Annual Report

2022–2023

VICTORIAN INSTITUTE
OF FORENSIC MEDICINE


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Justin

Acknowledgement Of Country

The Victorian Institute of Forensic Medicine acknowledges the Traditional Owners of the land on which our building stands, the Wurundjeri people of the Kulin nation, and all Aboriginal and Torres Strait Islander people as the First Peoples and Traditional Owners and custodians of the land on which we live and work. We recognise their continuing connection to land, water and culture and pay our respects to their Elders, past, present and emerging.

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 2023.

Professor Noel Woodford
Director

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Overview

VIFM Toxicology staff

Who We Are

As an institution focused 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 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 functioning 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.

Our Motto

Veritas Omnia Vincit
– Truth Conquers All

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 will embrace innovation to strengthen and enhance our position as a trusted leader in 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 have a desire for knowledge, and we are not afraid to do things differently.

Our Working Relationships

The VIFM is a statutory agency within the Department of 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.

Our Organisation

Medical Services, Scientific Services and Donor Tissue Banking at the VIFM

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

Research

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

Library Services, Teaching and 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 the Operations

Quality and Improvement, Information and Risk Management

- Oversight and management of the VIFM Quality Management System including:
  - Document control administration
  - Continuous Improvement Requests and Corrective Actions (CIRCA) administration
  - Internal quality auditing
  - Proficiency testing administration
  - National Association of Testing Authorities (NATA) Accreditation and International Organization for Standardization (ISO) Certification administration and coordination
  - Therapeutic Goods Administration (TGA) Licensing and Biologicals Framework Registration
  - Business improvement using the Lean Six Sigma methodology
- The VIFM External Source Complaints Program administration
- Internal investigation of quality issues
- Oversight of risk management
- Information management

Legal, Governance and Policy

- Governance support for the VIFM Council and Committees
- Statutory interpretation and legal advice
- 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

Finance and Business Services (including facilities management)

- Financial management and accounting
- Procurement
- Financial compliance monitoring
- Purchasing and supplies management
- Building and facility management including:
  - Building and grounds maintenance
  - Cleaning management
  - Management of contracted trade suppliers
  - Building security management and upgrades
  - Ensuring uninterrupted power supply

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

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The Chairman's Perspective

The Hon. John Coldrey AM KC

Serving the Community Domestically and Internationally

The Victorian Institute of Forensic Medicine (VIFM) is the sum total of its members – members with expertise in a vast array of forensic medical and scientific disciplines; members with demonstrated scholarship, teaching and research skills; members proud of their independence and committed to the discovery of truth wherever it may lead; and members with an empathetic approach to the victims of the vicissitudes of life who come within their ambit.

These are the characteristics that have made this Institute world renowned and to cause the Australian Government to acknowledge "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."

I would like to briefly canvass some of the Institute's activities that generated that accolade. However before doing so, I wish to mention another vital facet of the VIFM, that has led to its success – namely the bedrock of support provided to the doctors and scientists by the administrative, legal and information technology staff of the organisation.

Moreover, since the VIFM is located within the ministerial portfolio of the Victorian Attorney-General, the influence of that office holder on its success is palpable.

Historically, the Institute has been fortunate in its relationships with successive First Law Officers, but I specifically desire to record the gratitude of the VIFM for the constant and enthusiastic support it has received from the current Attorney-General, the Honourable Jaclyn Symes. It is an important contributing factor in enabling this organisation to pursue its mission of serving the Victorian community.

Within months of my appointment as Chairman of the VIFM Council, Victoria experienced the catastrophic "Black Saturday" bushfires of February 2009. The Institute undertook the identification of the victims of that tragedy. In what has been described as a collegiate effort, the team of forensic medical and scientific experts accomplished the mammoth task of identifying 163 deceased persons within 90 days – hopefully bringing a measure of closure to the victims' loved-ones and friends left behind to grieve.

This was one of many Disasters Victim Identification (DVI) activities involving the Institute. These have included the Bali bombing (Indonesia), the devastating tsunami (Thailand), the earthquake in Nepal, the exposure of clandestine graves in Timor Leste, Cyclone Yolanda in the Philippines, the Ebola epidemic in Liberia and the shooting down of the MH17 aircraft in the Ukraine in which 30 Australians lost their lives.

The VIFM has also been a positive participant in creating forensic capacity internationally.

In 2007 the Institute's Inaugural Director, Professor Stephen Cordner, played a leading role in establishing the forensic division of the International Committee of the Red Cross (ICRC) in Geneva, Switzerland.

In 2010 in Gaborone, Botswana, the Institute, in conjunction with the Australian Federal Police (AFP), was a driving force in the establishment of the African Society of Forensic Medicine (with Professor Cordner as its first patron).

In 2012, the VIFM was involved in the creation of the Asia-Pacific Medico-Legal Agencies (APMLA) in Semarang, Indonesia.

In one sense the wheel has turned full circle when, in June 2023, at a Workshop in Hanoi, Vietnam, a Memorandum of Understanding (MOU) was signed with the ICRC aimed at enhancing forensic medical and scientific capacity in the Asia-Pacific region.

I interpolate that in May 2023 a MOU was signed between the VIFM and the Operational Science and Technology Division of the AFP. If ever the time was right to foster Australian relations with the Asia-Pacific nations by promoting forensic medical and scientific expertise in these regions, that time is now. Hopefully this alliance will contribute to that goal.

In May 2018, the VIFM hosted the 7th Conference of the Society of Forensic Radiology, the first conference held outside Europe. This was an appropriate role since the Institute was one of the first forensic medical organisations to adopt forensic imagery as an integral part of the medico-legal death investigation procedure. That early adoption by the VIFM has resulted in the Institute possessing the largest global database of post-mortem CT images.

Recently, the Institute acquired an updated CT scanner and an MRI machine.

Dr Dadna Hartman – Manager – Molecular Biology

The international reputation of this organisation is also exemplified by the fact that the successive leaders of its Toxicology Division, previously Professor Olaf Drummer AO and currently Associate Professor Dimitri Gerostamoulos have been recognised by their peers with their appointment as President of the International Association of Forensic Toxicologists.

I have utilised some space to reflect on the international achievements of the VIFM (which I might add, includes the training of overseas practitioners in Melbourne). I now turn briefly to the contribution of our experts within Victoria (and indeed Australia).

Last year I listed the extraordinary ambit of the Institute's areas of practice which are detailed in the body of this Report. They exemplify the burgeoning of forensic activities in the past three and a half decades and their impact on law and society. Quite simply it has been a revolution with our practitioners amongst its pioneers.

In practical terms these developments are reflected in the independent expert evidence provided by the VIFM so essential for the operation of the criminal justice system; in the timely identification of the causes of sudden and unexpected deaths and the provision of this information to grieving relatives and friends. Furthermore, without this expertise the coronial system could not function.

Significantly, the Institute's research and teaching activities constitute the "investment in public health" envisaged by its founding father, Premier John Cain. In the field of research, members of the Institute have produced, or contributed to, hundreds of learned papers and delivered addresses at multiple specialist forums worldwide.

The publication of specialist books has also figured prominently in the organisation's history. I pick four random examples:

Ned Kelly under the Microscope: Solving the forensic mystery of Ned Kelly's remains (CSIRO Publishing); Guidelines for Medico-Legal Care of Victims of Sexual Violence – prepared for the World Health Organisation (WHO) by Dr David Wells the inaugural Head of the Clinical Forensic Medicine (CFM) Division; The Forensic Pharmacology of Drug Abuse – Professor Olaf Drummer; and The Handbook of Forensic Anthropology and Archaeology; an international textbook co-edited by Adjunct Professor Soren Blau (The Institute's Senior Anthropologist).

The constraints of space do not permit the listing of the many ground-breaking research projects undertaken by staff members. I merely note that the Institute team Global Research Initiatives in Forensic Medicine (GRIFM) has recently prepared reports for the United Nations on: Capability and Capacity of Medico-Legal Death Investigation Systems around the world; Deaths in Custody; and Femicide. The first two are already published on the UN website.

In summary, the research and teaching activities of the VIFM are amply fulfilling the vision of its creators.

But the challenge of innovation never ceases. In last year's report I referred to the potential expansion of DNA use as an identification tool, known as Forensic Investigative Genetic Genealogy (FIGG). Its use was encouraged by FBI experts in the field who visited the Institute last year. With over 2500 long-term missing persons in Australia, there is an urgency in fostering this development. The Institute has the capacity to advance this project which, I note, has the support of the Attorney-General.

An example of the successful utilisation of this technique has recently (July 2023) been demonstrated by the identification, after 95 years of the "Sandy Point skeleton" - an investigation in which members of the VIFM, Dr Dadna Hartman (Manager, Molecular Biology) and Dr Samantha Rowbotham (Forensic Anthropologist) played prominent roles.

This Annual Report singles out the Donor Tissue Bank of Victoria (DTBV) for special mention. Established and operated by the Institute, it provides hope for many Victorians who benefit from the generous donations by the families of deceased persons of skin, bone, cardiac valves, ligaments and corneas. These donations give a positive meaning to the tragedy of an untimely death. Indeed, they may be crucial to the recovery of maimed victims of mass disasters.

Facilitating our Services

In recent years the parlous financial situation facing the Institute has been such that, in order to fulfill its statutory obligations to serve the Victorian community, the VIFM Council has approved deficit budgets. Ultimately, contributions from the Department of Justice and Community Safety (DJCS) have rectified the situation.

This financial year the Council was faced with the same dilemma. Fortuitously however, a number of factors, including delayed staff recruitment and increased income from the operation of the DTBV, have conspired to provide the organisation with a modest surplus. Nonetheless, the Institute remains in a period of financial flux and the spectre of future pecuniary problems remains very real.

In last year's Annual Report I referred to a fundamental structural problem distracting from and impeding the Institute's operations, namely the requirement that the VIFM and Victoria Police negotiate a Service Level Agreement (SLA) for the provision of clinical forensic medicine and toxicological services.

Consequently, I am delighted to report the significant injection of funding provided by the Victorian Government in the 2023-24 State Budget for the operation of Clinical Forensic Medicine (CFM) including the allocation of $19.4 million over the next 4 years and thereafter ongoing annual funding of $7.4 million. This level of funding and ongoing Government support will enable the VIFM Executive to undertake recruitment and progress a new model and a restructure of the operations facilitating CFM delivery. In refining the CFM procedures, the recommendations contained in the recent Victorian Law Reform Commission Report: "Improving the Response of the Justice System to Sexual Offences" will provide a measure of guidance.

I reiterate the irrevocable policy of the VIFM that medical experts must be available to sympathetically and expeditiously examine persons subject to violence – and particularly sexual violence - twenty-four hours of everyday.

On behalf of the Institute, I wish to acknowledge the vital role played by the Attorney-General in achieving this structural and financial reform.

The remaining challenge is the separation of the toxicological skills of the VIFM from the financial ambit of Victoria Police operations. Quite apart from the issue of perceived independence, which I have previously mentioned, there is a far broader perspective which should be understood. The expertise of the Institute's toxicological scientists extends far beyond the requirement of any police prosecutions. The capacity to expeditiously identify novel psychoactive substances – many potent and toxic – constitutes a major contribution to the public health of the whole Victorian populace.

Refining our Services

In the 2021 – 2022 Annual Report I adverted to the desirability of updating the VIFM Act. In this regard I wrote: "It is sufficient to place on record my view 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 ground-breaking 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".

Serving the Institute

i. **The VIFM Council**

The members of the governing Council (Board) whose activities include the oversight of the Institute's strategic planning and the monitoring of its finances, have once again performed those roles in exemplary fashion. Their task involves mastering voluminous quantities of documentation and is undertaken without financial remuneration.

The history of Council Membership reveals that the Institute has enjoyed the benefit of highly qualified medical practitioners and academics (including the Deans of University Medical Schools) senior bureaucrats, top echelon police officers and superior court judges, (encompassing two Chief Justices of the Victorian Supreme Court). All have been enthusiastic supporters of the VIFM and dedicated to its advancement. You may be interested in viewing the impressive CVs of current Council members in the Corporate Governance Section of this publication.

During the reporting period the Council gained the membership of Professor Chris Davey who (inter alia) is Head of the Department of Psychiatry at the University of Melbourne and the current editor of '*The Australian and New Zealand Journal of Psychiatry*'.

The Council has also acquired the services of Justice Michael Croucher of the Victorian Supreme Court as a welcome addition to its ranks.

The Honourable Justice Elizabeth Hollingworth retired during this period. I acknowledge with gratitude the astute, practical, and well considered advice she provided in Council deliberations.

It is also appropriate to record the unanimous resolution of the Council that Professor Olaf Drummer and Associate Professor David Ranson be made Fellows of the VIFM in recognition of their seminal work in developing the reputation of the VIFM for excellence.

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 doctors, judges, lawyers, scientists and laypersons, who have served on them. I note that during the year Lynne Wenig JP retired from the Ethics Committee. I thank her for the dedicated service she rendered.

Yet again, special thanks are due to the Chief Operating Officer, Mari-Ann Scott and Chief Finance Officer, Peter Ford for their consummate discharge of demanding roles that are acquiring ever increasing complexity.

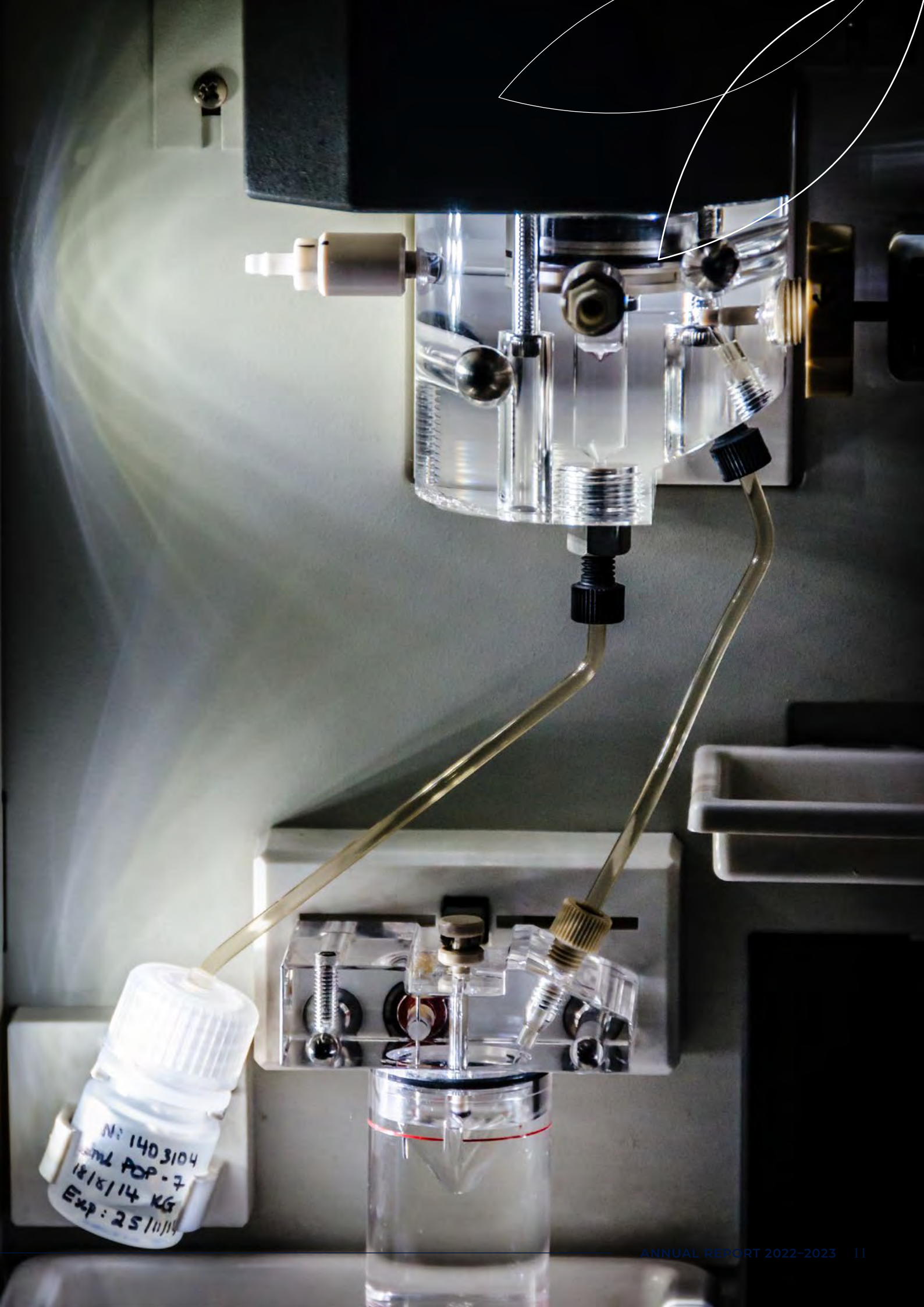
Finally, I wish to acknowledge the distinguished leadership of Professor Noel Woodford - the captain of the ship - who has navigated the Institute through an unprecedented and challenging environment.

Addendum

By the time this Report is tabled in the Victorian Parliament my tenure as Chairman of the governing Council will have concluded. I will have served in this role for 15 years, or over 40 per cent of the Institute's existence, and been associated with five Attorneys-General and 31 Council members.

It has been a wonderful journey accompanied, as I have been, by dedicated experts and those who have been essential in supporting their endeavours.

My fervent hope is that the skills that the VIFM brings to the public arena will be fostered and expanded. The future well-being of our community depends upon it.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Director's Report

This year I was proud to launch the VIFM Strategic Plan for 2022–2025, following extensive consultation with, and input from, our staff, VIFM Council members, and major stakeholders. The Strategic Plan also references important recent developments such as the Victorian Law Reform Commission's report into Improving the Justice System Response to Sexual Offences, and our Gender Equality Action Plan.

Professor Noel Woodford

The new Strategic Plan is based around five pillars which we will focus on to achieve our priority goals, namely: service excellence, valued people, partnerships and connections, leading-edge technology and facilities, and innovation, research and teaching. The plan can be found on our newly redeveloped website and provides a clear roadmap for an ambitious but achievable agenda for the next three years.

Emergence from the pandemic years has not been as smooth as expected across our community, but lessons learned and skills acquired will see us better prepared to meet the challenges of the next few years. Integration of teleconferencing technologies into everyday work means better work-life balance for staff and improved accessibility for everything from court appearances to case discussions, tutorials and lectures. And a heightened focus on mental health and wellbeing, as well as occupational health and safety has ensured our staff is better supported than ever to cope with the rigors of our workplace.

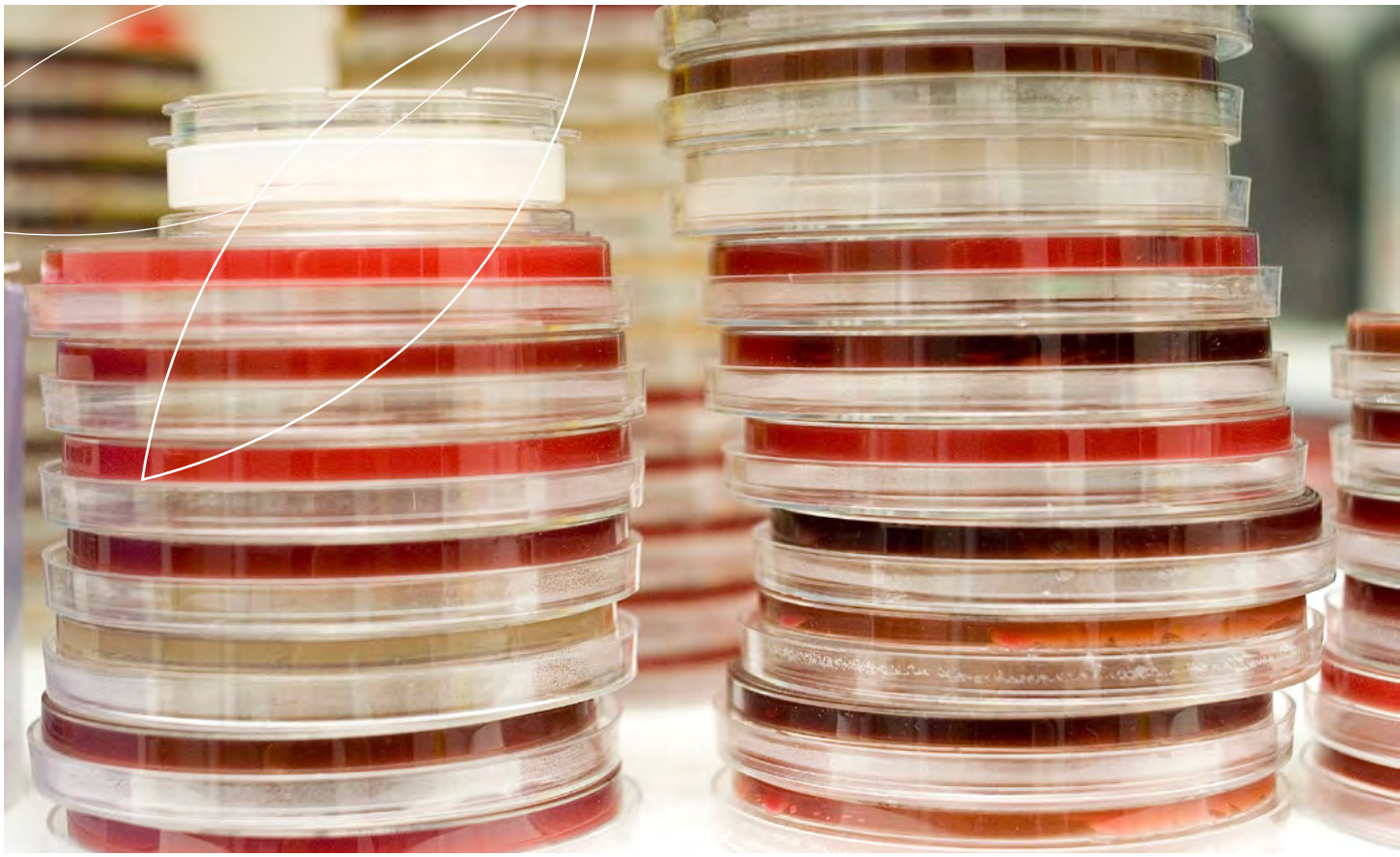
The reinstatement of travel post COVID-19 has meant that we can once again welcome trainees from abroad including Malaysia, Singapore and Bhutan. Dr Norbu Norbu, a forensic doctor from Bhutan, deserves special mention as the inaugural recipient of the Plueckhahn Bursary and Medal – made possible by a generous bequest in memory of one of the VIFM's founding fathers Professor Vernon D Plueckhahn by his daughters Deb and Sally. The award is made to trainees from lesser developed countries in support of capacity development in their home country. Additionally, we hosted visits by high-level medico-legal delegations from Iraq and Abu Dhabi.

Freedom to travel has also afforded the opportunity to attend international professional gatherings including the Asia Pacific Medico Legal Agencies (APMLA) meeting in Hanoi and The International Association of Forensic Toxicologists (TIAFT) 60th birthday meeting in London, presided over by the newly installed president (and the VIFM's Head of Forensic Sciences) Associate Professor Dimitri Gerostamoulos. Professor Olaf Drummer, past president of TIAFT was also in attendance. The APMLA meeting was important not only for the opportunity it afforded to discuss and promote collaboration in mass disaster preparedness and improving approaches to sexual violence management, it also featured the signing of a MOU between the APMLA and the ICRC. I am pleased to report that this year also saw the signing of a long-anticipated MOU between the VIFM and the Australian Federal Police.

As a consequence of funding received from government for much needed infrastructural and technological upgrades, much of the past year has been devoted to planning and procurement processes in advance of the significant works to come. These will include a new case management system, upgrades to the mortuary, a redeveloped (and more secure) Coronial Admissions and Enquiries Office and the installation of our long-awaited MRI scanner. At the time of writing our new CT scanner has just been installed, our third since 2005, ensuring we remain at the forefront of modern and responsive medico-legal death investigation processes. Extensive preparations in advance of the changeover involved the generous assistance of the Alfred Hospital which will stand us in good stead in the event of future service interruptions. I am very grateful for their support.

In the face of ever-increasing coronial case admissions, we have worked collaboratively with the Coroners Court of Victoria to introduce efficiency improvements in case management including expansion of our fractured neck of femur project, and preparatory work towards allowing our pathologists to complete medical certificates of cause of death (MCCDs, or 'death certificates') in those cases where we establish that the cause of death is natural and there are no suspicious circumstances or concerns.

Our forensic science division not only supports our core forensic pathology work, it is the engine room of our research output especially in the areas of drugs and driving, harm prevention and drug prevalence. This is no better demonstrated than in our identification of a spike in use of novel benzodiazepines in the post-pandemic era. We continue our close engagement with hospital emergency departments by assisting in the rapid identification of drugs in cases of presumed overdose – a clear example of lessons learned from our forensic casework helping keep people alive. This year also saw increasing interest in the application of forensic genetic genealogy to solving the mystery of long-term unidentified human remains. The coronial confirmation of the identification of skeletal remains found at Sandy Point in 2017 as Christopher Luke Moore, who drowned in Waratah Bay in 1928, represents an Australian first for forensic genetic genealogy. Results from a research project headed by our Molecular Biology division have recently been published in the peer-reviewed literature.



Our commitment to research and teaching remains a critically important element of our work. During the past year our staff contributed to the publication of 75 papers in the peer-reviewed literature, along with 33 book chapters. Our link to academia through Monash University's Department of Forensic Medicine saw delivery of popular short courses in forensic anthropology and radiology, undergraduate teaching to law and medical students, and increased participation in the Master of Forensic Medicine. Additionally, work is well-advanced on the development of a graduate certificate of forensic nursing. A consortium partnership between the VIFM and the Department of Forensic Medicine for the delivery of accredited training in sexual violence responses (to medical and non-medical front-line staff) has been a great success with funding from the Australian Government Department of Social Services extended until mid-2027. This program, developed under the National Plan to End Violence Against Women and Children 2022–2032 has received excellent feedback from all participants.

The DTBV continued to provide life-saving and improving tissues for transplantation, including its self-developed products Cancelleous Bone Matrix and Demineralised Bone Matrix. As a not-for-profit agency underpinned by the altruism of bereaved families, competition from the private sector has presented significant challenges, however our partnership with KT Medical for co-provision of our bone products remains very successful. As ever, the search for donors is a difficult undertaking, but this year, due in part to our strong connection with DonateLife and a full complement of Transplant Liaison nurses, saw some of our best months in terms of donors for quite some time. This report proudly showcases the work of the DTBV – and you can read more about its contribution to community health and wellbeing elsewhere in these pages.

During the past year there were some significant changes in personnel with the bittersweet retirements of long-serving staff including Margaret Craddock, Murray Hall, Helen McKelvie and Jeff Lomas. All have made wonderful contributions to our work for many years, and all will be greatly missed. There was also a welcome addition to the ranks of our senior staff: Dr Kean Kuan, Deputy Director (Medical Services) and Chief Medical Officer.

In November last year we lost one of our longest serving staff members with the death of Keith Bretherton after a long and brave battle with cancer. Keith began his career as a forensic technician in May 1989 – only a short time after the VIFM came into existence. Keith was a skilled practitioner who loved to teach and lived for his work. I was fortunate to work closely with him on many, occasionally complex, cases during the years and always knew I was in good hands. He is sorely missed.

We face a busy and challenging time ahead with an increasingly tight fiscal environment and budgetary pressures set to worsen markedly through next year and beyond. Excitingly though, works on our information and communications technology (ICT) and building upgrades are gaining momentum, the biennial Schofield Oration will make a welcome return, we will welcome new trainees (local and international) in all our disciplines, we will introduce a much improved, victim-centric clinical forensic medical service (including significantly expanding the role of nurses in the provision of services to victims), we will continue the roll-out of forensic genetic genealogy to solve the mystery of long-term unidentified human remains, we will work with government and DonateLife to improve tissue donation rates, and we will finalise an agreement with Victoria Police to cover the diverse range of specialist scientific services we provide. As ever, a huge amount of work to be getting on with and I couldn't be prouder of our staff, across all the areas of our operations, whose dedication and expertise help us deliver on every one of these objectives, and much else besides.

A special thanks go to my Senior Executive Team – Mari-Ann Scott, Peter Ford, Richard Bassed and David Ranson, as well as to members of the VIFM executive and managers' forum. Our Council and its Chair The Honorable John Coldrey AM KC continue to provide strong support for the Institute and its work, as do all the Council's subcommittees. This year I am particularly sad to report that at the expiration of his term of appointment in September 2023, John Coldrey will be stepping down as Chair of our Council after 15 years of distinguished service. John has been a forthright, passionate and unstinting advocate for the VIFM, admired and respected by all of our staff. His counsel, sound judgement and deep interest and engagement with the life and work of the VIFM will be greatly missed, not least by its current director.

And finally, I would like to pay a special tribute to the VIFM's Social Club. In these post-pandemic times, its role in promoting staff collegiality and positive culture across the many and diverse areas of our operations has never been more important.

For now, I wish you happy and informative reading.

Noel Woodford
Director

04

Chief Operating Officer's
Report

Ms Mari-Ann Scott

As I reflect on the year's achievements and challenges, it seems to me that we at the VIFM are recovering from the impact of COVID-19. This organisation has a strong sense of purpose, as it always has had. I feel like this year, in so many ways, the challenges were greater.

