ACCOUNTABLE OFFICER’S DECLARATION

# CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision, Mission and Values</td>
<td>2</td>
</tr>
<tr>
<td>Who We Are</td>
<td>3</td>
</tr>
<tr>
<td>Chairman’s Report</td>
<td>6</td>
</tr>
<tr>
<td>Director’s Report</td>
<td>8</td>
</tr>
<tr>
<td>Obituaries</td>
<td>12</td>
</tr>
<tr>
<td>Professor John Harber Phillips QC</td>
<td>12</td>
</tr>
<tr>
<td>Emeritus Professor Graeme Calderwood Schofield</td>
<td>13</td>
</tr>
<tr>
<td>Services</td>
<td>15</td>
</tr>
<tr>
<td>Service Structure</td>
<td>15</td>
</tr>
<tr>
<td>Medico-Legal Death Investigation Services</td>
<td>16</td>
</tr>
<tr>
<td>Forensic Pathology Services</td>
<td>20</td>
</tr>
<tr>
<td>Clinical Forensic Medicine Services</td>
<td>25</td>
</tr>
<tr>
<td>Forensic Scientific Services</td>
<td>28</td>
</tr>
<tr>
<td>Donor Tissue Bank of Victoria</td>
<td>31</td>
</tr>
<tr>
<td>Teaching, Training and Research</td>
<td>33</td>
</tr>
<tr>
<td>Department of Forensic Medicine</td>
<td>33</td>
</tr>
<tr>
<td>National and International Program</td>
<td>37</td>
</tr>
<tr>
<td>Supporting Services</td>
<td>40</td>
</tr>
<tr>
<td>Occupational Health and Environment Safety</td>
<td>44</td>
</tr>
<tr>
<td>Corporate Governance</td>
<td>46</td>
</tr>
<tr>
<td>Council Members</td>
<td>47</td>
</tr>
<tr>
<td>Management Responsibility</td>
<td>50</td>
</tr>
<tr>
<td>Financial Performance</td>
<td>52</td>
</tr>
<tr>
<td>Legislative and Statutory Reporting</td>
<td>55</td>
</tr>
<tr>
<td>VIFM Risk Attestation</td>
<td>59</td>
</tr>
<tr>
<td>Appendix A: Publications</td>
<td>60</td>
</tr>
<tr>
<td>Appendix B: Conference Presentations and Abstracts</td>
<td>63</td>
</tr>
<tr>
<td>Appendix C: Presentations</td>
<td>65</td>
</tr>
<tr>
<td>Appendix D: Committees</td>
<td>67</td>
</tr>
<tr>
<td>Appendix E: VIFM Staff</td>
<td>70</td>
</tr>
<tr>
<td>Appendix F: VIFM Contract Staff</td>
<td>72</td>
</tr>
<tr>
<td>Financial Statements</td>
<td>73</td>
</tr>
</tbody>
</table>
VISION, MISSION AND VALUES

Our Vision
The Victorian Institute of Forensic Medicine (“the Institute”) is a statutory authority incorporated under the Victorian Institute of Forensic Medicine Act 1985. It operates under the auspices of the Department of Justice, reporting to Parliament through the Attorney-General. We are also the Department of Forensic Medicine at Monash University with our Director, Professor Stephen Cordner, holding the Chair of Forensic Medicine.

Our statutory responsibilities are to provide independent, expert and credible forensic medical and scientific services to the justice system, tissue for transplantation, to teach and to undertake research.

Our Mission
We will be recognised for excellence in what we do.

Our Values (ROSII)
Underpinned by ethical principles our purpose is to:

- provide independent forensic medical services to the Victorian public and justice system;
- contribute more broadly to community health and safety (of communities in Australia and overseas);
- increase knowledge through teaching and research; and
- enable the provision of high quality human tissue grafts for transplantation.

Respect: We respect all people, our history, our calling and the law.

Openness: We are open minded. We are open to each other, and open to knowledge and learning.

Service: We provide services for the community that are dedicated, responsive and client focused.

Integrity: We will be beyond reproach. We commit to truth, confidentiality, impartiality and accountability. We commit to systems that are secure, reliable, accurate, valid and safe.

Innovation: We are creative and curious. We are not afraid to do things differently. We will continue our search for knowledge and truth.
WHO WE ARE

Our Legislation

The Victorian Institute of Forensic Medicine Act 1985 provides the main statutory framework for the Institute’s operations, setting out its objects, functions, powers and other requirements. The Coroners Act 2008 provides further legislative requirements for our role as medical investigators undertaking autopsies and other medical and scientific examinations to assist coroners. The Human Tissue Act 1982 sets the rules under which the Donor Tissue Bank of Victoria (DTBV) undertakes its work. Compliance with the Therapeutic Goods Act 1989 also underpins the operation of the DTBV.

Section 64(2) of The VIFM Act 1985 provides that the objects of the Institute are:

- to provide, promote and assist in the provision of forensic pathology and related services in Victoria and, as far as practicable, oversee and co-ordinate those services in Victoria;
- to promote, provide and assist in the post-graduate instruction and training of trainee specialist pathologists in the field of forensic pathology in Victoria;
- to promote, provide and assist in the post-graduate instruction and training of persons qualified in biological sciences in the fields of toxicological and forensic science in Victoria;
- to provide training facilities for doctors, medical undergraduates and such other persons as may be considered appropriate by the Council to assist in the proper functioning of the Institute;
- to conduct research in the fields of forensic pathology, forensic science, clinical forensic medicine and associated fields as approved by the Council;
- to provide, promote and assist in the provision of clinical forensic medicine and related services to Victoria Police and government bodies;
- to promote, provide and assist in under graduate and post graduate instruction in the field of clinical forensic medicine in Victoria;
- to promote, provide and assist in the teaching of and training in clinical forensic medicine within medical, legal, general health and other education programs;
- to contribute to reducing the number of preventable deaths and to promote public health and safety and the administration of justice; and
- to provide tissue banking facilities and services.

Section 66 of the VIFM Act 1985 provides that the functions of the Institute are:

- to provide facilities and staff for the conduct of examinations in relation to deaths investigated under this Act;
- to conduct chemical, microscopic, serological, toxicological and other examinations of tissue and fluids taken from deceased persons coming under the jurisdiction of coroners in Victoria;
- to identify by radiological or odontological examination or other means the remains of deceased persons whose deaths are being investigated under this Act;
- to conduct other appropriate investigations or examinations in relation to the cause of death of any person;
- to properly document and record findings and results of investigations and examinations;
- to provide reports to coroners about the medical causes of deaths and the findings and results of investigations and examinations;
- to provide tissue banking facilities and services;
- to ensure the provision of clinical forensic medical services to the police force of Victoria and government bodies in accordance with agreements for services between those bodies and the Institute; and
- to investigate, assess and instigate appropriate responses in respect of:
  i. The health or safety of a living sibling of a deceased child; and
  ii. The health of a parent of a deceased child, where the death of that child constitutes a reviewable death.

The Human Tissue Act 1982 regulates the donation and retrieval of human tissue before and after death, prohibits the trading in human tissue and gives a legal definition of death.

Our History

Behind the establishment of the Victorian Institute of Forensic Pathology (VIFP) as a statutory authority in 1987 was a national debate surrounding compromised evidence in coronial and forensic cases and the absolute need for independence in providing high-quality forensic scientific evidence. VIFP roles and functions were enshrined in legislation as a policy response intended to address the substandard forensic services, mortuary and autopsy facilities that existed at the time.

To provide credible evidence to the courts, it was important to establish the VIFP as a dual entity with Monash University. The cycle of service, teaching and research, where each informs and strengthens the other, underpins our ability to contribute to justice, the community and Victorian families.
WHO WE ARE continued

By providing an intellectually stimulating environment it contributes to our sustainability, making us a more attractive place to work.

In 1995 the Institute amalgamated with the professional discipline of clinical forensic medicine and reflected this growth by a name change to the Victorian Institute of Forensic Medicine. The relationship with Monash University expanded correspondingly to provide postgraduate training for qualifications in clinical forensic medicine and forensic pathology. Our position within Monash University strengthens our academic reach.

For more than twenty years, the Institute has provided Victorian and international communities with expert and credible forensic medical services and tissue for transplantation. The Institute exists to promote, improve and sustain forensic medicine and related disciplines through its service delivery and integrated teaching and research functions. Dedicated research combined with the unique and rich information sets at VIFM helps build our knowledge base in death and injury prevention. Our reputation as an international leader reflects the integrity of the Institute’s work in forensic medicine and science, and is important to our credibility locally.

In 1989, the Donor Tissue Bank of Victoria was established to enable the donation of human tissues for transplantation, and other uses, in the improvement of health care.

Our People

Our greatest and most valued asset is our highly skilled and committed workforce. We currently employ 162 staff working across the institute in a variety of specialist medical, scientific, technical, research and administrative fields.

Positioning VIFM to meet the challenge of attracting and retaining a skilled workforce in today’s competitive market requires us to be innovative. We must attract, develop and retain employees of the highest quality and provide a working and learning environment that will allow employees to maximise their contribution to the achievement of VIFM’s goals.

VIFM recognises the importance of the contribution of the Institute’s people and VIFM’s obligation to provide a safe, supportive and stimulating work environment for all its employees that values, recognises and rewards effort appropriately.

ROSII Awards

With these awards the Institute acknowledges and celebrates outstanding work by staff or teams. These awards are presented to staff who have demonstrated their commitment to the Institute’s core ROSII values: Respect, Openness, Service, Integrity and Innovation.
In June 2009, Jochen Beyer was recognised for Innovation for revolutionising the toxicology laboratory with his technical ability, knowledge and teaching. He had been at the forefront of introducing the overnight toxicology service at VIFM.

In September 2009, Dadna Hartman was recognised for Openness and Integrity for her passion and commitment to implementing improvements in the Molecular Biology laboratory. She excels at her technical work and is respected for her honesty and openness.

In March 2010, Natalie Morgan was recognised for Service in helping to secure VIFM’s involvement in the TRAGADY study (Trans Tasman Response Against Sudden Cardiac Death in the Young) through her hard work and dedication. This study aims to diagnose the causes of sudden cardiac death and prevent sudden death, especially amongst surviving family members, by early diagnosis.

Service Awards

In December 2009 the following staff members were recognized for a total of 245 years of service to the Institute:

10 Years Service
• Mary Boratto
• Jarrod Boxall
• Ben Stewart
• Helen Makrakis
• Joy Russell

15 Years Service
• Dr Michael Burke

20 Years Service
• Kerry Johannes
• Linda Benton
• Sophie Widdop
• Alex Kotsos
• Keith Bretherton
• Kerryn Crump
• Soumela Horomidis
• David Cauchi
• Olaf Drummer

External Recognition

Associate Professor David Wells has been appointed as an Honorary Physician to the Professorial Medical Unit at the Monash Medical Centre.

Dr Malcolm Dodd was awarded a Commendation by the Chief of the Royal Australian Air Force for his role in the recovery of remains of two servicemen killed in an air crash in the Vietnam war.

Dr Jochen Beyer was awarded National Institute of Forensic Science’s Best Paper award for 2009 for his paper ‘Analysis of toxic alkaloids in body samples’.

Our Working Relationships

The Institute’s success depends on the strength of our working relationships with those to whom we report and with our partners: the Attorney-General and the Department of Justice, Monash University, the State Coroner and Coroners Court of Victoria (CCOV), the University of Melbourne, the Australian Federal Police (AFP), Victoria Police and many others.

Our Role in Teaching, Training and Research

The legislation under which the Institute is established, and the Mission which guides its strategic direction, require VIFM to provide independent forensic medical and scientific services and to undertake teaching and research in forensic medicine and related scientific disciplines, including tissue banking. High level performance in these areas is fundamental to VIFM’s credibility in the courts, the justice system and its standing in the medical and scientific environment.

Our Strategic Goals

The Institute's five year strategic plan 2008-12 sets out four key themed goals which are fundamental to achieving our vision and delivering our mission. The four goals are:

• Improve provision of quality forensic and scientific services and access to human tissue,
• Ensure a highly trained forensic, medical, scientific and technical workforce,
• Increase VIFM’s research output, with an emphasis on death and injury prevention and public health, and
• Secure a sustainable future for the Donor Tissue Bank of Victoria

Further information can be found in the VIFM Strategic Plan on the VIFM website: www.vifm.org
CHAIRMAN’S REPORT

“The VIFM is the leading institute in the global forensic medical community. The success and international recognition of the VIFM over the last 20 years is, in my view, based on a key 6 factors:

(1) tireless and prescient founders (notably Vernon Plueckhahn);

(2) the Institute’s independence due to its status as a statutory body with a Council;

(3) the strategic relationship of the VIFM and its Director to the academic sector, notably Monash University, where the Director holds the Chair of Forensic Medicine;

(4) a commitment to the iterative and regenerating cycle of: services, teaching and research;

(5) the sustained leadership and vision provided by the Director, Professor Stephen Cordner and

(6) satisfactory government funding that has sustained activities over the past 20 years. Indeed, it is apparent that all major goals and accomplishments that have been placed before the VIFM have been achieved.”

The preceding paragraphs were not written by me, although I agree with the views expressed. They record the recently expressed observations and opinions of Professor Michael Pollanen currently the Chief Forensic Pathologist of the Ontario Forensic Pathology Services and Director of the Centre for Forensic Science and Medicine in that Canadian province.

Professor Pollanen’s comments on the operation of the Victorian Institute of Forensic Medicine and the factors which have led to its pre-eminence are timely since the Victorian Institute of Forensic Medicine Act 1985 is presently the subject of a review conducted on behalf of the government by Crown Counsel Dr John Lynch. The objectives of this review include ensuring the independence and effectiveness of the Institute is legislatively preserved and where appropriate its capacity to perform its functions is enhanced and expanded. In this regard the independent and objective assessments of Professor Pollanen are particularly apposite.

This year has been characterised by more frequent Council meetings (6) at which members have had to address a greater number of issues of increasing complexity. I acknowledge the mastery displayed by Council members of the voluminous documentation with which they have had to grapple, and their contribution to the many issues requiring discussion and resolution. The people of Victoria are well served by Council members who voluntarily engage in an activity which consumes many hours of their time. As this Annual Report documents, each one of them has a highly responsible and demanding professional life and the sacrifice each one makes to participate in the work of this Institute is a tribute to their dedication to achieve the public good.

Council has strengthened its corporate governance procedures, producing a Charter setting out a series of guiding principles. It has similarly established Charters for the conduct of the two major Council Committees – Executive and Finance, and Audit and Risk. Professor Bob Conyers has once again ably chaired these Committees which are critical to the administration of the Institute. In that role he has had the assistance of Neil Robertson and Tim Fitzmaurice. Additionally Tim Fitzmaurice agreed to chair the Donor Tissue Bank of Victoria Review Committee which was established by Council to undertake a business review of that entity. The Committee (which included Council members Professor James Angus, Professor Stephen Cordner, and Mary McKinnon), produced a comprehensive report for Council consideration. I would like to specially acknowledge the award of an AO to Professor Angus in the Queen’s Birthday Honours List for services to medicine.

A number of the challenges and events involving the Institute are canvassed in the Director’s Report of Professor Cordner. In all aspects of the Institute’s activities he has provided consummate leadership. The organisation has also benefited greatly from the tireless contribution of Mari-Ann Scott, Chief Operating Officer.

Throughout this period the Institute has been well supported in its endeavours by the Department of Justice – in particular the Secretary of the Department, Penny Armatage and Louise Glanville, Executive Director, Legal and Equity.

In the history of any institution there will be individuals inextricably linked to its creation and culture whose memory should be revered. The past twelve months saw the death of two persons who are rightfully members of the VIFM pantheon. They were the Honourable John Phillips AC QC (former Chief Justice of Victoria) the first Chairman of the Institute, and Emeritus Professor Graeme Schofield OBE, Foundation Professor of Anatomy and later Dean of the Monash Medical School who promoted forensic pathology and chaired the Institute’s Ethics Committee for seven years. Each played a seminal role in the development of this organisation. Although not within the reporting period, I have just learned of the untimely death of the Honourable Jim Kennan SC. As Attorney General, he championed the establishment of the Institute and, thereafter, fostered its development. He too has an honoured place in that pantheon.
Ultimately any organisation is dependant for its success on the capacity, loyalty and dedication of its individual members. Those qualities have been demonstrated in abundance in the past year. Moreover, staff members have continued to produce articles, papers and books in all areas of forensic medicine and science. In particular three significant books were launched. The first was ‘Handbook of Forensic Anthropology and Archaeology’ which was co-authored by Dr Soren Blau, a specialist forensic anthropologist at the Institute, and Professor Douglas Ubelaker (Smithsonian Institution) probably the most highly regarded physical anthropologist in the world. The second was ‘Older Road Users: A Guide to Medical and Legal Professionals’ edited by Dr Morris Odell, a senior forensic physician at the Institute. The third was co-authored by our Director - Good Medical Practice: Professionalism, Ethics and Law. This work is essentially the third manifestation of an evolving work with which the Institute has been associated since 1994, involving also Professor Plueckhahn, and Dr Kerry Breen, the lead author of this latest edition.

As part of its International activities, VIFM, (with the assistance of the Australian Federal Police and the support of the government of Botswana) hosted the Inaugural African Forum on Forensic Pathology in Gaborone. It was highly successful and resulted in the formation of the African Network of Forensic Medicine. At this Forum I was privileged to be able to make some opening remarks to the delegates. I would like to end this report by quoting some extracts from that address in the hope that they give some perspective to the role and purpose of the Victorian Institute of Forensic Medicine:

“it is my belief that the justification for the existence of nation states is to enhance the quality of life of their citizens. And the true wealth of any country is found in its people.

That quality of life, that wealth, can be developed and nurtured in many ways: through the elimination of poverty; through the provision of health services; and through the establishment of a system of education which is available to all.

All nations are confronted with the challenges of implementing these programmes. But any attempt to enhance the quality of life of a nation’s citizens will ultimately fail unless it is built upon the rule of law – a rule of law that guarantees justice for all without fear or favour. The cornerstone of the rule of law is the criminal justice system.

In any civilised society it is essential that persons who breach laws enacted for the good of all citizens, are brought before the courts and, if found guilty after a fair trial, conducted by an independent judicial officer, are subjected to the sanctions provided by those laws. Only if these conditions are met will confidence in the rule of law be promoted, and the victims of crime receive justice.

These principles seem self evident but they are by no means self fulfilling. We must all work at achieving them. In this task the role of the forensic pathologist is absolutely vital. So, too, is the contribution of the forensic medical practitioner; the forensic anthropologist; the forensic odontologist; and the forensic scientist. Each has the capacity to provide the courts with reliable, independent evidence, based upon expertise and experience – evidence untainted by an allegiance to any particular party in criminal proceedings but based solely upon an allegiance to the truth. To present evidence capable of inculping the guilty, but, equally importantly, evidence capable of exculping the innocent. This approach is encapsulated in the motto of the Victorian Institute of Forensic Medicine “Veritas omnia vincit” – truth conquers all.

Each of the various experts in the field of forensic medicine is dedicated to finding and presenting the truth – be it in a court room setting, or in identifying the victims of natural disasters such as tsunamis or bushfires, or the man made disasters of armed conflict. The importance of identifying disaster victims cannot be overemphasised. It is the key to peace of mind, or justice (or both), for the loved ones left behind to grieve.”

I believe that the Victorian Institute of Forensic Medicine is successfully fulfilling its role and purpose, not only for the benefit of Victorians, but also nationally and internationally.

John Coldrey
Chairman
Introduction

The Institute started the year still recovering from the effects of Victoria’s heatwave and Black Saturday bushfires. These had been draining experiences for us, and ones from which a period of recovery was to be expected. I would like to take this opportunity to thank the very many people and organisations who took the time and trouble to acknowledge our contribution, in particular the Attorney General and the Minister for Police, and also the Department of Justice. This included an event in the Queens Hall of Parliament on 22 July where Ministers, the Chief Commissioner of Police, the State Coroner and the Chair of the Institute and staff could come together in joint acknowledgement of the tragedy and the response it engendered. The Indonesian Consul General was represented and was asked to convey Victoria’s thanks back to Indonesia. I think Institute staff are well aware, and grateful, that its work was appreciated by those accountable to Parliament and the public for it, and it was particularly fitting for such an event to occur in the Queens Hall.

Two stalwarts in the history of the Institute died this year: John Phillips and Graeme Schofield. Both men rose to the top of their professions, and from different perspectives both saw the need for an academically based service in forensic pathology for Victoria. John saw this from his vantage point as a criminal barrister (with the special experience of representing the Chamberlains in the Supreme Court in Darwin when they were wrongly convicted, in part on the basis of flawed science) and as Victoria’s first DPP. Graeme’s visionary medical perspective, put to great use as Dean of Monash’s medical faculty, identified a service in need of academic underpinnings to nourish it. The linking of service and learning, government and university, also delivered an innovative leadership model in a domain hitherto seen administratively as core public service – the university’s professor running the state’s service. Such a model is the basis for the internationally recognised strength of Australia’s public health care system. Obituaries for both men are included in the pages of this report.

The Donor Tissue Bank of Victoria operates under the regulatory framework of the Therapeutic Goods Administration (TGA). The quality of its tissue banking operations, manufacturing processes and procedures...
carried out in the DTBV's in-house microbiology and serology testing laboratory were assured after extensive TGA auditing processes in May 2009 and 2010. This does not mean that there are no improvements to be made, but there were no critical deficiencies.

Redevelopment of the Coronal Services Centre

Completion of the very major rebuilding of our facilities is scheduled for early 2014, a date directly related to the complexity of maintaining a functioning facility at the same time as the entire facility undergoes redevelopment. These complexities will require considerable effort to manage in the coming period.

VIFM Executive Team

During the year, the VIFM Executive has supported the Council and the entire VIFM community in ensuring our performance fulfills expectations. We have a significant strategic agenda, and as in the past year, this agenda will continue to be stretched by unexpected events. The VIFM Executive Team will increasingly share the load and responsibility for finding the right solutions to the issues and problems sent to challenge us.

Donor Tissue Bank of Victoria

During the year, the Donor Tissue Bank underwent a Business and Sustainability Review. This was conducted with oversight from an ad hoc Council Sub-Committee chaired by Tim Fitzmaurice, to whom I am extremely grateful. Its results are still being worked through to build the optimal platform to enable the DTBV to continue to flourish.

The work of the Review was conducted against the backdrop of the success of our bid to the Commonwealth's Health and Hospital Fund for $13M for a new facility for the DTBV. This was in large part due to the work of Marisa Herson and her staff (particularly Stefan Poniatowski). It deals in one hit with a major threat to the DTBV, the looming obsolescence of our facility. From our point of view, the success is a huge vote of confidence in the future of the DTBV as a major player in tissue transplantation and as a translational facility for regenerative medicine products. The new DTBV building has now been included in the redevelopment of the whole Southbank facility. The DTBV relies heavily on the voluntary work of the members of its Advisory Committee, including senior members of the medical profession who represent the users of the donated tissue we provide for transplantation, and the Deputy State Coroner, Iain West. I would like to thank them all for this public service.

Forensic Pathology

As mentioned, the Forensic Pathology Service has undertaken a major service overhaul in the light of the new Coroners Act. A new model of service provision has been introduced, involving a Preliminary Examination procedure, an overhaul of the IT support for the Service and stronger surveillance of report production and timeliness. We have employed two overseas forensic pathologists who will arrive this year to help us meet the increasing complexity of our medical workload.

Clinical Forensic Medicine

Considerable work between the Institute and the Victoria police has been undertaken to agree the framework of funding for Clinical Forensic Medicine. The outcomes of these negotiations, which incorporate new services agreed in the previous state budget, have been endorsed by the Department of Justice. An additional forensic physician has been engaged from the UK to improve the capacity of the service to deliver its growing state-wide 24/7 service obligations. The delivery of these services within two hours of a request and the provision of reports within agreed timelines, continues to function at greater than 99%, as it has for the entire history of CFM at the Institute.

The consequences of the conviction of Mr Jama, and engagement with the various agencies involved in running sexual assault services in Victoria, has been an important focus this year. The Institute is keen to engage constructively with these agencies, organisationally and administratively demanding as such work is. The medical and psycho-social interests of victims and the interests of justice do not always coincide, and striking the right balance requires understanding and flexibility from all stakeholders.

Other significant Clinical Forensic Medicine activities of the last year include:

- Registrar training accreditation from the Australian Colleges of Emergency Medicine, General Practice and Sexual Health;
- Research and publications in traffic medicine and the long term effects of child sexual abuse;
- Major changes to the post graduate program provided through the Department of Forensic Medicine, Monash University.

Forensic Scientific Services

During the course of the year our Toxicology Laboratory has introduced an overnight toxicology analytical service. This represents a unique development in our “industry”. The assistance provided by early toxicology information is invaluable in providing Coroners with the information they need for decision making about the need for autopsy. The re-engineering of the service required to achieve this was considerable, and reflects the capability and management
of our Forensic Scientific Services generally, and of the laboratory in particular.

As of July 1 2009 the Toxicology Laboratory took over traffic alcohol cases work from Victoria Police. This follows the agreement to centralise all traffic alcohol toxicology – both clinical and post mortem - at the Institute. This has improved our understanding of alcohol and drug use on the roads as we are able to integrate drug and alcohol data and information from across all sources: road side testing, apprehended drivers, accident survivors and deaths. This development can be traced back to research initiated in the mid nineties by Professor Drummer on the effects of drugs on driving, and to the co-location of this analytical capacity with clinical forensic medicine expertise, expertise which can be traced back to the 1950’s and the ground breaking work of Dr John Birrell, Victoria’s first Police Surgeon.

The Molecular Biology Laboratory has demonstrated considerable ingenuity and industry with a complete re-engineering of its operations. This has resulted in our DNA profiling capability being in line with other laboratories in Australia. Furthermore, we have used the “Identifiler” genotyping kit which offers more loci than Profiler plus (another 6). The additional loci are vital for familial matching – offering a greater power of discrimination. The Molecular Biology laboratory has also developed improved capacity for mitochondrial DNA analysis, thus enabling comparison to mitochondrial sequence profiles generated by other organisations.

Administration Support Service

The Institute’s Administration Support (or Corporate) Service has the challenging task of supporting both the big picture, and the details of our daily existence. The big picture includes the work involved in obtaining the resources required to provide the service the community needs and the government wants and managing the relationships inevitably involved in that task. Providing materials and staff, up keeping the facility, human resources issues, IT, information resources and financial services, managing the quality and risk oversight of the operation (including OHS&E), servicing the Institute’s governance framework, and providing emergency administration are all part of the responsibilities of the Institute’s Administration Support Service, which works extremely hard and largely unseen.

Prevention

With the Monash University Accident Research Centre and its Director, Professor Rod McClure, in the lead, we were co-organisers of the 9th National Conference on Injury Prevention and Safety Promotion from 26 -30 July, 2009. This is the main Australian conference on injury prevention. As part of the Conference, there was the launch in Australia by the Governor General of the WHO and UNICEF World Report on Child Injury Prevention. This launch came about because one of its authors is Joan Ozanne-Smith, Head of Prevention Research in the Department of Forensic Medicine, Monash. She has been described as the initiator in Australia of the discipline of injury prevention. The conference was well attended with over 240 registrants from around the country including overseas registrants from South Africa, United States, New Zealand, India and Sri Lanka. VIFM/Department of Forensic Medicine, Monash University staff presented a total of seven papers and Olaf Drummer and David Ranson each chaired sessions. All in all, a very successful event which further established the Institute and the Department of Forensic Medicine, Monash in the death and injury prevention space.

Department of Forensic Medicine, Monash University

At the beginning of the year, Professor Steve Wesselingh, the Dean of the Faculty and Professor John McNeil, Head of the School of Public Health and Preventive Medicine, appointed Professor Olaf Drummer as Head of the Department of Forensic Medicine for two years. This has re-energised our approach to our academic responsibilities; it is more than a coincidence that this occurs at the same time as we received a two year research grant from ISCRR (see below). I am very grateful to Olaf for agreeing to shoulder these additional responsibilities.

During the year we delivered the new medical law pilot program for international medical graduates. The program consists of six 2 hour workshops at the Medical Practitioners Board of Victoria (MPBV), coinciding with the registration of the international practitioners. This programme was enabled by a grant of $125,000 from the Department of Human Services to Assoc Professor Leanna Darvall.

In early November, the Department of Forensic Medicine received funding from the Institute for Safety, Compensation and Recovery Research (ISCRR) of $977,589 over two years for a project entitled “Work-Related Fatalities”, commencing from October 2009. The research aims to contribute to a reduction in work-related death and injury in Victoria by producing evidence based information to support the health and safety policies of WorkSafe Victoria and to influence industry practice in the state. The project leader is Professor Joan Ozanne-Smith. The significance of this grant is substantial. It represents a major fillip to our new statutory responsibility to undertake research. This approach is buttressed by the agreement between the Attorney General and the University making the facilities and staff of the Institute available to the University for the purposes of its Department of Forensic Medicine. The ISCRR grant will attract significant infrastructure support from the University, a very tangible benefit of this agreement.

International

During the year, we have further consolidated VIFM’s role in international forensic medicine and science. This has developed incrementally over the years and has now become embedded in the daily life of the organisation. It is one of our activities which makes us a more attractive option when recruiting staff in a market which is short of all the
specialists upon whom we rely for our services. Likewise, we believe it is something which helps us retain our very well qualified and experienced staff specialists.

I am particularly pleased to report on the success of the International Forensic Team in East Timor investigating the Santa Cruz massacre in November 1991. Led by Dr Soren Blau on behalf of the Institute, the Team has both found and identified victims of the massacre. The Government of East Timor has funded the continuation of the work of the International Forensic Team which represents a collaboration between the Institute and the Argentine Forensic Anthropology Team, led by Luis Fondebrider.

A snapshot of some of the additional international events occurring during the course of the year includes:

- A 10 day mission to the Palestine’s West Bank on behalf of the United Nations Development Program to conduct a forensic medicine capability assessment preparatory to the expenditure of significant funds by international donors, notably CIDA, the Canadian International Aid Agency.

- Two weeks in Toronto for the Government of Ontario, participating in a structured evaluation of ten suspicious paediatric deaths cases to provide advice about the conclusions of the forensic pathology work undertaken

- In April 2010, jointly with the International Committee of the Red Cross (ICRC) and with the Secretariat of ASEAN, ViFM/Department of Forensic Medicine, Monash organised and hosted a three day workshop in Jakarta on Improving Preparedness for Disaster Victim Identification (DVI) in the ASEAN Region. This was attended by representatives of all countries of the ASEAN with the exception of Brunei.

- In May 2010, jointly with the Australian Federal Police, ViFM/Department of Forensic Medicine, Monash hosted the first meeting of the African Forensic Medicine Network. Forensic pathologists from 11 African countries participated, as well as the ICRC. This event is related to the successful funding ViFM/Monash has achieved through AFP to train eight suitable candidates from Africa in forensic medicine over the coming four years.

In conclusion:

Our Chairman has already mentioned the Institute’s debt to members of the Council for their work over the last year. I can only echo those sentiments. The constructive advice provided by members of Council is a powerful motivator for management and staff to do as well as we can. I would particularly like to thank our Chair, The Hon John Coldrey, QC, whose unfailing courtesy, good humour and ability to identify the issues as a prelude to logical solutions has provided a wonderful foundation from which to deal with a packed agenda over the last two years. Bob Conyers has tirelessly chaired the Executive and Finance Committee, and the Audit Committee with a wisdom honed from fierce battle in both the private and public health sector over the years. The work undertaken by our Ethics Committee and the National Coroners Information System Committee has also been of fundamental importance, and I thank Stephen Nossal, and the State Coroner, Jennifer Coate, respectively for their contributions in leading those committees. The Institute’s Executive Team is composed of leaders in their own right who also understand the needs of the larger entity. The support they have shown to me, the Council and the Institute’s wider community is fundamental to our success, and I thank them for it. Finally, and most importantly, to our staff, I say a huge thank you for another packed year.

Stephen Cordner
Professor of Forensic Medicine, Monash University
Director, Victorian Institute of Forensic Medicine
OBITUARIES

Professor John Harber Phillips QC

18 October 1933 – 7 August 2009

This obituary is published with the kind permission of the Chief Justice, The Honourable Marilyn Warren AC QC. She delivered it at the State Funeral for John at St Patrick’s Cathedral on 14 August, 2009.


His lifemap reveals a pathway with personal landmarks surrounded by rich forests of many achievements.

Matriculating from De La Salle, graduating from the University of Melbourne in law, admission and practice as a solicitor, signing the roll of the Victorian Bar, joining the Middle Temple of the English Bar and rising to become a leading criminal barrister and the first criminal specialist to be appointed Queen’s Counsel in Victoria.

The distinguished career continued as he climbed the mountains laid out in his lifemap – the first Director of Public Prosecutions, a puisne Supreme Court judge, Chairman of the National Crime Authority and Federal Court judge. He reached the peak of those mountains when appointed to the highest state judicial office as Chief Justice of Victoria.

As John Harber Phillips stepped his way he was a conscious environmentalist taking in his surroundings and seeking to contribute to them. He was constantly active in the celebration of the arts, literature, culture, education and forensic science. He was inquisitive and wanted to remain aware. Conversations with people he encountered often ended with his request: “Do keep me informed” – and they did.

His lifemap has enduring landmarks: the world leading Victorian Institute of Forensic Medicine; the Sir Zelman Cowen Centre; the Judicial College of Victoria and the Victorian Women Lawyers. These institutions and many others are demonstrative of his environmental awareness, his commitment to a wider, balanced life beyond the rigours of black letter law.

The environmental awareness of John Harber Phillips was amply shown in his term as Chief Justice.

He brought the courts to the people through openness and his pursuit of education. He:

• welcomed media coverage of the courts,
• engaged in public speaking,
• commenced court open days, and

promoted school tours (now as part of his legacy 1000’s of school students go through the courts each year).

He made the courts more responsive to community expectations. He:

• highlighted victims’ place and rights in the criminal justice system and
• facilitated Court Network to support and comfort people who come to courts – victims, families and witnesses.

He promoted recognition and equality for women in the legal profession as lawyers, barristers, senior counsel, judges and magistrates. The representation of women at the higher levels of judicial office is one of his significant landmarks.

John Harber Phillips took the courts to the wider modern world through regional, national and international visits and exchanges. Significantly, he was a multiculturalist and enriched the courts by opening them to the Greek, Italian and French communities.

His lifemap landmarks were constantly crafted and achieved with his dear wife Helen. Together they were always the most warm and welcoming hosts to newcomers to their environment. The presence today of so much of the present and retired judiciary and their partners is a tribute to the affection in which Helen Phillips is held.

John Harber Phillips once told me: “I am just a dumb ‘mick’ lawyer”. He smiled, rolled his eyes and chuckled. He was humble but resilient. He did not believe in verbal combat or confrontation. He believed it best to let things sort themselves out – and, usually they did.

John Harber Phillips was a kind, humane and gentle man. He liked ordinary people and showed them warmth and compassion.

We are in his debt.

The editors of this Annual Report are pleased to include the following anecdote from friends of the VIFM, Dr Jeff Hubbard (a paediatric and forensic pathologist in Albany, New York) and his wife Martha. This was sent after an international conference hosted by VIFM in Melbourne, the week after 9/11.
Nearly every American citizen who visits Australia comments upon the special courtesy and friendliness with which Australians, of all ages and walks of life, treat Americans. September 16, 2001, was the opening reception of INPALMS 2001 – the Congress of the IndoPacific Association of Legal Medicine and Sciences. It was also five days after the 9/11 terrorist attacks on the United States, and at the opening reception, the Patron of the Congress, Chief Justice John Harber Phillips, told two visiting Americans that he had made a condolence telephone call to his friend and brother jurist, Chief Justice of the United States Rehnquist. He then told them a story.

One of Chief Justice Phillips’s first memories of the Second World War was finding his mother holding a newspaper and weeping in the kitchen one morning in May, 1942. The paper carried the news of the Battle of the Coral Sea, in which the American fleet forced the Japanese fleet back to the north of Papua New Guinea; enemy naval forces never approached Australia again. The Chief Justice’s mother explained this to young John, ending, with shaking voice, “Thank God for the Americans.”

Fifty-nine years on, Chief Justice Phillips takes two Americans by the hands, and says, with shaking voice, “Thank God for the Americans.”

The two Americans are grateful for a glimpse of one of the Chief Justice’s early memories, and they think that it illumines the special affection with which Australians treat Americans.

The Director, Stephen Cordner, adds: Despite the heavy burdens of high judicial office, John always had time for the problems of the Institute and for personal support of our senior staff. By doing this in very visible ways and by lending us his presence and name, he was a key element in helping to establish the Institute as a credible organisation. If a Chairman’s role is to mentor and guide the Director, to prod and to occasionally pull him into line, then he did that superbly. And he did this at the same time as fashioning the Council into a wonderfully positive force for the Institute. He was the perfect person as foundation chair of the Institute’s Council.

Emeritus Professor Graeme Calderwood Schofield
27 February, 1924 – 12 March, 2010

This obituary was written by Professor John Murtagh, Emeritus Professor of Community Medicine, Monash University in association with Graeme’s children (Peter, John and Jill).

Emeritus Professor Graeme Calderwood Schofield OBE, M.D. ChB (NZ), DPhil(Oxon), FRACP, FRACMA, FAMA, FVIFM; Founding Professor of Anatomy (1961-1976) and Dean of Medicine (1977-1988) died in Melbourne on Friday March 12, 2010 at the age of 86. He was an eminent and respected pioneer who devoted his life to Medical Education, Research, and Administration.

Graeme was born in Nelson, New Zealand on Feb 27, 1924, to John Schofield and Alice Myrtle nee Masters, the fifth son of 6 children. For much of his youth, the family lived in Amberly, a small country town north of Christchurch, where his father was bank manager. Graeme attended Rangiora high school where he was captain of the school cricket team. As a medical student at Otago University, he contracted tuberculosis and, desperately ill, was the first in Dunedin to receive the then-new antibiotic streptomycin. After completing his medical degree, he contemplated a career as a surgeon and returned to the anatomy department at Otago University as a demonstrator. The appeal of research captivated him however, and he eagerly accepted the opportunity of two years at Oxford University (1955-57) where he was awarded a Nuffield Dominion Scholarship. At Oxford, Graeme modified an existing tissue staining technique that enabled him to conduct ground breaking research on the innervation of the gut, complete a D.Phil and, using this stain, collaborate with senior researchers at Oxford including the doyen of anatomists of the day, Le Gros Clark. On Graeme’s return to Dunedin as Senior Lecturer and then Associate Professor of Anatomy (1959-61), in collaboration with Professor Bill Adams, he wrote a text book of human anatomy, streamlining its teaching.
In 1961, Graeme was appointed Foundation Professor of Anatomy in the fledging Monash Medical School. He launched a department of such substance and energy that it set the tone for the medical course at Monash and underpinned the foundation of a great medical school. When the medical school building opened in 1963, medical students entered an anatomy department replete with a huge dissection room dominated by a great mural of Michelangelo’s David and a ‘Padua theatre’ devoted to the great ‘father of anatomy’ - Vesalius. It was clear to all that the professor was a lover of the arts and medical history.

