

Independent Review of Cancer Australia

Final Review Report

12 September 2025



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RELEASE NOTICE

Ernst & Young ("EY") was engaged on the instructions of the Department of Health, Disability and Ageing ("Client") to undertake the Independent Review of Cancer Australia ("Project"), in accordance with the engagement agreement dated 17 April 2025 ("the Engagement Agreement").

The results of EY's work, including the assumptions and qualifications made in preparing the report, are set out in EY's report dated 12 September 2025 ("Report"). You should read the Report in its entirety including any disclaimers and attachments. A reference to the Report includes any part of the Report. No further work has been undertaken by EY since the date of the Report to update it.

Ernst & Young's liability is limited by a scheme approved under Professional Standards Legislation.

1. Executive Summary

Cancer Australia is a non-corporate Commonwealth entity established under the *Cancer Australia Act 2006*. It provides national leadership in cancer control, develops and promotes evidence-based cancer care, oversees targeted cancer research investment and national data capability, and supports consumers and health professionals through the provision of information and resources. As a statutory agency within the Health, Disability and Ageing portfolio, Cancer Australia operates within the framework of the Commonwealth Governance Structures Policy under the *Public Governance, Performance and Accountability Act 2013* (PGPA Act).

EY was engaged by the Department of Health, Disability and Ageing (the Department) to undertake an independent review of Cancer Australia in line with the Policy. This is the first independent review of Cancer Australia under the Policy since its establishment, though the agency has undergone prior reviews including one conducted prior to its amalgamation with the National Breast and Ovarian Cancer Centre in 2011, and another completed by the National Commission of Audit in 2014.

The scope of the independent review is to:

- Review Cancer Australia's purpose, performance and governance, including:
 - Assess whether Cancer Australia is achieving its original statutory functions and whether those functions remain relevant.
 - Assess whether Cancer Australia's governance structures, reporting responsibilities and performance align with the guiding principles of the Commonwealth Governance Structures Policy and the Department of Finance's *Governance Assessment Template - Reviewing an Existing Body*. This includes a review the effectiveness of the Memorandum of Understanding (MoU) between Cancer Australia and the Department.
- Review Cancer Australia's organisational capability, capacity and culture, to deliver on its statutory functions and evolving priorities as the national agency for cancer control, and as a statutory non-corporate Commonwealth agency.
- Review Cancer Australia's financial performance and position to deliver on its statutory functions and evolving priorities.

This Report provides our recommended opportunities to enhance the effectiveness of Cancer Australia, and sets out detailed findings of the Review which support our recommended opportunities.

1.1 Purpose, Governance, Roles and Responsibilities, and Performance

Cancer Australia is achieving the intent of its statutory functions which remain highly relevant to the current and future needs of the national cancer control system. In accordance with the *Cancer Australia Act 2006*, the agency's mandate 'to provide leadership in cancer control, guide scientific improvements, coordinate across the sector, advise Australian Government on policy, and oversee research investment', aligns with core system requirements.

Cancer Australia is highly regarded for its leadership, technical expertise, coordination role and evidence-based policy advice. However, the cancer control context has evolved considerably since 2006. While the statutory functions remain relevant in principle, they require clearer operationalisation to reflect Cancer Australia's contemporary role within Australian Government and as lead steward for delivery of the Australian Cancer Plan.

Cancer Australia's governance arrangements are consistent with the expectations of the Commonwealth Governance Structures Policy. It has a clearly defined accountable authority (CEO), is supported by a statutory Advisory Council, and complies with its planning and reporting obligations under the PGPA Act.

The Statement of Expectations (SoE) and Statement of Intent (SoI) which were last issued to Cancer Australia in 2020 should be refreshed to reflect Cancer Australia's evolving role and functions and ensure decision-rights and reporting remain appropriate in a more complex delivery context. The Terms of Reference for the Cancer Australia Advisory Council will also need to be established.

This section seeks to respond to the core guiding principles of the Review:

Is the role and intent of Cancer Australia clearly defined and understood?

Cancer Australia's statutory purpose and role are clearly defined in legislation and articulated through supporting artefacts (the Act, SoE and Sol). However, since these artefacts were last updated, Cancer Australia's role has continued to evolve – particularly through its leadership of the Australian Cancer Plan. Stakeholders reported some variability in how Cancer Australia's current remit and operating boundaries (particularly relative to the Department, its work in the Medical Research Future Fund (MRFF), National Health and Medical Research Council (NHMRC), and Australian Institute of Health and Welfare (AIHW)) are interpreted. Given the extent of time that has passed since the SoE and Sol were issued to Cancer Australia, these documents should be updated as a matter of priority.

Is Cancer Australia effectively delivering on its purpose and objectives?

Cancer Australia provides well-regarded leadership, delivers clinical and policy guidance, engages stakeholders extensively, and is viewed by the sector as a trusted national coordinator. These contributions align with its stated purpose of minimising the impact of cancer and addressing disparities. At present, performance reporting remains largely activity-oriented, meaning achievements are not always linked explicitly to measurable improvements in outcomes, and its contributions and overarching objectives can be difficult to define. Strengthening high-level outcome-based performance measures and introducing more structured evaluation mechanisms would further demonstrate delivery of purpose and value to stakeholders.

Does Cancer Australia's work minimise the role of government?

As a Commonwealth agency, Cancer Australia provides specialist clinical and policy advice to the Australian Government, reducing the need to source cancer specific technical expertise to inform policy development and commissioning activity within the Department. By acting as an intermediary and trusted expert body, it supports progress while allowing the Australian Government, via the Department, to retain a strategic stewardship role. Ongoing clarity of complementary roles between Cancer Australia, the Department and other Commonwealth entities (NHMRC, AIHW) will be important to ensure efficient use of resources and avoid function overlap. A revised SoE should provide clarity on expectations for Cancer Australia within a complex operating system, supported by a strategic forum for engagement and collaboration between Cancer Australia and the Department.

How does Cancer Australia's role maximise efficiency by using existing structures?

Cancer Australia works with and through, rather than duplicating, jurisdictional health systems, clinical networks, community-funded organisations and other Commonwealth entities. This model is consistent with efficient use of existing infrastructure and expertise. Improving governance, like updating key documents, holding joint planning sessions with the Department, and enabling local delivery pathways under the Australian Cancer Plan, would help make partnerships more effective and ensure efficient delivery across the system. Cancer Australia obtains corporate operations support from the Department through a shared services arrangement for parliamentary services and the protected IT network. Other corporate services, such as HR, other IT and finance are provided in-house. This is consistent with similar agencies.

Is Cancer Australia accountable to Parliament and the public?

Cancer Australia is an independent statutory agency that reports directly to the Minister and can be called to report on, respond to, provide submissions to, and appear before the Parliament for relevant issues. Cancer Australia meets legislative requirements for public accountability through its Annual Report, Annual Performance Statements and Corporate Plan. Cancer Australia is also subject to ongoing ministerial direction as determined by the *Cancer Australia Act 2006* and the SoE. Published reporting is of high quality, though predominantly focused on processes and outputs. Stakeholders consulted in the review sought more visibility on Australia Cancer Plan implementation and its impact, acknowledging it is two years into a 10-year implementation cycle. Enhancing performance reporting to focus on outcomes, updating the SoE and Sol, and sharing progress on the Australian Cancer Plan will contribute to accountability and transparency to Parliament and the public.

1.2 Organisational Performance

Cancer Australia's organisational structure and workforce model reflect its technical and policy leadership in cancer control. Recent improvements in leadership, efficiency, and culture are evident in the 2025 APS Census results. The review did not identify any areas of notable inefficiency or cultural challenges, though there are opportunities to strengthen strategic workforce planning.

1.3 Financial Performance

The delivery of Cancer Australia's statutory mandate relies on the efficient and sustainable use of the entity's funding envelope within the constraints of its distinct funding streams. Cancer Australia's financial performance from FY21 to FY25 reflects strong institutional stability despite increasing strategic responsibilities and operational complexities. Maintaining an adaptive financial strategy and ongoing support for Cancer Australia's internal delivery capability will assist in navigating interdependencies among Australian Government priorities, workforce sustainability, and delivery pressures in fulfilling its statutory functions.

1.4 Summary of Consolidated Opportunities for Consideration

Based on the findings of this Review, several opportunities have been identified to support Cancer Australia's continued effectiveness and ensure it remains fit-for-purpose to deliver on emerging national cancer control priorities, including implementation of the Australian Cancer Plan (Table 1).

Table 1: Summary of opportunities

Opportunity
Section 3.1 Purpose, statutory functions and governance Opportunity 1: Update the Statement of Expectations and Statement of Intent to reflect Cancer Australia's contemporary leadership role: A Statement of Expectations has not been issued since 2020 and does not reflect Cancer Australia's strategic role in delivering the Australian Cancer Plan. Updating and publicly releasing the Statement of Expectations and Statement of Intent, as a priority, would better align its statutory mandate to current national cancer control priorities and clarify stewardship expectations.
Opportunity 2: Establish Terms of Reference for the Cancer Australia Advisory Council as a priority: While the role of the Advisory Council is outlined in the <i>Cancer Australia Act 2006</i> , there are currently no formal Terms of Reference in place.
Section 3.2 Roles and responsibilities Opportunity 3: Establish a joint Cancer Australia-Department Strategic Forum to facilitate engagement, knowledge sharing and collaboration: This should include members from relevant areas within the Department and Cancer Australia, with the aim to support alignment and oversight of cancer control activities, including delivery on the Australian Cancer Plan. This could be formed through a Terms of Reference that outlines roles and responsibilities, methods of engagement, and ways of working.
Section 3.3 Planning and performance Opportunity 4: Improve reporting of performance against the Corporate Plan: Cancer Australia report their performance annually in line with PGPA requirements. The "tick-box" approach used to report progress doesn't explain what was achieved, how well, or how it links back to objectives. Cancer Australia should adopt a structured reporting approach that replaces the 'ticks' with progress status, narrative evidence, alignment to statutory functions, and selected quality/reach indicators. This will increase transparency and increase the relevance of the Corporate Plan and Annual Report. The opportunities for Cancer Australia are: a) Strengthen Outcomes Orientation: Current measures are largely activity-based (e.g., "engage with stakeholders") rather than outcome-focused. This limits the ability to measure effectiveness which supports meeting PGPA Rule s16EA. Introducing outcome-based indicators would demonstrate impact more clearly. For example: <i>"Percentage of Australia Cancer Plan 2-year actions implemented with evidence of impact (Baseline: 0%; Target: 70% by 2026)."</i> b) Include Baselines and Targets: Performance tables currently use checkmarks rather than quantified targets, which may not fully comply with the PGPA Rule s16E and s16EA requirements

for measurable performance information. Adding baselines and annual targets would improve transparency and enable progress tracking over time.

- c) **Embed Equity Measures:** While the narrative highlights equity, performance measures do not consistently include disaggregation by First Nations status, remoteness, or socioeconomic factors. Including equity-focused indicators would align with Australian Cancer Plan objectives and strengthen relevance under the PGPA framework.
- d) **Build internal capability and impact tracking:** Strengthen Cancer Australia's staffing and operational capacity (including benefits realisation and evaluation) and implement a method to track Cancer Australia's impact over time, including the contribution of Expert Advisory Groups (EAGs).

Section 3.4 Australian Cancer Plan

Opportunity 5: Strengthen Australian Cancer Plan delivery and reporting: Cancer Australia will lead a coordinated effort with the Department of Health, Disability and Ageing, jurisdictions, research institutions, and community organisations to clarify implementation roles and strengthen the enabling architecture essential for the effective delivery of the Australian Cancer Plan. This commitment reflects Cancer Australia's role as a system steward and strategic partner in driving national cancer reform. Cancer Australia could use the reporting milestones laid out in the Monitoring and Evaluation Framework (2-, 5- and 10-years) to assess role clarity, governance effectiveness, and implementation progress—ensuring that delivery remains responsive, accountable, and aligned with national priorities. The opportunities for Cancer Australia are:

- a) **Clarify roles and responsibilities:** Update the Australian Cancer Plan Implementation Plan to delineate delivery accountabilities across Cancer Australia, the Department, NHMRC, MRFF, AIHW and Genomics Australia.
- b) **Support jurisdictions:** Where needed, support jurisdictions, particularly those without localised cancer plans, with relevant technical advice to drive Australian Cancer Plan implementation.
- c) **Research strategy:** Collaborate with NHMRC/MRFF to align cancer research with the Australian Cancer Plan and national research priorities.
- d) **Workforce planning:** Work with the Department on a national cancer workforce plan, addressing gaps in genomics, digital health, rural/remote, and Aboriginal health workforce.
- e) **Consumer and equity partnerships:** Formalise partnerships with priority population organisations, e.g., CALD organisations, to support co-design and trusted dissemination.
- f) **Annual Australian Cancer Plan report:** Publish a short public-facing Australian Cancer Plan delivery report or dashboard, highlighting milestones, barriers, and contributions.
- g) **Link to indicators:** Over time, as national data improves, include progress against short-, medium- and longer-term outcomes including population-level indicators (e.g., survival, incidence, mortality, equity gaps). We acknowledge that Cancer Australia will need to work closely with other stakeholders, including the AIHW, to determine and publish these indicators where beneficial.

Section 4.1 Organisational performance

Opportunity 6: Continue to prioritise internal capability building: In line with clinical, technical and Australian Government skills required by Cancer Australia, develop a strategic workforce plan to guide transparent decision-making on staff resourcing. This is a medium to long term priority for Cancer Australia, reflecting prioritisation of initiatives and internal capacity.

Section 5 Financial performance

Opportunity 7: Strengthen financial sustainability, flexibility, and alignment to Australian Cancer Plan delivery: Cancer Australia's capacity to deliver the Australian Cancer Plan depends on funding arrangements that are stable, adaptable, and aligned to objectives. Cancer Australia should continue to closely align funding streams with Australian Cancer Plan priorities, strengthen variance monitoring, review ongoing expenditure, and embed continuous financial improvement, in line with PGPA and Australian Government expectations. The opportunities for Cancer Australia are:

- a) **Align funding streams to Australian Cancer Plan objectives:** Establish a framework to link appropriations, MoU funding, and other project funding directly to Australian Cancer Plan priorities such as prevention, equity, research, and system integration, and maintain a structured account mapping process to enhance transparency and reporting.
- b) **Enhance variance monitoring:** Strengthen rolling variance monitoring across all funding streams, supported by predictive analysis and early-warning mechanisms. Ongoing monitoring and refinement of resource allocation processes can build organisational resilience, mitigate year-end fluctuations, and increase the reliability of Portfolio Budget Statements while supporting predictable delivery of Australian Cancer Plan objectives.
- c) **Continue to review contractor and travel expenditure for efficiency:** Establish clear categorisation of contractor engagements, distinguishing between specialist project expertise and operational functions, and mandate knowledge-transfer mechanisms to minimise reliance on external providers for continuing activities, where Cancer Australia consider this knowledge transfer appropriate. Apply structured assessment of travel expenditure, with tracking of travel purposes such as stakeholder engagement, program delivery, or governance, to confirm that activities remain efficient, proportionate, and aligned with Australian Cancer Plan objectives.
- d) **Embed assurance and continuous improvement:** Consolidate recent financial management reforms, including the adoption of Cancer Australia Research Initiative (CARI), streamlined acquittal processes, and risk-based assurance approaches to continue to enhance financial stewardship, reduce administrative burden and meet PGPA and government expectations.

2. Background and methodology

2.1 Background

Cancer Australia is a non-corporate Commonwealth Entity established under the *Cancer Australia Act 2006*.

Cancer Australia plays a critical role in four key areas:

1. Providing national leadership in cancer control
2. Developing and promoting evidence-based best practice cancer care
3. Funding cancer research and drive efforts to strengthen national data capacity in consultation with relevant agencies
4. Providing consumers and health professionals with cancer information and resources.

As a statutory agency within the Australian Government's Health, Disability and Ageing portfolio, Cancer Australia is subject to periodic review against the core principles and requirements of the Commonwealth Governance Structures Policy. This is the first review under the Policy of Cancer Australia since its establishment.

2.2 Context

EY was engaged by the Department of Health, Disability and Ageing (the Department) to undertake an independent review of Cancer Australia, in line with the Commonwealth Governance Structures Policy. The scope of this Review was to:

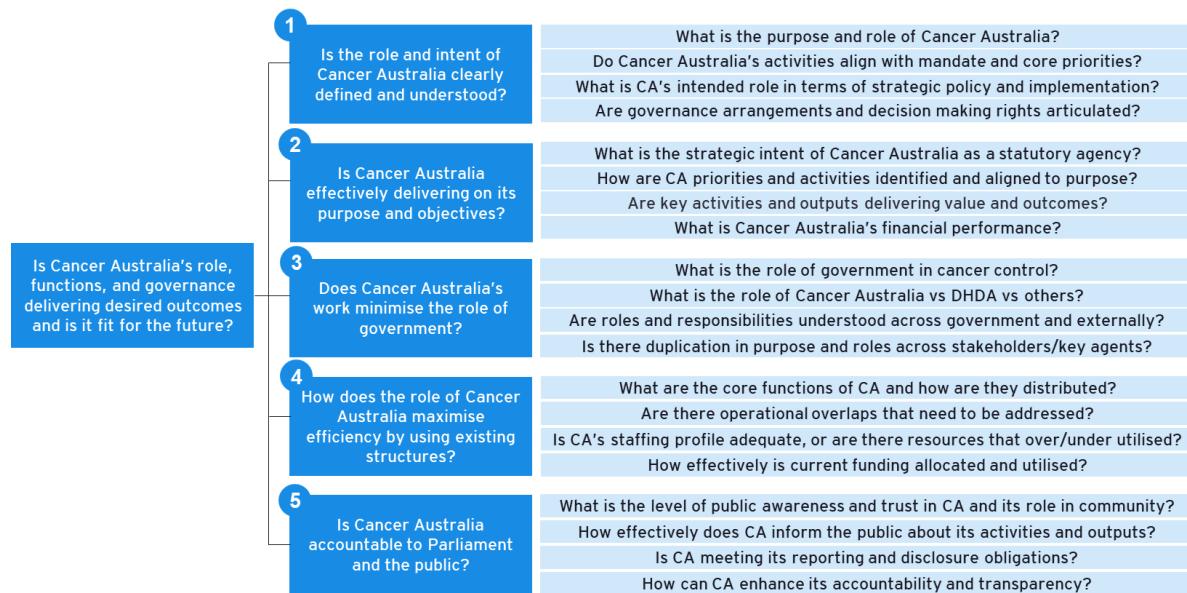
- Review of Cancer Australia's purpose, performance and governance, including:
 - Assess whether Cancer Australia is achieving its original statutory functions as outlined in the *Cancer Australia Act 2006* and if those functions remain relevant, particularly in the context of the Australian Cancer Plan, the Aboriginal and Torres Strait Islander Cancer Plan and evolving Australian Government and cancer sector priorities.
 - Assess whether Cancer Australia's governance structures, reporting responsibilities and performance align with the guiding principles of the Commonwealth Governance Structures Policy and the Department of Finance's Governance Assessment Template - Reviewing an Existing Body. This includes a review the effectiveness of the Memorandum of Understanding (MoU) between Cancer Australia and the Department.
- Review Cancer Australia's organisational performance including leadership, culture and capacity.
- Undertake a financial analysis of Cancer Australia's financial performance and position to provide the Department with recommendations and advice with respect to its funding profile, delivery model and operational efficiency.

2.3 Review methodology

At the commencement of this review, a Review Plan and Analysis Framework were developed to guide the Review process, with input from the Department and Cancer Australia. The Framework was formally endorsed by the Department on 24 June 2025.

The Analysis Frame was informed by the *Department of Finance's Governance Assessment Template- Reviewing an Existing Body*, which outlines four guiding principles: (1) clarity of purpose, (2) minimise the role of government, (3) maximise efficiency by using existing structures and (4) accountability to the Parliament and the Public. These principles, together with an effectiveness analysis, informed the structure of the analysis frame (See Figure 1).

Figure 1: Analysis Framework



To undertake the analysis, EY undertook a detailed document and financial analysis, stakeholder consultations, and a survey of international cancer control agencies (see Figure 2). This approach linked quantitative and qualitative data to inform the findings and identify potential opportunities for Cancer Australia. The findings are presented thematically in this report.

Figure 2: Activities completed to undertake the independent review of Cancer Australia



Table 2 below maps the section of this report that answers the Review questions outlined in Figure 1.

Table 2: Review question mapping

Question	Section(s)
Is the role and intent of Cancer Australia clearly defined and understood?	
▪ What is the purpose and role of Cancer Australia?	3.1, 3.2
▪ Do Cancer Australia's activities align with mandate and core priorities?	3.3
▪ What is Cancer Australia's intended role in terms of strategic policy and implementation?	3.4
▪ Are governance arrangements and decision making rights articulated?	3.1, 3.2
Is Cancer Australia effectively delivering on its purpose and objectives?	
▪ What is the strategic intent of Cancer Australia as a statutory agency?	3.1
▪ How are Cancer Australia priorities and activities identified and aligned to purpose?	3.3, 3.4

- Are key activities and outputs delivering value and outcomes? 3.4
- What is Cancer Australia's financial performance? 5

Does Cancer Australia's work minimise the role of government?

- What is the role of government in cancer control? 3.2
- What is the role of Cancer Australia vs the Department vs others? 3.2
- Are roles and responsibilities understood across government and externally? 3.2
- Is there duplication in purpose and roles across stakeholders/key agents? 3.2

How does the role of Cancer Australia maximise efficiency by using existing structures?

- What are the core functions of Cancer Australia and how are they distributed? 3.2, 4.1
- Are there operational overlaps that need to be addressed? 3.2, 4.1
- Is Cancer Australia's staffing profile adequate, or are there resources that over/under utilised? 4.1
- How effectively is current funding allocated and utilised? 5

Is Cancer Australia accountable to Parliament and the public?

- What is the level of public awareness and trust in Cancer Australia and its role in community? 3.4
- How effectively does Cancer Australia inform the public about its activities and outputs? 3.4
- Is Cancer Australia meeting its reporting and disclosure obligations? 3.3
- How can Cancer Australia enhance its accountability and transparency? 3.3, 3.4

2.3.1 Review governance arrangements

To guide this review, two governance bodies were formally established: a Steering Committee and a Subject Matter Expert (SME) Reference Group.

Steering Committee

The Steering Committee was a decision-making body comprising executives from the Department and Cancer Australia (see Table 3). Its role was to provide high-level strategic advice and input into the Review process to ensure that Review objectives and intended outcomes were achieved. The Steering Committee provided input, feedback and validation for all project deliverables as was required.

SME Reference Group

The SME Reference Group was comprised of leading experts in the cancer and health sector, bringing a breadth of cancer control experience and leadership (see Table 3). The SME Reference Group provided input and direction on the findings and observations regarding the performance and future role of Cancer Australia. Members were also offered individual consultations as part of the Review.

Table 3: Steering Committee and SME Reference Group Members

Steering Committee Members	SME Reference Group Members
<p>Department of Health, Disability and Ageing:</p> <ul style="list-style-type: none"> ▪ Dr Liz Develin - Deputy Secretary, Primary and Community Care (Co-chair) ▪ Ariane Hermann - Acting First Assistant Secretary, Chronic Conditions and Screening Division ▪ Georgina Fairhall - Acting Assistant Secretary, Cancer and Palliative Care Branch ▪ Duncan Young - First Assistant Secretary, Health Economics and Research ▪ Duncan McIntyre - First Assistant Secretary, Technology Assessment & Access ▪ Ross Hawkins - First Assistant Secretary, Health Systems Strategy <p>Cancer Australia representatives:</p> <ul style="list-style-type: none"> ▪ Professor Dorothy Keefe - CEO (Co-chair) ▪ Claire Howlett - Deputy CEO ▪ Elmer Wiegold - COO and CFO 	<ul style="list-style-type: none"> ▪ Professor Jason Payne - Chief Executive, Peter MacCallum Cancer Centre ▪ Professor Bogda Koczwara - Honorary Professor, University of NSW ▪ Professor Grant McArthur - CEO, Victorian Comprehensive Cancer Centre ▪ Tim Kelsey - CEO Beamtree, ex CEO Australian Digital Health Agency ▪ Assoc. Professor Melissa Eastgate - Operations Director, Cancer Care Services, Royal Brisbane and Women's Hospital ▪ Elisabeth Kochman - Cancer Voices NSW ▪ Professor Gail Garvey - Indigenous Health Research, Faculty of Medicine, University of Queensland

2.3.2 Limitations

This review was undertaken predominantly through a desktop-based analysis, drawing on documentation, financial data, and workforce materials provided by Cancer Australia, supplemented by targeted stakeholder consultations. While efforts have been made to ensure the analysis is comprehensive and balanced, several limitations should be noted:

- **Desktop-based methodology:** The analysis was primarily informed by internal reports, financial statements, workforce datasets, and supplementary documentation supplied by Cancer Australia and the Department. No external data collection, independent fact-checking, or direct observational activities were undertaken.
- **Stakeholder feedback:** Consultations with Cancer Australia executives and staff provided context on operational and financial issues. However, these perspectives were not independently verified or cross-checked and may therefore reflect untested assumptions or subjective views.
- **Reliance on provided information:** Unless otherwise noted, all quantitative and qualitative inputs were sourced directly from Cancer Australia and associated agencies. No independent audit, verification, or forensic testing was conducted to confirm the completeness or accuracy of financial results, workforce data, or administered funding allocations.
- **Inconsistent data timeframes:** The review draws on financial data for FY21-FY25, workforce profile data as at March 2025, and benchmarking data for FY20-FY24, based on the latest information publicly available from benchmarking agencies. While these reference points reflect the most recent information available, variation in time periods creates inconsistencies that may limit direct comparability across datasets.
- **Scope and intended use:** The findings and recommendations presented in this report are based solely on the information made available and the interpretation of that material within the scope of this engagement. They have been prepared exclusively to inform Cancer Australia and the Department and should not be relied upon for any other purpose.