Our work demands grow, but we are obliged to deliver our services with the same level of resources, or even less. As a government organisation we know that we have a responsibility to find better, more efficient ways of delivering these services and reducing costs.

This year I would like to highlight the work of our Corporate Services staff. Through the provision of logistical and support services, their work underpins the successful delivery of medico-legal death investigation, clinical forensic medical services and the Donor Tissue Bank of Victoria.

Before setting out the key activities and achievements of the corporate departments at the VIFM, I want to acknowledge the impressive collegiality of our staff, the positive way in which the different departments work together toward common goals, and the care shown for one another. When things get difficult, people pull together and this one of the things that makes working at our organisation a privilege for me.

Finance and Business Services

This year the government announced significant new funding for our Clinical Forensic Medical Service. As he has done many times before, Peter Ford, CFO managed the budget bid with exceptional skill, producing precise and clearly articulated costings. The Finance Team's work contributed to our success in advocating for this funding.

Occupational Health and Safety

Improving the health and safety of our staff was a key focus for the team this year. Some of the key highlights and projects this year:

- The arrival of Jane Skillen, who has taken up the role of OHS Advisor. Jane brings with her a wealth of knowledge and experience from her previous work in the Justice Portfolio as well as high energy and new perspectives.
- The departure of Emily Hall, the VIFM's first OHS Advisor who held the role for more than 15 years. Emily was an enthusiastic advocate of all things 'safety' and was instrumental in setting up so many of VIFM's safety systems. We miss her and wish her well in her new role.
- A significant revision of our fatigue management policy and procedures to improve the safety of our staff who work shifts and may be impacted by fatigue.
- The closer engagement with our staff on OHS matters. We have heard from our staff that we can do better in this area and the focus on improving consultation will flow through to the next financial year.
- The upskilling of the VIFM managers and supervisors, so they better understand their responsibilities for workplace safety.
- The commencement of work on our Psychosocial Framework.
- A review of our incident reporting system which led to modifications to our system, making it easier for our staff and managers to respond to and manage safety incidents.

Human Resources and Organisational Development

During this reporting period our Human Resources and Organisational Development department underwent a significant period of change, following retirements and staff turnover. Johanna Muller was appointed as Manager, bringing her enthusiasm and energy to a demanding set of issues in this portfolio. I want to welcome Johanna and thank her for support to the VIFM and to me.

This year was focused on rebuilding the team and delivering high-quality and consistent services to stakeholders. Four major projects were initiated:

- A complete overhaul of the staff induction process. Getting induction 'right' is critical for our employees' long-term success and our ability to effectively manage our workforce. The first part of this Induction Project (the HR induction) has been completed and staff and manager feedback has been extremely positive. Other elements of the project will be completed in the next reporting period.
- A review of our approach to recruitment and the development of a new Recruitment Framework. This project will also run for two years. Achievements so far include the improved duty statements and key selection criteria and updated contracts. A new Recruitment Framework will be launched in 2023-24.
- A review of core HR processes to streamline HR activities, improving services to staff and their managers as well as improving the efficiency of the HR department. Work on this project is ongoing.

- The development of a new HR service portal as a part of our 'HALO' system, providing the technical basis for better tracking HR requests.

Legal and Governance

The breadth of responsibility in this team is remarkable. Some of the key achievements of the team this year:

- Fielded complex medico-legal questions, often at short notice, to provide practical advice and to frame written responses for operational staff.
- Assisted in the development and navigation of new policy settings, by analysing issues through a legal lens, drafting and reviewing key documents and identifying the 'red flags'.
- Provided leadership in group projects by providing strategic and legal guidance, communicating between parties and stakeholders, and conducting research and document preparation.
- Embedded robust legal and ethical governance processes through the management of the VIFM Council and Committees, the Research Advisory Committee and VIFM Ethics Committee, review of contracts, Freedom of Information (FOI) applications and other requests for the secondary use of tissue and data.
- Worked to support legislative reform through the preparation of responses to Parliamentary, Victorian Law Reform Commission and other governmental inquiries, the contribution to departmental legislative reviews, and actively seeking legislative change to support more efficient and effective forensic medical and scientific operations.

I want to thank Fiona Leahy, our Manager Legal and Governance for her consummate skill in leading this complex program of work.

Information Technology

Technology systems are integral to the VIFM's operations and to our ability to deliver on our legislative, regulatory, accreditation and licensing obligations. This year saw an important change in the way the ICT team delivers these critical services.

We outsourced key functions to external providers. By sharing responsibility with our partner organisations and utilising their specialist expertise, we have significantly uplifted our digital capability, improved organisational efficiency and reduced risk.

In a recent State budget, the VIFM received government funding to significantly upgrade core IT systems and switch to cloud computing. The funding has been used to undertake the following projects:

- Implemented a new contemporary enterprise-wide integrated imaging solution, including radiology imaging, which is one of the key aspects of our medico-legal death investigation system.
- Developed a new radio frequency identification and Bluetooth technologies to provide a graphical location of exhibits and their movement within the facility.
- Moved IT infrastructure into the cloud.
- Documented the VIFM 'bespoke' case management system, a necessary precursor to going to market for a replacement solution.
- Implemented a new, contemporary, organisation-wide service desk (HALO) that tracks service requests for areas such as facilities management, IT, HR and legal.

I want to thank Mark Gardiner, CIO who is leading ICT and the VIFM through this remarkable period of technology transformation.

Quality and Improvement

A forensic institution like ours cannot operate outside of its accreditation and regulatory frameworks. The team provides guidance and support for our managers and staff to ensure we maintain our accreditation. In addition, they lead and undertake a range of improvement projects.

This reporting year the stand-out project was the Toxicology Report Turn-around Time Project which, as a result of the cross-function team's work (Toxicology, and Quality and Improvement teams), saw a significant improvement in key performance indicators.

Facilities and Supplies

My final remarks are to recognise the outstanding contribution of the Facilities and Supplies Team. Apart from delivering services, the Team has responsibility for maintaining complex laboratories and 'hospital-like' facilities.


FDQ5
FDQ6

05

Corporate Governance – 2022–23

Foundation

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 the 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
- conducting research in the fields of forensic pathology, medicine and science.

The VIFM Council

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 VIFM (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
- 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**.

The VIFM Council

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.

State Coroner Judge John Cain LLB BEc

- *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*

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.

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 1976 and 1981 respectively and then trained at The Royal Melbourne and Alfred Hospitals in clinical and laboratory haematology, gaining her FRACP & FRCPA Fellowships.

She was a Clinical Research Fellow at the Department of Academic Haematology at the Royal Free Hospital, London, 1991–93 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 medical students and advanced trainees in Haematology.

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, Chair of the Joint Specialist Advisory Committee on Haematology (RACP/RCPA) and the Transfusion Outcomes Research Collaborative (Monash University and Lifeblood, Australian Red Cross).

Assistant Commissioner Luke Cornelius, APM

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

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.

Professor Christopher Davey

Nominee of the Council of the University of Melbourne

Professor Davey is Cato Chair and the Head of the Department of Psychiatry at the University of Melbourne, and a psychiatrist at the Royal Melbourne Hospital. He is the current editor-in-chief of the Australian and New Zealand Journal of Psychiatry. Professor Davey completed his medical degree at the University of Western Australia. He trained in psychiatry in Sydney and Melbourne, and completed his PhD at the University of Melbourne. Chris's main clinical and research interest is in the management of severe mood disorders.

Mr Tim Fitzmaurice

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

Tim Fitzmaurice has been working in Victorian based insurance schemes for over 40 years in financial and risk administration and general management. He 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).

In the early 1990s he chaired the CPA Public Sector Centre of Excellence's study into Recognition of Crown Land by Government Entities, being the first document of its kind that comprehensively addressed the issues related to the financial reporting of Crown Land for all local, State, and Federal public sector entities.

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 State Insurance Office and the Transport Accident Commission.

Dr Lee Hamley

Nominee of the Minister for Health

Lee has worked in public hospital management in Victoria for over 20 years, with extensive experience in both medical administration and general management. Her undergraduate medical degree is from the University of Melbourne; she has a Fellowship of the Royal Australasian College of Medical Administrators as well as Master of Business Administration from Monash University

She has held her current role, Executive Director Medical Services/Chief Medical Officer Alfred Health, for more than 15 years. This portfolio includes professional responsibility for Alfred Health's medical staff as well as operational responsibility for pharmacy, medical workforce and education, clinical governance and legal support services. She has a keen interest in patient safety and quality and the interface between medicine and the law.

Lee's previous senior appointments include at Eastern Health as Chief Medical Officer and General Manager Acute Services and before that in similar roles at Northern Health. She is also currently on the board of Austin Health.

Justice Elizabeth Hollingworth

Nominee of the Chief Justice

Justice Elizabeth Hollingworth studied law in Western Australia, and as a Rhodes Scholar at University of 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 Murdolo

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 and women's health in general. Currently she is on the Victorian Primary Prevention Sector Reference Group, Victorian CALD Health Advisory Group, Culturally and Linguistically Diverse Communities COVID-19 Health Advisory Group (Australian Government Department of Health), and National Women's Health Advisory Council, 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 for Police and Emergency Services*
- *Executive and Finance Committee, Chair*
- *Audit and Risk Management Committee, Chair*

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 290 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 more than 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.

Akash Cheema – ICT Service Desk Officer

Fellows of the VIFM

The 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 QC
- Professor Stephen Cordner AM

06

Donor Tissue Bank of Victoria

The Gift and the Vision

In the three decades since the Donor Tissue Bank of Victoria (DTBV) was established, much has changed – with two fundamental exceptions – families continue to make the significant decision to donate tissue at the time of tragic loss, and the DTBV team remains committed to making the most out of the altruistic gift of tissue donation and in maintaining the trust placed in them by donors and their families. This vision has remained a powerful and positive driving force since the DTBV commenced operations in 1989 and permeates the processes, ethos and teamwork of the DTBV. The DTBV has overcome many challenges since inception and is now a thriving enterprise which is a credit to the DTBV team and their vision.

At the DTBV's core is a team of nurses, scientists and technicians. The sense of being of service to the community makes it more than just a job. Many of the team are long-serving and have seen first-hand the changes over the last three decades. This is the story of human tissue donation over the life of the DTBV, of the teams and individuals in the DTBV who make a difference, and of the future aspirations of the DTBV team in serving their community.

What Tissue Can be Donated?

Most people understand that the act of donation and transplantation of a major organ such as a kidney, lung, or heart provides immense benefits to the recipient, who can often return to full health. However, many people may not be aware they can also donate tissue – skin, bone, heart tissue and tendons – which can be equally life-saving or life-enhancing, helping patients overcome severe or longstanding illness. You can register to be a tissue donor via the Australian Organ Donation Register (**servicesaustralia.gov.au/australian-organ-donor-register**).

Human tissue is used in a wide range of reconstructive surgeries due to the removal of tumours, injury, ageing or congenital malformation.

Where patients require orthopaedic or spinal surgery, it may involve a transplant of human bone tissue alongside a medical device. Bone can be manufactured to be a 'biological scaffold' and even a 'stimulant' to enable growth of the patient's own tissue in the recovery process.

Tissue banking metrics over the decades

DECEASED DONORS (until end of 2022)

4,104

who have **supplied bone**, **tendons**, **skin** and **cardiac tissue** since 1989

LIVING DONORS (femoral head donors)

9,684

who have **supplied femoral heads** as part of a hip surgery since 1995

RECIPIENTS (till end June 2023)

18,246

estimated who have **received a transplantation of human tissue** since 1989

ALLOGRAFTS (till end 2022)

37,035

supplied by the DTBV for transplantation since 1989

Tendons assist in restoring mobility for orthopaedic patients, human skin is the preferred dressing for serious and life-threatening burns, and heart valves and heart tissue are used for valve replacement or congenital heart repair. Women aged between 15-50 and young children cannot easily use alternatives to human tissue, and are critically dependent upon the availability of a human heart valve. The DTBV also facilitates retrieval of corneas by the Lions Eye Donation Service, used to restore eyesight.

The gift of human tissue, retrieved from a donor, is a scarce and precious resource. During the past 33 years, donated tissue from 13,780 deceased and living donors has improved the lives of almost 20,000 recipients through the transplantation of more than 37,000 human tissue allografts.

Journey of the DTBV

The DTBV was conceived by Professor Stephen Cordner, the inaugural Director of the Victorian Institute of Forensic Pathology (VIFP), as the VIFM was then known.

While the practice of retrieving tissue for transplantation has been around for thousands of years, it was not until after the Second World War that tissue banks emerged in the USA and UK. In 1987, while visiting a major hospital in Dallas USA, Professor Cordner observed autopsies being undertaken on one floor and tissue banking on another. He asked himself, "how could you *not* have a mortuary and tissue bank working together?"

Upon his return to Australia, Professor Cordner canvassed support for the establishment of a Victorian tissue bank. Before the creation of the VIFM, forensic pathology had a poor reputation, and the idea of a mortuary producing 'clean tissue' for transplantation seemed unachievable. This was an era where there was no regulation governing tissue retrieval or processing. If a surgeon needed a heart valve or bone, they would obtain it from operative specimens or from deceased patients in the hospital and prepare the tissue themselves.

"The act of performing an autopsy is a privilege and with that comes an obligation to make the best use of that privilege as possible. Part of that is to provide the opportunity for families to donate tissue".

PROFESSOR STEPHEN CORDNER
Inaugural Director of the VIFM who led the establishment of the DTBV in the late 1980s.

The First Decade (1989–2000)

Fortunately, the VIFP Council supported Stephen's proposal and in 1989 the DTBV was established.

In the late 1980s, the State Government funded the construction of a purpose-built Coronial Services Centre in Southbank, which included the VIFP and the Coroners Court of Victoria. When opened in 1992, the DTBV began operating with two dedicated processing rooms, retrieval facilities and office space – a facility funded by a grant from the Buckland Charitable Foundation and the State Government.

Hospitals soon recognised the benefits of the DTBV and requested that the DTBV process and supply bone, tendons and skin, in addition to heart valves. By 1995, the DTBV was the only multi-tissue bank in Australia and was supplying tissue to hospitals in most states. It had also initiated the Living Donor Bone Program in partnership with hospitals to recover femoral heads normally discarded as part of hip replacement surgeries.

In 1995 a young Honours student, Kellie Hamilton, joined the DTBV to develop a methodology to demineralise human bone grafts – a key piece of research that two decades later would lead to the development and release of the DTBV's two leading freeze-dried products – Demineralised Bone Matrix (DBM) and Cancellous Bone Matrix (CBM).

Demand for human grafts grew quickly in this decade. The Transplant Co-ordination Team, a group of nurses trained in donation, were approaching more than 200 families per year to discuss tissue donation. In 1992–93, 75 per cent of families consented. At the end of the 1990s, this had grown to 300 approaches. By 2000, the DTBV was supplying approximately 800 grafts per annum and has supplied just over 18,000 grafts since its establishment. However, demand, especially for heart valves and skin, continued to exceed availability. Tissue donors during this period fluctuated significantly from 145 in 1998 to 20 donors in 2000.

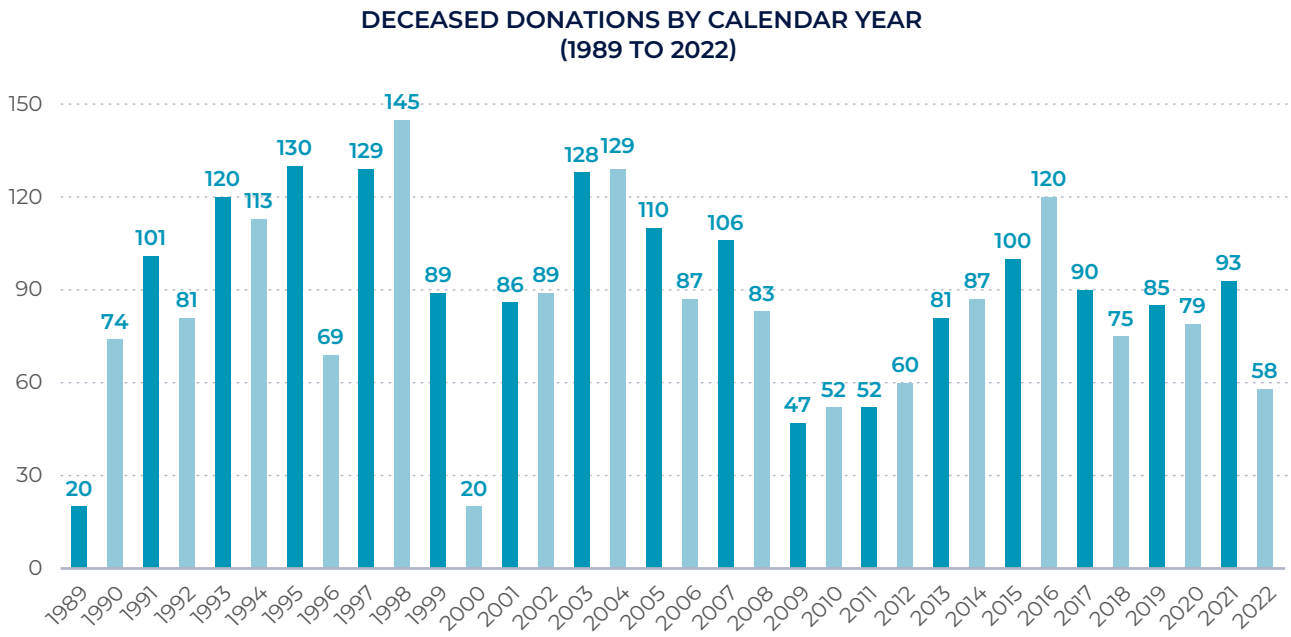


Figure 1: Deceased donor numbers since 1989 until the present

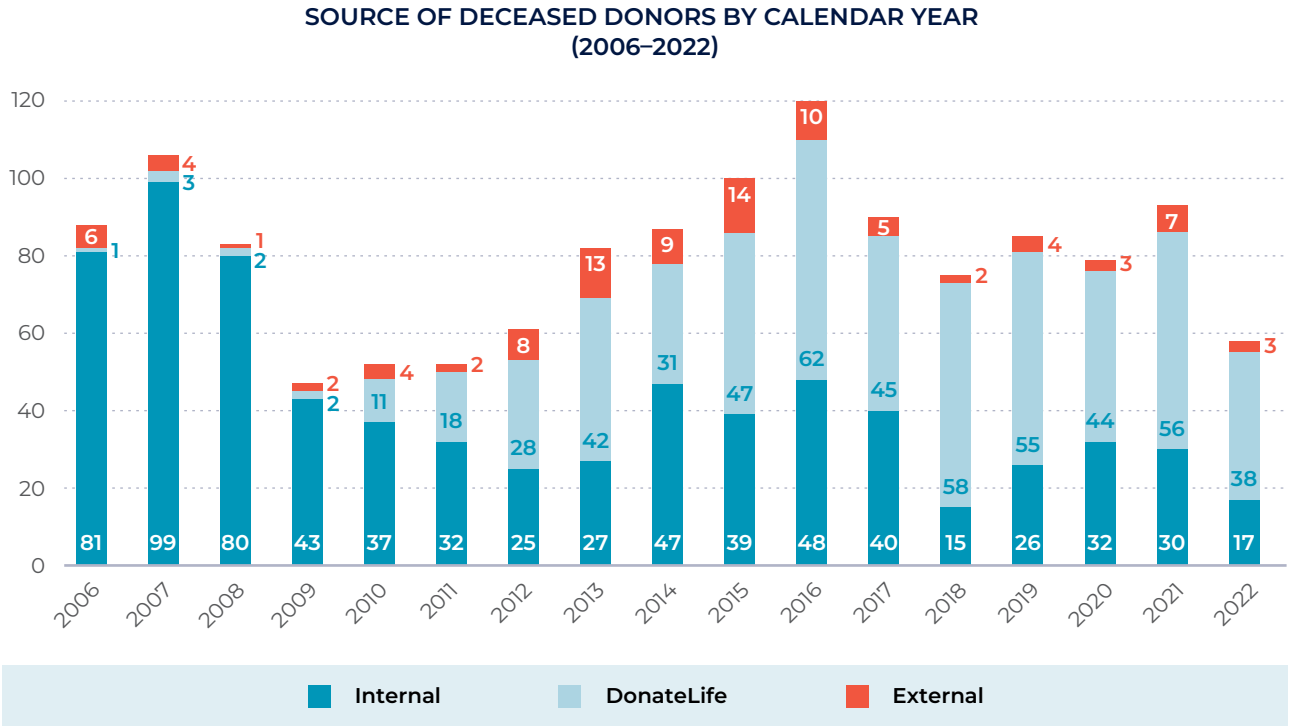


Figure 2: Deceased donor numbers since 2006 showing the transition from coronial donors to donors who die in hospital and are referred to the DTBV by DonateLife.

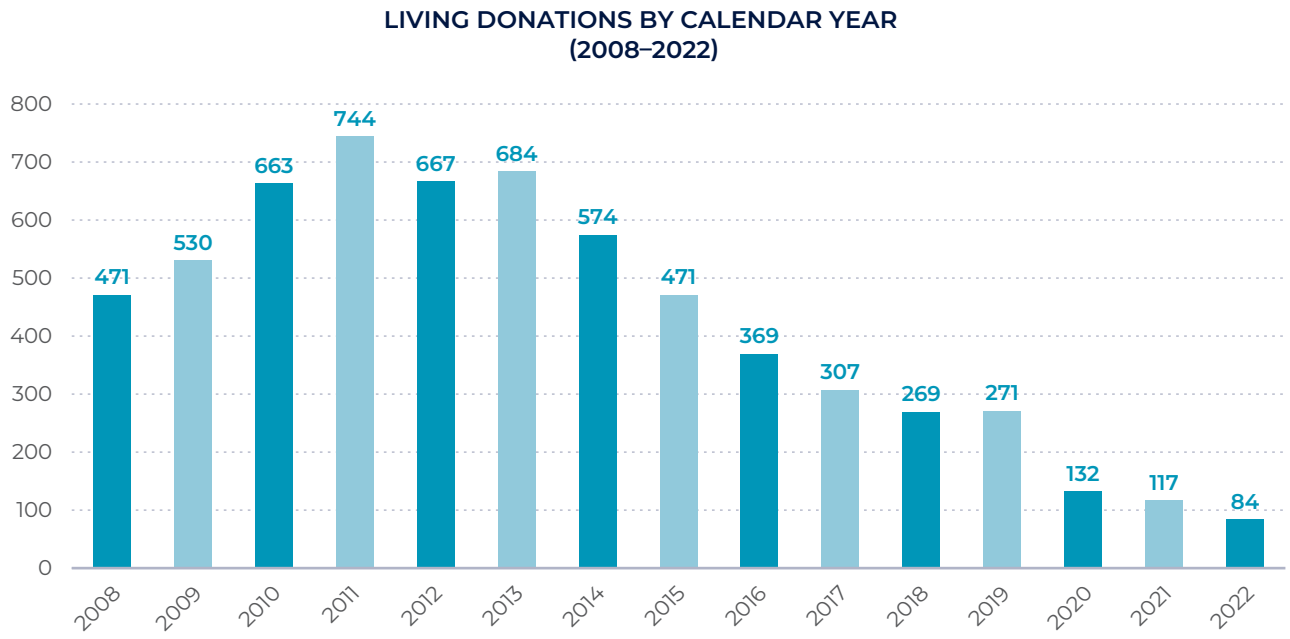


Figure 3: Living donor numbers (femoral heads retrieved as part of hip replacement surgeries) since 2008 showing the decline since the peak of 2011. Femoral heads have limited value to the DTBV's current allograft products. The pandemic also impacted the donation process.

Expanding Horizons (2000–2010)

As the DTBV settled into a new century, advanced health technologies were emerging. The DTBV sought to expand its allograft range, engage more actively with donor families, as well as expand its role and participation in the tissue banking landscape.

In 2003, the DTBV was granted a licence to manufacture freeze-dried CBM and DBM products – based on the research undertaken by Kellie Hamilton in the 1990s. Not only were 'second generation' allograft products such as CBM and DBM emerging, cellular technologies or 'third generation' allografts were also on the horizon.

While fluctuating donor numbers continued to present a challenge, by the mid-2000s the DTBV Transplant Co-ordination Team had established partnerships with 21 hospitals and 55 surgeons and were recovering about 50 femoral heads per month from living donors.

In 2002, the DTBV team held an inaugural Leaf Day to formally commemorate each donor from the previous year and to thank their families. A tree was created with each leaf representing a donor. This occasion proved to be very important and special to donor families and transplant recipients. By the second year, Leaf Day was attended by 200 people. Today it remains an important event on the DTBV calendar. Every Autumn donors are honoured, and the leaves fall in preparation for another year.

During the 2000s, the DTBV saw an increase in the regulation of tissue banking. The importance of patient safety has always been a key consideration at the DTBV. A donor selection criteria and scientific protocols were developed to meet the compliance and licensing standards of the Therapeutic Goods Administration (TGA), including the TGA *Australian Code of Good Manufacturing Practice (GMP) for Human Tissues*.

2009 was a sobering year. Of the 173 lives lost in the 2009 Victorian bushfires, the VIFM undertook the critical task of identifying 163 deceased victims through a Disaster Victim Identification process. The DTBV also arranged the importation of 60,000 cm^2 of skin grafts to treat the burns of the surviving victims. Sourcing and importing skin for the burns patients required the commitment of several agencies, as well as approval from MTF Biologics in the United States and ultimately the generosity of the American tissue donors.

Prior to 2009, most tissue donors were identified from within the coronial system. Beneficial improvements in health and death prevention strategies – such as new medical treatments, road safety and industrial safety campaigns and compulsory car airbags – had the correlating effect of reducing the potential number of viable tissue donors. Unfortunately, for the tissue donation program, an increasing proportion of people whose deaths were reported to the coroner were older and suffering illnesses that

would exclude them from donating tissue due to the strict donation criteria.

In 2009 the Organ and Tissue Authority (OTA) was formed to provide a national approach to managing organ and tissue donation and transplantation. The OTA funded a DonateLife team of nurses in each state to manage organ and tissue donations from patients who have died in a hospital setting, which has since become the primary source of tissue donors. The DonateLife team work co-operatively with the DTBV's Tissue Donation Nurse Specialist Team, as they are now known, to identify donors and to undertake the consent procedures with their next of kin.

While donor numbers from the coronial system had decreased since the 1990s, the ability to obtain multiple tissue allografts from a single donor sustained the supply of life-enhancing and life-saving tissues to hospitals and surgeons. In 1989 one donor typically provided one heart valve and when bone retrievals started in 1991, only femurs and tibias were retrieved for transplantation. By the 2000s a single donor could provide tissue for between 20 to 30 recipients, and now there can be 100 allografts per donor. The ability to adapt and maximise tissue donation has been crucial to the DTBV's ongoing success.

'The Tree of Life' – housed in the foyer of the DTBV

The DTBV building that opened in 2015

Biotech Highs and Lows (2010–2020)

An important milestone in the story of the DTBV was reached in 2015, when the new purpose-built facility funded by $13 million from the Australian Government became operational. For the first time the facility had multiple cleanrooms with cascading air pressures, sufficient office and storage space, and a bespoke environmental management system to monitor freezers, temperatures and pressures. This was a building specifically designed for a biotechnology manufacturing operation and supported many of the compliance requirements of the TGA, which had grown in number and complexity.

In 2013 the TGA released its revised Biologicals Framework, which mirrored the regulations applied to pharmaceuticals manufacturing. Meeting the standards of the Framework was a resource intensive exercise, however quality, safety and the ethical treatment of tissue are part of the DTBV's DNA and complying with the TGA requirements to deliver safe allografts to the community is a source of great pride for everyone involved at the DTBV.

At this time, the transplantation options for human tissue allografts – affecting bone and tendons – were also changing. In the seven-year period between 2013 and 2020, the supply of musculoskeletal (MSK) tissue to hospitals and surgeons by Australian tissue banks grew from 5,000 grafts to 15,000 grafts. For-profit tissue suppliers were growing their operations in Australia, which impacted upon the viability of government-supported not-for-profit tissue banks, such as the DTBV.

By 2019 the DTBV was supplying only 4 per cent of the total bone and tendon allografts provided by Australian tissue banks. Surgeons were seeking different tissue allografts as they developed surgical techniques, specifically a bone tissue allograft that could be supplied with the spinal or orthopaedic device which would be used together as part of a spinal implantation – something the DTBV could not supply at that time.

In 2019, the DTBV was able to establish a partnership with a supplier of spinal devices, to jointly meet this demand by surgeons. Other government-run tissue banks also followed suit, creating a more sustainable supply of bone and tendon allografts for recipient patients. The significant growth in demand for tissue allografts in this period required the DTBV to more than double the processing of bone allografts.

Unfortunately, maintaining an adequate supply of cardiac tissue and skin for burns victims has been more difficult to achieve. There are never enough heart valves and skin allografts to meet the demand. Donated heart valves must also be sized to fit the particular patient, which limits our ability to provide adequate supply. Tissue banks across Australia work together to supply allografts for burns victims and cardiac patients and to develop a national approach to skin banking.

