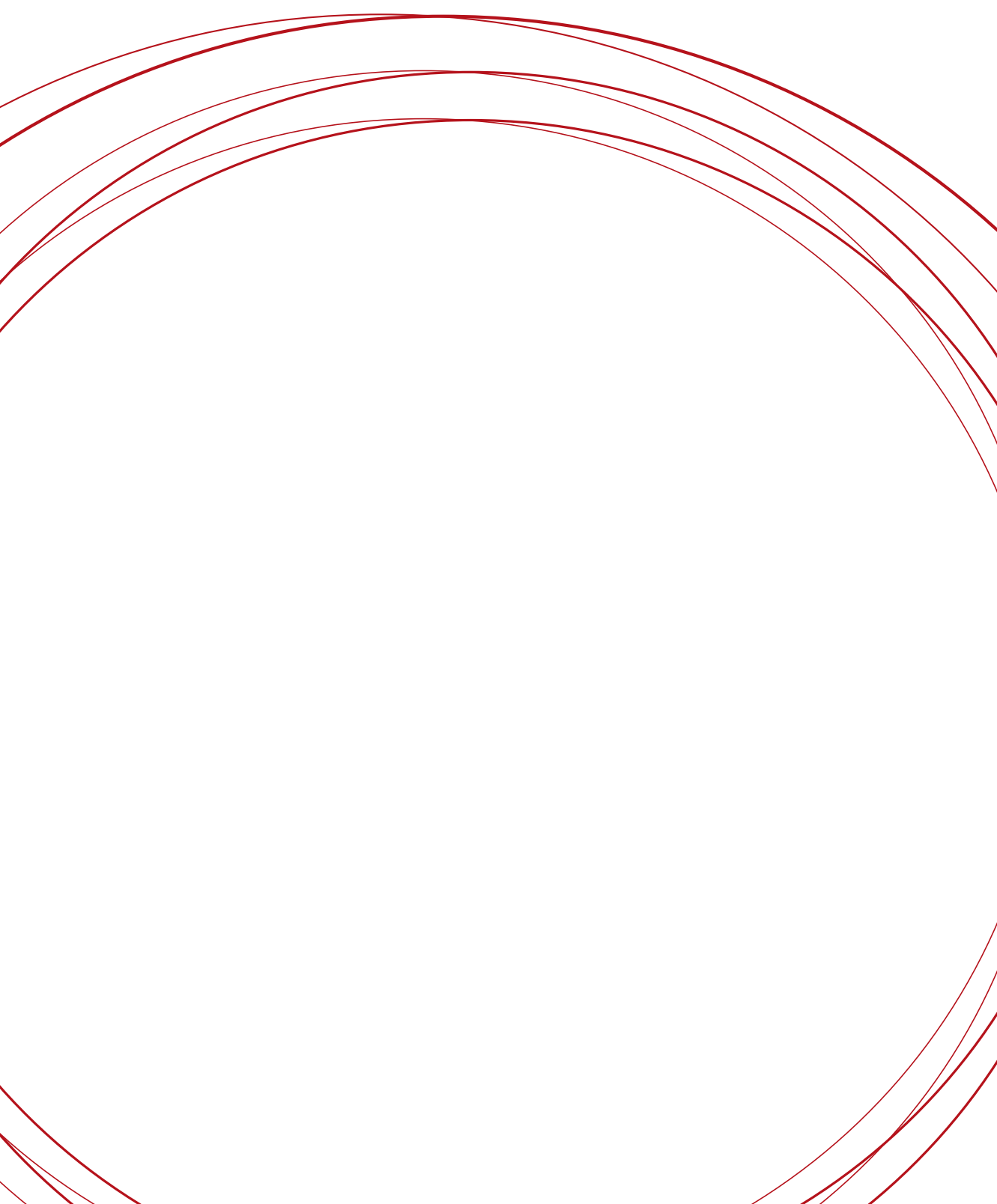
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OVERVIEW

1.1 Highlights and achievements

Stakeholder involvement and consumer participation

- ▶ Continued to build the support available to people with cancer through the Building Cancer Support Networks Grants Program;
- ▶ Continued to engage consumers on all Cancer Australia's national advisory groups, project working and reference groups, steering committees and research assessment panels;
- ▶ Developed further the strong collaborative relationship with the states and territories through the Strategic Forum, whose membership includes a senior cancer official and a senior cancer clinician from each state and territory, two members of the Advisory Council and two consumers;
- ▶ Published three copies of *Cancer Australia Connections* and the first edition of the *Gynae Cancer Centre Newsletter* on the Cancer Australia website;
- ▶ Distributed and promoted the national consumer orientation and support resource package;
- ▶ Signed a Memorandum of Understanding with the National Aboriginal Community Controlled Health Organisation.

National Centre for Gynaecological Cancers

- ▶ Provided funding to jurisdictions and professional bodies for the development of a National Gynaecological Cancers Service Delivery and Resource Framework;
- ▶ Co-sponsored the first National Health and Medical Research Council (NHMRC)/ National Institute of Clinical Studies (NICS) Cancer Australia National Centre for Gynaecological Cancers (NCGC) Fellowship;
- ▶ Progressed three projects in data, clinical practice guidance material and referral practices, to build the evidence base for improving gynaecological cancer care;
- ▶ Established an initiative to support the development, implementation and evaluation of a National Gynaecological Cancers Service Delivery and Resource Framework ;

- ▶ Produced a suite of quality information resources, using existing best practice resources and modified or newly developed materials, to better support women with gynaecological cancers.

Service development

- ▶ First phase of CanNET (Cancer Service Networks National Demonstration program, a program to improve coordination of cancer care with particular emphasis on consumer and general practitioner engagement, and rural / regional and metropolitan links) completed with the evaluation revealing that CanNET has made a substantial contribution towards:
 - developing cancer service networks that link rural and metropolitan cancer services;
 - building capacity in regional and rural areas;
 - building the evidence for cancer service networks in Australia.
- ▶ Developed a consumer survey instrument to assess the experiences of people affected by cancer as they interacted with the health system.

Professional development for cancer professionals

- ▶ Developed targeted educational resources for cancer professionals in multidisciplinary care and psychosocial support;
- ▶ Launched Cancer Learning, the on-line professional development website for health professionals, in November 2008;
- ▶ Launched the comprehensive suite of cancer nursing education resources developed as part of EdCaN, in June 2009;
- ▶ Developed the on-line Education Program in Cancer Care (EPICC), providing general practitioners and generalist regional and rural physicians and surgeons with access to cancer care education.

Cancer research and clinical trials

- ▶ Funded and managed 42 new research grants from the Priority-driven Collaborative Cancer Research Scheme in conjunction with funding partners;
- ▶ Funded and managed 12 existing Multi-site Collaborative National Cancer Clinical Trials Groups;
- ▶ Established a new Multi-site, Collaborative National Cancer Clinical Trials Group in primary care in cancer;
- ▶ Implemented national guidelines and frameworks for the Multi-site Collaborative National Cancer Clinical Trials Groups;
- ▶ Established a Regional Multi-site Clinical Trials Capacity Building Network.

Better understanding the impact of cancer through improved use of data

- ▶ Worked in cooperation with the Intergovernmental Strategic Forum, bringing together the states and territories, to progress common areas of interest to improve access to, and consistency of, cancer data;
- ▶ Publication of *A National Cancer Data Strategy for Australia*, a *Framework for Specialist Minimum Data Set Development for Specific Cancers in Clinical Cancer Registration*, and *Data Sets for Cancer Control and Research in Australia*.

Meeting our responsibilities

- ▶ Robust financial compliance framework fully implemented;
- ▶ Updated business plan including fraud control, and risk assessment revised;
- ▶ Updated disaster recovery risk assessment plan;
- ▶ Agency wide risk management plan and guidelines updated.

1.2 CEO's review

Cancer Australia's focus is on improving cancer control and on reducing the impact of cancer on all Australians, especially for those whose outcomes we know are worse. The Australian Government's objectives for Cancer Australia, as specified in the *Cancer Australia Act 2006*, are to: provide national leadership in cancer control; guide scientific improvements to cancer prevention, treatment and care; coordinate and liaise between the wide range of groups and health care providers with an interest in cancer care; provide advice and make recommendations to the Australian Government on cancer policy and priorities; and oversee a dedicated budget for research into cancer.



Cancer Australia reports to the Minister for Health and Ageing, the Hon Nicola Roxon MP. Our national stakeholders are people affected by cancer (consumers of cancer services); the Department of Health and Ageing; health professionals and their peak professional bodies, including those working in primary care; cancer organisations; researchers and organisations which fund research; and state and territory government Departments of Health and Human Services.

People affected by cancer include:

- ▶ people at risk of cancer
- ▶ people being treated for cancer
- ▶ people surviving cancer
- ▶ people living with cancer
- ▶ people whose lives will be shortened because of cancer
- ▶ the families and friends who support these people every day, around the country.

During 2008–09 Cancer Australia continued to focus on:

- ▶ consumer involvement
- ▶ the National Centre for Gynaecological Cancers
- ▶ cancer service development
- ▶ education
- ▶ priority-driven research
- ▶ cancer data.

Cancer Australia works in partnership with other national organisations whose remit and functions involve cancer control. Building relationships to share resources and improve cancer outcomes allows strategies to be aligned, and economies of scale realised. By working in collaboration with a wide range of organisations involved in lessening the impact of cancer, Cancer Australia has continued to make advances in cancer control that cannot be achieved by individual organisations alone. The ability to value-add through partnerships creates increased momentum in cancer control activities around the nation.

System Reform

In 2008–09 Cancer Australia made substantial progress in a range of areas within the agency's remit for leadership in cancer control, including further implementing its system reform approach. Cancer Australia's key achievements for this year, and how they link to our system reform approach, are identified below.

Cancer data—improving outcomes and informing decision making

I am delighted to report on the release of *A National Cancer Data Strategy for Australia*, in December 2008. Cancer Australia consulted widely to identify opportunities to develop cancer data capacity in Australia, and the publication of this document contributes significantly to the collection of more accurate and consistent data.

A National Cancer Data Strategy for Australia is supported by two technical papers, *A Framework for Specialist Minimum Data Set Development for Specific Cancers in Clinical Cancer Registration*, and *Data Sets for Cancer Control and Research in Australia*. The Framework is a guide for practitioners which supports standardisation and consistency in the development of specialist data set specifications, where none currently exist. The Data Sets paper is a collation of data sets held by national bodies, which are of potential value for better understanding cancer and its control in Australia.

These three documents identify how cancer data can improve outcomes in cancer control by better informing policy, practice and provision of cancer services, and they can be found on our website. They are designed to facilitate change in the way we approach the use of current cancer data, and offer some new ways of thinking about how systems can support better use of cancer data in future.

Cancer Australia's consultant epidemiologist, Professor David Roder AM, has continued to engage with other key agencies and stakeholders to promote this work.

Many people affected by cancer are now living longer, either free of disease or with recurrent disease, yet few data exist with which to monitor intermediate and long-term outcomes, and effects of new treatments and technologies. Our work in data is vitally important, as the results will, over time, improve the availability and accuracy of information on national trends

and patterns of diagnoses, health service utilisation and health outcomes. This will ultimately contribute to better policy and practice in cancer control.

Education and Service Development

The Mentoring for Regional Hospitals and Health Professionals measure, now commonly known as CanNET, has seen the beginning of cancer service reforms in each state and the Northern Territory. Importantly these reforms have focused on more formally linking, through network development, regional cancer services and metropolitan services in a way that has not occurred before. These networks were established to provide evidence-based practice to people with cancer who can receive all or part of their assessment and treatment closer to home; those who can be assessed elsewhere and treated locally; and those whose cancer is rare or requires complex management and who therefore need to be assessed and treated in a major metropolitan cancer centre. This work has established essential building blocks to the reform process, and without the support and commitment of the state and Northern Territory governments and committed clinical leaders, the progress that has been made towards better outcomes for people in regional areas would not have been possible. CanNET has facilitated important developments and its achievements are further discussed in Part 4 of this report.

CanNET has focused particularly on health professionals involved in primary care, and has supported their increased participation in cancer care by the development of a primary care page of the Cancer Institute of NSW Standard Treatment Protocols. This work will support better understanding of the treatment and management of cancer, especially in adjuvant therapy. We have also funded the development by the Medical Oncology Group of Australia, of the Education Program in Cancer Care (EPICC), to support general practitioners and non-cancer clinicians in cancer care, and with a view to particularly supporting those in rural and regional Australia. This work is pioneering broader capacity across the non-oncology workforce.

Other work Cancer Australia has undertaken in the fields of education and professional development have addressed unmet needs. The completion of the Education for Health Professionals (EdCaN) project is a milestone. This milestone saw the first cancer education framework and wide ranging evidence-based resources for nurses developed and implemented, along with the establishment of the Cancer Learning website—a one stop shop for professional development, support and resources in cancer care. The Peter MacCallum Institute and Queensland University of Technology jointly led this work, for Cancer Australia. This project has the potential to improve capabilities across the health workforce in relation to cancer care.

Research and clinical trials

Cancer Australia has provided national leadership in cancer control by coordinating and liaising between a wide range of groups and organisations that provide funding for cancer research.

Through this national leadership Cancer Australia has brought together 11 funders of cancer research in the 2009 round of the Priority-driven Collaborative Cancer Research Scheme (PdCCRS). The structure and process of the PdCCRS offers a nationally consistent and coordinated approach to funding priority-driven cancer research at the national level. The national approach of the PdCCRS efficiently invests public monies by reducing potential duplication of funding across organisations, and reduces duplication in research activities through fostering research collaborations.

Cancer Australia has demonstrated national leadership by establishing a new Multi-site Collaborative National Cancer Clinical Trials Group in primary care. The establishment of this group will further increase Australia's capacity to undertake cancer clinical trials. By implementing national guidelines and frameworks, Cancer Australia is working to ensure consistency of process and reporting by the national trials groups.

Through the establishment of the Regional Multi-site Clinical Trials Capacity Building Network, Cancer Australia has supported the conduct of a portfolio of Multi-site Collaborative National Cancer Clinical Trials Group trials in regional areas. This initiative will increase the opportunity for patients living in regional Australia to participate in cancer clinical trials.

In 2008–09 Cancer Australia has again fostered consumer engagement in research. Consumer involvement in the design and ongoing conduct of research is required in projects that are funded through the PdCCRS, and consumer involvement in clinical trials groups and increased participation of consumers in trials has been a requisite of continued funding for the national groups.

Better gynaecological cancers outcomes

In 2008–09 the National Centre for Gynaecological Cancers strengthened and formalised partnerships with key professional groups including the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG), the National Breast and Ovarian Cancer Centre (NBOCC) and state and territory health departments, to implement initiatives that aim to improve outcomes for women affected by gynaecological cancers. These initiatives include:

- ▶ improving information and support for women with gynaecological cancers, with the development of a suite of information resources that are to be available through the Centre's website;
- ▶ supporting the gynaecological cancers workforce through the development of a National Gynaecological Cancers Service Delivery and Resource Framework, that will guide improvements in the care and support of all women with gynaecological cancers, their families and carers;
- ▶ building the evidence base for gynaecological cancers through research and improved access to clinical trials.

Intergovernmental collaboration for improvements to cancer care and services

During 2008–09 Cancer Australia continued to work collaboratively with states and territories to promote national consistency in multidisciplinary cancer care delivery, while minimising duplication of effort and resources.

The work of the consultative Intergovernmental Strategic Forum focused on CanNET and data, and began discussion on the implementation of CanNET 2.

Cancer Australia encouraged cooperation across jurisdictional boundaries by making it easier to develop enduring methods of caring for people affected by cancer in regional areas. This involved helping collaboration between each of the Cancer Service Networks National Demonstration (CanNET) sites.

Consumer engagement in cancer control—initiatives for consumers

In 2008–09 Cancer Australia continued to involve and support consumers to actively participate in all Cancer Australia’s advisory groups, and project reference and working groups. Consumer engagement is paramount in program development, planning, implementation and evaluation, and contributed to:

- ▶ the release in February of Cancer Australia’s consumer participation and support guides, a valuable suite of resources to build the capacity and involvement of consumers;
- ▶ consumer engagement in research activities, with 11 new consumers supported to participate in training for evaluation of research applications in 2008–09;
- ▶ the development of the national CanNET consumer survey, in partnership with five states and territories, to provide valuable insight into the experiences of consumers of cancer services. This will provide unprecedented national insights into the provision of cancer care.

Cancer Australia acknowledges gratefully the breadth of skills and experience consumers bring to their involvement in our work programs, which continues to inform our work.

Stakeholder engagement for better results

Cancer Australia consults widely and ensures stakeholders’ key concerns are heard and incorporated into our work. This directly relates to our responsibility under the Cancer Australia Act to ‘coordinate and liaise between the wide range of groups and providers with an interest in cancer’. The implementation of the programs relating to cancer control, which Cancer Australia administers, has benefited from the advice and input provided by the many organisations and individuals that have a relationship with Cancer Australia. This collaboration has delivered practical outcomes, and provided a solid platform for improving cancer control.

Strengthening our systems

In 2008–09 Cancer Australia consolidated its staffing, ensuring that agency and program objectives were achieved efficiently and effectively. The organisation completed a process of comprehensive workforce planning, with a focus on achieving a more structured approach to skills and capability development. In line with the outcomes of this approach, professional development opportunities have been extended to all staff, and other support has been provided to ensure the stability and performance of staff is at an optimal level. The organisation has placed particular focus on communicating and liaising effectively with stakeholders and service delivery partners, and these efforts have been reflected in the outcomes achieved.

A rigorous evaluation of all facets of Cancer Australia's operations, covering the period July 2006 to May 2009, is being finalised. The results of the evaluation will be used to inform Cancer Australia's governance arrangements and improve efficiency and effectiveness.

Improving business management

During 2008–09 Cancer Australia has further strengthened its internal financial and management controls. Together with monthly management reporting, this has ensured a culture of accountability and responsiveness to the responsibilities of the *Cancer Australia Act 2006*, the *Financial Management and Accountability Act 1997*, and the *Public Service Act 1999*.

Cancer Australia has continually sought better ways to conduct its business and to this end is exploring a shared services model for many of its corporate functions. To enable the agency to adopt this approach it has been necessary to recognise the termination costs of its current outsourced contracts in the financial results for 2008–09. This recognition has resulted in the agency reporting a loss of \$253,204. This result does not affect the cash position of Cancer Australia and its ability to pay its debts as and when they fall due.

Partners featuring in Cancer Australia's work during 2008–09

Cancer Australia acknowledges the collaborative efforts of the following organisations, which have developed partnerships with us, and fostered timely transfer of information across the cancer control sector:

- ▶ Cancer control priorities and programs: Department of Health and Ageing; Cancer Council Australia (and its state and territory bodies);
- ▶ Research: National Centre For Gynaecological Cancers; beyondblue: the national depression initiative; Cancer Council Australia; CanTeen; Cure Cancer Australia Foundation; Leukaemia Foundation; Meat and Livestock Australia; National Breast Cancer Foundation; Prostate Cancer Foundation of Australia; Radiation Oncology Section of Department of Health and Ageing; Starlight Children's Foundation Australia;

- ▶ National Centre for Gynaecological Cancers: National Breast and Ovarian Cancer Centre (NBOCC); Royal Australian and New Zealand College of Obstetrics and Gynaecology;
- ▶ Cancer clinical trials: National Health and Medical Research Council Clinical Trials Centre; Centre for Biostatistics and Clinical Trials, Peter MacCallum Cancer Centre; University of Sydney;
- ▶ Consumers: Cancer Voices; Cancer Councils; CanTeen;
- ▶ Data: Australian Institute of Health and Welfare; Australasian Association of Cancer Registries; National Aboriginal Community Controlled Health Organisation; state and territory government agencies;
- ▶ Professional development: Australian General Practice Network; Clinical Oncology Society of Australia (COSA); Continuing Professional Development project, University of Sydney; Queensland University of Technology; University of Melbourne.

Acknowledgements

Cancer Australia has continued to benefit from the input of the Advisory Council, its Ministerially appointed council which met regularly during the year, and has continued to offer valuable advice and counsel that has helped to consolidate the direction and impact of Cancer Australia's work.

I am pleased to note that the Chair of the Advisory Council, Dr Bill Glasson AO, has been reappointed by the Minister for Health and Ageing. Cancer Australia will benefit from his continuing commitment, support and knowledge. I would also like to acknowledge the excellent input from those members of the Advisory Council whose terms have been completed: the Hon Johnno Johnson, Ms Meg Lees, Mrs Janet McDonald AO, and the Hon Jocelyn Margaret Newman AO. They have helped greatly in shaping the organisation in its formative years.

I would like to acknowledge the executive and staff of the Department of Health and Ageing who have continued to support the agency as part of the portfolio, and worked with the agency on cancer priority issues and programs.

During 2008–09 the department has been represented on Cancer Australia's Strategic Forum; the National Centre for Gynaecological Cancers Advisory Group; the Education Program in Cancer Care Working Group; the National Cancer Data Strategy Advisory Group; the National Research Advisory Group; and Cancer Australia's National Breast Cancer/BreastScreen Australia National Cohort Study Advisory Group.

I would like to thank the management team and staff at Cancer Australia for their continuing professionalism and hard work in 2008–09, and their dedication to achieving improvements for people affected by cancer across Australia.

The year ahead

As part of the Australian Government’s transition to a program reporting framework for departmental and administered funds in the Budget, the outcome expected through Cancer Australia’s work from 2009–10 will be:

Minimised impacts of cancer, including through national leadership in cancer control, with targeted research, cancer service development, education and consumer support.

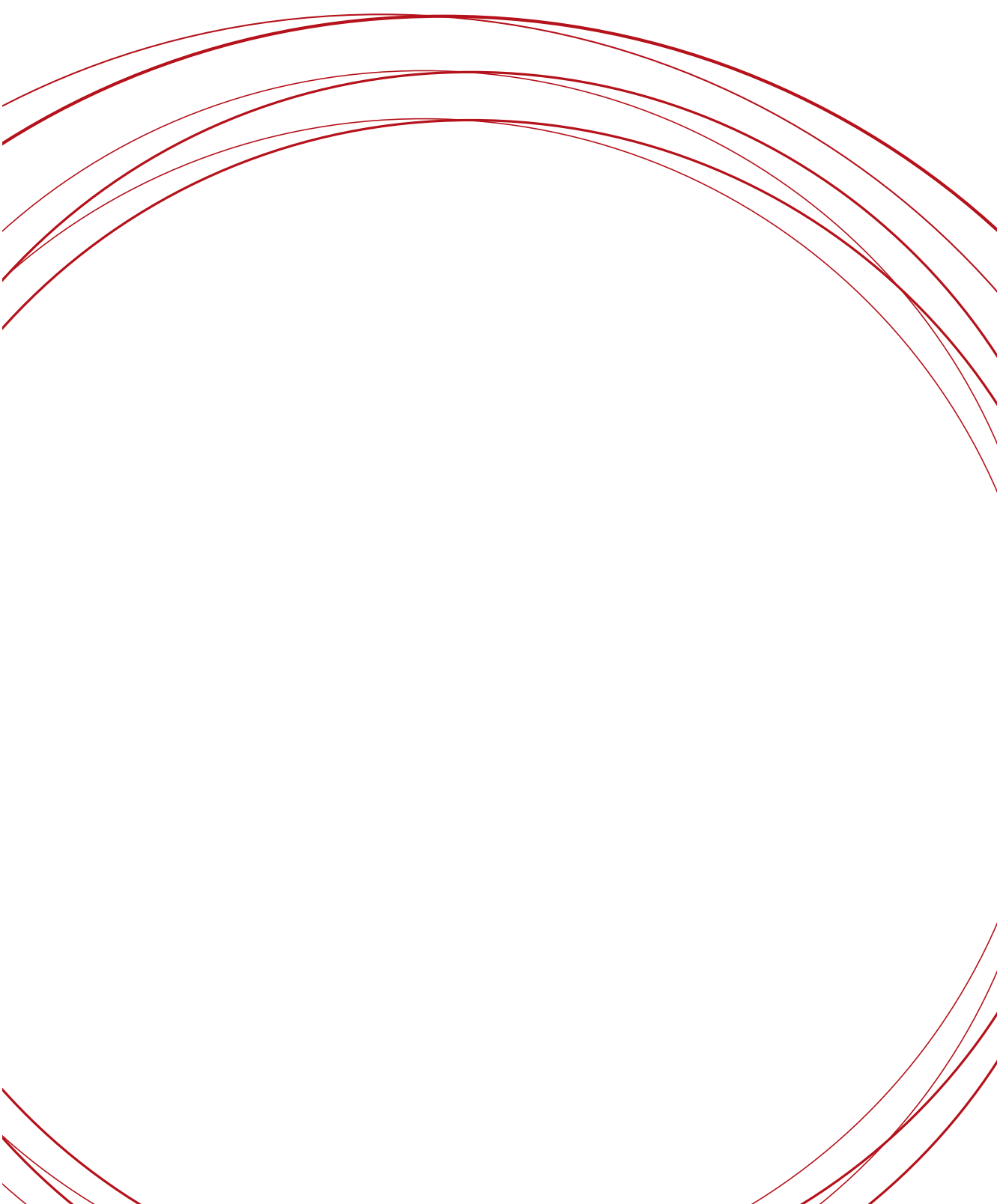
Cancer Australia will continue to provide national leadership and coordination in the areas of cancer control assigned to Cancer Australia by the Australian Government. In 2009–10 this will include two new priority areas for attention, the establishment and implementation of a Lung Cancer Program, and undertaking collaborative cancer data projects with the Australian Institute of Health and Welfare.

We look forward to building on the agency’s 2008–09 achievements in cancer control through our partnerships and collaborations, our boosting of cancer research, our consumer engagement, the National Centre for Gynaecological Cancers, improved access to cancer services, our support of professional development for cancer professionals, and the effective management of our resources, and have much cause for optimism in the future.