Given these parameters, the findings may be influenced by data quality limitations, the subjectivity of stakeholder input, and the interpretative nature of a desktop review. These factors should be considered when referencing the analysis or applying its conclusions.

2.4 Report overview

The purpose of this Report is to present the key observations and potential opportunities for consideration from the independent review of Cancer Australia. This Report will be shared with stakeholders for comment and their feedback considered in the final report. The Report is structured in the following way:

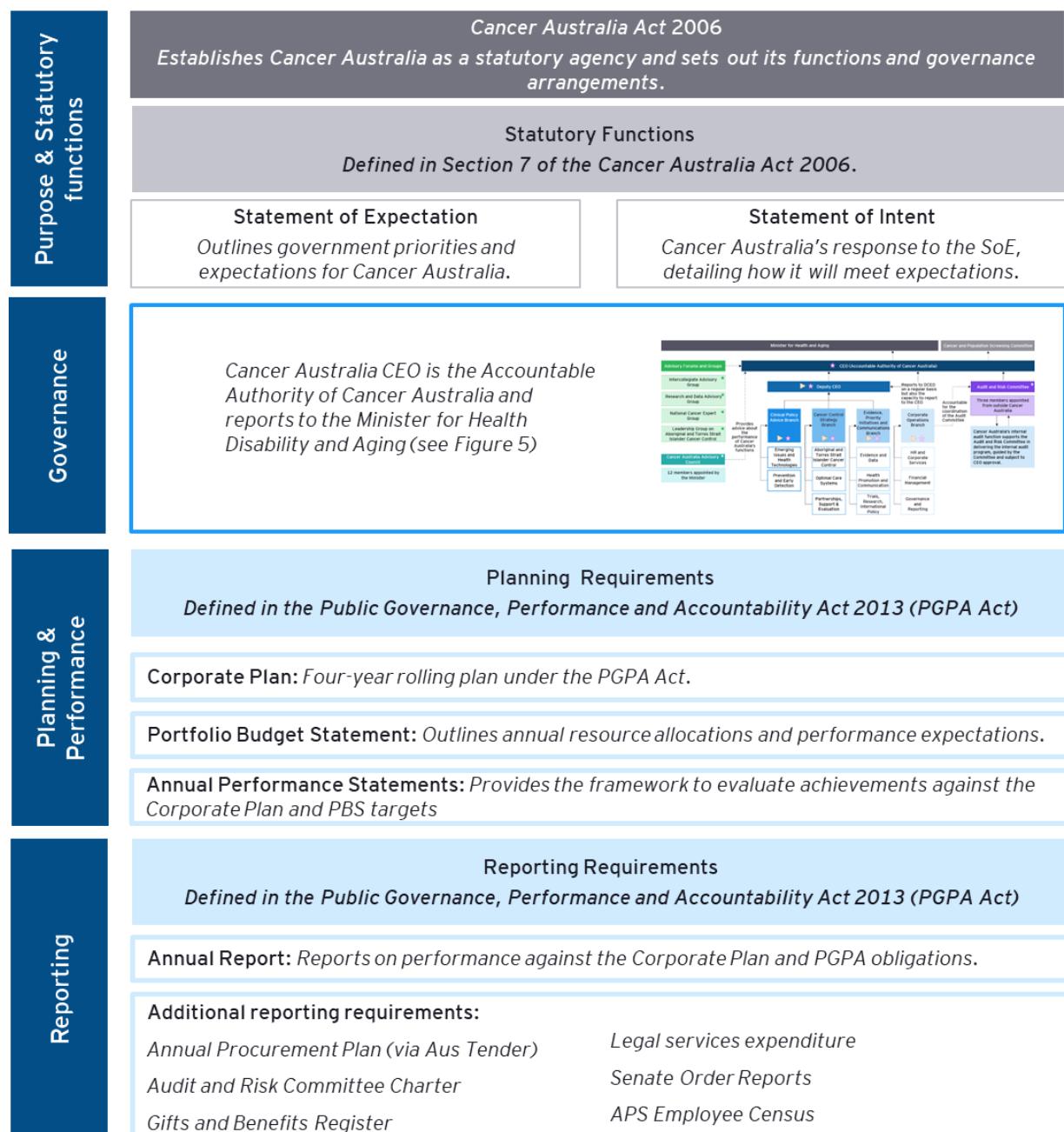
- **Chapter 2: Background and context**, provides an overview of the purpose, scope and methodology for this Review.
- **Chapter 3: Key Observations – Purpose, governance, roles and responsibilities and performance**, presents key findings and opportunities in relation to Cancer Australia's effectiveness in fulfilling its statutory mandate and strategic priorities as the national cancer control agency. It considers alignment with the legislation and governance of Cancer Australia, and its performance against the Corporate Plan and role in key initiatives such as the Australian Cancer Plan.
- **Chapter 4: Key Observations – Organisational Performance**, presents the key findings in relation to Cancer Australia's organisational capability, capacity and culture, to deliver on its statutory functions and evolving priorities as the national agency for cancer control.
- **Chapter 5: Key Observations – Financial Performance**, presents key findings in relation to Cancer Australia's financial performance and accountability in delivering public value.
- **Appendices**, which includes, Cancer Australia's Advisory Groups, the functions of the Advisory Council, an overview of Australian cancer data, a summary of stakeholder consultations and key themes, and a list of data and documents reviewed.

3. Key Observations and Opportunities – Purpose, Governance, Roles and Responsibilities, and Performance

This section assesses Cancer Australia's purpose, performance, governance, roles and responsibilities to deliver on its statutory functions and evolving priorities as the national agency for cancer control, and as a statutory non-corporate Commonwealth agency. This includes alignment with its mandate under the *Cancer Australia Act 2006*, the requirements of the *Public Governance, Performance and Accountability (PGPA) Act 2013*, Cancer Australia's Corporate Plan, Annual Report and key activities such as the Australian Cancer Plan.

Figure 3 represents a conceptual framework developed for this review to illustrate how Cancer Australia's legal foundation, governance artefacts, and strategic planning and reporting mechanisms fit together. It serves as a structural overview for understanding the governance and performance ecosystem of Cancer Australia and the structure for this chapter.

Figure 3: Conceptual framework of Cancer Australia's Governance and Performance Framework



Our review and engagement with a broad cross-section of stakeholders from the cancer control sector identified the following opportunities for consideration by Cancer Australia moving forward.

The potential opportunities for consideration are presented in the table below.

Table 4: Opportunities for Cancer Australia relating to Purpose, Governance, Roles and Responsibilities and Performance

Opportunities – Purpose, governance, roles and responsibilities, and performance
Opportunity 1: Update the Statement of Expectations and Statement of Intent to reflect Cancer Australia's contemporary leadership role: A Statement of Expectations has not been issued since 2020 and does not reflect Cancer Australia's strategic role in delivering the Australian Cancer Plan. Updating and publicly releasing the Statement of Expectations and Statement of Intent, as a priority, would better align its statutory mandate to current national cancer control priorities and clarify stewardship expectations.
Opportunity 2: Establish Terms of Reference for the Cancer Australia Advisory Council as a priority: While the role of the Advisory Council is outlined in the <i>Cancer Australia Act 2006</i> , there are currently no formal Terms of Reference in place.
Opportunity 3: Establish a joint Cancer Australia-Department Strategic Forum to facilitate engagement, knowledge sharing and collaboration: This should include members from relevant areas within the Department and Cancer Australia, with the aim to support alignment and oversight of cancer control activities, including delivery on the Australian Cancer Plan. This could be formed through a Terms of Reference that outlines roles and responsibilities, methods of engagement, and ways of working.
Opportunity 4: Improve reporting of performance against the Corporate Plan: Cancer Australia report their performance annually in line with PGPA requirements. The "tick-box" approach used to report progress doesn't explain what was achieved, how well, or how it links back to objectives. Cancer Australia should adopt a structured reporting approach that replaces the 'ticks' with progress status, narrative evidence, alignment to statutory functions, and selected quality/reach indicators. This will increase transparency and increase the relevance of the Corporate Plan and Annual Report. Detailed opportunities are included in section 3.1.3.
Opportunity 5: Strengthen Australian Cancer Plan delivery and reporting: Cancer Australia will lead a coordinated effort with the Department of Health, Disability and Ageing, jurisdictions, research institutions, and community organisations to clarify implementation roles and strengthen the enabling architecture essential for the effective delivery of the Australian Cancer Plan. This commitment reflects Cancer Australia's role as a system steward and strategic partner in driving national cancer reform. Cancer Australia could use the reporting milestones laid out in the Monitoring and Evaluation Framework (2-, 5- and 10-years) to assess role clarity, governance effectiveness, and implementation progress—ensuring that delivery remains responsive, accountable, and aligned with national priorities. Detailed opportunities are included in section 3.4.3.

3.1 Purpose, statutory functions and governance

This section outlines the legislative foundation and accountability framework that define Cancer Australia's mandate and strategic direction. It begins with the agency's purpose and statutory functions as set out in the *Cancer Australia Act 2006*, which provide the legal basis for its role in national cancer control. It also examines the key artefacts that operationalise these functions which, together, establish the framework for accountability, clarify roles and responsibilities, and ensure alignment with Australian Government priorities.

3.1.1 Current state

The purpose of Cancer Australia is to minimise the impact of cancer, address disparities, and improve the health outcomes of people affected by cancer in Australia by providing national leadership in cancer control.

Cancer Australia was established in 2006 as an "umbrella organisation for various cancer groups to provide leadership and vision, support to consumers and health professionals and make recommendations to the Australian Government about cancer policy priorities."¹

¹ Australian Government. Parliament of Australia. Tony Abbott, Minister for Health and Aged Care, 16 February 2006.

The *Cancer Australia Act 2006* (Part 2, Section 7) specifies Cancer Australia's statutory functions:

1. to provide national leadership in cancer control
2. to guide scientific improvements to cancer prevention, treatment and care
3. to coordinate and liaise between the wide range of groups and health care providers with an interest in cancer
4. to make recommendations to the Commonwealth Government about cancer policy and priorities
5. to oversee a dedicated budget for research into cancer
6. to assist with the implementation of Commonwealth Government policies and programs in cancer control
7. to provide financial assistance, out of money appropriated by the Parliament, for research mentioned in paragraph (e) and for the implementation of policies and programs mentioned in paragraph (f)
8. any functions that the Minister, by writing, directs Cancer Australia to perform.

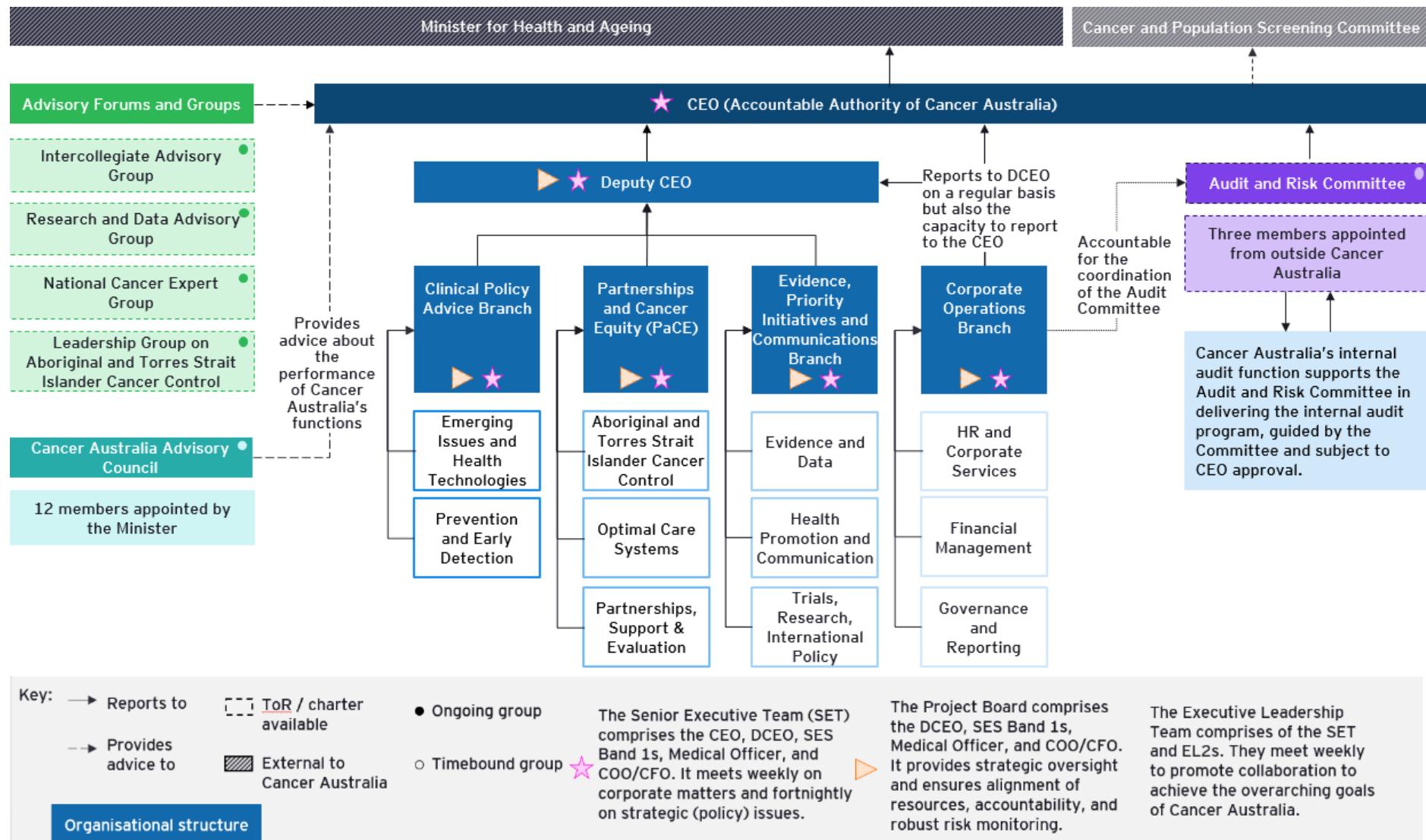
A ministerial Statement of Expectations (SoE) provides clarity and guidance from the responsible Minister to a statutory agency regarding the Australian Government's policies and objectives, setting priorities for the agency's operations, functions and strategic direction while respecting its independence. The purpose is to align the agency's activities with broader Australian Government goals, promote accountability and transparency, and ensure consistency with national priorities. The last SoE, signed by the former Minister for Health and Aged Care, in July 2020 and agreed by Cancer Australia in August 2020 through the Statement of Intent (SoI), remains the most recent formal statement and has not been reissued since.

As the Accountable Authority under the *PGPA Act*, Cancer Australia's CEO reports directly to the Minister for Health and Ageing and is supported by a Deputy CEO and branch heads responsible for clinical policy, cancer control strategy, evidence and data, priority initiatives and communications, and corporate operations. The Cancer Australia Advisory Council (Advisory Council) is a statutory body also appointed by the Minister, with the Department supporting and managing member appointments. The Advisory Council provides advice to the CEO on the performance of the agency's functions. There are no formal Terms of Reference for the Advisory Council, though requirements are outlined under the Act (see Appendix B).

Cancer Australia draws on a network of strategic and technical advisory groups (see Appendix A) to inform its work across the cancer control continuum. These groups vary in scope and duration, with some established for time-limited projects and others providing ongoing guidance. Other than the Advisory Council, all groups operate under a formal Terms of Reference that define their purpose, membership, and governance arrangements.

Cancer Australia's governance and organisational structure is outlined in detail in Figure 4.

Figure 4: Cancer Australia Governance and organisational structure



3.1.2 Observations

- **SoE:** A ministerial SoE provides a clear mechanism for ministerial communication and sets out Australian Government priorities for Cancer Australia. However, the last SoE was issued in July 2020 and may not reflect Cancer Australia's evolving mandate and their role across a complex operating environment, including in relation to the Department, which may create tension.
- **Sol:** The Sol, issued in response to the 2020 SoE, demonstrates Cancer Australia's commitment to meeting ministerial expectations. However, without an updated SoE and Sol, the Sol may not align with current strategic priorities of the Minister. The Minister is made aware of Cancer Australia's strategic priorities via their annual Corporate Plans, and more recently in response to the election, the agency provided an Incoming Government Brief setting out its strategic priorities to 2028.
- **Cancer Australia Advisory Council:** There is currently no Terms of Reference for the Cancer Australia Advisory Council and limited shared understanding of its role and outputs across Australian Government.
- **Strengthened coordination and impact:** The CEO's role as Accountable Authority is clear, supported by an Advisory Council and a network of expert groups. This provides breadth of input but increases the need for coordination and collaboration across advice areas, with potential for greater consistency in deliverables and measures of influence on Australian Cancer Plan outcomes.

- Cancer Australia is delivering on its statutory functions as set out by the Act, though key artefacts such as the Statement of Expectations (SoE) and Statement of Intent (Sol) are outdated and may not reflect its evolving mandate and ways of working across the Health portfolio, specifically with the Department of Health, Disability and Ageing.
- While the Act outlines the role of the Cancer Australia Advisory Council, a documented Terms of Reference is required to meet principles of good governance and provide transparency on the role and expectations of this group.
- The agency's advisory ecosystem is broad, though impact is not measured and the nature of knowledge sharing and communications between advisory groups, including with the Department of Health, Disability and Ageing (who are invited to attend as an observer across all of Cancer Australia's advisory groups), could be strengthened to ensure advice is connected across the Australian Government.

3.1.3 Opportunities

Opportunity
Section 3.1 Purpose, statutory function and governance
Opportunity 1: Update the Statement of Expectations and Statement of Intent to reflect Cancer Australia's contemporary leadership role: A Statement of Expectations has not been issued since 2020 and does not reflect Cancer Australia's strategic role in delivering the Australian Cancer Plan. Updating and publicly releasing the Statement of Expectations and Statement of Intent, as a priority, would better align its statutory mandate to current national cancer control priorities and clarify stewardship expectations.
Opportunity 2: Establish Terms of Reference for the Cancer Australia Advisory Council as a priority: While the role of the Advisory Council is outlined in the <i>Cancer Australia Act 2006</i> , there are currently no formal Terms of Reference in place.

3.2 Roles and responsibilities

This section outlines Cancer Australia's roles and responsibilities and its interface with the Department. It also examines how roles and responsibilities between Cancer Australia and the Department are distributed, including areas of potential overlap and stakeholder perceptions.

3.2.1 Current state

While Cancer Australia operates as a distinct entity, the Department has oversight for Cancer Australia within the portfolio. Both Cancer Australia and the Department are accountable to the Minister, and their respective roles are informed by artefacts such as the Administrative Arrangements Order, the Act, the SoE and SoL.

Cancer Australia's responsibilities include providing national leadership in cancer control, developing evidence-based policy advice, coordinating sector-wide initiatives, and supporting the implementation of the Australian Cancer Plan. Cancer Australia also plays a critical role in providing technical and clinical advice to the Australian Government on cancer control.

The Department retains responsibility for whole-of-system stewardship, including setting national health priorities, managing intergovernmental agreements, and delivering national screening programs in partnership with jurisdictions. The Department is also responsible for providing policy advice.

While the relationship with Cancer Australia is managed predominantly by the Chronic Conditions and Screening Division, and Cancer and Palliative Care Branch within the Department, there are multiple touchpoints across the portfolio, in line with Cancer Australia's statute for advice on other areas of the health system as they relate to cancer, for example research and genomics. This includes the Health System Strategy Division; Health Economics and Research Division; Technology Assessment and Access Division and Health Products Regulation Group, and the MRFF (managed by the Department's Health and Medical Research Office (HMRO)) as well as other areas across the portfolio such as the Australian Institute of Health and Welfare (AIHW) and the National Health and Medical Research Commission (NHMRC).

The table below summarises indicative roles and responsibilities between Cancer Australia and the Department and provides observations.

Table 5: Cancer Australia and Department roles and responsibilities

Core function	Roles and responsibilities		Observations
	Cancer Australia	Department	
Leadership	<ul style="list-style-type: none">▪ Provides national leadership in cancer control^[1]▪ Coordinates and liaises between the wide range of groups and health care providers with an interest in cancer	<ul style="list-style-type: none">▪ Oversee national health priorities including cancer▪ Provides governance and coordination across the cancer control sector, including prevention and cancer screening▪ Engages with stakeholders, particularly jurisdiction health departments and First Nations	<ul style="list-style-type: none">▪ Both entities have a role in stakeholder engagement regarding cancer control, particularly with jurisdictions and diverse groups. Though this is appropriate, it could be further enhanced through joint coordination and information sharing between entities at an Australian Government level.
Strategic policy	<ul style="list-style-type: none">▪ Develops strategic policy advice and provides recommendations to Australian Government on cancer policies and priorities¹▪ Leads strategic initiatives (e.g., the Australian Brain	<ul style="list-style-type: none">▪ Sets national strategic health priorities and policies including for cancer▪ Ensures national consistency in program delivery▪ Supports the cross jurisdictional Cancer and	<ul style="list-style-type: none">▪ While stakeholders raised perceptions of duplication, Cancer Australia is clearly tasked by statute to provide technical advice to inform policy. The Department is also critical in policy setting in that any advice

[1] As per the *Cancer Australia Act 2006* (Part 2, Section 7)

Core function	Roles and responsibilities		Observations
	Cancer Australia	Department	
	Cancer Mission and National Pancreatic Cancer Roadmap)	Population Screening Committee	from Cancer Australia to the Minister must be considered considering the broader policy direction of Government across the entire health system.
Programs, research, and funding	<ul style="list-style-type: none"> ▪ Oversees a dedicated budget for research into cancer¹ ▪ Guides scientific improvements to cancer prevention, treatment and care¹ ▪ Identifies priority areas for research and fund research initiatives ▪ Provides financial assistance for research utilising appropriated funds¹ ▪ Administers grants, incl: <ul style="list-style-type: none"> ○ Supporting People with Cancer (SPWC) ○ Culturally Safe Cancer Care Grant Program ○ Partnerships for Cancer Research Grant Program ○ Cancer Australia Research Initiative (in partnership with NHMRC) ○ Supporting Cancer Clinical Trials ○ Cancer Genomics Clinical Trials Fund 	<ul style="list-style-type: none"> ▪ Funds cancer research via the MRFF ▪ Delivers cancer screening programs ▪ Administers grants, incl: <ul style="list-style-type: none"> ○ Cancer Patient Support Program (CPSP) ○ Australian Cancer Nursing and Navigation Program (ACNNP) grants ○ Cancer Infrastructure Grants ○ OMICO and ZERO precision medicine, ○ First Nations Cancer Outcomes 	<ul style="list-style-type: none"> ▪ The Australian Government distributes grants through multiple channels across the cancer control sector, including Cancer Australia, the Department, NHMRC, MRFF. This is viewed as appropriate and is an important lever for these organisations through which to engage with the sector, though may lead to administrative duplication and could be further enhanced through improved outcomes-based reporting and coordination across the portfolio, not limited to Cancer Australia.
Implementation	<ul style="list-style-type: none"> ▪ Oversees the Australian Cancer Plan implementation and implements some Australian Cancer Plan related activities as described in the Implementation Plan ▪ Assists with the implementation of Australian Government policies and programs using appropriated funds¹ ▪ Oversees implementation of frameworks such as Optimal Care Pathways Framework, National Cancer Data Framework and National Framework for Genomics in Cancer Control and may also 	<ul style="list-style-type: none"> ▪ Implements some Australian Cancer Plan related activities as described in the Implementation Plan ▪ Implements cancer programs, including the ACNNP ▪ Delivers national screening programs in partnership with jurisdictions ▪ National External Breast Prostheses Reimbursement Program 	<ul style="list-style-type: none"> ▪ Cancer Australia is responsible for facilitating implementation of the Australian Cancer Plan, though has limited levers to do this and works with and through the broader portfolio and through a range of partnership agreements to influence and monitor implementation. ▪ The Department has a broader role in implementation, specifically in relation to cancer screening programs and other

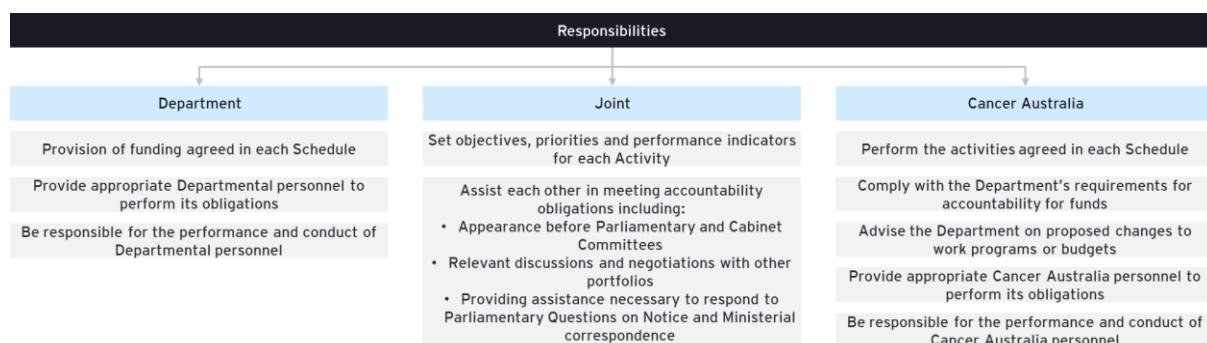
Core function	Roles and responsibilities		Observations
	Cancer Australia	Department	
	have direct implementation responsibilities.		system-wide programs such as research and genomics.