The DTBV team in 2023, in front of 'The Tree of Life'

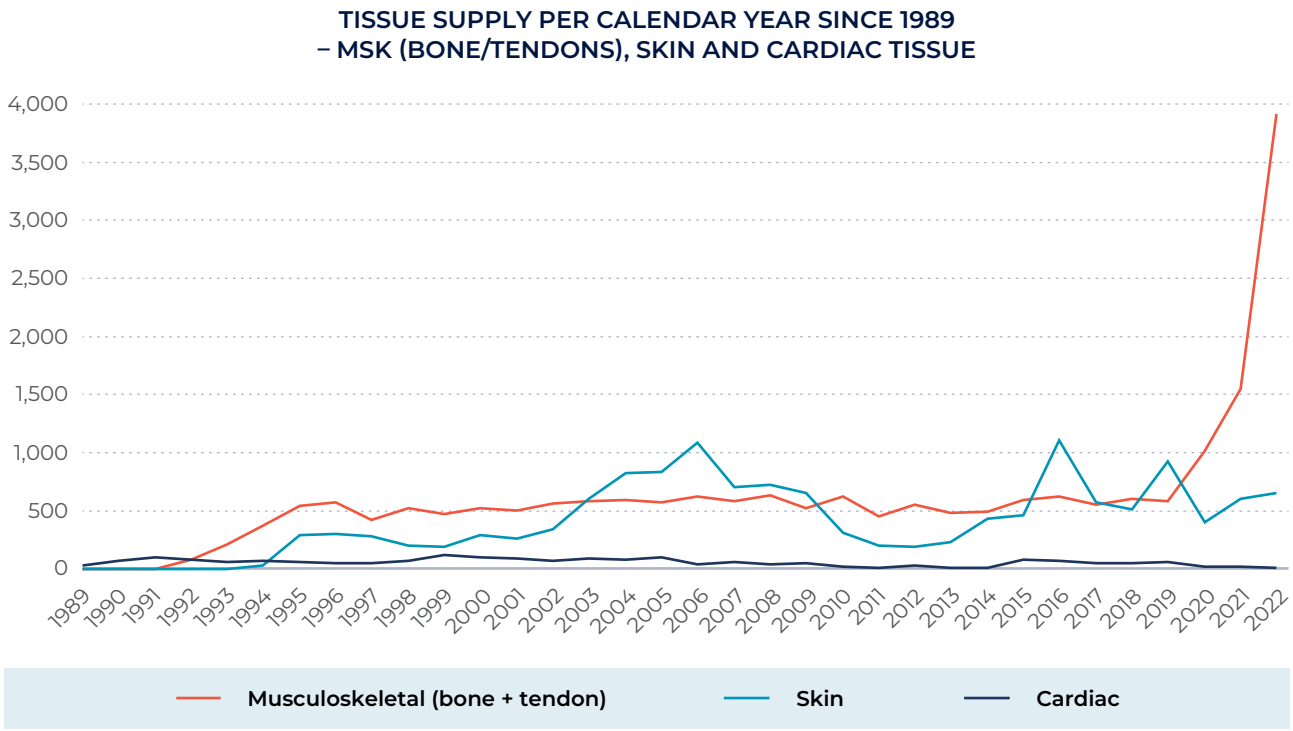
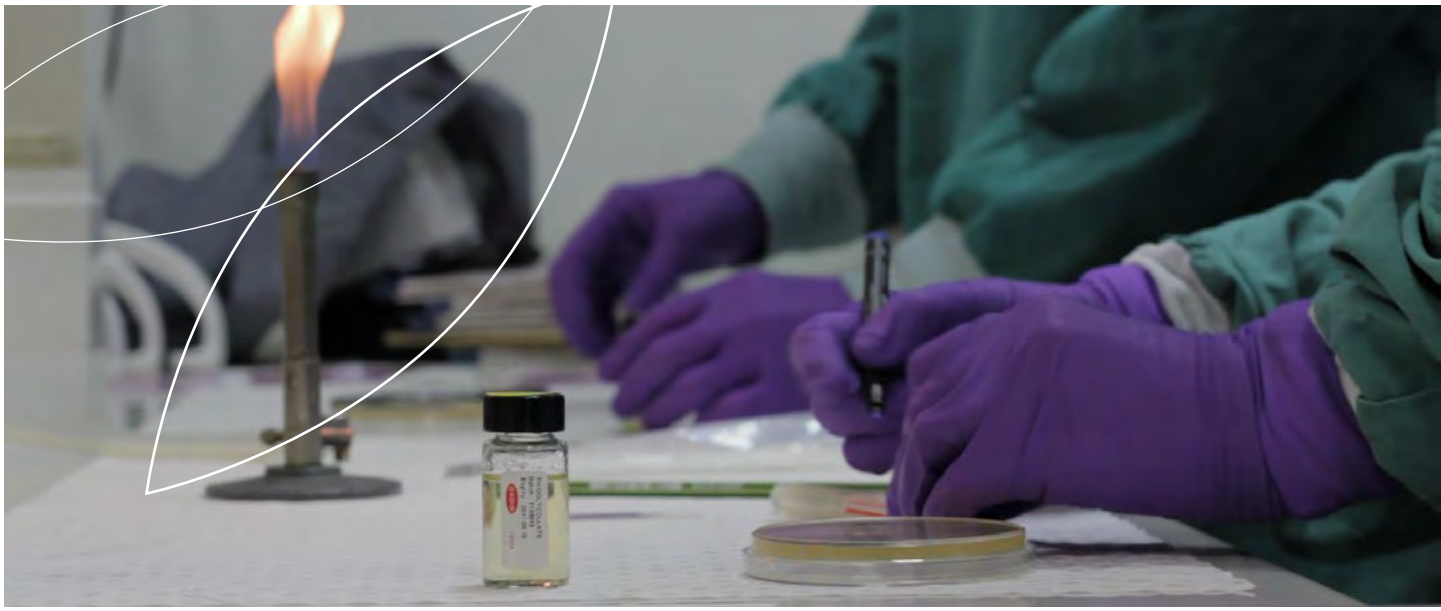


Figure 4: Supply of bone/tendons, skin and cardiac tissue since 1989 with the exponential growth in supply of bone since 2020

Building for the Future (2020–2030)

The DTBV is now at the start of its fourth decade with new equipment, systems improvement, automation, and forthcoming research to provide the direction for the years ahead.

The DTBV serves the community through the provision of high-quality tissue allografts for transplantation. Sustainability of the DTBV relies on individuals (and their families) making the significant and altruistic decision to be a donor. While the shortage of donors will likely not be resolved quickly, the commencement of a Victorian Parliamentary Inquiry into Increasing the Number of Registered Organ and Tissue Donors during 2023 has started a conversation that the DTBV hopes will expand into the community and create more awareness of the value of donation, to both donors and recipients. Even a small increase in donations would have significant positive consequences for Australians in need of human tissue allografts. It is the hope of the DTBV team that tissue donation will become the normal thing to do.



What Makes Tissue Banking Different? – The View from the Top

It was a challenging start for Brendan Sullivan as the new Operations Manager, joining the DTBV from the pharmaceuticals industry. In his first week in March 2020, the TGA commenced a major audit of the DTBV's operations and the first of the COVID-19 pandemic lockdowns was imposed.

With TGA regulations setting much higher compliance requirements, Brendan and the DTBV Operations, Quality and Research & Development Team focused on a reset. Together they embarked on a major improvement program to achieve TGA compliance and to mature the business operations. During this time Brendan also became the Head of Service. Three years later, with a successful TGA audit in late 2021 and a tripling of production capacity under his watch, Brendan has great confidence that the team and the business have 'grown up'. He is incredibly proud of the achievements his team have made in a such a short period of time.

As Brendan said: "It is rare to receive an emotional response to the work you do in the pharmaceutical world. Inputs are chemicals and while some drugs are life-changing, how that affects patients is rarely known". In comparison at the DTBV, "every donor is an individual. Every donor is celebrated, and each donor brings with them both sadness and joy". Sometimes, the DTBV gets a window into the recipient, for example, what it means for a young tissue recipient to play sport again.

"While the DTBV is part of the supply chain of health care, tissue banking is also a public service. We have an obligation to provide tissue for those whose lives will benefit from surgery and transplantation. With hard work by the whole DTBV Team, it is great to be able to provide more tissue than ever before".

BRENDAN SULLIVAN
DTBV Head of Service

What Happens During a Donation? – The View from the Start

Chantel Bartolo leads the Tissue Donation Nurse Specialist Team, who listen with sensitivity and support families as they make the difficult decision to donate tissue – and potentially salvage something positive from the death of their loved one.

The approach to a family by the nurses occurs very soon after the death. The DTBV has only a 24-hour window between the last sighting of the individual while they were alive and completion of the tissue retrieval procedure. This means the DTBV's nurses must work with a high degree of urgency.

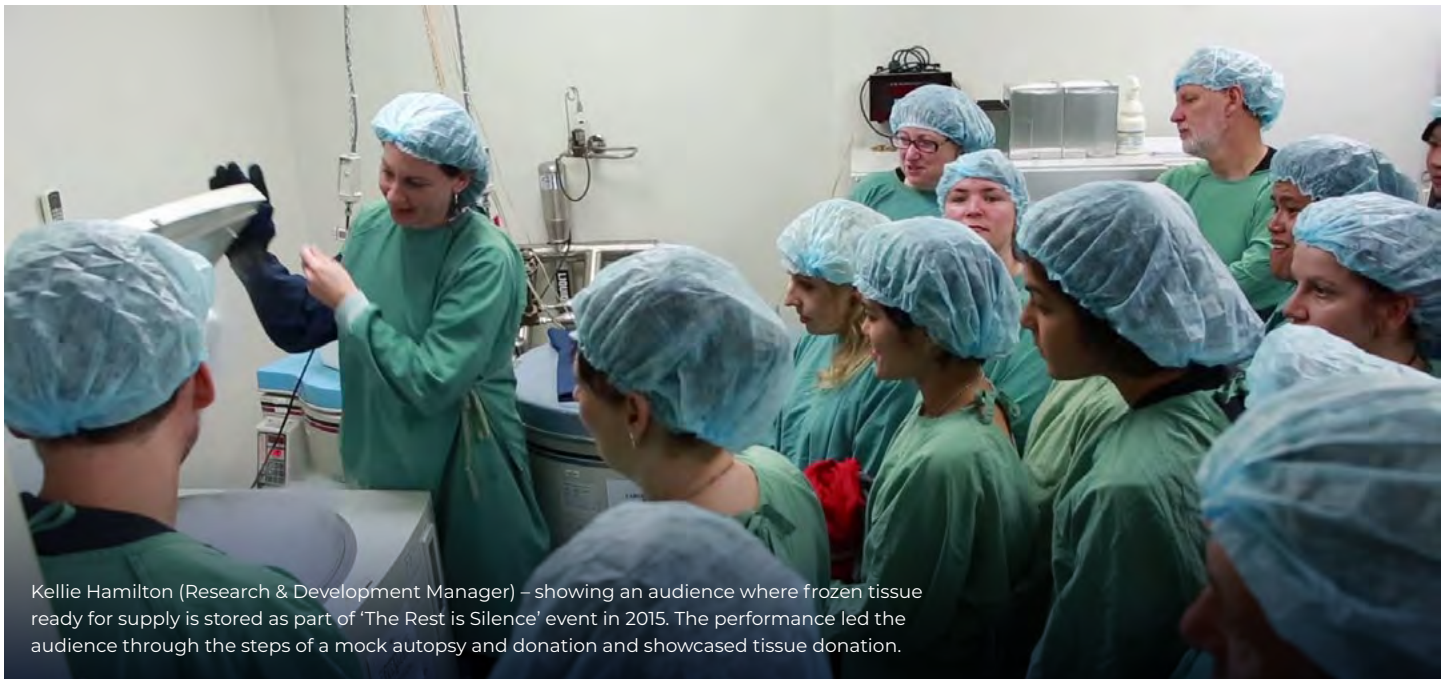
If the family has previously discussed donation, or the deceased had registered to be a donor, then the decision for the family is far less difficult and the chance of donation is much higher. Chantel observes that "many families appreciate the opportunity to donate, but every family is different. Some families are overwhelmed by the death, some families are surprised that a donation is still possible, while others are keen to uphold their loved one's wishes".

Families also have many questions when they are first approached: "Will it delay the funeral?", "What will my loved one look like after donation?" "Will it impact finding the cause of death?" Chantel and her team reassure donor families that the deceased will be treated with the utmost dignity, that their loved one will be returned to them within a day, that it will not impact the death investigation process and that the body will be reconstructed with care.

A retrieval can take several hours and teams will work through the night if necessary. The retrieved tissue is stored for processing – this can take up to 13 months – before it is released for use as an allograft for transplantation.

"I am always amazed by the strength and courage shown by our donor families at one of the hardest times in their life. It is an honour to be able to support these families through the donation process. One of the best parts of my role is to share with donor families the outcome of their loved one's donation and how their decision to give has changed the lives of so many".

CHANTEL BARTOLO
Manager, Tissue Donation Nurse Specialist Team



Kellie Hamilton (Research & Development Manager) – showing an audience where frozen tissue ready for supply is stored as part of 'The Rest is Silence' event in 2015. The performance led the audience through the steps of a mock autopsy and donation and showcased tissue donation.

Developing a Human Tissue Product – The View from Left Field

Kellie Hamilton is the DTBV's Research & Development (R&D) Manager, joining as a young honours student in 1995. Being a DTBV scientist requires a broad skillset with the ability to converse deeply about biology with other medical professionals.

The process to develop a new product can take years. As Kellie explains, exploration can easily lead nowhere, as technology to support the process may not be ready, and just when you think you have it right, the product fails. This was the story of the development of the DTBV's DBM product, which took 25 years from its inception in 1995 to the product's availability in 2020. Its sister product, CBM, was released in 2018. To Kellie's credit, as the developer of these products, they now account for most allografts supplied to hospitals and surgeons, with plans for further development.

"The early years were quite primitive. We had wooden painted benches and freezers in the processing rooms. The early TGA inspections were terrifying. We even used to deliver tissue to hospitals personally. When we moved to the new facility in 2015, it was luxurious – office space, monitoring of pressure and temperature in our cleanrooms, dedicated change rooms, our own tearoom and meeting room, and, finally, my own R&D Lab".

KELLIE HAMILTON
R&D Manager
has seen the changes since 1995.

DBM packaged and ready for supply to a hospital.
Manufactured from Australian donated bone in Australia.

Kellie originally started researching demineralised cortical bone segments to determine the extent that the demineralisation of bone retained sufficient weightbearing strength. Surgeons requested that the demineralised bone be presented in a particulate format. Demineralisation of bone also exposes proteins that are important to induce new bone formation in the recipient, which aids healing. Kellie conceived of CBM as an adjunct product, to make use of the cancellous portion of the long bones. In both cases, the ability to provide bone grafts that did not require storage in a freezer was vital to making the products convenient for use by surgeons.

Ever the optimist, Kellie has several new projects and ideas in mind. The DTBV is well placed through the VIFM's connection to Monash University to support young graduates interested in research fields related to tissue banking. Kellie hopes that the next generation of researchers will have the opportunity of creating products like DBM and CBM, and hopes to provide new researchers with the opportunities for scientific exploration that she has had.

"Almost everyone knows about organ donation, but many people may not know about tissue donation. Through the selfless gift of Victorians, bone, tendon, skin, heart valves and other tissue is available for surgeons to restore function and quality of life to their patients. This tissue can be used to keep hearts pumping, rebuild limbs and promote healing after surgery. I've been using donated Cancellous Bone Matrix for my cervical fusion surgeries for a few years and it's a privilege to have this facility available for my practice and for my patients".

PROFESSOR KATE DRUMMOND
Director of Neurosurgery, Royal Melbourne Hospital

Ben's Gift of Donation

In 2019 when Ben died unexpectedly, his family were approached by one of the Tissue Donation Nurse Specialists from the DTBV. Knowing Ben's wishes to be a donor, his family immediately consented, and Ben donated corneas, heart valves, pericardium, skin, bone, and tendons.

Ben's donation has had a lasting impact, helping to save and improve the lives of so many.

Ben's corneal donation helped restore the sight of a woman in her 30s suffering from keratoconus, a condition leading to blindness. His donation has allowed her to see again. Sight is a priceless gift.

Ben's skin donation helped in the treatment of two burn victims, both requiring extensive skin grafting. This donated skin was used to cover the damaged skin, creating a barrier against fluid loss and infection, and dramatically improving both recipients' health and healing.

Ben's donated heart valves were transplanted to an infant and a young child, both with congenital heart conditions. These heart valves are lifesaving and have given these young children the chance to grow and lead a normal life.

Ben's donated tendons have been transplanted to six recipients aged between 16 to 50 years old, all requiring knee reconstruction surgeries. Ben's donation has allowed these recipients to return to the sports and activities they love.

Finally, Ben's bone donation has helped 46 recipients so far. These bone grafts have been transplanted to those suffering from limited mobility, chronic pain, bony defects, cancer and trauma. Ben's donation has greatly improved quality of life of these recipients, allowing them to walk, run and play without limitations.

Ian's Gift of Donation

"Because my husband's death was so unexpected, it was a bit of a surprise to get a call about tissue donation. However, I knew instantly that we would donate what we could as Ian had said he wanted to donate.

When I received a call saying Ian's corneas went to two different people, I was so excited and felt that my husband's death was not in vain. It's a gift we feel we have given to someone else.

The experience of giving to others through tissue donation is such a rewarding one. Just knowing our loved one lives on in others is so comforting.

Thank you for allowing us this gift of giving."

– **MARIA (WIFE OF IAN)**


BLACK EAGLE
PROPERTY OF DTBV
CRYO-APRON

07

Reporting against the

Strategic Plan 2022-2025

The VIFM Strategic Plan is our organisational roadmap. The 2022–25 Strategic Plan outlines seven goals that support the VIFM's aim and purpose.

Charlie Ford – ICT Service Desk Team Lead

The VIFM will embrace innovation to strengthen and enhance our role as a trusted leader in forensic medicine and science.

The VIFM provides independent quality forensic medical and scientific services that support families, the community and the justice system. The Institute also undertakes research and teaching to expand and share our forensic medical and scientific knowledge. We achieve this by valuing our staff and engaging with partners.

Highlights from this year's achievements in pursuit of our goals are outlined here.

GOAL 1: Service Excellence – A transformed death investigation system that maximises the public value of our expertise and focuses on the needs of families

Key Achievements in 2022–23

Medical Certificates of Cause of Death

In 2020 the Coronial Council of Victoria Review of Reportable Deaths in Victoria recommended that a formal role be established for the VIFM's forensic pathologists to authorise a Medical Certificate of Cause of Death (MCCD) if the pathologist has assessed the death to have been from natural causes. The recommended reform aims to:

- improve the effectiveness of the preliminary medical examination of a death reported to the coroner where the death is determined to be from natural causes
- reduce the unnecessary involvement of families in the coronial process, while providing them with timely information in relation to the death of their loved one.

To achieve this, the VIFM developed a draft legislative reform proposal for the Department of Justice and Community Safety (DJCS). In 2022–23, the VIFM's legislative proposal was subject to further consultation facilitated by DJCS with relevant stakeholders. In this consultation process, the VIFM collaborated with the Coroners Court of Victoria (CCoV) to develop a revised legislative proposal for DJCS consideration.

GOAL 2: Service Excellence – A Clinical Forensic Medicine (CFM) service that provides reliable, high quality and timely service that is accessible and responsive to stakeholder needs

Key Achievements in 2022–23

A new CFM service model was developed in consultation with key stakeholders. Victorian Government funding was received in May 2023 to implement the new model. The revised service model incorporates:

- an increase in the total number of staff
- decentralisation of metropolitan services into three hubs (Metro (including Geelong), Wyndham and Dandenong) to meet stakeholder needs and expectations by embedding CFM practitioners into the community
- the creation of a new Regional Coordinator role
- three staff being constantly available to see victims. This increase of an additional on-call staff member will improve victim-centric service availability. Patients will also be able to request an examiner of a particular gender
- an increase in service provision for *Just in Case* examinations to facilitate early collection of evidence prior to reporting to Victoria Police.

The new service model provides skilled jobs through an overall doubling of staff numbers and an increase in casual staff. Staff members will be provided with incentives for training and education and on-call rostered duties to maximise service levels. A new MOU between CFM and the Victoria Police to activate the new model was developed through DJCS and took effect from July 2023.

Mark Gardiner – Chief Information Officer

GOAL 3: Partnerships and Connections – Closer partnership with the Coroners Court of Victoria to drive system reform

Key Achievements in 2022–23

VIFM Facility Tours for CCoV Staff

Half-day orientation tours recommenced following the pandemic with tours held in October 2022 and May 2023.

The tours are held every four to six months and kept to a maximum of 15 to allow for greater interaction and questions. The tours promote engagement between the VIFM and CCoV by providing staff with insights into the important work undertaken at the VIFM and related links to the work of the court.

The guided tour/presentation includes forensic services, toxicology, molecular biology, Donor Tissue Bank of Victoria (DTBV), academic programs, Coronial Admissions and Enquiries Office (CAE), and concludes with a brief mortuary tour.

The VIFM Director and Chief Operating Officer provide the opening introduction to the tour.

The CCoV has advised that they are planning to provide a reciprocal tour option for VIFM staff.

GOAL 4: Partnerships and Connections – Collaborative relationships established with all our clinical forensic medicine stakeholders

Key Achievements in 2022–23

The VIFM's Chief Medical Officer is re-establishing connections with hospitals where the VIFM medical staff are called to examine victims of violence with a view to formalising Memorandums of Understanding for on-site examinations.

The VIFM re-engaged in April 2023 with regional CFM practitioners and forensic medical nurses through the provision of an on-site Monash University Department of Forensic Medicine training workshop on responding to patients who have experienced sexual violence. The training was funded by the Australian Government Department of Social Services. This provided an opportunity for regional staff to reconnect with the VIFM and other CFM staff.

GOAL 5: Valued People – A diverse and engaged workforce that is continuously learning and developing to create the VIFM of the future

Key Achievements in 2022–23

Minimum Core Training Program for Managers

VIFM managers undertook essential training on OHS obligations and responsibilities, and vicarious trauma. This training will be provided to all new starters with refresh training scheduled every six months. The content of the set training program will continue to be enhanced to provide comprehensive coverage of OHS considerations.

Process Improvement Projects

As part of workforce engagement, and development to meet future needs, several process improvements projects were completed in 2022–23, including:

- optimisation of the DTBV Allograft Utilisation Record (AUR) that provides confirmation and information on recipients of donor tissue to reduce duplication
- improvement of DTBV seal packaging from double to single seal packaging
- review of CFM DNA link notifications to mitigate process issues and inefficiencies
- the CFM Golden Messenger Project which provides a more secure service for patient information transfer
- review of the VIFM External Complaints Policy to identify improvements and align to Victorian Ombudsman guidelines
- redesign of the Forensic Medical Examination Kit (FMEK) used to collect forensic specimens in a sexual assault examination in accordance with ISO 18385.

GOAL 6: Leading Edge Facilities and Technology – A safe and welcoming service and education hub

Key Achievements in 2022–23

Psychological Safety Compliance Review

An external consultant undertook a psychological safety compliance review and developed an Action Plan. The actions include a framework for Psychological Safety Risk Management the VIFM will incorporate into its operations.

Work on the Action Plan has commenced including:

- recruitment of a new OHS Coordinator
- piloting of psychometric testing to ensure that the VIFM recruits employees suited to the nature of VIFM work
- the delivery of a VIFM-Specific Vicarious Trauma Training Program to managers and staff
- development of a VIFM-Specific Occupational Violence and Aggression Training Program for client-facing staff.

Redevelopment of the Coronial Admission Enquiries Office and Mortuary Spaces

The Forensic Modernisation Plus Program of works to upgrade facilities in the mortuary and forensic science laboratories is underway. The current scope of work includes:

- construction of a CAE reception area/family entrance, and a rebuild of the family viewing, CAE office and breakout spaces
- mortuary and cool rooms upgrades to improve lighting, cooling, floor, and drainage, and to improve workflow. The works will also provide additional mortuary office and storage space
- replacement of the CT scanner in early June 2023
- acquisition of a new MRI scanner, and construction of an MRI facility reception and change room.

During the past year architectural and engineering design stages were completed for the CAE, Mortuary and Forensic Pathology Offices with design work for the substation, and temporary cool-rooms still in progress.

It is anticipated that enabling works for a substation and the mortuary loading area will commence in August 2023 and the project will be completed in the first quarter of 2025.

GOAL 7: Innovation, Research and Teaching – A contemporary approach to how we create, access, manage, share, use and learn from our information

Key achievements in 2022–23

Infrastructure Migration to the Cloud

A significant portion of the VIFM information and communications technology (ICT) infrastructure and software has been migrated to the cloud, facilitating the following business benefits:

- reduced risk associated with the on-site data centre, including data loss and business disruption
- improved agility and flexibility to support scalable business growth and change
- improved technical resilience and availability due to high-grade fail-over capabilities for continuous service
- reduced long-term capital expenditure on hardware.

Digital Transformation Program

The VIFM is in the process of enhancing its technical and digital capability through the Digital Transformation Program. This involves several projects including:

- Case Management System Replacement to a contemporary system that facilitates efficient and innovative workflows and reporting to support death investigation
- the Radio Frequency Identification Exhibit Tracking Project to electronically identify the location of samples
- Donor Tissue Bank Instrument and Consumables Management to digitise and replace manual, paper-based processes
- the Electronic Toxicology Certificates project, completed late 2022, which replaced paper-based toxicology certificates with an automated electronic solution, reducing delivery time and cost
- Imaging Hardware (PACS) Upgrade to facilitate shared clinical and research access and establishes a foundation for future integration into case records.

Electronic Content Management (ELO) System – Staff Rollout

The rollout of the ELO system as the primary repository for VIFM's record and information storage has improved visibility, searchability and application of records retention and disposal requirements. All departments have created repositories for their records in the ELO, moving the VIFM away from using network drives as a storage mechanism. Further reduction in the use of organisationally shared folders will be the focus of the 2023–24 cycle.

Frances Adamas – Manager – Risk, Planning, and Information

08

Reporting to Government –

BP3 Statistics Table

The VIFM 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 2022–23.

Supporting the Judicial Process

	Unit of measure	Year 2022–23 Target	Actual	Percentage variation	Comments
Quantity					
Clinical Forensic Medical services	number	2,600–3,000	2,325	-10.6%	Reporting methodologies have been improved, resulting in the reclassification of Fitness for Interview cases as incidents of 'phone advice', which are not included in the BP3 targets, leading to the significant variance against the BP3 target. Demand is driven by Victoria Police. The result is within the amended BP3 target set for 2023–24.
Medico-legal death investigation services[1]	number	6,450–6,950	7,296	5.0%	
Provision of expert forensic medical and scientific evidence in court	number	200-250	264	5.6%	The number of court appearances is a function of prosecution requirements, rather than being at the VIFM's discretion. The demand for expert evidence is driven by Victoria Police in the lower courts, and the Office of Public Prosecutions in the higher courts.
Peer reviewed research articles published	number	85	85		
Enquiries resolved by the Coronial Admissions and Enquiries Office of non-reportable deaths	number	5,900	4,860	-17.6%	This is a new measure for 2022–23. The number of enquiries cannot be controlled or managed by the VIFM. Although the number reported is below the 2022–23 BP3 target, 4,860 remains a high number of calls that are not coronial related and is within a 5% variance of the amended BP3 target set for 2023–24.
Quality					
Victorian Institute of Forensic Medicine Quality audit[2]	per cent	98	97.8		
Timeliness					
Medical and scientific investigations on the body of the deceased completed within two days[3]	per cent	75–85	73.9	-1.5%	
Medico-legal death investigation reports issued within agreed period[4]	per cent	65–75	66		

1 Count of medico-legal death investigations for the Coroners Court of Victoria.

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

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

4 Timeline for completion of an investigation based upon the complexity of the case.

09

Operational Reports –

Medical Services and Scientific Services

Dr Kean Kuan – Chief Medical Officer and Deputy Director

Medical Services and Scientific Services

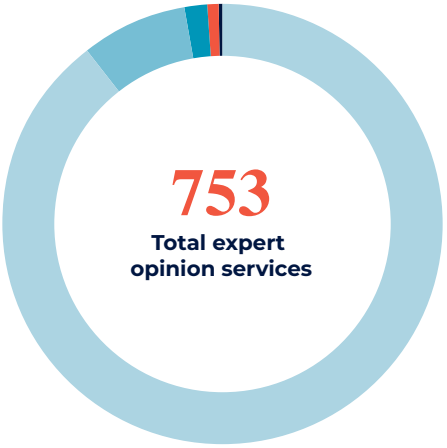
Our Medical Services and Scientific Services teams provide high-quality specialist medical and scientific forensic support to the justice system. The VIFM's forensic experts work in the fields of pathology, mortuary science, clinical forensic medicine (CFM), toxicology, and molecular biology (DNA). The size of the task is evidenced by the production of more than 40,000 forensic reports each year and this workload is increasing with the growing Victorian population.

The Medical Services and Scientific Services teams work 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 police and our courts, to deliver justice services for Victoria where complex medical and scientific issues are at stake.

The VIFM's doctors, nurses and scientists also actively carry out innovative forensic research that is published in 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.