Table 1.1 Cancer Australia’s functions, strategic directions and 2008–09 results

Functions— in <i>Cancer Australia Act 2006</i>	Strategic directions and results in 2008–09	Read more
Provide national leadership in cancer control	Progression of National Centre for Gynaecological Cancers’ work program	Page 33
	Engagement of funders of cancer research in the Priority-driven Collaborative Cancer Research Scheme	Page 32, 130
Assist with implementation of Australian Government policies and programs in cancer control	Publication of <i>Cancer research in Australia: An overview of research projects and research programs in Australia 2003 to 2005</i>	Page 44
	Publication of <i>A National Cancer Data Strategy for Australia</i>	Page 40, 44
	National advisory and specialist groups to guide strategy and actions and to maximise sustainable action	Page 127
	Engagement of the Cancer Australia Advisory Council	Page 16

Functions— in <i>Cancer Australia Act 2006</i>	Strategic directions and results in 2008–09	Read more
Guide improvements to cancer prevention and care, to ensure treatment is scientifically based	Continuation of support for existing Multi-site, Collaborative National Cancer Clinical Trials Groups	Page 31, 47
	Support for establishment of one new multi-site, collaborative national cancer clinical trials group	Page 31, 47
	Implementation of national guidelines and frameworks	Page 31
	Completed 1st round of Mentoring Regional Hospitals program grants	Page 39
	Action to support professional development and education for cancer professionals, including health professionals, in primary care.	Page 37, 49
	Action to support cancer service reforms	Page 39
	Funded or co-funded reports on the impact of cancer	Page 43
Coordinate and liaise between the wide range of groups and providers with an interest in cancer	Established and strengthened collaborations between key cancer control stakeholders	Page 25, 44
	Programs and projects designed to improve cancer consumer support	Page 29, 47, 48
	Action on advice from Intergovernmental Strategic Forum	Page 25, 44, 127
	Continued engagement of stakeholders	Page 28, 43
Make recommendations to the Australian Government about cancer policy and priorities	Provision of advice to the Minister for Health and Ageing	Page 50, 58
	Collaboration with the Department of Health and Ageing to support the Minister and implement policy	Page 58
Oversee a dedicated budget for research into cancer	Provision of funds for collaborative, priority-driven cancer research grants under the Priority-driven Collaborative Cancer Research Scheme	Page 32
	Implementing new measures to boost cancer research	Page 31



ADVISORY COUNCIL CHAIR'S REVIEW

During its work in 2008–09, the Advisory Council has seen that success in forging partnerships and engaging individuals/organisations has been a vital factor in the progress being made by Cancer Australia in carrying out its functions and dealing with its priority areas of activity.

The Council has discussed and provided advice to Cancer Australia on its strategic directions, alignment of its work with government priorities, focus of effort, stakeholder relationships and building partnerships with other organisations. In doing so, the Council has also added value to the approach taken by Cancer Australia to the development and implementation of its priorities, programs and activities, such as:



- ▶ research priorities that were developed for the Priority-driven Collaborative Cancer Research Scheme;
- ▶ potential new areas or fields for clinical trials groups;
- ▶ progress on the National Professional Development Framework and resources developed through the EdCaN (*Developing training courses for cancer nurses*) project;
- ▶ future directions for sustaining resources for cancer health professionals through the web-based learning hub, Cancer Learning;
- ▶ issues that have been considered in the Cancer Australia evaluation;
- ▶ priority areas for attention by Cancer Australia, including action relating to people with poorer outcomes, tumour types requiring more concerted action, and the gaps and issues with the collection and use of cancer data.

Advisory Council members have continued their commitment to adding their practical knowledge and insights to specific projects or activities being managed through Cancer Australia. During 2008–09, individual Council members contributed directly to:

- ▶ the work of the National Centre for Gynaecological Cancers;
- ▶ the development of national research activities;
- ▶ the completion of major components of EdCaN and Cancer Learning;
- ▶ improving access to consumer resources;
- ▶ the Strategic Forum, in drawing together Australian Government and state/territory governments to act on cancer control.

The Council is pleased to note that, as part of a set of Australian Government initiatives on cancer, the 2009–10 Budget provided continuing funding for Cancer Australia's consumer support program and CanNET, as well as funding for a new lung cancer program and a cancer data initiative.

I am delighted to report that one of the Council's foundation members, Professor Jim Bishop AO, was appointed as the Australian Government's Chief Medical Officer in March 2009. Professor Bishop played an active part in framing future directions for Cancer Australia, contributing through both his work on the Council and his involvement with the Strategic Forum, and the Cooperative Oncology Groups and related cancer research activities.

On 28 November 2008, two new appointments were made to the Advisory Council:

- ▶ Dr Liz Kenny: a senior radiation oncologist with the Royal Brisbane and Women's Hospital, who has a special interest in breast and head and neck cancers. She is a Past President of the Royal Australian and New Zealand College of Radiologists and the Clinical Oncological Society of Australia (COSA). Since 2004, Dr Kenny has been a member of the Scientific Advisory Board of the Breast Cancer Network of Australia.
- ▶ Professor Simon Chapman: a professor in public health and a tobacco control researcher at the University of Sydney, with a strong interest in men's health. In 2008, Professor Chapman received the NSW Premier's Award for Outstanding Cancer Research.

The new members' backgrounds, in radiation oncology, cancer prevention and public health, add to the experience and expertise of the Council whose members are drawn from areas including oncology, general practice, community cancer care, cancer research, academia and politics, and several of whom have had personal experience of cancer.

The period of appointment of the following foundation Advisory Council members concluded on 17 June 2009:

- ▶ The Hon Johnno Johnson
- ▶ Ms Meg Lees
- ▶ Mrs Janet McDonald AO
- ▶ The Hon Jocelyn Margaret Newman AO.

I should like to express my thanks to these members. Cancer Australia has greatly valued their thoughtful and informed contribution to the work of the Advisory Council. They have all helped through their many contributions to shape Cancer Australia in its formative years.

CANCER AUSTRALIA ADVISORY COUNCIL

Establishment and functions

The Advisory Council has been established under the *Cancer Australia Act 2006* to 'give advice to the Chief Executive Officer about the performance of Cancer Australia's functions'. It comprises a Chair and up to 12 other members appointed by the Minister for Health and Ageing.

Membership

Advisory Council members bring experience and input from the diverse communities and sectors in which they live and work, and offer a wealth of professional knowledge and skills that add value to the work and strategic directions of Cancer Australia.

The current members of the Advisory Council are:

- ▶ Dr Bill Glasson AO (Chair) (reappointed as Chair for a further three years, November 2008)
- ▶ Professor Sanchia Aranda
- ▶ Professor Simon Chapman
- ▶ Dr Megan Keaney
- ▶ Dr Liz Kenny
- ▶ Professor Ian Olver
- ▶ Professor Christobel Saunders
- ▶ Dr Julie Thompson

Remuneration of members of the Advisory Council is governed by the *Cancer Australia Act 2006* (section 30). Advisory Council members' remuneration is determined by the Remuneration Tribunal.

Summary of activities

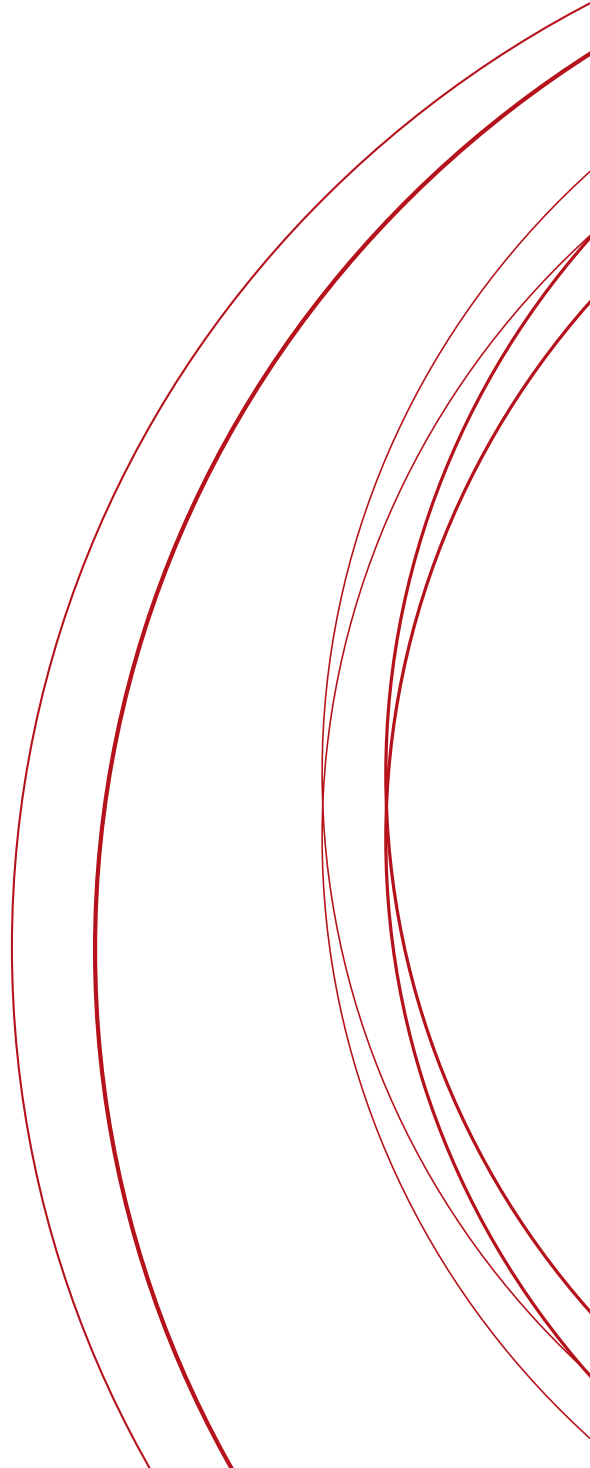
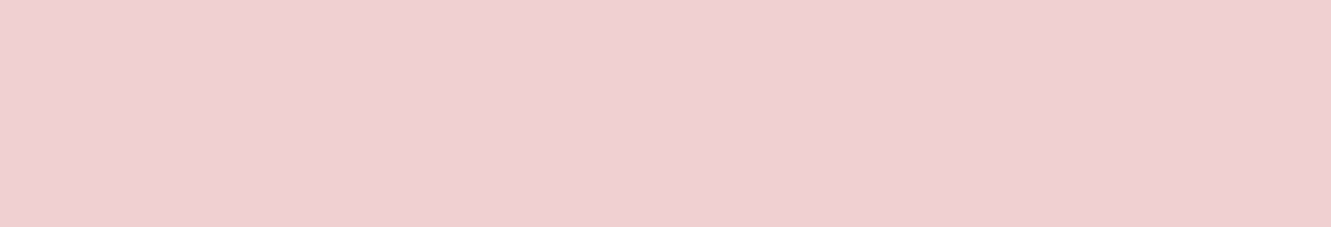
The Advisory Council met three times during 2008–09. Throughout 2008–09 the Advisory Council has continued to work with the Chief Executive Officer, Professor David Currow, and his senior management team on how to achieve, develop and implement the priorities that government has set for Cancer Australia.

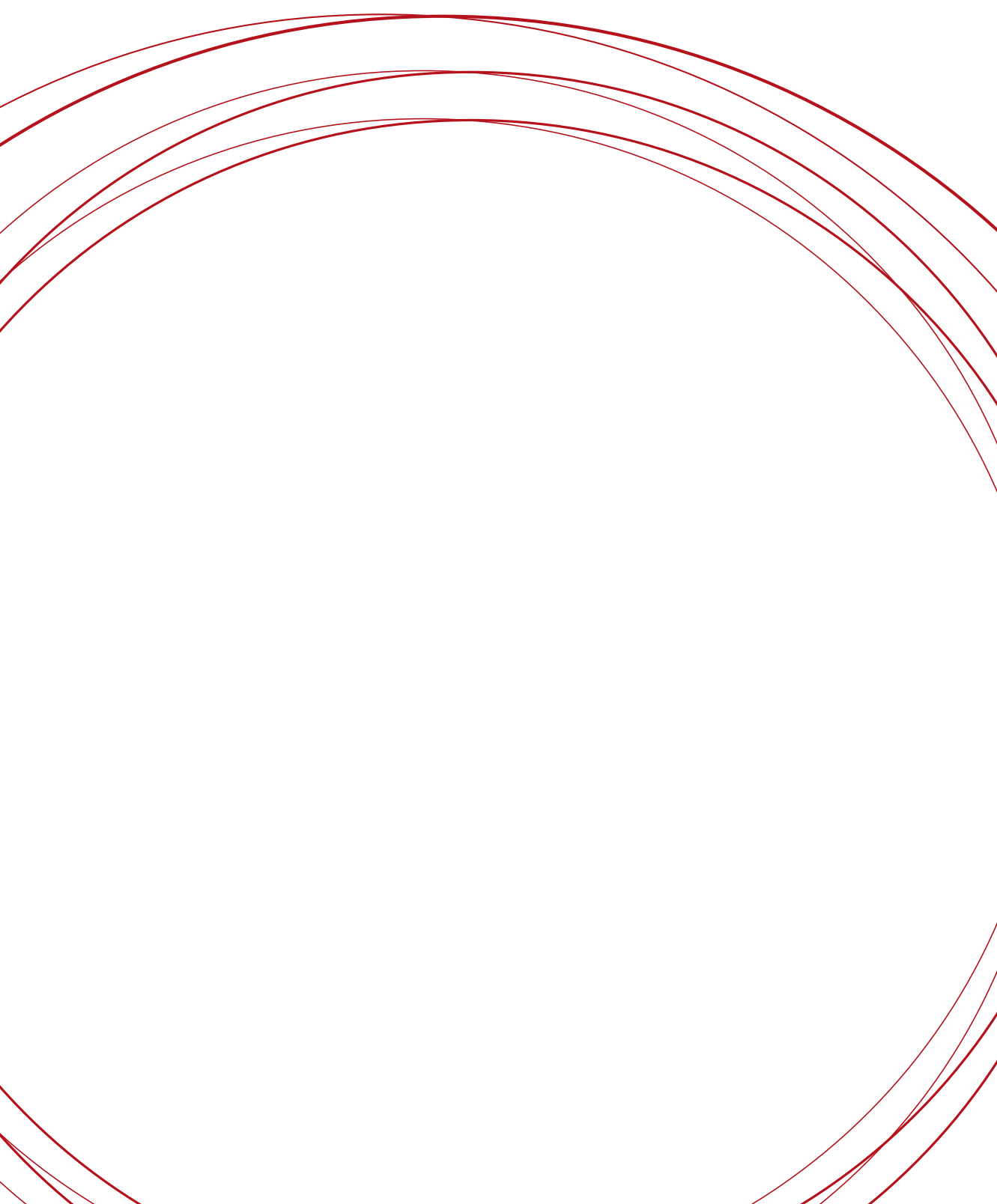
During the year the Advisory Council's work has benefited from the support of the Secretary, Chief Medical Officer and senior executives from the Department of Health and Ageing.

Guest speakers at meetings have helped support the work of the Council and provided settings that enable the Council to provide rounded advice to Cancer Australia. These included action to improve the use of national cancer data to inform policy and service development, and the significant achievements of EdCaN and Cancer Learning.

Members of the Advisory Council have also been appointed to each of Cancer Australia's National Advisory Groups, and are actively engaged in the activities of these bodies. Hence the contribution of their specific expertise and input extends beyond the strategic work of the Council.

The Advisory Council has been pleased to continue its collaboration with Cancer Australia, and to see the tangible outcomes that are now emerging from the investment made by the organisation in the partnerships with the cancer community and other government agencies involved in cancer control in Australia. The Council looks forward to working with Cancer Australia to progress its ongoing work and new initiatives in lung cancer and cancer data announced in the 2009–10 Budget.





ABOUT CANCER AUSTRALIA

Cancer Australia was established in 2006, as a key component of the Australian Government's Strengthening Cancer Care initiative. Its functions, as prescribed by the *Cancer Australia Act 2006*, are:

- a) to provide national leadership in cancer control
- b) to guide scientific improvements to cancer prevention, treatment and care
- c) to coordinate and liaise between the wide range of groups and health care providers with an interest in cancer
- d) to make recommendations to the Australian Government about cancer policy and priorities
- e) to oversee a dedicated budget for research into cancer
- f) to assist with the implementation of Commonwealth Government policies and programs in cancer control
- g) to provide financial assistance, out of money appropriated by the Parliament, for research into cancer covered by the dedicated budget, and for the implementation of policies and programs referred to above
- h) any functions which the minister, in writing, directs Cancer Australia to perform.

These objectives are captured in Cancer Australia's Agency Budget Statement for 2008–09 which states: *In 2008–09 the Australian Government's National Cancer Plan will be implemented by Cancer Australia. The plan includes a range of measures to reduce the impact of cancer. Cancer Australia will implement Boost Cancer Research and the ongoing work of the National Centre for Gynaecological Cancers (NCGC). These measures will boost Australia's capacity to conduct cancer research and improve outcomes for people affected by gynaecological cancers.*

The full Agency Budget Statement for 2008–09 is available at [Department of Health & Ageing—Budget 2008–2009 Health Measures](#).

The year covered in this report reflects a period of consolidation moving towards the longer-term structure for Cancer Australia.

The program foci of Cancer Australia have continued to reflect the Government's commitment to investing in excellence in support for consumers, targeted cancer research, improving outcomes for all cancers including gynaecological cancers, and professional education and service development. In administering these programs, Cancer Australia has recruited a strong workforce with the essential skills to support the agency into the future.

CANCER AUSTRALIA'S VISION AND VALUES

Our vision

To reduce the impact of cancer on all Australians

Our values

Cancer Australia is subject to the *Financial Management and Accountability Act 1997* and the *Public Service Act 1999*. Cancer Australia staff are required to uphold Australian Public Service (APS) Values and abide by the APS Code of Conduct. The APS values are reinforced by agreed Cancer Australia values as follows:

As an organisation, we value:

- ▶ improving outcomes in cancer control
- ▶ collaborating with our stakeholders
- ▶ working cooperatively
- ▶ being professional
- ▶ having personal and organisational accountability
- ▶ working as a learning organisation.

As part of a sustainable and high performing team, we value:

- ▶ respect for the people with whom we collaborate
- ▶ trust in our working relationships
- ▶ shared ownership
- ▶ fostering team spirit
- ▶ taking personal responsibility
- ▶ strategic thinking.

In our people, we value:

- ▶ maintaining a healthy work and life balance
- ▶ taking an interest in life-long learning
- ▶ pursuing an active approach to personal development.

Structure and governance

In 2008–09 Cancer Australia had 18 ongoing positions, led by Chief Executive Officer Professor David Currow, and three national managers, who cover the following portfolio areas:

- ▶ Education and Service Development (Dr Joanne Ramadge)
- ▶ National Centre for Gynaecological Cancers/Consumer Support (Ms Susan Hanson)
- ▶ Research and Clinical Trials (Dr Cleola Anderiesz).

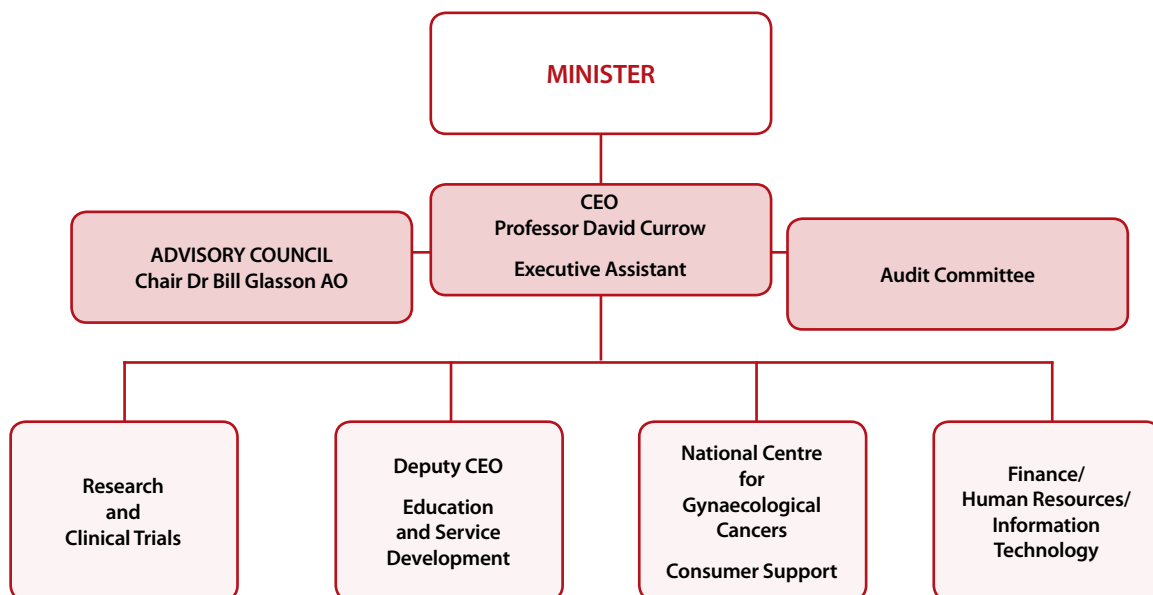
Dr Ramadge is also the Deputy CEO of Cancer Australia.

The agency's Chief Finance Officer/Chief Operating Officer is Mrs Josephine Stevens.

The Cancer Australia Advisory Council consists of the Chair and up to 12 members who are appointed by the Minister for Health and Ageing. Cancer Australia benefits immensely from the wide spectrum of expertise, skills and experience these members bring to our organisation. The Advisory Council is a fundamental part of the leadership team of Cancer Australia.

Cancer Australia also operates a standing Audit Committee, whose three members are Ms Di Fielding, Ms Glenys Roper and Dr Joanne Ramadge.

Figure 3.1 Cancer Australia's Organisational Structure 30 June 2009



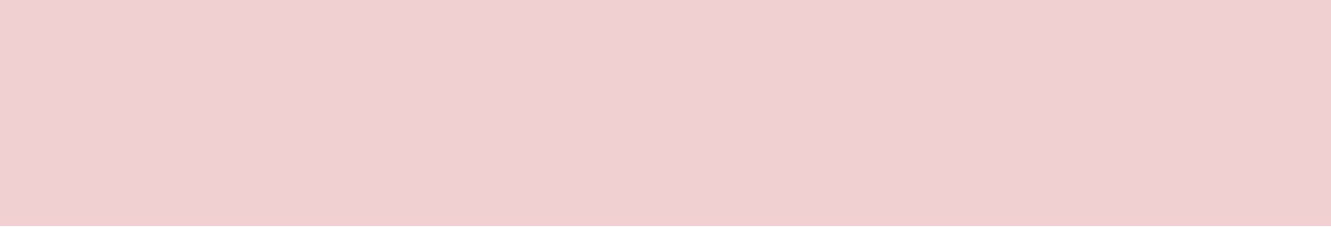
Working with the cancer control community

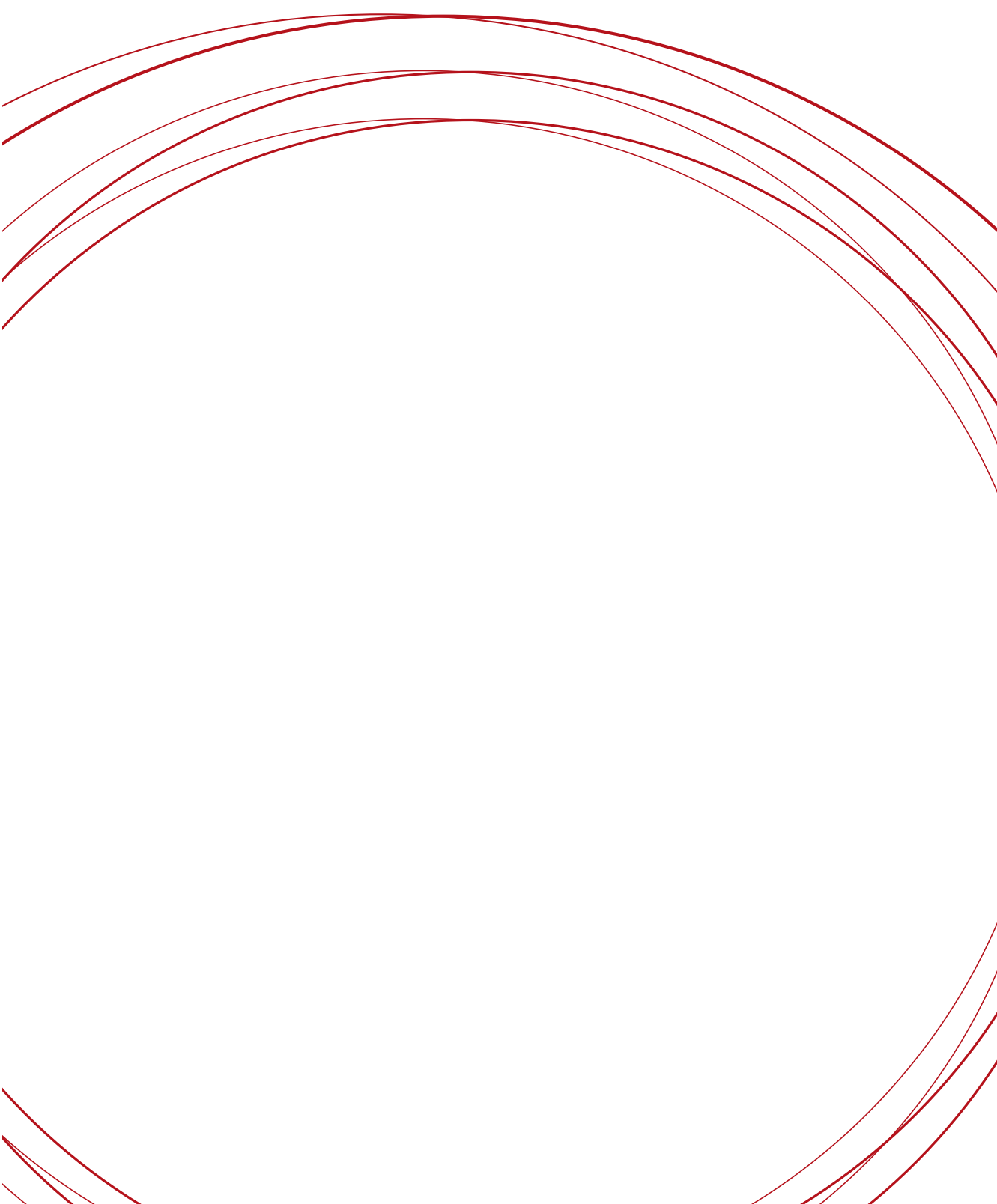
Cancer Australia provides national leadership in cancer control by working within a consultative framework to improve cancer outcomes in Australia, collaborating with, and adding value to, the efforts of many groups and individuals.

