



29 January 2026

Dear Treasury

Head and Neck Cancer Australia (HANCA) is pleased to submit our pre-budget submission seeking Commonwealth investment to establish Australia's first **External Facial Prosthetic Funding Scheme**. This initiative will deliver nationally consistent, equitable access to high-quality external facial prosthetics for people requiring reconstructive rehabilitation following disfiguring, life-saving surgery for advanced Head and Neck Cancer.

More than **5,300 Australians are diagnosed with Head and Neck Cancer each year**, and over **17,000 people** diagnosed in the past five years are living with long-term treatment impacts. Despite the significant physical, psychosocial and economic consequences of facial disfigurement, Australia currently has **no national program** to support access to custom-made external facial prosthetics—unlike existing breast or limb prosthesis programs. As a result, approximately **300 Australians each year** face prohibitive out-of-pocket costs for essential prosthetics that restore function, dignity and quality of life.

Critically, the need for reform has been independently reinforced. In 2025, the Department of Health, Disability and Ageing commissioned **KPMG** to undertake an **Independent Review of Cancer Prostheses in Australia**, which confirmed major system gaps affecting people requiring external facial prosthetics, including the absence of national funding, lack of workforce accreditation, inconsistent clinical pathways, and inequitable access for vulnerable populations. These findings directly align with the issues addressed in this proposal and underscore the need for coordinated Commonwealth action.

HANCA has also been engaging constructively with the Department on **interim administrative solutions** to support patients in the short term. Through these discussions, the Department invited HANCA to submit this detailed proposal for formal consideration as a potential long-term national approach. We welcome this collaborative engagement and stand ready to work closely with government to refine and implement a sustainable solution.

Our proposal sets out a Commonwealth-funded, nationally administered scheme that delivers:

- Equitable access to new and replacement custom-made external facial prosthetics
- A nationally recognised **workforce accreditation process**
- A comprehensive **training pathway** to ensure consistent, safe, high-quality practice
- Clear referral pathways, governance frameworks, and ICT infrastructure
- Direct provider reimbursement to ensure affordability for priority populations

The Scheme aligns strongly with the objectives of the **Australian Cancer Plan**, particularly in reducing inequities, improving outcomes for priority populations, and strengthening capability and safety across the cancer care workforce. Developed in collaboration with leading clinicians, prosthetic specialists and consumers across Australia, the proposal reflects both clinical expertise and lived experience.

HANCA proposes a **four-year Commonwealth investment of \$25.13 million**, with Year 1 focused on design and establishment and Years 2–4 dedicated to phased national rollout, supporting both new and legacy patients. By Year 5, the Scheme reaches a steady-state, cost-effective operating profile.

We welcome the opportunity to engage further with Treasury and the Department to support evaluation of this proposal, and we remain available to provide further information or answer any questions regarding the budget proposal and assumptions as required.

Thank you for considering this submission. We would be pleased to discuss how the proposed Scheme can deliver equitable, sustainable and life-changing outcomes for Australians affected by Head and Neck Cancer.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Nadia Rosin', with a stylized flourish at the end.

Nadia Rosin
Chief Executive Officer
M: 0422 375 765
E: nadia@headandneckcancer.org.au
W: www.headandneckcancer.org.au

**Head and Neck Cancer Australia
External Facial Prosthetic Funding Scheme
Pre-budget submission**

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1. External Facial Prosthetic Funding Scheme Proposal – Executive Summary

Executive Summary: Once fully implemented, the External Facial Prosthetics Scheme (the Scheme) will provide equitable access to nationally consistent, high-quality care for approximately 300 Australians each year who require an external facial prosthetic following disfiguring, life-saving surgery for advanced Head and Neck Cancer (HNC). By embedding best-practice clinical and capability standards, strengthening service pathways and supporting accredited providers, the Scheme will ensure fair, reliable and sustainable access to prosthetic services. This will improve patient outcomes, reduce unwarranted variability and deliver long-term, nationally consistent support across Australia.

Policy Opportunity: Over 5,300 Australians are diagnosed with HNC each year, and more than 17,000 people diagnosed in the past five years are living with the long-term side effects of treatment. It is estimated that around 300 people each year need a new external facial prosthetic following disfiguring, life-saving surgery for advanced HNC yet no national funding scheme exists, unlike breast or limb prostheses, leaving many people without access to essential rehabilitation. This gap disproportionately affects vulnerable populations, with 58% of HNC patients from low socio-economic backgrounds, and results in profound physical, mental health and social impacts including limiting their ability to return to work or participate fully in society.

