

## Chapter 2

### Annual Reports of Commonwealth Authorities, Companies and Agencies

2.1 For the financial year 2012–13, the following annual reports were referred to the committee for examination and report during the period 1 November 2013 to 30 April 2014:

#### **Social Services Portfolio**

- Australian Institute of Family Studies; and
- Social Security Appeals Tribunal.

#### **Health Portfolio**

- Australian Sports Anti-Doping Authority;
- Food Standards Australia New Zealand;
- General Practice Education and Training Limited;
- National Health and Medical Research Council; and
- Private Health Insurance Administration Council.

2.2 The committee has reviewed and provides comments on these portfolio annual reports.

#### **Social Services Portfolio**

##### *Australian Institute of Family Studies*

2.3 The annual report was tabled on 3 December 2013.<sup>1</sup>

2.4 The Australian Institute of Family Studies (AIFS) is a Melbourne-based statutory agency of the Australian Government, established in February 1980 under the Australian *Family Law Act 1975*. The Institute undertakes research in the area of family well-being with the objective of increasing understanding of the factors that affect how families function. The Institute's work provides an evidence base for the development of policy and practice related to family well-being.<sup>2</sup>

2.5 The committee is pleased that AIFS met or exceeded all of its seven key performance indicators.<sup>3</sup> In 2012–13, AIFS exceeded its target for publications downloaded by over 50%, demonstrating that the AIFS research outcomes are relevant and accessible.<sup>4</sup>

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1 *Journals of the Senate*, No. 5—3 December 2013, p. 203.

2 Australian Institute of Family Studies, *Annual Report 2012–13*, p. 12; Australian Institute of Family Studies, <http://www.aifs.gov.au/institute/aifs/aboutaifs.html>, accessed 18 July 2014.

3 Australian Institute of Family Studies, *Annual Report 2012–13*, p. 18.

4 Australian Institute of Family Studies, *Annual Report 2012–13*, p. 19.

2.6 During 2012–13, the AIFS own-source revenue increased from \$6.02 million to \$9.74 million with a commensurate increase in expenses. Revenue from Government declined slightly with the AIFS registering a slightly smaller year-on-year deficit of \$232,799. The committee is pleased that the AIFS has increased its revenue base.

2.7 The committee considers the annual report of the AIFS to be 'apparently satisfactory.'

### ***Social Security Appeals Tribunal***

2.8 The annual report was tabled in the Senate on 12 December 2013.<sup>5</sup>

2.9 The Social Security Appeals Tribunal (SSAT) reported on a 12% increase in decisions reviewed, increasing from 12,949 to 14,538 year-on-year. Applications to the Administrative Appeals Tribunal (AAT) increased by 30% due to statutory amendments relating to the disability support pension. The AAT affirmed 80% of the SSAT decisions referred to them, an increase from 75% in the 2011–12 period. The SSAT identified only 9 cases where the AAT adopted a different interpretation of the law to the SSAT.<sup>6</sup>

2.10 The committee notes that as the SSAT is not a prescribed agency under the *Financial Management and Accountability Act 1997*, it is not bound by the requirements for annual reports. However, the committee commends the SSAT for adopting most of these requirements in its 2012–13 report.

### **Health Portfolio**

#### ***Australian Sports Anti-Doping Authority***

2.11 The committee acknowledges that the Australian Sports and Anti-Doping Authority (ASADA) provided notification that their report would be delayed.<sup>7</sup> On 24 October 2013, the ASADA wrote to the Minister for Sport requesting an extension until 22 November 2013. The Minister granted the extension and the report was tabled in the Senate on 3 December 2013.<sup>8</sup>

2.12 The report noted the ASADA's investigative response to the Australian Crime Commission's Operation Aperio. This on-going, complex and wide-ranging investigation has reviewed more than 50,000 documents and interviewed more than 150 athletes and support people. Another major investigation into Australian cycling and allegations of doping is also on-going.<sup>9</sup>

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5 *Journals of the Senate*, No. 11—12 December 2013, p. 389.