Throughout 2008–09 Cancer Australia has, in partnership with the cancer control community, continued to strengthen consumer participation in cancer control, built the support available to people with cancer, progressed the work of the National Centre for Gynaecological Cancers, strengthened cancer research capacity, contributed to the education of cancer health professionals, improved access to cancer services in regional areas and developed a national cancer data strategy.

Cancer Australia acknowledges the significant input and valuable advice extended to us by our National Advisory Groups. Appendix C provides a summary of the membership and terms of reference of the Cancer Australia National Advisory Groups and the Strategic Forum.

Consumer representation on all Cancer Australia National Advisory Groups continues to benefit and inform our work. Engaging consumers and consumer organisations nationally results in a contribution to our work that is greatly valued, and helps Cancer Australia to maintain focus on the system-wide improvements that can lessen the impact of cancer in our community.





REPORT ON PERFORMANCE

This section of the report covers the agency's performance against key strategic directions and specific targets set out in the Cancer Australia Agency Budget Statement for 2008–09. It discusses the main activities of Cancer Australia, including major achievements and challenges occurring throughout the year. Performance targets for administered items and departmental outputs are reported here in Tables 4.1 and 4.2 at pages 46 and 49.

Cancer Australia is responsible for national leadership to improve quality and coordination of cancer care in Australia, and to lessen the impact of cancer across the community. The Department of Health and Ageing is responsible for Australian Government cancer control policy and a variety of cancer control programs. The areas in the department which have carriage of a number of cancer-related programs include the Pharmaceutical Benefits Division, the Mental Health and Chronic Disease Division, the Population Health Division, the Primary and Ambulatory Care Division and the Medical Benefits Division.

4.1 Improving consumer participation

Consumers of cancer services play an active and important role in all Cancer Australia's activities. Cancer Australia continues to maintain the participation of over 50 consumers who can provide support and advice to Cancer Australia on issues affecting consumers. Consumers have been actively involved in a variety of activities, including participating in the reference and working groups of all projects funded by Cancer Australia, providing advice on research priorities, participating in the assessment of applications for the Priority-driven Collaborative Cancer Research Grants program, and participating as members of panels evaluating Requests for Tender and Calls for Expressions of Interest.

The National Consumer Advisory Group provides advice and guidance on Cancer Australia's work program, and met twice in 2008–09. Members of the Advisory Group work collaboratively with each of Cancer Australia's National Advisory Groups and the other working groups of Cancer Australia, and have also assisted Cancer Australia with the evaluation of tenders and research applications.

2008–09 saw the successful launch, on World Cancer Day in February, of four new consumer resources. Two of these resources:

- ▶ *Cancer Australia: Consumer Participation Guide*
- ▶ *Cancer Australia: Consumer Training and Mentoring Guide*
- are designed to build the capacity and expertise of consumers so that they can be actively involved, at a national level, in activities to improve outcomes for people living with cancer.

Two further consumer resources:

- ▶ *Cancer support groups: A guide to setting up peer facilitated supports*
- ▶ *Cancer support groups: A guide for peer facilitators*
 - have been designed to help organisations establish and maintain quality support groups for people living with cancer.

To date over 1200 copies of these resources have been distributed to individuals and community based organisations. The resources are also available on Cancer Australia's website: www.canceraustralia.gov.au

Cancer Australia continues to offer consumers opportunities to increase their expertise and knowledge. In 2008–09 Cancer Australia sponsored 11 consumers to attend Consumer Research Review Training, an initiative of Cancer Council NSW. This workshop provided consumers with an opportunity to learn about research concepts, and to effectively assess research proposals from a consumer viewpoint.

Building Cancer Support Networks Grants Program

During 2008–09, the Building Cancer Support Networks Grants Program continued to support projects funded under rounds 2 (2006) and 3 (2007) of the program, and saw the completion of a number of round 2 projects. The round 3 partnerships with:

- ▶ Australian Lung Foundation
- ▶ Cancer Councils of ACT, NSW, NT, Queensland, SA, Tasmania, Victoria and WA
- ▶ Geraldton Regional Aboriginal Medical Service
- ▶ Peter MacCallum Cancer Centre
- ▶ Royal Flying Doctor Service of Australia
- ▶ The Aboriginal Health and Medical Research Council of NSW
- ▶ Upper Hume Community Health Service
- ▶ WA Cancer and Palliative Care Network, and
- ▶ Women's Health Victoria

strengthened coordinated cancer support networks, and continued to build the support available to people affected by cancer.

Types of projects funded under this program include support groups for

- women with gynaecological cancers
- people living in rural areas
- adolescent and young adults with cancer (IT support group)
- people affected by haematological cancers (telephone support group)
- survivors of cancer
- Aboriginal peoples and Torres Strait Islanders
- people from culturally and linguistically diverse backgrounds
- carers of people with cancer
- people with pancreatic cancer.

Summaries and resources developed during these projects can be found on Cancer Australia's website.

In the May 2009 Budget, Cancer Australia was provided with ongoing funding for this initiative (\$2.2 million over four years) and immediately began planning the new work. After consideration of the findings of Rounds 1, 2 and 3 of the Building Cancer Support Program, strategies are being implemented to ensure that high need areas are effectively targeted with innovative and sustainable support options.

Australian Clinical Trials On-Line Project

Cancer Australia and its National Consumer Advisory Group, in partnership with the University of Sydney and the Australian and New Zealand Clinical Trials Registry, are developing a website to provide consumer-friendly access to information about current cancer clinical trials. Providing easily understood information on cancer clinical trials will enable people affected by cancer to make an informed decision on the benefits of participation. Consumers have been extensively involved in the development of this website, with a consumer as chief investigator on the research team responsible for the development of the website.

The project will be evaluated during 2009, using a randomised controlled trial methodology involving oncologists and people affected by cancer. This work is crucial in defining the particular ways in which such a website influences participation in clinical studies. The completed work will be accessible to the general public on the Cancer Australia website later in 2010.

National Service Delivery Framework for Adolescents and Young Adults with Cancer

Cancer Australia worked in partnership with CanTeen in the development of the National Service Delivery Framework for Adolescents and Young Adults with Cancer. Consumers, health professionals, policy makers and experts in adolescent and young adult cancers were consulted extensively in this process. The National Reference Group for Adolescents and Young Adults with Cancer recommended the need to develop a framework to guide improvements in outcomes for young people with cancer. The framework identifies the needs of adolescents and young adults affected by cancer throughout their cancer journey, and describes the features of cancer services required to meet these needs. The framework is available on CanTeen's website—www.canteen.org.au

4.2 Boosting cancer research

Supporting cancer clinical trials

Clinical trials benefit the community by improving the survival of people affected by cancer, and contribute to a reduction in premature death and disability. Clinical trials are fundamental to establishing whether new cancer treatments, or new ways of using existing therapies, diagnostic tests, preventive or supportive interventions are effective. Clinical trials therefore help to generate the evidence for best-practice cancer care.

In 2008–09 Cancer Australia provided ongoing funding to Australia's ten existing Multi-site Collaborative National Cancer Clinical Trials Groups, renewed funding for two national trials groups established in 2007–08, and funded the establishment of a new national trial group—the Primary Care Collaborative Cancer Clinical Trials Group. The funding support provided to the new and existing Multi-site Collaborative National Cancer Clinical Trials Groups will assist in building their capacity to conduct national cancer clinical trials.

Cancer Australia has continued to provide national guidance to the Multi-site Collaborative National Cancer Clinical Trials Groups by implementing guidelines and frameworks such as a Principles Document and a National Evaluation Framework. The Principles Document forms a guiding framework for the Multi-site Collaborative National Cancer Clinical Trials Groups as they apply for funding from Cancer Australia, and the National Evaluation Framework provides a regular reporting mechanism to monitor and collect data on the outcomes and impact of funding provided to these groups. National trials groups applying for funding demonstrated compliance with the national guidelines, and the national trials groups have begun reporting against the National Evaluation Framework.

As part of a 12 month pilot in 2008–09, Cancer Australia established the Regional Multi-site Clinical Trials Capacity Building Network. This network comprises five regional hospitals/centres which will extend the conduct of a portfolio of Multi-site Collaborative National Cancer Clinical Trials Group trials into regional areas. This initiative will help build capacity in regional sites to conduct cancer clinical trials, will expand the number of trials, and increase opportunities for participation of regional patients in national cancer clinical trials.

Priority-driven Collaborative Cancer Research Scheme

In 2008–09 Cancer Australia continued to administer the Priority-driven Collaborative Cancer Research Scheme. This nationally competitive research grant scheme, undertaken in collaboration with the National Health and Medical Research Council (NHMRC), is linked to, but distinct from, the NHMRC Project Grant Scheme. Through this scheme, Cancer Australia partnered with other funders of cancer research to provide grants to undertake research in identified priority areas through a co-funding agreement.

For the 2008 round of this scheme, Cancer Australia partnered with:

- ▶ *beyondblue: the national depression initiative*
- ▶ Cancer Council Australia
- ▶ Cure Cancer Australia Foundation, and
- ▶ The National Breast Cancer Foundation

to fund collaborative cancer research projects worth a total of \$14.8 million. As part of this funding, Cancer Australia has specifically supported 14 grants for cancer clinical trials research, helping to accelerate the search for new cancer treatments and improve outcomes for people affected by cancer.

This collaborative approach works to improve national coordination of cancer research, and the co-funding of cancer research value-adds to the research investment of both Cancer Australia and its funding partners. Cancer Australia funded or co-funded 41 of the 42 successful research projects, and provision of \$10.2 million to the 2008 round of this research scheme helped boost funding for cancer research in identified priority areas.

Priority-driven research complements investigator-driven research, and aims to increase the total pool of funding available for cancer research in Australia. The cancer research activities funded through the Priority-driven Collaborative Cancer Research Scheme will benefit the community by identifying and funding priority areas of cancer research and clinical trials research, which will improve cancer control across the Australian community.

Cancer Australia's partners for the 2009 round of the Priority-driven Collaborative Cancer Research Scheme are listed in Appendix D. Cancer Australia and its funding partners advertised research priorities and called for applications between December 2008 and March 2009, for funding in 2010.

National Research Advisory Group

The National Research Advisory Group provided ongoing expert advice on current and emerging issues in cancer research and cancer clinical trials, and met twice during the year. The group has specifically contributed to the research and clinical trials programs by providing advice on the establishment of new Multi-site Collaborative National Cancer Clinical Trials Groups and guidance on the pilot program to expand cancer clinical trials into regional areas, and provided input into the setting of Cancer Australia's updated research priorities for the 2009 round of the research scheme.

4.3 National Centre for Gynaecological Cancers

In 2008–09 the National Centre for Gynaecological Cancers (the Centre) built on the work completed in its first year and began to implement a \$5.1 million, three-year work program. This work concentrates on four key areas that include:

- ▶ Improving information and support for women with gynaecological cancers, their families and carers;
- ▶ Supporting the workforce to deliver coordinated, quality gynaecological cancer care;
- ▶ Providing education and increasing awareness of gynaecological cancers for health professionals;
- ▶ Building the evidence base in gynaecological cancers through research and clinical trials.

The National Centre for Gynaecological Cancers Advisory Group

The National Centre for Gynaecological Cancers Advisory Group is fundamental to the success of the Centre's work program, and continues to provide expert guidance and advice. The Advisory Group met twice in 2008–09. Members of the Advisory Group contributed to the strategic direction on all projects funded through the Centre, and Advisory Group members are included on, and play active roles in, all project reference and working groups.

Improving information and support for women with gynaecological cancers, their families and carers

Evidence-based consumer resources

In 2008–09 the Centre commenced the development of a suite of evidence-based information resources on all gynaecological cancers, which will be available through the Centre's website. These resources have been developed in collaboration with consumers, cancer organisations, and Advisory Group members, and aim to raise awareness about issues associated with gynaecological cancers, and improve the availability of quality information.

Consumer support groups

The Centre continues to support three projects in Geraldton, Albury/Wodonga and Melbourne that have been established and funded through the Building Cancer Support Networks Program, to build support available to women with gynaecological cancers in these areas.

Supporting the workforce to deliver coordinated gynaecological cancer care

Review of the Gynaecological Cancers Workforce

The report of a commissioned study undertaken in the Centre's first year was received in October 2008. The report described the experiences of women with gynaecological cancers, and identified gaps in psychosexual care, transitional care following acute surgical treatment, continuity of care and support for women returning home, including support for carers. As a consequence of this report, better support for professionals providing gynaecological care was identified as an area of need.

Gynaecological Cancers Workforce Initiative

In 2008–09, following on from the Gynaecological Cancers Workforce report, an extensive consultation process was undertaken with key stakeholder groups, including state and territory health departments, consumers and key professional bodies, to identify how the Centre can best enhance and build the knowledge of the gynaecological cancers workforce to support women affected by gynaecological cancers. This will lead to specific work in 2009–10 that will add to the capacity of the workforce to improve outcomes for women with gynaecological cancers.

National Institute of Clinical Studies Cancer Australia National Centre for Gynaecological Cancers Clinical Fellowship

The National Centre for Gynaecological Cancers, in partnership with the NHMRC, National Institute of Clinical Studies, has co-sponsored its first Clinical Fellowship. The clinical fellowship will run for up to 2 years and has been awarded to Dr Mary Ryan, a clinical nurse consultant at the Royal Hospital for Women in Sydney. Dr Ryan will be working on a program to improve the nutritional status and physical conditioning in women having treatment for gynaecological cancer.

Professional Development Module

GP Learning Module

July 2008 saw the release of the professional development learning module Managing Gynaecological Malignancies in General Practice. This training module was developed in partnership with the Royal Australian College of General Practitioners. The on-line learning module is available on the [gplearning website \(www.gplearning.com.au\)](http://www.gplearning.com.au) for the next three years, and has had good uptake.

Psychosexual Care of Women with Gynaecological Cancers

An online training and education module that will improve the psychosexual support of women with gynaecological cancers has been commissioned. This resource will be a valuable tool for health professionals, and will cover treatment of women with all gynaecological cancers. Once completed, the training module will be available through the Cancer Learning Website. The module will be pilot tested through state and territory projects funded under the Gynaecological Cancers Workforce Initiative.

Building the evidence base for gynaecological cancer care

Clinical Practice Guidance Material to Support the Management of Women with Endometrial Cancer

There is currently very limited clinical practice material to assist clinicians with the management of women with endometrial cancer. In 2008–09 the Centre commissioned a contractor to undertake a Delphi process to identify priority areas that require the development of evidence-based clinical practice material for endometrial cancer.

The top three identified priority areas included:

- ▶ the identification and description of ideal treatment(s) for abnormal vaginal bleeding in pre-menopausal women and post-menopausal women;
- ▶ evidence-based treatment options for women with recurrent endometrial cancer and locally advanced endometrial cancer;
- ▶ identification of the psychosocial and psychosexual needs of women diagnosed with endometrial cancer after acute treatment, including rehabilitation and supportive care needs during, and immediately after, treatment.

Clinical guidance material will be developed in areas where variations in treatment are leading to variations in outcomes, in order to provide clinicians and health professionals with evidence-based guidance in the management of endometrial cancer at critical decision points along the post acute pathway.

Referral Practices by General Practitioners and Gynaecologists for Women with Gynaecological Cancers

Following the development of a survey instrument in 2007–08 to identify the referral practices of GPs and gynaecologists for women with varying probability of gynaecological cancers, the Centre has funded a contractor to undertake a national survey of GPs and gynaecologists to determine their referral practices for such women. The results of this survey will build the evidence to support best practice referral for women with gynaecological cancers.

Gynaecological Cancers Data Project

The National Centre for Gynaecological Cancers, in partnership with the National Breast and Ovarian Cancer Centre, has developed a National Minimum Data Set for gynaecological cancers. This will enable consistent and better monitoring of the quality of treatment and care which women receive, and inform future service development and research. The National Minimum Data Set for gynaecological cancers includes a set of 14 items that will support a better understanding of gynaecological cancers. This specialist minimum data set will be pilot tested in a number of states in 2009–10 to ensure feasibility.

Improving Research into Gynaecological Cancers

The Centre is a partner in Cancer Australia's Priority-driven Collaborative Cancer Research Program. Details of the partners and priorities for 2008–09 are provided in Appendix D.

Evaluation of the National Centre for Gynaecological Cancers

The Centre has commissioned an external Evaluation of the National Centre for Gynaecological Cancers. Evaluation of the Centre will include determining whether the Centre is reaching the appropriate target groups, how effective it is in meeting the Minister's objectives, and how it is performing in relation to its workplan and the needs of key stakeholders.

4.4 Professional development for cancer professionals

Cancer Australia continued in 2008–09 to administer the *Developing Training Courses for Cancer Nurses* (EdCaN) and the *Continuing Professional Development* (CPD) projects, which aim to support health professionals to deliver treatment and care based on the most up-to-date evidence.

Developing training courses for cancer nurses

Cancer Australia managed the contract with the Peter MacCallum Cancer Centre, as part of the EdCaN Project, to develop a comprehensive suite of cancer nursing education resources. These cancer nursing resources were launched in June 2009.

The resources were developed after extensive consultation with stakeholder groups, and are underpinned by *A National Professional Development Framework for Cancer Nursing*. This framework identifies the competencies and skills expected of all nurses involved in cancer care delivery in a variety of care settings, from entry level through to advanced practice.

Multimedia learning modules based around 11 extended case-studies focusing on specific tumours and population groups have been developed. Competency assessment tools to evaluate nurses' knowledge and skills in four focused areas have also been developed and tested. A learning module to enhance nurses' capabilities in caring for Aboriginal peoples and Torres Strait Islanders with cancer has been created, together with a professional portfolio tool. These resources have also been adapted for use in undergraduate nurse and enrolled nursing courses. During early 2009 these resources were pilot tested in a variety of university and health care settings across Australia. All of these resources are now available from Cancer Learning at www.cancerlearning.gov.au

Ultimately this suite of resources will enhance national cancer nursing capacity and improve the care provided to people affected by cancer.

Continuing Professional Development for Cancer Professionals Project

Cancer Australia commissioned the Continuing Professional Development for Cancer Professionals project which is a consortium led by the University of Sydney's Office for Post Graduate Medicine (OPME). The November 2008 launch of Cancer Learning, an on-line continuing professional development website for health professionals, marked a major project milestone. The Cancer Learning website address is www.cancerlearning.gov.au

The Cancer Learning website currently holds over 400 resources, with registered users numbering over 1,000. It is managed by OPME. This website combines online learning modules, information and resources with extensive links to material and resources available elsewhere. In 2008–09 Cancer Learning's on-line learning modules have been trialled by a range of health professionals across Australia.

A survey of Cancer Learning's on-line users in May 2009 revealed that the health professionals utilising this site were drawn from the full spectrum of target professions, and from all geographic areas and states and territories. The majority of respondents (54%) had over 15 years' experience in cancer care. Users reported that they applied the resources available from Cancer Learning in a variety of ways, which extends the impact and reach of this resource.

Developing education in clinical oncology

Cancer Australia's funding to the Royal Australasian College of Physicians, through the Medical Oncology Group of Australia, has seen the development of the Education Program in Cancer Care (EPICC). This program aims to improve the quality of cancer care, particularly in rural and regional Australia, by providing greater opportunities for general practitioners and generalist regional and rural physicians and surgeons to increase their knowledge of cancer management. The project has been guided by a multidisciplinary Steering Committee led by the Medical Oncology Group of Australia.

EPICC is online at www.epicc.org.au providing access to cancer education and information through the six modules:

- ▶ General principles of cancer care
- ▶ Side effects of cancer treatment
- ▶ Oncological emergencies
- ▶ Psychosocial care
- ▶ Follow up
- ▶ Palliative care.

Medical practitioners will be able to choose between the specific topics of cancer management that they require for their practice, or complete the entire program for a comprehensive understanding of cancer management, allowing them to have greater involvement in their patients' cancer care.

General practitioners' enhanced involvement in cancer care—breast and colorectal cancers

To further support the role of general practice in cancer control, Cancer Australia has funded the Cancer Institute of New South Wales' Standard Cancer Treatment Protocols (CI-SCaT) website to develop a primary care specific module. This module provides treatment information on breast and colorectal cancers, especially in the setting of adjuvant therapy.

The CI-SCaT website has undergone major restructuring, and the resource will be available in late 2009, re-named eviQ. The website is to be found at www.eviQ.org.au

4.5 Service improvement

Mentoring

The 21 individual projects across Australia funded under the first phase of the Mentoring for Regional Hospitals and Cancer Professionals Program were all finalised during 2008–09. Key achievements and outcomes have been integrated into ongoing work where possible.

Reports have confirmed sustained benefits including learnings around best practice in oncology nursing at point of care, the establishment and maintenance of multidisciplinary teams supporting people with lung, head and neck and neurological cancers, and a rural chemotherapy mentoring program which has been extended to include allied health professionals.

Cancer Service Networks National Demonstration Program (CanNET)

CanNET is the second phase of the Mentoring for Regional Hospitals and Cancer Professionals program. Cancer Australia has continued to work collaboratively with all state and the Northern Territory governments to establish seven cancer service networks across Australia. Each of the networks has worked to increase access to quality cancer care and improve cancer outcomes, particularly for people in regional and rural areas. While the implementation strategy for each CanNET has differed due to geography and differences in health systems and regional needs, all of this work has focused on several key elements including:

- ▶ active consumer engagement

- ▶ primary care engagement
- ▶ multidisciplinary care
- ▶ agreed referral pathways
- ▶ quality assurance framework
- ▶ clinical leadership
- ▶ role redesign
- ▶ continuing professional development.

During 2008–09 high levels of collaboration continued, each network sharing resources, tools and templates with other sites across the country. Each network has developed a directory of multidisciplinary cancer assessment teams, using a consistent format.

Five of the networks have partnered with Cancer Australia to undertake a consumer survey to obtain in-depth information on the perceptions and experiences of cancer services from people affected by cancer. The survey instrument has been developed after extensive stakeholder consultation, and piloted at Peter MacCallum Cancer Centre. The survey instrument is available at the CanNET portal on the Cancer Australia website at www.canceraustralia.gov.au This survey will provide important baseline information to help the jurisdictions refine the design and delivery of their cancer services.

During 2008–09 the CanNET National Support and Evaluation Service conducted a national evaluation of the program, assisted the networks to undertake their own evaluations, and provided support for sharing resources across jurisdictions. The national evaluation has identified that CanNET has made a substantial contribution towards developing cancer service networks that link rural and metropolitan cancer services, building capacity in regional and rural areas, and building the evidence for cancer service networks in Australia.

National Cancer Data Strategy

A National Cancer Data Strategy for Australia was published on the Cancer Australia website on 23 December 2008. This document outlines the current issues and gaps in cancer data in Australia, and strategic directions for improving use of, access to, and quality of cancer data.

The following technical monographs have also been published on the website in conjunction with the strategy:

- ▶ *A Framework for Specialist Minimum Data Set Development for Specific Cancers in Clinical Cancer Registration* is a guide for practitioners which supports standardisation and consistency in the development of specialist cancer minimum data sets where none exists.

- ▶ *Data Sets for Cancer Control and Research in Australia* is a collation of data sets that are of potential value for cancer epidemiology in Australia.

It is expected that the strategy and supporting monographs will help organisations and individuals to progress their own cancer data improvement activities while being nationally consistent.

CanNET

The Cancer Service Networks National Demonstration Program (CanNET) was the second phase of the *Mentoring for Regional Hospitals and Health Professionals* measure, funded in the 2004–05 Budget for a period of four years.

CanNET was designed to better link regional and metropolitan cancer services, and involved the Australian, state and Northern Territory governments working collaboratively with consumers and health professionals to improve coordination of cancer services in seven sites across Australia. Each jurisdiction was at a different stage along the cancer network continuum when CanNET was established, and so each site achieved differentially by the end of the program in June 2009.

CanNET was developed after extensive consultation and careful examination of overseas models and experience. A cancer service network once established has the potential to provide accessible, coordinated and responsive cancer services to all Australians wherever they live. The CanNET model incorporates key elements, that when combined with person-centred care, equitable access, better coordinated cancer services, and best available evidence for practice, have been shown to improve cancer outcomes. These key elements include:

- ▶ commitment to active consumer engagement in all aspects of service planning and delivery;
- ▶ developing agreed referral pathways;
- ▶ supporting primary care involvement in prevention;
- ▶ prompt diagnosis and early referral to a multidisciplinary team assessment and shared care;
- ▶ promoting multidisciplinary care;
- ▶ fostering clinical leadership;
- ▶ continuing professional development;

- ▶ a systematised approach to quality assurance and evidence-based protocols; and
- ▶ exploring role redesign.

The program was evaluated extensively at three levels:

- ▶ Impact and outcomes for consumers (including patients, carers, families, friends and communities);
- ▶ Impact and outcomes for providers (including health care professionals, volunteers and organisations);
- ▶ Impact and outcomes for the system (including structures, processes, networks and relationships).

Each network achieved improved outcomes at each of these levels, with strong governance and leadership found to be crucial components that supported networks to achieve. High level outcomes included adding value to the health system and improving knowledge and experience to continue to network cancer services more effectively.

CanNET added value and made a substantial contribution by:

- ▶ developing cancer service networks and building capacity in regional and rural areas across Australia;
- ▶ improving multidisciplinary care processes and increasing the number of multidisciplinary teams;
- ▶ formalising links between providers and developing agreed referral pathways.

CanNET provided the health system with enough experience to:

- ▶ allow each jurisdiction to describe what the ideal system would look like in their context;
- ▶ understand in some detail the professional, systemic, structural and financial barriers to change, and the enablers of successful change in the consumer interest;
- ▶ identify key enablers and barriers through understanding variations in performance across the networks.

