Palliative Care
Australia
Matters of life and death

Annual Report

2025–2026

Palliative Care
Australia
Matters of life and death

PURPOSE

Strengthening access to quality palliative and end-of-life care for the Australian community.

VISION

We see a world where quality palliative care is available for all, when and where they need it. Our work is aligned with the priorities in the National Palliative Care Strategy.

Acknowledgment of Country

Palliative Care Australia is located in Canberra. We acknowledge the traditional custodians of the surrounding land and waters of the Ngunnawal and Ngambri Peoples and pay our respects to Elders past and present. We honour and value their continuing culture and the contribution they make to the life of this city and this region.

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A message from our Chair and CEO

The past year showed what can be achieved when a sector unites with clarity, compassion and shared purpose.

Throughout 2025–26, Palliative Care Australia pursued a vital goal: that every Australian can access high-quality palliative care, wherever they live, whatever their circumstances and whenever they need it.

The launch of PCA's *Strategic Plan 2026–2029* at Parliament House in November 2025 was an important milestone. It gives us clear direction and a practical framework for turning shared priorities into lasting improvements in care, access and equity.

Equity remained central to our advocacy. PCA spoke up for people who too often fall through gaps between Australia's health, disability and aged care systems. We drew national attention to thousands of people under 65 with an advanced life-limiting illness who cannot access the practical support needed to remain safely at home. We also advocated for better palliative care access for people receiving aged care as major reforms were rolled out.

Through policy submissions, government engagement and events with the Parliamentary Friends of Palliative Care, we brought lived experience, clinical expertise and sector knowledge into national decision-making. This strengthened policymakers' understanding of how fragmented systems affect people's safety, choices and quality of life.

Bringing people together to learn, connect and lead change also defined the year.

The 2025 Oceanic Palliative Care Conference in Brisbane attracted more than 480 abstract submissions and brought together professionals from Australia and the region to exchange research, strengthen relationships and explore practical responses to sector challenges. Its ideas and connections will continue to influence practice and improve care.

We look forward to building on this success with the joint Asia Pacific Hospice Network and Oceanic Palliative Care Conference in Adelaide in April 2027, with more than 1,000 abstracts received from 35 countries.

The 2025 National Palliative Care Awards celebrated outstanding care, leadership, innovation and advocacy. They recognised remarkable contributions and shared approaches that can inspire and strengthen the wider sector. We congratulate the 2025 recipients and everyone nominated.

In March 2026, about 250 delegates joined PCA's Palliative Care in Aged Care Forum in Melbourne. During significant aged care reform, the forum deepened discussion between the aged care and palliative care sectors about embedding palliative care across residential and home-based services. Its strong reception affirmed the importance of this national work so older people can receive appropriate care in their chosen place.

National Palliative Care Week 2026 invited Australians to ask *Big Questions* and seek *Real Answers* about palliative care. The campaign generated more than 4.17 million impressions, 757,000 video views, 28,000 clicks and 524 television, radio and online news items. More than 1,150 people registered for the Parliamentary Friends of Palliative Care and National Palliative Care Week special guest lecture, *Rethinking Dementia and End-of-Life Care*, in Canberra.

Behind those figures was something more important: more people were encouraged to discuss palliative care openly, seek reliable information and consider their wishes before a crisis. Every conversation helps build a community where dying, death and grief are better understood and no one must navigate them alone.

We also supported care quality through PCA's Continuous Quality Improvement Program. A national community of practice and webinar series helped services apply the National Palliative Care Standards, learn from one another and translate them into better everyday experiences for patients and families.

"Palliative Care Australia continued to pursue a simple but vital goal: that every Australian should be able to access high-quality palliative care, wherever they live, whatever their circumstances and whenever they need it."

Progress was also made in paediatric palliative care. PCA launched a tool to help health professionals identify when a child or young person may benefit from specialist palliative care referral, and promoted accessible resources to improve transitions between paediatric and adult services. These initiatives support earlier referrals, clearer communication and more coordinated care for children, young people and families.

This work is shaped by people with lived experience, delivered alongside dedicated health and care professionals, and strengthened by our community's knowledge and generosity. We sincerely thank PCA's members, staff, partners, Board, committees, advisory groups and supporters. Your commitment, candour and collaboration make our work possible.

The year brought growth and change within PCA as new colleagues expanded our team's skills, experience and capacity.

It was also a year of deep sadness following the death of our much-loved colleague Gretchen Irvine. A deeply valued PCA team member, Gretchen's loss was felt profoundly by those who knew and worked alongside her. We remember her with warmth and affection, and honour her contribution to our organisation and shared purpose.

This was also a significant year of leadership transition.

Camilla Rowland concluded her five-year tenure as CEO on 2 April 2026. Under her leadership, PCA grew in influence, ambition and impact. Her dedication and advocacy made an enduring contribution to the organisation and wider sector. We thank Camilla sincerely for her service and the strong foundations she leaves.

We are equally grateful to Simon Waring, Interim CEO from April to July 2026. Simon led PCA with care, steadiness and generosity, maintaining momentum while supporting our people and preparing the organisation for its next chapter.

Finally, Dr Chris Hatherly commenced as CEO on 8 July 2026, bringing enormous respect for PCA's 2025–26 achievements and the people who made them possible.

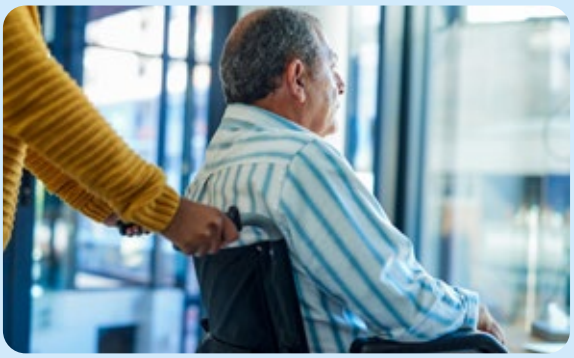
We recognise the many challenges facing society, including an ageing population and increasingly complex care needs. Guided by our strategy, strengthened by a talented team and supported by valued partnerships across Australia, we look forward to tackling these challenges—bringing people together, influencing national policy and championing better palliative care and end-of-life care.

Dr Peter Allcroft
BMBS FRACP FAChPM M Pall Care
Chair

Dr Chris Hatherly
Chief Executive Officer

At a glance: our year in numbers

Advocacy



2026 Federal Budget:
Improvements to the aged care Support at Home End-of-Life Pathway as a direct result of PCA advocacy

20
national organisations
supported PCAs call for needs-based access to palliative care in aged care

23
written submissions

31
national consultation processes

Projects, education and resources

92,813
resources distributed
↑ 29% increase from 2025

53,871
views across
National Palliative Care Standards
webpages

19,859
downloads of the **National Palliative Care Standards for All Health Professionals and Aged Care Services** factsheet

946
registrations across six **National Palliative Care Standards Community of Practice** webinars

4,917
National Service Directory
page views across 423 listed services

Community awareness

59,000+
social media followers
↑ 16% increase from previous year's 51,000+

2.18+ million
social media impressions
and 109,000+ engagements

10
PCA News stories shared with the media

20
People of Palliative Care
stories published online

23
media releases
distributed and published online

585,000
website visits and 1.9 million interactions

National Palliative Care Week 2026

1,150+
registrations
for the NPCW 2026 Special Guest Lecture

71.2 million
estimated media reach

525
media mentions
across television, radio and online news

386
unique media stories across 244 outlets

239,000+
website views
and 748,000+ website interactions

4.17+ million
paid campaign impressions
↑ 27% increase from 2025

Our Work

Policy and advocacy

This year, Palliative Care Australia worked to ensure palliative care was visible as reforms to Australia's aged care, disability and health systems continued.

In aged care, our advocacy focused on access, assessment, funding and quality care for people with a life-limiting illness – aiming to ensure the new system delivers on its promise of palliative care for all who need it. It was a critical period for aged care reform, with a new Aged Care Act coming into force that includes an explicit right to receive palliative care and end-of-life care. Many of PCA's submissions focused on the implementation challenges associated with these reforms.