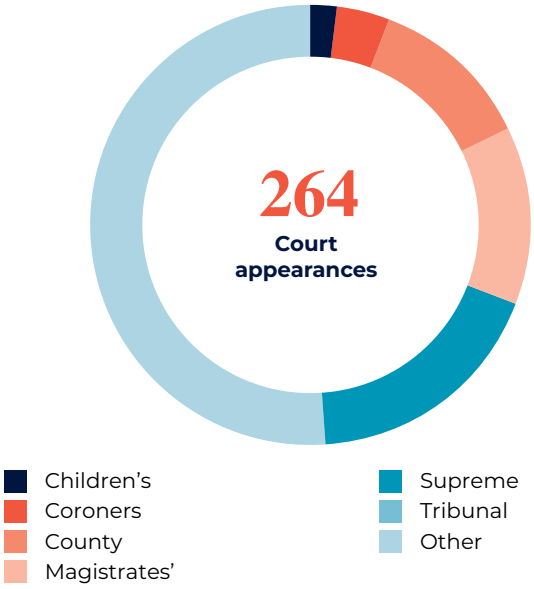
Expert Opinion Services

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 753 independent expert medical and scientific opinions on a wide range of topics. Many of these opinions are related to CFM 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.



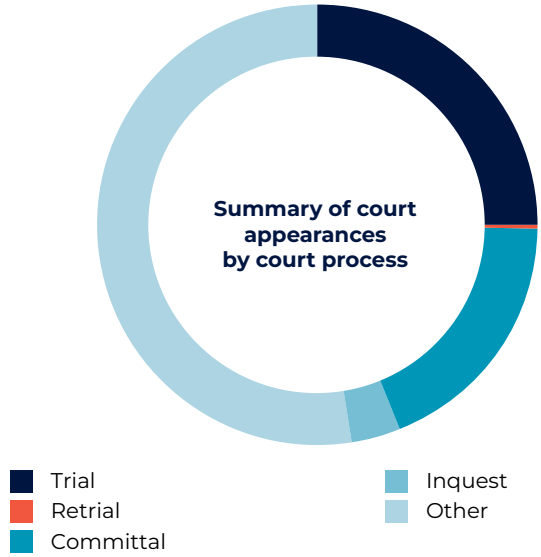
Expert Opinions	Number
Clinical Forensic Medicine	674
Toxicology	59
Pathology	13
Odontology	5
Anthropology	2
Total	**753**

Table 1: Summary of court appearances for the provision of expert testimony



By court type	Number	Percentage
Children's	5	2%
Coroners	11	4%
County	32	12%
Magistrates'	34	13%
Supreme	47	18%
Tribunal	0	0%
Other	135	51%
Total	**264**	**100%**

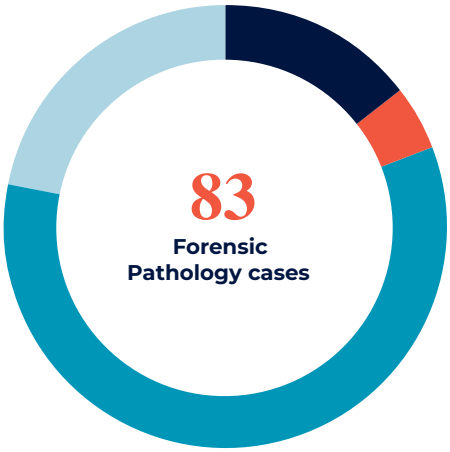
Table 2: Summary of court appearances for the provision of expert testimony by court process



By court process	Number	Percentage
Trial	66	25%
Retrial	1	0%
Committal	49	19%
Inquest	10	4%
Other	138	52%
Total	**264**	**100%**


Dimitri Gerostamoulos – Associate Professor – Head, Forensic Sciences

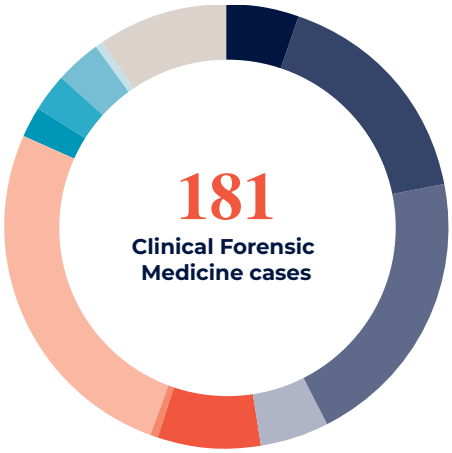
Table 3: Forensic Pathology provision of expert testimony in court – by case type



Culpable driving
Manslaughter
Murder
Other

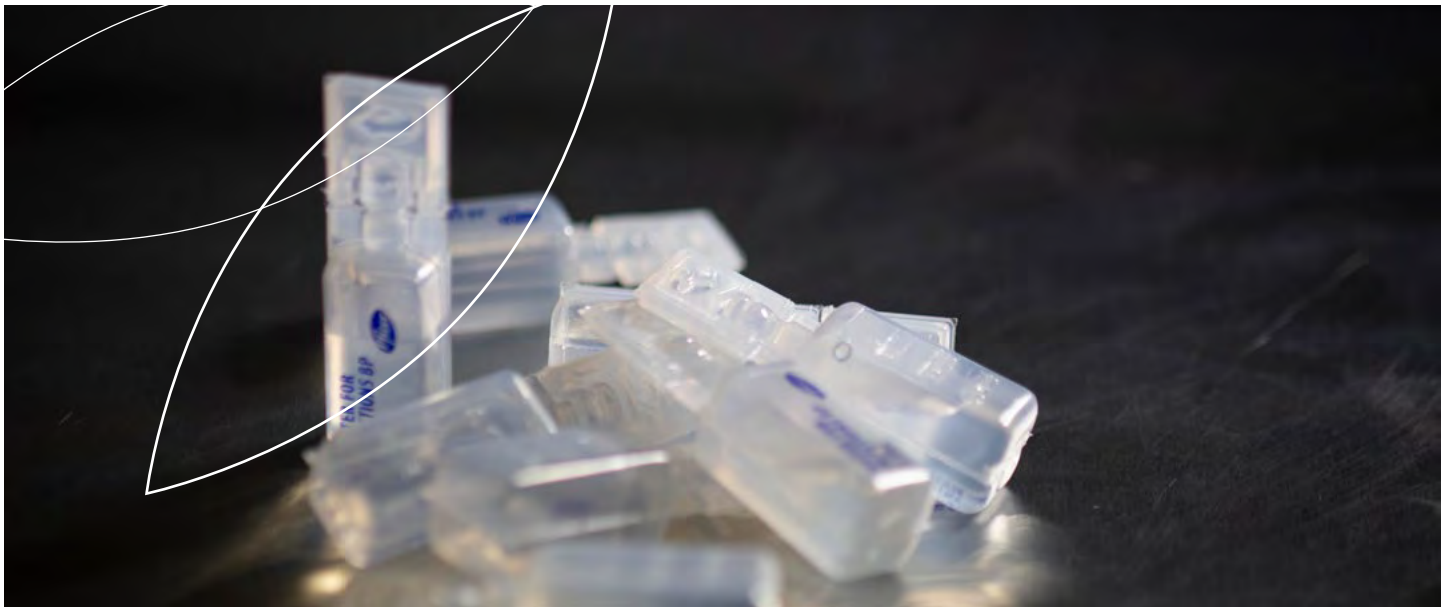
Forensic Pathology cases	Number
Culpable driving	12
Manslaughter	4
Murder	49
Other	18
Total	**83**

Table 4: Clinical Forensic Medicine provision of expert testimony in court – by case type



Fitness for interview
Injury interpretation
Physical assault
Post-crash toxicology
Sexual assault
Sexual assault – offender
Sexual assault – recent
Sexual assault – toxicology
Traffic driving under influence (DUI) drugs
Traffic medicine
Traffic DUI alcohol
Other

Clinical Forensic Medicine cases	Number
Fitness for interview	10
Injury interpretation	30
Physical assault	37
Post-crash toxicology	9
Sexual assault	14
Sexual assault – offender	1
Sexual assault – recent	47
Sexual assault – toxicology	4
Traffic driving under influence (DUI) drugs	5
Traffic medicine	6
Traffic DUI alcohol	1
Other	17
Total	**181**



Death Investigation

Forensic Pathology

Forensic pathology is the subspecialty of pathology that focuses on the medico-legal aspects of death. The VIFM doctors investigate deaths from natural disease, injuries and other sudden or unexpected causes of death in adults, children and infants.

The work of the specialist forensic pathologist includes:

- examining the scene of death
- detailed assessment of the body of the deceased
- performing a wide range of complex medical and scientific tests including, amongst others, histopathology, neuropathology, microbiology, and toxicology.

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.

Across Victoria, several 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 around the death
- interpretation of post-mortem CT scans
- a summary of any family concerns and healthcare issues
- a recommendation as to whether an autopsy or external examination should be performed.

This information assists the coroner in planning the legal and administrative aspects of the ongoing death investigation, including whether they will request VIFM doctors to 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 an external examination report. During the past year, Forensic Pathology Services has undertaken more than 7,000 medico-legal investigations.

Each year between 150 and 400 Medical Certificates of Cause of Death (MCCD) are also reported to the coroner by the Registry of Births, Deaths and Marriages Victoria for investigation to inform the coroners as to the appropriate medical cause of death and advise as to whether further investigations are required.

Table 5: VIFM medico-legal death investigations by year

Year	Number of medico-legal death investigations
2018–19	6,534
2019–20	7,040
2020–21	6,707
2021–22	6,955
2022–23	7,296

Table 6: Type of medico-legal death investigation

Year	Autopsy	External examination	MIR*	BNI**
2018–19	2,826	3,136	234	338
2019–20	2,866	3,597	247	330
2020–21	2,635	3,657	184	231
2021–22	2,308	4,248	225	174
2022–23	2,307	4,397	340	252

* Medical Investigator's Report for femoral fracture cases

** "Body not in" cases referred by the Registrar of Births, Deaths and Marriages

Other responsibilities of the forensic pathologist include:

- providing oral evidence in court (Coroners, County, Magistrates' and Supreme)
- research activities, many of which collaborate with technical staff from other specialties at the Institute such as toxicology and anthropology
- presenting at national and international scientific meetings
- teaching of undergraduate and postgraduate doctors, police, and social workers
- liaising with the Donor Tissue Bank of Victoria.

Forensic Radiology

Since 2005, whole body CT scans have been performed in all death investigations at the mortuary in Melbourne. The CT scanner provides valuable assistance to pathologists in identifying individuals, investigating causes of death, preparing and planning the approach to an autopsy, evaluating potential hazards of the autopsy, and documenting injuries. These images provide a permanent record and may be later presented in court as evidence. Post-mortem CT angiography is a specialised test performed in only a few centres worldwide; however, is a technique in regular use at the VIFM.

While case numbers continue to grow, the role of imaging at the VIFM will be augmented by the introduction of an MRI scanner to occur in the next reporting period. In time, this will result in a sharper focus on coronial cases and a potential reduction in the overall autopsy rate. Investment in these new techniques for death investigation will improve the time taken to return deceased persons to their families.

Multiple Research and Quality Assurance activities and collaborations by forensic radiology staff have been undertaken over the past year, culminating in high impact journal publications and presentations at national and international scientific meetings.

Forensic Photography

Our forensic photographers provide high-quality digital photographs of casework that forms an essential part of the evidential record. In addition to routine photography documentation, our photographers utilise specialised techniques, such as cross polarised lighting and invisible radiation, to document details not always visible to the naked eye.

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, pathologists, police, medical practitioners, funeral directors, and families 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 CAE staff answered 71,183 phone calls and made 53,258 outbound calls. A key CAE role is to respond to medical enquiries from doctors and provide advice as to whether a death is reportable. There were 7,600 of these enquiries in 2022–23 and of that number, 2,740 were converted to reportable deaths.

CAE 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 to view the body of their family member for identification and therapeutic purposes. The CAE team is 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. They also retrieve skin and musculo-skeletal tissue for the Donor Tissue Bank of Victoria. 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.

The CAE Office and Forensic Technical Services also support 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 through the death investigation process by identifying previously unknown medical conditions that may have a genetic basis and could have health care implications for surviving family members. When such a condition is identified, the case is referred internally to the VIFM FHIS nurse who then facilitates a referral to an external genetic health service or other medical specialist.

The establishment of close professional relationships and numerous formal health care 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 health care strategy to prevent premature illness or death among those family members at risk, and to maximise family health and welfare.

In 2022–23 FHIS made 94 specialist referrals to medical specialist services, 177 General Practitioner referrals and 40 notifications of cancer diagnosis to the Victorian Cancer Registry.

The FHIS continues to work closely with Victoria's local public health units (LPHU). LPHUs administer programs for disease prevention and population health. This includes responding to COVID-19 and other infectious disease case investigations, outbreaks and public health programs that impact their region. The family health nurses provide a contact point for the LPHUs where information is required from coronial medical examinations.

The **Health Legislation Amendment (Quality and Safety) Act 2022** introduced new reforms and amended the *Health Services Act 1988*, the *Ambulance Services Act 1986*, the *Mental Health Act 2014*, the *Public Health and Wellbeing Act 2008*, and the *Health Complaints Act 2016*. Relevant health service entities are required to provide a patient with a Statutory Duty of Candour (SDC) when the patient has suffered a serious adverse patient safety event (SAPSE) while receiving health services. The SDC builds on the principles and elements of open disclosure within the Australian Open Disclosure Framework, currently used for all cases of harm and near miss. The FHIS provides a contact point for the hospital medico-legal departments to access preliminary information from medical examinations to inform their conversations and disclosure with families.

Dr Joanna Glengarry – Forensic Pathologist

Forensic Science

Forensic Toxicology

The toxicology laboratory at the VIFM undertakes drug and poison investigations of coronial cases in Victoria. The coronial case work increased from 6,555 cases in 2021–22 to 6,692 in 2022–23.

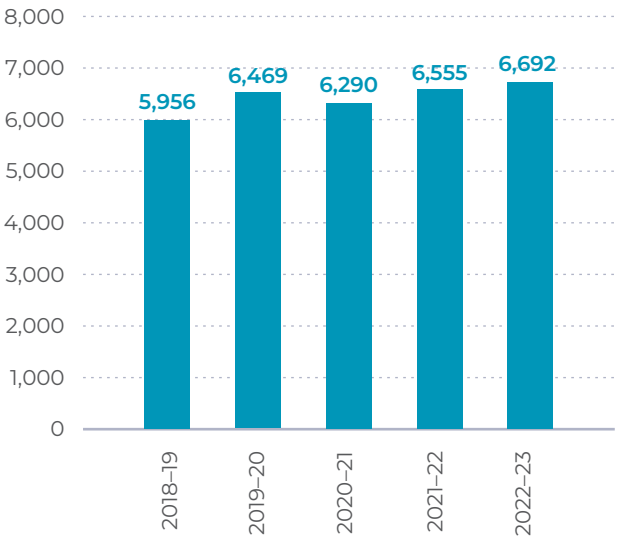
The prevalence of novel psychoactive substances in casework continues to increase and challenges our testing capacity for the identification of these unknown substances in a variety of medico-legal and clinical cases. Through the assessment of clinical and post-mortem cases, Gamma-hydroxy butyrate (GHB) also continues to be frequently detected 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, drug facilitated crime cases and homicides.

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.

Current President of The International Association of Forensic Toxicologists (TIAFT) Dimitri Gerostamoulos, past TIAFT President Olaf H. Drummer and Director (VIFM) Noel Woodford at the 60th Anniversary Meeting of TIAFT, April 19, 2023, House of Commons, London, UK.

NUMBER OF CORONIAL CASES RECEIVED FOR TOXICOLOGY TESTING



Research and quality assurance activities and collaborations by toxicology staff have included the following projects approved by the VIFM Ethics Committee in 2022–23:

- Drugs and the impacts on driving in Victoria
- Post-mortem metabolomics
- Improved testing in forensic toxicology
- Detection of novel benzodiazepines in casework
- Analytical modelling to determine road safety, health, and the economic benefits of reducing blood alcohol concentration (BAC) limits below 0.05 in Victoria
- Methamphetamine and its metabolites in hair and blood
- One-punch assaults in Australia.

Histology

Histology is the study of tissue at a microscopic level and is routine practice in pathology investigation. In the forensic setting, pathologists will sample tissue at autopsy to determine the presence or absence of disease, or assessment of tissue injury. This tissue is processed by histology laboratory staff.

Further testing such as special stains or immunohistochemistry may also be performed in the histology laboratory to further highlight tissue injury or classify disease processes.

Histological examination of tissues may reveal findings which may not have been diagnosed ante-mortem and may or may not be a contributing factor to the cause of death. In cases of undiagnosed genetic illness, findings can be beneficial to surviving family members to access their risk of disease and sudden death.

A total of 49,359 tissue samples from 2,426 autopsies were submitted for processing in 2022–23. A further 3,731 special stain requests by pathologists were processed by the laboratory to assist in their determination of cause of death.

Year	Number of histology tissue samples processed	Number of further special requests
2018–19	61,532	4,629
2019–20	62,611	4,876
2020–21	57,909	4,352
2021–22	52,832	4,607
2022–23	49,359	3,731

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 Coroners Court of Victoria. 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 often critical in the investigation of injuries in crimes against the person. Human Identification Services provided 111 odontology reports (including dental identifications, injury interpretations, opinion on bitemarks, age estimations and other opinions) and 163 anthropology reports and opinions in 2022–23.

The Human Identification Services team also includes a consultant forensic archaeologist, who aids 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 when, 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 284 tests (corresponding to 547 samples) to assist the coroner in the identification of deceased persons.

The VIFM is one of only two accredited laboratories capable of mtDNA analysis in Australia. 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 six external cases (corresponding to 33 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
2018–19	238
2019–20	254
2020–21	255
2021–22	282
2022–23	284

Research and quality assurance activities by Human Identification Services staff have included the following projects approved by the VIFM Ethics Committee in 2022–23:

- 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)
- An evaluation of Forensic Investigative Genetic Genealogy as a tool to assist in the identification of un-identified human remains (UHR) cases, and reconciliation with missing persons.

Drug Testing Services for Victoria Police

Road Traffic Toxicology

Scientific research conducted on injured and deceased drivers at the Institute has shown that the risk of having a collision on our roads increases after the consumption of alcohol alone or in combination with certain drugs. 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 alcohol as well as the 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 2022–23 there were approximately 10,771 confirmations conducted in oral fluid.

Table 7: Number of toxicology roadside confirmatory drug tests

2018–19	12,560
2019–20	12,203
2020–21	11,034
2021–22	10,612
2022–23	10,771

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 over 7 per cent in the last 12 months.

Table 8: Number of drug and alcohol toxicology tests on injured driver cases

2018–19	5,946
2019–20	5,925
2020–21	6,209
2021–22	6,537
2022–23	7,014

The Institute continues to collaborate with Victoria Police and other road safety partners 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 tenth year. Alcohol remains the most frequently detected substance with 12.7 per cent of injured drivers having a blood alcohol concentration of more than 0.05 per cent; methylamphetamine was the most prevalent illicit drug (12.5 per cent of cases). The project has also revealed that new synthetic drugs are being detected in injured drivers at an increased rate with 5.2 per cent of cases tested demonstrating an increasing prevalence of new psychoactive substances (NPS).

Table 9: Number of toxicology tests on impaired driver cases

2018–19	372
2019–20	378
2020–21	308
2021–22	361
2022–23	515

There was a significant increase of approximately 42 per cent of samples submitted to the institute from impaired or culpable drivers during the last 12 months.

Table 10: Number of toxicology tests on drug facilitated crime cases 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 285 of these cases in 2022–23 (a 12 per cent increase from the previous year).

2018–19	227
2019–20	270
2020–21	229
2021–22	254
2022–23	285

Clinical Forensic Medicine

Sexual Assault Examinations

The VIFM Clinical Forensic Medicine (CFM) 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 24-hour service is offered 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 and revised Forensic Medical Examination Kit (FMEK) was launched this year. This is a leaner (less components) and DNA reduced (compliant with current international standards) version of the existing kit. A Contamination Reduction Kit (CRK) has also been introduced, allowing 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 Institute's CFM Team. VIFM doctors and nurses obtain information about the alleged incident from the patient, collect forensic evidence when relevant and document any injuries including photography. Occasionally alleged perpetrators (including those aged less than 18 years) may also need to be examined. This information can assist with determining the causation of the victim's 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.

Biological Sample Collection

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 more than 250 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. CFM 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.

Expert Opinion

CFM 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
- assessment and opinion regarding driving under the influence of either drugs or alcohol.

Doctors from the clinical division also provide expert opinions for:

- Victoria Police
- the Department of Health and Human Services on injury interpretation
- medical aspects of crash analysis
- workplace injuries
- the effects of medical diseases
- drugs and alcohol on driving.

Court Appearance

Forensic medical staff are required to attend court for a variety of reasons (for example trial, voir dire, committal etc.). CFM staff made 181 court appearances in the 2022–2023 year, up from 160 appearances in the previous financial year.

Road Traffic Medicine

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 623 fitness to drive reviews in 2022–2023 and of these reviews, 104 cases were discussed at the Joint VIFM/VicRoads Medical Consultative Committee. VIFM staff also provide expert evidence at hearings if, and when, drivers challenge an agency's licensing decisions.

Police Training

The VIFM forensic physicians provide education to Victoria Police by way of the Detective Training School's Sexual Offences and Child-abuse Investigation Team (SOCIT) course and general lectures for new recruits. A total of 38 lectures were provided over the past year.

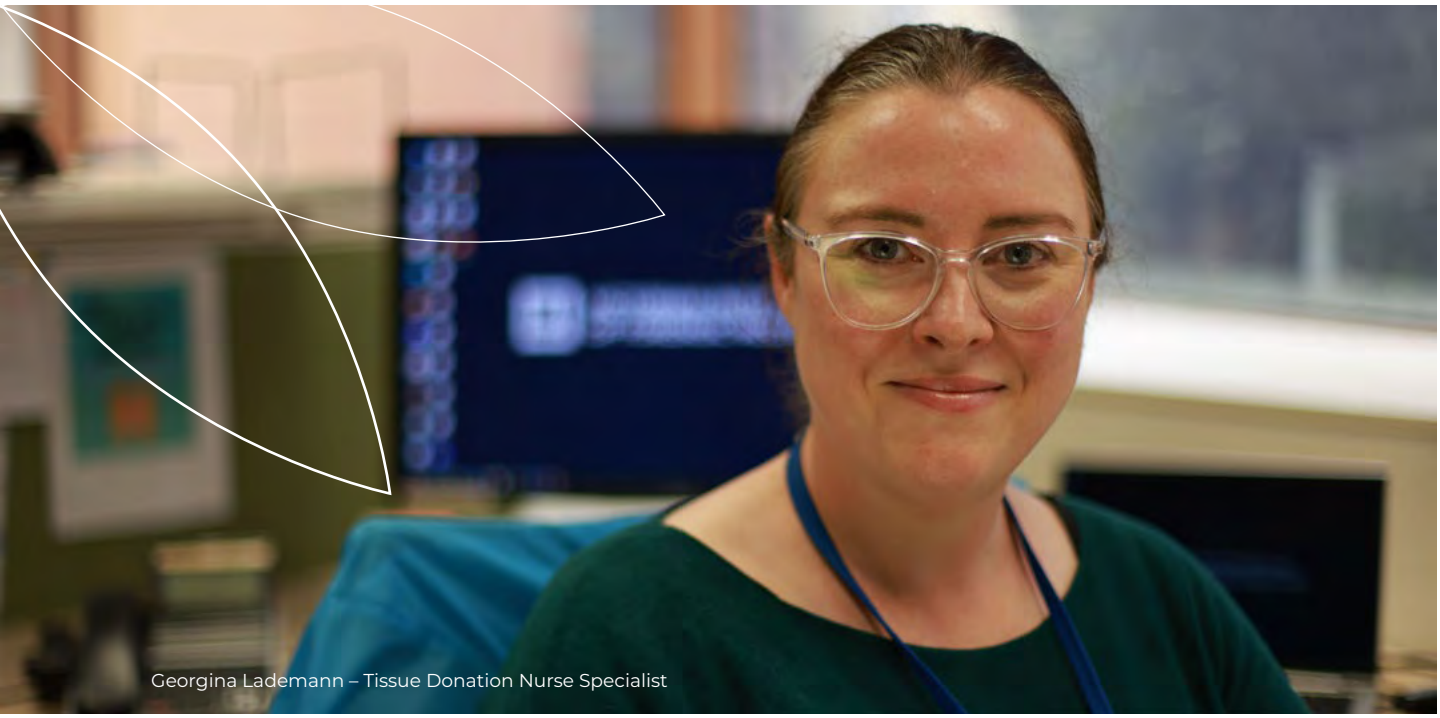
Total number of service level agreement (SLA) CFM cases 2022–2023

Adult sexual assault examinations	395
Adult non-recent sexual assault examinations	1
Adult physical assault examinations	62
'Just in Case' sexual assault examinations	7
Services to children (<18)	42
Fitness for interview (in person)	64
Fitness for interview (via phone or audiovisual)	806
Traffic medicine	278
Expert opinion	636
Biological specimen collection	8
Professional Standards Command	2
Court appearances – CFM	181
Other specialised services – CFM	25
Phone advice	1,472
Hours of police training	92 hours
Total SLA cases	**3,979**
Total Fitness to Drive cases	623
Total Cases	**4,602**

Additional Activities

Additional activities undertaken during 2022–23 have included:

- Continuation of the Australian Government Department of Social Services (DSS) funded Prevention of Sexual Violence training for frontline workers – extended until 2027, continuing with online and developing face-to-face delivery
- Participation in the Forensic Medical Examinations Sub-committee of the Queensland Government Taskforce into Forensic DNA Testing
- Consultancy for the Forensic Science Section of the Office of the Prosecutor of the International Criminal Court
- Coordination of the FOR5005 and FOR5009 units of the Monash University Master of Forensic Medicine and contribution to the FOR3001 unit of the Forensic Medicine undergraduate course
- Contribution to the Monash University Graduate Certificate of Forensic Nursing, and provided 11 scholarships to current Forensic Nurse Examiners
- Clinical coordination of VIRTU (Violence and Injury Training Unit) of the Monash University Department of Forensic Medicine
- CFM (along with Forensic Pathology) membership of the Road Fatality Review Panel
- Continued participation on the advisory panel for Assessing Fitness to Drive
- Participation in Victoria Police Forensic Services Department (VPFSD), Victorian Forensic Paediatric Medical Service (VFMPS) and VIFM meetings sharing key information across the work groups to identify key issues and risks affecting the quality of forensic samples and operational issues, with the aim to collaboratively enhance service delivery
- Attendance at multidisciplinary service meetings (for example VPFSD, Centre Against Sexual Assault (CASA) and Multi-disciplinary Centre (MDC))
- Supervision (junior medical staff projects/ publications).



Georgina Lademann – Tissue Donation Nurse Specialist

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 Donor Tissue Bank of Victoria (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
- distributes tissues for transplantation in orthopaedic, cardiothoracic and reconstructive surgeries and burns care across Australia.

The DTBV's products are licensed by the Therapeutic Goods Administration (TGA), 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, comprising medical and coronial experts.

Recognising the Precious Gift of Tissue

Operating as a tissue bank for more than 30 years, the DTBV's work would not be possible without the support of donors and their families, and the many health care 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 their loved one.

The DTBV hosts Leaf Day, an annual commemorative event in recognition of the contribution of tissue donors. The generosity of tissue donors and their families is symbolised by the DTBV painting, The Tree of Life, which is proudly displayed in the DTBV foyer. At the beginning of winter the Tree of Life has no foliage but as the seasons pass leaves bearing the first name of each donor are attached. By autumn, the Tree is full of donor leaves, reflecting the vast contribution donors and their families have made through the precious gift of tissue donation.

In May 2023, Leaf Day returned after a five-year hiatus due to the COVID-19 pandemic. The DTBV hosted the families and friends of several of its donors in the VIFM's main hall. Guest speakers, including donor families and recipients, shared their stories of what donation has meant to them. During afternoon tea, staff of the DTBV were able to mingle with those attending. The event was successful and as always highlighted the importance of tissue donation to the community.

Donation Partners

The DTBV donation program operates in collaboration with partners through the DonateLife Network. Partners include DonateLife Victoria, DonateLife Tasmania, and the Lions Eye Donation Service in Melbourne. The Living Donor Program also collects tissue from patients undergoing routine hip replacements at several hospitals across Victoria. The DTBV collaborates with The Royal Children's Hospital to collect cardiac valves from heart transplant 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 transplant can take several months due to rigorous laboratory testing and a thorough medical record review. As such, it is important that a healthy stock of allografts 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 100 grafts for transplantation.

Donation and Screening Rates 2022–23

During 2022–23 there was a slight improvement in donation rates. The 75 deceased donors in 2022–23 represented a 19 per cent increase from the previous year of 63 donors. However, the DTBV's target of 10 donors per month was met for only two months out of the 12. Multi-tissue donation rates, however, continue to grow and are the success story. From these 75 deceased donors, there were 137 donations. This assists the DTBV to maintain a reserve of tissue to service the community.