6 Social Security Appeals Tribunal, *Annual Report 2012–13*, p. 1.

7 Senate Community Affairs Legislation Committee, *Report on Annual Reports (No. 1 of 2014)*, March 2014, p. 5.

8 *Journals of the Senate*, No. 5—3 December 2013, p. 203

9 Australian Sports Anti-Doping Authority, *Annual Report 2012–13*, pp 10–11.

2.13 The committee commends the ASADA on a well-presented and comprehensive report. Although the ASADA has outlined its customer service charter, future annual reports would benefit from the inclusion of performance statistics related to this charter.<sup>10</sup> The committee considers that further to comments made in its October 2013 report, an expanded compliance index and inclusion of exemptions to reporting requirements would improve the ASADA's Annual Report.<sup>11</sup>

#### ***Food Standards Australia New Zealand***

2.14 The committee acknowledges that Food Standards Australia New Zealand (FSANZ) provided notification that their report would be delayed.<sup>12</sup> On 28 October 2013, FSANZ wrote to the Assistant Minister for Health advising that they would be unable to provide the responsible Minister with a copy of the report before 15 October 2013, as outlined in Section 9 of the *Commonwealth Authorities and Companies Act 1997*. The Minister granted the extension and the report was tabled in the Senate on 3 December 2013.<sup>13</sup>

2.15 The authority collaborated with the Australian Bureau of Statistics to prepare a nutrient database for the Australian Health Survey 2011–13.<sup>14</sup> A range of emerging issues and projects currently being progressed include anti-microbial resistance, food packaging, nanotechnology, genetically modified foods, and improved frameworks to better anticipate emerging food safety issues.<sup>15</sup>

2.16 The committee considers the annual report of FSANZ to be 'apparently satisfactory'.

#### ***General Practice Education and Training Limited***

2.17 The annual report was tabled in the Senate on 3 December 2014.<sup>16</sup>

2.18 General Practice Education and Training Limited (GPET) is an Australian Government company that manages three general practice medical training programs. These are the Australian General Practice Training Program (AGPT), the Prevocational General Practice Placements Program (PGPPP), and the Overseas-Trained Doctor National Education and Training (OTDNET).<sup>17</sup>

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10 Australian Sports Anti-Doping Authority, *Annual Report 2012–13*, p. 62.

11 Senate Community Affairs Legislation Committee, *Report on Annual Reports (No. 2 of 2013)*, October 2013, p. 12.

12 Senate Community Affairs Legislation Committee, *Report on Annual Reports (No. 1 of 2014)*, March 2014, p. 5.

13 *Journals of the Senate*, No. 5—3 December 2013, p. 203

14 Food Standards Australia New Zealand, *Annual Report 2012–13*, p. 13.

15 Food Standards Australia New Zealand, *Annual Report 2012–13*, pp 94–95.

16 *Journals of the Senate*, No. 5—3 December 2013, p. 203

17 General Practice Education and Training Limited, <http://www.gpet.com.au/About-Us/About-Us>, accessed 17 July 2014.

2.19 GPET has been successful in expanding a number of these programs in accordance with Australian Government policy. There was an increase of over 200 places or 30% year-on-year within the PGPPP with the AGPT also expanding 'the number of training places from 600 per annum in 2008 to 1 200 by 2014'.<sup>18</sup> The number of Aboriginal and Torres Strait Islander GP Registrars has increased through the AGPT from 6 in 2004 to 39 in 2012.<sup>19</sup> High satisfaction rates (>83%) were recorded by AGPT participants.<sup>20</sup>

2.20 Further to comments in the *Report on Annual Reports (No. 2 of 2013)*, the committee reiterates a number of suggested changes that will assist the committee in its examination of future annual reports.<sup>21</sup> The committee suggests that GPET consider the addition of the following in future annual reports:

- a letter of transmittal;
- compliance index (required);<sup>22</sup>
- glossary index;
- contact officer (position and/or name);
- agency overview;
- human resources data including staffing profile, collective agreement and performance pay; and
- director indemnity information (required).<sup>23</sup>

2.21 Notwithstanding the above issues, the committee commends GPET on its financial statements<sup>24</sup> which are clearly set out and consistent with other Commonwealth company annual reports. The key results area (KRA) information<sup>25</sup> effectively conveys GPET's achievements against quantifiable objectives and KRAs.