PCA's *Position Statement on the Support at Home End-of-Life Pathway* (October 2025) provided our sector's view on the challenges associated with this important addition to the aged care funding landscape. We were pleased to see improvements to the Pathway's design announced in the 2026 Federal Budget, ensuring that people who live longer than 12 weeks can continue receiving funding under the Pathway. Like many other aged care stakeholders, we also welcomed the Government's decision to remove consumer co-payments from personal care services funded through Support at Home.

Our advocacy for needs-based palliative care in aged care received widespread support, with 20 national organisations endorsing our call for an independent evaluation of the impacts of prognosis-based eligibility for aged care palliative care pathways. The Inspector-General of Aged Care also recognised the importance of this issue, and we acknowledge the value of this independent voice in aged care reform.

Major changes to the NDIS and wider disability system this year created significant uncertainty for people with life-limiting conditions who need functional supports to remain safely at home. PCA continued to highlight the urgent service gap for people under 65 who need practical home supports outside the NDIS and advocated consistently for NDIS legislative and service provision arrangements that recognise progressive illness, fluctuating symptoms and rapidly changing needs.

We published the findings of our National Palliative Care Workforce Survey, which identified significant workforce impacts from increased demand for palliative care across specialist palliative care, aged care and primary care.

PCA continued to bring people together to resolve shortages of palliative medicines, working closely with six national organisations and the Australian Government Department of Health, Disability and Ageing (DHDA) to improve responses to medication supply issues.

Our policy contributions also extended to hospital and private health reform, medicines regulation, access and shortages, digital health, palliative care research, paediatric palliative care and health and aged care pricing.

Through this breadth of work, we brought the experiences of PCA Members, clinicians, services, carers and people with lived experience into national policy discussions – helping ensure palliative care and end-of-life care are recognised as core to our health and social care systems.

> "we brought the experiences of PCA Members, clinicians, services, carers and people with lived experience into national policy discussions"

- Report: Australia's palliative care workforce: Challenges and opportunities
- Position Statement: Support at Home End-of-Life Pathway
- Submission: 2026 Federal Budget
- Submission: Senate Inquiry into the Support at Home Program

Community awareness

Building greater understanding of palliative care remained a central focus for Palliative Care Australia in 2025–26. We worked to make palliative care more visible, better understood and part of everyday conversations about health, care and quality of life.

People and their experiences were at the heart of this work. The People of Palliative Care story series shared diverse perspectives from those who experience, deliver and support palliative care, with 20 stories published during the year. The series continued to resonate strongly with audiences, with Dr Michael Chapman's *Rethinking Dementia* story becoming PCA's highest-performing organic social media post of the year.

Our online community continued to grow, with social media generating more than 2.18 million impressions and 109,000 engagements over the year. Our audience grew by 16% to more than 59,000 followers across Facebook, Instagram, LinkedIn and X, while proactive media engagement helped bring palliative care stories, information and emerging issues to wider public audiences.

National Palliative Care Week (NPCW) in May brought communities across Australia together to talk about palliative care. Under the theme *Getting to the heart of it: Big Questions. Real Answers*, PCA worked with Members and supporters to encourage people to ask questions, challenge misconceptions and have more open conversations about palliative care. Across the country, community events, education sessions, digital activity, landmark illuminations and local awareness initiatives brought the campaign to life. Hospitals, aged care providers, community organisations, health professionals, advocates and individuals shared campaign resources and their own stories, extending the conversation well beyond PCA's own channels.

This collective effort was amplified by strong national media and digital reach. The campaign generated 524 media mentions across television, radio and online news, with an estimated reach of 71.2 million. Paid advertising delivered more than 4.17 million impressions – a 27% increase from 2025 – while video views grew by 322% to more than 757,000. The NPCW Special Guest Lecture, *Rethinking Dementia and End-of-Life Care*, was another highlight, attracting more than 1,150 registrations and demonstrating strong audience interest in palliative care and end-of-life care for people living with dementia.

Through media engagement, our website, eNews and social media channels, PCA continued to extend the reach of reliable and accessible information about palliative care. Together, this work created more opportunities for Australians to learn, reflect, ask questions and have important conversations about palliative care and end-of-life care.

Awards and recognition

Throughout 2025–26, Palliative Care Australia continued to recognise and celebrate the people, stories and creative voices that shape palliative care. The National Palliative Care Awards and Live Well, Die Well Art Prize provided two distinct opportunities to celebrate excellence, innovation and creativity – from people making significant contributions across the sector to artists sharing personal perspectives on life, dying, grief and care.

The 2025 National Palliative Care Awards celebrated individuals and teams making outstanding contributions to palliative care across Australia. Presented across eight categories, the awards recognised excellence in leadership, research, innovation, volunteering, teamwork and Aboriginal and Torres Strait Islander palliative care. Emeritus Professor Margaret O'Connor AM received the Lifetime Achievement Award, recognising more than four decades of leadership and contribution to the sector.

The 2025 Live Well, Die Well Art Prize provided a different way to share experiences of palliative care through art. The national competition attracted 109 entries, with works from 33 finalists exhibited at the 2025 Oceanic Palliative Care Conference in Brisbane. Vicki White was named Overall Winner for Tethered To Earth, a deeply personal work reflecting her family's experience of caring for her father at the end of his life. Winners across six categories explored experiences of life, dying, grief, care and connection through visual art.

Looking ahead, the National Palliative Care Awards and Live Well, Die Well Art Prize will return in 2027, providing new opportunities to celebrate excellence and creativity across the sector and share stories that connect palliative care with the broader community.

2025 Live Well, Die Well Art Prize Overall Winner Vicki White

Lifetime Achievement Award Winner
Emeritus Professor Margaret O'Connor AM

National Palliative Care Awards recipients

- **Lifetime Achievement Award**
  Emeritus Professor Margaret O'Connor AM
  Monash University/Palliative Care South East, Victoria
- **Emerging Leader Award**
  Dr Priyanka Vandersman
  Flinders University, South Australia
- **Emerging Researcher Award**
  Dr Alison Bowers
  Queensland University of Technology, Queensland
- **Outstanding Achievement by a Team**
  Women's and Children's Hospital Paediatric Palliative Care Service, South Australia
- **Outstanding Achievement in Aboriginal and Torres Strait Islander Care**
  Territory Palliative Care
  Alice Springs, Central Australia, Northern Territory
- **Outstanding Achievement in Volunteering**
  Kevin Stokes
  Great Lakes Palliative Care Support, NSW
- **Innovation in Palliative Care Award**
  Professor Jennifer Philip
  Palliative Nexus Research Group, University of Melbourne, Victoria
- **Outstanding Achievement by an Individual**
  Dr Christine Sanderson
  Territory Palliative Care, Northern Territory

National Palliative Care
AWARDS
2025
Thank You

Parliamentary Friends

Palliative Care Australia continued to bring palliative care into the heart of national policy discussions through support for the Parliamentary Friends of Palliative Care, convened by Senator Kerrynne Liddle and Senator Raff Ciccone. This group creates opportunities for parliamentarians, sector leaders and advocates to engage with key issues in palliative care.

Two Parliamentary Friends events were held at Parliament House during 2025–26. In November, PCA joined with Associate Member Painaustralia to advance discussion on pain management at end of life and access to essential palliative care medicines. The event also marked the launch of the *PCA Strategic Plan 2026–2029*.

In April, the Parliamentary Friends of Palliative Care convened to discuss gaps in support experienced by younger Australians with a life-limiting illness, highlighting the barriers faced by people under 65 who want to be cared for and die at home. The event brought together lived experience, clinicians and peak bodies to demonstrate the need for better coordination across health, disability and palliative care systems.

PCA Connect

Palliative Care Australia continued its PCA Connect webinar series, bringing together expertise and practical learning from across the sector. In 2025–26, two webinars were held, both focusing on paediatric palliative care and exploring how timely referral and workforce education can support better care for children with life-limiting conditions and their families.