People requiring custom-made external facial prosthetics represent a small, well-defined and stable clinical cohort, as advised by HNC clinicians affiliated with tertiary hospitals and HNC multidisciplinary teams (MDTs). Although exact numbers cannot be confirmed due to the absence of centralised national data, HNC clinicians consistently report minimal year-to-year variation in demand. This stability supports predictable forecasting, reliable budgeting, and contributes to the long-term sustainability of the Scheme.

Prosthetic services also lack accreditation, training pathways, and quality standards, while insurers often classify prosthetics as “cosmetic” despite their critical functional and psychosocial importance.

Introducing a national funding scheme and workforce standards will close existing gaps, improve equity and safety and restore dignity, function and confidence for people facing unimaginable facial disfigurement after life-saving cancer surgery.

Value for Money: The proposed national provider-reimbursement model represents the most cost-effective approach to delivering equitable access for a small, stable and clearly defined clinical cohort of approximately 300 people per year. Unlike fragmented state-based arrangements or individual out-of-pocket funding, a national scheme avoids duplication, ensures pricing oversight, prevents cost-shifting to acute services, and reduces downstream costs associated with untreated psychosocial harm, delayed rehabilitation and reduced capacity to return to work. Consolidating funding at the Commonwealth level delivers predictable budgeting, targeted investment and long-term system efficiency while improving equity for vulnerable populations.

Scheme Description: Accreditation establishes the minimum competency, safety and governance standards required for clinicians providing external facial prosthetic services. The training pathway develops the future workforce needed to meet demand and ensures consistent, high-quality practice across jurisdictions. Both components are essential and complementary- accreditation safeguards quality, while training builds capability and national coverage. The Scheme will consist of three separate activities:

1. Establish Australia’s first External Facial Prosthetic Funding Scheme
2. Establish a nationally recognised workforce accreditation process
3. Establish a comprehensive training pathway for clinicians

External facial prosthetics are custom-made silicone devices designed to replicate missing facial features (eyes, orbital regions, ears, noses, cheeks, or deep scar depressions). They are essential for restoring appearance and dignity, supporting social confidence and mental wellbeing, enabling return to work and community participation and protecting exposed mucosa and sensitive tissue.

All individuals requiring an external facial prosthesis following disfiguring, life-saving surgery for advanced HNC will be eligible under the Scheme, provided they are permanent residents or hold an eligible visa and are eligible for Medicare. Initially, only facial prosthetic services currently supporting tertiary hospitals with HNC MDTs in Australia will be funded under the Scheme, until a nationally recognised workforce accreditation process and training pathway is established. Referrals must come from a HNC clinician participating in an MDT or relevant specialist. Providers will be reimbursed directly.

If funding is constrained, patients will be prioritised using transparent and equitable criteria. Priority will be given to new patients, concession card holders and individuals with the greatest clinical need or mental health impact. Additional

consideration will be given to those who have experienced long wait times and disadvantaged groups. Cases where intervention delivers the most significant improvement in health outcomes will also be prioritised. See attached further information including what is funded, exclusions, referral pathway, replacement frequency, claiming arrangements. Project Methodology is also attached for each activity.

Strategic Alignment: An independent review into Cancer Prostheses in Australia confirmed the gaps outlined above. This review was commissioned in 2025 by the Department of Health, Disability and Ageing and conducted by KPMG, in response to the Senate Community Affairs References Committee report on Equitable access to diagnosis and treatment for individuals with rare and less common cancers, including neuroendocrine cancer. These gaps were also reinforced in the *2025 Missing Piece of the Puzzle Head and Neck Cancer Pre-election* submission prepared by Head and Neck Cancer Australia (HANCA).

Role for Government: Achieving equity in cancer outcomes for priority population groups and between tumour types and building a workforce for optimal cancer care and that reflects the diversity of patient populations are key objectives of the *Australian Cancer Plan*. The Scheme will reduce inequities in access and affordability, ensure robust professional standards and a sufficient workforce of trained clinicians to meet future demand while reducing the burden on the health and social services system.