There is a commitment from the jurisdictions to work with Cancer Australia to continue to achieve across the cancer networks.

4.6 Increasing awareness and stakeholder participation

Cancer Australia's website is a resource designed to provide all stakeholders and the community with evidence-based general information about cancer and cancer control. It also provides current information about Cancer Australia's activities and links to key cancer organisations and reports.

Cancer Australia's website provides an opportunity for the community to engage with Cancer Australia by providing comments, posing questions or seeking information about all its programs. During 2008–09, Cancer Australia placed on its website publications and other materials that have been developed as a result of its programs and partnerships.

The publications were:

- ▶ Joint publications with Australian Institute of Health and Welfare
 - *Non-melanoma skin cancer. General practice consultations, hospitalisation and mortality*
 - *Cancer survival and prevalence in Australia. Cancers diagnosed from 1982 to 2004.*
- ▶ CanNET publications
 - *The National Assessment of Cancer Care Perceptions and Experiences of those Affected by Cancer—Literature review*
 - *Managed Clinical Networks—Literature review*
 - *CanNET Bulletins*
 - *CanNET Consumer Survey.*
- ▶ Consumer publications
 - *Consumer participation guide*
 - *Consumer training and mentoring guide*
 - *Cancer support groups: A guide to setting up peer facilitated supports*
 - *Cancer support groups: A guide for peer facilitators.*

- ▶ Cancer Data publications
 - *A National Cancer Data Strategy for Australia*
 - *Framework for Specialist Minimum Data Sets: Development for Specific Cancers in Clinical Cancer Registration. Technical Monograph 1*
 - *Data Sets for Cancer Control and Research in Australia—Technical Monograph 2.*
- ▶ Research publications
 - *Cancer research in Australia: An overview of cancer research projects and research programs in Australia 2003–2005.*

Cancer Australia published its electronic newsletter, *Cancer Australia Connections*, three times this year for the cancer sector broadly. The newsletter provides current information about progress on Cancer Australia's work, and this year featured programs including the funding and development of the second phase of the work of National Centre for Gynaecological Cancers. The National Centre for Gynaecological Cancers published its first electronic newsletter, *Gynae Cancer Centre Newsletter*, this year. Cancer Australia also published two editions of its consumer newsletter this year.

In addition to its standing National Advisory Groups and the Strategic Forum, Cancer Australia has also drawn on the advice of many specific project, working and reference groups this year.

Primary care and people affected by cancer

Primary care refers to the first point of contact in prevention and detection of cancer, and continuing care of people affected by cancer. Care is most often in the general practice setting, including services provided by general practitioners, general practice nurses and allied health professionals, as well as in the community through pharmacists and other community health care workers.

Members of primary care groups are involved in a number of Cancer Australia national groups, including the Cancer Australia Advisory Council, the National Centre for Gynaecological Cancers Advisory Group, the National Research Advisory Group, and the Cancer Learning, EdCan and CanNET Steering Committees. Cancer Australia has also engaged with the following primary care organisations, and appointed representatives from many of them to our project working and reference groups: the Royal Australian College of General Practitioners; the Australian College of Rural and Remote Medicine; and the Australian General Practice Network. Throughout 2008–09 Cancer Australia has also engaged with rural and remote nurses, practice nurses, the Allied Health Network and the Royal Flying Doctor Service.

Cancer Australia is developing specific initiatives designed to better engage primary care in cancer control. These include:

Gynaecological cancers learning module

During 2008–09 there has been good uptake on the on-line learning module for the management of gynaecological malignancies, developed by the Royal Australian College of General Practitioners, and released through the gplearning website, www.gplearning.com.au. The learning module enhances general practitioners' knowledge of the symptoms and management of gynaecological cancers in the primary care setting.

Gynaecological cancers information resources

The National Centre for Gynaecological Cancers has produced from existing and newly developed materials a suite of web-based resources that provide information on the eight gynaecological cancers, and span the patient journey. It serves as a 'one stop shop' for information, and the content has been drafted with the aim of meeting the information needs of both non-oncologist health professionals and consumers. The resources are a useful tool for general practitioners as they are in print-ready format, and individual fact sheets can be downloaded in a surgery. The resources are to be available on the National Centre for Gynaecological Cancers website at www.gynaecancercentre.gov.au

Cancer Learning

The Cancer Learning website www.cancerlearning.gov.au offers continuous professional development pathways that can support general practitioners in working with people affected by cancer. General practitioners were involved in the development of this resource, which provides an easy to use facility to support GPs in their ongoing role in cancer control.

Cancer Treatment Protocols

The CI-SCaT (Cancer Institute of New South Wales' Standard Cancer Treatment Protocols) NSW website provides a wide-ranging resource for cancer health professionals. A dedicated primary care component of this website, initiated and funded by Cancer Australia, provides information and protocols specifically for primary care providers. This component of CI-SCaT relates to the treatment of colorectal and breast cancers. It offers better point of care information for clinicians, with a focus on the treatment information needs of primary care providers, including community and practice nurses, such as: venous access devices; treatment side effects; and access to an opiate calculator. The site will be further developed in 2009–10, and the site's new architecture allows the extension of these resources for other careers.

CanNET

Engaging primary care is a major element in the CanNET program. Supporting primary care involvement in prevention, prompt diagnosis and early referral to a multidisciplinary team assessment and shared care is a key element of the CanNET model. The development of agreed referral pathways, and Directories of Services, will further support primary care participation in cancer control.

Research

National Multi-site Collaborative National Cancer Clinical Trials Group—The Primary Care Collaborative Cancer Clinical Trials Group was provided with seed funding for 12 months in early 2009. Primary care plays a pivotal role in cancer control. The establishment of this Primary Care Group provides an opportunity to support evaluation of interventions in primary care, which will further build the evidence base for effective cancer prevention, early detection and management in primary care.

A well functioning, well trained and efficient primary care system is crucial for provision of best practice cancer care. In 2008–09 Cancer Australia has actively engaged the primary care sector in a range of activities aimed at improving cancer outcomes.

4.7 Outcomes and outputs

The Australian Government's priority area for Cancer Australia's efforts in 2008–09 are outlined below.

Table 4.1 Performance information for Administered Outputs

OUTPUT GROUP 1

INDICATOR	Successful conduct of a nationally competitive priority-driven cancer research grant round
Measured by:	<ul style="list-style-type: none">• administration of the dedicated cancer research budget; and• funding for cancer research grants.
Reference point or target:	More than 20 collaborative priority-driven cancer research and clinical trial grants funded in 2008–09 in conjunction with funding partners.
Result:	Target met. 42 collaborative priority-driven cancer research and clinical trial grants were funded by Cancer Australia in conjunction with funding partners.

INDICATOR

Increased number of, and support for, multi-site, collaborative national cancer clinical trials groups

Measured by:	<ul style="list-style-type: none"> • an increase in the number of groups; • provision of funding support to groups; and • improved national guidance. 		
Reference point or target:	Establishment of 2 new multi-site, collaborative national cancer clinical trials groups.		
Result:	<table border="0"> <tr> <td>Target partially met.</td> <td>One new Multi-site Collaborative National Cancer Clinical Trials Group was established. A second new trials group was not established as only one application received was suitable for funding.</td> </tr> </table>	Target partially met.	One new Multi-site Collaborative National Cancer Clinical Trials Group was established. A second new trials group was not established as only one application received was suitable for funding.
Target partially met.	One new Multi-site Collaborative National Cancer Clinical Trials Group was established. A second new trials group was not established as only one application received was suitable for funding.		
Reference point or target:	Multi-site, collaborative national cancer clinical trials groups funded in 2008–09.		
Result:	Target met.		
Reference point or target:	Implementation of national guidelines and frameworks.		
Result:	Target met.		

INDICATOR

Effective use of resources to increase evidence supporting women with gynaecological cancers

Measured by:	<ul style="list-style-type: none"> • the development and/or implementation of programs that improve the capacity of health professionals and support for women, their families and carers; and • the start of an evaluation process to measure outcomes.
Reference point or target:	<p>In 2008–09, Cancer Australia will:</p> <ul style="list-style-type: none"> • start consultation on a set of evidence-based guidelines; implement professional development activities for general practitioners; • complete a minimum dataset for gynaecological cancers; • consult on gynaecological research priorities; • further develop evidence-based consumer information resources; • establish at least 1 clinical fellowship.
Result:	All targets met.

INDICATOR**Improved access to coordinated cancer services**

Measured by:	<ul style="list-style-type: none"> • active engagement of the states and territories; • the completion of a consumer survey; and • 7 demonstration sites participate in a national evaluation.
Reference point or target:	A survey to assess the current strengths and gaps in cancer care delivery across Australia from a consumer (patient and family/carer) perspective undertaken in 2008–09.
Result:	Target partially met. Survey—developed and piloted, currently securing multi-site ethics approval
Reference point or target:	A national evaluation framework is in place for the CanNET Program.
Result:	Target met.
Reference point or target:	Continued consultation on development of a national data strategy for cancer control.
Result:	Target met.

INDICATOR**Increased capacity and improved effectiveness of cancer support networks**

Measured by:	the completion of a consumer start-up kit resource
Reference point or target:	Implementation of new cancer support network projects.
Result:	Target met.
Reference point or target:	Ongoing support of cancer support network projects.
Result:	Target met.
Reference point or target:	Consumer start-up kit resource available on Cancer Australia’s website August 2008.
Result:	Target partially met. Consumer start-up resource kit: ongoing difficulties with the editing and design of these resources resulted in their launch on World Cancer Day, 4 February 2009.

INDICATOR	Promotion of nursing specialisation in cancer care
Measured by:	the development of a national education framework and supporting resources
Reference point or target:	Framework and supportive professional development resources available on Cancer Learning website by June 2009.
Result:	Target met.

Table 4.2 Performance information for Departmental Outputs

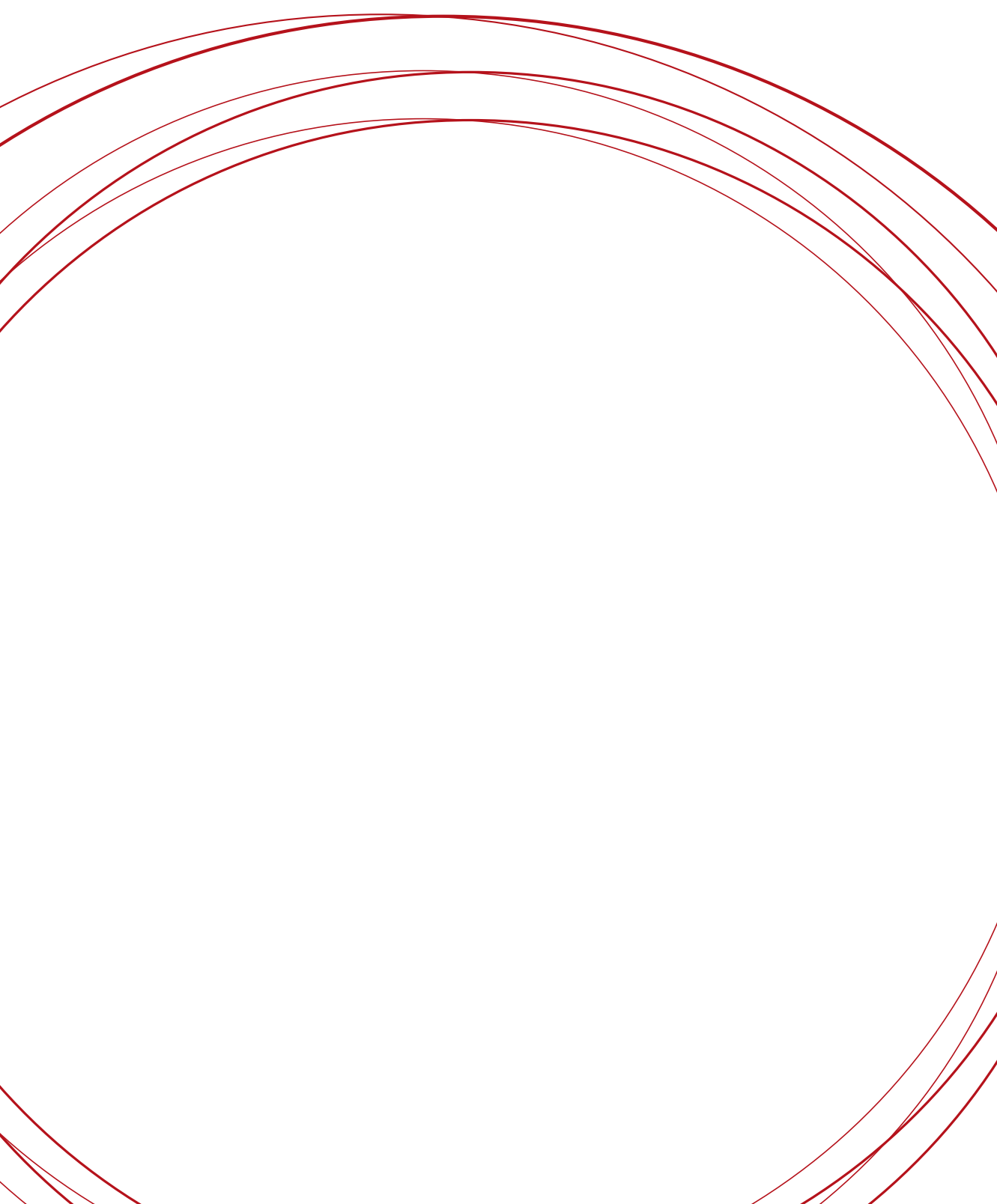
OUTPUT GROUP 1

Provide national leadership to improve quality and coordination of cancer control in Australia

INDICATOR	Improved awareness of cancer control activity in Australia
Measured by:	audits on cancer control
Reference point or target:	Completion of consultation on key findings of a national audit of cancer control activity, in conjunction with the Department of Health and Ageing.
Result:	Target partially met. Audit completed and currently being edited.

INDICATOR	Increased communication of cancer control activities
Measured by:	community engagement
Reference point or target:	Community informed about cancer control activities
Result:	Target met.

INDICATOR	Relevant and timely advice and recommendations for Australian Government decision-making when sought
Measured by:	Ministerial satisfaction
Reference point or Target:	Ministers satisfied with the quality, timely advice and recommendations provided to the Australian Government
Result:	Target met.



MANAGEMENT AND ACCOUNTABILITY

In 2008–09 Cancer Australia’s Finance/Human Resources/Information Technology team was responsible for providing financial, human resources, information technology and general administrative services as an integral part of Cancer Australia’s operations.

Key results for the year

- ▶ Robust financial compliance framework fully implemented
- ▶ Updated business plan including fraud control and risk assessment developed
- ▶ Updated disaster recovery risk assessment plan developed
- ▶ Agency wide risk management plan and guidelines updated.

Cancer Australia’s Mandatory Reporting Information for 2008–09, at Appendix B, cover:

- ▶ Advertising and market research
- ▶ Asset management
- ▶ Commonwealth Disability Strategy
- ▶ Competitive tendering and contracting
- ▶ Consultancies, advertising and market research
- ▶ Discretionary grants
- ▶ Ecologically sustainable development
- ▶ Exempt contracts
- ▶ External scrutiny
- ▶ Freedom of information
- ▶ Occupational health and safety
- ▶ Outcome and output structure
- ▶ Purchasing.

5.1 Corporate governance

Corporate and operational plans

In 2008–09 Cancer Australia implemented the second year of its three-year Strategic Plan.

The Chief Executive Officer and all national managers met regularly as a committee to assess progress against Cancer Australia's operational plan during the year, to make decisions on the strategic management of the agency and to resolve organisation-wide matters that needed attention.

Cancer Australia updated, as required, its Chief Executive Instructions and Delegation Schedules as required under the *Financial Management and Accountability Act 1997*.

Internal audit arrangements

Cancer Australia's Audit Committee met six times during the year to provide independent advice and assistance to the CEO on Cancer Australia's risk, control and compliance framework, and our external accountability responsibilities. The committee includes two independent members appointed from outside Cancer Australia.

In 2008–09 Cancer Australia's auditor, Walter Turnbull, conducted the internal audit function. These audits were conducted in compliance with the risk-based internal audit plan, which has been endorsed by the Audit Committee.

Fraud control

In accordance with the requirements of the Commonwealth Fraud Control Guidelines, Cancer Australia has implemented its fraud risk assessments and a fraud control plan, which was updated during 2008–09. This is supported by appropriate procedures and processes for fraud prevention, detection, investigation, reporting and data collection that meet the specific needs of the agency and comply with Australian Government guidelines.

Ethical standards

Cancer Australia, as a statutory agency, is bound by the *Public Service Act 1999* and the guidelines of the Australian Public Service Commission for the management and development of our people.

During the year we drew on the 'Managing our people' policies and procedures maintained by the Department of Health and Ageing for guidance and maintenance of appropriate ethical standards. This was in addition to the continued development of our own policies

and procedures. In 2008–09 all employees took part in The Cancer Australia Performance and Development Management Scheme to support high standards of work and performance.

We provided all new employees with a copy of the *Australian Public Service Values and Code of Conduct* to ensure awareness of ethical standards and expectations. These are presented to new employees as part of their orientation training.

Remuneration for Senior Executive Service officers

The Chief Executive Officer is a 'principal executive office' holder, as defined in the *Remuneration Tribunal Act 1973*. His remuneration is set by the Minister for Health and Ageing within the salary determination set by the Remuneration Tribunal each year.

There is one Senior Executive Service officer within the agency who is still employed under an Australian Workplace Agreement. Remuneration was determined by the CEO, in accordance with remuneration guidelines promulgated by the Department of Health and Ageing.

Consultancies

Annual reports contain information about actual expenditure on contracts for consultancies. Information on the value of contracts and consultancies is available on the AusTender website www.tenders.gov.au. Detailed information on Cancer Australia's active consultancy contracts during 2008–09 is contained in Appendix B—Mandatory Reporting Information.

5.2 Financial overview

Cancer Australia's departmental expenses for 2008–09 were \$4,420,150 (GST exclusive), resulting in a deficit of \$253,204. This arose from the recognition of onerous contracts and restructuring costs as at 30 June 2009, in accordance with AASB 137 Provisions, Contingent Liabilities and Contingent Assets. This result does not affect the cash position of Cancer Australia and its ability to pay its debts as and when they fall due.

The 2008–09 administered expenses were \$23,954,980 (GST exclusive).

A resource summary of Cancer Australia's administered and departmental expenses is provided in Appendix A. Further information on the financial performance of Cancer Australia is available in the financial statements and accompanying notes.

Cancer Australia's audited financial statements are at Appendix A.

5.3 Management of human resources

As at 30 June 2009 Cancer Australia had 21 positions, including 19 ongoing and two non-ongoing staff. One staff member was on extended leave.

Most staff members are located in the Canberra office. Five are based interstate: in Melbourne (three), Adelaide (one) and Coffs Harbour (one). Our workforce is predominately female (86 per cent).

Staff members are attracted by the challenges of playing a catalytic role in reducing the impact of cancer, the value of our objectives to the range of organisations with a stake in cancer control and to consumers, and our work program. We are committed to attracting and retaining appropriately skilled and dedicated staff and are committed to offering staff flexible working conditions and competitive remuneration.

Cancer Australia staffing statistics

The distribution of staff by classification is shown in Table 5.1. Executive and Australian Public Service salary structures are listed in Table 5.3.

Table 5.1 Cancer Australia staff numbers by classification and full-time or part-time status at 30 June 2009

Classification	Female		Male		Total
	Full-time	Part-time	Full-time	Part-time	
CEO	0	0	1	0	1
Senior Executive Band 1	1	0	0	0	1
Executive Level 2	3	0	0	0	3
Executive Level 1	5	0	2	0	7
APS6	5	1	0	0	6
APS5	1	1	0	0	2
APS4	0	0	0	0	0
APS1–3	0	0	0	0	0
Medical	0	1	0	0	1
Total	15	3	3	0	21

The distribution of staff by classification as at 30 June 2008 is shown in Table 5.2.

Table 5.2 Cancer Australia staff numbers by classification and full-time or part-time status at 30 June 2008

Classification	Female		Male		Total
	Full-time	Part-time	Full-time	Part-time	
CEO	0	0	1	0	1
Senior Executive Band 1	1	0	0	0	1
Executive Level 2	3	0	0	0	3
Executive Level 1	3	1	2	0	6
APS 6	6	0	0	0	6
APS 5	1	1	0	0	2
APS 4	0	0	0	0	0
APS 1-3	0	0	0	0	0
Medical	0	1	0	0	1
Public Affairs	1	1	0	0	2
Total	15	4	3	0	22

Table 5.3 Salary structures at Cancer Australia

Classification	Salary range (\$)
Executive Level 2 (EL2)	95,283–135,507
Executive Level 1 (EL1)	79,863–91,085
APS 6	64,988–73,317
APS 5	58,911–62,179
APS 4	54,163–57,229
APS 3	47,806–52,989
APS 2	41,368–45,143
APS 1	35,396–39,751
Medical Officer salary structure	Salary range (\$)
Medical Officer Class 4	123,109–135,507
Medical Officer Class 3	112,890–118,198
Medical Officer Class 2	100,962–106,379
Medical Officer Class 1	71,688–92,263

APS = Australian Public Service

Employment arrangements

Staff are employed on individual employment contracts and are covered by the Public Service Award (1998) and the *Public Service Act 1999*. During 2008–09, in accordance with government policy, any staff employed under Australian Workplace Agreements that expired were moved on to individual employment contracts, with no effect on their salary or entitlements. Cancer Australia has developed a Certified Agreement in accordance with government policy, and is currently completing consultations before presentation to staff for their consideration, decision and adoption.

Performance pay

During 2008–09, the CEO was the only member of staff on performance-based remuneration. The remuneration awarded to the CEO was determined under the rulings of the Remuneration Tribunal and agreed by the Minister.

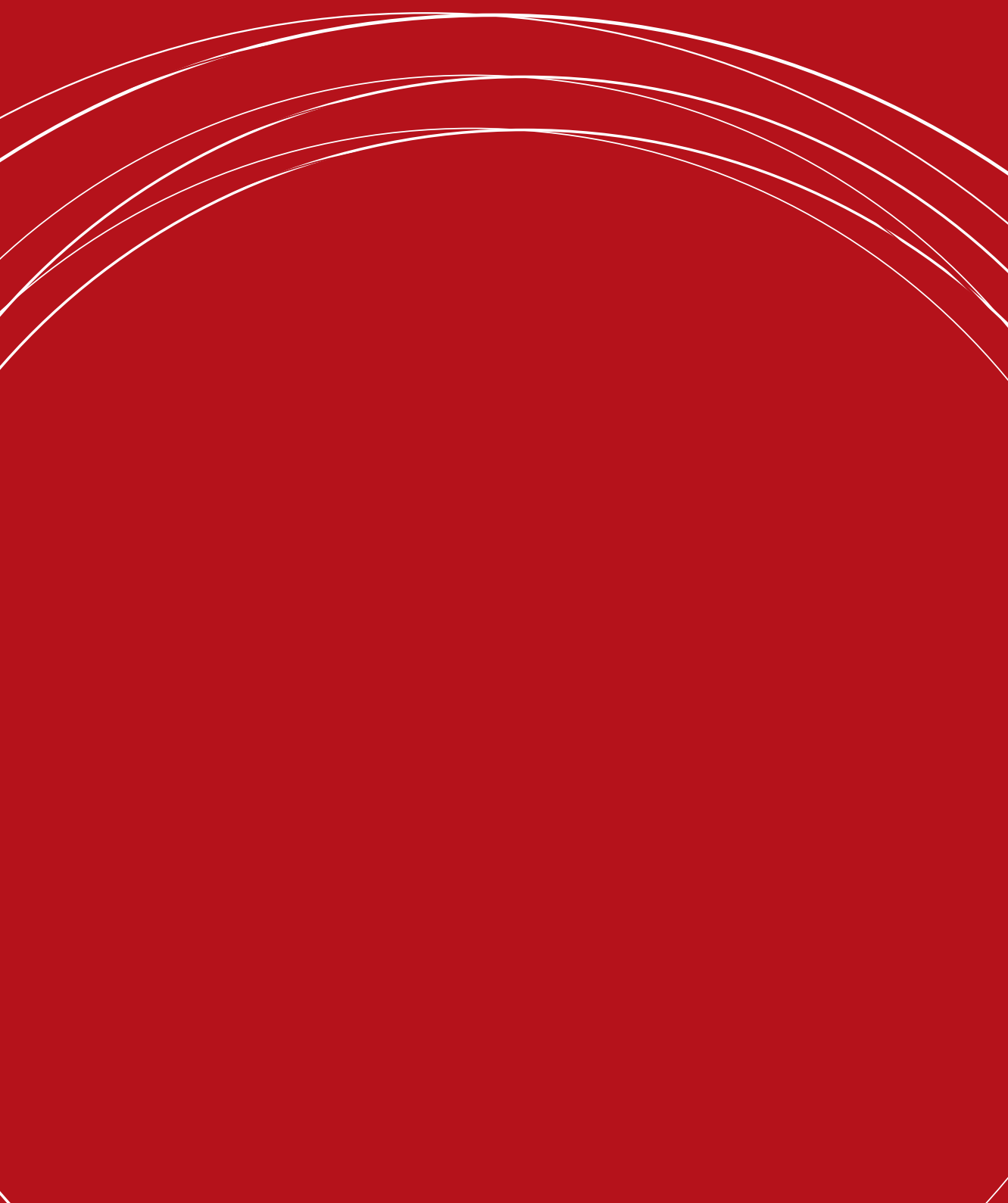
Training and development

Cancer Australia provides financial and leave assistance to its employees enrolled in external study that is relevant to the operational needs of the agency. At 30 June 2009, three officers were receiving assistance for programs at the postgraduate level in disciplines including health administration and business management.

Each staff member has the opportunity to identify and access appropriate training through the organisation's Performance Development Scheme.

