



VICTORIAN INSTITUTE  
OF FORENSIC MEDICINE

Feature:  
The VIFM's Contribution to  
Public Health in Victoria

A photograph of a woman wearing safety glasses and a white lab coat, standing in a laboratory. The image is overlaid with a blue tint and a semi-transparent white box containing the title text.

# ANNUAL REPORT

2021-2022



# Report of Operations Accountable Officer's Declaration

In accordance with the Financial Management Act 1994, I am pleased to present the Victorian Institute of Forensic Medicine's Annual Report for the year ending 30 June 2022.



**Professor Noel Woodford**

Director

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# Overview

*Molecular  
Biology*



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# Overview.

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## Who We Are

As an institution focussed on forensic medicine, we serve the community and the courts. Our statutory responsibilities are to provide independent forensic medical and scientific expertise to the justice system, tissue for transplantation, and to both teach and undertake research that will benefit the community.

The Victorian Institute of Forensic Medicine (VIFM) provides the justice system with crucial evidence that underpins safe convictions and appropriate acquittals. Our doctors, nurses and scientists investigate deaths reported to the Coroner, examine alleged offenders and medically assess and support victims of crime.

The Donor Tissue Bank of Victoria (DTBV) supports patients and their families by providing safe tissues to medical specialists and Victorian hospitals for transplantation and medical research, benefitting many patients every year.

Our medical and scientific staff members undertake research that benefits public health and safety and the just working of our legal system. By contributing to the professional development and education of forensic pathologists, physicians and scientists, we ensure a high standard of forensic medical services for Victoria and provide critical support for our healthcare and justice systems.

## Mission

We exist to provide quality-driven, ethically-grounded, independent forensic medical and scientific services for the justice system; to expand and share our knowledge locally and globally; and to make a positive contribution to the health and safety of our community.

## Vision

*We strive to continue to be a trusted and innovative leader in global forensic medicine and science.*

## Our Values

**RESPECT** - We respect all people, our history, our calling and the law.

**OPENNESS** - We are open-minded, open to each other, and open to knowledge and learning.

**SERVICE** - We provide services for the community that are 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.

## Our Motto

*Veritas Omnia Vincit  
– Truth Conquers All*



## Our Working Relationships

The VIFM is a statutory agency within the Justice and Community Safety portfolio and our responsible minister is the Victorian Attorney-General.

We work in close partnership with many sectors of the Victorian community.

The strength of the working relationships we have with our clients and stakeholders is critical to our success. Our primary stakeholders are the Victorian courts and we work closely and in collaboration with the Coroners Court of Victoria.

The VIFM operates the Coronial Admissions and Enquiries office and undertakes medico-legal death investigations on behalf of the Coroners Court. The VIFM also has a service level agreement with Victoria Police to deliver clinical forensic medical services and toxicology testing. Other important partners include the Victorian courts, Monash University and the University of Melbourne, the Australian Federal Police, legal and medical professionals, and public and private hospitals.

## Our Role in Teaching, Training and Research

The VIFM's founding legislation and mission requires us to promote, provide and assist with professional training and research in forensic medicine and related scientific disciplines.

These academic activities in medicine, law and science are fundamental to the VIFM's credibility in the courts and allow us to maintain a highly professional standing in national and international medical, legal and scientific communities.



VIFM's forensic pathologists

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# Our Organisation at a Glance.

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## Forensic Services and Donor Tissue Banking at the VIFM

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### Death Investigation

- » Forensic pathology
  - Autopsy or external examination
  - Histopathology
- » Forensic radiology
- » Mortuary services
- » Forensic science
  - Post-mortem toxicology
  - Molecular biology (DNA)
  - Histology
  - Microbiology
- » Forensic odontology
- » Forensic anthropology
- » Forensic entomology
- » Cold case investigations

### Clinical Forensic Medicine

- » Sexual assault examinations
- » Physical assault examinations
- » Examinations of victims of interpersonal violence including family violence
- » Fitness for interview examinations
- » Traffic medicine
- » Clinical pharmacology

### Drug Testing Services for Victoria Police

- » Road traffic toxicology
- » Clinical toxicology
- » Occupational toxicology

### Donor Tissue Bank of Victoria

- » Deceased and living donor identification
- » Tissue collection
- » Tissue processing
- » Tissue quality and safety evaluation
- » Tissue distribution for transplantation
- » Tissue distribution for research

## Academic Programs in collaboration with the Department of Forensic Medicine, Monash University

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### Research

- » Injury prevention
- » Health law
- » Aged care
- » Medical imaging
- » Adverse medical events
- » Drug harm unit
- » Coronial law

### Library Services Teaching & Training

- » Undergraduate
  - Medical Law Program
  - Forensic Medicine Program
- » Postgraduate
  - Master of Forensic Medicine
  - PhD by Research
- » International Programs

### International Program

- » Forensic capacity
  - Disaster victim identification preparedness
  - Forensic pathology
- » Consultancy services
- » Training and network facilitation
- » Humanitarian support



## Corporate Services and Development providing corporate and logistical support to our operations

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### Quality and Improvement

- » Oversight and management of the VIFM Quality Management System including:
  - Document control administration
  - Continuous Improvement Request and Corrective Actions (CIRCA) administration
  - Internal quality auditing
  - Proficiency testing administration
  - NATA Accreditation and ISO Certification administration and coordination
  - TGA Licensing and Biologicals Framework Registration
  - Business improvement using the Lean 6 Sigma methodology
- » VIFM External Source Complaints Program administration
- » Internal investigation of quality issues

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### Legal, Governance and Policy

- » Governance support for the VIFM Council and Committees
- » Statutory interpretation and legal advice
- » Oversight of risk management
- » Policy development
- » Research governance support
- » Strategic and business planning leadership and support
- » Contract management
- » Privacy and data protection
- » Compliance monitoring

### Information, Communications and Technology

- » Forensic operations IT system maintenance and development
- » IT and telecommunications infrastructure operations and maintenance
- » Digital communications

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### Finance and Business Services

- » Financial management and accounting
- » Procurement
- » Financial compliance monitoring
- » Purchasing and supplies management
- » Building and facility management

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### Human Resources and Development

- » Recruitment and selection
- » Payroll, remuneration and benefits
- » Employee learning and development
- » Employee relations
- » HR advice
- » Occupational health and safety
- » Employee wellbeing and support

# The Chairman's Perspective

The Hon. John Coldrey AM KC

It is 35 years since the Victorian Institute of Forensic Medicine (VIFM) was launched by the then Premier of Victoria, John Cain. This is the latest Annual Report in a series which have detailed the breadth of the engagement of the Institute in promoting the safety, health and wellbeing of our society.

It refers to the role of the Institute's medical and scientific personnel in documenting the causes of sudden and unexplained deaths and in providing this information to grieving relatives and friends.

The timely identification by the VIFM experts of the cause and manner of death is fundamental to the successful operation of the Coronial system.

Moreover, in cases of homicide, sexual assaults, acts of violence or drug related offences, this Institute provides the expert evidence to the Supreme, County and Magistrate's Courts which is vital to the proper functioning of our system of criminal law.

Further, the Institute, through its research and teaching activities constitutes the "investment in public health" envisaged by Premier Cain at its inception. The level of research can be gauged by perusing the list of scientific papers and conference contributions set out in this Report.

The extraordinary ambit of the VIFM's medical and scientific skills can be gleaned by simply listing its areas of practice:

- » Forensic pathology and radiology
- » Toxicology
- » Clinical forensic medicine
- » Forensic odontology (dentistry)
- » Forensic anthropology
- » Forensic entomology
- » Histopathology
- » Molecular biology (including the analysis of mitochondrial DNA)



- » Delivering research programs and teaching the next generation of forensic practitioners through the Department of Forensic Medicine at Monash University
- » Managing the Donor Tissue Bank of Victoria
- » Providing experts in Disaster Victim Identification (DVI) to expeditiously identify the victims of natural or mad-made disasters both local and international
- » Contributing to the training of overseas practitioners particularly in the Asia-Pacific region
- » Operating the National Coronial Information Service

All these activities, refined and consolidated through three and a half decades, have earned the VIFM an acknowledged leadership role amongst world forensic institutes.

I cite as an example the appointment of Associate Professor Dimitri Gerostamoulos as President of the

International Association of Forensic Toxicologists – a position formerly held by the Institute's Professor Olaf Drummer.

Indeed, as was noted in a recent letter from the Department of Foreign Affairs and Trade:

"The Australian government acknowledges the work that the Victorian Institute of Forensic Medicine does to deliver forensic medical expertise in crisis situations and build capacity in the Pacific and across the world".

Whilst this recognition is welcome it is my view that the Commonwealth government should direct funds to the VIFM to enable this organisation to deliver training to the Pacific nations in the specialist forensic skills. These are skills which go beyond traditional health care.

The generation of such expertise will foster confidence in the criminal justice system and consequently enhance confidence in the overarching rule of

law. This in turn may be seen as a factor in promoting national and regional stability. A failure to provide these services leaves a vacuum which other powerful nations may well be prepared to fill.

In the past year there has been an emphasis on addressing the problem of missing persons. There are currently approximately 2500 long-term missing persons in Australia and 132 unidentified human remains cases in Victoria. An extension of the use of DNA as an identification tool is currently being explored. To this end experts from the FBI visited the VIFM for discussions on the latest developments in this area. Leading this development at the Institute are senior forensic anthropologist, Adjunct Professor Soren Blau and Dr Dadna Hartman, Manager of Molecular Biology.

### **FINANCING OUR SERVICES**

Unfortunately, as in previous years, the issue of the adequate financing of the Institute's activities remains a problem.

But first the good news. The much-needed capital funding received in the May 2021-2022 budget has been utilised in upgrading the mortuary; increasing the sophistication and capacity of the information technology system; purchasing modern toxicology and histology equipment and negotiating the purchase of state-of-the-art CRI and MRI machines.

As noted in the previous Annual Report a Council resolution acknowledged the unflagging efforts of Attorneys-General Jill Hennessy and Jaclyn Symes in achieving this important capital advance. Indeed, the current Attorney-General's support for the Institute has been unwavering, as evidenced by her visits to inspect its activities and her efforts to secure increased appropriations for our vital public operations.

Now to the bad news. It needs to be placed in context.

The capacity of the VIFM to serve the community is necessarily dependant on adequate year on year funding. Indeed, without proper funding the statutory obligations of this Institute will be placed in jeopardy.

The VIFM Council has set its face

against any diminution of services to the Victorian community and has consequently needed to support deficit budgets in recent years.

Fortuitously, budgetary shortfalls have been made up by the Department of Justice and Community Safety (DJCS) at the eleventh hour. However, this is a situation that is anathema to any sensible forward planning.

The failure to remedy this structural deficit is both surprising and disappointing since a strategic review of the Institute's operations, commissioned by the DJCS and conducted prior to the 2021 budget by Nous consultants, identified no financial inefficiencies in the Institute's expenditure. At that time a deficit of \$4M was identified.

One of the contributing factors to the ongoing deficits is to be found in the confected accounting requirement of the "efficiency dividend". I quote yet again what I have written in previous reports:

"...it needs to be understood by parliament and the community that the VIFM is a unique frontline organisation promoting public safety and protection, and public health. It is demand driven by death, violence and drug ingestion. Consequently, the yearly budgetary reduction by the blanket requirement of a notional efficiency dividend is impracticable, unrealistic, and, as our fiscal history demonstrates, financially deleterious"

The importance of repairing this ongoing deficit cannot be understated. I note the modest size of the financial expenditure involved in this remedial action compared to other financial commitments made by government.

In the lead up to the 2022-23 State budget, the DJCS spearheaded a bid for additional funding to support the work of the Institute's doctors in examining victims of criminal assault and, where necessary, giving evidence on their behalf.

I want to make it quite clear that the VIFM is victim orientated. Its absolute and irrevocable policy is that medical experts should be available to see persons subject to violence – and particularly sexual violence – twenty-four hours of every day.

That requires an adequate financial allocation.

Whilst some extra funding was received in the budget, it will need to be increased in subsequent years if the Institute is to properly fulfil its role.

Further, there is a fundamental structural problem which distracts from, and impedes, the Institute's operations. It is to be found in the requirement that the VIFM and Victoria Police negotiate a Service Level Agreement (SLA) for the "provision of clinical forensic medicine and related services to the police force of Victoria..." (S64(f) of the Victorian Institute of Forensic Medicine Act 1985). One of "the related services" for which a SLA with the police force is also mandated is in the field of toxicology.

It is, I am afraid, beyond my comprehension why time effort and money must be expended for one government department to negotiate a contract of this nature with another.

Moreover, whilst the total independence of the VIFM experts is beyond question, the appearance of such independence from police investigation and prosecution is desirable.

Consequently, in my opinion, the case for the direct funding of the Institute for its performance in these medical and scientific disciplines is overwhelming.

### **REFINING OUR SERVICES**

It is some 13 years since the Victorian Institute of Forensic Medicine Act 1985 was updated. Developments since that time have rendered its revision overdue. The need to obtain advice from the Solicitor-General (sought jointly by the VIFM and the Coroners Court of Victoria) highlights the desirability of the amendments clarifying the roles of these independent entities.

This Report is not an appropriate vehicle to detail the changes required. It is sufficient to place on record my views that the capacity of the VIFM to serve the Victorian community in a practical and timely fashion without unnecessary technical impediments should be paramount.

In essence, the Institute's capacity to inform the relatives of deceased persons and law enforcement agencies of its findings and to conduct groundbreaking research should be founded in its own regulations. This is particularly

so given the enduring record of integrity, independence, reliability, and responsibility exhibited by the VIFM in the conduct of its affairs.

As previously indicated such amendments should include the direct funding of the operations of the CFM and Toxicological Services.

#### **SERVING THE INSTITUTE**

##### **i. The VIFM Council**

Once again, the Institute has benefited from its governance by a highly credentialed Council (Board), whose activities include overseeing the organisation's strategic planning and monitoring its finances. A new Strategic Plan will be presented to the Council for approval in October 2022.

At the forefront of the Council's endeavours is a commitment to ensure that the objectives of the VIFM are attained. I would describe the Council members as diverse, distinguished and dedicated. Their considerable talents and attainments are set out in the biographical notes in the Corporate Governance section of this report.

It should be a matter of public record that Council members perform their role, which involves mastering vast amounts of material, without any financial remuneration. The collective contribution of members deserves recognition and thanks.

In this period the Council lost the services of Professor Glenn Bowes, AO, whose resignation was occasioned by ill health. His service on the Council was characterised by astute and sage advice delivered in his amiable style. The Council acknowledges the significant role he has played in advancing forensic medicine and science in the state of Victoria.

The membership of the Council of Tracy Beaton also concluded. During her tenure the Council was the beneficiary of her practical and insightful contributions to its deliberations.

It is also appropriate to record the unanimous resolution of the Council that Professor Cordner AM, Director of this Institute for 27 years and one of the foremost forensic pathologists in the world, be made a Fellow of the VIFM. He thus enters the pantheon of those persons whose contribution

to the culture and development of this organisation should be forever honoured.

##### **ii. Other Substantial Contributors**

Once again, I acknowledge the unstinting contributions of the Chairs of the Council subcommittees – Executive and Finance, Audit and Risk, Ethics, and Donor Tissue Bank – being respectively Neil Robertson, Stephen Nossal and Tim Fitzmaurice, as well as those of the doctors, judges, lawyers, scientists and laypeople who serve on them.

I note that during this year The Hon. Frank Vincent AO retired from the Ethics Committee. His work in the assessment of proposed research projects has been invaluable.

Special thanks are due to the Chief Operating Officer, Mari-Ann Scott and Chief Finance Officer, Peter Ford for the consummate discharge of their roles.

I particularly want to acknowledge the distinguished leadership of this Institute by Professor Noel Woodford in these unprecedented and extraordinarily challenging times. His recent appointment to the Board of the Royal College of Pathologists of Australasia comes as no surprise.

*I conclude by expressing my unbounded admiration for all the members of the VIFM staff. Yet again they have performed magnificently in a difficult and stressful environment.*



# Director's Report

Professor Noel Woodford

As Victoria slowly emerged from the pandemic over the past year, it was a time to reflect on the challenges we have met and those yet to come. By any measure we were successful in the major objectives we set for ourselves: keeping our staff safe, contributing to the community-wide effort to slow the spread of COVID-19, and maintenance of the many services we provide to the coronial and justice systems, to the health sector, and most importantly, to families.

There is much we have learned from the COVID-19 years which will inform our work in the future, not least of which was improving the way we protect and enhance the mental health and wellbeing of our staff. The transition back to the workplace has been welcomed by many and has been more difficult for some, but overall our culture and ways of working and interacting is significantly enhanced by both physical proximity and chance encounters that working life at this Institute bring. Even so, at the time of writing the presence of our sole remaining temporary storage container is a sobering reminder that the pandemic is not a distant memory quite yet.

The challenges over the past year have been significantly exacerbated by our budgetary situation which remains serious despite ongoing efforts, year on year, to improve the efficiency of our operations. Ongoing stringent efficiency reviews of our operations clearly indicate that further savings will be extremely difficult to achieve without seriously endangering the integrity of our operations and our ability to provide the services expected of us. In short, our resilience continues to be tested. In the coming year we will be working in close collaboration with the Coroners Court on a range of initiatives to improve the efficiency and quality of our work, including legislative reform and improved approaches to death investigation in natural causes and age-related deaths.



In the last state budget we were the grateful recipients of funding for some critically important work, including updating our venerable, home-grown, but increasingly obsolete case management system, moving our IT infrastructure to the cloud, decreasing our vulnerability to cyber-threats, supporting the operations of the Donor Tissue Bank of Victoria, much needed redevelopment in the Coronial Admissions and Enquiries office, mortuary and laboratories, and modernising our imaging infrastructure with a new CT scanner and MRI machine.

The advent of MRI technology means that we join a select group of death investigation facilities around the world to embrace this technology, and the possibilities in both the case-diagnostic realm and in research are very exciting.

These innovations will involve significant disruption in the next 2 years. However, given the prospect of a significantly improved working environment, and our history of surmounting similar challenges at the time of the bushfires and subsequent campus-wide redevelopment, I am confident we will manage. Despite the redevelopment plans, space for our staff and equipment

remains in critically short supply. Over the coming year, necessitated in part by the redevelopments, but also the need to think creatively, we will be looking at locating some of our operations off-site where this will result in improved services to our stakeholders. The longer-term solution may well involve seeking an alternative site for a co-located VIFM and Coroners Court, and we intend to commence preliminary planning discussions with the Department of Justice in the near future.

Despite significant fiscal constraints, our commitment to teaching, training and research remains undiminished. An indication of the importance government attaches to the role of research to underpin quality, evidence-based forensic medical and scientific services may be found in the recent inclusion of the number of peer-reviewed publications as a performance indicator in activities reported to government. This underscores the critical contribution of the Department of Forensic Medicine at Monash to our operations. Enrolments in our undergraduate courses across law and the biosciences are stronger than ever, as are PhD candidacies. The past year also saw the roll-out and delivery of educative materials as part of our collaboration with the federal Department of Social Services' initiative to improve responses to sexual violence.

Our leadership in the area of resolution of long-term missing persons cases continued through the work of the Missing Persons' Working Group, a collaboration between the VIFM, Victoria Police and the Coroners Court. Early work has been undertaken in the novel field of forensic genetic genealogy which holds significant promise in resolving the identity of missing persons where traditional methods of identification have proved inadequate. This year we were honoured to welcome the Attorney General to the Institute to attend a presentation on this new technology by officers of the United States Federal Bureau of Investigation.

The past year saw extensive consultations with staff and stakeholders in the development of our 2022-2025 strategic plan and also following the release of the Victorian Law Reform Commission's Report into Improving the Justice System Response to Sexual Offences. In the coming year we will be working closely with the Department of

Justice and Community Safety, police and other stakeholders to provide a more timely and responsive service to victims of physical and sexual assault.

Our toxicology service, along with our forensic pathology service, continue to deal with increasing caseloads year on year. Our ability to screen for over 300 drugs overnight continues to make a significant contribution to efficiency of decision-making in the case-triage process, and our engagement in the Emerging Drugs Network of Australia (Victoria) study is providing valuable information regarding changing drug use trends in presentations to emergency departments. It was a particularly proud moment for the VIFM when our Head of Forensic Science, Associate Professor Dimitri Gerostamoulos was appointed president of The International Association of Forensic Toxicologists, a role previously filled with distinction by his predecessor and VIFM colleague Professor Olaf Drummer.

In addition to the day-to-day work across our various specialisms, the VIFM fosters strong and mutually beneficial professional and educational relationships with individuals and agencies across the region and more broadly. And as the effects of COVID steadily recede, it has been a pleasure to welcome back international trainees for short and long term placements in the fields of forensic pathology, radiology and clinical forensic medicine. These visitors hail from Malaysia, Sri Lanka, Bhutan, Abu Dhabi, Iraq, India, Portugal, UK, and Singapore, and many more applicants are in the offing. It is wonderful to be open for international engagements again.

A comprehensive list of the ways our experts contribute to justice and health systems in Victoria and nationally is not possible within this brief overview, but organisations and bodies to which VIFM contributes by means of committee membership and other ways include the Department of Health's Consultative Councils into Morbidity and Mortality, VicRoads, The Coronial Council, The Australian and New Zealand Forensic Executive Committee, The Royal College of Pathologists of Australasia (and its Quality Assurance Program), Forensic and Clinical Toxicology Australia, and the Peter MacCallum Hospital to name but a very few.

On a very sad note, this year saw the passing of a much-loved colleague David Cauchi whose brave battle with cancer was an inspiration to us all. More about David's life and contribution to the VIFM over the 30 years of his work here is to be found later in these pages.

Before closing, I would like to pay special tribute to members of the VIFM's executive for providing the strong and collaborative leadership to see us through some very challenging times, and particularly to record my deep gratitude for the hard work, strategic nous and collaborative leadership of the Chief Operating Officer Mari-Ann Scott. The Chair of Council The Honourable John Coldrey AM KC, members of VIFM's Council as well as its subcommittees continued to donate their considerable professional experience and talents to ensure our institutional well-being and prosperity. Their support and guidance are more important than ever.



# Chief Operating Officer's Report

Ms Mari-Ann Scott

As I reflect on the past year, what comes to mind is not the many challenges that we have confronted and overcome, but rather the way the VIFM team works. I have admired the qualities of people with whom I work every day; their personal values and their commitment to and demonstration of both the VIFM Values and the Victorian Public Sector Values.

The VIFM is an amazing place to work. We are united by a strong common sense of purpose. Our doctors, nurses, scientists and technical staff provide a multitude of services to the Coroners Court of Victoria and Victoria Police. They undertake examinations and investigations within their disciplines to deliver services with objectivity and respect - inherently difficult work - all the while caring for each other. But we are not only an organisation of health professionals and scientists. We also have a remarkable team of dedicated corporate staff, whose work and attributes I want to recognise in my report.

Before I do, I would like to comment on something that unites the Corporate Services and Development (CSD) team: a commitment to 'public service'.

Rainey and Steinbauer unpack this idea of commitment to 'public service', defining it as "a general altruistic motivation to serve the interests of a community of people, a state, a nation, or humankind"<sup>1</sup>. It is obvious to me that the CSD team is driven by this very commitment. I see the commitment every day in their work, through which they also demonstrate the VIFM and public sector values, providing responsive, frank, impartial and timely advice and promoting best practice.

The CSD staff maintain this commitment while managing multiple portfolios of responsibility. It is inevitable that in a statutory agency such as the VIFM, corporate staff will be spread thinly to manage organisational priorities



and to meet the many regulatory and compliance obligations.

I would now like to highlight the breadth of work of the CSD team in 2021-22.

## QUALITY AND IMPROVEMENT TEAM

The VIFM's operations are underpinned by a robust quality framework, which establishes systems to guarantee that we meet our required forensic and medical accreditations and ensure the integrity of the evidence we provide to the justice system.

I want to recognise the outstanding work of Frances Adamas and her Quality & Improvement and Records Management Team. They are organisational exemplars, working with our operational staff to apply "Lean" and other methods of analysis to help the VIFM improve.

Frances also manages the VIFM's strategic planning, risk management and information management functions – quite a spread of responsibilities. Frances and her team deliver on their very busy agenda in a consistently positive manner, and it is a real pleasure to work with them.

1 Rainey and Steinbauer. 1999, 23

## PEOPLE, CULTURE AND SAFETY TEAM

This year saw the retirement of Richard Prokop, who tirelessly led the VIFM's Human Resources (HR) function for 11 years, including through the first waves of the COVID-19 pandemic. I thank Rick for his unwavering efforts, good humour and commitment to service.

In March 2022, the HR, Occupational Health and Safety (OHS) and Wellbeing functions were amalgamated into one work group, the People, Culture and Safety Division, under the leadership of Barbara Thorne. Barb has been ably leading the Division since then, bringing her incredible energy and good judgement to manage an area of work that is increasingly complex and nuanced.

Delaying his retirement to fill the critical gap left by Rick's departure, Jeff Lomas moved across from his role as Manager, Mental Health and Wellbeing to act in the role of Manager HR, while recruitment for a new Manager was undertaken.

We are very fortunate to have an experienced OHS practitioner at the VIFM, and this year saw Emily Hall expanding her portfolio responsibilities to take up the role of Manager, Safety, Mental Health and Wellbeing, which incorporated the Manager, Mental Health and Wellbeing role vacated by Jeff.

OHS is a top priority for the VIFM. This year, drivers of the workload in this domain included managing the workplace risks of the COVID-19 pandemic, responding to the challenges of remote working, and identification of the need to review and update our fatigue management policies and procedures. Emily has been tireless in working in the interests of our staff in all of these areas.

The People, Culture and Safety Division, and more broadly the VIFM, welcomed Denise Alister to the team. Denise was appointed as Senior Project Manager, Medical Workforce Planning and brings a wealth of expertise in the area of medical workforce management, credentialing and process improvement.

## LEGAL, GOVERNANCE AND POLICY TEAM

Under the thoughtful and dedicated leadership of Fiona Leahy, the

Legal, Governance and Policy (LGP) Team's contribution to the VIFM was extraordinary this year.

The VIFM is a unique organisation, with multiple functions spanning medicine and the law. The legal questions that arise at the VIFM are often complex and at the forefront of emerging legal and ethical issues. As a result of the foresight of the foundation director, Professor Stephen Cordner, the VIFM has significantly benefitted from the establishment of an in-house legal team, now the LGP team, which has built a body of particular expertise with which it both advises our operational areas and contributes to legal and policy development.

The LGP team also manages our compliance, privacy and FOI obligations and assists with the handling of complaints. Additionally, the team is responsible for supporting the governance of the VIFM through the executive support of the VIFM Council and its committees, and research governance through executive support of the Research Advisory Committee and the VIFM Ethics Committee. Finally, the team coordinates the production of the VIFM's Annual Report.

For more than 20 years, we were privileged to have Helen McKelvie as part of the legal team. Helen was the VIFM's first legal officer and brought a unique set of skills to the role, including legal acumen, deep content knowledge, emotional intelligence, beautiful written expression and strategic thinking. Over many years, Helen skilfully navigated the needs of both internal and external stakeholders with diplomacy, courage and compassion – and a large dose of common sense. I wish Helen well in her new career endeavours outside of the VIFM.

This year, the LGP team responded to requests for legal advice (often at short notice) on a range of complex medico-legal questions, legislative reform proposals and other policy matters including:

- » the review of the existing protocols between the VIFM and the Coroners Court of Victoria and the development of new interim protocols in relation to the collaborative management of unidentified

human remains and of investigations of long term missing persons who are reported to the Court as suspected deaths

- » active participation in the review of Victoria's DNA laws under terms of reference from the Victorian Attorney-General, and
- » contributions to the development of amendments to the Coroners Regulations 2019 to ensure that deaths in supported disability accommodation are recognised and reported as reportable deaths.

## FINANCE AND BUSINESS SERVICES TEAM

The Finance and Business Services Team carries out a deceptively broad range of services to meet the needs of the VIFM.

Beyond his finance responsibilities, our dedicated Chief Finance Officer, Peter Ford, manages a number of other portfolios including facilities, procurement and supplies. Peter also provides general executive support to other corporate service areas.

It is an absolute challenge for the VIFM to manage our finances in the context of revenue that does not match growing demand. Peter and I have worked together for the past 15 years to meet the VIFM's financial and operational challenges. For this work, we rely heavily on the small but dedicated Finance Team, amongst whose many tasks include the preparation of monthly budget and forecast information reports for Management and the VIFM Council, as well as the financial statements for the annual report.

The finance team also plays a vital role in assessing the VIFM's compliance with the requirements of the Financial Management Act 1994 and its subsidiary obligations. This is an ongoing and demanding task for such a small team. The VIFM was required to meet additional regulatory obligations this year in compliance with the Victorian Government Purchasing Board policies.

There have been significant personnel changes in the finance team this year, with one staff member leaving to be closer to family in regional Victoria and another long-time member - Margaret Stolke - retiring after 30 years in the public service, the last 13 years with the VIFM.

There have been changes made to Peter's portfolios, including the strengthening of the VIFM's facilities management, by linking this role with that of the Chief Warden. Paul Anderson has both an extensive facilities background and in-depth knowledge of building maintenance regulations and requirements. Combining these roles ensures that the VIFM consistently explores every available opportunity to maximise value for money expenditure.

We have also strengthened our procurement advice with the appointment of Steve Connelly to the role of Commercial and Procurement Manager. Steve has immense industry experience, and his expertise will ensure that the VIFM achieves excellent outcomes in the purchase and development of new ICT systems and other significant procurement activities.

The VIFM received capital funding for multiple purchases to replace essential scientific instruments. This project has required significant input from across the organisation, with the finance, procurement, stores and facilities teams all engaged to ensure the equipment was appropriately procured and delivered.

## **INFORMATION AND COMMUNICATIONS TECHNOLOGY TEAM**

The VIFM requires a modern technical capability to support its numerous functions and to meet our future business challenges. That is why the efforts of the Information and Communications Technology (ICT) team to transform and uplift the VIFM's digital capacity has been so important over the last year, particularly in times of COVID-19.

With the appointment of a new Executive Director of Digital Transformation, Mark Gardiner, and a high-quality team behind him and the Chief Transformation Officer, Murray Hall, the VIFM is making impressive

gains to enhance the digital experience for VIFM staff.

A major project to replace the VIFM's case management system (iCMS) is currently underway, which will modernise how the VIFM performs essential day-to-day tasks. In addition, key servers have been migrated to the Cloud to enable continuous monitoring and incident response management, improve business continuity and improve scalability, security, accessibility and reliability. A number of tools have been enabled to facilitate best practice software and security compliance and to improve the efficiency of ICT operations. The ICT team also continues to engage with areas across the VIFM, to improve their technology experience, an example being the project to implement an IT solution for the Donor Tissue Bank of Victoria that supports and complements their business model.

However, it is not just the major projects that emphasise the ICT team's importance to the VIFM. Business-as-usual activities continue behind the scenes to support our staff, including the roll-out of laptops across the organisation to facilitate modern working-from-home practices, regularly testing the VIFM systems to ensure optimum functionality and responding to daily help desk enquiries.

It has been a big year for the ICT team reshaping the VIFM's ICT landscape and we will build on this momentum next year to secure our modern digital capability.

## **EXECUTIVE SUPPORT**

Finally, I would like to acknowledge the hard work and commitment of Fiona Lawrence, EA to the Director and me. Every day I rely on Fiona and am grateful for her unerring support.





**VI  
FM**

# **Corporate Governance**

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# Foundation.

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The VIFM is established as a body corporate with perpetual succession by the *Victorian Institute of Forensic Medicine Act 1985* (VIFM Act). The VIFM Act sets out VIFM's objects, functions and powers which include: the provision of forensic pathology and related services in Victoria; the provision of clinical forensic medicine and related services to Victoria Police; the provision of tissue banking services; the provision of services in the investigation of a death reported to the coroner; the provision of undergraduate and postgraduate training in forensic pathology, medicine and science; and conducting research in the fields of forensic pathology, medicine and science.

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## The VIFM Council.

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The VIFM Act provides that the governing body of the Institute is the VIFM Council. The Council may regulate its own proceedings and the Council Charter provides the framework for its governance. As a Victorian Public Sector Entity, the VIFM operates in accordance with the provisions of Part 5 of the *Public Administration Act 2004* and the *Financial Management Act 1994*.

### Council Composition

The VIFM Act provides that the Council comprises 13 members. The members of Council, other than the Director and the State Coroner, are appointed by Governor-in-Council. The Attorney-General appoints the Chairperson. The members of the Council are:

- » the Director of the Institute (ex officio)
- » the State Coroner (ex officio)
- » a nominee of the Council of the University of Melbourne
- » a nominee of the Council of Monash University
- » a nominee of the Minister for the time being administering the *Health Services Act 1988*
- » a nominee of the Minister for the time being administering the *Victoria Police Act 2013*
- » a nominee of the Chief Justice
- » two nominees of the Attorney-General, at least one of whom is a Fellow of the Royal College of Pathologists of Australasia
- » a nominee of the Chief Commissioner of Police
- » a nominee of the Minister for the time being administering Chapter 3 of the *Children, Youth and Families Act 2005* who has responsibility for child protection
- » a nominee of the Minister for the time being responsible for women's affairs in Victoria, and;
- » one other person who has knowledge of, or experience in, accountancy or financial management.

The Executive Officer to Council is the VIFM's Chief Operating Officer.

### Council Committees

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

- » The Executive and Finance Committee
- » The Audit and Risk Management Committee
- » The VIFM Ethics Committee
- » The Donor Tissue Bank Committee

The composition and terms of reference of these committees is included in Appendix C.

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## Fellows of the VIFM.

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VIFM acknowledges the Fellows of the VIFM:

- » Professor Robert Conyers
- » The Honourable John Phillips AC QC
- » Professor Vernon Plueckhahn AO OBE
- » Professor Graeme Schofield OBE
- » Dr Gad Trevaks AM
- » The Honourable Marilyn Warren AC KC
- » Professor Stephen Cordner AM





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# VIFM Council.

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## **The Honourable John Coldrey AM KC**

*Council Chairman  
Nominee of the Attorney General  
Executive and Finance Committee Member  
Audit and Risk Management Committee Member*

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 he defended Aboriginal accused and, subsequently, in his role as the Director of Legal Services for the Central Land Council (1982-84) he was involved in the grant of Aboriginal title to Uluru as well as 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 articles 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 an Honorary Life Member of the Criminal Bar Association of Victoria and has served as a judicial member of the Forensic Leave Panel and the Adult Parole Board of Victoria.

In 2011 the Victorian Bar Council created 'Coldrey Chambers' – a set of barristers' chambers named in his honour. In 2013 John Coldrey was made an Honorary Fellow of Monash University. In 2019 John Coldrey was appointed as a Member (AM) in the General Division of the Order of Australia for significant service to the law and to the judiciary, to legal reform, and to the community. He joined the VIFM Council in 2008.



## **His Honour Judge John Cain**

*Ex Officio Council Member  
State Coroner of Victoria*

John Cain was appointed State Coroner in October 2019, prior to which he was Victoria's Solicitor for Public Prosecutions since November 2015.

Judge Cain completed a Bachelor of Economics and a Bachelor of Law at Monash University before completing the Legal Professional Services Firm course at Harvard Business School in 2010.

His legal career began at Maurice Blackburn in 1982, where he was appointed a partner in 1987 and then managing partner from 1991 to 2002.

Between 2002 and 2006, Judge Cain was CEO of the Law Institute of Victoria and became the Victorian Government Solicitor in 2006 until 2011, after which he became managing partner at Herbert Geer (now Thomson Geer).

In his capacity as State Coroner, Judge Cain serves as a member of the Court's Council, the Coronial Council, the Asia Pacific Coroners Society, the National Coronial Information System (NCIS) Board of Management, the Board of the Judicial Commission, the Board of the Judicial College of Victoria, the Interim Board of the Law Library of Victoria, the Victorian Disaster Victim Identification Committee, and the Council of Chief Coroners.



## **Professor Noel Woodford**

*Ex Officio Council Member  
Executive and Finance Committee Member  
Ethics Committee Member  
Director VIFM*

Professor Noel Woodford is the Director of the VIFM, a position he has held since July 2014. He first joined the VIFM in 1998 as a Fellow in Forensic Pathology, after training in anatomical pathology at the Alfred and Royal Melbourne Hospitals. In 2000 he worked as a senior lecturer in forensic pathology at the University of Sheffield, returning to the VIFM in 2003. In 2008 Noel was appointed Head of Forensic Pathology.

He is a Fellow of both the Royal College of Pathologists of Australasia (RCPA) and the Royal College of Pathologists (UK). He holds the Diploma in 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 the Royal Australian and New Zealand College of Radiologists (RANZCR) and he has a particular interest in sudden unexpected natural adult death and the application of radiological techniques in forensic pathology.

In March 2022, Professor Woodford was appointed to the Board of the Royal College of Pathologists of Australasia.



## **Ms Tracy Beaton**

*Council Member until October 2021  
Nominee of the Minister for Community Services*

Tracy Beaton is the Executive Director and Chief Practitioner, Office of Professional Practice at the Department of Families, Fairness and Housing. She leads the Office to promote and safeguard the rights, best interest and quality of life of vulnerable Victorians through practice leadership and development. Tracy provides expert advice, consultation and leadership to review of complex cases, impacting children and families in child protection, and others in need of human services.



## **Professor Glenn Bowes AO**

*Council Member until June 2022*

*Nominee of the Council of the University of Melbourne*

Professor Glenn Bowes is a Professor Emeritus of Paediatrics in the Faculty of Medicine, Dentistry and Health Sciences at The University of Melbourne.

Professor Bowes completed his medical degree and PhD at Monash University and his postdoctoral fellowship at the University of Toronto. He was Director of Respiratory Services at the Alfred Hospital in Melbourne where he developed Australia's first adult cystic fibrosis program in the early 1980s. He was recruited to Australia's premiere children's hospital, the Royal Children's Hospital Melbourne, in the early 1990's to establish the nation's first clinical, academic program in youth health, the Centre for Adolescent Health, and become the inaugural Professor of Adolescent Health at the University of Melbourne. During 16 years at the Royal Children's Hospital campus, Professor Bowes held a range of executive leadership roles including Chief Medical Officer, Executive Director and Stevenson Professor of Paediatrics and Head of Department of Paediatrics. He was part of the executive leadership team of the Faculty of Medicine Dentistry and Health Sciences at the University from 2008 until his retirement in 2019 serving in a variety of Associate Dean roles and as Deputy Dean.

Professor Bowes has been a board member of many organisations committed to serving children and young people. These include Mentone Grammar, President and Camp Chief of a youth leadership development organisation, Lord Somers Camp and Power House, and an elected member of the Council of the University of Melbourne. He is currently a Board Director of St Michael's Grammar School. He was appointed an Officer in the General Division of the Order of Australia (AO) in 2016 for his distinguished service to medical education and its administration, to the advancement of child health and welfare, and through contributions to government and professional organisations.



## **Associate Professor Merrole Cole-Sinclair**

*Nominee of the Attorney-General*

Associate Professor Cole-Sinclair completed BSc (Hons) & MBBS degrees at the University of Melbourne in 1981 and then trained at The Royal Melbourne and Alfred Hospitals in clinical and laboratory haematology, gaining her FRACP & FRCPA.

Associate Professor Cole-Sinclair was a Clinical Research Fellow at the Department of Academic Haematology at the Royal Free Hospital, London, 1991-1993 and then spent 15 years at the Alfred Hospital as initially a fulltime staff specialist then Head, Haematology Unit at the Alfred Pathology Service until joining St. Vincent's Pathology as Head, Laboratory Haematology in 2008. She is an honorary adjunct Associate Professor in the Department of Pathology, University of Melbourne and also in the Department of Epidemiology and Preventive Medicine at Monash University. Her professional interests include diagnostic and consultative haematology, transfusion practice and research, clinical quality improvement and teaching and training of students and junior medical staff.

Associate Professor Cole-Sinclair has held the roles of council member of National Pathology Accreditation Advisory Council of the Commonwealth of Australia, the Chief Examiner in Haematology (RCPA), Chair of the Haematology Advisory Committee and Board member of the RCPA and Chair of the Joint Specialist Advisory Committee on Haematology (RACP/RCPA) and the Transfusion Outcomes Research Collaborative (Monash University and Lifeblood, Australian Red Cross).