Outcomes: The Scheme will establish Australia’s first external facial prosthetic funding program, supported by an accreditation and training pathway for specialist clinicians. It will expand clinician capability and geographic coverage, improve referral practices, and ensure standardised, safe care aligned with national standards and the priorities of the Australian Cancer Plan. Ultimately, the Scheme will enhance patient access, health outcomes, and overall experience following disfiguring, life-saving cancer surgery for advanced cancers delivering significant psychosocial benefits, reducing inequities, and improving quality of life particularly for vulnerable, priority population groups.

Reimbursement options: A provider reimbursement scheme is proposed as the most viable option. Direct patient reimbursement, like the External Breast Prostheses Reimbursement Program, was considered but is not feasible due to the high cost of custom-made prostheses. With 58% of HNC patients from low socio-economic groups, provider reimbursement is essential to ensure equitable access.

Non-cancer related patients: People requiring external facial prostheses due to trauma or congenital anomalies (estimated 50–100 people annually) and those requiring ocular prostheses are not included in this proposal and are not costed. HANCA recognises that these groups face similar functional, psychosocial and financial barriers and supports their inclusion to achieve a nationally consistent funding approach. Further work is required to scope demand, assess clinical pathways, develop administrative arrangements and determine costs.

Consultation/Engagement: The Scheme was developed by HANCA in collaboration with leading HNC clinicians, including surgeons, radiation oncologists, prosthodontists, facial prosthetists, and anaplastologists working within HNC MDTs at cancer centres across New South Wales, Victoria, Queensland, South Australia, and Western Australia. Consultations also included HNC patients who have either self-funded external facial prosthetics or been unable to access them due to prohibitive costs, ensuring the Scheme reflects both clinical expertise and patient experience.

Risks and Mitigations: Key risks include underestimating the development and ongoing administration costs, cost inflation from custom prostheses and limited workforce, funding duplication, variability in clinical quality, eligibility disputes, privacy risks, and poor patient experience, especially for vulnerable groups facing navigation barriers and cultural challenges. To mitigate these risks the Scheme will enforce pricing oversight, provider accreditation, clear rules to prevent double-funding, and clinical quality standards. Robust audits, privacy safeguards, and culturally responsive navigation support will ensure equitable access, while development and ongoing administration costs will be transparently budgeted to avoid inaccuracies. With these mitigation measures in place, the residual risk profile of the Scheme is low, particularly given the small, stable cohort and clearly defined clinical scope.

Funding:

Yr 1 development only costs	\$3,492,800
Yr 2 delivery costs	\$6,273,010
Yr 3 delivery costs	\$7,021,320
Yr 4 delivery costs	\$8,347,320
Total 4 year costs	\$25,134,450

This submission seeks Commonwealth investment for scheme design, establishment and phased national rollout across 2026–27 to 2029–30. Final ongoing program costings will be submitted for consideration in the 2027–28 Budget, consistent with standard two-stage design–implement sequencing that ensures accurate forward estimates following completion of development activities in late 2026. This staged approach supports transparent, reliable future cost forecasts.

Implementation: The Scheme will be implemented and administered by HANCA, Australia’s only national charity supporting people living with HNC. HANCA is widely recognised as a trusted source of information and support by key stakeholders including the Department of Health, Disability and Ageing, Cancer Australia, Cancer Council Australia,

McGrath Foundation and the Australian and New Zealand Head and Neck Cancer Society. Hospitals across Australia routinely refer patients and carers to HANCA's resources and specialist Helpline, which forms part of the Australian Cancer Nursing and Navigation Program. Leveraging this established reputation and national reach, HANCA is optimally positioned to deliver the Scheme, ensuring sustainable improvements in access, workforce capability, and patient outcomes. HANCA will be guided by an expert advisory committee comprising multidisciplinary expertise and consumer representation. The Scheme will be co-designed with patients to ensure it reflects lived experience and addresses real-world barriers to access.

HANCA is the only national organisation dedicated to supporting people living with Head and Neck Cancer and is widely recognised by clinicians, hospitals and peak cancer agencies as a trusted, authoritative source of information, navigation and psychosocial support. HANCA already works closely with multidisciplinary teams across all states and territories, operates established national ICT and support infrastructure, and provides the HNC Helpline as part of the Australian Cancer Nursing and Navigation Program. HANCA offers a unique combination of national reach, clinical integration and strong consumer trust. Leveraging this existing capability ensures low administrative overheads, rapid implementation and sustainable national coordination.

