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PC Human Services Inquiry: identifying sectors for reform

August, 2016



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Summary

The Australian Chamber of Commerce and Industry (the Australian Chamber) is Australia's most representative business group. Through our network of 71 industry associations and state and territory chambers of commerce, the Australian Chamber speaks on behalf of more than 300,000 businesses of all sizes, employing more than 4 million Australians across all industries and regions.

Encouraging innovation and value for money by facilitating greater competition in government-funded education, health and aged care services was one of the ten policy priorities outlined by the Australian Chamber ahead of the 2016 election.

The Australian Chamber welcomes the Commission's Inquiry, but there is some room for the Commission to clarify the scope of the inquiry by setting criteria for defining human services. The Australian Chamber also recommends that the commission consider human services supply chains.

Virtually all human services already involve some competition and are provided through a combination of user choice and government choice. However, there is room for improvement.

- Non-government providers supply a large proportion of human services and employ the majority of human services employees in most sectors, but the Commission should investigate opening ambulance services to competition and increasing provider diversity in hospital care and schooling.
- Users have notional choice in virtually all human services sectors, but the Commission should investigate unbundling schooling and hospital services to provide users with greater choice.
- Funding largely follows the user in most human services sectors. However, funding design is crucial. The Commission should investigate a more extensive role for government as a price-setter and the determination of prices based on relative provider performance.
- Better information is a key way of enhancing user choice, and the Commission should investigate improving and refining information available to users, particularly in education and health. Competition and user choice can be applied to this goal of improving information. Subject to quality standards, government can act as the data wholesaler while non-government providers act as the retailers.
- The Commission should also investigate options for introducing middle layers as an alternative to centralising decision making, particularly in relation to health.
- Levelling the playing field is another important mechanism for enhancing choice and competition, with particular scope for reform in higher education, hospitals and schools.
- The Commission should also investigate whether reforms to support more effective user choice provide room to give providers greater autonomy, particularly in healthcare.

In evaluating reforms, the Commission should consider including cost explicitly so that the assessment criteria provide a framework for cost benefit analysis rather than merely cost effectiveness analysis. The Commission should also draw on the Report on Government Services (RoGS) as they have already been operationalised in many of the sectors under consideration.

Identifying priorities should include consideration of size of a sector rather than just the potential for policy improvement, and the Commission should adopt a tiered rather than simple ‘in or out’ approach. A best practice guide for introducing choice and competition would also be a valuable outcome from this Inquiry.

The Commission should also carefully consider transitional arrangements as many of the historical problems associated with increasing user choice and competition have been the result of poor policy design and a rushed implementation.

This Inquiry is an important opportunity to set out a long-term reform agenda that will give users and taxpayers higher quality services and better value for money.

Although there was significant controversy over private sector involvement in human services during the recent election campaign both major Australian political parties have strong history of championing competition and choice.

An entirely free market approach is not always appropriate, but it is hard to think of any form of human services that should be managed through trust and public accountability alone.

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1 Introduction

Encouraging innovation and value for money by facilitating greater competition in government-funded education, health and aged care services was one of the ten policy priorities outlined by the Australian Chamber ahead of the 2016 election.¹

Non-government providers are already heavily involved in the delivery of human services in Australia. The Australian Chamber represents many of these businesses (whether they are for-profit, not-for-profit or mutuals) through the relevant industry associations. State and territory chambers of commerce have also taken a strong interest in user choice and competition, with the NSW Business Chamber commissioning Professor Gary Sturgess's influential report on Diversity and Contestability in the Public Service Economy.²

This Inquiry is an important opportunity to develop a long-term reform agenda.

There was significant controversy about the involvement of the private sector in human services during the recent election campaign. However, both major parties have championed competition and user choice in human services in the past. In fact, most recent changes to introduce choice and competition in the delivery of human services were initiated by Labor. Similarly, Labor's election platform at the 2016 election also included a commitment to investigate increasing choice and competition in disability and employment services.

While an entirely free market approach is often inappropriate, it is hard to think of any sector that should be managed through trust and public accountability alone.

2 Scope of the inquiry

Some work is needed to clarify the scope of the inquiry. The term 'human services' is used inconsistently. It is not clear what distinguishes the activities listed in the terms of reference from other government funded household services such as public transport, waste disposal and firefighting. Human services supply chains should also be considered by the Inquiry as problems in upstream markets are likely to limit the benefits of downstream choice and competition.

Recommendation 1: Define human services

Develop clear criteria for defining human services.