## **Mr Luke Cornelius APM**

*Nominee of the Chief Commissioner, Victoria Police  
Member, Donor Tissue Bank Committee*

Assistant Commissioner Luke Cornelius leads the Human Resource Command which delivers human resource strategy and services across Victoria Police in support of frontline policing. He is a member of the Victorian Institute of Forensic Medicine Council, the Donor Tissue Bank of Victoria Committee of Management and is a Board Member of Africause, a community based not for profit.

Assistant Commissioner Cornelius served as a Federal Agent for 14 years with the Australian Federal Police, in various front-line and strategic roles, concluding his service as Commander People Strategies. He also served as the National Secretary of the Australian Federal Police Association and was the founding Chief Executive Officer of the Police Federation of Australia.

Assistant Commissioner Cornelius joined Victoria Police in 2003, as Commander Legal Services Department. He was promoted to Assistant Commissioner, in charge of the Ethical Standards Department (now Professional Standards Command), in 2005. He went on to lead Southern Metropolitan Region, before leading Victoria Police's response to the VEOHRC Review into sex discrimination and sexual harassment. In April 2019, he was appointed Assistant Commissioner, Northwest Metropolitan Region and in February 2022, was appointed to lead Human Resource Command.

In 2010, Assistant Commissioner Cornelius was awarded the Australian Police Medal (APM) for distinguished service to policing. He has also been awarded the National Police Service Medal, National Medal, Police Overseas Service Medal, United Nations Medal for service in East Timor and a Commissioner's Commendation for outstanding service while serving with the United Nations Transitional Authority in East Timor.

Assistant Commissioner Cornelius holds a Masters of Public Administration: Executive (Monash), an Honours Degree in Law: First Class (Flinders), a Graduate Diploma in Legal Practice (ANU) and is admitted to practice in the ACT Supreme Court.

## **Mr Tim Fitzmaurice**

*Nominee of the Chairman  
Member, Executive and Finance Committee  
Member Audit and Risk Management Committee  
Donor Tissue Bank Committee Chairman*

Tim Fitzmaurice holds a Bachelor of Business and a Graduate Diploma in Risk Management and Business Continuity. He is a Fellow Certified Practising Accountant (FCPA), a member of the Australian Institute of Company Directors (AICD) and is a Board member of Deaf Sports Australia (DSA).

Tim provides advisory consulting services in governance, compliance, financial and risk management to the not-for-profit sector and previously held senior executive positions in finance and risk management at the Transport Accident Commission (TAC).



## **Dr Lee Hamley**

*Nominee of the Minister for Health*

Dr Lee Hamley has been working in public hospital management in Victoria for over 20 years in medical administration and general management. In July 2006 she joined Alfred Health as Executive Director, Medical Services at The Alfred and Chief Medical Officer Alfred Health. Her previous senior appointments include at Eastern Health as Chief Medical Officer and General Manager of Acute Services and Box Hill Hospital, and before that in similar roles at Northern Health. Her current role includes professional responsibility for Alfred Health's medical staff and responsibility for pathology, pharmacy, medical workforce, medical education, clinical governance and legal support services.

Dr Hamley is the Executive Director responsible for patient safety and quality and chairs a number of committees including the Alfred Health Infection Prevention Committee.



## **The Honourable Justice Elizabeth Hollingworth**

*Nominee of the Chief Justice*

Justice Elizabeth Hollingworth studied law in Western Australia, and as a Rhodes Scholar at Oxford. She was a solicitor for four years, until she joined the Victorian Bar in 1991. She was appointed senior counsel in 2002.

She is a current or past member of various bodies, including the International Commission of Jurists, the Council of Legal Education and the Public Interest Law Clearing House. She is a Senior Fellow at the University of Melbourne, a Fellow of the Australian Academy of Law, and an Honorary Fellow of St Edmund Hall, Oxford.

She has taught judges, practitioners and students in a broad range of subjects, including advocacy, evidence, procedure and judgment writing. Appointed a judge of the Supreme Court of Victoria in 2004, she sits in criminal and civil trials and appeals. She is the Principal Judge in the Criminal Division of the Supreme Court.





## **Dr Adele Murlo**

*Nominee of the Minister for Women's Affairs*

Dr Murdolo is the Executive Director of the Multicultural Centre for Women's Health, a national women's health centre run by and for migrant and refugee women.

Dr Murdolo has a PhD in History and Women's Studies and is a passionate advocate for building the status of migrant and refugee women through research, practice and policy.

She has served as a member of numerous national, state and ministerial councils and taskforces addressing violence against women. Currently she is on the Primary Prevention Sector Reference Group (Victorian Department of Families, Fairness and Housing), and on the Culturally and Linguistically Diverse Communities COVID-19 Health Advisory Group (Commonwealth Department of Health), among others.

She is also an honorary senior research fellow at the Centre for Health Equity at the University of Melbourne.

## **Mr Neil Robertson PSM**

*Nominee of the Minister of Police and Emergency Services  
Executive Chair and Finance Committee  
Chair, Audit and Risk Management Committee*

Neil Robertson held a variety of senior roles in the Department of Justice for over 20 years before stepping back from full-time work in 2019.

In 2011, he was awarded a Public Service Medal "for outstanding public service and leadership through the provision of innovative legal policy in a diverse range of areas" and his "exemplary support to Government in responding to and implementing the report of the Bushfires Royal Commission".

Before joining Justice, he was the Manager, Executive Support in the Chief Commissioner of Police's office.

Neil has 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 and, from 1993 to 2012, was a Director and Company Secretary of Crime Stoppers Victoria Ltd.





## **Professor Sophia Zoungas**

*Nominee of the Council of Monash University*

Professor Sophia Zoungas MBBS (Hons) PhD FRACP is the Head of Monash University's School of Public Health and Preventive Medicine.

She leads multiple clinical and health services research groups and collaborates extensively both locally and internationally, using her skills in clinical medicine, clinical trials and translation of evidence into practice in the specialty areas of diabetes, cardiovascular health, kidney disease and healthy ageing.

She has over 250 publications in peer-reviewed journals including New England Journal of Medicine, Lancet, Annals of Internal Medicine, British Medical Journal, and Nature Reviews. She has successfully sourced funding of >AU\$50 million from philanthropic and commercial sources including the National Health and Medical Research Council and Heart Foundation.

Professor Zoungas is a specialist Endocrinologist with appointments at both Alfred Health and Monash Health. Her clinical practice relates predominantly to acute inpatient care and chronic team-based management of diabetes from youth to old age.

Within the community, Professor Zoungas has been an active leader, holding Ministerial Appointments and significant roles as Past President of the Australian Diabetes Society and Past Director of Diabetes Australia.

Her ultimate vision is to lessen the burden of non-communicable diseases such as diabetes and cardiovascular disease and prolong independent living through research and education.



## **Ms Mari-Ann Scott**

*Executive Officer to Council,  
Chief Operating Officer, VIFM  
Executive and Finance Committee Member*

Mari-Ann Scott is the Chief Operating Officer (COO) of the VIFM. She joined VIFM in 2007 and was responsible for securing government funding which saw the doubling of the operating budget for forensic operations, and \$38 million to rebuild the VIFM's facilities.

As COO Mari-Ann reports to and works in close partnership with the Director. This 'two at the top' model means that the VIFM's Director takes the primary responsibility for building the organisational vision, policy, strategy, service delivery outputs and external relationships.

The COO provides day-to-day leadership of VIFM, as well as supporting and advising the Council and the Executive and Finance Committee on corporate governance and financial and risk management. Mari-Ann is the VIFM Council's Executive Officer (Board Secretary).

Prior to joining the VIFM, Mari-Ann held the role of Relationship Manager in the Budget and Financial Management Division of the Department of Treasury and Finance. Before that she worked in a number of other senior roles in government and the health sector. Her areas of expertise and interest include leading and improving operational performance, strategic planning, corporate governance and organisational relationship management.

Mari-Ann is an economist by training. She holds a Master of Philosophy Degree in Health Economics and is a Member of the Australian Institute of Company Directors.



# The VIFM's Contribution to Public Health in Victoria



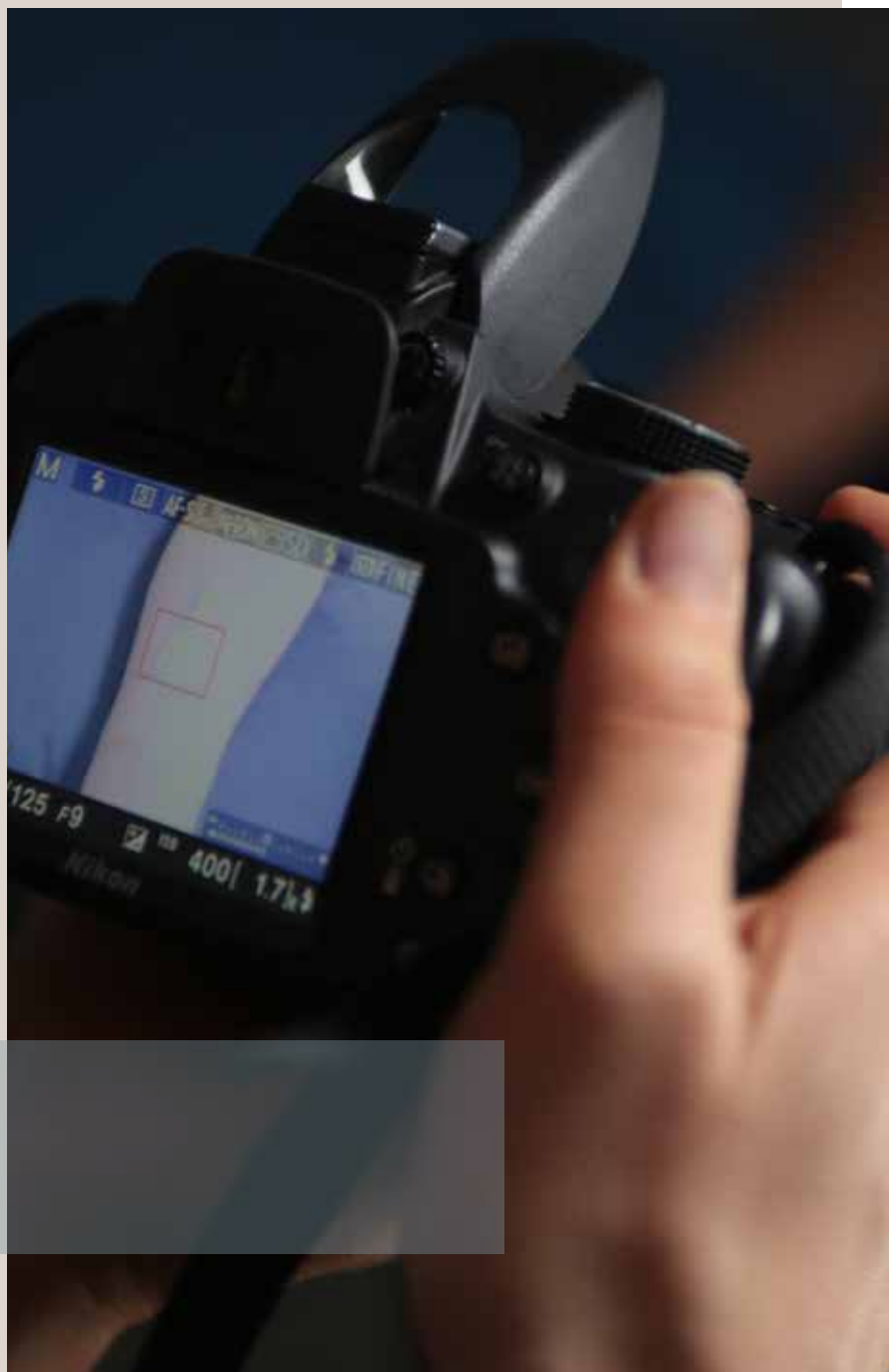
**Public health has long been defined as “the science and art of preventing disease, prolonging life, and promoting health through the organized efforts and informed choices of society, organizations, public and private communities, and individuals.”**



The collection and evaluation of health data is critical in ensuring effective public health surveillance.

## What is public health?

*Public health* has long been defined as “the science and art of preventing disease, prolonging life, and promoting health through the organized efforts and informed choices of society, organizations, public and private communities, and individuals”<sup>1</sup>. The development of successful public health policies and interventions relies upon the timely surveillance of health problems and the ability to identify the causal factors. The collection and evaluation of health data is critical in ensuring effective public health surveillance. The coronial jurisdiction is therefore a vital part of a public health surveillance system and improved public health outcomes are an integral part of the work of the VIFM.



# The coronial jurisdiction and public health

The work of the coronial jurisdiction has evolved to include a growing focus on the prevention of death and serious injury over recent years. In Victoria, there is legislative recognition of the role of both the coroner and the VIFM to influence policy and practice in many areas related to public health and safety.

The Coroners Court of Victoria has the legislated purpose to “contribute to the reduction of the number of preventable deaths and fires through the findings of the investigation of deaths and fires, and the making of recommendations, by coroners”<sup>2</sup>. Further, when exercising a function under the *Coroners Act 2008*, a person should have regard to the desirability of promoting public health and safety<sup>3</sup>.

The VIFM also has a statutory object to contribute to reducing the number of preventable deaths and to promote public health and safety<sup>4</sup>, and public health outcomes are embedded in many of the VIFM’s functions: in providing medical and scientific reports to the coroner to inform coronial decision-making; teaching and training in forensic science and medicine; operating the Donor Tissue Bank of Victoria; and in undertaking research.

The VIFM makes a significant contribution to the multidisciplinary investigation on which coroners can call on for both their investigative and analytical role, with expertise in medical, dental, toxicological, anthropological and other scientific disciplines. The VIFM’s technical specialists, with their knowledge of the published scientific literature and access to pooled historical coronial data on trends and patterns of death, provide coroners with expert opinions that can be harnessed to form the basis of coroners’ recommendations in a wide variety of specialist fields.

Even when coroners have not specifically steered their investigations towards addressing public

health factors, the fact-finding powers and duties inherent in the jurisdiction generate powerful information sources within the public record that can be utilised for preventative purposes by others, including policymakers, researchers and public health practitioners. Today in Australia and New Zealand, the National Coronial Information System (NCIS)<sup>5</sup> provides a means of accessing contemporary and historical data, so as to inform public health policymakers and to assist coroners in future investigations.

In addition to the provision of expert reports to the coroner to inform findings and recommendations, the data and information collected by the VIFM to carry out its statutory functions support public health initiatives in a number of other ways. As acknowledged by the late Hon John Cain, Premier of Victoria, when he opened the Coronial Services Centre on 26 July 1988, the Institute of Forensic Pathology (as it was then known) was “an investment in public health”, predicting that the Institute “will turn science to the service of justice and the community. Accurate autopsy diagnoses lead to accurate epidemiological data, which in turn will result in accurate public health policies. It will, for example, in all likelihood make a substantial contribution to clarifying the prevalence of the AIDS virus in the community. It has the potential to contribute to our understanding of Sudden Infant Death Syndrome. It will contribute to the assessment of new techniques and therapies in medicine. It provides a valuable teaching resource for medical undergraduates as well as continuing education for the medical profession as a whole.”

In this report, the VIFM’s contribution to public health is explored through our interaction with families following an autopsy, our testing and research activities as part of the COVID-19 pandemic response, the surveillance of deaths from drug toxicity, the investigation of the increase in sexual assaults in the context of dating apps, and our collaborations in public health initiatives.

The role of the VIFM Family Health Information Service (FHIS) is to assist families in understanding the medical examination report and to refer family members to clinicians where familial disease has been identified.





# Assisting families through the VIFM Family Health Information Service

When a death is reported to the coroner, forensic pathologists at the VIFM carry out an external examination or an autopsy of the deceased and prepare a medical examination report for the coroner. The medical examination sometimes uncovers previously undiagnosed and unrecognised disease processes which may or may not have contributed to the death, but can indicate a genetic susceptibility to a particular disease possibly shared by other family members. The role of the VIFM Family Health Information Service (FHIS) is to assist families in understanding the medical examination report and to refer family members to clinicians where familial disease has been identified.

Helping families come to terms with these issues and ensuring that they have an opportunity to consult clinical medical specialists contributes directly to the health of the community in Victoria. Our nurses work with families to collect background information, including the medical history of both the deceased individual and their family to facilitate genetic testing and to ensure that appropriate samples for DNA analysis are obtained and stored. Through the FHIS service, we enable families to plan a healthcare strategy to prevent further unnecessary or premature illness or death.

## Provision of data to the Victorian Cancer Registry

From 2016, the VIFM has provided data on all cancer diagnoses, following an autopsy, to the Cancer Council, Victorian Cancer Registry (VCR), under the authority of the *Improving Cancer Outcomes Act 2014*. We are in a unique position to diagnose, via the post-mortem examination, previously undetected cancers that are incidental to the cause of death. In fact, the majority of cancers we report to the VCR fall into this category. The VCR analyses and reports on this data, and the data received from hospitals and pathology laboratories, to provide contemporary population statistics on cancer incidence and trends, helping to inform clinical practice and enabling government to plan for future demands for testing and treatment. This information also allows families to identify potential cancer risks and in cases where a cancer has been detected in a deceased person, the VIFM refers family members to clinical specialists for advice.

## Notification of infectious diseases

The FHIS is also responsible for the notification of infectious diseases to the Department of Health in accordance with Part 8 of the *Public Health and Wellbeing Act 2008*. Timely notification of diseases, such as tuberculosis, provides a crucial early warning of potential threats to public health and allows the government to intervene to prevent or control the further spread of disease.

# Detecting COVID-19 in the deceased and understanding the mechanism of death

During the first year of the COVID-19 pandemic, the VIFM was uniquely placed to participate in the surveillance of COVID-19 cases in Victoria and to contribute to the understanding of the disease and mechanism of death, as it was one of the few jurisdictions in the South-East Asia region undertaking autopsies on individuals who had died with COVID-19.

For surveillance purposes, a COVID-19 death is defined as a death where COVID-19 is either probable or confirmed (i.e. testing positive to SARS-CoV-2), excluding cases where there is a clear alternative cause of death that cannot be related to COVID-19, such as trauma, and cases where there is a period of complete recovery from COVID-19 between illness and death. However, not all COVID-19 deaths are reportable to the coroner, as these are deaths due to natural causes and in most cases a medical practitioner will complete a Medical Certificate of Cause of Death. A COVID-19 death may be reported to the coroner where the death was unexpected (e.g. a sudden death at home in the community) or where an elderly person has a number of co-morbidities and there has been minimal active medical treatment.

The initial wave of the COVID-19 pandemic commenced in Victoria on 24 January 2020 and the first deaths were recorded on 26 March 2020. No deaths due to COVID-19 were reported to the coroner during the first wave, however there were several autopsies undertaken of suspected COVID-19 cases. The second COVID-19 wave, which went from 5 July 2020 to 1 October 2020, resulted in 39 COVID-19 cases being reported to the coroner. The third wave – when analysed between 30 August 2021 to 3 December 2021 – saw a total of 60 COVID-19 deaths reported.

During the second and third waves, the VIFM undertook SARS-CoV-2 swabbing of all deceased persons when admitted to the mortuary and performed autopsies, where required, to make a diagnosis and to better understand COVID-19 pathology.

The testing of all deceased persons allowed the VIFM to quickly communicate positive test outcomes to the next of kin and to advise them to isolate and to wait for contact from the Department of Health. The VIFM could also advise emergency responders and funeral directors of potential exposure, where they had attended the deceased.





- The testing of all deceased persons allowed the VIFM to quickly communicate positive test outcomes.

The third wave of the COVID-19 pandemic in late 2021 presented a different age profile of cases reported to the coroner, with the mean age of the deceased being 61.6 years, as compared to 75 years during the second wave. Disturbingly, a significant number of these deaths occurred at home (35 out of 60) and 17 of these deceased individuals had no previous significant medical history.

Autopsy findings in these cases created an important data point for hospitals, paramedics and the government at a time when hospitals were overwhelmed and the Victorian community was not fully vaccinated. Paramedics, who were called to attend severe COVID-19 cases in the community, and hospitals, who were treating these patients, needed to understand the progression of the disease. The VIFM was able to advise key medical and emergency staff of the patterns of presentation of COVID-19 death cases. The predominant autopsy finding was death due to rapidly progressive lung disease, with other findings including lung disease with pulmonary thromboembolism and “barotrauma-like” complications. This information supported the government recommendation for home monitoring of oxygen levels, as an effective way to discern whether a COVID-19 patient should be transferred to hospital for treatment.

From 1 November 2021, given the high incidence of infection in the community and with 80% of the community being “double-vaccinated”, the VIFM ceased testing every deceased individual for COVID-19 upon admission. Testing was carried out where the medical history, circumstances or post-mortem CT scan indicated the contribution of COVID-19 to the cause of death or when requested by first responder agencies.

The VIFM’s forensic pathology response to COVID-19 deaths has enabled the VIFM to contribute to the body of research resulting from the COVID-19 pandemic.

### **The use of post-mortem computed tomography**

The VIFM’s forensic radiologist, Dr Chris O’Donnell, conducted a research project on “Post-mortem

computed tomography (PMCT) findings in SARS-CoV-2 positive persons”, which comprised a retrospective review of PMCT findings and demographic data in SARS-CoV-2 positive cases at the VIFM. The aim of the project was to compare the PMCT findings in SARS-CoV-2 exposure with the described findings on CT of COVID-19 in the living to inform the forensic pathology and radiology community of the benefits and limitations of PMCT in deceased persons with SARS-CoV-2 exposure.

Dr O’Donnell confirmed that although there are well-defined clinical diagnostic CT criteria for SARS-CoV-2 infection in the lung producing COVID-19 pneumonia, these typical changes on CT in the living are obscured after death due to known PMCT artefacts to the lungs. Therefore, PMCT in isolation is not a reliable screening test for COVID-19 in the deceased.

### **Identification of the pathological features of COVID-19**

Dr Linda Iles, Head of Forensic Pathology at the VIFM, is a co-investigator in an international individual-patient pooled case series identifying pathological features and pathomechanism of COVID-19 related lung disease, which is being conducted by the Harvard Medical School, Pulmonary Pathology Service, and the Department of Pathology, Massachusetts General Hospital.

This is a global study to inform the international medical and pathology community, researchers, and modelers with a standardised and systematic description of the histopathological findings of the disease in the lung. As the VIFM was the only jurisdiction in Australia with autopsy material from those dying with and from COVID-19 in Australia in 2020, its participation was pivotal to this global study.

The data and analysis from this research will be important to guide clinical decision-making, and will lead to a better understanding of the pathomechanism of COVID-19 and possibly to the development of new medical interventions.

### Deaths temporally related to COVID-19 vaccination

Finally, Dr Hans de Boer, forensic pathologist at the VIFM, is undertaking a research project into “deaths temporally related to COVID-19 vaccination, as investigated in a coronial death investigation system”. This study will review all cases submitted to the VIFM in 2021, in which a COVID-19 vaccination was received six weeks or less prior to death. It is anticipated that the data will supplement the current information on the presentation and diagnostic features of adverse events of COVID-19 vaccination, assisting in the

○ Autopsy findings in these cases created an important data point for hospitals, paramedics and the government at a time when hospitals were overwhelmed and the Victorian community was not fully vaccinated.





development of public health information on the frequency and severity of these events. The results will also guide decision-making on the appropriate and proportional methods of post-mortem investigation in suspected vaccine-related deaths.

## Identifying drug trends in the Victorian community

Drug toxicity is the second leading cause of death in Australians under 40 years of age, with a large proportion caused by illicit drugs<sup>6</sup>. As the drug landscape is constantly shifting, it is critical to collect up-to-date information on the drugs currently causing harm and death in the community. The VIFM's ability to screen for over 300 drugs overnight, places it in a unique position to identify drugs involved in deaths in Victoria, as well as emerging trends in drug use.

The VIFM Toxicology Laboratory is involved in a number of research projects and collaborations to gather and analyse data on the prevalence of drugs in deaths reported to the coroner or in roadside testing for Victoria Police, resulting in insights that can shape public health responses in Victoria.

### Identification of emerging drugs

The VIFM is participating in the Emerging Drug Networks of Australia: Victoria (EDNAV) study, which is the Victorian component of the Australian-wide study of Emerging Drug Networks of Australia (EDNA), a collaborative project between a number of clinical toxicologists and emergency specialists around Australia. This study is aimed at creating a registry of information about patients who present to hospital with illicit drug poisoning. The VIFM is involved in an extension of this project to investigate deaths associated with this cohort.

In Victoria, the EDNAV study is currently being conducted across 14 public hospital sites in metro and regional Victoria. Toxicological analysis is being conducted by the VIFM where the samples



As the drug landscape is constantly shifting, it is critical to collect up-to-date information on the drugs currently causing harm and death in the community.



Hannah Double, scientist, Toxicology



are screened against over 300 drugs and other illicit substances, including novel psychoactive substances (NPS). This research will help to develop a real-time monitoring system to allow for timely and targeted public health interventions. In particular, this information can be used as an early warning system to detect new and dangerous drugs in the community, clusters of illicit substance intoxications and to identify situations where the patient assumed that they were taking one substance but it was actually adulterated, often with NPS.

### **The trend in deaths involving novel psychoactive substances**

The VIFM's Toxicology Laboratory is also investigating the role of NPS in deaths reported to the coroner between 2014 and 2020, to identify trends in deaths involving drugs such as benzodiazepines, cannabinoids, stimulants and hallucinogens. The focus of the research is to investigate how these case studies can be used to facilitate public health policy changes and harm minimisation opportunities.

### **Opioid-related deaths**

A further research study aims to examine the prevalence of tapentadol-related deaths in Victoria, given the rapid rise in the prescription of tapentadol in Australia. Tapentadol is a relatively new drug to the Australian market and is a novel atypical opioid, used in the treatment of moderate to severe pain. Research suggests that tapentadol provides analgesia similar to the conventional opioids oxycodone and morphine but with lower abuse potential. While studies examining non-fatal misuse of tapentadol have been reported, reports on fatalities are scarce. It is not clear whether the scarcity of reports is because tapentadol is a less harmful opioid or because research limitations have resulted in an under-estimation of its impact in the community. This study aims to address this gap in knowledge.

A research project into "deaths associated with Opioid-Replacement Therapy (ORT) in Victoria" aims to examine fatal adverse outcomes associated with different pharmacotherapy

options available in Victoria's community-based ORT system, where clinicians in private practice manage their own patients on the ORT program. The study will investigate adverse outcomes associated with the prescription of methadone, buprenorphine and suboxone in order to inform the development of clinical practice guidelines for community-based ORT prescribers in Victoria.

### **Illicit drug use and deaths at concerts and festivals in Australia**

The VIFM is also participating in a study to investigate deaths occurring at music festivals and raves in Australia since 2000 in order to identify any opportunities for death prevention, particularly in relation to use of illicit drugs and NPS. The use of illicit substances at music festivals, such as MDMA, methylamphetamine, GHB, LSD, ketamine, cocaine NPS and other stimulants, is associated with potentially fatal outcomes, including hyperthermia, seizures, hyponatraemia, rhabdomyolysis and multi-organ failure.

There is a concern that many festival attendees



**Drug toxicity is the second leading cause of death in Australians under 40 years of age**

are unaware of the substances they are consuming or whether the substances have been adulterated, leading to calls for pill-testing at music festivals. This research will document mortality at music festivals in Australia since 2000, describing any changes in trends and drug use over time, to provide an evidence base for public health interventions.

## **Growing incidence of technology assisted sexual assault in Victoria**

The VIFM's Clinical Forensic Medicine (CFM) service undertakes forensic medical examinations of victims of crime to collect evidence of physical and sexual assault to support the prosecution of violent crimes. For many victims, the forensic medical examination is also therapeutic, providing the opportunity to be heard and for the impact of the assault to be acknowledged and recorded.

The conduct of the forensic medical examination by the CFM service provides the opportunity to identify trends and to undertake research that will contribute to public health and safety messages to the community. Past research has included an investigation into taxi-driver sexual assaults after forensic clinicians identified a growing number of assaults by drivers on young women.

A current research project being led by Dr Janine Rowse is an investigation into technology facilitated sexual assault. The use of technology to facilitate social encounters is ubiquitous and forensic clinicians have identified a significant

number of alleged sexual assault cases occurring following individuals meeting via a dating app. The study aims to establish the number of such cases and to present a descriptive analysis of features associated with technology facilitated sexual assaults. Research findings will be disseminated to promote awareness of any characteristics of technology facilitated sexual assaults in the Australian context to relevant stakeholders, including police, sexual assault advocates and forensic examiners.

## **Forensic pathology collaborations in public health initiatives**

### **Support for the CASCADE research program**

The VIFM collaborates with the Peter MacCallum Cancer Centre to undertake urgent autopsies, within four hours of death, on individuals who have died of advanced metastatic disease and who have provided consent before death, to enable the donation of metastatic tumour tissue and clinical data. This tissue and data support the CASCADE research program, whose eventual aim is to improve the outcome for patients with metastatic cancer to better understand the process of metastasis and why some tumours stop responding to treatment. There are several active studies including laboratory-based research into breast, ovarian, melanoma, prostate and lung cancer.

### **Support for the Australian Sports Brain**

#### Footnotes

- 1 Winslow CEA. 1920. The untilled field of public health. *Mod Med*. 2:183-191
- 2 Coroners Act 2008, section 1(c)
- 3 Coroners Act, section 8(f)
- 4 Victorian Institute of Forensic Medicine Act 1985, section 64(2)(ha)
- 5 See National Coronial System <<https://www.ncis.org.au>>
- 6 Australian Institute of Health and Welfare. Deaths in Australia [Internet]. Canberra: Australian Institute of Health and Welfare, 2022 [cited date]. Available from: <https://www.aihw.gov.au/reports/life-expectancy/death/deaths-in-australia>

## **Bank**

In recent years the incidence of Chronic Traumatic Encephalopathy (CTE) and its contribution to depression has been highlighted following the deaths of well-known sportspeople. The VIFM is currently working with the Australian Sports Brain Bank (ASBB) to facilitate the retrieval of brains from deceased sportspeople who consented to donation to the research program during their lifetime. The ASBB was established in 2018 by the Neuropathology Department at RPA Hospital Sydney in partnership with the Brain and Mind Centre at the University of Sydney and the Concussion Legacy Foundation in the USA. The ASBB uses expert diagnostic neuropathology, coupled with research, to understand CTE and other brain pathology that is associated with repetitive head injury in sport and its contribution to mental health.

CTE can only be diagnosed at autopsy and



requires a careful brain examination and sampling of the appropriate areas of the brain for histological and immunohistochemical assessment, in order to determine whether the pathological changes ascribed to CTE are present. The VIFM aims to identify cases in which there is a history of head trauma such as may be sustained in sporting activities in a timely fashion, through the review of medical records and in consultation with the next of kin, and provides this information to the coroner so that coronial consideration of the need for an autopsy can be appropriately informed. The VIFM seeks expert neuropathology reports from the ASBB for these cases.

## **CONCLUSION**

In undertaking our statutory functions to provide expert reports to the coroner and Victoria Police, the VIFM collects and analyses information to create knowledge and discover insights into social and health issues impacting on the Victorian community. This health intelligence is shared with families, clinicians, government agencies and the research community to help shape clinical treatment, inform first responder operations and emergency planning, and to influence public health interventions. As envisaged by the Institute's founders, the VIFM is an investment in public health.

**As envisaged by the  
Institute's founders, the  
VIFM is an investment in  
public health.**





# Reporting against the Strategic Plan 2019- 2022

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# The VIFM Strategic Plan.

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*The VIFM Strategic Plan is our roadmap. The 2019-22 Plan includes six goals that respond to ‘our environment’, ‘our system’ and ‘our people’ to meet the VIFM’s aim and purpose.*

As set out in the Plan, the VIFM’s aim is to embrace innovation to strengthen and enhance our position as a trusted leader in forensic medicine and science.

The VIFM’s purpose is to provide independent, quality forensic medical and scientific services to support families, the community and the justice system, and to undertake research and teaching to expand and share our knowledge. We do these things by valuing our people and engaging with our partners.

Below are some highlights from this year’s achievements in pursuit of our goals in the Plan.

## Goal 1

—  
**To use our knowledge and experience of forensic medicine and science to positively influence policy-making locally, nationally and internationally.**

This goal is to leverage our extensive expertise, in what is a niche medical and scientific professional realm, to positively contribute to a wider policy discourse.

### KEY ACHIEVEMENTS IN 2021-22

- » Coordination of specialist advice to government on legal policy matters affecting our work, including advice in relation to:
  - » a proposed stand-alone criminal offence of ‘non-fatal strangulation’
  - » the development of best practice standards for clinical forensic examinations to detect strangulation injuries using an MRI machine
  - » road traffic policing policy, including active membership of the committee convened by the Department of Justice and Community Safety (DJCS) to review the effects of medicinal cannabis
  - » a review of the DNA and forensic procedures powers in the Crimes Act 1958, and
  - » proposed amendments to the Coroners Regulations 2019 to ensure that deaths in supported disability accommodation are recognised and reported as reportable deaths.
- » Ongoing compilation of research data into ‘one punch’ deaths to provide the Stop the Coward’s Punch Foundation with a sound evidence base for their community education and awareness campaigns.
- » Participation by the VIFM Toxicology laboratory in an international collaboration for enhanced toxicology capacity in Europe, sharing our expertise and experience, and supporting the development of forensic toxicology services internationally.



## Goal 2

—

To secure funding to enable us to deliver all elements of the VIFM's purpose.

This goal is fundamental to the VIFM's provision of essential forensic medical and scientific services that are expected to be reliable and available 24 hours a day, 365 days a year.

### KEY ACHIEVEMENTS IN 2021-22

- » Received additional State Budget funding to support critical mortuary and tissue banking operations, IT improvements and modernisation of our imaging infrastructure to keep pace with ever more busy and complex demands on our death investigation services.

## Goal 3

—

To deliver the services that our stakeholders need and expect.

This goal aims to ensure that the VIFM continues to provide a service that meets the needs and expectations of VIFM stakeholders today and in the future.

### KEY ACHIEVEMENTS IN 2021-22

- » The establishment of a new executive structure to support improved communication across and within departments at the VIFM.
- » Integration of the Risk and Quality Management Systems, providing efficiency and access to these systems for all VIFM staff, supporting and developing the quality and risk maturity of the organisation, as well as ensuring that the VIFM meets the requirements of its numerous technical accreditations and obligations under the *Financial Management Act 1994*.
- » Redevelopment of the CAE, mortuary and laboratory areas.
- » Progress of the tender process for the VIFM to acquire a replacement CT scanner and new MRI machine. CT examinations of deceased persons support efficient examinations and enable some causes of death to be determined by inspection, avoiding unnecessary autopsies. The availability of an MRI will further enhance the service delivery of the medico-legal death investigation and clinical forensic medical services.
- » An extensive laboratory analytical equipment replacement program.
- » The development of electronic toxicology certificates for provision to the Victoria Police Road Policing Drug and Alcohol Section.
- » The provision of support for the Victoria Police Infringement Trial Project (Random Drug Testing) to provide a more efficient system of reporting of testing results to reduce the number of unnecessary infringement notices issued.
- » An increase in the Donor Tissue Bank of Victoria's market share of implanted musculoskeletal grafts in Australia from 11% in June 2021 to 23% in May 2022.



Molecular Biology scientists: Gemma Carter, Linda Benton, Valerie Chahin, Kaitlyn Hart, April Stock, Zoe Bowman

*“As set out in the Plan, the VIFM’s aim is to embrace innovation to strengthen and enhance our position as a trusted leader in forensic medicine and science.”*

## Goal 4

—  
To pursue evidence-based improvements to our investigative and business systems and processes.

This goal aims to support the VIFM's efficient and effective service delivery, based on data and evidence.

### KEY ACHIEVEMENTS IN 2021-22

- » Implementation of changes to improve the searchability of the VIFM case management system, together with a joint project with Monash University to develop machine learning processes to assist with the extraction of de-identified data for ethically approved research projects.
- » Employment of IT enhancements in the mortuary to replace a manual process for release of bodies to funeral directors.
- » Modernisation of the VIFM's digital capability to ensure first class delivery of forensic and research services to our stakeholders, including the upgrading of the desktop fleet to mobile laptops and the adoption of Microsoft Teams for easy online face-to-face calls and meetings.
- » Completion of three Lean projects using data collection and short improvement pilots:
  - The Reducing Continuous Improvement Requests/Corrective Actions (CIRCAs) Project, which saw the Forensic Technical Services department eliminate the backlog of overdue open CIRCAs and develop a system to maintain closure of new CIRCAs within the required KPI.
  - The Toxicology laboratory Oral Fluid Project, which resulted in a reduction in the turnaround time for oral fluid testing from sample receipt to issue of reports by 50%.
  - The review of the VIFM Internal Audit Program, which improved adherence to the audit schedule and quicker report provision.

## Goal 5

—  
To ensure our people are engaged in continuous learning and development that aligns with organisational needs.

VIFM is committed to ongoing investment in our people, our most valuable asset, and this goal relates to the VIFM staff's wellbeing and their satisfaction with, and engagement in, their work.

### KEY ACHIEVEMENTS IN 2021-22

- » Ongoing HR support for our workforce through the challenges of the COVID-19 pandemic by communicating government directives, managing staff vaccinations and supporting staff to return to the workplace.

## Goal 6

—

To foster a workplace culture of respect and recognition that motivates us to achieve our aim and purpose.

This goal aims to enhance our organisational culture by increasing mutual respect. Underpinning mutual respect is health and wellbeing.

### KEY ACHIEVEMENTS IN 2021-22

- » Implementation of a bespoke Employee Assistance Program to build a shared culture of wellbeing and to promote psychological safety. This program provides our staff with timely access to confidential onsite counselling, as well as on-line meetings, so that the service remains accessible when staff are working from home.
- » Regular meetings of the VIFM Managers Forum to provide managers with an opportunity to engage and discuss current issues as a collective, which was particularly important during the COVID-19 lockdowns.



Kellie Hamilton, senior scientist, Donor Tissue Bank of Victoria

*“The VIFM’s purpose is to provide independent, quality forensic medical and scientific services to support families, the community and the justice system, and to undertake research and teaching to expand and share our knowledge. We do these things by valuing our people and engaging with our partners.”*



# Operational Report



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# Forensic Services Division

The Forensic Services Division of the VIFM provides high-quality specialist medical and scientific services to support the justice system. Its forensic experts work in the fields of pathology, mortuary science, clinical forensic medicine, toxicology and molecular biology (DNA). The size of the task can be seen by the fact that the division produces over 40,000 forensic reports each year and this workload is increasing with the growing Victorian population.

The Forensic Services Division works with a range of justice agencies providing forensic evidence to police, legal practitioners, courts and tribunals. The forensic reports they produce directly enable government organisations and agencies including the police and our courts to deliver justice services for Victoria where complex medical and scientific issues are at stake. The Division's doctors, nurses and scientists also actively carry out innovative forensic research that is published in the international scientific, medical and legal literature and is widely referenced in court. As forensic medical and scientific leaders, they are frequently invited to speak at conferences and training seminars.

The logo for the Victorian Institute of Forensic Medicine (VIFM) is located in the bottom right corner. It consists of the letters 'VI' stacked above 'FM' in a bold, white, sans-serif font, centered within a dark blue square with a thin white border.

**VI  
FM**

# Expert Opinion Services.

The VIFM's expertise in forensic pathology, medicine and science is often requested in the form of expert opinions in interstate and international jurisdictions. In addition to the forensic medical and scientific work, the forensic specialists provided justice agencies with 815 independent expert medical and scientific opinions on a wide range of topics. Many of these opinions are related to clinical forensic medicine matters where the forensic specialists provide interpretation and explanation of injuries including the ageing of injuries such as bruising and explanation of their likely cause. This is of vital importance in family violence incidents where the absence of independent witnesses means medical corroboration of alleged incidents is critical.