A charismatic and inspirational teacher whose unique, vivid lectures earned the complete attention of his students, Graeme’s presentations were an art form: eloquent, cultured, and laced with good humour. His lectures indeed transcended anatomy as he fostered generic skills of observation, good communication, and life in general. He cultivated the spirit of debate and scholarship. For many students anatomy was a glamorous department and the highlight of the basic science years.

Graeme developed an eclectic research program including such studies as cellular function, tissue culture, forensic anatomy, alcohol related disease, and gastrointestinal disease and function. He attracted research scholars from around the world to work with him at Monash and vice-versa. He was appointed Visiting Professor at Harvard University where, over many years, he conducted an intensive anatomy course and undertook collaborative research, much of it with Professor ‘Sus’ Ito, concerned with structure-functional relationships in the acid-secreting parietal cell.

Following a 12 year term as an outstanding head of department, Graeme was appointed Dean of Medicine in 1976. It was a period of great energy in which he showed leadership in the development of the faculty, the university and the wider community as he tackled health care services and reforms. He was involved in a proliferation of boards of governance and management, advisory committees and professional councils including the National Health and Medical Research Council, the Australian Medical Council and the Committee of Deans of Australasian Medical Schools of which he was Chair. In 1981 he was awarded the Order of the British Empire for service to medicine.

Along with Professor Vernon Plueckhahn and John Phillips QC, Graeme was a prime mover between 1980 and 1985 in the establishment and development of the Victorian Institute of Forensic Medicine (VIFM). He ensured that Monash University was at the centre of the revival of forensic pathology, previously a Cinderella medical specialty, initiating the novel and pivotal inclusion of an Ethics Committee of which he was Chair from 1989-96, following his retirement.

Graeme was a member of Anatomical Societies of Australia, New Zealand, Great Britain and Ireland, a member of Council-Royal Society of Victoria, patron and life member of the University of Otago Medical Students Association and the Association of Monash Medical Graduates.

Acknowledged as a colourful and inspiring educator, much loved and respected by his students, Graeme considered it a privilege to have worked with young people. He was a genuine friend to all: invariably good humoured, consistent, charming and with time to listen as he pondered the issue at hand with pipe in mouth. A good, kind, caring, and honourable person who gave much of himself, Graeme has left a mighty legacy which will live on in his students, their patients and the medical community at large.

In his private life, Graeme enjoyed swimming, cricket, rugby, tennis, golf, bricklaying, building, woodwork, music, art, reading, language, travel and people.

He is survived by his wife Barbara, to whom he was devoted and who supported him tirelessly throughout his long and productive career, three children and six grandchildren.

The Director, Stephen Cordner, adds: Graeme was Dean of the Medical Facility when I was appointed to the Chair of Forensic Medicine at Monash University. He had invested considerable effort and time in fashioning the link between Monash University and the Institute. He continued to nourish that link after my appointment and clearly had a great affection for the Institute. His role as the first Chair of our Ethics Committee helped establish values and attitudes which underpin what we do today. His background as an anatomist gave him a basis for engaging with the content of the work as well. His personal support through a number of tricky situations and the value of his experience and advice has left me very substantially in his debt.

Soon after his retirement, the Council named its meeting room the Schofield Room. His family have been kind enough to inform us of a substantial bequest. In discussion with Graeme’s wife, Barbara and their children Peter, John and Jill, this bequest will be used to support the Schofield Oration, our public lecture now to be held every two years.
SERVICES

We deliver the following services on a daily basis:

• forensic pathology services for the State Coroner and the State of Victoria;
• clinical forensic medical services;
• forensic scientific services;
• tissue banking services (Donor Tissue Bank of Victoria); and
• administration & support services.

In addition there are the services of teaching and research delivered through the Department of Forensic Medicine, which is part of the School of Public Health and Preventive Medicine in the Faculty of Medicine, Nursing and Health Sciences at Monash University.

Service Structure

The chart below shows the organisational structure of the VIFM as at the end of 2009-10.

Operational reporting is in accordance with the Institute’s statutory objectives as set out in the Victorian Institute of Forensic Medicine Act 1985. Reporting of some units’ work is divided as a consequence of this approach.
MEDICO-LEGAL DEATH INVESTIGATION SERVICES

Medico-Legal Death Investigation Services

SECTION 64(2)(a)

“...to provide promote and assist in the provision of forensic pathology and related services in Victoria and as far as practicable, oversee and co-ordinate those services in Victoria.”

This refers to the medico-legal death investigations carried out for the Victorian State Coroner and includes management of the deceased while at the Institute and all medical, scientific and related investigations required to complete the final report.

The medico-legal death investigation service provides detailed medical information in the form of medico-legal reports (autopsy reports, medical examination findings and medico-legal opinions) to the Coroners Court, families, Victoria Police, legal and medical practitioners as well as a number of other public and private organisations. It seems that most people think that the work of forensic pathologists is to perform autopsies in cases of suspected homicides to determine the cause of death. Of course we do this but such cases represent just 2-3% of our overall pathology case work. Interestingly with regard to suspected homicide cases more often the issue pathologists are asked to address by the police and the courts is not the cause of death (e.g. gunshot wound, stab wound to the chest etc.) but rather what were the circumstances in which the fatal injury occurred. (Did the victim throw the first punch, how much force was used in the stabbing; how far away was the gun from the victim?).

The vast majority of forensic pathology case work undertaken by the Institute is in relation to people who have died from natural causes but, when their body is found, there are uncertainties about the circumstances of the death including how they came to die then and there, what happened around the time of their death and what diseases they suffered from.

Forensic pathologists today are very much public health focused, continuously on the look out for community health and safety hazards. Identification of these risks through the medical examination and testing of deceased persons provides the Coroners Court of Victoria with critical information that allows coroners (and VIFM) to make recommendations as to how particular deaths and injuries might be prevented in the future.

The full medico-legal death investigation is undertaken at the direction of the coroner and is structured by the pathologist to meet the needs of many individuals. It often involves considerable preparatory work, including examination of a death scene, postmortem X-rays and CT scans, a number of complex ancillary investigations, and the critical exercise of synthesizing all the observations, information and results into a comprehensive report. This has led to us using a broader term to characterize what we do in this domain: a medico-legal death investigation (MLDI). The table and graph below shows the number and type of MLDIs performed over the last eight years.

This year shows a slight reduction in the total MLDI’s performed. This is because last year’s figures included the additional workload imposed by the heat wave and bushfire deaths. The implementation of the new Coroners Act 2008 in November of 2009 and the many administrative changes that have followed have had a significant affect on the types of MLDI performed. The number of full autopsy cases has fallen but there has been a very significant increase in the number of documentary reviews, toxicology investigations and external examination only cases (supported by CT scanning). In this regard it should be noted that all cases (including cases where an autopsy is subsequently ordered) now have a formal preliminary examination and report as defined in the new Coroners Act 2008.

Reporting to Government

The Institute reports to the Government on forensic pathology and related services via the Budget Paper 3 (BP3) statistics. The information provides for an accrued estimate of quantity (number of investigations), quality of reports and timeliness of body turnaround and final reports.

The table on the next page shows the outcomes for the Institute for the year 2009-10 compared with targets.
The 2009-10 Expected Outcome is lower than the 2009-10 Target due to the heatwave and bushfire deaths in February 2009; a slight reduction in the number of reportable deaths notified to the coroner following the introduction of the new Coroners Act in November 2009; lower than anticipated referrals from the Registrar of Births, Deaths and Marriages and the ending of the reporting of asbestos related deaths as a specific category of reportable death.

The 2009-10 Expected Outcome is higher than the 2009-10 Target due to efficiency improvements, thereby increasing the number of investigations completed within two days.

The 2009-10 Expected Outcome is lower than the 2009-10 Target due to unprecedented demand as a consequence of the 2008-09 summer heat wave followed by the bushfires in February 2009.

The table below shows a breakdown of the types of MLDI performed each year for the last eight years. As discussed above it shows a decrease in total MLDI’s as compared with last year and a shift to fewer full autopsies combined with an increase in inspections. A detailed description of each type of MLDI follows.

### Medico-legal death investigations: numbers and types 2001-02 to 2009-10

<table>
<thead>
<tr>
<th>Year</th>
<th>Full autopsy^</th>
<th>Inspection~</th>
<th>Section 29 *</th>
<th>Death Certificate</th>
<th>Referral from BDM #</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002-03</td>
<td>2353</td>
<td>321</td>
<td>220</td>
<td>217</td>
<td>60</td>
<td>3171</td>
</tr>
<tr>
<td>2003-04</td>
<td>2370</td>
<td>380</td>
<td>324</td>
<td>243</td>
<td>145</td>
<td>3462</td>
</tr>
<tr>
<td>2004-05</td>
<td>1990</td>
<td>475</td>
<td>520</td>
<td>238</td>
<td>373</td>
<td>3596</td>
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<td>2005-06</td>
<td>2169</td>
<td>495</td>
<td>590</td>
<td>211</td>
<td>398</td>
<td>3863</td>
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<tr>
<td>2006-07</td>
<td>2224</td>
<td>452</td>
<td>729</td>
<td>228</td>
<td>444</td>
<td>4077</td>
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<tr>
<td>2007-08</td>
<td>2383</td>
<td>487</td>
<td>792</td>
<td>205</td>
<td>444</td>
<td>4311</td>
</tr>
<tr>
<td>2008-09</td>
<td>2696</td>
<td>657</td>
<td>935</td>
<td>169</td>
<td>586</td>
<td>5043</td>
</tr>
<tr>
<td>2009-10</td>
<td>1977</td>
<td>1661</td>
<td>276</td>
<td>48</td>
<td>588</td>
<td>4550</td>
</tr>
</tbody>
</table>

% increase from 2001/02:

<table>
<thead>
<tr>
<th>Year</th>
<th>7%</th>
<th>16%</th>
<th>21%</th>
<th>30%</th>
<th>37%</th>
<th>45%</th>
<th>70%</th>
<th>53%</th>
</tr>
</thead>
</table>

Legend:

^ This refers to an autopsy or inspection procedure performed at the direction of the State Coroner.

* This refers to a quarterly audit carried out by forensic pathologists where they review 25 randomly selected completed reports. This audit is managed by the quality group. The target is 95% of reports found to be satisfactory via this audit process.

~ This refers to the component of the time taken before deceased can be returned to their family.

∞ This refers to the agreed timeline for completion of the investigation depending on the complexity of the case.
Full Autopsy

This is an examination of a person’s body after death, involving review of medical and police documentation, CT scanning, detailed external examination of the body and both the macroscopic (“naked eye”) observation of internal organs and the microscopic examination of tissue biopsies. It may involve laboratory testing of tissues and fluids, including toxicological and other medical and forensic analysis including molecular biological (DNA) and genetic studies. Some pathological examinations may require the involvement of other pathology specialists such as neuropathologists, cardiac pathologists, immunopathologists or paediatric pathologists.

Inspection

This examination involves a detailed examination of a person’s body after death including a review of medical and police documentation, CT scanning and external examination. The examination includes sampling of body fluids and can also involve dental examinations and molecular biology (DNA) testing. Where, in the opinion of the forensic pathologist, it is thought that an internal examination or internal autopsy is not necessary the result of the medical examination is provided in writing to the “Duty Coroner” to assist them with their decision making.

Section 29*

These investigations relate to deaths where there is an objection to autopsy by the senior next of kin that is upheld by the Coroner. They are similar to an inspection but the forensic pathologist pays particular attention to any additional information that may be gathered if a full autopsy was performed and the significance of such in formation to the Coroner and the family.

Referral from Births, Deaths & Marriages (BDM)#

These are deaths which were reportable to the Coroner, but have proceeded through the death certification process to BDM without being reported. They involve an investigation of the death without an examination of the body by the forensic pathologist. The investigation process involves an examination of a substantial quantity of documentation from numerous sources, which may include all or some of following; hospital records, police records, general practitioner and other medical records, coroner’s reports, ECGs and radiographs.

Admissions

Most MLDI’s, other than referrals from BDM, commence with the admission of the body of a deceased person to the Institute. This year there were fewer admissions to the VIFM as compared with 2008-09 and the figures were comparable with admissions in 2007-08. The numbers for 2008-09 were greatly increased as a result of both the heat wave in January and the bush fires in February 2009.

The age distribution of cases being admitted to the Institute has changed significantly in the 10 year period 2000-01 to 2009-10. This relates both to changes in the reporting of deaths to the coroner and the ageing population in Victoria. In 2000-01 13% of case admissions were aged 80 or over, this increased to 23% in 2009-10.

The table on page 19 shows the initial classification of deaths as is understood at the time of admission.
### Timeliness

There has been a significant improvement in the ability of the VIFM to complete, within 2 days, all processes which require access to the body of the deceased. This allows the body to be returned to the family in a shorter timeframe. The chart below shows a monthly comparison of this statistic over the last four years. The bushfires and the subsequent DVI process significantly reduced timeliness in 2008-09 but this year sees a great improvement with the target of 65% of cases released within 2 days being consistently met for each month of the year.

<table>
<thead>
<tr>
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<th></th>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident</td>
<td>475</td>
<td>431</td>
<td>425</td>
<td>429</td>
<td>490</td>
<td>529</td>
<td>443</td>
<td>467</td>
</tr>
<tr>
<td>Homicide</td>
<td>156</td>
<td>193</td>
<td>123</td>
<td>120</td>
<td>95</td>
<td>109</td>
<td>107</td>
<td>107</td>
</tr>
<tr>
<td>Natural</td>
<td>1772</td>
<td>1955</td>
<td>1993</td>
<td>2072</td>
<td>2016</td>
<td>2017</td>
<td>2225</td>
<td>2024</td>
</tr>
<tr>
<td>Suicide</td>
<td>443</td>
<td>436</td>
<td>360</td>
<td>436</td>
<td>459</td>
<td>439</td>
<td>504</td>
<td>460</td>
</tr>
<tr>
<td>Unknown</td>
<td>297</td>
<td>450</td>
<td>483</td>
<td>448</td>
<td>624</td>
<td>891</td>
<td>1244</td>
<td>928</td>
</tr>
<tr>
<td>Total</td>
<td>3143</td>
<td>3465</td>
<td>3384</td>
<td>3505</td>
<td>3684</td>
<td>3985</td>
<td>4523</td>
<td>3986</td>
</tr>
<tr>
<td>%increase (2001/02 as a baseline)</td>
<td>5%</td>
<td>16%</td>
<td>13%</td>
<td>17%</td>
<td>23%</td>
<td>33%</td>
<td>51%</td>
<td>33%</td>
</tr>
</tbody>
</table>

### Regional Cases

The overall number of cases from regional Victoria arriving at the Coronial Services Centre in Melbourne has increased again this year with 72% of all regional cases being managed at the Institute as compared with 61% in 2008-09. This has been a result of the loss of hospital based forensic pathology services in the LaTrobe Valley, Bairnsdale and Wangaratta associated with the loss of key hospital pathology consultant staff in hospitals in regional Victoria.

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**PERCENTAGE OF CASES RELEASED WITHIN TWO DAYS OF PROCEDURE REQUEST**

**DEATHS IN REGIONAL VICTORIA**

- Managed in Melbourne by VIFM
- Managed in regional Victoria
Forensic Pathology Services

Duty Pathologist and Preliminary Examination

On 1st November 2009 the new Coroners Act came into force resulting in significant changes to the way in which medico-legal death investigations are carried out in Victoria. In addition to establishing the Coroners Court as an independent entity and reinforcing the potentially therapeutic jurisprudential activities of the court and prevention services\(^1\) the new legislation has established a variety of changes to the operational procedures of the medical aspects of death investigation which are not found in other jurisdictions within Australia or indeed in overseas coronal jurisdictions generally.

For the first time in Australia the notion of “preliminary examinations” has been created. Presentation of the body at the Institute is the trigger for a preliminary examination by the VIFM pathologist. A preliminary examination involves an external examination of the body, collection of information and reviewing the circumstances of death and health information such as medical records relating to the deceased and reviewing a post mortem CT scan. The taking and testing of samples of bodily fluid such as blood and urine, the taking of samples from the surface of the body and identification procedures may also form part of the preliminary examination in specific cases. Rapid toxicological analysis of blood samples can be performed and in certain cases is a critical component of the preliminary examination.

Section 3 of the Coroners Act 2008 defines a “medical examination” as meaning a preliminary examination, an identification procedure or an autopsy. Each of these procedures is distinctly different, although they can occur concurrently.

The legislative basis for these three methods of medical examination is set out in sections 23, 24 and 25 of the Coroners Act 2008 as follows:

Section 23 Preliminary examinations

(1) The purpose of a preliminary examination is to assist the coroner in the performance of his or her functions in respect of a death.

(2) A coroner may provide a body to a medical investigator to enable a preliminary examination to be performed on the body.

(3) The provision of the body authorises the conduct of the preliminary examination.

Section 24 Identification directions

A coroner may direct a medical investigator to perform any procedure on a body (including the removal of tissue but not including a preliminary examination) for the purposes of identifying the deceased person.

Section 25 Autopsies

(1) The purpose of an autopsy is to assist a coroner to perform his or her functions in respect of a death.

(2) A coroner must direct a medical investigator to perform an autopsy on a body under the control of the coroner if the coroner believes that –

(a) the autopsy is necessary for the investigation of the death; and

(b) it is appropriate to give the direction.

(3) After consulting with, and seeking advice from, the Institute or a pathologist, a coroner may –

(a) impose conditions on the manner in which an autopsy on a body is to be performed; and

Example: Conditions under subsection

(3) could include the number of cavities to be explored or the organs to be removed.

(b) direct the medical investigator to perform certain tests on a body or on tissue or other material removed from the body.

(4) Nothing in this Act prevents a preliminary examination or an identification procedure from being performed concurrently with an autopsy.

Following completion of the preliminary examination, the duty pathologist attempts to formulate a reasonable medical cause of death and forms an opinion as to whether a full autopsy is required or not. A meeting is held between the duty pathologist and a coroner during which all of the cases which have been reviewed are discussed. The pathologist is able to provide the coroner with a wide range and depth of information at an early stage of the investigation process. Taking this information into account, along with legal aspects of the investigation process and often the expressed wishes of families, the coroner then makes a decision as to whether to direct an autopsy or not. This decision is communicated by coroner’s clerks to families who may either accept this decision or ask for a reconsideration of the coronial decision.

The introduction of this new medical process in Victoria has resulted in considerable changes to the day-to-day procedures undertaken by forensic pathologists, forensic scientists and coroners. Perhaps the most significant impact of this new process has been the reduction in the overall autopsy rate for cases reported to the Coroner which now hovers at less than 50% of reported deaths.
This move away from more autopsy based medical death investigation procedures in favour of less invasive examinations is the result of a number of influences. It has been materially assisted by Institute pathologists developing skills in, and using, post mortem CT imaging. In addition the availability of 24 hour turn around in toxicology testing and improvements in the availability of background medical documents has enabled pathologists to provide coroners with far more information upon which they can base their case management decisions.

**Forensic Pathology Case Management Project**

A project to improve the systems and processes that underpin the medico-legal death investigation process was commenced in November 2009. This ongoing project aims to improve the timeliness and quality of our medico-legal death investigations and to improve staff satisfaction and efficiency.

Main areas of focus to date have been:

- A number of improvements to information systems to enable Pathologists to effectively manage their caseload
- Improved administrative support for the service
- Implementation of new case records for managing hard copy case documents, a bar coded case label system and improved scanning of essential documents to ICMS
- Improved rostering, leave planning and workload management
- Improved coding of cases to capture the complexity and nature of each investigation
- Enhancements to the case allocation and procedure scheduling process
- Increased the role of Liaison Nurses to enable more effective case management and service delivery
- Improvements to the audio-typing service

**Forensic Radiology**

In mid 2005, a computed tomography (CT) scanner was installed into the mortuary of the Victorian Institute of Forensic Medicine (VIFM). This was one of the first mortuary-based CT scanners in the world. Since that time, all deceased persons admitted to the Institute have been CT scanned and the images permanently stored on an archiving system. Almost 20,000 examinations have been performed and VIFM has now built up an enormous experience with the application of sophisticated CT imaging in forensic practice. The CT scanner does not replace the forensic autopsy but can provide valuable assistance to pathologists in preparing for autopsy and documenting injuries, images of which can later be presented in courts. Following experience gained in the 2009 “Black Saturday” Victorian bushfires, CT has also provided assistance in identification of deceased in a mass disaster situation. This experience is shortly to be published in a special edition of Forensic Science International, devoted to the forensic response to Victoria’s bushfire disaster. It is likely that, based on this positive outcome, CT scanning will become integrated into Interpol DVI protocols. A VIFM staff member has been appointed to an Interpol subcommittee tasked with this objective.

Recent changes in the Coroners Act 2008 have reinforced the use of CT in everyday forensic pathology practice by creating the concept of a preliminary examination of the deceased including imaging of the body using CT scanning. The duty pathologist, responsible for this preliminary examination, formulates a reasonable medical cause of death, based in part on the CT findings and provides this to the coroner with a recommendation as to the necessity for an autopsy. Timely and accurate provision of CT scans and interpretation of findings is an important part of the daily work of pathologists at VIFM. A planned upgrade of the current CT machine will allow faster scan acquisition, the ability to cope with larger body sizes and the capacity to perform improved diagnostic procedures. Funding has been made available by the State Government for a new scanner that will meet these increased demands and keep VIFM at the forefront of forensic imaging.

There were 4183 CT scans completed this year as compared with 4606 last year, the difference mainly a result of extensive use of the CT scanner following the bushfire disaster. In addition all deceased infants have full body digital plain X-rays taken. There were 85 plain x-rays completed this year in infant death investigations. These specialist radiographs are reviewed by a Paediatric Radiologist.

In a development which will see our radiological capabilities more closely aligned to those in clinical practice, we are currently developing a technique for angiography; this technique is aimed at providing additional information to the pathologist in determining the cause and circumstances surrounding a death. Forensic Technical Officers are trained in radiography and hold limited licenses from the Department of Human Services.

**Forensic Technical Services**

The forensic technical service provides timely, high quality forensic mortuary services which support Institute functions and objectives. Its core business is to provide a comprehensive range of specialist services, including: routine mortuary work; CT radiography; technical support for the Donor Tissue Bank of Victoria, undertaking teaching and research and contributing to the advancement of knowledge in forensic pathology.

One year on from an intense, testing and prolonged involvement in the disaster management of victims from the Victorian heatwave and bushfires, forensic technical services is still using the experience gained to develop and improve our mortuary services. A number of recommendations arising from the operational debrief were implemented during
FORENSIC PATHOLOGY SERVICES continued

the year including the development of a stand alone VIFM DVI manual and the development of plans for a temporary mortuary at an off-site location.

The introduction of the new Coroners Act has significantly impacted upon our work in the mortuary. A legislative requirement for preliminary examinations on all cases has required additional work in the mortuary including more comprehensive and timely CT scanning and additional external examinations by pathologists. These preliminary examinations need to commence immediately after admission of the deceased to the mortuary which occurs 24 hours a day/7 days a week. Technical staff were involved in the implementation of procedures to support these new examination requirements. These included the taking of toxicology samples of all deceased persons resulting in a 15% increase in the number of specimens taken as compared with 2008-09. The preparation of a deceased person for the preliminary examination and more detailed photographic recording of injuries and identifying characteristics of each deceased has greatly increased the work of forensic technicians.

Ensuring the dignity of the deceased at all times is a top priority for our forensic technical staff. We consider it essential that the body of a deceased person is appropriately covered at all times except when a medical procedure or an examination is taking place. Great care is taken by our forensic technical staff to ensure that bodies of deceased persons are handled sensitively and in a manner that meets a family’s particular expectations.

The mortuary is about to undergo a major refurbishment and extension program to ensure that our facilities continue to maintain a high standard of functionality and utility. This past year the Forensic Technical team has been actively involved in providing input into this design. During the refurbishment the workflow of the mortuary will be affected as operations must continue to function despite loss of significant areas of workspace. This will be a major challenge for management and staff for the next three years.

In addition to the day to day forensic pathology work, staff were actively involved nationally and internationally. Some of the international and national events included:

- assisting in the AFP operation of the recovery and identification of deceased persons killed in a aircraft accident near the Kokoda trail, PNG;
- assistance in the first autopsy conducted in a Physical Containment Level 4 (PC4) facility;
- providing support and assistance in Sumatra, Indonesia following the 2009 Earthquake;
- providing forensic technical support in Vanuatu and Norfolk Island; and
- assisting in the AFP operation in the Congo, following the Sundance plane crash.

Human Identification Services

In line with the functions of the Institute set out under S 66 (1) (c) of the Victorian Institute of Forensic Medicine Act 1985 and at the request of the Coroner, we provide the scientific human identification services of forensic anthropology (skeletal remains) and forensic odontology (dental identification). These services, alongside DNA identification services provided by the molecular biology laboratory, are used where visual identification of the deceased is not possible or is inappropriate. The figures below show a slight increase in requests for our services as compared with last year noting that the figures for last year do not include the cases investigated as part of the Victoria bushfires.

<table>
<thead>
<tr>
<th>*excluding bushfire victims</th>
<th>2007-08</th>
<th>2008-09</th>
<th>2009-10</th>
<th>%change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forensic odontology</td>
<td>130</td>
<td>115*</td>
<td>114</td>
<td>-1%</td>
</tr>
<tr>
<td>Forensic anthropology</td>
<td>92</td>
<td>85*</td>
<td>93</td>
<td>+9%</td>
</tr>
</tbody>
</table>

Forensic Anthropology

Forensic anthropology involves the examination and analysis of a range of differentially preserved human remains to provide answers in a timely manner to questions which, depending on the circumstances of the case, may include one or more of the following:

- Is the material bone?
- Is the bone human or non-human?
- What is the preservation of the remains?
- Are the remains of forensic significance?
- How many individuals are present?
- What is the ancestry of the individual/s?
- What is the gender of the individual/s?
- What is the age of the individual/s?
- What is the stature of the individual/s?
- Are there any individualising characteristics?
- Is there evidence of trauma and/ or pathology on the remains?

Because forensic anthropologists have expertise and experience dealing with a range of differentially preserved human remains, they may also be involved in locating and recovering human remains which in many cases may be unrecognisable to the layperson or police and therefore overlooked. The potential loss of evidence may impact on the reconstruction of the remains and subsequent interpretations of the timing (ante, peri- or post-mortem) of the events.
The forensic anthropologist may also assist with scene interpretation of buried and/or surface scatters providing evidentiary and investigative evidence. Such information may include the spatial-temporal relationships between the body and associated evidence, the body position and the number of individuals present.

The Institute has employed a consultant forensic anthropologist since 1995. This service was augmented in 2005 with the full time employment of a forensic anthropologist.

A total of 93 cases were examined by forensic anthropologists at the VIFM in 2009-10. Typical of most years, the majority of cases examined in were determined to be non-human (faunal) skeletal remains. A total of 18% of cases required no further forensic investigation including indigenous Aboriginal archaeological skeletal remains and medical teaching reference collections (Figure 1). None of the 23% of forensic cases required an anthropologist to present evidence in court. A forensic anthropologist attended the scene in 6% of cases.

The Institute has employed forensic odontologists since its inception. In October 2004 this service was expanded to include a team of 8 fully trained, experienced odontologists working on a part-time basis. The team is primarily involved in the identification of unknown deceased individuals who come under the jurisdiction of the Victorian State Coroner, working in close collaboration with forensic pathologists, anthropologists and clinical forensic medical personnel. The team responds to disaster victim identification incidents nationally and internationally, participates in international training and teaching and is engaged in research.

A total of 114 cases were examined by the Forensic Odontology team at the VIFM during 2009-10. 106 cases (92%) involved confirming the identity of persons who were unable to be visually identified. Positive identification was established in all cases by the comparison of ante-mortem and post-mortem dental information. 3 cases (3%) involved an estimation of the age of individuals, undertaken by examination of CT images of development of the dentition. An additional 3 cases (3%) involved reports concerned with facial trauma and 2 cases (2%) involved bite-mark analysis.

In 2006, following the identification of the remains of three long-term missing individuals by the Forensic Odontology team, Victoria Police established Taskforce Belier to investigate all long-term missing persons and unidentified body investigations. The odontology team have been working closely with this unit in the collection, translation and transcription of dental information, and to date have successfully identified one long-term missing person from New Zealand who had been missing since 1974.

Family Health Information Program

The coronial autopsy is a thorough medical examination with the primary purpose of investigating the cause of an individual's death. During this process the forensic pathologist may uncover previously unknown health issues that may have a genetic basis which often have significance to surviving family members. In 2001 the VIFM identified the need to formally establish a process of systematically communicating such autopsy findings to surviving family members. Appropriate referral to other medical specialists can enable families to formulate health care strategies to maximise their well-being and, in some cases, hopefully prevent premature death in those affected.

The purpose of the family health program is to identify these health issues and make sure that relevant family members are informed and are provided with the option of medical referral to follow up services such as genetic health services. The Institute has established relationships with paediatric and adult cardiologists, haematologists and genetic specialists enabling these family referrals to take place in a timely fashion and to services that understand the background and sensitivity of the referral. Families are supported by the forensic nursing staff who provide information in a clear and sensitive manner customized to the needs of the family followed by referral to the appropriate
specialists. At all times the family is able to choose the best road and timing for themselves.

To date over 600 families have been referred to medical specialists or general practitioners to follow up such findings as undiagnosed cancer, aortic dissection, haemachromatosis and ischaemic heart disease in the young. This year the program has referred 12 adults for cardiac genetics, 15 families for paediatric cardiac genetics and 5 families for general genetic counseling.

We consider this service an intrinsic facet of our practice and one which reflects a commitment to the emotional and physical wellbeing of the living through our work with the deceased. Moreover it is a practical manifestation and acknowledgment of the ethical underpinnings of the discipline of forensic pathology.

Consultative Committees

VIFM Pathologist representation on Consultative Committees, those organisations managed by the Department of Health, remained unchanged from 2008-09 until June 2010 when Dr Matthew Lynch resigned from the Victorian Consultative Committee on Obstetric and Paediatric Mortality and Morbidity to be replaced by Dr Duncan MacGregor. Consultative Committees maintain the important function of monitoring mortality and morbidity in various components of the health delivery system with emphasis on patient outcome and prevention of medical mishaps. Representation is as follows:

- Victorian Surgical Consultative Council, Dr Noel Woodford.
- Victorian Consultative Committee on Obstetric and Paediatric Mortality and Morbidity, Dr Matthew Lynch and Dr Sarah Parsons.
- Victorian Consultative Committee on Anaesthetic Morbidity and Mortality, Dr Shelley Robertson.

Court Appearances

Forensic pathologists and scientists also provided expert opinions with respect to forensic case work originating in interstate jurisdictions and overseas. Involvement in such cases expands the experience and knowledge of our staff which improves the quality of the service we can provide in Victoria.

Reviewable Deaths

The Victorian Government introduced a new system for dealing with multiple child deaths in a family following recommendations in 2003 which are reflected in the functions of the VIFM Act 1985.

Section 66 (3) ‘The Institute also has a function to investigate, assess and instigate appropriate responses in the respect of –

(a) the health or safety of a living sibling of a deceased child; and

(b) the health of a parent of a deceased child -

where the death of the child constitutes a reviewable death.’

The intention of the legislation is to ensure that Victorian systems and processes for handling deaths are capable of dealing effectively and humanely with all cases of multiple child deaths within a family. In doing so, the legislation seeks to balance the rights of grieving families with the public interest in ensuring that living children are protected in cases where intervention is necessary, and that families receive appropriate medical and social supports.

As part of the process, the State Coroner may refer a reviewable death to the Institute for investigation and assessment of the health and safety needs of living siblings of a second or subsequent deceased child in a family and the health needs of the parents.

Since the introduction of the death notification legislation, many reviewable deaths have involved children who were in an intensive care unit of the hospital where they were born and were not expected to survive. These deaths are traumatic for the parents and are generally not a risk indicator for child protection concerns.

A new process commenced in July 2008 introducing regular triage meetings between Coroners Court of Victoria and the Institute to ensure perinatal deaths are not referred to VIFM as per this protocol. There were 20 such meetings held in 2009-10 resulting in two new referrals to VIFM for investigation.
Clinical Forensic Medicine Service

SECTION 64(2)(f) of the VIFM Act 1985 requires us ‘to provide, promote and assist in the provision of clinical forensic medicine and related services to the police force of Victoria and government bodies’.

Clinical Forensic Medicine (CFM) is the branch of clinical medicine that interfaces with the legal aspects of patient care. Clinical forensic practitioners apply expert medical knowledge to the collection and interpretation of medical evidence in order to provide impartial advice that may assist victims, the police and the judicial process.

The Service has a core group of forensic physicians who operate from the VIFM and provide advice and assistance to a state-wide network of forensic medical officers (FMOs), forensic nurse examiners (FNEs) and biological specimen collection nurses who also provide forensic services. This structure enables Clinical Forensic Medicine to provide a 24 hour, 7 day a week service to Victoria Police and victims of crime.

The wrongful conviction of Mr Farah Jama had a profound effect on forensic medical activities this year. The investigation, the Vincent Inquiry and the subsequent recommendations (which included those suggested to the Inquiry by VIFM) led to reflection on all aspects of our service delivery in this domain. The ramifications of this case will, for the foreseeable future, shape the forensic medicine service and crisis response to sexual assault in Australia, DNA testing in sexual assault cases and all justice agencies involved in prosecutions and court proceedings.

Registrar training programs remain a vitally important part of the Institute’s activities. It was most heartening to receive ongoing accreditation for the programs from the Australian College of Emergency Medicine and the Royal Australian College of General Practitioners. Additionally we were successful in receiving accreditation from the Australian College of Sexual Health as a training post for its registrars. The work of Doctors Nicola Cunningham and Janet Towns in these fields is gratefully acknowledged.

Dr Sanjeev Gaya was appointed as a forensic physician. Dr Gaya formerly worked as a forensic medical examiner in London and his transition to Victoria has been successful and most welcome.

The Institute has maintained a very active role in the field of traffic medicine. Whilst these activities cover many areas in the Institute (pathology, toxicology, prevention, NCIS) it is opportune to acknowledge the work of Dr Morris Odell in the last year:

• Convening the medical panel and major contributor of the MUARC report No 213 “Influence of chronic illness on crash involvement of motor vehicle drivers.”

• Editor and contributor to a book titled: “Older Road Users: Myths and Realities. A guide for Medical and legal Professionals” Lawyers and Judges Publishing Co. Arizona USA. This book was launched by the Hon John Coldrey QC at a ceremony at the VIFM in late 2009.

• Chief Investigator for a project at MUARC titled “Managing Older Driver Safe Mobility: An International Collaboration” which received an ARC grant of about $1.5M for a 5 year study of older drivers. This is a collaborative effort with a Canadian study.

• Member of a project team that received a $10,000 Faculty Research grant from Latrobe University for a study titled: “Inter-rater reliability of the OT-DORA battery (Occupational Therapy Off-Road Assessment)”, a newly developed clinical-based assessment used in licensing recommendations for older and / or functionally impaired drivers.

CFM provides a range of specific forensic services, in 2009-10 these have included:

Adult Sexual Assault Examinations

This service assists those who have been victims of sexual assault and provides a specialised and integrated approach from a number of health professionals. Examinations are performed as part of a comprehensive health service that provides for all aspects of the person’s needs. The outcome of any prosecution depends on a number of factors, including the collection and interpretation of forensic evidence.

Adult Physical Assault Examinations

This service assists those who have been victims of physical assault. Often the forensic medical assessment of physical injuries may be the only objective evidence in relation to the assault and it is vital that the injuries are documented accurately and interpreted by an expert.

Child Sexual and Physical Assault Examinations

This service is regarded as a highly specialised area because of the multi-faceted clinical knowledge required of the practitioner. It is important that the practitioner has the capacity to relate to the child and appropriately refer the child to other treatment services. Children who have been victims of abuse require a range of multi-disciplinary services and these are best provided in a child-orientated setting. Practitioners from the VIFM participate in the Victorian Forensic Paediatric Medical Service (VFPSMS) to provide these services throughout Victoria.

Biological Specimens Collection

While biological specimens may be collected in the process of a clinical examination, this category refers to instances where a full clinical examination has not taken place, e.g. collection of a hair sample from an alleged perpetrator, fingernail scrapings from a victim. The utilisation of DNA
profiling and the introduction of amendments to the *Crimes Act 1958* has, over the years, seen a considerable increase in the frequency of requests for such specimens, and the methods of obtaining, storing and analysing the specimens have come under increasing scrutiny by the courts. Biological specimen collection is also a component of most examination activities.

**Fitness for Interview**

CFM provides forensic examination services to detainees in police custody. The assessment of a person’s fitness to be interviewed is particularly applicable to individuals where there is concern about their ability to fully comprehend their rights and ability to adequately represent themselves through the police interview process.

**Traffic Medicine**

CFM assists Victoria Police by taking biological samples for drug- and alcohol-related traffic cases. Specialists from the division provide expert opinion on traffic cases for the Major Collision Investigation Unit, the Coroner and other interested parties.

**Ethical Standards**

CFM provides an independent, expert medical service, which assists in the investigation of cases where there is an allegation of police assault. Practitioners conduct an examination of those alleging the assault by police and sometimes examinations on the police officers concerned or those who have sustained an assault. This service supports internal police investigations. Similar services are provided for the Office of Police Integrity (OPI).

**Mentally Ill/ Behaviourally Disturbed Persons**

The assessment and treatment of persons who appear to be mentally ill or are behaviourally disturbed is primarily the responsibility of the Victorian Government’s Department of Health. However, practitioners may still be required where a mentally ill person has allegedly been the victim of an assault; to assist in sieges or situations where there is violence or threatened violence with a weapon, or in country areas where there are no Crisis Assessment and Treatment Teams.

**Medico-Legal Expert Opinion**

CFM may provide Medico-legal expert opinions where requested by police, government departments and independent bodies. This may be for the purposes of accident investigation with regard to the effect of medical conditions (or effects of alcohol and other drugs) on driving skills; the provision of ‘read back’ calculations for alcohol estimations; interpretation of injuries or the likelihood of alleged assault from medical evidence that has been provided.

**Court Appearances**

There are many instances where practitioners are summoned to provide their evidence in court. CFM practitioners can appear in court for a whole range of matters, including those related to alleged assaults or to appear as expert witnesses.

**Other Specialised Services**

The category of other specialised services refers to those less frequent or highly-complex cases that require a high level of experience or a specialised mix of expertise. Examples include assistance in siege or terrorist situations, the witness security program, advice to the Medical Practitioners Board in cases of suspected malpractice, and assistance to the State Coroner in medico-legal death investigations.