Recommendation 2: Consider supply chains

Ensure that consideration is given to choice and competition in human services supply chains.

¹ <https://www.top10in10.com.au/content/encourage-innovation-and-value-money-facilitating-greater-competition-government-funded-educ>

² <https://www.nswbusinesschamber.com.au/NSWBCWebsite/media/Policy/Thinking%20Business%20Reports/Diversity-and-Contestability-in-the-Public-Service-Economy.pdf>

3 Opportunities to improve

Many services that would be difficult to deliver through a traditional market can still benefit from the application of user choice and competition in ways that are more limited.

Introducing competition just means giving providers an incentive to outdo each other – it is performance management with a positive feedback loop. Other than incentives to improve, the prerequisites are multiple providers, a means of determining relative performance and autonomy to compete.

User choice is just a mechanism for determining the performance for providers. In normal markets, the incentive to improve is the willingness to pay of users, but the need for government funding to support access complicates matters. The nature of certain human services can also make it difficult for users to assess performance.

In practice, Government will usually make some of the choices in human services, but Government choices can still promote competition. Moreover, if policies are well designed, Government choice and user choice should play complimentary roles in creating competition for providers to improve their performance.

While there is room for improvement, virtually all human services already involve some competition and are provided through a combination of user choice and government choice.

3.1 Provider diversity

While the public typically see human services as a government responsibility, non-government providers deliver a large proportion of the services³ and employ the majority of human services employees.

Table 1 shows the number and proportion of private sector employees in the Australian New Zealand Standard Industrial Classification (ANZSIC) classes that seem related to one of the core areas of human services mentioned in the terms of reference. It is intended to provide some preliminary insights rather than definitive conclusions and social housing has been excluded because it is difficult to isolate from other housing related activities.

Nevertheless, the results indicate that there were around 2.1 million human services employees in 2011 (21 per cent of employment). Overall, 64 per cent of human services employees work for the private sector compared to 84 per cent of employees across the economy.

While the number of people an industry employs may not reflect its economic or social importance, it is notable that the top six industry classes account for 54 per cent of human services employment.

With the exception of Aged Care Residential Services, the top six industry classes by employment also have relatively low levels of private sector provision. This is partly driven by the fact that universities are included within the public sector according to the standard public/private

³ http://competitionpolicyreview.gov.au/files/2015/03/Competition-policy-review-report_online.pdf#page=254

classification. Interestingly the level of private employment in hospitals is much lower than the level of hospital inpatients serviced by private hospitals according to the Harper Review.

Other industries with less than 50 per cent non-government provision include Technical and Vocational Education and Training, Correctional and Detention Services, Ambulance Services and Special School Education.

Table 1 Preliminary analysis of human services industries using 2011 census data

	Private sector share within industry	Share of human services employees	Total employed
Hospitals (except Psychiatric Hospitals)	24.3	16.9	358988
Primary Education	38.1	9.7	205282
Aged Care Residential Services	96.9	7.8	165486
Secondary Education	39.9	7.1	150513
Higher Education	5.4	6.4	136137
Other Social Assistance Services	97.3	6.3	132998
Child Care Services	99.3	4.7	99033
Combined Primary and Secondary Education	67.8	4.5	95314
General Practice Medical Services	99.2	3.4	72916
Pharmaceutical, Cosmetic and Toiletry Goods Retailing	100.0	3.3	69711
Technical and Vocational Education and Training	27.4	2.9	61456
Other Allied Health Services	94.7	2.7	56914
Employment Placement and Recruitment Services	98.1	2.3	49880
Health Care and Social Assistance, nfd*	100.0	2.2	47284
Adult, Community and Other Education nec**	97.0	2.0	42872
Dental Services	95.0	1.9	39751
Pathology and Diagnostic Imaging Services	90.3	1.6	34030
Social Assistance Services, nfd*	98.9	1.4	29737
Specialist Medical Services	99.3	1.3	26760
Sports and Physical Recreation Instruction	98.9	1.1	22947
Preschool Education	92.1	1.1	22844
Correctional and Detention Services	17.9	1.1	22684
Medical and Other Health Care Services, nfd*	98.4	1.0	21930
Other Residential Care Services	87.4	0.9	18839
Education and Training, nfd*	99.7	0.9	18104
Arts Education	99.6	0.8	17563
Ambulance Services	19.2	0.7	14817
Optometry and Optical Dispensing	100.0	0.6	13477
Physiotherapy Services	98.6	0.6	13357
Special School Education	40.7	0.5	11221
Health Insurance	79.3	0.5	10445
Preschool and School Education, nfd*	47.6	0.5	10221
Other Health Care Services nec	83.9	0.5	9949
Other***	90.6	1.0	21313
Total human services	63.9	100.0	2124773
All industries	84.2	n/a	9950128

Source: Australian Chamber calculations using data generated by ABS 2011 Census TableBuilder. Industry classifications are based on ANZSIC 2006 (Revision 1.0).