## Summary of court appearances for the provision of expert testimony

By court type	Number	Percentage
Childrens	0	0%
Coroners	20	9%
County	7	3%
Magistrates	35	16%
Supreme	26	12%
Tribunal	1	0%
Other	135	60%
<b>Total</b>	<b>224</b>	<b>100%</b>

### Summary of court appearances for the provision of expert testimony by court process

By court process	Number	Percentage
Trial	40	18%
Retrial	0	0%
Committal	44	20%
Inquest	8	4%
Other	132	58%
<b>Total</b>	<b>224</b>	<b>100%</b>

### Forensic pathology provision of expert testimony in court – by case type

Forensic pathology cases	Number
Culpable driving	8
Manslaughter	7
Murder	30
Other	19
<b>Total</b>	<b>64</b>

### Clinical forensic medicine provision of expert testimony in court – by case type

Clinical forensic medicine cases	Number
Fitness for interview	6
Injury Interpretation	27
Physical assault	39
Post -crash toxicology	4
Sexual assault	28
Sexual assault - offender	2
Sexual assault - recent	27
Sexual Assault Toxicology	5
Traffic DUI Drugs	2
Traffic medicine	5
Traffic DUI alcohol	2
Other	13
<b>Total</b>	<b>160</b>

# Death Investigation.

## Forensic Pathology

Forensic pathology is the subspecialty of pathology that focuses on the medico-legal aspects of death. Our doctors investigate sudden, unexpected deaths from natural disease and injuries in adults, children and infants. These include settings such as the community, hospitals, aged care facilities and those in custody. The work of the specialist forensic pathologist includes examining the scene of death, detailed assessment of the body of the deceased, and the performance of a wide range of complex medical and scientific tests. These processes are applied to uncover the cause of death, to determine the intrinsic and extrinsic factors contributing to death, and to assist with the reconstruction of the overall circumstances in which the death occurred.

Between 15 and 25 deaths are reported to the coroner for investigation each day. The duty pathologist provides the coroner with a preliminary report and advice about each case, including:

- » A medical assessment of the medical history
- » A medical assessment of the cause and circumstances of the death
- » Interpretation of post-mortem CT scans, and
- » A summary of any family concerns and healthcare issues.

This information assists the coroner in planning the legal and administrative aspects of the ongoing death investigation, including whether they will request our doctors to undertake an autopsy. Following a direction by the coroner, the forensic pathologist will undertake an autopsy or an external examination of the body.

For these cases two statutorily required medico-legal reports are compiled: a preliminary report and an autopsy or external examination

## VIFM medico-legal investigations by year

Year	No. of medico-legal investigations
17/18	6405
18/19	6534
19/20	7040
<b>20/21</b>	<b>6707</b>
<b>21/22</b>	<b>6955</b>

## Type of medico-legal death investigation

Year	Autopsy	External examination	MIR*	BNI**	*Medical Investigator's Report for femoral fracture cases **Body not in "cases referred by the Registrar of Births, Deaths and Marriages"
17/18	2892	3082	114	317	
18/19	2826	3136	234	338	
19/20	2866	3597	247	330	
20/21	2635	3657	184	231	
<b>21/22</b>	<b>2308</b>	<b>4248</b>	<b>225</b>	<b>174</b>	

report. Over the past year, Forensic Pathology Services produced over 6,500 medico-legal reports. In about 6 per cent of deaths reported to the Coroner the deceased has already been buried or cremated. In these cases, a review of medical records and statements is undertaken, and a report provided to the Coroner.

In addition to medical examinations of the dead, each year between 150 and 400 Medical Certificates of Cause of Death (MCCD) are reported to the Coroner by the Registrar of Births Deaths and Marriages. The pathologists and CAE nursing staff undertake a review of the circumstances of these deaths including a review of the patients' medical records that are obtained from the deceased's medical practitioners and inform the Coroners as to the appropriate medical cause of death and advise as to whether further investigations are required.

Research activities and collaborations by forensic pathology, medical and technical staff have included the following projects approved by the

VIFM Ethics Committee in 2021-22:

- » Spontaneous Coronary Artery Dissection: Understanding pathology and pathophysiology
- » Deaths temporally related to COVID-19 vaccination, as investigated in a coronial death investigation system.
- » Evaluation of interaction between inflammatory cells and cardiac structures in premature coronary artery disease resulting in sudden cardiac death
- » Retrospective review of forensic entomology casework in eastern Australia from 1998-2020
- » Investigation of the role of lymphocytic choriomeningitis virus in Sudden Infant Death Syndrome
- » Carboxyhaemoglobin in heat haematomas
- » Exploring the Pathogenesis of Takayasu's Arteritis

## Forensic Radiology

From the mid-2000s whole body CT scans have been performed in all death investigations at the mortuary in Melbourne. The CT scanner provides valuable assistance to pathologists performing the death investigation. CT scans assist in identifying individuals, determining causes of death, preparing for and planning the approach to an autopsy, evaluating potential hazards of the autopsy, and documenting injuries. These images can be later presented in court as evidence. Post-mortem CT angiography is a specialised test performed in only a few centres worldwide. This is now a technique in regular use at VIFM, and it augments the autopsy assessment of complex pathology related to internal blood loss.

While case numbers continue to grow, the introduction of CT scanning in Victoria has resulted in a sharper focus on those deaths that require an autopsy with a consequent reduction in the overall autopsy rate. Investment in these new techniques for death investigation has improved the time taken to return deceased persons to their families.

Research and Quality Assurance activities and collaborations by forensic radiology staff have included the following project approved by the VIFM Ethics Committee in 2021-22:

- » Comparison of CT and low-dose CT with radiographic skeletal survey in identifying fractures in paediatric cases of suspected traumatic injury: A pilot study

## Forensic Photography

Our forensic photographers provide high-quality digital photographs of casework that forms an essential part of the evidential record.

## The Coronial Admissions and Enquiries Office

The 24-hour Coronial Admissions and Enquiries (CAE) office is operated by the VIFM. Our nursing and administrative staff directly support coroners and pathologists in the earliest stages of the death investigation. This includes coordinating the initial stages of the coronial investigation and the collection of accurate legal and

medical information. Last year the staff answered 74,086 phone calls and made around the same number of calls. A part of the CAE role is to respond to medical enquiries from doctors and provide advice as to whether a death is reportable. There were 7142 such enquiries in 2021-22 and of that number, 2429 were converted to reportable deaths.

Our staff work closely with families providing them with information and support throughout the initial investigation, particularly to those families who need to attend the VIFM in order to view the body of their family member for identification purposes. The CAE team who support the duty coroner and duty pathologist include senior nurses and medico-legal executive assistants. They are supported by forensic mortuary staff, administrative staff, forensic odontologists and forensic anthropologists.

## Forensic Technical Services

The VIFM forensic technical specialists support the forensic pathologists throughout the mortuary component of medico-legal death investigations. They care for the deceased from admission to the mortuary until their release to the family and their work includes the preparation of the deceased for family viewings. Forensic technical staff also assist the forensic pathologist with many aspects of the death investigation, including specialised dissections, the collection of forensic specimens, conducting CT scans, angiograms, digital x-rays and photographs. One of the most important aspects of their work is the careful suturing and preparation of the body prior to release to the family nominated funeral home.

Both the CAE and Forensic Technical Services teams have continued to work onsite to ensure an uninterrupted service during the COVID-19 pandemic.

The Coroners Admissions and Enquiries office and Forensic Technical Services supports the research work of the Cancer Tissue Collection After Death (CASCADE) tissue bank and the Australian Sports Brain Bank (ASBB) through the retrieval of tissue donated by individuals and their next of kin.

## Family Health Information Service

The VIFM Family Health Information Service (FHIS) contributes directly to the health of the community in Victoria. While the coronial death investigation process is undertaken with the primary purpose of investigating the cause and circumstances of an individual's death, it may also uncover previously unknown medical conditions that may have a genetic basis and therefore be significant to the healthcare of surviving family members. When such a condition is identified, the case is referred internally to the VIFM Family Health Information Service nurse who then facilitates a referral to an external genetic health service or other medical specialist.

The establishment of close professional relationships, together with numerous formal healthcare consultations between forensic pathologists and family health nurses in partnership with the Royal Melbourne and Royal Children's Hospitals, has facilitated the diagnosis and family management of conditions such as cardiomyopathies, connective tissue disorders and inherited cardiac arrhythmias. Awareness of these previously unknown health risks has enabled families, with the help of clinical specialists, to plan a healthcare strategy to prevent premature illness, or death among those family members at risk, and to maximise family health and welfare.

In 2021-22 the Family Health Information Service has made 72 specialist referrals to medical specialist services, 187 General Practitioner referrals and 23 notifications of cancer diagnosis to the Victorian Cancer Registry. Family and pathologist meetings are on hold due to the COVID-19 pandemic. The Family Health Information Service played an important role in communicating with families, DHHS and first responder agencies around COVID-19 risks and the outcomes of SARS-CoV-2 testing undertaken at VIFM throughout 2021-2022.



# Forensic Science.

## Post-mortem Toxicology

The toxicology laboratory at the VIFM undertakes drug and poison investigations of coronial cases in the state of Victoria. The coronial case work increased from 6290 cases in 2020-21 to 6555 in 2021-22. Rapid toxicology testing is now enhanced with screening for novel psychoactive substances and the utilisation of high-resolution mass spectrometry for drug detection in death investigation. Increasing our testing capacity enables the detection of hundreds of drugs and unknown substances in a variety of medico-legal and clinical cases.

Over the last 12 months the laboratory has detected a range of new and potentially more potent drugs including a range of synthetic benzodiazepines (e.g. clonazepam), cannabinoids and opioid analogues (e.g. oxycodone). Gamma-hydroxy butyrate (GHB) continues to be prevalent in combination with other stimulants such as methylamphetamine.

The laboratory provides toxicology services for all Victoria Police cases where drug analysis is required in biological specimens. This includes all injured drivers, random roadside drug testing confirmations in oral fluid, impaired drivers and drug facilitated crime cases.

The laboratory continues to develop analytical methods to meet both the demand and proliferation of other new drugs by utilising its own expertise as well as engaging with forensic networks across Australia and New Zealand.

Year	Number of coronial cases received for toxicology testing
17/18	5946
18/19	5956
19/20	6469
20/21	6290
<b>21/22</b>	<b>6555</b>

Research and quality assurance activities and collaborations by toxicology staff have included the following projects approved by the VIFM Ethics Committee in 2021-22:

- » Detection of GHB in blood and urine by LC/MS/MS
- » Drugs and driving in Victoria

- » UCOP method development and validation
- » Analytical Modelling to determine road safety, health and economic benefits of reducing BAC limits below 0.05 in Victoria.
- » Methamphetamine and its metabolites in hair and blood
- » Trends in amphetamine-type stimulants use in Victoria during COVID-19

## Histology

Biopsies are a routine part of pathology investigations. In the forensic setting, they allow a pathologist to examine the tissue samples collected at autopsies for the presence of disease or assessment of tissue injury.

Further testing such as specialised stains, frozen sections, and immunohistochemistry may also be performed in the histology laboratory and this has the capacity to further categorise diseases and potentially prevent the death of another member of the community.

A total of 52,832 tissue samples from 2,533 autopsies were submitted for histological processing during the 2021-22 year. Paraffin blocks of tissue were produced from each of these samples with stained sections provided to the pathologists to assist in their determination of a cause of death.

Year	Number of histology tissue samples processed
17/18	66,669
18/19	61,532
19/20	62,611
20/21	57,909
<b>21/22</b>	<b>52,832</b>

## Human Identification Services – Forensic Odontology, Anthropology and Molecular Biology

The Human Identification Services team is involved in the identification of people. The Coroner must formally identify all individuals whose death is reported to the Court. The team includes forensic anthropologists (who examine skeletal remains) and forensic odontologists (who are responsible for dental identifications). Their work is critical where

visual identification of the deceased is not possible or is inappropriate. They also provide expert assessment of skeletal and orofacial trauma. This information can be critical in the investigation of injuries in crimes against the person. Human Identification Services provided 112 odontology reports (including dental identifications, injury interpretations, opinion on bitemarks, age estimations and other opinions).and 170 anthropology reports and opinions in 2021-22.

The Human Identification Services team also includes a consultant forensic archaeologist, who provides assistance in the search and recovery of human remains, and a forensic entomologist, who assists with legal investigations, including the assessment of time since death and the possible movement of deceased persons by others after death.

The forensic Molecular Biology Laboratory uses DNA analysis to assist in the identification of deceased persons. DNA is particularly useful where, as a result of severe trauma or decomposition, the deceased cannot be visually identified. These services include the provision of kinship comparisons using nuclear DNA (nDNA) typing platforms, as well as mitochondrial DNA (mtDNA) analysis. The molecular biology team particularly assists with deaths involving drowning, fires, aircraft crashes, or mass fatality events (such as the 2009 Victorian bushfires). This year the DNA laboratory team conducted 282 tests (corresponding to 531 samples) to assist the coroner in the identification of deceased persons.

The VIFM is one of only two accredited laboratories capable of mitochondrial DNA (mtDNA) analysis. As such, the VIFM also provides DNA analysis services to assist in criminal investigations in other states and territories. These cases range from long-term missing persons to complex cold case homicide investigations, which require the analysis of large numbers of compromised samples (such as hairs and skeletal elements). This year 5 external cases (corresponding to 22 samples) were referred to our laboratory, with some of the findings assisting in the closure of high-profile investigations across Australia.

Year	Number of DNA identification tests for the coroner
17/18	198
18/19	238
19/20	254
20/21	255
<b>21/22</b>	<b>282</b>

**Research and Quality Assurance activities by Human Identification Services staff have included the following projects approved by the VIFM Ethics Committee in 2020-21:**

- » An examination of the skeletal trauma resulting from low-velocity projectiles
- » Skeletal development of the knee: creating Australian standards using modern imaging modalities
- » Understanding the complexities of establishing identity for cases of unidentified human remains
- » Missing persons – missing data? A quality review of forensic medical and scientific data entered into the National Missing Person and Victim System (NMPVS) database. (In September 2020, Professor Blau was awarded a \$25,000 Quality Assurance Programs Research Grant from the Royal College of Pathologists of Australasia (RCPA) for this project.)



Scott Kurowski, technical officer, Toxicology

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# Drug Testing Services for Victoria Police

## Road Traffic Toxicology

Scientific research conducted at the Institute over many years has shown that certain drugs increase the risk of having a collision on our roads. Work conducted within the VIFM toxicology laboratory led to the initiation of the world's first random drug testing program in Victoria in 2004. Current Victorian legislation allows drivers to be stopped randomly and tested for presence of stimulants (methylamphetamine and ecstasy) and cannabis in oral fluid.

The VIFM forensic toxicology laboratory undertakes analysis of road traffic samples for Victoria Police to confirm the presence of these drugs in drivers. In 2021-22 there were approximately 10,612 confirmations conducted in oral fluid.

### Number of toxicology roadside confirmatory drug tests

16/17	8958
17/18	10153
18/19	12560
19/20	12203
20/21	11034
<b>21/22</b>	<b>10612</b>

In addition to the analyses from randomly tested drivers, the VIFM also undertakes the forensic analyses of samples from drivers injured in road accidents, as well as those suspected of being drug impaired while driving. The prevalence of drugs in injured drivers is not markedly different to those drivers killed in accidents. The number of injured driver samples submitted to the laboratory for testing have increased by more than 5% in the last 12 months.

### Number of drug and alcohol toxicology tests on injured driver cases

16/17	5129
17/18	5506
18/19	5946
19/20	5925
20/21	6209
<b>21/22</b>	<b>6537</b>

It is also well established that the presence of alcohol and/or drugs in drivers continues to be a road safety issue with 68 per cent of all drivers killed in Victoria having either alcohol above 0.01% or a drug present, the highest rate of drug

detection the laboratory has observed in deceased drivers to-date. Stimulants are still a concern with approximately 20 per cent of deceased drivers testing positive. Research conducted by the Institute has demonstrated that the presence of stimulants in drivers significantly increases the risk of having an accident<sup>1</sup>; the risk is equivalent to a driver who has a concentration of alcohol in blood of at least 0.15%<sup>2</sup>. The Institute continues to collaborate with Victoria Police to identify the range and extent to which other drugs contribute to road trauma. The Universal Drug Screening Project monitors other drugs detected in a cohort of injured drivers and is now in its 9<sup>th</sup> year. The project has revealed that new synthetic drugs are being detected in injured drivers at an increased rate with 3.2% of cases tested demonstrating the surging prevalence of new psychoactive substances (NPS), up from 0.7% the previous year.

### Number of toxicology tests on impaired driver cases

16/17	339
17/18	378
18/19	372
19/20	378
20/21	308
<b>21/22</b>	<b>361</b>

### Number of toxicology tests on drug facilitated sexual assaults per year

In criminal cases where there is suspected drug or alcohol involvement, specimens from victims and offenders of crime are analysed by the VIFM toxicology service. The VIFM analysed 254 of these cases in 2021-2022.

16/17	195
17/18	180
18/19	227
19/20	270
20/21	229
<b>21/22</b>	<b>254</b>

<sup>1</sup> Drummer OH, Gerostamoulos D, Di Rago M, Woodford NW, Morris C, Frederiksen T, Jachno K, Wolfe R. Odds of culpability associated with use of impairing drugs in injured drivers in Victoria, Australia. *Accid Anal Prev.* 2020 Feb;135:105389.

<sup>2</sup> Compton, R.P. and Berning, A., 2015. Drug and Alcohol Crash Risk: Traffic Safety Facts: Research Note (No. DOT HS 812 117). United States. National Highway Traffic Safety Administration.





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# CLINICAL FORENSIC MEDICINE



## Sexual assault examinations

The VIFM clinical forensic medical staff undertake medical examinations of adult sexual assault victims across the state of Victoria. These services are provided at the request of Victoria Police. Additionally, medical and nursing staff offer 'just in case' forensic assessments at Monash Medical Centre, should the patient remain undecided about police notification.

It is essential that CFM staff provide these medical examinations in a timely manner and they are undertaken within a safe environment. Examinations are performed with attention to the best available evidence regarding forensic collection technique and cut off times. Staff implement measures to reduce the potential for DNA cross contamination and aim to treat all patients in a sensitive and trauma informed way to minimise any ongoing distress.

This service is offered 24/7 across Victoria, predominantly at either a Crisis Care Unit within a hospital or at a Multi-Disciplinary Centre. In addition to these primary sites, examinations are undertaken within Emergency Units and Intensive Care Units, adding to the complexity of service provision.

A new forensic medical examination proforma is being trialled and will replace the existing one. A new and revised FMEK (Forensic Medical Examination Kit) is about to be launched. This is a leaner (less components) and DNA reduced (compliant with current international standards) version of the existing kit. For the first time, there will be a Contamination Reduction Kit (CRK). This allows forensic examiners to work in a variety of sites, ensuring that any potential for contamination is minimised.

## Physical assault examinations

Victims of physical violence, including victims of family violence, are also patients of the VIFM clinical medical team. Our doctors and nurses obtain information about the alleged incident from the patient, collect forensic evidence when relevant and document any injuries including photography. This information can assist with determining the causation of the injuries and forms the basis of the expert medical evidence CFM staff provide to the courts. Importantly, this information is often the only independent evidence that can corroborate the statement of victims regarding the nature of the assault they suffered.

While victims of violence are the most frequent patients of our clinical service, alleged perpetrators (including those aged less than 18 years) may also need to be examined. These examinations provide an opportunity to collect evidential samples for forensic testing and to document injuries that may have occurred during an alleged assault.

## Biological sample collection

The VIFM forensic nurses and doctors currently provide a biological sample collection service for Victoria. This 24-hour service is composed of both traffic related and non-traffic related forensic medical sample collection. Forensic medical traffic services include the collection of over 200 samples each year. This involves obtaining blood and/or urine specimens from suspected intoxicated drivers at the request of police investigators or when an alleged offending driver requests a blood sample. The majority of this work forms part of Victoria Police evidence collection processes for traffic incidents and road traffic offences.

This forensic evidence collection service also includes obtaining intimate biological specimens/ samples from alleged offenders. Our staff can attend police stations across Victoria to perform this service.

## Fitness for interview examinations

When police have concerns as to the fitness for interview of detainees (including those aged less than 18 years of age), the VIFM provides a 24-hour service for assessment of these persons. Fitness for interview may be affected by a large number of medical and social factors including: mental illness; intoxication; cognitive issues; sleep deprivation and injury. This assessment of detainees is critical in ensuring that any police interview can be admitted in evidence at court as well as the diversion of detainees into appropriate medical services when required.

Numbers for these assessments have progressively grown over the last few years.

## Expert Opinion

Our staff provide expert forensic medical opinions for: injury interpretation; interpretation of medical services patients' records and clinical notes; assistance with determining seriousness of injury; alcohol read back calculations; and assessment and opinion regarding driving under the influence of either drugs or alcohol.

Numbers for these assessments have progressively grown since 2016.

## Court Appearance

Forensic medical staff are required to attend court for a variety of reasons (trial, voir dire, committal etc.). Our staff attended 160 court appearances in the 2021-2022 year.

## Road traffic medicine

The VIFM forensic medical staff provide expert medical advice to the Department of Transport regarding fitness to drive in cases where there is an allegation of medical impairment. In this role, the VIFM doctors performed 1987 clinical fitness to drive reviews and 334 fitness to drive reviews in 2021-2022 and discussed 123 cases at the Joint VIFM / Vic Roads Medical Consultative Committee. The VIFM staff also provide expert evidence at hearings if, and when, drivers challenge an agency's licensing decisions.

Doctors from the clinical division also provide expert opinions for Victoria Police, WorkSafe Victoria, the Department of Health and Human Services on injury interpretation, medical aspects of crash analysis; workplace injuries; the effects of medical diseases; and drugs and alcohol on driving.

## Additional Activities

Additional activities undertaken during the last twelve months have included:

- » Ongoing research into technology facilitated assaults (subject of a doctoral thesis)
- » Development of the Federal Department of Social Service (DSS) Prevention of Sexual Violence training for frontline workers, in conjunction with Monash University, with completion of the first of three modules.
- » Participation on the advisory panel for the revised Assessing Fitness to Drive Guidelines (National Transport Commission and AusRoads)
- » Participation in an advisory group to government on medicinal marijuana
- » Participation in the Bendigo Community Health Non-Fatal Strangulation Training Project to educate police and doctors regarding neck compression.
- » Ongoing education provided to Victoria Police and community groups.
- » Participation in RCPA, FCFM activities to set national standards in, and progress the specialisation of clinical forensic medicine
- » Post graduate teaching
- » Research and publications
- » Multidisciplinary service meetings (e.g., VPFSD, CASA, MDC etc.)
- » Supervision (junior medical staff projects/publications)

## Total number of Service Level Agreement Clinical Forensic Medicine (CFM) cases 2021-2022

Adult sexual assault examinations	390
Adult non-recent sexual assault examinations	9
Adult physical assault examinations	69
Just In Case sexual assault examinations	5
Paediatric forensic services	43
Fitness for interview (in person)	48
Fitness for interview (via phone or audiovisual)	618
Traffic medicine	210
Expert opinion	756
Biological specimen collection	22
Professional Standards Command	6
Court appearances - CFM	160
Other specialised services - CFM	68
Phone advice	2011
Hours of Police Training	76 hours
Total SLA cases	4415
Total Fitness to Drive cases	2321
<b>TOTAL CASES</b>	<b>6736</b>





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# Donor Tissue Bank of Victoria

Human tissue, sourced from deceased and living donors, is a crucial resource provided for the benefit of the community. For burn victims and heart valve recipients, transplantation of skin and heart valves can be lifesaving. For those undergoing orthopaedic and spinal surgery, transplantation of bone and tendons can vastly improve their quality of life.

## Overview

The DTBV screens donors for tissue donation; retrieves, processes, stores and tests tissues for their safety and efficacy; supports and educates clinicians in the use of its tissue products; and distributes tissues for transplantation in orthopaedic, cardiothoracic and reconstructive surgeries and burns care across Australia.

The DTBV was established in 1989 and, from its humble beginnings with a single desk and 'a good idea' (the recognition of the synergies between tissue banking and autopsy activities), now operates out of a purpose-built facility with world-class laboratories.

The DTBV's highly trained team are committed to product safety. The DTBV's products are licensed by the Therapeutic Goods Administration and it has accreditations to operate as a testing laboratory for microbiological contamination testing. To date, the DTBV has successfully provided tens of thousands of safe, high-quality bone, skin, tendon and cardiovascular grafts for surgical use. The DTBV also facilitates access to corneas for the Lions Eye Donation Service. The DTBV operates under both the *Victorian Institute of Forensic Medicine Act 1985* and the *Human Tissue Act 1982*, and its operations are overseen by the Donor Tissue Bank Committee, which is a sub-committee of the VIFM Council. (See the appendix for further details).

## Recognising the Precious Gift of Tissue

The DTBV has been operating as a tissue bank for over 30 years. Its work would not be possible without the support of donors and their families, and the many healthcare and tissue banking professionals required to ensure the crucial resource of human tissue is available to those in clinical need. Tissue donation offers relatives of a deceased person the opportunity to salvage something positive from the tragic loss of the one they loved.

The DTBV hosts an annual afternoon tea called 'Leaf Day' for family members and friends of the donors from the preceding year where each donor,

represented as a leaf on the Tree of Life displayed in the DTBV foyer, is recognised and thanked.

## Donation Partners

The DTBV donation program operates in collaboration with partners through the DonateLife Network. Partners include DonateLife Victoria, DonateLife Tasmania, the Royal Melbourne Hospital and the Lions Eye Donation Service in Melbourne. The Living Donor Program also collects tissue from patients undergoing routine hip replacements (due to worn cartilage). The DTBV also collaborates with the Royal Children's Hospital to collect cardiac valves from heart recipients, as there is always a shortage of small valves for transplantation into children.

## Making the Most of the Gift of Tissue

The performance of the DTBV is highly dependent upon donation rates, which directly affect the availability of human tissue allografts. The lead time to certify that a tissue is safe to use can take up to 15 months due to rigorous laboratory testing and thorough medical record checks. As such, it is important that a healthy stock of products is maintained and that every tissue donated is processed to maximise the benefit to as many recipients as possible. One bone donation from a deceased donor can now result in over 200 grafts for transplantation.

*One donor can improve the quality of life of over 100 recipients.*

*In 2019, one generous family consented to the donation of heart valves, pericardium, skin, bone and tendons from their loved one. This donation has since helped the lives of more than 150 recipients.*

*The donated bone created 133 bone grafts. Bone transplantations are used in spinal and orthopaedic*

*surgeries for patients suffering from limited mobility, chronic pain, cancer or trauma. Such donations can greatly improve the quality of life of the recipient, allowing them to regain mobility.*

*The tendon donation created 14 tendon grafts. Tendon grafts are predominately used in young adults as part of joint reconstruction surgery, allowing the recipients to return back to the sports they love.*

*The donated skin created 14 skin grafts. Skin is used to treat patients suffering from severe burns creating a barrier against fluid loss and infection, and dramatically improving the potential for healing.*

*The donated heart valves and pericardium created two heart valve grafts and two pericardium grafts. These are lifesaving donations for adults suffering from diseased heart valves, and infants and children with congenital heart defects.*





## Donation and screening rates 2020-2021

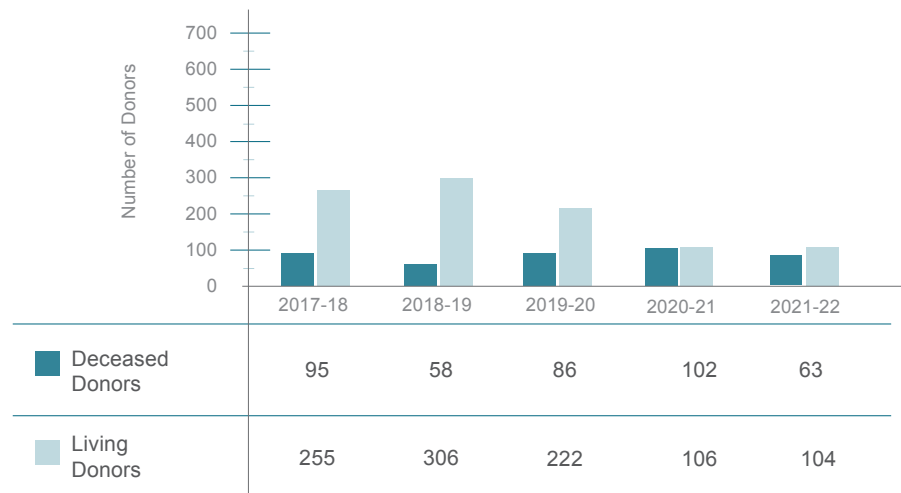
The last year has seen a decline in deceased donors; a trend seen globally and attributed to the COVID-19 pandemic. Despite meeting the target of 10 donors per month in October 2021, donation numbers in all other months were on average half this target. The 63 deceased donors in 2021-2022 represents a 38% decline from the previous year of 102 donors.

However, multi-tissue donation rates continue to be a success story. From these 63 deceased donors, there were 114 donations, with many donors donating multiple tissue groups. This will help to ensure the DTBV maintains a strong reserve of tissue to service the community.

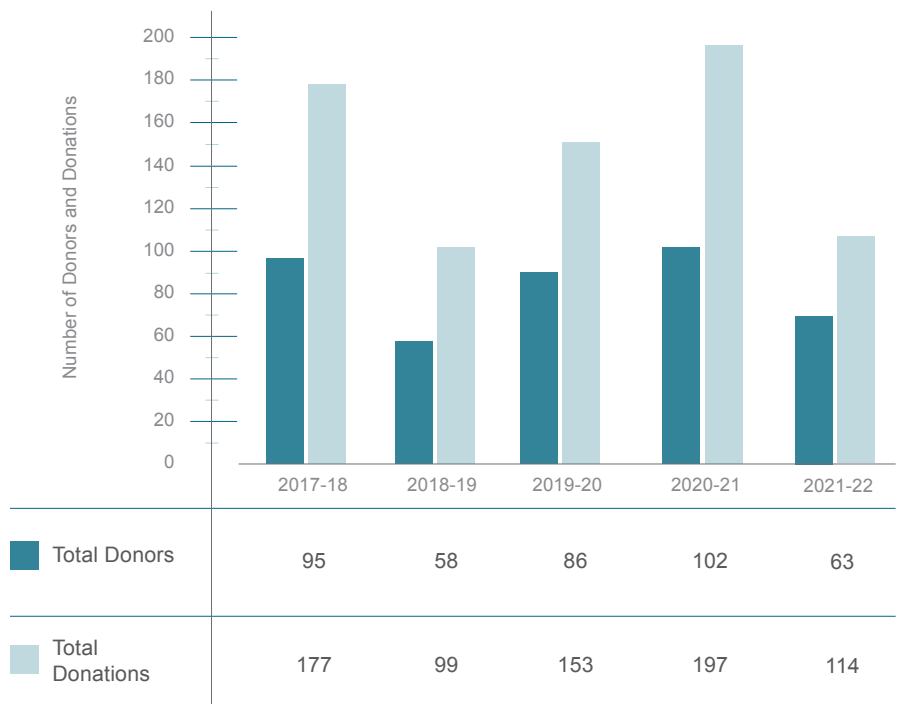
Donations are the culmination of considerable screening work by the DTBV's team of Tissue Donation Nurse Specialists. In 2021-22, the team screened 7,187 coronial cases and 235 hospital referrals. On average, only 1-2% of coronial cases were suitable for an approach to the deceased's family, with 59.6% consenting to donate. Referrals from hospitals have a far higher chance of a donation, as these are typically from families who have already consented to donation.

The pandemic has had a lasting impact the Living Donor Bone Program which recovers femoral heads from hip surgeries. The transition to telehealth, made during the pandemic to limit the transmission of COVID-19 and now being widely adopted for its efficiency, has limited the ability of hospitals to recruit patients to the Program and complete the required consent and screening processes.

## Number of living and deceased donors



## Number of deceased donors and donations



## Number and type of donations by deceased donors

	2017-18	2018-19	2019-20	2020-21	2021-2022
<b>Total Donors</b>	<b>95</b>	<b>58</b>	<b>86</b>	<b>102</b>	<b>63</b>
Cardiovascular Tissue	55	24	43	60	35
Musculoskeletal Tissue	53	35	48	59	40
Skin Tissue	69	40	62	78	39
<b>Total Donations</b>	<b>177</b>	<b>99</b>	<b>153</b>	<b>197</b>	<b>114</b>

These new ways of working have unfortunately contributed to a reduction in the number of living bone donors.

## Tissue Supply Rates 2021-22

The DTBV is one of the few multi-tissue banks in Australia providing bone, skin, cardiac and tendon allografts to surgeons. The DTBV provides tissue to two distinct markets. The bone and tendon markets are highly competitive and include imported tissue products including synthetics. The cardio and skin markets include local product and constantly suffer from a shortage of supply due to the specific needs of patients.

Over the past three years since the release of the DTBV's first freeze-dried product – Cancellous Bone Matrix, the DTBV has actively sought to promote the use of Australian tissue allografts and build its operational capacity.

Since the White Island volcano tragedy in New Zealand in 2018, the demand for skin and cardiac tissue has outstripped supply, with products being used as soon as they became available. During the past year the DTBV has finally managed to rebuild a stockpile of these essential tissues. Bone tissue sales, which account for the majority of the DTBV's supply, were incredibly uneven during 2021-22, as COVID lockdowns

impacted elective surgeries. However, since the reopening of the State in early 2022 bone tissue sales have reflected a strong growth trend.

In the past financial year, the DTBV's bone market share (as reported to the ANZ Eye and Tissue Donation Registry) grew from 8% to 17%. This has been driven by strong sales of the Cancellous Bone Matrix (CBM) product, which is used across many surgery types, and shaped Cancellous Bone Wedges, used in spinal surgeries. This past year has also seen considerable market uptake of Demineralised Bone Matrix (DBM), which was released in the prior year. Sales of freeze-dried bone products (CBM and DBM), which can be conveniently stored at room temperature, have effectively superseded the use of frozen milled bone products.

## Tissue Operations 2021-22

To support the growing demand for bone tissue, the DTBV doubled its production runs during the year. It also strengthened its operations management capability and diversified its suppliers, to overcome supply chain risks caused by COVID.

In 2021-22 the DTBV operations team processed 35 heart cases, 40 skin cases, 12 tendon cases, 132 femoral

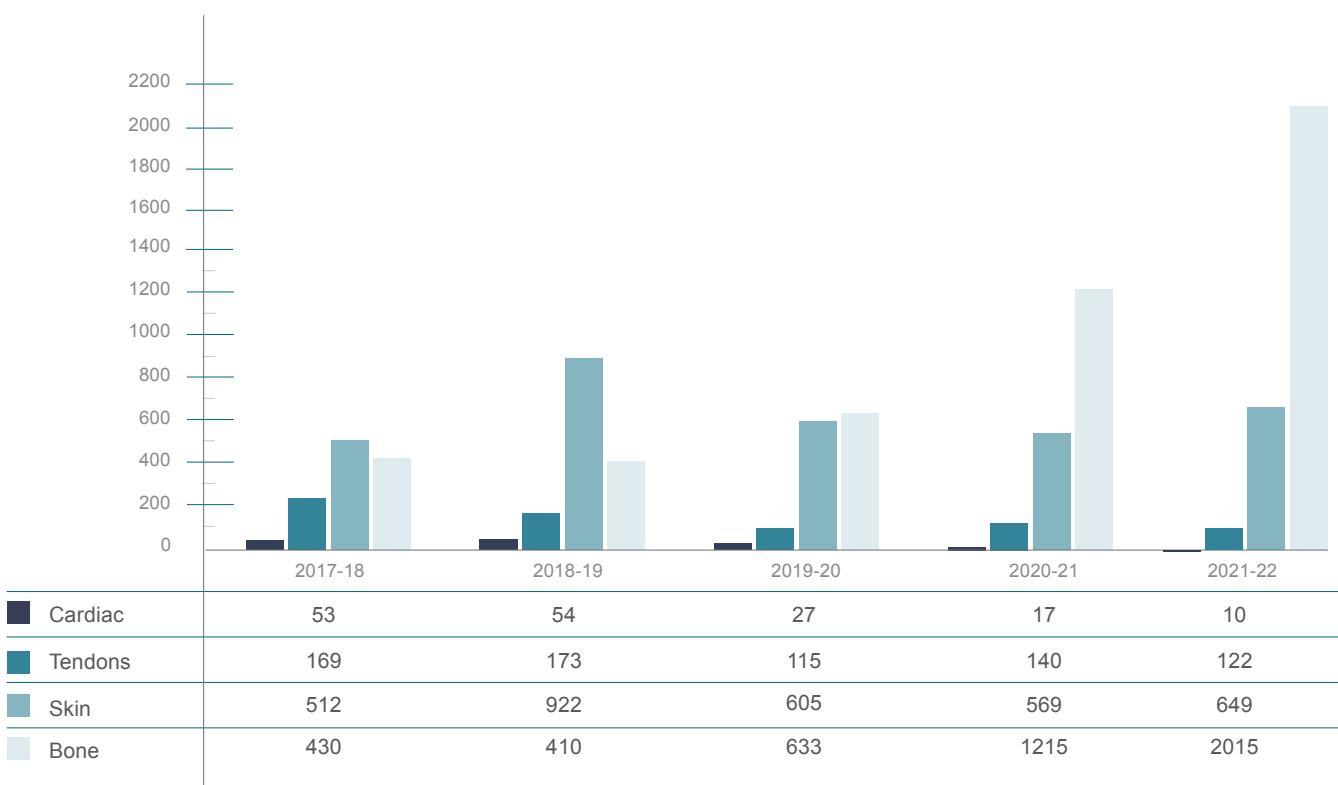
heads and 47 cadaveric bone cases. The DTBV supplied surgeons 10 cardiac valves, 122 tendons, 2015 bone products and 65,580 cm<sup>2</sup> of skin.

With support from the May 2021 State budget, the DTBV has initiated a multi-year program to automate many of its paper-based administrative functions, which will support further expansion as well as compliance to TGA requirements for traceability of the DTBV's regulatory processes.

## Clinical Support Partnership with KT Medical

Since August 2019, the DTBV has partnered with KT Medical to facilitate sales of bone grafts and provide clinical support and education to spinal and orthopaedic surgeons across Australia. While surgeries and sales in Victoria fluctuated month-by-month, dependent upon the capacity of hospitals to undertake elective surgeries, the last 4 months of the year saw an incredible increase in transplantations. The final outcome is that 2021-22 year will be the best on record for the DTBV. This is a direct result of the partnership with KT Medical and their active engagement with spinal and orthopaedic surgeons.

## Tissue grafts supplied for transplantation



## Research and Product Development

The DTBV's investment in its products continued during the past year with the initiation of the following projects:

- » Formal qualification of a second freeze dryer, enabling Production activities to run in parallel with Research & Development
- » An improved dispatch packaging format for frozen musculoskeletal tissue, enabling the paperwork and graft to remain together, assisting hospital procedures
- » A new shipping format for freeze-dried products;
- » The introduction of a 'for-purpose' electric bone mill to enable production of ultra-fine CBM as requested by the surgical community; and
- » Development of bone dowels for potential orthopaedic and spinal use.

A Technician has been recruited to work on Research & Development projects with the Senior Scientist.

## Therapeutic Goods Administration Inspections

In June 2021, the DTBV underwent a routine TGA inspection conducted by video-conference due to COVID-19 travel restrictions. While this presented challenges for inspectors, who typically need to review operations physically, the overall result of the inspection saw the DTBV's risk rating improve. The DTBV was able to effectively demonstrate improvements related to findings from the previous inspections, as well as an uplift in its overall knowledge and competencies. As a result of the DTBV's improved risk rating, the routine inspection frequency was reduced from a twelve to eighteen-month cycle.

## Industry participation and reform

For much of the year COVID hampered the DTBV's ability to engage with industry through attendance at hospitals, medical conferences and events. However, it has continued to consult and participate in the tissue sector itself.

In March 2022, the VIFM provided a combined submission to the Commonwealth Government's Prostheses List Reform Task Force in relation to Consultation Papers 2(a) and 3, which included plans by the government to reduce rebate costs paid by private insurers, simplify the Prostheses List and to increase the requirements for registration and modification of listed products. The DTBV's submission raised multiple concerns with these proposals. Thus far, the Prostheses List Reform Task Force has not provided a response to the industry or a summary of the submissions relating to proposals to reform of Part B of the list.