**Occasions of Services Provided**

<table>
<thead>
<tr>
<th>Service</th>
<th>2008-09</th>
<th>2009-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult sexual assault examinations</td>
<td>504</td>
<td>444</td>
</tr>
<tr>
<td>Adult physical assault examinations</td>
<td>242</td>
<td>247</td>
</tr>
<tr>
<td>Child sexual and physical assault examinations</td>
<td>108</td>
<td>74</td>
</tr>
<tr>
<td>Biological specimens collection</td>
<td>72</td>
<td>49</td>
</tr>
<tr>
<td>Fitness for Interview</td>
<td>430</td>
<td>444</td>
</tr>
<tr>
<td>Traffic medicine</td>
<td>533</td>
<td>486</td>
</tr>
<tr>
<td>Ethical standards</td>
<td>29</td>
<td>32</td>
</tr>
<tr>
<td>Psychiatric services</td>
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<td>6</td>
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<tr>
<td>Medico-legal expert opinion</td>
<td>419</td>
<td>466</td>
</tr>
<tr>
<td>Court appearances</td>
<td>141</td>
<td>158</td>
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<tr>
<td>Other specialised services</td>
<td>34</td>
<td>59</td>
</tr>
<tr>
<td>Workforce Testing</td>
<td>Previously recorded under another category</td>
<td>352</td>
</tr>
<tr>
<td>Total Occasions of Service</td>
<td>2523</td>
<td>2817</td>
</tr>
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</table>

**Note:** CFM’s Information Case Management System (ICMS), has recently undergone a review, resulting in the re-classification of many activities. Activities that were previously reported as ‘biological specimen collection’ may now appear as a ‘traffic medicine’ or ‘workforce testing’ case. For the most part, overall case numbers have remained steady or increased. Future annual reports will enable a more meaningful direct comparison to prior years.
Expert Medico-Legal Phone Advice

CFM operates a 24-hour state-wide telephone consultancy service that provides advice to medical practitioners or police on a range of medico-legal issues. Attendances where the physical presence of a practitioner may not be deemed necessary are diverted. Examples include advice on the effects of medication or the provision of referrals. CFM responds to approximately 1300 phone calls requesting advice per annum.

Forensic Nurse Examiner Network

The Forensic nurse examiner (FNE) role continues to be developed in Victoria with Renee McMahon coordinating the service.

Registered nurses (RN) are required to complete the Graduate Certificate of Nursing (Forensic) through Monash University and train with the Institute before they are able to work with CFM. Fifty eight nurses have graduated as FNEs since 2007. The majority of FNEs reside in Victoria and Queensland with others in NSW, Canberra and Tasmania. In 2009, 30 nurses enrolled in the course with a large proportion of placements being offered scholarships funded by their relevant Departments of Justice. The Graduate Certificate of Nursing will continue to be offered, however, scholarships have not been offered by Victoria in 2010.

Currently, VIFM has 34 FNE’s working on an on-call basis in metro and regional Victoria. Included in this number are 4 nurses from the 2009 group who are yet to complete the practical component of the course.

A quality assurance program has been established within the Forensic Nurse Examiner Network in which all medico-legal reports are reviewed by a senior FMO. Other major activities throughout the year include:

• delivery of police testing providing a workforce drug and alcohol testing program;
• visits to rural regions where FNEs practise;
• regular Forensic Nurse Examiner Network meetings and newsletters;
• attendance at Victorian Forensic Paediatric Medical Service (VFPMS) and VIFM educational sessions; and
• forensic case group meetings run by Angela Williams for the discussion of cases with members from associated groups including police, toxicology, laboratories.

Further developments of the Forensic Nurse Examiner Network will continue as the network is strengthened with numbers and improved expertise.

VicRoads, Taxi Directorate of Victoria and WorkSafe

CFM is the medical advisor to VicRoads, the Victorian Taxi Directorate and WorkSafe regarding fitness to drive and suitability for holding various licences, certificates and permits issued by those authorities. In this capacity, practitioners undertake a large number of file reviews as well as convening an expert committee of senior neurologists and ophthalmologists to deal with the most difficult cases. The workload of these specific areas is shown below.

The CFM service model in Victoria is widely recognised as best practice in Australia and is often consulted by police and driver licensing authorities in other jurisdictions. As a result of their expertise in this field, the practitioners have participated in regular reviews of the Austroads National Guidelines for Assessing Fitness to Drive.

In conjunction with the Neurosciences Department of St Vincent’s Hospital, CFM runs the only specialist driving clinic (assessing fitness to drive) in Australia. This has been very successful and attracts referrals from doctors all over Victoria. The attendance figures for the St Vincent’s driving clinic are:

<table>
<thead>
<tr>
<th>St Vincent’s Driving Clinic</th>
<th>2008-09</th>
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<tbody>
<tr>
<td>Patients</td>
<td>90</td>
<td>109</td>
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<table>
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<tr>
<th>SERVICE</th>
<th>2008-09</th>
<th>2009-10</th>
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<tbody>
<tr>
<td>Vic Roads - Licence reviews</td>
<td>6784</td>
<td>4678</td>
</tr>
<tr>
<td>Vic Roads - Bicycle helmets unit</td>
<td>10</td>
<td>6</td>
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<tr>
<td>Victorian Taxi Directorate</td>
<td>360</td>
<td>626</td>
</tr>
<tr>
<td>Worksafe</td>
<td>70</td>
<td>72</td>
</tr>
</tbody>
</table>
FORENSIC SCIENTIFIC SERVICES

Forensic Scientific Services

SECTION 64(2)(a) of the VIFM Act 1985 requires us

“...to provide promote and assist in the provision of forensic pathology and related services in Victoria and as far as practicable, oversee and co-ordinate those services in Victoria.”

The work of forensic and scientific services is carried out under the provision of ‘related services’ for Victoria both as an integral part of the work of the forensic pathologist for the coroner and also to provide services to the wider Victorian community.

Following a review of the structure of the Institute the Forensic Scientific Services (FSS) section was reorganised at the start of the financial year to include forensic toxicology, molecular biology and histology laboratories.

The head of service Professor Olaf Drummer also continued to be responsible for research within the Institute and was appointed to the position as Head of the Department of Forensic Medicine at Monash University.

The Service saw a number of challenges during the year including the transfer of blood alcohol testing service for living drivers from the VicPol laboratories to the forensic toxicology section and the introduction of a drug testing service for all injured drivers.

The Service appointed a business manager to assist the service head and managers to manage the increasing complexity and scale of services.

An annual planning day was held in mid March with section managers working towards identifying current strengths, weaknesses, opportunities and threats across FSS and within each of the disciplines. Each area has actively been working collectively towards the implementation of strategies and improvements to address the day’s outcomes. Key outcome areas identified for improvement include:

1. Enhanced laboratory productivity.
2. Introduce new technologies to improve scientific capabilities and services.
3. Implement tandem LC-MS for drug screening and confirmation.
4. Meeting KPI and improving turn around times.
5. Improving staff competencies and communications within teams.
6. Improve compliance to quality and safety.
7. Improve R&D capability.
8. Increase publications, research projects and student activities.

Toxicology

Forensic toxicology provides a comprehensive drug testing service in medico-legal death investigations and in a range of other applications including drugs in the (oral fluid) random testing program, alcohol and drugs in drug-facilitated crimes, impaired and all injured drivers for Victoria Police and specialist forensic toxicology testing services for other clients including the nation’s only hair testing service.

Major Achievements

The laboratory embedded a routine overnight toxicology screen using tandem LC-MS for all coroners’ cases, and where needed other cases. This has made a significant difference to the availability of toxicology data at the preliminary investigation stage of a death investigation requiring extensive development and validation of novel analytical methods.

This technology was further developed to allow tandem LC-MS methods to be used for both drug screening and confirmation for oral fluid and blood specimens from drivers of motor vehicles as part of a major ERC-funded program for VicPolice. This methodology allows detection of proscribed drugs (methamphetamine, ecstasy (MDMA) and cannabis (as THC) under the Road Safety Act 1985 as well as providing intelligence on the presence of other drugs of interest in drivers.

The introduction of new services saw not only the appointment of a number of new staff to conduct this work but also a reorganisation of laboratory personnel to accommodate the increased complexity and work outputs. Four additional staff were appointed by the Governor-in-Council as “approved analysts” under Section 57, 57A and 57B of the Road Safety Act 1985.

A full re-assessment of the laboratory was conducted by NATA under the forensic science scheme. This was successful and included accreditation to confirmatory testing of drugs of abuse in oral fluid to the Standard AS/NZ 4760-2006.

The laboratory held a successful 3-day Forensic Toxicology meeting in October (12-14) at the RACV club. It attracted 105 people from laboratories around the country, and included representatives from New Zealand, Thailand, Malaysia, Singapore and Korea. International speakers were invited from Germany and Korea. The aim of this first meeting was to establish a regional association of forensic and clinical toxicologists with annual scientific meetings. A constitution has been drafted and will be registered as FACTA - Forensic and Clinical Toxicology Association.

Key Work Load Data for 2009-10 in comparison to 2008-09

As the data illustrates below the number of services increased dramatically during the year.
The number of coroner’s cases requiring toxicology increased 4% during year to 4101 cases. These were completed with a median time of 32 days (up slightly from year before) and 71% were complete at 6 weeks.

Non-coronial cases increased 220%, made up of all types of case types (impaired and injured driver testing, police alcohol and drug testing and a range of other cases from other clients for specialized testing).

<table>
<thead>
<tr>
<th>Case type</th>
<th>2008-09</th>
<th>2009-10</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coronial cases</td>
<td>3934</td>
<td>4101</td>
<td>+4%</td>
</tr>
<tr>
<td>Non-Coronial</td>
<td>2265</td>
<td>7237</td>
<td>+220%</td>
</tr>
<tr>
<td>VicPol Traffic cases</td>
<td>703</td>
<td>5763</td>
<td>+720%</td>
</tr>
<tr>
<td>Other external cases</td>
<td>1261</td>
<td>930</td>
<td>-28%</td>
</tr>
<tr>
<td>Drug facilitated assaults</td>
<td>150</td>
<td>160</td>
<td>+6%</td>
</tr>
<tr>
<td>Workplace testing and critical incidents</td>
<td>114</td>
<td>354</td>
<td>+210%</td>
</tr>
</tbody>
</table>

Molecular Biology

The molecular biology section provides timely, high quality and high value DNA services supporting the institute’s functions and objectives, whilst keeping abreast of developments in the field. These include the identification of deceased persons during a coronial investigation via the use of nuclear DNA (nDNA) or mitochondrial DNA (mitDNA) analysis, disaster victim identification using scientifically sound procedures when two or more persons are killed in an event, and identification of missing persons through the reconciliation of unidentified human remains. Paternity testing services have been offered to the wider community since 1990. In addition, skills in molecular genetics, molecular biology, biochemistry and bioinformatics are applied to develop and query models for forensic application.

Major Achievements

A number of developments have continued in the Molecular Biology laboratory in the last year. The genetic analyser is now used routinely to profile DNA extracts, ensuring our DNA profiling capability is in line with other laboratories in Australia. Furthermore, we use the Identifiler® genotyping kit which offers more loci than Profiler Plus® (another 6). The additional loci are vital for familial matching – offering a greater power of discrimination.

Identifications (Coronial and Belier cases) continue to be regularly requested with 206 cases tested this financial year. These include 24 mitochondrial cases, an increase of 70% from the previous year.

The Molecular Biology laboratory now uses a new mitDNA analysis through the use of the 2100 Bioanalyser (Agilent) together with the DNA1000 chip for use during the analysis. The laboratory can now generate mitDNA profiles in the form of sequence profiles, thus enabling comparison to mitochondrial sequence profiles generated by other organisations.

The Molecular Biology laboratory houses its own (stand alone) copy of the C.O.D.I.S. (Combined DNA Index System – FBI) software with the support of CrimTrac. CODIS, which was successfully used to assist in the identification of victims of the 2009 Victorian Bushfire Disaster, enables the databasing and querying of DNA profiles (both nuclear and mitochondrial). This is being used to assist Victoria Police with the identification of long term missing persons, by storing DNA profiles for unidentified human remains as well as familial reference samples, and querying these samples against each other to look for familial matches. Such an application is the first in Australia and will ensure the safe keeping of this data for future missing persons investigations.

The Molecular Biology Department has significant expertise in the DNA typing of human remains gained over decades of case work and research activities. This was evident during the Disaster Victim Identification (DVI) process for the 2009 Victorian Bushfire Disaster. The laboratory has an active research program looking at ways to improve DNA typing of skeletal remains. This includes an Honours project comparing various published methods for use with skeletal remains at the VIFM, as well as the validation of new genotyping kits (such as MiniFiler™ and Identifiler® plus) which are recommended for compromised samples such as skeletal remains.

The laboratory wrote three DNA related papers for the special edition of Forensic Science International for the 2009 bushfire disaster. This included a publication describing the use of biobanks, such as the Guthrie cards collected at birth in Australia, for the purposes of obtaining a DNA profile for the missing person and comparing this to DNA profiles of human remains, for the purposes of identification through direct matching. Of the 67 DVI cases identified using DNA analysis, 12 involved the use of Guthrie cards of which 8 relied solely on DNA as the primary identifier. The publication highlighted the importance of such biobanks as a sample source for the recovery of good quality DNA for comparisons to post-mortem samples.
### Key Work Load Data for 2009-10 in comparison to 2008-09

<table>
<thead>
<tr>
<th>Case type</th>
<th>2008-09</th>
<th>2009-10</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coronial identification cases – nDNA</td>
<td>264 (c)</td>
<td>170</td>
<td>-36%</td>
</tr>
<tr>
<td>Coronial Identification cases – mitDNA</td>
<td>4</td>
<td>9</td>
<td>+125%</td>
</tr>
<tr>
<td>Identification Belier cases – nDNA (a)</td>
<td>5</td>
<td>12</td>
<td>+140%</td>
</tr>
<tr>
<td>Identification Belier cases – mitDNA (a)</td>
<td>10</td>
<td>15</td>
<td>+50%</td>
</tr>
<tr>
<td>Other nDNA cases – fee for service</td>
<td>5</td>
<td>11</td>
<td>+120%</td>
</tr>
<tr>
<td>Other mitDNA cases – fee for service</td>
<td>2</td>
<td>10</td>
<td>+400%</td>
</tr>
<tr>
<td>CODIS Comparisons (b)</td>
<td>N/A</td>
<td>7</td>
<td>-</td>
</tr>
<tr>
<td>Parentage cases</td>
<td>115</td>
<td>160</td>
<td>+39%</td>
</tr>
</tbody>
</table>

(a): denotes long term missing persons investigations

(b): denotes request for targeted comparisons of DNA profiles housed in CODIS

(c): includes 114 DVI cases for the 2009 Victorian Bushfires Disaster

### Histology

Histopathology produces tissue sections for microscopy following autopsies of deceased persons that have been reported to the Coroner. An array of stains including routine H&E to more specialised stains, preparation of frozen sections and immunohistochemistry are carried out in the laboratory.

### Major Achievements

The laboratory service did not change in any significant way during the year. There was however a small increase in workload compared to previous year but the laboratory continued to meet all key performance indicators.

The Institute's record management project has allowed transfer of blocks and slides off-site during the last 12 months in preparation for building changes.

### Key Work Load Data for 2009-10 in comparison to 2008-09

- The number of blocks remained at about 46,000 for the year and the turn-around time has slightly reduced to 4.8 days with 98% completed in one week. Special slides increased significantly from last year.

<table>
<thead>
<tr>
<th>Case type</th>
<th>2008-09</th>
<th>2009-10</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of cases</td>
<td>2530</td>
<td>2124</td>
<td>-16%</td>
</tr>
<tr>
<td>Number of slides</td>
<td>48889</td>
<td>47016</td>
<td>-4%</td>
</tr>
<tr>
<td>Number of special stains</td>
<td>2199</td>
<td>3010</td>
<td>+37%</td>
</tr>
</tbody>
</table>
DONOR TISSUE BANK OF VICTORIA

Donor Tissue Bank of Victoria

SECTION 64(2)(i) of the VIFM Act 1985 requires us ‘to provide tissue banking facilities and services’

This service is further defined in the functions of the Institute in section 66(4) (a)-(d).

Established in 1989, the Donor Tissue Bank of Victoria (DTBV) was the first, and remains the only, multi-tissue bank in Australasia. The advantages of this multi tissue banking model were highlighted by a review commissioned in 2009 by the Australian Organ and Tissue Donation & Transplantation Authority (AOTA).

Its core function is to provide Australian surgeons with tissue grafts for transplantation in many areas of orthopaedic, cardiothoracic, reconstructive surgery and burn care, benefiting many Australian citizens every year. DTBV also facilitates access to corneas for the Lions Corneal Donation Service and services are extended to researchers who require access to human tissue for the completion of ethically approved research projects, further advancing health care and teaching.

The Victorian Bush Fires

The DTBV is the only operational skin bank in Australia. It played a pivotal role in the provision of skin allografts in the 2009 Victorian Bush Fires, supplying more than 10,000cm² of such tissue, donated and processed at the DTBV. It also facilitated the import of skin allografts from the USA, a mammoth effort requiring the commitment of several agencies, the US Musculo-Skeletal Transplantation Foundation (MTF) and ultimately, the generosity of American tissue donors. This experience reinforced the value of our international connections as well as highlighting the need to improve national skin banking resources.

New purpose-built facility

World class infrastructure is needed to meet the specific requirements and high standards for tissue and cell retrieval, processing (including cell culture), storage, and distribution in Australia. Such infrastructure is also needed to enable future work involving translational product development. Ideally, such infrastructure should be housed strategically to maximise synergies with relevant organisations (VIFM / Coroners’s Court of Victoria, hospitals, universities and other research centres).

A vote of confidence in DTBV’s capacity to deliver to Victorians (and Australians) was provided through the $13 million funding of a replacement facility to be built as part of the redevelopment of the Coronal Services Centre in Southbank. This successful outcome enables DTBV to remain operational while the replacement facility is being built, securing the uninterrupted and long term supply of currently provided tissue products.

When fully operational, this replacement facility will accommodate future growth in tissue processing and storage, and the development of new tissue products. As stem cell and tissue based technologies are discovered at research level, there will be the need for an organization with the ability to translate the research into large scale production of tissue, manufactured within a quality controlled environment, for clinical trials and then for patient use. DTBV is in a unique position to fulfill this role and to eventually become an active partner in licensing, manufacturing and distributing the finalised products.

Tissue donation

Human tissues may be donated for transplantation from living donors (for example - femoral heads derived from hip replacement surgery) or after cardiac death. In the latter circumstance, potential donors are identified within the coronial system or referred to the DTBV from hospitals where the process is facilitated by DonateLife, Victoria. Donated tissues must be accessed within 24 hours of cardiac arrest. An autopsy of the deceased, for the purpose of ruling out the presence of silent transmissible disease, is still a pre-requisite for musculo-skeletal tissue donation.

The DTBV continues to facilitate the access of the Lion’s Corneal Donation Service to donated eye tissue.

The DTBV living donor program remains successful as ever through the commitment of enrolled hospitals and dedicated staff. 613 femoral heads were donated to the DTBV through the program this year.

To be able to meet the demand for specialized bone, cardiac and skin grafts, the DTBV also assesses an average of 4000 potential donors per year, of which relatively few become actual donors after a rigorous screening process.

For diverse reasons however, there was a decrease in the overall number of post mortem donations in 2009. The main identified contributors were:

- changes in the demographics and coronial autopsy rate – increase in the number of deceased aged 70 or above (the age limit for tissue donation is 70); a decrease from 85% to 50% in the coronial autopsy rate in recent years;
- re-structuring of the Victorian donor agency (LifeGift) – this followed the establishment of the national Organ and Tissue Donation and Transplantation Authority and restructuring of the jurisdictional capabilities into the DonateLife Network; and
- changes in the DTBV’s donor tissue coordination structure – mainly linked to staff turnover impacting on DTBV performance.

Despite a steady yearly increase in supply of distributed tissue, requests for frozen bone and skin are barely met, while demand for heart valves and tendons clearly surpasses supply. DTBV is putting in place a long-term
strategy to expand the donor pool by tapping into sources such as regional and interstate coronial services, multi organ donors and “cardiac arrested” potential donors in hospitals or homes. It is also assessing and implementing ways to improve and widen the scope of professional liaison, establishing further outreach initiatives, and reviewing procedures to improve levels of supply, quality and safety. DTBV is also poised to take a leadership role in the National Skin Bank Program.

Tissue distribution

Supply of tissue for transplantation remains DTBV’s core business. In 2009-10 the DTBV distributed frozen-processed bone, osteo chondral grafts, tendons, fascia lata, skin grafts, cardiac valves, pericardium and vascular conduits to surgeons across Australia. This year 983 human tissue allografts for transplantation were supplied and used in life enhancing or life-saving procedures.

DTBV Business Review

To ensure that the DTBV can sustainably supply the increasing need for human tissue for transplantation, change is required in our thinking and approach, while still adhering to our strong guiding ethical principles. The basic premise is that the realities of tissue banking are changing fast. While continuing to provide successful “traditional” tissue grafts, a tissue bank wishing to sustain itself into the future must actively embrace advances in regenerative medicine, biotechnology and stem cell sciences, to continue to be able to provide tissue based therapeutic alternatives to the community.

In the above context, DTBV should be engaged with providing human tissue and cell derived applications in medicine to become a world-class centre for the manufacture of biotechnology based regenerative medicine products.

To articulate a sustainable future, an in depth business review was undertaken by the VIFM Council. The key outcomes were the:

- consideration of the best governance arrangements for DTBV;
- design of a financial strategy to improve financial viability and sustainability;
- identification of the importance of increasing the numbers of donations, of communicating both internally to VIFM and the Coroners Court of Victoria, and externally to those who facilitate the provision of tissue from live donors in hospitals, and to those who request tissue for use in patients;
- need to develop a funding model which will maintain existing high standard operations and provide for future technical upgrades into a translational platform for biotechnology enhanced tissue and cell products; and
- definition of the organisational structure and staffing requirements needed to deliver the planned services effectively and efficiently.

Tissues for Research Program

DTBV has a privileged, almost unique, access to human tissue which can benefit the bio-medical researcher community. For several years it has facilitated the access of donated tissues for researchers involved in ethically approved projects. The donation of tissue is altruistic and no fee is charged for the tissue itself. The program is funded by a fee for service from researchers which covers the cost of approaching families for donation consent, retrieval of the tissue and testing the tissue for infectious disease. The program is being re-built so as to operate on a more sustainable basis.

DTBV is the only operational Skin Bank in Australia, contributing to the life saving treatment of more than 20 severely burned recipients this year. DTBV has limited capacity to fulfil the current demand for skin allograft, which is regarded as the gold standard in wound dressing. Conscious of the risks involved in such limited capacity, it launched and remains strongly supportive of a national skin banking initiative.
TEACHING TRAINING AND RESEARCH

The legislation under which the Institute is established, and the mission which guides its strategic direction, require VIFM to provide independent forensic medical and scientific services and to undertake teaching and research in a wide range of forensic medical and scientific disciplines. High level performance in these critical functions is fundamental to VIFM’s credibility in the courts, the justice and health care systems and in the community.

Department of Forensic Medicine

The Department of Forensic Medicine (DFM), Monash University is the only such department in Australia. It is also unique in that it exists in parallel with an operational forensic medical service facility combining a publicly-funded institution and an academic unit. Arguably this arrangement has contributed more to the development of forensic medicine and the allied forensic sciences than any other facility in this country. Many of our staff are world leaders in their disciplines supporting our international reputation for excellence.

Since its inception 21 years ago the Institute, together with the DFM, has produced many significant research findings that have contributed to death and injury prevention and public health. It has also developed a significant postgraduate teaching output with the postgraduate courses in forensic medicine producing 62 graduates over 10 years. There have been almost 50 Bachelor of Science (honours) and Bachelor of Medical Science graduates, and almost 20 postgraduate degrees by research including doctors of philosophy (PhD), many of whom have stayed to work with us at the Institute. There have been over 500 publications in this time covering a variety of themes related to forensic medicine.

The Department joined the new School of Public Health and Preventive Medicine (headed by Professor John McNeil) which gathers together the medical faculty’s assets in these areas. The school is made up of the DFM, Department of Epidemiology and Preventive Medicine (DEPM), Department of Health Social Science (DHSS), components of the former Monash Institute for Health Services Research (MIHSR), the Centre for Obesity Research and Education (CORE), and the Michael Kirby Centre for Public Health and Human Rights.

The recent reorganisation of the executive team of the Institute was designed, in part, to enhance the role of the DFM and increase its profile. This strategy helps align the Institute with changes in the Coroner’s Act that increases the prevention focus of death investigations. Indeed at its inception in 1988 the Government saw the Institute, through its connection with the DFM, as an “investment in public health”.

The DFM has been charged with the responsibility to act as the teaching and research arm of the Institute. Seven of the ten objects in Section 64(2) of the VIFM Act 1985 provide that the VIFM conducts training, teaching and research.

Achievements for the year

There have been a number of notable achievements for the DFM during 2009-10 including:

- monthly meetings of a journal club covering themes to assist in the development of staff to undertake research and to increase our research outputs;
- approval of a special edition of Forensic Science International for 13 Victorian bushfire publications including many from Institute staff;
- re-establishment of the fortnightly Thursday 1 PM lecture series;
- placement of two public health trainees – Ms Angela Rintoul (oxycodone deaths) and Ms Chiba Kinsaina (mortuary data); and
- support and oversight of a number of postgraduate students including:
  - Jennifer Pilgrim continued her PhD research on pharmacogenetics and adverse drug reactions – collaborations continuing with Professor Angel Carracedo in Santiago de Compostela for genotyping;
  - Eva Saar continues her PhD on the toxicology of antipsychotic drugs;
  - Janet Davey continues her PhD on forensic studies of Graeco-Roman mummies;
  - Richard Bassed has now converted to a PhD on the assessment of age using CT scanner; and
  - Jessica Killian PhD student (with Professor Joan Ozanne-Smith) on alcohol and drugs in external injury deaths.

Vision for the future

The vision is based on four strategies:

(a) to strengthen and increase the awareness and functions of the DFM;
(b) to further develop and strengthen postgraduate teaching;
(c) to increase the capacity to conduct and supervise research; and
(d) to increase research outputs with an emphasis on injury and death prevention and public health.
Research

SECTION 64(2)(e) of the VIFM Act 1985 requires us ‘to conduct research in the fields of forensic pathology, forensic science, clinical forensic medicine and associated fields as approved by the Council;’

The Institute continues to be a world leader in research in our fields and this year sees 50 articles published or in press, 23 submitted and 7 books or book chapters.

Research Governance

The Research Advisory Committee (RAC) was established in 2010 to assist in developing the strategic direction of research conducted at VIFM/DFM and identifying possible sources of external funding. In working closely with chief investigators, the RAC assists in fostering key partnerships and collaborations with outside researchers, research organisations, government and in some cases industry partners. Ensuring the appropriate dissemination of research findings, acknowledgement of relevant parties and protection of VIFM’s intellectual property from research are additional activities of the committee. Training and development of researchers and graduate students may also be obtained via the RAC particularly with advice on structuring projects and writing proposals.

Importantly the committee advises the Institute’s Ethics Committee on the scientific merit of projects, and triages research projects for ethical review.

VIFM Ethics Committee

The VIFM Ethics Committee met four times in the 2009-10 financial year. 15 applications by researchers were considered and 14 approved. 10 of these applications sought approval to use human tissue or autopsy material for research, 3 sought approval to use data and 2 sought to interview or involve living participants. In one of these projects the VIFM Ethics Committee granted a waiver of consent for research using personal information in medical research. The project sought CT scans without any identifying information to investigate evolutionary trends relating to speech. In order to identify the appropriate CT scans for this project, a VIFM staff member searched the database of CT scans with identifying information and then removed this information for the purposes of the research project. The data provided to the researcher was therefore de-identified. It is a requirement under the National Health and Medical Research Council National Statement on Ethical Conduct in Human Research to report on the projects where consent has been waived by the Ethics Committee (paragraph 2.3.7).

As part of an overview of the operation of the committee, Fiona Leahy and Helen McKelvie are developing a new Ethics Committee Charter in consultation with the State Coroner and committee members. New VIFM Ethics Guidelines for Research Projects has been developed and implemented. These guidelines clarify the procedure for researchers to obtain ethical approval of proposed research and quality assurance projects.

Over the last six months an audit of all VIFM Ethics Committee approved projects between 2000 and 2010 has been conducted. To date 50 researchers have been contacted from a total of 125 projects. 16 reports have now been received.

All ongoing research projects requiring human tissue have been reviewed and where the project is over three years old a resubmission to the VIFM Ethics Committee has been required. There are now 12 active research projects seeking tissue, all of which have current VIFM Ethics Committee approval.

The review of the Tissue for Research Program continues as part of the Business Review of the Donor Tissue Bank. The Institute acknowledges that the use of donated human tissue for research is a great privilege and the review aims to deliver a financially sustainable program that will provide researchers access to this precious resource with the consent of families and the Coroner.

The membership and terms of reference of the Ethics Committee are included in Appendix E.

Research & Product Development

DTBV partnered with the O’Brien Institute of Microsurgery in the launching for the successful NEOPEC VSA grant proposal.

An on-going collaboration for the development of an upgraded skin substitute has been established with CSIRO – Molecular and Health Technologies Department.

An on-going collaboration has been established with The Alfred Tissue & Cell Culture Laboratory for product validation and implementation of cell cultures.

Papers presented at conferences

In order to expand their knowledge and experience, VIFM staff attend local, national and international meetings, often presenting papers. The papers presented at conferences are listed in Appendix B and include a number of presentations at two Melbourne conferences, the Pathology Update meeting in February and the National Injury Prevention Conference in July.

Prevention Services

SECTION 64(2)(ha) of the VIFM Act 1985 requires us ‘to contribute to reducing the number of preventable deaths and to promote public health and safety and the administration of justice;’
The role of prevention services at the Institute has been strengthened this year with the establishment of the Prevention Research Unit headed by Professor Joan Ozanne-Smith and the appointment of a number of new staff. This has been possible due to the securing of funds ($1m over two years) from the Institute for Safety, Compensation and Recovery Research (ISCRR) to continue work related fatality research previously undertaken for WorkSafe. The Prevention Research Unit has also undertaken projects for UNICEF and WHO, and has hosted DEPM Public Health Doctoral Fellows for placements and international delegations from Japan and Sri Lanka.

National Coroner's Information System (NCIS)

The NCIS is managed by the Institute on behalf of the Federal Government and the states and territories. It is a database housed and managed by the Institute to provide a research resource nationally and internationally. It is funded by all State/Territory Justice Departments and specific Federal agencies. There are now over 185,000 fatalities recorded on the NCIS and the number of research papers published which rely on data from the NCIS continues to increase (with more than 10 such articles published in the literature during 2009-10).

NCIS Committee was established to provide guidance and support for the management of the NCIS and met three times during 2009-10. Issues covered included:

- Approval of a user audit program for the NCIS;
- Revised Committee Terms of Reference; and
- Whether certain user groups should be eligible to gain access to NCIS (unions, legal organisations, international agencies).

The detailed terms of reference and membership of this committee are included in Appendix E.

For more information on the NICS please visit the web site at www.ncis.org.au

Teaching

SECTION 64(2)(d) of the VIFM Act 1985 requires us

‘to provide training facilities for doctors, medical undergraduates and such other persons as may be considered appropriate by the Council to assist in the proper functioning of the Institute;’

Undergraduate and Graduate Entry Medical Law Programs

This year the Institute has again successfully delivered the medical law tutorial program which is an examinable component of the under graduate medical curriculum at Monash University Clayton.

Associate Professor Leanna Darvall, in a position jointly funded by Avant and the Medical Indemnity Protection Society (MIPS), coordinates over 70 medical lawyers and clinicians who provide small group tutorials for students in years one, three and four of the MBBS course. The program takes a collaborative approach, including having third year tutorials delivered jointly by lawyers and clinicians at metropolitan and regional hospital sites.

A number of Institute staff are involved in program delivery including Drs Noel Woodford, Shelley Robertson, Matthew Lynch, Ms Helen McKelvie, the Manager Medico-Legal Policy and Projects and Associate Professor David Ranson. The Policy Officer from the State Coroner’s Office, Martin Botros is also involved as a program tutor.

A graduate-entry medical degree was offered for the first time at the Churchill campus in 2008. The medical law component of the Gippsland program is delivered by way of a multi-disciplinary seminar series in each year of the graduate-entry program involving medical lawyers, ethicists and clinicians, many of whom are also engaged in delivery of the Clayton program.

Dr Darvall has also assisted with the development of a medical law program for Monash Malaysia which mirrors the format of the Clayton and Gippsland programs.

Forensic Technical Services Teaching and Training

Teaching and continuous education forms a significant part of the workload in the mortuary. Over 30 presentations were given during the past year to a variety of audiences. These include police, nurses, ambulance services, medical and science students, funeral directors, schools and community groups.

Medical students from the University of Melbourne, Monash University and overseas, spent elective rotations at the VIFM. They attend the pathology meetings, assist pathologists in the mortuary and work on projects and present their findings.

Human Identification Service Teaching and Training

In addition to contributing to domestic training courses (e.g., for Victoria Police), HIS staff offer training courses in aspects of human identification to forensic experts and those who first respond to a disaster (such as police, army, and Red Cross/Crescent staff). The training draws on the expertise and experience of staff that have assisted in the examination and identification of individuals killed as a result of the Bali Terrorist bombing, the Indian Ocean Tsunami, Tonga civil unrest, Indonesian natural and human induced disasters and domestic disasters. In 2009-2010 such training courses were delivered in Indonesia (collaboratively with the International Committee of the Red Cross - ICRC) and East Timor (together with the Argentine Forensic Anthropology Team – EAAF).
TEACHING TRAINING AND RESEARCH continued

Postgraduate Teaching in Forensic Medicine

SECTION 64(2)(g) of the VIFM Act 1985 requires us ‘to promote, provide and assist in the undergraduate and postgraduate instruction in the field of clinical forensic medicine in Victoria;’

Postgraduate teaching in forensic medicine was developed over a decade ago. Provided by the Monash University Department of Forensic Medicine, the program continues to attract national and international students. In 2010, 65 students enrolled in the various programs with students from all Australian states and territories and from New Zealand and Norway.

<table>
<thead>
<tr>
<th>Postgraduate training</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student enrolments</td>
<td>67</td>
<td>71</td>
<td>56</td>
<td>55</td>
<td>65</td>
</tr>
</tbody>
</table>

In 2010 the Graduate Certificate of Nursing (Forensic) course had 20 student enrolments, 16 of which were offered as scholarships (QLD 15, VIC 1, TAS 3, NSW 1). The course consists of four core units: Sexual Assault Nursing I and II, Understanding Injuries, and Nursing and the Criminal Justice System.

<table>
<thead>
<tr>
<th>Graduate Cert</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student enrolments</td>
<td>140</td>
<td>27</td>
<td>29</td>
<td>20</td>
</tr>
</tbody>
</table>

The training, teaching and research components of an effective sustainable forensic medical service are inextricably linked. There is a principal need for basic and advanced training for medical practitioners who wish to become specialist forensic physicians. In addition there is a complementary need for training to be given in police courses, university teaching (undergraduate medical, postgraduate medical and law faculties) and other agencies such as the Office of Public Prosecutions and the various organisations associated with, or funded by, various state departments of health and/or human services.
NATIONAL AND INTERNATIONAL PROGRAM

Over its history, the Institute has hosted numerous post graduate trainees from countries all over the globe. More recently, this has been on an organised footing with the development of the Monash University Masters in Forensic Medicine Programme. The Institute has provided forensic pathology services on a number of occasions to disasters and individual police operations in the Asia Pacific region. At the request of international agencies, Institute staff have participated in missions to a range of contexts including the former Yugoslavia, Iraq, Burma and the West Bank.

As part of the Institute’s strategic plan, we decided to develop these activities to a more organised and sustainable level, whereby they became institutional functions rather than the activities of a small number of individuals. This is not only a good thing in itself, but actually adds to the sustainability of the Institute, as this sort of fascinating work makes working at the Institute more exciting, and differentiates us from other employers in circumstances of a world wide shortage of forensic pathologists, forensic physicians and related scientists. Accordingly, with funding secured external to appropriations, we appointed a Manager, National and International Programs to increase our organisational capability in the area.

Developing the capacity of forensic pathologists and other forensic experts to meet the demands of their profession in developing countries is often associated with personal risk, as their work involves decision making which can be pivotal to the proper administration of justice. VIFM/Monash has a 15 year history of providing forensic medicine training to medical graduates from the resource poor parts of the world and we are building on this foundation.

The Institute was successful in being awarded funding by the Australian Federal Police (AFP) to train eight African medical graduates over the next five years, through a Masters of Forensic Medicine, each graduate doing two years study, one at home by distance education, and one in Melbourne. Providing such training is part of VIFM's strategic plan (the cycle of service teaching and research where each informs and nourishes the others).

In conjunction with this, AFP/VIFM hosted the Inaugural Forum on Forensic Pathology in Botswana in May. This was the first time a meeting of this kind had been held in Africa and was attended by international organisations such as ICRC and World Health Organisation, senior judicial experts from Canada and Australia as well as delegates from 11 countries from southern and eastern Africa. A key component of the forum was to begin the process of continuing education for existing practitioners, to sensitise participants to the importance of developing networks, and to begin building competencies in the organisation of the forensic response to disasters, i.e. disaster victim identification (DVI).

This forum was also used to interview potential candidates for the first round of the Teaching and Training in Forensic Medicine for African Practitioners program. Of the three successful practitioners from Kenya, Uganda and Malawi, two will begin their distance education component in July 2010 and one in July 2011.

The most significant outcomes of this forum include the development of an African Network of Forensic Medicine as well as a commitment of support from AFP and ICRC to support VIFM in hosting a Pan-African forum in Uganda in 2011.

The Institute in partnership with the International Committee of the Red Cross (ICRC) and the Association of Southeast Asian Nations (ASEAN) Secretariat was also involved in developing a three day workshop in Jakarta, Indonesia in March 2010 for nine of the ten Member States to improve preparedness in disaster victim identification and human remains management. This was a very positive beginning and produced a number of recommendations which are being discussed with ICRC and the AFP in order to optimise the opportunities to provide capacity training in this area.

