



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2015-16

MR BRENDAN SMYTH MLA (CHAIR), MS MEEGAN FITZHARRIS MLA (DEPUTY CHAIR), DR CHRIS BOURKE MLA, MS NICOLE LAWDER MLA

ANSWER TO QUESTION TAKEN ON NOTICE



Dr Bourke : To ask the Minister for Health

Hansard page number 427

In relation to: The Mean Number of Teeth with Dental Decay, Missing or Filled Teeth (DMFT) at Ages 6 and 12

If you turn to strategic objective 13, minister, you managed to achieve a reduction in DMFT between years six and years 12. How have you got that?

Can I suggest that the actual reason there is a difference is because the index at six year is little DMFT which creates to deciduous teeth not permanent teeth which is the index at year 12 so perhaps you will need to some correction to your papers there. A more interesting measure might be D versus M, that is decay versus missing and filled. It that data available?

Minister Corbell: The answer to the Member's question is as follows:—

The purpose of table in the Budget Estimate Paper is to compare the ACT data against the National data for each age group documented, however the information should have reflected DMFT at six years, representing deciduous teeth, not permanent teeth.

The way in which the ACT Health Dental Health Program are measuring this indicator is standard across Australian jurisdictions, and is the most common way of reporting caries experience in children. It is a very simple format and an easy way to understand the caries experience in children.

Approved for circulation to the Select Committee on Estimates 2015-16

Signature:

Date: 29.6.15

By the Minister for Health, Mr Simon Corbell MLA



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ANSWER TO QUESTION TAKEN ON NOTICE



Mr Doszpot: To ask the Minister for Health

Hansard page number 429

In relation to: Health Care Access at School (HAAS) Program

Can you confirm for me which schools are taking part in this trial? I would appreciate the number of schools and the names of those schools.

Minister Corbell: The answer to the Member's question is as follows:-

The mainstream schools with a student who uses the HAAS Program, as at 17 June 2015, are as follows:

Mainstream School
Amaroo School
Aranda Primary School
Duffy Primary School
Evatt Primary School
Lanyon High School
Namadgi School
University of Canberra (UC) High School Kaleen

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Signature:

Date: 21.7.15

By the Minister for Health, Simon Corbell MLA



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ANSWER TO QUESTION TAKEN ON NOTICE

Mr Doszpot: To ask the Minister for Health

Hansard page number 431

In relation to: Healthcare Access at Schools (HAAS) Program

Can you just confirm what was the starting date for this program?



Minister Corbell: The answer to the Member's question is as follows:—

The first mainstream school student commenced in the HAAS program on 5 February 2013. The first specialist school student commenced in the HAAS program on 17 January 2014.

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Date:

By the Minister for Health, Simon Corbell MLA



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ANSWER TO QUESTION TAKEN ON NOTICE



Ms Fitzharris: To ask the Minister for Health

Hansard page number 437

In relation to: Walk in Centres (WICs) - demographics of people presenting to the WIC's

- 1) Information on the demographics of people who are presenting to the nurse-led-walk-in centres.
- 2) Is there any group that is more likely to come to a walk-in centre than others?

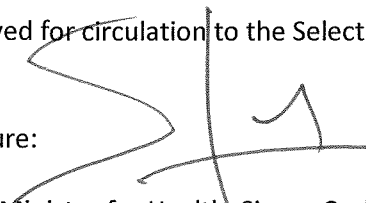
Minister Corbell: The answer to the Member's question is as follows:-

- There have been 32,375 presentations to the WICs this Financial Year. These presentations were made by 21,852 unique people or clients.
- Of this client group, 54.5 per cent were female. The proportion of females in the ACT-wide population is 50.3 per cent. Female clients are more likely to have made multiple presentations.
- The most highly represented age group is 0 to 14 years, accounting for 24.6 per cent clients. This age group constitutes 18.1 per cent of the ACT population as a whole. Of this age group, males constitute 52 per cent, very slightly above their general representation in the ACT population of 51.3 per cent.
- The next most highly represented group is 15 to 24 years, at 20 per cent. This age group constitutes 15.9 per cent of the ACT population as a whole.
- The third most represented age group is 25 to 34 years, at 18.5 per cent. This age group constitutes 16.8 per cent of the ACT population as a whole.
- All other age groups are under-represented at the WICs when compared with their respective proportion of the population overall.
- 94 per cent of WIC clients are ACT residents, 4 per cent are from NSW and 1 per cent from other places.
- The top five suburbs, based on numbers of presentations, are different at each centre.

- For Tuggeranong, the top suburbs are: Kambah, Gordon, Wanniasa, Banks and Calwell. These suburbs account for 36 per cent of presentations at Tuggeranong, and 21 per cent of presentations overall.
 - For Belconnen, the top suburbs are: Belconnen, Macgregor, Dunlop, Kaleen and Holt. These suburbs account for 20 per cent of presentations at Belconnen, and 8 per cent of presentations overall.
- 2) The group most likely to attend a WIC are children under 14 years (assumed to be accompanied by a responsible adult) resident in the ACT, from a southern suburb.

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Date: 29.6.15

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ANSWER TO QUESTION TAKEN ON NOTICE

The Chair: To ask the Minister for Health

Hansard page number 440

In relation to: RACC Strategic Objectives

What strategic objectives pertain strictly to output class 1.5?



Minister Corbell: The answer to the Member's question is as follows:—

Strategic Objective 14: Reducing the risk of fractured femurs in ACT residents over 75 years.

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Signature:

Date: 29.6.15

By the Minister for Health, Simon Corbell MLA

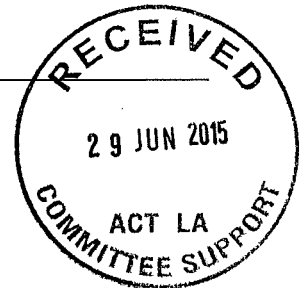


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ANSWER TO QUESTION TAKEN ON NOTICE



Mr Hanson: To ask the Minister for Health

Hansard page number 441

In relation to: Beds in Public Hospitals

Across hospital beds, what is the ratio for each category of bed - acute beds and sub acute beds; number of nurses per hospital bed (acute and sub acute) and also the number of doctors, for each hospital.

Minister Corbell: The answer to the Member's question is as follows:-

The ACT Treasury approved model for funding staff to operate beds in ACT Public Hospitals, is as follows:

Specialty	FTE
Allied Health	0.70
Hospital Assistants/Wards persons	0.28
Nursing	1.40
Medical	0.04
Radiologist/Pathologist	0.07
Total	2.40

The beds available in our public hospitals accommodate a variety of differing care types and acuity levels. Whether the patients in our inpatient wards are acute or sub-acute is based on demand.

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Signature:

By the Minister for Health, Simon Corbell MLA

Date: 29.6.15



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ANSWER TO QUESTION TAKEN ON NOTICE



The Chair: To ask the Minister for Health

Hansard page number 441-442

In relation to: General Practice

Where are we trending with GPs? It was certainly an issue in the community a number of years ago. It seems to be improving in terms of the number of GPs per capita. Do we have updated statistics? We were 140 short. Do you have an update on that?

Minister Corbell: The answer to the Member's question is as follows:—

The most recent report on the number of General Practitioners (GPs) per capita is the Report on Government Services produced by the Productivity Commission.