Memorandum of Understanding

Cancer Australia and the Department utilise a MoU, signed in May 2021, and extended in 2024 to 30 June 2027, to outline funding arrangements for activities in the accompanying schedules. The schedules are annexures to the MoU and outline timelines, goals, objectives, and descriptions for each activity and associated financial arrangements and reporting requirements. The schedules require Cancer Australia to provide the Department with project plans, progress reports, financial reports, and a final report. The MoU also sets out shared goals, principles for collaboration, and mechanisms for joint planning, performance monitoring, and accountability for the specific activities in each schedule. The MOU is signed between Cancer Australia and the Chronic Conditions and Screening Division within the Department, with schedules mostly limited to activities between these two areas (excluding Schedule 8, Australian Brain Cancer Mission, with the Health and Medical Research Office (HMRO)).

The responsibilities described in the MoU for each organisation are outlined below.

Figure 5: Responsibilities outlined in the MoU



3.2.2 Observations

- Technical advice is a core value proposition, though Cancer Australia's policy role is unique: Cancer Australia's statute is unique in that it sets out roles and responsibilities for policy, which is also a core responsibility of the Department, and there is not a shared understanding of this role between entities and across the portfolio at an operational level. Cancer Australia provides valuable technical and clinical advice, reducing the Department's need to source external expertise, though may be required to procure advice itself from time to time (as is clarified in the Act).
- Cancer Australia's remit requires engagement across multiple Departmental areas, however their role at the multiple Departmental entry points is not clearly defined or documented: Cancer control activities are shared across the Department, including Primary and Community Care Groups Chronic Conditions and Screening Division; Health System Strategy Division; Health Economics and Research Division; Technology Assessment and Access Division and Health Products Regulation Group. As a result, Cancer Australia is required to engage with multiple Departmental areas with no current mechanism in place to guide this engagement or expectations.
- There is a need to clarify expectations and ways of working: The MoU between Cancer Australia and the Department sets out shared goals and principles for cooperation as they relate to funded activities in each schedule. The SoE is out of date (see 3.1) and there is broad agreement that this requires updating to reflect expectations of Cancer Australia. There is a recognised need for a separate forum for strategic engagement between Cancer Australia and the Department, underpinned by documented ways of working and knowledge sharing.
- Other statutory agencies have documented ways of working with the Department: For example, the Department and the Aged Care Quality and Safety Commission have a SoE with the Minister for Health

and Ageing along with a non-financial Memorandum of Understanding² with the Department. This MoU supports both agencies to work together to advance the Commonwealth's aims relating to the Aged Care portfolio. Whilst not legally binding, this MoU describes how the agencies will work together and represents jointly agreed expectations and arrangements for engagement, and information exchange to ensure each agency can complete their responsibilities effectively.

- **Clarity of broader roles and responsibilities can be strengthened:** Stakeholders identified a need for clearer delineation of roles and responsibilities between Cancer Australia and other Commonwealth entities, such as NHMRC, AIHW and Genomics Australia, and with NACCHO and MRFF. Ongoing partnership agreements with organisations outside of the Department (like those already in place) will continue to strengthen Cancer Australia's position amongst stakeholders.

- Cancer Australia and the Department fulfil distinct but complementary roles in cancer control—Cancer Australia leads with specialised policy and research expertise, while the Department drives system-wide governance and implementation.
- Shared functions like stakeholder engagement and grant administration are appropriate but would benefit from stronger coordination. Streamlining strategic planning, implementation oversight, and outcome reporting across entities will enhance national alignment and impact.
- The Statement of Expectations could be utilised to improve coordination and collaboration between Cancer Australia and the Department, along with a dedicated Strategic Forum to further embed ways of working and knowledge sharing.

3.2.3 Opportunities

Opportunity

Section 3.2 Roles and responsibilities

Opportunity 3: Establish a joint Cancer Australia-Department Strategic Forum to facilitate engagement, knowledge sharing and collaboration: This should include members from relevant areas within the Department and Cancer Australia, with the aim to support alignment and oversight of cancer control activities, including delivery on the Australian Cancer Plan. This could be formed through a Terms of Reference that outlines roles and responsibilities, methods of engagement, and ways of working.

² [updated-memorandum-of-understanding-with-the-aged-care-quality-and-safety-commission.pdf](#) Accessed 28/08/25

3.3 Planning and performance

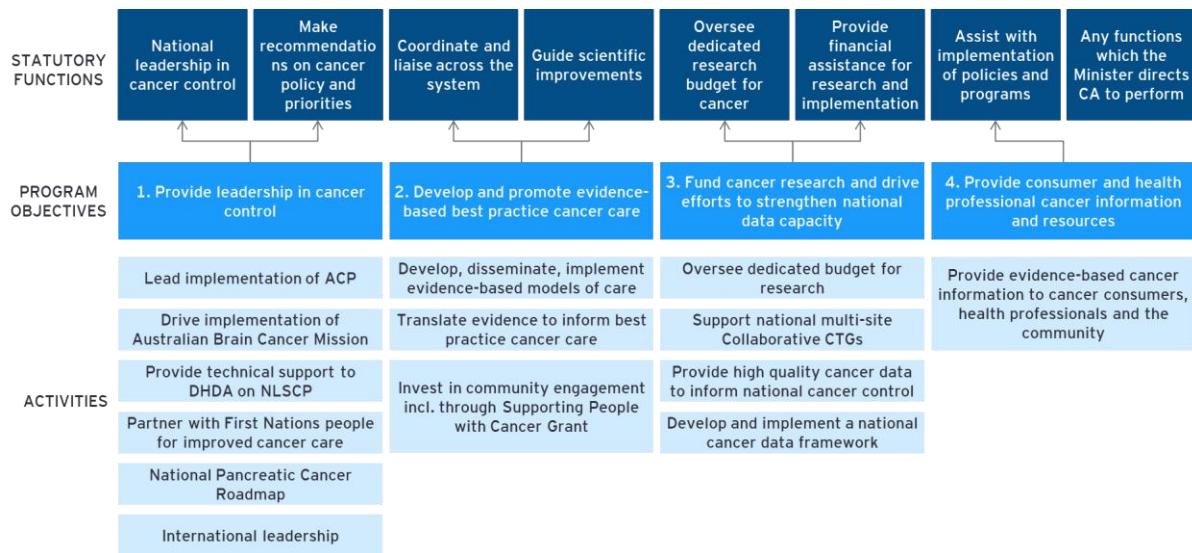
Planning and performance management are central to Cancer Australia's accountability under the Commonwealth Performance Framework. This section examines the agency's primary planning instrument, the Corporate Plan, and its alignment with statutory obligations, strategic priorities, and performance reporting requirements. It also considers the extent to which the Corporate Plan provides a clear line of sight from activities to outcomes and supports transparency, evaluation, and continuous improvement.

3.3.1 Current state

The Cancer Australia Corporate Plan is the agency's primary strategic planning document, prepared annually in accordance with the *Public Governance, Performance and Accountability Act 2013* (PGPA Act). Over a four-year horizon, the plan sets out Cancer Australia's purpose, statutory functions, key activities, operating context, and performance measures. It also outlines cooperative relationships, risk management strategies, and priorities for implementation, most notably, the Australian Cancer Plan.

The Corporate Plan is updated each year to reflect evolving priorities and is tabled as part of the Commonwealth Performance Framework. Its primary audience includes the Minister, the Department, and the Parliament, as well as other stakeholders seeking assurance that Cancer Australia's activities align with Australian Government objectives and deliver value to the Australian community. Outlined in Figure 6 are Cancer Australia's FY24 activities mapped to their statutory functions outlined in the *Cancer Australia Act 2006*.

Figure 6: Alignment of Cancer Australia's activities with its objectives and statutory functions



Performance measures for each of Cancer Australia's activities are outlined in the Corporate Plan and are outlined in Figure 7 below.

Figure 7: Corporate plan performance measures³

Objective	Objective	Data/methodology	Target	Progress (FY24 to FY28)
1. Provide leadership in cancer control	Lead implementation of ACP	Stakeholder consultation and review of administrative records (project documentation).	Engage with the cancer sector to communicate and promote uptake of the Plan's objectives, goals and ambitions Progress activities to achieve priority 2-year actions in the Plan Undertake evaluation of the sector's progress in delivering on the Plan's 2-year actions	Yes - all years To FY26 FY26
	Drive implementation of Australian Brain Cancer Mission	Review of administrative records (project documentation)	Implementation of the Australian Brain Cancer Mission, in collaboration with the Department and other partners	To FY27
	Provide technical support to DHDA on NLSCP	Review of administrative records (project documentation)	Engage with stakeholders to develop and deliver Program Guidelines, information and resources to support implementation.	Yes - all years
	Partner with First Nations people for improved cancer care	Review of administrative records (project documentation and Leadership Group on Aboriginal and Torres Strait Islander Cancer Control meeting notes).	Led and co-designed Aboriginal and Torres Strait Islander initiatives Support culturally safe and accessible mainstream health services Award up to 20 cultural safety grants, up to 12 First Nations research grants, up to 4 First Nations cancer scholarships	Yes - all years
	National Pancreatic Cancer Roadmap	Review of administrative records (project documentation)	Explore feasibility of digitising OCPs and implementation priorities.	FY25
	International leadership	Review of administrative records (project documentation)	Engage collaboratively with international counterparts	Yes - all years
2. Develop and promote evidence-based best practice cancer care	Develop, disseminate, implement evidence-based models of care	Review of administrative records (project documentation)	Discovery project to test feasibility of digitising OCP, Develop and implement a national framework for OCPs, Develop OCPs for Older People and Rarer and Less Common Cancers, Update OCP for lung cancer	Yes - all years
	Translate evidence to inform best practice cancer care	Review of administrative records (project documentation) and information published on CA website	Translate research into evidence-based info, develop policy framework for genomics, develop and implement ACCN	Yes - all years
	Invest in community engagement incl. through Supporting People with Cancer Grant	Review of administrative records (project documentation)	Award at least 4 grants to improve outcomes and support for people affected by cancer	Yes - all years
3. Fund cancer research and drive efforts to strengthen national data capacity	Oversee dedicated budget for research	Review of administrative records (project documentation)	Award cancer research grants in areas of identified priority as per published grant guideline timeframes.	Yes - all years
	Support national multi-site Collaborative CTGs	Review of administrative records (project documentation)	Fund 14 CTGs as per guideline timeframes, engage 3 national technical service providers	Yes - all years
		Review of administrative records (documentation and NCCI website)	Maintain published data analyses and insights on the NCCI website	Yes - all years
	Provide high quality cancer data to inform national cancer control	Review of administrative records (project documentation)	Progress initiatives to improve collection, access, analysis and reporting of national data, partner with Movember to design and embed PREMs and PROMs	Yes - all years
		Review of administrative records (project documentation)	National agreement of a national cancer data framework, implementation of the framework's priority areas	Yes - all years
4. Provide consumer and health professional cancer information and resources	Provide evidence-based cancer information to cancer consumers, health professionals and the community	Review of administrative records (project documentation and online resources list)	Up-to-date evidence-based cancer information available on the Cancer Australia website. Cancer information topics are reviewed and updated.	Yes - all years

3.3.2 Observations

- Strategic alignment:** The Corporate Plan meets structural requirements under PGPA Rules, in terms of clearly articulating Cancer Australia's purpose, statutory functions, operating context and risk management.
- Structured performance section:** Activities in the Corporate Plan are grouped under four key functions with associated measures, creating a logical structure for performance reporting. This meets the PGPA Rule requirement to include performance information in the Corporate Plan (s16E). However, several measures are activity-based rather than outcome-focused with limited information on baselines and targets. This means the plan could be strengthened to fully meet the PGPA Rule s16EA requirement for performance measures to be relevant, reliable, and complete.
- Commitment to data and partnerships:** References to maintaining the National Cancer Control Indicators (NCCI) and embedding Patient Reported Outcome Measures (PROMs)/Patient Reported Experience Measures (PREMs) demonstrate an intent to strengthen evidence-based reporting and patient experience measurement. This supports the Commonwealth Performance Framework principle of using credible data sources. To maximise this commitment, the plan could explicitly integrate these indicators into its

³ Corporate Plan 2024-2025

performance tables and specify data sources and methodologies, as required under PGPA Rule s16E and s16EA.

- **Public awareness through provision of consumer and health professional information:** The Corporate Plan outlines activities to support public awareness, which for FY24 included reviewing over 50 cancer information topics on the Cancer Australia website and conducting public awareness campaigns, with 113 campaigns achieving close to 9 million digital impressions via social media and Google Ad campaigns in FY24, indicating public awareness and trust in Cancer Australia.
- **Strategic priority on the Australian Cancer Plan:** The Corporate Plan positions the Australian Cancer Plan as the overarching strategic priority for 2024-28, reinforcing Cancer Australia's leadership role in national cancer control. This aligns with the PGPA requirement to show how activities contribute to Australian Government priorities (s35(3)). While this focus is appropriate, the Corporate Plan does not fully explain how progress against Australian Cancer Plan objectives will be measured and reported in Annual Performance Statements, which is a key expectation under s39 and the PGPA Rule. (note there is a published Australian Cancer Plan Implementation Plan and Monitoring and Evaluation Framework which outlines two, five and ten-year evaluations).

3.3.3 Opportunities

Opportunity
<p>Section 3.3 Planning and performance</p> <p>Opportunity 4: Improve reporting of performance against the Corporate Plan: Cancer Australia report their performance annually in line with PGPA requirements. The "tick-box" approach used to report progress doesn't explain what was achieved, how well, or how it links back to objectives. Cancer Australia should adopt a structured reporting approach that replaces the 'ticks' with progress status, narrative evidence, alignment to statutory functions, and selected quality/reach indicators. This will increase transparency and increase the relevance of the Corporate Plan and Annual Report. The opportunities for Cancer Australia are:</p> <ul style="list-style-type: none">a) Strengthen Outcomes Orientation: Current measures are largely activity-based (e.g., "engage with stakeholders") rather than outcome-focused. This limits the ability to measure effectiveness which supports meeting PGPA Rule s16EA. Introducing outcome-based indicators would demonstrate impact more clearly. For example: <i>"Percentage of Australia Cancer Plan 2-year actions implemented with evidence of impact (Baseline: 0%; Target: 70% by 2026)." </i>b) Include Baselines and Targets: Performance tables currently use checkmarks rather than quantified targets, which may not fully comply with the PGPA Rule s16E and s16EA requirements for measurable performance information. Adding baselines and annual targets would improve transparency and enable progress tracking over time.c) Embed Equity Measures: While the narrative highlights equity, performance measures do not consistently include disaggregation by First Nations status, remoteness, or socioeconomic factors. Including equity-focused indicators would align with Australian Cancer Plan objectives and strengthen relevance under the PGPA framework. For example:d) Build internal capability and impact tracking: Strengthen Cancer Australia's staffing and operational capacity (including benefits realisation and evaluation) and implement a method to track Cancer Australia's impact over time, including the contribution of Expert Advisory Groups (EAGs).

3.4 Australian Cancer Plan

The development of the Australian Cancer Plan was a landmark achievement for Cancer Australia, aiming to improve cancer outcomes for all Australians, regardless of their background or geography.

This section examines Cancer Australia's statutory functions in the context of its role in leading the Australian Cancer Plan. It considers whether the current legislative remit and operating model remain fit-for-purpose to support the Australian Government's strategic cancer control priorities – including planning, coordination and facilitation of Australia Cancer Plan implementation – and identifies where enhancements to role clarity and partnerships may better position Cancer Australia to deliver on its mandate and support the Australia Cancer Plan's objectives.

3.4.1 Current state

The Australian Cancer Plan is the Australian Government's flagship strategic framework for national cancer control. It was developed by Cancer Australia through extensive consultation with the Australian Government, states and territories, First Nations communities, researchers, clinicians, NGOs, and consumers and was endorsed by jurisdictional Health Ministers. Launched by Minister Butler on 1 November 2023, the Australian Cancer Plan was a key deliverable under Cancer Australia's Corporate Plan and reflects the Australian Government's commitment to improving cancer outcomes, reducing disparities, and coordinating effort across the sector.

The Australian Cancer Plan sets out a 10-year national agenda for cancer control, underpinned by a \$735.7 million investment from the Australian Government in 2023-24, of which Cancer Australia received:

- \$38.6 million from 2024 to 2027 under the Improving First Nations Cancer Outcomes budget measure (of the \$238.5 million Australian Government investment in this measure)
- \$14.2 million from 2024 to 2027 under the National Lung Cancer Screening Program budget measure (of the \$ \$268.3 million Australian Government investment in this measure).

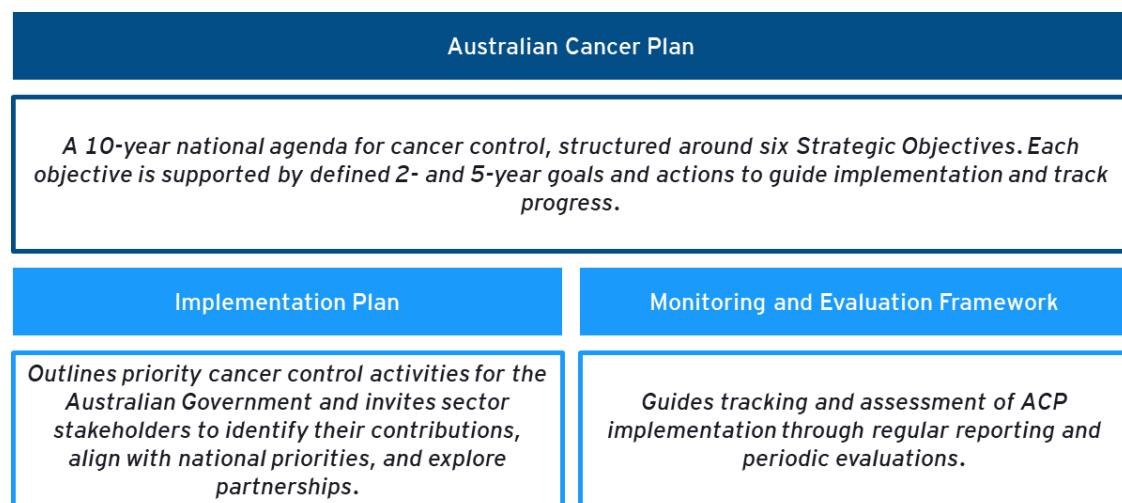
While Cancer Australia led the design and development of the Australian Cancer Plan, which provides a framework for stakeholders, including jurisdictions, to leverage when developing local cancer strategies, implementation responsibilities are shared across the broader cancer control sector and remain loosely defined.

Leading the delivery of the Australian Cancer Plan is Cancer Australia's strategic priority for the period 2024-25 to 2027-28, aligning with its statutory functions including to provide 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; make recommendations to the Commonwealth Government about cancer policy and priorities and to assist with the implementation of Commonwealth Government policies and programs in cancer control.

The Australian Cancer Plan is supported by two key mechanisms:

1. **An Implementation Plan** outlines priority activities for the Australian Government and encourages sector stakeholders to identify their contributions, align with national priorities, and pursue partnerships to support delivery.
2. **A Monitoring and Evaluation Framework** provides the structure for tracking progress, assessing effectiveness, and reporting on outcomes over the Australian Cancer Plan's 10-year duration, including a formal two-year evaluation scheduled for 2026, followed by five and 10-year evaluations.

Figure 8: Key documents to support the Australian Cancer Plan implementation and evaluation



In addition to its own implementation priorities, outlined in their Corporate Plan and the Australian Cancer Plan Implementation Plan, Cancer Australia is progressing Australian Cancer Plan implementation through partnership agreements with community-funded cancer organisations, universities, healthcare providers, clinical peak bodies, and comprehensive cancer centres.

3.4.2 Observations

Strategy

- **Australian Cancer Plan development has elevated Cancer Australia's sector standing:** The development of the Australian Cancer Plan has strengthened Cancer Australia's positioning within the cancer control ecosystem. Broad sector engagement throughout the design process, including the integration of Aboriginal and Torres Strait Islander health priorities through extensive First Nations engagement and co-design, has reinforced its credibility and relevance across diverse stakeholder groups. Stakeholders indicated that strengthening the link between this strategic leadership and measurable implementation outcomes would further enhance Cancer Australia's ability to drive system-wide impact.
- **The Australian Cancer Plan requires local adaptation and resourcing:** The Australian Cancer Plan provides a cohesive national framework for cancer control, but meaningful implementation depends on jurisdictions allocating funds to plan and implement. Jurisdiction-specific planning is required to reflect differences in geography, system maturity, service models, workforce and infrastructure. Stakeholders emphasised that while the Australian Cancer Plan supports alignment with national priorities, it does not replace the need for tailored approaches at the state and territory level. Instead, it offers strategic direction for jurisdictions to develop local cancer plans that align with national priorities. The need for local adaption was also shared in relation to other documents and tools produced by Cancer Australia, such as Optimal Care Pathways. (Stakeholders: Jurisdictions, SMEs). Following the launch of the Australian Cancer Plan, New South Wales, Queensland, South Australia and Victoria have developed local cancer plans aligned to the Australian Cancer Plan. Western Australia's cancer plan spans 2020-2025, while Tasmania is currently developing their cancer plan. The Northern Territory's cancer plan is not current (2013-2016), and the ACT does not have a specific cancer plan. Stakeholders suggested some jurisdictions may require support to develop local cancer plans and implementation roadmaps, which would contribute to progress toward Australian Cancer Plan objectives (Stakeholders: SMEs).
- **Uncertainty around research prioritisation:** While the Australian Cancer Plan places an emphasis on research, stakeholders expressed uncertainty about how Cancer Australia determines research priorities and translates them into practice (Stakeholders: Australian Government, Jurisdictions, SMEs, Community-funded cancer organisations, First Nation organisations). With research a key part of routine cancer clinical practice stakeholders suggest research should be an elevated priority (Stakeholders: SME, CTGs). These stakeholders see a role for Cancer Australia in advocating for cancer research in the Australian Government's *National Health and Medical Research Strategy* and conducting regular scans of the cancer research landscape to ensure it is fit for purpose and aligns with the Australian Cancer Plan. Clearer communication from Cancer Australia regarding its process for identifying and implementing research priorities, which includes a Departmental observer on the Research and Data Advisory Group-

the main forum for research priority setting, would help address this uncertainty and improve sector-wide understanding.