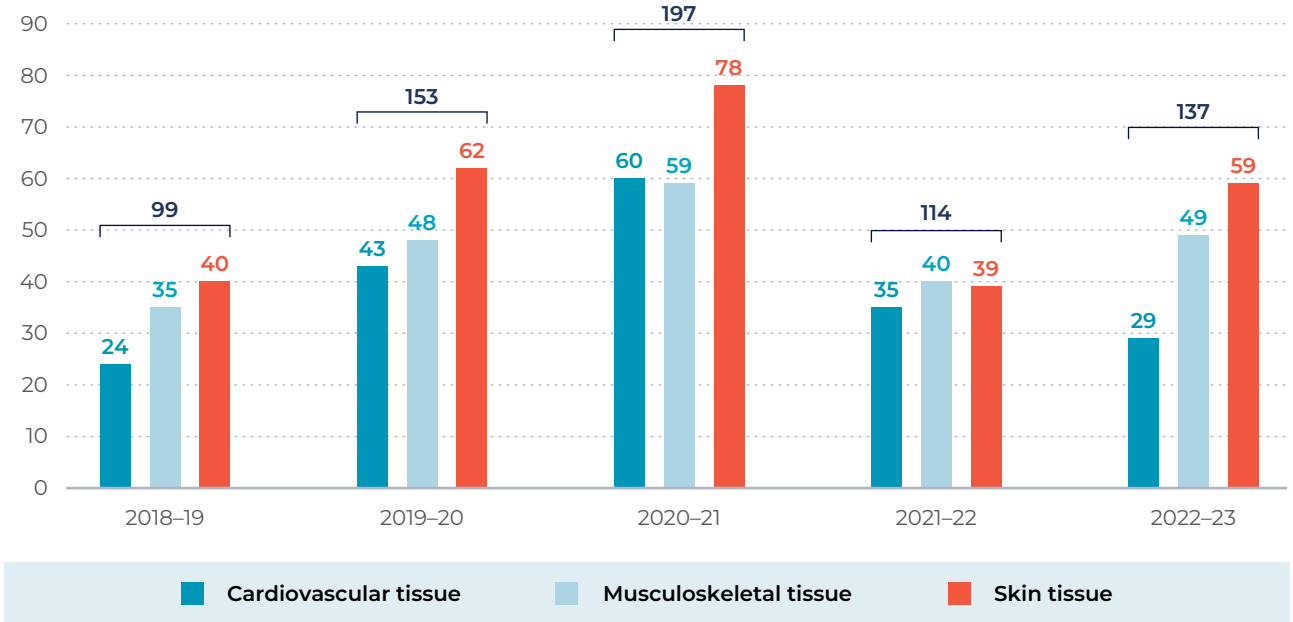
Donations are the culmination of considerable screening work by the DTBV's team of Tissue Donation Nurse Specialists. In 2022–23, the team screened 7,474 coronial cases and 346 hospital referrals, compared to 7,187 coronial cases and 235 hospital referrals in the previous year. On average, only 1 per cent of coronial cases were suitable for an approach to the deceased's family, with 58.6 per cent consenting to donate. Hospital referrals have a far higher chance of proceeding to donation, with 14 per cent of referrals in 2022–23 becoming tissue donors.

The pandemic has had a lasting impact on the Living Donor Bone Program (LDBP), which recovers femoral heads from patients undergoing hip replacement surgery. The transition to telehealth and online portals, 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 LDBP and complete the required consent and screening processes. While the DTBV is working with hospitals to try and incorporate consent and screening processes into these new ways of working, the pandemic has had a permanent impact on the number of living bone donors.

Recognising the changes in how people communicate and obtain information, the Tissue Donation Nurse Specialists are now actively using social media to promote donations and the work of the DTBV.

NUMBER OF LIVING AND DECEASED DONORS

NUMBER AND TYPE OF DONATION BY DECEASED DONORS



Tissue Supply Rates 2022–23

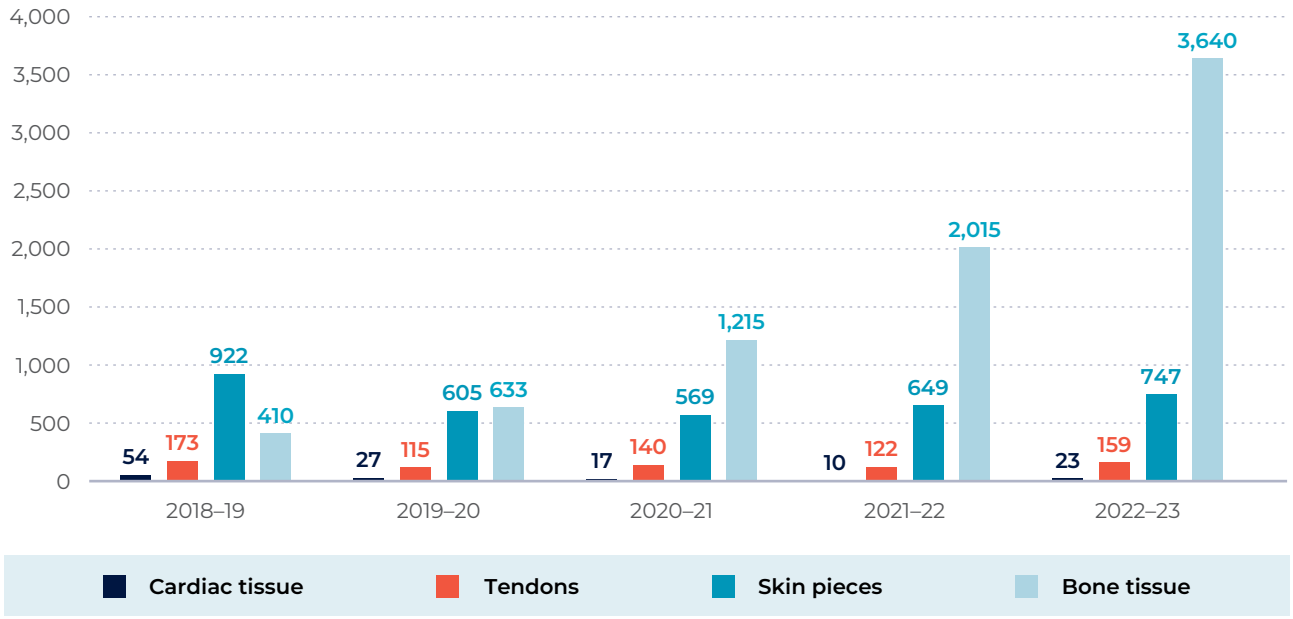
The DTBV is one of the few multi-tissue banks in Australia providing bone, skin, cardiac and tendon allografts to surgeons. The DTBV services two distinct types of surgical demand. The supply of bone and tendons is highly competitive and includes imported tissue products including synthetics. The demand for cardiac tissue and skin grafts is supplied through local product which suffers from a constant shortage due to the specific needs of patients.

The increase in demand for bone tissue following the end of the COVID-19 lock-downs continued into 2022–23. To meet this demand, supply of DTBV bone allografts increased by 80 per cent on the previous year. This was against an expectation that surgical demand would stabilise once the backlog of elective surgeries post-COVID-19 had been addressed.

The DTBV's freeze-dried Cancellous Bone Matrix (CBM) product continues to be the product of choice over frozen milled bone because of CBM's high level of convenience. It can be stored at ambient temperature and held on consignment at hospitals ready for use. During the 2022–23 period the DTBV supplied 3,640 bone allografts, 23 cardiac valves, 159 tendons and 72,496 cm^2 of skin

The DTBV's share of musculoskeletal (bone and tendons) allograft supplied in Australia by Australian tissue banks (as reported to the Australia and New Zealand Eye & Tissue Donation) grew from 17 per cent in 2021–22 to 27 per cent during 2022–23. This has been driven by strong demand for CBM allografts, which are used across many surgery types, and shaped bone wedges used in spinal surgeries. Released in 2020–21, this past year has also seen additional market uptake of the DTBV's Demineralised Bone Matrix (DBM), which is used to stimulate bone repair in spinal surgeries.

TISSUE GRAFTS SUPPLIED FOR TRANSPLANTATION



Tissue Banking Operations 2022–23

To meet the increase in demand for bone tissue during the past two years, the DTBV has tripled its production capacity during that same period. Upskilling the production team has been a key factor underpinning this achievement, supported by the DTBV's second freeze drier which transitioned into production during the year.

In 2022–23, the DTBV's production team processed 28 heart cases, 59 skin cases, 23 tendon cases, 110 femoral heads and 64 cadaveric bone cases.

Clinical Support Partnership with KT Medical

Since August 2019, the DTBV has partnered with KT Medical to facilitate supply of bone grafts and provide clinical support and education to spinal and orthopaedic surgeons across Australia. During the COVID-19 years, surgeries and reimbursements in Victoria fluctuated month-by-month, medical conferences were cancelled and access to hospitals by KT Medical's clinical support representatives curtailed.

This past year, hospitals have allowed clinical support representatives access to their premises and doctors. Major medical conferences have also resumed. The 2022–23 year will be the best on record for the DTBV and is a direct result of the partnership with KT Medical and their active engagement and support of the DTBV's spinal and orthopaedic surgeons.

Research and Product Development

The DTBV continued to improve its processes and products during the past year, with the addition of a full-time Research & Development Scientist. Projects completed included:

- trial manufacture of ultra-fine CBM allografts
- reduction in rehydration time for freeze dried tissue
- validation of new collection jars for the LDBP to increase participation
- changes in soft packaging on freeze dried bone products to include an additional layer to meet surgical theatre requirements
- introduction of sporicidal sanitisation in the cleanroom suite to improve product safety
- qualification of an additional irradiation supplier for freeze dried grafts.

Quality, Safety and Compliance

Quality and safety are paramount concerns for the DTBV. At its last TGA audit in June 2021, the DTBV demonstrated it had made significant improvements in its processes including its knowledge and competencies. However, the challenge to improve is ongoing.

Over the past 12 months the DTBV's Quality Team has concentrated on the timely investigation and resolution of non-conformances. While the number of non-conformances raised was comparable to previous years, the DTBV achieved a 15 per cent increase in the number of non-conformances resolved and closed, a 33 per cent reduction in the number open at year-end and a 36 per cent reduction in overdue non-conformance closures. These actions to reduce non-conformances will prepare the DTBV well for its next TGA inspection which is expected before the end of 2023.

The DTBV has also seen a three-fold reduction in complaints and customer feedback this year, indicating an improvement in the quality of services and tissues supplied.

Improvement Projects

With support from the May 2021 State Budget, the DTBV is in the second year of a multi-year program to automate many of its paper-based administrative functions. This will support further operations expansion as well as traceability of the DTBV's regulatory processes, necessary for TGA compliance.

As part of this program, work is underway to support the management of consumables used in tissue production, which is administratively complex. Procurement of a system to track retrieved tissue through the production lifecycle until it is supplied as an allograft product to hospitals, is also in progress. In the last year the DTBV also completed the transition of its administrative records into a secure document management system to improve compliance with document and information retention guidelines.

Industry Participation and Reform

In 2022–23, the DTBV contributed submissions to three major government/industry initiatives. These initiatives have the potential to significantly impact the tissue banking industry so engagement with other tissue banks has also been essential.

1. **Protheses List Reform (Australian Government):** The Australian Government is implementing reforms to the Prostheses List (Part B-Tissue) which sets the rebate for human tissue products in the private health sector and operates as the default price for most tissue banks.

   As part of the consultation process in February 2023, the DTBV raised concerns on:

   - the plans to reduce the rebate fees paid potentially in conflict with State Human Tissue Act legislation
   - the increased product registration overheads with the introduction of a Health Technology Assessment (HTA) process
   - the creation of barriers to product use by linking allograft products to a Medical Benefits Scheme item number.

   The DTBV awaits the outcomes from this consultation.
2. **National Eye and Tissue Sector Framework (Australian Government):** In August 2022 the Jurisdictional Eye and Tissue Steering Committee (JETSC) released its National Eye and Tissue Sector Framework which aims to guide the effective, evidence-based operations and management of the Australian eye and tissue sector.
3. **Victorian Parliamentary Inquiry into Organ and Tissue Donation Rates:** In May 2023 the Victorian Government established a Parliamentary Inquiry into Increasing the Number of Registered Organ and Tissue Donors. Donor registrations and donations have declined in Victoria. The DTBV's submission contended that regardless of changes to the donor registration process, the donation process itself needs reform and technological improvement to better support the time critical 24-hour period in which tissue donation can occur. The DTBV proposed that this could significantly increase tissue donation rates. The tissue donation rate trend has remained unchanged at an average of 80 donors per annum over the last decade.

Amila Peiris – Operations Manager – DTBV

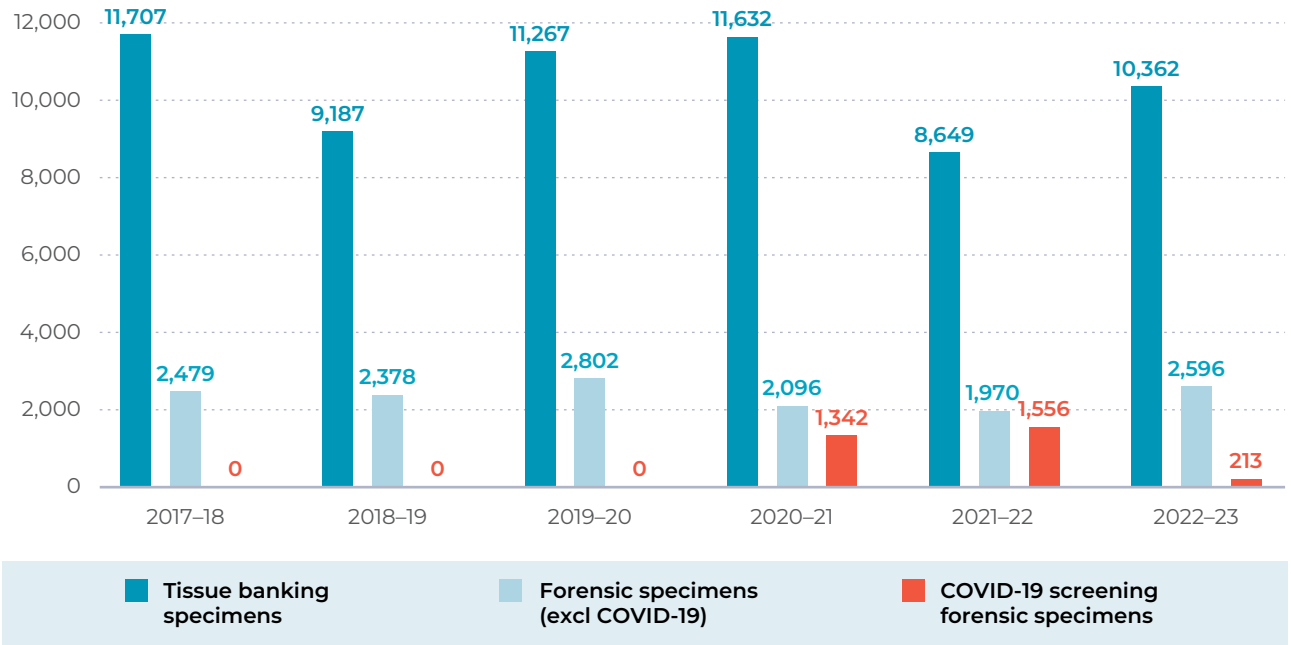
Microbiology Service

The microbiology laboratory provides an essential microbial testing service used by both the DTBV and the VIFM. The DTBV's tissue products are tested to ensure that each tissue allograft meets strict release criteria. In addition, the samples collected are tested to ensure tissue is retrieved and processed in a clean environment.

2022–23 saw a marked decrease in the number of living tissue donations (that is femoral heads) collected as part of the LDBP. However, this was largely offset by an increase in the number of specimens received including tissue banking specimens which were 20 per cent above the previous year.

Data from the previous two years included additional specimens received as part of the COVID-19 screening procedures in place during the pandemic. COVID-19 screening on all coronial admissions commenced in August 2020 for four months. It then recommenced a year later during the height of the pandemic. COVID-19 screening is ongoing and is now incorporated as part of routine coronial testing.

MICROBIOLOGY SPECIMENS RECEIVED AND PROCESSED



From left: VIFM Forensic Physician, Dr Maaike Moller; VIFM Deputy Director and Head Monash Department of Forensic Medicine, Professor Richard Bassed; The Hon. Justine Elliot MP; VIFM National and International Program Manager, Dr Liz Manning; and VIFM Deputy Director and Chief Medical Officer, Dr Kean Kuan

Academic Programs

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

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 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 sector and the university environment – is a synergistic relationship that benefits from the significant advantages of 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.

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.

Teaching

Academic Programs 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 VIFM staff share their skills and knowledge to train the next generation of forensic practitioners.

In collaboration with Monash University, the Master of Forensic Medicine and a number of undergraduate programs continue to provide the foundation of education in forensic fields and public health in Victoria. A new postgraduate course developed in 2023, the Graduate Certificate of Forensic Nursing and Midwifery is due to begin second semester 2023.

Our teaching team, comprised of current and former forensic doctors and scientists and legal professionals, allows our students to gain cutting edge insight and real-world knowledge directly applicable to forensic practice.

Research

We conduct our research under several different research divisions. Below are the research highlights for these divisions from 2022–23.

Drug Intelligence: forensic toxicology and pharmacology research.

- One punch assaults in Australia: collaboration with the Stop the Coward Punch (STCP) Foundation to inform future injury prevention strategies.
- Emerging Drugs Network of Australia-Victoria (EDNAV): a clinical toxicosurveillance project contributing to an early warning system on emerging drugs of abuse.
- Australian Suicide Prevention using Health-Linked Data (ASHLi): Collaboration with UNSW Sydney and Sydney University to identify opportunities for reducing drug-related suicide in Australia.
- Churchill Fellowship undertaken in 2022 to investigate effective public health policy for preventing opioid misuse.
- Supervision of a cohort of undergraduate and postgraduate research students with projects in Forensic Epidemiology and Analytical Toxicology.

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.
- Forensic Egyptology using CT scans and 3D printing to create facial reconstructions of ancient mummified remains.
- Collaboration with current teams in disaster victim identification (DVI), pathology, histology and molecular biology to investigate and identify disease on mummified tissue.

Violence Investigation Research and Training Unit: violence-related forensic medical investigation research and training, including paediatrics.

- Supervision of honours and higher degrees by research students on a range of topics including:
  - feasibility of end-to-end data tracking of responses to sexual assault to support the criminal justice system
  - epidemiology of homicide among older Australians
  - prevalence of injury among victims of sexual assault
  - technology-facilitated sexual assault among children and adults
  - role and impact of expert testimony on paediatricians responding to cases of suspected child abuse.
- Five-year evidence review of Victoria's Family Violence Multi-Agency Risk Assessment and Management Framework.
- Systematic review of diagnostic tests to identify head and neck injury among victims on non-fatal strangulation.

INFORMED: machine learning and data analytics research.

- Ongoing research into augmented reality visualisation of postmortem 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 DVI responses, working in conjunction with and funded by the Defence Science Technology Group of the Australian Government Department of Defence.
- Working with Monash University's Faculty of IT to develop automated methods to enable robust facial reconstruction on decomposed and skeletal remains.

Major Projects

Accredited Training in Sexual Violence Response (ATSVR) Project

The DFM Project Team was funded by the Australian Government in 2019 and continues its work to develop and deliver accredited training in recognising and responding to sexual violence nationally to both medical practitioners and non-medical frontline workers.

The DFM Project Team has undertaken extensive stakeholder consultation and research to develop accredited curriculum that meets professional and vocational standards. DFM developed a dual accredited training and delivery model which differentiates between the roles and responsibilities of medical practitioners and those of frontline workers in community-based organisations.

The project has successfully delivered training nationally, both in regional and metropolitan areas via online and face-to-face delivery methods. Further funding has been secured to continue this training until June 2027. So far approximately 565 participants have been trained via a DFM-delivered Continuing Professional Development stream, and a further 567 participants trained via a nationally accredited Vocational Education and Training stream (delivered by RMIT, sub-contracted by Monash University).

On 27 April 2023 the Australian Government Assistant Minister for Social Services and for the Prevention of Family Violence, the Honourable Justine Elliot MP, visited the VIFM for a briefing on the national ATVSR Project.

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 summary or arbitrary executions. The GRIFM team has contributed to three reports presented to the UN General Assembly and UN Human Rights Council. These reports concerned the global status and issues with medico-legal death investigation systems in 60 countries, including deaths in custody and the lack of reporting and forensic examination, and femicide. The group is continuing to work on other projects on the special rapporteur's agenda. Several VIFM frontline specialists have been involved in the work, assisting the research team in conducting interviews with forensic medical specialists around the world.

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.

Jennifer Schumann – Associate Professor, Postgraduate Student Coordinator and Research Lead, Drug Intelligence Unit

Professor Noel Woodford speaking at the APMLA AGM in Hanoi in June 2023.

The International Program

The VIFM's International Program is a central facilitation, coordination and monitoring point for the Institute'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, and is headed by the VIFM Director, Professor Noel Woodford.

Key functions of the VIFM International Program include:

- Developing funding proposals for national and international work, and coordinating responses to national and international project opportunities that align with VIFM strategic goals and their impact on and contribution to statutory service delivery, donor funding, key stakeholders, and benefits to the VIFM.
- Developing and enhancing its capabilities, in part through its interaction, collaborations and partnerships with international forensic institutes and professional associations.
- Offering postgraduate forensic medical and scientific professional development programs and training placements highly sought after by international clinicians and scientists.
- Contributing significantly to the development of forensic medical and scientific capacity in resource-poor nations, particularly in Southeast Asia and the Pacific, where the training of specialist forensic doctors is often limited.

Many nations in our region have a limited capacity to undertake day-to-day forensic investigations and many also struggle with the management and identification of mass casualties caused by, for example, extreme weather 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) and the International Criminal Court (ICC) therefore call upon the VIFM's professional expertise in death investigation, investigation of inter-personal violence including sexual violence, mass casualty management, disaster victim identification (DVI), training in these fields and the investigation of human rights violations.

Following the lifting of Australian border restrictions in July 2022, the VIFM received numerous international requests for placements from forensic medical practitioners and scientists. Delays in processing related applications for medical registration due to a significant increase in overseas applications deferred start dates for international trainees.

Attendees of the APMLA Annual Meeting in Jakarta including the VIFM's Dr Liz Manning (front left) and Professor Noel Woodford (front: third from left)

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.

In November 2022, Professor Woodford and International Program Manager, Dr Liz Manning attended the tenth annual APMLA Annual Meeting – held alongside the Asian Forensic Sciences Network (AFSN) Annual Meeting in Jakarta, Indonesia, which was hosted by the Indonesian National Police. The Management of the two forensic networks met formally for the first time in an event brokered by AFSN Chair Dr Angeline Yap (Health Services Authority Singapore) and APMLA Chair Dr Panjai Woharndee.

Two APMLA Working Groups were formed at the Jakarta Meeting with a focus on the Identification of Missing Persons and the management of unclaimed deceased (in particular those related to human trafficking) led by Dr Ahmad Hafizam, Forensic Specialist at the National Institute of Forensic Medicine, Malaysia, and Forensic Clinical Response to Sexual Violence, led by Dr Liz Manning, VIFM International Program Manager.

In March 2023 the APMLA Chair, Dr Panjai Woharndee (Director of the Forensic Science Services Division, Central Institute of Forensic Science (CIFS), Thailand) stood down to focus on CIFS work priorities and APMLA Deputy Chair, Professor Woodford, agreed to take on the role as Chair.

APMLA AGM and ICRC Workshop Hanoi, Vietnam 14–16 June 2023

The APMLA Annual General Meeting (AGM) and Work Group meetings attracted the participation of 65 APMLA member representatives from 14 nations in the Asia Pacific region. APMLA Chair, Professor Noel Woodford co-signed the first Memorandum of Understanding (MoU) between the APMLA and the ICRC's Forensic Unit, with ICRC Forensic Manager for the Asia Pacific Region Mr Udo Krenzer representing the ICRC.

The program included a one-day ICRC workshop on 'Missing persons, forensic investigation, and unclaimed bodies: practical aspects for management of the deceased' and an additional 17 presentations in APMLA Work Group meetings on a range of forensic medicine topics including DVI responses, sexual violence response services, fatal child maltreatment and craniofacial identification of unknown deceased.

VIFM Technical Services Manager, Dr Jodie Leditschke provided a plenary presentation for the APMLA Work Group on the Management and Identification of Missing Persons. Dr Liz Manning coordinated the APMLA AGM and Work Group meetings with Dr Nguyen Duc Nhu, Director of the Vietnam National Institute of Forensic Medicine (NIFM) and Ms Minh Nguyen from the NIFM International Cooperation Department.


Attendees of the APMLA AGM and Worg Group Meetings in Hanoi

International Committee of the Red Cross

VIFM professional staff were involved in a range of ICRC projects and activities during 2022–23:

- **Forensic Anthropology Training Lebanon**: VIFM Identification Services Manager and Senior Forensic Anthropologist, Adjunct Professor Soren Blau, provided a three-day intensive course on search techniques for locating human remains, documentation and recovery, and the principles of identification. The training for 19 members of Lebanon's Internal Security Force was delivered at a facility near Beirut, Lebanon in September 2022.
- **Quality Management of Forensic Services Iraq**: The VIFM ran an on-site five-day intensive Forensic Service Quality Management Training Program in October 2022 for a visiting Iraqi delegation of professional staff from the Medico-Legal Directorate, Baghdad. The group was accompanied by ICRC Forensic Advisor, Dr Jayanie Weeratna. The program was led by VIFM Quality Manager, Frances Adamas and Professor Stephen Cordner.
- **Analysis of Medico-Legal System Framework Ukraine**: VIFM Deputy Director, Professor David Ranson, completed an analysis of the legal framework for medico-legal systems in the Ukraine in January 2023 for the ICRC with recommendations for consideration by a Working Group.
- **Dignified Management of the Dead in Emergencies Armenia**: Dr Jodie Leditschke, Manager Forensic Technical Services and Coronial Admissions Enquiries, travelled to Armenia in April 2023 to provide training for Armenian authorities on planning and preparing for mass casualty management in emergency situations, as part of the National Emergency Response Plan. The training focused on the respectful and dignified management of the dead, maximising identification of the deceased and liaison with bereaved families.

International Criminal Court (ICC)

The Office of the Prosecutor of the International Criminal Court (ICC) continued to engage a senior VIFM forensic pathologist and forensic physician as pro-bono consultants for specialist forensic medical advice. VIFM Forensic Physician, Dr Maaike Moller undertook a placement at the ICC in the Hague from July to September 2022 to provide specialist forensic medical advice and input into policy and procedure development.

Emeritus Professor Stephen Cordner undertook a mission to the ICC from 14–22 September 2022 at the request of the Forensic Unit to provide advice, assist with planning and discuss the UN Human Rights Council report on the Global State of Medico-Legal Death Investigations.

INTERPOL

VIFM Forensic Pathologist, Dr Hans de Boer, and VIFM Senior Forensic Anthropologist and Identification Services Manager, Adjunct Professor Soren Blau, are members of the INTERPOL DVI Pathology and Anthropology Sub-Working Group. Dr Blau took over the role of Chair at the May 2023 meeting in Singapore from Dr De Boer.

Both attended the 45th DVI Working Group Meeting and 32nd INTERPOL Disaster Victim Identification Conference in Singapore (22–25 May 2023).

Forensic Anthropology Training in Fiji

In March 2023 VIFM Forensic Anthropologists, Adjunct Professor Soren Blau (Manager Identification Services) and Dr Samantha Rowbotham, provided a three-day workshop on forensic anthropology methods at the Fiji National University in Suva for 23 participants. The training was funded by the Royal College of Pathologists of Australasia (RCPA) under a Pathology Education Outreach Grant as a forensic medical capacity building project.

Participants included forensic pathologists, forensic technicians, forensic biologists, dentists, crime scene investigators, scientific officers, and clinical pathologists. The program was developed in consultation with Dr James Kalougivaki, Head of Forensic Pathology, Fiji Police Force.

International Commission on Missing Persons

VIFM Senior Forensic Anthropologist and Identification Services Manager, Adjunct Professor Soren Blau, commenced a position as Forensic Coordinator with the International Commission on Missing Persons (ICMP) in early June 2023.

The ICMP is a treaty-based intergovernmental organisation with headquarters in The Hague. Its mandate is to secure the cooperation of governments and others in locating missing persons from conflict, human rights abuses, disasters, organised crime, irregular migration and other causes. The ICMP is the only international organisation tasked exclusively to work on the issue of missing persons.

Maryland USA Review of Deaths in Custody

Professor Stephen Cordner continued his participation 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.

Howard University, Washington, Medico-Legal Death Investigation Community of Practice

Professor Stephen Cordner continued to contribute to the Medico-Legal Death Investigation (MLDI) Community of Practice organised by Howard University in Washington DC. The initiative, which is funded by Bloomberg Philanthropies, aims to improve dialogue among MLDI stakeholders on clinical, administrative and operational system improvements, focusing on quality of cause of death data, the legal frameworks within which MLDI systems operate, and system bottlenecks.

The MLDI 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 participated in both activities, undertaking fortnightly online mentoring meetings with forensic medical service leads in Namibia and Bhutan over a two-month period.

Participants at the Forensic Anthropology Training in Fiji

Training for Medical and Legal Practitioners on Sexual and Gender-Based Violence in the State of Palestine

In August 2022, Adjunct Professor David Wells, Forensic Physician delivered the following training in Jericho in the West Bank:

- Sexual and gender-based violence (SGBV) response for health staff from West Bank hospitals and primary health care clinics.
- Responding to child sexual abuse for forensic specialists.
- Understanding forensic, scientific and medical evidence from investigation to trial for Public Prosecutors.