According to the Productivity Commission Report, GP numbers in the ACT have increased over the last four years but remain under the national average. The number of full-time workload (FWE) equivalent GPs per 100,000 population in the ACT in 2013-2014 was 72.5. The national figure for the same measure was 99.5 GPs per 100,000 population. This equates to 27 GPs less than the national figure. Initiatives by both ACT and Federal Governments are helping to ease the pressure on GP numbers but as there is an ageing workforce with resultant reduction in hours worked, any real sustained increase in FWE numbers will be slow to realise.

Full-time workload equivalents (FWE) are used as the unit of measure rather than full-time equivalents (FTE) because this figure more accurately reflects the clinically active workforce.

It should be noted that any GP matters (primary health care) are the responsibility of the Federal Government.

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Date: 29.6.15

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ANSWER TO QUESTION TAKEN ON NOTICE



Mr Hanson: To ask the Minister for Health

Hansard page number 442

In relation to: Change in boundaries for General Practitioner (GP) Training

Have you made representation to the Federal Minister on the changes?

What actions have you taken? Correspondence from CM and any response would that be available to this Committee

Minister Corbell: The answer to the Member's question is as follows:—

A letter was written by the Chief Minister (as Acting Minister for Health) to the Federal Minister for Health, The Hon Sussan Ley MP, on 24 April 2015. A copy of the letter is at Attachment A.

A response was received from the Federal Minister for Health on 25 May 2015. A copy of the response is at Attachment B.

The former Director General, ACT Health had also previously had discussions with a representative of the Federal Department of Health.

A petition signed by a significant number of GPs in South East NSW was sent to the sitting Liberal Member for Eden Monaro, Dr Peter Hendy MP, requesting a reconsideration of the boundaries.

The Associate Dean of the ANU Rural Clinical School has conversed with the Federal Minister's Senior Advisor, Dr Peter Hendy MP, Senator Fiona Nash and the Minister for Health on this issue.

The Federal AMA has agreed to raise this issue again with the Federal Minister for Health at their next meeting.

Approved for circulation to the Select Committee on Estimates 2015-16

Signature:

Date: 27.6.15

By the Minister for Health, Simon Corbell MLA



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E-MAILED
24-4-15

Andrew Barr MLA

CHIEF MINISTER

TREASURER

MINISTER FOR ECONOMIC DEVELOPMENT

MINISTER FOR URBAN RENEWAL

MINISTER FOR TOURISM AND EVENTS

MEMBER FOR MOLONGLO

The Hon Sussan Ley MP
Minister for Health
Farrer@aph.gov.au

Dear Minister ^{Sussan}

I am writing in relation to your recent announcement of new training regions and governance arrangements for the future delivery of GP specialist training. I am particularly concerned that changes to the geographic boundaries have seen the ACT move into the Western NSW region.

This change is expected to be problematic for the ACT, and I am concerned that there was no formal consultation with me in relation to the matter.

The region of ACT and SENSW is the jurisdiction of the newly formed Canberra Region Medical Education Council (CRMEC) and a key role of the CRMEC is to provide leadership in postgraduate medical education and training in the ACT and linked regional networks with SENSW.

The ANU Medical School (ANUMS) trains medical students across the ACT and SENSW, and during third year, students undertake rotations in general practice in both areas. The prevocational training network for junior doctors is also across the same region, where junior doctors are rotated to Goulburn, Bega and Moruya Hospitals from Canberra Hospital and thereby build on previous training experiences.

GP training in the ACT for at least the last ten years has built on this integration and has rotated its registrars throughout the region between Canberra and SENSW. Our region has had success in recruiting to general practice training because registrars can move between SENSW and Canberra to complete their training requirements, where they trained as junior doctors and students. The integration has assisted the ACT and SENSW retain GPs from the ANUMS and has been key to our success in retaining GP fellows, both in Canberra and in SENSW. GP supervisors have been willing to train ANU graduate GP registrars because they have already trained them as students and junior doctors.

ACT LEGISLATIVE ASSEMBLY

London Circuit, Canberra ACT 2601 GPO Box 1020, Canberra ACT 2601
Phone: (02) 6205 0011 Fax: (02) 6205 0157 Email: barr@act.gov.au
Facebook: [Andrew.Barr.MLA](https://www.facebook.com/Andrew.Barr.MLA) Twitter: [@ABarrMLA](https://twitter.com/ABarrMLA)



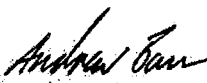
The new boundaries will split the integrated region. Under your proposed regional training provider boundaries, the ACT will be part of the Western NSW provider and the SENSW region, including Queanbeyan, will be part of the Lower Eastern NSW training provider. This will make it difficult for ANU graduates to choose a training provider, and it is likely to mean they cannot move between training providers and thereby work across the region. It is also important for GP registrars training in SENSW to be connected into Canberra because the health referral pathways through tertiary and secondary care come to ACT Health. ANU graduates will be much less likely to join a training program in Canberra that involves them having to travel to Western NSW, rather than the SENSW region they know well.

Staff within ACT Health have been unable to obtain advice from their Federal counterparts as to why the ACT has been included in the Western NSW region. It is my view that the ACT needs to stay with the same training provider as the SENSW region. I am therefore seeking your consideration to a minor change of the boundaries to enable the ACT to be joined with the Lower Eastern NSW regional training provider, to preserve the existing integration and sustainability of GP training within our region.

A further reason for moving to the Lower Eastern NSW region is the fact that the ACT Local Hospital Network Council and the ACT Medicare Local (now confirmed as the successful bidder for the ACT Primary Health Network (PHN)) have already established strong ties with the other Medicare Locals in the Lower Eastern region. Retaining synergies between PHN and regional training provider relationships will build on existing efficiencies for delivery of primary care services and training in the region. Moving the ACT into Western NSW will not allow these efficiencies to continue, as patient flow from Western NSW goes to Sydney, and not the ACT. Aligning service delivery areas and educational areas can facilitate improved health service delivery.

I look forward to your early response in relation to this matter.

Yours sincerely

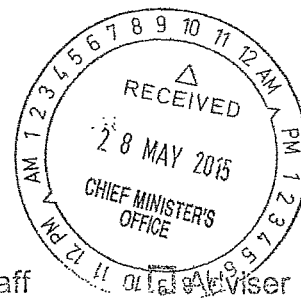

Andrew Barr MLA
Acting Minister for Health

24 APR 2015

MINIS/804



THE HON SUSSAN LEY MP
MINISTER FOR HEALTH
MINISTER FOR SPORT



- Chief of Staff
 - Senior Adviser
 - Media Adviser
 - copy 4 Mr*
- PLEASE
- Reply
 - Advise
 - Noted
 - File
 -
 - Arrange meeting
 - For information
 - Refer to
 - Action

Received
on
- 4 JUN 2015

MINISTERIAL AND
GOVERNMENT SERVICES

Mr Andrew Barr MLA
Chief Minister
Acting Minister for Health
GPO Box 1020
CANBERRA ACT 2601

Dear ~~Chief Minister~~ *Andrew*

Thank you for your correspondence of 24 April 2015 regarding the new geographic training regions for delivery of general practice training.