Notes: *nfd stands for Not Further Defined. In some cases Census respondents do not provide sufficient information to precisely determine the specific industry class. ** nec stands for not elsewhere classified. *** Other includes Chiropractic and Osteopathic

Services, School Education, nfd; Educational Support Services; Psychiatric Hospitals; Tertiary Education, nfd; Medical Services, nfd; Residential Care Services, nfd; Adult, Community and Other Education, nfd; Adult, Community and Other Education, nfd; Allied Health Services, nfd; Hospitals, nfd; Other Health Care Services, nfd

The greatest opportunity to improve provider diversity is in ambulance services,⁴ with each Australian jurisdiction maintaining a single government provider of emergency patient transport despite widespread adoption of more competitive practices overseas.⁵ There would also be benefit in lifting restrictions on government funding to for-profit providers of school education⁶ and opening the provision of public hospital services to private providers.⁷

Recommendation 3: Existing provider diversity

Note there is substantial non-government involvement in most human services sectors, including more private than public employees.

Recommendation 4: Improving provider diversity

Investigate opening ambulance services to competition and increasing provider diversity for the delivery of hospital care and schooling.

3.2 Right to choose

Users already have notional choice of provider for most human services, with prisons and ambulance services being exceptions for obvious reasons.

However, there may be some scope to improve choice by unbundling services. For example, alongside opening the provision of public hospital services to private providers, public patients could have greater choice of doctor for elective procedures. Similarly, parents could be given greater involvement in selecting which teacher's class their child attends. It may be impractical for users to have the final say, but they could be asked to express preferences, or given the right to refuse the placement of their child into a particular class where there is an available alternative.

Recommendation 5: Existing user choice

Note that users have notional choice in almost all human services sectors.

Recommendation 6: Options for improving choice

Investigate unbundling schooling and hospital services to provide greater user choice.

⁴ <http://ncp.ncc.gov.au/docs/Vic%20Ambulance%20Services%20Act%201986,%20review%201999.pdf#page=8>

⁵ <http://thelarreysociety.org/wp-content/uploads/2015/01/2-Public-consultation-Competition-in-the-EMS-market-in-the-European-Union.pdf>

⁶ <https://www.cis.org.au/pdf/rr6.pdf>

⁷ http://competitionpolicyreview.gov.au/files/2014/07/APHA_20140704.pdf#page=37

3.3 Funding

Opponents typically see competition and user choice as implying reduced public funding. This is untrue. For example, choice and competition play a much greater role in the Dutch health system than they do in Australia, but overall spending on healthcare is higher in the Netherlands and so is the proportion of public funding relative to user funding. Similarly, the most high profile recent effort to introduce competition and choice has been the national disability insurance scheme, which has involved a substantial increase in public funding.

Funding already follows the user in most human services. However, funding design is crucial. The limited information and bargaining power may mean that the prices providers set because of user choice are higher than they would be if they were set through negotiation with a single payer. The provision of subsidies exacerbates this issue, as users do not face the full costs of their choices. Behavioural biases also need to be considered. For example, hyperbolic discounting may mean that individuals who receive income contingent loans fail to account fully for the costs they will face in the future.

Co-payments can help to internalise costs, but they may be inappropriate in some circumstances because they create equity problems or because users lack the information or ability to assess their need for a service.

For example, the fundamental problem with the attempt to reduce excess demand for general practitioners through a co-payment was that users lack the information to assess the severity of their medical concerns without visiting a doctor.

Where the information and bargaining power of users is limited, there is a case for having government set prices while allowing users to choose providers. Relying on a single payer also creates a single point of failure, as the high price Australia pays for some pharmaceuticals (relative to other countries) illustrates.⁸ However, setting prices through competitive benchmarks, as occurs with case-mix funding for hospitals, mitigates this issue. On the other hand, setting prices based on a competitive benchmark give providers an incentive to compete on price which may be problematic if quality cannot also be competitively measured.

Recommendation 7: Existing funding rules

Note that funding already follows the user in most human services.