The training was funded by the Government of Canada and implemented by a consortium of UN agencies, including the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), the United Nations Population Fund (UNFPA), the United Nations Human Settlements Programme (UN Habitat), and the United Nations Office on Drugs and Crime (UNODC) in conjunction with Palestinian ministries and civil society organisations.

The program aims to reduce the vulnerability of women and girls in the West Bank and Gaza Strip to all forms and threats of violence.

UN Special Rapporteur on Extra-judicial Summary or Arbitrary 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.

10

Significant Events for 2022–23

Dr Norbu Norbu receiving the inaugural Vernon D. Plueckhahn Medal and Bursary from the late Professor Plueckhahn's daughter, Debra Plueckhahn.

Mohamad Al Ali (Senior Specialist Health Audit DOH); Abdul Aziz Al Mahri (Specialist Healthcare Facilities Licencing & Registration: Mohamad Al Muhairi (Centralized Services Director, SEHA); Dr Jamal Al Naqbi A/Executive Director for Public Health Systems; Dr Essa Saeedi(Forensic Pathologist Abu Dhabi Police); Abdulrahman Al Marzooqi (Advisor to the Director General-Abu Dhabi Public Health Center; Saeed Al Kaabi (Ambulance Services Manager, SEHA). Not pictured: Dr Marwan Ali Al Kaabi (Group Chief Operations Officer, SEHA).

From left: Manager, Legal, Governance and Policy, Fiona Leahy; VIFM Deputy Director and Chief Medical Officer, Dr Kean Kuan; Manager, Molecular Biology, Dr Dadna Hartman; VIFM Director, Professor Noel Woodford; Head, Forensic Sciences, Associate Professor Dimitri Gerostamoulos; VIFM Chairman, The Hon. John Coldrey AM KC; VIFM Deputy Director and Head Monash Department of Forensic Medicine, Professor Richard Bassed; AFP Chief Scientist, Forensics, Dr Simon Walsh; and VIFM National and International Program Manager, Dr Liz Manning at the signing of the MOU with the AFP.

International Visitors

On 24 October and 17 November 2022, the VIFM received international delegations respectively from the Iraq Medico-Legal Directorate and Abu Dhabi, which included VIFM alumnus Dr Essa. The VIFM regularly receives international delegations and forensic specialists, which provides an opportunity to exchange experiences and learning in the pursuit of enhancing forensic knowledge and performance.

Inaugural Plueckhahn Medal

On 6 March 2023, Dr Norbu, Head of the Department of Forensic Medicine and Toxicology from Thimphu, Bhutan was presented the inaugural Plueckhahn Medal by the late Professor Plueckhahn's daughter Debra Plueckhahn. The Vernon D. Plueckhahn Medal and Bursary supports and recognises the work and contribution of an International Fellow to the VIFM. Dr Norbu is the first VIFM International Fellow to receive this Award which was made possible by a generous donation from Professor Plueckhahn's daughters Debra and Sally.

Professor Vernon D. Plueckhahn was for many decades Australia's most prominent pathologist, who was instrumental in the exoneration of Lindy Chamberlain in the 1980s which led to his central involvement establishing the VIFM. His daughters, Debra and Sally, have generously initiated a bursary and medal to support visiting trainees from less developed countries who will make a positive contribution to forensic capacity development upon return to their home country.

Signing of an MOU between the VIFM and Australian Federal Police

On 11 May 2023, the VIFM entered a Memorandum of Understanding (MOU) with the Australian Federal Police (AFP). VIFM's association with the AFP has been a long, beneficial and productive one – in both single death and mass casualty events across the region, as well as in training and research. Most recently, the VIFM and the AFP have engaged in collaborative research in novel DNA techniques to test the potential for Forensic Investigative Genetic Genealogy to solve the most difficult coronial cases, long-term unidentified human remains.

The MOU represents a strategic partnership between the two organisations that provides greater capacity for information sharing and cooperation in forensic medicine endeavours. It will provide a solid platform for future collaborations, both national and international. VIFM has formally approached the Australian Government to recommend the building of operational capacity in forensic medicine throughout the Pacific – through support for short-and long-term forensic medical training, as well as forensic pathology services for homicides and complex suspicious deaths.

Our ongoing collaboration with the AFP, now formalised under this MOU, will demonstrate the value of this work.

11

VIFM Staff –
Recognition, Awards

Johanna Muller – Manager – Human Resources and Organisational Development

Recognition and Awards

Royal College of Pathologists of Australasia

Dr Joanne Chi Yik Ho received her Fellowship in Forensic Pathology and Dr Michael Duffy received his Fellowship in Anatomical Pathology.

Dr Victoria Francis, Dr Melanie Archer and Dr Joanna Glengarry were inducted as Fellows into the newly created Faculty of Post-mortem Imaging of the RCPA.

Staff Service Awards

30 years

Dimitri Gerostamoulos

Voula Staikos

25 years

April Stock

15 Years

Sarah Parsons

Frances Adamas

Robert Coyle

Helen Messinis

Katherin Sloan

Sheenah Van Eck

Matthew Di Rago

Peter Ford

Mari-Ann Scott

10 Years

Tanya Corocher

Alexandra Nikolich

Bianca Szymanski

12

Obituaries

– In Memoriam

Keith Bretherton

It was with great sadness when the VIFM learned of the passing of Keith Bretherton on 26 November 2022 following a brave battle with cancer.

Keith started work in the mortuary as a Forensic Technician in May 1989. From the moment he arrived he was an enthusiastic member of the mortuary team and a skilful technician who was often called on to teach others. Indeed, he realised the value of teaching medical students and was the go-to person for training fingerprint personnel.

During the Victorian Bushfires in 2009, many staff were called upon for extraordinary efforts in the face of this disaster. Keith was no exception working very hard as a team leader to maintain business-as-usual operations which allowed other staff to focus their efforts on disaster management.

He was a staff member who quietly got on with the job, though in his own unique way would also seek out people from all departments around the Institute just to chat.

Keith was a valued member of the mortuary and VIFM team who will be missed.

Clinical Associate Professor Dr Alex Olumbe

Alex Olumbe passed away on 12 April 2023 from the cancer he had been fighting for quite some time.

Born and raised in Nairobi, Kenya, Alex obtained his medical degree at Nairobi University in 1988, followed by a Master of Medicine in Human Pathology and Microbiology in 1993. The following year he successfully applied for a World Health Organisation fellowship to study either in Australia or London. Fortunately for the VIFM, he chose Australia.

Alex joined the VIFM in 1995, an experience which inspired him to pursue a career in forensic pathology. In 1996, Alex attained the Diploma in Forensic Medicine of the Royal College of Pathologists of Australasia, and the Diploma in Medical Jurisprudence of the Society of Apothecaries. He credited his time at, and close connection with, the VIFM for maintaining high forensic pathology standards in his career both in Kenya, where he held senior national positions as the Head of Medico-legal Services and Chief Government Pathologist, and later in Australia. In Kenya, Alex became an internationally recognised forensic adviser to the WHO, FBI, Amnesty International and the British High Commission.

In 2002 Alex moved to Australia to take up a role as a Senior Medical Officer in Forensic Pathology in Brisbane, Queensland. He later worked as a forensic pathologist in Wollongong and at the Gold Coast. In the final 18 months of his extraordinary career, he was the Chief Forensic Pathologist for Queensland. In 2016, Alex's exceptional abilities and achievements as an international expert and a teacher were recognised by meritorious progression to Eminent Staff Specialist in Queensland Health, and the award of the honorary academic title of Clinical Associate Professor at Griffith University.

We are grateful for Alex's time, contribution and friendship at the VIFM.

13

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 Monash University's 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.

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.

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.

Dr Samantha Rowbotham – Forensic Anthropologist – Casework and Research

Ethics Approved Research Application Categories

In the 2022–23 year, the VIFM Ethics Committee considered 20 research applications and approved 15 applications. Five applications are currently awaiting further amendment prior to final approval.

The 20 research applications considered by the VIFM Ethics Committee sought data and tissue as follows:

Type of research	Number of applications
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	17
Live participants – surveys	1
Live participants – tissue	3

The VIFM Council and the Director have not referred any questions of ethics affecting the operation of the VIFM in 2022–23.

14

Report of Operations –

Financial Performance

Peter Ford – Chief Finance Officer

Five-year financial summary

($ thousand)

Year	2018–19	2019–20	2020–21	2021–22	2022–23
Income from Government	41,486	45,939	46,231	49,275	48,647
Total income from transactions	47,143	50,286	52,054	56,826	60,163
Total expenses from transactions	45,241	50,216	51,769	57,014	58,251
Net result from transactions	**1,902**	**70**	**285**	**(188)**	**1,912**
Net result for the period	**1,516**	**(168)**	**529**	**420**	**1,812**
Net cashflow from operating activities	2,142	739	2,846	5,477	6,632
Total assets	202,641	198,942	208,240	211,053	211,455
Total liabilities	12,806	12,338	13,777	15,061	13,661

Financial Performance – Operating Statement

A summary of the Victorian Institute of Forensic Medicine's financial performance in 2022–23 is set out below. Full financial details for 2022–23 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. There is a reduction in income from government because the 2021–22 income figure included a one-off grant of $1.07 million for the replacement of the external cladding to the building. Other outputs against income from government for the 2022–23 financial year include clinical forensic medicine services and toxicology services for drug and alcohol testing performed for Victoria Police under a Service Level Agreement (SLA).

Total income from transactions improved on 2021–22 from the increased revenue derived from the sale of non-government appropriated services. This includes a significant increase in revenue ($4.3 million increase from 2021–22) generated for the distribution of tissues through the Donor Tissue Bank of Victoria (DTBV), noting that this has a direct impact on associated increased operating costs.

Total expenses from transactions for 2022–23 increased on 2021–22 by $1.2 million. Net employee costs reduced by $1.3 million on the previous year because of unfilled staff vacancies, and non-salary costs have increased by $2.5 million compared to 2021–22. This includes increased consumable costs related to increased casework, funded IT systems transitioning to cloud-based services and enhanced cyber security systems, and increased fees payable by the VIFM associated with tissue distribution (offset by revenue generated).

Government appropriated funding for core medico-legal death investigation: funding provided 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 was expensed in line with the funding provided.

The effect of staff vacancies combined with improved revenue for tissue distribution resulted in the overall net result of a surplus in operations of $1.29 million and a comprehensive result of a surplus of $1.81 million after adjustments for debt provisions and other economic flows for leave provisions.

Financial Position – Balance Sheet

In 2022–23 total assets of $211.46 million have increased by $0.4 million compared to June 2022.

Financial assets relating to cash and receivables of $31.67 million has reduced by $0.45 million and non-financial assets of $179.8 million increased by $0.86 million compared to June 2022. Intangible assets, property, plant and equipment are all reported net of annual depreciation. The net increase in 2022–23 relates to both an increase in physical assets of $4.3 million offset by annual depreciation charges and increases to intangible assets. Additions to physical assets include the purchase of a new CT scanner and $2.2 million of assets recorded as construction in progress for the upgrade and expansion of the mortuary and Coronial Admission and Enquiries areas funded by government. Intangible assets have increased by $1.0 million related mainly to costs associated with the development of a new IT case management system funded by government.

Liabilities at 30 June of $13.67 million are reduced by $1.4 million and include reductions in employee provisions of $0.45 million and a reduction of $0.92 million for invoices payable or accrued compared to balances at 2021–22. .

Cash Flows

The net cashflow from operating activities is a $6.6 million inflow, reflecting receipts from non-government appropriated activity, which includes 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 $3.23 million for the 2022–23 financial year is an increase of $1.16 million compared to 2021–22, reflecting the increased revenue outlined above, offset by purchases of non-financial assets.

Additional Information

A full copy of the 2022-23 financial statements and audit opinion are included at the end of this Annual Report. The VIFM's published reports and other public documents are also available online at **www.vifm.org**. Any other relevant information in relation to the financial year is retained by the Accountable Officer and is available on request subject to freedom of information requirements and our privacy policy.

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Governance and Compliance Reporting

Danielle Moloney – Manager – Quality and Improvement

Our People and Culture

An organisation is defined by its culture. A good workplace culture improves morale, boosts productivity and supports an organisation's ability to attract and retain staff. 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 – 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.

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 multifaith and multicultural communities by the Coroners Court of Victoria and related entities involved in coronial processes*, which were reported to the Attorney-General in April 2021. The VIFM has a representative on the Court's Multifaith Advisory Committee. The Committee's role includes to advise the Court on multifaith and multicultural community needs in relation to the coronial process.

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 developed its inaugural Gender Equality Action Plan (Action Plan) for 2021–25 in accordance with the requirements of the *Gender Equality Act 2020*. The Action Plan 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.

Staff have been invited to participate in the People Matter Survey 2023, which features new questions to support future workplace auditing for the Gender Equality Act and to report on improvements to workplace gender equality in the Victorian public sector.

Occupational Health and Safety

The environment for occupational health and safety (OHS) work at the VIFM has been challenging during the past three years as we have navigated the impact of the COVID-19 pandemic and managed significant staffing changes to the OHS team. As part of the VIFM's continuous improvement approach to safety, the role and function of OHS has been better defined under the management of the VIFM Chief Operating Officer. To facilitate this change, emergency management functions have been moved from the OHS portfolio to Facilities, and injury management has been moved to Human Resources. With this clearer management pathway, it has been possible to evaluate the goals and objectives of the OHS Advisory team and to provide a greater focus on strategic improvements to workplace safety, which include the development of a framework for psychosocial risk management to supplement the existing OHS management system.

During the 2022–23 financial year, the VIFM implemented several initiatives to provide knowledge development to managers, health and safety representatives (HSRs) and the wider staffing group. These initiatives included information sessions for managers to outline and provide clarity on manager roles and responsibilities in line with the VIFM Council OHS Policy. Further information sessions were provided to our HSR team, which provided insight into key factors that drive and contribute to health and safety at the VIFM across different business functions. The OHS Advisory team also engaged industry professionals to provide informative and interactive presentations on a range of health and safety issues to VIFM staff as part of the VIFM's Lunch and Learn sessions.

The significant work on fatigue management at the VIFM continued, with the VIFM's suite of fatigue management documentation rolled out to all staff to facilitate staff understanding of the newly developed policy and procedure.

The VIFM is committed to a safety-first culture with a focus on health and safety through the prevention of injuries and illness and the promotion of wellbeing. In the ongoing work to prevent or reduce mental health injuries through our work, the VIFM commissioned face to face delivery of vicarious trauma training to equip staff with knowledge and tools to recognise signs of and address vicarious trauma in the workplace. In the coming year, the OHS Advisory and Human Resources teams will work collaboratively with staff in the identification of psychosocial hazards and the development of appropriate actions to reduce the risk level of psychosocial hazards at all levels of staff at the VIFM.

During 2022–23, the VIFM Designated Work Group (DWG) was varied to create three DWGs across the VIFM workplace. This variation recognised the different risks presented in different business functions and enabled the elected HSRs to better serve the safety of the workers in these business function areas. HSR representation across the VIFM is now undertaken by four HSRs and three Deputy HSRs. The frequency of meetings of the OHS Consultative Committee has increased from four to six meetings a year in order to provide more opportunities for managers and staff to meet to discuss safety.

The VIFM is committed to ongoing improvement in its safety systems of work. To support this commitment, an auditor has been engaged to complete audits of the OHS management system at the VIFM, including OHS policies and chemical management processes. The audits are due for completion by the end of 2023. Further to this, regular OHS management system reviews of existing documents and regular hazard inspections by departments all contribute to the VIFM's safe working environment.

The VIFM vaccination program continues to be well engaged with more than 150 VIFM staff receiving their annual influenza vaccination in 2022–23, a 50 per cent increase on the previous year.

In the coming year, the VIFM will continue to build on these achievements through the shared goal of ensuring a workplace culture that puts safety at the front and centre of everything we do.

Incidents and Claims

The VIFM monitors event outcome and incident rates to identify and assess changes in hazards or exposures. These rates have remained consistent during the past three years.

	2020–21	2021–22	2022–23
Total number of incidents	39	42	40
Annual incident rate per 100 full-time equivalent (FTE) employee	1.59	1.60	1.57

The VIFM also monitors the number and cost of worker compensation claims. In 2022–23, there were nine WorkCover claims with an average cost per claim of $20,471. Three of these claims resulted in a work absence or 'lost time claim'. The increase in claims costs in this financial year can be attributed to the nature of injury, with one mental health injury claim contributing the majority of the cost increase.

	2020–21	2021–22	2022–23
Total number of claims	4	9	9
Number of lost time claims	4	1	3
Lost time claims per 100 FTE	1.95	0.46	1.41
Average cost per claim	$19,438	$5,087* Revised figure from 2021–22 report	$20,471
Estimate of outstanding claim costs	Data not available	$56,893 Accurate as at 30 June 2022	$1,218,314 Accurate as at 30 June 2023

Data provided by workers' compensation insurer, Allianz.

* This figure has been revised from the previously reported 2021–22 figure of $5,723 due to an identified calculation error.

Workforce Data

Employment Principles

As an employer, the VIFM adheres to the public sector employment principles:

- employment decisions are based on merit
- public sector employees are treated fairly and reasonably
- equal employment opportunity is provided
- human rights as set out in the Charter of Human Rights and Responsibilities are upheld
- public sector employees have a reasonable avenue of redress against unfair or unreasonable treatment
- in the case of public service bodies, the development of a career public service is fostered.

Our selection process ensures that applicants are 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 2023, the VIFM employed a total of 252 staff compared to 263 staff at 30 June 2022.

The following tables disclose the head count and 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 (2022).

Table 11: Employment status by category

		Ongoing employees		Fixed term and casual employees		Total	
		Full-time (headcount)	Part-time (headcount)	Full-time (headcount)	Part-time (headcount)	Employees (headcount)	FTE
VPS	2021–22	122	46	24	19	211	186.22
Non-VPS	2021–22	15	9	15	13	52	39.34
Total	**2021–22**	**137**	**55**	**39**	**32**	**263**	**225.56**
VPS	2022–23	112	48	29	21	209	164.91
Non-VPS	2022–23	16	6	11	9	42	54.02
Total	**2022–23**	**128**	**54**	**40**	**30**	**252**	**218.93**

Table 12: Gender and employment status

	Ongoing (headcount)	Ongoing (FTE)	Fixed term and casual (headcount)	Fixed term and casual (FTE)	Total (headcount)	Total (FTE)
Men	60	56.36	24	21.22	84	77.58
Women	122	108.55	46	32.80	167	141.35
Self-described	-	-	-	-	-	-
Total	**182**	**164.91**	**70**	**54.02**	**252**	**218.93**

Table 13: Executives

	At 30 June 2022	At 30 June 2023
Executive level employees	2	2

Table 14: Workforce demographics

Age Bracket	Men	Women	Self-described	Total	Per cent	FTE
15–24	3	5	-	8	3%	6.94
25–34	20	34	-	54	21%	50.70
35–44	22	54	-	76	30%	63.29
45–54	23	46	-	69	28%	58.80
55–64	10	26	-	36	14%	32.79
65+	6	3	-	9	4%	6.41
Total	**84**	**168**	**-**	**252**	**100%**	**218.93**

Table 15: Workforce classification breakdown (headcount)

Classification	Total
VPS 1–6	
VPS Grade 1	0
VPS Grade 2	28
VPS Grade 3	58
VPS Grade 4	61
VPS Grade 5	33
VPS Grade 6	27
Senior Employees	
Senior Technical Specialist / VPS Grade 7	1
Executive Officer	2
Non-VPS Employees	
VIFM Appointees	42
Total	**252**

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.

Table 16: 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
$200,000-$219,999	1	
$220,000-$239,999		
$240,000-$259,999	1	
Total	**2**	**1**

The salaries reported above are for the full financial year, at a 1-FTE rate, and exclude superannuation.

Jane Skillen – Occupational Health and Safety Advisor

Other Disclosures

Disclosure of Consultancy Expenditure

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

In 2022–23, there were four consultancies where the total fees payable to the consultants were $10,000 or greater. The total expenditure incurred during 2022–23 in relation to these consultancies is $109,865 (excluding GST). Details of individual consultancies are outlined below.

Consultant	Purpose of consultancy	Start date	End date	Total approved project fee (excl. GST)	Expenditure 2022–23 (excl. GST)	Future expenditure (excl. GST)
Logicalis	Cloud management Microsoft Azure	01/7/2022	30/6/2023	44,000	38,436	0.00
Peoples One (Vic) Pty Ltd	Probity advisor for new Institute case management system	22/6/2022	10/8/2022	12,000	11,156	0.00
Positive HR	HR & organisation development process mapping	01/6/2023	30/6/2023	45,283	45,273	0.00
PwC	Formulate DTBV 2023 pricing strategy	01/8/2022	28/02/2023	15,000	15,000	0.00

Details of consultancies under $10,000

In 2022–23, there were no consultancies where the total fees payable to the individual consultancies was less than $10,000.

Disclosure of Government Advertising Expenditure

In 2022–23, there was no government advertising with a total media buy of $100,000 or greater (excluding GST).

Disclosure of Information and Communications Technology Expenditure

For the 2022–23 reporting period, the VIFM had a total ICT expenditure of $6,341,578, with the details shown below.

All operational ICT expenditure	ICT expenditure related to projects to create or enhance ICT capabilities		
Business as usual (BAU) ICT expenditure	Non-BAU ICT expenditure	Operational expenditure	Capital expenditure
Total	**Total = A + B**	**A**	**B**
$4,004,449	$2,337,129	$980,875	$1,356,254

Disclosure of Asset Maturity Assessment

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 Emergency Procurement

In 2022–23, the VIFM did not activate emergency procurement in accordance with the requirements of government policy and accompanying guidelines resulting in nil spending for emergency procurements.

Disclosure of Operation of Legislation and Other Government Policies

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 reports 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**) 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**). 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 2022–23

During 2022–23, the VIFM received seven FOI requests. Of these requests, six were from the general public, three of these were made via a legal representative, and one was from a member of the media. There were no outstanding requests to be decided in 2022–23.

The VIFM made decisions on the seven requests in the same financial year, with all decisions made within the statutory 30-day time period. One applicant was provided with full access to the documents requested and five applicants were provided with partial access, with some material exempted. One request was managed outside of the FOI Act process.

One request was subject to a review by OVIC in 2022–23. No requests progressed to the Victorian Civil and Administration Tribunal (VCAT) for review of an OVIC decision in that year.

Further information

Further information regarding the operation and scope of FOI in Victoria can be obtained from the FOI Act and accompanying regulations (**legislation.vic.gov.au**) and from the OVIC website (**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**

OVIC also provides both an online portal for making FOI requests directly to agencies and a downloadable FOI, which are available on the OVIC website: **ovic.vic.gov.au/freedom-of-information/make-a-freedom-of-information-request/**.

Building Act 1993

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 *Building Act 1993*.

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
- **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**).

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 2022–23, 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 Environmental Data

VIFM commitment

The VIFM is committed to minimising its environmental impact and to achieving environmental sustainability in its operations.

Under the VIFM's current Strategic Plan, the VIFM has a priority goal of achieving leading-edge technology and facilities. The VIFM has a project to achieve this goal of undertaking a review of our environmental impact with a focus on waste management.

Environmental reporting

The VIFM has previously reported voluntarily in its Annual Report on its energy and water efficiency, and on carbon emissions for the State Coronial Services Centre site.

For the purposes of its reporting under the new environmental reporting requirements, the VIFM is classified as a 'tier 3b' or 'collectively material entity (part B)', which refers to public sector entities with individual estimated emissions between 0.1 per cent and 1 per cent of whole of Victorian Government emissions, or who have significant capital works programs.

The organisational boundary used for the VIFM's environmental reporting is the State Coronial Services Centre site, which encompasses staff from both the VIFM and Coroners Court of Victoria.

The VIFM's report against required environmental indicators is set out below.

Electricity production and consumption

The period from 2021–22 to 2022–23, saw a small decrease in electricity used across the State Coronial Services Centre site.

The VIFM continues to implement a range of energy efficiency policies across the site to reduce electricity use. These measures include:

- the installation of LED lighting across the site within three years
- switching to efficient electric appliances
- establishing the hibernate feature in laptops and desktop monitors as the default setting
- heating and cooling systems are tuned to a room temperature of 25 degrees in summer and 20 degrees in winter to optimise electricity savings.

Indicator	2021–22	2022–23
Total electricity consumption (MWh) [Indicator EL1]	3,671	3,529
Purchased electricity – consolidated	3,671	3,529

Notes: The VIFM has not reported against segments of this indicator for which the data value is zero.

Stationary fuel use

Sources of emissions from stationary fuel for the VIFM include natural gas used in the State Coronial Services Centre site's heating and cooling systems, cooking and the provision of other building services. The VIFM collected data primarily through billing information from fuel suppliers.

There was a small increase in natural gas use at the State Coronial Services Centre site between 2021–22 and 2022–23.

Indicator	2021–22	2022–23
Total fuels used in buildings and machinery (MJ) [Indicator F1]	7,411,209	7,513,405
Buildings		
Natural gas	7,411,209	7,512,824
Petrol	Not available	581
Diesel	Not available	To be collected
		from 2022–23 onwards
Greenhouse gas emissions from stationary fuel consumption (tonnes CO_2-e) [Indicator F2]	Not available	387.175

Transportation

The VIFM's vehicle fleet is comprised of three vehicles for use by the VIFM's Forensic Physicians and Forensic Pathologists.

Indicator	2021–22	%	2022–23	%
Number and proportion of vehicles [Indicator T2]	3	100	3	100
Road vehicles	3	100	3	100
Passenger vehicles	3	100	3	100
Internal combustion engine	3			
Petrol	3			
Hybrid	3	100	3	100
Plug-in hybrid electric vehicle (PHEV)	1		1	
Range-extended electric vehicle	2		2	
Total energy used in transportation (MJ) [Indicator T1]	Not available	581		
Road Vehicles		581		
Passenger vehicles		581		
Petrol		581		
Greenhouse gas emissions from vehicle fleet (tonnes CO_2e) [Indicator T3]		0.039		
Road vehicles		0.039		
Passenger vehicles [(a)]		0.039		
Petrol		0.039		
Total distance travelled by commercial air travel (passenger km) [Indicator T4]		**889,419**		

Total energy use

The VIFM's total energy use is reported for the first time in its Annual Report below.

To mitigate growing energy needs, the VIFM has been taking several actions as set out under the electricity use, stationary fuel use and transport fuel use sections.

Indicator	2021–22	2022–23
Total energy usage from fuels (stationary and transportation) (MJ) [Indicator E1]	Not available	7,513,987
Total energy used from electricity (MJ) [Indicator E2]		12,703,500
Total energy used segmented into renewable and non-renewable sources (MJ) [Indicator E3]		20,217,487
Renewable		2,361,581
Non-renewable		17,855,906
Units of energy used normalised by FTE [Indicator E4]		59,289

Sustainable buildings and infrastructure

The State Coronial Services Centre building, from which the VIFM operates, is managed within the Department of Justice and Community Safety (DJCS) portfolio.

The VIFM has adjusted lighting levels, temperature and other building systems to avoid unnecessary consumption of energy while maintaining safety and comfort of occupants. The VIFM has implemented measures in its data centre to improve the energy efficiency of cooling and IT equipment and upgraded to efficient LED lighting.

Sustainable procurement

The VIFM considers sustainable procurement objectives through its implementation of the Social Procurement Framework, which establishes requirements that apply to Victorian Government departments and agencies when they procure goods, services and construction.

Water use

The VIFM reports voluntarily on its annual water use in the Annual Report.

Indicator	2021–22	2022–23
Total water consumption by an entity (kilolitres) [Indicator W1]	5,366.19	6,109.23
Potable water consumption	5,366.19	6,109.23
Units of metered water consumed normalised by FTE [Indicator W2]	Not available	17.9

Waste and recycling

Waste management and recycling are key priorities for the VIFM.

The VIFM has dedicated sites for collection services for e-waste, printer cartridges, batteries and certain soft plastics.

The VIFM is aiming to increase its recycling rate by increasing dedicated collection services, the use of multi-bin systems across the State Coronial Services Centre site and the implementation of circular economy principles into the VIFM's procurement.

Indicator	2021–22	%	2022–23	%
Total units of waste disposed (kg and %) [Indicator WR1]	Not available		Not available	
Landfill (disposal)				30
Recycling/ recovery (disposal)				70
Food and garden organics (FOGO)				80
Cardboard				100
Percentage of office sites which are covered by dedicated collection services for [Indicator WR2]				
Printer cartridges				100
Batteries				100
E-waste				100
Soft plastics				50
Recycling Rate (%) [Indicator WR4]				70

Notes:

Waste has been reported in percentage because waste by weight was not made available by the supplier.

FOGO amounts also account for on-site composting and mulching.

Greenhouse gas emissions

The VIFM reports the greenhouse gas emissions for the State Coronial Services Centre site broken down into emissions 'scopes' consistent with national and international reporting standards.

Scope 1 emissions are from sources that the VIFM owns or controls, such as burning fossil fuels in its vehicles or machinery.

Scope 2 emissions are indirect emissions from the State Coronial Service Centre site's use of electricity from the grid, which still uses coal and gas-fired power generation.

Scope 3 emissions are indirect emissions from sources the VIFM does not control but does influence. While not required to report on Scope 3 emissions, the VIFM has, in this report, reported on Scope 3 emissions from commercial air travel by staff of the VIFM only (not all staff of the State Coronial Services Centre site).