On 9 April 2015, I announced there will be 11 training regions across Australia for the management of the Commonwealth-funded Australian General Practice Training (AGPT) programme in future. This will reduce the number of organisations funded to administer the AGPT from 2016, and a competitive approach to market will be released shortly to identify organisations to administer the programme in each of the 11 regions.

This change is part of the Australian Government's reforms to improve GP training, in particular to redirect public funding supporting administration costs, to instead fund more training positions. The savings achieved by streamlining training regions and reducing the number of administering organisations are contributing to the costs of 300 extra GPs in training every year across Australia.

In determining the boundaries for each new region, the Government considered a range of factors, including population size, number of GP registrars likely to be training in each region and available training capacity, alignment with the new boundaries for Primary Health Networks, the need to achieve administrative efficiencies and the views of GP training stakeholders.

A key objective of the AGPT programme is to build the GP workforce in regional and rural areas of Australia. The inclusion of Canberra in the Western New South Wales region means that there will be both rural and metropolitan placements available to GP registrars who apply to train in that region. It is expected that this will make the region more attractive to potential applicants for vocational training positions. While I understand that medical students may prefer training opportunities in local coastal regions, I must consider workforce development at a national level.

The Commonwealth invests around \$200 million a year in the AGPT programme, and an important return to the community on this investment is the ability to locate registrar service delivery positions across Australian communities.

JA 4/6

In establishing the new regions, the Government consulted with the key general practice training stakeholders, including the Royal Australian College of General Practitioners, the Australian College of Rural and Remote Medicine, General Practice Supervisors' Australia, General Practice Registrars' Australia, the Australian Medical Association and the Rural Doctors Association of Australia. The boundaries were established in line with the preferred option identified with those groups.

The Government is aware of the work by the Australian National University Medical School to stream Canberra-based medical students into coordinated training pathways around the region, and very much supports this work.

This approach can continue, and I would encourage the ANU Medical School, ACT Health and its junior doctor training bodies to build partnerships with both GP training organisations selected to manage GP training in the areas around the ACT, including the Western New South Wales region and the Lower Eastern New South Wales region.

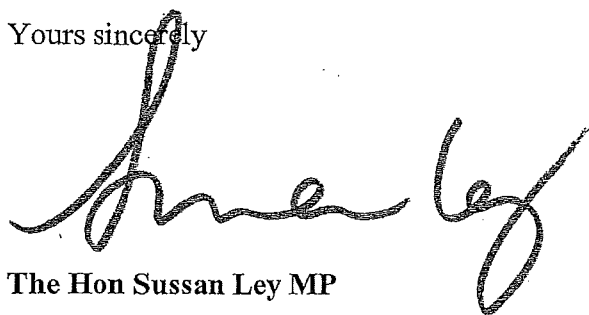
I cannot guarantee that the ANU Medical School or ACT government agencies will be able to continue to work with one particular GP training provider. Right across the country, training organisations may change, as there will be an open, competitive approach to market for the future delivery of the AGPT programme. Changes in GP training organisations will require new partnerships to be developed.

The Government will continue to support collaborative efforts across universities, public health systems and private health providers to coordinate the delivery of training investments to support a rural medical training pipeline. This is a key objective for the Government, and all organisations selected to support GP training in future will be expected to participate in developing collaborative training networks.

The changes to GP training regions provide the opportunity for new training pathways to develop around Canberra, which will potentially benefit not only the ACT community, but also communities in rural and remote New South Wales to the west of Canberra, which continue to experience serious medical workforce shortages.

Thank you for bringing this matter to my attention.

Yours sincerely

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

The Hon Sussan Ley MP

25 MAY 2015

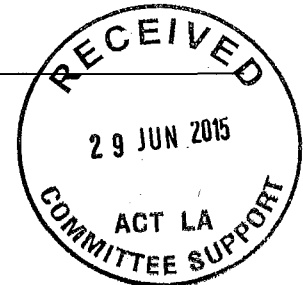


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ANSWER TO QUESTION TAKEN ON NOTICE



Ms Lawder: To ask the Minister for Health

Hansard page number 445

In relation to: Newborn hearing Screening

MS LAWDER: Something I have not seen—I do not know if you have an indicator on it or whether it belongs in another portfolio—newborn hearing screening, is there a particular target?

THE CHAIR: Now the hearing answer, if there is a hearing answer.

Ms Chatham: I do not have the figures here today; I am able to get them to you and take them as a question on notice. But I can reassure you that we have a very high uptake in ACT. The test is done in hospital. We have high participation. We have a process in place to follow up with women for some reason do not have it in the hospital setting.

MS LAWDER: If you could take on notice the current national target, how the ACT is going, which I suspect is quite well.

Minister Corbell: The answer to the Member's question is as follows:—

The ACT Newborn Hearing Screening Program aims to identify babies born with significant hearing loss and introduce them to appropriate services as soon as possible.

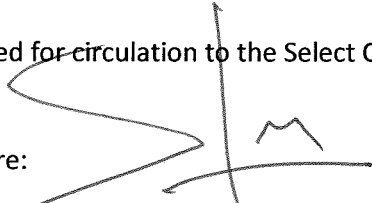
The following data outlines the numbers of babies that need to be screened, which refers to all babies born, or admitted prior to screening, at Centenary Hospital for Women and Children, Calvary Hospital Bruce and Calvary John James Hospital Deakin.

	Babies Born	Babies Screened
2012	6221	6198
2013	6219	6195
2014	6234	6218

The target for Newborn Hearing screening is 98 per cent. ACT Health consistently screens above 99 per cent of eligible babies.

Approved for circulation to the Select Committee on Estimates 2015-16

Signature:

A handwritten signature in black ink, consisting of a large, stylized 'S' followed by a vertical line and a horizontal line, with a small 'M' shape above the horizontal line.

Date: 29.6.15

By the Minister for Health, Simon Corbell MLA

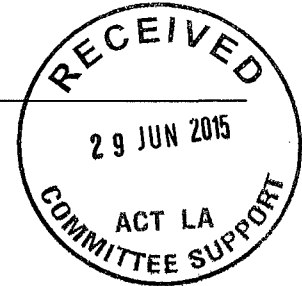


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ANSWER TO QUESTION TAKEN ON NOTICE



The CHAIR: To ask the Minister for Health

Hansard page number 447-448

In relation to: Cost of alcohol related injury or disease

Has the portfolio ever determined what the cost of alcohol-related injury or diseases is in the health budget in the ACT?