5.4 Ministerial and parliamentary coordination

Cancer Australia provides quality, timely and relevant evidence-based advice to the Minister for Health and Ageing on cancer-related issues, and provides national leadership in cancer control and the program responsibilities of Cancer Australia. Cancer Australia collaborates closely with the Department of Health and Ageing to support the Minister and implement Australian Government policies.





AUDITED FINANCIAL STATEMENTS

**INDEPENDENT AUDITOR'S REPORT****To the Minister for Health and Ageing****Scope**

I have audited the accompanying financial statements of Cancer Australia for the year ended 30 June 2009, which comprise: a Statement by the Chief Executive and Chief Financial Officer; Income Statement; Balance Sheet; Statement of Changes in Equity; Cash Flow Statement; Schedule of Commitments; Schedule of Contingencies; Schedule of Administered Items and Notes to and forming part of the Financial Statements, including a Summary of Significant Accounting Policies.

The Responsibility of the Chief Executive for the Financial Statements

Cancer Australia's Chief Executive is responsible for the preparation and fair presentation of the financial statements in accordance with the Finance Minister's Orders made under the *Financial Management and Accountability Act 1997*, including the Australian Accounting Standards (which include the Australian Accounting Interpretations). This responsibility includes establishing and maintaining internal control relevant to the preparation and fair presentation of the financial statements that are free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

My responsibility is to express an opinion on the financial statements based on my audit. I have conducted my audit in accordance with the Australian National Audit Office Auditing Standards, which incorporate the Australian Auditing Standards. These auditing standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to Cancer Australia's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Cancer Australia internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by Cancer Australia's Chief Executive, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Independence

In conducting the audit, I have followed the independence requirements of the Australian National Audit Office, which incorporate the requirements of the Australian accounting profession.

Auditor's Opinion

In my opinion, the financial statements of Cancer Australia:

- (a) have been prepared in accordance with the Finance Minister's Orders made under the *Financial Management and Accountability Act 1997*, including the Australian Accounting Standards; and
- (b) give a true and fair view of the matters required by the Finance Minister's Orders including Cancer Australia's financial position as at 30 June 2009 and its financial performance and cash flows for the year then ended.

Australian National Audit Office



Puspa Dash
Executive Director

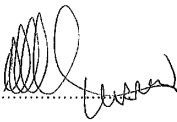
Delegate of the Auditor-General
Canberra

1 October 2009

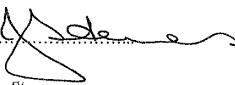
AUDITED FINANCIAL STATEMENTS

STATEMENT BY THE CHIEF EXECUTIVE AND CHIEF FINANCIAL OFFICER

In our opinion, the attached financial statements for the year ended 30 June 2009 are based on properly maintained financial records and give a true and fair view of the matters required by the Finance Ministers Orders made under the *Financial Management and Accountability Act 1997*, as amended.

Signed.....

David Currow
Chief Executive

Signed.....

Josephine Stevens
Chief Financial Officer

Date 20 September 2009 . Date 30th September 2009



AUDITED FINANCIAL STATEMENTS

INCOME STATEMENT*for the year ended 30 June 2009*

		2009	2008
INCOME	Notes	\$	\$
Revenue			
Revenue from Government	3	3,713,000	3,788,000
Other revenue	3B	413,745	181,497
Total revenue		4,126,745	3,969,497
Gains			
Other gains	3C	52,000	40,200
Total gains		52,000	40,200
Total Income		4,178,745	4,009,697
EXPENSES			
Employee benefits	4	2,671,721	3,369,836
Suppliers	4B	1,342,320	2,033,495
Depreciation and amortisation	4C	179,951	152,245
Finance costs	4D	-	3,046
Write-down and impairment of assets	4E	237,957	-
Losses from asset sales	4F	-	4,889
Total Expenses		4,431,949	5,563,511
Surplus/(Deficit) attributable to the Australian Government		(253,204)	(1,553,814)

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

BALANCE SHEET
as at 30 June 2009

	Notes	2009 \$	2008 \$
ASSETS			
Financial Assets			
Cash and cash equivalents	5A	68,802	253,550
Trade and other receivables	5B	1,238,258	1,208,019
Total financial assets		1,307,060	1,461,569
Non-Financial Assets			
Infrastructure, plant and equipment	6A/6D	29,612	265,371
Intangibles	6B/6E	29,029	197,521
Other non-financial assets	6C	10,154	51,156
Total non-financial assets		68,795	514,048
Total Assets		1,375,855	1,975,617
LIABILITIES			
Payables			
Suppliers	7A	44,078	585,900
Other payables	7B	43,391	56,360
Total payables		87,469	642,260
Provisions			
Employee provisions	8A	683,925	657,219
Other provisions	8B	181,531	-
Total provisions		865,456	657,219
Total Liabilities		952,925	1,299,479
Net Assets		422,930	676,138
EQUITY			
Retained surplus		422,930	676,138
Total Equity		422,930	676,138
Current Assets		1,317,214	1,512,725
Non-Current Assets		58,641	462,892
Current Liabilities		833,453	1,150,371
Non-Current Liabilities		119,472	149,108

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

AUDITED FINANCIAL STATEMENTS

STATEMENT OF CHANGES IN EQUITY
as at 30 June 2009

	Retained Earnings		Asset Revaluation Reserves		Other Reserves		Contributed Equity/Capital		Total Equity	
	2009	2008	2009	2008	2009	2008	2009	2008	2009	2008
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Opening balance	676,138	2,229,952	-	-	-	-	-	-	676,138	2,229,952
Balance carried forward from previous period	(4)	-	-	-	-	-	-	-	(4)	-
Adjustment for errors	676,134	2,229,952	-	-	-	-	-	-	676,134	2,229,952
Adjusted opening balance										
Income and expenses										
Total income and expenses	(253,204)	(1,553,814)	-	-	-	-	-	-	(253,204)	(1,553,814)
of which:										
attributable to the Australian Government	422,930	676,138	-	-	-	-	-	-	422,930	676,138
Closing balance attributable to the Australian Government	422,930	676,138	-	-	-	-	-	-	422,930	676,138

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

CASH FLOW STATEMENT
for the year ended 30 June 2009

	Notes	2009 \$	2008 \$
OPERATING ACTIVITIES			
Cash received			
Appropriations		3,614,808	5,755,003
Net GST received		94,596	402,421
Other cash received		499,805	267,100
Total cash received		<u>4,209,209</u>	<u>6,424,524</u>
Cash used			
Employees		2,657,992	3,221,545
Suppliers		1,722,307	3,851,636
Borrowing costs		-	3,046
Total cash used		<u>4,380,299</u>	<u>7,076,227</u>
Net cash from/(used by) operating activities	9	<u>(171,090)</u>	<u>(651,703)</u>
INVESTING ACTIVITIES			
Cash received			
Proceeds from sales of property, plant and equipment		-	27,000
Total cash received		<u>-</u>	<u>27,000</u>
Cash used			
Purchase of property, plant and equipment		8,558	47,077
Purchase of intangibles		5,100	173,245
Total cash used		<u>13,658</u>	<u>220,322</u>
Net cash from /(used by) investing activities		<u>(13,658)</u>	<u>(193,322)</u>
FINANCING ACTIVITIES			
Cash used			
Repayment of borrowings		-	16,194
Total cash used		<u>-</u>	<u>16,194</u>
Net cash from /(used by) financing activities		<u>-</u>	<u>(16,194)</u>
Net increase (decrease) in cash held		<u>(184,748)</u>	<u>(861,219)</u>
Cash and cash equivalents at the beginning of the reporting period		253,550	1,114,769
Cash and cash equivalents at the end of the reporting period	5A	<u>68,802</u>	<u>253,550</u>

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

AUDITED FINANCIAL STATEMENTS

SCHEDULE OF COMMITMENTS*as at 30 June 2009*

	2009	2008
BY TYPE	\$	\$
Commitments receivable		
GST recoverable on commitments	(54,939)	(99,166)
Total commitments receivable	<u>(54,939)</u>	<u>(99,166)</u>
Other commitments		
Operating leases ¹	242,187	494,665
Other commitments ²	362,143	596,158
Total other commitments	<u>604,330</u>	<u>1,090,823</u>
Net commitments by type	<u><u>549,391</u></u>	<u><u>991,657</u></u>
BY MATURITY		
Commitments receivable		
Operating lease income		
One year or less	(54,939)	(54,170)
From one to five years	-	(44,996)
Total operating lease income	<u>(54,939)</u>	<u>(99,166)</u>
Commitments payable		
Operating lease commitments		
One year or less	242,187	315,425
From one to five years	-	179,240
Total operating lease commitments	<u>242,187</u>	<u>494,665</u>
Other Commitments		
One year or less	362,143	280,443
From one to five years	-	315,715
Total other commitments	<u>362,143</u>	<u>596,158</u>
Net commitments by maturity	<u><u>549,391</u></u>	<u><u>991,657</u></u>

NB: Commitments were GST inclusive where relevant.

Operating leases included are effectively non-cancellable.

Nature of lease/General description of leasing arrangement

(1) Operating Leases:

Office Accommodation:

Cancer Australia has an operating lease for the provision of its office accommodation.

The lease term for the Canberra office is three years ending 30 December 2009.

IT Infrastructure:

Cancer Australia has an operating lease for the provision of all computer equipment, software and support

Lease agreement with Capital Easy Finance for 3 years to 30 June 2010.

(2) Other Commitments

Contracts for goods and services.

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

SCHEDULE OF CONTINGENCIES

as at 30 June 2009

Cancer Australia has no contingent assets or liabilities at the reporting date.

AUDITED FINANCIAL STATEMENTS

SCHEDULE OF ADMINISTERED ITEMS			
	Notes	2009	2008
		\$	\$
Income administered on behalf of Government for the period ended 30 June 2009			
Revenue			
Other revenue	14A	<u>360,940</u>	<u>69,869</u>
Total non-taxation revenue		<u>360,940</u>	<u>69,869</u>
Total revenues administered on behalf of Government		<u>360,940</u>	<u>69,869</u>
Total income administered on behalf of Government		<u>360,940</u>	<u>69,869</u>
Expenses administered on behalf of Government for the year ended 30 June 2009			
Advisory fees	14B	<u>260,866</u>	<u>217,437</u>
Suppliers	14C	<u>1,459,693</u>	<u>1,709,835</u>
Grants	14D	<u>22,150,584</u>	<u>17,788,779</u>
Other expenses	14E	<u>83,837</u>	<u>40,270</u>
Total expenses administered on behalf of Government		<u>23,954,980</u>	<u>19,756,321</u>
Assets administered on behalf of Government as at 30 June 2009			
Financial assets			
Cash and cash equivalents	15A	<u>595,631</u>	<u>38,832</u>
Receivables	15B	<u>958,407</u>	<u>1,320,896</u>
Total financial assets		<u>1,554,038</u>	<u>1,359,728</u>
Total assets administered on behalf of Government		<u>1,554,038</u>	<u>1,359,728</u>
Liabilities administered on behalf of Government as at 30 June 2009			
Payables			
Suppliers	16A	<u>83,548</u>	<u>1,045,037</u>
Grants	16B	<u>3,256,203</u>	<u>322,163</u>
Total payables		<u>3,339,751</u>	<u>1,367,200</u>
Total liabilities administered on behalf of Government		<u>3,339,751</u>	<u>1,367,200</u>

This schedule should be read in conjunction with the accompanying notes.

SCHEDULE OF ADMINISTERED ITEMS

	Notes	2009 \$	2008 \$
Administered Cash Flows			
<i>for the year ended 30 June 2009</i>			
OPERATING ACTIVITIES			
Cash received			
Net GST received		2,035,081	882,910
Other		<u>360,940</u>	<u>69,869</u>
Total cash received		<u>2,396,021</u>	<u>952,779</u>
Cash used			
Grant payments		21,953,268	19,195,019
Suppliers		<u>1,701,753</u>	<u>2,930,755</u>
Total cash used		<u>23,655,021</u>	<u>22,125,774</u>
Net cash flows from (used by) operating activities		<u>(21,259,000)</u>	<u>(21,172,995)</u>
INVESTING ACTIVITIES			
Net cash flows from (used by) investing activities		<u>-</u>	<u>-</u>
FINANCING ACTIVITIES			
Net cash flows from (used by) financing activities		<u>-</u>	<u>-</u>
Net Increase (Decrease) in Cash Held		<u>(21,259,000)</u>	<u>(21,172,995)</u>
Cash and cash equivalents at the beginning of the reporting period		38,832	275,321
Cash from Official Public Account for:			
– Appropriations		<u>22,176,738</u>	<u>21,006,375</u>
		<u>22,215,570</u>	<u>21,281,696</u>
Cash to Official Public Account for:			
– Transfer from other entities		<u>360,940</u>	<u>69,869</u>
		<u>360,940</u>	<u>69,869</u>
Cash and cash equivalents at the end of the reporting period	15A	<u>595,631</u>	<u>38,832</u>

This schedule should be read in conjunction with the accompanying notes.

AUDITED FINANCIAL STATEMENTS

SCHEDULE OF ADMINISTERED ITEMS

	2009	2008
	\$	\$
Administered Commitments <i>as at 30 June 2009</i>		
BY TYPE		
Commitments receivable		
GST recoverable on commitments	<u>(941,008)</u>	<u>(1,050,031)</u>
Total commitments receivable	<u>(941,008)</u>	<u>(1,050,031)</u>
Commitments payable		
Capital commitments		
Total capital commitments	<u>-</u>	<u>-</u>
Other commitments		
Other commitments	<u>10,696,583</u>	<u>14,155,026</u>
Total other commitments	<u>10,696,583</u>	<u>14,155,026</u>
Net commitments by type	<u>9,755,575</u>	<u>13,104,995</u>
BY MATURITY		
Commitments receivable		
GST recoverable on commitments		
One year or less	(707,444)	(645,682)
From one to five years	(233,564)	(404,349)
Over five years	-	-
Total GST recoverable on commitments	<u>(941,008)</u>	<u>(1,050,031)</u>
Commitments payable		
Other commitments		
One year or less	8,127,374	9,707,186
From one to five years	2,569,209	4,447,840
Over five years	-	-
Total other commitments	<u>10,696,583</u>	<u>14,155,026</u>
Net commitments by maturity	<u>9,755,575</u>	<u>13,104,995</u>

Cancer Australia provides grant funding to support the Australian Government's initiative to Cancer Care. A commitment is recorded where Cancer Australia enters into an agreement to make these grants but services have not been performed or criteria satisfied.

This schedule should be read in conjunction with the accompanying notes.

Administered Contingencies
as at 30 June 2009

Cancer Australia has no Administered contingent assets or liabilities at reporting date.

Details of each class of contingent assets and contingent liabilities, including those not included above because they cannot be quantified, or are considered remote, are shown at Note 18.

Notes to and forming part of the Financial Statements

- Note 1: Summary of Significant Accounting Policies
- Note 2: Events after the Balance Sheet Date
- Note 3: Income
- Note 4: Expenses
- Note 5: Financial Assets
- Note 6: Non-Financial Assets
- Note 7: Payables
- Note 8: Provisions
- Note 9: Cash Flow Reconciliation
- Note 10: Contingent Liabilities and Assets
- Note 11: Executive Remuneration
- Note 12: Remuneration of Auditors
- Note 13: Financial Instruments
- Note 14: Revenue and Expenses Administered on Behalf of Government
- Note 15: Assets Administered on Behalf of Government
- Note 16: Liabilities Administered on Behalf of Government
- Note 17: Administered Reconciliation Table
- Note 18: Administered Contingent Assets and Liabilities
- Note 19: Administered Financial Instruments
- Note 20: Appropriations
- Note 21: Special Accounts
- Note 22: Compensation and Debt Relief
- Note 23: Reporting of Outcomes

Note 1: Summary of Significant Accounting Policies**1.1 Objectives of Cancer Australia**

Cancer Australia is an Australian Government controlled entity. The objectives of Cancer Australia as specified in the *Cancer Australia Act 2006*, are to: provide national leadership in cancer control; guide scientific improvements to cancer prevention, treatment and care; coordinate and liaise between the wide range of groups and health care providers with an interest in cancer care; and provide advice and make recommendations to the Australian Government on cancer policy and priorities.

Cancer Australia is structured to meet one outcome:

Outcome 1: National consistency in cancer prevention and care that is scientifically based.

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

Departmental and Administered activities are identified under one Output—Provide National Leadership to Improve Quality and Coordination of Cancer Control in Australia.

The continued existence of Cancer Australia in its present form and with its present programs is dependent on Government policy and on continuing appropriations by Parliament for the Cancer Australia's administration and programs.

1.2 Basis of Preparation of the Financial Statements

The financial statements and notes are required by section 49 of the *Financial Management and Accountability Act 1997* and are a general purpose financial report.

The financial statements and notes have been prepared in accordance with:

- Finance Minister's Orders (or FMOs) for reporting periods ending on or after 1 July 2008; and
- Australian Accounting Standards and Interpretations issued by the Australian Accounting Standards Board (AASB) that apply for the reporting period.

The financial statements have been prepared on an accrual basis and is in accordance with the historical cost convention, except for certain assets at fair value. Except where stated, no allowance is made for the effect of changing prices on the results or the financial position.

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

Unless an alternative treatment is specifically required by an accounting standard or the FMOs, assets and liabilities are recognised in the balance sheet when and only when it is probable that future economic benefits will flow to the entity or a future sacrifice of economic benefits will be required and the amounts of the assets or liabilities can be reliably measured. However, assets and liabilities arising under Agreements Equally Proportionately Unperformed are not recognised unless required by an accounting standard. Liabilities and assets that are unrecognised are reported in the schedule of commitments and the schedule of contingencies.

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

Administered revenues, expenses, assets and liabilities and cash flows reported in the Schedule of Administered Items and related notes are accounted for on the same basis and using the same policies as for departmental items, except where otherwise stated at Note 1.20.

1.3 Significant Accounting Judgements and Estimates

In the process of applying the accounting policies listed in this note, Cancer Australia has made the judgement that there is no significant impact on the amounts recorded in the financial statements.

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

1.4 Changes in Australian Accounting Standards

Adoption of New Australian Accounting Standard Requirements

No accounting standard has been adopted earlier than the application date as stated in the standard. There have been no new standards, amendments to standards or interpretations that have been issued by the AASB in the current financial year which have had a material impact on Cancer Australia.

Future Australian Accounting Standard Requirements

A number of new standards, amendments to standards or interpretations have been issued by the Australian Accounting Standards Board but are effective for future reporting periods. It is estimated that the impact of adopting these pronouncements when effective will have no material financial impact on future reporting periods.

1.5 Revenue

Revenue from Government

Amounts appropriated for departmental output appropriations for the year (adjusted for any formal additions and reductions) are recognised as revenue when Cancer Australia gains control of the appropriation, except for certain amounts that relate to activities that are reciprocal in nature, in which case revenue is recognised only when it has been earned.

Appropriations receivable are recognised at their nominal amounts.

Resources Received Free of Charge

Resources received free of charge are recognised as revenue when, and only when, a fair value can be reliably determined and the services would have been purchased if they had not been donated. Use of those resources is recognised as an expense.

Contributions of assets at no cost of acquisition or for nominal consideration are recognised as gains at their fair value when the asset qualifies for recognition unless received from another Government agency or authority as a consequence of a restructuring of administrative arrangements (refer to Note 1.7)

Resources received free of charge are recorded as either revenue or gains depending on their nature.

Other Types of Revenue

Revenue from the sale of goods is recognised when:

- the risks and rewards of ownership have been transferred to the buyer;
- the seller retains no managerial involvement nor effective control over the goods;
- the revenue and transaction costs incurred can be reliably measured; and
- it is probable that the economic benefits associated with the transaction will flow to the entity.

Revenue from rendering of services is recognised by reference to the stage of completion of contracts at the reporting date. The revenue is recognised when:

- the amount of revenue, stage of completion and transaction costs incurred can be reliably measured; and
- the probable economic benefits associated with the transaction will flow to the entity.

The stage of completion of contracts at the reporting date is determined by reference to:

- services performed to date as a percentage of total services to be performed.

Receivables for goods and services, which have 30 day terms, are recognised at the nominal amounts due less any impairment allowance account. Collectability of debts is reviewed at balance date. Allowances are made when collectability of the debt is no longer probable.

Interest revenue is recognised using the effective interest method as set out in AASB 139 *Financial Instruments: Recognition and Measurement*.

1.6 Gains

Other Resources Received Free of Charge

Resources received free of charge are recognised as gains when, and only when, a fair value can be reliably determined and the services would have been purchased if they had not been donated. Use of those resources is recognised as an expense.

Contributions of assets at no cost of acquisition or for nominal consideration are recognised as gains at their fair value when the asset qualifies for recognition, unless received from another Government agency or authority as a consequence of a restructuring of administrative arrangements (Refer to Note 1.7).

Resources received free of charge are recorded as either revenue or gains depending on their nature.

Sale of Assets

Gains from disposal of non-current assets is recognised when control of the asset has passed to the buyer.

1.7 Transactions with the Government as Owner

Equity Injections

Amounts appropriated which are designated as 'equity injections' for a year (less any formal reductions) are recognised directly in contributed equity in that year.

Restructuring of Administrative Arrangements

Net assets received from or relinquished to another Australian Government agency or authority under a restructuring of administrative arrangements are adjusted at their book value directly against contributed equity.

Other Distributions to Owners

The FMOs require that distributions to owners be debited to contributed equity unless in the nature of a dividend. In 2008–09, by agreement with the Department of Finance and Deregulation, Cancer Australia relinquished control of surplus administered output appropriation funding of \$151 to the Official Public Account.

1.8 Employee Benefits

Liabilities for services rendered by employees are recognised at the reporting date to the extent that they have not been settled.

Liabilities for 'short-term employee benefits' (as defined in AASB 119 *Employee Benefits*) and termination benefits due within twelve months of balance date are measured at their nominal amounts.

The nominal amount is calculated with regard to the rates expected to be paid on settlement of the liability.

All other employee benefit liabilities are measured at the present value of the estimated future cash outflows to be made in respect of services provided by employees up to the reporting date.

Leave

The liability for employee benefits includes provision for annual leave and long service leave. No provision has been made for sick leave as all sick leave is non-vesting and the average sick leave taken in future years by employees of Cancer Australia is estimated to be less than the annual entitlement for sick leave.

The leave liabilities are calculated on the basis of employees' remuneration at the estimated salary rates that applied at the time the leave is taken, including Cancer Australia's employer superannuation contribution rates to the extent that the leave is likely to be taken during service rather than paid out on termination.

The liability for long service leave has been determined by reference to the work of an actuary as at 30 June 2009. The estimate of the present value of the liability takes into account attrition rates and pay increases through promotion and inflation.

Separation and Redundancy

Provision is made for separation and redundancy benefit payments. Cancer Australia recognises a provision for termination when it has developed a detailed formal plan for the terminations and has informed those employees affected that it will carry out the terminations.

Superannuation

Staff of Cancer Australia are members of the Commonwealth Superannuation Scheme (CSS), the Public Sector Superannuation Scheme (PSS) or the PSS accumulation plan (PSSap).

The CSS and PSS are defined benefit schemes for the Australian Government. The PSSap is a defined contribution scheme.

The liability for defined benefits is recognised in the financial statements of the Australian Government and is settled by the Australian Government in due course. This liability is reported by the Department of Finance and Deregulation as an administered item.

Cancer Australia makes employer contributions to the employee superannuation scheme at rates determined by an actuary to be sufficient to meet the current cost to the Government of the superannuation entitlements of its employees. Cancer Australia accounts for the contributions as if they were contributions to defined contribution plans.

The liability for superannuation recognised as at 30 June represents outstanding contributions for the final fortnight of the year.

1.9 Leases

A distinction is made between finance leases and operating leases. Finance leases effectively transfer from the lessor to the lessee substantially all the risks and rewards incidental to ownership of leased non-current assets. An operating lease is a lease that is not a finance lease. In operating leases, the lessor effectively retains substantially all such risks and benefits.

Where a non-current asset is acquired by means of a finance lease, the asset is capitalised at either the fair value of the lease property or, if lower, the present value of minimum lease payments at the inception of the contract and a liability is recognised at the same time and for the same amount.

The discount rate used is the interest rate implicit in the lease. Leased assets are amortised over the period of the lease. Lease payments are allocated between the principal component and the interest expense.

Operating lease payments are expensed on a straight-line basis which is representative of the pattern of benefits derived from the leased assets.

1.10 Borrowing Costs

All borrowing costs are expensed as incurred.

1.11 Cash

Cash and cash equivalents includes notes and coins held and any deposits in bank accounts with an original maturity of 3 months or less that are readily convertible to known amounts of cash and subject to insignificant risk of changes in value. Cash is recognised at its nominal amount.

1.12 Financial Assets

Cancer Australia classifies its financial assets in the following categories:

- financial assets at fair value through profit or loss;
- held-to-maturity investments;
- available-for-sale financial assets; and
- loans and receivables.

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The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

Financial assets are recognised and derecognised upon trade date.

Effective Interest Method

The effective interest method is a method of calculating the amortised cost of a financial asset and of allocating interest income over the relevant period. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, or, where appropriate, a shorter period.

Income is recognised on an effective interest rate basis except for financial assets that are recognised at fair value through profit or loss.

Financial Assets at Fair Value Through Profit or Loss

Financial assets are classified as financial assets at fair value through profit or loss where the financial assets:

- have been acquired principally for the purpose of selling in the near future;
- are a part of an identified portfolio of financial instruments that Cancer Australia manages
- together and has a recent actual pattern of short-term profit-taking; or
- are derivatives that are not designated and effective as a hedging instrument.

Assets in this category are classified as current assets.

Financial assets at fair value through profit or loss are stated at fair value, with any resultant gain or loss recognised in profit or loss. The net gain or loss recognised in profit or loss incorporates any interest earned on the financial asset.

Available-for-Sale Financial Assets

Available-for-sale financial assets are non-derivatives that are either designated in this category or not classified in any of the other categories. They are included in non-current assets unless management intends to dispose of the asset within 12 months of the balance sheet date.