Recommendation 8: Improving funding rules

Investigate a more extensive role for government as a price-setter and the determination of prices based on relative provider performance.

3.4 Information

⁸ <http://www.pc.gov.au/research/completed/efficiency-health/efficiency-health.pdf#page=60>

An important area for improvement is better information and evaluation criteria to support user and government choice. There is extensive information on education performance for schools and higher education providers, but the usefulness and accessibility of this information could be improved. The Commission's inquiry into the education evidence base should provide insights in this area.

The availability of information can also be improved in the healthcare sector. Some information is published on Australian hospitals and Primary Health Networks, but it is more limited and less user friendly than information published overseas⁹ or even in Australia by some private providers.¹⁰ As the Commission identified in 2015, there is no information on the performance of individual primary health practitioners.¹¹

Calls for greater disclosure to consumers of the price of healthcare services are often met with concern that competition on price will lead to a decline in quality. However, the risks of dangerous price based competition are probably mitigated in Australia by the provision of the scheduled fee through Medicare. Given many practices advertise already on the basis that they provide free 'bulk billing' services, it is difficult to see how the provision of more detailed price information would cause problems.

Improving the health information available to individuals through measures like the UK 'Information Standard'¹² and putting the results of diagnostic tests in plain English will also support user choice.

Competition and user choice can be applied to improving information. Subject to quality standards, government can act as the data wholesaler while providers act as the retailers of information to users.¹³

Recommendation 9: Improving information

Investigate improving and refining information available to users, particularly in education and health.

Recommendation 10: Competition and choice in information services

Apply competition and user choice in the provision of information services, subject to appropriate regulation.

3.5 Middle layers

Centralising choice within Government is not the only option where users lack the information or ability to choose effectively for themselves.

⁹ <https://blogs.crikey.com.au/croakey/2010/12/16/what-should-we-make-of-the-myhospitals-website/>

¹⁰ <http://www.healthscopehospitals.com.au/quality/my-healthscope>

¹¹ <http://www.pc.gov.au/research/completed/efficiency-health/efficiency-health.pdf#page=77>

¹² <https://www.england.nhs.uk/tis/about/>

¹³ <https://medium.com/@ShorensteinCtr/wholesale-government-open-data-and-apis-7d5502f9e2be#.kk85jhygk>

As occurs with Primary Health Networks, Government can devolve responsibility for making choices to regional authorities and then hold these authorities to account on a competitive basis.

Funding structures can also be established to support mediated choice, where users choose an agent to represent them. As occurs in the UK, general practitioners can be given a stronger incentive to help guide their patients through the healthcare system. While it would be difficult to implement in the short-term, the National Health and Hospitals Commission recommendation to use insurers as purchasing agents for consumers – as per the Dutch health system – has considerable merit.¹⁴

Recommendation 11: Using middle layers

Investigate options for introducing middle layers as an alternative to centralising decision making, particularly in relation to health.

3.6 Level playing field

Effective competition requires a level playing field. Australian Chamber's member, the Council of Private Higher Education Providers, points to substantial competitive neutrality problems in higher education, with undue restrictions on access to the title of university (which confers marketing advantages and additional public funding) and no requirement on universities to recognise the opportunity costs associated with the high value land they operate on.¹⁵

Analysis also shows that the treatment of private patients in public hospitals is subsidised by about \$950 more per separation than private patients in private hospitals.¹⁶ Similarly, non-government schools have their funding reduced based on the capacity of parents to pay, whereas this adjustment is not applied to government schools. Differences in tax treatment between different types of providers also create competitive neutrality issues across a range of sectors.

Recommendation 12: Levelling the playing field

Investigate reforms to introduce a level playing field in higher education, hospitals and schools.

3.7 Regulation

Given users often have difficulty assessing quality for themselves, appropriate regulation of products and providers are important in human services. The recent difficulties associated with the expansion of funding for private vocational education illustrate this clearly. However, as markets mature and information improves, the need for regulation falls.