Minister Corbell: The answer to the Member's question is as follows:-

According to the Australian Institute of Criminology the societal costs of alcohol outweigh the revenue generated from alcohol taxation by a ratio of 2:1.ⁱ

In 2010 it was estimated that the total alcohol-related costs to society were \$14,352 billion.ⁱⁱ Of these costs:

- 42.1 per cent were to Australian productivity, 25.5 per cent to traffic accidents, 20.6 per cent of these costs are attributable to the criminal justice system and 11.7% to the health system, andⁱⁱⁱ
- \$1.68 billion were to the Australian health system (hospital costs, nursing home costs, pharmaceutical expenses and ambulance costs).^{iv}

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Signature:

Date: 29.6.15

By the Minister for Health, Simon Corbell

ⁱ Manning, M, Smith, C & Mazerolle, P 2013, *Trends & Issues in crime and criminal justice. The societal costs of alcohol misuse in Australia, No. 454*, viewed 30 April 2014,
<http://www.aic.gov.au/media_library/publications/tandi_pdf/tandi454.pdf>

ⁱⁱ Manning, M, Smith, C & Mazerolle, P 2013, *Trends & Issues in crime and criminal justice. The societal costs of alcohol misuse in Australia, No. 454*, viewed 30 April 2014,<http://www.aic.gov.au/media_library/publications/tandi_pdf/tandi454.pdf>

ⁱⁱⁱ Manning, M, Smith, C & Mazerolle, P 2013, *Trends & Issues in crime and criminal justice. The societal costs of alcohol misuse in Australia, No. 454*, viewed 30 April 2014,
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^{iv} Manning, M, Smith, C & Mazerolle, P 2013, *Trends & Issues in crime and criminal justice. The societal costs of alcohol misuse in Australia, No. 454*, viewed 30 April 2014,
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ANSWER TO QUESTION ON NOTICE

Mr Hanson : To ask the Minister for Health



In relation to: various matters.

1. University of Canberra Public Hospital

- a) Will UCPH be opened in 2017 as announced by the CM in 2012?
- b) When will the design work on UCPH be complete?
- c) How long will construction take?
- d) When is the University of Canberra Hospital due to have construction started?
- e) When is construction due to be completed?
- f) When will this be fully operational?
- g) What is the cost of building a subacute bed in Canberra?
- h) Will the Government release its report "The New North Canberra Hospital" as referred to in the CM Media release (below) in 21 January 2012?
- i) In 2012 how many beds did this report state would be in the UCPH?
- j) Did this report make design plans on real beds that were beds or beds that were "non-traditional beds" or spaces or chairs or gym equipment?
- k) Has the government committed to funding this hospital in full or is it still exploring partnerships?
- l) Why does the government not want to build and own the hospital in full?

2. General Capital Works

- a) What is the cost of building an acute hospital bed in a new building?
- b) What is the cost of building an operating theatre in a new building?
- c) What is the cost of building an acute hospital bed in an existing building?
- d) What is the cost of building an operating theatre in an existing building?

3. Additional Elective Surgeries and Procedures

- a) How many operations will be provided in 2016-16?
- b) Who is doing the additional Elective operations?
- c) Are there being done in private or public wards?
- d) Where are the additional operations being done?

4. End of Life Care at Home

- a) How many occasions of care will be provided in 2015-16?

5. More Acute Hospital Services – Emergency Specialists

- a) How many extra doctors, nurses and allied health staff will be employed?

6. More Acute Hospital Services – General Hospital Beds

- a) What is the cost of each bed?

7. More Acute Hospital Services – Hospital in the Home

- a) What is the cost of HIH bed?

8. Women’s and Children’s Health – QEII Expansion

- a) What is the cost of a QE2 bed?

9. Canberra Hospital Accreditation

- a) How is the Canberra Hospital accreditation progressing?
- b) Has the process identified areas of improvement needed?

Minister Corbell: The answer to the Member’s question is as follows:–

1. University of Canberra Public Hospital

- a) A final completion date will be negotiated as part of the Head Contractor award.
- b) The design work is at 100 per cent Preliminary Sketch Plan stage. The final design to be completed following appointment of the Head Contractor.
- c) Construction timeframes will be subject to the negotiations of the Head Contractor award.
- d) See response to (c) above.
- e) This will be subject to outcomes of negotiations for the Head Contractor award.
- f) This will be subject to outcomes of negotiations for the Head Contractor award.
- g) Providing a precise figure in relation to the cost of building a sub acute bed is difficult and would need to consider location and site specific circumstances such as allowance for future escalation costs, location and site conditions, brownfield site special conditions and staging.
- h) Answered in Question Taken on Notice at Select Committee on Estimates Hearing on 17 June 2015. Refer to E15-69.
- i) Answered in Question Taken on Notice at Select Committee on Estimates Hearing on 17 June 2015. Refer to E15-70.
- j) Refer to E15-70.
- k) The Government has committed to funding this hospital in full.
- l) The Government has committed to funding this hospital in full.

2. General Capital Works

- a) Providing a figure in relation to building an acute general medical surgical bed is difficult and would need to consider site specific circumstances such as support spaces required, including theatres, imaging, emergency, administration, ambulatory care, and other factors.
- b) Operating theatres vary in size and use (orthopaedic versus general versus endoscopy) so providing reliable costs for such a functional unit would be hypothetical. It also depends upon the number in the cluster and therefore what support areas they share.
- c) Every circumstance would be different and depends upon the nature of the existing space to be converted.
- d) Every circumstance would be different and depends upon the nature of the existing space to be converted.

3. Additional Elective Surgeries and Procedures

- a) 12,500 operations are planned to be provided in 2015-16.
- b) The work will be undertaken across both our public hospitals, as well as through partnerships established with private providers.
- c) The work will be undertaken across both our public hospitals, as well as through partnerships established with private providers.
- d) The work will be undertaken across both our public hospitals, as well as through partnerships established with private providers.

4. End of Life Care at Home

- a) The delivery model is being finalised in consultation with the ACT Palliative Care Clinical Network. Until the model is finalised we are unable to project the occasions of service.

5. More Acute Hospital Services – Emergency Specialists

- a) There will be three additional ED physicians.

6. More Acute Hospital Services – General Hospital Beds

- a) \$0.316 million per bed for those beds announced in the 2015-16 Budget.

7. More Acute Hospital Services – Hospital in the Home

- a) \$0.059 million per place for those places announced in the 2015-16 Budget.

8. Women's and Children's Health – QEII Expansion

- a) \$0.113 million per bed for those beds announced in the 2015-16 Budget.

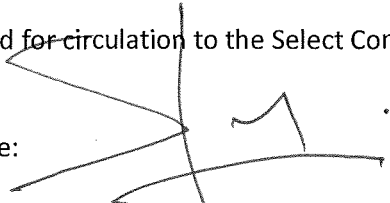
9. Canberra Hospital Accreditation

- a) ACT Health is currently awaiting the final report on Accreditation from the Australian Council on Healthcare Standards (ACHS).

- b) ACT Health is currently awaiting the final report on Accreditation from the Australian Council on Healthcare Standards (ACHS).

Approved for circulation to the Select Committee on Estimates 2015-16

Signature:



Date: 27.7.15

By the Minister for Health, Simon Corbell MLA



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2015-16

MR BRENDAN SMYTH MLA (CHAIR), MS MEEGAN FITZHARRIS MLA (DEPUTY CHAIR), DR CHRIS BOURKE MLA, MS NICOLE LAWDER MLA

ANSWER TO QUESTION ON NOTICE



Ms Fitzharris: To ask the Minister for Health

In relation to: Gungahlin Community Health Centre

- 1) Can the Minister please provide detailed information on the services at the Gungahlin Community Health Centre, including what services are offered on what days?
- 2) Are there eligibility criteria for accessing services? If so, what are they?
- 3) What can patients expect when they visit the health centre?

Minister Corbell: The answer to the Member's question is as follows:—

- 1) Please see attachment for details related to service availability.
- 2) Please see attachment for details related to accessing services.
- 3) The Gungahlin Community Health Centre offers consumers a warm welcoming environment in which to access a broad range of community based services as listed in the attachment. Consumers are also able to access information about other ACT health services available at other facilities and support and advice in how to access these.