## Microbiology Service

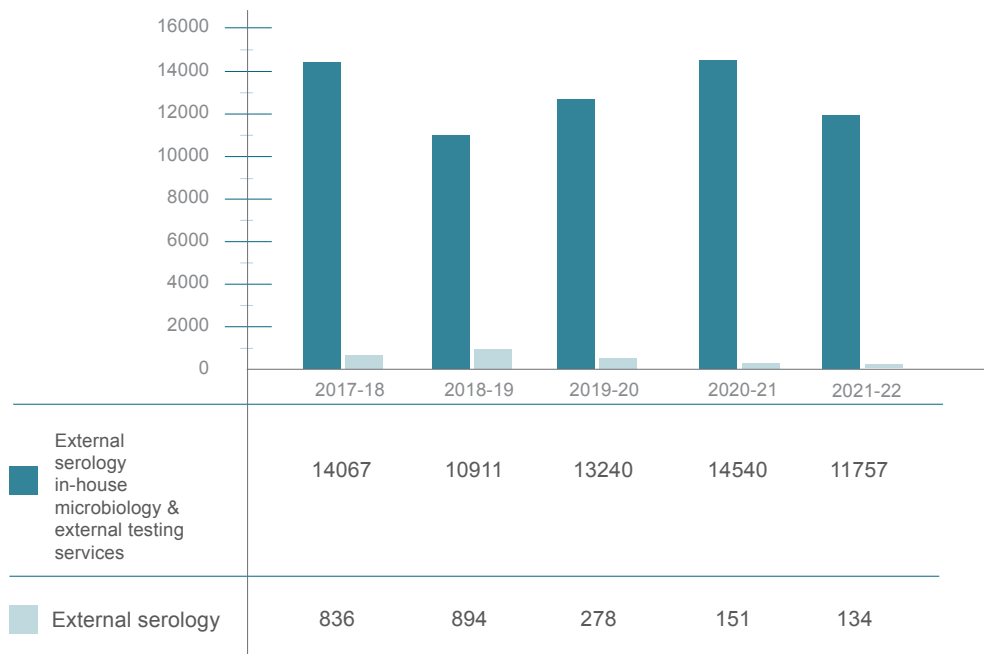
The microbiology laboratory provides a microbial testing service to support testing of specimens from tissue donors.

As the COVID-19 pandemic developed, COVID-19 screening on coronial case admissions re-commenced in late August 2021 and continued until the end of October 2021, after which more targeted screening was implemented as an ongoing process. During the year, an additional 1156 COVID-19 specimens were processed with 8.3% returning a positive or indeterminate result.

In 2021-22, the overall number of specimens received for microbial testing decreased. This is largely due to the decrease in the number of deceased and living donors. The number of specimens from coronial cases has increased marginally, which is attributed to the additional specimens being received from the COVID-19 screening program.



## Microbiology Samples Processed



Samantha Francis-Pester, Tissue Donation Nurse Specialist



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# Academic Programs

The Academic Programs Division is the academic arm of the VIFM, responsible for the Institute's teaching and research activities.



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# Highlights.

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Academic Programs has a formal working relationship with the Department of Forensic Medicine (DFM) situated in the School of Public Health and Preventive Medicine, Monash University. This relationship is created by a 1998 Deed of Agreement between the Vice-Chancellor of Monash University and the Victorian Attorney-General, which, together with the Victorian Institute of Forensic Medicine Act 1985, create arrangements aimed at ensuring the ongoing development of forensic medicine and related sciences in Victoria.

Professor Richard Bassed has led Academic Programs as the VIFM Deputy Director (Academic Programs) since his appointment in April 2017 and as the Head of Department of the DFM. As such, Professor Bassed is responsible for the operation of the DFM and its diverse research, teaching and international activities.

The activities of the DFM are integrated into the fabric of the VIFM, drawing on the expertise of forensic experts for both research and teaching. This connection between academia and clinical practice – within the context of the Victorian Public Service and the university environment – is a synergistic relationship that benefits from the significant advantages provided through being embedded in both government (justice) and the university (health). At a practical level, this means that the research and teaching undertaken within Academic Programs support the clinical and scientific service delivery performed by the VIFM.

The VIFM is uniquely positioned at the intersection of medicine and law, and by working collaboratively with DFM, informs advances in public health and safety and the law. Academic Programs is also recognised as an important contributor to international forensic medical and scientific teaching and research. It provides vital academic input into the Institute's day-to-day business, and its academic accomplishments underpin the Institute's credibility in the courts and in the justice and healthcare systems. This collaboration also provides the VIFM's practitioners with important avenues for professional development, to build their own knowledge and expertise, and to share this expertise through teaching. It is critical that the VIFM staff share their skills and knowledge to train the next generation of forensic practitioners.

## Returning to onsite activities

With COVID-19 restrictions easing, it has been a welcome sight to have staff and students back onsite. Despite the challenges of the past two years, a positive outcome for DFM has been to continue to offer a hybrid approach to work and study. Both our teaching and research programs have experienced re-energised participation over this past year and DFM has supported 15 PhD students, four honours students and two masters by research students. DFM plans to continue the growth of our teaching repertoire in order to foster a skilled forensic specialist workforce.

## Our teaching programs

The Monash University masters and undergraduate programs continue to provide the basis of learning in forensic fields and public health. Collaborative efforts have contributed to the development of the Master of Forensic and Legal Studies and the Graduate Certificate in Forensic Paediatric Medicine. The Graduate Certificate in Forensic Nursing and Midwifery will also be reinstated in 2023. Although we are rebuilding our short course schedule after the impacts of COVID, we are pleased to report that our courses have received great interest and were delivered to students across Australia.

## Our research programs

We conduct our research under a number of different research divisions. Below are the research highlights for these divisions from 2021-22.

### **DRUG INTELLIGENCE: FORENSIC TOXICOLOGY AND PHARMACOLOGY RESEARCH**

- » Ongoing collaboration with the Stop the Coward Punch (STCP) Foundation to investigate incidents of one punch assaults in order to inform future injury prevention strategies relating to assault.
- » Supervision of two PhD students working on forensic pharmacology research, including the following projects: "Methamphetamine in violent deaths", "Analytical investigations of methamphetamine and its metabolites in hair and blood", "Novel psychoactive substance (NPS) related fatalities in Australia: a national epidemiological study" and "NPS deaths in Australia".

### **DEATH INVESTIGATION AND PREVENTION: FORENSIC PATHOLOGY, ANTHROPOLOGY, MOLECULAR BIOLOGY AND ALL RESEARCH ASSOCIATED WITH DEATH PREVENTION**

- » Supervision by several VIFM pathologists of Monash honours and PhD students in various projects aimed at enhancing pathological diagnosis for medico-legal death investigations, including a study on "Myocarditis in the Forensic Setting".

### **VIOLENCE INVESTIGATION AND PREVENTION: ALL CLINICAL FORENSIC MEDICAL RESEARCH, INCLUDING PAEDIATRICS**

- » Ongoing research into technology facilitated sexual assaults through the project "Swipe Right: Technology Facilitated Sexual Assault. A prospective study of forensic examination caseload in an Australian statewide service".

- » Development of a predictive model for family violence homicide.

#### **INFORMED: MACHINE LEARNING AND DATA ANALYTICS RESEARCH**

- » Ongoing research into augmented reality visualisation of post mortem computed tomography (PMCT) for pathologists through the project “Pilot study on pathologists’ attitudes and knowledge to augmented and virtual reality image visualisation during autopsy procedures”.
- » Automatic classification of fluid around the heart through the project “Deep Learning Applications for Pericardial Effusion and Haemopericardium on PMCT”.
- » Research into automated facial recognition for the deceased, which will have a major application in disaster victim identification (DVI) responses, working in conjunction with and funded by the Defence Services Technology Group of the Commonwealth Department of Defence.

The GRIFM team is also working alongside the ELEOS Justice Centre at Monash University, whose mission is to restrict and abolish the death penalty in the Asian region, on a report on capital punishment and the effect on families of having a family member on death row.

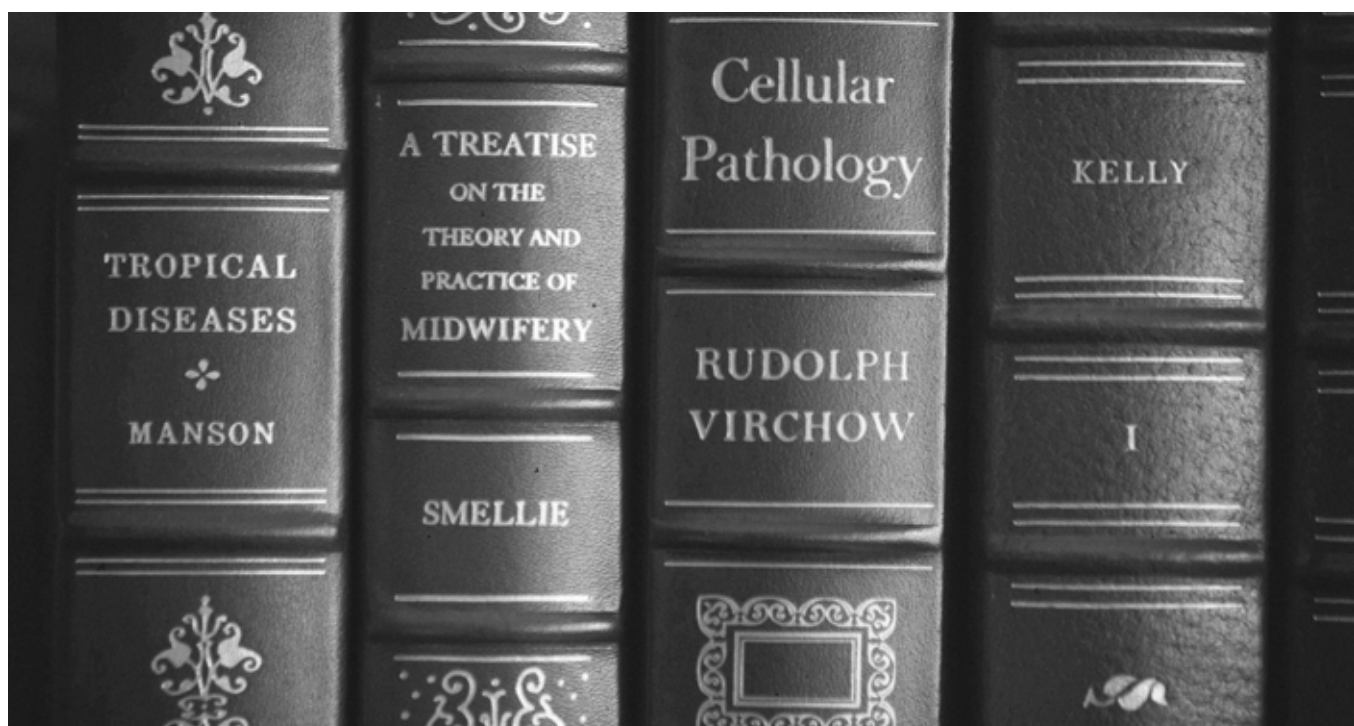
#### **SEXUAL VIOLENCE RESPONSE TRAINING PROJECT**

The Sexual Violence Response Training Project, funded by the Australian Government Department of Social Services (DSS), was awarded to DFM in 2019. The Project Team was tasked to develop and deliver education in recognising and responding to sexual violence nationally to medical professionals and frontline workers. The DFM DSS Project Team has undertaken extensive stakeholder consultation and research to develop accredited curriculum that meets professional and vocational standards. Medical training is delivered by DFM and the Vocational Education and Training (VET) is delivered by RMIT. To date, the project has successfully delivered 10 (CPD) intakes with multiple units and six (VET) intakes for two units. It is hoped that if further funding is secured additional training can be developed for other key cohorts of frontline staff.

## **Our major projects**

#### **GLOBAL RESEARCH INITIATIVE ON FORENSIC MEDICINE AND HUMAN RIGHTS**

The Global Research Initiative on Forensic Medicine and Human Rights (GRIFM) was established to support the United Nations (UN) Special Rapporteur on extra-judicial, arbitrary or summary executions. The GRIFM team has contributed to two reports presented to the UN General Assembly and UN Human Rights Council and are continuing to work on projects on deaths in custody and femicide. Several VIFM frontline specialists have been involved in the first program of work, investigating and reporting on the global status of medico-legal death investigation systems.





# The International Program

The VIFM's International Program is a central facilitation, coordination and monitoring point for the VIFM's national and international activities. The Program provides support for professional staff engaged in national and international work as well as support for visiting on-site international medical and scientific fellows. It is headed by the VIFM director Professor Noel Woodford.

While the COVID-19 pandemic and related border entry restrictions again precluded the VIFM from hosting international medical graduates during 2021-2022, the VIFM has continued to contribute to international forensic medical capacity development through a range of online mechanisms and consultancies.

The VIFM has received multiple applications from international medical graduates seeking training placements at the Institute, which are being assessed for placements commencing in the second half of 2022 and for 2023.

The International Program develops funding proposals for national and international work and coordinates responses to national and international project opportunities. Such opportunities are assessed through a consultative process, which considers the project's alignment with the VIFM's strategic goals, its impact on and contribution to statutory service delivery, donor funding, key stakeholders and benefits to the VIFM. The assessment recognises both monetary and non-monetary benefits, such as professional experience, strategic partnerships and research.

The VIFM has a long history of engagement with international forensic medical and scientific communities and practitioners. The VIFM develops and enhances its capabilities, in part, through its interaction, collaborations and partnerships with international forensic institutes. The VIFM is one of the very few forensic organisations in the world that offers postgraduate forensic medical and scientific professional development programs.

The VIFM contributes to the development of forensic medical and scientific capacity in resource-poor nations, particularly in South East Asia and the Pacific, where the training of specialist forensic doctors is often limited. Training placements are highly sought after by international clinicians and scientists.

Effective justice and public health systems are underpinned by expert medico-legal death and injury investigation systems. Many developing nations in our region have a limited capacity to undertake the day-to-day forensic investigation of suspicious or violent deaths (homicides, suicides and accidents) and injuries (physical and sexual assault of adults and children). They also struggle to cope with identification of mass casualties in the event of natural disasters, terrorist events, a ferry sinking or a plane crash.

International organisations such as the World Health Organisation (WHO), the International Committee of the Red Cross (ICRC), the United Nations Office on Drugs and Crime (UNODC), Justice Rapid Response and the International Criminal Court (ICC) call upon the VIFM's professional expertise in mass casualty management, disaster victim identification (DVI) and the investigation of human rights violations.

## **The Association of Southeast Asian Nations (ASEAN)**

In February 2022, Clinical Forensic Consultant and former Head of Clinical Forensic Medicine at the VIFM, Associate Professor David Wells, provided an online presentation at the request of the ASEAN Secretariat for Thai judiciary on "the traumatized witness and the Court: generating change".

## **Asia Pacific Medico-Legal Agencies**

Through its work with the ICRC and the Asia Pacific Medico-Legal Agencies (APMLA) network, a network of 41 forensic medical institutions from 23 Asia Pacific nations, the VIFM plays a significant role in enhancing forensic medical capacity and related resource development in this region. While this work supports capacity development for forensic medical institutions in the region, it also strengthens the VIFM's ability to respond to Australian mass casualty events.

In November 2021, the VIFM hosted a three-day on-line APMLA and ICRC Colloquium on COVID responses and impacts on forensic medical services in the Asia Pacific Region. The meeting was attended by more than 60 forensic practitioners from across the region.

The VIFM hosted the APMLA Annual General Meeting and Business on-line meeting on 8 December 2021.

In April 2022, the VIFM assisted in the development, distribution and analysis of an APMLA Member Survey on capacity development challenges and training needs for clinical forensic medical responses to sexual violence. The survey was used to assist in planning for an APMLA Webinar on Clinical Forensic Responses to Sexual Violence in Adults held on 17 June 2022.

## **International Committee of the Red Cross (ICRC)**

VIFM professional staff were involved in a range of ICRC projects and activities across 2021-2022:

- » In August 2021, Consultant Forensic Specialist and former VIFM Director, Professor Stephen Cordner, was commissioned to undertake planning and scoping for the development of an ICRC Forensic Unit Manual.
- » In November 2021, Professor Cordner was commissioned to coordinate a series of five on-line lectures on Quality Management of Forensic Services for the Iraqi Medico-Legal Directorate in Baghdad and to also provide related recommendations for enhancing forensic service quality management to better meet Iraq's forensic humanitarian needs.
- » In December 2021, VIFM Deputy Director, Professor David Ranson, undertook an analysis of the legal framework for medico-legal systems in the Ukraine with recommendations for consideration by a working group.
- » In December 2021, the VIFM coordinated a Quality Management of Forensic Services Program for the Ukraine Medico-Legal Bureau, that included a series of on-line lectures and discussions by VIFM Quality Manager, Frances Adamas, Deputy Director, Professor David Ranson and Forensic Technical Services Manager, Dr Jodie Leditschke.
- » In April 2022, Associate Professor David Wells provided an online lecture to ICRC country forensic



co-ordinators on “Sexual Violence – A Hidden Epidemic”.

- » In June 2022, Professor Cordner provided an online lecture to ICRC forensic advisors on “Medico Legal Investigation of Deaths: Objectives, Requirements, Impact, Public Health and General Aspects”.
- » Professor Cordner is undertaking a consultancy to develop an ICRC document about the medico-legal system and its role in responding to humanitarian needs resulting from armed conflict and other forms of violence.



Professor Soren Blau and Dr Hans de Boer at the INTERPOL DVI Conference in Lyon in June 2022

## International Criminal Court (ICC)

The Office of the Prosecutor of the ICC has continued to engage a senior VIFM forensic pathologist and a senior VIFM forensic physician as pro-bono consultants to provide specialist advice.

## INTERPOL

VIFM Forensic Pathologist, Dr Hans de Boer, and VIFM Senior Forensic Anthropologist and Identification Services Manager, Adjunct Professor Soren Blau, are respectively the Chair and Deputy Chair of the INTERPOL DVI Pathology and Anthropology Sub-Working Group.

They are leading two Sub-Working Group projects:

- » a review of secondary identifiers in DVI cases, and
- » occupational trauma risks to DVI responders.

## Maryland review of deaths in custody

Professor Stephen Cordner is participating in a committee formed by the Attorney-General’s office in the US state of Maryland to evaluate the investigation of deaths in custody in that jurisdiction, during the tenure of one of its Chief Medical Examiners.

## Physicians for Human Rights

Associate Professor David Wells is an Advisory Board Member of the US-based Physicians for Human Rights (PHR) group. In this role, he has worked with PHR since November 2021 in developing forensic medical capacity for the investigation of sexual violence in the Democratic Republic of Congo.

## United Nations Office on Drugs and Crime (UNODC) and UN Women

Associate Professor David Wells was commissioned by UNODC and UN Women to develop a training program on responding to sexual violence for medical practitioners in the Palestinian Territories. He developed the program in consultation with Palestinian clinicians. The program, which included ten two-hour tutorials for medical postgraduates specialising in forensic medicine, commenced in August 2021.

Associate Professor Wells also contributed to the development of a strategic plan for future forensic services in the West Bank. This was an initiative under the HAYA Joint Program, which brings together the Palestinian Authority, UN agencies, civil society organisations, community-based organisations and other partners to reduce the vulnerability of women and girls to all forms and threats of violence in the West Bank and Gaza Strip. The Joint Program is funded by the Government of Canada and implemented by a consortium of UN agencies including UN Women, UN Population Fund, UN-Habitat and the UNODC.

## UN Special Rapporteur for Extra-judicial, Arbitrary or Summary Executions

Professor Stephen Cordner joined a group of international forensic experts supporting Professor Morris Tidball-Binz with advice in his role as UN Special Rapporteur.

## US Centers for Disease Control and Prevention

Professor Stephen Cordner has participated in a Medico-Legal Death Investigation (MLDI) Community of Practice organised by the US Centers for Disease Control and Prevention and the Pathology Department at Howard University in Washington DC. The initiative is funded by the Bloomberg Philanthropies and aims to improve dialogue among MLDI stakeholders on clinical, administrative and operational system improvements. Examples of opportunities for improvement include the quality of cause of death data, the limited legal framework within which MLDI systems operate and system bottlenecks.

The Community of Practice has regular virtual meetings with opportunities to share and discuss problems, as well as voluntary peer-to-peer mentoring sessions. Professor Cordner is participating in both activities, undertaking fortnightly online mentoring meetings with forensic medical service leads in Zambia and Belize over a two-month period.



Associate Professor Dimitri Gerostamoulos with other invited speakers at the International Society of Substance Use Prevention and Treatment Professionals in Abu Dhabi, UAE, May, 2022.



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# Research Governance at the Victorian Institute of Forensic Medicine

The VIFM promotes responsible research as intrinsic to the operation of the Institute and to the VIFM's academic work in Academic Programs and with the Department of Forensic Medicine. The research culture at the VIFM demonstrates respect for the donors of tissue for research and the integrity of the coronial investigation. Good governance in research practices promotes high quality research, protects the privacy of individuals and ensures the good stewardship of public resources used to conduct research.

*Good governance in research practices promotes high quality research, protects the privacy of individuals and ensures the good stewardship of public resources used to conduct research.*

The VIFM Ethics Committee is a standing committee of the VIFM Council and is constituted in compliance with the National Health and Medical Research Council (NHMRC) National Statement on Ethical Conduct in Human Research 2007 (the National Statement) under a Terms of Reference approved by the Council. As a registered Human Research Ethics Committee with the NHMRC, all research approved by the VIFM Ethics Committee must comply with the requirements of the National Statement. The VIFM Ethics Committee reports annually to the NHMRC for monitoring purposes.

The VIFM has a two-step process for the review and approval of research projects: scientific review by the Research Advisory Committee (RAC) and ethical review by the VIFM Ethics Committee. The RAC and the VIFM Ethics Committee review all research conducted at the VIFM by the Institute's staff, students, interns, registrars, fellows and external researchers, that involve human tissue, live participants and information or data.

The RAC is an internal committee of the VIFM chaired by the Head of Academic Programs with members from different service areas of the VIFM as well as from the Monash University School of Public Health and Preventative Medicine. Its purpose is to consider all applications for quality assurance and research and to determine the scientific merit of each proposal. The RAC meets eight times a year and can approve projects that are determined to be Quality Assurance. All other research applications that are found to have scientific merit are referred to the VIFM Ethics Committee for ethical review.

Projects that seek data from the National Coronial Information System are referred to the Justice Human Research Ethics Committee.

## Ethics approved research application categories

In the 2021-2022 year, the VIFM Ethics Committee considered 21 research applications and approved 20 applications.

## The applications sought data and tissue as follows:

Type of Research	Number of Applicants
Access to the body of a deceased person	0
Use of fresh tissue (tissue taken for a research purpose)	2
Use of stored tissue (tissue taken for the purpose of an autopsy)	8
Information collected or generated	15
Live participants - surveys	1
Live participants - tissue	1

The VIFM Council and the Director have not referred any questions of ethics affecting the operation of the VIFM in 2021-22.

No guidelines or policies relating to the ethical aspects of research have been reviewed in 2021-22.



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# Reporting to Government

The Institute reports to government on its activities via the Budget Paper 3 (BP3) statistics. The information provides an accrued measure against targets for a number of medico-legal investigations, quality of reports, timeliness of body turnaround and final reports. The table below shows these and other outcomes for 2021-22.

## Supporting the Judicial Process

	Unit of measure	Year 2021-22			
Quantity		Target	Actual	Percentage Variation	Comments
Clinical Forensic Medical Services	number	2,600-3,000	2,253	-13.3%	Demand is driven by Victoria Police. BP3 targets for 2021-22 were increased from the previous range of 2,300- 2,700 based upon previous reporting
Medico-legal death investigation services <sup>1</sup>	number	6,450-6,950	6,955		
Provision of expert forensic medical and scientific evidence in court	number	150-250	224		
Quality					
Victorian Institute of Forensic Medicine Quality audit <sup>2</sup>	per cent	95	98.7	3.9%	
Timeliness					
Medical and scientific investigations on the body of the deceased completed within two days <sup>3</sup>	per cent	75-85	75.2		
Medico-legal death investigation reports issued within agreed period <sup>4</sup>	per cent	60-70	70.7	1.0%	

<sup>1</sup>Count of medico-legal death investigations for the Coroners Court of Victoria.

<sup>2</sup>The percentage of completed case reports found to be satisfactory as a result of a quality audit.

<sup>3</sup>The amount of time that the medical investigation requires access to the body of the deceased before return to the family.

<sup>4</sup>Timeline for completion of an investigation based upon the complexity of the case.





# Significant Events for 2021-2022



## Visit by Minister for Families and Social Services

Senator the Hon Anne Ruston, federal Minister for Families and Social Services, visited the VIFM in July 2021. She met with staff responsible for the successful delivery of the project to develop sexual violence response training, which is funded by a \$4.5 million grant from the Department of Social Services. Senator Ruston met with Professor Richard Bassed, Dr Liz Manning, Dr Maaike Moller and Associate Professor David Wells.



Professor Noel Woodford, Senator the Hon. Anne Ruston and Professor Richard Bassed



VIFM staff and friends

## Walking Stars Challenge - Fight for Cancer

On Saturday 4 December 2021, 60 VIFM colleagues participated in a 21 km charity walk and raised nearly \$22,000 for cancer research. VIFM staff organised and participated in the walk to show support for our friends, family and colleagues who are or have battled a cancer diagnosis. In particular, we walked to show our late colleague, David Cauchi, how much we cared.

## Visit by Attorney-General of Victoria

The Victorian Attorney-General, the Hon Jaclyn Symes MP, attended the VIFM on 30 May 2022 to meet with VIFM Human Identification Services staff, representatives from the Australian Federal Police and a delegation from the United States Federal Bureau of Investigation (FBI) to discuss the FBI's use of forensic investigative genetic genealogy for the investigation of criminal offences and the identification of unidentified human remains.



The Hon. Jaclyn Symes, Attorney General, Professor Noel Woodford, the Hon. John Coldrey AM KC, Dr Dadna Hartman



Brian Nankervis, Dr Jodie Leditschke, Detective Inspector Andrew Stamper, His Honour Judge John Cain, Dr Dadna Hartman, Professor Soren Blau

## Law Week 2022

On 16 May 2022, as part of Law Week, the VIFM and the Coroners Court of Victoria held an in-person event at the Court entitled 'Missing persons – how the forensic and coronial systems search for answers'. The event was hosted by the ABC's Brian Nankervis and attendees heard from a panel of legal and forensic experts about how missing person cases are investigated in Victoria. The panel discussed the role of the police, forensic pathologists and anthropologists, the use of DNA to identify remains, and the investigative procedures used by the coroner to piece together a missing person's last movements.

## Visit by Solicitor-General of Victoria

The Solicitor-General of Victoria, Rowena Orr KC, visited the VIFM in late February 2022. In the company of her legal counsel and the State Coroner, she toured the VIFM's facilities, including the mortuary, DTBV and laboratories to observe how the VIFM obtains, uses, stores and disposes of tissue in its day-to-day operations when exercising its functions under the *Victorian Institute of Forensic Medicine Act 1985*.



# VIFM Staff



# Recognition, Awards and In Memoriam.

## Staff Recognition Program

The VIFM staff recognition program is based on the VIFM's values of Respect, Openness, Service, Integrity and Innovation (ROSII). The ROSII Awards acknowledge and celebrate the outstanding work of individuals and teams. In 2021-2022, the ROSII Award recipient was:

**Kellie Hamilton** / *Respect*

## Other Recognition

### ROYAL COLLEGE OF PATHOLOGISTS OF AUSTRALASIA

The Royal College of Pathologists of Australasia (RCPA) Update meeting was held in Sydney in March 2022

At the event, **Professor Noel Woodford** was appointed to the Board of the RCPA and newly qualified forensic pathology consultant, **Dr Chong Zhou** received her Fellowship.

The following VIFM forensic pathology staff were inducted as Fellows into the newly created Faculty of Post-Mortem Imaging of the RCPA: **Professor Noel Woodford, Professor David Ranson, Dr Yeliena Baber, Dr Paul Bedford, Dr Heinrich Bouwer, Dr Linda Iles, Dr Matthew Lynch, Dr Chris O'Donnell** and **Associate Professor Sarah Parsons**.

## International Association of Forensic Toxicologists

**Associate Professor Dimitri Gerostamoulos** was appointed President of The International Association of Forensic Toxicologists.



Kellie Hamilton, senior scientist, Donor Tissue Bank of Victoria

30

*Mark Chu & Murray Hall*

15

*Paul Bedford & Peter Bury & Katherine Wong*

10

*Heinrich Bouwer & Lakshan De Run & Elizabeth Jenkins & Evan Leckenby & Xiang Li & Brian Lloyd & Robyn Masters & David Orchard & Melroy Pereira*

Years

## Staff Service Awards

## In Memoriam

### David Cauchi

David Cauchi passed away on 8 September 2022 from the cancer he had been so bravely battling for a little over a year.

David commenced his career as a scientist at the VIFM in 1990. He was an essential member of the forensic sciences division and was always keen to assist in other organisational duties. He performed serology testing in the VIFM's microbiology laboratory for many years when that work was conducted on weekends. David worked with Helen Brown, Laboratory Manager, and Senior Scientist, Ellen Kotsos, before being appointed manager of the histology laboratory in January 2000.

David avidly participated in many other organisational groups and was always keen to assist where possible to contribute to our Institutional well-being. In more recent times he was appointed as Chief Fire Warden, a role which was challenging but resulted in a much-improved approach to this aspect of emergency management. David was also a technical assessor for NATA and was well regarded for his expertise in histology.

Over the years, David made many friends in the various departments across the VIFM. His "can do" attitude and positive spirit meant he was much loved by many, and David always made time for a coffee or a chat. Despite the fact that he was surrounded by Hawthorn supporters, he remained devoted to his beloved Bombers. He was a genuinely decent person and will be missed by all, especially his colleagues in the histology and toxicology labs. The esteem and fondness David inspired in his colleagues was no better demonstrated than at the huge turnout in support of Team 'Walk DMC' at Cancer Council Victoria's Walking Stars event in December 2021.

David was the embodiment of each and every one of the VIFM's values.



### Seana Casey

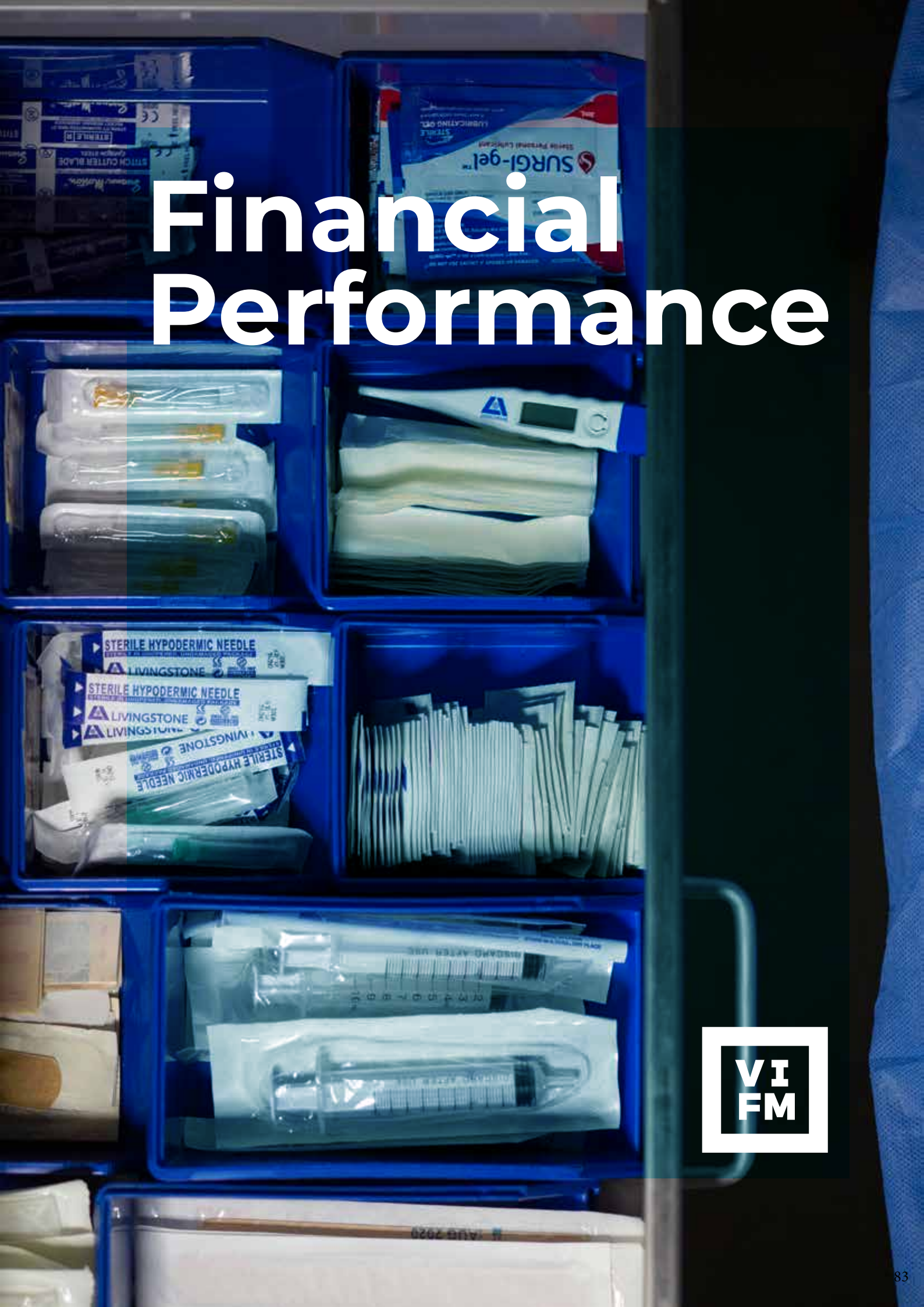
Seana worked as a Transplant Nursing Coordinator in the Donor Tissue Bank of Victoria until 2012 and was a friend and colleague of many at the VIFM. It was with great sadness that we received the news of her death earlier this year.

Seana was passionate about the tissue donation program, providing families who had experienced the grief of losing a loved-one to a sudden and tragic death with the opportunity to donate tissue for life-improving and life-saving procedures.

Seana was a vivacious and active member of the VIFM family and interacted enthusiastically with staff across the VIFM to encourage and facilitate the critically important work of tissue donation.



# Financial Performance





# Report of Operations - Financial Performance.

## Five-year Financial Summary

\$ thousand

Year	2017/18	2018/19	2019/20	2020/21	2021/22
Income from government	36,771	41,486	45,939	46,231	49,275
Total income from transactions	40,439	47,143	50,286	52,054	56,826
Total expenses from transactions	41,121	45,241	50,216	51,769	57,014
<b>Net result from transactions</b>	<b>(682)</b>	<b>1,902</b>	<b>70</b>	<b>285</b>	<b>(188)</b>
<b>Net result for the period</b>	<b>(617)</b>	<b>1,516</b>	<b>(168)</b>	<b>529</b>	<b>420</b>
Net cashflow from operating activities	(107)	2,142	739	2,846	5,477
Total assets	178,922	202,641	198,942	208,840	211,053
Total liabilities	11,237	12,806	12,338	13,777	15,061



## Financial performance - operating statement

A summary of the VIFM's financial performance in 2021-22 is set out in the Five-year Financial Summary table on page 84. Full financial details for 2021-22 are outlined in the Financial Statements.

The VIFM's principal output against appropriation income is for forensic pathology and related scientific services resources for medico-legal death investigations. Other outputs against income from government include clinical forensic medicine services and toxicology services for drug and alcohol testing performed for Victoria Police under a Service Level Agreement.

Income from transactions is improved on 2020-21 as a result of additional funding provided by government to support medico-legal death investigations and to commence a transition of IT services to cloud-based computing. Income was also derived from service level agreements and other revenues from the sale of services including revenue generated through the Donor Tissue Bank of Victoria (DTBV), which was improved upon that generated by the DTBV in 2020-21 by \$1.6M. Income from government also includes \$1.07M from the Department of Environment, Land, Water and Planning for the replacement of the external cladding to the building.

Total expenses from transactions for 2021-22 are increased on 2020-21 by \$5.2M. This relates to budgeted increases to staff costs of \$4.5M, which includes increased staffing aligned to government funding and an increase in other operating expenses of \$0.8M, including expenses associated with the increased revenue for tissue distribution from the DTBV.

Government funded activity for specific purposes, such as transitioning IT services to the cloud and work undertaken for other government agencies under service level agreements including Victoria Police, were expensed in line with the funding provided. An underlying deficit occurred, related to core medico-legal death investigations, with funding received to replace the external building cladding reducing the overall net result to the deficit from operations of \$188K and a comprehensive result of a surplus of \$0.420M after adjustments for other economic flows for leave provisions.

## Financial position – balance sheet

In 2021-22, total assets have increased by \$2.8M.

Total non-financial assets increased by \$2.2M. Intangible assets, property, plant and equipment are all reported net of annual depreciation. The net increase in 2021-22, after depreciation expense, relates to an increase in physical assets of \$1.96M funded by government's Economic Review Committee (ERC). The ERC funding was for the replacement of essential scientific equipment, for assets recorded as construction in progress for the expansion of the mortuary and Coronial Admissions and Enquiries areas and for development of a new IT case management system.

Increases in financial assets of \$0.59M relate to funds held in the Department of Treasury consolidated fund, which includes funding provided specifically for non-cash depreciation expenses that cannot be utilised for any other purpose, causing the VIFM's SAU account to increase annually.

Liabilities at 30 June 2022 include increases in provisions for employee leave associated with annual and long service leave entitlements of \$1.4M and \$0.4M for invoices payable or accrued. The increases are offset by a reduction for prepaid revenue of \$0.5M relating to funds provided for rectification of combustible cladding to the outside of the building.

## Cash flows

The net cashflow from operating activities is a \$5.5M positive inflow, generated through receipts from government, which include funds provided for the purchase of replacement assets, as well as non-cash depreciation expense. Cash inflows also include income generated from the distribution of tissues through the DTBV and from fee-for-service work, such as the provision of expert opinions.

The end of year cash balance of \$2.06M for the 2021-22 financial year is a reduction of \$0.114M compared to 2020-21 and reflects payments for the purchases of non-financial assets, where cash was received in the prior year.

A full copy of the 2021-22 financial statements and audit opinion are included at the end of the Annual Report of Operations and can also be found at [www.vifm.org](http://www.vifm.org).



# Governance & Compliance Reporting





# Our People and Culture.

An organisation is defined by its culture. A good workplace culture improves morale, boosts productivity and safeguards an organisation's reputation. The VIFM and its employees share a mutual responsibility to work together by delivering responsive public services, earning the community's trust in the public sector and supporting the government of the day in serving Victorians.

## Employment at the VIFM

The VIFM employs a diverse range of staff, including specialist nurses, scientists, medical research officers, administrative staff and other professionals. The majority of staff at the VIFM are employed under Part 3 of the *Public Administration Act 2004* in accordance with the Victorian Public Service Enterprise Agreement 2020. The VIFM also employs expert medical staff, being forensic pathologists and forensic physicians, in accordance with a VIFM-specific enterprise agreement.

## Public sector values

The Public Administration Act outlines the values that public sector employees should demonstrate. They are:

- ✓ Responsiveness
- ✓ Integrity
- ✓ Impartiality
- ✓ Accountability
- ✓ Respect
- ✓ Leadership
- ✓ Human rights.

The public sector values are promoted through the Code of Conduct for Victorian Public Sector Employees. The Code guides behaviour within the VIFM and is a public statement of how the VIFM and its employees interact with the government, community and each other. Breaching the Code may constitute misconduct.

The Code is part of the induction of all new employees to the VIFM, along with other key VIFM policies concerning privacy and confidentiality, occupational health and safety, information security and social media use. The VIFM takes a proactive approach to education and promotion of policies to eliminate discrimination, harassment and bullying within the workplace.

## Diversity in service provision and staffing

All areas of the VIFM are conscious of the cultural and religious practices surrounding death that are of primary importance to the families of the deceased. Our staff members work with the Coroners Court of Victoria to accommodate the

cultural and religious requirements and preferences of the families of the deceased. The VIFM is also working with the Court to implement recommendations of the Coronial Council of Victoria review into the appropriate and responsive care of deaths in multicultural and multifaith communities, which were reported to the Attorney-General in April 2021.

Skeletal remains from indigenous communities require special handling and cultural considerations. The VIFM and the Coroners Court of Victoria work with the Victorian Aboriginal Heritage Council to ensure that remains and related documentation are managed appropriately and sensitively in accordance with the *Aboriginal Heritage Act 2006* and the *Coroners Act 2008*.

The VIFM continues to foster workplace diversity and demonstrates its commitment through a variety of initiatives.

## Gender equality

The VIFM has developed its inaugural Gender Equality Action Plan (Action Plan) in accordance with the requirements of the *Gender Equality Act 2020*. The VIFM is proud to be part of the public sector's efforts to achieve gender equality as a fundamental human right for all Victorians.

Our first Action Plan (2021–2025) sets out our strategies for promoting gender equality within our workforce and achieving our vision for a safe and harmonious workplace in which all our people feel valued. The Action Plan was informed by key insights from a workplace gender audit and from consultation with our staff and governing Council.

The Action Plan includes strategies and measures that address four key focus areas:

- » Improving data on gender and intersectionality
- » Building capability and capacity related to equality
- » Equitable pathways to career development and leadership
- » Creating a safer, empowering and inclusive culture.