The VIFM's Scope 3 emissions from commercial air travel increased from 2021–22 to 2022–23 as typical travel activities of staff of the VIFM resumed.

Indicator	2021–22	2022–23
Total Scope 1 greenhouse gas emissions (tonnes CO_2-e) [Indicator G1]	See below	387.215
Total Scope 2 greenhouse gas emissions (tonnes CO_2-e) [Indicator G2]	4,119	2,575.988
Total Scope 3 greenhouse gas emissions from commercial air travel (tonnes CO_2-e) [Indicator G3]	76.5	116.000

Notes: The 2021–22 figure for Total Scope 2 greenhouse gas emissions includes Scope 1 and Scope 2 emissions for 2021–22.

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 2022–23 have included:

- arrangement of a collection for donated clothes, shoes and linen on behalf of Diabetes Australia
- continued facilitation of regular recycling programs including for e-waste, razors and oral care products, printer cartridges and inkjets, batteries, coffee pods, mobile phones and certain soft plastics
- managing an interior garden to produce herbs and food for general use and expanding the variety of plants in the garden to increase pollination by native bees as part of the Melbourne Pollinator Corridor
- contributing to plans for the refurbishment of the State Coronial Services Centre site with a view to relocating trees and plants impacted by the works.

Nick O'Meara – Manager – IT Governance, Audit and Risk

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Financial

Statements

Independent Auditor's Report

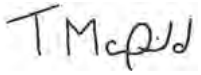
Victorian Auditor-General's Office

To the Council of the Victorian Institute of Forensic Medicine

Opinion	I have audited the financial report of the Victorian Institute of Forensic Medicine (the Institute) which comprises the: • balance sheet as at 30 June 2023 • comprehensive operating statement for the year then ended • cash flow statement for the year then ended • statement of changes in equity for the year then ended • notes to the financial statements, including significant accounting policies • declaration in the financial statements. In my opinion the financial report presents fairly, in all material respects, the financial position of the Institute as at 30 June 2023 and its financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of Part 7 of the *Financial Management Act 1994* and applicable Australian Accounting Standards.
Basis for opinion	I have conducted my audit in accordance with the *Audit Act 1994* which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the *Auditor's Responsibilities for the Audit of the Financial Report* section of my report. My independence is established by the *Constitution Act 1975.* 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 *Code of Ethics for Professional Accountants (including Independence Standards)* (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. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.
The Council's responsibilities for the financial report	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 *Financial Management Act 1994*, and for such internal control as the Institute determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error. 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.

Level 31 / 35 Collins Street, Melbourne Vic 3000
T 03 8601 7000 enquiries@audit.vic.gov.au www.audit.vic.gov.au

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 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 Institute'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 Institute'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.



MELBOURNE
3 November 2023

Timothy Maxfield
as delegate for the Auditor-General of Victoria

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

Chair Audit and Risk Management Committee

10/11/23.

Date

VICTORIAN INSTITUTE OF FORENSIC MEDICINE

FINANCIAL STATEMENTS

FOR THE FINANCIAL YEAR ENDED

30 June 2023

VICTORIAN INSTITUTE OF FORENSIC MEDICINE
FINANCIAL STATEMENTS FOR YEAR ENDED 30 June 2023

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 2023 in the following structure to provide users with the information about the Institute's stewardship of resources entrusted to it.

Financial statements

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

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 Leases
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

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 2023 and financial position of the Institute at 30 June 2023.

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 31 October 2023.

Prof. Noel Woodford
Director
Victorian Institute of Forensic Medicine

Melbourne
31 October 2023

Mr Peter Ford
Chief Finance Officer
Victorian Institute of Forensic Medicine

Melbourne
31 October 2023

Comprehensive operating statement
For the financial year ended 30 June 2023

	Notes	2023 $	2022 $
Continuing operations			
Income from transactions			
Grants	2.1.1	**48,647,080**	49,274,669
Sale of goods and services	2.1.2	**11,515,910**	7,550,987
Total income from transactions		**60,162,990**	**56,825,656**
Expenses from transactions			
Employee expenses	3.1	**(39,987,037)**	(41,264,746)
Depreciation and amortisation	4.1.1	**(4,553,178)**	(4,561,164)
Interest expense	6.1	**(1,873)**	(2,510)
Other operating expenses	3.2	**(13,708,873)**	(11,185,264)
Total expenses from transactions		**(58,250,961)**	**(57,013,684)**
Net result from transactions (net operating balance)		**1,912,029**	**(188,028)**
Other economic flows included in net result			
Net gain/(loss) on financial instruments [(a)]	8.1	**(185,342)**	2,962
Other gain/(loss) from other economic flows	8.1	**85,567**	604,585
Total other economic flows included in net result		**(99,775)**	**607,547**
Net result		**1,812,254**	**419,519**
Comprehensive result		**1,812,254**	**419,519**

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 2023

	Notes	2023 $	2022 $
Assets			
Financial assets			
Cash and deposits	6.2	**3,223,898**	2,064,522
Receivables	5.1	**29,244,361**	30,054,708
Total financial assets		**32,468,259**	**32,119,230**
Non-financial assets			
Inventories at cost		**17,938**	10,148
Property, plant and equipment	4.1	**177,543,126**	177,618,662
Intangible assets	4.2	**1,628,181**	654,069
Prepayments		**607,382**	651,213
Total non-financial assets		**179,796,627**	**178,934,092**
Total assets		**212,264,887**	**211,053,322**
Liabilities			
Payables	5.2	**1,565,041**	2,490,956
Leases	6.1	**60,504**	81,174
Employee related provisions	3.1.1	**12,031,785**	12,485,455
Prepaid revenue		**3,709**	3,710
Total liabilities		**13,661,039**	**15,061,295**
Net assets		**198,603,848**	**195,992,027**
Equity			
Accumulated surplus/(deficit)		**(969,369)**	(2,781,623)
Physical asset revaluation surplus		**30,315,714**	30,315,714
Contributed capital		**169,257,502**	168,457,936
Net worth		**198,603,848**	**195,992,027**

The accompanying notes form part of these financial statements.

Cash flow statement
For the financial year ended 30 June 2023

	Notes	2023 $	2022 $
Cash flows from operating activities			
Receipts			
Receipts from Government		**50,005,694**	49,152,327
Receipts from other entities		**10,782,299**	6,416,430
Total receipts		**60,787,993**	**55,568,757**
Payments			
Payments to suppliers and employees		**(54,953,888)**	(50,089,621)
Interest and other costs of finance paid		**(1,873)**	(2,510)
Total payments		**(54,955,762)**	**(50,092,131)**
Net cash flows from/(used in) operating activities	6.2.1	**5,832,231**	**5,476,626**
Cash flows from investing activities			
Purchases of non-financial assets		**(5,451,754)**	(6,703,209)
Net cash flows from/(used in) investing activities		**(5,451,754)**	**(6,703,209)**
Cash flows from financing activities			
Owner contributions by State Government		**799,567**	1,108,960
Repayment of principal portion of lease liablities [(a)]		**(20,670)**	3,439
Net cash flows from/(used in) financing activities		**778,897**	**1,112,400**
Net increase/(decrease) in cash and cash equivalents		**1,159,374**	**(114,183)**
Cash and cash equivalents at beginning of the financial year		**2,064,523**	2,178,706
Cash and cash equivalents at end of the financial year	6.2	**3,223,897**	**2,064,523**

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 2023

	Physical asset revaluation surplus	Accumulated surplus	Contributions by owner	Total
	$	$	$	$
Balance at 30 June 2021	**30,315,714**	**(3,201,142)**	**167,348,976**	**194,463,548**
Net result for the year	**-**	**419,519**	**-**	**419,519**
Equity transfers to other Government Entities (Fixed Assets)	**-**	**-**	**(61,194)**	**(61,194)**
Other comprehensive income for the year	**-**	**-**	**1,170,154**	**1,170,154**
Balance at 30 June 2022	**30,315,714**	**(2,781,623)**	**168,457,936**	**195,992,027**
Net result for the year	**-**	**1,812,254**	**-**	**1,812,254**
Other comprehensive income for the year	**-**	**-**	**799,566**	**799,566**
Balance at 30 June 2023	**30,315,714**	**(969,369)**	**169,257,502**	**198,603,847**

The accompanying notes form part of these financial statements.

Notes to the financial statements
For the financial year ended 30 June 2023

1. ABOUT THIS REPORT

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.

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 Institute 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

	2023 $	2022 $
Income recognised under AASB 1058:		
Section 29 receipts	**12,893,580**	13,102,137
Treasurers advance	**-**	786,960
Grants from the Department of Justice and Community Safety	**35,753,500**	34,314,900
Grant from DEECA (Cladding Safety Victoria)	**-**	1,070,672
Total grants	**48,647,080**	**49,274,669**

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 are 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 *Contributions*;
(b) revenue or a contract liability arising from a contract with a customer, in accordance with AASB 15 *Revenue from Contracts with Customers*;
(c) a lease liability in accordance with AASB 16 *Leases*;
(d) a financial instrument, in accordance with AASB 9 *Financial Instruments*; 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 Energy, Environment and Climate Action (DEECA), previously known as the Department of Environment, Land, Water and Planning (DEWLP) which is 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

	2023	2022
	$	$
Distribution of goods - Donor Tissue Bank	**10,032,210**	5,649,314
Rendering of services	**1,483,700**	1,901,673
Total sale of goods and services	**11,515,910**	**7,550,987**

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.

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 of goods and services to the customer are satisfied, usually on completion of an expert opinion in the form of a report.

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. The funds that enable the provision of services were disclosed and in this note the cost associated with provision of services are recorded.

3.1 Employee benefits in the comprehensive operating statement

	2023 $	2022 $
Defined contribution superannuation expense	**3,285,865**	3,115,836
Defined benefit superannuation expense	**78,581**	93,328
Salaries, wages, annual leave and long service leave	**34,215,249**	34,528,402
Early retirement packages and targeted separation payment	**(55,844)**	1,131,015
Other on-costs (fringe benefits tax, payroll tax and workcover levy)	**2,463,185**	2,396,165
Total employee expenses	**39,987,037**	**41,264,746**

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 in the 2022-23 financial year were 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.

	2023 $	2022 $
Current provisions:		
Annual leave		
Unconditional and expected to settle within 12 months	**2,640,143**	2,744,322
Unconditional and expected to settle after 12 months	**552,927**	558,267
Long service leave		
Unconditional and expected to settle within 12 months	**680,470**	666,008
Unconditional and expected to settle after 12 months	**4,772,836**	4,691,074
Provisions for on-costs		
Unconditional and expected to settle within 12 months	**845,609**	850,832
Unconditional and expected to settle after 12 months	**1,011,084**	988,854
Other provisions - Early Retirement Scheme	**-**	786,960
Other provisions - Continuing Medical Education allowance	**793,639**	451,328
Total current provisions for employee benefits	**11,296,708**	**11,737,645**
Non-current provisions:		
Employee benefits	**624,200**	633,783
On-costs	**110,877**	114,027
Total non-current provisions for employee benefits	**735,077**	**747,810**
Total provisions for employee benefits	**12,031,785**	**12,485,455**

Reconciliation of movement in on-cost and other provisions

	On-costs	Other provisions	Total
	2023	2023	2023
	$	$	$
Opening balance	**1,953,713**	**1,238,288**	**3,192,001**
Amount used		**(786,960)**	**(786,960)**
Additional provisions recognised	**13,857**	**342,311**	**356,168**
Closing balance	**1,967,570**	**793,638**	**2,761,209**
Current	**1,856,693**	**793,639**	**2,650,332**
Non-current	**110,877**	**-**	**110,877**
	1,967,570	**793,639**	**2,761,208**

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

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 a conditional 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	
	2023	2022
	$	$
Defined benefit plans [(a)]		
State Superannuation Fund - revised and new	**78,581**	93,328
Defined contribution plans		
VicSuper	**1,073,501**	1,355,734
Other	**2,212,365**	1,760,101
Total	**3,364,447**	**3,209,163**

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 2023 or 30 June 2022.

3.2 Other operating expenses

	Note	**2023**	2022
		$	$
Supplies and services			
Purchase of supplies		**6,631,880**	5,947,920
Purchase of services (including remuneration of auditors)	8.5	**4,964,519**	3,331,954
Other operating expenses			
Maintenance		**2,112,474**	1,905,390
Total other operating expenses		**13,708,873**	**11,185,264**

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.

4. KEY ASSETS AVAILABLE TO SUPPORT OUTPUT DELIVERY

Introduction

The Institute controls property, plant and equipment 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	
	2023	2022	**2023**	2022	**2023**	2022
	$	$	**$**	$	**$**	$
Land at fair value	**104,300,000**	104,300,000	**-**	-	**104,300,000**	104,300,000
Buildings at fair value	**70,773,269**	68,600,201	**(6,448,072)**	(3,224,036)	**64,325,198**	65,376,165
Plant, equipment and vehicles at fair value	**17,593,753**	18,791,210	**(8,675,825)**	(10,848,713)	**8,917,928**	7,942,497
Net carrying amount	**192,667,022**	**191,691,411**	**(15,123,896)**	**(14,072,749)**	**177,543,126**	**177,618,662**

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

	Gross carrying amount		Accumulated depreciation		Net carrying amount	
	2023	**2022**	**2023**	**2022**	**2023**	**2022**
	$	**$**	**$**	**$**	**$**	**$**
Vehicles	**110,590**	110,590	**(49,868)**	(29,641)	**60,722**	**80,949**

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.

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 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

	2023	2022
	$	$
Buildings	3,224,036	3,224,036
Plant, equipment and vehicles	1,215,100	1,223,087
Intangible produced assets	114,042	114,042
Total depreciation and amortisation	**4,553,178**	**4,561,164**

All 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	3 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 CIP [(a)]		Plant and equipment at cost		Plant and equipment (right-of-use assets)		Total	
	2023	2022	**2023**	2022	**2023**	2022	**2023**	2022	**2023**	2022	**2023**	2022
	$	$	**$**	$	**$**	$	**$**	$	**$**	$	**$**	$
Opening balance	**104,300,000**	**104,300,000**	**63,407,636**	**65,561,000**	**1,968,529**	**528,178**	**7,861,548**	**5,196,567**	**80,949**	**77,508**	**177,618,662**	**175,663,254**
Additions	**-**	-	**-**	1,070,672	**2,173,068**	1,440,351	**2,190,532**	3,927,990	**-**	66,058	**4,363,600**	**6,505,071**
Disposals	**-**	-	**-**	-	**-**	-	**-**	(61,194)	**-**	(41,345)	**-**	**(102,539)**
Revaluation adjustment	**-**	-	**-**	-	**-**	-	**-**	-	**-**	-	**-**	**-**
Depreciation	**-**	-	**(3,224,036)**	(3,224,036)	**-**	-	**(1,194,873)**	(1,201,815)	**(20,227)**	(21,272)	**(4,439,136)**	**(4,447,123)**
Closing balance	**104,300,000**	**104,300,000**	**60,183,600**	**63,407,636**	**4,141,597**	**1,968,529**	**8,857,207**	**7,861,548**	**60,722**	**80,949**	**177,543,126**	**177,618,662**

Note:
(a) Construction in Progress (CIP) relates to the commencement of a project in 2021-22 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	
	2023	2022
	$	$
Gross carrying amount		
Opening balance	**1,238,071**	937,393
Additions (CIP)	**1,088,154**	300,678
Closing balance	**2,326,225**	**1,238,071**
Accumulated amortisation		
Opening balance	**(584,002)**	(469,960)
Amortisation of intangible produced assets [(a)]	**(114,042)**	(114,042)
Closing balance	**(698,044)**	**(584,002)**
Net book value at end of financial year	**1,628,181**	**654,069**

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.

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

	2023	2022
	$	$
Contractual		
Sale of goods and services	**2,337,727**	1,604,117
Provision for doubtful contractual receivables	**(254,544)**	(69,202)
Statutory		
Amount owing from Department of Justice and Community Safety	**27,161,179**	28,519,793
Total receivables	**29,244,361**	**30,054,708**
Represented by		
Current receivables	**28,509,284**	29,306,898
Non-current receivables	**735,077**	747,810
Total receivables	**29,244,361**	**30,054,708**

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

	2023 $	2022 $
Contractual		
Supplies and services	**1,527,883**	2,460,170
Amounts payable to government and agencies	**7,969**	12,585
Statutory		
Fringe benefits tax payable	**29,189**	18,201
Total payables	**1,565,041**	**2,490,956**
Represented by		
Current payables	1,565,041	2,490,956

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 [(a)]

			Maturity dates			
	Carrying amount $	Nominal amount $	Less than 1 month $	1 to 3 months $	3 months to 1 year $	1 to 5 years $
2023						
Supplies and services	**337,268**	**337,268**	**335,764**	**131**	**1,360**	**13**
Amounts payable to government and agencies	**7,969**	**7,969**	**7,969**	**-**	**-**	**-**
Total	**345,237**	**345,237**	**343,733**	**131**	**1,360**	**13**
2022						
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	-	-
Total	**670,098**	**670,098**	**548,493**	**121,457**	**135**	**13**

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

6. FINANCING 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

	2023 $	2022 $
Current leases		
Lease liabilities	**22,070**	31,642
Total current leases	**22,070**	**31,642**
Non-current leases		
Lease liabilities	**38,434**	49,532
Total non-current leases	**38,434**	**49,532**
Total leases	**60,504**	**81,174**

Maturity analysis of leases

			Maturity dates		
	Carrying amount $	Nominal amount $	0 to 3 months $	3 months to 1 year $	1 to 5 years $
2023					
Lease liabilities	**60,504**	**61,473**	**5,708**	**17,125**	**38,639**
Total	**60,504**	**61,473**	**5,708**	**17,125**	**38,639**
2022					
Lease liabilities	81,174	83,257	8,189	24,568	50,500
Total	**81,174**	**83,257**	**8,189**	**24,568**	**50,500**

Interest expense

	2023 $	2022 $
Interest on finance leases	**1,482**	1,951
Other interest expense	**391**	559
Total interest expense	**1,873**	**2,510**

6.2 Cash flow information and balances

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

	2023 $	2022 $
Total cash and deposits disclosed in the balance sheet	**3,223,897**	2,064,523
Balance as per cash flow statement	**3,223,897**	**2,064,523**

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 paid into the State's bank account, known as the Public Account. Similarly, any expenditure by the Institute for the payment of goods and services to its suppliers and creditors are made via the Public Account.

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

	2023 $	2022 $
Net result for the period	**1,812,254**	**419,519**
Non-cash movements		
Depreciation and amortisation of non-current assets	**4,553,178**	4,561,164
Allowance for doubtful debts	**185,342**	(2,962)
Movements in assets and liabilities		
(Increase)/decrease in receivables	**625,004**	(705,644)
(Increase)/decrease in inventories	**(7,789)**	(2,057)
(Increase)/decrease in prepayments	**43,830**	(73,979)
(Decrease)/increase in payables	**(925,915)**	410,382
(Decrease)/increase in provisions	**(453,670)**	1,421,459
(Decrease)/increase in other liabilities	**(1)**	(551,255)
Net cash flows from/(used in) operating activities	**5,832,231**	**5,476,626**

6.3 Commitments for expenditure

6.3.1 Total commitment payable

Commitments for future expenditure include operating and capital commitments arising from contracts. These commitments are recorded below at their nominal value and inclusive of GST. Where it is considered appropriate and provides additional information to users, the net present values of significant individual projects are stated. these future expenditures cease to be disclosed as commitments once the related liabilities are recognised in the balance sheet.

Nominal Amounts 2023	Less than 1 year ($)	1 - 5 Years ($)	5 Years + ($)	Total ($)
Capital expenditure commitments	297,180	1,593,776	-	1,890,956
Equipment maintenance commitments	167,613	951,500	203,500	1,322,613
Software support commitments	161,246	73,290	-	234,535
Total commitments (inclusive of GST)	626,039	2,618,565	203,500	3,448,104
Less GST Recoverable				313,464
Total commitments (exclusive of GST)				3,134,640

The Institute received funding from Government to redevelop the Mortuary and Coronial Admissions areas. The project is managed by the Department of Justice and Community Safety (DJCS), Community Safety Building Authority, commenced in 2021-22 and has a budget of $32.65 million (exclusive of equipment components). The project costs to 30 June 2023 are included in construction in progress (CIP) assets outlined in the reconciliation of movements in carrying value of property plant and equipment in table 4.1.3. DJCS has committed to future contractual amounts of $26.69 million which will increase CIP assets until completed in 2024-25 when the asset will be transferred to depreciating building assets.

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 less 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
- leases

Offsetting financial instruments: Financial instrument assets and liabilities are offset and the net amount presented in the 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
	$	$	$	$	$
2023					
Contractual financial assets					
Cash and deposits	**3,223,897**	**-**	**-**	**-**	**3,223,897**
Receivables [(a)]					
Sale of goods and services	**-**	**2,083,182**	**-**	**-**	**2,083,182**
Total contractual financial assets	**3,223,897**	**2,083,182**	**-**	**-**	**5,307,080**
Contractual financial liabilities					
Payables					
Supplies and services	**-**	**-**	**1,527,883**	**-**	**1,527,883**
Amounts payable to government and agencies	**-**	**-**	**7,969**	**-**	**7,969**
Borrowings					
Lease liabilities	**-**	**-**	**-**	**60,504**	**60,504**
Total contractual financial liabilities	**-**	**-**	**1,535,852**	**60,504**	**1,596,357**

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
	$	$	$	$	$
2022					
Contractual financial assets					
Cash and deposits	2,064,522	-	-	-	**2,064,522**
Receivables [(a)]					
Sale of goods and services	**-**	1,534,915	-	-	**1,534,914**
Total contractual financial assets	**2,064,522**	**1,534,915**	**-**	**-**	**3,599,436**
Contractual financial liabilities					
Payables					
Supplies and services	**-**	**-**	2,460,170	-	**2,460,170**
Amounts payable to government and agencies	**-**	**-**	12,585	-	**12,585**
Borrowings					
Lease liabilities	**-**	**-**	-	81,174	**81,174**
Total contractual financial liabilities	**-**	**-**	**2,472,755**	**81,174**	**2,553,929**

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	$	$
	2023	2022
2023		
Contractual financial liabilities		
Financial liabilities at amortised cost	**1,873**	2,510
Total contractual financial liabilities	**1,873**	**2,510**

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.

Impairment of financial assets under AASB 9
The Institute records the allowance for expected credit loss for the relevant financial instruments applying AASB 9's Expected Credit Loss approach. Subject to AASB 9 impairment assessment include the Institute's contractual receivables and statutory receivables.

Equity instruments are not subject to impairment under AASB 9. Other financial assets mandatorily measured or designated at fair value through net result are not subject to impairment assessment under AASB 9. While cash and cash equivalents are also subject to the impairment requirements of AASB 9, the identified impairment loss was immaterial.

Although not a financial asset, contract assets recognised applying AASB 15 are also subject to impairment however it is immaterial.

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 2022-23.

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. (2022 - 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, 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 2023-24 reporting period.

There have been no transfers between levels during the period. The fair value of the financial assets and liabilities is assessed to be 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 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 acknowledged in their report that the market the property/asset was valued in was impacted by the uncertainty that the COVID-19 outbreak 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 2023. 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
	$	$	$
2023			
Opening balance	**104,300,000**	**65,376,166**	**7,861,548**
Additions	-	2,173,068	2,190,532
Disposals	-	-	-
Gains or losses recognised in net result			
Depreciation	-	(3,224,036)	(1,194,873)
Closing balance	**104,300,000**	**64,325,198**	**8,857,207**

	Specialised land	Specialised buildings	Plant and equipment
	$	$	$
2022			
Opening balance	**104,300,000**	**66,089,179**	**5,196,567**
Additions	-	2,511,023	3,927,989
Disposals	-	-	(61,194)
Gains or losses recognised in net result			
Depreciation	-	(3,224,036)	(1,201,815)
Closing balance	**104,300,000**	**65,376,166**	**7,861,548**

Description of significant unobservable inputs to Level 3 valuations

2023 and 2022	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 [(a)]	$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 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.

	2023 $	2022 $
Net gain/(loss) on financial instruments		
Impairment of loans and receivables [(a)]	**(185,342)**	2,962
Total net gain/(loss) on financial instruments	**(185,342)**	**2,962**
Other gain/(loss) from other economic flows		
Net gain/(loss) arising from revaluation of long service leave liability [(b)]	**85,567**	604,585
Total other gain/(loss) from other economic flows	**85,567**	**604,585**

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 Assistant Treasurer 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 2022 to 30 June 2023
Acting Attorney-General	The Hon. Anthony Richard Carbines, MP	23 September 2022 to 2 October 2022
	The Hon. Anthony Richard Carbines, MP	28 December 2022 to 14 January 2023
	The Hon. Anthony Richard Carbines, MP	29 April 2023 to 30 April 2023
Council Members of the Institute		
Chairperson of the Victorian Institute of Forensic Medicine and Nominee of the Attorney-General	The Hon. John Coldrey QC	1 July 2022 to 30 June 2023
Director of the Victorian Institute of Forensic Medicine (Accountable Officer)	Professor Noel Woodford	1 July 2022 to 30 June 2023
During the year the following people held the position of Acting Director	Professor Richard Bassed	2 August 2022 to 26 August 2022 25 December 2022 to 6 January 2023 16 April 2023 to 1 May 2023 3 May 2023 to 8 May 2023
Nominee of the Attorney-General	Associate Professor Merrole Cole-Sinclair	1 July 2022 to 11 February 2023
	Vacant	12 February 2023 to 16 April 2023
	Associate Professor Merrole Cole-Sinclair	17 April 2023 to 30 June 2023
Nominee of the Chief Commissioner of Police	Mr Luke Cornelius	1 July 2022 to 30 June 2023
Nominee of the Chief Justice	Justice Elizabeth Hollingworth	1 July 2022 to 17 June 2023
	Vacant	18 June 2023 to 30 June 2023
Nominee of the Council of Monash University	Professor Sophia Zoungas	1 July 2022 to 11 March 2023
	Vacant	12 March 2023 to 13 June 2023
	Professor Sophia Zoungas	14 June 2023 to 30 June 2023
Nominee of the Minister for Health	Dr Lee Hamley	1 July 2022 to 10 June 2023
	vacant	11 June 2023 to 30 June 2023
Nominee of the Minister for Women	Dr Adele Murdolo	1 July 2022 to 30 June 2023
Nominee of the Minister of Community Services	Vacant	1 July 2022 to 30 June 2023
Nominee of the Minister of Police	Mr Neil Robertson	1 July 2022 to 10 June 2023
	Vacant	11 June 2023 to 30 June 2023
State Coroner	Judge John Cain	1 July 2022 to 30 June 2023
Nominee of the Chairman	Mr Tim Fitzmaurice	1 July 2022 to 30 June 2023
Nominee of the Council of University of Melbourne	Vacant	1 July 2022 to 17 October 2022
	Professor Christopher Davey	18 October 2022 to 30 June 2023

Remuneration
Total remuneration received or receivable by the Accountable Officer in connection with their position as a responsible person during the reporting period was $610,656 ($604,756 in 2021-22). As per the Governor in Council appointment, members of the VIFM Council are not remunerated.

Income Band of the VIFM Council	**Total Remuneration**	
	2023	2022
	No.	No.
$0	**12**	12
$600,000 to $610,000	**-**	1
$610,000 to $620,000	**1**	-
Total	**13**	**13**

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 8.4)

	2023	2022
	$	$
Short-term employee benefits	**430,696**	433,980
Post-employment benefits	**44,277**	42,284
Other long-term benefits	**3,298**	21,001
Total remuneration	**478,271**	497,265
Total number of executives	**2**	2
Total annualised employee equivalents [(a)]	**2.0**	2.0

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 $35.75 million (2022: $35.10 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 $12.13 million (2022: $11.96 million). Amounts receivable at 30 June 2023 from the Department of Justice and Community Safety are shown in note 5.1. The Institute also received revenue from the Transport Accident Commission $0.632 million (2022 $0.632 million) and Court Services Victoria $0.128 million (2022 $0.139 million). The Institute paid an amount payable of $0.293 million (2022 $0.223 million) to Melbourne Health - Victorian Infectious Diseases Reference Laboratory for services rendered.

Key management personnel of the Institute include members of the VIFM Council, the Senior Executive team and the Chief Finance Officer.

The Hon. 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
Vacant	Nominee of the Chief Justice
Professor Sophia Zoungas	Nominee of the Council of Monash University
Dr Lee Hamley	Nominee of the Minister for Health
Vacant	Nominee of the Minister for Health
Dr Adele Murdolo	Nominee of the Minister for Women
Vacant	Nominee of the Minister of Community Services
Mr Neil Robertson	Nominee of the Minister of Police
Vacant	Nominee of the Minister of Police
Judge John Cain	State Coroner
Mr Tim Fitzmaurice	Nominee of the Chairman
Professor Christopher Davey	Nominee of the Council of University of Melbourne
Professor Noel Woodford	Director, VIFM
Ms Mari-Ann Scott	Chief Operating Officer, VIFM
Professor Richard Bassed	Deputy Director/Head of Academic Programs, VIFM
Dr Kean Kuan	Chief Medical Officer/Deputy Director, 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.