Approved for circulation to the Select Committee on Estimates 2015-16

Signature:

Date: 2.7.15

By the Minister for Health, Simon Corbell MLA



CANBERRA HOSPITAL
AND HEALTH SERVICES

Gungahlin Community Health Centre

57 Fussell Lane
Gungahlin ACT

(On the corner of Ernest Cavanagh St & Fussell Lane)

About the Centre

Gungahlin Community Health Centre is open Monday to Friday 8:30 am to 5pm. Closed Public Holidays. The centre is easily accessible by both public and private transport. Gungahlin Community Health Centre offers a range of services as outlined below.

Continuing Care Program Services – Contact Community Health Intake on (02) 6207 9977 to make an appointment.

Community Nursing

Monday - Friday

Includes wound care, catheter and drain management, palliative care, medication administration and education. Services may be delivered within a clinic setting or at home. This is a free service for ACT residents.

Physiotherapy

Monday - Friday

Provides services for a range of conditions such as muscle and joint strains and sprains, arthritic conditions, neck and back conditions and recovery after surgery. Consultations for this service are free.

Podiatry

Monday, Wednesday, Friday

Provides general podiatry treatment. In growing nail management including nail surgery. Biomechanical assessments and prescription and supply of foot Orthoses. This is a free service for ACT residents holding a Centrelink Pension or Health Care Card.

Nutrition

Tuesday - Thursday

Community Care Program Nutrition offer a free service for ACT residents adults >25 years for age, or >18 years if receiving tube feeding for a wide range of issues. Home visits may be offered to bed bound clients only. You, your doctors or other health professional can make a referral.

Women, Youth and Children Services – Contact CHI on (02) 6207 9977 to make an appointment.

Maternal and Child Health (MACH) Nurse

Make an appointment with a MACH Nurse for information and advice on various topics as well as for your child's health check. Appointments are available all day Mondays (9:00 am– 3:30pm) and Tuesday and Thursday afternoons (1:30 – 3:30pm). Drop in clinics are also available, no appointment necessary on Tuesday and Thursday mornings (9:00am – 11:30am). MACH Nurses also administer baby/child immunisations by appointments only on Wednesday mornings (9:00am – 11:30am).

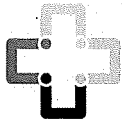
Orthoptist

Monthly on a Friday

Provides free vision screening services for children from birth to 6 years who have been referred by a

**ACT Government
Health Directorate**

Canberra Hospital and Health Services



CANBERRA HOSPITAL
AND HEALTH SERVICES

Gungahlin Community Health Centre

57 Fussell Lane
Gungahlin ACT

(Corner of Ernest Cavanagh St & Fussell Lane)

MACH Nurse, Child Health Medical Officer or following the Kindergarten health check.

Social Work

Monday - Friday

Provides counseling, therapeutic interventions, information, advocacy and support to parents with children up to school age when parents are experiencing social, emotional or psychological issues which may have a detrimental effect on the health and wellbeing of the family. This is a free service and parents can refer themselves, be referred by a MACH Nurse or any other service. Parents consent is required if the referral is made by a person other than the parent requiring the service.

Physiotherapy

Monday - Friday

Provides assessment, information, exercise advice, early intervention and prevention services to Women 3-12 months after birth with mastitis or musculoskeletal issues, abdominal weakness, continence or pelvic floor issues, and antenatally with pregnancy related musculoskeletal and continence issues. Babies under 12 months with head and neck posture concerns, positional foot problems, and physical development issues. Drop-in Physiotherapy Information Group is also held on the 3rd Tuesday of the month from 1.30 - 3.00pm, no appointment necessary.

Nutrition

Friday

Provides individual clinic-based assessment and advice and nutrition education groups for clients aged 0 to 25 years and pregnant and breastfeeding women. This is a free service.

Antenatal Care

Friday

Midwives from the Centenary Hospital for Women, Youth & Children provide an outreach midwifery clinic at Gungahlin Community Health Centre. Routine antenatal care appointments are provided each week on Friday. This is a free service only available to women booked to birth at Centenary Hospital. Phone the Antenatal Clinic at Centenary Hospital on **(02)61747625**.

Other Services

Adult Mental Health

Tuesday, Thursday, Friday

Provides a range of services from prevention and treatment to recovery and maintenance and harm minimisation. For further information for Adult Mental Health Services please call **(02) 6205 1065**. For Crisis's please call **CATT Mental Health Triage Service on 1800 629 354 (24 hour service)**

Alcohol & Drug Services

Wednesday - Friday

Provides counseling and psychotherapy for people from 12 years throughout the life span with

**ACT Government
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Canberra Hospital and Health Services

Contact Name

Phone Number

Email address



CANBERRA HOSPITAL
AND HEALTH SERVICES

Gungahlin Community Health Centre

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hazardous or harmful alcohol and other drug use, substance abuse and substance disorders and associated psychosocial problems. Services are available for others affected by the substance use of a loved one. Support, appointments and referrals can be accessed via an Intake line during standard business hours. There is also a 24 hour helpline. Please contact (02) 6207 9977.

ACT Pathology

Monday – Saturday

Provides specialist pathology services to the general community, and pathology testing. This service offers bulk-billing patients holding a valid Medicare Card directly to Medicare Australia. **NOT ALL** tests are able to be bulk billed and must be covered by the patient. ECG and Glucose Tolerance Tests are available with appointment only please phone **ACT Pathology Gungahlin (02) 6174 5264**.

Dental – Child and Youth Service

Monday - Friday

Available to: Children under the age of 14 years who live in or attend school in ACT, and young people between the ages of 14 to 18 years who live in or attend a school in the ACT and are beneficiaries of a Centrelink Concession Card. Fees may apply. Please contact CHI on (02) 6207 9977.

Diabetes and Endocrinology

Doctors Wednesday, Thursday, Educators & Nutritionists Monday – Friday

The following diabetes services are provided in individual and group clinics by a multidisciplinary team: Endocrinologist, Insulin initiation and stabilisation, Continuous glucose monitoring, Diabetes pregnancy education group, paediatric outreach clinic, Diabetes Nurse Educator, Dietitian and Social Worker. The team provides diabetes services in the ambulatory outpatient setting free of charge.

Please contact :

(02) 6207 9977 For Type 2 Diabetes managed by diet alone or diet and tablets, impaired glucose tolerance or impaired fasting glucose.

(02) 6244 3794 for Type 1 Diabetes (including children and adolescents), Type 2 diabetes being treated with insulin, and gestational diabetes.

**ACT Government
Health Directorate**

Canberra Hospital and Health Services

Contact Name

Phone Number

Email address



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2015-16

MR BRENDAN SMYTH MLA (CHAIR), MS MEEGAN FITZHARRIS MLA (DEPUTY CHAIR), DR CHRIS BOURKE MLA, MS NICOLE LAWDER MLA

ANSWER TO QUESTION ON NOTICE



Mr Steve Dozpot MLA: To ask the Minister for Education and Training

Ref: ETD, Budget paper F, Output 1. Public Education

In relation to: Infrastructure

1. In 2012 ACT election campaign Chief Minister Gallagher announced a policy to provide \$70m over 4 years to upgrade and maintain public school infrastructure. Can you provide details of spending over the past 3 years under that commitment
2. Is that funding new money, as indicated at the time of the election announcement?
3. Was this program a replacement for previous programs, and if so what?
4. What is the status of the *School Infrastructure for the Future* initiatives and what is included under this program?
5. What is the relationship of this program to allocations for older school upgrades?