The first webinar, *Know the right time – supporting timely referral to paediatric palliative care*, introduced PCA's new decision-making tool and explored how health professionals can recognise when a child may benefit from palliative care and make timely and informed referral decisions.

The second webinar, *Celebrating 10+ years of QuoCCA: Advancing education in paediatric palliative care*, reflected on more than a decade of paediatric palliative care education, sharing key learnings and exploring the role of education, collaboration and innovation in supporting quality care. Over its first 10 years, Quality of Care Collaborative Australia (QuoCCA) educated more than 30,000 health, social care, school and community staff.

Paediatric palliative care

Throughout 2025–26, Palliative Care Australia continued to build on the *Shaping the Future of Paediatric Palliative Care* project, working to ensure children and young people with life-limiting conditions and their families can access the right care and support at the right time.

Supporting earlier referral remained an important focus. Developed with clinicians and families, the *Referral to Paediatric Palliative Care: Decision-Making Guideline Tool* was launched to help health professionals recognise when referral may be beneficial and approach these decisions with greater confidence. The tool was accompanied by education and awareness activities, including the *Know the right time – supporting timely referral to paediatric palliative care* PCA Connect webinar and a new educational video sharing clinical perspectives on referral and shared decision-making.

PCA also focused on another important stage in the care journey: the transition from paediatric to adult services. The new *Navigating Transition in Palliative Care: Empowering Young People* guide provides practical guidance for health professionals to enable more coordinated, person-centred transitions, with the needs and voices of young people and their families at the centre. A companion video shared reflections from families and clinicians.

Accessible and culturally responsive information for families remained central to this work. *Caring Together* continued to provide clear information about paediatric palliative care, with Easy Read and translated resources supporting families from different cultural, language and literacy backgrounds. The Arabic and Vietnamese versions were developed with community members to ensure the information was not only translated but culturally meaningful. Education activities during the year also highlighted the importance of language, culture and culturally safe communication in paediatric palliative care.

A new animation was developed to help families, carers and health professionals discover the information and support available through the Paediatric Palliative Care website. The website recorded more than 65,000 views during 2025–26 – an increase of 34% from the previous year.

"working to ensure children and young people with life-limiting conditions and their families can access the right care and support at the right time."

National palliative care projects

Palliative Care Australia's national projects team supports palliative care across the lifespan. Alongside developing resources and contributing to research, the team plays an important role in engaging stakeholders across diverse service settings, strengthening connections and building confidence and capability across the system.

In 2025–26, our projects continued to focus on quality, access and awareness, united by one goal: to make high-quality palliative care more consistent and accessible, regardless of where or how it is delivered. The National Palliative Care Standards, accompanied by a new suite of educational and engagement tools, supported quality improvement across care settings by celebrating good practice and sharing practical strategies, particularly in aged care. PCA shared this work with sector organisations and Primary Health Networks across Australia through conferences and presentations.

Complementing our work with Member Organisations and other national palliative care projects, PCA led two consortia aimed at reducing barriers to high-quality care. The *Quality Use of Community Palliative Care Medicines* project brought together four partner organisations to strengthen collaboration across sectors and improve access to medicines in community and aged care settings. *Timely Palliative Care*, delivered in partnership with PCA Affiliate Member the Australian and New Zealand Society of Palliative Medicine (ANZSPM), focused on building oncology specialists' knowledge and confidence to initiate timely referral conversations with patients and families, supporting timely access to palliative care for those with advanced disease.

PCA also contributed to committees and advisory groups supporting national projects and research. During the year, PCA collaborated on two Wicking Trust projects and contributed to several research initiatives, including a FightMND-funded project led by the Perron Institute. Our longstanding involvement in the End-of-Life Directions for Aged Care (ELDAC) project continued, providing guidance and support to aged care providers seeking to strengthen their palliative approach.

Through extensive service and educational engagement, the national projects team distributed more than 90,000 resources during the year. These practical materials supported policymakers, health and aged care professionals, patients and families, extending the reach and impact of PCA's work across Australia.

Quality Use of Community Palliative Care Medicines project

The *Quality Use of Community Palliative Care Medicines* project brings together pharmacists, community and aged care nurses and prescribers to strengthen safe, timely and coordinated access to high-quality palliative care medicines. Led by Palliative Care Australia and delivered in partnership with Ageing Australia, the Pharmaceutical Society of Australia and caring@home, the project works closely with health professionals to understand the challenges they face, with their experiences shaping practical education and resources.

During 2025–26, this included consultation with health professionals, support for the implementation of the National Core Community Palliative Care Medicines List and the launch of a new Palliative Care Community of Practice for pharmacists. By strengthening collaboration and shared knowledge across professional groups, the project aims to build capability and confidence, promote medicines safety and support people who choose to receive end-of-life care at home and, where possible, die in their preferred place.

Quality improvement initiatives

Palliative care is delivered in many settings and by professionals across the health and aged care systems. Nurses, general practitioners, allied health professionals and community-based practitioners all play a vital role in supporting people with a life-limiting illness. During 2025–26, Palliative Care Australia continued to advance consistent, high-quality care through the National Palliative Care Standards and Palliative Care Self-Assessment (PaCSA) tool.

A key achievement was the establishment of the National Palliative Care Standards Community of Practice, a new national platform to support the application of the Standards across care settings. In its first six months, the Community of Practice grew to almost 400 members, connecting specialist palliative care providers, primary care professionals, hospitals, residential aged care and community services, educators and quality improvement leaders.

Each month, members explored an individual Standard through practical infographics, blogs and webinars demonstrating its application in everyday care. Webinars attracted an average of 174 participants, creating a national forum for shared palliative care learning, reflection and collaboration across care and education settings. Members were also supported to use PaCSA to identify improvement opportunities and translate the Standards into meaningful service-level change.

The Community of Practice formed part of broader efforts to strengthen awareness of and engagement with the Standards. The refreshed Standards section of the PCA website received more than 53,000 views during the year, while resources for generalist and specialist providers recorded a combined 16,827 downloads from January to June 2026. This strong uptake reflected growing engagement with practical resources designed to support consistent, high-quality palliative care across health and aged care settings.

In June 2026, PCA also convened a Palliative Care Service Development Guidelines Scoping Workshop, bringing together 56 representatives from workforce peak bodies across specialist palliative care, general practice, paramedicine, Indigenous health, pharmacy, state-funded services and aged and community care. The workshop explored how stronger system integration and workforce capacity and capability can help Australia prepare for the projected doubling in demand for palliative care between 2020 and 2050.

Reconciliation Action Plan

Throughout 2025–26, Palliative Care Australia continued to advance work aligned with the commitments of our Reconciliation Action Plan (RAP). We remained an active member of the Close the Gap initiative and maintained our public support for the *Uluru Statement from the Heart*. We also focused on strengthening relationships with Aboriginal and Torres Strait Islander health and aged care organisations, recognising that First Nations organisations are best placed to lead advocacy, policy and reform on issues affecting their communities and cultural practices.

PCA continued its approach of listening to, supporting and helping amplify First Nations leadership. By bringing our national platform, policy expertise and sector relationships to the table, we supported collective advocacy and contributed to stronger, more culturally informed policy. This commitment remains ongoing, including through our policy partnership with the National Aboriginal and Torres Strait Islander Ageing and Aged Care Council (NATSIAACC), with the Council leading the priorities and direction and PCA working alongside it to advance shared goals.

This commitment was reflected in practical initiatives throughout the year. PCA partnered with NATSIAACC to advocate for funding for an inaugural First Nations Palliative Care Plan, continued engagement with Aboriginal and Torres Strait Islander peak bodies and programs, supported staff cultural awareness and cultural safety learning and delivered a dedicated First Nations stream at the 2025 Oceanic Palliative Care Conference. PCA also recognised excellence in Aboriginal and Torres Strait Islander palliative care through the National Palliative Care Awards and used its public platforms to share First Nations perspectives on palliative care and aged care, including through the *Home to Country* story featuring Interim First Nations Aged Care Commissioner Andrea Kelly.