Evaluation: The Scheme will be evaluated through an ongoing monitoring and review framework that tracks consumer outcomes, experiences, and the effectiveness of the Schemes delivery. This includes systematic collection of data such as Patient Reported Experience Measures (PREMs) and Patient Reported Outcome Measures (PROMs), supported by a robust data privacy and storage plan. A comprehensive evaluation strategy will drive continuous quality improvement through implementation monitoring and community engagement.

Communications: The Scheme will be communicated through a targeted digital marketing and engagement strategy, leveraging HANCA and HNC stakeholder websites, social media, newsletters and professional networks. This will be supported by targeted activities to raise clinician and community awareness of the Scheme, workforce accreditation, and training pathways. Educational resources will be developed to improve clinicians' capacity to support people in accessing services and psychosocial support.

2. External Facial Prosthetic Funding Scheme: How will it work

2.1) What is funded?

New and replacement custom-made external facial prosthetics, including:

- Custom made auricular prosthetics (ears)
- Custom made nasal prosthetics (noses)
- Custom made eyeballs
- Custom made orbital prosthetics (restores the eyeball and eyelids and may include the eyebrow and part of the forehead, nose, or cheek)
- Custom made hemi-facial prosthetics (restores a larger section of the face and may include the eye, nose, cheek or a combination of these)

Excluded items:

- A second external facial prosthetic for the same part of the face.
- External facial prosthetic implants or posts.
- External facial prosthetics made by clinicians not currently servicing a tertiary hospital with a HNC MDT.
- Replacements in cases where the external facial prosthetic is lost, stolen or damaged beyond repair or misused during the designated funding period.

2.2) Who is eligible?

All people requiring an external facial prosthesis following facial disfiguring surgery for HNC, are eligible to claim reimbursement under the Scheme, provided they are permanent residents or holders of an eligible visa and have Medicare eligibility. To ensure equitable access for priority population groups, the Scheme will be available to legacy HNC patients from the last 5 years following facial disfiguring surgery for HNC.

2.3) Eligible Providers

Until a nationally recognised workforce accreditation process and training pathway is established, only facial prosthetic services currently supporting tertiary hospitals with HNC MDTs in Australia will be funded under the Scheme. Eligibility criteria for these interim providers will be determined by the Scheme's expert advisory committee comprising surgeons, radiation oncologists, prosthodontists, facial prosthetists, anaplastologists, nursing, and allied health professionals. Access to prosthetic services currently exist in NSW, QLD, VIC and WA. Given workforce limitations, patients in locations where a service does not exist e.g. ACT, TAS, SA, NT will need to travel to access an existing service and access state-based travel and accommodation schemes if required.

2.4) Referral Pathway

New external facial prosthetics

- Specialist referral is required from a HNC clinician participating in a HNC MDT or other relevant specialist e.g. plastic surgeon, skin cancer specialist, Ear Nose and Throat (ENT) surgeon. Referral to include details of a patient's surgical cancer treatment.

Replacement external facial prosthetics

- Specialist referral is required from a HNC clinician participating in a HNC MDT or other relevant specialist e.g. plastic surgeon, skin cancer specialist, ENT surgeon, or:
- Report with request and justification of replacement from an eligible provider.

2.5) Claiming arrangements

How often can a claim be made

As needs basis but not before two years from the date of the last external facial prosthetic provision, excluding:

- Initial interim post-surgical external facial prosthesis (lasts on average less than one year)
- Change in a person's physical size / shape due to growth or atrophy which makes the current prosthesis no longer usable.
- Change in a person's medical condition and current prosthesis is no longer fitting and no longer usable.
- Deterioration of the prosthesis jeopardises a person's medical condition.

Claiming procedure – provider reimbursed:

- Patient to obtain quote for external facial prosthetic from eligible provider and complete claim form.
- Provider is reimbursed directly. *Similar system to claims under the Workforce Australia Employment Fund*

3. Project methodology

Activity 1: Establish External Facial Prosthetic Funding Scheme – payment system design/development + payment system continuing administration