While our initial focus is on action within our workplace, the VIFM will work to build our capability to understand how our services take account of gender and the needs of the diverse population we serve. We have an existing strong record in this context with the work we have done in recent years contributing to reforms to prevent elder abuse, increase family violence services and improve the response of the justice system to sexual offences.

The Action Plan is a living document and will be linked to our strategic plan and annual business plans so that it can be updated to respond to evolving needs and to ensure currency.



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# Occupational health and safety (OHS).

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The VIFM is committed to providing a safe work environment for employees, contractors, students and visitors to the VIFM workplace. The VIFM's goal is to improve health and safety through the prevention of workplace injuries and illnesses, and the promotion of wellbeing.

This year we are proud of the advancements we have made and are resolute in our commitment to perform better still. We believe that education, training and a shared understanding of safety related risks is critical to a safer and healthier work environment. To this end, we have invested in the training of leaders to ensure they understand the crucial role they have.

Together with our workforce, we have refreshed our approach to health and safety representation in the workplace. We created two new designated work groups (DWGs) – the Forensic Technical Services DWG and the Clinical Forensic Medicine DWG - to provide for more comprehensive consultation and greater staff representation.

These changes enable greater collaboration and the better use of our people as a key resource in understanding the nature of workplace risks and, more importantly, engaging with them in the resolution of these matters. Our focus going forward will be on safety improvements, staff wellbeing and the ongoing need for risk mitigation in relation to COVID-19 in the workplace.

The VIFM has completed a number of important OHS projects, including a job safety analysis of specific roles within the VIFM and a significant review of fatigue management across

the organisation. This work has resulted in an improved suite of fatigue management policies and procedures with a risk management focus to ensure safe systems of work are complemented by local business area controls. We have also taken action to improve our WorkCover Return to Work processes to better support staff and the organisation.

The VIFM continues to closely monitor and update COVID-19 management requirements with a risk-based approach applied through our COVID-19 SafePlan. This work forms the basis for action should we see a more adverse COVID-19 situation in the future. Additionally, following a period of consultation across the organisation, we have implemented a COVID-19 vaccination policy to ensure that the VIFM continues to provide and maintain a working environment that is safe and without risks to health, and to support the implementation of obligations to protect public health and ensure the health and safety of employees and workplace participants. The policy aligns with the policy developed by the Department of Justice and Community Safety.

The VIFM also continued to promote the overall health of staff through its on-site influenza vaccination program. This year over 100 VIFM staff received their annual influenza vaccination.

Against a backdrop of ongoing change, we have an exciting program of review for our health and safety arrangements in the year ahead. Building upon our solid foundation, this work will result in further improvements to the health and safety of everyone associated with the VIFM.



Zoe Bowman, scientist, Molecular Biology

## Incident management

The VIFM measures OHS incidents by both outcome and the rate per 100 FTE, which allows the VIFM to assess the result of the incident and to compare incident rates as staff numbers change over time.

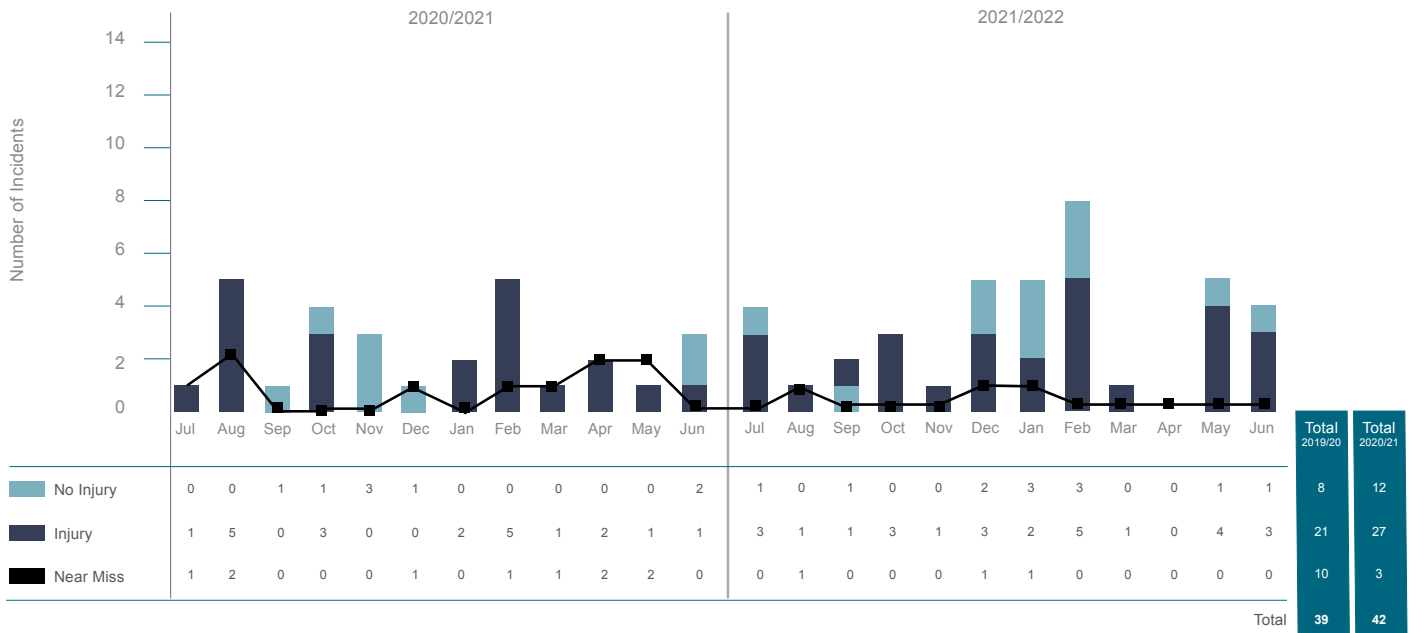
Forty-two incidents were reported in 2021-22, which is three more incidents than reported in 2020-21. Incidents include injuries, as well as where there was no injury or a 'near miss'

(an accident or incident where there is the potential to cause death, injury or illness).

The annual incident rate per 100 FTE was 1.60 compared to 1.59 in the previous year.

One incident was notifiable to WorkSafe.

## Number of incidents by outcome compared to previous year



## WorkCover Claims

The VIFM measures the number and cost of worker compensation claims in a financial year.

In 2021-22, there were nine WorkCover claims with an average cost per claim of \$5,723.

Eight of the claims were also measured as "lost time claims", being claims that arise when an illness or injury, caused while performing work-related duties, results in an employee requiring time off work.

## Work Cover claims 2019-20 to 2021-22

	2019-20	2020-21	2021-22
Total number of claims	0	4	9
Average cost per claim	\$0	\$19,438	\$5,723

# Workforce Data.

## Employment principles

The VIFM is committed to applying merit and equity principles when appointing staff. The selection processes ensure applicants are assessed and evaluated fairly and equitably on the basis of the key selection criteria and other accountabilities without discrimination.

## Workforce data and staffing trends

Employees have been correctly classified in workforce data collections by the VIFM.

At 30 June 2022, the VIFM employed a total of 263 staff compared to 250 staff at 30 June 2021.

The following tables disclose the head count and full-time staff equivalent (FTE) of all active employees of the VIFM, employed in the last full pay period in June of the current reporting period and in the last full pay period in June of the previous reporting period (2021).

## Executive Contracts

	At 30 June 2021	At 30 June 2022
Executive level employees	2	2

## Workforce Classification Breakdown (Headcount)

Classification	Total
<b>VPS 1-6</b>	
VPS Grade 1	0
VPS Grade 2	26
VPS Grade 3	64
VPS Grade 4	56
VPS Grade 5	35
VPS Grade 6	27
<b>Senior Employees</b>	
Senior Technical Specialist / VPS Grade 7	1
Executive Officer	2
<b>Non-VPS Employees</b>	
VIFM Appointees	52
<b>Total</b>	<b>263</b>

## Employment Status by Category

		Ongoing Employees		Fixed Term Employees		Total	
		Full time (headcount)	Part time (headcount)	Full time (headcount)	Part time (headcount)	Employees (headcount)	FTE
VPS	2020-21	119	58	23	9	209	184
Non VPS	2020-21	14	9	11	7	41	33.76
<b>Total</b>	<b>2020-21</b>	<b>133</b>	<b>67</b>	<b>34</b>	<b>16</b>	<b>250</b>	<b>217.76</b>
VPS	2021-22	122	46	24	19	211	186.22
Non VPS	2021-22	15	9	15	13	452	39.34
<b>Total</b>	<b>2021-22</b>	<b>137</b>	<b>55</b>	<b>39</b>	<b>32</b>	<b>263</b>	<b>225.56</b>

## GENDER AND EMPLOYMENT STATUS

	Ongoing (headcount)	Ongoing (FTE)	Fixed Term and Casual (headcount)	Fixed Term and Casual (FTE)	Total (headcount)	Total (FTE)
Men	60	57.61	27	23.62	87	81.23
Women	132	114.98	44	29.35	176	144.33
Self-described	0	0	0	0	0	0
<b>Total</b>	<b>192</b>	<b>172.59</b>	<b>71</b>	<b>52.97</b>	<b>263</b>	<b>225.56</b>

## Workforce Demographics

Age Bracket	M (men)	W (women)	S (self-described)	Total	Per cent	FTE
15-24	1	3	0	4	1.5%	4
25-34	20	43	0	63	24%	58.23
35-44	23	51	0	74	28.1%	60.72
45-54	23	51	0	74	28.1%	64.29
55-64	25	10	0	35	5%	29.07
65+	3	10	0	13	5%	8.85
<b>Total</b>	<b>87</b>	<b>176</b>	<b>0</b>	<b>263</b>	<b>100%</b>	<b>225.56</b>

The following table discloses the annualised total salary for senior VPS employees of the VIFM, categorised by classification. The salary amount is reported as the full-time annualised salary. The salaries reported are for the full financial year, at a 1-FTE rate, and exclude superannuation

## ANNUALISED TOTAL SALARY, BY \$20,000 BANDS, FOR EXECUTIVES AND OTHER SENIOR NON-EXECUTIVE STAFF

Income band (salary)	Executives	Senior Technical Specialist/VPS Grade 7
< \$160,00		
\$160,000-\$179,999		
\$180,000-\$199,999	1	1
\$200,000-\$219,999		
\$220,000-\$239,999		
\$240,000-\$259,999	1	
<b>Total</b>	<b>2</b>	<b>1</b>



# Other Disclosures.

## Disclosure of consultancy expenditure

### Details of consultancies (valued at \$10,000 or greater)

In 2021-22, there were five consultancies where the total fees payable to the consultants were \$10,000 or greater. The total expenditure incurred during 2021-22 in relation to these consultancies is \$137,897 (excluding GST). Details of individual consultancies are outlined below.

Consultant	Purpose of consultancy	Start date	End date	Total approved project fee (excl. GST)	Expenditure 2019-20 (excl. GST)	Future Expenditure (excl. GST)
Cenitex	High level DTBV system capability requirements	1/12/2021	05/2/2022	\$29,600	\$18,000	\$0
IPSec Pty Ltd	Cyber security assessment	06/12/2021	23/12/2021	\$18,000.00	\$18,170	\$0
Landell Probity Pty Ltd	Probity advisor for new case management system	18/02/2022	28/04/2022	\$13,000.00	\$12,727	\$0
Logicalis Australia Pty Ltd	Development of a cloud migration strategy	13/10/2021	12/11/2021	\$27,000.00	\$27,000	\$0
People and Culture Solutions Pty Ltd	Job safety analysis	21/12/2021	30/06/2022	\$50,400	\$50,400	\$0

### Details of consultancies under \$10,000

In 2021-22, there were no consultancies where the total fees payable to the individual consultancies was less than \$10,000.

### Disclosure of government advertising expenditure

In 2021-22, there was no government advertising with a total media buy of \$100,000 or greater (excluding GST).

## Disclosure of ICT expenditure

For the 2021-22 reporting period, the VIFM had a total ICT expenditure of \$5,349,584, with the details shown below.

Business As Usual (BAU) ICT Expenditure	Non-BAU ICT expenditure	Operational Expenditure	Capital Expenditure
Total	Total = A + B	A	B
\$3,410,065	\$1,939,519	\$1,595,561	\$343,958

## Disclosure of asset maturity assessment

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The Asset Management Accountability Framework (AMAF) requires an agency to conduct a self-assessment of the level of asset management maturity within its organisation. A summary of the results is required to be disclosed in the annual report ending on 30 June 2021, with further disclosures every three years.

The VIFM disclosed a summary of the results of its self-assessment of the level of asset management maturity in its Annual Report for 2020-21.

## Disclosure of operation of legislation and other government policies

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### FREEDOM OF INFORMATION ACT 1982

The VIFM is subject to the *Freedom of Information Act 1982* (FOI Act), which allows the public a right of access to documents held by the VIFM. The VIFM publishes information about its activities on its website, where it can be accessed without an FOI request.

Before making an FOI request, members of the public are encouraged to check if the information or document being sought is already publicly available, such as in the VIFM Annual Report or other resources provided on the VIFM website.

If a person cannot find the information or document, the person should contact the VIFM ([assist@vifm.org](mailto:assist@vifm.org)) to ask if the information or document is available or can be provided. In some instances, the VIFM will be able to provide information being sought without requiring a formal request for access. This may include giving an individual access to their own health records where sufficient proof of identity is provided.

A formal request for access can otherwise be made by email ([foi.officer@vifm.org](mailto:foi.officer@vifm.org)). A request must be made in writing and clearly describe the information or document to which access is sought. The request must be accompanied by the appropriate application fee or a request to have the fee waived on hardship grounds.

Once the VIFM understands what information or document is being sought, the VIFM will process the request and provide a decision in relation to access to document access as soon as possible but no later than 30 days. The VIFM may extend the 30-day period by up to an additional 15 days if consultation with third parties is required.

The FOI Act allows the VIFM to refuse access, either fully or partially, to certain documents or information.

If a person is not satisfied with the VIFM's decision in relation to document access, the person can seek a review of the decision by the Office of the Victorian Information Commissioner (OVIC).

### FOI REQUESTS IN 2021-22

During 2021-22, the VIFM received five FOI requests. Of these requests, four were from the general public, some via a legal representative, and one was from an insurance company. There were no outstanding requests to be decided in 2021-22.

The VIFM made decisions on the five new requests in

the same financial year, with all decisions made within the statutory 30-day time period. Two applicants were provided with full access to the documents requested and one applicant was provided with partial access, with some material exempted. One request was managed outside of the FOI Act process. For the remaining request, no documents relevant to the request were located.

No requests were subject to a complaint/internal review by OVIC in 2021-22 and no requests progressed to the Victorian Civil and Administration Tribunal for review of an OVIC decision.

### FURTHER INFORMATION

Further information regarding the operation and scope of FOI in Victoria can be obtained from the FOI Act and accompanying regulations ([www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)) and from the OVIC website ([www.ovic.vic.gov.au](http://www.ovic.vic.gov.au)).

FOI requests to the VIFM can be made to:

- » VIFM Freedom of Information Officer  
Fiona Leahy, Manager, Legal, Governance and Policy  
[foi.officer@vifm.org](mailto:foi.officer@vifm.org)

### 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.

The State Coronial Services Centre building, from which the VIFM operates, is managed within the Department of Justice and Community Safety (DJCS) portfolio, with maintenance of the building managed by the VIFM on behalf of the DJCS. Both the DJCS and the VIFM ensure all building maintenance and development works are compliant with the building and maintenance provisions of the Act.

The completion of the State Coronial Services Centre Cladding Replacement Project is reported on in the DJCS Annual Report for 2021-22.

There have been no inspections of the State Coronial Services Centre building in accordance with the Act and the VIFM is unaware of any material non-compliance with the current building standards for buildings of its nature and age.

### PUBLIC INTEREST DISCLOSURES ACT 2012

The *Public Interest Disclosures Act 2012* (previously called the *Protected Disclosure Act 2012*) encourages and assists people to report improper conduct and corruption in the Victorian public sector. As a public entity, the VIFM is subject to the Act.

## STATEMENT OF SUPPORT FOR PUBLIC INTEREST DISCLOSURES

The VIFM is committed to the aims and objectives of the Act. The VIFM does not tolerate improper conduct by our employees, officers or members, or the taking of reprisals against those who come forward to disclose such conduct. The VIFM 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.

### REPORTING PROCEDURE

Under the Act, the VIFM cannot receive disclosures. Disclosures of improper conduct or detrimental action by our Council members, officers or employees should be made to the Independent Broad-based Anti-corruption Commission (IBAC):

- » Independent Broad-based Anti-corruption Commission

Level 1, North Tower, 459 Collins Street

Melbourne VIC 3000

Tel: 1300 735 135

[www.ibac.vic.gov.au](http://www.ibac.vic.gov.au)

### PROTECTION PROCEDURES

The VIFM has established procedures to protect persons who make public interest disclosures from detrimental action. These procedures are readily available to the VIFM Council members, officers and employees and can be provided to members of the public on request to the VIFM Public Interest Disclosure Coordinator ([protected.disclosure@vifm.org](mailto:protected.disclosure@vifm.org)).

### CARERS RECOGNITION ACT 2012

The *Carers Recognition Act 2012* does not have direct application to the operation of the VIFM. However, the Coronial Admissions and Enquiries office will take into account the views of a carer where that person is the senior next-of-kin for a deceased person whose death has been reported to the coroner.

The VIFM is also committed to ensuring that its interactions with families of a deceased person, and with victims of crime and their families and carers, align with the care relationship principles set out in the *Carers Recognition Act 2012*.

### LOCAL JOBS FIRST ACT 2003

The *Local Jobs First Act 2003* promotes employment and business growth for local industry through the implementation of the Local Jobs First policy. The Act brings together the Victorian Industry Participation Policy and the Major Project Skills Guarantee policy, which previously were administered separately.

Public bodies are required to apply the Local Jobs First policy in all projects valued at \$3 million or more in Metropolitan

Melbourne, or \$1 million or more for projects in regional Victoria. The Major Project Skills Guarantee policy applies to all construction projects valued at \$20 million or more.

During 2021-22, the VIFM did not commence any projects to which either policy applies.

### FINANCIAL MANAGEMENT ACT 1994

The VIFM is 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*.

### NATIONAL COMPETITION POLICY

Competitive neutrality requires government businesses to ensure where services compete, or potentially compete with the private sector, any advantage arising solely from their government ownership be removed if it is not in the public interest. Government businesses are required to cost and price these services as if they were privately owned. Competitive neutrality policy supports fair competition between public and private businesses and provides government businesses with a tool to enhance decisions on resource allocation. This policy does not override other policy objectives of government and focuses on efficiency in the provision of service.

The VIFM continues to comply with the requirements of the National Competition Policy. This includes compliance with the requirements of the Victorian Government's policy statement, Competitive Neutrality Policy Victoria.



## Disclosure of office-based environmental data

The VIFM is committed to minimising its environmental impact and monitors its activities against indicators for energy and water consumption and greenhouse gas emissions.

### Energy and Water Efficiency

Year	Gas (MJ)	Electricity (KWH)	Water (KL)
2017-18	8385760	3875606	4214
2018-19	8232090	3800371	5302
2019-20	7975226	3638870	6280
2020-21	8060196	3550205	5965
2021-22	7411209	3670893	4385
Percentage change from previous year	-8.0%	3.43%	-26.5%

### Carbon emissions for the Coronial Services Centre (tonnes of CO2 equivalent)

	Baseline 2014-15	2018-19	2019-20	2020-21	2021-2022
Energy - Building emissions (inc. Green Power) (Scope 1-3)	4,686	4,903	4,564	4,282	4119
Fleet vehicles - Emissions (Scope 1)	0	0	0	0	0
Air travel - Emissions (After offsets) (Scope 3)	222	261	139	5	76.5
Building Waste - Emissions (Scope 3)	N/A	38	38	38	38
	4,908	5,201	4,741	4,325	4234

The carbon emissions for 2021-22 amount to 12.4 tonnes per FTE on the State Coronial Services Centre site, which encompasses both VIFM and Coroners Court staff. This year's figures include students from Monash University attending the site.

The Building Waste figures have been based on the 2019 results to reflect the effects of the COVID-19 pandemic and the requirement for a number of staff to work from home.

#### THE VIFM GREEN TEAM

The VIFM has established a Green Team, a cross-organisational group of staff who share a passion for environmental issues. The Green Team aims to promote energy efficiency and environmentally sustainable practices across the VIFM work site and more generally. Important activities of the Green Team in 2021-22 have included:

- » continued participation in a program to divert printer cartridges and inkjets from landfill

- » instituting trials of Oral Care and Razor Recycling Programs

- » managing an interior garden to produce herbs and food for general use.

The VIFM has also established a Greenhouse Gas Emissions Reduction Working Group to identify ways for the VIFM to assist the Victorian Government to meet the five-yearly interim targets and long-term target of net-zero emissions by 2050 made under the *Climate Change Act 2017*.





# Financial Statements

For the financial year  
ended 30 June 2022

# Independent Auditor's Report

## *To the Council of the Victorian Institute of Forensic Medicine*

<b>Opinion</b>	<p>I have audited the financial report of the Victorian Institute of Forensic Medicine (the Institute) which comprises the:</p> <ul style="list-style-type: none"> <li>• balance sheet as at 30 June 2022</li> <li>• comprehensive operating statement for the year then ended</li> <li>• statement of changes in equity for the year then ended</li> <li>• cash flow statement for the year then ended</li> <li>• notes to the financial statements, including significant accounting policies</li> <li>• declaration in the financial statements.</li> </ul> <p>In my opinion the financial report presents fairly, in all material respects, the financial position of the Institute as at 30 June 2022 and its financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of Part 7 of the <i>Financial Management Act 1994</i> and applicable Australian Accounting Standards.</p>
<b>Basis for opinion</b>	<p>I have conducted my audit in accordance with the <i>Audit Act 1994</i> which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the <i>Auditor's Responsibilities for the Audit of the Financial Report</i> section of my report.</p> <p>My independence is established by the <i>Constitution Act 1975</i>. My staff and I are independent of the Institute in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 <i>Code of Ethics for Professional Accountants</i> (the Code) that are relevant to my audit of the financial report in Victoria. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code.</p> <p>I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.</p>
<b>The Council's responsibilities for the financial report</b>	<p>The Council of the Institute is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the <i>Financial Management Act 1994</i>, and for such internal control as the Council determines is necessary to enable the preparation of a financial report that is free from material misstatement, whether due to fraud or error.</p> <p>In preparing the financial report, the Council is responsible for assessing the Institute's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless it is inappropriate to do so.</p>

**Auditor's responsibilities for the audit of the financial report**

As required by the *Audit Act 1994*, my responsibility is to express an opinion on the financial report based on the audit. My objectives for the audit are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

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

- identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Council's internal control
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Council.
- conclude on the appropriateness of the Council's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the 's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the Institute to cease to continue as a going concern
- evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Council regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.



Janaka Kumara

*as delegate of the Auditor-General of Victoria*

MELBOURNE  
11 November 2022

**The Victorian Institute of Forensic Medicine Financial Management  
Compliance Attestation Statement**

I Neil Robertson, on behalf of the VIFM Council, certify that the Victorian Institute of Forensic Medicine has no Material Compliance Deficiency with respect to the applicable Standing Directions under the *Financial Management Act 1994* and Instructions.



Neil Robertson

Chairman Audit and Risk Management Committee

14/11/22.

Date



**VICTORIAN INSTITUTE OF FORENSIC MEDICINE**  
**FINANCIAL STATEMENTS FOR YEAR ENDED 30 June 2022**

**How this report is structured**

The Victorian Institute of Forensic Medicine has presented its audited general-purpose financial statements for the financial year ended 30 June 2022 in the following structure to provide users with the information about the Institute's stewardship of resources entrusted to it.

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**Financial statements**

Comprehensive operating statement  
Balance sheet  
Cash flow statement  
Statement of changes in equity

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**Notes to the financial statements**

**1. About this report**

The basis on which the financial statements have been prepared and compliance with reporting regulations

**2. Funding delivery of our services**

Revenue recognised from grants, sales of goods and services and other sources

2.1 Income from transactions

**3. The cost of delivering our services**

Operating expenses of the Institute

3.1 Employee benefits in the comprehensive operating statement

3.2 Other operating expenses

**4. Key assets available to support output delivery**

Land, property and intangible assets accounted for using the equity method, other financial assets

4.1 Total property, plant and equipment

4.2 Intangible assets

**5. Other assets and liabilities**

Working capital balances and other key assets and liabilities

5.1 Receivables

5.2 Payables

**6. Financing our operations**

Borrowings, cash flow information and leases

6.1 Borrowings

6.2 Cash flow information and balances

6.3 Commitments for expenditure

**7. Risks, contingencies and valuation judgements**

Financial risk management, contingent assets and liabilities as well as fair value determination

7.1 Financial instruments specific disclosures

7.2 Contingent assets and contingent liabilities

7.3 Fair value determination

**8. Other disclosures**

8.1 Other economic flows included in net result

8.2 Responsible persons

8.3 Remuneration of executives

8.4 Related parties

8.5 Remuneration of auditors

8.6 Subsequent events

8.7 Other accounting policies

8.8 Australian Accounting Standards issued that are not yet effective

8.9 Glossary of technical terms

8.10 Style conventions

## DECLARATION IN THE FINANCIAL STATEMENTS

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The attached financial statements for the Victorian Institute of Forensic Medicine have been prepared in accordance with Direction 5.2 of the Standing Directions of the Assistant Treasurer under 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, cash flow statement, statement of changes in equity and accompanying notes, presents fairly the financial transactions during the year ended 30 June 2022 and financial position of the Institute at 30 June 2022.

At the time of signing, we are not aware of any circumstance which would render any particulars included in the financial statements to be misleading or inaccurate.

We authorise the attached financial statements for issue on 10th November 2022.



The Hon. John Coldrey AM QC  
Chair, VIFM Council  
Victorian Institute of Forensic  
Medicine

10 November 2022  
Melbourne



Prof. Noel Woodford  
Director  
Victorian Institute of Forensic  
Medicine

10 November 2022  
Melbourne



Mr Peter Ford  
Chief Finance Officer  
Victorian Institute of Forensic  
Medicine

10 November 2022  
Melbourne

## Comprehensive operating statement For the financial year ended 30 June 2022

	Notes	2022 \$	2021 \$
<b>Continuing operations</b>			
<b>Income from transactions</b>			
Grants	2.1.1	49,274,669	46,230,719
Sale of goods and services	2.1.2	7,550,987	5,823,532
<b>Total income from transactions</b>		<b>56,825,656</b>	<b>52,054,251</b>
<b>Expenses from transactions</b>			
Employee expenses	3.1	(41,264,746)	(36,720,747)
Depreciation and amortisation	4.1.1	(4,561,164)	(4,647,358)
Interest expense	6.1	(2,510)	(3,821)
Other operating expenses	3.2	(11,185,264)	(10,396,919)
<b>Total expenses from transactions</b>		<b>(57,013,684)</b>	<b>(51,768,845)</b>
<b>Net result from transactions (net operating balance)</b>		<b>(188,028)</b>	<b>285,406</b>
<b>Other economic flows included in net result</b>			
Net gain/(loss) on financial instruments <sup>(a)</sup>	8.1	2,962	(41,135)
Other gain/(loss) from other economic flows	8.1	604,585	285,109
<b>Total other economic flows included in net result</b>		<b>607,547</b>	<b>243,974</b>
<b>Net result</b>		<b>419,519</b>	<b>529,380</b>
<b>Other economic flows – other comprehensive income:</b>			
<b>Items that will not be reclassified to net result</b>			
Physical asset revaluation surplus	4.1.3	-	7,354,616
<b>Total other economic flows – other comprehensive income</b>		<b>-</b>	<b>7,354,616</b>
<b>Comprehensive result</b>		<b>419,519</b>	<b>7,883,996</b>

The accompanying notes form part of these financial statements.

Note:

(a) 'Net gain/(loss) on financial instruments' includes bad and doubtful debts from other economic flows.

## Balance sheet

### As at 30 June 2022

	Notes	2022 \$	2021 \$
<b>Assets</b>			
<b>Financial assets</b>			
Cash and deposits	6.2	2,064,522	2,178,706
Receivables	5.1	30,054,708	29,346,102
<b>Total financial assets</b>		<b>32,119,230</b>	<b>31,524,808</b>
<b>Non-financial assets</b>			
Inventories at cost		10,148	8,091
Property, plant and equipment	4.1	177,618,662	175,663,254
Intangible assets	4.2	654,069	467,433
Prepayments		651,213	577,233
<b>Total non-financial assets</b>		<b>178,934,092</b>	<b>176,716,011</b>
<b>Total assets</b>		<b>211,053,322</b>	<b>208,240,819</b>
<b>Liabilities</b>			
Payables	5.2	2,490,956	2,080,574
Leases	6.1	81,174	77,735
Employee related provisions	3.1.1	12,485,455	11,063,996
Prepaid revenue		3,710	554,965
<b>Total liabilities</b>		<b>15,061,295</b>	<b>13,777,270</b>
<b>Net assets</b>		<b>195,992,027</b>	<b>194,463,549</b>
<b>Equity</b>			
Accumulated surplus/(deficit)		(2,781,623)	(3,201,142)
Physical asset revaluation surplus		30,315,714	30,315,714
Contributed capital		168,457,936	167,348,976
<b>Net worth</b>		<b>195,992,027</b>	<b>194,463,549</b>

The accompanying notes form part of these financial statements.



**Cash flow statement <sup>(a)</sup>**  
**For the financial year ended 30 June 2022**

	Notes	2022 \$	2021 \$
<b>Cash flows from operating activities</b>			
<b>Receipts</b>			
Receipts from Government		49,152,327	43,036,426
Receipts from other entities		6,416,430	5,961,101
<b>Total receipts</b>		<b>55,568,757</b>	<b>48,997,527</b>
<b>Payments</b>			
Payments to suppliers and employees		(50,089,621)	(46,147,967)
Interest and other costs of finance paid		(2,510)	(3,821)
<b>Total payments</b>		<b>(50,092,131)</b>	<b>(46,151,788)</b>
<b>Net cash flows from/(used in) operating activities</b>	6.2.1	<b>5,476,626</b>	<b>2,845,739</b>
<b>Cash flows from investing activities</b>			
Purchases of non-financial assets		(6,703,209)	(2,273,785)
<b>Net cash flows from/(used in) investing activities</b>		<b>(6,703,209)</b>	<b>(2,273,785)</b>
<b>Cash flows from financing activities</b>			
Owner contributions by State Government		1,112,400	(53,046)
<b>Net cash flows from/(used in) financing activities</b>		<b>1,112,400</b>	<b>(53,046)</b>
<b>Net increase/(decrease) in cash and cash equivalents</b>		<b>(114,183)</b>	<b>518,908</b>
Cash and cash equivalents at beginning of the financial year		2,178,706	1,659,798
<b>Cash and cash equivalents at end of the financial year</b>	6.2	<b>2,064,523</b>	<b>2,178,706</b>
Non-cash transactions		-	-

The accompanying notes form part of these financial statements.

*Note:*

(a) The Institute has recognised cash payments for the principal portion of lease payments as financing activities; cash payments for the interest portion as operating activities consistent with the presentation of interest payments and short-term lease payments for leases and low-value assets as operating activities.

## Statement of changes in equity For the financial year ended 30 June 2022

	Physical asset revaluation surplus	Accumulated surplus	Contributions by owner	Total
	\$	\$	\$	\$
<b>Balance at 30 June 2020</b>	<b>22,961,098</b>	<b>(3,730,523)</b>	<b>167,373,489</b>	<b>186,604,065</b>
Net result for the year	-	529,380	-	529,380
Equity transfers to other Government Entities (Fixed Assets)	-	-	(24,513)	(24,513)
Other comprehensive income for the year	7,354,616	-	-	7,354,616
<b>Balance at 30 June 2021</b>	<b>30,315,714</b>	<b>(3,201,142)</b>	<b>167,348,976</b>	<b>194,463,548</b>
Net result for the year	-	419,519	-	419,519
Equity transfers to other Government Entities (Fixed Assets)	-	-	(61,194)	(61,194)
Owner contributions by State Government	-	-	1,170,154	1,170,154
<b>Balance at 30 June 2022</b>	<b>30,315,714</b>	<b>(2,781,623)</b>	<b>168,457,936</b>	<b>195,992,027</b>

*The accompanying notes form part of these financial statements.*

# Notes to the financial statements

## For the financial year ended 30 June 2022

### 1. ABOUT THIS REPORT

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The Victorian Institute of Forensic Medicine (the Institute) is established under the Victorian Institute of Forensic Medicine (VIFM) Act 1985 operating under the auspices of the Department of Justice and Community Safety and reporting to Parliament through the Attorney-General.

Its principal address is:  
65 Kavanagh Street  
Southbank VIC 3006

A description of the nature of its operations and its principal activities is included in the **Report of Operations**, which does not form part of these financial statements.

#### **Basis of preparation**

These financial statements are in Australian dollars and the historical cost convention is used unless a different measurement basis is specifically disclosed in the note associated with the item measured on a different basis.

The accrual basis of accounting has been applied in preparing 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.

Consistent with the requirements of AASB 1004 *Contributions*, contributions by owners (that is, contributed capital and its repayment) are treated as equity transactions and, therefore, do not form part of the income and expenses of the Institute.

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 to or distributions by owners have also been designated as contributions by owners.

Judgements, estimates and assumptions are required to be made about financial information being presented. The significant judgements made in the preparation of these financial statements are disclosed in the notes where amounts affected by those judgements are disclosed. Estimates and associated assumptions are based on professional judgements derived from historical experience and various other factors that are believed to be reasonable under the circumstances. Actual results may differ from these estimates.

Revisions to accounting estimates are recognised in the period in which the estimate is revised and also in future periods that are affected by the revision. Judgements and assumptions made by management in applying AAS that have significant effects on the financial statements and estimates are disclosed in the notes under the heading: 'Significant judgement or estimates'.

These financial statements cover the Victorian Institute of Forensic Medicine as an individual reporting entity.

#### **Compliance information**

These general purpose financial statements have been prepared in accordance with the *Financial Management Act 1994* (FMA) and applicable Australian Accounting Standards (AAS), which include Interpretations, issued by the Australian Accounting Standards Board (AASB). In particular, they are presented in a manner consistent with the requirements of the AASB 1049 *Whole of Government and General Government Sector Financial Reporting*.

Where appropriate, those AAS paragraphs applicable to not-for-profit entities have been applied. Accounting policies selected and applied in these financial statements ensure 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.

## Notes to the financial statements

### For the financial year ended 30 June 2022

## 2. FUNDING DELIVERY OF OUR SERVICES

### Introduction

The Institute works predominantly in accordance with three pieces of legislation: the VIFM Act 1985, the Coroners Act 2008 and the Human Tissue Act 1982. The VIFM 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 promote, provide 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 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; and
- to contribute to reducing the number of preventable deaths and to promote public health and safety and the administration of justice;
- to provide tissue banking facilities and services referred to in section 64(4);
- to promote and assist in the performance by the Coroners Court of its functions.

The Coroners Act 2008 regulates the reporting and investigating of certain deaths by coroners, including by directing medical investigators at the VIFM to undertake medical examinations of deceased persons.

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.

To enable the Institute to fulfil its objective and provide outputs as described above, it receives grant income from the Department of Justice and Community Safety. The Fee for Service Fund and the Donor Tissue Bank income represents goods or services which are recognised when provided.

### 2.1 Income from transactions

#### 2.1.1 Grants

	2022 \$	2021 \$
<b>Income recognised under AASB 1058:</b>		
Section 29 receipts	13,102,137	13,123,519
Treasurers advance	786,960	-
Grants from the Department of Justice and Community Safety	34,314,900	33,107,200
Grant from DELWP (Cladding Safety Victoria)	1,070,672	-
<b>Total grants</b>	<b>49,274,669</b>	<b>46,230,719</b>

The Institute has determined that all grant income included in the table above under AASB 1058 has been earned under arrangements that are either not enforceable and/or not linked to sufficiently specific performance obligations.

Section 29 receipts relate to funding appropriated from Parliament by the Department of Justice and Community Safety under s29 of the Financial Management Act, and provided to VIFM as a grant.



Grant income from Section 29 receipts and grants from the Department of Justice and Community Safety is recognised when the Institute has an unconditional right to receive cash which usually coincides with receipt of cash. On initial recognition of the asset, the Institute recognises any related contributions by owners, increases in liabilities, decreases in assets, and revenue ('related amounts') in accordance with other Australian Accounting Standards. Related amounts may take the form of:

- (a) contributions by owners, in accordance with AASB 1004;
- (b) revenue or a contract liability arising from a contract with a customer, in accordance with AASB 15;
- (c) a lease liability in accordance with AASB 16;
- (d) a financial instrument, in accordance with AASB 9; or
- (e) a provision, in accordance with AASB 137 Provisions, Contingent Liabilities and Contingent Assets.

A one-off grant was provided by the Department of Environment, Land, Water and Planning (DELWP), who are responsible for overseeing the delivery of a whole of government program for rectification of buildings owned by the government or public authorities that have, or identified as having a high or moderate fire safety risk due to the use of combustible cladding. Rectification to the VIFM asset was completed in March 2022.

## 2.1.2 Sale of goods and services

	2022 \$	2021 \$
Distribution of goods - Donor Tissue Bank	5,649,314	4,003,479
Rendering of services	1,901,673	1,820,053
<b>Total sale of goods and services</b>	<b>7,550,987</b>	<b>5,823,532</b>

The sale of goods and services included in the table above are transactions that the Institute has determined to be classified as revenue from contracts with customers in accordance with AASB 15. Refer Note 8.3.2.

### Performance obligations and revenue recognition policies

Revenue is measured based on the consideration specified in the contract with the customer. The Institute recognises revenue when it transfers control of a good or service to the customer, i.e. when tissues are transplanted into a recipient, or as, the performance obligations for the sale services to the customer are satisfied, usually on completion of an expert opinion in the form of a report.

## Notes to the financial statements

### For the financial year ended 30 June 2022

### 3. THE COST OF DELIVERING OUR SERVICES

#### Introduction

This section provides an account of the expenses incurred by the Institute in delivering services and outputs. Section 2 discloses aggregated information in relation to the income and expenses by output.

#### 3.1 Employee benefits in the comprehensive operating statement

	2022 \$	2021 \$
Defined contribution superannuation expense	3,115,836	2,815,063
Defined benefit superannuation expense	93,328	94,922
Salaries, wages, annual leave and long service leave	34,528,402	31,878,916
Early retirement packages	1,131,015	-
Other on-costs (fringe benefits tax, payroll tax and workcover levy)	2,396,165	1,931,847
<b>Total employee expenses</b>	<b>41,264,746</b>	<b>36,720,748</b>

Employee expenses include all costs related to employment including wages and salaries, fringe benefits tax, leave entitlements, termination payments and WorkCover premiums.

The amount recognised in the comprehensive operating statement in relation to superannuation is employer contributions for members of both defined benefit and defined contribution superannuation plans that are paid or payable during the reporting period. The Institute does not recognise any defined benefit liabilities because it has no legal or constructive obligation to pay future benefits relating to its employees. Instead, the Department of Treasury and Finance (DTF) discloses in its annual financial statements the net defined benefit cost related to the members of these plans as an administered liability (on behalf of the State as the sponsoring employer).

Termination benefits are payable when employment is terminated before normal retirement date, or when an employee accepts an offer of benefits in exchange for the termination of employment. Termination benefits are recognised when the Institute is demonstrably committed to 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 the end of the reporting period are discounted to present value.

Early retirement packages relate to funding provided by government to cover the cost of retirement packages accepted by eligible employees, with leaving dates scheduled for March 2022, July 2022 and February 2023. Payments due in the 2022-23 financial year are offset in employee related provisions.

#### 3.1.1 Employee benefits in the balance sheet

Provision is made for benefits accruing to employees in respect of wages and salaries, annual leave and long service leave (LSL) for services rendered to the reporting date and recorded as an expense during the period the services are delivered.