Increasing autonomy through the removal of inappropriate regulation is realising the benefits of competition. For example, the Commission report on health efficiency highlighted opportunities to

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[http://www.health.gov.au/internet/nhhrc/publishing.nsf/Content/1AFDEAF1FB76A1D8CA257600000B5BE2/\\$File/EXEC_SUMMARY.pdf](http://www.health.gov.au/internet/nhhrc/publishing.nsf/Content/1AFDEAF1FB76A1D8CA257600000B5BE2/$File/EXEC_SUMMARY.pdf)

¹⁵ <http://competitionpolicyreview.gov.au/files/2014/07/CPHEI.pdf>

¹⁶ <http://www.apha.org.au/wp-content/uploads/2013/02/APHA-Submission-compiled.pdf#page=22>

remove constraints that apply to the services offered by different types of health professionals. There is also potential for greater innovation in the way that care is provided. The National Health and Hospitals Reform Commission found that, in Australia, 10% of all admissions and 70% of bed days (an overnight stay in hospital) could be avoided if patients had access to responsive, high-quality and well-structured alternative care.

Workplace relations regulation also matter, given many human services sectors are heavily unionised.

Recommendation 13: Increasing autonomy

Investigate whether reforms to support more effective user choice provide room to give providers greater autonomy, particularly in healthcare.

4 Approach to the Inquiry

The issues paper's proposed approach for assessing the potential benefits of reform on the basis of quality, efficiency, equity, accountability and responsiveness is not necessarily problematic, but it could be improved.

4.1 Evaluating reforms

Firstly, the proposed criteria appear to be a framework for cost effectiveness analysis (CEA) rather than cost benefit analysis (CBA). The framework captures the benefits of a service (through quality) and how they are distributed (through equity), but it does not capture cost directly. It only captures the relationship between inputs and benefits (through efficiency).

There is also an argument for using the Commission's existing framework for its annual Report on Government Services (RoGS) based on equity, effectiveness and efficiency given this framework has already been use by the Commission to analyse policy in various human services sectors.

Recommendation 14: Cost- benefit vs Cost-effectiveness

Consider including cost explicitly so that the assessment criteria provide a framework for cost benefit analysis rather than merely cost effectiveness analysis.

Recommendation 15: RoGS criteria

Consider using the Report on Government Services framework of effectiveness, efficiency, and equity.

4.2 Identifying priorities

Identifying priorities is more complicated than simply targeting the areas where current policy seems furthest from the competitive ideal. The benefits of reform are also influenced by the size

and importance of an area of human services. Minor reform to a major area may deliver much greater benefits than a major reform to a minor area.

Regardless of how the Commission identifies sectors for further consideration, a simple 'in or out' approach should be avoided. Instead, the Commission should take a tiered approach that gives the greatest attention to the top tier issues, provides a briefer analysis of those on the next tier and lists lower priority issues for consideration at a future date. Sectors that are not considered simply because they are small should be clearly separated from sectors that are not considered because the Commission has determined that there is limited scope for reform.

A best practice guide for introducing choice and competition would also be a valuable outcome from this Inquiry.

Recommendation 16: Importance vs room for improvement

Examine the importance of a sector as well as the scope for reform when identifying priorities for further evaluation

Recommendation 17: Tiered approach

Adopt a tiered rather than a simple 'in or out' approach in prioritising sectors for further evaluation.

Recommendation 18: Best practice guide

Consider developing a best practice guide for introducing choice and competition.

4.3 Transitional arrangements

Many of the historical problems associated with increasing user choice and competition have been the result of poor policy design and a rushed implementation. Even where policies are theoretically sound, it is important to remember that increasing competition and user choice often requires the development of new skills and capabilities for users and providers. Changes in government policy in highly regulated industries can result in large structural adjustments that would usually occur more slowly in private markets. As such, the Commission should be careful to consider transitional arrangements when identifying reforms.

Recommendation 19: Transitional arrangements

Carefully consider transitional arrangements.

5 About the Australian Chamber

The Australian Chamber of Commerce and Industry speaks on behalf of Australian business at home and abroad.

Our membership comprises all state and territory chambers of commerce and dozens of national industry associations. Individual businesses also get involved through our Business Leaders Council.

We represent more than 300,000 businesses of all sizes, across all industries and all parts of the country, making us Australia's most representative business organisation.

The Australian Chamber strives to make Australia a great place to do business in order to improve everyone's standard of living.

We seek to create an environment in which businesspeople, employees and independent contractors can achieve their potential as part of a dynamic private sector. We encourage entrepreneurship and innovation to achieve prosperity, economic growth and jobs.

We focus on issues that impact on business, including economics, trade, workplace relations, work health and safety, and employment, education and training.

We advocate for Australian business in public debate and to policy decision-makers, including ministers, shadow ministers, other members of parliament, ministerial policy advisors, public servants, regulators and other national agencies. We also represent Australian business in international forums.

We represent the broad interests of the private sector rather than individual clients or a narrow sectional interest.

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