Phase	Objectives	Activities
Phase 1	Deliver timely, reliable, and affordable access to facial prosthetic devices to eligible people in Australia.	Discovery, design and development
		<ul style="list-style-type: none"> - Stakeholder engagement – establish MDT expert advisory committee*, meeting schedule - EAC in consultation with and informed by relevant stakeholders to: <ul style="list-style-type: none"> o Develop product schedule, consumables, maintenance/repairs o Develop Pricing schedule and/or quotation system o Develop Referral pathway (new versus replacement) including authorisation o Develop eligibility criteria o Develop procedure to approve eligible providers – criteria, verifying credentials, maintaining register o Develop procedure to conduct referral assessment and approve/decline application o Develop claiming and payment procedure, implement fraud controls o Design education and support services for providers and patients <p>* expert advisory committee to comprise of HNC MDT members, including surgeons, radiation oncologists, prosthodontists, facial prosthetists, anaplastologists, nursing, and allied health professionals, health workforce and accreditation expertise and consumer representative.</p>
	Deliver a Scheme that uses Information and Communications Technology (ICT) to optimise care and outcomes for eligible people needing a facial prosthetic.	Develop ICT Solution
		<ul style="list-style-type: none"> - Partner with providers (Salesforce, AirCall, Ortto, Umbraco) to design and develop integrated ICT solution <ul style="list-style-type: none"> o Maintain register of patient details, eligible providers, date of initial referral, type of prosthetic, date of provision, amount paid o Explore options to integrate AI functionality o Manage cyber security controls o Develop marketing automation solution to manage scheme communication automatic delivery of emails - Portal build, testing, training and maintenance,

		<ul style="list-style-type: none"> - Licensing and subscriptions
	Deliver appropriate governance structures to effectively support delivery of the Scheme, identify areas of risk and mitigation strategies	Governance and administration
		<ul style="list-style-type: none"> - Board and Committee governance controls - Legal advice including establishing Committee terms of reference - Financial advice, payment system setup, controls - Administrative & HR support, orientation, training - Develop comprehensive risk management plan - Engage external auditor, deliver annual external audit report - Grant reporting requirements
	Develop ongoing monitoring and review processes to help understand outcomes and experiences of consumers, the effectiveness of approaches for delivering care and support continuous improvement.	Data collection and program evaluation
		<ul style="list-style-type: none"> - Develop comprehensive data privacy, storage and collection plan - Establish methods for, and undertake ongoing collection and collation of data e.g. Patient Reported Experience Measures (PREMs) and Patient Reported Outcome Measures (PROMs) - Develop a comprehensive program evaluation strategy for continuous quality improvement that includes implementation, monitoring and community engagement.
	Support the workforce to provide safe and quality clinical care and external facial prostheses.	Provider eligibility and workforce mobilisation
		<ul style="list-style-type: none"> - Establish interim accreditation process e.g. via a peer review process for eligible providers - Recruit and train skilled project team to administer the Scheme
Phase 2	Raise clinician and community awareness of facial prosthetic funding scheme, workforce accreditation and training pathway; improve capacity of clinicians to support HNC patients with education and information resources to access services	Community engagement
		<ul style="list-style-type: none"> - Develop digital marketing and communication strategy to include promotion via HANCA and stakeholder websites, HNC Helpline, social media platforms, member newsletters, professional networks, targeted media campaign, official launch event.

Phase 3	Successfully launch the Facial Prosthetic Funding Scheme, workforce accreditation process, and training pathway to ensure feasibility, stakeholder acceptance, and readiness for full-scale implementation.	Phased rollout & National Launch
		<ul style="list-style-type: none"> - Conduct phased rollout of scheme commencing in two jurisdictions - Refine as required (operating procedures, communications, metrics dashboard – turnaround times, patient reported outcomes), scale program nationally
Phase 4	Ensure the sustainable operation of the Scheme by embedding processes for eligibility assessment, claims management, provider engagement, compliance monitoring, and continuous improvement into routine business operations, supported by robust governance and ICT systems.	Transition to Scheme Administration Business as usual
		<ul style="list-style-type: none"> - Program management <ul style="list-style-type: none"> o Referral assessment and approval o Provider reimbursement o ICT – maintain systems, modifications as required, training o Community engagement - marketing & promotion o Administration: Maintain patient and provider register, advisory committee logistics and support, general admin, logistics support o Scheme evaluation and reporting