Innovate Reconciliation Action Plan

Our People

For more than three decades, Palliative Care Australia has been the national peak body for palliative care, representing those working towards high-quality palliative care and end-of-life care for all Australians who need it.

PCA works closely with our Members, whose expertise, collaboration and commitment strengthen our collective voice, and with people with lived experience through our National Register for Palliative Care Consumers and Carers. PCA is grateful for their ongoing contribution, which helps inform our work and strengthen our advocacy for improved access to palliative care and end-of-life care across Australia.

Board

The Palliative Care Australia Board is a skills-based volunteer body responsible for the governance and oversight of Palliative Care Australia Limited.

During 2025–26, Sarah Begley was appointed Deputy Chair, while Jennifer Phillip and Joanne Lewis joined the Board as Directors. PCA also farewelled Professor Meera Agar, Sunny Traverse and Alec Wagstaff from the Board during the year.

Dr Peter Allcroft
Chair
Senior Staff Specialist, Southern Adelaide Palliative Services, and Clinical Lead, State Palliative Care Network.

Sarah Begley
Deputy Chair (appointed 16 October 2025)
Clinical Nurse Consultant Palliative and Aged Care, Danila Dilba Health Service.

Professor Meera Agar
Deputy Chair (concluded 16 October 2025)
Professor of Palliative Medicine, IMPACCT, University of Technology Sydney, and Practising Palliative Medicine Physician, South West Sydney.

Alec Wagstaff
Director (concluded 30 June 2026)
Strategy and communications professional.

Sunny Traverse
Director (concluded 16 October 2025)
Director of Residential Services, Bene Aged Care, and Lecturer and Tutor in Applied Science, Flinders University.

Simon Waring
Director
Lived experience voice and communications and marketing professional.

Dr Rachel Coghlan
Director
Humanitarian, public health and palliative care researcher, Nossal Institute for Global Health, and palliative care physiotherapist.

Dr Simon Menelaws
Director
Lived experience voice and general practitioner, Ochre Health.

Janelle Reid
Director
Senior lawyer and experienced non-executive director in the sport, youth and health sectors.

Professor Jennifer Philip
Director (appointed 16 October 2025)
Palliative Care Physician and Chair of Palliative Medicine, University of Melbourne.

Associate Professor Joanne Lewis
Director (appointed 16 October 2025)
Associate Professor of Nursing, Avondale University, and Adjunct Associate Professor, University of Technology Sydney (UTS).

Team leaders

During the year, Palliative Care Australia farewelled Camilla Rowland after five years as Chief Executive Officer. PCA thanks Camilla for her leadership and significant contribution to the organisation and to palliative care nationally.

Camilla Rowland
Chief Executive Officer
(to April 2026)

Simon Waring
Interim Chief Executive Officer
(April – July 2026)

Josh Fear
National Policy Director

Jillian Marsh
National Communications Director

Chelsea Menchin
National Projects Director

Annette Vickery
Projects Manager

Gretchen Irvine
National Partnerships and Events Manager
(to June 2026)

Monique Meacham
Finance Director

Vale

PCA was deeply saddened by the passing of our valued colleague Gretchen Irvine in June 2026. A passionate and widely admired advocate, Gretchen made an enormous contribution to palliative care over many years, generously sharing her expertise, energy and lived experience to raise awareness and help others better understand palliative care. Her contribution to PCA, and particularly to the conference she cared so deeply about, will be greatly missed.

Members

Palliative Care Australia's Members bring together organisations committed to improving palliative care and end-of-life care across Australia. Our membership includes peak palliative care bodies in each state and territory (State and Territory Members), national not-for-profit organisations aligned with PCA's mission (Affiliate Members), and organisations that share our values and interests (Associate Members).

In 2025–26, PCA welcomed Parkinson's Australia, Painaustralia, MND Australia and Dementia Australia as Associate Members, following the introduction of this new membership category in 2025.

State and Territory Members

Palliative Care Queensland – Matters of life and death
Palliative Care South Australia – Living, dying & grieving well
Palliative Care Tasmania – Matters of life and death
Palliative Care Victoria – Living, dying & grieving well
Palliative Care Western Australia – Living, dying & grieving well
Palliative Care Northern Territory – Matters of life and death
Palliative Care New South Wales – Matters of life and death
PalliativeCare Australian Capital Territory

Affiliate Members

anzspm Australia New Zealand Society of Palliative Medicine
Palliative Care Nurses Australia
Paediatric Palliative Care Australia & New Zealand
Palliative Care Social Work Australia

Associate Members

parkinson's australia
painaustralia
mnd Australia
Dementia Australia

National Register for Palliative Care Consumers and Carers

The Palliative Care Australia National Register for Palliative Care Consumers and Carers ensures lived experience is heard, valued and embedded in the development of policy, projects, service delivery and research. In 2025–26, the Register comprised 20 members, who contributed to 16 external committees and consultation opportunities and three PCA-led initiatives. Members also shared their experiences through conference presentations, strengthening awareness and understanding of consumer and carer perspectives across the sector.

At the 2025 Oceanic Palliative Care Conference, members highlighted the value consumer and carer representatives bring to governance and co-design. To support their presentation, PCA surveyed and interviewed external committees, researchers and Register members, capturing evidence of the group's impact over more than six years. This work demonstrated how meaningful consumer participation strengthens decision-making, improves project design and ensures initiatives reflect the needs and experiences of people receiving and providing palliative care.

Register members have also built enduring relationships with researchers, with many collaborations developing into ongoing partnerships. These connections are embedding lived experience in palliative care research, innovation and improvement, ensuring consumers and carers are active partners in shaping a more responsive, person- and family-centred palliative care system.

Philanthropy and corporate partnerships

Palliative Care Australia works with a range of organisations that share our commitment to ensuring quality palliative care is available and accessible to people living with a life-limiting illness, when and where they need it.

Support for PCA takes many forms, including corporate partnerships, sponsorships, grants from trusts and foundations, fundraising collaborations, pro bono and discounted services and individual donations. These contributions strengthen PCA's advocacy, programs and initiatives and are crucial to achieving our mission to advance palliative care and end-of-life care across Australia.

Partner highlights

The Wicking Trust

In 2025–26, Palliative Care Australia was part of two projects supported by the J.O. & J.R. Wicking Trust, bringing together organisations and expertise to improve experiences of death, dying and grief for older Australians. The projects aim to strengthen community connections around end of life and improve access to end-of-life planning information and resources. The Wicking Trust's continued support and shared commitment help advance PCA's mission and advocacy for compassionate, high-quality palliative care and end-of-life care across Australia.

Silverchain

Silverchain is a long-term partner of Palliative Care Australia, sharing our commitment to recognising and celebrating excellence across Australia's palliative care sector. In 2025, Silverchain supported the National Palliative Care Awards, celebrating the individuals, teams and organisations demonstrating excellence, innovation and leadership in palliative care. This valued partnership will continue in 2027, with Silverchain again supporting PCA to recognise those making an outstanding contribution to palliative care across Australia.

The Arcare Family Foundation

The Arcare Family Foundation is a valued partner of Palliative Care Australia, supporting the Live Well, Die Well Art Prize and meaningful conversations about life, death and end of life through visual art. In 2025, the Art Prize attracted 109 entries from across Australia and showcased 33 finalists at the 2025 Oceanic Palliative Care Conference in Brisbane. Building on this success, the Foundation's continued support is helping make free entry and an expanded $30,000 prize pool possible for the 2027 Art Prize. This partnership reflects a shared commitment to enhancing quality of life for older Australians and advancing excellence in palliative care.

In memoriam: Les Winton (Winton Research & Insights)

Palliative Care Australia honours the memory of longstanding sponsor Les Winton, who was a valued supporter and trusted partner in our work for many years. Les brought personal passion, generosity and analytical depth to his engagement with PCA, with his research and insights significantly strengthening our advocacy and impact. His lasting support for PCA and commitment to palliative care in Australia will be remembered with deep gratitude.