In addition to the focus in Africa and Asia, there have been an increasing number of international organisations visiting and/or requesting training and/or information sessions at the Institute. Over the past 12 months this has included:

- Thailand's Chulalongkorn University: forensic odontologist;
- Malaysia’s Kuala Lumpur and Sultan Ismail Hospitals: radiologists and radiographers;
- National Institute of Advanced Industrial Science and Technology and Kanazawa University; Bio-Mechanics and Human Research Centre;
- Criminal Bureau, National Police Agency of Japan: senior police officers and forensic pathologist;
- Indonesia’s National DVI Team: forensic pathologists;
- Indonesia’s National Police SESPATI: Brigadier-Generals and Senior Superintendents;
- United Kingdom (UK) Forensic Science Regulator;
- United Arab Emirates (UAE): Abu Dhabi Police Department and forensic pathologist;
- Hong Kong Transport Department, Police, Government Toxicology Laboratory, Forensic Pathology Service, Hospital Accident & Emergency Department;
- China’s Australia-China Legal Profession Development Program; lawyers;
- Coordinator from the Disaster Preparedness and Response Unit, Ministry of Healthcare and Nutrition Sri Lanka;
- Minister Hiroshi Nakai, Japanese Minister for National Public Safety Commission and Disaster Protection;
- Chief Pathologist from Ontario Forensic Pathology Service; and
- Queensland State Coroner and Head of Queensland’s forensic Pathology Service.
NATIONAL AND INTERNATIONAL PROGRAM continued

The Institute has also been approached by forensic pathologists from a number of countries including Israel, Jamaica, Thailand and Malaysia for further professional development training at the Institute.

Over the past 12 months the following training has been undertaken at the Institute:

- Dr Marian Wang here for 12 months from HSA in Singapore; obtained her FRCPA.
- Dr Yang from South Korea; Forensic Pathologist who had six months experience with the CT scanner under supervision of Dr Chris O’Donnell

**Vietnam**

Dr Malcolm Dodd was involved in the identification and repatriation of the last two Australians ‘missing in action’ in Vietnam in his role with the RAAF and was awarded Chief of AirForce Commendation at RAAF Williams for this work, which involved 10 nights at the crash site of a Canberra bomber which crashed on the mountain top amid dense jungle in 1970.

**Papua New Guinea**

Dr Dodd and Dr Leditschke also formed part of an AFP forensic and recovery team sent to PNG following an air crash on the Kokoda trail where 9 of the 13 victims were Australian. He was then deployed to Samoa to exhume and examine a victim of the regional tsunami.

**East Timor**

The VIFM in collaboration with the Argentine Forensic Anthropology Team (EAAF) and with assistance from representatives from the National East Timor Police (Police National de Timor-Leste - PNTL) and the Forensic Department at the Hospital Nacionale Guido Valladares (HNGV) employed standard forensic archaeological excavation techniques to exhume the remains of 16 individuals from clandestine graves at a cemetery in Hera, approximately 40 minutes drive east of the capital Dili.

Standard anthropological analyses were undertaken on the recovered remains including the estimation of the sex, age, and stature of the individuals as well as an assessment of ante-, peri and post-mortem trauma. All associated clothing and property were recorded and documented. In addition, a total of 32 samples of teeth and 16 samples of bone were collected for DNA analysis.

Based on the matching of post-mortem and ante-mortem DNA results, anthropological findings and associated clothing and property, 69% of the individuals exhumed from Hera (n = 16) have, to date, been positively identified.

The VIFM’s work in East Timor forms part of an AusAID funded capacity building project. Additional funding is provided by the Argentine Government and an anonymous donor through the Argentine Forensic Anthropology Team (EAAF).

For more detail about the project see Blau, S. and Fondebrider, L. In press. Dying for independence: Proactive investigations into the 12th November 1991 Santa Cruz Massacre, Timor Leste. _International Journal of Human Rights_.

As a result of the success of the initial stages of the training program the VIFM was invited by the Office of the Prime Minister (East Timor) to pursue additional investigations in East Timor to enable the identification of victims who fought for national liberation and independence up to September 1999. In 2009 the VIFM and the Ministry of Social Solidarity, Ministry of Justice, and the Office of the General Prosecutor in East Timor signed a Memorandum of Understanding (MoU) to facilitate this important work. To date the VIFM together with the PNTL have undertaken fieldwork at the site of Tacitolu prior to development and located two mass graves. The forensic anthropological analyses of nine individuals recovered from the graves will be undertaken by VIFM and EAAF in September 2010.

**Indonesia**

On the 8th of October 2009 a team of three people from the VIFM (Dr Jodie Leditschke, Noel Woodford and Richard Bassed) were invited to Padang, Indonesia in the wake of the devastating earthquake which struck the region on October 1st. VIFM staff had the opportunity to work with several local forensic practitioners who had previously assisted VIFM during the Black Saturday bushfire DVI operation in the first half of 2009. VIFM staff were able to bring home several key messages which will help VIFM in future deployments to difficult locations, and will also inform our approach to international teaching in DVI processes. The important lessons learned can be summarised as follows:

- Each mass disaster presents its own specific challenges. In this case there was widespread structural damage to public, governmental and domestic buildings resulting in significant difficulties for local management efforts;
- Cultural sensitivities, local infrastructure constraints and governmental imperatives may necessitate variations from ‘standardised’ international disaster management protocols;
- Modifying our training courses so as to cater to less than optimal situations where the full DVI process may not be able to be implemented, and perhaps incorporate some of the ICRC dead body management protocols when identification is not feasible; and
- This visit has strengthened the interpersonal and professional bonds between the VIFM and Indonesian DVI team and re-enforced the desirability of ongoing collaboration so that we can each be better prepared for subsequent major disasters.
In April 2010 a delegation of staff from VIFM travelled to Jakarta to present a workshop on ‘Preparing ASEAN Member States Undertake Human Remains Management (HRM) and Disaster Victim Identification (DVI) Following Disasters’.

The workshop was funded by ICRC and supported by the VIFM and AusAid, and included most ASEAN member States. VIFM staff provided a number of presentations over three days and coordinated a table top exercise involving DVI management. A major recommendation was that all efforts be made to support the building of HRM/DVI capacity through continuing education and training in those Member States at risk of disasters causing mass fatalities and having relatively low response capability.

Republic of Congo

Following the Sundance Resource Mining delegation air crash in June, Forensic Pathologist Dr Paul Bedford and Senior Forensic Technical Officer, Sarsha Collett were deployed to the Congo to assist the AFP with the identification of the deceased persons. In all 11 persons were killed as a result of the disaster – six executives of the mining company perished. Despite working in very hazardous conditions, all six Australians killed were positively identified by the comparison of ante-mortem dental records with post-mortem dental data. The Forensic Odontology team at the VIFM coordinated the overseas deployment of odontologists.

Botswana

In May 2010 a delegation of staff from VIFM travelled to Botswana to participate in the Inaugural Africa Forum on Forensic Pathology: Medico-Legal Death Investigations, funded by the Australian Federal Police. This conference involved participants from 11 sub-Saharan African countries and culminated in the formation of the very first African Network of Forensic Medicine, whose Patron is Professor Stephen Cordner. VIFM staff provided a number of presentations, both individually and in collaboration with African colleagues, along with contributions from many of the African delegates as well as the Honourable John Coldrey, QC, Dr Morris Tidball-Binz (ICRC) and Dr Michael Pollanen (Canada). An important feature of this conference was the interview process conducted by Prof Cordner and Prof Wells which resulted in the engagement of three pathologists from Africa who will undertake the Masters of Forensic Medicine at the Institute in Melbourne, commencing July 2010. These three pathologists will be joined by a further five over the next four years.

As a result of this forum, funding has been secured from the International Committee of the Red Cross and the Australian Federal Police to organise a conference in Uganda in September 2012 which will also include a DVI training workshop.

New Zealand

In September 2009 forensic odontology staff from the VIFM travelled to New Zealand for the New Zealand Society of Forensic Dentists meeting in Wellington. The focus of the meeting was centered on DVI training and experience. VIFM presented a paper on the management and role of the odontologist during the Victorian bushfire incident. This had particular significance to the New Zealand colleagues who attended Victoria and gave assistance during the bushfire. This was followed by a workshop exercise covering all phases of DVI coordinated by VIFM staff. Of particular significance was the attendance of the Chief Coroner Judge MacLean who participated in proceedings, acting as the Head of the Reconciliation Board.

Clinical Forensic Medicine in the Australian Capital Territory

The Institute entered into an agreement with the Australian Federal Police (AFP) on the 1st October 2006 to provide clinical forensic medicine services in the ACT by utilising the skills of local forensic physicians with the aim was to establish an ongoing clinical forensic medicine service. This agreement lasted for just over 3 years and was comprised of clinical support, education as well as a variety of executive and administrative functions. It was during this 3 year period the ACT service was established.

Since the 14th of December 2009 CFACHT has operated under the auspices of ACT Health, being incorporated under the Academic unit of Internal Medicine based at the Canberra Hospital. The unit now comprises of 9 doctors, 4 forensic nurses and an administrative officer, a far cry from 5 doctors in 2006. The service provision has expanded from 20 cases per month to approximately 160 cases per month necessitating the addition of the forensic nurses. Satisfaction surveys from ACT police have been extremely positive. The services provided include care of police detainees, collection of forensic specimens, assessment of fitness for detention and interview, attendance at death scenes, medical opinions and assessment of victims of crime. CFACHT has also undertaken an agreement with the Road Traffic Authority in the ACT to provide medical review akin to the model developed at the Institute. A new agreement between the VIFM and ACT Health is currently awaiting signature to ensure ongoing quality assurance and educational support.

Professional development of both doctors and nurses continues with support from the Institute, this includes video link to the Thursday morning meetings at the Institute, doctors and nurses completing various courses in the Masters program and Graduate Certificate in Forensic nursing. In return the ACT provides the sexual assault component of the Adult Sexual Assault unit in the Masters of Forensic Medicine, and also contributes with presentations by video link to the Thursday program.
SUPPORTING SERVICES

Administration and Support Services:

Our obligation to use our resources productively demands a high standard of management practice. Administration Support Services includes the business management functions of strategy, governance and risk, finance and business services, legal and policy, human resources and organisational development, quality and improvement, information management and technology services, which provide support and enabling services across the Institute.

The following details some of the key activities and achievements for the support areas.

Quality and Improvement

The Institute recognises the importance and value of quality and quality systems in ensuring we follow our vision to be recognised for excellence in what we do. Our dedicated quality & improvement (Q&I) team consisting of a full-time manager, two full-time quality & system Improvement officers and a part-time quality support officer are key to the Institute operating model whereby all service areas are part of the integrated VIFM quality management system.

Information and feedback of quality-related information to all staff has been expanded by the Q&I Team developing the “Quality & Improvement” intranet page, an easy to access page with information on quality concepts and standards and how we do quality at the Institute. A central iService Desk request function has also been implemented, where staff can request quality services through a central point, ensuring that the Q&I team can service these requests most efficiently.

Internal investigations of larger, more complex, multi-departmental issues undergo a complete investigation facilitated by the Q&I team. This process is improving with every investigation, active participation from all levels of staff has meant that all levels of expertise are involved in developing solid improvement recommendations that they have ownership of. Eight investigations were carried out this year with recommendations such as implementation of mobile scanning capability and histology cassette labelling process improvements in the mortuary being significant outcomes. A group of 19 staff participated in on-site root cause analysis training, expanding their skills for investigating opportunities for improvements within their own sections.

Quality Assurance Programs

The laboratories, Forensic Pathology and DTBV-Microbiology continue to test their proficiency against those of other laboratories through participation in the Quality Assurance Programs (QAP) organised by independent external organisations. The organisations providing proficiency material to VIFM are the Division of Analytical Laboratories, Royal College of Pathologists of Australasia (RCPA), National Reference Laboratory and College of American Pathologists (CAP). A total number of 32 Quality Assurance Programs were received and analysed by the various areas of Institute over the last year. This included quantitative and qualitative testing of various aspects of the service relevant to each section, Table 1 below shows the number of QAPs participated in by the individual laboratories. The testing areas assessed by the QAP organisations for each laboratory include –

- Histology - technical modules
- Forensic Pathology - anatomical pathology(general and forensic), Autopsy Program and Neuropathology
- Microbiology – bacteriology and serology,
- Molecular Biology - parentage and CTS proficiency testing,
- Toxicology – Toxicology(CAP Program), Forensic Toxicology, Blood Alcohol testing, Drugs in Driving, Australasian Forensic Toxicology Program.

<table>
<thead>
<tr>
<th>Section</th>
<th>Number QAP’s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forensic Pathology</td>
<td>12</td>
</tr>
<tr>
<td>Histology</td>
<td>2</td>
</tr>
<tr>
<td>Microbiology</td>
<td>13</td>
</tr>
<tr>
<td>Molecular Biology</td>
<td>5</td>
</tr>
<tr>
<td>Toxicology</td>
<td>21</td>
</tr>
</tbody>
</table>

External Audits

Over the last 12 months Forensic Scientific Services and Forensic Pathology Services were audited by NATA for compliance to ISO 17025 (Forensic Science including DNA Testing) and ISO/IEC 15189 (Medical Testing with the Forensic Operation Module). Administration and Support Services were also certified to ISO 9001:2008 following the triennial audit in November 2009. These audits are an indicator that VIFM’s quality system continues to be compliant to the requirements of the NATA/ISO standards. Marked improvements in Forensic Pathology Services were noted by NATA when they audited the area in November 2009.

The DTBV was not audited by the TGA during this period and the previous TGA audit (in May 2009) was closed out by the TGA in December 2009.

Internal Audits

There were 28 internal audits conducted for this period in various areas of the Institute. The audits confirmed the high level of compliance to standards but also identified a number of opportunities for improvements in the following areas:

- Specimen handling procedures
- Case File Management
- Documentation
- Equipment (maintenance)
- Training requirements
- Accuracy of information in reports
Continuous Improvement Request and Corrective Action (CIRCA)

The CIRCA system plays an integral role in identifying systemic issues as well as assessing trends across the organisation. This year, 168 electronic CIRCA's were raised by staff compared with 154 last year. We saw an increase in reporting of safety incidents, particularly near misses and issues relating to internal service, an indication that we are better identifying and taking up opportunities for improvement. This proactive approach can be seen to be working in preventing issues in that the number of complaints has also dropped. See Table 2 for a breakdown in the CIRCA categories raised by staff.

<table>
<thead>
<tr>
<th>Category</th>
<th>2007-08</th>
<th>2008-09</th>
<th>2009-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audit</td>
<td>1</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>Complaint</td>
<td>14</td>
<td>13</td>
<td>10</td>
</tr>
<tr>
<td>Compliment</td>
<td>1</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Evidence handling</td>
<td>17</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>External service</td>
<td>6</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>Improvement request</td>
<td>15</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>Innovation</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Internal service</td>
<td>17</td>
<td>19</td>
<td>26</td>
</tr>
<tr>
<td>OHSE issues</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Property damage</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Quality assurance program</td>
<td>3</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Safety incident</td>
<td>24</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>TOTAL Number of CIRCA's raised</td>
<td>145</td>
<td>154</td>
<td>168</td>
</tr>
</tbody>
</table>

Several key modules were implemented in the iCMS this year including:-

- computerisation of most aspects of the forensic pathology workflows and in particular the changes made as a result of the new coroners act. This has incorporated essential KPI and reporting mechanisms with an aim to improve report turnaround times providing a better service to families and the Coroner;

- improvements to the laboratory systems to assist the staff with managing ever increasing workloads and more rapid turnaround times such as the overnight toxicology service; and

- improved communications with external stake-holders and clients for the rapid and efficient delivery of test results via a secure web system.

Underlying this, and not visible to the users, was a complete rewrite of the framework of iCMS. This was done to improve maintainability, allow future developments to be completed more rapidly and to improve the longevity of the product. The environment that hosts the iCMS was also refined, improving the overall performance and stability of this business critical system.

We provide IT support to the National Coroners Information System with the release of Version 5.0 in late June 2010 providing many improvements for clients and stakeholders. NCIS v5.0 continues to improve the retrieval and processing of data to and from coronial jurisdictions Australia wide. Most importantly this version has taken on an international imperative, with the integration of case data from New Zealand now being part of NCIS.

There has been a marked increase in the number of devices that have been added to VIFM's network. Whilst our program of server consolidation is well underway using technologies such as virtualisation to maintain or reduce server numbers, client numbers are growing significantly with the resultant increase in end user devices such as workstations and printers.

Technology Services
This is made up of the service areas of information technology, library and forensic imaging.

Information Technology (IT)

In 1991, the Institute took the decision to manage Information Technology needs in-house. Due to the unique nature of the Institute's functions and the variety of departments that support the continuing goal of producing world class forensic medical services - this commitment seems quite prescient.

The electronic case management system has developed significantly since the early days and with the ability to call on in-house expertise, VIFM receives an efficient and rapid turnaround. Our current product, the Integrated Case Management System (iCMS) is delivered via the web and is fast approaching major release version 5. The functionality that the iCMS provides has enabled all business units at the VIFM to improve and expand their effectiveness and efficiency.
SUPPORTING SERVICES continued

As reliance of IT services continues to grow progress is being made in the following projects:

- iCMS development, ongoing.
- Improved integration with the Department of Justice network and resources.
- Secure web system to improve communications with Clinical Forensic Medicine providers.
- Lotus Notes migration.
- Infrastructure upgrades and improvements.

The unique nature of VIFM presents many technological challenges from collection and storage of CT scan information to management of tissue donation information. The group is dedicated and proud to be delivering the best solutions in the timeliest manner, and is gratified to be such an integral part of the Institute.

The Institute Library

The Institute Library collection has reached approximately 4,000 books and reports, 80 serial titles, both continuing and ceased titles, as well as student theses and casebooks, lecture notes, legislative documents and numerous DVDs, CD ROMs.

The small focused collection reflects the areas of activity and changes in interest of research carried out at the Institute. This includes Forensic Pathology, Clinical Forensic Medicine, Forensic Toxicology, Forensic Odontology, Forensic Anthropology, Forensic Entomology, Injury Prevention, Expert Evidence, Human Rights, Medical Ethics, Medical Law and Tissue Donation.

The Library provides the following services: reference, inter library loans, literature searches, research assistance, current awareness and database training. It supports case work, research and student needs.

During the year, the Library has supported the core services and research activities of the Institute by providing 1164 document delivery requests, compared with the previous year of 1051, and conducted 43 literature searches for staff. We also fulfilled 236 requests from other libraries.

Forensic Imaging

Forensic Imaging provides photographic services to Clinical Forensic Medicine and Forensic Pathology; documenting injury in clinical patients and injury and disease in the deceased.

In 2008/09 an average of 25 clinical patients were photographed per month, in 2009-10 the average was 26.

In 2008/09 an average of 53 pathology sets were photographed per month, in 2009-10 this has almost doubled to 105 sets per month.

Forensic Imaging Services has seen an increased workload, particularly in the mortuary, due to the introduction of the new Coroners Act 2008 in November 2009.

Forensic Imaging also provides support services to Institute staff including graphic design, scanning, PR photography and staff photography. In 2009-10 696 requests were completed, compared to 677 in the year previous.

Human Resource Management and Organisational Development

The Institute recognises the very significant contributions made by the staff. The community benefits from the contribution of our highly skilled, dedicated and motivated staff.

The Human Resources and Organisational Development Unit provides a range of services to achieve required business objectives through effective human resource management practices and principles. The key human resource achievements in 2009-10 include:

- Educating staff about the requirements of the Code of Conduct and policies and procedures through the induction process and regular information in the Institute’s monthly staff newsletter;
- Continue to comply with a fair and transparent recruitment and selection process;
- Regularly inform staff about the Performance Management and Progression process;
- Ensuring the Institute’s grievance resolution and disciplinary processes are followed and consistent with the VPS Agreement; and
• Reinforcing the Institute's values through the ROSII awards which acknowledge and celebrate outstanding work of individual staff and teams.

• The introduction of an employee self-service leave management system (HR Kiosk), linked to our current Human Resource Management System, enabling staff to view and apply for selected types of leave online, directly through to their line manager.

Recruitment

The Institute is an equal opportunity employer (EEO) is committed to maintaining a non-discriminatory recruitment and selection process. All managers involved in recruitment and selection processes across the organisation are educated in the importance of applying EEO principles when engaged in recruitment of new staff.

Attracting and retaining talented people within the Institute is crucial to the successful operation of the organisation and the services that we provide. The Institute is committed to the development of talent management programs focusing on leadership and continuing to support training programs.

Forensic Pathologists and Forensic Physician shortages continue to be experienced on an international scale. Such shortages often place additional pressure on existing staff until they can be alleviated. The Institute embarked on a national and international recruitment drive in Europe, North America and Asia successfully securing the appointments of two female pathologists and one forensic physician. The Institute will maintain the recently developed International Recruitment Strategy and continue to employ talented individuals from Australia and the rest of the world.

2010 Employee Attitude Survey

The Biennial DoJ Employee Attitude Survey (EAS) was conducted at VIFM between 8 February and 12 March 2010.

The final response rate was very pleasing with a combined participation rate of 70% with DoJ, a 7% increase on the 2008 EAS rate.

Following receipt of the VIFM survey report, a number of communication sessions were scheduled with each VIFM service area to discuss the meanings of the results and agree on how to further build on our strengths and address identified areas for improvement.

2010 Leadership in Action Training

The Institute offered a Leadership and Management Development Program for managers. The program was designed to increase the capability of senior staff in the areas of managing people, including small teams and strategic thinking. Benefits of the program included:

• Building individual leadership capability;

• Providing a range of practical tools and frameworks to support ongoing development;

• Exploring strategies to resolve critical leadership dilemmas;

• Enabling leaders to reflect on their leadership roles and contribution.

The program was a residential training program and ran from 19 – 21 May. A further follow-up day was held as a one-on-one coaching session (approx a month after the residential workshop).

Dimitri Gerostamoulos, Leanna La Combre and Murray Hall attended the Leadership in Action Training Program.

Facilities Management

VIFM recognises that maintenance of the property is a priority with respect to enabling effective and efficient business processes and contributing to the safety and well being of our staff. This enables facilities to provide a consistent and equitable level of service to all staff within the resources available.

VIFM organises its maintenance work into the broad categories of responsive and planned work. This helps meet the expectations of staff to get agreed critical repairs rectified quickly, and effectively plan to use the remaining resources. Where possible repairs are planned and prioritised to ensure critical and essential work is given priority thereby maximising the use of resources. Maintenance includes a wide variety of functions from maintaining major equipment in the plant room through to managing the security access to the building. Maintenance requests from staff are managed via an electronic lodgement and resolution system.

During 2009-10 the facilities department received 756 maintenance requests. This is an increase on the previous year in which 646 requests were received.
Communication

The development and launch of the VIFM safety logo was conducted in August 2009. The creation of the logo is part of the communication strategy for safety at VIFM and will be used on all OHS communications to reinforce the safety message.

The words ‘Action Safety’ were chosen to symbolise that safety involves not just lip service but action. As our procedures and the environment changes and with new advances in the safety industry, so to our safety practices need to change. The hidden message within the logo is the words ‘I act on safety’ symbolising that safety is everyone’s responsibility to act on.

Special thanks to Caroline Rosenberg for her artistic input.

The OHS Notice board in the Main Team Room continued to be an avenue in which to educate staff on the latest WorkSafe messages. July focused on the campaign of ‘speak up about workplace safety and stay in one piece’ and ‘let’s get the conversation started’ encouraging people to start talking about safety.

Employee Assistance Counselling

The Employee Assistance Program offered though PPC Worldwide continued its services to staff at the VIFM throughout the year.

VIFM staff have access to counsellors to discuss personal and work related issues in a confidential environment 24 hours a day, 7 day a week. Personnel within the mortuary continued to undertake quarterly group debriefs as part of the team building strategy.

On-Site Health Assessments supported by WorkSafe

The VIFM in conjunction with WorkSafe Victoria offered all staff free health checks in January. The health checks were 100% confidential and voluntary. The initiative, designed by WorkSafe, aimed at improving the health and wellbeing of all Victorian workers and reducing the risk of chronic preventable illnesses such as Type 2 diabetes and heart disease.

The health checks were conducted by a health professional at the VIFM and took about 20 minutes. The check consisted of a short questionnaire, blood pressure measured, finger prick blood test for cholesterol and blood glucose and a waist circumference measured. Staff received immediate feedback and advice based on their results.

Following on from the health checks, fitness tests were also offered on site by a local gym. The fitness tests gave staff the opportunity to assess their fitness and discuss with a personal trainer their individual needs.

OHS Committee and representatives

In January 2010, an election for a Deputy Health and Safety Representative was conducted with Lyndie Shaw from the mortuary being elected to the position. Lyndie is currently acting in the role of the VIFM Health and Safety representative whilst Helen Makrakis is on maternity leave.

In September long standing OHS Committee chair person, Olaf Drummer, stepped down from the role with Leanna La Combre now the committee chair.

Department of Justice Annual Safety Audit

On the 29th and 30th of March 2010 Robert Law (Manager) and Gayle Sherwell (Team Leader) from the Department of Justice Health Safety and Workplace Relations unit conducted the VIFM Annual Safety Audit.

VIFM WorkSafe Visit

As a part of the WorkSafe project on work-related stress prevention, VIFM was visited by WorkSafe on 24 June 2010 to, 'To verify systems are in place at this workplace to address two areas of work-related stress risks, bullying/harassment and work pressure'.

A comprehensive review was conducted of our consultative arrangements, monitoring of the workplace, review of information relating to work-related stress risks, bullying/harassment and work pressure & data analysis, who monitored risk and work-related stress, what roles participated in risk management activities associated with work pressure and harassment, reporting and action follow-up, policy and procedure awareness, management awareness-intervention-follow-up, checklists and/or surveys undertaken. WorkSafe affirmed the Institute’s policies, procedures, systems and evidence of compliance in these areas.

Incidents

The number of safety incidents reported in 2009-10 was 42, an increase of three incidents on the year prior. Each incident was investigated and in many cases changes were implemented to ensure continual improvement and increased safety.

There is a notable increase of five incidents relating to near misses. The nine recorded near misses were as follows:
- 3 x equipment failures
- 1 x potential chemical exposure
- 1 x potential needle stick
- 3 x slip
- 1 x biological exposure

The reporting of near misses is a positive indication that staff value the process of incident reporting as an important factor in injury prevention.
There is also a notable increase in the number of slips and falls; eight in total. The majority of these occurred in the laboratory area during or post floor washing. In order to rectify this, the floors were resealed and a battery operated floor polisher that dries the floor as it cleans was purchased. The immediate effect has been a reduction in slips and falls with no further incidents being recorded since the implementation of this machine.

Two incidents were reported to WorkSafe. The first incident involved a staff member cutting their finger on a piece of machinery. The machine has since been fitted with a guard to prevent further incidents. The second reportable incident occurred when an air conditioning vent fell from the ceiling in an office. No injuries were received.

The table below shows the number and types of incidents reported by staff in 2009-10

<table>
<thead>
<tr>
<th>Type of Incident</th>
<th>2007-08</th>
<th>2008-09</th>
<th>2009-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burn</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Bruise</td>
<td>4</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Cut / puncture</td>
<td>5</td>
<td>13</td>
<td>11</td>
</tr>
<tr>
<td>Fall</td>
<td>2</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>Fire</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Fumes/Odour</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Hazard</td>
<td>7</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Knock</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Near Miss</td>
<td>4</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>Needle stick</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Personal Safety / Threat</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Property damage</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Slip</td>
<td>1</td>
<td>-</td>
<td>5</td>
</tr>
<tr>
<td>Splash</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Sprain</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Strain</td>
<td>5</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>TOTAL Number</td>
<td>38</td>
<td>39</td>
<td>42</td>
</tr>
<tr>
<td>Reportable to WorkSafe</td>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10,000 steps for 2009

Two activities have been undertaken this year to improve staff fitness. On the 7th of October, 11 teams consisting of 88 people representing the VIFM commenced the Monash 10,000 steps competition. This was an increase by four teams on last year’s effort.

The 10,000 steps campaign was set up as a motivational tool to get people moving! 10,000 Steps is the recommended daily step goal for a healthy adult. With continual advances in technology - and our workplaces becoming increasingly sedentary - it now takes a concerted effort to make active choices. Walking is one of the easiest ways to build activity into your day. The competition ran for four weeks until the 13th of November.

The team from NCIS claimed the trophy in the end by being the first to reach 3 million steps and were presented with a trophy at an afternoon ceremony on the 18th of November. Congratulations also to Matt Brown who achieved the highest individual result clocking up 656,486 steps.

Global Corporate Challenge

The VIFM submitted nine teams (63 people) in the Department of Justice Global Corporate Challenge (GCC). The GCC requires participants to wear a pedometer and log their steps over a 16 week period from Thursday May 20, 2010 and to September 7, 2010. The program is designed to make people aware and increase their daily activity.

Coronial Services Centre Social Club

The Coronial Services Centre Social Club was formed in 2001 to provide an outlet for staff to get together, away from their often demanding day to day roles. The Social Club aims to foster and enhance the feeling of community that exists at VIFM, and support initiatives that encourage and nurture this spirit.

Due to the unique and often challenging nature and variety of the roles across the Institute, the Social Club Committee is actively supported by staff and management to organise events and gatherings that bring staff together in an informal and relaxing manner. Staff have a chance to unwind as well as catch up with people from other departments within the centre.

The Christmas Party is the most important function in the calendar of events. This year we braved the cab-free zone that is South Melbourne for a rollicking night that celebrated the end of a particularly challenging year. Over 125 staff and partners took the chance to let their hair down.

Our monthly “mingleFriday” event carried on the tradition of sampling Melbourne’s vibrant bar scene on the last Friday of every month for a very relaxed get-together. The committee is dedicated to exploring Melbourne, while supporting local businesses, and with Southbank and the CBD on our doorstep we did our best to assist the post GFC recovery.

For those staff that are unable to attend functions out of hours or off-site, we also regularly host BBQs, healthy lunch days and provide support and expertise to various Institute sections when they host external guests.

Most of these functions are provided free or at heavily subsidised cost for members. It is a glowing endorsement of the Club that despite membership being voluntary, over 150 staff at the Institute have opted for membership. Extra support for our initiatives is generously provided by Institute management, and finally our hard working committee are constantly generating extra cash through fund-raising activities, a lot of which involve giving up their own time. It is this dedication that has seen the Social Club go from strength to strength during its 9 year history of bringing the Institute’s people together.
CORPORATE GOVERNANCE

Our Governance

This year saw the development of a new Council Charter which provided for a revised and updated Council’s roles and responsibilities statement and more specific information around meeting rules and procedures. The Charter also provided for a more comprehensive guidance to Council members on their individual roles and responsibilities. In developing the new Charter, we drew heavily on the standards and guidance provided by the State Services Authority.

The two key Council Committees (Executive and Finance and Audit and Risk Management sub-committees) also had their Terms of Reference updated.

Our Guiding Principles for Corporate Governance

VIFM Council has adopted the following guiding principles of corporate governance:

- Lay solid foundations for management and oversight
- Structure the Council to add value
- Actively promote ethical and responsible decision-making
- Have a structure to independently verify and safeguard the integrity of the Institute’s financial reporting
- Recognise legal and other obligations to all key stakeholders
- Establish a sound system of risk oversight, management and internal controls

Establishment of VIFM and Guiding Legislation

The Institute is established under section 64 of the VIFM Act 1985. The Institute is bound by this and other statutory instruments, including, but not limited to the Human Tissue Act 1982; the Public Administration Act 2004 and the Financial Management Act 1994 which govern its functions and practices. Under these instruments, the Institute provides forensic medical and scientific services, tissue transplant services, and teaching and research.

Established in 1987, the Institute exists to promote, improve and sustain forensic medicine and related disciplines through its service delivery, integrated teaching and research functions. Twenty years from its beginnings, VIFM:

- provides independent forensic medical and scientific services to the Victorian public and justice system;
- facilitates increased knowledge through teaching and research; and
- enables the provision of high quality human tissue grafts for transplantation.

VIFM’s formal independence is vital in the provision of these functions.

The Institute Council

At VIFM there is a Governor-in-Council appointed Board of Management, known as the VIFM Council. The Council is the governing body of the Institute and is constituted under the VIFM Act.

Council Members

The Council comprises 12 members, 10 of whom are appointed by the Governor in Council as follows:

(a) the Director of the Institute;
(b) the State Coroner;
(c) a nominee of the Council of the University of Melbourne;
(d) a nominee of the Council of Monash University;
(e) a nominee of the Minister for the time being administering the Health Services Act 1988;
(f) a nominee of the Minister for the time being administering the Police Regulation Act 1958;
(g) a nominee of the Chief Justice;
(h) two nominees of the Attorney-General, at least one of whom is a Fellow of the Royal College of Pathologists of Australasia;
(i) a nominee of the Chief Commissioner of Police;
(j) a nominee of the Minister for the time being administering Part II of the Community Services Act 1970; and
(k) a nominee of the Minister for the time being responsible for women’s affairs in Victoria.

The Chairman is appointed by the Attorney General from the Council members.

In addition to these Council members, the Institute’s Chief Operating Officer and an external invited member of the Council’s Executive and Finance and Audit Committees attend Council meetings.
COUNCIL MEMBERS

Members

(a) The Hon John Coldrey, QC
Chairperson, nominee of the
Attorney General

Since becoming a barrister in 1966
John Coldrey has contributed to many
different areas of the legal profession
throughout Australia. Following his
appointment as the Director of Public
Prosecutions for Victoria in 1984 he
became a Justice of the Victorian
Supreme Court in 1991 where he
served until 2008. He was also active in
the Northern Territory where in his role
as the Director of Legal Services for the
Central Land Council he was involved in
the grant of Aboriginal title to Uluru
as well conducting Aboriginal land
claims and negotiating major industry
agreements with the Northern Territory
Government and mining companies.

John Coldrey has written numerous
major conference papers and legal
publications relating to the operation of
the criminal law. He has been
a member of various committees
and councils including chairing the
Consultative Committee on Police
Powers of Investigation. In 2004,
John Coldrey was awarded the Gold
Medal of the International Society for
Reform of Criminal Law (of which he
is a Board member) in recognition of
his contribution towards criminal
law reform. He is currently a judicial
member of the Adult Parole Board. He
joined the Victorian Institute of Forensic

(b) Peter Allen, Deputy Dean, the
Australia & New Zealand School
of Government, Nominee of the
Minister of Health

Peter Allen is Deputy Dean of the
Australia and New Zealand School
of Government and Victoria’s Public Sector
Standards Commissioner. Previous
appointments included Under Secretary
in the Department of Human Services,
the Victorian Government’s Chief
Drug Strategy Officer, Secretary of the
Department of Education, Secretary of
the Department of Tourism, Sport and
the Commonwealth Games, Director of
Schools, and senior roles in the
Departments of Health and Community
Services. Between 2001-03 he was a
Vice-Chancellor’s Fellow at the
University of Melbourne. He is also
Chair of the Management Committee
of the Australian Health Practitioner
Regulation Agency, Vice President of the
Institute of Public Administration
Australia and Vice President of the
Victorian Division of the Institute of
Public Administration.

(c) Professor James A Angus, Dean
of the Faculty of Medicine, Dentistry
and Health Sciences, University
of Melbourne, Nominee of the
University of Melbourne

James Angus was appointed Dean of the Faculty of Medicine, Dentistry
and Health Sciences at the University
of Melbourne in July 2003. Before
becoming Dean, he was Professor
and Head of the Department of
Pharmacology and Deputy Dean of
the Faculty of Medicine, Dentistry
and Health Sciences. At the University
of Melbourne, Professor Angus has
been President of the Academic Board
(2000-01) and Pro Vice-Chancellor
(1999-01).

Professor Angus was awarded the
Gottschalk Medal of the Australian
Academy of Science (1984), is a Fellow
of the Academy (FAA) and has been
a member of its Council. In 2003 he was
awarded Australia’s Centenary Medal
for contribution to Pharmacology and
the Community.

Professor Angus was a First Vice-
President of the International Union
of Pharmacology (IUPHAR) and
was President of the Australasian
Society of Clinical and Experimental
Pharmacologists and Toxicologists.

His current roles include President
of Medical Deans Australia and New
Zealand (elected in 2009), directorships of
the Walter & Eliza Hall Institute,
Bionic Ear Institute, Mental Health
Research Institute, Melbourne Health,
LV PCCC and Victor Smorgon Institute
at Epworth Pty Ltd. He is the Honorary
Secretary, Victorian Rhodes Scholarship
and President of Medical Deans
Australia and New Zealand (MDANZ).

(d) Deputy Chief Magistrate Felicity
Broughton, Nominee of the Minister
for Women’s Affairs

Deputy Chief Magistrate Broughton has
served as Victorian Magistrate since
2000, as Victims of Crime Assistance
Tribunal Supervising Magistrate from
2001 to 2004, and as Supervising
Magistrate for the sexual assault
portfolio of the Magistrates’ Court of
Victoria since the establishment of the portfolio in 2006.

She is currently a member of the State
Government’s Sexual Assault Advisory
Committee, the Child Witness Service
Advisory Committee and the Statewide
Advisory Committee to Prevent Sexual
Assault.

From 1981 to 2000 she was a solicitor
in private practice, with particular
experience in matters relating to
sexual assault, family violence and
other issues relating to violence. She
served as a member of the Victorian
Community Council Against Violence
from 1994 to 2007 and as a member of
the Legal Professional Tribunal from
1997 to 2000. She was also a board
member of the Children’s Protection
Society from 1993 to 2000 and served as
President from 1996 to 1999.

(e) Her Honour Judge Jennifer Coate,
State Coroner, Victoria

Her Honour initially worked for four
years as a teacher in Victoria’s primary
schools after completing a Teaching
Diploma at Frankston Teachers’ College.
In between completing the diploma and
teaching she also completed an Arts
degree at Monash University majoring in
Linguistics and English Literature.
After teaching and travelling the world,
in that order, she returned to study
full-time and completed a Law Degree
at Monash University.

After completing her Articles, Her
Honour worked as an employee
solicitor and later entered a partnership
practising in Fitzroy and East Melbourne
in family law, criminal law, crimes
compensation and Children’s Court
work. After selling the practices she
worked as a duty lawyer for the Legal
Aid Commission, then in Policy and
Research in the Attorney-General’s
Department before being appointed as
a Magistrate in March 1992.

In December 1995, Her Honour took
up an appointment as the Senior
Magistrate at the Children’s Court and
in September 1996 was promoted to
the position of Deputy Chief Magistrate.

On 23 June 2000, Her Honour was
appointed as a judge of the County
Court and on 26 June 2000 as the first
President of the Children’s Court of
Victoria.
COUNCIL MEMBERS continued

In October 2001, Her Honour was appointed as a part-time Commissioner to the Victorian Law Reform Commission.

Her Honour commenced sitting at the County Court on a full time basis in April 2006. Her Honour was appointed as the State Coroner on 29 November 2007.

(g) Professor Stephen Corder, Director of the Victorian Institute of Forensic Medicine

Stephen was appointed Foundation Professor of Forensic Medicine at Monash University and Director of the Victorian Institute of Forensic Medicine in 1987.