- **The importance of consumer-centred design:** Consumer engagement has improved under Cancer Australia's current leadership, particularly with First Nations via extensive engagement and embedding co-design, with sector-wide acknowledgement of Cancer Australia's significant work with First Nations (Stakeholders: all). However, stakeholders from other priority populations highlighted the need for formalised partnerships and co-design from the outset of resource development to ensure cultural appropriateness and effective dissemination. Consumer groups emphasised the importance of trusted channels and culturally relevant formats (Stakeholders: Consumer groups). Embedding co-design and formal partnerships, like those successfully used in First Nations engagement, with other priority populations would support meeting the needs of all priority populations.
- **Dissemination of consumer-facing information:** The role of Cancer Australia in the development and dissemination of consumer-facing cancer resources is part of its national leadership role. Despite this, stakeholders questioned whether this responsibility is better provided by community-funded cancer organisations, who have established relationships, public awareness and trust, with many already producing cancer resources (Stakeholders: Community funded cancer organisations, Consumer Groups). To minimise duplication there is a need to clarify Cancer Australia's remit in developing and disseminating consumer-facing materials, and to determine whether this should be done in partnership with consumer organisations to enable these groups to lead resource development.

Implementation

- **Progress to date:** Since its launch in November 2023, the Australian Cancer Plan has entered early implementation, with a formal evaluation scheduled for 2026. Cancer Australia has established over 23 partnership arrangements with cancer organisations, and delivered national frameworks, including the National Optimal Care Pathways Framework, National Cancer Data Framework, and National Framework for Genomics in Cancer Control. Additional achievements include the establishment of the Australian Comprehensive Cancer Network, delivery of targeted grant programs such as Partnerships for Cancer Research and Culturally Safe Cancer Care, and the First Nations Cancer Scholarships. Cancer Australia has also led the clinical stream supporting implementation of the National Lung Cancer Screening Program.
- **Cancer Australia's role and constraints:** Cancer Australia is responsible for leading the implementation of the Australian Cancer Plan, which aligns with its statutory function. However, it lacks dedicated funding beyond its base appropriation and operates without a formal accountability mechanism. Despite these limitations, it continues to drive implementation by leveraging relationships with stakeholders.
- **There is ambiguity in sector-wide implementation roles:** The Implementation Plan does not clearly define who is responsible for what across the sector. This lack of role clarity and a shared delivery schedule risks lack of ownership, coordination and duplication.
- **Collaboration:** Stakeholders—including governments, community organisations, and clinical experts—highlight that successful implementation depends on more structured collaboration and two-way communication. Leveraging existing work and knowledge across the sector is seen as key to avoiding duplication and improving efficiency.
- **Usability of the Implementation Plan:** The Australian Cancer Plan Implementation Plan was designed to support alignment and identify partnerships, but it has not been updated to reflect broader sector engagement. This limits its utility as a coordination tool. Refreshing the Australian Cancer Plan Implementation Plan, a current Cancer Australia project, and making it a living document would improve its relevance and value.
- **Limited transparency on Australian Cancer Plan implementation monitoring:** The Australian Cancer Plan Monitoring and Evaluation Framework provides a structured approach to tracking Australian Cancer Plan implementation, with a formal two-year evaluation scheduled for 2026. However, interim monitoring activities are not routinely shared with the sector, limiting transparency and opportunities for collective insight. The planned decommissioning of the Engagement Hub may further constrain visibility into sector progress (Stakeholders: Australian Government, SMEs, Community-funded cancer organisations, Consumer groups). Increasing transparency through regular public updates in addition to scheduled evaluations, would strengthen accountability and sector confidence.

- **Operational tools require modernisation:** Tools such as Optimal Care Pathways (OCPs) remain valuable, but their impact would be strengthened through digitising (the focus of a current Cancer Australia project), refreshed content and measurable indicators. Stakeholders also highlighted the importance of embedding the First Nations OCP into clinical practice (Stakeholders: Community-funded cancer organisations, First Nations organisations, CTGs). Updating these tools and digitising them to enable Electronic Medical Record (EMR) integration would improve usability and support system-level decision-making.
- **The need for a nationally coordinated workforce plan to support Australia Cancer Plan implementation:** Effective delivery of the Australian Cancer Plan requires a nationally coordinated approach to cancer workforce planning. Cancer Australia leading on existing initiatives such as the *Understanding the Cancer Workforce Workshop* and the partnership with the Australian Indigenous Doctors Association to build a culturally safe oncology workforce. Cancer Australia could work in collaboration with the Department to ensure the needs of the cancer workforce are considered within existing workforce strategies and strategic workforce reform priorities, including the National Medical Workforce Strategy (NMWS), which aims to improve access to medical and specialist care, including cancer specialists. The NMWS has a focus on improving the geographic and professional distribution of the medical workforce and growing the Aboriginal and Torres Strait Islander medical workforce and ensuring cultural safety. NMWS initiatives underway include improved data collection, sharing and analysis, increasing capacity for high quality supervision and reforming medical training and accreditation.

Data, Measurement and Reporting

- **There is an opportunity to link activities to outcomes:** The Australian Cancer Plan Monitoring and Evaluation Framework provides a good foundation, but current reporting remains focused on activities and outputs rather than outcomes, limiting visibility of whether implementation is contributing to improved system performance and population-level results such as survival, incidence, and equity. Stakeholders called for improved access to data (see 59Appendix C), the inclusion of short-medium-and longer-term outcomes (including population level) and regular reporting of progress against the Australian Cancer Plan objectives (Stakeholders: Australian Government, SMEs, Community-funded cancer organisations, Consumer Groups). While Cancer Australia does not have control over the achievement of outcomes, it can help to influence and facilitate reporting of progress against the Australian Cancer Plan objectives which would strengthen accountability and demonstrate the Australian Cancer Plan's contribution to improved cancer outcomes.

- The development of the Australian Cancer Plan has elevated Cancer Australia's leadership role, particularly through inclusive co-design and strong First Nations engagement. While the Australian Cancer Plan provides a cohesive national framework, effective implementation depends on jurisdictional adaptation, funding, and support, with some states progressing well and others moving more slowly. There is acknowledgement that the Australian Cancer Plan is only two years into a decade long implementation strategy.
- Stakeholders highlighted the need for clearer research prioritisation, stronger consumer partnerships—especially with other priority populations—and clarification of Cancer Australia's role in developing consumer-facing resources. Although Cancer Australia has made progress through key frameworks and partnerships, it lacks a formal implementation mandate and clear accountability mechanisms.
- Transparency in Australian Cancer Plan implementation remains limited, with stakeholders calling for regular public reporting and improved access to interim monitoring data to strengthen sector confidence and accountability. Strengthening collaboration, refreshing the implementation plan, modernising tools, and developing a national cancer workforce strategy are seen as critical next steps to achieving the Australian Cancer Plan 's long-term goals.
- Noting the extensive consultation that has gone into development of the Australian Cancer Plan, the reporting milestones laid out in the Monitoring and Evaluation Framework could be leveraged to include assessment of role clarity, governance and implementation progress across the ecosystem.

3.4.3 Opportunities

Opportunity
<p>Section 3.4 Australian Cancer Plan</p> <p>Opportunity 5: Strengthen Australian Cancer Plan delivery and reporting: Cancer Australia will lead a coordinated effort with the Department of Health, Disability and Ageing, jurisdictions, research institutions, and community organisations to clarify implementation roles and strengthen the enabling architecture essential for the effective delivery of the Australian Cancer Plan. This commitment reflects Cancer Australia's role as a system steward and strategic partner in driving national cancer reform. Cancer Australia could use the reporting milestones laid out in the Monitoring and Evaluation Framework (2-, 5- and 10-years) to assess role clarity, governance effectiveness, and implementation progress—ensuring that delivery remains responsive, accountable, and aligned with national priorities. The opportunities for Cancer Australia are:</p> <ul style="list-style-type: none">a) Clarify roles and responsibilities: Update the Australian Cancer Plan Implementation Plan to delineate delivery accountabilities across Cancer Australia, the Department, NHMRC, MRFF, AIHW and Genomics Australia.b) Support jurisdictions: Where needed, support jurisdictions, particularly those without localised cancer plans, with relevant technical advice to drive Australian Cancer Plan implementation.c) Research strategy: Collaborate with NHMRC/MRFF to align cancer research with the Australian Cancer Plan and national research priorities.d) Workforce planning: Work with the Department on a national cancer workforce plan, addressing gaps in genomics, digital health, rural/remote, and Aboriginal health workforce.e) Consumer and equity partnerships: Formalise partnerships with priority population organisations, e.g., CALD organisations, to support co-design and trusted dissemination.f) Annual Australian Cancer Plan report: Publish a short public-facing Australian Cancer Plan delivery report or dashboard, highlighting milestones, barriers, and contributions.g) Link to indicators: Over time, as national data improves, include progress against short-, medium- and longer-term outcomes including population-level indicators (e.g., survival, incidence, mortality, equity gaps). We acknowledge that Cancer Australia will need to collaborate closely with other stakeholders, including the AIHW, to determine and publish these indicators where beneficial.

4. Key Observations and Opportunities - Organisational Performance

This section outlines Cancer Australia's organisational capability, capacity and culture, to deliver on its statutory functions and evolving priorities as the national agency for cancer control, and as a statutory non-corporate Commonwealth agency.

Our review and engagement with a broad cross-section of stakeholders from the cancer control sector identified the following opportunities for consideration by Cancer Australia moving forward.

The potential opportunities for consideration are presented in the table below.

Table 6: Opportunities for Cancer Australia relating to Organisational performance

Opportunities – Organisational performance
<p>Opportunity 6: Continue to prioritise internal capability building: In line with clinical, technical and Australian Government skills required by Cancer Australia, develop a strategic workforce plan to guide transparent decision-making on staff resourcing. This is a medium to long term priority for Cancer Australia, reflecting prioritisation of initiatives and internal capacity.</p>

4.1 Organisational capability, capacity and culture

4.1.1 Current state

4.1.1.1 Capability

Cancer Australia's organisational structure reflects its clinical, research, and implementation roles in cancer control, alongside corporate and enabling functions, as set out Figure 4 in (Section 3.1.1).

Cancer Australia comprises staff with varied expertise in public health, public policy, epidemiology, clinical practice, research, data and systems analysis, population health, health communication, accounting, and financial and project management. Workforce mapping provided by Cancer Australia indicated its workforce is structured key APS Job families, predominantly *Policy; Project, Program and Portfolio Management; Administration; Accounting and Finance; Human Resources; Communications and Marketing; Senior Executive*. These functional job and skills areas will be critical in delivering on future Australian Government priorities and the implementation of the Australia Cancer Plan, however skills and capabilities at an individual and team level have not been tested as part of this review.

The Cancer Australia Corporate Plan 2024 – 25 indicates that, over time, a series of internal changes have been implemented, aimed at improving operational efficiency, strategic alignment and leadership capability, positioning the agency to successfully implement its work program. This has included changes to organisational structure, strengthened project oversight and quality assurance processes, enhanced financial monitoring, and upgrades to ICT systems.

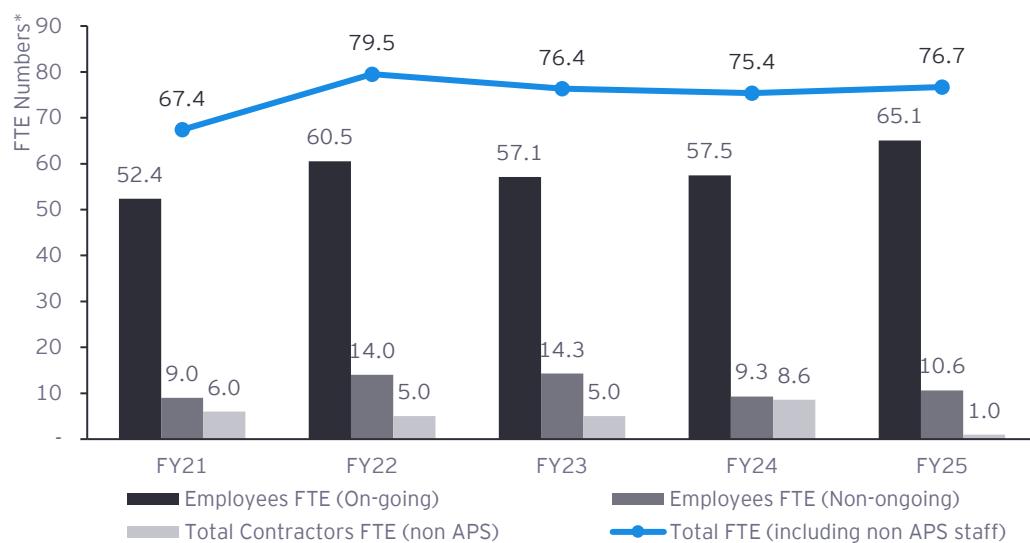
A 2024 internal Capability Review found no major capability gaps and recognised significant improvements in terms of Cancer Australia's operational and leadership capability. Cancer Australia has a formal Learning and Development (L&D) plan outlining priorities for staff development in leadership, communication, policy and compliance.

4.1.1.2 Capacity

During the five-year review period, the workforce at Cancer Australia increased from 67.4 FTE in FY20 to 76.7 FTE in FY25, with figures excluding employees on long-term leave.

In FY25, staffing included 65.1 FTE in ongoing APS roles, 10.6 FTE in non-ongoing roles, and just 1.0 FTE via contractors, down from 8.6 FTE in FY24. This shift suggests surge in contractor utilisation through development of the Australian Cancer Plan and delivery of other time-based projects.

Figure 9: FTE employees and contractors



* The figures exclude employees on long-term leave, including maternity leave, leave without pay, and secondment.

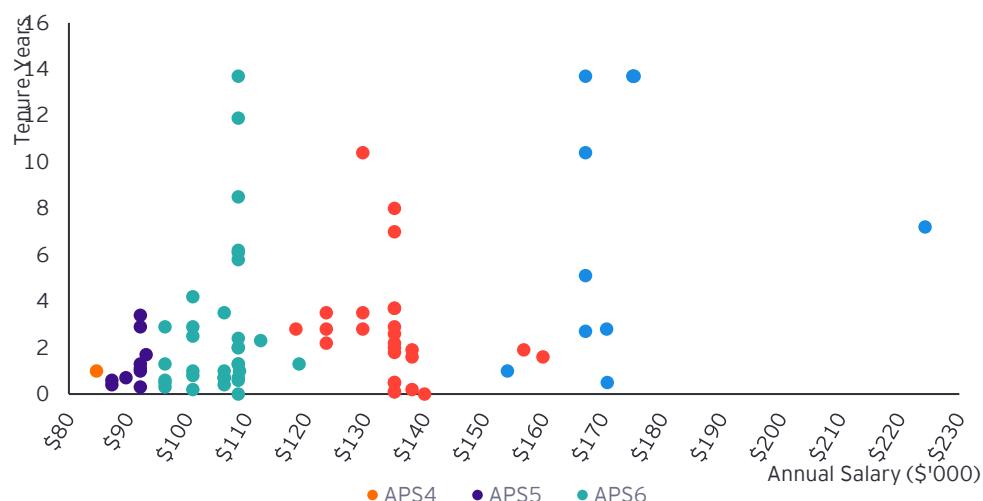
Workforce profile

As at March 2025, Cancer Australia's workforce was concentrated at the mid- to senior-level public service classifications, employing 88 individuals (83.2 FTE, or 76.0 FTE excluding long-term leave) across APS5 to EL2 levels. This included 34 APS6 staff (32.2 FTE) and 26 EL1 staff (24.4 FTE), both groups with an average tenure of 2.7 years, alongside 11 EL2 staff (11.0 FTE), whose average tenure was 7.7 years. This composition reflects the agency's policy, technical, and advisory focus, which requires experienced professionals.

Cancer Australia staff are employed under the terms and conditions of the *Cancer Australia Enterprise Agreement 2024-2027*⁴, with a Supplementary Determination under subsection 24(1) of the *Public Service Act 1999* made in February 2024 to provide non-SES staff with increases to their existing salaries and to allowances for which they are eligible.

The total annual salary base has increased to \$11.6 million, up from \$10.9 million in FY24.

Figure 10: Annual salary distribution (as of Mar 2025)



⁴ <https://www.canceraustralia.gov.au/sites/default/files/2024-10/cancer-australia-enterprise-agreement-2024-2027.pdf>

A breakdown of staffing characteristics is outlined in the tables below, notably:

- The Clinical Policy Advice Branch has the highest average tenure of 6.4 years, indicating a stable workforce with accumulated expertise in clinical and policy advisory functions.
- The Corporate and Operations branch has a relatively low average tenure of 2.0 years, largely due to focused finance recruitment and offering governance roles as development opportunities. These positions offer cyclical experience in reporting, Parliamentary duties, and executive engagement, equipping staff for broader roles across the organisation.

Table 7: Workforce details by rank (as of Mar 2025)

APS Level	No. of Employees*	FTE*	Total Salary (\$)	Avg. Salary per Employee (\$)	Avg. Tenure Years
APS4	1	0.8	84,623	84,623	1.0
APS5	10	9.3	909,337	90,934	1.3
APS6	34	32.2	3,582,716	105,374	2.7
EL1	26	24.4	3,499,696	134,604	2.7
EL2	11	11.0	1,912,707	173,882	7.7

* The figures include employees on long-term leave.

Table 8: Workforce details by branch (as of Mar 2025)

Branch†	No. of Employees*	FTE*	Total Annual Salary (\$)	Avg. Salary per Employee (\$)	Avg. Tenure Years
Executive	5	4.8	1,065,154	213,031	2.9
CPA	7	7.0	1,040,004	148,572	6.4
CCS	32	30.4	4,027,213	125,850	3.0
EPIC	28	25.5	3,567,758	127,420	3.8
Corp & Ops	16	15.6	1,855,952	115,997	2.0
Total	88	83.2	11,556,082		

* The figures include employees on long-term leave. Excluding those on long-term leave, the number of employees is 80 and the FTE is 76.02 as of March 2025.

† The organisation comprises four key branches: the Clinical Policy Advice (CPA), the Cancer Control Strategy (CCS), the Evidence, Priority Initiatives and Communications (EPIC), and the Corporate Operations (Corp & Ops).

Contractor and consultant utilisation

In assessing the operational scale and efficiency of Cancer Australia, benchmarking was undertaken against three Commonwealth statutory health agencies with comparable mandates: the Organ and Tissue Authority (OTA), the National Health Funding Body (NHFB), and the National Blood Authority (NBA). Detailed analysis is at section 5.5. While all Australian Government agencies have distinct remits, the specific nature of Cancer Australia's policy, coordination, and grant administration functions—rather than direct service delivery—limits the comparability of expenditure patterns, particularly in relation to contractor use.

Between FY20 and FY24, contractor and consultant expenditure represented between 38 percent and 63 percent of supplier costs, consistently above the indicative sector benchmark of 30 to 40 percent. This elevated proportion coincided with the implementation of the Australian Cancer Plan, the National Pancreatic Cancer Roadmap, and other initiatives requiring additional staffing and program management effort.

Contractor costs represented 20 percent of total expenditure in FY23 and 11 percent in FY24, compared with the benchmark average of 11 percent in FY23 and 9 percent in FY24. Benchmarking shows OTA maintains relatively low contractor costs, while NHFB's proportion is significantly higher (around 85% of supplier costs and 25% of total expenses), reflecting its small, specialised workforce of about 35 staff and reliance on highly skilled contractors to administer over \$68.3 billion in annual hospital funding.

Figure 11: Contractors/Consultant Costs as a % of Supplier Costs

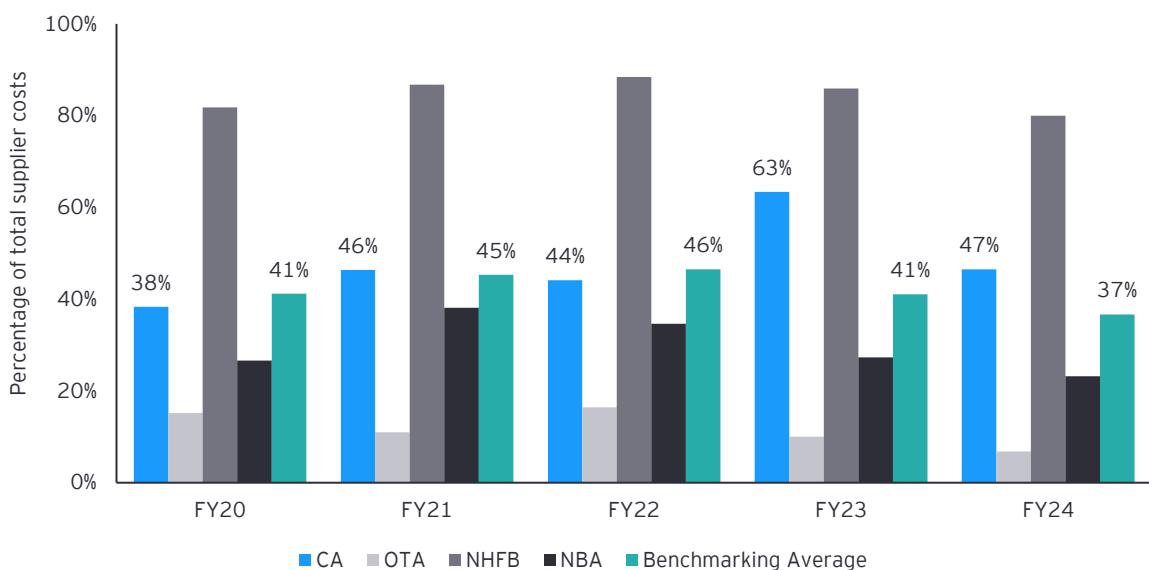
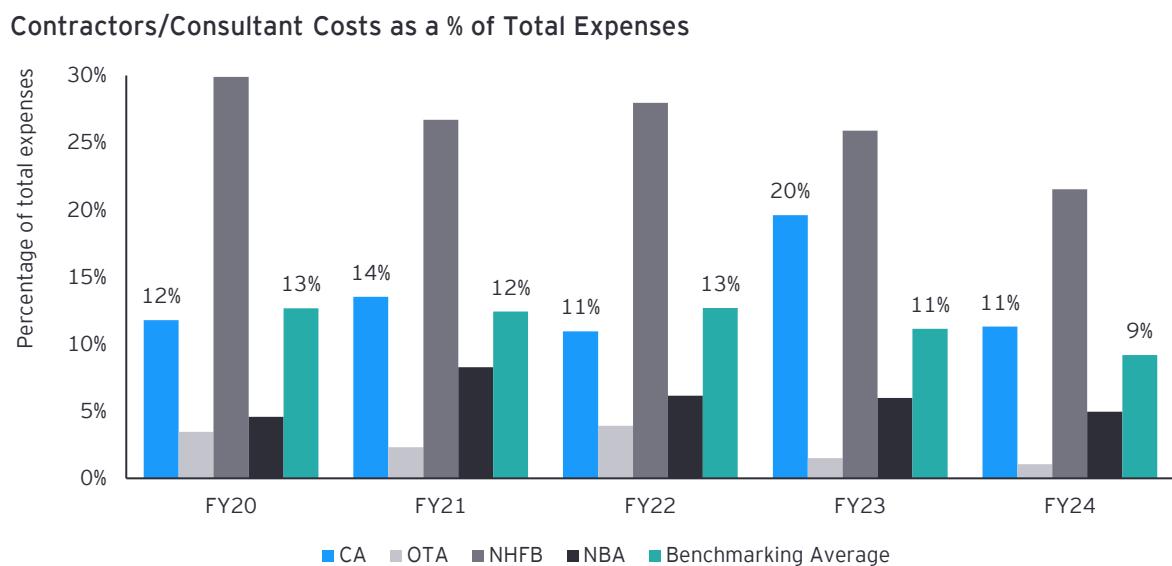


Figure 12: Contractors/Consultant Costs as a % of Total Expenses



4.1.1.3 Organisational culture

In the 2025 APS Employee Census, Cancer Australia achieved a 90% response rate (71/79) to the survey, indicating strong staff engagement and a motivated workforce during a period of relative stability. The Census results indicate a significant and positive uplift in engagement, leadership and wellbeing across the agency since the prior survey.

Key highlights include are outlined in Figure 13, noting:

- these results reflect the agency overall
- as a small agency staff may have to seek opportunities outside of Cancer Australia to progress their careers, leading to 40% of staff reporting they are pursuing positions outside of the agency

This review did not include assessment of scores by Branch or individual work area, and Cancer Australia staff were not consulted.