In-kind and discounted support

Palliative Care Australia also benefits from organisations that provide services at discounted not-for-profit rates. Blue Arc IT Solutions supports PCA's day-to-day IT needs, while Medianet and Meltwater provide tools and services for media engagement, monitoring and communications. These valued contributions strengthen PCA's operations and help us connect with audiences across Australia.

Community and fundraising collaborations

Palliative Care Australia works with organisations to create opportunities for the community to support our work. Our partnership with EveryWill by Gathered Here continues to offer our community a free online Will, with the option to leave a gift to PCA. Through our collaboration with 1000 Hearts, a special heart-making kit celebrates the compassion and connection at the heart of palliative care, with 20% of sales donated to PCA.

We also thank the individuals who have generously donated to or raised funds for PCA. Their support helps advance our advocacy for compassionate, person-centred palliative care across Australia.

Get Involved

If you are interested in supporting Palliative Care Australia's advocacy work to improve palliative care policies and services across Australia, including through partnership, sponsorship or philanthropic opportunities, please get in touch. Contact Palliative Care Australia on **(02) 6232 0700** or email **pca@palliativecare.org.au**

Together, we can ensure that every Australian receives the care they deserve, at every stage of life.

Palliative Care
Australia
Matters of life and death

Financial Statements

For the Year Ended 30 June 2026

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Palliative Care Australia Limited

ABN: 85 363 187 904

Directors' Report

For the Year Ended 30 June 2026

The directors present their report on Palliative Care Australia Limited for the financial year ended 30 June 2026.

General information

Directors

The names of the directors in office at any time during, or since the end of, the year are:

Names	Position	Appointed/Resigned
Dr Peter Allcroft	Chair	
Professor Meera Agar	Deputy chair	Resigned 16 October 2025
Alec Wagstaff	Director	
Sunny Traverse	Director	Resigned 16 October 2025
Dr Rachel Coghlan	Director	
Janelle Reid	Director	
Simon Waring	Director	
Dr Simon Menelaws	Director	
Sarah Begley	Deputy Chair	Appointed as Deputy Chair on 16 October 2025
Professor Jennifer Phillip	Director	Appointed 16 October 2025
Associate Professor Joanne Lewis	Director	Appointed 16 October 2025

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

Members' guarantee

Palliative Care Australia Limited is a company limited by guarantee. If the company is wound up, each of the state and territory members is required to contribute a maximum of $10 each.

At 30 June 2026 the collective liability of members was $80 (The 2025 statements reported this figure as $90. The figures have been revised to reflect the total liability across the eight state and territory members).

Principal activities

The principal activities of the organisation during the financial year were to provide national advocacy and develop health and community sector capacity and capability for Palliative Care in Australia, and to foster and promote Palliative Care for people with a life-limiting illness and their families, carers and loved ones among service providers and the community at large.

Significant changes

No significant change in the nature of these activities occurred during the year.

Operating result

The surplus of the Company for the financial year amounted to $ 868,869(2025: $ 69,260).

Palliative Care Australia Limited

ABN: 85 363 187 904

Directors' Report
For the Year Ended 30 June 2026

Sign off information

Signed in accordance with a resolution of the Board of Directors:

Director: .....

Director: .....

Dated this 30th day of September 2026

Hardwickes
more than accounting

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Hardwickes
ABN 35 973 938 183

Hardwickes Partners Pty Ltd
ABN 21 008 401 536

Liability limited by a scheme approved under Professional Standards Legislation

Palliative Care Australia Limited

ABN: 85 363 187 904

Auditor's Independence Declaration under Section 60-40 of the Charities and Not-for-profits Commission Act 2012 to the Responsible Persons of Palliative Care Australia Limited

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2026, there have been:

(i) no contraventions of the auditor independence requirements as set out in section 60-40 of the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit; and

(ii) no contraventions of any applicable code of professional conduct in relation to the audit.

Hardwickes
Chartered Accountants

Jim Gouskos CA CPA
Partner

Dated this 30th day of September 2026

Canberra

CHARTERED ACCOUNTANTS
AUSTRALIA + NEW ZEALAND

Palliative Care Australia Limited

ABN: 85 363 187 904

Statement of Profit or Loss and Other Comprehensive Income

For the Year Ended 30 June 2026

	Note	2026 $	2025 $
Revenue and other income	4	**7,845,452**	3,268,850
Administration and operation expenses		**(1,550,449)**	(274,290)
Depreciation expense - Right-of-use asset	10	**(84,060)**	(103,069)
Audit and acquittal expenses		**(19,650)**	(18,000)
Community awareness expenses		**(1,128,998)**	(649,950)
Conferrence expenses		**(1,366,053)**	-
Cost of sales		**(11,012)**	(4,459)
Depreciation expense - Plant and equipment	8(a)	**(30,261)**	(28,522)
Employee benefits expense		**(2,610,747)**	(1,999,577)
Finance costs	10	**(15,332)**	(17,155)
Occupancy and restructuring costs		**-**	(1,000)
Travel and Meetings Expense		**(160,021)**	(103,568)
Surplus before income tax		**868,869**	69,260
Income tax expense	2(b)	**-**	-
Surplus for the year		**868,869**	69,260
Other comprehensive income for the year		**-**	-
Total comprehensive income for the year		**868,869**	69,260

The accompanying notes form part of these financial statements.

Palliative Care Australia Limited

ABN: 85 363 187 904

Statement of Financial Position
As At 30 June 2026

	Note	2026 $	2025 $
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	5	**1,459,764**	1,405,869
Trade and other receivables	6	**75,756**	110,293
Other financial assets	7	**2,048,119**	1,981,467
Other assets	9	**223,648**	129,781
TOTAL CURRENT ASSETS		**3,807,287**	3,627,410
NON-CURRENT ASSETS			
Plant and equipment	8	**41,280**	42,423
Right-of-use assets	10	**70,049**	154,109
TOTAL NON-CURRENT ASSETS		**111,329**	196,532
TOTAL ASSETS		**3,918,616**	3,823,942
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	11	**219,228**	231,436
Lease liabilities	10	**81,100**	84,126
Employee benefits	13	**93,275**	94,497
Other liabilities	12	**688,683**	1,369,172
TOTAL CURRENT LIABILITIES		**1,082,286**	1,779,231
NON-CURRENT LIABILITIES			
Lease liabilities	10	**-**	81,100
Employee benefits	13	**37,424**	33,574
TOTAL NON-CURRENT LIABILITIES		**37,424**	114,674
TOTAL LIABILITIES		**1,119,710**	1,893,905
NET ASSETS		**2,798,906**	1,930,037
EQUITY			
Retained earnings		**2,798,906**	1,930,037
TOTAL EQUITY		**2,798,906**	1,930,037

The accompanying notes form part of these financial statements.

5

Palliative Care Australia Limited

ABN: 85 363 187 904

Statement of Changes in Equity

For the Year Ended 30 June 2026

2026

	Retained Earnings	Total
	$	$
Balance at 1 July 2025	**1,930,037**	**1,930,037**
Surplus for the year	**868,869**	**868,869**
Balance at 30 June 2026	**2,798,906**	**2,798,906**

2025

	Retained Earnings	Total
	$	$
Balance at 1 July 2024	1,860,777	1,860,777
Surplus for the year	69,260	69,260
Balance at 30 June 2025	1,930,037	1,930,037

The accompanying notes form part of these financial statements.