	2022 \$	2021 \$
<b>Current provisions:</b>		
<b>Annual leave</b>		
Unconditional and expected to settle within 12 months	2,744,322	2,450,890
Unconditional and expected to settle after 12 months	558,267	519,148
<b>Long service leave</b>		
Unconditional and expected to settle within 12 months	666,008	701,802
Unconditional and expected to settle after 12 months	4,691,074	4,723,151
<b>Provisions for on-costs</b>		
Unconditional and expected to settle within 12 months	850,832	704,756
Unconditional and expected to settle after 12 months	988,854	872,233
Other provisions - Early Retirement Scheme	786,960	-
Other provisions - Continuing Medical Education allowance	451,328	391,261
<b>Total current provisions for employee benefits</b>	<b>11,737,645</b>	<b>10,363,241</b>
<b>Non-current provisions:</b>		
Employee benefits	633,783	542,453
On-costs	114,027	84,306
Other provisions - Superannuation guarantee	-	73,996
<b>Total non-current provisions for employee benefits</b>	<b>747,810</b>	<b>700,755</b>
<b>Total provisions for employee benefits</b>	<b>12,485,455</b>	<b>11,063,996</b>

## Reconciliation of movement in on-cost and other provisions

	On-costs	Other provisions	Total
	2022	2022	2022
	\$	\$	\$
<b>Opening balance</b>	<b>1,661,295</b>	<b>465,257</b>	<b>2,126,552</b>
Additional provisions recognised	292,418	773,031	1,065,449
<b>Closing balance</b>	<b>1,953,713</b>	<b>1,238,288</b>	<b>3,192,001</b>
Current	1,839,686	1,238,288	3,077,974
Non-current	114,027	-	114,027
	<b>1,953,713</b>	<b>1,238,288</b>	<b>3,192,001</b>

	On-costs	Other provisions	Total
	2021	2021	2021
	\$	\$	\$
<b>Opening balance</b>	<b>1,519,493</b>	<b>198,042</b>	<b>1,717,535</b>
Additional provisions recognised	141,803	267,215	409,017
<b>Closing balance</b>	<b>1,661,295</b>	<b>465,257</b>	<b>2,126,552</b>
Current	1,576,989	391,261	1,968,250
Non-current	84,306	73,996	158,302
	<b>1,661,295</b>	<b>465,257</b>	<b>2,126,552</b>

### Wages and salaries, annual leave and sick leave

Liabilities for wages and salaries (including non-monetary benefits, annual leave and on-costs) are recognised as part of the employee benefit provision as current liabilities, because the Institute does not have an unconditional right to defer settlements of these liabilities.

The liability for salaries and wages are recognised in the balance sheet at remuneration rates which are current at the reporting date. As the Institute expects the liabilities to be wholly settled within 12 months of reporting date, they are measured at undiscounted amounts.

The annual leave liability is classified as a current liability and measured at the undiscounted amount expected to be paid, as the Institute does not have an unconditional right to defer settlement of the liability for at least 12 months after the end of the reporting period.

No provision has been made for sick leave, as all sick leave is non-vesting and it is not considered probable that the average sick leave taken in the future will be greater than the benefits accrued in the future. As sick leave is non-vesting, an expense is recognised in the comprehensive operating statement as it is taken.

Employment on-costs such as payroll tax, workers compensation and superannuation are not employee benefits. They are disclosed separately as a component of the provision for employee benefits when the employment to which they relate has occurred.

**Unconditional LSL** is disclosed 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:

- undiscounted value - if the Institute expects to wholly settle within 12 months; and
- present value - if the Institute does not expect to wholly settle within 12 months.

**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 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, except to the extent that a gain or loss arises due to changes in bond interest rates for which it is then recognised as an 'other economic flow' in the net result.

### 3.1.2 Superannuation contributions

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.

As noted before, the defined benefit liability is recognised in DTF as an administered liability. 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.

There are no outstanding superannuation contributions at year end.

Fund	Paid contribution for the year	
	2022	2021
	\$	\$
<b>Defined benefit plans <sup>(a)</sup></b>		
State Superannuation Fund - revised and new	93,328	94,922
<b>Defined contribution plans</b>		
VicSuper	1,355,734	1,244,815
Other	1,760,101	1,570,248
<b>Total</b>	<b>3,209,163</b>	<b>2,909,985</b>

Note:

(a) The bases for determining the level of contributions is determined by the various actuaries of the defined benefit superannuation plans. There are no superannuation contributions outstanding as at 30 June 2022 or 30 June 2021.

### 3.2 Other operating expenses

	Note	2022	2021
		\$	\$
<b>Supplies and services</b>			
Purchase of supplies		5,947,920	5,147,874
Purchase of services (including remuneration of auditors)	8.7	3,331,954	2,954,628
<b>Other operating expenses</b>			
Maintenance		1,905,390	2,294,417
<b>Total other operating expenses</b>		<b>11,185,264</b>	<b>10,396,919</b>

Other operating expenses generally represent the day-to-day running costs incurred in normal operations. It also includes bad debts expense from transactions that are mutually agreed.

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

**Notes to the financial statements**  
**For the financial year ended 30 June 2022**

**4. KEY ASSETS AVAILABLE TO SUPPORT OUTPUT DELIVERY**

**Introduction**

The Institute controls infrastructure and other investments that are utilised in fulfilling its objectives and conducting its activities. They represent the resources that have been entrusted to the Institute to be utilised for delivery of those outputs.

*Fair value measurement*

Where the assets included in this section are carried at fair value, additional information is disclosed in Note 7.3 in connection with how those fair values were determined.

**4.1 Total property, plant and equipment**

	Gross carrying amount		Accumulated depreciation		Net carrying amount	
	2022 \$	2021 \$	2022 \$	2021 \$	2022 \$	2021 \$
Land at fair value	104,300,000	104,300,000	-	-	104,300,000	104,300,000
Buildings at fair value	68,600,201	66,089,178	(3,224,036)	-	65,376,165	66,089,178
Plant, equipment and vehicles at fair value	18,791,210	16,192,290	(10,848,713)	(10,918,214)	7,942,497	5,274,076
<b>Net carrying amount</b>	<b>191,691,411</b>	<b>186,581,468</b>	<b>(14,072,749)</b>	<b>(10,918,214)</b>	<b>177,618,662</b>	<b>175,663,254</b>

**4.1 (a) Total right-of-use assets: vehicles**

	Gross carrying amount		Accumulated depreciation		Net carrying amount	
	2022 \$	2021 \$	2022 \$	2021 \$	2022 \$	2021 \$
Vehicles	110,590	105,534	(29,641)	(28,025)	80,949	77,509

The remaining disclosures required by AASB 16 have not been included as right-of-use assets are not considered material to the financial statements.

**Initial recognition:** Items of property, plant and equipment are measured initially at cost and subsequently revalued at fair value less accumulated depreciation. Where an asset is acquired for no or nominal cost, the cost is its fair value at the date of acquisition. Assets transferred as part of a machinery of government change are transferred at their carrying amount.

The cost of leasehold improvements is capitalised and depreciated over the shorter of the remaining term of the lease or their estimated useful lives.

**Subsequent measurement:** Property, plant and equipment (PPE) are subsequently measured at fair value less accumulated depreciation. Fair value is determined with regard to the asset's highest and best use (considering legal or physical restrictions imposed on the asset, public announcements or commitments made in relation to the intended use of the asset) and is summarised below by asset category.

**Specialised land and buildings**

The market approach is also used for specialised land, although is adjusted for the community service obligation (CSO) to reflect the specialised nature of the land being valued.

The CSO adjustment is a reflection of the valuer's assessment of the impact of restrictions associated with an asset to the extent that the CSO adjustment is also equally applicable to market participants.

For the Institute's specialised building, the current replacement cost method is used, adjusting for the associated depreciation.

An independent valuation of the Institute's specialised land and specialised buildings was performed by the Valuer-General Victoria. The valuation was performed using the market approach adjusted for CSO. The effective date of the valuation is 30 June 2021.

**Vehicles** are valued using the current replacement cost method. The Institute acquires new vehicles and at times disposes of them before the end of their economic life. The process of acquisition, use and disposal in the market is managed by experienced fleet managers in the Department of Justice and Community Safety who set relevant depreciation rates during use to reflect the utilisation of the vehicles.

Fair value for **plant and equipment** that are specialised in use (such that it is rarely sold other than as part of a going concern) is determined using the current replacement cost method.

Refer to Note 7.3 for additional information on fair value determination of property, plant and equipment.



#### Impairment of property, plant and equipment

The recoverable amount of primarily non-cash-generating assets of not-for-profit entities, which are typically specialised in nature and held for continuing use of their service capacity, is expected to be materially the same as fair value determined under AASB 13 Fair Value Measurement, with the consequence that AASB 136 does not apply to such assets that are regularly revalued.

#### 4.1.1 Depreciation and amortisation

Charge for the period	2022	2021
	\$	\$
Buildings	3,224,036	3,434,904
Plant, equipment and vehicles	1,223,087	1,094,687
Intangible produced assets	114,042	117,767
<b>Total depreciation and amortisation</b>	<b>4,561,164</b>	<b>4,647,358</b>

All infrastructure assets, buildings, plant and equipment and other non-financial physical assets that have finite useful lives, are depreciated. The exceptions to this rule include items under operating leases, assets held for sale, land and investment properties.

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. Typical estimated useful lives for the different asset classes for current and prior years are included in the table below:

Asset	Useful life
Specialised buildings	20 to 45 years
Plant, equipment and vehicles (including leased assets)	3 to 15 years
Software	2 to 5 years

The estimated useful lives, residual values and depreciation method are reviewed at the end of each annual reporting period, and adjustments made where appropriate.

In the event of the loss or destruction 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).

**Indefinite life assets:** Land, which is considered to have an indefinite life, is not depreciated. Depreciation is not recognised in respect of this asset because its service potential has not, in any material sense, been consumed during the reporting period.

#### 4.1.2 Carrying values by "purpose" groups

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. VIFM assets are classified as 'Public order and safety'. All assets in a purpose group are further sub-categorised according to the asset's 'nature' (i.e. buildings, plant), with each sub-category being classified as a separate class of asset for financial reporting purposes.

#### 4.1.3 Reconciliation of movements in carrying amount of property, plant and equipment

	Land at fair value		Buildings at fair value		Buildings CP <sup>(a)</sup>		Plant and equipment at cost		Plant and equipment (right-of-use assets)		Total	
	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Opening balance	104,300,000	92,363,205	65,561,000	73,253,608	528,178	-	5,196,567	5,436,633	77,508	105,534	175,663,254	170,564,442
Additions	-	-	1,070,672	324,474	1,440,351	528,178	3,927,990	1,445,647	66,058	-	6,505,071	2,298,299
Disposals	-	-	-	-	-	-	(61,194)	(24,513)	(41,345)	-	(102,539)	(24,513)
Revaluation adjustment	-	11,936,795	-	(4,582,178)	-	-	-	-	-	-	-	7,354,617
Depreciation	-	-	(3,224,036)	(3,434,903)	-	-	(1,201,815)	(1,066,662)	(21,272)	(28,025)	(4,447,123)	(4,529,591)
<b>Closing balance</b>	<b>104,300,000</b>	<b>104,300,000</b>	<b>63,407,636</b>	<b>65,561,000</b>	<b>1,968,529</b>	<b>528,178</b>	<b>7,861,548</b>	<b>5,196,567</b>	<b>80,949</b>	<b>77,508</b>	<b>177,618,662</b>	<b>175,663,254</b>

Note:

(a) Construction in Progress (CIP) relates to the commencement of a project to refurbish the Coronial Admissions and Mortuary. The total project funding is \$27.2 million and is due to be completed in 2023-24.

## 4.2 Intangible assets

	Computer Software	
	2022	2021
	\$	\$
<b>Gross carrying amount</b>		
<b>Opening balance</b>	937,393	937,393
<b>Additions (CIP)</b>	300,678	-
<b>Closing balance</b>	1,238,071	937,393
<b>Accumulated amortisation</b>		
<b>Opening balance</b>	(469,960)	(352,193)
Amortisation of intangible produced assets <sup>(a)</sup>	(114,042)	(117,767)
<b>Closing balance</b>	(584,002)	(469,960)
<b>Net book value at end of financial year</b>	<b>654,069</b>	<b>467,433</b>

Note:

(a) The consumption of intangible produced assets is included in 'amortisation' line item, where the consumption of the intangible non-produced assets is included in 'net gain/(loss) on non-financial assets' line item on the comprehensive operating statement.

An **internally generated intangible asset** arising from development (or from the development phase of an internal project) is recognised if, and only if, all of the following are demonstrated:

- (a) the technical feasibility of completing the intangible asset so that it will be available for use or sale;
- (b) an intention to complete the intangible asset and use or sell it;
- (c) the ability to use or sell the intangible asset;
- (d) the intangible asset will generate probable future economic benefits;
- (e) the availability of adequate technical, financial and other resources to complete the development and to use or sell the intangible asset;
- (f) the ability to measure reliably the expenditure attributable to the intangible asset during its development.

### Subsequent measurement

Intangible produced assets with finite useful lives, are depreciated as an 'expense from transactions' on a straight line basis over their useful lives. Produced intangible assets have useful lives of between 3 and 5 years.

Intangible non-produced assets with finite lives are amortised as an 'other economic flow' on a straight line basis over their useful lives. The amortisation period is 3 to 5 years.

### Impairment of intangible assets

Goodwill and intangible assets with indefinite useful lives (and intangible assets not yet available for use) are tested annually for impairment and whenever there is an indication that the asset may be impaired. Intangible assets with finite useful lives are tested for impairment whenever an indication of impairment is identified.

The policy in connection with testing for impairment is outlined in section 4.1.

## Notes to the financial statements

### For the financial year ended 30 June 2022

## 5. OTHER ASSETS AND LIABILITIES

### Introduction

This section sets out those assets and liabilities that arose from the Institute's controlled operations.

### 5.1 Receivables

	2022	2021
	\$	\$
<b>Contractual</b>		
Sale of goods and services	1,604,117	1,020,815
Provision for doubtful contractual receivables	(69,202)	(72,164)
<b>Statutory</b>		
Amount owing from Department of Justice and Community Safety	28,519,793	28,397,451
<b>Total receivables</b>	<b>30,054,708</b>	<b>29,346,102</b>
<b>Represented by</b>		
Current receivables	29,306,898	28,719,342
Non-current receivables	747,810	626,759
<b>Total receivables</b>	<b>30,054,708</b>	<b>29,346,102</b>

**Contractual receivables** are classified as financial instruments and categorised as 'financial assets at amortised costs'. They are initially recognised at fair value plus any directly attributable transaction costs. The Institute holds the contractual receivables with the objective to collect the contractual cash flows and therefore subsequently measured at amortised cost using the effective interest method, less any impairment.

**Statutory receivables** do not arise from contracts and are recognised and measured similarly to contractual receivables (except for impairment), but are not classified as financial instruments for disclosure purposes. The Institute applies AASB 9 for initial measurement of the statutory receivables and as a result statutory receivables are initially recognised at fair value plus any directly attributable transaction cost. Amounts recognised from the Victorian Government represent funding for all commitments incurred and are drawn from the Consolidated Fund as the commitments fall due.

## 5.2 Payables

	2022 \$	2021 \$
<b>Contractual</b>		
Supplies and services	2,460,170	2,060,085
Amounts payable to government and agencies	12,585	370
<b>Statutory</b>		
Fringe benefits tax payable	18,201	20,119
<b>Total payables</b>	<b>2,490,956</b>	<b>2,080,574</b>

### Represented by

Current payables	2,490,956	2,080,574
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Payables consist of:

- **contractual payables** classified as financial instruments and measured at amortised cost. Accounts payable represent liabilities for goods and services provided to the Institute prior to the end of the financial year that are unpaid; and
- **statutory payables** that are recognised and measured similarly to contractual payables, but are not classified as financial instruments and not included in the category of financial liabilities at amortised cost, because they do not arise from contracts.

Payables for supplies and services have an average credit period of 10 days. No interest is charged on the 'other payables'. The terms and conditions of amounts payable to the government and agencies vary according to the particular agreements and as they are not legislative payables, they are not classified as financial instruments.

### Maturity analysis of contractual payables <sup>(a)</sup>

	Carrying amount \$	Nominal amount \$	Maturity dates			
			Less than 1 month \$	1 to 3 months \$	3 months to 1 year \$	1 to 5 years \$
<b>2022</b>						
Supplies and services	657,513	657,513	540,782	116,583	135	13
Amounts payable to government and agencies	12,585	12,585	7,711	4,874	-	-
<b>Total</b>	<b>670,098</b>	<b>670,098</b>	<b>548,493</b>	<b>121,457</b>	<b>135</b>	<b>13</b>
<b>2021</b>						
Supplies and services	2,060,085	2,060,085	2,053,504	6,568	-	13
Amounts payable to government and agencies	370	370	370	-	-	-
<b>Total</b>	<b>2,060,455</b>	<b>2,060,455</b>	<b>2,053,874</b>	<b>6,568</b>	<b>-</b>	<b>13</b>

(a) Maturity analysis is presented using the contractual undiscounted cash flows.



**Notes to the financial statements**  
**For the financial year ended 30 June 2022**

**6. HOW WE FINANCED OUR OPERATIONS**

**Introduction**

This section provides information on the sources of finance utilised by the Institute during its operations, along with interest expenses (the cost of borrowings) and other information related to financing activities of the Institute.

This section includes disclosures of balances that are financial instruments (such as borrowings and cash balances).

**6.1 Leases**

	2022 \$	2021 \$
<b>Current leases</b>		
Lease liabilities	31,642	57,001
<b>Total current leases</b>	<b>31,642</b>	<b>57,001</b>
<b>Non-current leases</b>		
Lease liabilities	49,532	20,734
<b>Total non-current leases</b>	<b>49,532</b>	<b>20,734</b>
<b>Total leases</b>	<b>81,174</b>	<b>77,735</b>

**Maturity analysis of leases**

	Carrying amount \$	Nominal amount \$	Maturity dates		
			0 to 3 months \$	3 months to 1 year \$	1 to 5 years \$
<b>2022</b>					
Lease liabilities	81,174	83,257	8,189	24,568	50,500
<b>Total</b>	<b>81,174</b>	<b>83,257</b>	<b>8,189</b>	<b>24,568</b>	<b>50,500</b>
<b>2021</b>					
Lease liabilities	77,735	78,738	14,461	43,382	20,896
<b>Total</b>	<b>77,735</b>	<b>78,738</b>	<b>14,461</b>	<b>43,382</b>	<b>20,896</b>

**Interest expense**

	2022 \$	2021 \$
Interest on finance leases	1,951	3,031
Other interest expense	559	790
<b>Total interest expense</b>	<b>2,510</b>	<b>3,821</b>

## 6.2 Cash flow information and balances

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

	2022	2021
	\$	\$
Total cash and deposits disclosed in the balance sheet	2,064,522	2,178,706
<b>Balance as per cash flow statement</b>	<b>2,064,522</b>	<b>2,178,706</b>

Due to the State of Victoria's investment policy and government funding arrangements, the Institute does not hold a large cash reserve in their bank accounts. Cash received by the Institute from the generation of revenue is generally paid into the State's bank account, known as the Public Account. Similarly, any expenditure by the Institute, 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.

### 6.2.1 Reconciliation of net result for the period to cash flow from operating activities

	2022	2021
	\$	\$
<b>Net result for the period</b>	<b>419,519</b>	<b>529,380</b>
<b>Non-cash movements</b>		
Depreciation and amortisation of non-current assets	4,561,164	4,647,358
Allowance for doubtful debts	(2,962)	41,135
<b>Movements in assets and liabilities</b>		
(Increase)/decrease in receivables	(705,644)	(3,589,633)
(Increase)/decrease in inventories	(2,057)	(4,175)
(Increase)/decrease in prepayments	(73,979)	(246,259)
(Decrease)/increase in payables	410,382	193,057
(Decrease)/increase in provisions	1,421,459	741,967
(Decrease)/increase in other liabilities	(551,255)	532,909
<b>Net cash flows from/(used in) operating activities</b>	<b>5,476,627</b>	<b>2,845,739</b>

## 6.3 Commitments for expenditure

There are no capital or other expenditure commitments. (2021 - Nil).

## Notes to the financial statements

### For the financial year ended 30 June 2022

## 7. RISKS, CONTINGENCIES AND VALUATION JUDGEMENTS

### Introduction

The Institute is exposed to risk from its activities and outside factors. In addition, it is often necessary to make judgements and estimates associated with recognition and measurement of items in the financial statements. This section sets out financial instrument specific information, (including exposures to financial risks) as well as those items that are contingent in nature or require a higher level fair value determination.

### 7.1 Financial instruments specific disclosures

#### Introduction

Financial instruments arise out of contractual agreements that give rise to a financial asset of one entity and a financial liability or equity instrument of another entity. Due to the nature of the Institute's activities, certain financial assets and financial liabilities arise under statute rather than a contract. Such assets and liabilities do not meet the definition of financial instruments in AASB 132 *Financial Instruments: Presentation*.

#### Categories of financial assets

##### Financial assets at amortised cost

Financial assets are measured at amortised costs if both of the following criteria are met and the assets are not designated as fair value through net result:

- the assets are held by the Institute to collect the contractual cash flows, and
- the assets' contractual terms give rise to cash flows that are solely payments of principal and interests.

These assets are initially recognised at fair value plus any directly attributable transaction costs and subsequently measured at amortised cost using the effective interest method less any impairment.

The Institute recognises the following assets in this category:

- cash and deposits
- receivables (excluding statutory receivables)

#### Categories of financial liabilities

**Financial liabilities at amortised cost** are initially recognised on the date they are originated. They are initially measured at fair value plus any directly attributable transaction costs. Subsequent to initial recognition, these financial instruments are measured at amortised cost with any difference between the initial recognised amount and the redemption value being recognised in profit and loss over the period of the interest bearing liability, using the effective interest rate method. The Institute recognises the following liabilities in this category:

- payables (excluding statutory payables); and
- borrowings (including lease liabilities).

**Offsetting financial instruments:** Financial instrument assets and liabilities are offset and the net amount presented in the consolidated balance sheet when, and only when, the Institute concerned has a legal right to offset the amounts and intend either to settle on a net basis or to realise the asset and settle the liability simultaneously.

Some master netting arrangements do not result in an offset of balance sheet assets and liabilities. Where the Institute does not have a legally enforceable right to offset recognised amounts, because the right to offset is enforceable only on the occurrence of future events such as default, insolvency or bankruptcy, they are reported on a gross basis.

**Derecognition of financial assets:** A financial asset (or, where applicable, a part of a financial asset or part of a group of similar financial assets) is derecognised when:

- the rights to receive cash flows from the asset have expired; or
- the Institute retains the right to receive cash flows from the asset, but has assumed an obligation to pay them in full without material delay to a third party under a 'pass through' arrangement; or
- the Institute has transferred its rights to receive cash flows from the asset and either:
  - has transferred substantially all the risks and rewards of the asset; or
  - has neither transferred nor retained substantially all the risks and rewards of the asset, but has transferred control of the asset.

Where the Institute has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset is recognised to the extent of the Institute's continuing involvement in the asset.

**Derecognition of financial liabilities:** A financial liability is derecognised when the obligation under the liability is discharged, cancelled or expires.

When an existing financial liability is replaced by another from the same lender on substantially different terms, or the terms of an existing liability are substantially modified, such an exchange or modification is treated as a derecognition of the original liability and the recognition of a new liability. The difference in the respective carrying amounts is recognised as an 'other economic flow' in the comprehensive operating statement.

## 7.1.1 Financial instruments: Categorisation

	Cash and deposits	Financial assets at amortised cost	Financial liabilities at amortised cost	Other financial liabilities	Total
	\$	\$	\$	\$	\$
<b>2022</b>					
<b>Contractual financial assets</b>					
Cash and deposits	2,064,522	-	-	-	2,064,522
<b>Receivables (a)</b>					
Sale of goods and services	-	1,534,915	-	-	1,534,914
<b>Total contractual financial assets</b>	<b>2,064,522</b>	<b>1,534,915</b>	<b>-</b>	<b>-</b>	<b>3,599,436</b>
<b>Contractual financial liabilities</b>					
<b>Payables</b>					
Supplies and services	-	-	2,460,170	-	2,460,170
Amounts payable to government and agencies	-	-	12,585	-	12,585
<b>Borrowings</b>					
Lease liabilities	-	-	-	81,174	81,174
<b>Total contractual financial liabilities</b>	<b>-</b>	<b>-</b>	<b>2,472,755</b>	<b>81,174</b>	<b>2,553,929</b>

Note:

(a) The total amounts disclosed here exclude statutory amounts (e.g. amounts owing from Victorian Government and taxes payable).

	Cash and deposits	Financial assets at amortised cost	Financial liabilities at amortised cost	Other financial liabilities	Total
	\$	\$	\$	\$	\$
<b>2021</b>					
<b>Contractual financial assets</b>					
Cash and deposits	2,178,706	-	-	-	2,178,706
<b>Receivables (a)</b>					
Sale of goods and services	-	948,651	-	-	948,651
<b>Total contractual financial assets</b>	<b>2,178,706</b>	<b>948,651</b>	<b>-</b>	<b>-</b>	<b>3,127,357</b>
<b>Contractual financial liabilities</b>					
<b>Payables</b>					
Supplies and services	-	-	2,060,085	-	2,060,085
Amounts payable to government and agencies	-	-	370	-	370
<b>Borrowings</b>					
Lease liabilities	-	-	-	77,735	77,735
<b>Total contractual financial liabilities</b>	<b>-</b>	<b>-</b>	<b>2,060,455</b>	<b>77,735</b>	<b>2,138,190</b>

Note:

(a) The total amounts disclosed here exclude statutory amounts (e.g. amounts owing from Victorian Government and taxes payable).

## 7.1.2 Financial instruments - Net holding gain/(loss) on financial instruments by category

	Total interest expense
	\$
<b>2022</b>	
<b>Contractual financial liabilities</b>	
Financial liabilities at amortised cost	2,510
<b>Total contractual financial liabilities</b>	<b>2,510</b>

	Total interest expense
	\$
<b>2021</b>	
<b>Contractual financial liabilities</b>	
Financial liabilities at amortised cost	3,821
<b>Total contractual financial liabilities</b>	<b>3,821</b>

*Note:*

*Amounts disclosed in this table exclude holding gains and losses related to statutory financial assets and liabilities.*

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 income; and
- for financial liabilities measured at amortised cost, the net gain or loss is calculated by taking the interest expense.

## 7.1.3 Financial risk management objectives and policies

As a whole, the Institute's financial risk management program seeks to manage these risks and the associated volatility of its financial performance.

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 above are disclosed in Note 7 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 Institute's main financial risks include credit risk, liquidity risk and interest rate risk. The Institute manages these financial risks in accordance with its financial risk management policy.

The Institute uses different methods to measure and manage the different risks to which it is exposed. Primary responsibility for the identification and management of financial risks rests with the Executive and Finance Committee.

### Financial instruments: Credit risk

Credit risk refers to the possibility that a borrower will default on its financial obligations as and when they fall due. The Institute's exposure to credit risk arises from the potential default of a 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.

Provision of impairment for contractual financial assets is recognised when there is objective evidence that the Institute will not be able to collect a receivable. Objective evidence includes financial difficulties of the debtor, default payments and debts that are more than 60 days overdue.

There has been no material change to the Institute's credit risk profile in 2021-22.

### Financial instruments: Liquidity risk

Liquidity risk arises from being unable to meet financial obligations as they fall due. The Institute operates under the Government fair payments policy of settling financial obligations within 10 days and in the event of a dispute, making payments within 10 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.



## Financial instruments: Market risk

The Institute's exposure to market risk is deemed insignificant based on prior periods' data and current assessment of risk.

## 7.2 Contingent assets and contingent liabilities

There were no contingent assets or liabilities at balance date not provided for in the balance sheet. (2021 - Nil)

## 7.3 Fair value determination

### Significant judgement: Fair value measurements of assets and liabilities

Fair value determination requires judgement and the use of assumptions. This section discloses the most significant assumptions used in determining fair values. Changes to assumptions could have a material impact on the results and financial position of the Institute.

This section sets out information on how the Institute determined fair value for financial reporting purposes. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

The following assets and liabilities are carried at fair value:

- land, buildings, infrastructure, plant and equipment.

In addition, the fair values of other assets and liabilities that are carried at amortised cost, also need to be determined for disclosure purposes. The Institute determines the policies and procedures for determining fair values for both financial and non-financial assets and liabilities as required.

### Fair value hierarchy

In determining fair values a number of inputs are used. To increase consistency and comparability in the financial statements, these inputs are categorised into three levels, also known as the fair value hierarchy. The levels are as follows:

- Level 1 – quoted (unadjusted) market prices in active markets for identical assets or liabilities;
- Level 2 – valuation techniques for which the lowest level input that is significant to the fair value measurement is directly or indirectly observable; and
- Level 3 – valuation techniques for which the lowest level input that is significant to the fair value measurement is unobservable.

The Institute determines whether transfers have occurred between levels in the hierarchy by reassessing categorisation (based on the lowest level input that is significant to the fair value measurement as a whole) at the end of each reporting period.

The Institute, in conjunction with the Valuer General Victoria (VGV) and the Department of Justice and Community Safety monitors changes in the fair value of each asset and liability through relevant data sources to determine whether revaluation is required.

For those assets and liabilities for which fair values are determined, the following disclosures are provided:

- carrying amount and the fair value (which would be the same for those assets measured at fair value);
- which level of the fair value hierarchy was used to determine the fair value; and
- in respect of those assets and liabilities subject to fair value determination using Level 3 inputs:
  - a reconciliation of the movements in fair values from the beginning of the year to the end; and
  - details of significant unobservable inputs used in the fair value determination.

This section is divided between disclosures in connection with fair value determination for financial instruments (refer to Note 7.3.1) and non-financial physical assets (refer to Note 7.3.2).

### 7.3.1 Fair value determination of financial assets and liabilities

The fair values and net fair values of financial assets and liabilities are determined as follows:

- Level 1 – the fair value of financial instrument with standard terms and conditions and traded in active liquid markets are determined with reference to quoted market prices;
- Level 2 – the fair value is determined using inputs other than quoted prices that are observable for the financial asset or liability, either directly or indirectly; and
- Level 3 – the fair value is determined in accordance with generally accepted pricing models based on discounted cash flow analysis using unobservable market inputs.

The Institute currently holds a range of financial instruments that are recorded in the financial statements where the carrying amounts are a reasonable approximation of fair value, either due to their short-term nature or with the expectation that they will be paid in full by the end of the 2021-22 reporting period.

There have been no transfers between levels during the period.

The fair value of the financial assets and liabilities is included at the amount at which the instrument could be exchanged in a current transaction between willing parties, other than in a forced or liquidation sale.

### 7.3.2 Fair value determination: Non-financial physical assets

#### Fair value measurement hierarchy

All assets are classified as Level 3.

There have been no transfers between levels during the period.

Specialised land and buildings: The Institute operates in a shared facility with the Coroners Court of Victoria. The market approach is also used for specialised land, although is adjusted for the community service obligation (CSO) to reflect the specialised nature of the land being valued.

The CSO adjustment is a reflection of the valuer's assessment of the impact of restrictions associated with an asset to the extent that is also equally applicable to market participants. This approach is in light of the highest and best use consideration required for fair value measurement, and takes into account the use of the asset that is physically possible, legally permissible, and financially feasible. As adjustments of CSO are considered as significant unobservable inputs, specialised land would be classified as Level 3 assets.

For the Institute's specialised building, the current replacement cost method is used, adjusting for the associated depreciations. As depreciation adjustments are considered as significant, unobservable inputs in nature, specialised buildings are classified as Level 3 fair value measurements.

An independent valuation of the Institute's specialised land and specialised buildings was performed by the Valuer-General Victoria. The valuation was performed using the market approach adjusted for CSO. The effective date of the valuation is 30 June 2021. The valuers have acknowledged in their report that the market the property/asset is valued in, is being impacted by the uncertainty that the COVID-19 outbreak has caused. As at the date of valuation there was market uncertainty resulting in significant valuation uncertainty.

Plant and equipment is held at fair value. When plant and equipment is specialised in use, such that it is rarely sold other than as part of a going concern, fair value is determined using the current replacement cost method. There were no changes in valuation techniques throughout the period to 30 June 2021. For all assets measured at fair value, the current use is considered the highest and best use.

#### Reconciliation of Level 3 fair value movements

	Specialised land	Specialised buildings	Plant and equipment
	\$	\$	\$
<b>2022</b>			
<b>Opening balance</b>	<b>104,300,000</b>	<b>66,089,179</b>	<b>5,196,567</b>
Additions	-	2,511,023	3,927,989
Disposals	-	-	(61,194)
<b>Gains or losses recognised in net result</b>			
Depreciation	-	(3,224,036)	(1,201,815)
<b>Closing balance</b>	<b>104,300,000</b>	<b>65,376,166</b>	<b>7,861,548</b>

	Specialised land	Specialised buildings	Plant and equipment
	\$	\$	\$
<b>2021</b>			
<b>Opening balance</b>	<b>92,363,205</b>	<b>73,253,609</b>	<b>4,842,095</b>
Additions	-	852,652	1,445,647
Disposals	-	-	(24,513)
<b>Gains or losses recognised in net result</b>			
Depreciation	-	(3,434,903)	(1,066,662)
<b>Gains or losses recognised in other economic flows - other comprehensive income</b>			
Revaluation adjustment	11,936,795	(4,582,178)	-
<b>Closing balance</b>	<b>104,300,000</b>	<b>66,089,179</b>	<b>5,196,567</b>

Description of significant unobservable inputs to Level 3 valuations

2022 and 2021	Valuation technique	Significant unobservable inputs	Range (weighted average) %	Sensitivity of fair value measurement to changes in significant unobservable inputs
Specialised land	Market approach	Community service obligation (CSO) adjustment	20%	A significant increase or decrease in the CSO adjustment would result in a significantly higher or lower valuation.
Specialised building	Current replacement cost	Useful life of specialised building	30-60 years (40 years)	A significant increase or decrease in the estimated useful life of the asset would result in a significantly higher or lower valuation.
Plant and equipment	Current replacement cost	Cost per unit <sup>(a)</sup>	\$5,000 to \$1,780,000	A significant increase or decrease in cost per unit would result in a significantly higher or lower fair value.
		Useful life of plant and equipment	3 to 15 years	A significant increase or decrease in the estimated useful life of the asset would result in a significantly higher or lower valuation.

Note:

(a) The cost and type of plant and equipment is so varied that a unit cost cannot be reliably calculated. An average unit cost does not provide a meaningful figure.

The significant unobservable inputs have remained unchanged from 2021.

**Notes to the financial statements**  
**For the financial year ended 30 June 2022**

**8. OTHER DISCLOSURES**

**Introduction**

This section includes additional material disclosures required by accounting standards or otherwise, for the understanding of this financial report.

**8.1 Other economic flows included in net result**

Other economic flows are changes in the volume or value of an asset or liability that do not result from transactions. 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.

	2022	2021
	\$	\$
<b>Net gain/(loss) on financial instruments</b>		
Impairment of loans and receivables <sup>(a)</sup>	2,962	(41,135)
<b>Total net gain/(loss) on financial instruments</b>	<b>2,962</b>	<b>(41,135)</b>
<b>Other gain/(loss) from other economic flows</b>		
Net gain/(loss) arising from revaluation of long service leave liability <sup>(b)</sup>	604,585	285,109
<b>Total other gain/(loss) from other economic flows</b>	<b>604,585</b>	<b>285,109</b>

**Notes:**

(a) Including increase/(decrease) in provision for doubtful debts and bad debts from other economic flows - refer to Note 5.1.

(b) Revaluation gain/(loss) due to changes in bond rates.

## 8.2 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 of Ministers and Accountable Officers in the Institute are as follows:

Attorney-General	The Hon. Jaclyn Symes, MP	1 July 2021 to 30 June 2022
Acting Attorney-General	The Hon. Natalie Hutchins, MP The Hon. Natalie Hutchins, MP The Hon. Natalie Hutchins, MP The Hon. Lisa Neville, MP	17 September 2021 to 1 October 2021 18 March 2022 to 20 March 2022 19 April 2022 to 27 April 2022 16 June 2022 to 18 June 2022
<b>Council Members of the Institute</b>		
Chairperson of the Victorian Institute of Forensic Medicine and Nominee of the Attorney-General	The Honourable John Coldrey QC	1 July 2021 to 30 June 2022
Director of the Victorian Institute of Forensic Medicine (Accountable Officer)	Prof. Noel Woodford	1 July 2021 to 30 June 2022
During the year the following people held the position of Acting Director	Associate Professor Richard Bassed	27 December 2021 to 7 January 2022
Nominee of the Attorney-General	Associate Professor Merrole Cole-Sinclair	1 July 2021 to 30 June 2022
Nominee of the Chief Commissioner of Police	Mr Luke Cornelius	1 July 2021 to 30 June 2022
Nominee of the Chief Justice	Justice Elizabeth Hollingworth	1 July 2021 to 30 June 2022
Nominee of the Council of Monash University	Professor Sophia Zoungas	1 July 2021 to 30 June 2022
Nominee of the Minister for Health	Dr Lee Hamley	1 July 2021 to 30 June 2022
Nominee of the Minister for Women	Dr Adele Murdolo	1 July 2021 to 30 June 2022
Nominee of the Minister of Community Services <sup>(a)</sup>	Ms Tracy Beaton	1 July 2021 to 22 October 2021
Nominee of the Minister of Community Services	Vacant	23 October 2021 to 30 June 2022
Nominee of the Minister of Police	Mr Neil Robertson	1 July 2021 to 30 June 2022
State Coroner	Judge John Cain	1 July 2021 to 30 June 2022
Nominee of the Chairman	Mr Tim Fitzmaurice	1 July 2021 to 30 June 2022
Nominee of the Council of University of Melbourne	Prof Glenn Bowes	1 July 2021 to 1 June 2022
Nominee of the Council of University of Melbourne	Vacant	2 June 2022 to 30 June 2022
Board Secretary	Ms Mari-Ann Scott	1 July 2021 to 30 June 2022

### Note:

(a) There is no current Minister of Community Services. In September 2021, a Bill was introduced into Parliament, which includes the amendment to s67(2)(j) of the VIFM Act re the 'community services' nominee to the VIFM Council. The Bill received Royal Assent on 4 November 2021. The amended provision in the Bill states that the nominee is of the Minister for the time being administering Chapter 3 of the Children, Youth and Families Act 2005 who has responsibility for child protection.

### Remuneration

Total remuneration received or receivable by the Accountable Officer in connection with their position as a responsible person during the reporting period was \$580,330 (\$563,617 in 2020-21). As per the Governor in Council appointment, members of the VIFM Council are not remunerated.

Income Band of the VIFM Council	Total Remuneration	
	2022 No.	2021 No.
\$0	15	15
\$560,000 to \$569,999	-	1
\$580,000 to \$589,999	1	-
<b>Total</b>	<b>16</b>	<b>16</b>



### 8.3 Remuneration of executives

The number of executive officers, other than ministers and accountable officers, and their total remuneration during the reporting period are shown in the table below. Total annualised employee equivalents provides a measure of full time equivalent executive officers over the reporting period.

Remuneration comprises employee benefits in all forms of consideration paid, payable or provided by the entity, or on behalf of the entity, in exchange for services rendered, and is disclosed in the following categories.

**Short-term employee benefits** include amounts such as wages, salaries, annual leave or sick leave that are usually paid or payable on a regular basis, as well as non-monetary benefits such as allowances and free or subsidised goods or services.

**Post-employment benefits** include pensions and other retirement benefits paid or payable on a discrete basis when employment has ceased.

**Other long-term benefits** include long service leave, other long service benefits or deferred compensation.

**Termination benefits** include termination of employment payments, such as severance packages.

#### Remuneration of executive officers including Key Management Personnel (disclosed in note 8.3)

	2022	2021
	\$	\$
Short-term employee benefits	433,980	307,709
Post-employment benefits	42,284	28,219
Other long-term benefits	21,001	9,228
<b>Total remuneration</b>	<b>497,265</b>	<b>345,156</b>
<b>Total number of executives</b>	<b>2</b>	<b>2</b>
<b>Total annualised employee equivalents <sup>(a)</sup></b>	<b>2.0</b>	<b>1.4</b>

Note:

(a) Annualised employee equivalent is based on the time fraction worked over the reporting period.

### 8.4 Related parties

The Institute is a wholly owned and controlled entity of the State of Victoria.

The Institute is established under the Victorian Institute of Forensic Medicine (VIFM) Act 1985 operating under the auspices of the Department of Justice and Community Safety and reporting to Parliament through the Attorney-General.

Related parties of the Institute include;

- all key management personnel and their close family members and personal business interests (controlled entities, joint ventures and entities they have significant influence over);
- all cabinet ministers and their close family members; and
- all departments and public sector entities that are controlled and consolidated into the whole of state consolidated financial statements.

All related party transactions have been entered into on an arm's length basis.