Figure 13: Highlights from Cancer Australia's 2025 APS Employee Census

Strengths	81% Engagement (up 5%, and higher than APS overall)	97% Proud to work at Cancer Australia	97% Understand how their role contributes to outcomes for the Australian public	90% Feel that their peers value others' skills and talents	76% See their SES Manager leadership behaviours are in line with the APS Leadership Capability Framework (up 5%, and higher than APS overall)
Areas to watch	65% Felt their supervisor was interested in their development, down 6% with variance compared to APS overall	61% Indicated they were fairly remunerated, down 10% with a 12% variance from similar agencies, potentially related to sentiment around workload and communications around remuneration	40% Pursuing position outside of Cancer Australia, potentially indicative of time-limited projects	10% Experienced bullying or harassment	73% Reported wellbeing through sustainable and healthy working environment

4.1.2 Observations

- **Cancer Australia has the necessary structure, capability and culture** to deliver on its functions and priorities and has made significant strides in improving this over time as demonstrated through the recent Capability Review and APS Census results. Cancer Australia will need to remain future-focused to ensure these conditions remain fit for purpose in meeting emerging needs and the implementation requirements of the Australia Cancer Plan.
- **Clinical and sector expertise:** Cancer Australia's technical expertise is widely acknowledged, though visibility of this capability to external stakeholders appears concentrated at the senior executive level in terms of how technical knowledge is distributed and leveraged across the broader agency. Technical advice is a core value proposition for Cancer Australia, and a capability dependency, though there is a perception of reliance on contractors to augment this expertise.
- **Policy and governance:** The agency has made investments to strengthen its policy and governance expertise, including government capabilities, which is positively viewed by stakeholders.
- **Workforce resourcing and budget alignment:** Cancer Australia has maintained stable average staffing levels (ASL) and within the budgeted ASL over the period. According to the FY25 Portfolio Budget Statements (PBS), Cancer Australia is budgeted for an average staffing level of 79 FTE, whereas the agency reported 76 FTE (83.2 FTE/Headcount 88 staff including long-term leave) as at March 2025, indicating alignment of funding and operations.
- **Contractor and consultant utilisation:** The level of contractor and consultant use provides insight into Cancer Australia's delivery model and internal capability. While the nature of Cancer Australia's delivery model may require more frequent engagement of contractors, it is subject to regular review. Ongoing oversight should ensure effective knowledge transfer, value for money, and support for internal capability development. Where contractor roles become enduring or integral to core operations, transitioning these functions into permanent roles may provide greater efficiency and continuity (Stakeholders: Australian Government, Jurisdictions, SMEs, Community-funded cancer organisations).
- **Engagement scores have improved significantly over time, which is an achievement for Cancer Australia's leadership, with areas to watch including wellbeing, workload, and staff development.** In the 2025 Census, Cancer Australia outperformed the APS average, achieving an overall employee engagement score of 81%, a significant uptick from prior years, and with a 90% participation rate (71/79 staff responded to the survey). While this review did not include interviews with staff, improved scores on SES Leadership, Capacity, and Communication indexes may be an indicator that internal changes have improved collaboration and culture within Cancer Australia (Stakeholders: Australian Government).
 - Cancer Australia has built a capable and engaged organisation, well-positioned to deliver on its national cancer control mandate. Recent improvements in leadership, governance, and workforce structure have enhanced operational effectiveness and staff engagement.

- The current workforce profile reflects a concentration of mid- to senior-level expertise aligned with Cancer Australia's technical and policy-driven mandate.
- Cancer Australia's culture of engagement and collaboration has strengthened over time, contributing to a positive work environment and improved staff satisfaction.
- Continued investment will be required to sustain momentum and meet future demands—particularly under the Australian Cancer Plan—through strategic workforce planning and a transparent commissioning framework.

4.1.3 Opportunities

Opportunity
Section 4.1 Organisational performance
Opportunity 6: Continue to prioritise internal capability building: In line with clinical, technical and Australian Government skills required by Cancer Australia, develop a strategic workforce plan to guide transparent decision-making on staff resourcing. This is a medium to long term priority for Cancer Australia, reflecting prioritisation of initiatives and internal capacity.

5. Key Observations and Opportunities - Financial Performance

Cancer Australia's financial performance from FY20 to FY24 demonstrates institutional stability amid expanding strategic obligations and operational complexity. The review found that Cancer Australia had successfully maintained disciplined resource management whilst adapting to evolving national cancer control leadership demands under the Australian Cancer Plan.

The agency's financial management environment is defined by a mix of stable appropriations and growing pressures associated with project-based funding. The key challenge is not a structural funding shortfall but managing the complex interdependencies between Australian Government priorities, workforce sustainability, contractor flexibility, and accountability for public expenditure.

The potential opportunities for consideration by Cancer Australia are presented in the table below.

Table 9: Opportunities for Cancer Australia relating to financial performance

Opportunities - Financial performance
<p>Opportunity 7: Strengthen financial sustainability, flexibility, and alignment to Australian Cancer Plan delivery: Cancer Australia's capacity to deliver the Australian Cancer Plan depends on funding arrangements that are stable, adaptable, and aligned to objectives. Cancer Australia should continue to closely align funding streams with Australian Cancer Plan priorities, strengthen variance monitoring, review ongoing expenditure, and embed continuous financial improvement, in line with PGPA and Australian Government expectations. Detailed opportunities are outlined in section 5.7.</p>

5.1 Overview of the financial analysis

5.1.1 Legislative and strategic context – financial perspective

Cancer Australia's statutory mandate is defined in the *Cancer Australia Act 2006*, which outlines the agency's core responsibilities: to lead national cancer control efforts, provide expert advice to the Australian Government on priorities, coordinate with public and private sector stakeholders, and support research and initiatives that are evidence informed. This legislative foundation shapes the agency's financial responsibilities in several key areas:

- **Budgeting and appropriations:** The *Cancer Australia Act 2006* informs the structure of annual appropriations supporting Cancer Australia's core operations, research programs, and service delivery, ensuring that funding is purpose-specific and subject to outcome-focused accountability.
- **Accountability and reporting:** The agency is required to maintain sound financial management practices and to report transparently to Parliament and stakeholders on how appropriated funds are used.
- **Operational priorities:** The agency allocates financial resources across research, clinical trials, data infrastructure, equity programs, and policy activities, guided by statutory responsibilities and evolving agency priorities.

The introduction of the Australian Cancer Plan in 2023 marked a step-up in Cancer Australia's strategic activity, particularly in enhancing national data systems, improving equity in service access, and strengthening coordination across the sector. These expanded responsibilities place additional delivery demands on the agency, which must be addressed within the constraints of a largely fixed core appropriation. As a result, Cancer Australia's financial strategy must strike a balance between long-term capability building and the flexible delivery of projects funded through a diverse set of arrangements.

Key financial implications include:

- **Expanded funding base:** The Australian Cancer Plan is underpinned by both new appropriation lines (including Lung Cancer Screening and First Nations programs) and established MoU Schedules. MoUs provide project-based funding through business-as-usual activities, co-funded projects, or Ministerial supplementation, contributing to funding complexity.
- **Alignment of expenditure:** Resources must align with the objectives outlined in the Act and Corporate Plan, and the six Australian Cancer Plan Strategic Objectives: (1) maximising cancer prevention and early detection, (2) enhancing consumer experience, (3) building world-class health systems for optimal care, (4) ensuring strong and dynamic foundations, (5) transforming the cancer care workforce, and (6)

achieving equity in outcomes for Aboriginal and Torres Strait Islander people. This requires strategic prioritisation in budget planning.

- **Financial sustainability and flexibility:** Delivering on the Australian Cancer Plan's 10-year timeframe requires effective planning and variance monitoring across multiple budget cycles, with responsiveness to evolving Australian Government priorities and system needs.
- **Performance and value assurance:** Investment decisions under the Australian Cancer Plan must be linked to measurable outcomes, reinforcing Cancer Australia's established accountability and performance monitoring mechanisms.

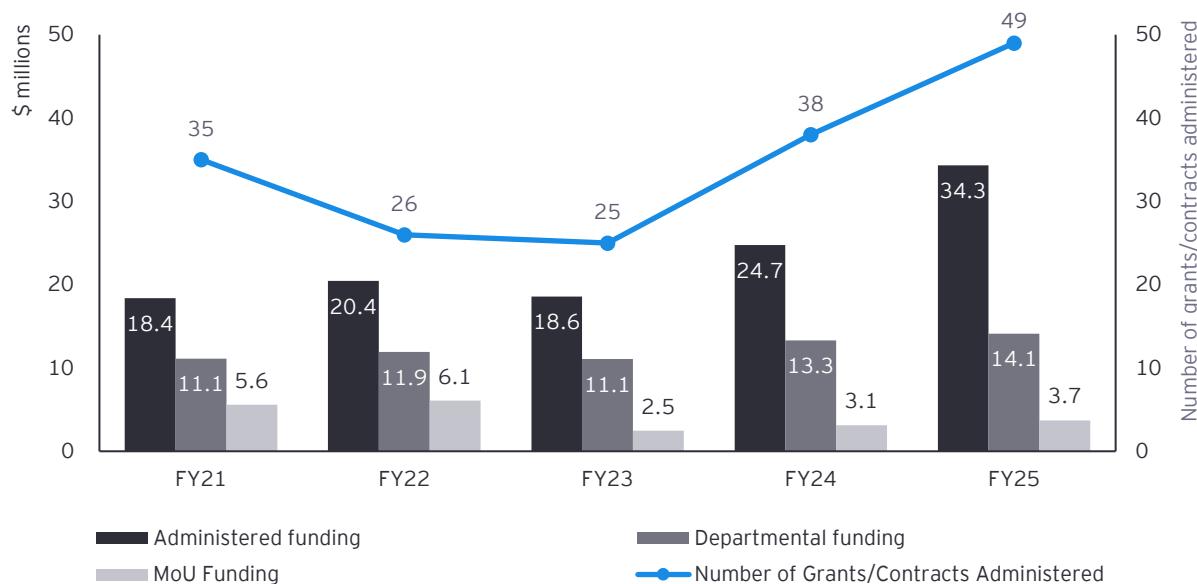
5.1.2 Key financial trends (FY21-FY25)

Cancer Australia has maintained a stable Departmental funding base, with appropriations ranging from \$11.1 million in FY21 and \$14.1 million in FY25. This funding supports the agency's fixed operational costs, including staffing, internal operations, and administration of national grant programs.

By contrast, revenue from MoUs has varied significantly, from \$6.1 million in FY22 to \$2.5 million in FY23. These fluctuations reflect the timing and scale of MoUs that support specific collaborative or time-limited initiatives, such as the Australian Cancer Plan and the Pancreatic Cancer Roadmap. While MoU revenue has enabled the delivery of strategic initiatives, it introduces variability in revenue flows and the potential for temporary operating deficits, due to timing differences in revenue recognition rather than overspending.

During the review period, Cancer Australia's delivery responsibilities expanded. The number of administered grants and contracts rose from 25 in FY23 to 49 in FY25, while the total value of administered funding increased from \$18.6 million in FY23 to \$34.3 million in FY25. This expansion reflects continued public sector investment in national cancer control priorities.

Figure 14: Total projects administered and revenues



Despite the expansion in program delivery, staffing levels remained relatively stable between FY21 and FY25, ranging from 67.4 to 76.7 FTEs. The reported increase to 76.0 FTE (83.2 FTE/headcount of 88 staff including long-term leave) by March 2025 reflects recent recruitment, including some fixed-term and short-tenure roles. The limited growth in internal capacity has placed pressure on existing resources, resulting in increased reliance on external contractors and consultants, particularly for specialist or short-term project requirements.

Spending on contractors and consultants peaked at \$3.7 million in FY23. This represented over 63.4% of total supplier expenses and close to 19.6% of total departmental expenses for the year, including employee, supplier, and other expenses. While the level of external engagement is notable, it may reflect multiple contributing factors, such as temporary surges in delivery volume, specialised technical expertise not available in-house, constraints within APS recruitment processes, and strategic planning decisions.

5.2 Funding and financial performance

5.2.1 Structure of Cancer Australia's funding model

Cancer Australia's funding framework is structured around three discrete funding sources:

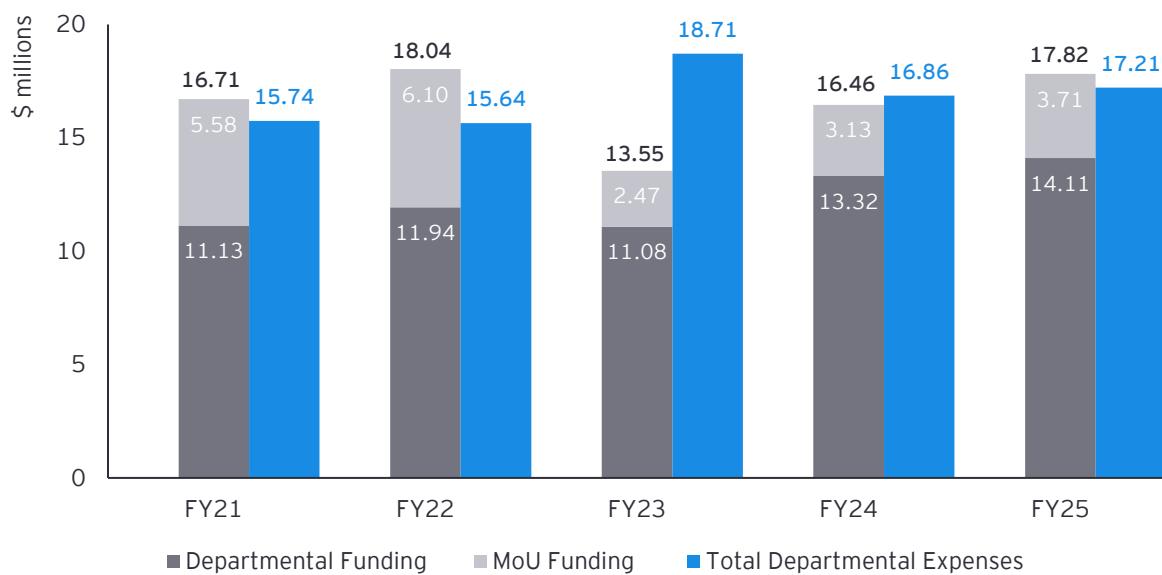
- Departmental funding for core operations
- Own-source revenue from project-based MoU schedules
- Administered appropriations for external grants and contracts

Each funding stream supports distinct functions and presents varying degrees of variability and predictability.

Departmental funding has remained stable over the review period (FY21–FY25), ranging from \$11.1 million to \$14.1 million annually. These funds support core staffing, executive functions, policy development, and program administration. Cancer Australia has consistently expended its full Departmental funding allocation, with no budget variance recorded during this period, reflecting disciplined management of baseline expenditure. This stable base underpins Cancer Australia's ongoing strategic functions and statutory responsibilities under the *Cancer Australia Act 2006*.

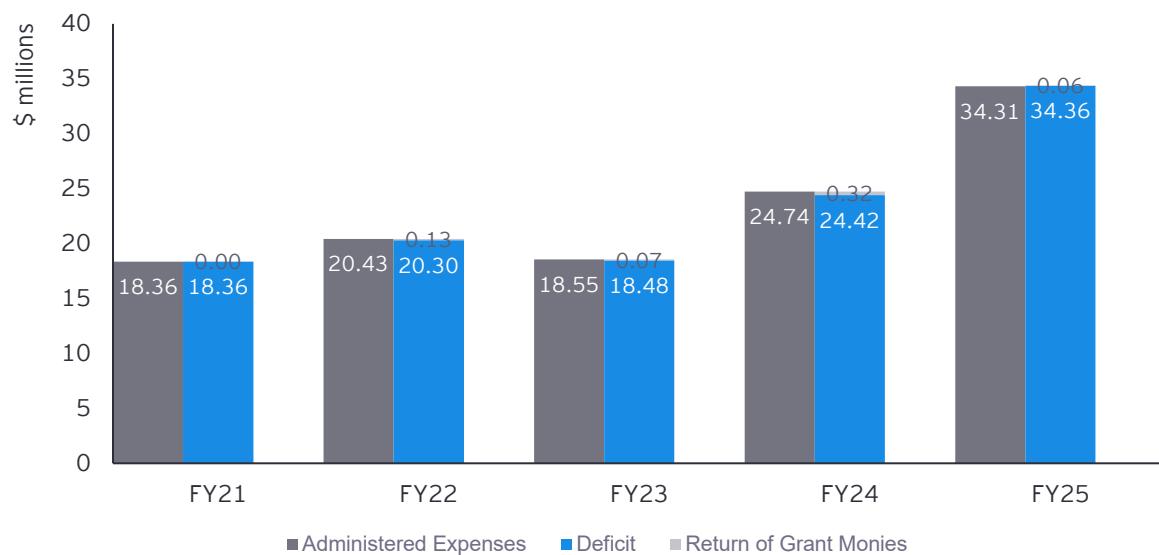
MoU revenue has varied between \$2.5 million and \$6.1 million annually, depending on the timing of commissioned projects, shifting policy priorities, and agreements with funding agencies. While classified as "own-source" income, MoU revenue is directly linked to the delivery of specific collaborative or time-limited initiatives. These revenues can be grouped into three broad categories: (a) Business-as-usual activities such as Medical Officer support, Aboriginal and Torres Strait Islander Cancer Leadership Group, and the Clinical Trials program; (b) Co-funded projects of shared interest such as Kulay Kalingka and Movember collaborations; and (c) Budget supplementation for Ministerial priorities such as the Pancreatic Cancer Roadmap, Australian Cancer Plan, and Prostate Cancer Guidelines.

Figure 15: Departmental revenue vs expenses



Administered appropriations are funds provided by the Australian Government for programs and grants that Cancer Australia administers on behalf of the Australian Government. These are expended each year through grant agreements and support third-party research, equity-focused programs, pilot projects, and other sector-facing initiatives. Annual administered appropriations ranged from \$18.4 million in FY21 to \$34.3 million in FY25, with minor year-end adjustments when unspent funds are returned by grant recipients. These appropriations are separate from internal operating budgets and are directed exclusively to national cancer programmes and related external initiatives.

Figure 16: Administered expenses vs deficit



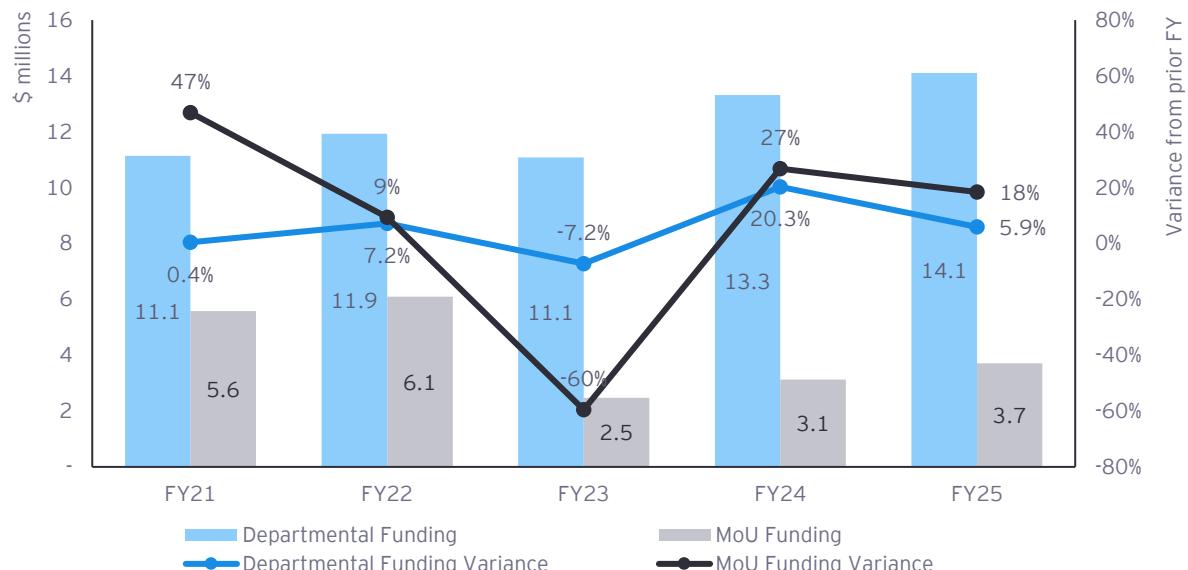
This three-part structure enables Cancer Australia to support core operations while scaling policy and program delivery through time-limited external projects. However, it also introduces distinct planning and capability management challenges across each funding stream.

5.2.2 Variability in MoU funding and delivery impact

While Departmental and administered appropriations follow a stable budgeting and expenditure pattern, MoU funding introduces a degree of variability. This is attributable to several primary factors:

- **Cash-based accounting:** Revenue is recognised upon receipt rather than when earned.
- **Project-linked timing:** Funding is tied to project milestones, leading to uneven revenue distribution across periods.
- **External commissioning:** Cancer Australia delivers work in response to policy priorities and funding decisions by partner agencies.
- **Supplementary funding approval timing:** Revenue variances also reflect when the Department finalises supplementary MoU funding decisions, a process that often concludes late in the financial year, contributing to timing-related variability in overall MoU funding.

Figure 17: Departmental vs MoU funding variances



This variability has several practical implications:

- **Delivery pressure during surge years**, such as FY23-FY25, where increased project loads were not matched by proportionate growth in internal staffing or baseline funding.
- **Budgeting complexity**, as MoU funding is included in the Portfolio Budget Statements (PBS) under own-source income. While MoU schedules outline activity, timing, and scope, this detail is not consistently visible within the PBS itself, which can limit its usefulness for forward workforce and operational planning.
- **Variability in funding** impacts forward planning because departmental appropriations alone do not cover the full cost of core business activities. MoU funding supplements this base, providing the flexibility required to meet operational needs and deliver externally commissioned work. The timing and variation of MoUs therefore affect forward resource allocation.

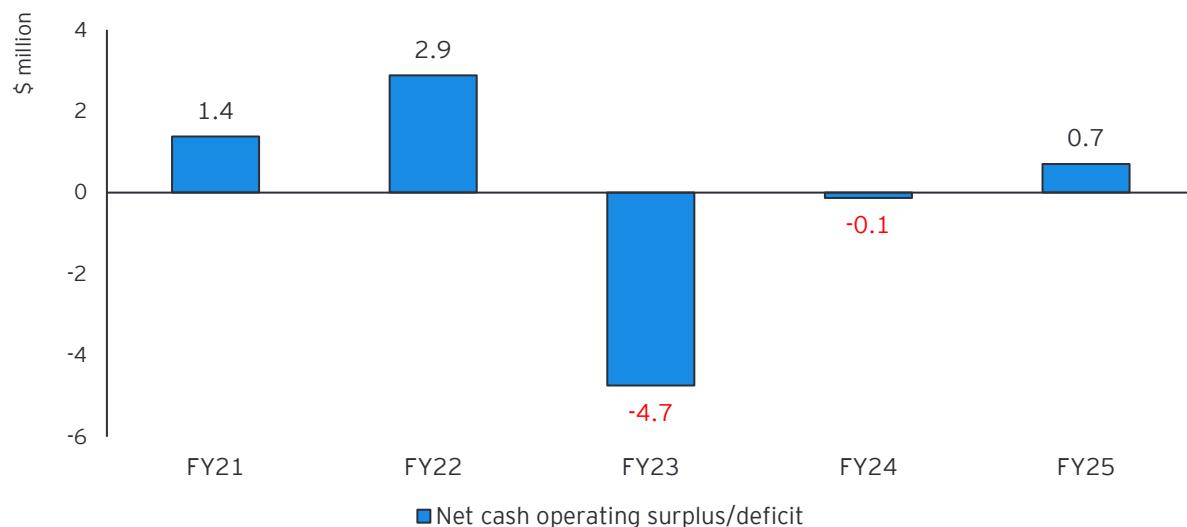
5.2.3 Net operating results, budget alignment, and variance monitoring

Cancer Australia has demonstrated sound fiscal management over FY21-FY25, maintaining compliance with Australian Government financial requirements and managing expenditure within available funding streams. While Departmental funding has remained stable and actual expenditure has closely aligned with budget, the cash-based reporting of MoU funding can still create timing differences in financial statements, even though MoU schedules document agreed timing and amounts.

Timing differences in financial outcomes appear primarily in relation to MoU funding and are actively monitored through variance analysis, since these funds depend on project milestones and payment schedules. Such fluctuations reflect these timing differences, not any fundamental financial or cost issue.

Across the review period, the agency recorded cash operating surpluses of \$1.4 million in FY21 and \$2.9 million in FY22. A net operating deficit of \$4.7 million in FY23 was driven by deferred receipts for the Australian Cancer Plan and the Pancreatic Cancer Roadmap and was formally authorised by the Finance Minister. In FY24 the net cash position was close to balance (-\$0.1 million), and in FY25 the agency recorded a modest surplus of \$0.7 million, demonstrating that annual fluctuations are attributable to revenue timing rather than structural cost concerns.