Ms Joy Burch MLA: The answer to the Member's question is as follows:—

1. The ACT Government has allocated \$62.53m since the 2012 Election (i.e. 2013-14 to 2015-16 Budgets) including:
 - 2013-14 – \$13.530m for school capital upgrades;
 - 2013-14 – \$3.345m for further school infrastructure works;
 - 2014-15 – \$13.868m for school capital upgrades;
 - 2014-15 – \$3.000m for hazardous materials removal works;
 - 2015-16 – \$14.215m for school capital upgrades; and
 - 2016-17 – \$14.572m projected for school capital upgrades.

These programs have and will continue to deliver:

- Older school upgrades;
- New classrooms;
- Classroom and specialist teaching space upgrades;
- Staff room upgrades;
- School front entry and administration area upgrades;
- Library and canteen upgrades;
- Lifts and disability access improvements
- Carpark expansions and traffic safety improvements;


- Security fences and security upgrades;
- Student and staff toilet upgrades;
- Roof replacement works;
- Environmental sustainability initiatives;
- Outdoor learning, playground and landscape improvements; and
- Hazardous material removal works.

In addition, the Education and Training Directorate has to date, supported ACT public schools in securing \$2.589m in loans from the Carbon Neutral Government Fund for energy efficient lighting and solar hot water upgrades. Applications will be submitted during the 2015-16 year to secure further loans for energy efficient lighting, solar hot water upgrades and to replace building management systems.

2. The funding has been appropriated through the annual budget.
3. This program includes the schools capital upgrades program.
4. Refer to question 1.
5. Older school upgrades are funded under the annual schools capital upgrades program. These programs form part of the School Infrastructure for the Future initiative.

Approved for circulation to the Select Committee on Estimates 2015-16

Signature:

 2.7.15

Date:

By the Minister for Education and Training, Ms Joy Burch MLA



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2015-16

MR BRENDAN SMYTH MLA (CHAIR), MS MEEGAN FITZHARRIS MLA (DEPUTY CHAIR), DR CHRIS BOURKE MLA, MS NICOLE LAWDER MLA

ANSWER TO QUESTION ON NOTICE



Mr Steve Dozpot MLA: To ask the Minister for Education and Training

Ref: ETD, Budget paper F Output 1. Public Education

In relation to: Maintenance and building audits at ACT Public Schools

1. Please provide details of costs for repairs and maintenance to ACT public schools for the 2013-2014, 2014-15 financial years and allocations for 2015-16 financial year and under what programs they are listed.
2. How frequently are building audits undertaken on ACT public schools?
3. Please provide reports for all schools audited in the 2013-14 and 2014-15 financial years.
4. How frequently are asbestos and hazardous materials reports undertaken for each school and what is the annual cost for these?
5. Please provide asbestos and hazardous materials reports for all schools for the 2013-14 and 2014-15 financial year.

Ms Joy Burch MLA: The answer to the Member's question is as follows:

1. Details of the 2013-14 (\$13.797 million) and 2014-15 (\$15.137 million) repairs and maintenance programs for ACT public schools and preschools are at Attachment A. In addition to the annual allocation in 2013-14, a further \$2.0 million was allocated for painting and carpeting works at seven schools.

The 2015-16 program funding is \$15.154 million. The details of the programs are being finalised by the Education and Training Directorate in consultation with the schools. This program is in addition to the minor repairs and maintenance works undertaken by schools as part of the school-based management arrangements.

The repairs and maintenance program funding forms part of the Government Payment for Outputs under Budget Statement F, page 20.

2. Building condition audits are undertaken every three years. Tree audits are undertaken every year.

3. The electronic copy of the most recent building condition audit and tree reports for each ACT public school site will be delivered to the office of the Select Committee on Estimates 2015-16.

A review of the building condition audits identified the most recent report for Wanniasa School (senior campus) is dated 2011. A new audit and report has been requested for this site.

4. Hazardous Materials Survey and Management Plans (HMSMP) have been completed for all ACT public schools owned by the Territory. The asbestos report forms part of the HMSMP report.

In total, 68 ACT public school sites have Asbestos Registers. There is also an Asbestos Register for the Hedley Beare Centre for Teaching and Learning which is managed by the Education and Training Directorate. Jervis Bay Primary School also has an Asbestos Register, although this is managed by the Commonwealth of Australia.

A copy of the HMSMP is available at the school reception for inspection by contractors, staff and visitors to the school sites. School plans showing the location of known asbestos materials are also posted in the school reception area.

Under Notifiable Instrument NI2014-671 *Works Health and safety (How to Manage and Control Asbestos in the Workplace Code of Practice) approval 2014*, Asbestos Registers are to be reviewed every five years.

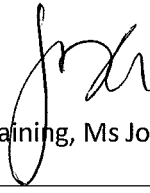
Where asbestos materials are removed, clearance certificates are issued to the school for incorporation into the HMSMP. This ensures that Asbestos Registers are continually updated.

The cost for a typical asbestos survey update is approximately \$2,500 with an average annual cost of \$35,000.

5. Due to the extensive volume of material requested on Asbestos and Hazardous material reports, I refer you to the ACT Property Register at the attached link: <http://hale/prms/propreg.nsf>. The Asbestos tab has copies of the following for ACT Public Schools: Hazardous Materials Reports, Asbestos Survey and Management Plans and Clearance Certificates associated with any asbestos works.

Approved for circulation to the Select Committee on Estimates 2015-16

Signature:



2.7.15

Date:

By the Minister for Education and Training, Ms Joy Burch MLA

ATTACHMENT A

GENERAL REPAIR and MAINTENANCE ITEMS	2013/14	2014/15	2015/16
Unforeseen Works	\$3,500,000.00	\$2,955,000.00	Allocation to be determined
Urgent and minor maintenance works including, but not limited to, response to 1A items above \$5k identified in building condition assessment reports.			
Hazardous Material - Unforeseen Removal Works	\$1,250,000.00	\$600,000.00	
Specific Works Projects	\$3,500,000.00	\$6,294,000.00	
HVAC - Maintenance (including after hours callouts)	\$1,500,000.00	\$1,650,000.00	
Fire Protection - Essential Repairs/Maintenance	\$250,000.00	\$250,000.00	
Emergency Lighting - Repairs and Maintenance	\$250,000.00	\$250,000.00	
Lifts/Auto Doors - Repairs and Maintenance	\$100,000.00	\$50,000.00	
Sub-Total	\$10,350,000.00	\$12,049,000.00	