Available-for-sale financial assets are recorded at fair value. Gains and losses arising from changes in fair value are recognised directly in the reserves (equity) with the exception of impairment losses. Interest is calculated using the effective interest method and foreign exchange gains and losses on monetary assets are recognised directly in profit or loss. Where the asset is disposed of or is determined to be impaired, part (or all) of the cumulative gain or loss previously recognised in the reserve is included in profit for the period.

Where a reliable fair value cannot be established for unlisted investments in equity instruments cost is used. Cancer Australia has no such instruments.

Held-to-Maturity Investments

Non-derivative financial assets with fixed or determinable payments and fixed maturity dates that the group has the positive intent and ability to hold to maturity are classified as held-to-maturity investments. Held-to-maturity investments are recorded at amortised cost using the effective interest method less impairment, with revenue recognised on an effective yield basis.

Loans and Receivables

Trade receivables, loans and other receivables that have fixed or determinable payments that are not quoted in an active market are classified as 'loans and receivables'. They are included in current assets, except for maturities greater than 12 months after the balance sheet date. These are classified as non current assets. Loans and receivables are measured at amortised cost using the effective interest method less impairment. Interest is recognised by applying the effective interest rate.

Impairment of Financial Assets

Financial assets are assessed for impairment at each balance date.

- *financial assets held at amortised cost*—if there is objective evidence that an impairment loss has been incurred for loans and receivables or held to maturity investments held at amortised cost, the amount of the loss is measured as the difference between the asset's carrying amount and the present value of estimated future cash flows discounted at the asset's original effective interest rate. The carrying amount is reduced by way of an allowance account. The loss is recognised in the income statement.
- *available-for-sale financial assets*—if there is objective evidence that an impairment loss on an available-for-sale financial asset has been incurred, the amount of the difference between its cost, less principal repayments and amortisation, and its current fair value, less any impairment loss previously recognised in expenses, is transferred from equity to the income statement.
- *available-for-sale financial assets (held at cost)*—If there is objective evidence that an impairment loss has been incurred the amount of the impairment loss is the difference between the carrying amount of the asset and the present value of the estimated future cash flows discounted at the current market rate for similar assets.

1.13 Financial Liabilities

Financial liabilities are classified as either financial liabilities 'at fair value through profit or loss' or other financial liabilities.

Financial liabilities are recognised and derecognised upon 'trade date'.

Financial liabilities at Fair Value Through Profit or Loss

Financial liabilities at fair value through profit or loss are initially measured at fair value. Subsequent fair value adjustments are recognised in profit or loss. The net gain or loss recognised in profit or loss incorporates any interest paid on the financial liability.

Other Financial Liabilities

Other financial liabilities, including borrowings, are initially measured at fair value, net of transaction costs.

Other financial liabilities are subsequently measured at amortised cost using the effective interest method, with interest expense recognised on an effective yield basis.

The effective interest method is a method of calculating the amortised cost of a financial liability and of allocating interest expense over the relevant period. The effective interest rate is the rate that exactly discounts estimated future cash payments through the expected life of the financial liability, or, where appropriate, a shorter period.

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

1.14 Contingent Liabilities and Contingent Assets

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

1.15 Financial Guarantee Contracts

Financial guarantee contracts are accounted for in accordance with AASB 139 *Financial Instruments: Recognition and Measurement*. They are not treated as a contingent liability, as they are regarded as financial instruments outside the scope of AASB 137 *Provisions, Contingent Liabilities and Contingent Assets*.

1.16 Acquisition of Assets

Assets are recorded at cost on acquisition except as stated below. The cost of acquisition includes the fair value of assets transferred in exchange and liabilities undertaken. Financial assets are initially measured at their fair value plus transaction costs where appropriate.

Assets acquired at no cost, or for nominal consideration, are initially recognised as assets and income at their fair value at the date of acquisition, unless acquired as a consequence of

restructuring of administrative arrangements. In the latter case, assets are initially recognised as contributions by owners at the amounts at which they were recognised in the transferor agency's accounts immediately prior to the restructuring.

1.17 Property, Plant and Equipment

Asset Recognition Threshold

Purchases of property, plant and equipment are recognised initially at cost in the balance sheet, except for purchases costing less than \$2,000, which are expensed in the year of acquisition (other than where they form part of a group of similar items which are significant in total).

The initial cost of an asset includes an estimate of the cost of dismantling and removing the item and restoring the site on which it is located. This is particularly relevant to 'makegood' provisions in property leases taken up by Cancer Australia where there exists an obligation to restore the property to its original condition. These costs are included in the value of Cancer Australia's leasehold improvements with a corresponding provision for the 'makegood' recognised.

Revaluations

Fair values for each class of asset are determined as shown below:

Asset Class	Fair value measured at
Land	Market selling price
Buildings exc. Leasehold improvements	Market selling price
Leasehold improvements	Depreciated replacement cost
Infrastructure, plant and equipment	Market selling price
Heritage and cultural assets	market selling price

Following initial recognition at cost, property plant and equipment are carried at fair value less subsequent accumulated depreciation and accumulated impairment losses. Valuations are conducted with sufficient frequency to ensure that the carrying amounts of assets do not differ materially from the assets' fair values as at the reporting date. The regularity of independent valuations depends upon the volatility of movements in market values for the relevant assets.

Revaluation adjustments are made on a class basis. Any revaluation increment is credited to equity under the heading of asset revaluation reserve except to the extent that it reverses a previous revaluation decrement of the same asset class that was previously recognised through operating result. Revaluation decrements for a class of assets are recognised directly through operating result except to the extent that they reverse a previous revaluation increment for that class.

Any accumulated depreciation as at the revaluation date is eliminated against the gross carrying amount of the asset and the asset restated to the revalued amount.

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Depreciation

Depreciable property plant and equipment assets are written-off to their estimated residual values over their estimated useful lives to Cancer Australia using, in all cases, the straight-line method of depreciation.

Depreciation rates (useful lives), residual values and methods are reviewed at each reporting date and necessary adjustments are recognised in the current, or current and future reporting periods, as appropriate.

Depreciation rates applying to each class of depreciable asset are based on the following useful lives:

	2009	2008
Buildings on freehold land	60 years	60 years
Leasehold improvements	Lease term	Lease term
Plant and Equipment	3 to 20 years	3 to 20 years

Impairment

All assets are assessed for impairment at 30 June 2009. Where indications of impairment exist, the asset's recoverable amount is estimated and an impairment adjustment made if the asset's recoverable amount is less than its carrying amount.

The recoverable amount of an asset is the higher of its fair value less costs to sell and its value in use. Value in use is the present value of the future cash flows expected to be derived from the asset. Where the future economic benefit of an asset is not primarily dependent on the asset's ability to generate future cash flows, and the asset would be replaced if Cancer Australia were deprived of the asset, its value in use is taken to be its depreciated replacement cost.

1.18 Intangibles

Purchases of intangibles are recognised initially at cost in the balance sheet, except for purchases costing less than \$2,000, which are expensed in the year of acquisition (other than where they form part of a group of similar items which are significant in total). Cancer Australia's intangibles comprise internally developed software for internal use. These assets are carried at cost less accumulated amortisation and accumulated impairment losses.

Software is amortised on a straight-line basis over its anticipated useful life. The useful lives of Cancer Australia's software are 3 years (2007–08: 3 years).

All software assets are assessed for indications of impairment as at 30 June 2009.

1.19 Taxation / Competitive Neutrality

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

Revenues, expenses and assets are recognised net of GST:

- except where the amount of GST incurred is not recoverable from the Australian Taxation Office; and
- except for receivables and payables.

1.20 Reporting of Administered Activities

Administered revenues, expenses, assets, liabilities and cash flows are disclosed in the schedule of administered items and related notes.

Except where otherwise stated below, administered items are accounted for on the same basis and using the same policies as for departmental items, including the application of Australian Accounting Standards.

Administered Cash Transfers to and from the Official Public Account

Revenue collected by Cancer Australia for use by the Government rather than the agency is administered revenue. Collections are transferred to the Official Public Account (OPA) maintained by the Department of Finance and Deregulation. Conversely, cash is drawn from the OPA to make payments under Parliamentary appropriation on behalf of Government. These transfers to and from the OPA are adjustments to the administered cash held by the agency on behalf of the Government and reported as such in the statement of cash flows in the schedule of administered items and in the administered reconciliation table in Note 17: Administered Reconciliation Table. The schedule of administered items largely reflects the Government's transactions, through the agency, with parties outside the Government.

Revenue

All administered revenues are revenues relating to the course of ordinary activities performed by Cancer Australia on behalf of the Australian Government.

Loans and Receivables

Where loans and receivables are not subject to concessional treatment, they are carried at amortised cost using the effective interest method. Gains and losses due to impairment, derecognition and amortisation are recognised through surplus and deficit.

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Grants and Subsidies

Cancer Australia administers a number of grant and subsidy schemes on behalf of the Government.

Grant and subsidy liabilities are recognised to the extent that (i) the services required to be performed by the grantee have been performed or (ii) the grant eligibility criteria have been satisfied, but payments due have not been made. A commitment is recorded when the Government enters into an agreement to make these grants but services have not been performed or criteria satisfied.

Some changes in the comparatives of some administered items have been made. Where this has occurred, details have been included in the Note to indicate as such.

Note 2: Events After the Balance Sheet Date

On 30 September 2009, Cancer Australia will move to a shared services model with the National Health and Medical Research Council (NHMRC). This projected move has required Cancer Australia to recognise as at 30 June 2009, the value of the cessation of its current services that will be provided by the NHMRC, as at 1 October 2009.

Cancer Australia are not aware of any other events occurring after 30 June 2009 that have the potential to significantly affect its financial position (2007–08: Nil).

Note 3: Income

	2009	2008
Revenue	\$	\$

Note 3A: Revenue from Government

Appropriations:

Departmental outputs	<u>3,713,000</u>	<u>3,788,000</u>
Total revenue from Government	<u>3,713,000</u>	<u>3,788,000</u>

Note 3B: Other Revenue

Employee entitlement transferred from other Agencies	-	138,539
Rendering of services—related entities	<u>413,745</u>	<u>42,958</u>
Total other revenue	<u>413,745</u>	<u>181,497</u>

Gains**Note 3C: Other Gains**

Resources received free of charge	<u>52,000</u>	<u>40,200</u>
Total other gains	<u>52,000</u>	<u>40,200</u>

During the year, Cancer Australia received office space and some administrative support from the Department of Health and Ageing. Cancer Australia has not been able to quantify the value of the support provided.

Note 4: Expenses

	2009	2008
	\$	\$
Note 4A: Employee Benefits		
Wages and salaries	1,944,589	2,254,538
Superannuation:		
Defined contribution plans	156,891	218,016
Defined benefit plans	193,353	159,538
Leave and other entitlements	376,888	737,744
Total employee benefits	<u>2,671,721</u>	<u>3,369,836</u>
Note 4B: Suppliers		
Provision of goods—external parties	38,247	64,393
Rendering of services—related entities	188,146	460,022
Rendering of services—external parties	589,325	1,143,145
Operating lease rentals—external parties:		
Minimum lease payments	507,117	329,490
Workers compensation premiums	19,485	36,445
Total supplier expenses	<u>1,342,320</u>	<u>2,033,495</u>
Note 4C: Depreciation and Amortisation		
Depreciation:		
Infrastructure, plant and equipment	92,900	88,136
Total depreciation	<u>92,900</u>	<u>88,136</u>
Amortisation:		
Assets held under finance leases	-	5,851
Intangibles:		
Computer Software—Internally developed	27,930	25,479
Computer Software—Purchased	59,121	32,779
Total amortisation	<u>87,051</u>	<u>64,109</u>
Total depreciation and amortisation	<u>179,951</u>	<u>152,245</u>
Note 4D: Finance Costs		
Finance leases	-	3,046
Total finance costs	<u>-</u>	<u>3,046</u>
Note 4E: Write-Down and Impairment of Assets		
Asset write-downs and impariments from::		
Asset write-downs due to impairment	237,957	-
Total write-down and impairment of assets	<u>237,957</u>	<u>-</u>
Note 4F: Losses from Assets Sales		
Other net losses from sale of assets:		
Proceeds from sale	-	(24,545)
Carrying value of assets sold	-	29,434
Total losses from assets sales	<u>-</u>	<u>4,889</u>

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Note 5: Financial Assets

	2009	2008
	\$	\$
Note 5A: Cash and Cash Equivalents		
Cash on hand or on deposit	<u>68,802</u>	<u>253,550</u>
Total cash and cash equivalents	<u><u>68,802</u></u>	<u><u>253,550</u></u>
Note 5B: Trade and Other Receivables		
Goods and services—external parties	4,721	44,579
Goods and services—related parties	<u>69,704</u>	-
Total receivables for goods and services	<u><u>74,425</u></u>	<u><u>44,579</u></u>
Appropriations receivable:		
for existing outputs	<u>1,156,528</u>	<u>1,058,336</u>
Total appropriations receivable	<u><u>1,156,528</u></u>	<u><u>1,058,336</u></u>
GST receivable from the Australian Taxation Office	<u>7,305</u>	<u>27,126</u>
Other:		
Other receivables	-	77,978
Total other receivables	<u>-</u>	<u>77,978</u>
Total trade and other receivables (gross)	<u><u>1,238,258</u></u>	<u><u>1,208,019</u></u>
Total trade and other receivables (net)	<u><u>1,238,258</u></u>	<u><u>1,208,019</u></u>
Receivables are represented by:		
Current	<u>1,238,258</u>	<u>1,208,019</u>
Non-current	-	-
Total trade and other receivables (net)	<u><u>1,238,258</u></u>	<u><u>1,208,019</u></u>
Receivables are aged as follows:		
Not overdue	1,207,230	1,130,041
Overdue by:		
Less than 30 days	31,028	-
30 to 60 days	-	-
61 to 90 days	-	-
More than 90 days	-	77,978
Total receivables (gross)	<u><u>1,238,258</u></u>	<u><u>1,208,019</u></u>

Note 6: Non-Financial Assets

	2009	2008
	\$	\$
Note 6A: Infrastructure, Plant and Equipment		
Infrastructure, plant and equipment:		
Gross carrying value (at fair value)	402,466	405,041
Accumulated depreciation	(229,609)	(139,670)
Accumulated impairment losses	(143,245)	-
Total infrastructure, plant and equipment	<u>29,612</u>	<u>265,371</u>
Total infrastructure, plant and equipment (non-current)	<u>29,612</u>	<u>265,371</u>
Note 6B: Intangibles		
Computer software at cost:		
Internally developed—in use	83,790	83,790
Purchased—in use	177,476	172,376
Total Computer Software	<u>261,266</u>	<u>256,166</u>
Accumulated amortisation	(145,696)	(58,645)
Accumulated impairment losses	(86,541)	-
Total intangibles (non-current)	<u>29,029</u>	<u>197,521</u>
Note 6C: Other Non-Financial Assets		
Prepayments	10,154	51,156
Total other non-financial assets	<u>10,154</u>	<u>51,156</u>

All other non-financial assets were current assets.

Note 6: Non-Financial Assets**Note 6D: Analysis of Infrastructure Plant and Equipment****TABLE A—Reconciliation of the opening and closing balances of infrastructure, plant and equipment (2008–09)**

	Other IP & E \$	Total \$
As at 1 July 2008		
Gross book value	405,041	405,041
Accumulated depreciation/amortisation and impairment	(139,670)	(139,670)
Net book value 1 July 2008	265,371	265,371
Additions:		
By purchase	8,558	8,558
Impairments recognised in the operating result	(143,245)	(143,245)
Depreciation/amortisation expense	(92,900)	(92,900)
Other movements		
Write back of depreciation on disposal	2,961	2,961
Disposals:		
Other disposals	(11,133)	(11,133)
Net book value 30 June 2009	29,612	29,612
Net book value as of 30 June 2009 represented by:		
Gross book value	402,466	402,466
Accumulated depreciation/amortisation and impairment	(372,854)	(372,854)
	<u>29,612</u>	<u>29,612</u>

TABLE B—Reconciliation of the opening and closing balances of infrastructure, plant and equipment (2007–08)

Item	Other IP & E \$	Total \$
As at 1 July 2007		
Gross book value	391,678	391,678
Accumulated depreciation/amortisation and impairment	(45,680)	(45,680)
Net book value 1 July 2007	345,998	345,998
Additions:		
By purchase	42,797	42,797
Depreciation/amortisation expense	(93,990)	(93,990)
Disposals:		
Other disposals	(29,434)	(29,434)
Net book value 30 June 2008	265,371	265,371
Net book value as of 30 June 2008 represented by:		
Gross book value	405,041	405,041
Accumulated depreciation/amortisation and impairment	(139,670)	(139,670)
	<u>265,371</u>	<u>265,371</u>

Note 6: Non-Financial Assets

Note 6E: Analysis of Intangibles

Table C: Reconciliation of the opening and closing balances of intangibles (2008–09)

Item	Computer software internally developed	Computer software purchased	Total
	\$	\$	\$
As at 1 July 2008			
Gross book value	83,790	172,376	256,166
Accumulated depreciation/amortisation and impairment	(25,479)	(33,166)	(58,645)
Net book value 1 July 2008	58,311	139,210	197,521
Additions:			
By purchase or internally developed	-	5,100	5,100
Impairments recognised in the operating result	(21,071)	(65,470)	(86,541)
Amortisation	(27,930)	(59,121)	(87,051)
Net book value 30 June 2009	9,310	19,719	29,029
Net book value as of 30 June 2009 represented by:			
Gross book value	83,790	177,476	261,266
Accumulated depreciation/amortisation and impairment	(74,480)	(157,757)	(232,237)
	9,310	19,719	29,029

Note 6: Non-Financial Assets***Table D: Reconciliation of the opening and closing balances of intangibles (2007–08)***

Item	Computer software internally developed	Computer software purchased	Total
	\$	\$	\$
As at 1 July 2007			
Gross book value	54,545	44,126	98,671
Accumulated amortisation and impairment	-	(387)	(387)
Net book value 1 July 2007	54,545	43,739	98,284
Additions:			
By purchase or internally developed	29,245	128,250	157,495
Amortisation	(25,479)	(32,779)	(58,258)
Net book value 30 June 2008	58,311	139,210	197,521
Net book value as of 30 June 2008 represented by:			
Gross book value	83,790	172,376	256,166
Accumulated depreciation/amortisation and impairment	(25,479)	(33,166)	(58,645)
	58,311	139,210	197,521

Note 7: Payables

	2009	2008
	\$	\$
Note 7A: Suppliers		
Trade creditors	44,078	592,745
Operating lease rentals	-	(6,845)
Total supplier payables	<u>44,078</u>	<u>585,900</u>

Supplier payables—external parties are represented by:

Current	<u>44,078</u>	<u>585,900</u>
Total supplier payables	<u>44,078</u>	<u>585,900</u>

Settlement is usually made net 30 days.

Note 7B: Other Payables

Salaries and wages	28,497	21,581
Superannuation	5,159	4,136
Other	<u>9,735</u>	<u>30,643</u>
Total Other Payables	<u>43,391</u>	<u>56,360</u>

All Other Payables are current.

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Note 8: Provisions

	2009	2008
	\$	\$
Note 8A: Employee Provisions		
Leave	<u>683,925</u>	<u>657,219</u>
Total employee provisions	<u><u>683,925</u></u>	<u><u>657,219</u></u>

Employee provisions are represented by:

Current	564,453	508,111
Non-current	<u>119,472</u>	<u>149,108</u>
Total employee provisions	<u><u>683,925</u></u>	<u><u>657,219</u></u>

The classification of current employee provisions includes amounts for which there is not an unconditional right to defer settlement by one year, hence in the case of employee provisions the above classification does not represent the amount expected to be settled within one year of reporting date. Employee provisions expected to be settled in twelve months from the reporting date were \$289,955 (2008: \$285,650), and in excess of one year \$393,970 (2008: \$371,569).

	2009	2008
	\$	\$
Note 8B: Other Provisions		
Provision for onerous contracts	<u>181,531</u>	-
Total other provisions	<u><u>181,531</u></u>	<u><u>-</u></u>

Other provisions are represented by:

Current	<u>181,531</u>	-
Total other provisions	<u><u>181,531</u></u>	<u><u>-</u></u>

Represented by:

	Provision for onerous contract	Total
Carrying amount 1 July 2008	\$ -	\$ -
Additional provisions made	<u>181,531</u>	<u>181,531</u>
Closing balance 2009	<u><u>181,531</u></u>	<u><u>181,531</u></u>

Cancer Australia is moving to a shared services arrangement with another agency on 1 October 2009. Cancer Australia currently has two leasing agreements; one on premises and the other on IT hardware and software. This proposed move has resulted in some onerous contracts, the costs of which is reflected in the provision above.

Note 9: Cash Flow Reconciliation

	2009	2008
	\$	\$
Reconciliation of cash and cash equivalents as per Balance Sheet to Cash Flow Statement		
Report cash and cash equivalents as per:		
Cash flow statement	68,802	253,550
Balance sheet	<u>68,802</u>	<u>253,550</u>
Difference	<u><u>-</u></u>	<u><u>-</u></u>
Reconciliation of operating result to net cash from operating activities:		
Operating result	(253,204)	(1,553,814)
Depreciation /amortisation	179,951	152,245
Write-down and impairment/disposal of assets	237,958	4,889
(Increase) / decrease in net receivables	(50,059)	2,113,274
(Increase) / decrease in prepayments	41,007	(51,042)
Increase / (decrease) in employee provisions	26,702	333,395
Increase / (decrease) in supplier payables	(542,258)	(1,480,624)
Increase / (decrease) in other provisions	181,531	-
Increase / (decrease) in other payables	<u>7,282</u>	<u>(170,026)</u>
Net cash from / (used by) operating activities	<u><u>(171,090)</u></u>	<u><u>(651,703)</u></u>

Note 10: Contingent Liabilities and Assets

Cancer Australia have not identified any quantifiable, unquantifiable or remote contingent assets or liabilities as at 30 June 2009 except for makegood in respect of premises in Northbourne Avenue, Canberra currently subject to negotiations and unquantifiable (2007–08: Nil).

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Note 11: Senior Executive Remuneration

	2009	2008
The number of senior executives who received or were due to receive total remuneration of \$130,000 or more:		
\$250 000 to \$264 999	1	-
\$265 000 to \$279 999	-	1
\$355,000 to \$369,999	-	1
\$370,000 to \$384,999	1	-
Total	<u>2</u>	<u>2</u>
The aggregate amount of total remuneration of senior executives shown above.	<u>626,683</u>	<u>628,123</u>
The aggregate amount of separation and redundancy/termination benefit payments during the year to executives shown above.	<u>-</u>	<u>-</u>

Note 12: Remuneration of Auditors

	2009	2008
	\$	\$
Financial statement audit services were provided free of charge to Cancer Australia.		
The fair value of the services provided was:		
financial statements audit	<u>52,000</u>	<u>40,200</u>
	<u>52,000</u>	<u>40,200</u>

No other services were provided by the Auditor-General.

Note 13: Financial Instruments

	Notes	2009 \$	2008 \$
Note 13A: Categories of Financial Instruments			
Cash and cash equivalents	5A	68,802	253,550
Trade receivables	5B	74,425	44,579
Other receivables	5B	-	77,978
Carrying amount of financial assets		143,227	376,107

Financial Liabilities

At nominal cost:

Payables—suppliers	7A	44,078	585,900
Carrying amount of financial liabilities		44,078	585,900

Note 13B: Net Income and Expense from Financial Liabilities

Financial liabilities—at amortised cost

Interest expense	4D	-	3,046
Net gain/(loss) financial liabilities—at amortised cost		-	3,046

Note 13C: Fair Value of Financial Instruments

	Notes	Carrying amount 2009 \$	Fair value 2009 \$	Carrying amount 2008 \$	Fair value 2008 \$
Financial Liabilities					
Trade creditors	7A	44,078	44,078	585,900	585,900
Total		44,078	44,078	585,900	585,900

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Note 13: Financial Instruments**Note 13D: Credit Risk**

Cancer Australia is exposed to minimal credit risk as loans and receivables are cash and trade receivables. The maximum exposure to credit risk is the risk that arises from potential default of a debtor. This amount is equal to the total amount of trade receivables (2009: \$74,424 and 2008: \$44,579). Cancer Australia has assessed the risk of the default on payment and has allocated \$0 in 2009 (2008: \$0) to an allowance for impairment.

Cancer Australia manages its credit risk by undertaking background and credit checks prior to allowing a debtor relationship. In addition, Cancer Australia has policies and procedures that guide employee debt recovery techniques that are to be applied.

Cancer Australia holds no collateral to mitigate against credit risk.

The following table illustrates Cancer Australia gross exposure to credit risk, excluding any collateral or credit enhancements.

		2009	2008
		\$	\$
Financial assets	Note		
Cash and cash equivalent	5A	68,802	253,550
Trade receivables	5B	74,425	44,579
Other receivables	5B	0	77,978
Total		143,227	376,107
Financial liabilities			
Trade creditors	7A	44,078	585,900
Total		44,078	585,900

In relation to the entities gross credit risk the following collateral is held: none

Credit quality of financial instruments not past due or individually determined as impaired

	Not past due nor impaired	Not past due nor impaired	Past due or impaired	Past due or impaired
	2009	2008	2009	2008
	\$	\$	\$	\$
Cash and cash equivalent	68,802	253,550	-	-
Trade and other receivables	74,425	44,579	-	77,978
Total	143,227	298,129	-	77,978

Ageing of financial assets that were past due but not impaired for 2009

	0 to 30 days	31 to 60 days	61 to 90 days	90+ days	Total
	\$	\$	\$	\$	\$
Trade and other receivables	0	-	-	-	0
Total	0	-	-	-	0

Ageing of financial assets that were past due but not impaired for 2008

	0 to 30 days	31 to 60 days	61 to 90 days	90+ days	Total
	\$	\$	\$	\$	\$
Trade and other receivables	-	-	-	77,978	77,978
Total	-	-	-	77,978	77,978

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Note 13E: Liquidity Risk

Cancer Australia's financial liabilities are payables, loans from government, finance leases and other interest bearing liabilities. The exposure to liquidity risk is based on the notion that Cancer Australia will encounter difficulty in meeting its obligations associated with financial liabilities. This is highly unlikely due to appropriation funding and mechanisms available to Cancer Australia (e.g. Advance to the Finance Minister) and internal policies and procedures put in place to ensure there are appropriate resources to meet its financial obligations.