Activity 2: Establish nationally recognised workforce accreditation process

Phase	Objectives	Activities
Phase 1	Establish nationally recognised accreditation process for facial prosthetics, grounded in base professional registration and governed through health service credentialling against agreed capability standards.	Discovery, design and development
		<ul style="list-style-type: none"> - Stakeholder engagement – establish expert advisory committee, quarterly meetings - Desktop research and engagement to identify accreditation options in Australia and overseas - Develop Practitioner certification pathway e.g. license, specialist boards, training pathway, international membership (IAA), recommendation from existing members - Establish ongoing monitoring, evaluation, re-accreditation processes and procedures

Activity 3: Establish nationally recognised training pathway for clinicians

Phase	Objectives	Activities
Phase 1	Establish a nationally recognised training pathway for facial prosthetics that defines entry requirements, curriculum standards, assessment processes, and certification, ensuring alignment with international best practice and capability standards to support safe, consistent, and high-quality practice.	Discovery, design and development
		<ul style="list-style-type: none"> - Stakeholder engagement – establish expert advisory committee - EAC in consultation with and informed by relevant stakeholders to: <ul style="list-style-type: none"> o Conduct desktop research including international training pathway examples o Develop training pathway e.g. develop e-learning module, identify ICT platform to host e-learning course, conduct pilot testing for feasibility and acceptability o Facilitate final endorsement of training pathway o Develop and launch community engagement and awareness strategy - Establish ongoing monitoring, evaluation, re-accreditation processes and procedures

4. Project logic

Inputs	Activities	Outputs	Outcomes
<ul style="list-style-type: none"> • HANCA Board • HANCA Facial Prosthetics Steering Committee • Expert advisory committee • Consumer representatives • Consultants • Project management • Funding • Time 	<ul style="list-style-type: none"> • Discovery, design and development • Project management • Governance • Stakeholder engagement • Marketing & promotion • Project Launch • Evaluation • Project reporting 	<ul style="list-style-type: none"> • External Facial Prosthetics Reimbursement Scheme designed and implemented • Accreditation process delivered • Training pathway delivered 	<ul style="list-style-type: none"> • Australia’s first facial prosthetic funding scheme available and accessible to all eligible people. • Funding scheme, accreditation, and training pathway accepted by specialist clinicians. • Increased clinician awareness and timely referral to facial prosthetic services. • Increased number and geographic distribution of accredited clinicians. • Improved clinician capability to support patients. • Increased patient access to facial prosthetic services post-treatment. • Standardised, safe, and consistent care aligned to national capability standards. • Improved health, wellbeing, and patient experience outcomes.

5. Risk and mitigation strategies

Risks	Mitigation
1) Custom prostheses and limited eligible providers risk price inflation.	<ul style="list-style-type: none"> - Publish a schedule-of-fees/price bands per prosthesis type and complexity; require itemised quotes. - Adjust caps or fees as needed.
2) Overlap with Private Health Insurance and state schemes could lead to double-funding	<ul style="list-style-type: none"> - Require declaration of other funding sources.
3) Differences in clinical quality.	<ul style="list-style-type: none"> - Develop minimum clinical standards, competency criteria and CPD requirements. - Mandatory care plans and follow-up schedules. - Adverse event reporting and clinical governance with independent review.
4) Provider reimbursement reduces patient burden but raises risks of inflated quotes, duplicate billing.	<ul style="list-style-type: none"> - Pre-claim validation (endorsement check, standardised forms, referral verification). - Contracts with eligible providers.
5) Disputes over eligibility; handling sensitive patient information.	<ul style="list-style-type: none"> - Publish explicit eligibility guidance with documentation checklists. - Privacy-by-design: encryption, least-privilege access, consent for photos. - Clear complaints/appeals processes with defined timeframes.
6) Sub-optimal patient experience - Navigation burden low-SES patients; cultural/linguistic barriers for First Nations and CALD communities; psychosocial harm from delays/denials.	<ul style="list-style-type: none"> - Standardised referral templates - The Program will refer patients to the HNC Helpline for psychosocial support, including counselling and peer support services. - Co-designed, culturally safe materials embedded in referral/claims steps. - Warm handovers for interstate cases with documented maintenance schedule.
7) Inaccurate costing, with the risk that development or ongoing administration costs may be either underestimated or overestimated.	<ul style="list-style-type: none"> - Development and ongoing administration costs will be transparently budgeted to avoid inaccuracies, with final ongoing program costings to be submitted in the 2027 Budget following completion of development work at the end of calendar year 2026.

With these mitigation measures in place, the residual risk profile of the Scheme is low, particularly given the small, stable cohort and clearly defined clinical scope.