CENTRAL OFFICE CONTRACTS, REPORTS & SCHEDULED MAINTENANCE	2013/14	2014/15	2015/16
Sewer/Stormwater - Repairs and Investigations	\$300,000.00	\$295,000.00	Allocation to be determined
Gutter Cleaning	\$240,000.00	\$340,000.00	
HVAC - Contract Management	\$750,000.00	\$750,000.00	
Fire Protection - Contract Management	\$400,000.00	\$400,000.00	
Fire Monitoring	\$100,000.00	\$100,000.00	
Emergency Lighting - Contract Management	\$60,000.00	\$60,000.00	
Lifts/Auto Doors - Contract Management	\$100,000.00	\$43,000.00	
Roof Safety Access Systems - Inspections/Repairs	\$100,000.00	\$100,000.00	
Building Condition Assessments - Including Tree Reports	\$500,000.00	\$400,000.00	
Hazardous Materials Surveys Management Plans/Reports	\$250,000.00	incl above	
Programmed Maintenance - Preschools	\$550,000.00	\$500,000.00	
Insurance (excess)	\$100,000.00	\$100,000.00	
Sub-Total	\$3,450,000.00	\$3,088,000.00	

TOTAL	\$13,800,000	\$15,137,000	\$15,154,000
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LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2015-16

MR BRENDAN SMYTH MLA (CHAIR), MS MEEGAN FITZHARRIS MLA (DEPUTY CHAIR), DR CHRIS BOURKE MLA, MS NICOLE LAWDER MLA

ANSWER TO QUESTION ON NOTICE

Mr Steve Doszpot MLA: To ask the Minister for Education and Training

Ref: ETD Budget paper F p 12 Output 1. Public Education

In relation to: Early Childhood Education



1. The latest Report on Government Services indicates that the percentage of 0-5 year olds attending child care centres in the ACT has risen from 46.2% in 2012 to 49.3% in 2014; and the number of children in that category has risen 18%. How will this increase in children of preschool age be managed within the current and short to medium term capacity in public schools?
2. The number of enrolments in preschools had a 2014-2015 target of 4500 and an actual outcome of 4873. How were these additional children accommodated?
3. What schools experienced the largest pre-school enrolment pressure?

Ms Joy Burch MLA: The answer to the Member's question is as follows:

1. There is not a direct correlation between demand for childcare places for 0-5 year olds and demand for preschool places. Between 2012 and 2014, the number of 4 year olds in the ACT increased by 9.9 percent. As not all 4 year olds attend public preschools, this translated to an increase of 5.1 percent in public preschool enrolments.

The Education and Training Directorate manages increased demand for preschool places by utilising existing capacity and by making extra sessions available. As an example, the opening of Coombs Primary School in 2016 will provide for 132 additional preschool places.

2. The Education and Training Directorate's February 2015 Census indicates there were 4,592 children enrolled in public preschool. The projected figure for 2016 enrolments in public preschools is 4,836. The number of preschool places available exceeds the requirement for 2015 and 2016. Between 2013 and 2015, more than 150 additional places were taken up in Franklin Early Childhood School and Neville Bonner, Palmerston District and Ngunnawal Primary Schools in Gungahlin.
3. In 2015, schools in the North/Gungahlin Network experienced the largest demand for preschool enrolments.

Approved for circulation to the Select Committee on Estimates 2015-16

Signature:



2-7-15

Date:

By the Minister for Education and Training, Ms Joy Burch MLA



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2015-16

MR BRENDAN SMYTH MLA (CHAIR), MS MEEGAN FITZHARRIS MLA (DEPUTY CHAIR), DR CHRIS BOURKE MLA, MS NICOLE LAWDER MLA

ANSWER TO QUESTION ON NOTICE

Mr Steve Dozpot MLA: To ask the Minister for Education and Training

Ref: ETD Budget paper F, Output 1.1, Public Primary School Education

In relation to: After School Care Programs

1. How many ACT public primary schools offer before and after school care?
2. Who manages these programs?
 - a. How many are managed by the school parent body? What schools?
3. What prevents other schools from running their own programs?
4. Are all programmes run on a full cost recovery basis?
5. Are subsidies available to parents needing to use these services?
6. Does the Directorate impose a charge on after school care operators – be they P&C operators or other contractors that use the school facilities? If so what fees are applied and how are they determined.
7. Are there other fees applied on these operators?
8. What regulations apply to the conduct of before and after school care programs
9. Is there a requirement for an annual audit? If so, by whom?




Ms Joy Burch MLA: The answer to the Member's question is as follows:–

1. 58 ACT public primary schools provide facilities to external organisations for the provision of before and/or after school care programs.
2. A range of external providers.

- a) The P&C Associations from Ainslie, Aranda, Campbell, Chapman, Fadden, Forrest, Fraser, Macgregor and Telopea primary schools provide the school age care programs.
3. Schools decide whether they have a school age care program operating from their premises.
 4. This information is not available to the Directorate.
 5. Yes.
 6. The Directorate sets commercial and community use rates as a guide for schools in charging for the use of school facilities. Given the significant benefit of before and after school care to the school and community, providers are charged under an after school care community use rate. The guide rates are stated at a per three hour basis for school halls or rooms. The 2015-2016 guide rates are \$32.70 for school halls, or \$16.40 for rooms (inclusive of GST).
 7. School age care services operate under the approval of the National Quality Framework. Providers operating under the NQF are required to pay an annual fee, currently between \$192 and \$381 depending on the size of the service.
 8. The *Education and Care Services National Law (ACT) Act 2011* and *Education and Care Services National Regulations* apply to the operation of school age care services.
 9. The Education and Training Directorate is responsible for the administration of the *Education and Care Services National Law (ACT) Act 2011* which applies to the provision of school age care services. As the Regulatory Authority, the Directorate has a range of functions including: compliance monitoring, investigations of non-compliance and quality assessments and rating against the National Quality Standard. Authorised Officers maintain regular contact with services through phone calls, emails and site visits to monitor compliance.

Approved for circulation to the Select Committee on Estimates 2015-16

Signature:

 2.7.15

Date:

By the Minister for Education and Training, Ms Joy Burch MLA



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2015-16

MR BRENDAN SMYTH MLA (CHAIR), MS MEEGAN FITZHARRIS MLA (DEPUTY CHAIR), DR CHRIS BOURKE MLA, MS NICOLE LAWDER MLA

ANSWER TO QUESTION ON NOTICE

Mr Steve Dozpot MLA: To ask the Minister for Education and Training

Ref: ETD Budget paper F, Output Class 1.1, Public Primary School Education

In relation to: ICT Upgrades for primary schools \$2.5m

1. Under what program will these funds be delivered?
2. What is the timeframe for delivery of these upgrades?
3. What is included in the upgrade?
4. Will every school qualify for upgraded equipment? If not, how were eligible schools identified?




Ms Joy Burch MLA: The answer to the Member's question is as follows:

1. Refer to page 65 of Budget Paper 3.
2. Over the next four years \$24 million will be allocated through the capital investment program to upgrade ACT public school ICT infrastructure, including computers and wireless networks and \$13.7 million will be allocated for support costs for central technical staff.
3. For the 2015-16 financial year, \$7.871 million has been invested in ICT upgrades, including the following:
 - A total of \$5.307 million for capital including:
 - teacher computers.
 - student devices in schools.
 - the wireless expansion program in ACT public primary schools.
 - central network infrastructure and software maintenance.
 - \$2.564 million recurrent funding for ICT support costs.
4. Every ACT public school will receive an annual device allocation under the program. All schools will benefit from network software and infrastructure maintenance. ACT primary schools will receive a wireless upgrade over the next two years.