Maturities for financial liabilities 2009

	On demand 2009 \$	within 1 year 2009 \$	1 to 2 years 2009 \$	2 to 5 years 2009 \$	> 5 years 2009 \$	Total 2009 \$
Trade creditors	-	44,078	-	-	-	44,078
Total	-	44,078	-	-	-	44,078

Maturities for financial liabilities 2008

	On demand 2008 \$	within 1 year 2008 \$	1 to 2 years 2008 \$	2 to 5 years 2008 \$	> 5 years 2008 \$	Total 2008 \$
Trade creditors	-	585,900	-	-	-	585,900
Total	-	585,900	-	-	-	585,900

Cancer Australia is dependent on the continuing appropriation by Parliament for the Agency's administration and programs. Cancer Australia manages its budgeted funds to ensure it has adequate funds to meet payments as they fall due. In addition, Cancer Australia has policies in place to ensure timely payments are made when due and has no past experience of default.

Note 13F: Market Risk

Cancer Australia holds basic financial instruments that do not expose it to certain market risks. Cancer Australia is not exposed to 'Currency risk' or 'Other price risk'.

Interest Rate Risk

Cancer Australia is not exposed to any interest rate risk.

Notes to the Schedule of Administered Items

Note 14: Revenues and Expenses Administered on Behalf of Government

	2009	2008
	\$	\$
Revenues		
Note 14A: Other revenue		
Other Revenue—external parties	360,940	69,869
Total Other Revenue	360,940	69,869
Expenses		
Note 14B: Advisory fees		
Advisory fees—external parties	260,866	217,437
Total Advisory fees	260,866	217,437
Note 14C: Suppliers		
Rendering of services—external parties	1,325,961	1,709,835
Rendering of services—related parties	133,732	-
Total suppliers	1,459,693	1,709,835
Note 14D: Grants		
Public sector:		
Australian Government entities (related entities)	-	-
State and Territory Governments	6,587,123	4,504,058
Local Governments	-	-
Private sector:		
Non-profit organisations	15,563,461	13,284,721
Total grants	22,150,584	17,788,779
Note 14E: Other Expenses		
Other expenses	83,837	40,270
Total other expenses	83,837	40,270

Grant monies returned to Cancer Australia in the year following its disbursement is reflected as Income to the Commonwealth. This was not shown as such in the 2007–08 accounts and the comparative figure is now disclosed.

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Note 15: Assets Administered on Behalf of Government

	2009	2008
	\$	\$
<i>Financial Assets</i>		
Note 15A: Cash and Cash Equivalents		
Special accounts	-	-
Cash on hand or on deposits	595,631	38,832
Total cash and cash equivalents	595,631	38,832
Note 15B: Receivables		
Goods and services receivable—external parties	-	410,258
GST receivable from ATO	958,407	910,638
Total receivables	958,407	1,320,896
Total receivables (net)	958,407	1,320,896
	2009	2008
	\$	\$
Receivables were aged as follows:		
Not overdue	958,407	1,136,980
Overdue by:		
Less than 30 days	-	183,916
30 to 60 days	-	-
61 to 90 days	-	-
More than 90 days	-	-
Total receivables (net)	958,407	1,320,896

Goods and services receivables are with entities external to the Australian Government. Credit terms were net 30 days (2008: 30 days).

Cancer Australia has recognised GST Receivable from ATO as an administered receivable that should be shown in this schedule. This has resulted in the reflection of GST Receivable from ATO for 2008 in the comparatives.

Note 16: Liabilities Administered on Behalf of Government

	2009	2008
	\$	\$
<i>Payables</i>		
Note 16A: Suppliers		
Trade creditors	83,548	11,199
Other	-	1,033,838
Total suppliers	83,548	1,045,037

All creditors are entities that were not part of the Australian Government. Settlement is usually made net 30 days (2008: 30 days).

Note 16B: Grants

Public sector:		
Australian Government entities (related entities)	-	-
State and Territory Governments	699,897	-
Local Governments	-	-
Private sector:		
Non-profit organisations	2,556,306	322,163
Total grants	3,256,203	322,163

All grants are to entities that were not part of the Australian Government. Settlement is usually made according to the terms and conditions of each grant. This is usually within 30 days of performance or eligibility (2008: 30 days).

Other creditors have now been included in this Note. As a result, the 2008 suppliers figure has been changed to reflect the comparative figure.

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Note 17: Administered Reconciliation Table

	2009	2008
	\$	\$
Opening administered assets less administered liabilities as at 1 July	(7,472)	(417,375)
Adjustment for change in accounting policies		-
Lapsed Appropriation	151	(151)
Adjustments for errors	-	-
Adjusted opening administered assets less administered liabilities	-	-
Plus: Administered income	360,940	69,869
Less: Administered expenses (non CAC)	(23,954,980)	(19,756,321)
Appropriation transfers from OPA:		
Annual appropriations for administered expenses (non CAC)	22,176,738	20,166,375
Transfers to OPA	(361,090)	(69,869)
Closing administered assets less administered liabilities as at 30 June	<u>(1,785,713)</u>	<u>(7,472)</u>

Adjustments have been made to the 2008 comparative to reflect income received by Cancer Australia on behalf of the Commonwealth and also to correct some erroneous figures.

Note 18: Administered Contingent Assets and Liabilities

Cancer Australia has not identified any quantifiable, unquantifiable or remote contingent assets or liabilities as at 30 June 2009 (2007–08: Nil).

Note 19: Financial Instruments

	Note	2009 \$	2008 \$
Note 19A: Categories of Financial Instruments			
Financial Assets			
Loans and receivables:			
Cash and cash equivalents	15A	595,631	38,832
Trade receivables	15B	-	410,258
		595,631	449,090
Carrying amount of financial assets		595,631	449,090
Financial Liabilities			
At amortised cost:			
Trade creditors	16A	83,548	11,199
Grants payable	16B	3,256,203	322,163
		3,339,751	333,362
Carrying amount of financial liabilities		3,339,751	333,362

Note 19B: Fair Value of Financial Instruments

	Notes	Carrying amount 2009 \$	Fair value 2009 \$	Carrying amount 2008 \$	Fair value 2008 \$
Financial Assets					
Cash and cash equivalents					
Cash	15A	595,631	595,631	38,832	38,832
Loans and receivables					
Trade receivables	15B	-	-	410,258	410,258
Total		595,631	595,631	449,090	449,090
Financial Liabilities					
Suppliers					
Trade creditors	16A	83,548	83,548	11,199	11,199
Grants payable	16B	3,256,203	3,256,203	322,163	322,163
Total		3,339,751	3,339,751	333,362	333,362

No income or expenses have resulted from financial instruments.

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Note 19C: Credit Risk

The administered activities of Cancer Australia are not exposed to a high level of credit risk as the majority of financial assets are trade receivables, advances and loans to state, territory and local governments.

Cancer Australia manages its credit risk by undertaking background and credit checks prior to allowing a debtor relationship. In addition, Cancer Australia has policies and procedures that guide employees debt recovery techniques that are to be applied.

The following table illustrates Cancer Australia's gross exposure to credit risk, excluding any collateral or credit enhancements.

	2009	2008
	\$	\$
Financial assets:		
Loans and receivables		
Trade receivables	-	410,258
Total	-	410,258
Financial liabilities:		
Suppliers		
Trade creditors	83,548	11,199
Grants payable	3,256,203	322,163
Total	3,339,751	333,362

Cancer Australia has assessed the risk of the default on payment and has allocated the following amounts to an allowance for impairment:

Goods and services receivables	\$0 in 2009	(2008: \$0)
Advances and loans	\$0 in 2009	(2008: \$0)

Credit quality of financial instruments not past due or individually determined as impaired

	Not Past Due Nor Impaired	Not Past Due Nor Impaired	Past due or impaired	Past due or impaired
	2009	2008	2009	2008
	\$	\$	\$	\$
Loans and receivables				
Trade receivables	-	226,342	-	183,916
Total	-	226,342	-	183,916

Ageing of financial assets that were past due but not impaired for 2009

	0 to 30 days	31 to 60 days	61 to 90 days	90+ days	Total
	\$	\$	\$	\$	\$
Loans and receivables					
Trade receivables	-	-	-	-	-
Total	-	-	-	-	-

Ageing of financial assets that were past due but not impaired for 2008

	0 to 30 days	31 to 60 days	61 to 90 days	90+ days	Total
	\$	\$	\$	\$	\$
Loans and receivables					
Trade receivables	183,916	-	-	-	183,916
Total	183,916	-	-	-	183,916

AUDITED FINANCIAL STATEMENTS

Note 19D: Liquidity Risk

Cancer Australia's administered financial liabilities are trade creditors and grants payable. The exposure to liquidity risk is based on the notion that Cancer Australia will encounter difficulty in meeting its obligations associated with administered financial liabilities. This is highly unlikely due to appropriation funding and mechanisms available to the Entity (e.g. Advance to the Finance Minister) and internal policies and procedures put in place to ensure there are appropriate resources to meet its financial obligations.

The following tables illustrates the maturities for financial liabilities.

	On demand 2009 \$	within 1 year 2009 \$	1 to 2 years 2009 \$	2 to 5 years 2009 \$	> 5 years 2009 \$	Total 2009 \$
Suppliers						
Trade creditors	-	83,548	-	-	-	83,548
Grants payable	-	3,256,203	-	-	-	3,256,203
Total	-	3,339,751	-	-	-	3,339,751

	On demand 2008 \$	within 1 year 2008 \$	1 to 2 years 2008 \$	2 to 5 years 2008 \$	> 5 years 2008 \$	Total 2008 \$
Suppliers						
Trade creditors	-	11,199	-	-	-	11,199
Grants payable	-	322,163	-	-	-	322,163
Total	-	333,362	-	-	-	333,362

Cancer Australia's administered activities are appropriated from the Australian Government. Cancer Australia manages its budgeted administered funds to ensure it has adequate funds to meet payments as they fall due. In addition, Cancer Australia has policies in place to ensure timely payments are made when due and has no past experience of default.

Note 19E: Market Risk

Cancer Australia holds basic financial instruments that do not expose it to certain market risks. Cancer Australia is not exposed to "Currency risk".

Interest rate risk

Cancer Australia has no interest bearing items on the balance sheet.

Other price risk

Cancer Australia's administered activities are not exposed to "Other price risk". It does not hold any other financial instruments that would be exposed to price risk.

Note 20: Appropriations

Table A: Acquittal of Authority to Draw Cash from the Consolidated Revenue Fund for Ordinary Annual Services Appropriations

Particulars	Administered Expenses		Departmental Outputs		Total	
	Outcome 1		2009	2008	2009	2008
	\$	\$	\$	\$	\$	\$
Balance brought forward from previous period (<i>Appropriation Acts</i>)	132,763	13,735,637	1,339,012	4,231,845	1,471,775	17,967,482
Adjustment to Opening Balance	42,216					
Adjusted Opening Balance	174,979					
<i>Appropriation Act:</i>						
<i>Appropriation Act (No. 1) 2008–2009 as passed</i>	23,505,000	17,431,000	3,713,000	3,724,000	27,218,000	21,155,000
<i>Appropriation Act (No. 3) 2008–2009 as passed</i>	450,000	2,318,000	-	64,000	450,000	2,382,000
<i>Appropriation Act (No. 5) 2008–2009 as passed</i>	-	-	-	-	-	-
Other annual appropriation acts as passed	-	-	-	-	-	-
Departmental appropriations reduced (<i>Appropriation Act</i> section 10)			-	-	-	-
Administered appropriations reduced (non CAC) (<i>Appropriation Act</i> s 11) ¹	-	-			-	-
CAC Act body payment items reduced (<i>Appropriation Act</i> section 12)					-	-
Advance to the Finance Minister (<i>Appropriation Act</i> section 14)	-	-	-	-	-	-
Advance to the Finance Minister recovered (2007–2008 only)						
Flexible funding pool receipts (<i>Appropriation Act</i> section 15)	-	-			-	-
<i>FMA Act:</i>						
Repayments to the Commonwealth (<i>FMA Act</i> section 30)	177,024	(12,722,563)	-	-	177,024	(12,722,563)
Appropriations to take account of recoverable GST (<i>FMA Act</i> section 30A)	2,082,850	1,691,879	112,702	402,421	2,195,552	2,094,300
Relevant agency receipts (<i>FMA Act</i> s 31)			461,878	260,039	461,878	260,039

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Adjustment of appropriations on change of agency function (FMA Act s 32)	-	-	-	-	-	-	-	-	-
Total appropriation available for payments	26,389,853	22,453,953	8,682,305	5,626,592	32,016,445	31,136,258			
Cash payments made during the year (GST inclusive)	(24,015,961)	(22,321,190)	(7,343,293)	(4,393,957)	(28,409,918)	(29,664,483)			
Appropriations credited to special accounts (GST exclusive)	-	-	-	-	-	-			
Balance of authority to draw cash from the Consolidated Revenue Fund for ordinary annual services appropriations and as represented by:	2,373,892	132,763	1,339,012	1,232,635	3,606,527	1,471,775			
Cash at bank and on hand	595,631	38,832	253,550	68,802	664,433	292,382			
Departmental appropriations receivable			1,058,336	1,156,528	1,156,528	1,058,336			
Receivables—GST receivable from ATO	-		27,126	7,305	7,305	27,126			
Undrawn, unapplied administered appropriations	1,778,261	93,931	-	-	1,778,261	93,931			
Adjustments under s 101.13 of the Finance Minister's Orders not reflected above	-	-	-	-	-	-			
Total as at 30 June	2,373,892	132,763	1,339,012	1,232,635	3,606,527	1,471,775			
Reduction in administered items²									
Total administered items appropriated	23,955,000.00				23,955,000.00				
Less administered items required by the agency per <i>Appropriation Acts</i> 1 ³ :									
<i>Appropriation Act (No. 1) 2008–2009</i>	23,505,000.00				23,505,000.00				
<i>Appropriation Act (No. 3) 2008–2009</i>	449,979.85				449,979.85				
<i>Appropriation Act (No. 5) 2008–2009</i>									
Other annual appropriation acts									
Total administered items required by the agency	23,954,979.85				23,954,979.85				
Total reduction in administered items—effective 2009–2010	20.15				20.15				

1 In 2008–2009 this represents the amount calculated under the relevant *Appropriation Acts* section 8 determination, during the year, in respect of the previous year's administered items.

2 This is the first year of administered items being reduced under section 11 hence, no comparatives disclosed. Numbers in this section of the table are not rounded.

3 Administered items for 2008–2009 were reduced to these amounts when these financial statements were tabled in the Parliament as part of Cancer Australia's 2008–2009 annual report. This reduction is effective in 2009–2010 and the amounts in the Total Reduction row will be reflected in the top section of Table A in the 2009–2010 financial statements in the row 'Administered appropriations reduced (non CAC)'

Departmental and non-operating appropriations do not lapse at financial year-end. However, the responsible Minister may decide that part or all of a departmental or non-operating appropriation is not required and request the Finance Minister to reduce that appropriation. The reduction in the appropriation is effected by the Finance Minister's determination and is disallowable by Parliament. In 2008/09 no reduction in departmental outputs appropriations were determined by the Minister for Health and Ageing.

Note 21: Special Accounts

Cancer Australia does not operate any Special Accounts.

Note 22: Compensation and Debt Relief

Administered

No "Act of Grace" expenses were incurred during the reporting period (2008: No expense made).

No waivers of amounts owing to the Australian Government were made pursuant to subsection 34(1) of the *Financial Management and Accountability Act 1997*. (2008: No waiver made).

No ex-gratia payments were provided for during the reporting period. (2008: No payments made).

Departmental

No payments were made during the reporting period. (2008: No payments made).

No payments were made under s73 of the *Public Service Act 1999* during the reporting period. (2008: No payments made)

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Note 23: Reporting of Outcomes

Cancer Australia allocates shared items to outcomes and outputs in proportion to the employee costs directly assigned to outcomes and outputs in the 2008/09 financial year.

Note 23A: Net Cost of Outcome Delivery

	Outcome 1		Total	
	2009	2008	2009	2008
	\$	\$	\$	\$
Expenses				
Administered	23,954,980	19,756,321	23,954,980	19,756,321
Departmental	4,431,949	5,563,511	4,431,949	5,563,511
Total expenses	28,386,929	25,319,832	28,386,929	25,319,832
Costs recovered from provision of goods and services to the non government sector				
Administered	-	-	-	-
Departmental	-	-	-	-
Total costs recovered	-	-	-	-
Other external income				
Administered	360,940	69,869	360,940	69,869
Departmental	-	-	-	-
Total other external income	360,940	69,869	360,940	69,869
Net cost/(contribution) of outcome	28,025,989	25,249,963	28,025,989	25,249,963

Outcomes 1 is described in Note 1.1. Net costs shown include intra-government costs that are eliminated in calculating the actual Budget Outcome.

Note 23B: Major Classes of Departmental Income and Expenses by Output Groups and Outputs

Outcome 1	Output Group 1.1		Outcome 1 Total	
	Output 1.1.1			
	2009	2008	2009	2008
	\$	\$	\$	\$
Departmental expenses				
Employee	2,671,721	3,369,836	2,671,721	3,369,836
Suppliers	1,342,320	2,033,495	1,342,320	2,033,495
Depreciation and amortisation	179,951	152,245	179,951	152,245
Finance costs	-	3,046	-	3,046
Write-down and impairment of assets	237,957	-	237,957	-
Losses from asset sales	-	4,889	-	4,889
Total departmental expenses	4,431,949	5,563,511	4,431,949	5,563,511
Funded by:				
Departmental income				
Income from government	3,713,000	3,788,000	3,713,000	3,788,000
Other revenue	465,745	221,697	465,745	221,697
Total departmental income	4,178,745	4,009,697	4,178,745	4,009,697

Outcome 1 is described in Note 1.1. Net costs shown include intra-government costs that are eliminated in calculating the actual Budget outcome.

AUDITED FINANCIAL STATEMENTS

Note 23C: Major Classes of Departmental Assets and Liabilities by Outcomes

	Outcome 1		Total	
	2009	2008	2009	2008
	\$	\$	\$	\$
Departmental assets				
Cash and cash equivalents	68,802	253,550	68,802	253,550
Trade and other receivables	1,238,258	1,208,019	1,238,258	1,208,019
Infrastructure, Property Plant & Equipment	29,612	265,371	29,612	265,371
Intangible assets	29,029	197,521	29,029	197,521
Other non-financial assets	10,154	51,156	10,154	51,156
Total departmental assets	1,375,855	1,975,617	1,375,855	1,975,617
Departmental liabilities				
Trade creditors	44,078	585,900	44,078	585,900
Employee provisions	683,925	657,219	683,925	657,219
Personal benefits payable	43,391	56,360	43,391	56,360
Other provisions	181,531	-	181,531	-
Total departmental liabilities	952,925	1,299,479	952,925	1,299,479

Outcome 1 is described in Note 1.1. Net costs shown include intra-government costs that were eliminated in calculating the actual Budget outcome.

Note 23D: Major Classes of Administered Income, Expenses, Assets and Liabilities by Outcomes

	Outcome 1		Total	
	2009	2008	2009	2008
	\$	\$	\$	\$
Administered revenues				
Other revenues	360,940	69,869	360,940	69,869
Total Administered revenues	360,940	69,869	360,940	69,869
Administered expenses				
Advisory fees	260,866	217,437	260,866	217,437
Suppliers	1,459,693	1,709,835	1,459,693	1,709,835
Grants	22,150,584	17,788,779	22,150,584	17,788,779
Other expenses	83,837	40,270	83,837	40,270
Total Administered expenses	23,954,980	19,756,321	23,954,980	19,756,321
Administered assets				
Cash and cash equivalents	595,631	38,832	595,631	38,832
Trade receivables	958,407	1,320,896	958,407	1,320,896
Total administered assets	1,554,038	1,359,728	1,554,038	1,359,728
Administered liabilities				
Trade creditors	83,548	1,045,037	83,548	1,045,037
Grants	3,256,203	322,163	3,256,203	322,163
Total administered liabilities	3,339,751	1,367,200	3,339,751	1,367,200

Outcome 1 is described in Note 1.1.

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Advertising and market research

During 2008–09 Cancer Australia advertised Request for Tenders through the HMA Blaze Agency. \$9,337 was spent from Administered Funds.

Asset management

Asset management is not a significant part of our strategic business. An asset management plan has been developed to ensure that there are sufficient funds to replace assets that reach the end of their useful lives.

Cancer Australia undertakes two regular stocktakes of fixed and intangible assets each financial year, and these were completed during 2008–09. The location and condition of assets were confirmed. All assets were assessed for impairment at 30 June 2009.

Commonwealth Disability Strategy

Cancer Australia adheres to the existing employment policies of the Department of Health and Ageing, and is compliant with the *Disability Discrimination Act 1992*.

Competitive tendering and contracting

All competitive tendering and contracting contracts let by Cancer Australia during 2008–09 complied with Commonwealth Procurement Guidelines including their listing on AusTender.

Consultancies

Consultants are engaged to provide professional, independent and expert advice or services. Cancer Australia engages consultants by using the methods outlined in the Commonwealth Procurement Guidelines of other goods and services. No new consultancy contracts were entered into during 2008–09. Nine ongoing consultancy contracts were active during the 2008–09 year, involving total actual expenditure of \$7,945.00 from Departmental Funds and \$248,495.57 from Administered Funds.

Information on expenditure on contracts and consultancies is also available on the AusTender website www.tenders.gov.au

Table B.1 Consultancy services let during 2008–09 of \$10 000 or more

Consultant Name	Description	Contract Price	Selection Process ⁽¹⁾	Justification ⁽²⁾
Campbell Research and Consulting	National assessment of Cancer Care Delivery	\$345,818	Open Tender	B
GSB Consulting	Development of Gynaecological Information Resources	\$53,295	Open Tender	B
Royal Australian and New Zealand College of Obstetricians and Gynaecologists	Establishment of a National Coordination, Evaluation & Support Service for the Gynaecological Workforce Project	\$88,000	Direct Source	B
Siggins Miller	To develop the Framework for the Gynaecological Workforce Project	\$317,825	Open Tender	B
WA Cancer & Palliative Care Network	Gynaecological Workforce Project	\$220,000	Direct Source	B
Department of Human Services (VIC)	Gynaecological Workforce Project	\$330,000	Direct Source	B
Cancer Institute of NSW	Gynaecological Workforce Project	\$330,000	Direct Source	B
SA Health	Gynaecological Workforce Project	\$330,000	Direct Source	B
University of Wollongong	Evaluation of the National Centre for Gynaecological Cancers	\$109,407	Open Tender	B
Cancer Council Victoria	Clinical Cancer Core Data Set	\$13,103	Direct Source	B

(1) Explanation of selection process terms drawn from the Commonwealth Procurement Guidelines (December 2008):

Open Tender: A procurement procedure in which a request for tender is published inviting all businesses that satisfy the conditions for participation to submit tenders. Public tenders are generally sought from the Australian Government AusTender internet site.

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Select Tender: A procurement procedure in which the procuring agency selects which potential suppliers are invited to submit tenders. This procurement process may only be used under certain defined circumstances.

Direct Sourcing: A form of restricted tendering, available only under certain defined circumstances, with a single potential supplier or suppliers being invited to bid because of their unique expertise and/or their special ability to supply the goods and/or services sought.

Panel: An arrangement under which a number of suppliers, usually selected through a single procurement process, may each supply property or services to an agency as specified in the panel arrangements. Tenders are sought from suppliers that have pre-qualified on the agency panels to supply the government. This category includes standing offers and supplier panels where the supply of goods and services may be provided for a pre-determined length of time, usually at a pre-arranged price.

(2) Justification for decision to use consultancy:

- A—skills currently unavailable within agency
- B—need for specialised or professional skills
- C—need for independent research or assessment

Discretionary grants

Discretionary grants are payments where the portfolio Minister or paying agency has discretion in determining whether or not a particular applicant receives funding and may or may not impose conditions in return for the grant.

An overview of grants made by Cancer Australia from 1 July 2008, to 31 December 2008, is set out in Table B.2. Further information can be obtained by contacting Cancer Australia.

Table B.2 Discretionary grants made by Cancer Australia, 1 July 2008–31 December 2008

Grant Title	Vendor	Grant Description
Infrastructure Support for Clinical Trials Program	National Breast and Ovarian Cancer Centre	Infrastructure Support for Clinical Trials Program

Grant Programs

Due to a change in nomenclature, the second half of the financial year lists the monies previously covered by 'Discretionary Grants' under 'Grants Programs'. The following Grant Programs were administered by Cancer Australia in the period 1 January 2009–30 June 2009:

- ▶ Cancer Research and Clinical Trials including Boost Cancer Research
- ▶ Cancer Support Networks
- ▶ National Centre for Gynaecological Cancers

Information on grants awarded by Cancer Australia since 1 January 2009, is available at www.canceraustralia.gov.au

Ecologically sustainable development and environmental performance

Section 516A of the *Environment Protection and Biodiversity Conservation Act 1991* requires Australian Government organisations to detail their environmental performance and contribution to ecologically sustainable development in their annual reports.

In 2008–09 Cancer Australia maintained a range of measures that contributed to ecologically sustainable development, including:

- ▶ exclusive use of 'ecologically friendly' printer paper
- ▶ recycling paper, cardboard and printer cartridges
- ▶ setting printers to default to printing on both sides of the paper
- ▶ ensuring equipment such as desktop computers, photocopiers, dishwashers and printers incorporate energy-saving features
- ▶ providing facilities to allow staff to recycle a range of kitchen and general waste.

We will continue to consider ecologically sustainable development as part of our aim for continuous improvement.

Exempt contracts

There were no exempt contracts let by Cancer Australia during 2008–09.

MANDATORY REPORTING INFORMATION

External scrutiny

An evaluation of Cancer Australia was completed in 2008–09 by the Centre for Health Service Development from the University of Wollongong, focusing on whether Cancer Australia had met its responsibilities as identified under the *Cancer Australia Act 2006*, and evaluating the impact Cancer Australia had made in terms of its responsibilities.