In addition to leading the Institute, in more recent years Stephen has conducted research on a number of topics including the intersection of Forensic Medicine and Human Rights. This research has involved work in East Timor, the Former Yugoslavia, Iraq, West Bank, Burma and, very recently, Jamaica. He strongly believes that this work contributes to the Institute’s credibility and sustainability helping to attract, and retain, the best people to work at the Institute. In 2010/11, he was taking sabbatical leave, during which he will be, amongst other things, developing the teaching and training materials to further develop the forensic pathology components of Monash’s Masters in Forensic Medicine. He hopes this will further strengthen VIFM’s capabilities as a leading provider of post graduate teaching and training, especially for the developing world.

Returning to Australia, he was Senior Consultant Pathologist and Head of the Metabolic research Group at the Institute of Medical and Veterinary Science, Adelaide. He then became the Director of Biochemistry, Alfred Hospital and the Head of the Cardiac Metabolic Laboratory, Baker Medical Research Institute. His metabolic and nutritional research has been into oxalate urolithiasis, cancer cachexia, exercise (sports) energy metabolism and metabolic support of the heart in surgery and transplantation.

His last position in major teaching hospitals was as Executive Director of Pathology (1994-1998) for the North West Health Care Network (which included Royal Melbourne and Western Hospitals). He then became Executive (Group) Medical Director (1998-2005) for the Gribbles Group which had pathology services across Australia and in New Zealand and Malaysia.

He is Adjunct Professor in the Faculty of Medicine, Nursing and Health Sciences, Monash University and has additional qualifications in business and board directorship. He has held senior positions on major hospital committees, in professional and scientific associations, and on peak government advisory committees in relation to diagnostic pathology and animal welfare.

(j) Neil Robertson, Director, Bushfires Royal Commission Coordination, Department of Justice, Nominee of the Minister of Police and Emergency Services

Neil Robertson was appointed as the Director, Criminal Law Policy in the Department of Justice in October 2004 and leads a team developing legislative proposals for the Victorian Government. However, since the Black Saturday Bushfires in February 2009, Neil has been coordinating the Department of Justice’s input to the Victorian Bushfires Royal Commission. His role includes supporting and advising the State Management and Coordination Council’s Bushfires Sub-Committee.

Neil’s qualifications include a Bachelor of Arts (Honours) and Bachelor of Laws from Monash University, Graduate Diploma in Business Administration from Swinburne University of Technology and Executive Masters in Public Administration from the Australian and New Zealand School of Government. He is also a Fellow of the Williamson Community Leadership Program.

Neil is a member of the Institute’s Executive and Finance and Audit and Risk Management Committees. He is also a Director and Company Secretary of Crime Stoppers Victoria Ltd.

(k) Her Honour Judge Meryl Sexton, Nominee of the Chief Justice

Judge Sexton was appointed to the County Court in 2001. Before that, she had been a Crown Prosecutor since 1995, and from 1997 to 2001, was an Advocate Member of the Legal Profession Tribunal.

Judge Sexton has lectured extensively on the practice and procedure of criminal law and the sexual assault reforms since 2006 to a variety of groups across jurisdictions and disciplines. She has contributed to a number of publications including editorial work on the Benchbook of Children giving evidence in Australian Courts (Australasian Institute of Judicial Administration 2009), and the Victorian Criminal Charge Book (Judicial College of Victoria).

Judge Sexton was a member of the Advisory Committee to the Victorian Law Reform Commission on Sexual Offences: Law and Procedure, and
is currently a member of the State Government’s Sexual Assault Advisory Committee, and a member of the Advisory Committee for the Child Witness Service. In October 2005, she became the inaugural Judge in Charge of the Sex Offences List in the County Court, a position which she held for nearly five years. She is consulted regularly by a wide range of people and organisations about sexual offences law and practice.

(i) Professor Steve Wesselingh, Dean of the Faculty of Medicine, Nursing and Health Sciences, Monash University, nominee of Monash University

Professor Steve Wesselingh is currently Dean of the Faculty of Medicine, Nursing and Health Sciences, Monash University, one of Australia’s leading health faculties.

Prior to taking up the Deanship in October of 2007, Professor Steve Wesselingh was Director of the Burnet Institute (from 2002). Also based in Melbourne, the Institute is Australia’s largest research and public health group that specialises in infectious diseases, immunology, and public health.

In January 1999 he was appointed Professor and Director of the Infectious Diseases Unit, The Alfred Hospital, Monash University.

In attendance

A possible table or list of council attendees is included here, indicating attendance at meetings throughout 2009-2010.

Council Committees

The Council has five sub-committees to ensure compliance with legislative, accreditation and other regulatory requirements.

- The Executive and Finance Committee assists the Council in fulfilling its financial oversight responsibilities pursuant to the Financial Management Act 1994.
- The Audit Committee is responsible for the functions specified in the Victorian Government’s Financial Management Compliance Guidelines.
- The Ethics Committee is established in accordance with the National Health and Medical Research Council Guidelines. It assesses the merits from an ethical and scientific validity point of view of all research projects carried out at the Institute. The Ethics Committee’s approval is typically a prerequisite for funding and publication of medical research in Australia.
- The National Coroners Information System (NCIS) Committee monitors the operation of the NCIS, oversees the provision of services by the NCIS, and provides guidance and support necessary for the NCIS to provide its service to the core stakeholders (the Council, state and territory coroners) and any other key stakeholders.
- The Donor Tissue Bank Advisory Board provides advice to the Council about the operations of the Donor Tissue Bank of Victoria.

The composition and terms of reference of these committees is included in Appendix E.
MANAGEMENT RESPONSIBILITY

Management's responsibilities are to:

• Prepare the Institute’s vision, strategic direction, goals and KPIs for consideration, input, and approval by the VIFM Council;
• Develop and shape policy and strategy for consideration by the Council;
• Develop the Institute’s Strategic Plan for the input and ratification of the Council;
• Implement and monitor policy and strategy; and
• Lead, manage and deliver forensic medical & scientific services, tissue banking services, teaching and research activities, and business support functions, the combination of which enable the Institute to achieve its mission.

The Institute’s Senior Leadership Arrangements

The new executive team provides the highest level of management within the Institute and comprises:-

Stephen Cordner, Director
See biography under Council above.

David Ranson, Deputy Director
David Ranson has been with the VIFM since it was formed in 1988; and is currently the Deputy Director. He is a specialist in Forensic Pathology & Clinical Forensic Medicine with a strong professional interest in Medical Law.

David graduated in Medicine from The University of Nottingham and in Law from the University of the West of England. He has worked at various hospitals in England and lectured in Pathology at Bristol University. He has also practised clinical forensic medicine as a Police Surgeon to Avon and Somerset Constabulary.

He is a Fellow of both the Royal College of Pathologists of Great Britain and of the Royal College of Pathologists of Australasia. He is State Councillor for Victoria for the latter. He holds the Diploma in Medical Jurisprudence of the Royal Society of Apothecaries (forensic pathology). He is a Foundation Fellow of the Australian College of Legal Medicine and the Faculty of Forensic and Legal Medicine of the Royal College of Physicians in the UK. David has been heavily involved in establishing research units aimed at preventing avoidable death and injury, namely the National Coroners Information System and the Clinical Liaison Service. He is a member of the Australian Suicide Prevention Advisory Committee.

David investigates approximately 400 deaths per year at the VIFM and has assisted with the death investigation in Thailand after the tsunami and in Kosovo assisting with the exhumation of civilian victims of sectarian fighting. He has numerous publications in forensic medicine, medical law and pathology. He regularly gives expert evidence in a range of courts. He teaches at Melbourne and Monash Universities and also provides medical and pathology advice for a number of books, plays and TV shows.

David is currently a member of the Australian Suicide Prevention Advisory Committee of the Commonwealth Department of Health and Ageing and has been involved in presenting material to this committee and to the recent Federal Senate Inquiry into the reporting of suicide in Australia.

Mari-Ann Scott, Chief Operating Officer
Mari-Ann Scott was appointed to the Institute in July 2007. She is the Chief Operating Officer (COO) and Executive Officer (Board Secretary) to the Council. The role of COO was established in mid-2008 to oversee and deliver effective internal business practice and operations and drive organisational performance. The role has a strong business and performance management focus, including strategic, tactical and internal operations management and continuous improvement to the systems and processes which support and deliver the services.

The COO has an integral role in setting the strategic direction, including primary responsibility for developing the Institute’s Strategic Plan and Annual Business Plans. The COO is responsible for financial management, risk management, human resources management, assets management, information systems and technology management, communications, marketing, fundraising, and reporting. These responsibilities are discharged through the respective managers of Administration and Support Services business unit.

The Institute’s management structure effectively has two top-level leaders: the Director, and the Chief Operating Officer. The Director is both an internal and external leader who has primary responsibility for vision, policy and strategy, service delivery content and building external relationships. The COO is more often the internal manager, providing day-to-day leadership, having significant input into policy and strategy development, but focused mostly on managing operational matters and internal relationships.

Prior to joining the Institute, Mari-Ann held the role of relationship manager in the Budget and Financial Management Division of the Department of Treasury & Finance and before this she held a range of senior positions in the health sector. Mari-Ann is an economist by training. She holds a Master of Philosophy Degree in Health Economics.

Noel Woodford, Head Forensic Pathology Services
Noel is Head of Forensic Pathology Services at the institute. He leads a team of 10 forensic pathologists in addition to specialists in paediatric pathology, radiology, odontology, anthropology and entomology. Having trained in anatomical pathology he spent time at the Institute as a Fellow before
heading to the UK where he was appointed senior lecturer in forensic pathology at the University of Sheffield. He returned to the Institute 7 years ago. He is a Fellow of both the Royal College of Pathologists of Australasia and the Royal College of Pathologists (UK), holds the Diploma of Medical Jurisprudence from the Society of Apothecaries of London, and gained a Master of Laws from Cardiff University during his time in the UK. Noel is an examiner for the RCPA and oversees the Quality Assurance Program in Forensic Pathology for the College.

Noel has a particular interest in sudden unexpected adult death and the application of radiological techniques in forensic pathology.

David Wells, Head Clinical Forensic Medicine

David is head of Clinical Forensic Medicine at the Victorian Institute of Forensic Medicine and Associate Professor in the Departments of Forensic Medicine and Paediatrics at Monash University.

David is a clinician who previously held the role of Victoria Police Surgeon (1987-1994). His postgraduate qualifications are in forensic medicine, criminology and education. He holds honorary appointments at the Monash Medical Centre, the Royal Children’s Hospital and the Royal Women’s Hospital.

He was awarded a Churchill Fellowship in 1992 and in 2008 he received the Order of Australia Medal for services to forensic medicine.

He is co-ordinator of the post graduate program in Forensic Medicine at Monash University. His recent work includes activities with the World Health Organisation in Geneva and with Amnesty International in Africa, assisting in the establishment of medico-legal services for victims of sexual violence in developing countries.

Olaf Drummer, Head Forensic Scientific Services

Olaf is the Head (Forensic Scientific Services) and also holds the position of Adjunct Professor in the Department of Forensic Medicine, Monash University. He is a forensic pharmacologist and a toxicologist and has been involved in the analysis of drugs and poisons and in the interpretation of their biological effects for over 30 years. He lectures widely on this subject and has given evidence in court in well over 200 cases. He is gazetted as an approved expert under the Road Safety Act (1986).

He has published over 200 papers in scientific journals and other reports and is the main author of the book “The Forensic Pharmacology of Drugs of Abuse” (Arnold, June 2001). He has written many chapters and other contributions in the area of research pharmacology and toxicology.

He is the Associate Editor (toxicology) for the journal Forensic Science International. His formal qualifications include a Bachelor of Applied Science (Chemistry) from RMIT (1974) and Doctor of Philosophy in Medicine (Ph.D.) in Pharmacology from Melbourne University (1980). He is a member of a number of professional societies including the Australasian Society of Clinical and Experimental Pharmacologists and Toxicologists (ASCEPT), and the Royal Australian Chemical Institute (RACI). He is an Honorary Fellow of the Royal College of Pathologists of Australasia (RCPA). He is President of the International Association of Forensic Toxicologists (TIAFT) (2008-2011) and Chair of the Drugs of Abuse Committee of the International Association of Therapeutic Drug Monitoring & Clinical Toxicology (IATDMCT).

Marisa Herson, Head Donor Tissue Bank of Victoria

Marisa is the head of the Donor Tissue Bank of Victoria (DTBV). Marisa was born in Brazil, where she graduated from Medical School in 1979. She emigrated to Israel, where she trained as a general surgeon and later as a Plastic Surgeon. The care of burn victims became a focus in her career early on. In 1990, she returned to Brazil to a fellowship program in Plastic Surgery – what was planned to be a two year training period, became a 15 year position at the University of Sao Paulo Medical School – Hospital das Clinicas, Plastic Surgery Department. In the years before moving to Australia, Marisa held a clinical appointment there as the leader of the Burn Sequelae Reconstruction group. Earlier on, she undertook a PhD at the University of Sao Paulo investigating the development of an in vitro skin substitute involving cell cultures and a dermal matrix – this later evolved into a research nucleus into wound healing and skin substitute models and an active role in the University department.

Her involvement in burn care highlighted the value of skin banking and from that, it was a sensible step to undertake the leadership in a program developed in Brazil by the International Atomic Energy Agency which enabled the Hospital das Clinicas to revamp the local tissue bank. The circle was complete – the patients bringing the motivation, the tissue bank as a source of biomaterials to improve clinical outcomes and the research lab as an opportunity to put different components together and bring some answers to the many queries faced in the clinical setting. Three years ago, tissue banking brought Marisa and her family into Australia – a unique opportunity to join a vibrant organization and live in a wonderful country.
FINANCIAL PERFORMANCE

Report of Operations:
Five Year Financial Summary

<table>
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<tr>
<th>Financial performance</th>
<th>2005/06 $'000</th>
<th>2006/07 $'000</th>
<th>2007/08 $'000</th>
<th>2008/09 $'000</th>
<th>2009/10 $'000</th>
<th>% Change 2008/09 to 2009/10</th>
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<tr>
<td>Income from Government</td>
<td>6,670</td>
<td>8,146</td>
<td>10,394</td>
<td>14,841</td>
<td>20,980</td>
<td>41%</td>
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<tr>
<td>Total income from transactions</td>
<td>13,912</td>
<td>16,420</td>
<td>18,702</td>
<td>23,912</td>
<td>25,777</td>
<td>8%</td>
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<tr>
<td>Total expenditure from transactions</td>
<td>15,586</td>
<td>16,592</td>
<td>20,018</td>
<td>24,012</td>
<td>25,658</td>
<td>7%</td>
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<tr>
<td>Net result from transactions</td>
<td>(1,674)</td>
<td>(171)</td>
<td>(1,316)</td>
<td>(100)</td>
<td>119</td>
<td></td>
</tr>
<tr>
<td>Comprehensive result</td>
<td>(1,674)</td>
<td>(171)</td>
<td>(1,312)</td>
<td>(180)</td>
<td>133</td>
<td></td>
</tr>
<tr>
<td>Net cashflow from operating activities</td>
<td>(9)</td>
<td>950</td>
<td>(1,239)</td>
<td>914</td>
<td>554</td>
<td></td>
</tr>
<tr>
<td>Total assets</td>
<td>10,519</td>
<td>10,263</td>
<td>11,775</td>
<td>13,358</td>
<td>14,790</td>
<td>11%</td>
</tr>
<tr>
<td>Total liabilities</td>
<td>3,335</td>
<td>3,477</td>
<td>4,596</td>
<td>5,373</td>
<td>6,672</td>
<td>24%</td>
</tr>
</tbody>
</table>

Note: Figures in 2007/08 have been recast based on the Comprehensive operating statement format and separation of transactions from other economic flows.

The Victorian Government considers the net result from transactions to be the appropriate measure of financial management that can be directly attributed to government policy. This measure excludes the effects of revaluations (holding gains or losses) arising from changes in market prices and other changes in the volume of assets shown under ‘other economic flows’ on the Comprehensive operating statement, which are outside the control of the Institute.

The overall comprehensive result of $132,727 surplus shows improvement on prior financial years’ results and is assisted by funding arrangements from the Department of Justice. Included in the Grant from the Department of Justice is income of $5,794,388 generated for Clinical Forensic Medicine which in previous years has been included as ‘Income from the rendering of services’ rather than ‘Income from Government’. This income combined with increases in Government funding has contributed to the surplus generated.

Total net assets have increased in 2009/10 with increases in cash equivalents (SAU) and an increase in capital expenditure of $730,000.
Financial Performance and Business Review

In 2009/10, the Institute has recorded a comprehensive result of $132,727. The result for the 2008/09 financial year was a deficit of $179,632. Increased income from Government and rendering of services offset reductions in Donor Tissue distribution and interest income and have contributed to the operating surplus. This increase in income has been directed toward increasing staff resources, enabling a reduction in service costs for temporary contractor costs.

### Total income from transactions

<table>
<thead>
<tr>
<th>Income</th>
<th>2007/08 $</th>
<th>2008/09 $</th>
<th>2009/10 $</th>
<th>Change 2008/09 to 2009/10 $</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant - Department of Justice</td>
<td>10,394,220</td>
<td>14,841,440</td>
<td>20,980,056</td>
<td>6,138,616</td>
<td>41%</td>
</tr>
<tr>
<td>Distribution of goods - Donor Tissue Bank</td>
<td>1,790,523</td>
<td>1,892,235</td>
<td>1,577,083</td>
<td>(315,152)</td>
<td>-17%</td>
</tr>
<tr>
<td>Income from the rendering of services</td>
<td>6,404,077</td>
<td>7,094,526</td>
<td>3,185,825</td>
<td>(3,908,701)</td>
<td>-55%</td>
</tr>
<tr>
<td>Interest income</td>
<td>113,255</td>
<td>83,935</td>
<td>34,262</td>
<td>(49,673)</td>
<td>-59%</td>
</tr>
<tr>
<td>Total income from transactions</td>
<td>18,702,075</td>
<td>23,912,136</td>
<td>25,777,226</td>
<td>1,865,090</td>
<td>8%</td>
</tr>
</tbody>
</table>

**TOTAL INCOME FROM TRANSACTIONS**

- Income from the rendering of services: 12%
- Distribution of goods - Donor Tissue Bank: 6%
- Grant - Department of Justice: 82%
FINANCIAL PERFORMANCE continued

Total expenditure from transactions

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee expenses</td>
<td>12,827,508</td>
<td>14,244,919</td>
<td>17,503,442</td>
<td>3,258,523</td>
</tr>
<tr>
<td>Depreciation and amortisation</td>
<td>699,818</td>
<td>710,327</td>
<td>833,220</td>
<td>122,893</td>
</tr>
<tr>
<td>Supplies and services</td>
<td>6,473,712</td>
<td>9,028,546</td>
<td>7,302,862</td>
<td>(1,725,684)</td>
</tr>
<tr>
<td>Other operating expenses</td>
<td>17,203</td>
<td>27,902</td>
<td>18,165</td>
<td>(9,737)</td>
</tr>
<tr>
<td>Total expenditure from transactions</td>
<td>20,018,241</td>
<td>24,011,694</td>
<td>25,657,689</td>
<td>1,645,995</td>
</tr>
</tbody>
</table>

Expenditure from 2008/09 to 2009/10 increased by $1,645,995. Employee expenses increasing in line with additional funding are partially offset by the reduction in supplies and services, which in 2008/09 were impacted by costs associated with the bushfires in February 2009. The apportionment of the expenditure in the 2009/10 financial year is shown above.

The Institute’s principal output against appropriation income is the provision of Forensic and Pathology resources and services to the Coroners Court of Victoria. Other outputs against government grants now include Clinical Forensic Medicine services and related toxicology previously reported as ‘Income from the rendering of services’.

Budget versus actual results

The actual 2009/10 financial year result for the Institute for income versus expenditure is a surplus of $132,727. The budgeted result for 2009/10 using budgeted income and expenditure was a deficit of ($502,149).
LEGISLATIVE AND STATUTORY REPORTING

Diversity reporting

All areas of the Institute are conscious of cultural and religious practices surrounding death which are of primary importance to the families of the deceased.

Staff of the Institute work co-operatively with the State Coroners Office, to accommodate the cultural and religious requirements of the family of the deceased. When required the Institute provides for extended periods of attendance by the families.

Skeletal remains from our indigenous community require special handling and consideration of cultural beliefs. The Institute works with Aboriginal Affairs Victoria, to ensure remains and documentation are managed appropriately and sensitively.

The Institute continues to foster workplace diversity and demonstrates its commitment through a variety of initiatives throughout the year. These initiatives focus on providing education and training opportunities to pathologists from various countries and offer the Directors Scholarship in Postgraduate Forensic Pathology to international students from under developed countries.

Public Administration Act

The Institute is committed to the public sector values and employment principles detailed in the Public Administration Act 2004, and applies merit and equity principles when appointing staff. The selection process ensures that applicants are assessed and evaluated fairly and equitably based on the key selection criteria and other accountabilities without discrimination.

Upholding these values and principles is fundamental to the Institute’s human resources strategies.

Code of conduct

During their induction all new employees are made aware of their rights and responsibilities in relation to discrimination, sexual harassment and bullying. The Institute takes a proactive approach in education and promoting the elimination of discrimination, harassment and bullying within the workplace.

Grievances

In the 2009-10 report period, there were no grievances recorded.

Employee Assistance Program

The Employee Assistance Program is a free, professional and confidential counselling service for all Institute’s employees, immediate family members and members of their household. The service provides for timely intervention to assist employees and their families.

Koori Recruitment and Career Development Strategy

Koori Recruitment and Career Development Strategy (KRCDS) is an initiative of the Victorian Aboriginal Justice Agreement. The Institute supports this initiative by providing newly-appointed staff the opportunity to identify as an Indigenous Australian.

Career Information Afternoons

The Institute receives a large number of enquiries annually regarding work experience. We are unable to offer work experience due to the sensitive and confidential nature of the work carried out by the Institute. Instead, Career Information Afternoons are held bi-annually for students between Year 10 and Year 12. They offer a thorough insight into various career options in forensic medicine and science and provide information on academic requirements.

Learning and Development

The Institute staff can access the Justice Learning Program (JLP) offered by the Department of Justice. This is in addition to on-the-job training and training provided by external organisations. Newly employed technical staff members participate in training sessions in the areas of forensic technical services, DTBV, molecular biology and histology.

Histology staff Joanne Hanna and Michael Pais undertook a course Understanding ISO15189 Accreditation Requirements for Medical Laboratories (provided by NATA).

Employee Relations Statement

The Institute employs medical staff including medical specialists, forensic pathologists, forensic odontologists, forensic physicians and forensic nurse examiners under the VIFM Act. We also employ a large number of Victorian Public Servants including Scientists and Medical Research Officers covered under the Public Administration Act 2004 terms and conditions of the Victorian Public Service Agreement 2006 (2009 Extended and Varied version). The Institute is committed to its employees by offering excellent benefits and a fulfilling career and is committed to helping employees balance their careers with their personal commitments through a range of work/life initiatives.
Workforce Statistics

As at the 30th June 2010, a total of 162 staff were employed by the Institute compared to 177 at 30 June 2009.

Employment status by category

<table>
<thead>
<tr>
<th>Ongoing Employees</th>
<th>Fixed Term Employees</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full time (headcount)</td>
<td>Part time (headcount)</td>
<td>Full time (headcount)</td>
</tr>
<tr>
<td>2010</td>
<td>111</td>
<td>29</td>
</tr>
</tbody>
</table>

Status of employees in current positions – Headcount & FTE

<table>
<thead>
<tr>
<th>On-going (headcount)</th>
<th>On-going (FTE)</th>
<th>Fixed Term (headcount)</th>
<th>Fixed Term (FTE)</th>
<th>Total (headcount)</th>
<th>Total (FTE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>43</td>
<td>40.7</td>
<td>6</td>
<td>5.8</td>
<td>49</td>
</tr>
<tr>
<td>Female</td>
<td>97</td>
<td>88</td>
<td>16</td>
<td>12.5</td>
<td>113</td>
</tr>
<tr>
<td>Total</td>
<td>140</td>
<td>128.7</td>
<td>22</td>
<td>18.3</td>
<td>162</td>
</tr>
</tbody>
</table>

Executive contracts

<table>
<thead>
<tr>
<th></th>
<th>At 30 June 2009</th>
<th>At 30 June 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive level employees</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

Workforce Diversity

<table>
<thead>
<tr>
<th>Age Bracket</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
<th>% Total</th>
<th>FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-24</td>
<td>4</td>
<td>6</td>
<td>10</td>
<td>6.17</td>
<td>10</td>
</tr>
<tr>
<td>25-34</td>
<td>10</td>
<td>50</td>
<td>60</td>
<td>37.04</td>
<td>54.5</td>
</tr>
<tr>
<td>35-44</td>
<td>13</td>
<td>25</td>
<td>38</td>
<td>23.46</td>
<td>35.2</td>
</tr>
<tr>
<td>45-54</td>
<td>14</td>
<td>18</td>
<td>32</td>
<td>19.75</td>
<td>27</td>
</tr>
<tr>
<td>55-64</td>
<td>7</td>
<td>14</td>
<td>21</td>
<td>12.96</td>
<td>19.5</td>
</tr>
<tr>
<td>64+</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0.62</td>
<td>0.8</td>
</tr>
<tr>
<td>Total</td>
<td>49</td>
<td>113</td>
<td>162</td>
<td>100%</td>
<td>148</td>
</tr>
</tbody>
</table>

Energy and Water Efficiency

By the nature of its work the Institute is a large consumer of both water and electricity. We are always mindful of trying to reduce our usage of power and water both for financial and environmental reasons. This is the first year that we have reported on our energy usage. The table below shows reductions in all areas, probably related to increased use in 2008/09 because of the heatwave and bushfires.
Objectives of Whistleblowers Protection Act 2001

The Whistleblowers Protection Act 2001 was introduced in Victoria on 1 January 2002. The legislation aims to encourage whistleblowers to disclose improper conduct by public officers and public bodies. It protects whistleblowers and establishes a system to investigate disclosed matters.

Statement of support to whistleblowers

The Victorian Institute of Forensic Medicine is committed to the aims and objectives of the Whistleblowers Protection Act 2001. We do not tolerate improper conduct by our employees, officers or members, nor the taking of reprisals against those who come forward to disclose such conduct. The Institute recognises the value of transparency and accountability in our administrative and management practices, and supports the making of disclosures that reveal corrupt conduct, conduct involving a substantial mismanagement of public resources, or conduct involving a substantial risk to public health and safety or the environment.

The Institute will take all reasonable steps to protect people who make such disclosures from any detrimental action in reprisal for making the disclosure. It will also afford natural justice to the person who is the subject of the disclosure.

Reporting system and contact persons for the Victorian Institute of Forensic Medicine

The Institute uses the reporting system and procedures established by the Department of Justice. The procedures can be found at www.justice.vic.gov.au/whistleblowers. Disclosures of improper conduct or detrimental action by the Victorian Institute of Forensic Medicine or our employees may be made to either:

Ombudsman Victoria

3/459 Collins St (South Tower)
Melbourne VIC 3000
Tel: 03 9613 6222
Tel: (toll free) 1800 806 314

Protected Disclosure Coordinator

Department of Justice
GPO Box 4356QQ
Melbourne VIC 3001
Tel: 03 8684 0031

Freedom of Information Act 1982

The Institute is subject to the Freedom of Information Act 1982 (FOI Act). In the 2009-10 year the Institute received one direct request for the release of information pursuant to the FOI Act, and two requests from another agency for information required to respond to FOI applications made to that agency. The Institute complied with the direct request and one of the requests from the other agency. The Institute was unable to comply with the other request, as the requested information did not exist.

The Freedom of Information Officer

Ms Helen McKelvie
Manager Medico-Legal Policy and Projects
Victorian Institute of Forensic Medicine

Privacy Act 2000

The Institute is bound by the requirements of the Information Privacy Act 2000 and the Health Records Act 2001 in how we collect, handle and disclose personal and health information.

A Privacy Committee was established in 2002 to ensure that privacy obligations are met according to both Acts.

In the 2009-2010, the Committee participated in Privacy Awareness Week by providing a staff presentation and discussion on relevant privacy issues.

There were no privacy complaints received at VIFM during 2009-2010.

Information regarding the Victorian Institute of Forensic Medicine Privacy Policy is available on our website at www.vifm.org.
Consultancies

Details of consultancies under $100,000

<table>
<thead>
<tr>
<th>Consultant</th>
<th>Purpose of consultancy</th>
<th>Start date</th>
<th>End date</th>
<th>Total approved project fee (excluding GST)</th>
<th>Expenditure 2009-10 (excluding GST)</th>
<th>Future expenditure (excluding GST)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cogentum</td>
<td>To provide the Donor Tissue Bank of Victoria with key insights about its current market position and identify opportunities for its short, medium and long-term growth.</td>
<td>21 Sept 2009</td>
<td>31 May 2010</td>
<td>$52,125.00</td>
<td>$52,125.00</td>
<td>Nil</td>
</tr>
</tbody>
</table>

Disclosure of major contracts

The Institute has not entered into any contracts greater than $10 million in value during 1 July 2009 to 30 June 2010.

Statement of compliance with National Competition Policy

The Institute continues to comply with the requirements of the National Competition Policy. This includes compliance with the requirements of the policy statement Competitive Neutrality: A Statement of Victorian Government Policy, the Victorian Government Timetable for the Review of Legislative Restrictions on Competition and any subsequent reforms.

Statement of compliance with the Building Act 1993

The Minister for Finance guidelines, pursuant to section 220 of the Building Act 1993, promote better standards for buildings owned by the Crown and public authorities, and require entities to report on achievements.

During 2009-10, the Institute continued to work with the Coroners Court of Victoria and the Department of Justice Project Control Group to develop and implement plans for the refurbishment of the Coronial Services Centre. These works are due to commence in July 2010.
VIFM RISK Attestation

I, Robert Conyers, on behalf of Council, as Chairman of the Audit and Risk Management and the Executive and Finance Committees, certify that the Victorian Institute of Forensic Medicine (VIFM) has risk management processes in place consistent with the AS/NZS ISO 31000:2009, and that an internal control system is in place that enables the Executive Management Team to understand, manage and satisfactorily control risk exposures.

The Audit and Risk Management and the Executive and Finance Committees and the Executive Management Team verifies this assurance and that the risk profile of the VIFM has been critically reviewed within the last twelve (12) months.

Robert Conyers  
Chairman  
Audit and Risk Management Committee

7 September 2010
APPENDIX A: PUBLICATIONS

Articles


Templeton D, Williams A, Healey L, Odell M, Wells D. Male forensic physicians have an important role in sexual assault care. “A response to “Chowdhury-Hawkins et al. Preferred choice of gender of staff providing care to victims of


Books/ Book Chapters


In Press


Davey J, Craig P, Drummer O, Ranson D, Robertson S. Mummified child – a further investigation. Submitted to Buried History.


Submitted


APPENDIX A: PUBLICATIONS continued


Kilian J, Ozanne-Smith J, Drummer O. The contribution of alcohol to external cause deaths in Victoria, Australia. Submitted to Drug and Alcohol Review.


APPENDIX B: CONFERENCE PRESENTATIONS AND ABSTRACTS


Herson M. Challenges in the provision of skin in Australia. 18th International Congress of the European Association of Tissue Banks. Krakow, Poland, 4-6 Nov, 2009.


APPENDIX B: CONFERENCE PRESENTATIONS AND ABSTRACTS continued


Woodford N. Heat disasters. Philosophy of pathology approach. Pathology Update, Melbourne, 26-28 Feb, 2010
APPENDIX C: PRESENTATIONS

Bassed R.
- Critical Assessment of Human Age at Death Estimations. Medical Sciences Scientific Advisory Group Workshop, Adelaide

Blau S.
- Archaeology, anthropology, forensics and our fascination with the dead: Lecture presented to Department of Archaeology, La Trobe University, June 2009.
- Forensic anthropology and Human Identification at the VIFM, Biology SAG, Sep 2009.
- A career as a forensic anthropologist, Careers Day VIFM, Sep 2009.

Briggs C.
- Use of Forensic Anthropology in Death Investigation, Singapore CID Forensic Conference, Feb 8, 2010.
- Disaster Victim Identification - Recent Case Studies, DVI Workshop, Singapore CID Forensic Conference, Feb 8, 2010.

Clinical Forensic Medicine – Police Lectures
- Discipline Investigation Course – Geelong, Broadmeadows, Glen Waverley, Bairnsdale, Echuca, Watsonia, Crime Department.
- SOCAU Course Nov 20 09, Mar, Apr 2010.
- Sexual Assault Services Oct 2009.
- Negotiators Course - Apr 2010.

Cordner S.
- Forensic Investigation of Human Remains from Armed Conflicts and Catastrophes, American Academy of Forensic Sciences (AAFS) 62nd Annual Scientific Meeting, Seattle, Feb 2010.

Cunningham N.
- Medication errors: Anyone, anywhere, anytime! Presented to the Victorian College of Pharmacy, Faculty of Pharmacy and Pharmaceutical Sciences, Monash University, Melbourne, July 2009.
- Forensic Medicine - Sexual assault reports and court. Teletutorial Presentation for the Remote Vocational Training Scheme, August 2009.

Davey J, Bowyer P, Drummer O, Gize A, HagenmaierC, Ranson D, Robertson S.

Drummer O.
- Dinner talk to the Royal College of Physicians on the issue of drug testing in medical practitioners, February 2010.
- Visited the National Institute of Scientific Investigation (NIS) facility in Seoul, Korea and gave a lecture on “contemporary forensic toxicology” and provided (with board members of TIAFT) a 3-day training session for the Mongolian National Institute of Forensic Science in Ulaanbaatar (May 2010).
- Invited speaker at the NIDA International Summit in Phoenix, Arizona on “Drugged Driving in Australia” (June 2010).

DTBV
- Induction to tissue banking to Victorian Police cadets.
- Facilitated the Quality workshop at the 18th annual European Tissue Banking Association.

Hill A.
- Management of dead bodies Following disasters: An important aspect of a disaster preparedness plan, Workshop on ASEAN Member States Preparedness in Human Remains Management (HRM) and Disaster Victim Identification (DVI) Following Mass Fatalities, Jakarta Indonesia, Apr 2010.

Human Identification Services Staff talks
- Human identification services, presentation to delegation from Thailand, Sep 2009.
- ICRC funded training program Management of Dead Bodies following Disasters and Disaster Victim Identification, Nepal, Oct 2009.
- Human identification services, presentation to delegation from Malaysia, Dec 2009.
- Human identification services presentation to delegation from Japan, June 2010.
- Forensic aspects of the Victorian bushfire disaster to the Histology Group of Victoria, Melbourne, 20 Mar, 2010
- New Zealand Society of Forensic Dentists September 2009
- American Academy of Forensic Science February 2010
- University of Dunedin medical School Lecture series April 2010
- Inaugural Forensic Pathology Conference, Botswana, May 2010

McMahon R.
- Post Graduate Nurses talk, Peninsula Hospital, Sep 2009.

Mulvhill S.

Odell M.
- Child Abuse, Monash Medical Centre, Aug 2009
- Psychiatric Issues in Fitness to Drive, Outreach Group, Geelong, Aug 2009.
- Drug and Alcohol Hypothetical. Workplace Relations & Safety (Landers & Rogers Lawyers), Sep 2009.
- Forensic Medicine, Deakin University, Oct 2009.
- Driving Assessment. Occupational Therapy students, Latrobe University, Nov 2009.
APPENDIX C: PRESENTATIONS continued

- Traffic Medicine, Law students, May 2010.

Parkin J.
- Life in Clinical Forensic Medicine, Open day students. Apr 2010.

Ranson D.
- Royal College of Pathologists Victoria Meeting, "Pathology Matters". Sep 2009.
- International Thai Police delegation, "Forensic Medical Services in Victoria". Sep 2009.
- "Medical Death Investigation" for Clinical Liaison Service, Sep 2009.
- Forensic Pathology for Victoria Police Arson and Explosives Squad, Sep 2009.
- St John of God Hospital, Geelong, "Forensic Pathology and the Coroner" Oct 2009.
- Forensic Pathology for Victoria Police Homicide Squad training program, Dec 2009.
- International Indonesian Police delegation, "Forensic Medical Services in Victoria". Dec 2009.
- Forensic Pathology for Victoria Police Detective Training School, Dec 2009.
- "Hyper and Hypothermia" RCPA Pathology Update Meeting, Mar 2010.
- Australian Funeral Director’s Association, “Bushfire Death Investigation” Mar 2010.
- Forensic Pathology for Victoria Police Detective Training School, Mar 2010.
- Crime Desk Officers training workshop, "Forensic Pathology at the death scene" Apr 2010.
- Elements of Forensic Medicine, “Interpretation of injuries and the autopsy” Apr 2010.
- Victoria Police Forensic Services Centre staff orientation, "Forensic Pathology" Apr 2010.
- Medical Law Tutorial, Monash University, "Compulsory Medical Treatment". Apr 2010.
- Medical Law Tutorial, Monash University, "Organ and tissue donation". May 2010.
- Faculty of Forensic and Legal Medicine Conference, Manchester, “DNA Contamination”, May 2010.
- Department of Pathology, Manchester Royal Infirmary, “Post Mortem CT Examination" May 2010.
- Faculty of Science, Monash University, "Forensic Pathology in Human Science" May 2010.

Sungaila A.
- Careers in Forensic Medicine, students, VIFM, Sep 2009.
- Sexual Assault Training Workshop, Doctors, Nurses, Hobart Hospital, Nov 2009.

Wells D.
- Recognising Child Abuse, ED staff, Dandenong Hospital, Aug2009.
- Case Discussion, Registrars Tutorials, Sep 2009.
- Mental Health ACT, Registrars Tutorials, Sep 2009.
- Child Abuse, Monash Medical Centre, Oct 2009.
- Forensic Medicine, Kyneton Rotary Club, Nov 2009.
- Clinical Forensic Medicine , Nov 2009.
- Issues in Causation, Latrobe University law students, Feb 2010.
- Global Justice, Canberra, Feb 2009.
- Forensic Medicine – Cold case or hot topic? Monash Medical fraternity, Feb 2009.
- Paediatric Forensic Medicine – law students, Apr 2010.

Williams A.
- Questioning the facts. PLC Year 11 students, Aug 2009.
- Sexual Assault. Law students, Apr 2010.

Woodford N.
- Bleeding from wounds. VFSC blood pattern course. Jun 2009
- Bomb and blast injuries. VFSC Bomb Analysis Course, Police Academy. Mar 2010
APPENDIX D: COMMITTEES

Council Sub-Committees

The Council has five working committees to ensure compliance with legislative, accreditation and other regulatory requirements.

Executive and Finance Committee (EFC)

The Council of the Victorian Institute of Forensic Medicine (“the Institute”) has appointed an Executive and Finance Committee (“the EFC”) to assist it in fulfilling its governance responsibilities. The Council has delegated certain functions to the EFC, as set out below.