Palliative Care Australia Limited

ABN: 85 363 187 904

Statement of Cash Flows

For the Year Ended 30 June 2026

	Note	2026 $	2025 $
CASH FLOWS FROM OPERATING ACTIVITIES:			
Receipts from customers		**7,840,920**	3,756,211
Payments to suppliers and employees		**(7,698,777)**	(3,364,126)
Interest received		**40,328**	31,930
Interest paid		**(15,332)**	(17,155)
Net cash provided by/(used in) operating activities		**167,139**	406,860
CASH FLOWS FROM INVESTING ACTIVITIES:			
Purchase of plant and equipment	8(a)	**(29,118)**	(44,217)
Proceed from/(purchase of) maturity of term deposits		**-**	40,851
Net cash (used in)/provided by investing activities		**(29,118)**	(3,366)
CASH FLOWS FROM FINANCING ACTIVITIES:			
Repayment of lease liabilities - principal elements		**(84,126)**	(81,142)
Net cash (used in) financing activities		**(84,126)**	(81,142)
Net increase in cash and cash equivalents held		**53,895**	322,352
Cash and cash equivalents at beginning of year		**1,405,869**	1,083,517
Cash and cash equivalents at end of financial year	5	**1,459,764**	1,405,869

The accompanying notes form part of these financial statements.

Palliative Care Australia Limited

ABN: 85 363 187 904

Notes to the Financial Statements
For the Year Ended 30 June 2026

The financial report covers Palliative Care Australia Limited as an individual entity. Palliative Care Australia Limited is a not-for-profit Company, registered and domiciled in Australia.

The functional and presentation currency of Palliative Care Australia Limited is Australian dollars.

Comparatives are consistent with prior years, unless otherwise stated.

1 Basis of Preparation

The financial statements are general purpose financial statements that have been prepared in accordance with the Australian Accounting Standards - Simplified Disclosures and the *Australian Charities and Not-for-profits Commission Act 2012.*

The financial statements have been prepared on an accruals basis and are based on historical costs modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities.

Material accounting policy information is consistent with prior reporting periods unless otherwise stated.

2 Material Accounting Policy Information

(a) Revenue and other income

Revenue from contracts with customers

Revenue is recognised on a basis that reflects the transfer of control of promised goods or services to customers at an amount that reflects the consideration the Company expects to receive in exchange for those goods or services.

Generally the timing of the payment for sale of goods and rendering of services corresponds closely to the timing of satisfaction of the performance obligations, however where there is a difference, it will result in the recognition of a receivable, contract asset or contract liability.

None of the revenue streams of the Company have any significant financing terms as there is less than 12 months between receipt of funds and satisfaction of performance obligations.

Specific revenue streams

The revenue recognition policies for the principal revenue streams of the Company are:

Operation Grants and Donations

When the Company receives operating grant revenue and donation, it assesses whether the contract is enforceable and has sufficiently specific performance obligations in accordance to AASB 15.

When both these conditions are satisfied, the Company:

- identifies each performance obligation relating to the grant;
- recognises a contract liability for its obligation under the agreement; and
- recognises revenue as it satisfies its performance obligations.

Palliative Care Australia Limited

ABN: 85 363 187 904

Notes to the Financial Statements
For the Year Ended 30 June 2026

2 Material Accounting Policy Information

(a) Revenue and other income

Specific revenue streams

Where the contract is not enforceable or does not have sufficiently specific performance obligations, the Company:

- recognises the asset received in accordance with the recognition requirements of other applicable accounting standards (eg AASB 9, AASB 16, AASB 116 and AASB 138);
- recognises related amounts (being contributions by owners, lease liability, financial instruments, provisions, revenue or contract liability arising from a contract with a customer); and
- recognises income immediately in profit or loss as the difference between the initial carrying amount of the asset and the related amount.

If a contract liability is recognised as a related amount above, the Company recognises income in profit or loss when or as it satisfies its obligations under the contract.

Conferences and event

Conference and event revenue is generated from the rendering of conference or event services. Payments are normally receipted in advance of providing the services, therefore revenue is initially deferred as a contract liability. The performance obligation is satisfied and revenue recognised when the services are provided.

Dividend income

Palliative Care Australia recognises dividends in profit or loss only when Palliative Care Australia's right to receive payment of the dividend is established.

Other income

Other income is recognised on an accruals basis when the Company is entitled to it.

(b) Income tax

The Company is exempt from income tax under Division 50 of the *Income Tax Assessment Act 1997*.

(c) Goods and services tax (GST)

Revenue, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

Receivables and payables are stated inclusive of GST.

Cash flows in the statement of cash flows are included on a gross basis and the GST component of cash flows arising from investing and financing activities which is recoverable from, or payable to, the taxation authority is classified as operating cash flows.

Palliative Care Australia Limited

ABN: 85 363 187 904

Notes to the Financial Statements
For the Year Ended 30 June 2026

2 Material Accounting Policy Information

(d) Plant and equipment

Each class of plant and equipment is carried at cost less, where applicable, any accumulated depreciation and impairment.

Depreciation

Plant and equipment is depreciated on a straight-line basis over the asset's useful life to the Company, commencing when the asset is ready for use.

The depreciation rates used for each class of depreciable asset are shown below:

Fixed asset class	Depreciation rate
Furniture and Fittings	20%
Computer Equipment	27% - 50%
Office equipment	20%

At the end of each annual reporting period, the depreciation method, useful life and residual value of each asset is reviewed. Any revisions are accounted for prospectively as a change in estimate.

(e) Financial instruments

Initial recognition and measurement

Financial instruments are recognised initially on the date that the Company becomes party to the contractual provisions of the instrument.

On initial recognition, all financial instruments are measured at fair value plus transaction costs (except for instruments measured at fair value through profit or loss where transaction costs are expensed as incurred).

Financial assets

All recognised financial assets are subsequently measured in their entirety at either amortised cost or fair value, depending on the classification of the financial assets.

Classification

On initial recognition, the Company classifies its financial assets into the following categories, those measured at:

- amortised cost
- fair value through profit or loss - FVTPL
- fair value through other comprehensive income - equity instrument (FVOCI - equity)

Palliative Care Australia Limited

ABN: 85 363 187 904

Notes to the Financial Statements
For the Year Ended 30 June 2026

2 Material Accounting Policy Information

(e) Financial instruments

Financial assets

Amortised cost

The Company's financial assets measured at amortised cost comprise trade and other receivables and cash and cash equivalents in the statement of financial position.

Subsequent to initial recognition, these assets are carried at amortised cost using the effective interest rate method less provision for impairment.

Interest income and impairment are recognised in profit or loss. Gain or loss on derecognition is recognised in profit or loss.

Fair value through other comprehensive income - Equity instruments

The Company has no investments that fall under this category.

Financial assets through profit or loss

All financial assets not classified as measured at amortised cost or fair value through other comprehensive income as described above are measured at FVTPL.

Net gains or losses, including any interest or dividend income are recognised in profit or loss.

Palliative Care Australia initially designates a financial instrument as measured at fair value through profit or loss if:

- it eliminates or significantly reduces a measurement or recognition inconsistency (often referred to as an “accounting mismatch”) that would otherwise arise from measuring assets or liabilities or recognising the gains and losses on them on different bases.
- it is in accordance with the documented risk management or investment strategy and information about the groupings is documented appropriately, so the performance of the financial liability that is part of a group of financial liabilities or financial assets can be managed and evaluated consistently on a fair value basis.
- it is a hybrid contract that contains an embedded derivative that significantly modifies the cash flows otherwise required by the contract.

The initial designation of financial instruments to measure at fair value through profit or loss is a one-time option on initial classification and is irrevocable until the financial asset is derecognised.

Financial liabilities

The Company measures all financial liabilities initially at fair value less transaction costs, subsequently financial liabilities are measured at amortised cost using the effective interest rate method.

The financial liabilities of the Company comprise trade payables..

Palliative Care Australia Limited

ABN: 85 363 187 904

Notes to the Financial Statements
For the Year Ended 30 June 2026

2 Material Accounting Policy Information

(f) Impairment of non-financial assets

At the end of each reporting period the Company determines whether there is evidence of an impairment indicator for non-financial assets.

Where an indicator exists and regardless for indefinite life intangible assets and intangible assets not yet available for use, the recoverable amount of the asset is estimated.