Figure 18: MoU Funding variance vs actual net cash operating surplus/deficit



Variance analysis highlights that the largest deviation occurred in FY22, coinciding with the first year of MoU funding. Actual revenue was \$18.0m (\$11.9m departmental appropriation and \$6.1m MoU funding) compared with a budget of \$12.7m, a 29.8% variance. Expenditure was \$14.5m against a budget of \$12.2m (16% variance). In the following years, variances narrowed: FY23 revenue was 2.4% above budget and expenditure 1.1% below, with positive variances sustained in both categories through FY24 and FY25.

The variability in revenue is mainly influenced by the Department's schedule for finalising supplementary MoU funding, which tends to occur later in the financial year. By contrast, expenditure variances may also reflect differences in delivery volume and when project-related costs are incurred. These are primarily timing and accounting issues. Continued variance monitoring and improved cash flow planning can help Cancer Australia

manage the inherent timing uncertainties associated with MoU receipts and project delivery, reducing variability in reported results.

Figure 19: Budget vs actual revenue

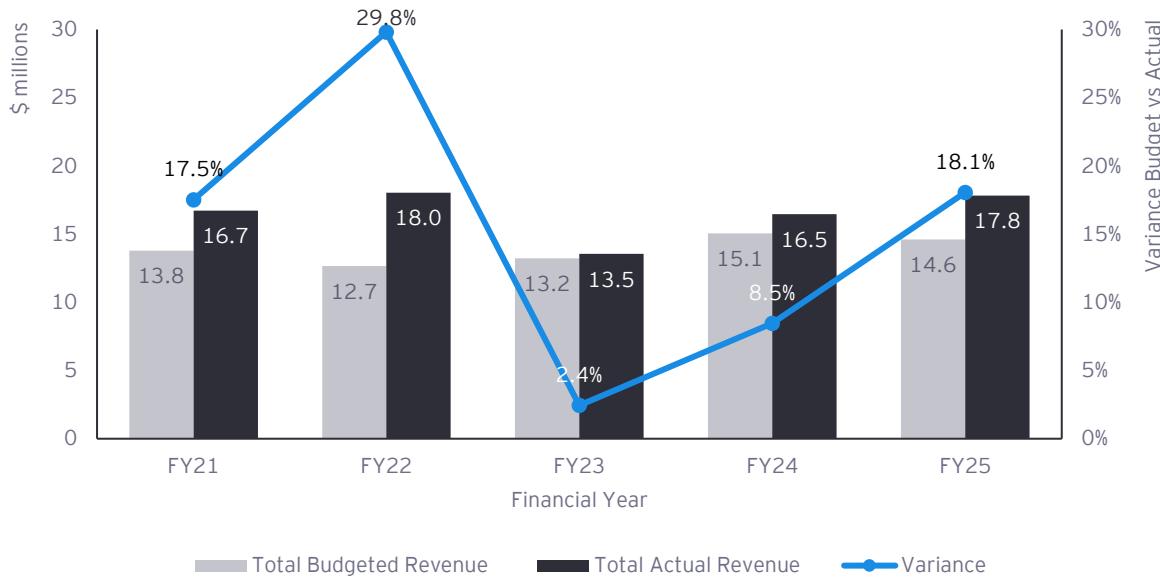
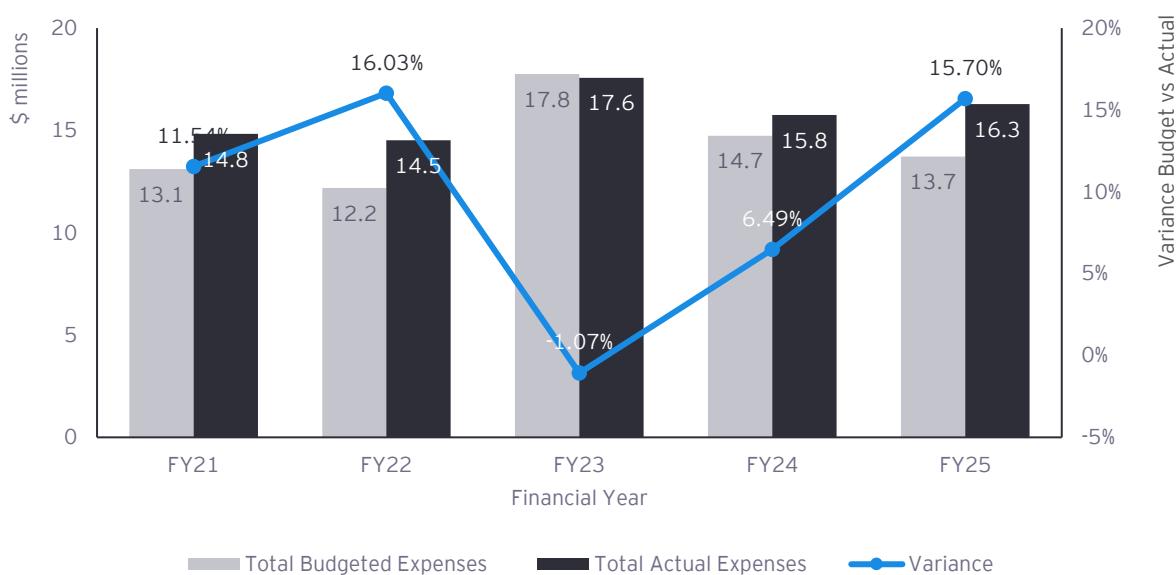


Figure 20: Budget vs actual expenditure (cash basis*)

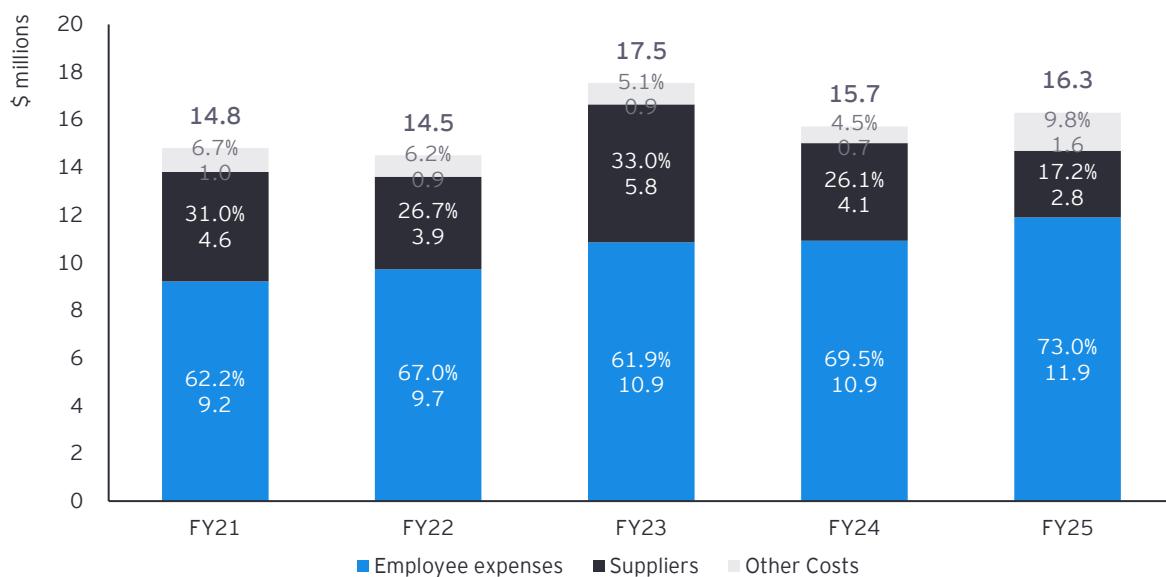


* Cash basis expenditure excludes non-cash expenses like depreciation and amortisation

5.3 Expenditure breakdown

Cancer Australia's expenditure profile demonstrates a combination of stability and responsiveness to evolving delivery requirements. Between FY21 and FY25, annual expenditure excluding non-cash items such as depreciation and amortisation ranged from \$14.5 million in FY22 to a peak of \$17.5 million in FY23. Administered appropriations were fully expended each year, with only minor adjustments for returned unspent funds, reflecting consistent financial diligence.

Figure 21: Expenditure break-down (excl. non-cash expenses)



5.3.1 Employee expenses: fixed base and capacity

Employee costs remained the dominant component of expenditure. These totalled \$9.2 million in FY21, representing 62.2% of total cash expenses. The total amount rose to \$9.7 million (67.0%) in FY22, and to \$10.9 million in both FY23 and FY24 (accounting for 61.9% and 69.5%, respectively), coinciding with increased delivery under the Australian Cancer Plan. In FY25, employee costs remained at \$11.9 million or 73.0% of total expenses, reflecting continued investment in internal capability. This structure reflects a relatively high fixed cost base, placing greater importance on the strategic management of supplier and contractor costs to maintain operational flexibility.

5.3.2 Supplier expenses: variable program and contractor spend

Supplier expenses, the second-largest category of Cancer Australia's Departmental funding spend, ranged from \$3.9 million in FY22 to a peak of \$5.8 million in FY23, before declining to \$2.8 million in FY25. The increase in FY23 reflects intensified reliance on external resources to support delivery of the Australian Cancer Plan and associated commissioned projects.

Within this category, contractor and consultant services featured prominently. Contractor costs represented 46.3% of supplier expenses in FY21 (\$2.13 million), 63.4% in FY23 (\$3.67 million), and 46.5% in FY24 (\$1.91 million). FY23 marked the peak of this trend, with contractors accounting for 19.6% of total Departmental expenses. In FY25, contractor use moderated significantly, with no MoU-related contractors engaged and \$0.6 million spent on non-MoU contractors (21.5% of supplier expenses), reflecting a substantial reduction from the FY23 peak.

MoU-funded contractors are engaged to support program delivery where project-specific requirements call for specialised skills or a scale of output beyond internal capacity. Contractors not linked to MoU funding typically provide targeted support in areas such as information technology, communications, and certain corporate service functions. High contractor spending does not necessarily imply deficiencies within the permanent workforce. It usually reflects shifting project demands, the need for specialist input, public service rules, and sometimes formal limits on staffing numbers.

Table 10: Contractor and consultant fees (\$'000)

	FY21	FY22	FY23	FY24	FY25
MoU related Contractor/Consultant	1,776	852	2,844	1,730	-
Non-MoU Contractor/Consultant*	353	860	825	176	601
Total Contractor/Consultant	2,129	1,712	3,668	1,906	601
Total Supplier Costs	4,594	3,879	5,787	4,100	2,794
Contractor/Consultant Share (% of Suppliers)	46.3%	44.1%	63.4%	46.5%	21.5%
Contractor/Consultant Share (% of Total Expenses)	13.5%	10.9%	19.6%	11.3%	3.5%

* Non-MoU contractor fees are recorded under contractor cost lines, described as Corporate Affairs, Health Promotion & Corporate Communications (HPCC), Website, and Executive functions.

5.3.3 Travel expenses: policy delivery and sector engagement

Cancer Australia's total travel expenditure, recorded under supplier costs, was \$658,510 in FY25, up from \$567,173 in FY24. Expenditure rose steadily as in-person engagement resumed, particularly during the development and implementation of the Australian Cancer Plan, which required consultation with stakeholders across jurisdictions. Given the nature of the Australian Cancer Plan, an elevated level of travel should be expected.

In FY24, 61% of travel expenditure (\$345,750) was funded through Departmental appropriations, up from \$276,306 in FY23, coinciding with expanded engagement and site visits linked to the Australian Cancer Plan. Domestic travel comprised 94% of total travel costs (\$531,479), reflecting Cancer Australia's engagement across jurisdictions, including rural and remote communities. In FY25, 33% of travel expenditure (\$219,095) was funded through Departmental appropriations, compared with 66% (\$431,797) from administered appropriations and 1% (\$7,618) from MoU funding.

In proportional terms, travel expenditure represented 1.3% of total funding in FY25, comprising 1.6% of Departmental funding, 1.3% of administered appropriations, and 0.2% of MoU funding. Average travel expenditure per employee rose to \$8,336 in FY25, compared with \$7,271 in FY24.

A breakdown of travel, including domestic and international, by purpose provides further insight into how expenditure supported program delivery. For administered-funded travel in FY25, the largest share was attributable to Australian Cancer Plan implementation stakeholder engagement (\$133,480, or 32.0%⁵), followed by genomics engagement (\$75,072, or 18.0%) and lung cancer screening consultations (\$52,631, or 12.6%). Travel to support First Nations engagement accounted for a further \$38,713 (9.3%), reflecting a broadening of activity across equity-focused initiatives.

Departmental-funded travel included travel for internal business functions (\$180,876, or 77.0%), which encompassed staff professional development workshops, operational meetings, and regular travel between Cancer Australia's Canberra and Sydney offices needed to maintain cross-site corporate operations. CEO reunion domestic travel accounted for 8.7% (\$20,386), within her Remuneration Tribunal allowance. Strategic Directions activities comprised 6.5% (\$15,245) of Departmental-funded travel, supporting project-based work such as multi-disciplinary horizon scanning, development of evidence reviews, and participation in meetings or forums that inform Cancer Australia's future planning, investment decisions, and implementation of national cancer control initiatives.

This pattern highlights the distinction between Departmental-funded travel, which primarily supports internal operations and executive functions, and administered-funded travel, which aligns with externally focused program delivery.

Overall, based on our review of the travel expenditure of Cancer Australia, it represents a small proportion of its funded activities. Given the nature of establishing the Australian Cancer Plan, a higher level of travel should

⁵

The categorised travel shares are based on Cancer Australia's internal coding and only cover costs assigned to specific purposes. While the individual amounts are accurate, some travel purposes remain uncategorised, so the totals for categorised travel do not reconcile exactly with overall travel expenditure.

be expected to effectively consult with stakeholders, especially those in regional and remote areas, CALD and First Nations stakeholders.

Table 11: Travel Expenses (\$)*

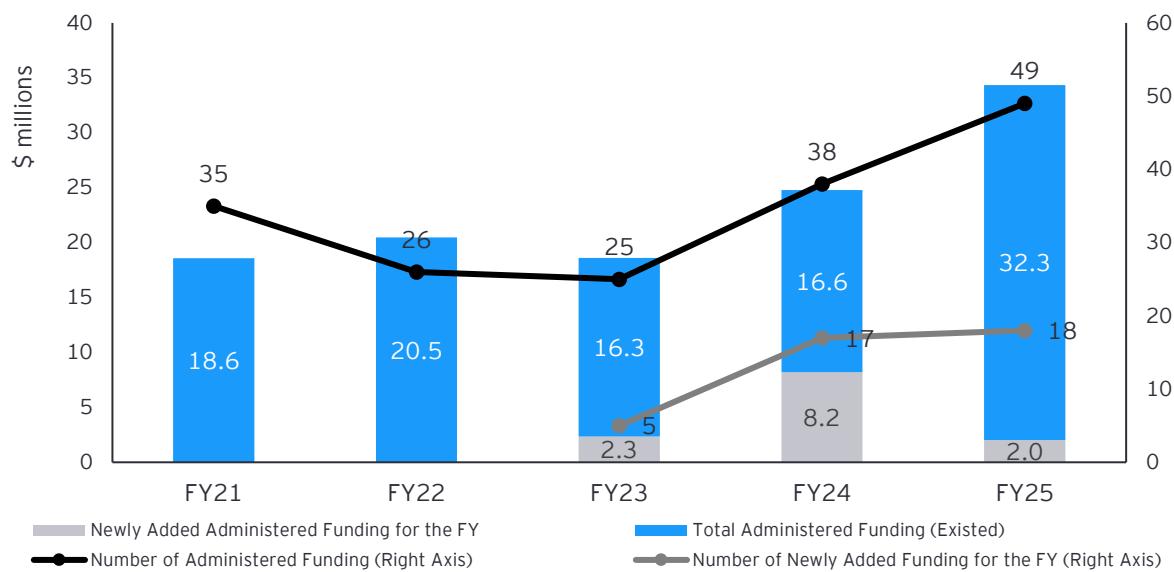
Travel Expenses (\$)	Funding Sources	FY21	FY22	FY23	FY24	FY25
Domestic Travel	Departmental	190,831	179,889	276,306	335,430	217,941
	MoU	3,192	5,432	9,552	24,245	7,618
	Administered	9,817	10,175	211,227	171,805	359,040
Total Domestic Travel Expenses		203,840	195,495	497,085	531,479	584,598
International Travel	Departmental	(8,066)	11,626	0	10,320	1,154
	MoU	0	0	0	0	0
	Administered	(8,812)	86,209	41,044	25,374	72,758
Total International Travel Expenses		(16,878)	97,835	41,044	35,694	73,912
Total Travel	Departmental	182,765	191,515	276,306	345,750	219,095
	MoU	3,192	5,432	9,552	24,245	7,618
	Administered	1,005	96,384	252,271	197,178	431,797
Total Travel Expenses		186,962	293,331	538,129	567,173	658,510
% of Funding Source	Departmental	1.6%	1.6%	2.5%	2.6%	1.6%
	MoU	0.1%	0.1%	0.4%	0.8%	0.2%
	Administered	0.0%	0.5%	1.4%	0.8%	1.3%
Total Travel Expenses (% of Funding Source)		0.5%	0.8%	1.7%	1.4%	1.3%
\$ per employee	Departmental	2,688	2,364	3,329	4,433	2,773
	MoU	47	67	115	311	96
	Administered	15	1,190	3,039	2,528	5,466
Total Travel Expenses (\$ per employee)		2,749	3,621	6,483	7,271	8,336

* Travel expense includes travel allowance and motor vehicle allowance

5.4 Administered grants, MoU programs, and strategic alignment

Between FY21 and FY25, Cancer Australia used its administered funding to support a wide range of research, service delivery, and cancer control initiatives delivered through third parties. Annual administered appropriations ranged from \$18.6 million to \$34.3 million, with full utilisation reported each year, indicating consistent financial management and delivery capacity. In FY25, the agency managed 49 programs and contracts, a 29 percent increase from 38 in FY24. This increase coincided with expanded delivery activity and alignment with priorities set out in the Australian Cancer Plan.

Figure 22: Total administered and newly added funding



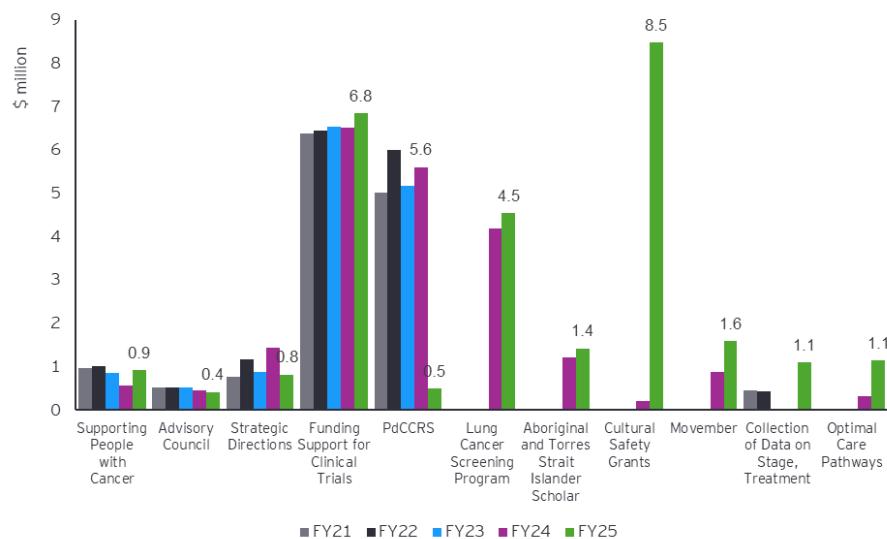
5.4.1 Administered funding trends

Despite year-to-year variability, several core programs/projects remained in place throughout the review period, including:

- Funding Support for Clinical Trials - approximately \$6.5 million annually
- PdCCRS (Priority-driven Collaborative Cancer Research Scheme) - approximately \$5.5 to \$6.0 million annually until FY24, when funding declined to \$0.5 million in FY25⁶
- Strategic Directions initiatives - between \$770,000 and \$1.4 million annually
- Advisory Council, Supporting People with Cancer, and related platforms - smaller, but steady allocations

These programs maintained stable funding over time, indicating a continued emphasis on evidence generation and alignment with national cancer priorities. From FY23, the introduction of the Australian Cancer Plan coincided with the addition of a broader range of administered initiatives.

Figure 23: Selected administered funding



⁶ PdCCRS was paused in FY25 as a result of the [Review of Cancer Australia's grant programs](#)

Following the release of the Australian Cancer Plan, 17 new administered programs/projects were introduced in FY24 and 18 in FY25, with funding of \$8.2 million in FY24 and \$2.0 million in FY25. Key initiatives included:

- Australian Cancer Plan - Administration (\$2.1 million in FY23)
- Lung Cancer Screening Program - Government Measures (\$4.2 million in FY24 and \$4.5 million in FY25)
- Aboriginal and Torres Strait Islander Scholarship (\$1.2 million in FY24 and \$1.4 million in FY25)
- Partnerships for Culturally Safe Cancer Care Grant Program (\$8.5 million in FY25)
- Quality Indicators - Movember (\$0.9 million in FY24 and \$1.6 million in FY25)
- Collection of Data on Strategy and Treatment (\$1.1 million in FY25)
- Optimal Care Pathway for Aboriginal and Torres Strait Islander People (\$1.1 million in FY25)

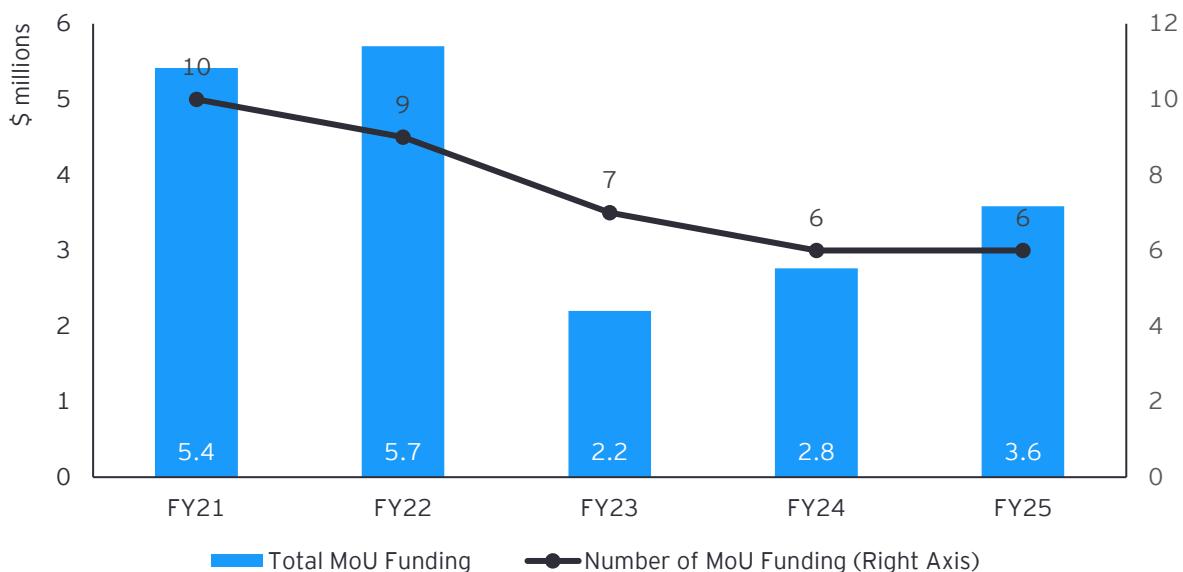
In addition to the larger programs/projects already noted, a series of smaller administered grants were introduced in FY25 to address emerging cancer priorities. These included initiatives such as Early Transformational Priorities for the Nation (\$225,000), Update and Guidance for Step 2 of the Optimal Care Pathway (\$453,330), the National Pancreatic Cancer Roadmap Priority Project (\$235,573), Early Onset Cancer Evidence Review (\$177,643), and targeted support for Aboriginal and Torres Strait Islander Research (\$345,082). Other smaller allocations supported activities such as clinical practice guideline updates, workforce modelling and reform, quality indicator development, expert advisory input, and international reporting on cancer inequities.

Together, these investments extend Cancer Australia's funding portfolio into more specialised areas, complementing the Australian Cancer Plan's focus on First Nations health, clinical best practice, national data and quality frameworks, and international leadership in cancer control.

5.4.2 MoU funding patterns and variability

Cancer Australia receives MoU funding from the Department to deliver collaborative or time-limited initiatives. Between FY21 and FY25, total MoU receipts amounted to \$19.7 million, with annual allocations ranging from \$2.2 million in FY23 to \$5.7 million in FY22. The peak in FY22 was driven by a one-off allocation for the National Pancreatic Cancer Roadmap, after which funding declined and stabilised at lower levels (\$2.8 million in FY24 and \$3.6 million in FY25). Over the same period, the number of MoU-funded programs decreased from 10 in FY21 to 6 in FY25, reflecting a smaller and more targeted project pipeline focused on priority areas.