The EFC is a standing Committee of Council and its functions are to:

• Oversee and monitor the service and financial performance of the Institute against the strategic plan and the budget;
• Review and recommend the annual budget prior to submitting it to Council for approval;
• Contribute to the development of the Institute’s strategic plan;
• Oversee and monitor the performance of key policies and strategies, as required;
• Advise Council about the Institute’s progress towards the delivery of the strategic plan;
• Recommend to Council the undertaking of reviews of service areas, as required;
• Consider any other matters referred to it by Council and or management; and
• Review executive and medical salaries pursuant to Section 3.4.7 of the Standing Directions of the Minister for Finance under the Financial Management Act 1994.

In performing its duties, the EFC will maintain effective working relationships with the Council and management.

Members:
Professor R Conyers (Chair), Prof. S Cordner, Mr. N Robertson, Mr. Tim Fitzmaurice, Ms Mari-Ann Scott (member & executive officer)

Audit and Risk Management Committee (ARMC)

The Council of the Victorian Institute of Forensic Medicine (the Institute) has appointed the Audit and Risk Management Committee (ARMC) to assist it in fulfilling its governance responsibilities. In particular, the ARMC is to assist the Council in overseeing matters of accountability and internal control affecting the operations of the Institute. The Council has delegated certain functions to the ARMC as set out below.

The ARMC is a standing committee of Council and its functions are to:

• Consider reports from employees of the Institute and the auditors about the integrity of the Institute’s financial processes, systems and reporting;
• Advise Council on the effectiveness of the financial and other risk management frameworks, including reviewing and approving the annual risk management framework and attestation statement;
• Review the financial and other risk policies of the Institute;
• Oversee all internal and external audit processes;
• Review and advise the Council on matters of accountability and the delegation of financial authority;
• Review, monitor and advise the Council on systems of financial control;
• Review and approve the Institute's process for monitoring compliance with laws and regulations including, but not limited to, financial management; and
• Review other strategic policies that are of relevance to the ARMC, including but not limited to, delegations, procurement, purchasing and outsourcing/contractors.

Members:
Professor R Conyers (Chair), Mr. N Robertson, Mr. Tim Fitzmaurice, Ms Mari-Ann Scott (executive officer)

Ethics Committee

The Ethics Committee is constituted and operates in accordance with the National Health & Medical Research Council National Statement on Ethical Conduct in Research Involving Humans.

The Committee

• considers and where appropriate approve, on the basis of ethical principles, applications for:
  - research involving the use of human tissue retrieved from the deceased undergoing a medical examination for the investigation of cause of death; and
  - research involving the use of information generated and/or stored at VIFM;
• considers any other questions of ethics affecting the operation of the VIFM as referred by the Director of VIFM. These matters do not include issues concerning the conduct of individual employees; and
• considers and advise the VIFM Council on the development of guidelines and policies relating to the ethical aspects of research at the VIFM.

The Committee also provides ethical guidance on issues submitted to it that relate to the operations of the Institute.

Members:
Mr Stephen Nossal (Chair), Deputy Chief Magistrate Felicity Broughton, Magistrate Jacinta Heftey, Coroner Audrey Jamieson, Dr Richard Newsonry, Mr Trent Brickle, Ms Joanne Nolan, Ms Lynne Wenig, Professor Stephen Cordner, Associate Professor David Wells, Dr Marisa Herson.

Executive Officers:
Ms Fiona Leahy, Ms Helen McKeelwe.

The Donor Tissue Bank Advisory Board

1. The Advisory Board is a sub-committee of council and was established by Council.
The functions of the Board are:

- To advise the Council and the Director of the VIFM about management and operations of the Donor Tissue Bank of Victoria;
- To oversee and monitor the operational guidelines of the Donor Tissue Bank of Victoria. This includes review of proposed amendments to technical procedures and of relevant documents to assure compliance with the Bank's procedures;
- To refer any matters involving issues of ethics to the VIFM Ethics Committee for advice and;
- To receive reports, suggestions, and advice from the various user groups as represented on the Board.

2. The Board may create subcommittees to assist in its functions but may not delegate any of its functions.

3. Preparation of the papers for meetings is a responsibility of the Head, Donor Tissue Bank of Victoria.

4. The minutes of Board meetings will be included in the Agenda papers for the meeting of the Council immediately following. The Donor Tissue Bank Advisory Board (the Board) is established and its membership appointed by the Council of the VIFM.

5. The Chair of the Advisory Board is the Director of the VIFM.

6. Membership of the Board is for a three year period, or any lesser period decided by the Council. Appointments to the Board are renewable.

7. The Board meets at least three times a year, usually in February, June and October.

Members:
Professor S Cordner (Chair), Mr. N Bergman, Ms. H Cleland, Mr. B Davis, Mr. P Skillington, Mr. D Spelman, Mr. I West, Ms L. Ireland
Executive Officer – Dr Marisa R Herson

The National Coroners Information System Committee

The National Coroners Information System (NCIS) is managed by the Victorian Institute of Forensic Medicine and the NCIS Committee is established to provide guidance and support for that management.

The Committee's functions are to:

1. Monitor the operation of the National Coronial Information System;
2. Provide guidance and support necessary for the NCIS to discharge its responsibilities to the core funders, the VIFM Council, State and Territory Coroners and any other key stakeholders;
3. Oversee the provision of services by the NCIS in accordance with agreements made with user agencies;
4. Receive and approve budget statements;
5. Receive and approve quarterly operational reports;
6. Receive and approve bi-annual and annual reports to be provided to the NCIS Board of Management via the VIFM Council;
7. Play an active role in ensuring effective communication between the NCIS and the core funders, the VIFM Council, State and Territory coroners (including the Australasian Coroners’ Society) and any other key stakeholders;
8. Oversee and review the NCIS user pays system;
9. Provide advice on privacy or ethical issues; and
10. Assess the feasibility of any proposals for new enhancements or major developments for the NCIS, and provide recommendations to the NCIS Board of Management about such proposals.

Members:
Judge Jennifer Coate (chair and VIC State Coroner), Magistrate Mary Jerram (NSW State Coroner), Professor James Harrison (Director of National Injury Surveillance Unit), Professor Joan Ozanne-Smith (NCIS Director), Professor Olaf Drummer (Head of Scientific Services, VIFM)

Other Institute Committees.

Occupational Health, Safety and Environment (OHSE) Committee

The OHS&E committee meets every bi-monthly and is a forum for representatives from all parts of the Coronial Services Centre to raise any OHS&E issues for action. Hazards are identified and reported by staff through the Continuous Improvement and Corrective Action system (eCIRCA) and are reviewed by the OHS&E committee and Quality Review Committee. The purpose of this committee is to:

- Develop and review safety procedures in use in the VIFM and the State Coroner's Office;
- Develop and review staff training and education in relation to OHS&E;
- Study incident statistics and examine any trends and recommend control measures and improvements; and
- Commission regular OHS&E audits, and recommend changes flowing from these.

Members from VIFM:
Prof. O Drummer (Chair) (until July 2009), Ms L La Combre (Chair) (from July 2009), Ms K Sadler, Ms E Orchard, Ms S Horomidis, Dr M Chu, Mr R Rose, Mr G McFarlane, Mr J Cosentino, Mr B Stewart, Mr M Brown, Ms H Makrakis (leave from July 2009 to June 2010), Ms C Holmes (to December 2009), Ms T Cristiano.

Members from CCoV:
Ms E Catford, Ms K Pieters, Ms S Mallon, Ms T Goodman (until September 2009), Ms T Cristiano.

Members from the National Coroners Information System Committee continued...
Internal Governance

The Research Advisory Committee

The Research Advisory Committee has been established to:

- To provide a strategic direction in the conduct of research at VIFM and for projects using VIFM intellectual property that are conducted off site.
- To advise the Institute’s Ethics Committee on the scientific merit of projects.
- To establish and manage a research project register of all proposed, current and post research projects.
- Encourage collaborative partnerships amongst researchers in similar fields
- Assist project leaders in accessing the scientific merit and project design of each proposal.

Members:
Professor Olaf Drummer, Professor Joan Ozanne-Smith, Dr Irene Kourtis, Dr Dadna Hartman, Dr Belinda Gabbe and Ms Fiona Leahy.

Quality Review Committee

This committee oversees and monitors the quality system and associated operations of VIFM.

During 2009-10, the committee reviewed Audit Reports from the VIFM Internal Audit Program, Quality Assurance Program reports (QAP), and Continuous Improvement Corrective Action Reports (CIRCA) covering issues relating to Complaints, Compliments, Equipment, Evidence Handling, External Service, Improvement Request, Internal Service, OHISE Issues, Safety Incidents and QAPs. The committee reviewed a number of investigation reports instigated by a complaint or any other issue affecting VIFM’s service and monitored the implementation of recommendations resulting from the investigations. Over the last year, a number of other staff also attended the QRC to discuss specific issues relating to their area.

Members:
Mari-Ann Scott (chair), Prof Stephen Cordner, A/Prof David Ranson (attendance in Director’s absence), Prof Olaf Drummer, Leanna La Combre & Soumela Horomidis.

Client Liaison Groups

Work Related Fatality Project: Steering Committee (2009/10)

Stan Krpan (WorkSafe), Assoc Professor Alex Collie (ISCRR), Professor Olaf Drummer, Professor Joan Ozanne-Smith

Heavy Vehicle (until end 2009)

Professor Joan Ozanne-Smith - Chair (WRLS), Peter White (SCO), Trevor Martin (WorkSafe Victoria), Ross Pilkington (VicRoads), Philip Lovel (Victorian Transport Association), Michael Nealer (Transport Workers Union), Inspector Richard Watkins (Victoria Police – Major Collision Investigation Unit), Bruce Corben (for Jeff Archer) (Monash University Accident Research Centre), Narelle Haworth (Queensland University of Technology), David Healy (Transport Accident Commission), Samantha Hague (CPU – SCO), Joseph Ibrahim (WRLS), Lisa Brodie (WRLS).

Alcohol and Drugs (until end 2009)

Professor Joan Ozanne-Smith – Chair (WRLS), Professor Olaf Drummer (VIFM), Coroner Audrey Jamieson (SCO), Chris Webb (WorkSafe Victoria), Samantha Hague (CPU – SCO), Jenny Hoar (SCO), Leading Senior Constable King Taylor (SCAU), Jessica Pearce (NSIS), Brian Heskeith (Victorian Transport Association), Dr Ken Pidd (National Centre for Education Training on Addiction), Professor Robin Room (Director of the AER Centre for Alcohol Policy Research, Turning Point Alcohol and Drug Centre), Gerry Ayers (Construction, Forestry, Mining, and Energy Union), Michael Nealer (Transport Workers Union), Eugene Richards (Transport Workers Union), Gary Wright (Incolink), Jessica Killian (Monash University Accident Research Centre), Professor Joseph Ibrahim (WRLS), Briohny Kennedy (WRLS), Nathan Grills (Vicotorian Public Health Training Scheme, VIFM).

Young and Novice Workers (until end 2009)

Professor Joan Ozanne-Smith – Chair (WRLS), Elizabeth Kilduff (WorkSafe Victoria), Caroline Hicks (WorkSafe Victoria), Jill McCabe (WorkSafe Victoria), Norman Kuttner (Victoria Police), Coroner Paresa Spanos (SCO), Jo Chambers (CPU – SCO), Gerry Ayers (Construction, Forestry, Mining and Energy Union), Danielle Archer (Victorian Trades Hall Council), Dr. Steve Cowley (Victorian Institute of Occupational Health and Safety), Professor Joseph Ibrahim (WRLS), Briohny Kennedy (WRLS), Lisa Brodie (WRLS).

Staff from Clinical Forensic Medicine sit on the following client liaison committees

The Clinical Forensic Medicine Client Liaison Services Group

Client Services Group

Ethical Standards Department

Traffic & Operational Support (TOPS)

Sexual Offence & Child Abuse Unit (SOCAU)

Sexual Assault Steering Committee (SASC)

Crisis Response

VIFM/VicRoads Neurology- Ophthalmology Consultative Committee

Victorian Forensic Paediatric Medical Services (VFPMS) Strategic Planning Committee
APPENDIX E: VIFM STAFF

Office of Director
Director, Victorian Institute of Forensic Medicine: Stephen Cordner MA MB BS BMedSci DIP CRIM DMJ(Path) FRCPATH FRCPA
Deputy Director: David Ranson BMedSci BM BS LLB FACLM FRCPA FRCPA FFFLM DMJ(Path)
Manager, Medico-legal Policy and Projects: Helen McKelvie LLB BA, Fiona Leahy LLB(Hons) BA
Research Officer: Katrina Stuart BBNSc (Hons)

Administrative Support Services
Chief Operating Officer: Mari-Ann Scott BEcon (Hons) MPhil
Executive Administration Officer: Andrea Hince BA DipHR, Fiona Lawrence
Manager, Information & Data Analysis & Building Redevelopment: Vicky Winship BSc (Hons)

Governance, Strategic Projects, OHS and Risk
Manager, Governance, Strategic Projects & Risk: Leanna La Combre BA
GradDipPP LLB
Senior OH&S Consultant: Emily Orchard BSc MFcSc MBA (Exec)

Finance and Business Services
Manager, Finance & Business Services: Peter Ford ACCA
Senior Financial Accountant: Lauren Murtan BA/Bcom DipModLang CPA
Facilities Management Officer: Jim Cosentino
Maintenance & Facilities Officer: Michael Gregory
Purchasing, Stores & Contracts Officer: Michael Georgesz
Functions & Administration Officer: David Freeman
Accounts Payable Officer: Jeanette Buckley
Accounts Receivable Officer: Margaret Stolke
Receptionist: Gaie Russell

Technology Services
Manager, Technology Services: Aldo Morales BTech
Acting Manager, Technology Services: Murray Hall BAppSc Beng
System Architect/Lead Security Officer: Gavin Reichel BComp
Information Support/Release Management: Jenny Neame BA GradDip AppSci GradDip TESOL DipEd
Windows & Desktop Administrator: Ron Rose BAppSc
NCIS Systems Architect: Jarrod Boxall Cert(IT)
Analyst Programmer: Alexander Alimansjah BComp
Manager, Forensic Imaging Services: Caroline Rosenberg BSc CertIVForSc
Manager, Library: Kerry Johannes ARMIT AALIA

Quality and Improvement
Manager, Quality & Improvement: Soumela Horomidis BSc
Quality & System Improvement Officer: Frances Adams BSc(Hons) MBiotechBus, George Djordjiev BSc Chem, Tram Trinh BAppSc.
Quality Support Officer: Helen Makrakis BAppSc Dip Health

Human Resources and Organisational Development Group
Manager, Human Resources: Suzanne Annese, Faye Reppas
Human Resources Consultant: Angela Placente, Lisa Omer, Deirdre Pereira
Human Resources Officer: Darren Crosby

Donor Tissue Bank of Victoria
Head, Donor Tissue Bank of Victoria: Marisa Herson MD PhD
Operations Manager, DTBV: Stefan Poniatowski BSc (Hons) MIBMS
Manager, Donor Tissue Coordination: Alice Gleeson
Donor Tissue Coordinator: Karen Davies, Susan Dickie, Joanna Forthear, Trish Spillman, Beverley Tyack, Philippa Baker, Jane Boag, Josephine McGregor
Senior Scientist: Kellie Hamilton BSc (Hons)
Microbiologist: Alina Inserna, Tyra Markert BSc (Hons), Jenny Milne BSc (Hons) MSc B.Litt MASM
Scientist: Katy Sadler MSc, Ben Stewart BSc
Technician: Kimberley McNeill BSc Health (Paramedic), Talitha Pitt, Jonathon Tarascio BAppSc Dip Lab Tech, Alastair Freemantle, Danielle McLean
Administration Officer: Julie Meams, Dianne Ansell

Forensic and Scientific Services
Head, Forensic & Scientific Services: Olaf Drummer PhD BAppSc MRACI FRCPA
Business Operations Manager: Irene Kourtis PhD BAppSc(Hons) GDip IP Law
Personal Assistant: Ceril Pereira
Administration Officer: Luba Pylnik

Toxicology
Manager, Toxicology: Dimitri Gerostamoulo PhD BSc (Hons)
Senior Applications Chemist: Jochen Beyer PhD B Pharm
Senior Scientist: Kerryn Crump DipAppSc BAppSc MSc, Linda Glowacki PhD BAppSc(Hons), Alex Kotsos MSc BSc, Maria Pricone BSc (Hons), Voula Staikos BAppSc
Scientist: Mary Boratto BSc (Hons), Mark Chu PhD (Med), BSc (Hons), Sue Cuel BAppSc, Jessica Fernandez, Natalia George BAppSc MBA, Melynda Hargreaves BAppSc, Jennifer Pilgrim BSc(Hons), Luke Rodda BAppSc (Hons), Eva Saar BPharm PhD candidate, Penny Taylor MSc BSc, Sophie Turfus PhD BSc (Hons) MSc, Jennifer Wallington BAppSc (Hons), Sophie Widdop, Katherine Wong BSc (Hons), Jessica Woods BSc (Hons), Catherine Wort BSc BA, Tu Vo BAppSc, Thom Vu BSc (Hons), Matthew Di Rago BAppSc
Technical Officer: Karen Lee U/Grad BSc, Grace Wang

Histology
Manager, Histology: David Cauchi BSc
Senior Scientist: Joanne Hanna BAppSc
Manager: Michael Pais BAppSc
Technician: Robert Coyle Dip Lab Tech, Jonathon Tarascio BAppSc Dip Lab Tech

Molecular Biology
Manager, Molecular Biology: Dadna Hartman BSc (Hons) PhD
Senior Scientist: April Stock BSc (Hons), Joy Russell BA/BSc (Hons)
Scientist: Ashil Davawala BSc GradDip (BioTech) GradDip (MedLabSci), Jane Devenish-Mears, Leith Morenos BA/BSc (Hons), Linda Benton BSc, Michelle Spiden MSc BSc/BA
Research Assistant: Zoe Bowman
Honours Student: Claire Weeden

NCIS
Manager, NCIS: Jessica Pearse BIM
Quality Manager: Leanne Daking BHM BBusIT
Senior Coder Fatal Road Crash Database: Bronwyn Hewitt BHM
Coder Fatal Road Crash Database: Judy Schulz BHM
Quality Assurance/IT Officer: Tony Chan Dip Physics (Hons)
NCIS Access Officer: Maree Hoy BA
NCIS Administration Officer: Joanna Cotsonis, Catherine Daley BScSc Grad Dip(Arts) GradCert(Arts)
NCIS Coronial Liaison Officer: Lisa Crockett
Research Officer: Steven Haas BPharm BPharmSc(Hons) PhD
ICD-10 Coder: Jodi McMillan
Data and Communications Officer: Anne McKenzie
Forensic Pathology Services
Head, Forensic Pathology Services: Noel Woodford MBBS LLM DMJ(Path) FRCPA FRCPath
Forensic Pathologist: Melissa Baker MBBS (Hons) FRCPA, Paul Bedford MB BS FRCPA DipForensPath, Michael Burke MB BS BSc FRCPA DipForensPath, Malcolm Dodd MB BS FRCPA DMJ(Path) AssocDipMLT MAIFLM AAIMLT FACBS GradCert Health Prof Ed, Linda Iles MB Sc MB (Hons) FRCPA DMJ (Path), Matthew Lynch MB BS LLB (Hons) FRCPA DipForensPath DMJ (Path), Sarah Parsons B Med Sci (Hons) MB BS (Hons) (Tas) FRCPA, Shelley Robertson MBBS LLB A MusA FRCPA DMJ(Path) FACLM DaVMed MHealSc FFFLM
Forensic Pathology Registrar: Justin Du Plessis MChB, Deepali Kamra, Mikkaela McCormack MB BS LLB, Julie Anne Teague MBBS BMed Sc Sessional Radiologist: Chris O’Donnell MBBS FRANZCR MMEd GradDipForMed Medico Legal Death Investigations
Manager, Medical Services: Jeff Lomas BA GradDip Soc Sc (Gestalt Therapy) Consultant Physician: Sandra Neate MBBS DA (UK) Dip RACOG FACEM Medical Liaison Nurse Consultant: Melissa Mogford, Patricia O’Brien GradDipCrim MBA BA ITN RM RN Medical Administration Officer: Laura Hart, Jill Lloyd, Mary Reddan Medical Records and Case Management Officer: Carole Spence Forensic Technical Services
Manager, Forensic Technical Services: Jodie Leditschke PhD BSc Senior Forensic Technical Officer: Keith Bretherton, Sarsha Collett BSc (Hons), Rebecca Ellen AssocDip MedLabSc, Barry Murphy CertAnatPath, Emily Orchard BSc MFC Sc MBA (Exec)
Forensic Technical Officer: Sebastian Belfrage BBiomedSc, Matthew Brown BHS BSc, Peter Bury Dip MedLabSc DipPhoto, Rubyah Haouchar JP, James Heywood BSc, Clare Holmes BSc, Brian Lloyd, Abby McClure, Helen Messinis, Lyndie-Leigh Shaw Dip HealthSc (Nursing) Dip(Ambulance Paramedic), Danielle Stevens, Jennah Tiu BSc Cert III(Path), Samantha Whitehead BSc Forensic Technical Assistant: Jill McBain, Erin Olsen Human Identification Services (HIS)
Manager, National & International Programs: Catherine Bean Senior Forensic Anthropologist: Soren Blau BA (Hons) MSc PhD Forensic Anthropologist: Christopher Briggs DipEd BSc MS PhD Forensic Entomologist: Melanie Archer BSc (Hons) PhD Senior Forensic Odontologist: Tony Hill BDS GradDipForOdont Sessional Forensic Odontologist: Richard Bassed BDS GradDipForOdont PhD Candidate Clinical Forensic Medicine Services
Head, Clinical Forensic Medicine: David Wells OAM MA MBBS DMU GradCertHigherEd DipRACOG FRACGP FACLM FFLM Business Operations Manager: Elisabeth Lowry BHMSc Administration Officer: Gabrielle Conners, Noelle Large Administration Assistant: Elizabeth Daly Postgraduate Course Administrator: Debbie Hellings CertBus Physicians, Nurses, Registrars
Forensic Network Coordinator: Renee McMahon BN GradCertNurs CFNS Clinical Forensic Medical Registrar: Jonathon Agunwa, Tristan Crowe, Kelly Davis, Umaiyal Devarajah, John Giannakakis, Jo Ann Parkin, Darren So.

Department of Forensic Medicine
Head, Department of Forensic Medicine: Olaf Drummer PhD(Med) BAppSc(Chem) MRACI FRCPA Business Manager, Teaching & Research: Vicki McAuliffe Exec CertBusMgt WRLS, Prevention and Research Manager, Prevention Services / Principal Research Fellow: Joan Ozanne-Smith MBBS MPH MA MD FAPPHM Consultant, Forensic Physician: Joe Ibrahim MBBS PhD FAPPHM FRACP, Adam O’Brien Research Officer: Briohny Kennedy BAppSci Honors FSc A Nutr Research Assistant: Judith McInnes BSc(Hons), Fiona Kitching BA/BSc, Matthew Green Senior Research Fellow: Virginia Routley BEd GradDipAppSc MPH Research Fellow: Christopher Jones Administration Assistant: Sallyanne Brady, Mellita Hunter Medical Law Program Convenor Medical Law Program: Leanna Darvall LLB PhD Administrator: Caroline Ruttner BA DipCrim DipFP Resident Students PhD Student: Janet Davey MSc PhD candidate, Eva Saar BPharm PhD candidate Fellow, Victorian Public Health Training Scheme: Angela Rintoul BA MSc Sc PhD candidate

Human Identification Services (HIS)
Manager, National & International Programs: Catherine Bean Senior Forensic Anthropologist: Soren Blau BA (Hons) MSc PhD Forensic Anthropologist: Christopher Briggs DipEd BSc MS PhD Forensic Entomologist: Melanie Archer BSc (Hons) PhD Senior Forensic Odontologist: Tony Hill BDS GradDipForOdont Sessional Forensic Odontologist: Richard Bassed BDS GradDipForOdont PhD Candidate Clinical Forensic Medicine Services
Head, Clinical Forensic Medicine: David Wells OAM MA MBBS DMU GradCertHigherEd DipRACOG FRACGP FACLM FFLM Business Operations Manager: Elisabeth Lowry BHMSc Administration Officer: Gabrielle Conners, Noelle Large Administration Assistant: Elizabeth Daly Postgraduate Course Administrator: Debbie Hellings CertBus Physicians, Nurses, Registrars
Forensic Network Coordinator: Renee McMahon BN GradCertNurs CFNS Clinical Forensic Medical Registrar: Jonathon Agunwa, Tristan Crowe, Kelly Davis, Umaiyal Devarajah, John Giannakakis, Jo Ann Parkin, Darren So.

Department of Forensic Medicine
Head, Department of Forensic Medicine: Olaf Drummer PhD(Med) BAppSc(Chem) MRACI FRCPA Business Manager, Teaching & Research: Vicki McAuliffe Exec CertBusMgt WRLS, Prevention and Research Manager, Prevention Services / Principal Research Fellow: Joan Ozanne-Smith MBBS MPH MA MD FAPPHM Consultant, Forensic Physician: Joe Ibrahim MBBS PhD FAPPHM FRACP, Adam O’Brien Research Officer: Briohny Kennedy BAppSci Honors FSc A Nutr Research Assistant: Judith McInnes BSc(Hons), Fiona Kitching BA/BSc, Matthew Green Senior Research Fellow: Virginia Routley BEd GradDipAppSc MPH Research Fellow: Christopher Jones Administration Assistant: Sallyanne Brady, Mellita Hunter Medical Law Program Convenor Medical Law Program: Leanna Darvall LLB PhD Administrator: Caroline Ruttner BA DipCrim DipFP Resident Students PhD Student: Janet Davey MSc PhD candidate, Eva Saar BPharm PhD candidate Fellow, Victorian Public Health Training Scheme: Angela Rintoul BA MSc Sc PhD candidate
## APPENDIX F: VIFM CONTRACT STAFF

### Forensic Nurses

- Allen, Katrina
- Armishaw, Judy
- Ashworth, Philippa
- Barker, Adrian
- Barker, Kerry
- Bickerton, Hazel
- Biesiekierski, Christine
- Boyle, Josephine
- Brettell, Mary
- Carboon, Anita Carol
- Cittarelli, Caroline
- Coleman, Julienne
- Deavin, Paula
- Dekraker, Vicky
- Dobinson, Sheranne
- Dorgan, Damien
- Drummond, Michele
- Duggan, Graham
- Elgood, Jenny
- Forteath, Joanna
- Gifford-Ellis, Prunella
- Guilmartin, Beverley
- Hammer, Frances Teresa
- Heard, Josephine
- Hogan, Michelle
- Hollenback, Karyn
- Jenkins, Ruth
- Keating, Angela
- Kuipers, Diane
- Lacey, Bronwyn
- Lawrey, Clinton
- MacFarlane, Fiona
- Markham, Helen
- McCurdy, Linda
- McMahon, Renee
- Mentis, Colleen
- Milroy, Debra
- Moloney, Sharna
- Moore, Laurene
- Morgan, Kerryn
- Morton, April
- Mosbey, Tanya
- Moss, Jason
- Mulvihill, Simone
- Muroiwa, Patricia
- O’Hehir, Adele
- Oxley, Jennifer
- Paraska, Christine
- Parrello, Leanne
- Peverill, Michael
- Peverill, Miranda
- Pilkington, Shirley
- Ploeger, Heather
- Porter, Sally
- Potter, Robyn
- Quanchi, Andrea
- Quinn, Christine
- Scanlon, Gerard
- Schulz, Susanne
- Shilton, Gillian
- Singh, Amarjit
- Sloan, Kate
- Stafford, John
- Tatchell, Lisa
- Templeton, Karen
- Thompson, Jill
- Thornhill, Jodie
- Trail, Margaret
- Turner, Patrick
- Valeri, Erica
- Van Eck, Sheenah Lee
- Wallis, Suzanne
- Warburton, Tracie
- Weber, Brigitte
- Weir, Debbie
- Weir, Fiona
- Whelan, Ann

### Forensic Medical Officers providing services across Victoria

- Altson, Malcolm
- Amarasinghe, Chanaka
- Beaton, Chris
- Booth, Stewart
- Christie, Fiona
- Demediuk, Nick
- Dewhurst, Helen
- Eastaugh, Peter
- Eddye, David
- Guymer, John
- Hand, Ruth
- Harrison, Suzanne
- Henderson, John
- Hides, Robyn
- Holland, Mary
- Hope, Louisa
- Love, Joanna
- Loy, Cameron
- Martin, Michael
- McGowan, Rebecca
- Mills, Jenny
- Mitra, Dev
- Moran, John
- Morgan, Edward
- Moule, Veronica
- Murphy, Brian
- Murphy, Gerald
- Norden, Mark
- O’Donoghue, John
- Parkin, Jo Ann
- Perriment, Gillian
- Pickersgill, Tracy
- Price, Ian
- Profitt, Cameron
- Ramsey, Jill
- Ryan, Matt
- Reid, Nicole
- Sanderson, Christine
- Soloczynskyj, Andrew
- Schoefel, Belinda
- Sherriff, Dianne
- Stevens, Jeremy
- Stewart, Ruth
- Tavcar, Kristina
- Thies, Nick
- Thompson, Coralyn
- Tran, Neil
- Tsipouras, Spiro
- Uren, Elizabeth
- Wilson, David
- Wong, Michael
Accountable officer's and chief finance and accounting officer's declaration

We certify that the attached financial statements for the Victorian Institute of Forensic Medicine have been prepared in accordance with Standing Direction 4.2 of the Financial Management Act 1994, applicable Financial Reporting Directions, Australian Accounting Standards, including interpretations and other mandatory professional reporting requirements.

We further state that, in our opinion, the information set out in the Comprehensive operating statement, Balance sheet, Statement of changes in equity, Cash flow statement and notes forming part of the financial statements, presents fairly the financial transactions during the year ended 30 June 2010 and financial position of the Institute as at 30 June 2010.

We are not aware of any circumstance which would render any particulars included in the financial statements to be materially misleading or inaccurate.

We authorise the attached financial statements for issue on 7 September 2010.

Associate Professor David Ranson
Acting Director
Victorian Institute of Forensic Medicine

Ms Mari-Ann Scott
Chief Operating Officer
Victorian Institute of Forensic Medicine

Melbourne
7 September 2010
Comprehensive operating statement
For the financial year ended 30 June 2010

<table>
<thead>
<tr>
<th>Income from transactions</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant - Department of Justice</td>
<td>20,980,056</td>
<td>14,841,440</td>
</tr>
<tr>
<td>Other income</td>
<td>4,797,170</td>
<td>9,070,696</td>
</tr>
<tr>
<td><strong>Total income from transactions</strong></td>
<td><strong>25,777,226</strong></td>
<td><strong>23,912,136</strong></td>
</tr>
</tbody>
</table>

| Expenses from transactions                    |               |               |
| Employee expenses                             | (17,503,442)  | (14,244,919)  |
| Depreciation and amortisation                 | (833,220)     | (710,327)     |
| Interest expense                              | (17,030)      | (14,747)      |
| Other operating expenses                      | (7,303,997)   | (9,041,701)   |
| **Total expenses from transactions**          | **(25,657,689)**| **(24,011,694)**|

| Net result from transactions (net operating balance) | 119,537       | (99,558)      |

| Other economic flows included in net result     |               |               |
| Net gain/(loss) on financial instruments and contractual receivables | 10,372        | (18,075)      |
| Other gain/(loss) from other economic flows     | 2,818         | (61,999)      |
| **Total other economic flows included in net result** | **13,190**   | **(80,074)** |

| Net result                                     | 132,727       | (179,632)     |

| Comprehensive result                           | 132,727       | (179,632)     |

*The Comprehensive operating statement should be read in conjunction with the accompanying notes.*
## Balance sheet

**As at 30 June 2010**

<table>
<thead>
<tr>
<th>Notes</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Financial assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and deposits 16</td>
<td>$2,043,336</td>
<td>$2,282,880</td>
</tr>
<tr>
<td>Receivables 5</td>
<td>$5,826,907</td>
<td>$4,212,550</td>
</tr>
<tr>
<td><strong>Total financial assets</strong></td>
<td>$7,870,243</td>
<td>$6,495,430</td>
</tr>
<tr>
<td><strong>Non-financial assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inventories</td>
<td>$14,364</td>
<td>$17,266</td>
</tr>
<tr>
<td>Property, plant and equipment 7</td>
<td>$6,889,836</td>
<td>$6,831,175</td>
</tr>
<tr>
<td>Non-financial assets classified as held for sale 6</td>
<td>$15,492</td>
<td>$14,165</td>
</tr>
<tr>
<td><strong>Total non-financial assets</strong></td>
<td>$6,919,692</td>
<td>$6,862,606</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>$14,789,935</td>
<td>$13,358,036</td>
</tr>
<tr>
<td><strong>Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payables 8</td>
<td>$1,233,993</td>
<td>$1,264,207</td>
</tr>
<tr>
<td>Borrowings 9</td>
<td>$281,794</td>
<td>$182,126</td>
</tr>
<tr>
<td>Provisions 10</td>
<td>$4,523,393</td>
<td>$3,545,100</td>
</tr>
<tr>
<td>Other liabilities</td>
<td>$632,793</td>
<td>$381,368</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td>$6,671,973</td>
<td>$5,372,801</td>
</tr>
<tr>
<td><strong>Net assets</strong></td>
<td>$8,117,962</td>
<td>$7,985,235</td>
</tr>
<tr>
<td><strong>Equity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accumulated surplus/(deficit)</td>
<td>($1,915,505)</td>
<td>($2,048,232)</td>
</tr>
<tr>
<td><strong>Contributed capital</strong></td>
<td>$10,033,467</td>
<td>$10,033,467</td>
</tr>
<tr>
<td><strong>Net worth</strong></td>
<td>$8,117,962</td>
<td>$7,985,235</td>
</tr>
<tr>
<td><strong>Commitments for expenditure</strong> 13</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Contingent assets and contingent liabilities</strong> 14</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The Balance sheet should be read in conjunction with the accompanying notes.
# Statement of changes in equity

For the financial year ended 30 June 2010

<table>
<thead>
<tr>
<th>Changes due to</th>
<th>Equity at 1 July 2009</th>
<th>Total comprehensive result</th>
<th>Transactions with owner in its capacity as owner</th>
<th>Equity at 30 June 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accumulated surplus/(deficit)</td>
<td>(2,048,232)</td>
<td>132,727</td>
<td>-</td>
<td>(1,915,505)</td>
</tr>
<tr>
<td>Contribution by owners</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capital appropriations</td>
<td>10,033,467</td>
<td>-</td>
<td>-</td>
<td>10,033,467</td>
</tr>
<tr>
<td>Total equity at end of financial year</td>
<td>7,985,235</td>
<td>132,727</td>
<td>-</td>
<td>8,117,962</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Changes due to</th>
<th>Equity at 1 July 2008</th>
<th>Total comprehensive result</th>
<th>Transactions with owner in its capacity as owner</th>
<th>Equity at 30 June 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accumulated surplus/(deficit)</td>
<td>(1,868,600)</td>
<td>(179,632)</td>
<td>-</td>
<td>(2,048,232)</td>
</tr>
<tr>
<td>Contribution by owners</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capital appropriations</td>
<td>9,047,453</td>
<td>-</td>
<td>986,014</td>
<td>10,033,467</td>
</tr>
<tr>
<td>Total equity at end of financial year</td>
<td>7,178,853</td>
<td>(179,632)</td>
<td>986,014</td>
<td>7,985,235</td>
</tr>
</tbody>
</table>

The above Statement of changes in equity should be read in conjunction with the accompanying notes.
## Cash flow statement

For the financial year ended 30 June 2010

<table>
<thead>
<tr>
<th>Notes</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Cash flows from operating activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receipts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receipts from Government</td>
<td>19,067,122</td>
<td>14,415,632</td>
</tr>
<tr>
<td>Receipts from other entities</td>
<td>5,312,909</td>
<td>9,111,906</td>
</tr>
<tr>
<td>Interest received</td>
<td>34,262</td>
<td>89,997</td>
</tr>
<tr>
<td><strong>Total receipts</strong></td>
<td>24,414,293</td>
<td>23,617,535</td>
</tr>
<tr>
<td>Payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payments to suppliers and employees</td>
<td>(23,843,267)</td>
<td>(22,688,541)</td>
</tr>
<tr>
<td>Interest and other costs of finance paid</td>
<td>(17,030)</td>
<td>(14,747)</td>
</tr>
<tr>
<td><strong>Total payments</strong></td>
<td>(23,860,297)</td>
<td>(22,703,288)</td>
</tr>
<tr>
<td><strong>Net cash flows from/(used in) operating activities</strong></td>
<td>16(b)</td>
<td>553,996</td>
</tr>
<tr>
<td><strong>Cash flows from investing activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payments for non-financial assets</td>
<td>(730,260)</td>
<td>(1,665,601)</td>
</tr>
<tr>
<td><strong>Net cash flows from/(used in) investing activities</strong></td>
<td>(730,260)</td>
<td>(1,665,601)</td>
</tr>
<tr>
<td><strong>Cash flows from financing activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Owner contributions by State Government</td>
<td>-</td>
<td>1,021,987</td>
</tr>
<tr>
<td>Repayment of finance leases</td>
<td>(63,280)</td>
<td>(50,958)</td>
</tr>
<tr>
<td><strong>Net cash flows from/(used in) financing activities</strong></td>
<td>(63,280)</td>
<td>971,029</td>
</tr>
<tr>
<td><strong>Net increase/(decrease) in cash and cash equivalents</strong></td>
<td>(239,544)</td>
<td>219,675</td>
</tr>
<tr>
<td>Cash and cash equivalents at beginning of the financial year</td>
<td>2,282,880</td>
<td>2,063,205</td>
</tr>
<tr>
<td><strong>Cash and cash equivalents at end of the financial year</strong></td>
<td>16(a)</td>
<td>2,043,336</td>
</tr>
<tr>
<td>Non-cash transactions</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>16(b)</td>
<td></td>
</tr>
</tbody>
</table>

The Cash flow statement should be read in conjunction with the accompanying notes.
Notes to the financial statements
For the financial year ended 30 June 2010

Note 1. Summary of significant accounting policies

The annual financial statements represent the audited general purpose financial statements for the Victorian Institute of Forensic Medicine.

To gain a better understanding of the terminology used in this report, a glossary of terms can be found in Note 20.

(a) Statement of compliance

These financial statements have been prepared in accordance with the Financial Management Act 1994 and applicable Australian Accounting Standards, including Interpretations (AASs). AASs include Australian equivalents to International Financial Reporting Standards.