#### Significant transactions with government-related entities

The Institute received funding of \$35.1 million (2021: \$33.1 million) by a grant from the Department of Justice and Community Safety, and funding from other government-entities recorded as Section 29 receipts, which include Victoria Police \$11.9 million (2021: \$11.9 million).

Key management personnel of the Institute include members of the VIFM Council, the Senior Executive team and the Chief Finance Officer.

The Honourable John Coldrey QC	Chairperson of the Victorian Institute of Forensic Medicine and Nominee of the Attorney-General
Associate Professor Merrole Cole-Sinclair	Nominee of the Attorney-General
Mr Luke Cornelius	Nominee of the Chief Commissioner of Police
Justice Elizabeth Hollingworth	Nominee of the Chief Justice
Professor Sophia Zoungas	Nominee of the Council of Monash University
Dr Lee Hamley	Nominee of the Minister for Health
Dr Adele Murdolo	Nominee of the Minister for Women
Vacant	Nominee of the Minister of Community Services <sup>(a)</sup>
Mr Neil Robertson	Nominee of the Minister of Police
Judge John Cain	State Coroner
Mr Tim Fitzmaurice	Nominee of the Chairman
Vacant	Nominee of the Council of University of Melbourne
Professor Noel Woodford	Director, VIFM
Ms Mari-Ann Scott	Chief Operating Officer, VIFM
Adjunct Professor David Ranson	Deputy Director, Head of Forensic Services, VIFM
Associate Professor Richard Bassed	Deputy Director, Head of Academic Programs, VIFM
Mr Peter Ford	Chief Finance Officer, VIFM

The compensation detailed below excludes the salaries and benefits the Portfolio Minister receives. The Minister's remuneration and allowances is set by the *Parliamentary Salaries and Superannuation Act 1968* and is reported within the State of Victoria's Annual Financial Report.

Note:

(a) There is no current Minister of Community Services. In September 2021, a Bill was introduced into Parliament, which includes the amendment to s67(2)(j) of the VIFM Act re the 'community services' nominee to the VIFM Council. The Bill received Royal Assent on 4 November 2021. The amended provision in the Bill states that the nominee is of the Minister for the time being administering Chapter 3 of the Children, Youth and Families Act 2005 who has responsibility for child protection.

Compensation of KMPs	2022 \$	2021 \$
Short-term employee benefits	1,561,017	1,545,085
Post-employment benefits	161,254	141,128
Other long-term benefits	42,287	31,941
<b>Total <sup>(a)</sup></b>	<b>1,764,559</b>	<b>1,718,154</b>

Note:

(a) Note that KMPs are also reported in the disclosure of remuneration of executives. (Note 8.2).

## 8.5 Remuneration of auditors

	2022 \$	2021 \$
<b>Victorian Auditor-General's Office</b>		
Audit or review of the financial statements	33,700	32,000
<b>Total remuneration of auditors</b>	<b>33,700</b>	<b>32,000</b>

## 8.6 Subsequent events

There are no subsequent events to disclose.

## 8.7 Other accounting policies

### Contributions by owners

Consistent with the requirements of AASB 1004 *Contributions*, contributions by owners (that is, contributed capital and its repayment) are treated as equity transactions and, therefore, do not form part of the income and expenses of the Institute.

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

## 8.8 Australian Accounting Standards issued that are not yet effective

Certain new and revised accounting standards have been issued but are not effective for the 2021-22 reporting period. These accounting standards have not been applied to the Model Financial Statements. The State is reviewing its existing policies and assessing the potential implications of these accounting standards which includes:

### AASB 2020-1 Amendments to Australian Accounting Standards – Classification of Liabilities as Current or Non-Current

This Standard amends AASB 101 to clarify requirements for the presentation of liabilities in the statement of financial position as current or non-current. It initially applied to annual reporting periods beginning on or after 1 January 2022 with earlier application permitted however the AASB has recently issued AASB 2020-6 Amendments to Australian Accounting Standards – Classification of Liabilities as Current or Non-current – Deferral of Effective Date to defer the application by one year to periods beginning on or after 1 January 2023. The Department will not early adopt the Standard.

The Institute is in the process of analysing the impacts of these Standards. However, it is not anticipated to have a material impact.

Several other amending standards and AASB interpretations have been issued that apply to future reporting periods, but are considered to have limited impact on the Institute's reporting.

AASB 17 *Insurance Contracts*.

AASB 2020-3 *Amendments to Australian Accounting Standards – Annual Improvements 2018-2020 and Other Amendments*.

AASB 2021-2 *Amendments to Australian Accounting Standards – Disclosure of Accounting Policies and Definitions of Accounting Estimates*.

AASB 2021-5 *Amendments to Australian Accounting Standards – Deferred Tax related to Assets and Liabilities arising from a Single Transaction*.

AASB 2021-6 *Amendments to Australian Accounting Standards – Disclosure of Accounting Policies: Tier 2 and Other Australian Accounting Standards*.

AASB 2021-7 *Amendments to Australian Accounting Standards – Effective Date of Amendments to AASB 10 and AASB 128 and Editorial Corrections*.

## 8.9 Glossary of technical terms

The following is a summary of the major technical terms used in this report.

**Amortisation** is the expense that results from the consumption, extraction or use over time of a non-produced physical or intangible asset. This expense is classified as an 'other economic flow'.

**Borrowings** refers to interest bearing liabilities mainly raised from public borrowings raised through the Treasury Corporation of Victoria, finance leases and other interest bearing arrangements. Borrowings also include non-interest bearing advances from government that are acquired for policy purposes.

**Commitments** include those operating, capital and other outsourcing commitments arising from non-cancellable contractual or statutory sources.

**Comprehensive result** is the amount included in the operating statement representing total change in net worth other than transactions with owners as owners.

**Controlled item** generally refers to the capacity of a department to benefit from that item in the pursuit of the entity's objectives and to deny or regulate the access of others to that benefit.

**Current grants** are amounts payable or receivable for current purposes for which no economic benefits of equal value are receivable or payable in return.

**Depreciation** is an expense that arises from the consumption through wear or time of a produced physical or intangible asset. This expense is classified as a 'transaction' and so reduces the 'net result from transaction'.

**Effective interest method** is the method used to calculate the amortised cost of a financial asset and of allocating interest income over the relevant period. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset or, where appropriate, a shorter period.

**Employee benefits expenses** include all costs related to employment including wages and salaries, fringe benefits tax, leave entitlements, redundancy payments, defined benefits superannuation plans, and defined contribution superannuation plans.

**Financial asset** is any asset that is:

- (a) cash;
- (b) an equity instrument of another entity;
- (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** is any contract that gives rise to a financial asset of one entity and a financial liability or equity instrument of another entity.

**Financial liability** is any liability that is:

- (a) a contractual obligation:
  - to deliver cash or another financial asset to another entity; or
  - 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:
  - 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
  - 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** comprises:

- (a) a balance sheet as at the end of the period;
- (b) a comprehensive operating statement for the period;
- (c) a statement of changes in equity for the period;
- (d) a cash flow statement for the period;
- (e) notes, comprising a summary of significant accounting policies and other explanatory information;
- (f) comparative information in respect of the preceding period as specified in paragraph 38 of AASB 101 *Presentation of Financial Statements*; and
- (g) a statement of financial position as at the beginning of the preceding period when an entity applies an accounting policy retrospectively or makes a retrospective restatement of items in its financial statements, or when it reclassifies items in its financial statements in accordance with paragraphs 41 of AASB 101.

**Grant expenses and other transfers** are 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.

**General government sector** comprises all government departments, offices and other bodies engaged in providing services free of charge or at prices significantly below their cost of production. General government services include those that are mainly non-market in nature, those that are largely for collective consumption by the community and those that involve the transfer or redistribution of income. These services are financed mainly through taxes, or other compulsory levies and user charges.

**Interest expense** represents costs incurred in connection with borrowings. It includes interest on advances, loans, overdrafts, bonds and bills, deposits, interest components of finance lease repayments, and amortisation of discounts or premiums in relation to borrowings.

**Interest income** includes unwinding over time of discounts on financial assets and interest received on bank term deposits and other investments.

**Leases** are rights 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 risks and rewards incidental to ownership. Leases of infrastructure, property, plant and equipment are classified as finance 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.

**Net acquisition of non-financial assets** (from transactions) are 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. Includes only those increases or decreases in non-financial assets resulting from transactions and therefore excludes write-offs, impairment write-downs and revaluations.

**Net financial liabilities** is calculated as liabilities less financial assets, other than equity in public non-financial corporations (PNFC) and public financial corporations (PFC). This measure is broader than net debt as it includes significant liabilities, other than borrowings (e.g. accrued employee liabilities such as superannuation and long service leave entitlements). For the PNFC and PFC sectors, it is equal to negative net financial worth.

**Net financial worth** is equal to financial assets minus liabilities. It is a broader measure than net debt as it incorporates provisions made (such as superannuation, but excluding depreciation and bad debts) as well as holdings of equity. Net financial worth includes all classes of financial assets and liabilities, only some of which are included in net debt.

**Net lending/borrowing** is the financing requirement of government, calculated as the net operating balance less the net acquisition of non-financial assets. It also equals transactions in financial assets less transactions in liabilities. A positive result reflects a net lending position and a negative result reflects a net borrowing position.

**Net operating balance or net result from transactions** is a key fiscal aggregate and is revenue 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.

**Net result** is a measure of financial performance of the operations for the period. It is the net result of items of revenue, gains and expenses (including losses) recognised for the period, excluding those classified as 'other non-owner movements in equity'.

**Net worth** is calculated as assets less liabilities, which is an economic measure of wealth.

**Non-financial assets** are all assets that are not financial assets. It includes inventories, land, buildings, infrastructure, road networks, land under roads, plant and equipment, cultural and heritage assets, intangibles and biological assets such as commercial forests.

**Non-produced assets** are assets needed for production that have not themselves been produced. They include land, subsoil assets, and certain intangible assets. Non-produced intangibles are intangible assets needed for production that have not themselves been produced. They include constructs of society such as patents.

**Operating result** is a measure of financial performance of the operations for the period. It is the net result of items of revenue, gains and expenses (including losses) recognised for the period, excluding those that are classified as 'other non-owner movements in equity'. Refer also 'net result'.

**Other economic flows included in net result** are changes in the volume or value of an asset or liability that do not result from transactions. In simple terms, other economic flows are changes arising from market remeasurements. They include gains and losses from disposals, revaluations and impairments of non-current physical and intangible assets; fair value changes of financial instruments and agricultural assets; and depletion of natural assets (non-produced) from their use or removal.

**Other economic flows - other comprehensive income** comprises items (including reclassification adjustments) that are not recognised in net result as required or permitted by other Australian Accounting Standards. They include changes in physical asset revaluation surplus; share of net movement in revaluation surplus of associates and joint ventures; and gains and losses on remeasuring available-for-sale financial assets.

**Payables** includes short and long-term trade debt and accounts payable, grants, taxes and interest payable.

**Produced assets** include buildings, plant and equipment, inventories, cultivated assets and certain intangible assets. Intangible produced assets may include computer software, motion picture films and research and development costs (which does not include the start-up costs associated with capital projects).

**Receivables** include 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** generally represent cost of goods sold and the day to day running costs, including maintenance costs, incurred in the normal operations of the Institute.

**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 into 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. In simple terms, transactions arise from the policy decisions of the Government.

## 8.10 Style conventions

The financial statements and notes are presented based on the illustration for a government department in the 2021-22 Model Report for Victorian Government Departments. Discrepancies in tables between totals and sums of components reflect rounding. The presentation of other disclosures is generally consistent with the other disclosures made in earlier publications of the Institute's annual reports.

# Appendices



**BLOOD**





# A: Disclosure Index.

The annual report of the VIFM is prepared in accordance with all relevant Victorian legislations and pronouncements. This index has been prepared to facilitate identification of the VIFM's compliance with statutory disclosure requirements.

Legislation	Requirement	Page Reference
Standing Directions (SD) & Financial Reporting Directions (FRD)		
Report of operations		

## Charter and purpose

FRD 22H	Manner of establishment and the relevant Ministers	Page 7, 135
FRD 22H	Purpose, functions, powers and duties	Page 135
FRD 22H	Key initiatives and projects	Page 43
FRD 22H	Nature and range of services provided	Page 8

## Management and structure

FRD 22H	Organisational structure	Page 8
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## Financial and other information

FRD 10A	Disclosure index	Page 133
FRD 22H	Employment and conduct principles	Page 87
FRD 22H	Occupational health and safety policy	Page 88
FRD 22H	Summary of the financial results for the year	Page 84
FRD 22H	Significant changes in financial position during the year	Page 84
FRD 22H	Major changes or factors affecting performance	Page 84
FRD 22H	Subsequent events	Page 129
FRD 22H	Application and operation of <i>Freedom of Information Act 1982</i>	Page 93
FRD 22H	Compliance with building and maintenance provisions of <i>Building Act 1993</i>	Page 93
FRD 22H	Statement on National Competition Policy	Page 94
FRD 22H	Application and operation of the <i>Protected Disclosure Act 2012</i>	Page 93
FRD 22H	Application and operation of the <i>Carsers Recognition Act 2012</i>	Page 94
FRD 22H	Details of consultancies over \$10 000	Page 92
FRD 22H	Details of consultancies under \$10 000	Page 92
FRD 22H	Disclosure of government advertising expenditure	Page 92
FRD 22H	Disclosure of ICT expenditure	Page 92
FRD 22	Asset maturity assessment	Page 93
FRD 24	Reporting of office-based environmental data	Page 95

FRD 25	Local Jobs First	Page 94
FRD 29	Workforce Data disclosures	Page 90
SD 5.2	Specific requirements under Standing Direction 5.2	Page 99

## Compliance attestation and declaration

SD 5.4.1	Attestation for compliance with Ministerial Standing Direction	Page 99
SD 5.2.3	Declaration in report of operations	Page 3

## Financial statements

### Declaration

SD 5.2.2	Declaration in financial statements	Page 101
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### Other requirements under Standing Directions 5.2

SD 5.2.1(a)	Compliance with Australian accounting standards and other authoritative pronouncements	Page 101
SD 5.2.1(a)	Compliance with Standing Directions	Page 101
SD 5.2 1(b)	Compliance with Model Financial Report	Page 97

### Other disclosures as required by FRDs in notes to the financial statements (a)

FRD 11	Disclosure of Ex gratia Expenses	N/A
FRD 21	Disclosures of Responsible Persons, Executive Officers and other Personnel (Contractors with Significant Management Responsibilities) in the Financial Report	Page 127
FRD 103	Non Financial Physical Assets	Page 124
FRD 110	Cash Flow Statements	Page 104
FRD 112	Defined Benefit Superannuation Obligations	Page 111
FRD 114	Financial Instruments – general government entities and public non-financial corporations	Page 120

## Legislation

<i>Freedom of Information Act 1982</i>	Page 93
<i>Building Act 1993</i>	Page 93
<i>Public Interest Disclosure Act 2012</i>	Page 93
<i>Carers Recognition Act 2012</i>	Page 94
<i>Local Jobs First Act 2004</i>	Page 94
<i>Financial Management Act 1994</i>	Page 94

Note:

(a) References to FRDs have been removed from the Disclosure Index if the specific FRDs do not contain requirements that are of the nature of disclosure.

# B: The VIFM's Services and Obligations

The VIFM serves the courts and community in accordance with the VIFM's statutory objects and functions as set out in the Victorian Institute of Forensic Medicine Act 1985 (VIFM Act 1985). The following is an overview of the services provided by the VIFM.

SERVICE	SUMMARY	THE VIFM ACT 1985 PROVIDES THAT THE OBJECTS AND FUNCTIONS OF THE INSTITUTE ARE:
<b>Medico-Legal Death Investigation Services</b>	The provision of expert medico-legal reports to the courts, including the Coroners Court of Victoria, families of deceased persons, Victoria Police, legal and medical practitioners and private and public agencies.	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; (ha) to contribute to reducing the number of preventable deaths and to promote public health and safety and the administration of justice; (j) to promote and assist in the performance by the Coroners Court of its functions.
	Forensic scientific analysis of samples received from forensic pathologists, clinical forensic physicians and the provision of expert reports to the courts, Victoria Police, legal and medical practitioners and private and public agencies.	SECTION 66 (1)  (a) to provide facilities and staff for the conduct of examinations in relation to deaths investigated under the Coroners Act 2008;  (ab) to receive a report of a reportable death or a reviewable death for referral to a coroner or the State Coroner (as appropriate) under Part 3 of the Coroners Act 2008;  (ac) to receive a request for an investigation by the coroner into a fire under Division 2 of Part 4 of the Coroners Act 2008 and refer that request to the coroner;  (ad) on behalf of a coroner, to request and receive information about a death or fire that a coroner is investigating;  (ae) to provide assistance and guidance in respect of whether a death is a reportable death or reviewable death to a person who has an obligation to report deaths of that kind under Part 3 of the Coroners Act 2008;  (b) 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;  (c) to identify by radiological or odontological examination or other means the remains of deceased persons whose deaths are being investigated under the Coroners Act 2008;  (d) to conduct other appropriate investigations or examinations in relation to the cause of death of any person;  (e) to properly document and record findings and results of investigations and examinations;  (f) to provide reports to coroners about the medical causes of deaths and the findings and results of investigations and examinations;  (g) to gather information to assist a coroner to identify the senior next of kin of a deceased person;  (h) to provide information to, and obtain information from, family members of a deceased person for the purposes of a medical examination and the coronial process generally; to properly document and record findings and results of investigations and examinations.  (i) to receive a request on behalf of a coroner for an autopsy to be performed on a body in the control of a coroner;  (j) to take possession of a body on behalf of a coroner and to provide for the release of a body following an order made by a coroner under section 47 of the Coroners Act 2008;  (k) to request and receive ante-mortem specimens from hospitals in respect of reportable deaths for the purposes of medical examinations;  (l) to provide information to, and discuss with, the senior next of kin of a deceased person, the coronial process and in particular explain any medical examination to be performed on the deceased as part of the investigation process;  (m) to assist the principal registrar of the Coroners Court to provide information prescribed for the purposes of section 21 of the Coroners Act 2008 regarding the coronial process to the senior next of kin of a deceased person and any other person the principal registrar considers to have a sufficient interest in the investigation under section 21(b) of that Act.
		SECTION 66 (3)  Investigate, assess and instigate appropriate responses in 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 that child constitutes a reviewable death.

<p><b>Clinical Forensic Medicine Service</b></p>	<p>Medico-legal examination of victims of crime and alleged perpetrators, and the provision of expert reports to the courts, Victoria Police, legal and medical practitioners and private and public agencies.</p>	<p>SECTION 64 (2)</p> <p>(f) to provide, promote and assist in the provision of clinical forensic medicine and related services to Victoria Police and government bodies;</p> <p>(g) to promote, provide and assist in under-graduate and post-graduate instruction in the field of clinical forensic medicine in Victoria;</p> <p>(h) to promote, provide and assist in the teaching of and training in clinical forensic medicine within medical, legal, general health and other education programs.</p> <p>SECTION 66 (2)</p> <p>Ensure the provision of clinical forensic medical services to Victoria Police and government bodies in accordance with agreements for services between those bodies and the Institute.</p>
<p><b>Drug Testing Services for Victoria Police</b></p>	<p>The provision of toxicology screening and analysis to Victoria Police in relation to road traffic toxicology, clinical toxicology and occupational toxicology.</p>	<p>SECTION 64 (2)</p> <p>(f) to provide, promote and assist in the provision of clinical forensic medicine and related services to Victoria Police and government bodies;</p> <p>(ha) to contribute to reducing the number of preventable deaths and to promote public health and safety and the administration of justice.</p> <p>SECTION 66 (2)</p> <p>Ensure the provision of clinical forensic medical services to Victoria Police and government bodies in accordance with agreements for services between those bodies and the Institute.</p>
<p><b>Donor Tissue Bank of Victoria</b></p>	<p>The provision of safe tissue to Australian surgeons for transplantation in orthopaedic, cardiothoracic, burns and reconstructive surgery. Tissue is also provided to authorised researchers for the completion of ethically approved research projects.</p>	<p>SECTION 64 (2)</p> <p>(i) to provide tissue banking facilities and services referred to in section 66(4).</p> <p>SECTION 66 (4)</p> <p>(a) to receive tissue taken in accordance with the Human Tissue Act 1982 (whether under Part X of that Act or otherwise) from living persons in Victoria and to process, store and supply the tissue for transplantation to living persons in Victoria or elsewhere or for use, in Victoria or elsewhere, for other therapeutic purposes or for medical or scientific purposes;</p> <p>(b) to remove tissue, or receive tissue taken, in accordance with the Human Tissue Act 1982 from deceased persons in Victoria (whether or not a coroner has jurisdiction to investigate the deaths) and to process, store and supply the tissue for transplantation to living persons in Victoria or elsewhere or for use, in Victoria or elsewhere, for other therapeutic purposes or for medical or scientific purposes;</p> <p>(c) to remove tissue, or receive tissue taken, in accordance with a corresponding law of another State or a Territory and to process, store and supply the tissue for transplantation to living persons in Victoria or elsewhere or for use, in Victoria or elsewhere, for other therapeutic purposes or for medical or scientific purposes;</p> <p>(d) to receive tissue taken in accordance with a corresponding law of a country other than Australia and to process, store and supply the tissue for transplantation to living persons in Victoria or elsewhere or for use, in Victoria or elsewhere, for other therapeutic purposes or for medical or scientific purposes.</p>
<p><b>Academic Programs</b></p>	<p>As the Department of Forensic Medicine for Monash University, advance the training and development of forensic practitioners and increase the evidence basis for the discipline through research.</p>	<p>SECTION 64 (2)</p> <p>(b) to promote, provide and assist in the post-graduate instruction and training of trainee specialist pathologists in the field of forensic pathology in Victoria;</p> <p>(c) to promote, provide 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;</p> <p>(d) 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;</p> <p>(e) to conduct research in the fields of forensic pathology, forensic science, clinical forensic medicine and associated fields as approved by the Council;</p> <p>(ha) to contribute to reducing the number of preventable deaths and to promote public health and safety and the administration of justice.</p>

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# C: Committees.

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

## Executive and Finance Committee (EFC)

The VIFM Council has appointed an Executive and Finance Committee (EFC) to assist in fulfilling its governance responsibilities. The Council has delegated or assigned the following functions to the EFC under its Terms of Reference:

- » Contribute to the development of the VIFM's strategic plan and monitor performance against the plan.
- » Advise the Council about the VIFM's progress towards delivery of the strategic plan.
- » Review and evaluate the annual budget prior to submitting it to Council for approval.
- » Monitor financial performance against the budget and conduct an annual review of financial performance.
- » Monitor the financial governance performance against the checklist in Direction 3.1 of the Standing Directions.
- » Monitor and evaluate the VIFM's operations for efficiency and efficacy.
- » Review and monitor the progress of major capital expenditure, State Budget funding submissions and major contracts.
- » Oversee and monitor the performance of key policies and strategies, as required.
- » Recommend to Council the review of service areas, as required.
- » Review and determine executive level salaries, and
- » Consider any other matters referred to it by Council and or Management.

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

**Members:** Neil Robertson PSM (Chair), The Hon. John Coldrey AM KC, Professor Noel Woodford, Tim Fitzmaurice and Mari-Ann Scott.

**Attendee:** Peter Ford

**Executive Officer:** Carolynne van der Cingel

## Audit and Risk Management Committee (ARMC)

The VIFM Council 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 VIFM. The Council has delegated or assigned the following functions to the ARMC under its Terms of Reference:

- » Independently review and assess the effectiveness of the VIFM's systems and controls for financial

management, performance and sustainability, including risk management.

- » Oversee the internal audit function under Direction 3.2.2 of the Standing Directions of the Minister for Finance 20168 including to:
  - review and approve the internal audit charter;
  - review and approve the strategic internal audit plan prepared under Direction 3.2.2.2(b);
  - review and approve the annual audit work program prepared under Direction 3.2.2.2(c);
  - review the effectiveness and efficiency of the function;
  - advise the agency on the appointment and performance of the internal auditors; and
  - meet privately with internal auditors if necessary.
- » Review annual financial statements and make a recommendation to the VIFM Council as to whether to authorise the statements before they are released to Parliament by the Attorney-General.
- » Review information in the report of operations of financial management, performance and sustainability before it is released to Parliament by the Attorney-General.
- » Review and monitor compliance with the FMA 1994 and the Standing Directions 2018 and advise the VIFM Council on the level of compliance attained.
- » Review and monitor remedial actions taken to address compliance deficiencies.
- » Maintain effective communication with external auditors including by:
  - understanding the external audit strategy and internal audit activities;
  - considering the external auditor's views on any issues, including accounting issues that may impact on the financial statements, financial management compliance issues and other relevant risks impacting the Agency's finances;
  - considering external audit outcomes, including financial and performance audits;
  - providing a standing invitation to the external auditor to attend Audit Committee meetings, and
  - meeting privately at least once each year to ensure frank and open communication.
- » Consider recommendations made by internal and external auditors relating to or impacting on financial management, performance and sustainability and actions to be taken by the VIFM to resolve any issues raised.



- » Regularly review implementation of actions in response to internal or external audits, including remedial actions to mitigate future instances of non-compliance.
- » Review appropriate financial management delegations of authority.
- » Review other strategic policies that are of relevance to the ARMC, including but not limited to delegations, procurement, purchasing and outsourcing to contractors.

**Members:** Neil Robertson PSM, (Chair), The Hon. John Coldrey AM KC, and Tim Fitzmaurice.

**Attendees:** Professor Noel Woodford, Mari-Ann Scott and Peter Ford.

**Executive Officer:** Carolynne van der Cingel

### The VIFM Ethics Committee

The VIFM Ethics Committee is a committee of the VIFM Council. It is constituted and operates in accordance with the National Health and Medical Research Council National Statement on Ethical Conduct in Human Research. The Committee functions are to:

- » Review applications for research involving VIFM data, human tissue or live participants by VIFM staff members or external researchers.
- » Approve the above research applications where they meet the requirements of the National Health and Medical Research Council National Statement on Ethical Conduct in Human Research.
- » Consider and advise on any other ethical issues referred to the Committee by the Director of the VIFM or the VIFM Council.

**Members:** Stephen Nossal (Chair), Coroner Audrey Jamieson, Professor Noel Woodford, Trent Brickle, Professor Belinda Gabbe, Michelle Skinner, Dr Danny Sullivan, The Hon. Frank Vincent AO QC (retired May 2022), and Lynne Wenig JP.

**Attendees:** Professor Richard Bassed

**Executive Officer:** Fiona Leahy

### The Donor Tissue Bank Committee

The purpose of the Donor Tissue Bank Committee is to assist the Council in fulfilling its responsibilities in relation to the *VIFM Act 1985*, *Human Tissue Act 1982* and *Therapeutic Goods Act 1989* including the requirements of Good Manufacturing Practice, the Biological Framework and associated Therapeutic Goods Orders, and ethical guidelines of the National Health and Medical Research Council.

The functions of the Committee are to:

- » Develop a Donor Tissue Bank of Victoria (DTBV) strategic plan for Council's approval and monitor progress against the plan.
- » Approve key operational policies for ensuring regulatory compliance and appropriate evidence-

based application of donor and donation/product risk management in the context of ensuring safety and efficacy of tissue for transplant. Monitor DTBV's compliance against the policies.

- » Periodically review the DTBV's process for monitoring compliance with laws and regulations governing its operations.
- » Monitor the effectiveness of DTBV quality assurance management including but not limited to incidents, audit, TGA compliance, complaint and adverse events handling.
- » Provide a conduit for two-way communication with wider stakeholders as well as tissue users by acting as a clinical user group. Provide clinical and business horizon-scanning to the DTBV service, to inform strategic planning.
- » Ensure matters put before the Committee involving issues of ethical practice are referred to the VIFM Ethics Committee.
- » Monitor the operational and financial performance of the DTBV against the strategic plan and the budget and refer matters to the Executive and Finance Committee and the Audit and Risk Management Committee of Council, where necessary.
- » Review; provide advice; and recommend input into the annual budget to the Executive and Finance Committee, prior to it being submitted to Council for approval.
- » Regularly review DTBV risks in accordance with the VIFM risk management framework.
- » Consider any other matters referred to it by Council and/or management.

**Members:** Tim Fitzmaurice (Chair), Coroner Simon McGregor, Mr Neil Bergman AP, Dr Michael Catton, Dr Hiu Tat Mark Chan, Adjunct Clinical Associate Professor Heather Cleland, AC Luke Cornelius APM, Rhonda Holdsworth, Mr Michael O'Keefe (from July 2021), Mr Peter Skillington, Mr Luke Spencer, Dr Heinrich Bouwer (from May 2022). Stefan Poniatowski (until July 2021), Professor David Ranson (until January 2022)

**Executive Officer:** Stefan Poniatowski (to July 2021), Brendan Sullivan (commenced July 2021).

**Executive Officer:** Charmain Anderson (until October 2021), Laurena Turco (commenced January 2022).

## Internal Management

### The Executive Team

The Executive is a monthly forum convened by the Director and is used to consult about key strategic matters. Additionally, the team is responsible for organisational performance and results including the occupational health and safety and wellbeing of the staff. Its members Chair the Managers' Forum on a rotating basis.

**Members:** Professor Noel Woodford (Chair), Mari-Ann Scott, Professor David Ranson, Professor Richard Bassed, Frances Adamas, Peter Ford, Associate Professor Dimitri Gerostamoulos, Murray Hall, Dr Linda Iles, Dr Maria Nittis, Brendan Sullivan.

**Executive Officer:** Ms Fiona Lawrence

### COVID-19 – Responsible Officers Group

This group met from March 2020 until August 2021.

**Members:** Mari-Ann Scott (Chair), Professor Noel Woodford, Professor David Ranson, Professor Richard Bassed, Frances Adamas, Peter Ford, Associate Professor Dimitri Gerostamoulos, Murray Hall, Dr Linda Iles, Fiona Leahy, Dr Jodie Leditschke, Alison Monaghan (for Margaret Craddock), Maria Nittis, Richard Prokop, Brendan Sullivan.

**Attendees:** Linda Glowacki, Emily Hall, Jeff Lomas, Barb Thorne.

**Executive Officer:** Ms Fiona Lawrence

### Managers' Forum

The Managers' Forum meets monthly for managers to provide regular reports on their team's activities, request assistance from other areas where appropriate, and share positive feedback and achievements for the month.

At the start of 2022, the Chair position was rotated and two meetings were chaired consecutively by the following Executive Team members: Peter Ford, Dr Linda Iles, Dr Maria Nittis.

**Members:** Frances Adamas, Nadia Ambruosi, Paul Anderson, Stephen Ansell, Chantel Bartolo, Soren Blau, Jarrod Boxall, Kara Cattell, David Cauchi, Margaret Craddock, Kerry Crump, Linda Glowacki, Emily Hall, Kellie Hamilton, Dadna Hartman, Elizabeth Jenkins, Michelle Johnson, Dean Krenske, Fiona Leahy, Jodie Leditschke, Jeff Lomas, Tracey Mackay, Helen McKelvie, Tim Malpass, Alison Monaghan, Elizabeth Manning, Natalie Morgan, Lauren Murton, Megan Osbourne, Judith Ross, Jennifer Ryan, Brendan Sullivan, Niki Taxidis, Barbara Thorne, Bernard Wansink.

**Attendees:** Joanne Hanna

**Executive Officer:** Fiona Lawrence

### Occupational Health and Safety Committee

The Occupational Health and Safety (OHS) Committee meets a minimum of four times each year and is a forum for

management and staff to work together to ensure health and safety issues are raised for action at VIFM.

The VIFM's OHS Committee is established in accordance with S.72 of the Occupational Health and Safety Act 2004 and is a joint committee of employees and management.

Specifically, the Committee's role is to:

- » Ensure the identification and investigation of workplace OHS hazards and matters as they occur and make recommendations to the VIFM Executive to address issues.
- » Review incident statistics and examine trends for the workplace to identify problem areas and make recommendations for corrective action.
- » Communicate to all staff about any new OHS legislation, regulations and any other OHS compliance requirements.
- » Review and monitor the annual program of OHS activities including health and safety prevention programs.
- » Commission regular OHS audits and make recommendations to the VIFM Executive about changes required, based on the findings of the audits.
- » Oversee the development and review of safety policies and procedures.
- » Approve staff OHS training and education programs and monitor the uptake of training.
- » Ensure that OHS issues are appropriately reported up to the Executive and the VIFM Council.

The OHS Committee is the peak Committee for all OHS related activities. It has the ability to seek any information it requires to perform its duties and create ad-hoc sub committees to perform OHS related functions and activities.

**Members:** Mari-Ann Scott, Emily Hall, Nan Austin, Frances Adamas, Charlotte Bacsa, Kaitlyn Hart, Jacob O'Donoghue, Richard Prokop, Dr Jason Schreiber, Dr Angela Sungaila.

**Executive Officer:** Fiona Lawrence

### Privacy, Confidentiality and Data Protection Committee

The VIFM has established an internal committee to ensure awareness of privacy, confidentiality and data protection issues across the organisation. The objectives of the Privacy, Confidentiality and Data Protection Committee are to:

- » monitor the VIFM's compliance with privacy legislation, including the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001*, as well as relevant provisions of the *Victorian Institute of Forensic Medicine Act 1985*, the *Human Tissue Act 1982*, the *Coroners Court Rules 2019* and applicable standards for information security
- » regularly review and update the VIFM's privacy, confidentiality and data protection policies
- » develop initiatives to effectively implement the VIFM's privacy, confidentiality and data protection policies, including organising staff training and awareness

activities

- » provide advice, support and training to service areas on matters relating to privacy, confidentiality and data protection
- » identify and discuss privacy, confidentiality and data protection issues that arise at the VIFM and refer suggestions for resolution and/or improvement to the relevant service area manager or to the Managers Forum if appropriate
- » consider at each meeting a summary of CIRCAs (Continuous Improvement Request – Corrective Action) involving privacy, confidentiality and data protection issues, including any complaints.

The Committee's membership includes representatives from service areas across the VIFM. The VIFM Privacy Officer chairs the Committee.

**Members:** Katie Howie (Privacy Officer and Chair), Frances Adamas, Tanya Corocher, Margaret Craddock, Samantha Francis-Peter, Steven Gordon-Saker, Christine Holmes, Tracey Mackay, Alison Monaghan, Richard Prokop, Voula Staikos, Andria Tieppo and Carolynne van der Cingel.

### Quality Review Committee

The Quality Review Committee (QRC) oversees and monitors the VIFM's quality system and operational quality issues including complaints. It reviews: the VIFM Management Review Reports; Internal Audit Program findings; Quality Assurance Program (QAP) performance; and Continuous Improvement – Corrective Action (CIRCA) trends and issues relating to complaints, compliments, equipment, evidence handling, external service, improvement request, internal service, OHSE Issues, safety incidents and QAPs.

The QRC reviews complaints received or any other significant issue affecting the VIFM's service quality. The QRC reviews and monitors results, progress and status of external third-party audits (NATA, ISO, TGA and Global Compliance Certifications).

**Members:** Professor David Ranson (Chair), Ms Frances Adamas (Co-Chair), Professor Noel Woodford, Ms Margaret Craddock, Associate Professor Dimitri Gerostamoulos, Mr Murray Hall, Dr Jodie Leditschke, Mr Brendan Sullivan,

**Executive Officer:** Ms Niki Taxidis

### Research Advisory Committee

The Research Advisory Committee (RAC) reviews submissions for research projects from both internal and external researchers. The RAC determines whether the project constitutes quality assurance or research, ensures that each project has scientific merit, and refers all research projects to the appropriate Human Research Ethics Committee for ethical review.

**Members:** Professor Richard Bassed (Chair), Adjunct Professor Soren Blau, Professor Belinda Gabbe, Dr Joanna Glengarry, Kellie Hamilton, Dr Dadna Hartman, Fiona Leahy, Dr Jo Ann Parkin.

**Executive Officer:** Carolynne van der Cingel

### The Green Team

Dean Krenske (Co-Chair), Fiona Leahy (Co-Chair), Rasika Amarasiri, Nanzy Austin, Robert Coyle, Kellie Hamilton, Janine Hope, Katie Howie, Samantha Joubert, Linda Iles, Fiona Lawrence, Evan Leckenby.

### The Social Club Committee

Jarrod Boxall (Co-President), Joanne Hanna (Co-President and Treasurer), Emily Hall (Co-President and Secretary), Alison Monahan (Co-President), Chantel Bartolo, Kim Conway, Charlie Ford, Elizabeth Gould-Williams, Scott Kurowski, Jeff Lomas, Jennah Orchard.

### Emergency Planning Committee (Facilities)

Mari-Ann Scott (COO VIFM), Carolyn Gale (CEO CCOV), Peter Ford (CFO VIFM), Paul Anderson (Co-Chief Warden VIFM), Emily Hall (Co-Chief Warden VIFM).

**Executive Officer:** Gerard Garson, Manager, Corporate Services CCOV

### Wardens

Paul Anderson (co-Chief Warden), Emily Hall (co-Chief Warden), David Orchard (Deputy Chief), Ben Stewart (Deputy Chief), Shari Bacsca, Elisa Cocciardi, Quade Albert, David Lawson, Evan Leckenby, Ben Thompson, Natalie Price, Oliver Clegg, Theresa Schult, Dani Ellis, Alison Stevenson, Kara Cattell, Lakshan DeRun, Reed Austin, Adam Li, Samantha Francis-Peter Joanne Hanna, Charmain Anderson, Jennifer Ryan, Gaie Russell, Jacob O'Donoghue, Mark Chu, Matthew Di Rago, Melissa Peka, Simona Juzmeska, Voula Staikos, Kaitlyn Hart, Fiona Lawrence, Alison Monaghan, Jill Russell.

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# D: Publications.

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## Journal Articles

- Aitken, G., & Ibrahim, J. E. (2021, July). A proactive nursing home risk stratification model for disaster response: lessons learned from COVID19 to optimize resource allocation. *Journal of the American Medical Directors Association*. <https://doi.org/10.1016/j.jamda.2021.07.007>
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- Chieng, S., Malouf, S., Costa-Pinto, R., Bellomo, R., Gerostamoulos, D., & Wong, A. (2021, December). Severe hand sanitiser (isopropanol) toxicity managed with continuous venovenous haemodiafiltration and angiotensin II. *Clinical Toxicology*, 59(12), 1277-1278.
- Davawala, A., Stock, A., Spiden, M., Daniel, R., McBain, J., & Hartman, D. (2022, February). Forensic genetic genealogy using microarrays for the identification of human remains: the need for good quality samples - a pilot study. *Forensic Science International*, 334 : 111242.
- Dawson, J. L., Sluggett, J. K., Schumann, J. L., Procter, N. G., & Bell, J. S. (2022, January). Fatal poisonings involving clozapine: A 16-year review of Australian coronial investigations. *Australian & New Zealand Journal of Psychiatry*, 56(1), 50-58.
- De Boer, H. H., Berger, C. E. H., & Blau, S. (2021, December). Providing a Forensic Expert Opinion on the "Degree of Force": evidentiary considerations. *Biology*, 10(12), 1336.
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## Books and Book Chapters

McKenna, L., Brown, T., Oliaro, L., Williams, B., & Williams, A. (2021, July). Listening in health care. In D. L. Worthington & G.D. Bodie, *The Handbook of listening* (pp. 373-383). Wiley & Sons.

Cordner, S.M., & Tidball-Binz, M. (2022, June). Chapter 19. The guiding principles for the dignified management of the dead in humanitarian emergencies. In R. Parra & D. Ubelaker, *The Anthropology of violent death: theoretical foundations for humanitarian forensic action*. Wiley & Sons.

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# E: Presentations.

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Blau, S. (2021, August). *Documentation: photographing skeletal remains*. [Virtual]. Victorian Aboriginal Heritage Council.

Blau, S. (2021, December). *Understanding taphonomic processes in forensic anthropology. Approaches and complexities*. [Virtual]. Invited speaker - Annual Academic Session of the College of Forensic Pathologists of Sri Lanka.

Blau, S. (2022, May). *Sisters in Crime – The Rights and Wrongs of Forensic Science*. [Panel member]. 16th Law Week Event. Sir Zelman Cowen Centre, Victoria University.

Blau, S. (2022, June). *VIFM and the role of forensic anthropology in the search and examination of human remains*. [Presentation]. Craigieburn SES Headquarters, Victoria.

Byrne, K., & Sammut, S. (2022, May). *Clinical Forensic Photography for Monash Children's Hospital*. The Victorian Institute of Forensic Medicine, Southbank, Victoria.