*Figure 24: Total MoU funding**



* The MoU funding here excludes 'Section 31 - Other Receipts' in the own-source income.

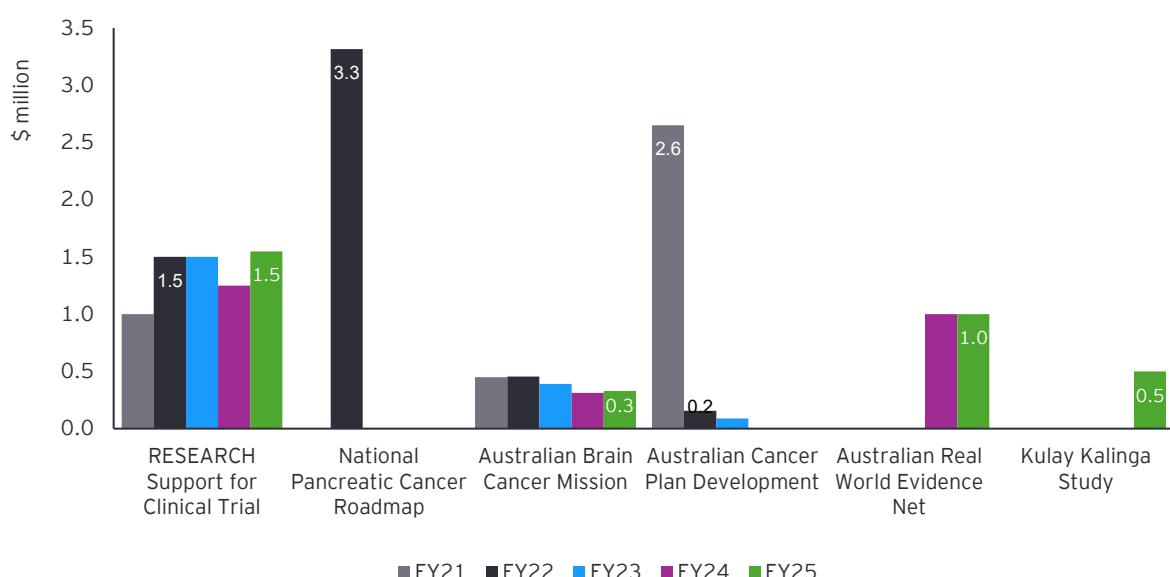
Individual MoU programs have included:

- Cancer Clinical Trials Development in Australia - \$5.3 million total across FY21-25, with ongoing multi-year support
- National Pancreatic Cancer Roadmap - \$3.3 million, concentrated in FY22
- Australian Cancer Plan Development - \$2.9 million, with \$2.6 million received in FY21
- Australian Real World Evidence Network - \$2.0 million over FY24-25
- Australian Brain Cancer Mission - \$1.9 million spread across FY21-25

Other smaller initiatives, such as Medical Officer engagement, Childhood Brain Cancer Awareness, and communication strategies were funded on an episodic basis, generally under \$0.5 million.

In several cases, Cancer Australia has co-initiated and co-funded activities with Departmental support, reflecting a strategic joint investment in national cancer priorities. The resulting variability in MoU funding stems from co-funded program structures, milestone timing, and evolving Australian Government priorities. This variability introduces resourcing and planning challenges for Cancer Australia, particularly where project-based staffing and delivery rely on short-term external funding.

Figure 25: Selected MoU funding



5.4.3 Administered funding allocation and strategic alignment

Cancer Australia's administered grants and contracts have progressively evolved in line with shifting strategic priorities, particularly following the introduction of the Australian Cancer Plan. These changes reflect rebalancing of funding within existing responsibilities, ensuring alignment with contemporary cancer control priorities. Between FY21 and FY25, allocations shifted from a predominantly research-driven profile to a more diversified mix emphasising equity, system coordination, and prevention.

In FY21, administered funding totalled \$18.6 million, with Research and Data accounting for the majority share (69.2% or \$12.8 million). Smaller allocations were directed to National Leadership and Policy Advice (11.4% or \$2.1 million), Aboriginal and Torres Strait Islander initiatives (9.7% or \$1.8 million), Stakeholder Engagement and Awareness (4.7% or \$0.9 million), and Improvements in Prevention, Treatment and Care (5.1% or \$0.9 million).

By FY24, administered funding rose to \$24.8 million, but Research and Data had declined to 53.8% of total expenditure (\$13.3 million), signalling a shift away from a primarily research focus. Over the same period, Prevention, Treatment and Care grew to 18.4% (\$4.6 million), and Aboriginal and Torres Strait Islander programs doubled their share to 10% (\$2.5 million). These shifts highlight broader investments in prevention and equity-focused initiatives.

The most significant transformation occurred in FY25, when administered funding jumped to \$34.3 million, with Aboriginal and Torres Strait Islander initiatives becoming the single largest allocation category at 39.1% (\$13.4 million). This sharp increase reflects both the Australian Cancer Plan's emphasis on addressing inequities and improving outcomes for First Nations peoples, particularly through cultural safety initiatives and

targeted leadership programs, and the supplementation of the administered budget through additional appropriation specifically for these purposes. Meanwhile, Research and Data declined further to 31.3% (\$10.7 million).

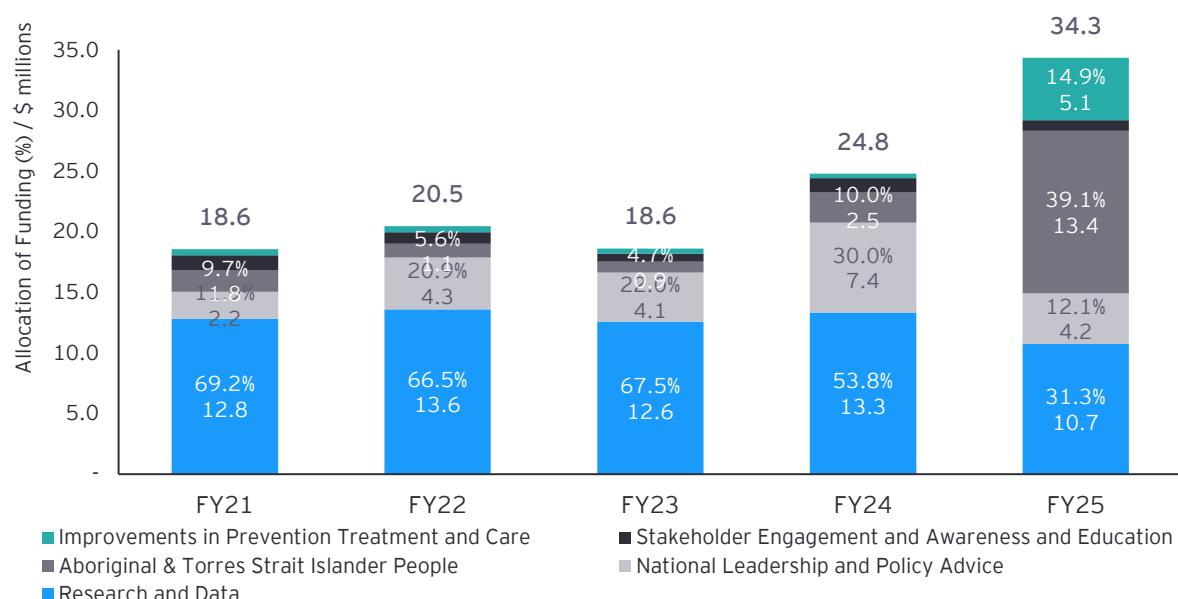
Funding for National Leadership and Policy Advice also strengthened, increasing to \$4.2 million in FY25 (12.1% of total), consistent with Cancer Australia's expanded system leadership and coordination role. Prevention, Treatment and Care sustained a material presence at 14.9% (\$5.1 million), supporting implementation of new approaches to care improvement.

Overall, these changes indicate alignment with Australia Cancer Plan objectives, including:

- Supporting outcomes for priority populations (particularly Aboriginal and Torres Strait Islander communities)
- Enhancing national system integration and coordination through leadership and policy advice
- Promoting prevention and improved treatment pathways
- Sustaining an evidence base through research, albeit with a reduced proportional share

This reallocation signals a transition from a research-dominant funding model to a more balanced portfolio, reflecting Cancer Australia's evolving mandate under the Australia Cancer Plan.

Figure 26: Cancer Australia administered funding allocation



5.4.4 Program design and funding strategy

Cancer Australia has adopted a more streamlined funding approach, prioritising larger, high-impact grants intended to deliver enhanced sector-wide outcomes. This includes competitive grant processes, such as the Cancer Australia Research Initiative (CARI), as well as larger contracted programs, such as the Lung Cancer Screening Program, which provide technical advice and delivery support. This shift toward fewer but more substantial funding agreements is consistent with broader public sector efforts to improve efficiency and governance. This approach offers advantages, including strengthened evaluation frameworks and improved stakeholder engagement.

5.5 Benchmarking and financial efficiency

5.5.1 Benchmarking

In assessing the operational scale and efficiency of Cancer Australia, benchmarking was undertaken against three Commonwealth statutory health agencies with comparable mandates: the OTA, the NHFB, and the NBA. Although these agencies differ in terms of program size, mandate, and technical focus, they provide relevant points of reference for comparison across staff size, grant administration, and organisational structure.

Cancer Australia operates as a non-corporate Commonwealth entity with a specialised mandate in national cancer control. Its functions include policy advice, coordination of research funding, implementation of the

Australian Cancer Plan, and oversight of system-level initiatives. While these responsibilities differ from other benchmarked agencies, comparative analysis helps contextualise financial and operational choices, particularly with respect to staffing, supplier engagement, and use of consultants.

In addition to the three Commonwealth benchmarking agencies, the Cancer Institute of NSW has been included in Table 12Table 12: below to illustrate a comparable state-owned authority with a similar mandate to Cancer Australia. However, the Cancer Institute of NSW has not been included in the financial benchmarking exercise due to the differences in remit, scale, organisational structure and reporting requirements between the Institute and Cancer Australia. As highlighted in Table 12Table 12: the Cancer Institute of NSW has a much broader mandate than Cancer Australia characterised by policy, administrative and clinical functions, and this is reflected in their funding envelope.

Table 12: Cancer Australia benchmarking

	Core Functions	Structure	Departmental Funding*	Workforce (Ongoing)*	Administered Expenses in FY24
Cancer Australia (CA)	<ul style="list-style-type: none"> ▪ Provide national leadership in cancer control ▪ Recommendations on cancer policy to the Australian Government ▪ Oversight of dedicated cancer research budget ▪ Implementation support for Commonwealth cancer control policies ▪ Financial assistance for cancer research and policy implementation 	Non-Corporate Commonwealth Entity	\$13.3m	Full-time: 55 Part-time: 13 Total: 68	\$24.7m
Organ and Tissue Authority (OTA)	<ul style="list-style-type: none"> ▪ Lead national program to enhance and regulate organ and tissue donation and improve opportunities for transplantation ▪ Collect and report data on the national program's performance ▪ Provide grants and tenders to build support and help increase community awareness of organ and tissue donation 	Non-Corporate Commonwealth Entity	\$6.8m	Full-time: 21 Part-time: 8 Total: 29	\$51.1m
National Health Funding Body (NHFB)	<ul style="list-style-type: none"> ▪ Collaborate with states and territories to enhance public hospital consistency and transparency ▪ Publish annual report on public hospital funding levels ▪ Provide advice on funding arrangements 	Non-Corporate Commonwealth Entity	\$7.5m	Full-time: 30 Part-time: 5 Total: 35	-

Core Functions	Structure	Departmental Funding*	Workforce (Ongoing)*	Administered Expenses in FY24
<ul style="list-style-type: none"> Ensure adequate, safe, secure and affordable supply of blood products and services Collaborate with governments to determine clinical requirements and manage annual supply plan and budget Promote safe and high-quality management of blood products and services, including by negotiating national contracts with suppliers. 	Non-Corporate Commonwealth Entity	\$9.0m	Full-time: 67 Part-time: 9 Total: 76	\$1.67b
<ul style="list-style-type: none"> Increase the survival rate for cancer patients. Reduce the incidence of cancer in the community. Improve the quality of life of cancer patients and their carers. Facilitate collaboration among cancer research bodies. Develop and review the State Cancer Plan biannually. Operate as a source of expertise on cancer control for the government, health service providers, medical researchers and the general community. 	Non-Corporate NSW Government Entity	\$185.2m	<i>Not publicly available.</i>	\$98.9m

Cancer Australia administers a smaller volume of expenditure than the OTA, despite having more than twice the workforce and a similar level of Australian Government funding. This difference reflects contrasting delivery models. OTA manages large-scale disbursements through grants or procurement, whereas Cancer Australia focuses on program coordination, policy development, and strategic investments under the Australian Cancer Plan.

In contrast, the NHFB does not directly administer funding. Its focus is advisory, supporting the Administrator of the National Health Funding Pool, which is reflected in its lean staffing of 35 and a departmental appropriation of \$7.5 million. Cancer Australia's broader remit includes both grants administration and sector-wide program leadership.

While Cancer Australia and the NBA operate with similar workforce sizes and Australian Government funding levels, the NBA administers a much larger volume of administered funding, exceeding \$1.67 billion in FY24 compared to \$24.7 million for Cancer Australia. This reflects differences in delivery models and mandates. The NBA oversees national procurement and logistics for blood and blood products, whereas Cancer Australia's role centres on national policy leadership, program design, and implementation of the Australian Cancer Plan, supported by targeted investments delivered through administered funding.

5.5.2 Expenditure ratios: employees and suppliers

Cancer Australia's cost structure is weighted toward employee expenses, which have consistently accounted for between 62 percent and 80 percent of total revenue over the past five years. This proportion is somewhat higher than that observed in comparable agencies. Supplier costs have shown more variability, increasing to 43 percent in FY23 during a period of Australian Cancer Plan program activity, before returning to 25 percent in FY24. This recent level aligns more closely with the sector average of 24 percent. This trend suggests that the agency can adjust resourcing in response to project surges and MoU funding cycles.

Figure 27: Employee expenses as a % of total revenue

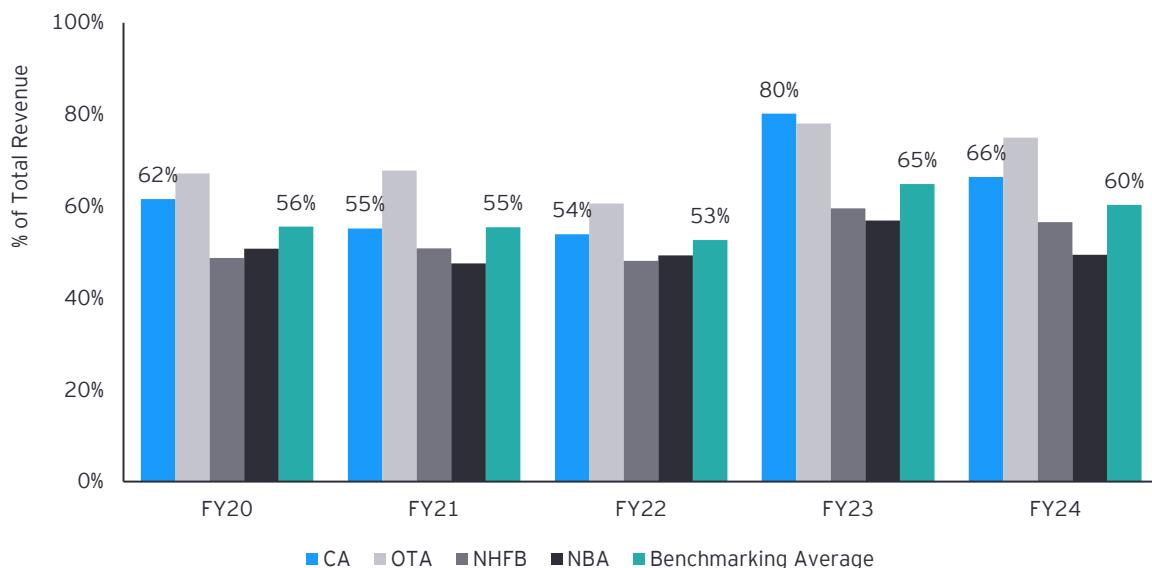
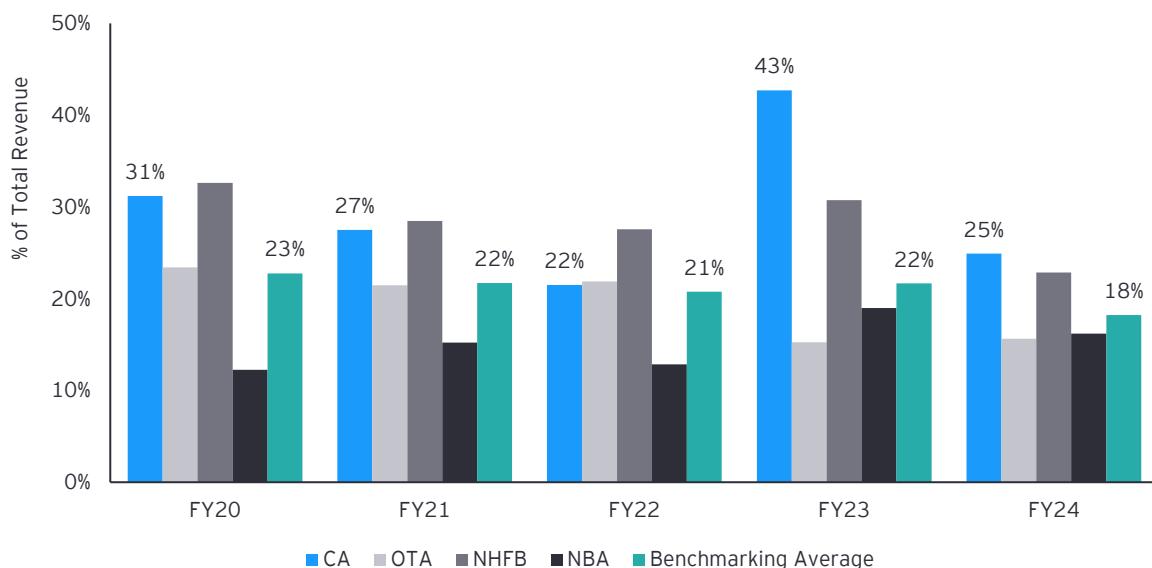


Figure 28: Supplier expense as a % of total revenue



5.6 Audit reviews

Audit activity between FY20 and FY25 offers insight into Cancer Australia's governance maturity, financial controls, and alignment with Australian Government delivery standards. External and internal audits during this period identified areas of strength as well as opportunities for improvement. Audit recommendations contributed to reforms in Cancer Australia's grants policy, operating model, and use of third-party delivery mechanisms, particularly in the context of preparing for and implementing the Australian Cancer Plan.

5.6.1 External audit findings

In FY20, the Australian National Audit Office (ANAO) identified a material misstatement in Cancer Australia's financial statements, representing the most significant external audit finding during the review period. The issue concerned the recognition of administered grants and service delivery contracts, specifically the treatment of payables and receivables between Departmental and administered funding streams.

The underlying cause was a manual and judgment-based cost transfer process between funding streams, which reduced financial clarity and accountability. The issue was addressed in FY21 through the implementation of ANAO-recommended accounting adjustments and improvements to internal processes. No external audit findings were reported between FY21 and FY25, indicating improved financial controls and responsiveness to audit recommendations.

5.6.2 Internal audit and assurance activities

Between FY21 and FY25, Cancer Australia underwent a series of internal audits covering compliance, risk management, and operational assurance. Key areas of focus included:

- Grants assurance and acquittal processes
- Records and contract management
- Cyber security maturity (Essential Eight)
- Project management frameworks

Two targeted reviews conducted during this period provided further insight:

- **Legacy Grants Review (February 2025):** This review assigned Cancer Australia a "Strong" health rating for its grants acquittal processes. It found the existing strategy and control environment to be robust, while recommending that some control requirements be streamlined to enhance efficiency.
- **Review of Grant Programs (December 2023):** This review assessed three of Cancer Australia's active grant programs and concluded that they:
 - Fulfilled Cancer Australia's legislative role
 - Were compliant with the Commonwealth Grant Rules and Guidelines (CGRGs)
 - Were broadly aligned with the Australian Cancer Plan's strategic priorities, demonstrating appropriate design and delivery relevance.

These internal audits affirmed the strength of Cancer Australia's operational controls and informed forward-looking improvements in policy, program delivery, and stakeholder engagement.

5.6.3 Implementation of audit recommendations

Cancer Australia has responded to audit findings with a targeted set of reforms focused on improving the efficiency, transparency, and proportionality of its grant programs and delivery model. The agency has used audit findings as opportunities to strengthen system-wide processes, rather than treating them solely as compliance exercises, as outlined below.

Figure 29: Audit recommendations and Cancer Australia's response

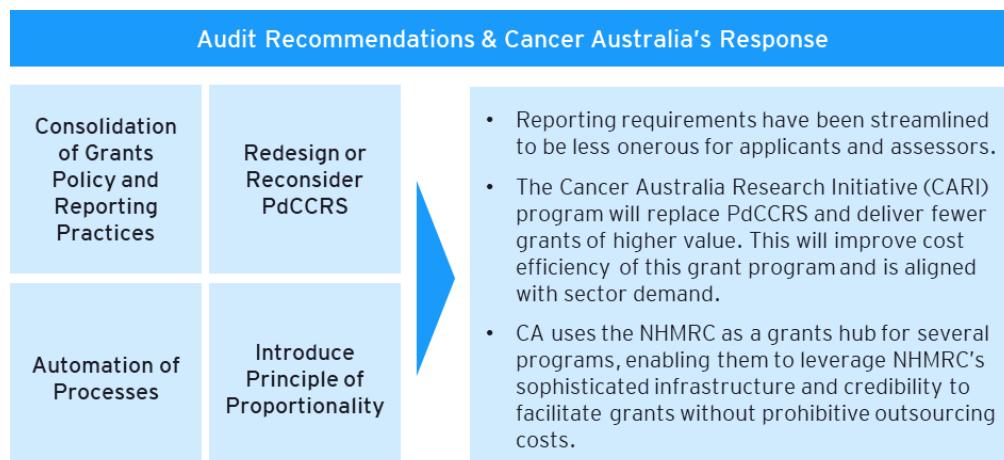


Figure 29: outlines four priority audit recommendations and the agency's responses. The redesign of the PdCCRS into the Cancer Australia Research Initiative (CARI) reflects a shift towards higher-value, lower-volume grant funding that is more closely aligned with the Australian Cancer Plan. Transitioning to the NHMRC grants hub enabled the agency to use established Australian Government infrastructure, reducing administrative complexity and improving cost efficiency.

Reporting and assurance frameworks were refined to adopt risk-based and proportionate requirements, aligning regulatory obligations with the size and risk profile of each grant. These reforms are consistent with broader public sector practices and are intended to strengthen engagement with research and clinical stakeholders.

Together, these changes reflect a maturing delivery model and demonstrate Cancer Australia's capacity to support Australian Cancer Plan implementation and broader system reform.

- Cancer Australia has maintained financial stability while expanding its national leadership role under the Australian Cancer Plan.
- Its funding model—anchored in stable appropriations and supplemented by variable project-based revenue—has supported delivery but introduced planning complexity.
- To meet future demands, Cancer Australia should continue to strengthen financial flexibility, align funding streams with strategic priorities, and embed continuous improvement in budget planning and variance monitoring.

5.7 Opportunities

Opportunity
Section 5 Financial performance
<p>Opportunity 7: Strengthen financial sustainability, flexibility, and alignment to Australian Cancer Plan delivery: Cancer Australia's capacity to deliver the Australian Cancer Plan depends on funding arrangements that are stable, adaptable, and aligned to objectives. Cancer Australia should continue to closely align funding streams with Australian Cancer Plan priorities, strengthen variance monitoring, review ongoing expenditure, and embed continuous financial improvement, in line with PGPA and Australian Government expectations. The opportunities for Cancer Australia are:</p> <ul style="list-style-type: none">a) Align funding streams to Australian Cancer Plan objectives: Establish a framework to link appropriations, MoU funding, and other project funding directly to Australian Cancer Plan priorities such as prevention, equity, research, and system integration, and maintain a structured account mapping process to enhance transparency and reporting.b) Enhance variance monitoring: Strengthen rolling variance monitoring across all funding streams, supported by predictive analysis and early-warning mechanisms. Ongoing monitoring and refinement of resource allocation processes can build organisational resilience, mitigate year-end fluctuations, and increase the reliability of Portfolio Budget Statements while supporting predictable delivery of Australian Cancer Plan objectives.c) Continue to review contractor and travel expenditure for efficiency: Establish clear categorisation of contractor engagements, distinguishing between specialist project expertise and operational functions, and mandate knowledge-transfer mechanisms to minimise reliance on external providers for continuing activities, where Cancer Australia consider this knowledge transfer appropriate. Apply structured assessment of travel expenditure, with tracking of travel purposes such as stakeholder engagement, program delivery, or governance, to confirm that activities remain efficient, proportionate, and aligned with Australian Cancer Plan objectives.d) Embed assurance and continuous improvement: Consolidate recent financial management reforms, including the adoption of Cancer Australia Research Initiative (CARI), streamlined acquittal processes, and risk-based assurance approaches to continue to enhance financial stewardship, reduce administrative burden and meet PGPA and government expectations.