Where applicable, those paragraphs of the AASs applicable to not-for-profit entities have been applied.

The annual financial statements were authorised for issue by the Director of the Victorian Institute of Forensic Medicine on 7 September 2010.

(b) Basis of accounting preparation and measurement

The accrual basis of accounting has been applied in the preparation of these financial statements whereby assets, liabilities, equity, income and expenses are recognised in the reporting period to which they relate, regardless of when cash is received or paid.

The financial statements are presented in Australian dollars, the functional and presentation currency of the Institute.

In the application of AASs, management is required to make judgements, estimates and assumptions about carrying values of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and various other factors that are believed to be reasonable under the circumstance, the results of which form the basis of making the judgements. Actual results may differ from estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision, and future periods if the revision affects both current and future periods. Judgements made by management in the application of AASs that have significant effects on the financial statements and estimates, with a risk of material adjustments in the subsequently reporting period, are disclosed throughout the notes to the financial statements.

The report has been prepared in accordance with the historical cost convention except for:

- non-current physical assets which, subsequent to acquisition, are measured at a revalued amount being fair value at the date of the revaluation less and subsequent accumulated depreciation and subsequent impairment losses. Revaluations are made with sufficient regularity to ensure that the carrying amounts do not materially differ from their fair value;
- the fair value of an asset other than land is generally based on its depreciated replacement value; and

Historical cost is based on the fair values of the consideration given in exchange for assets.

Accounting policies are selected and applied in a manner which ensures that the resulting financial information satisfies the concepts of relevance and reliability, thereby ensuring that the substance of the underlying transactions or other events is reported.

The accounting policies set out below have been applied in preparing the financial statements for the year ended 30 June 2010 and the comparative information presented for the year ended 30 June 2009.

(c) Reporting entity

The financial statements cover the Victorian Institute of Forensic Medicine as an individual reporting entity. The Institute is a body corporate established under Part 9 of the Victorian Coroners Act 1985 operating under the auspices of the Department of Justice and reporting to Parliament through the Attorney-General. The Institute's objectives, functions, powers and duties are set out in sections 64 to 66 of the Act. Its principal address is:
Victorian Institute of Forensic Medicine  
57-83 Kavanagh Street  
Southbank VIC 3006  

The financial statements include all the controlled activities of the Victorian Institute of Forensic Medicine.

Objectives and funding  
The Institute works predominantly in accordance with two pieces of legislation: the Coroners Act 1985 and the Human Tissue Act 1982. Section 64(2) of the Coroners Act 1985 provides that the objectives of the Institute are:

- to provide, promote and assist in the provision of forensic pathology and related services in Victoria and, as far as practicable, oversee and co-ordinate those services in Victoria;
- to promote, provide and assist in the post-graduate instruction and training of trainee specialist pathologists in the field of forensic pathology in Victoria;
- to provide, promote and assist in the post-graduate instruction and training of persons qualified in biological sciences in the field of toxicological and forensic science in Victoria;
- to provide training facilities for doctors, medical undergraduates and such other persons as may be considered appropriate by the Council to assist in the proper functioning of the Institute;
- to conduct research in the fields of forensic pathology, forensic science, clinical forensic medicine and associated fields as approved by the Council;
- to provide, promote and assist in the provision of clinical forensic medicine and related services to the police force of Victoria and government bodies;
- to promote, provide and assist in under-graduate and post-graduate instruction in the field of clinical forensic medicine in Victoria;
- to promote, provide and assist in the teaching of and training in clinical forensic medicine within medical, legal, general health and other education programs; and
- to provide for the storage of tissue, taken in accordance with the Human Tissue Act 1982 from deceased persons coming under the jurisdiction of coroners in Victoria, for use for therapeutic purposes.

The Human Tissue Act 1982 regulates the donation of human tissue by living persons and after death. It provides authority for post-mortem examinations, prohibits the trading in human tissue and gives a definition of death.

(d) Scope and presentation of financial statements  
Comprehensive operating statement  
Income and expenses in the comprehensive operating statement are classified according to whether or not they arise from ‘transactions’ or ‘other economic flows’. This classification is consistent with the whole of government reporting format and is allowed under AASB 101 Presentation of financial statements.

‘Transactions’ and ‘other economic flows’ are defined by the Australian system of government finance statistics: concepts, sources and methods 2005 Cat. No. 5514.0 published by the Australian Bureau of Statistics (see Note 20).

‘Transactions’ are those economic flows that are considered to arise as a result of policy decisions, usually interactions between two entities by mutual agreement. Transactions also include flows within an entity, such as depreciation where the owner is simultaneously acting as the owner of the depreciating asset and as the consumer of the service provided by the asset. Taxation is regarded as mutually agreed interactions between the Government and taxpayers. Transactions can be in kind (e.g. assets provided/given free of charge or for nominal consideration) or where the final consideration is cash.

‘Other economic flows’ are changes arising from market re-measurements. They include gains and losses from disposals, revaluations and impairments of non-current physical and intangible assets; actuarial gains and losses arising from defined benefit superannuation plans; fair value changes of financial instruments and agricultural assets; and depletion of natural assets (non-produced) from their use or removal.

The net result is equivalent to profit or loss derived in accordance with AASs.

Balance sheet  
Assets and liabilities are presented in liquidity order with assets aggregated into, financial assets and non-financial assets.

Current and non-current assets and liabilities (those expected to be recovered or settled beyond 12 months) are disclosed in the notes, where relevant.
Notes to the financial statements
For the financial year ended 30 June 2010

Statement of changes in equity
The statement of changes in equity presents reconciliations of each non-owner and owner equity opening balance at the beginning of the reporting period to the closing balance at the end of the reporting period. It also shows separately changes due to amounts recognised in the comprehensive result and amounts recognised in other comprehensive income related to other non-owner changes in equity.

Cash flow statement
Cash flows are classified according to whether or not they arise from operating activities, investing activities, or financing activities. This classification is consistent with requirements under AASB 107 Statement of cash flows.

(e) Income from transactions
Income is recognised to the extent that it is probable that the economic benefits will flow to the entity and the income can be reliably measured.

Government grants
Income from the outputs the Institute provides to Government is recognised when those outputs have been delivered and the relevant Minister has certified delivery of those outputs in accordance with specified performance criteria.

Interest income
Interest income includes interest received on interest from investments.

Other income
Amounts disclosed as income are, where applicable, net of returns, allowances and duties and taxes. Income is recognised for each of the Institute's major activities as follows:

The Fee for Service Fund and the Donor Tissue Bank
The Fee for Service Fund and the Donor Tissue Bank income represents services rendered to clients which are recognised when the service is provided.

(f) Expenses from transactions
Expenses are recognised as they are incurred and reported in the financial year to which they relate.

Employee expenses
Employee expenses include superannuation expenses which are reported differently depending upon whether employees are members of defined benefit or defined contribution plans. In relation to defined contribution (i.e. accumulation) superannuation plans, the associated expense is simply the employer contributions that are paid or payable in respect of employees who are members of these plans during the reporting period. Employer superannuation expenses in relation to employees who are members of defined benefit superannuation plans are described below.

Superannuation - State superannuation defined benefit plans
The amount recognised in the Comprehensive operating statement in relation to employer contributions for members of defined benefit superannuation plans is simply the employer contributions that are paid or payable to these plans during the reporting period. The level of these contributions will vary depending upon the relevant rules of each plan, and is based upon actuarial advice.

The Department of Treasury and Finance (DTF) in their Annual Financial Statements, recognise on behalf of the State as the sponsoring employer, the net defined benefit cost related to the members of these plans. Refer to DTF’s Annual Financial Statements for more detailed disclosures in relation to these plans.

The amount recognised in the Comprehensive operating statement in respect of defined benefit superannuation plans represents the accrual of benefits during the reporting period. Note 11 provides further details.
Depreciation and amortisation
All infrastructure assets, buildings, plant and equipment and other non-current physical assets (excluding items under operating leases and assets held-for-sale) that have a limited useful life are depreciated. Depreciation is generally calculated on a straight-line basis, at rates that allocate the asset’s value, less any estimated residual value, over its estimated useful life.

Leasehold improvements are depreciated over the period of the lease or estimated useful life, whichever is the shorter, using the straight-line method. The estimated useful lives, residual values and depreciation method are reviewed at the end of each annual reporting period.

The following are typical estimated useful lives for the different asset classes for both current and prior years:

<table>
<thead>
<tr>
<th>Asset class</th>
<th>Useful life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buildings</td>
<td>26 years</td>
</tr>
<tr>
<td>Plant, equipment and vehicles</td>
<td>3 to 15 years</td>
</tr>
</tbody>
</table>

Interest expense
Interest expenses are recognised as expenses in the period in which they are incurred. Refer to glossary of terms in Note 20 for an explanation of interest expense items.

Other operating expenses
Other operating expenses generally represent the day-to-day running costs incurred in normal operations.

Supplies and services
Supplies and services expenses are recognised as an expense in the reporting period in which they are incurred. The carrying amounts of any inventories held for distribution are expenses when distributed.

Bad and doubtful debts
Bad and doubtful debts are assessed on a regular basis. Those bad debts considered as written off by mutual consent are classified as a transaction expense. Those written off unilaterally and the allowance for doubtful receivables, are classified as other economic flows (refer to Note 1(h) Financial assets - Impairment of financial assets).

(g) Other economic flows included in net result
Other economic flows measure the change in volume or value of assets or liabilities that do not result from transactions. These include;

Net gain/(loss) on non-financial assets
Net gain/(loss) on non-financial assets and liabilities includes realised and unrealised gains and losses as follows:

Disposal of non-financial assets
Any gain or loss on the sale of non-financial assets is recognised at the date that control of the asset is passed to the buyer and is determined after deducting from the proceeds the carrying value of the asset at that time.

Impairment of non-financial assets
All other assets are assessed annually for indications of impairment, except for:

- inventories; and
- financial assets

If there is an indication of impairment, the assets concerned are tested as to whether their carrying value exceeds their possible recoverable amount. Where an asset’s carrying value exceeds its recoverable amount, the difference is written off as an other economic flow, except to the extent that the write-down can be debited to an asset revaluation surplus amount applicable to that class of asset.

It is deemed that, in the event of the loss of an asset, the future economic benefits arising from the use of the asset will be replaced unless a specific decision to the contrary has been made. The recoverable amount for most assets is measured at the higher of depreciated replacement cost and fair value less costs to sell. Recoverable amount for assets held primarily to generate net cash inflows is measured at the higher of the present value of future cash flows expected to be obtained from the asset and fair value less costs to sell.
Other gains/(losses) from other economic flows
Other gains/(losses) from other economic flows include the gains or losses from:

- the revaluation of the present value of the long service leave liability due to changes in the bond interest rates.

(h) Financial assets

Cash and deposits
Cash and deposits, including cash equivalents, comprise cash on hand and cash at bank.

Receivables
Receivables consist predominantly of amounts owing from Victorian Government and debtors in relation to goods and services. Receivables that are contractual are classified as financial instruments. Amounts owing from the Victorian Government, taxes and other statutory receivables are not classified as financial instruments.

Receivables are recognised initially at fair value and subsequently measured at amortised cost, using the effective interest rate method, less any accumulated impairment.

A provision for doubtful receivables is made when there is objective evidence that the debts may not be collected and bad debts are written off when identified (refer Note 1(h) Impairment of financial assets).

Impairment of financial assets
The Institute assesses at the end of each reporting period whether there is objective evidence that a financial asset or group of financial assets is impaired. All financial assets, except those measured at fair value through profit or loss, are subject to annual review for impairment.

Bad and doubtful debts for financial assets are assessed on a regular basis. Those bad debts considered as written off by mutual consent are classified as a transaction expense. The bad debts not written off by mutual consent and allowance for doubtful receivables are classified as ‘other economic flows’.

In assessing impairment of statutory (non-contractual) financial assets which are not financial instruments, the Institute applies professional judgement in assessing materiality and using estimates, averages and computational shortcuts in accordance with AASB 136 Impairment of assets.

(i) Non-financial assets

Inventories
Inventories include goods and other property held either for sale, or for distribution at zero or nominal cost, or for consumption in the ordinary course of business operations. It excludes depreciable assets.

Inventories held for distribution are measured at cost, adjusted for any loss of service potential. All other inventories are measured at the lower of cost and net realisable value.

Bases used in assessing loss of service potential for inventories held for distribution include current replacement cost and technical or functional obsolescence. Technical obsolescence occurs when an item still functions for some or all of the tasks it was originally acquired to do, but no longer matches existing technologies. Functional obsolescence occurs when an item no longer functions the way it did when it was first acquired.

Non-financial assets classified as held-for-sale, including disposal group assets
Non-financial assets (and disposal group assets) classified as held-for-sale are measured at the lower of carrying amount and fair value less costs to sell, and are not subject to depreciation.

Non-financial assets, disposal groups and related liabilities are treated as current and classified as held-for-sale if their carrying amount will be recovered through a sale transaction rather than through continuing use. This condition is regarded as met only when the sale is highly probable and the asset’s sale (or disposal group sale) is expected to be completed within 12 months from the date of classification.

Property, plant and equipment
All non-current physical assets are measured initially at cost and subsequently revalued at fair value less accumulated depreciation and impairment.
Revaluations of non-current physical assets
Non-current physical assets measured at fair value in accordance with FRD 103D issued by the Minister for Finance. A full revaluation normally occurs every five years, based upon the asset’s government purpose classification, but may occur more frequently if fair value assessments indicate material changes in values. Independent values are used to conduct these scheduled revaluations and any interim revaluations are determined in accordance with the requirements of the FRDs.

Revaluation increases or decreases arise from differences between an asset's carrying value and fair value.

Net revaluation increases (where the carrying amount of a class of assets is increased as a result of a revaluation) are recognised in other comprehensive income and accumulated in equity under the revaluation surplus, except that the net revaluation increase shall be recognised in the net result to the extent that it reserves a net revaluation decrease in respect of the same class of property, plant and equipment previously recognised as an expense (other economic flow) in the net result.

Net revaluation decreases are recognised immediately as expenses (other economic flows) in the net result, except that the net revaluation decrease shall be recognised in other comprehensive income to the extent that a credit balance exists in the revaluation surplus in respect of the same class of property, plant and equipment. The net revaluation decrease recognised in other comprehensive income reduced the amount accumulated in equity under revaluation surplus.

Revaluation increases and decreases relating to individual assets within a class of property, plant and equipment, are offset against one another within that class but are not offset in respect of assets in different classes. Any revaluation surplus is not normally transferred to accumulated funds on de-recognition of the relevant asset.

(j) Liabilities
Payables
Payables consist predominantly of accounts payable and other sundry liabilities. Accounts payable represent liabilities for goods and services provided to the Institute prior to the end of the financial year that are unpaid, and arise when the Institute becomes obliged to make future payments in respect of the purchase of those goods and services.

Payables are initially recognised at fair value, being the cost of the goods and services, and subsequently measured at amortised cost.

Other liabilities
Other liabilities mainly consist of unearned/prepaid income.

Borrowings
Borrowings are initially measured at fair value, being the cost of the borrowings, net of transaction costs (refer to Note 1(k) Leases).

Subsequent to initial recognition, borrowings are measured at amortised cost with any difference between the initial recognised amount and the redemption value being recognised in net result over the period of the borrowing using the effective interest rate method.

Provisions
Provisions are recognised when the Institute has a present obligation, the future sacrifice of economic benefits is probable, and the amount of the provision can be measured reliably.

The amount recognised as a provision is the best estimate of the consideration required to settle the present obligation at reporting date, taking into account the risks and uncertainties surrounding the obligation. Where a provision is measured using the cash flows estimated to settle the present obligation, its carrying amount is the present value of those cash flows.

Employee benefits
Provision is made for benefits accruing to employees in respect of wages and salaries, annual leave and long service leave for services rendered to the reporting date.
Notes to the financial statements  
For the financial year ended 30 June 2010

(i) Wages and salaries and annual leave  
Liabilities for wages and salaries, including non-monetary benefits, annual leave which are expected to be settled within 12 months of the reporting period, are recognised in the provision for employee benefits. These liabilities are classified as current liabilities and measured at their nominal values.

Those liabilities that are not expected to be settled within 12 months are recognised in the provision for employee benefits as current liabilities, measured at present value of the amounts expected to be paid when the liabilities are settled using the remuneration rate expected to apply at the time of settlement.

(ii) Long service leave  
Liability for long service leave (LSL) is recognised in the provision for employee benefits.

Current liability - unconditional LSL is disclosed in the notes to the financial statements as a current liability even where the Institute does not expect to settle the liability within 12 months because it will not have the unconditional right to defer the settlement of the entitlement should an employee take leave within 12 months.

The components of this current LSL liability are measured at:
- nominal value - component that the Institute expects to settle within 12 months; and
- present value - component that the Institute does not expect to settle within 12 months.

Non-current liability - conditional LSL is disclosed as a non-current liability. There is an unconditional right to defer the settlement of the entitlement until the employee has completed the requisite years of service.

This non-current LSL liability is measured at present value. Any gain or loss following revaluation of the present value of non-current LSL liability is recognised as a transaction.

(iii) Termination benefits  
Termination benefits are payable when employment is terminated before the normal retirement date, or when an employee accepts voluntary redundancy in exchange for these benefits. The Institute recognises termination benefits when it is demonstrably committed to either terminating the employment of current employees according to a detailed formal plan without possibility of withdrawal or providing termination benefits as a result of an offer made to encourage voluntary redundancy. Benefits falling due more than 12 months after balance sheet date are discounted to present value.

Employee benefits on-costs  
Employee benefits on-costs such as payroll tax, workers compensation and superannuation are recognised separately from provision for employee benefits.

(k) Leases  
A lease is a right to use an asset for an agreed period of time in exchange for payment.

Leases are classified at their inception as either operating or finance leases based on the economic substance of the agreement so as to reflect the risk and reward incidental to ownership. Leases of property, plant and equipment are classified as finance infrastructure leases whenever the terms of the lease transfer substantially all the risks and rewards of ownership from the lessor to the lessee. All other leases are classified as operating leases.

Finance leases  
Institute as lessee  
At the commencement of the lease term, finance leases are initially recognised as assets and liabilities at amounts equal to the fair value of the lease property or, if lower, the present value of the minimum lease payment, each determined at the inception of the lease. The lease asset is depreciated over the shorter of the estimated useful life of the asset or the term of the lease.

Minimum finance lease payments are apportioned between reduction of the outstanding lease liability, and periodic finance expense which is calculated using the interest rate implicit in the lease and charged directly to the Comprehensive operating statement. Contingent rentals associated with finance leases are recognised as an expense in the period in which they are incurred.
Notes to the financial statements
For the financial year ended 30 June 2010

(I) Equity

Contributions by owners
Additions to net assets which have been designated as contributions by owners are recognised as contributed capital. Other transfers that are in the nature of contributions or distributions have also been designated as contributions by owners.

(m) Commitments
Commitments are disclosed at their nominal value and inclusive of the goods and services tax (GST) payable.

(n) Contingent assets and contingent liabilities
Contingent assets and contingent liabilities are not recognised in the Balance sheet, but are disclosed by way of a note and, if quantifiable, are measured at nominal value. Contingent assets and liabilities are presented inclusive of GST receivable or payable respectively.

(o) Accounting for the Goods and Services Tax (GST)
Income, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the taxation authority. In this case it is recognised as part of the cost of acquisition of the asset or as part of the expense.

Receivables and payables are stated inclusive of the amount of GST receivable or payable.
Cash flows are presented on a gross basis.

The Department of Justice manages the GST transactions on behalf of the Institute and the net amount of GST recoverable from or payable to, the taxation authority is recognised in the Department of Justice's financial statements.

(p) Rounding of amounts
Amounts in the financial statements have been rounded to the nearest dollar.

(q) AASs issued that are not yet effective
Certain new AASs have been published that are not mandatory for the 30 June 2010 reporting period. DTF assesses the impact of these new standards and advises departments and other entities of their applicability and early adoption where applicable.

As at 30 June 2010, the following standards and interpretations had been issued but were not mandatory for the financial year ending 30 June 2010. The Institute has not adopted these standards.
Notes to the financial statements continued
For the financial year ended 30 June 2010

(q) AASs issued that are not yet effective (continued)

<table>
<thead>
<tr>
<th>Standard/Interpretation</th>
<th>Summary</th>
<th>Applicable for annual reporting periods beginning or ending on</th>
<th>Impact on financial statements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AASB 9</strong> Financial instruments.</td>
<td>This standard simplifies requirements for the classification and measurement of financial assets resulting from Phase 1 of the IASB's project to replace IAS 39 Financial instruments: recognition and measurement (AASB 139 Financial Instruments: recognition and measurement).</td>
<td>Beginning 1 January 2013.</td>
<td>Detail of impact is still being assessed.</td>
</tr>
<tr>
<td><strong>AASB 124</strong> Related party disclosures (December 2009)</td>
<td>Government related entities have been granted partial exemption with certain disclosure requirements.</td>
<td>Beginning 1 January 2011.</td>
<td>Preliminary assessment suggests that impact is insignificant. However, the Institute is still assessing the detailed impact and whether to early adopt.</td>
</tr>
<tr>
<td><strong>AASB 2009-5</strong> Further amendments to Australian Accounting Standards arising from the annual improvements project [AASB 5, 8, 101, 107, 117, 118, 136 and 139].</td>
<td>Some amendments will result in accounting changes for presentation, recognition or measurement purposes, while other amendments will relate to terminology and editorial changes.</td>
<td>Beginning 1 January 2010.</td>
<td>Terminology and editorial changes. Impact minor.</td>
</tr>
<tr>
<td><strong>AASB 2009-9</strong> Amendments to Australian Accounting Standards – additional exemptions for first-time adopters [AASB 1].</td>
<td>Applies to entities adopting Australian Accounting Standards for the first time, to ensure entities will not face undue cost or effort in the transition process in particular situations.</td>
<td>Beginning 1 January 2010.</td>
<td>No impact. Relates only to first time adopters of Australian Accounting Standards.</td>
</tr>
<tr>
<td><strong>AASB 2009-11</strong> Amendments to Australian Accounting Standards arising from AASB 9 [AASB 1, 3, 4, 5, 7, 101, 102, 108, 112, 118, 121, 127, 128, 131, 132, 136, 139, 1023 and 1038 and Interpretations 10 and 12].</td>
<td>This gives effect to consequential changes arising from the issuance of AASB 9.</td>
<td>Beginning 1 January 2013.</td>
<td>Detail of impact is still being assessed.</td>
</tr>
<tr>
<td><strong>AASB 2009-12</strong> Amendments to Australian Accounting Standards [AASB 5, 8, 108, 110, 112, 119, 133, 137, 139, 1023 and 1031 and Interpretations 2, 4, 16, 1039 and 1052].</td>
<td>This standard amends AASB 8 to require an entity to exercise judgement in assessing whether a government and entities known to be under the control of that government are considered a single customer for purposes of certain operating segment disclosures. This standard also makes numerous editorial amendments to other AASs.</td>
<td>Beginning 1 January 2011.</td>
<td>The amendments only apply to those entities to whom AASB 8 applies, which are for-profit entities, except for-profit government departments.</td>
</tr>
</tbody>
</table>
## Notes to the financial statements continued

For the financial year ended 30 June 2010

(q) AASs issued that are not yet effective (continued)

<table>
<thead>
<tr>
<th>Standard/Interpretation</th>
<th>Summary</th>
<th>Applicable for annual reporting periods beginning or ending on</th>
<th>Impact on financial statements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AASB 2009-13 Amendments to Australian Accounting Standards arising from interpretation 19 [AASB 1].</strong></td>
<td>Consequential amendment to AASB 1 arising from publication of interpretation 19.</td>
<td>Beginning 1 July 2010.</td>
<td>The Institute does not extinguish financial liabilities with equity instruments, therefore requirements of interpretation 19 and related amendments have no impact.</td>
</tr>
<tr>
<td><strong>AASB 2009-14 Amendments to Australian Interpretation – Prepayments of a minimum funding requirement [AASB Interpretation 14].</strong></td>
<td>Amendment to Interpretation 14 arising from the issuance of prepayments of a minimum funding requirement.</td>
<td>Beginning 1 January 2011.</td>
<td>Expected to have no significant impact.</td>
</tr>
<tr>
<td><strong>AASB 2010-1 Amendments to Australian Accounting Standards - Limited Exemption from Comparative AASB 7 Disclosures for First-time Adopters [AASB 1 &amp; AASB 7].</strong></td>
<td>This amendment provides limited exemptions from the requirements of adhering to AASB 1 and AASB 7 that arise from AASB 2009-2.</td>
<td>Beginning 1 July 2010.</td>
<td>These exemptions are unlikely to have an impact on the Institute because it is not a first time adoption.</td>
</tr>
<tr>
<td><strong>Interpretation 19 Extinguishing Financial Liabilities with Equity Instruments.</strong></td>
<td>Guidance to assist entity in accounting for transactions that involves extinguishing a liability fully or partially by issuing equity instruments to the creditor.</td>
<td>Beginning 1 July 2010.</td>
<td>The impact of this interpretation only affects entities that issue equity instruments.</td>
</tr>
<tr>
<td><strong>AASB 1053 Application of Different Tiers of Australian Accounting Standards.</strong></td>
<td>This Standard establishes a differential financial reporting framework consisting of two tiers of reporting requirements for preparing general purpose financial statements.</td>
<td>Beginning 1 July 2013.</td>
<td>The impact of this Standard may affect disclosures in the financial reports of certain types of entities [public sector entities (except whole of government and general government sector)] where reduced disclosure requirements may apply. The Standard does not affect the operating result or financial position.</td>
</tr>
<tr>
<td><strong>AASB 2010-2 Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements.</strong></td>
<td>This Standard makes amendments to many Australian Accounting Standards, including Interpretations, to introduce reduced disclosure requirements to the pronouncements for application by certain types of entities.</td>
<td>Beginning 1 July 2013.</td>
<td>Does not affect financial measurement or recognition, so is not expected to have any impact on financial result or position. May reduce some note disclosures in financial statements.</td>
</tr>
</tbody>
</table>
### Note 2. Income from transactions

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Interest</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest from financial assets not at fair value through P/L:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest from investments</td>
<td>34,262</td>
<td>83,935</td>
</tr>
<tr>
<td><strong>Total interest</strong></td>
<td>34,262</td>
<td>83,935</td>
</tr>
<tr>
<td><strong>Sale of goods and services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Distribution of goods - Donor Tissue Bank</td>
<td>1,577,083</td>
<td>1,892,235</td>
</tr>
<tr>
<td>Rendering of services</td>
<td>3,185,825</td>
<td>7,094,526</td>
</tr>
<tr>
<td><strong>Total sale of goods and services</strong></td>
<td>4,762,908</td>
<td>8,986,761</td>
</tr>
<tr>
<td><strong>Total other income</strong></td>
<td>4,797,170</td>
<td>9,070,696</td>
</tr>
<tr>
<td><strong>Grants and other income transfers</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Section 29 receipts</td>
<td>5,794,388</td>
<td>-</td>
</tr>
<tr>
<td>Department of Justice</td>
<td>15,185,668</td>
<td>14,841,440</td>
</tr>
<tr>
<td><strong>Total grants and other income transfers</strong></td>
<td>20,980,056</td>
<td>14,841,440</td>
</tr>
<tr>
<td><strong>Total income from transactions</strong></td>
<td>25,777,226</td>
<td>23,912,136</td>
</tr>
</tbody>
</table>
### Note 3. Expenses from transactions

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(a) Employee expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post employment benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Defined contribution superannuation expense</td>
<td>1,058,950</td>
<td>915,402</td>
</tr>
<tr>
<td>Defined benefit superannuation expense</td>
<td>145,863</td>
<td>142,588</td>
</tr>
<tr>
<td>Salaries, wages and long service leave</td>
<td>15,377,383</td>
<td>12,331,569</td>
</tr>
<tr>
<td>Other on-costs (fringe benefits tax, payroll tax and workcover levy)</td>
<td>921,246</td>
<td>855,360</td>
</tr>
<tr>
<td><strong>Total employee expenses</strong></td>
<td>17,503,442</td>
<td>14,244,919</td>
</tr>
</tbody>
</table>

| **(b) Depreciation and amortisation** |          |          |
| Depreciation of property, plant and equipment |          |          |
| Buildings | 111,871  | 111,871  |
| Plant, equipment and vehicles | 721,349  | 598,457  |
| **Total depreciation and amortisation** | 833,220  | 710,327  |

| **(c) Interest expense** |          |          |
| Interest on finance leases | 15,309   | 13,136   |
| Other interest expense | 1,721    | 1,611    |
| **Total interest expense** | 17,030   | 14,747   |

| **(d) Other operating expenses** |          |          |
| Supplies and services |          |          |
| Purchase of supplies and consumables | 4,379,808 | 5,211,530 |
| Purchase of services | 1,874,506 | 2,419,230 |
| Maintenance | 1,048,548  | 1,397,786 |
| Lease expense | 1,135     | 13,155   |
| **Total other operating expenses** | 7,303,997 | 9,041,701 |
Note 4. Other economic flows included in net result

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>(a) Net gain/(loss) on financial instruments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recovery of loans and receivables</td>
<td>10,372</td>
<td>-</td>
</tr>
<tr>
<td>Impairment of loans and receivables</td>
<td>-</td>
<td>(18,075)</td>
</tr>
<tr>
<td>Total gain/(loss) on financial instruments</td>
<td>10,372</td>
<td>(18,075)</td>
</tr>
<tr>
<td>(b) Other gain/(loss) from other economic flows</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net gain/(loss) arising from revaluation of long service leave liability</td>
<td>2,818</td>
<td>(61,999)</td>
</tr>
<tr>
<td>Total gain/(loss) from other economic flows</td>
<td>2,818</td>
<td>(61,999)</td>
</tr>
</tbody>
</table>

Note:

(i) Revaluation gain/(loss) due to changes in bond rates.
Note 5. Receivables

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current receivables</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contractual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other receivables (i)</td>
<td>868,922</td>
<td>1,177,869</td>
</tr>
<tr>
<td>Provision for doubtful contractual receivables (i)</td>
<td>(47,695)</td>
<td>(58,066)</td>
</tr>
<tr>
<td></td>
<td>821,227</td>
<td>1,119,803</td>
</tr>
<tr>
<td>Statutory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amounts owing from Department of Justice (ii)</td>
<td>4,537,120</td>
<td>2,708,084</td>
</tr>
<tr>
<td></td>
<td>4,537,120</td>
<td>2,708,084</td>
</tr>
<tr>
<td><strong>Total current receivables</strong></td>
<td>5,358,347</td>
<td>3,827,887</td>
</tr>
<tr>
<td><strong>Non-current receivables</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statutory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amounts owing from Department of Justice (ii)</td>
<td>468,560</td>
<td>384,663</td>
</tr>
<tr>
<td></td>
<td>468,560</td>
<td>384,663</td>
</tr>
<tr>
<td><strong>Total non-current receivables</strong></td>
<td>468,560</td>
<td>384,663</td>
</tr>
<tr>
<td><strong>Total receivables</strong></td>
<td>5,826,907</td>
<td>4,212,550</td>
</tr>
</tbody>
</table>

Notes:

(i) The average credit period on sales of goods and/or services is 30 days. No interest is charged on other receivables. A provision has been made for estimated irrecoverable amounts from the sale of goods and/or services, determined by reference to past default experience. The decrease was recognised in the operating result for the current financial year.

(ii) The amounts recognised from Victorian Government represent funding for all commitments incurred through the appropriations and are drawn from the Consolidated Fund as the commitments fall due.

(a) Movement in the provision for doubtful contractual receivables

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Balance at beginning of the year</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(58,066)</td>
<td>(39,991)</td>
</tr>
<tr>
<td>Increase/(decrease) in provision recognised in net result</td>
<td>(33,914)</td>
<td>(40,045)</td>
</tr>
<tr>
<td>Amounts recovered during the year</td>
<td>44,285</td>
<td>21,970</td>
</tr>
<tr>
<td><strong>Balance at end of the year</strong></td>
<td>(47,695)</td>
<td>(58,066)</td>
</tr>
</tbody>
</table>

(b) Ageing analysis of contractual receivables

Please refer to Table 15.3 in Note 15(b) for the ageing analysis of contractual receivables.

(c) Nature and extent of risk arising from contractual receivables

Please refer to Note 15(b) for the nature and extent of credit risk arising from contractual receivables.
### Note 6. Non-current assets classified as held for sale

<table>
<thead>
<tr>
<th>Non-current assets</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plant and equipment under finance lease</td>
<td>15,492</td>
<td>14,165</td>
</tr>
<tr>
<td><strong>Total non-current assets classified as held for sale</strong></td>
<td>15,492</td>
<td>14,165</td>
</tr>
</tbody>
</table>
Note 7. Property, plant and equipment

Table 7.1. Classification by 'Purpose Group' (i) - Carrying amounts

<table>
<thead>
<tr>
<th></th>
<th>Public Safety and Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2010</td>
</tr>
<tr>
<td>Nature based classification</td>
<td>$</td>
</tr>
<tr>
<td>Buildings at fair value</td>
<td>2,905,738</td>
</tr>
<tr>
<td>less accumulated depreciation</td>
<td>(442,730)</td>
</tr>
<tr>
<td></td>
<td>2,463,008</td>
</tr>
<tr>
<td>Plant, equipment and vehicles at cost:</td>
<td></td>
</tr>
<tr>
<td>Plant and equipment at cost</td>
<td>8,246,190</td>
</tr>
<tr>
<td>less accumulated depreciation</td>
<td>(4,083,417)</td>
</tr>
<tr>
<td></td>
<td>4,162,773</td>
</tr>
<tr>
<td>Plant and equipment under finance lease at cost</td>
<td></td>
</tr>
<tr>
<td>Plant and equipment under finance lease at cost</td>
<td>326,632</td>
</tr>
<tr>
<td>less accumulated depreciation</td>
<td>(62,577)</td>
</tr>
<tr>
<td></td>
<td>264,055</td>
</tr>
<tr>
<td>Net carrying amount of Property, plant and equipment</td>
<td>6,889,836</td>
</tr>
</tbody>
</table>

Note:
(i) Property, plant and equipment are classified primarily by the 'purpose' for which the assets are used, according to one of six 'Purpose Groups' based upon Government Purpose Classifications (GPC). All assets within a 'Purpose Group' are further sub-categorised according to the asset's 'nature' (i.e. buildings, plant and equipment etc), with each sub-category being classified as a separate class of asset for financial reporting purposes.
Note 7. Property, plant and equipment (continued)

Table 7.2. Classification by ‘Public Safety and Environment’ Purpose Group - Movements in carrying amounts

<table>
<thead>
<tr>
<th></th>
<th>Buildings at fair value</th>
<th>Plant and equipment at cost</th>
<th>Plant and equipment under finance lease at cost</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2010</td>
<td>2009</td>
<td>2010</td>
<td>2009</td>
</tr>
<tr>
<td>Opening balance</td>
<td>$2,574,879</td>
<td>$2,686,750</td>
<td>$4,089,115</td>
<td>$6,831,175</td>
</tr>
<tr>
<td>Additions</td>
<td>$-</td>
<td>$-</td>
<td>$730,260</td>
<td>$1,665,601</td>
</tr>
<tr>
<td>Disposals</td>
<td>$-</td>
<td>$-</td>
<td>$- (39,140)</td>
<td>$- (53,626)</td>
</tr>
<tr>
<td>Transfer to assets classified as held for sale</td>
<td>$-</td>
<td>$-</td>
<td>$- (15,492)</td>
<td>$- (14,165)</td>
</tr>
<tr>
<td>Depreciation expense</td>
<td>$-</td>
<td>$-</td>
<td>$- (15,492)</td>
<td>$- (14,165)</td>
</tr>
<tr>
<td></td>
<td>$2,463,098</td>
<td>$2,574,879</td>
<td>$4,162,773</td>
<td>$6,889,896</td>
</tr>
</tbody>
</table>

Notes to the financial statements continued
For the financial year ended 30 June 2010
Note 7. Property, plant and equipment (continued)

The following useful lives of assets are used in the calculation of depreciation:

<table>
<thead>
<tr>
<th>Asset Type</th>
<th>Useful Life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buildings</td>
<td>26 years</td>
</tr>
<tr>
<td>Plant, equipment and vehicles</td>
<td>3 to 15 years</td>
</tr>
</tbody>
</table>

Freehold buildings carried at fair value

An independent valuation of the Institute’s buildings was performed by Charter Keck Cramer to determine the fair value of the buildings. The valuation, which conforms to Australian Valuation Standards, was determined by reference to the amounts for which assets could be exchanged between knowledgeable willing parties in an arm's length transaction. The valuation was based on independent assessments. The effective date of the valuation is 30 June 2006.
Notes to the financial statements continued
For the financial year ended 30 June 2010

Note 8. Payables

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current payables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contractual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplies and services</td>
<td>1,203,567</td>
<td>1,218,335</td>
</tr>
<tr>
<td>Amounts payable to other government agencies (i)</td>
<td>13,000</td>
<td>18,444</td>
</tr>
<tr>
<td></td>
<td>1,216,567</td>
<td>1,236,779</td>
</tr>
<tr>
<td>Statutory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taxes payable - Fringe benefits tax</td>
<td>17,426</td>
<td>27,428</td>
</tr>
<tr>
<td>Total current payables</td>
<td>1,233,993</td>
<td>1,264,207</td>
</tr>
<tr>
<td>Total payables</td>
<td>1,233,993</td>
<td>1,264,207</td>
</tr>
</tbody>
</table>

Note:
(i) Terms and conditions of amounts payable to other government agencies vary according to a particular agreement with that agency.

(a) Maturity analysis of contractual payables

Please refer to Table 15.4 in Note 15 for the maturity analysis of contractual payables.

(b) Nature and extent of risk arising from contractual payables

Please refer to Note 15 for the nature and extent of risks arising from contractual payables.
## Note 9. Borrowings

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current borrowings</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finance lease liabilities (i) (Note 12)</td>
<td>112,549</td>
<td>124,141</td>
</tr>
<tr>
<td><strong>Total current borrowings</strong></td>
<td>112,549</td>
<td>124,141</td>
</tr>
<tr>
<td><strong>Non-current borrowings</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finance lease liabilities (i) (Note 12)</td>
<td>169,245</td>
<td>57,985</td>
</tr>
<tr>
<td><strong>Total non-current borrowings</strong></td>
<td>169,245</td>
<td>57,985</td>
</tr>
<tr>
<td><strong>Total borrowings</strong></td>
<td>281,794</td>
<td>182,126</td>
</tr>
</tbody>
</table>

### Note:
- (i) Secured by the assets leased. Finance leases are effectively secured as the rights to the leased assets revert to the lessor in the event of default.

(a) **Maturity analysis of borrowings**

Please refer to Table 15.4 in Note 15 for the maturity analysis of borrowings.