Where assets do not operate independently of other assets, the recoverable amount of the relevant cash-generating unit (CGU) is estimated.

The recoverable amount of an asset or CGU is the higher of the fair value less costs of disposal and the value in use. Value in use is the present value of the future cash flows expected to be derived from an asset or cash-generating unit.

Where the recoverable amount is less than the carrying amount, an impairment loss is recognised in profit or loss.

Reversal indicators are considered in subsequent periods for all assets which have suffered an impairment loss.

(g) Cash and cash equivalents

Cash and cash equivalents comprises cash on hand, demand deposits and short-term investments which are readily convertible to known amounts of cash and subject to an insignificant risk of change in value.

(h) Leases

At inception of a contract, the Company assesses whether a lease exists.

Right-of-use asset

At the lease commencement, the Company recognises a right-of-use asset and associated lease liability for the lease term. The lease term includes extension periods where the Company believes it is reasonably certain that the option will be exercised.

The right-of-use asset is measured using the cost model, depreciated over the lease term on a straight-line basis and assessed for impairment in accordance with the impairment of assets accounting policy.

Lease liability

The lease liability is initially measured at the present value of the remaining lease payments at the commencement of the lease. The discount rate is the rate implicit in the lease, however where this cannot be readily determined then the Company's incremental borrowing rate is used.

Subsequent to initial recognition, the lease liability is measured at amortised cost using the effective interest rate method. The lease liability is remeasured whether there is a lease modification, change in estimate of the lease term or index upon which the lease payments are based (e.g. CPI) or a change in the Company's assessment of lease term.

Palliative Care Australia Limited

ABN: 85 363 187 904

Notes to the Financial Statements
For the Year Ended 30 June 2026

2 Material Accounting Policy Information

(h) Leases

Lease liability

Where the lease liability is remeasured, the right-of-use asset is adjusted to reflect the remeasurement or is recorded in profit or loss if the carrying amount of the right-of-use asset has been reduced to zero.

(i) Employee benefits

Provision is made for the Company's liability for employee benefits, those benefits that are expected to be wholly settled within one year have been measured at the amounts expected to be paid when the liability is settled.

Employee benefits expected to be settled more than one year after the end of the reporting period have been measured at the present value of the estimated future cash outflows to be made for those benefits. In determining the liability, consideration is given to employee wage increases and the probability that the employee may satisfy vesting requirements. Changes in the measurement of the liability are recognised in profit or loss.

(j) Economic dependence

Palliative Care Australia Limited is dependent on the Department of Health for the majority of its revenue used to operate the business. At the date of this report the directors have no reason to believe the Department of Health will not continue to support Palliative Care Australia Limited.

3 Critical Accounting Estimates and Judgments

Those charged with governance make estimates and judgements during the preparation of these financial statements regarding assumptions about current and future events affecting transactions and balances.

These estimates and judgements are based on the best information available at the time of preparing the financial statements, however as additional information is known then the actual results may differ from the estimates.

The significant estimates and judgements made have been described below.

Key estimates - impairment & useful life of plant and equipment

The Company assesses impairment at the end of each reporting period by evaluating conditions specific to the Company that may be indicative of impairment triggers. Recoverable amounts of relevant assets are reassessed using value-in-use calculations which incorporate various key assumptions. As described in Note 2(d), the Company reviews the estimated useful lives of plant and equipment at the end of each annual reporting year.

Key estimates - fair value of financial instruments

The Company has certain financial assets and liabilities which are measured at fair value. Where fair value has not able to be determined based on quoted price, a valuation model has been used. The inputs to these models are observable, where possible, however these techniques involve significant estimates and therefore fair value of the instruments could be affected by changes in these assumptions and inputs.

Palliative Care Australia Limited

ABN: 85 363 187 904

Notes to the Financial Statements
For the Year Ended 30 June 2026

3 Critical Accounting Estimates and Judgments

Key estimates - grant income

For many of the grant agreements received, the determination of whether the contract includes sufficiently specific performance obligations was a significant judgement involving discussions with a number of parties at the Company, review of the proposal documents prepared during the grant application phase and consideration of the terms and conditions.

Grants received by the Company have been accounted for under both AASB 15 and AASB 1058 depending on the terms and conditions and decisions made.

If this determination was changed then the revenue recognition pattern would be different from that recognised in these financial statements.

Key estimates - employee benefits

For the purpose of measurement, AASB 119: Employee Benefits defines obligations for short term employee benefits as obligations expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service. As Palliative Care Australia expects that most employees will not use all of their annual leave entitlements in the same year in which they are earned or during the 12-month period that follows (despite an informal internal policy that requires annual leave to be used within 18 months), the Directors believe that obligations for annual leave entitlements satisfy the definition of other long-term employee benefits and, therefore, are required to be measured at the present value of the expected future payments to be made to employees.

Key judgments - Lease term and Option to Extend under AASB 16

The lease term is defined as the non-cancellable period of a lease together with both periods covered by an option to extend the lease if Palliative Care Australia is reasonably certain to exercise that option; and also periods covered by an option to terminate the lease if Palliative Care Australia is reasonably certain not to exercise that option. The options that are reasonably going to be exercised are a key management judgement that Palliative Care Australia will make. Palliative Care Australia has excluded the extension option (a period of three years expiring in April 2030) in the calculation under AASB 16.

Key judgements - incremental borrowing rate

Where the interest rate implicit in a lease cannot be readily determined, an incremental borrowing rate is estimated to discount future lease payments to measure the present value of the lease liability at the lease commencement date. Such a rate is based on what the Company estimates it would have to pay a third party to borrow the funds necessary to obtain an asset of a similar value to the right-of-use asset, with similar terms, security and economic environment.

Palliative Care Australia Limited

ABN: 85 363 187 904

Notes to the Financial Statements
For the Year Ended 30 June 2026

4 Revenue and Other Income

	2026	2025
	$	$
Revenue from contracts with customers (AASB 15)		
- Grants revenue	**5,303,215**	2,970,047
- Membership fees	**3,066**	2,400
- Conference	**2,128,677**	-
	7,434,958	2,972,447
Revenue recognised on receipt (not enforceable or not sufficiently specific performance obligations - AASB 1058)		
- Donations	**229,085**	24,822
- Dividends	**112,062**	111,531
- Interest	**41,440**	33,349
- Other income	**46,729**	73,291
- Unrealised gain/(loss)on investment	**(18,822)**	53,410
	410,494	296,403
Total Revenue and Other Income	**7,845,452**	3,268,850

5 Cash and Cash Equivalents

	Note	2026	2025
		$	$
Cash at bank and in hand	14	**1,459,764**	1,405,869
		1,459,764	1,405,869

6 Trade and Other Receivables

	Note	2026	2025
		$	$
CURRENT			
Trade receivables	14	**22,550**	80,972
GST receivable		**52,981**	29,138
Other receivables	14	**225**	183
Total current trade and other receivables		**75,756**	110,293

7 Other Financial Assets

(a) Financial assets at fair value through profit or loss

	Note	2026	2025
		$	$
CURRENT			
Perpetual Reserves Fund	14	**2,021,994**	1,955,342
Total		**2,021,994**	1,955,342

Palliative Care Australia Limited

ABN: 85 363 187 904

Notes to the Financial Statements

For the Year Ended 30 June 2026

7 Other Financial Assets

(b) Rent guarantee

	Note	2026 $	2025 $
CURRENT			
Rent guarantee	14	**26,125**	26,125
		26,125	26,125

8 Plant and Equipment

	2026 $	2025 $
PLANT AND EQUIPMENT		
Furniture and fittings		
At cost	**26,336**	26,735
Accumulated depreciation	**(17,860)**	(15,466)
Total furniture, fixtures and fittings	**8,476**	11,269
Office equipment		
At cost	**10,137**	9,081
Accumulated depreciation	**(7,304)**	(5,400)
Total office equipment	**2,833**	3,681
Computer equipment		
At cost	**89,115**	84,500
Accumulated depreciation	**(59,144)**	(57,027)
Total computer equipment	**29,971**	27,473
Total plant and equipment	**41,280**	42,423