Appendix A Cancer Australia Advisory Groups

The table below lists the current advisory groups established by Cancer Australia.

Advisory group	Status	Membership and frequency of meetings	Purpose
Cancer Australia Advisory Council	Ongoing group No ToR, however, its role and governance are defined by the <i>Cancer Australia Act 2006</i> .	<ul style="list-style-type: none"> Consists of a Chair and up to 12 other members, as appointed by the Minister. 	<ul style="list-style-type: none"> Established under the <i>Cancer Australia Act 2006</i>, to provide advice to the CEO about the performance of Cancer Australia's functions.
Intercollegiate Advisory Group (ICAG)	Ongoing group Operates under a ToR	<ul style="list-style-type: none"> A senior officer of relevant colleges and cancer organisations including consumers across the continuum of cancer care. Two face-to-face meetings annually. 	<ul style="list-style-type: none"> Inform national approaches to reducing variations in cancer outcomes. Promote the use of best available evidence to achieve effective cancer care. Identify collaborative approaches across the system to address cancer control challenges across the continuum—from prevention to treatment. Provide advice on emerging issues nationally and internationally to inform Cancer Australia's work.
Research and Data Advisory Group (RDAG)	Ongoing group Operates under a ToR	<ul style="list-style-type: none"> Consists of a Chair and up to 17 other members. Up to two meetings annually. 	<ul style="list-style-type: none"> Provide expert advice on Cancer Australia's work in research, clinical trials, and data. Recommend strategies to strengthen or build on existing programs in these areas. Advise on current and emerging issues in national and international cancer research, clinical trials, and data. Contribute to the development and refinement of Cancer Australia's research priorities. Identify priorities for Cancer Australia's work in data. Support Cancer Australia's leadership role by advising on key national and international partnerships and collaborations. Offer guidance based on members' individual areas of expertise, as required.
National Cancer Expert	Ongoing group	<ul style="list-style-type: none"> Cancer Australia CEO (Convenor and Chair) 	<ul style="list-style-type: none"> Provide advice and guidance on priority cancer control issues requiring a national or cross-jurisdictional approach.

Advisory group	Status	Membership and frequency of meetings	Purpose
Advisory Group (NCEG)	Operates under a ToR	<ul style="list-style-type: none"> ▪ One senior policy representative from each state and territory, and the commonwealth, with oversight of cancer control in the jurisdiction. ▪ One senior cancer clinician from each state and territory, and the Australian Government with oversight of cancer services. ▪ Cancer Australia Deputy CEO and Medical Director. ▪ Approximately three videoconference meetings annually. ▪ The Chair may authorise certain matters to be considered by NCEG, or a delegated subgroup, out of session via email correspondence, videoconference, or face-to-face meetings. 	<ul style="list-style-type: none"> ▪ Identify and offer strategic input on emerging trends and issues of national significance in cancer control. ▪ Advise on implementation priorities of the Australian Cancer Plan, incorporating jurisdictional perspectives. ▪ Share information on jurisdictional activities that support the Plan's implementation and goals. ▪ Promote and build support for the Plan across jurisdictions and the cancer control sector. ▪ Identify risks and challenges to Plan implementation and recommend mitigation strategies. ▪ Support the Cancer and Population Screening (CAPS) committee by providing expert advice, as requested by Cancer Australia's CEO. ▪ Convene subgroups of members or other experts as needed to provide policy and technical advice on specific cancer control actions.
Leadership Group on Aboriginal and Torres Strait Islander Cancer Control (Leadership Group)	Ongoing group Operates under a ToR	<ul style="list-style-type: none"> ▪ Consists of the Chair and up to 12 members. ▪ Three meeting annually, with at least one face-to-face meeting. 	<ul style="list-style-type: none"> ▪ Provide strategic advice and guidance to assist Cancer Australia and the Australian Government in Aboriginal and Torres Strait Islander cancer control. ▪ Champion cross-sector collaboration in addressing and monitoring the progress of priorities. ▪ Identify and leverage opportunities to improve cancer outcomes at system, service, and community levels. ▪ Identify emerging issues of national importance in Aboriginal and Torres Strait Islander cancer control and propose options to address these across multiple sectors. ▪ Provide input and advice in areas of specialised expertise, including to other cancer-related groups, as required.

Appendix B Cancer Australia's Advisory Council requirements

The Cancer Australia Advisory Council does not currently have a Terms of Reference, though *Section D: Secondary statutory structure* of the *Cancer Australia Act 2006* stipulates the following requirements of the Advisory Council:

- They may assist with policy development, regulation, and assurance activities.
- Includes bodies established to promote international relations.
- These bodies may report to the Commonwealth entity, the Secretary of the Portfolio department or to the Minister directly.
- Members are often appointed by the Minister but may also be appointed by the Commonwealth entity.
- Majority of members are likely to be external to the Australian Government.
- Members may be paid or unpaid.
- Usually includes a representative of the Commonwealth entity as an ex officio member.
- These bodies do not usually employ staff but may be supported by public servants. They do not usually incur expenditure on their own account nor prepare separate accounts. Instead, where expenditure is incurred, it is accounted for through the accounts of a parent body.
- They may assist with policy development, regulation, and assurance activities.
- Includes bodies established to promote international relations.
- These bodies may report to the Commonwealth entity, the Secretary of the Portfolio department or to the Minister directly.
- Members are often appointed by the Minister but may also be appointed by the Commonwealth entity.
- Majority of members are likely to be external to the Australian Government.
- Members may be paid or unpaid.
- Usually includes a representative of the Commonwealth entity as an ex officio member.
- These bodies do not usually employ staff but may be supported by public servants. They do not usually incur expenditure on their own account nor prepare separate accounts. Instead, where expenditure is incurred, it is accounted for through the accounts of a parent body.

Appendix C Australian cancer data

This section explores cancer data in Australia, incorporating stakeholder perspectives. Cancer data is a key focus area for Cancer Australia in implementing the Australian Cancer Plan. This section outlines the background and context that led to the development of the National Cancer Data Framework (the Framework), provides a brief overview of the Framework and its companion Implementation Roadmap, and describes their purpose, scope, and the roles of Cancer Australia and other stakeholders in shaping and delivering these initiatives.

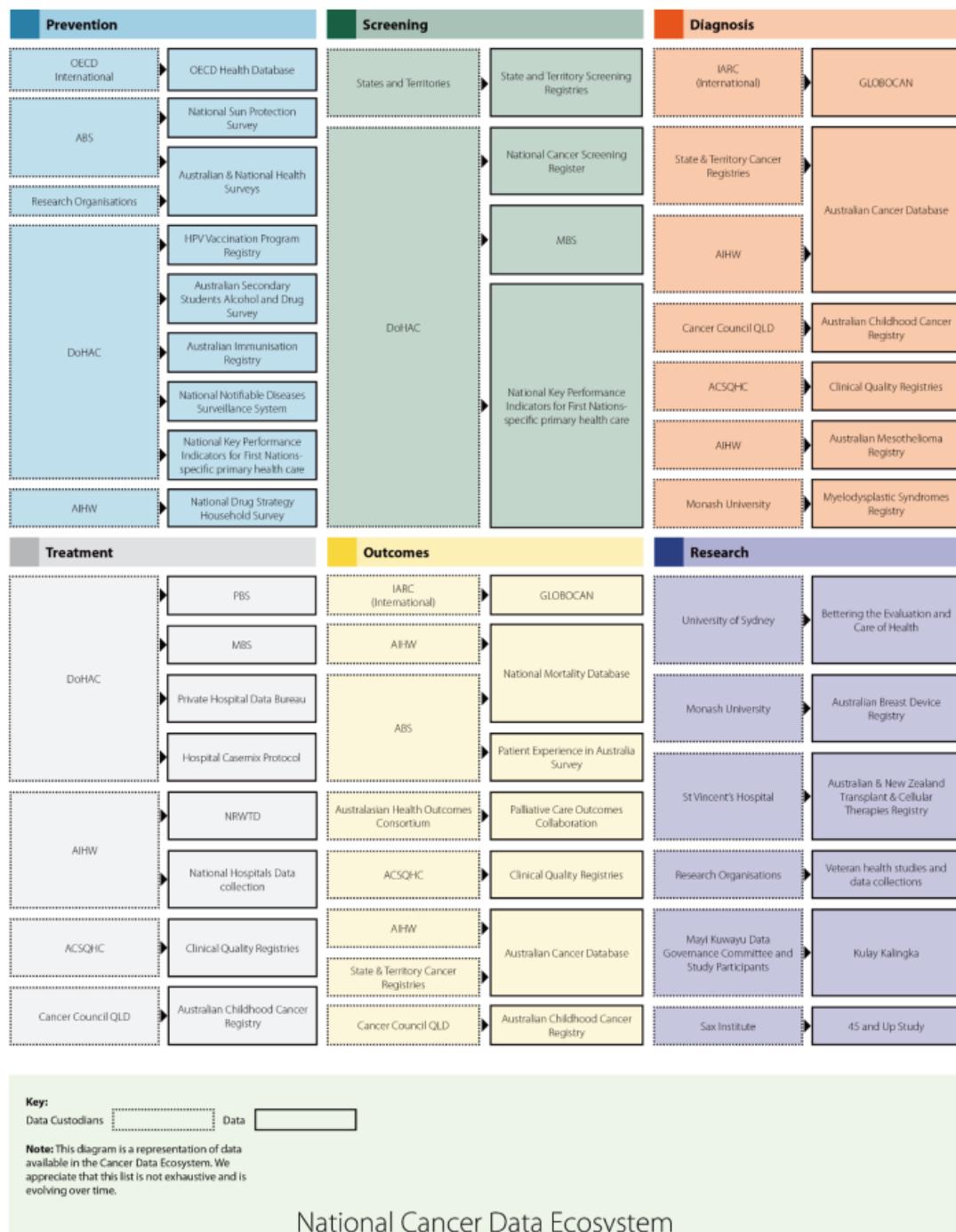
Background and context

Australia's cancer data landscape has long been fragmented, with disparate systems across jurisdictions and significant complexity with a variety of data custodians and unlinked data sets (see Figure 30/Figure 30). Adding to this complexity is a wide variation in jurisdiction infrastructure, capability and capacity to collect cancer data with variations observed in key areas such as data availability, collection methodologies, and timeliness of data collection.

Data collected by jurisdictions and other stakeholders, utilising varied methodology, is shared with AIHW who report on cancer in Australia including prevalence, incidence, risk factors and screening participation. The most recent reported national cancer data is from 2021.

Stakeholders have highlighted that delays in data collection and gaps in critical information such as cancer staging, recurrence and detailed five-year cancer outcomes through death registries linkage, are limiting the ability to fully understand and improve cancer outcomes in Australia.

Figure 30: Australia's national cancer data ecosystem⁷



The National Cancer Data Framework

Recognising the critical need for accurate and comprehensive cancer data across the continuum of care, to illuminate outcomes, identify variations, and guide policy, strategy, research, and care, Cancer Australia has prioritised a unified national approach to data aligned with the Strategic Objectives of the Australian Cancer Plan. In collaboration with AIHW, Cancer Council Australia, and extensive consultation with governments, data custodians, clinicians, researchers, not-for-profit organisations, consumers, and a First Nations-led co-design process grounded in Indigenous Data Sovereignty principles (Maiam nayri Wingara; CARE/FAIR), Cancer Australia developed the National Cancer Data Framework and its accompanying Implementation Roadmap. The

⁷

Source: [National Cancer Data Framework](#) accessed 14/8/25

Framework has been endorsed by CAPS and Health Chief Executives and is currently pending final approval by Health Ministers.

The Implementation Roadmap outlines short-term priorities to 2029 and longer-term actions to 2033, aligned with the Australian Cancer Plan timeframe. It addresses key areas such as:

- performance reporting and benchmarking
- data timeliness and standardisation
- stage at diagnosis
- structured pathology and radiology reporting
- EMR-based structured clinical data,
- patient-reported outcome and experience measures (PROMs/PREMs)
- development of enduring linked data assets.

Together the Framework and Implementation Plan represent foundational steps toward building a modern, integrated cancer data ecosystem. These initiatives support the Australian Cancer Plan's 10-year ambition to modernise cancer control infrastructure through technology, research, and data.

If delivered as intended, the Framework and Roadmap will:

- **Improve transparency and accountability** via a national performance reporting framework that leverages NCCI/AHPF and moves toward public benchmarking.
- **Close critical data gaps** (e.g., stage at diagnosis, treatment, PROMs/PREMs, genomics) to better identify unwarranted variation and track equity over time.
- **Accelerate timeliness and interoperability** through structured reporting (pathology/radiology), EMR data capture, and harmonised standards and access processes.
- **Embed Indigenous Data Sovereignty** through practical governance, capability building, and culturally safe data practices across the lifecycle.

Challenges

- **Defining governance, roles and responsibilities**

The diversity of the cancer control data landscape requires action from many stakeholders to implement the Framework.

To meet the Framework's objectives, the governance, roles and responsibilities across the stakeholder landscape need to be defined. Articulating the roles and responsibilities of Cancer Australia and stakeholders such as the Department, AIHW, Australian Cancer Data Alliance, Australasian Association of Cancer Registries, The Royal College of Pathologists of Australasia, Royal Australian and New Zealand College of Radiologists, jurisdictions, private sector and consumer groups, including First Nations and priority populations will support Framework adoption and implementation

- **Implementation**

The actions identified in the Implementation Roadmap are currently not allocated to specific stakeholders and the timeframes for associated actions are not specified, with short term actions due by 2029 and long-term actions due by 2033.

Significant investment by stakeholders, particularly the jurisdictions, is required to drive data uplift and implement the Framework. Some jurisdictions require more significant uplift to implement the Framework. Providing tailored support for these jurisdictions through technical expertise and leveraging learnings from jurisdictions with more advanced cancer data capabilities would support Framework implementation.

Risk

The overall cost funding sources for implementation are not yet articulated and fall outside of Cancer Australia's remit. Given competing health priorities, particularly at the jurisdictional level, there is a risk that the Framework may not be implemented as intended, potentially widening disparities in data capability across jurisdictions. (Stakeholders: Australian Government, Jurisdictions, SMEs).

Potential opportunities

Some jurisdictions already have access to more current and detailed data (e.g. cancer staging), which could be utilised to inform national policy and strategy. Piloting additional dataset linkages, such as death registries with clinical registry data, in these jurisdictions could demonstrate the potential benefits of improved data integration for understanding cancer survival rates.

Stakeholders have also identified an opportunity for Cancer Australia to produce a national report on cancer, like the Atlas of Variation published by the Australian Commission on Safety and Quality in Health Care. Such a report would be highly valued to inform strategic policy, enhance patient care, and improve outcomes (Stakeholders: SMEs).

Appendix D Summary of consultations and key themes

The summary below provides an overview of the stakeholder consultation approach and emerging themes, with further detail provided in the Stakeholder Consultation Report.

Background and approach

A comprehensive stakeholder consultation process was undertaken as part of the Independent Review of Cancer Australia, with over 98 stakeholders consulted in 57 consultations. This included a combination of individual interviews and focus groups, with a survey distributed to international bodies for response.

Key stakeholders

Stakeholders were identified in collaboration with the Department of Health, Disability and Ageing and Cancer Australia to ensure broad representation across the cancer control sector. This included:



Summary of insights and opportunities identified in consultation

Domain	Insights	Stakeholder-identified opportunities
Organisational purpose	Cancer Australia's role as a national policy and coordination body is broadly understood. It is recognised for its leadership in developing the Australian Cancer Plan, with stakeholders acknowledging the value of having strong national leadership in cancer control.	<i>(No explicit opportunities identified by stakeholders)</i>
Governance	Cancer Australia's Advisory Council and Expert Advisory Groups (EAGs) play an important role in supporting strategic agility and responsiveness to sector needs. However, there is some uncertainty around the purpose and expected outputs of the EAGs.	<ul style="list-style-type: none">Explore and articulate the intended purpose, anticipated outputs of Cancer Australia's EAGs.
Roles and responsibilities	There is confusion regarding some of Cancer Australia's roles and responsibilities, particularly in relation to other organisations and functions within the cancer control system. This is compounded by the fragmentation of Australia's federated health system, which contributes to duplication and misalignment. Greater clarity is sought in the following areas to improve coordination and reduce inefficiencies: <ul style="list-style-type: none">Roles and responsibilities with other entities: Including the Department, NHMRC, Genomics Australia, AIHW, Cancer Council Australia, and	<ul style="list-style-type: none">Review existing mechanisms, such as MoUs, Statements of Expectations, to clarify roles, responsibilities, and accountability between Cancer Australia and the Department.Clarify Cancer Australia's role in relation to the Department, other statutory bodies, states and territory agencies and NGOs.

	<p>NACCHO, to reduce duplication and overlap in responsibilities.</p> <ul style="list-style-type: none"> ▪ Jurisdictional engagement: approach to supporting jurisdictions delivering cancer control activities and Australian Cancer Plan implementation. ▪ Australian Cancer Plan implementation: supporting implementation of the Australian Cancer Plan across jurisdictions and cancer organisations to ensure goals and objectives of the Plan are achieved. ▪ Research: supporting coordination of research efforts across the sector. ▪ Data: supporting implementation of the National Cancer Data Framework while acknowledging variation in infrastructure, capability, and capacity across jurisdictions. ▪ Workforce: ensuring workforce planning incorporates emerging areas such as genomics and digital health and addresses the needs of priority populations. ▪ Public-facing resources: understanding of responsibilities in developing and disseminating public-facing resources to ensure accessibility and visibility. 	
Impact	<p>Cancer Australia's activities must be clearly measurable to demonstrate the value and impact of its investments and initiatives, with a focus on achieving tangible outcomes. Strengthening relationships and communication with jurisdictions is essential to enhancing impact, given their critical role in implementing the Australian Cancer Plan and ensuring alignment with national and local priorities.</p>	<ul style="list-style-type: none"> ▪ Establish a formal outcomes framework or benefits realisation plan to assess the impact of Cancer Australia's initiatives. This should also be used to evaluate research impact and patient outcomes. ▪ Increase consistent, two-way engagement between Cancer Australia and the jurisdictions, and support earlier involvement in decision-making.
Transparency	<p>Greater transparency is needed in how Cancer Australia communicates its decisions and strategic direction. This includes clearer articulation of how activities align with both cancer control and broader Australian Government health priorities, as well as how funding and research priorities are determined. Communication often occurs after decisions are finalised and made public, limiting opportunities to leverage existing expertise, experience and infrastructure, and increasing the risk of potential duplication.</p>	<ul style="list-style-type: none"> ▪ Provide regular, structured updates (e.g., quarterly reporting) to support transparent and frequent reporting, including consumer-facing updates.

Appendix E Data and documents reviewed

The following table presents the data and documents reviewed during this Review.

Key Observation	Data and documents reviewed
Strategy, Performance and Governance	<ul style="list-style-type: none"> ▪ <i>Cancer Australia Act 2006</i> ▪ <i>Statement of Expectations 2020</i> ▪ <i>Statement of Intent 2020</i> ▪ <i>Corporate Plan 2020 - 2025</i> ▪ <i>Annual Report 2020-2024</i> ▪ <i>Australian Cancer Plan</i> ▪ <i>Aboriginal and Torres Strait Islander Cancer Plan</i> ▪ <i>Australian Cancer Plan - Monitoring and Evaluation Framework</i> ▪ <i>Agency Policies and Procedures Updates 2025</i> ▪ <i>Audit and Risk Charter</i> ▪ <i>Cancer Australia Governance Framework 2025</i> ▪ <i>ICAG Terms of Reference</i> ▪ <i>Leadership Group Terms of Reference</i> ▪ <i>NCEG Terms of Reference</i> ▪ <i>Project Board Terms of Reference</i> ▪ <i>RDAG Terms of Reference</i> ▪ <i>Senior Executive Team Terms of Reference</i> ▪ <i>WH&S Terms of Reference</i> ▪ <i>WRC Terms of Reference</i> ▪ <i>Legislative and Policy Compliance Register 2024</i> ▪ <i>Senate Committee Submissions and Appearances</i> ▪ <i>PBS 2024 - 2026</i> ▪ <i>Key drivers of funding trends for cancer research 2012 - 2020</i> ▪ <i>Summary of Progress against 2-year Australian Cancer Plan actions</i> <ul style="list-style-type: none"> ▪ <i>Department and Cancer Australia MoU:</i> ▪ <i>Cancer Control Activities in Australia</i> ▪ <i>Schedules 1 - 12</i> ▪ <i>Childhood Brain Cancer Awareness Day</i> ▪ <i>Development of a National Pancreatic Cancer Roadmap</i> ▪ <i>Cancer Australia medical Officer</i> ▪ <i>A sample of progress reporting</i> ▪ <i>Australian Cancer Plan Partnership Agreements:</i> ▪ <i>Australian Cancer Risk Study</i> ▪ <i>Calvary Health Care</i> ▪ <i>Camp Quality</i> ▪ <i>Canteen</i> ▪ <i>CNSA</i> ▪ <i>Deakin University</i> ▪ <i>Flinders CEIH</i> ▪ <i>GenesisCare</i> ▪ <i>Melanoma Patients Australia</i> ▪ <i>Palliative Care Australia</i> ▪ <i>Storr Liver Centre</i> ▪ <i>Tackling Leukemia Inc</i> ▪ <i>Chris O'Brien Lifehouse</i> ▪ <i>Deakin University via IPAN</i> ▪ <i>Head and Neck Cancer Australia</i> ▪ <i>Inherited Cancers Australia</i> ▪ <i>Liver Foundation</i> ▪ <i>PCFA</i> ▪ <i>Peter MacCallum Cancer Centre</i>
Organisational Performance	<ul style="list-style-type: none"> ▪ <i>Cancer Australian Organisation Chart 2025</i> ▪ <i>Cancer Australia Overview</i> ▪ <i>Functional Organisation Chart 2025</i> ▪ <i>Position Description (PD) EL2 CRO-COO</i> ▪ <i>PD MO5 Branch Health and Medical Director</i> ▪ <i>PD SES Band 1 Branch Head Cancer Control Strategy</i> <ul style="list-style-type: none"> ▪ <i>APS Employee Census Action Plan 2024</i> ▪ <i>National Anti-Corruption Commission Commonwealth Integrity Survey</i> ▪ <i>RAP Workplace Barometer Results Report</i> ▪ <i>Workforce Mapping 2025</i> ▪ <i>Item 14 Capability and Development Needs</i>

Key Observation	Data and documents reviewed
	<ul style="list-style-type: none"> ▪ PD SES 1 Branch health Evidence, Priority Initiatives and Communications ▪ PD SES Band 2 Deputy CEO ▪ APS Employee Census Highlights Report 2020 - 2025 ▪ ICT Strategy 2018 to 2025 Summary ▪ Enterprise Risk Register ▪ Item 15 Efficiency and Productivity ▪ 2024-25 Branch Business and Risk Plan - Cancer Control Strategy, Clinical Policy Advice, Corporate Operations and Evidence, Priority Initiatives and Communications Branch
Financial Performance	<ul style="list-style-type: none"> ▪ Financial Reports from 2020 - 2024 ▪ PBS Funding ▪ Annual Report from 2020 - 2024 ▪ Accountable Authority Instructions 2021 ▪ Cancer Australia Financial Delegations 2025 ▪ Corporate Credit Card Policy ▪ Domestic Travel Policy ▪ ANAO External Audit 2020 - 2024 ▪ Corporate Services Benchmarking 2025 ▪ Cancer Australia Trial Balances Consolidated 2019 - 2025 ▪ Assurance Review Health Check Summary ▪ Contract Management 2022 ▪ Essential Eight Maturity Assessment Review 2024 ▪ Legacy Grants Review 2025 ▪ Project Management 2021 ▪ Records Management Review 2025 ▪ Review of Grants Programs 2023 ▪ IARC Travel Funding ▪ Legal Services Expenditure 2020 - 2024 ▪ Cancer Australia FTE APS Staff Date 2020-2024 ▪ Cancer Australia Appropriations Mapping ▪ Cancer Australia Travel Cost Category Mapping

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