Approved for circulation to the Select Committee on Estimates 2015-16

Signature:

 2.7.15

Date:

By the Minister for Education and Training, Ms Joy Burch MLA



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2015-16

MR BRENDAN SMYTH MLA (CHAIR), MS MEEGAN FITZHARRIS MLA (DEPUTY CHAIR), DR CHRIS BOURKE MLA, MS NICOLE LAWDER MLA

ANSWER TO QUESTION ON NOTICE



Mr Steve Dozpot MLA: To ask the Minister for Education and Training

Ref: ETD Budget Paper F, Page 2, Output Class 1

In relation to: Employment Statistics

1. Budget Paper F (p2) states that the ETD staffing figures had been 'restated for comparative purposes' in respect of 2014-15. What does this mean?
2. If the original budget number of 4,742 FTE was in fact meant to be 5,049, does this mean that 333 additional staff that were employed were not budgeted for in last year's budget?
3. Why is there an increase of only 38 ETD staff from the 2014-15 estimated outcome to the 2015-16 budget?
4. Why and when was FTE redefined as "full time employees" rather than "full time equivalents", as has been usual practice?
5. With Coombs School planned to open in the current financial year, how many staff are likely to be required at this school?

Ms Joy Burch MLA: The answer to the Member's question is as follows:-

1. In 2015-16, improvements in FTE data collection to more accurately reflect annual average staffing levels were introduced. To enable a like with like comparison the 2014-15 Budget was restated in line with new FTE data sets.
2. No.
3. The increase of 38 staff primarily relates to the impact of 2015 enrolment increases of 1,216 students, and staff associated with the opening of Coombs School in 2016. It should be noted that the 2014-15 estimated outcome incorporates a half year effect of 2015 enrolment increases.
4. The reference on page 395 of Budget Paper 3 is a typographical error. Page 43 of the 2015-16 Budget Paper Fact Sheet - Reader's Guide to the Budget correctly references FTE as 'Full-Time Equivalent'.
5. The Coombs School is scheduled to open for Term 1 2016. It is anticipated in the order of 25 to 30 staff will be required for Coombs School in 2016, subject to 2016 enrolments. The 2015-16 Budget Initiative 'Schools for the Future - Coombs Primary' provides funding for the school leadership team and other operational costs.

Approved for circulation to the Select Committee on Estimates 2015-16

Signature:

J. Burch 2.7.15

Date:

By the Minister for Education and Training, Ms Joy Burch MLA



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2015-16

MR BRENDAN SMYTH MLA (CHAIR), MS MEEGAN FITZHARRIS MLA (DEPUTY CHAIR), DR CHRIS BOURKE MLA, MS NICOLE LAWDER MLA

ANSWER TO QUESTION ON NOTICE



Mr Steve Dozpot MLA: To ask the Minister for Education and Training

Ref: ETD Budget Paper F, Page 24, Output Class 1

In relation to: Operating Statement additional income

1. Additional \$1m in international student fees:
 - a. How many international students are currently enrolled in ACT schools?
 - b. What is the total revenue from fees charged?
 - c. Generally speaking, who pays these fees?

Ms Joy Burch MLA: The answer to the Member's question is as follows:-

1.
 - a. There are 531 full fee paying international students enrolled in ACT public schools. These students consist of students on a Schools Sector visa (subclass 571) and dependents of temporary residents.
 - b. Total revenue in 2015-16 to date is \$8.4 million.
 - c. Tuition fees are generally paid by the students' families.

Approved for circulation to the Select Committee on Estimates 2015-16

Signature:

A handwritten signature in black ink, appearing to be "Joy Burch".

Date:

By the Minister for Education and Training, Ms Joy Burch MLA



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2015-16

MR BRENDAN SMYTH MLA (CHAIR), MS MEEGAN FITZHARRIS MLA (DEPUTY CHAIR), DR CHRIS BOURKE MLA, MS NICOLE LAWDER MLA

ANSWER TO QUESTION ON NOTICE



Mr Steve Dozpot MLA: To ask the Minister for Education and Training

Ref: ETD Budget Paper F, Page 3, Output Class 1

In relation to: Strategic Objective 1 NAPLAN Results

1. BP F lists a number of strategic indicators related to NAPLAN results and results are measured against mean achievement scores. How are mean achievement scores determined?
2. In 6 out of the 8 selected areas, ACT public school NAPLAN results have not met the mean achievement score target set by the ETD. Why?
3. What efforts are being made in those schools that are falling below national averages?
4. The strategic objectives related to indigenous education are not tracking well and regularly falling below Directorate targets. Is this a concern and what are you doing about it?
5. What are some of the factors influencing these slippages?

Ms Joy Burch MLA: The answer to the Member's question is as follows:-

1. As defined on the National Assessment Program website (www.nap.edu.au), the mean is the average result in an analysed data set.
2. The strategic indicator targets were established to be realistic but challenging over time. When assessing achievement against the targets, short-term variability needs to be considered as outcomes in educational testing programs vary markedly from year-to-year. This is due to a number of factors including differences in year groups (cohort effects) and differences in the tests (test effects). It is not possible to determine that the targets have not been achieved, as the margin of error associated with test and measurements effects can be up to 10 points for results for all students, and 20 points for results for Aboriginal and Torres Strait Islander students.

The Education and Training Directorate is seeking evidence of sustained outcomes over the long term against these targets. Consistent with Education and Training Directorate practice, the targets for the indicators will be reviewed again at the end of the 2015 with consideration of the data available from NAPLAN 2015.

3. Strengthening student performance and achievement in literacy and numeracy is an ongoing priority in all Canberra public schools.

Within each school, principals set targets within their school plans, to reduce achievement gaps and to improve outcomes for all students. Canberra public schools benefit from a range of skilled teachers in specialised roles including Executive Professional Practice, Literacy & Numeracy Coordinators and Field Officers. The focus remains on building teacher capacity through coaching and mentoring; improved data collection and analysis; innovative teaching practice and strengthened partnerships with parents, community groups and outside agencies.

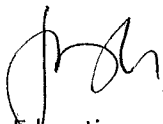
Individual student achievement is assessed and monitored, and specific interventions that support students are implemented. These include individual, small group and whole class strategies. A focus on the importance of leadership in improving literacy outcomes has seen 2,120 school leaders and teachers engaged in the PALLs program and reading institutes in 2014 and 2015.

4. Due to the relatively small ACT Aboriginal and Torres Strait Islander student population, caution should be exercised in interpreting data. While there is further work to be done to achieve more equitable education outcomes for Aboriginal and Torres Strait Islander students, the ACT continues to be one of the highest performing jurisdictions in the country in relation to Aboriginal and Torres Strait Islander education.
 - a) Each cohort of students is made up of diverse, unique individuals and the Directorate has established a suite of integrated programs and strategies to support Aboriginal and Torres Strait Islander student learning across the spectrum and from preschool to year 12.
 - b) Strategies such as personalised learning plans, flexible learning options and employment pathways are universal in their approach; that is they support all learners. Programs such as Koori Preschool and the Aspirations Program are specific to Aboriginal and Torres Strait Islander students and families

5. The response to question 5 is captured in the above response to question 4.

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Signature:



2.7.15

Date:

By the Minister for Education and Training, Joy Burch MLA