### ***National Health and Medical Research Council***

2.22 The annual report was tabled in the Senate on 12 November 2013.<sup>26</sup>

2.23 The committee welcomes the Hon. Justice Annabelle Bennett AO as the new Chair of the National Health and Medical Research Council (NHMRC) Council.<sup>27</sup>

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18 General Practice Education and Training Limited, *Annual Report 2012–13*, p. 4.

19 General Practice Education and Training Limited, *Annual Report 2012–13*, p. 9.

20 General Practice Education and Training Limited, *Annual Report 2012–13*, p. 39.

21 Senate Community Affairs Legislation Committee, *Report on Annual Reports (No. 2 of 2013)*, October 2013, p. 12.

22 *Commonwealth Authorities (Annual Reporting) Orders 2011*, s. 21.

23 *Commonwealth Authorities (Annual Reporting) Orders 2011*, s. 19.

24 General Practice Education and Training Limited, *Annual Report 2012–13*, pp 48–80.

25 General Practice Education and Training Limited, *Annual Report 2012–13*, pp 18–40.

26 *Journals of the Senate*, No. 1—12 November 2013, p. 33.

27 National Health and Medical Research Council (NHMRC), *Annual Report 2012–13*, p. 2.

During 2012–13, NHMRC launched the Research Translation Faculty to assist in converting research into applied outcomes. This is consistent with the NHMRC *Strategic Plan 2013–2015*, where the NHMRC committed to 'help bridge the gap between the knowledge created through research and the translation of that knowledge into practice'.<sup>28</sup>

2.24 The committee is pleased with the report on activities within the Annual Report. This section describes a wide range of different research activities in a concise and accessible manner.<sup>29</sup> The 'Ten of the Best Research Projects 2012' is also useful in highlighting successful research outcomes including new methodologies for identifying childhood allergies and manipulation of the genetic pathway that causes skin cancer.<sup>30</sup>

2.25 Overall, this report is quite comprehensive and meets most requirements. However, the report does not provide a contact officer to whom enquiries can be addressed for further information. This is a mandatory requirement<sup>31</sup> that will assist in improved public accessibility.

### ***Private Health Insurance Administration Council***

2.26 The annual report was tabled in the Senate on 12 November 2013.<sup>32</sup>

2.27 During 2012–13, the Private Health Insurance Administration Council (PHIAC) achieved or exceeded its deliverables as determined in the *Portfolio Budget Statements*.<sup>33</sup> The committee notes PHIAC's new lead role in advising the Minister on the annual review of private health insurance premiums and commends PHIAC for creating a more streamlined and transparent approach.<sup>34</sup>

2.28 The committee considers the annual report of PHIAC to be 'apparently satisfactory'.

## **Senator Zed Seselja**

### **Chair**

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28 National Health and Medical Research Council (NHMRC), *Annual Report 2012–13*, pp 60–61.

29 National Health and Medical Research Council (NHMRC), *Annual Report 2012–13*, pp 36–43.

30 National Health and Medical Research Council (NHMRC), *Annual Report 2012–13*, pp 44–47.

31 Australian Government Department of Prime Minister and Cabinet, *Requirements for Annual Reports for Departments, Executive Agencies, and FMA Act Bodies*, 29 May 2014, p. 18, [http://www.dpmc.gov.au/guidelines/docs/annual\\_report\\_requirements\\_2013-14.pdf](http://www.dpmc.gov.au/guidelines/docs/annual_report_requirements_2013-14.pdf), accessed 18 July 2014.

32 *Journals of the Senate*, No. 1—12 November 2013, p. 34.

33 Private Health Insurance Administration Council, *Annual Report 2012–13*, pp 7–9.

34 Private Health Insurance Administration Council, *Annual Report 2012–13*, p. 2.