(a) Movements in carrying amounts

Movement in the carrying amounts for each class of plant and equipment between the beginning and the end of the current financial year:

	Furniture and Fittings $	Office Equipment $	Computer Equipment $	Total $
Year ended 30 June 2026				
Balance at the beginning of year	**11,269**	**3,681**	**27,473**	**42,423**
Additions	**-**	**1,056**	**28,062**	**29,118**
Depreciation expense	**(2,793)**	**(1,904)**	**(25,564)**	**(30,261)**
Balance at the end of the year	**8,476**	**2,833**	**29,971**	**41,280**

Palliative Care Australia Limited

ABN: 85 363 187 904

Notes to the Financial Statements
For the Year Ended 30 June 2026

9 Other Assets

	2026	2025
	$	$
CURRENT		
Prepayments	**223,648**	129,781
	223,648	129,781

10 Leases

Company as a lessee

Palliative Care Australia's lease portfolio includes a lease for their current office space. This lease has a lease term of three years. The option to extend or terminate are contained in the property leases of Palliative Care Australia. These clauses provide Palliative Care Australia with opportunities to manage leases in order to align with its strategies.

Right-of-use assets

	Buildings	Total
	$	$
Year ended 30 June 2026		
Balance at beginning of the year	**154,109**	**154,109**
Depreciation charge	**(84,060)**	**(84,060)**
Balance at end of year	**70,049**	**70,049**

Lease liabilities

The maturity analysis of lease liabilities based on contractual undiscounted cash flows is shown in the table below:

	< 1 year	1 - 5 years	Total
	$	$	$
2026			
Lease liabilities	**81,100**	**-**	**81,100**
2025			
Lease liabilities	84,126	81,100	165,226

Statement of Profit or Loss and Other Comprehensive Income

The amounts recognised in the statement of profit or loss and other comprehensive income relating to interest expense on lease liabilities and short-term leases or leases of low value assets are shown below:

	2026	2025
	$	$
Depreciation expense	**84,060**	103,069
Finance costs	**15,332**	17,155
	99,392	120,224

Palliative Care Australia Limited

ABN: 85 363 187 904

Notes to the Financial Statements
For the Year Ended 30 June 2026

11 Trade and Other Payables

	Note	2026 $	2025 $
CURRENT			
Trade payables	14	**38,368**	141,255
Accrued expense	14	**149,102**	65,149
Other payables	14	**31,758**	25,032
		219,228	231,436

Trade and other payables are unsecured, non-interest bearing and are normally settled within 30 days. The carrying value of trade and other payables is considered a reasonable approximation of fair value due to the short-term nature of the balances.

12 Other Liabilities

	2026 $	2025 $
CURRENT		
Conference income in advance	**3,000**	217,284
Income in advance	**159,700**	139,981
ELDAC Project	**-**	15,315
Paediatric Project Funding	**-**	95,282
Cancer Patient Support Grant	**296,919**	534,585
National Palliative Care Project Funding	**-**	366,725
Quality Use of Community Palliative Care Medicines Project Funding	**229,064**	-
	688,683	1,369,172

13 Employee Benefits

	2026 $	2025 $
Current liabilities		
Provision for annual leave	**93,275**	94,497
	93,275	94,497

	2026 $	2025 $
Non-current liabilities		
Provision for long service leave	**37,424**	33,574
	37,424	33,574

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Notes to the Financial Statements
For the Year Ended 30 June 2026

14 Financial Risk Management

		2026 $	2025 $
Financial assets			
Held at amortised cost			
Cash and cash equivalents	5	**1,459,764**	1,405,868
Trade and other receivables	6	**75,756**	81,155
Rent guarantee	7(b)	**26,125**	26,125
Fair value through profit or loss (FVTPL)			
Perpetual Reserves Fund	7(a)	**2,021,994**	1,955,342
Total financial assets		**3,583,639**	3,468,490
Financial liabilities			
Financial liabilities measured at amortised cost			
Trade and other payables	11	**219,228**	231,436
Total financial liabilities		**219,228**	231,436

15 Members' Guarantee

The Company is registered with the *Australian Charities and Not-for-profits Commission Act 2012* and is a Company limited by guarantee. If the Company is wound up, each of the state and territory members is required to contribute a maximum of $10 each. At 30 June 2026 the number of members was 8 (2025: 9). At June 2026 the collective liability of members was $80. (The 2025 statements reported this figure as $90. The figures have been revised here to reflect the total liability across the eight state and territory members).

16 Key Management Personnel Disclosures

The remuneration paid to key management personnel of the Company is $789,874 (2025: $ 795,907).

17 Auditors' Remuneration

	2026 $	2025 $
Remuneration of the auditor, for:		
- auditing or reviewing the financial statements	**20,150**	18,000
Total	**20,150**	18,000

18 Contingencies

In the opinion of those charged with governance, the Company did not have any contingencies at 30 June 2026 (30 June 2025:None).

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Notes to the Financial Statements
For the Year Ended 30 June 2026

19 Related Parties

The Company's main related parties are as follows:

Key management personnel - refer to Note 16.

Other related parties include close family members of key management personnel and entities that are controlled or significantly influenced by those key management personnel or their close family members.

Transactions between related parties are on normal commercial terms and conditions no more favourable than those available to other parties unless otherwise stated.

20 Events After the End of the Reporting Period

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the Company, the results of those operations or the state of affairs of the Company in future financial years.

21 Statutory Information

The registered office and principal place of business of the company is:

Palliative Care Australia Limited
25 Geils Court
Deakin ACT 2600

Palliative Care Australia Limited

ABN: 85 363 187 904

Responsible Persons' Declaration

The responsible persons declare that in the responsible persons' opinion:

- there are reasonable grounds to believe that the registered entity is able to pay all of its debts, as and when they become due and payable; and
- the financial statements and notes satisfy the requirements of the *Australian Charities and Not-for-profits Commission Act 2012*.

Signed in accordance with subsection 60.15(2) of the *Australian Charities and Not-for-profit Commission Regulation 2022*.

Responsible person ..... Responsible person .....

Dated this 30th day of September 2026

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more than accounting

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Hardwickes
ABN 35 973 938 183

Hardwickes Partners Pty Ltd
ABN 21 008 401 536

Liability limited by a scheme approved under Professional Standards Legislation

Palliative Care Australia Limited

Independent Audit Report to the members of Palliative Care Australia Limited

Report on the Audit of the Financial Report

Opinion

We have audited the financial report of Palliative Care Australia Limited, which comprises the statement of financial position as at 30 June 2026, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including material accounting policy information and the responsible persons' declaration.

In our opinion the financial report of Palliative Care Australia Limited has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

(i) giving a true and fair view of the Company's financial position as at 30 June 2026 and of its financial performance for the year ended; and

(ii) complying with Australian Accounting Standards - Simplified Disclosures and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2022*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Company in accordance with the auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act) and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other Information

The directors are responsible for the other information. The other information obtained at the date of this auditor's report is included in the annual report for the year ended 30 June 2026, but does not include the financial report and our auditor's report thereon.

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

CHARTERED ACCOUNTANTS
AUSTRALIA + NEW ZEALAND

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If, based on the work we have performed on the other information obtained prior to the date of this auditor's report, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of Responsible Entities for the Financial Report

The responsible persons of the Company are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards - Simplified Disclosures and the ACNC Act, and for such internal control as the responsible entities determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the responsible persons are responsible for assessing the Company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the responsible entities either intends to liquidate the Company or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Company's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial report.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgment and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the responsible entities.

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- Conclude on the appropriateness of the responsible entities' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Company to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Hardwickes
Chartered Accountants

Jim Gouskos CA CPA
Partner

Dated this 30th day of September 2026

Canberra

CHARTERED ACCOUNTANTS
AUSTRALIA + NEW ZEALAND

Palliative Care
Australia

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