Castle, J., Di Rago, M., Joubert, S., Chu, M., Glowacki, L., & Gerostamoulos, D. (2022, April). *Application of the HighResNPS.com database and Agilent All Ions workflow for new psychoactive substances (NPS) analysis by liquid-chromatography-quadrupole time-of-flight-mass-spectrometry (LC-QTOF-MS)*. Forensic & Clinical Toxicology Association Inc. 2022 Meeting, Brisbane, Australia.

Cordner, S. (2021, November). *Lessons from the front line of forensic pathology*. [Virtual]. Philippines Society of Pathologists.

Cordner, S., Adamas, F., & Ross, A. (2021, November & December). *Quality Management*. [Virtual]. Medico Legal Directorate, Baghdad, Iraq.

Cordner, S., & Burrige, K., (2022, March). *Asphyxia and the likely wrong conviction of Mrs Folbigg*. [Lunchtime colloquium]. Faculty of Arts, Monash University, Victoria.

Cordner, S. (2022, March). *The Great Divide: Bridging the gap of trust*. [Virtual]. 3rd Belize Forensic Science Symposium, Belize.

Cordner, S. (2022, June). *Medico-Legal Death Investigation (MLDI): Objectives, Requirements, Impact, Public Health and General Aspects Part 1 & 2*. [Virtual]. ICRC Thematic Webinar. Clinical Forensic Photography for Monash Children's Hospital.

Cunningham, N. (2021, September). *Lessons learned from Victorian Coroners cases*. [Virtual]. High Risk Emergency Medicine Meeting.

Cunningham N. (2021, September). *Q&A Challenging Case Panel Discussion; and Expert Quick Hits – So you have to go to court. Now what?* [Virtual]. Emergency Medicine not in the Textbook. Regional Emergency Teaching Workshop.

Davey, J. (2021, December). *Ancient Egyptian Mummification and Modern Medical Technology*. Australia & New Zealand Association of Clinical Anatomists Conference, La Trobe University, Victoria.

Davey, J. (2022, February). *Ancient Egypt and Mummy Studies*. Leibler Yavneh College, Elsternwick, Victoria.

Davey, J. (2022, February). *Examination of ancient Egyptian mummies - the value of modern medical and Scientific Technology*. RMIT Research Collective, Victoria.

Davey, J. (2022, June). *Forensic Egyptology & Tutankhamun*. 6th Australasian Egyptology Conference, Macquarie University, NSW.

Davey, J. (2022, June). *Forensic Egyptology & Tutankhamun*. Australia Egypt Fund Inc.

Albert Park Yacht Club, Melbourne, Victoria.

De Boer, H., & Fronczek, J. (2022, March). *Bayes' theorem and the logic of forensic pathology opinion*. RCPA Update, Sydney, NSW.

De Boer, H., & Berger, C. E. H. (2022, June). *Use of Bayesian Inference in Interpretation in Forensic Anthropology*. European Academy of Forensic Science Conference, Stockholm, Sweden.

Glengarry, J. (2022, February). *Critical Examination of Forensic Pathology Evidence*. Victorian Criminal Bar Association. Foley's February Legal Education Series, Melbourne, Victoria.

Joubert, S., Di Rago, M., Castle, J., Crump, K., Glowacki, L., Gerostamoulos, D., & Woodford, N. (2022, April). *Deaths linked to etizolam and other novel benzodiazepines*. Forensic & Clinical Toxicology Association Inc. 2022 Meeting, Brisbane, Australia.

Kennedy, B. (2021, November). *Preventing violent death in older Australians using the perspective of 15 years of data*. 54th Australian Association of Gerontology Conference, Melbourne, Victoria.

Lynch, M. (2022, March). *The Maternal Death Review*. [Pathology Update]. Royal college of Pathologists of Australasia, Sydney, NSW.

Price, N. (2021, August). *Forensic Technical Services – Mortuary*. [Virtual]. Deakin University, Victoria.

Rowbotham, S. (2021, October). *Forensic anthropology: research to inform practice*. [Virtual]. Western Sydney University, NSW.

Rowbotham, S. (2022, June). *Skeletal trauma in forensic anthropology: informing practice through research*. Biological Anthropology Research Seminar, Australian National University, Canberra, Australian Capital Territory.

Syrjanen, R. (2022, April). *Acute intoxications involving novel benzodiazepines in the Australian EDNAV cohort 2020-2021*. Forensic and Clinical Toxicology Association, Brisbane, QLD.

Taxidis, N. (2022, April). *VIFM Toxicology Project – Oral Fluid Process*. Toyota Production System Support Centre, Australia Conference 2022, Altona North, Victoria.

Wells, D. (2022, February). *The traumatized witness and the Court: generating change*. [Virtual]. ASEAN - Australia Counter Trafficking, Bangkok, Thailand.

Wells, D. (2022, April). *Sexual violence: a hidden epidemic*. [Virtual]. International Committee of the Red Cross, Geneva, Switzerland.

Wells, D. (2022, May). *The Cost of Violence*. Australian Dental Association. Kooyong Tennis Club, Kooyong, Victoria.

Wells, D. (2022, June). *Medical response to sexual violence*. [Virtual]. Asia-Pacific Medico-Legal Association.

Woodford, N. (2021, November). *CoVID 19 Vaccine-related deaths*. [Virtual]. Asia Pacific Medico-Legal Agencies Annual Scientific Meeting.



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# F: Staff by Department.

## as at 30th June 2022

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### Executive Team

**NOEL WOODFORD** - MBBS LLM DMJ(Path) FRCPA FRCPATH

Director of the VIFM

**MARI-ANN SCOTT** - BEcon(Hons) MPhil MAICD

Chief Operating Officer

**DAVID RANSON** - BMedSc BM BS LLB FRCPATH FRCPA  
FACLM FFLM FFCFM DMJ(Path)

Deputy Director, Forensic Services (also Master of  
Forensic Medicine Unit Coordinator)

(to December 2021)

**RICHARD BASSED** - BDS DipForOdont PhD FFOMP(RCPA)

Deputy Director, Academic Programs

Professor of Forensic Medicine, Monash University

Head, Department of Forensic Medicine, Monash  
University

**FRANCES ADAMAS** - BSc(Hons) MBiotechBus

Manager, Quality and Improvement

**PETER FORD** - FCCA

Chief Finance Officer

**DIMITRI GEROSTAMOULOS** - BSc(Hons) PhD FFSc(RCPA)

Head, Forensic Sciences (also Master of Forensic  
Medicine Unit Coordinator)

**MURRAY HALL** – MBA BAppSc BE

Chief Information Officer

**LINDA ILES** - BMSc MBBS(Hons) FRCPA DMJ(Path)

Head, Forensic Pathology

**MARIA NITTIS** - MBBS, FFLM (UK), FFCFM (RCPA), FACLM,  
FACBS, MForMed, MLegMed

Head, Clinical Forensic Medicine

Adjunct Clinical Associate Professor

**BRENDAN SULLIVAN** – BPharm AssDipMkt MBA

Head, Donor Tissue Bank of Victoria

**FIONA LAWRENCE**

Executive Administration Officer

# Forensic Services Management Team

## The Forensic Services Division

(led by Deputy Director Professor David Ranson to December 2021. Professor Noel Woodford, from January 2022)

### Management Team

DIMITRI GEROSTAMOULOS - BSc(Hons) PhD FFSc(RCPA)	Head, Forensic Sciences (also Master of Forensic Medicine Unit Coordinator)
LINDA ILES - BMSc MBBS(Hons) FRCPA DMJ(Path)	Head, Forensic Pathology
MARIA NITTIS - MBBS, FFLM (UK), FFCFM (RCPA), FACLM, FACBS, MForMed, MLegMed	Head, Clinical Forensic Medicine Adjunct Clinical Associate Professor
MARGARET CRADDOCK	Business Operations Manager, Forensic Services
SOREN BLAU - BA(Hons) MSc PhD FFSc(RCPA) CF	Manager, ID Services and Head Forensic Anthropology (also Master of Forensic Medicine Unit Coordinator)
DAVID CAUCHI - BSc	Manager, Histology
JOANNE HANNA - BAppSc	Senior Scientist, Histology (Acting Manager from September 2021)
LINDA GLOWACKI - BAppSc(Hons) PhD MRACI CChem	Manager, Toxicology
DADNA HARTMAN – BSc(Hons) PhD GCertPubSecMgmt FFSc(RCPA)	Manager, Molecular Biology
JODIE LEDITSCHKE – PhD FFSc(RCPA)	Manager, Forensic Technical Services and CAE
BARBARA THORNE - BA GradDipCrim	Senior Policy Advisor, Forensic Services (to March 2022)

### Operations

STEPHEN CORDNER - AM MA MBBS BMedSc Dip Crim DMJ(Path) FRCPATH FRCPA	Forensic Consultant Specialist
MELANIE ARCHER - BSc(Hons) PhD MBBS FRCPA	Consultant Forensic Pathologist
YELIENA BABER - MBBS MRC SEd FRCPath	Consultant Forensic Pathologist
PAUL BEDFORD - MBBS FRCPA DipForensPath	Consultant Forensic Pathologist
BRIAN BEER - MBBS FRCPA DipForensPath, CAS FIV	Consultant Forensic Pathologist
HEINRICH BOUWER - MBChB FRCPA	Consultant Forensic Pathologist
MICHAEL BURKE - MBBS BSc FRCPA DipForensPath	Consultant Forensic Pathologist
VICTORIA FRANCIS - MBBS MSc BA(Hons) FRCPA	Consultant Forensic Pathologist
JOANNA GLENGARRY - MBChB(Dist) FRCPA DipForensPath	Consultant Forensic Pathologist
MATTHEW LYNCH- MBBS LLB(Hons) FRCPA DipForens Path DMJ(Path)	Consultant Forensic Pathologist



SARAH PARSONS - BMedSc(Hons) MBBS(Hons) (Tas) FRCPA	Consultant Forensic Pathologist
GREG YOUNG - MBChB BHB FRCPA	Consultant Forensic Pathologist
JUDITH FRONCZEK - MD, PhD	Consultant Forensic Pathologist
HANS DE BOER - MD, PhD	Consultant Forensic Pathologist
CHONG ZHOU - MBBS PhD FRCPA	Consultant Forensic Pathologist
JOANNE CHI YIK HO - MBBS MPHTM GD-SURGANT FRCPA	Consultant Forensic Pathologist
JAGBIR GREWAL – MBBS, BSc	Forensic Pathology Registrar
CHRISTOPHER O'DONNELL - MBBS MMed GDipForMed FRANZCR	Consultant Forensic Radiologist
KAREN BYRNE - BAppSc(Photo)(Hons)	Specialist Forensic Photographer
STEPHEN SAMMUT	Specialist Forensic Photographer
NATALIE MORGAN - RN GDipGenetCouns	Family Health and Genetic Nurse Specialist
MELANIE HALLORAN - RN BN	Family Health Nurse
BIANCA SZYMANSKI - RN BN	Family Health Nurse
JEREMY GRAHAM - LDS BDS Sc DipForOdont MPhil GradCertHighEd FFOMP(RCPA) FICD	Consultant Forensic Odontologist (also Master of Forensic Medicine Unit Coordinator)
LYNDALL SMYTHE - BDS DipForOdont	Consultant Forensic Odontologist (also Master of Forensic Medicine Unit Coordinator)
SAMANTHA ROWBOTHAM - BA MArSc(Hons) PhD	Forensic Anthropologist - Casework and Research
TRACEY MACKAY - RN BN MNursSc(NursPrac) GradCertNg(CritCare) Cert(MentalHealth) CertAOD	Assistant Manager, Coronial Admissions and Enquires
ALEXANDRA WRIGHT	Medico-Legal Executive Assistant, CAE
JILL RUSSELL	Medico-Legal Executive Assistant, CAE
DIANA AQUILINA	Medico-Legal Executive Assistant, CAE
REED AUSTIN - BA NREMT	Medico-Legal Executive Assistant, CAE
DEBBIE BROADHURST	Medico-Legal Executive Assistant, CAE
PATRICIA DE SANCTIS	Medico-Legal Executive Assistant, CAE
MELROY PEREIRA - BSW(SocWk) MSc	Medico-Legal Executive Assistant, CAE
CATHERINE PIETRZAK - BSocSc(Psych/Soc) GDipArts(ArtHist) GCertArts(CinSt)	Medico-Legal Executive Assistant, CAE
REBECCA ADOLPH - RN BN GradCertNg(CritCare)	Medical Liaison Nurse, CAE
BREANNA APPLEBY	Medical Liaison Nurse, CAE
MICHELLE ADAMS	Medical Liaison Nurse, CAE

SINEAD BLAMIREs - BHSc(Nursing) CCRN	Medical Liaison Nurse, CAE
JOSHUA BLAKE	Medical Liaison Nurse, CAE
JESSICA DE VRIES - RN BN	Medical Liaison Nurse, CAE
ELISE DOHERTY - RN BN GradCertNg(CritCare)	Medical Liaison Nurse, CAE
ANDREA DURONJIC - RN BN GradCertNg(CritCare)	Medical Liaison Nurse, CAE
YUEN FUNG - RN BN GradCertNg(CritCare)	Medical Liaison Nurse, CAE
GEORGINA GILBERT - RN BN GradDipNg(CritCare)	Medical Liaison Nurse, CAE
LINDA HAIN - RN BN	Medical Liaison Nurse, CAE
JOANNE HANSEN	Medical Liaison Nurse, CAE
TERESA LIMOND - RN BN CCRN	Medical Liaison Nurse, CAE
SARAH LONG – RN BN	Medical Liaison Nurse, CAE
EMMA MACKENZIE - RN BN CertTAA GradCertNg(CritCare)	Medical Liaison Nurse, CAE
ALYSIA PANOPOULOS	Medical Liaison Nurse, CAE
KRISTEN ROBINSON - RN	Medical Liaison Nurse, CAE
SHAREE SCOTT - RN BN GradCertNg(CritCare)	Medical Liaison Nurse, CAE
FIONA SMITH	Medical Liaison Nurse, CAE
SANDRA TAYLOR - RN DipAppSci(Nursing)	Medical Liaison Nurse, CAE
TAMARA WILSON - RN BN GradCertEmergNurs	Medical Liaison Nurse, CAE
RACHAEL IOUSA	Medical Administration and Quality Review Officer, CAE
MEGAN OSBORNE - BSc(ForSc) CertMortPrac CertLead&Mgt	Assistant Manager, Forensic Technical Services
HELEN MESSINIS	Senior Quality Improvement Officer, FTS
CATHERINE VINCENT - BAppSc(MIT)	Forensic Radiographer, FTS
MIRANDA NORTHEY	Forensic Radiographer, FTS
KEITH BRETHERTON	Senior Forensic Technical Officer, FTS
EVAN LECKENBY - BAppSc(MedSc)	Senior Forensic Technical Officer, FTS
JENNAH ORCHARD - BBiolSc CertIII(Path)	Senior Forensic Technical Officer, FTS
SUZANNE BAUER	Forensic Technical Officer, FTS
PETER BURY - DipMedLabSc DipPhoto	Forensic Technical Officer, FTS
KARA CATTELL	Forensic Technical Officer, FTS
CHLOE CLARINGBOLD - BForensicSc	Forensic Technical Officer, FTS

ELISA COCCIARDI - BBiomedSc(LabMed)	Forensic Technical Officer, FTS
WADE CORDEROY - BSc(Hons) GradDipEd(Sec) GDipForSci	Forensic Technical Officer, FTS
JOANNA COTSONIS - BA/BMus	Forensic Technical Officer, FTS
JASON EGAN - CertFunServ(Embalm)	Forensic Technical Officer, FTS
KIRBY LAW - BForensicSci	Forensic Technical Officer, FTS
DAVID LAWSON - BAppSc(Bio/Biotech)	Forensic Technical Officer, FTS
BRIAN LLOYD	Forensic Technical Officer, FTS
TIMOTHY MALPASS	Forensic Technical Officer, FTS
DANIELLE STEVENS - CertMortPrac	Forensic Technical Officer, FTS
ALISON STEVENSON - BForensicBiotech	Forensic Technical Officer, FTS
ERIN OLSEN	Forensic Technical Officer, FTS
EMMA COWLEY	Forensic Technical Officer, FTS
CHARLOTTE BACSA	Forensic Technical Officer, FTS
QUADE ALBERT	Forensic Technical Assistant, FTS
KAITLYN BREWSTER	Forensic Technical Assistant, FTS
BELINDA BROOKER	Forensic Technical Assistant, FTS
OLIVER CLEGG	Forensic Technical Assistant, FTS
MITCHELL DAWS	Forensic Technical Assistant, FTS
SOPHIE KRAMME	Forensic Technical Assistant, FTS
NATALIE PRICE	Forensic Technical Assistant, FTS
THERESE SCHULT	Forensic Technical Assistant, FTS
BEN THOMPSON	Forensic Technical Assistant, FTS
MARY MICALLEF	Cleaner (Mortuary), FTS
CAROLINE BOLT – MBChB FACEM	Consultant Forensic Physician, CFM
NICOLA CUNNINGHAM – B.Med MforensMed MHlth&MedLaw FFCFM (RCPA) FACEM	Consultant Forensic Physician, CFM
SANJEEV GAYA – MBBS DMJ(Clin) MFFLM MForensMed FFCFM(RCPA)	Consultant Forensic Physician, CFM (also Master of Forensic Medicine Unit Coordinator)
RAYMUN GHUMMAN -BA/BSc MBBS GcertIntl&ComnDev DCH FRACGP	Consultant Forensic Physician, CFM
ALEXANDRA MARCEGLIA – MBBS DipVen GdipEpiBioStat MforensMed FRACGP FACHSHM(RACP)	Consultant Forensic Physician, CFM

RACHEL MARR – MBBS(Hons) FRACGP	Consultant Forensic Physician, CFM
MAAIKE MOLLER - MBChB BSc(Hons) MForensMed MSc MRCOG DTM&H DMCC FFCFM(RCPA) AFRACMA PGCertMedTox	Consultant Forensic Physician, CFM
JO ANN PARKIN – Bed BappSc(Hons) MBBS MforensMed FFCFM(RCPA)	Consultant Forensic Physician, CFM (also Master of Forensic Medicine Unit Coordinator)
JASON SCHREIBER – German Medical State Examination (AMC Certificate Holder), LLM, FFCFM, MFFLM, MForensMed, MScMedTox, MHlthServMt, AFRACMA, LawsPGDip, PGDipFLM, PGDipMedTox	Consultant Forensic Physician, CFM
ANGELA SUNGAILA – MBBS MforensMed JD GDLP FFCFM(RCPA)	Consultant Forensic Physician, CFM
ANGELA WILLIAMS – MBBS MforensMed GradDipLaw FFFLM GAICD MBA FFCFM(RCPA) MPH MHM AFRACMA	Consultant Forensic Physician, CFM
JANINE ROWSE – MBBS PGDipPH FRACGP	Consultant Forensic Physician, CFM
PHILLIPA BROOK – BbiomedSc MBBS	Senior Forensic Medical Registrar, CFM
LIYASHA GOONETILLEKE – MBBS DRANZOG	Career Medical Officer, CFM
ADAM WILSON – MBBS, BSc, FRACGP	Career Medical Officer, CFM
CASEY WELSH	Forensic Medical Registrar, CFM
DAPHNE COHEN - MBChB	Forensic Medical Registrar, CFM
GENEVIEVE SESNAN	Forensic Medical Registrar, CFM
KATHERINE WATSON - MBBS, B. MED. SCI. (HONS.)	Forensic Medical Registrar, CFM
ALISTAIR RICHARDSON	Forensic Medical Registrar, CFM
LEWIS O'BRIEN	Forensic Medical Registrar, CFM
CLAIRE HARRISON - MB BCh BAO BMedSci MRCSI FRACGP	Forensic Medical Registrar, CFM
MARDI BECK	Forensic Medical Registrar, CFM
ADELE O'HEHIR – RN Bed BN ProfHon(Forensics) GradCert (CritCare) GradCert (Emerg)	Forensic Nurse Network Coordinator
NADIA AMBRUOSI	Assistant Manager, Forensic Services Support (Acting in role from April 2022)
GABRIELLE CONNERS	Client Services Officer
ALEXANDRA HANNA	Client Services Officer
ELIZABETH DALY	Administrative Assistant
SARABJEET DEV – BSc (PCM)	Senior Forensic Stenography and Records Officer
NOELLE LARGE	Forensic Stenography and Records Officer

KAUSTUBHA SHUKLA	Forensic Stenography and Records Officer
MARILYN SKUPEK	Forensic Stenography and Records Officer
GAIE RUSSELL	Senior Receptionist
BRANDON THOMAS – BBus GradDipFinPlan	Client Services Officer
ANDRIA TIEPPO – BSocSc(Psych)	Client Services Officer
ANNE DICKINSON	Client Services Officer
ROBERT COYLE – DipLabTech	Scientist, Histology
MICHAEL PAIS – BAppSc	Scientist, Histology
NABILAH AMDANI – BSc(BioTech) MlabMed	Technical Officer, Histopathology / Toxicology
APRIL STOCK – BSc(Hons)	Senior Scientist, Molecular Biology
LINDA BENTON – BSc	Scientist, Molecular Biology
ZOE BOWMAN – BAppSc(LabMed)	Scientist, Molecular Biology
GEMMA CARTER – BSc(Hons) PhD	Scientist, Molecular Biology
ASHIL DAVAWALA – BSc GradDip(BioTech) GradDip(MedLabSc)	Scientist, Molecular Biology
ANDREW COVENTRY – BScAdv(Hons)	Scientist, Molecular Biology
KAITLYN HART – BA/BSc(Hons)	Research Assistant, Molecular Biology
VALERIE CHAHIN ATALLAH	Research Assistant, Molecular Biology
OLAF DRUMMER – Dr.h.c.(Antwerp) FFSC FRCPA FACBS Cchem PhD(Med) BappSc(Chem) Hon FFFLM	Forensic Toxicology Consultant Specialist
KERRY CRUMP – DipAppSc BappSc MSc	Assistant Manager, Toxicology
ELIZABETH JENKINS – BSc(Hons) MSc MIBMS	Assistant Manager, Toxicology
JENNIFER SCHUMANN – BSc(Hons) PhD	Senior Research Fellow, Toxicology
MARK CHU – BSc(Hons) PhD	Senior Scientist, Toxicology
MATTHEW DI RAGO – BAppSc	Senior Scientist (Analytical Specialist), Toxicology
NATALIA GEORGE – BAppSc MBA	Senior Scientist, Toxicology
ALEXANDER KOTSOS – BSc MSc	Senior Scientist, Toxicology
VICTORIA MCCOMBE – BSc(Hons)	Senior Scientist, Toxicology
MARIA PRICONE – BSc(Hons)	Senior Scientist, Toxicology
VOULA STAIKOS – BAppSc	Senior Scientist, Toxicology
KATHERINE WONG – BSc(Hons)	Senior Scientist, Toxicology



JESSICA FERNANDEZ – BSc(Hons)	Senior Scientist, Toxicology
JARED CASTLE – BSc(Hons) PhD	Research Scientist, Toxicology
LACHLAN ARENTZ – BSc(Hons)	Scientist, Toxicology
HANNAH DOUBLE – BSc	Scientist, Toxicology
CATHERINE CAMILLERI	Scientist, Toxicology
SCOTT FLETCHER – BSc, MSc(Chem)	Scientist, Toxicology
ELIZABETH GOULD-WILLIAMS – BSc	Scientist, Toxicology
CATHLEEN JAN – GradDipLabMed BSc	Scientist, Toxicology
SAMANTHA JOUBERT – BSc Bforensics	Scientist, Toxicology
IRENE KANTZIDIS – BAappSc	Scientist, Toxicology
MONTANNA LEVEQUE – BPharmSc(Hons)	Scientist, Toxicology
DYLAN MANTINIEKS – BBiomedSc(PharmSc)(Hons)	Scientist, Toxicology
WILLIAM MCMASTER – BSc, PhD(Chem)	Scientist, Toxicology
LOREDANA MONFORTE – BBiomedSc	Scientist, Toxicology
LAURA MUNFORTE – BSc(Hons) GradDipLabMed)	Scientist, Toxicology
SARAH NASMARK – BSc(Hons)	Scientist, Toxicology
ALEXANDRA NIKOLICH – BSc(Hons)	Scientist, Toxicology
MELISSA PEKA – BSc	Scientist, Toxicology
LILLIAN ROBERTS – BSc(Hons)	Scientist, Toxicology
STEVEN STEFANOVSKI – BBiomedSc (Hons)	Scientist, Toxicology
JOSEPHINE TRUONG – BForensicSc(Hons)	Scientist, Toxicology
LILY TUONG – BPharmSc(Hons)	Scientist, Toxicology
THAM VU – BSc(Hons)	Scientist, Toxicology
GRACE WANG – BSc	Scientist, Toxicology
SOPHIE WIDDOP	Scientist, Toxicology
ROWENA ZAMMIT – BSc	Scientist, Toxicology
AMY BIMPSON – BSci(Hons)	Technical Officer, Toxicology
PRIYA BOSE – BSc MSc	Technical Officer, Toxicology
ELISSA GIFFORD – BSc Bcrim	Technical Officer, Toxicology
MARKO GRBIC – BPSc(Hons)	Technical Officer, Toxicology

SIMONA JUZMESKA – BForensicSc/Bcrim	Technical Officer, Toxicology
SCOTT KUROWSKI – BSc(Hons)	Technical Officer, Toxicology
JAMIE MACKENZIE – BSc	Technical Officer, Toxicology
JACOB O'DONOGHUE – BSc	Technical Officer, Toxicology
LACHLAN SCULLY – BSc	Technical Officer, Toxicology
VERITY BALTUTIS – DipLang(Chinese) BSc	Technical Assistant, Toxicology

## **Academic Programs** (incorporating the Monash University Department of Forensic Medicine)

**Academic Programs is led by Deputy Director Richard Based**

RICHARD BASED – BDS DipForOdont PhD FFOMP(RCPA)	Professor of Forensic Medicine, Monash University Head, Department of Forensic Medicine, Monash University
JENNIFER RYAN – BA MCrim	Manager, Academic Programs (to February 2022) Project Manager - Monash University Sexual Violence Project
ALISON MONAGHAN – BCCJ DipJus	Manager, Academic Programs (part-time from February 2022)
ELIZABETH MANNING – BA(Hons) PhD(SocSc)	Manager, National and International Programs
KATHRYN EASTWOOD – BSc BN DipAmbParaStudies BparamedicStudies GradDipEmerHlth(MP) MemergHealth(Pmed) GradCertHigherEd PhD	Research Fellow
ALEXANDER GILLARD – BA MM	Instructional Designer, Monash University Sexual Violence Project
SHESHA JANAKIRAM	Research Assistant
JO-ANNE M MAZZEO – BA LLB	Course Coordinator, Undergraduate Programs (dual role also Monash University Department of Forensic Medicine)
TIMOTHY MONTGOMERY – BCreativeArts	Postgraduate Administration Officer
ALASTAIR ROSS – MAppSc BAppSc GradDipBA	Forensic Medicine Unit Coordinator Graduate & Undergraduate
MADISON SIMPSON	Research Assistant
SARAH TRAVERS – BA(Hons) CertTrain&Dev	Postgraduate Administration Officer
JOANNE CHILA – Bleg&DipSt	Administration Officer
ABHIJEET WALIA	Finance and Administration Officer

EMMA WARD	Research Assistant
DAVID WELLS – OAM MA MBBS DMJ GradCertHigherEd DipRACOG FRACGP FFCFM(RCPA)	Associate Professor. Senior Education Coordinator / Clinical Forensic Medicine Consultant
MEGHAN WRIGHT – BScAdvGIBIChal (Hons)	Research Assistant
REENA SARKAR - PhD, MDS, BDS	Research Fellow
AMELIA C GROSSI	Research Assistant
KATHRYN ROUGH – DipTeach GradDipInfoMgt	Senior Librarian

## Monash University Department of Forensic Medicine (excluding sessional and adjunct appointments)

STEPHEN CORDNER – AM PSM MA MB BS BmedSc DipCrim DMJ FRCPath FRCPA	Professor Emeritus, Department of Forensic Medicine, Monash University
OLAF H. DRUMMER AO – Dr.h.c.(Antwerp) PhD(melb) FRCPA FFSC FACBS Hon FFFLM Cchem BappSc(RMIT)	Professor Emeritus, Department of Forensic Medicine, Monash University
JOAN OZANNE-SMITH AO – MBBS, MA (prelim), MPH, MD, FAFPHM	Professor Emeritus, Head Injury Prevention Research Unit
JOSEPH IBRAHIM – MBBS, GradCHE, PhD FAFPHM, FRACP	Professor, Head, Health, Law and Ageing Research Unit, Department of Forensic Medicine, Monash University
LYNDAL BUGEJA – ARC DECRA Fellow PhD, BA (Hons)	Associate Professor, Research Lead, Violence Investigation, Training and Research Unit, Department of Forensic Medicine, Monash University
DAISY SMITH – BA Applied Science (psychology)	Research Assistant
BEBE LOFF – BA, LLB, MA, PhD	Director, Michael Kirby Centre for Public Health and Human Rights, Department of Forensic Medicine, Monash University
LIZ BISHOP – BA LLB SJD	Senior Lecturer, Michael Kirby Centre for Public Health and Human Rights, Department of Forensic Medicine, Monash University
BIANCA LANG – Graduate Certificate in Compliance and Risk Management, Diploma of Quality Auditing, Advanced Diploma in Event Management	Senior Project Officer, Department of Forensic Medicine, Monash University
ANNA CARTWRIGHT – BScAdv (Hons)	Project Officer, Department of Forensic Medicine, Monash University
ASHLEIGH STEWART – PhD, MPH, BNurs	Postdoctoral Research Fellow
NICK DEMPSEY – BA(Hons)	Research Fellow
HAYLEY DUNCAN	Research Assistant
YASMEEN GEORGE	Research Fellow

## Donor Tissue Bank of Victoria

SUSAN DICKIE – BN	Nurse Manager
MICHELLE JOHNSON – BASc(BioMedSc)	Operations Manager, DTBV
CHARMAIN ANDERSON, BA	Administration Officer (to December 2021)
LAURENA TURCO	Administration Officer (from January 2022)
CAROLE SPENCE	Project Support Officer (to March 2022)
KELLIE HAMILTON – BSc(Hons)	Senior Scientist
KIMBERLY CONWAY – BHlthSc(Paramedic)	Scientist
KATY SADLER – MSc	Scientist
BEN STEWART – BSc	Scientist
SARAH COOPER – BSc	Technician
LARA HEDDLES – BSc	Technician
NIRUPA THANTIRIGE – BSc	Technician
ELENA WEDGWOOD - BSc	Assistant
BONITA LAU – BSc	Technician
VIVIEN CHAO BradiationSc MradTher	Technician
TYRA REES – BSc(Hons)	Senior Microbiologist
MICHAEL GREEN – BSc	Technician
HELEN ZISIS – BAppSc(MedLab) GCertHumNutr	Microbiologist
KATHLEEN GORDON	Microbiologist
CHANTEL BARTOLO – BN GCertNurs(ICU)	Tissue Donation Nurse Specialist
SAMANTHA FRANCIS-PESTER – RN GcertCR	Tissue Donation Nurse Specialist
GEORGINA LADEMANN – BNSc BAppSc(HumMvmt) GDipNurs(ICU)	Tissue Donation Nurse Specialist
JANINE HOPE – MN(CritC) BSc(Nursing)	Tissue Donation Nurse Specialist

# Corporate Services and Development

The Corporate Services and Development Division is led by Chief Operating Officer Mari-Ann Scott

## Management Team

FRANCES ADAMAS – BSc(Hons) MbiotechBus	Manager, Quality and Improvement
PETER FORD – FCCA	Chief Finance Officer
MURRAY HALL – MBA BaSc BE	Chief Information Officer
FIONA LEAHY – LLB(Hons) BA	Manager, Legal, Governance and Policy
JEFF LOMAS – BAJ GradDipSocSc(Gestalt Therapy)	Manager, Mental Health and Wellbeing
	Manager, Human Resources and Organisational Development
RICHARD PROKOP – BBA	(to March 2022)
BARBARA THORNE - BA GradDipCrim	Manager, People, Culture and Safety
	(from March 2022)

## Corporate Staff

STEPHEN ANSELL – FCCA	Management Accountant
PAUL ANDERSON	Facilities & Supplies Officer
	Finance and Supplies Officer
EMILY DELVES – CertAcc	(to January 2022)
ANBREEN GILANI	Finance Officer (from April 2022)
IAN HILL – FCIPS MBA	Senior Procurement Officer
STEVEN CONNELLY	Procurement & Commercial Manager
DEAN KRENSKE – Bbus	Facilities Coordinator
XIANG (ADAM) LI – BinfoSys	Purchasing and Supplies Officer
ALISON MONAGHAN – BCCJ DipJus	Senior Policy and Continuous Improvement Officer (from April 2022)
LAUREN MURTON – BA/Bcom DipModLang CPA	Financial Accountant
MARGARET STOLKE	Finance Officer
CATHERINE HOWIE – BA LLB	Senior Legal Policy Officer
HELEN MCKELVIE – BA LLB MMgtL(OD)	Internal Consultant – Planning
CAROLYNNE VAN DER CINGEL – BA	Policy Officer, Board and Committee Secretariat
KIT SWINGLER, BSc	Facilities Officer



MARINA GEORGE – BBA(HRM)	Human Resource/Payroll Consultant
	Human Resource/Payroll Consultant
LISA OMER	(to December 2021)
PAUL WEARING – CIPD UK, Cert IV OHS, MHFAA, BA HONS Hosp Mgt	Senior Human Resources Advisor
	Senior Project Manager Workforce Planning and Development
DENISE ALISTER – DipProjMgt, CertBus	(from June 2022)
	OHS Advisor and Coordinator
EMILY HALL – BSc MFCSc MBA(Exec) CertTAA CertWHS	From March 2022, Manager, Safety, Mental Health and Wellbeing
NANZY AUSTIN – MBA (Technology Management), MMgt (Personal Injury), CertIVOHS	OHS Adviser
RASIKA AMARASIRI - PhD MSc BSc(Hons)	Data Analyst
JARROD BOXALL - DipInfoTech	Operations Manager, ICT
AKASH CHEEMA - BTech MTelecNetEng	Service Desk Officer
WEI SIN (PHILIP) CHENG - BSc(CompSc)	Service Desk Officer
EMILIANNE CONTATORE	ICT Service Delivery Coordinator
LAKSHAN DE RUN - DipCS BITS	IT Security Analyst and Oracle Systems Administrator
DAVID PAYNE	Senior Infrastructure Engineer
PETER EDBROOKE - BAppSc(CompSc)	Solution Architect
SANDUN EKANAYAKE - MIT BSc(CompSc)	Senior Java Developer
CHARLIE FORD - CertIT(Net)	Service Desk Team Lead & Information Management Officer
STEPHEN GOODWIN - GradDipMan CertProjMgt	Programme Manager
VIKAS HOLKAR - BE(CompSc) MSE	Senior Java Developer
GEETHA LAKSHMY - MCA BSc(CompSc)	ICT Test Lead
DAVID ORCHARD - BSc(Biomedical)	Network Administrator and Service Desk Team Leader
RON ROSE - BAppSc	Windows and Desktop Administrator
PETER SERWYLO - BMS(Prog) BInfoTech(Hons) PhD	Software Development Manager
BIAO (RAY) SHI - BE GDipSc	Senior Java Developer
ZAINA SHIBA - BE(IT)	Test Analyst
SHANE BELL - BCSc	Senior Java Developer
DAVID HUANG - BCSc MIT	Cyber Security Analyst

BERNARD WANSINK – MBA (Tech Mgt)	IT Manager
MARK GARDINER – MBM	Executive Director, Digital Transformation Program
KATH RYAN - CertAPMG Project Management Agile	Senior Business Analyst and Change Manager
BHARGAV PATEL – MASc (InfoSys)	Enterprise Architect, Digital Transformation Program
SOLITO RABAJA - BSc	Project Manager
JANINE CARTER - BASc, DipPM, GDip(Admin)	Project Manager - Digital Transformation Program
TANYA COROCHER	Policy Officer
SOUMELA HOROMIDIS - BSc	Quality and System Improvement Officer
DANIELLE MOLONEY – BSc(Hons)	Quality and System Improvement Officer
ROBYN MASTERS - BSc ADipASc(Lab Tech)	Quality and System Improvement Officer
HELEN MAKRAKIS - BASc(MedLab) DipHealth DipOH&S	Quality Support Officer (to November 2021)
NIKI TAXIDIS - BASc(MLS)	Lead Quality and System Improvement Officer
VANESSA LAVARS	Records Manager

# VIFM Annual Report Team

## » Sponsor

Mari-Ann Scott

## » Coordinators

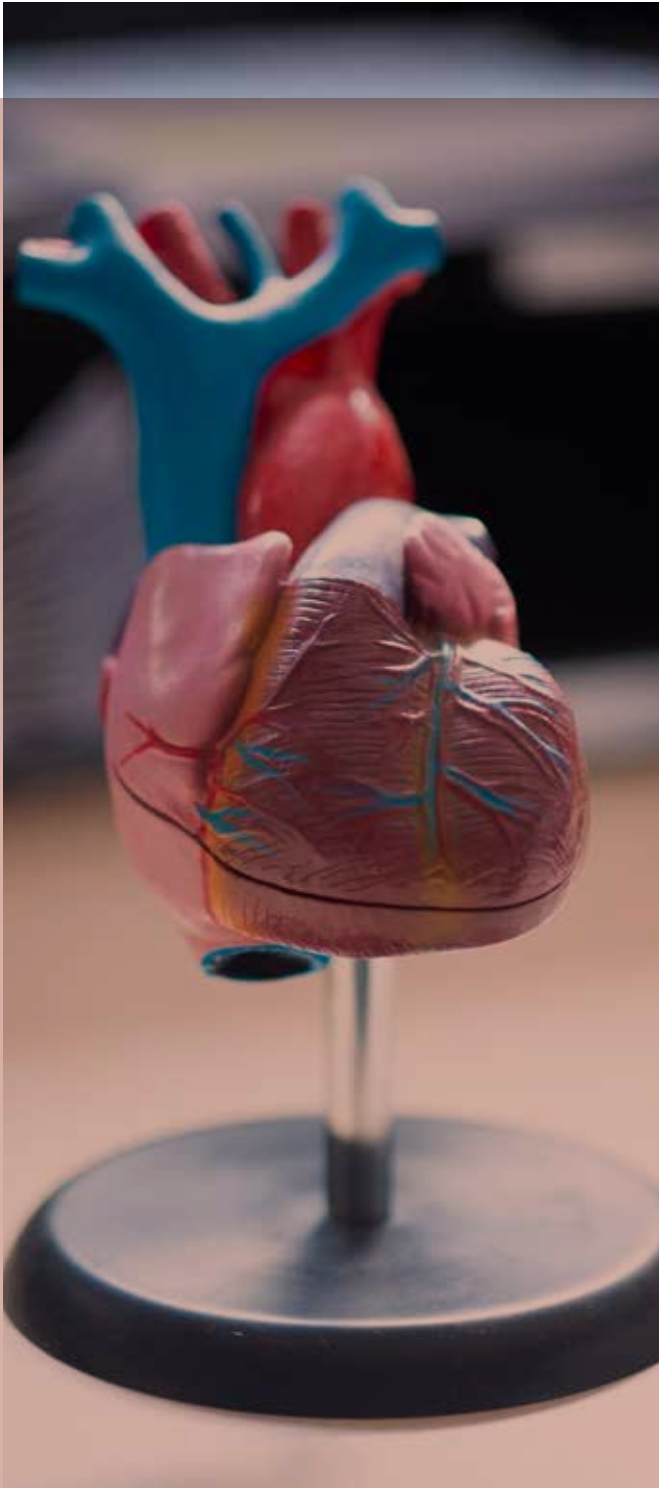
Fiona Leahy

Carolynne van der Cingel

Katie Howie

## » Contributors

VIFM Staff



» **Photography**

**John Lloyd Fillingham**

**Karen Byrne**

**Peter Bury**

**Stephen Sammut**

**Claudio Oyarce**

**Plug2Studio**

» **Design**

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**Cover Feature:  
The VIFM's Contribution to  
Public Health in Victoria**

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VICTORIAN INSTITUTE OF FORENSIC MEDICINE

-ANNUAL REPORT-

2021 / 22

65 Kavanagh Street  
Southbank  
VIC Australia 3006

Tel. +61 3 9684 4444  
Fax. +61 3 9682 7353

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plug2studio