(b) **Nature and extent of risk arising from borrowings**

Please refer to Note 15 for the nature and extent of risks arising from borrowings.

### Current provisions

<table>
<thead>
<tr>
<th>Description</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee benefits (Note 10(a))</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unconditional and expected to settle within 12 months</td>
<td>2,552,973</td>
<td>2,146,894</td>
</tr>
<tr>
<td>Unconditional and expected to settle after 12 months</td>
<td>877,412</td>
<td>516,049</td>
</tr>
<tr>
<td>Provisions related to employee benefit on-costs:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unconditional and expected to settle within 12 months</td>
<td>483,587</td>
<td>405,465</td>
</tr>
<tr>
<td>Unconditional and expected to settle after 12 months</td>
<td>140,861</td>
<td>92,029</td>
</tr>
<tr>
<td>Total current provisions</td>
<td>4,054,833</td>
<td>3,160,437</td>
</tr>
</tbody>
</table>

### Non-current provisions

<table>
<thead>
<tr>
<th>Description</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee benefits (Note 10(a))</td>
<td>407,040</td>
<td>333,556</td>
</tr>
<tr>
<td>Employee benefits on-costs</td>
<td>61,520</td>
<td>51,107</td>
</tr>
<tr>
<td>Total non-current provisions</td>
<td>468,560</td>
<td>384,663</td>
</tr>
<tr>
<td>Total provisions</td>
<td>4,523,393</td>
<td>3,545,100</td>
</tr>
</tbody>
</table>

### (a) Employee benefits and related on-costs (Note 10(a))

<table>
<thead>
<tr>
<th>Description</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current employee benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual leave entitlements</td>
<td>1,069,207</td>
<td>930,669</td>
</tr>
<tr>
<td>Long service leave entitlements</td>
<td>2,361,177</td>
<td>1,732,274</td>
</tr>
<tr>
<td>Non-current employee benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long service leave entitlements</td>
<td>407,040</td>
<td>333,556</td>
</tr>
<tr>
<td>Total employee benefits</td>
<td>3,837,424</td>
<td>2,996,499</td>
</tr>
<tr>
<td>Current on-costs</td>
<td>624,449</td>
<td>497,494</td>
</tr>
<tr>
<td>Non-current on-costs</td>
<td>61,520</td>
<td>51,107</td>
</tr>
<tr>
<td>Total on-costs</td>
<td>685,969</td>
<td>548,601</td>
</tr>
<tr>
<td>Total employee benefits and related on-costs</td>
<td>4,523,393</td>
<td>3,545,100</td>
</tr>
</tbody>
</table>

### Notes:

(i) Provisions for employee benefits consist of amounts for annual leave and long service leave accrued by employees, not including on-costs.

(ii) The amounts disclosed are nominal amounts.

(iii) The amounts disclosed are discounted to present values.
Note 10. Provisions (continued)

(b) Movement in provisions

<table>
<thead>
<tr>
<th></th>
<th>On-costs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2010</td>
</tr>
<tr>
<td>Opening balance</td>
<td>548,601</td>
</tr>
<tr>
<td>Additional provisions recognised</td>
<td>137,368</td>
</tr>
<tr>
<td>Closing balance</td>
<td>685,969</td>
</tr>
<tr>
<td>Current</td>
<td>624,449</td>
</tr>
<tr>
<td>Non-current</td>
<td>61,520</td>
</tr>
<tr>
<td></td>
<td>685,969</td>
</tr>
</tbody>
</table>
Note 11. Superannuation

Employees of the Institute are entitled to receive superannuation benefits and the Institute contributes to both defined benefit and defined contribution plans. The defined benefit plan(s) provides benefits based on years of service and final average salary.

The Institute does not recognise any defined benefit liability in respect of the plan(s) because the entity has no legal or constructive obligation to pay future benefits relating to its employees; its only obligation is to pay superannuation contributions as they fall due. The Department of Treasury and Finance recognises and discloses the State’s defined benefit liabilities in its financial report.

However, superannuation contributions paid or payable for the reporting period are included as part of employee benefits in the Comprehensive operating statement of the Institute.

The name and details of the major employee superannuation funds and contributions made by the Institute are as follows:

<table>
<thead>
<tr>
<th>Fund</th>
<th>Paid contribution for the year</th>
<th>Contribution outstanding at year end</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2010 $</td>
<td>2009 $</td>
</tr>
<tr>
<td>Defined benefit plans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Superannuation Fund - revised and new</td>
<td>145,863</td>
<td>142,588</td>
</tr>
<tr>
<td>Defined contribution plans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VicSuper</td>
<td>512,967</td>
<td>477,502</td>
</tr>
<tr>
<td>Other</td>
<td>545,984</td>
<td>437,899</td>
</tr>
<tr>
<td>Total</td>
<td>1,204,814</td>
<td>1,057,989</td>
</tr>
</tbody>
</table>

Notes:
(i) The bases for determining the level of contributions is determined by the various actuaries of the superannuation plans.
(ii) The above amounts were measured as at 30 June of each year, or in the case of employer contributions they relate to the years ended 30 June.
Note 12. Leases

Disclosure for lessees - finance leases

Leasing arrangements
Finance leases relate to motor vehicles with lease terms of 3 years.

### Minimum future lease payments

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finance lease liabilities payable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not longer than one year</td>
<td>125,857</td>
<td>132,790</td>
<td>112,549</td>
<td>124,141</td>
</tr>
<tr>
<td>Longer than one year and not longer than five years</td>
<td>176,423</td>
<td>60,595</td>
<td>169,245</td>
<td>57,985</td>
</tr>
<tr>
<td>Minimum future lease payments</td>
<td>304,280</td>
<td>193,385</td>
<td>281,794</td>
<td>182,126</td>
</tr>
<tr>
<td>Less future finance charges</td>
<td>(22,485)</td>
<td>(11,259)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Present value of minimum lease payments</td>
<td>281,794</td>
<td>182,126</td>
<td>281,794</td>
<td>182,126</td>
</tr>
</tbody>
</table>

Included in the financial statements as:

| Current borrowings lease liabilities (Note 9) | 112,549  | 124,141  |
| Non-current borrowings lease liabilities (Note 9) | 169,245  | 57,985   |

| Present value of minimum lease payments | 281,794  | 182,126  |

Note:
(i) Minimum future lease payments includes the aggregate of all lease payments and any guaranteed residual.

(a) Maturity analysis of finance lease liabilities

Please refer to Table 15.4 in Note 15(c) for the ageing analysis from finance lease liabilities.

(b) Nature and extent of risk arising finance lease liabilities

Please refer to Note 15 for the nature and extent of risks arising from finance lease liabilities.
Note 13. Commitments for expenditure

(a) Capital expenditure commitments

There are no capital expenditure commitments. (2009 - Nil).

(b) Other expenditure commitments

There are no other expenditure commitments. (2009 - Nil).

(c) Lease commitments

Finance lease liabilities are disclosed in Note 12 to the financial statements.
Note 14. Contingent assets and contingent liabilities

There were no contingent asset and liabilities at balance date not provided for in the Balance sheet. (2009 - Nil).
Note 15. Financial instruments

(a) Financial risk management objectives and policies

The Institute's principal financial instruments comprise of;

- cash assets;
- receivables (excluding statutory receivables);
- payables (excluding statutory payables); and
- finance lease payables.

Details of the significant accounting policies and methods adopted, including the criteria for recognition, the basis of measurement, and the basis on which income and expenses are recognised, with respect to each class of financial asset, financial liability and equity instrument are disclosed in Note 1 to the financial statements.

The main purpose in holding financial instruments is to prudentially manage the Institute's financial risks within the Government policy parameters.

The carrying amounts of the Institute's contractual financial assets and contractual financial liabilities by category are in Table 15.1.
### Note 15. Financial instruments (continued)

#### Table 15.1. Categorisation of financial instruments

<table>
<thead>
<tr>
<th></th>
<th>Contractual financial assets - loans and receivables</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2010</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contractual financial assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and deposits</td>
<td></td>
<td>2,043,336</td>
</tr>
<tr>
<td>Receivables</td>
<td></td>
<td>821,227</td>
</tr>
<tr>
<td><strong>Total contractual financial assets</strong></td>
<td></td>
<td>2,864,563</td>
</tr>
<tr>
<td><strong>Contractual financial liabilities at amortised cost</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payables</td>
<td></td>
<td>1,216,567</td>
</tr>
<tr>
<td>Borrowings</td>
<td></td>
<td>281,794</td>
</tr>
<tr>
<td><strong>Total contractual financial liabilities</strong></td>
<td></td>
<td>1,498,361</td>
</tr>
</tbody>
</table>

Note:  
(i) The total amounts disclosed here exclude statutory amounts (e.g. amounts owing from Victorian Government and taxes payable).

<table>
<thead>
<tr>
<th></th>
<th>Contractual financial assets - loans and receivables</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2009</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contractual financial assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and deposits</td>
<td></td>
<td>2,282,880</td>
</tr>
<tr>
<td>Receivables</td>
<td></td>
<td>1,119,803</td>
</tr>
<tr>
<td><strong>Total contractual financial assets</strong></td>
<td></td>
<td>3,402,683</td>
</tr>
<tr>
<td><strong>Contractual financial liabilities at amortised cost</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payables</td>
<td></td>
<td>1,236,778</td>
</tr>
<tr>
<td>Borrowings</td>
<td></td>
<td>182,126</td>
</tr>
<tr>
<td><strong>Total contractual financial liabilities</strong></td>
<td></td>
<td>1,418,904</td>
</tr>
</tbody>
</table>

Note:  
(i) The total amounts disclosed here exclude statutory amounts (e.g. amounts owing from Victorian Government and taxes payable).
Note 15. Financial instruments (continued)

Table 15.2. Net holding gain/(loss) on financial instruments by category

<table>
<thead>
<tr>
<th>Total interest income</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2010</strong></td>
<td></td>
</tr>
<tr>
<td>Contractual financial assets</td>
<td></td>
</tr>
<tr>
<td>Cash and deposits</td>
<td>34,262</td>
</tr>
<tr>
<td>Total contractual financial assets</td>
<td>34,262</td>
</tr>
<tr>
<td>Contractual financial liabilities</td>
<td></td>
</tr>
<tr>
<td>Financial liabilities at amortised cost</td>
<td>15,309</td>
</tr>
<tr>
<td>Total contractual financial liabilities</td>
<td>15,309</td>
</tr>
<tr>
<td><strong>2009</strong></td>
<td></td>
</tr>
<tr>
<td>Contractual financial assets</td>
<td></td>
</tr>
<tr>
<td>Cash and deposits</td>
<td>83,935</td>
</tr>
<tr>
<td>Total contractual financial assets</td>
<td>83,935</td>
</tr>
<tr>
<td>Contractual financial liabilities</td>
<td></td>
</tr>
<tr>
<td>Financial liabilities at amortised cost</td>
<td>13,136</td>
</tr>
<tr>
<td>Total contractual financial liabilities</td>
<td>13,136</td>
</tr>
</tbody>
</table>

The net holding gains or losses disclosed are determined as follows:
- For cash and cash equivalents and receivables, the net gain or loss is calculated by taking the interest revenue; and
- For financial liabilities measured at amortised cost, the net gain or loss is calculated by taking the interest expense.

(b) Credit risk

Credit risk arises from the financial assets of the Institute, which comprise cash and deposits and trade and other receivables. The Institute's exposure to credit risk arises from the potential default of the counter party on their contractual obligations resulting in financial loss to the Institute. Credit risk is measured at fair value and is monitored on a regular basis.

Credit risk associated with the Institute's financial assets is minimal because the main debtor is the Victorian Government. For debtors other than Government, it is the Institute's policy to only deal with entities with high credit rating.

 Provision of impairment for financial assets is calculated based on past experience, and current and expected changes in client credit ratings.

The carrying amount of financial assets recorded in the financial statements, net of any allowances for losses, represents the Institute's maximum exposure to credit risk without taking account of the value of any collateral obtained.
Note 15. Financial instruments (continued)

Financial assets that are either past due or impaired

Currently the Institute does not hold any collateral as security nor credit enhancements relating to any of its financial assets.

As at the reporting date, there is no event to indicate that any of the financial assets were impaired.

There are no financial assets that have had their terms renegotiated so as to prevent them from being past due or impaired, and they are stated at the carrying amount as indicated. The following table discloses the ageing only of financial assets that are past due but not impaired.

Table 15.3. Ageing analysis of contractual financial assets (i)

<table>
<thead>
<tr>
<th></th>
<th>Carrying amount</th>
<th>Not past due and not impaired</th>
<th>Less than 1 month</th>
<th>1 to 3 months</th>
<th>3 months to 1 year</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2010</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and deposits</td>
<td>2,043,336</td>
<td>2,043,336</td>
<td>-</td>
<td>393,586</td>
<td>239,085</td>
</tr>
<tr>
<td>Receivables</td>
<td>821,227</td>
<td>-</td>
<td>393,586</td>
<td>239,085</td>
<td>188,555</td>
</tr>
<tr>
<td></td>
<td>2,864,563</td>
<td>2,043,336</td>
<td>393,586</td>
<td>239,085</td>
<td>188,555</td>
</tr>
<tr>
<td><strong>2009</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and deposits</td>
<td>2,282,880</td>
<td>2,282,880</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Receivables</td>
<td>1,119,803</td>
<td>-</td>
<td>734,582</td>
<td>153,411</td>
<td>289,876</td>
</tr>
<tr>
<td></td>
<td>3,402,683</td>
<td>2,282,880</td>
<td>734,582</td>
<td>153,411</td>
<td>289,876</td>
</tr>
</tbody>
</table>

Note:
(i) Ageing analysis of financial assets must exclude the types of statutory financial assets (eg. Amounts owing from Victorian Government).

(c) Liquidity risk

Liquidity risk arises when the Institute is unable to meet its financial obligations as they fall due. The Institute operates under the Government fair payments policy of settling financial obligations within 30 days and in the event of a dispute, make payments within 30 days from the date of resolution.

The Institute’s exposure to liquidity risk is deemed insignificant based on prior periods’ data and current assessment of risk. Maximum exposure to liquidity risk is the carrying amounts of financial liabilities as disclosed in the face of the Balance sheet, except as detailed in the following table.
Note 15. Financial instruments (continued)

Table 15.4. Maturity analysis of contractual financial liabilities

<table>
<thead>
<tr>
<th></th>
<th>2010 Carrying amount</th>
<th>2010 Nominal amount</th>
<th>Maturity dates</th>
<th>2009 Carrying amount</th>
<th>2009 Nominal amount</th>
<th>2009 Maturity dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payables</td>
<td>1,216,567</td>
<td>1,216,567</td>
<td>1,192,170</td>
<td>907</td>
<td>23,490</td>
<td>178,423</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>23,649</td>
<td>44,041</td>
<td>58,166</td>
<td></td>
</tr>
<tr>
<td>Interest bearing liabilities</td>
<td>6.78%</td>
<td>281,794</td>
<td>304,280</td>
<td>1,498,361</td>
<td>1,520,847</td>
<td>1,215,819 81,656</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>44,948</td>
<td>178,423</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2009 Payables</td>
<td>1,236,779</td>
<td>1,236,779</td>
<td>1,223,745</td>
<td>-</td>
<td>13,034</td>
<td>-</td>
</tr>
<tr>
<td>Interest bearing liabilities</td>
<td>7.29%</td>
<td>182,126</td>
<td>267,423</td>
<td>1,418,905</td>
<td>1,504,202</td>
<td>1,284,886</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>11,806</td>
<td>123,061</td>
<td>84,449</td>
<td></td>
</tr>
</tbody>
</table>

Note:
(i) The amounts disclosed are the contractual undiscounted cash flows of each class of financial liabilities.

(d) Market risk

The Institute's exposure to market risk is deemed insignificant based on prior periods' data and current assessment of risk.

(e) Fair Value

The Institute considers that the carrying amount of financial assets and financial liabilities recorded in the financial statements to be a fair approximation of their fair values, because of the short-term nature of the financial instruments and the expectation that they will be paid in full.
## Note 16. Cash flow information

### (a) Reconciliation of cash and cash equivalents

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total cash and cash equivalents disclosed in the Balance sheet</td>
<td>2,043,336</td>
<td>2,282,880</td>
</tr>
<tr>
<td>Balance as per Cash flow statement</td>
<td>2,043,336</td>
<td>2,282,880</td>
</tr>
</tbody>
</table>

Note:

(i) Due to the State of Victoria's investment policy and government funding arrangements, government departments and agencies generally do not hold a large cash reserve in their bank accounts. Cash received by a department and agencies from the generation of revenue is generally paid into the State's bank account, known as the Public Account. Similarly, any departmental or agency expenditure, including those in the form of cheques drawn by the Institute for the payment of goods and services to its suppliers and creditors are made via the Public Account. The process is such that, the Public Account would remit cash required for the amount drawn on the cheques. This remittance by the Public Account occurs upon the presentation of the cheques by the Institute's suppliers or creditors.

### (b) Reconciliation of net result for the period to net cash flows from operating activities

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net result for the period</td>
<td>132,727</td>
<td>(179,632)</td>
</tr>
<tr>
<td>Non-cash movements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation and amortisation of non-current assets</td>
<td>833,220</td>
<td>710,327</td>
</tr>
<tr>
<td>Allowance for doubtful debts</td>
<td>(10,372)</td>
<td>18,075</td>
</tr>
<tr>
<td>Movements in assets and liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Increase)/decrease in receivables</td>
<td>(1,603,985)</td>
<td>(458,096)</td>
</tr>
<tr>
<td>(Increase)/decrease in inventories</td>
<td>2,901</td>
<td>(5,395)</td>
</tr>
<tr>
<td>(Decrease)/increase in payables</td>
<td>(30,213)</td>
<td>323,156</td>
</tr>
<tr>
<td>(Decrease)/increase in provisions</td>
<td>978,294</td>
<td>360,392</td>
</tr>
<tr>
<td>(Decrease)/increase in other liabilities</td>
<td>251,424</td>
<td>145,420</td>
</tr>
<tr>
<td>Net cash flows from/(used in) operating activities</td>
<td>553,996</td>
<td>914,247</td>
</tr>
</tbody>
</table>
Note 17. Responsible Persons

In accordance with the Ministerial Directions issued by the Minister for Finance under the Financial Management Act 1994, the following disclosures are made regarding responsible persons for the reporting period.

Names

The persons who held positions in the Institute are as follows:

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attorney-General</td>
<td>The Hon. Rob Hulls, MP</td>
<td>1 July 2009 to 30 June 2010</td>
</tr>
<tr>
<td>Acting Attorney-General</td>
<td>The Hon. Tony Robinson, MP</td>
<td>1 July 2009 to 11 July 2009</td>
</tr>
<tr>
<td></td>
<td>The Hon. Bob Cameron, MP</td>
<td>11 January 2010 to 15 January 2010</td>
</tr>
<tr>
<td></td>
<td>The Hon. John Lenders, MLC</td>
<td>16 January 2010 to 31 January 2010</td>
</tr>
<tr>
<td>Chairperson of the Victorian Institute of Forensic Medicine and Nominee of the Attorney-General</td>
<td>The Honourable John Coldrey QC</td>
<td>1 July 2009 to 30 June 2010</td>
</tr>
<tr>
<td>Director of the Victorian Institute of Forensic Medicine</td>
<td>Prof. Stephen Cordner</td>
<td>1 July 2009 to 30 June 2010</td>
</tr>
<tr>
<td>Nominee of the Attorney-General</td>
<td>Prof. Robert Coryns</td>
<td>1 July 2009 to 30 June 2010</td>
</tr>
<tr>
<td>Nominee of the Chief Commissioner of Police</td>
<td>Mr Luke Cornelius</td>
<td>1 July 2009 to 30 June 2010</td>
</tr>
<tr>
<td>Nominee of the Chief Justice</td>
<td>Judge Meryl Sexton</td>
<td>1 July 2009 to 30 June 2010</td>
</tr>
<tr>
<td>Nominee of the Council of Monash University</td>
<td>Prof. Steven Wesselingh</td>
<td>1 July 2009 to 30 June 2010</td>
</tr>
<tr>
<td>Nominee of the Minister for Health</td>
<td>Mr Peter Allen</td>
<td>1 July 2009 to 30 June 2010</td>
</tr>
<tr>
<td>Nominee of the Minister for Women</td>
<td>Ms Felicity Broughton</td>
<td>1 July 2009 to 30 June 2010</td>
</tr>
<tr>
<td>Nominee of the Minister of Community Services</td>
<td>Mary McKinnon</td>
<td>1 July 2009 to 30 June 2010</td>
</tr>
<tr>
<td>Nominee of the Minister of Police</td>
<td>Mr Neil Robertson</td>
<td>1 July 2009 to 30 June 2010</td>
</tr>
<tr>
<td>Nominee of the University of Melbourne</td>
<td>Prof. James Angus</td>
<td>1 July 2009 to 30 June 2010</td>
</tr>
<tr>
<td>State Coroner</td>
<td>Judge Jennifer Coate</td>
<td>1 July 2009 to 30 June 2010</td>
</tr>
</tbody>
</table>

Remuneration received or receivable by the Accountable Officer in connection with the management of the Institute during the reporting period was in the range:

$280,000 to $290,000 ($280,000 to $290,000 in 2008/09).

Amounts relating to Ministers are reported in the financial report of the Department of Premier and Cabinet.

Related party transactions

Prof. Stephen Cordner who is Director of the Victorian Institute of Forensic Medicine (the Institute) is employed by Monash University.

During the financial year, the Institute and Monash University conducted business transactions at arms length and at normal commercial terms.

Other transactions

Other related transactions and loans requiring disclosure under the Directions of the Minister for Finance have been considered and there are no matters to report.
Note 18. Remuneration of executives

The number of executive officers, other than the Accountable Officer, and their total remuneration during the reporting period are shown in the first two columns in the table below in their relevant income bands. The base remuneration of executive officers is shown in the third and fourth columns. Base remuneration is exclusive of bonus payments, long-service leave payments, redundancy payments and retirement benefits.

<table>
<thead>
<tr>
<th>Income Band</th>
<th>Total Remuneration</th>
<th>Base Remuneration</th>
</tr>
</thead>
<tbody>
<tr>
<td>$160,000 to $169,999</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>$170,000 to $179,999</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>$180,000 to $189,999</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>$190,000 to $199,999</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Total numbers</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total amount</th>
<th>$380,166</th>
<th>$364,493</th>
</tr>
</thead>
</table>

The number of executive officers, other than the Accountable Officer, and their total remuneration during the reporting period are shown in the first two columns in the table below in their relevant income bands. The base remuneration of executive officers is shown in the third and fourth columns. Base remuneration is exclusive of bonus payments, long-service leave payments, redundancy payments and retirement benefits.
### Note 19. Remuneration of auditors

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Victorian Auditor-General's Office</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audit or review of the financial statements</td>
<td>27,000</td>
<td>24,800</td>
</tr>
</tbody>
</table>

**Total**: 27,000 24,800
Notes to the financial statements
For the financial year ended 30 June 2010

Note 20. Glossary of terms

Actuarial gains or losses on superannuation defined benefit plans
Actuarial gains or losses reflect movements in the superannuation liability resulting from differences between the assumptions used to calculate the superannuation expense from transactions and actual experience.

Associates
Associates are all entities over which an entity has significant influence but not control, generally accompanying a shareholding and voting rights of between 20 per cent and 50 per cent.

Comprehensive result
Total comprehensive result is the change in equity for the period other than changes arising from transactions with owners. It is the aggregate of net result and other non-owner changes in equity.

Capital asset charge
The capital asset charge represents the opportunity cost of capital invested in the non-current physical assets used in the provision of outputs.

Commitments
Commitments include those operating, capital and other outsourcing commitments arising from non-cancellable contractual or statutory sources.

Employee benefits expenses
Employee benefits expenses include all costs related to employment including wages and salaries, leave entitlements, redundancy payments, defined benefits superannuation plans, and defined contribution superannuation plans.

Financial asset
A financial asset is any asset that is:
(a) cash;
(b) an equity instrument of another equity;
(c) a contractual right;
• to receive cash or another financial asset from another entity; or
• to exchange financial assets or financial liabilities with another entity under conditions that are potentially favourable to the entity; or
(d) a contract that will or may be settled in the entity's own equity instruments and is:
• a non-derivative for which the entity is or may be obliged to receive a variable number of the entity's own equity instruments; or
• a derivative that will or may be settled other than by the exchange of a fixed amount of cash or another financial asset for a fixed number of the entity's own equity instruments.

Financial instrument
A financial instrument is any contract that gives rise to a financial asset of one entity and a financial liability or equity instrument of another entity. Financial assets or liabilities that are not contractual (such as statutory receivables or payables that arise as a result of statutory requirements imposed by governments) are not financial instruments.

Financial liability
A financial liability is any liability that is:
(a) a contractual or statutory obligation:
• (i) to deliver cash or another financial asset to another entity; or
• (ii) to exchange financial assets or financial liabilities with another entity under conditions that are potentially unfavourable to the entity; or
(b) a contract that will or may be settled in the entity's own equity instruments and is:
• (i) a non-derivative for which the entity is or may be obliged to deliver a variable number of the entity's own equity instruments; or
• (ii) a derivative that will or may be settled other than by the exchange of a fixed amount of cash or another financial asset for a fixed number of the entity's own equity instruments. For this purpose the entity's own equity instruments do not include instruments that are themselves contracts for the future receipt or delivery of the entity's own equity instruments.
Financial statements
Depending on the context of the sentence where the term ‘financial statements’ is used, it may include only the main financial statements (i.e. comprehensive operating statement, balance sheet, cash flow statements, and statement of changes in equity); or it may also be used to replace the old term ‘financial report’ under the revised AASB 101 (September 2007), which means it may include the main financial statements and the notes.

Grants and other transfers
Transactions in which one unit provides goods, services, assets (or extinguishes a liability) or labour to another unit without receiving approximately equal value in return. Grants can either be operating or capital in nature. While grants to governments may result in the provision of some goods or services to the transferor, they do not give the transferor a claim to receive directly benefits of approximately equal value. For this reason, grants are referred to by the AASB as involuntary transfers and are termed non-reciprocal transfers. Receipt and sacrifice of approximately equal value may occur, but only by coincidence. For example, governments are not obliged to provide commensurate benefits, in the form of goods or services, to particular taxpayers in return for their taxes.

Grants can be paid as general purpose grants which refer to grants that are not subject to conditions regarding their use. Alternatively, they may be paid as specific purpose grants which are paid for a particular purpose and/or have conditions attached regarding their use.

Grants for on-passing
All grants paid to one institutional sector (e.g. a State general government) to be passed on to another institutional sector (e.g. local government or a private non-profit institution).

Intangible assets
Intangible assets represent identifiable non-monetary assets without physical substance.

Interest expense
Costs incurred in connection with the borrowing of funds. Interest expenses include interest on bank overdrafts and short-term and long-term borrowings, amortisation of discounts or premiums relating to borrowings, interest component of finance leases repayments, and the increase in financial liabilities and non-employee provisions due to the unwinding of discounts to reflect the passage of time.

Interest income
Interest income includes unwinding over time of discounts on financial assets and interest received on bank term deposits and

Investment properties
Investment properties represent properties held to earn rentals or for capital appreciation or both. Investment properties exclude properties held to meet service delivery objectives of the State of Victoria.

Joint ventures
Joint ventures are contractual arrangements between the Department and one or more other parties to undertake an economic activity that is subject to joint control. Joint control only exists when the strategic financial and operating decisions relating to the activity require the unanimous consent of the parties sharing control (the venturers).

Net acquisition of non-financial assets (from transactions)
Purchases (and other acquisitions) of non-financial assets less sales (or disposals) of non-financial assets less depreciation plus changes in inventories and other movements in non-financial assets. It includes only those increases or decreases in non-financial assets resulting from transactions and therefore excludes write-offs, impairment write-downs and revaluations.

Net result
Net result is a measure of financial performance of the operations for the period. It is the net result of items of income, gains and expenses (including losses) recognised for the period, excluding those that are classified as other non-owner changes in equity.

Net result from transaction/net operating balance
Net result from transactions or net operating balance is a key fiscal aggregate and is income from transactions minus expenses from transactions. It is a summary measure of the ongoing sustainability of operations. It excludes gains and losses resulting from changes in price levels and other changes in the volume of assets. It is the component of the change in net worth that is due to transactions and can be attributed directly to government policies.
Notes to the financial statements
For the financial year ended 30 June 2010

Non-financial assets
Non-financial assets are all assets that are not ‘financial assets’.

Other economic flows
Other economic flows are changes in the volume or value of an asset or liability that do not result from transactions. It includes gains and losses from disposals, revaluations and impairments of non-current physical and intangible assets; actuarial gains and losses arising from defined benefit superannuation plans; fair value changes of financial instruments and agricultural assets; and depletion of natural assets (non-produced) from their use or removal. In simple terms, other economic flows are changes arising from market re-measurements.

Payables
Includes short and long term trade debt and accounts payable, grants, taxes and interest payable.

Receivables
Includes amounts owing from government through appropriation receivable, short and long term trade credit and accounts receivable, accrued investment income, grants, taxes and interest receivable.

Sales of goods and services
Refers to income from the direct provision of goods and services and includes fees and charges for services rendered, sales of goods and services, fees from regulatory services and work done as an agent for private enterprises. It also includes rental income under operating leases and on produced assets such as buildings and entertainment, but excludes rent income from the use of non-produced assets such as land. User charges includes sale of goods and services income.

Supplies and services
Supplies and services generally represent cost of goods sold and the day-to-day running costs, including maintenance costs, incurred in the normal operations of the Department.

Transactions
Transactions are those economic flows that are considered to arise as a result of policy decisions, usually an interaction between two entities by mutual agreement. They also include flows within an entity such as depreciation where the owner is simultaneously acting as the owner of the depreciable asset and as the consumer of the service provided by the asset. Taxation is regarded as mutually agreed interactions between the government and taxpayers. Transactions can be in kind (e.g. assets provided/given free of charge or for nominal consideration) or where the final consideration is cash. In simple terms, transactions arise from the policy decisions of the government.
INDEPENDENT AUDITOR’S REPORT

To the Council Members, Victorian Institute of Forensic Medicine

The Financial Report
The accompanying financial report for the year ended 30 June 2010 of the Victorian Institute of Forensic Medicine which comprises the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement, a summary of significant accounting policies and other explanatory notes to and forming part of the financial report, and the accountable officer’s and chief operating officer’s declaration has been audited.

The Council Members’ Responsibility for the Financial Report
The Council Members of the Victorian Institute of Forensic Medicine are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the financial reporting requirements of the Financial Management Act 1994. This responsibility includes:

- establishing and maintaining internal controls relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error
- selecting and applying appropriate accounting policies
- making accounting estimates that are reasonable in the circumstances.

Auditor’s Responsibility
As required by the Audit Act 1994, my responsibility is to express an opinion on the financial report based on the audit, which has been conducted in accordance with Australian Auditing Standards. These Standards require compliance with relevant ethical requirements relating to audit engagements and that the audit be planned and performed to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The audit procedures selected depend on judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, consideration is given to the internal control relevant to the entity’s preparation and fair presentation of the financial report 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 entity’s internal control. An audit also includes evaluating the appropriateness of the accounting policies used, and the reasonableness of accounting estimates made by the Council Members, as well as evaluating the overall presentation of the financial report.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.
Independent Auditor’s Report (continued)

Matters Relating to the Electronic Presentation of the Audited Financial Report
This auditor's report relates to the financial report published in both the annual report and on the website of the Victorian Institute of Forensic Medicine for the year ended 30 June 2010. The Council Members of the Victorian Institute of Forensic Medicine are responsible for the integrity of the website. I have not been engaged to report on the integrity of the website. The auditor's report refers only to the statements named above. An opinion is not provided on any other information which may have been hyperlinked to or from these statements. If users of this report are concerned with the inherent risks arising from electronic data communications, they are advised to refer to the hard copy of the audited financial report to confirm the information included in the audited financial report presented on the Victorian Institute of Forensic Medicine website.

Independence
The Auditor-General's independence is established by the Constitution Act 1875. The Auditor-General is not subject to direction by any person about the way in which his powers and responsibilities are to be exercised. In conducting the audit, the Auditor-General, his staff and delegates complied with all applicable independence requirements of the Australian accounting profession.

Auditor’s Opinion
In my opinion, the financial report presents fairly, in all material respects, the financial position of the Victorian Institute of Forensic Medicine as at 30 June 2010 and its financial performance and cash flows for the year then ended in accordance with applicable Australian Accounting Standards (including the Australian Accounting Interpretations), and the financial reporting requirements of the Financial Management Act 1994.

MELBOURNE
7 September 2010

D R Pearson
Auditor-General
The Annual report of the Institute is prepared in accordance with all relevant Victorian legislation. This index has been prepared to facilitate identification of the Institute's compliance with statutory disclosure requirements.

<table>
<thead>
<tr>
<th>Legislation</th>
<th>Requirement</th>
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<tbody>
<tr>
<td>Ministerial Directions</td>
<td>FRD 22B  Manner of establishment and the relevant Ministers</td>
</tr>
<tr>
<td></td>
<td>FRD 22B  Objectives, functions, powers and duties</td>
</tr>
<tr>
<td></td>
<td>FRD 22B  Nature and range of services provided</td>
</tr>
</tbody>
</table>

**Management and structure**

<table>
<thead>
<tr>
<th>Requirement</th>
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</thead>
<tbody>
<tr>
<td>FRD 22B  Organisational structure</td>
</tr>
</tbody>
</table>

**Financial and other information**

<table>
<thead>
<tr>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRD 8B  Budget portfolio outcomes</td>
</tr>
<tr>
<td>FRD 10  Disclosure index</td>
</tr>
<tr>
<td>FRD 12A Disclosure of major contracts</td>
</tr>
<tr>
<td>FRD 15B Executive officer disclosures</td>
</tr>
<tr>
<td>FRD 22B, SD 4.2(k) Operational and budgetary objectives and performance against objectives</td>
</tr>
<tr>
<td>FRD 22B  Employment and conduct principles</td>
</tr>
<tr>
<td>FRD 22B  Occupational health and safety policy</td>
</tr>
<tr>
<td>FRD 22B  Summary of the financial results for the year</td>
</tr>
<tr>
<td>FRD 22B  Significant changes in financial position during the year</td>
</tr>
<tr>
<td>FRD 22B  Major changes or factors affecting performance</td>
</tr>
<tr>
<td>FRD 22B  Subsequent events</td>
</tr>
<tr>
<td>FRD 22B  Application and operation of Freedom of Information Act 1982</td>
</tr>
<tr>
<td>FRD 22B  Compliance with building and maintenance provisions of Building Act 1993</td>
</tr>
<tr>
<td>FRD 22B  Statement on National Competition Policy</td>
</tr>
<tr>
<td>FRD 22B  Application and operation of the Whistleblowers Protection Act 2001</td>
</tr>
<tr>
<td>FRD 22B  Details of consultancies over $100,000</td>
</tr>
<tr>
<td>FRD 22B  Details of consultancies under $100,000</td>
</tr>
<tr>
<td>FRD 22B  Statement of availability of other information</td>
</tr>
<tr>
<td>FRD 24C  Reporting of office-based environmental impacts</td>
</tr>
<tr>
<td>FRD 25  Victorian Industry Participation Policy disclosures</td>
</tr>
<tr>
<td>FRD 29  Workforce data disclosures</td>
</tr>
<tr>
<td>SD 4.5.5  Risk management compliance requirements</td>
</tr>
<tr>
<td>SD 4.2(g)  General information requirements</td>
</tr>
<tr>
<td>SD 4.2(j)  Sign-off requirements</td>
</tr>
</tbody>
</table>

**Financial statements**

**Financial statements required under Part 7 of the FMA**

<table>
<thead>
<tr>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>SD 4.2(a)  Statement of changes in equity</td>
</tr>
<tr>
<td>SD 4.2(b)  Operating statement</td>
</tr>
<tr>
<td>SD 4.2(b)  Balance sheet</td>
</tr>
<tr>
<td>SD 4.2(b)  Cash flow statement</td>
</tr>
</tbody>
</table>

**Other requirements under Standing Directions 4.2**

<table>
<thead>
<tr>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>SD 4.2(a)  Compliance with Australian accounting standards and other authoritative pronouncements</td>
</tr>
<tr>
<td>SD 4.2(a)  Statement of compliance</td>
</tr>
<tr>
<td>SD 4.2(d)  Rounding of amounts</td>
</tr>
<tr>
<td>SD 4.2(c)  Accountable officer's declaration</td>
</tr>
</tbody>
</table>
**Disclosure index**

**Other disclosures as required by FRD's in notes to the financial statements**

<table>
<thead>
<tr>
<th>FRD Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRD 9A</td>
<td>Departmental disclosure of administered assets and liabilities</td>
</tr>
<tr>
<td>FRD 11</td>
<td>Disclosure of ex-gratis payments</td>
</tr>
<tr>
<td>FRD 13</td>
<td>Disclosure of parliamentary appropriations</td>
</tr>
<tr>
<td>FRD 21A</td>
<td>Responsible person and executive officer disclosures</td>
</tr>
<tr>
<td>FRD 102</td>
<td>Inventories</td>
</tr>
<tr>
<td>FRD 103D</td>
<td>Non-current physical assets</td>
</tr>
<tr>
<td>FRD 104</td>
<td>Foreign currency</td>
</tr>
<tr>
<td>FRD 106</td>
<td>Impairment of assets</td>
</tr>
<tr>
<td>FRD 109</td>
<td>Intangible assets</td>
</tr>
<tr>
<td>FRD 107</td>
<td>Investment properties</td>
</tr>
<tr>
<td>FRD 110</td>
<td>Cash flow statements</td>
</tr>
<tr>
<td>FRD 112A</td>
<td>Defined benefit superannuation obligations</td>
</tr>
<tr>
<td>FRD 113</td>
<td>Investments in subsidiaries, jointly controlled entities and associates</td>
</tr>
<tr>
<td>FRD 114A</td>
<td>Financial instruments - General government entities and public non-financial corporations</td>
</tr>
<tr>
<td>FRD 119</td>
<td>Contributions by owners</td>
</tr>
</tbody>
</table>

**Legislation**

*Freedom of Information Act 1982*
*Building Act 1983*
*Whistleblowers Protection Act 2001*
*Victorian Industry Participation Policy Act 2003*
*Financial Management Act 1994*
*Multicultural Victoria Act 2004*
Annual Report Committee:
Leanna La Cambre
Kerry Johannes
Lauren Murton
Shelley Robertson
Caroline Rosenberg (photography, design & layout)
Mari-Ann Scott
Vicky Winship

Front cover design: John Lloyd Fillingham

With many thanks to all the members of the annual report committee and in particular
Vicky Winship, Caroline Rosenberg and Forensic Technical Services for their support.

The VIFM Annual Report is printed on 100% recycled paper.