No court or tribunal decisions relating to Cancer Australia were handed down during the year. There were no reports by the Auditor-General on the operation of the agency, other than the report on the financial statements at Appendix A.

Freedom of information

Section 8 of the *Freedom of Information Act 1982* (FOI Act) requires government agencies to publish information in an annual report about:

- ▶ functions and decision-making powers that affect the public
- ▶ arrangements for public participation in the formulation of policy
- ▶ the categories of documents that are held by the agency
- ▶ how these documents can be accessed by the public.

Freedom of information statistics 2008–09

During 2008–09, Cancer Australia:

- ▶ received one request for access to documents under the FOI Act
- ▶ received no requests for internal review under the FOI Act
- ▶ was not involved in any Administrative Appeals Tribunal matters in respect of the FOI Act.

Cancer Australia functions and powers

Information about the structure and functions of Cancer Australia can be found in Part 3 of this annual report, while information on our performance of our functions is provided in Parts 1 and 4. Information can also be found on our internet site: www.canceraustralia.gov.au.

The Minister for Health and Ageing and Cancer Australia officers exercise decision-making powers under the *Cancer Australia Act 2006*. In the normal course of our operations as an Australian Government agency, our staff also exercise functions and powers under Acts such as the *Financial Management and Accountability Act 1997* and the *Public Service Act 1999*.

Arrangements for public participation

An Advisory Council has been established to provide advice to the Chief Executive Officer about the performance of Cancer Australia's functions.

We have also established national advisory groups in each of our core administered program areas to provide advice and direction on a range of issues and activities undertaken by Cancer Australia and to recommend strategies and actions to improve cancer control in the areas of:

- ▶ research
- ▶ the National Centre for Gynaecological Cancers
- ▶ consumer interests
- ▶ data
- ▶ education
- ▶ service development.

Cancer Australia has also convened a Strategic Forum, bringing together senior cancer clinicians and senior policymakers from each state and territory and the Australian Government for the first time. The Strategic Forum provides advice on policy development and implementation to advance national cancer control activities in collaboration with the states and territories.

Fifty-two consumers from across Australia with a wide range of cancer experiences participate in our national advisory groups, our project reference and working groups, and in other representative capacities. In 2008–09 Cancer Australia achieved its aim of ensuring that at least two consumers are involved in every national advisory group, and in the Strategic Forum.

Categories of documents

Cancer Australia maintains various forms of records relating to the performance of our functions. Records are retained and are disposed of in accordance with standards and practices approved by the National Archives of Australia under the *Archives Act 1983*. The categories of documents held by Cancer Australia are listed in B.3.

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Table B.3 Documents held by Cancer Australia

Category	Description
Program documents	Cancer Australia holds documents relating to: <ul style="list-style-type: none"> • contracts and tendering processes • dealings with Australian and state and territory government officials, committees and other government agencies • the performance of Cancer Australia's functions under the <i>Cancer Australia Act 2006</i>.
Working files	Cancer Australia holds files including correspondence, analysis and advice by our staff, documents received from third parties and drafts of these and other documents.
Internal administration	Cancer Australia holds personnel records, organisation and staffing records, financial and expenditure records and internal operating documentation such as office procedures and policies.
Documents customarily available free of charge on request	Cancer Australia's annual report and selected other documents relating to our operation are available through our website at www.canceraustralia.gov.au

Advisory Council

Organisation:

Secretariat and administrative support for the Council is provided by Cancer Australia.

The Council usually meets three times each year. Members serve for terms not exceeding three years. Members may be re-appointed on completion of their term.

Powers and Decisions:

Under section 30 of the *Cancer Australia Act 2006*, the Council is an advisory body and has no decision-making power or other powers directly affecting members of the public.

Funding and secretariat services:

Funds for the operation of the Council are provided from funds allocated to Cancer Australia. Major expenditure items consist of members' remuneration and travel allowances to attend Council meetings.

Documents:

The Council does not hold any documents that are open to public access on payment of a fee, or documents that are customarily available free of charge. The annual report of the Council, as part of the Cancer Australia annual report, is tabled in Parliament. The Council secretariat maintains files containing documents about the administration of the Council, papers discussed at its meetings, and correspondence on its activities.

Arrangement for outside participation:

People or bodies outside the Australian Government may participate in the Council's advisory role by making representations to the Chair or any member of the Council.

Procedures and contact details for Cancer Australia and the Advisory Council

Inquiries regarding making a formal request under the FOI Act should be directed in writing to:

FOI Officer
Cancer Australia
PO Box 1201
Dickson, ACT, 2602

Occupational health and safety

In 2008–09 Cancer Australia implemented Health and Safety Management Arrangements in accordance with amendments to the *Occupational Health and Safety Act 1991*. The arrangements provide comprehensive health and safety and consultative processes to ensure we have a safe workplace. There were no reportable occupational health and safety incidents during the year.

MANDATORY REPORTING INFORMATION

Outcome and output

Table B.4 Cancer Australia's Summary Resource Table by Outcome

Outcome 1— National consistency in cancer prevention and care that is scientifically based				
	(1) Budget* 2008–09 \$'000	(2) Actual expenses 2008–09 \$'000	Variation (column 2 minus column 1)	Budget** 2009–10 \$'000
Administered Expenses (including third party outputs)	23,955	23,955	–	23,600
Total Administered Expenses	23,955	23,955	–	23,600
Price of Departmental Outputs				
Output Group 1— Provide National Leadership to Improve Quality and Coordination of Cancer Control in Australia	3,713	4,420	707	3,886
Revenue from Government (Appropriation) for Departmental Outputs	3,713	3,713	–	3,886
Revenue from other Sources	–	454	454	–
Total Price of Outputs	3,713	4,167	454	3,886
TOTAL FOR OUTCOME 1				
(Total Price of Outputs and Administered Expenses)	27,668	28,122	454	27,486
			2008–09	2009–10
			Average Staffing Level	21
				21

* Full-year budget, including additional estimates

** Budget prior to additional estimates

Purchasing

In 2008–09 Cancer Australia has sourced goods and services in accordance with the principles set out in the Commonwealth Procurement Guidelines.

We have developed and implemented a procurement policy and procedure document that reflects the need for compliance with the Commonwealth Procurement Guidelines and focuses on:

- ▶ value for money
- ▶ encouraging competition
- ▶ efficient, effective and ethical use of government resources
- ▶ accountability and transparency
- ▶ compliance with other Australian Government policies.

CANCER AUSTRALIA'S NATIONAL ADVISORY GROUPS

CANCER AUSTRALIA'S NATIONAL ADVISORY GROUPS

Cancer Australia has established National Advisory Groups to provide input to and advice and direction on a range of issues and activities undertaken by Cancer Australia, and to provide support and advice for each of Cancer Australia's administered programs.

Each National Advisory Group comprises experts across all aspects of cancer control, including people personally affected by cancer, health professionals, researchers and policymakers. Members are selected from nominations from a wide range of relevant national groups and organisations to ensure a broad spectrum of expertise and experiences, gender balance and geographic representation across Australia. Two consumer representatives are appointed to each group.

In 2008–09 the groups worked with Cancer Australia to focus on the Australian Government's priorities for cancer control, with many groups showing a particular interest in, and commitment to, working to improve cancer data.

Cancer Australia values the advice and support extended to the organisation by the following National Advisory Groups:

Cancer Australia's Strategic Forum

Cancer Australia's Intergovernmental Strategic Forum brings together senior clinicians, and senior health department cancer officials from each state and territory government and the Australian Government, to support a collaborative framework for provision of advice on national cancer control activities. The forum's members also include two consumer representatives, and a representative from the New Zealand Cancer Control Council. In 2008–09 the Strategic Forum had 27 members.

The inaugural Chair of the Strategic Forum, Mrs Janet McDonald AO, completed her term of appointment in June 2009. Cancer Australia acknowledges with gratitude Mrs McDonald's immense contribution to the work of the forum.

Members are appointed on the basis of the government position or organisational role they hold, and composition of the forum is reviewed on each occasion that a member in a designated position leaves that area of responsibility.

The Cancer Australia Strategic Forum met in October 2008 and June 2009. At the October 2008 meeting, members heard from key speakers and provided advice on improving consistency of, and access to, cancer data, and considered the achievements of the Cancer Australia Cancer Service Networks National Demonstration Program (CanNET) that is aimed at improving the coordination of cancer services. The meeting in June 2009 addressed two issues: CanNET and the Cancer Institute NSW CI-CSaT (eviQ) resource.

National Cancer Data Strategy Advisory Group

The group has provided Cancer Australia and other relevant parties with expert advice regarding the development and implementation of a National Cancer Data Strategy. In 2008–09 the group had 24 members, and was chaired by the CEO of Cancer Australia, Professor David Currow.

Throughout 2008–09 the group has provided expert input into the review of the Cancer (clinical) data set specification and the development of a Biospecimen data set specification for tissue banking.

National Centre for Gynaecological Cancers Advisory Group

The National Centre for Gynaecological Cancers Advisory Group comprises consumers, gynaecological, medical and radiation oncologists, health professionals, researchers, epidemiologists and policy makers.

In this past year the Advisory Group, chaired by Professor Sanchia Aranda, met on two occasions, and made an extensive contribution to the strategic management of the Centre and its individual projects.

At its October 2008 meeting the group considered issues around gynaecological cancers data, and scoping the next stage of the Gynaecological Cancers Workforce Initiative. In March 2009 the group again addressed data and reporting issues, and conducted an extensive focus group discussion on the development of clinical practice guidance material for the management of women with endometrial cancer.

The group has 21 members, who serve terms of three years.

National Consumer Advisory Group

The National Consumer Advisory Group was established to enable people affected by cancer to contribute to Cancer Australia's priority-setting for cancer research and control, service planning and policy development. It also provides expert advice to Cancer Australia on current issues within the Cancer Australia work program which impact on consumers at any point in the cancer continuum, from prevention and early detection to treatment, psychosocial support and policy and quality service development.

The group has 18 members, and in 2008–09 Cancer Australia's CEO, Professor David Currow, was the acting Chair.

CANCER AUSTRALIA'S NATIONAL ADVISORY GROUPS

The group met on two occasions in 2008–09, and matters addressed included extensive investigation into the collection and utilisation of data, a review of cancer support group projects to identify innovative and sustainable strategies, and consideration of methods to improve our consumer engagement, including the adoption of a mentoring system.

Members of the National Consumer Advisory Group serve terms of three years.

National Research Advisory Group

In 2008–09 the National Research Advisory Group, chaired by Dr Nik Zeps, provided ongoing expert advice on current and emerging issues in cancer research and cancer clinical trials.

The group met in September 2008 and June 2009, and has specifically contributed to the research and clinical trials programs by providing advice on the establishment of new Multi-site Collaborative National Cancer Clinical Trials Groups and on the pilot program to expand cancer clinical trials into regional areas.

In 2008–09 the group has again provided extensive guidance to Cancer Australia's national audit of cancer research projects and programs. All aspects of data collection, analysis and report preparation were overseen by an Audit Steering Committee, which was derived from members of the National Research Advisory Group and also included a nominee of the Chairs of the Multi-site Collaborative National Cancer Clinical Trials Groups. The audit report was published on the Cancer Australia website on 25 August 2008.

The National Research Advisory Group provided input into the setting of Cancer Australia's and the National Centre for Gynaecological Cancer's research priorities for the 2009 round of the Priority-driven Collaborative Cancer Research Scheme.

The group has 20 members, who serve terms of three years.

2009 ROUND FUNDING PARTNERS AND RESEARCH PRIORITIES



Australian Government

Cancer Australia

Cancer Australia

Improving outcomes through:

- Prevention of cancer
- Improving screening programs
- Early detection of cancer
- The application of emerging new treatments and/or technologies
- Coordination, integration or delivery of treatment and care using a multidisciplinary approach.

Cancer Australia's research priorities aim to reduce the burden of cancer on all Australians.

Research undertaken should have a specific emphasis on populations with poorer cancer outcomes, such as Aboriginal and Torres Strait Islander peoples and particular consideration will be given to health service and health economic research, and the translation or implementation of research.

Given their burden of disease and mortality across the community, research addressing cancers of the colon and rectum, lung, pancreas, stomach, cancer of unknown primary, and lymphoma are strongly encouraged.



Australian Government

Cancer Australia

Cancer Australia: Boost Cancer Research

- Trials-based research in cancer prevention/screening*
- Trials-based research in treatment, psychosocial care, supportive care, and/or palliative care*

* Trials must be industry-independent cancer clinical trials. Industry-independent clinical trials are defined as investigator-initiated clinical trials where collection, analysis and ownership of data together with dissemination of findings lies within the control of the research collaborative. International collaborative trials are strongly encouraged.

CANCER AUSTRALIA'S PRIORITY DRIVEN COLLABORATIVE CANCER RESEARCH SCHEME
2009 ROUND FUNDING PARTNERS AND RESEARCH PRIORITIES



Australian Government

Cancer Australia
National Centre for
Gynaecological Cancers

Cancer Australia: National Centre for Gynaecological Cancers

- Research into improving quality of life, supportive care, survivorship outcomes and continuity of care for women following treatment for:
 - Cervical cancer;
 - Endometrial cancer; or
 - Other gynaecological cancers.
- Research into changing practice that will reduce the barriers and optimise timely referral for women with suspected ovarian cancer, to multidisciplinary specialist gynaecological oncology care.



beyondblue: the national depression initiative

This research program aims to achieve an improvement in psychosocial care for people with any type of cancer and their families, with a particular focus on improving recognition and treatment of depression and anxiety. Priority will be given to applied research which is practical, has specific endpoints and/or applications and clearly defined pathways to care. This may include:

1. The development, trialling and dissemination of evidence-based, well-evaluated diagnostic and therapeutic recommendations for people with cancer and their families that leads to improved mental health outcomes.
2. Research tailored to the Australian healthcare environment to identify, create and institute improved assessment and robust pathways to care for people with cancer and their families with psychosocial distress that can be broadly applied to a number of settings.
3. Trials of interventions which demonstrate improvement in the mental health of people with cancer and their families and carers in community, hospital and outpatient settings.
4. Other relevant studies which lead to improvement in quality of life for people with depression and cancer.

Research supported by this program must demonstrate a multidisciplinary team approach with collaboration between researchers, consumers, carers, clinicians and stakeholders.



Cancer Council Australia

- Clinical trials* in pancreatic cancer
- To define the impact of treatment-focused genetic testing on treatment choices and outcomes for newly diagnosed women with breast cancer.

* Trials must be industry-independent cancer clinical trials. Industry-independent clinical trials are defined as investigator-initiated clinical trials where collection, analysis and ownership of data together with dissemination of findings lies within the control of the research collaborative. International collaborative trials are strongly encouraged.



CanTeen, Starlight Children's Foundation Australia and *beyondblue*

The development of pathways to care to assess and address the unmet psychosocial needs and psychological distress (depression and anxiety) of 'young people living with cancer' and their parents/carers. The term 'young people living with cancer' refers to 10–25 year olds who have:

- i) cancer,
- ii) a brother or sister with cancer,
- iii) a parent with cancer.



Cure Cancer Australia Foundation

- Project grants in any field of research (including clinical) into malignant disease, that will provide "start up" funding to support post-doctoral researchers with less than 7 years post-doctoral experience at the time of application. This funding cannot be used to provide a salary or other support for a young investigator as part of a larger PdCCRS project grant application.
 - Cure Cancer Australia Foundation wishes to fund innovative, high-achieving, early-career researchers, and will be assessing the Track Record and Publications of the Chief Investigator submitted as part of the NHMRC application process to determine eligibility for these grants.
-

CANCER AUSTRALIA'S PRIORITY DRIVEN COLLABORATIVE CANCER RESEARCH SCHEME
2009 ROUND FUNDING PARTNERS AND RESEARCH PRIORITIES



Leukaemia Foundation

- Innovative approaches to improve outcomes in human lymphoma



Meat and Livestock Australia

- Contribution of diet and lifestyle behaviours to colorectal cancer risk.



National Breast Cancer Foundation

Applicants requesting funding from the NBCF are advised to consider the following NBCF research priorities in their applications:

- The needs of all women, and their families, living with a diagnosis of breast cancer. This also includes underserved populations such as women aged less than 50 years, women over 70 years, Indigenous women and women from culturally and linguistically diverse backgrounds.
- All aspects of advanced breast cancer.
- Translational research, with the potential to deliver outcomes that are clinically relevant or otherwise ready to be implemented to facilitate prevention or to improve the care of those with breast cancer.
- Multidisciplinary research, which encourages research across disciplines and academic boundaries.
- Novel health service delivery.

Particular consideration will be given to projects that are innovative, non-duplicative of other efforts and have the potential for national application.



**Prostate Cancer
Foundation
of Australia**

Prostate Cancer Foundation Australia

- Discovery of the genetic and cellular factors which initiate and/or perpetuate prostate cancer
- Discovery, development and clinical validation of new, non-invasive tests to detect prostate cancer, and/or to determine whether a patient's cancer is surgically curable.
- Discovery, development and clinical validation of new biomarkers that predict the future clinical course of prostate cancer and/or the response to future chemotherapy
- Discovery, development and preclinical and clinical validation of novel molecular targets for chemotherapy of locally-invasive or metastatic prostate cancer, including androgen-independent cancers
- Development of new treatment strategies for prostate cancer, especially locally-invasive or metastatic cancers
- Projects which if successful are likely to provide immediate improvements in the quality of life of patients with prostate cancer



**Australian Government
Department of Health and Ageing**

Radiation Oncology Section of the Department of Health and Ageing

- Clinical research in radiation oncology with a particular focus on health outcomes and cost effectiveness
 - Optimal use of workforce including role definitions and clinical practice guidelines
 - Defining and improving service delivery, communication and pathways for patient access to radiation therapy
 - Evaluation of new treatments and emerging technologies such as the role of IMRT and IGRT in treatment and the role of PET in biological characterisation treatment, monitoring and prognosis.
-

GLOSSARY

Aboriginal	A person of Aboriginal descent who identifies as an Aboriginal and is accepted as such by the community in which he or she lives.
Age standardisation	Adjusting rates to take into account how many old or young people are in the population being studied. When rates are age standardised, differences in the rates over time or between geographical areas do not simply reflect variations in the age distribution of the populations. This is important when looking at cancer because it is a disease that predominantly affects the elderly. So if cancer rates are not age standardised, a higher rate in one country is likely to reflect the fact that it has a greater proportion of older people.
Allied health workers	People trained in occupations that support and supplement the functions of health professionals.
Cancer	A term for diseases in which abnormal cells divide without control. Cancer cells can invade nearby tissues and can spread through the bloodstream and lymphatic system to other parts of the body. There are several main types of cancer. Carcinoma is cancer that begins in the skin or in tissues that line or cover internal organs. Sarcoma is cancer that begins in bone, cartilage, fat, muscle, blood vessels, or other connective or supportive tissue. Leukaemia is cancer that starts in blood-forming tissue such as the bone marrow, and causes large numbers of abnormal blood cells to be produced and enter the bloodstream. Lymphoma and multiple myeloma are cancers that begin in the cells of the immune system.
Consumer	A term that can refer to: people affected by cancer, patients and potential patients; carers; organisations representing cancer consumer interests; members of the public who are targets of cancer promotion programs; and groups affected in a specific way as a result of cancer policy, treatments or services. See also People affected by cancer.
Cancer continuum	The full spectrum of cancer control services from prevention and early detection efforts, through diagnosis and treatment, to rehabilitation and support services for people living with cancer and/or palliative care.

Cancer control	All actions that reduce the burden of cancer in the community. It includes every aspect of care, from prevention and early detection to curative treatment and palliative care, all underpinned by the best scientific evidence available.
Cancer control audit	Reviewing existing information about cancer control efforts in Australia.
Cancer journey	An individual's experience of cancer, from detection and screening, diagnosis and treatment, to relapse, recovery and/or palliative care.
Cancer of unknown primary origin	A case in which cancer cells are found in the body, but the place where the cells first started growing (the origin or primary site) cannot be determined.
Chemotherapy	The use of medications (drugs) to kill cancer cells, or to prevent or slow their growth.
Clinical trial	Research conducted with the patient's permission, which usually involves a comparison of two or more treatments or diagnostic methods. The aim is to gain better understanding of the underlying disease process and/or methods to treat it. A clinical trial is conducted with rigorous scientific method for determining the effectiveness of a proposed treatment.
Colorectal cancer	Cancer of the colon (the lower part of the intestine, usually 1.5 to 2 metres) or of the rectum.
Delphi Process	The Delphi Process is a systematic, interactive and iterative method of consultation which relies on the participation of independent experts, selected through a process of nomination over multiple rounds. The experts are asked to provide feedback which informs future decision-making processes.
Epidemiology	The study of the patterns and causes of health and disease in populations, and the application of this study to improve health.
Gynaecological cancers	Cancers of the female reproductive tract, including cancers of the uterus, ovary, cervix, vagina, vulva, placenta and fallopian tubes.
Health outcome	A health-related change due to a preventive or clinical intervention or service. The intervention may be single or multiple, and the outcome may relate to a person, group or population, or be partly or wholly due to the intervention.

GLOSSARY

Incidence	The number of new cases of a disease diagnosed each year.
Indigenous	A person of Aboriginal or Torres Strait Islander descent who identifies as such and is accepted as such by the community with which he or she is associated.
Lymphoma	A cancer of the lymph nodes. Lymphomas are divided into two broad types, Hodgkin's disease lymphomas and non-Hodgkin's lymphomas.
Medical oncologist	A doctor who specialises in diagnosing and treating cancer using chemotherapy, hormonal therapy, and biological therapy. A medical oncologist often is the main health care provider for someone who has cancer. A medical oncologist also gives supportive care and may coordinate treatment given by other specialists.
Melanoma	A cancer of the body's cells that contain pigment (melanin), mainly affecting the skin.
Mortality	The death rate, or the number of deaths in a certain group of people in a certain period of time. Mortality may be reported for people who have a certain disease, live in one area of the country, or who are of a certain sex, age, or ethnic group.
Multidisciplinary care	An integrated team approach to cancer care. This happens when medical, nursing and allied health professionals involved in a patient's treatment together consider all treatment options, and personal preferences of the patient, and collaboratively develop an individual care plan that best meets the needs of that patient.
Multi-site Collaborative National Cancer Clinical Trials Groups	Networks of institutions and researchers who conduct studies jointly, using identical protocols and pooling their data.
Non-melanoma skin cancer	All skin cancer excluding melanoma.
Palliative care	An approach that improves the quality of life of patients and their families facing problems associated with a life-threatening illness. Prevention and relief of suffering is provided through early identification and impeccable assessment and treatment of pain, and other problems including physical, psychosocial and spiritual concerns.

Parliamentary processes	Processes that involve the exchange of information between Cancer Australia, the Department of Health and Ageing and the Minister for Health and Ageing. This information may be in many forms, including minutes to the Minister, question time briefs, departmental briefs and senate estimates documents.
People affected by cancer	People who have had a personal experience of cancer, including patients, people living with cancer, cancer survivors, caregivers and family members.
Policy	A plan or course of action intended to influence and determine decisions, actions and other matters.
Prevalence	The number or proportion (of cases, instances, etc) present in a population at a given time.
Prevention	Action to reduce or eliminate the onset, causes, complications or recurrence of disease or ill health.
Primary care	First level of health care, outside of hospitals. For example, a general practitioner is a primary health care practitioner.
Prostate cancer	Cancer of the prostate, the male organ that sits next to the urinary bladder and contributes to semen (sperm fluid) production.
Psycho-oncology	Concerned with the psychological, social, behavioural, and ethical aspects of cancer. This subspecialty addresses the two major psychological dimensions of cancer: the psychological responses of patients to cancer at all stages of the disease and that of their families and caretakers; and the psychological, behavioural and social factors that may influence the disease process.
Psychosocial	Treatment that is intended to address psychological, social and some spiritual needs
Quality of life	An individual's overall appraisal of their situation and subjective sense of wellbeing. Quality of life encompasses symptoms of disease and side effects of treatment, functional capacity, social interactions and relationships, and occupational functioning. Key psychological aspects include subjective distress, satisfaction with treatment, existential issues, and the impact of illness and treatment on sexuality and body image.

GLOSSARY

Radiotherapy or radiation oncology	The use of radiation, usually x-rays or gamma rays, to kill tumour cells.
Screening	The presumptive identification of unrecognised disease or defects by means of tests, examinations, or other procedures. In Australia organised screening programs must adhere to the Australian Health Ministers' Advisory Council's Population Based Screening Framework available at www.cancerscreening.gov.au
Staging	Conventionally refers to the allocation of categories (0, I, II, III, IV) to groupings of tumours defined by internationally agreed criteria. Frequently these are based on the tumour, the nodes and the metastases. Staging may be based on clinical or pathological features.
Support networks	People on whom an individual can rely for the provision of emotional caring and concern, and reinforcement of a sense of personal worth and value. Other components of support may include provision of practical or material aid, information, guidance, feedback and validation of the individual's stressful experiences and coping choices.
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.
Tumour	An abnormal growth of tissue. It may be localised (benign) or invade adjacent tissues (malignant) or distant tissues (metastatic).

ABBREVIATIONS

ABBREVIATION Definition

CanNET Cancer Service Networks National Demonstration program

CEO Chief Executive Officer

COSA Clinical Oncology Society of Australia

CPD Continuing Professional Development project

CI-SCaT Cancer Institute of New South Wales' Standard Cancer Treatment Protocols

EdCaN National Cancer Nursing Education project

EPICC Education Program in Cancer Care

eviQ Renamed CI-SCaT website

FOI Act *Freedom of Information Act 1982*

IT information technology

JCPAA Joint Committee of Public Accounts and Audit

NBOCC National Breast and Ovarian Cancer Centre

NCGC National Centre for Gynaecological Cancers

NHMRC National Health and Medical Research Council

NICS National Institute of Clinical Studies

PdCCRS Priority-driven Collaborative Cancer Research Scheme

OPME University of Sydney's Office for Post Graduate Medical Education

RANZCOG Royal Australian and New Zealand College of Obstetricians and Gynaecologists

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