Compensation of KMPs	**2023**	2022
	$	$
Short-term employee benefits	**1,459,615**	1,585,444
Post-employment benefits	**142,000**	161,254
Other long-term benefits	**17,623**	42,287
Total [(a)]	**1,619,238**	1,764,559

Note:
(a) Note that KMPs are also reported in the disclosure of remuneration of executives. (Note 8.3).

Transactions and balances with key management personnel and other related parties

Given the breadth and depth of State government activities, related parties transact with the Victorian public sector in a manner consistent with other members of the public e.g. stamp duty and other government fees and charges. Further employment of processes within the Victorian public sector occur on terms and conditions consistent with the Public Administration Act 2004 and Codes of Conduct and Standards issued by the Victorian Public Sector Commission. Procurement processes occur on terms and conditions consistent with the Victorian Government Purchasing Board.

Outside of normal citizen type transactions with the Institute, there were no related party transactions that involved key management personnel, their close family members and their personal business interests. No provision has been required, nor any expense recognised, for impairment of receivables from related parties. Outside of normal citizen type transactions, there were no related party transactions that involved key management

There were no related party transactions that involved key management personnel, their close family members and their personal business interests. No provision has been required, nor any expense recognised, for impairment of receivables from related parties. Outside of normal citizen type transactions, there were no related party transactions that involved key management personnel, their close family members and their personal business interests.

No provision has been required, nor any expense recognised, for impairment of receivables from related parties.

8.5 Remuneration of auditors

	2023	2022
	$	$
Victorian Auditor-General's Office		
Audit or review of the financial statements	**33,700**	33,700
Total remuneration of auditors	**33,700**	**33,700**

8.6 Subsequent events

The Institute received funding from Government to develop a new case management computer system. A contract for the development and implementation, including five year subsequent support costs was signed in September 2023 for a cost of $4.123 million (inclusive of GST).

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 2022-23 reporting period. These accounting standards have not been applied to the Institute's Financial Statements. The Institute is reviewing its existing policies and assessing the potential implications of these accounting standards which includes:

AASB 2022-10 *Amendments to Australian Accounting Standards – Fair Value Measurement of Non-Financial Assets of Not-for-Profit Public Sector Entities.*

AASB 2022-10 amends AASB 13 *Fair Value Measurement* by adding authoritative implementation guidance and illustrative examples for fair value measurements of non-financial assets of not-for-profit public sector entities not held primarily for their ability to generate net cash inflows.

Among other things, the Standard:

- specifies that an entity needs to consider whether an asset's highest and best use differs from its current use only when it is held for sale or held for distributions to owners under AASB 5 *Non-current Assets Held for Sale and Discontinued Operations* or if it is highly probable that it will be used for an alternative purpose;

- clarifies that an asset's use is 'financially feasible' if market participants would be willing to invest in the asset's service capacity, considering both the capacity to provide needed goods or services and the resulting costs of those goods and services;

- specifies that if both market selling price and some market participant data required to fair value the asset are not observable, an entity needs to start with its own assumptions and adjust them to the extent that reasonably available information indicates that other market participants would use different data; and

- provides guidance on the application of the cost approach to fair value, including the nature of costs to be included in a reference asset and identification of economic obsolescence.

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;
(d) notes, comprising a summary of significant accounting policies and other explanatory information;
(e) comparative information in respect of the preceding period as specified in paragraph 38 of AASB 101 *Presentation of Financial Statements*; and

(f) 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.

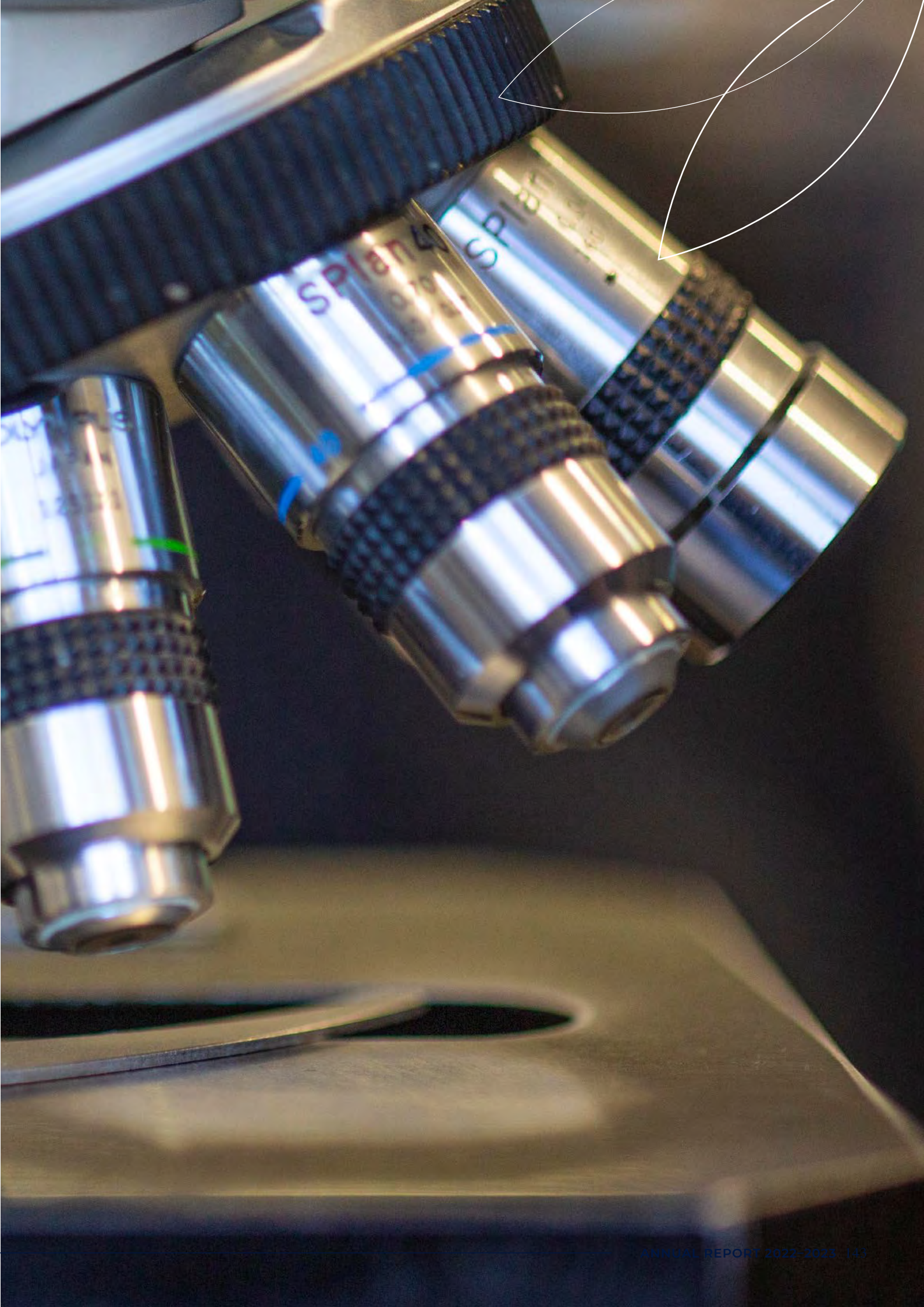
Sales of goods and services refers to income from the direct provision of goods and services and includes fees and charges for services rendered, sales of goods and services, fees from regulatory services and work done as an agent for private enterprises. It also includes rental income under operating 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 2022 23 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.


Plan

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Note:

(a) References to FRDs have been removed from the Disclosure Index if the specific FRDs do not contain requirements that are in the nature of disclosure.

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Appendix 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). 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 include:
Medico-Legal Death Investigation Services	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. Forensic scientific analysis of samples received from forensic pathologists, clinical forensic physicians and Victoria Police, and the provision of expert reports to the courts, 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. **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; (i) to receive a request on behalf of a coroner for an autopsy to be performed on a body in the control of the 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;

Service	Summary	The *VIFM Act 1985* provides that the objects and functions of the institute include:
Medico-Legal Death Investigation Services	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. Forensic scientific analysis of samples received from forensic pathologists, clinical forensic physicians and Victoria Police, and the provision of expert reports to the courts, Victoria Police, legal and medical practitioners, and private and public agencies.	(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.
Clinical Forensic Medicine Services	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.	**Section 64 (2)** (f) to provide, promote and assist in the provision of clinical forensic medicine and related services to Victoria Police and government bodies; (g) to promote, provide and assist in under-graduate and post-graduate instruction in the field of clinical forensic medicine in Victoria; (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. **Section 66 (2)** 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.
Drug Testing Services for Victoria Police	The provision of toxicology screening and analysis to Victoria Police in relation to road traffic toxicology, clinical toxicology, and occupational toxicology.	**Section 64 (2)** (f) to provide, promote and assist in the provision of clinical forensic medicine and related services to Victoria Police and government bodies; (ha) to contribute to reducing the number of preventable deaths and to promote public health and safety and the administration of justice. **Section 66 (2)** 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.

Service	Summary	The *VIFM Act 1985* provides that the objects and functions of the institute include:
Donor Tissue Bank of Victoria	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.	**Section 64 (2)** (i) to provide tissue banking facilities and services referred to in section 66(4). **Section 66 (4)** (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; (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; (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; (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.
Academic Programs	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.	**Section 64 (2)** (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; (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; (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; (e) to conduct research in the fields of forensic pathology, forensic science, clinical forensic medicine and associated fields as approved by the Council; (ha) to contribute to reducing the number of preventable deaths and to promote public health and safety and the administration of justice.

Appendix C – Committees

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

Executive and Finance Committee

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.
- 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

Minute Secretary: Carolynne van der Cingel

Audit and Risk Management Committee

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
  - 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 VIFM's finances
  - considering external audit outcomes, including financial and performance audits

  - providing a standing invitation to the external auditor to attend ARMC meetings
  - 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.

Minute Secretary: 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, Ms Nardia Dazkiw (from November 2022), Professor Belinda Gabbe, Michelle Skinner, Dr Danny Sullivan, Lynne Wenig JP (retired August/September 2022).

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, *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 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), Mr Neil Bergman AP, Dr Heinrich Bouwer, Dr Michael Catton, Dr Hiu Tat Mark Chan, Adjunct Clinical Associate Professor Heather Cleland, AC Luke Cornelius APM, Rhonda Holdsworth, Mr Michael O'Keefe, Mr Peter Skillington, Mr Luke Spencer, Coroner Leveasque Peterson

Executive Officer: Brendan Sullivan

Minute Secretary: Laurena Iliev

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 (to March 2023), Peter Ford, Mark Gardiner (from February 2023) Associate Professor Dimitri Gerostamoulos, Murray Hall (to January 2023), Dr Kean Kuan (from April 2023), Dr Linda Iles, Fiona Leahy (from April 2023), Danielle Moloney (from April 2023) Dr Maria Nittis (to December 2022), Brendan Sullivan.

Executive Officer: Fiona Lawrence (to December 2022), Angela Garske (from December 2022)

Managers' Forum 2022–2023

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.

The Chair position is rotated among Executive Team members. The Chair roster between July 2022 and June 2023 was as follows: Associate Professor Dimitri Gerostamoulos (July and August); September not held; Mari-Ann Scott (October); Peter Ford (November); Professor Noel Woodford (December); January not held; Professor Noel Woodford (February); Associate Professor Dimitri Gerostamoulos (March); Brendan Sullivan (April); Professor Richard Bassed (May); and Brendan Sullivan (June).

Members: Frances Adamas, Nadia Ambruosi, Paul Anderson, Stephen Ansell, Chantel Bartolo, Soren Blau, Jarrod Boxall, Kara Cattell, Margaret Craddock, Kerryn Crump, Linda Glowacki, Emily Hall, Kellie Hamilton, Joanne Hanna, 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, J Megan Osbourne, Judith Ross, Jennifer Ryan, Brendan Sullivan, Niki Taxidis, Barbara Thorne, Bernard Wansink.

Executive Officer: Fiona Lawrence

Occupational Health and Safety (OHS) Committee

The Occupational Health and Safety (OHS) Committee meets six times (bimonthly) 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 Team to address issues.
- Review incident statistics and examine trends for the workplace to identify problem areas and make recommendations for corrective action.
- Review and monitor the annual program of OHS activities including health and safety prevention programs.
- Receive reports of OHS audits and monitor the actions taken to address audit findings.
- Oversee the development and review of safety policies and procedures.
- Review staff OHS training and education programs and monitor the uptake of training.
- Ensure that OHS issues are appropriately reported up to the Executive Team 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 (Chief Operating Officer, OHS Committee Chair to September 2022), Emily Hall (Manager, Safety, Mental Health & Wellbeing to January 2023), Jane Skillen (OHS Advisor from June 2023), Nan Austin (OHS Adviser), Frances Adamas (Manager, Quality and Improvement to March 2023), Danielle Moloney (Manager, Quality and Improvement from March 2023), Jeff Lomas (Acting Manager, HR & OD to August 2022), Johanna Muller (Manager, Human Resources & Organisational Development (HR & OD) from August 2022), Jennah Orchard (Occupational Health and Safety/ Human Resources (OHS/HR) Administrator), Kaitlyn Hart (VIFM (ex Clinical Forensic Medicine and Forensic Technical Services (CFM and FTS)) Health and Safety Representative (HSR)), Jacob O'Donoghue (VIFM (ex CFM and FTS Deputy Health and Safety Representative (dHSR)), Dr Jason Schreiber (CFM HSR), Dr Angela Sungaila (CFM dHSR to September 2022), Dr Jo Ann Parkin (CFM dHSR from December 2022 to May 2023), Dr Maria McManus (CFM dHSR from June 2023), Kaitlyn Brewster (FTS HSR from May 2023), Kirby Law (FTS HSR), Emma Cowley (FTS dHSR from May 2023)

The position of Chair is shared amongst the Committee with an appointed member nominated as Chair and Deputy Chair every six months.

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 Requests and 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), Chantel Bartolo, Tanya Corocher, Samantha Francis-Peter, Tracey Mackay, Alison Monaghan, Voula Staikos, Andria Tieppo, Carolynne van der Cingel and Bernard Wansink.

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
- CIRCA trends
- issues relating to complaints, compliments, equipment, evidence handling, external service, improvement request, internal service, occupational health, safety and environment (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: Frances Adamas (Co-Chair 1 July 2022 – March 2023), Danielle Moloney (Co-Chair 1 March – June 2023), Co-Chair 2 – Vacant, Professor Noel Woodford, Associate Professor Dimitri Gerostamoulos, Margaret Craddock, Dr Kean Kuan, Murray Hall, Dr Jodie Leditschke, Brendan Sullivan, Mark Gardiner, Denise Alister.

Executive Officer: 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 (to September 2022, from June 2023), Dr Janine Rowse (from October 2022 to April 2023), Dr Reena Sarkar (June meeting).

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, Kate Sanderson (Coroners Court of Victoria (CCoV)).

The Social Club Committee

Jarrod Boxall (President), Joanne Hanna (Treasurer), Alexandra Hanna (Secretary), Alison Monaghan, Chantel Bartolo, Charlie Ford, Elise Reddick, Elizabeth Gould-Williams, Jennah Orchard, Kim Conway, Quade Albert, Scott Kurowski, Valerie Chahin.

Emergency Planning Committee (Facilities)

Mari-Ann Scott (COO VIFM), Carolyn Gale (CEO CCoV), Peter Ford (CFO VIFM), Paul Anderson (Co-Chief Warden VIFM), Alison Monaghan (Co-Chief Warden VIFM).

Executive Officer: Gerard Garson, Manager, Corporate Services CCoV

Wardens

Paul Anderson (co-Chief Warden), Alison Monaghan (co-Chief Warden), David Orchard (Deputy Chief), Ben Stewart (Deputy Chief), Evan Leckenby, Emma Cowley, Charlotte Bacsa, Reed Austin, Lakshan DeRun, Adam Li, Gaie Russell, Joanne Hanna, Johanna Muller, Kara Cattell, Danielle Ellis, David Lawson, Kaitlyn Brewster, Mitchell Daws, Brian Lloyd, Tenielle Moore, Sophie Kramme, Jacob O'Donoghue, Voula Staikos, Matthew Di Rago, Kaitlyn Hart, Julie Griffiths, Peter Ford, Samantha Francis-Pester, Mark Chu, Melissa Peka, Fiona Lawrence and Nirupa Thantirige.

Appendix D – Publications July 2022- June 2023

Journal Articles

Blau S, Johnstone-Belford E and Rowbotham SK (2023) 'Radiocarbon dating as tool to assist in triaging cases of unidentified human remains in Victoria, Australia: A case series', *Journal of Forensic Sciences*, **doi.org/10.1111/1556-4029.15301**.

Blau S, Roberts J, Cunha E, Delabarde T, Mundorff AZ and de Boer HH (2023) 'Re-examining so-called 'secondary identifiers' in Disaster Victim Identification (DVI): Why and how are they used?', *Forensic Science International*, 345:111615.

Blau S (2022) 'Forensic and expert social anthropology: a short comment', *Open Anthropological Research*, 2:38-40.

Blau S (2022) 'A holistic account of the science, applications and challenges of forensic DNA analysis, and the associated legal and ethical issues. Review of: *Silent Witness: Forensic DNA Analysis in Criminal Investigations and Humanitarian Disasters* Edited by Henry Erlich, Eric Stover, and Thomas J. White. Oxford University Press. 2020. 394 pp. ISBN-13: 9780190909444', *American Journal of Biological Anthropology*, 179(2):329-330.

Brook P, Parkin JA and Cunningham N (2022) 'HIV contact notification in sexual assault cases- ethical, legal, and procedural challenges', *Forensic Science, Medicine & Pathology*, 18(4):507-510.

Carter G, Spittal MJ, Glowacki L, Gerostamoulos D, Dietze P, Sinclair B, Arunogiri S, Berk M, Lubman DI, Manning V, Higgs P, Quinn B, Baker A, Dean OM, Turner A and McKetin R (2023) 'Diagnostic accuracy for self-reported methamphetamine use versus oral fluid test as the reference standard, in a methamphetamine-dependent intervention trial population', *Addiction*, 118(3):470-479.

Chang SSM, Freemantle J and Drummer OH (2002) 'Fire/flames mortality in Australian children 1968-2016, trends and prevention', *Burns*, 48(5):1253-1260.

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Appendix E – Presentations

Blau, S. Leditshke, J, and Hardman, D. (2022) December. *Triaging cases of Unidentified Human Remains (UHR) an update from the VIFM*. Police Consultative Group on Missing Persons (PCGMP). Melbourne, Australia.

Blau, S. (2022, November) *Missing Persons – Missing Data? A Review of Ante- and Post-mortem Data in The National Missing Persons and Victim System* (NMPVS Chief Coroners Meeting. Gold Coast, Australia.

Blau, S. (2022, September) *The search, location, and recovery of human remains*. Training to members of the Internal Security Forces (ISF) on behalf of the International Committee of the Red Cross (ICRC). Beirut, Lebanon.

Rowbotham, SK, Mole, C., de Boer, HH., Cordner, S., and Blau, S., (2022, September). *Head and neck fractures resulting from fatal one-punch assaults: a pilot study*. 25th International Symposium of the Australian and New Zealand Forensic Science Society. Brisbane, Australia.

Blau, S., Hartman, D., (2022, July). I*ssues and Developments in the Investigation of Long-term Missing Persons (LTMP) and Unidentified Human Remains (UHR)*. Australian Academy. Melbourne, Australia.

Blau, S. (2022, June) *VIFM and the role of forensic anthropology in the search and examination of human remains*. Craigieburn and Whittlesea State Emergency Services (SES) volunteers, Melbourne, Australia.

Byrne, K., (2022, September) *Ceiling Mounted Admission Photography in a Mortuary Setting*, Australian and New Zealand Forensic Science Society (ANZFSS) International Symposium Brisbane, Australia.

Cordner, S., (2022, July). *Human Identification Internationally – A Gap Analysis.* University of Witwatersrand, Johannesburg, South Africa.

Cordner, S., (2022, December). *MSL Salgado INPALMS Oration.* INPALMS 2022 Congress, Colombo, Sri Lanka.

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de Boer, H., Berger, C.E.H. and Blau, S. (2023, February) *Providing opinions on the "degree of force": Problems and a solution*. 75th American Academy of Forensic Science Meeting. Orlando, USA.

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de Boer, H., (2023, June) *A Bayesian approach to forensic pathology in casework* Meeting of the Australia New Zealand Forensic Science Society (Victorian Chapter)

Di Rago, M., (20222, September) *Toxicity of heroin laced with synthetic opioid β-U10 and etizolam*, The International Association of Forensic Toxicologists Annual Meeting, Versailles, France

Di Rago, M., (20222, September) *Rapid semi-automated simplified-liquid extraction and data processing for 43 drugs of abuse in oral fluid*. The International Association of Forensic Toxicologists Annual Meeting, Versailles, France

Fronczek, J., de Boer, H., (2023, February) *Strengthening forensic pathology opinions with the use of Bayesian inference: from theory to practice* 75th Annual meeting of the American Academy of Forensic Science (AAFS), Florida, USA.

Glengarry, J., (2023, June) *Subluxation-associated dislocation of the jaw in hanging* 12th Annual Meeting of the International Society for Forensic Radiology and Imaging (ISFRI), Toulouse, France.

Glengarry, J., (2023, March) *Fifty Shades of Red – Forensic Evidence in Criminal Law Matters* Legalwise Seminars

Kuan, K., (2023, April) *Exploring Technology Infrastructure, Digital Health Workforce, Training, and Adoption,* National Virtual Healthcare Summit, Melbourne, Australia.

Kuan, K., (2023, June) *Governance & Introduction of HealthTech in Health Services,* Supplying to Health: The Changing Nature of Health Procurement in Victoria, Medtech Manufacturing Series 2023, Melbourne, Australia.

Leckenby, E., (2022, September) *The Last Supper: Minimally-invasive CT-assisted technique for post-mortem collection of gastric contents*, Australian and New Zealand Forensic Science Society (ANZFSS) International Symposium Brisbane, Australia.

Parsons, S., (2023, June) *Myocarditis,* Adult and Paediatric Cardiovascular Pathology Course: St George's, University of London (via Zoom).

Parsons, S., (2023, March) *Cardiac case presentation,* SCVP annual meeting, New Orleans, USA.

Parsons, S., (2022, October) *Myocarditis in the Forensic Setting*, XXXIV International Congress of the International Academy of Pathology, Sydney, Australia.

Price, N., Reddick, E., (2022, September) *Forensic Technical Services: Mortuary* Forensic Science Undergraduate Students, Deakin University, Melbourne Australia.

Price, N., (2023, September) *Forensic Mortuary Operations and the COVID-19 Pandemic in Victoria, Australia*, Australian and New Zealand Forensic Sciences Symposium, Brisbane, Australia

Rowbotham, S., & Blau, S., (2023, March) *Forensic Anthropology Training Course*. Fiji Police Force, Suva, Fiji.

Rowbotham, S., (2023, February) T*he Faculty of Science trainee experience*. RCPA Path Update, Melbourne Convention Centre, Melbourne.

Rowbotham, S., Mole. C., de Boer, H., Cordner, S., Blau, S., (2022, September) *Head and neck fractures resulting from fatal one-punch assaults: a pilot study (Podium).* 25th International Symposium of the Australian and New Zealand Forensic Science Society. Brisbane, Queensland, Australia.

Rowbotham, S., (2022) *Skeletal trauma in forensic anthropology: informing practice through research*. Biological Anthropology Research Seminar, Australian National University. Canberra, Australian Capital Territory, Australia.

Rowbotham, S., Blau, S. (2023, March) *Workshop for forensic pathologists and crime scene examiners* Fiji National Police. Suva Fiji.

Schumann, J.L., (2023, February) *One punch assaults fatalities in Australia.* Royal College of Pathologists of Australasia (RCPA) update. Melbourne, Australia.

Schumann, J.L., (2023, September) *An illicit drug early warning system in Victoria, Australia: the role of forensic toxicology in clinical casework.* The International Association of Forensic Toxicologists (TIAFT) meeting. Versailles, France.

Stock, A, Hartman, D, Davawala, A, Spiden, M, Daniel, R, McBain, J, (2022, September) *The Identification of Human Remains Using WGA Data For FGG; Why DNA Amount and Degradation Matter,* ANZFSS, 25th International Symposium of the Australian and New Zealand Forensic Science Society, Brisbane, Australia

Swart, T, Alston-Knox, C., Blau, S., Rowbotham, S., Lottering, N., (2022, December) *Morphological assessment of knee ossification: development and validation of an ordinal scoring protocol using CT (Podium).* Australia and New Zealand Association of Clinical Anatomists. Brisbane, Queensland, Australia.

Woodford, N., (2023, June). I*nvestigation of Hospital Deaths.* [Virtual]. Asia Pacific International Academy of Pathology Congress, Penang, Malaysia.

Appendix F – Staff by Department as at 30 June 2023

Executive Team

Noel Woodford *MBBS LLM DMJ(Path) FRCPA FRCPath*	Director Professor and Chair, Department of Forensic Medicine, Monash University
Mari-Ann Scott *BEcon(Hons) MPhil MAICD*	Chief Operating Officer
Peter Ford *FCCA*	Chief Finance Officer
Kean Kuan *MBBS M.Phil(Surgery) MHM CHIA FCHSM FRACMA*	Chief Medical Officer / Deputy Director
Linda Iles *BMSc MBBS(Hons) FRCPA DMJ(Path)*	Head, Forensic Pathology
Dimitri Gerostamoulos *BSc(Hons) PhD FFSc(RCPA)*	Head, Scientific Services (also Master of Forensic Medicine Unit Coordinator)
Richard Bassed *BDS DipForOdont PhD FFOMP(RCPA)*	Deputy Director, Academic Programs Professor of Forensic Medicine, Monash University Head, Department of Forensic Medicine, Monash University
Mark Gardiner *MBM*	Executive Director, Digital Transformation & Chief Information Officer
Brendan Sullivan *BPharm AssDipMkt MBA*	Head, Donor Tissue Bank of Victoria
Fiona Leahy *LLB(Hons) BA*	Manager, Legal, Governance and Policy
Danielle Moloney *BSc(Hons)*	Manager, Quality and Improvement
Fiona Lawrence	Executive Administration Officer

Medical Services

Medical Services is led by Chief Medical Officer/ Deputy Director Kean Kuan, and Forensic Pathology is led by Head, Forensic Pathology, Linda Iles

Kean Kuan *MBBS M.Phil(Surgery) MHM CHIA FCHSM FRACMA*	Chief Medical Officer / Deputy Director
Linda Iles *BMSc MBBS(Hons) FRCPA DMJ(Path)*	Head, Forensic Pathology
Melanie Archer *BSc(Hons) PhD MBBS FRCPA FFPMI (RCPA)*	Consultant Forensic Pathologist
Yeliena Baber *MBBS MRCSEd FRCPath FRCPA FFPMI (RCPA)*	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, DipForens.Path (RCPA), FFFPMI (RCPA)*	Consultant Forensic Pathologist (also Medical Director, Donor Tissue Bank of Victoria)
Michael Burke *MBBS BSc FRCPA DipForensPath*	Consultant Forensic Pathologist
Hans De Boer *MD, PhD, DipPMCT, FRCPA*	Consultant Forensic Pathologist
Michael Duffy *MBChB, FRCPA*	Forensic Pathology Registrar
Victoria Francis *MBBS MSc BA(Hons) FRCPA*	Consultant Forensic Pathologist
Judith Fronczek *MD PhD FRCPA*	Consultant Forensic Pathologist
Joanna Glengarry *MBChB(Dist) FRCPA DipForensPath FFFPMI(RCPA)*	Consultant Forensic Pathologist
Joanne Chi Yik Ho *MBBS MPHTM GD-SURGANT FRCPA*	Consultant Forensic Pathologist (also Master of Forensic Medicine Unit Coordinator)
Matthew Lynch *MBBS LLB(Hons) FRCPA DipForens Path DMJ(Path) Grad. Dip. Medical Toxicology, FFPMI (RCPA).*	Consultant Forensic Pathologist
Christopher O'Donnell *MBBS MMed GDipForMed FRANZCR*	Consultant Forensic Radiologist

Sarah Parsons *BMedSc(Hons) MBBS(Hons) (Tas) FRCPA*	Consultant Forensic Pathologist
Greg Young *MBChB BHB FRCPA GradDipDisaster &EmergResp*	Consultant Forensic Pathologist
Chong Zhou *MBBS PhD FRCPA DipForensPath*	Consultant Forensic Pathologist
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
Soren Blau *BA(Hons) MSc PhD FFSc(RCPA) CF*	Manager, ID Services and Head Forensic Anthropology (also Master of Forensic Medicine Unit Coordinator)
Samantha Rowbotham *BA MArSc(Hons) PhD*	Forensic Anthropologist - Casework and Research (Acting Manager, ID Services and Head Forensic Anthropology from June 2023)
Jan Jenkinson *DMD MForensMed*	Consultant Forensic Odontologist (also Master of Forensic Medicine Unit Coordinator)
Lyndall Smythe *BDS DipForOdont*	Consultant Forensic Odontologist (also Master of Forensic Medicine Unit Coordinator)
Eden Johnston *BELFORD*	Forensic Stenography and Records Officer
Jodie Leditschke *PhD FFSc(RCPA)*	Manager, Forensic Technical Services and Coronial Admissions and Enquiries (CAE)
Elise Doherty *RN BN GradCertNg(CritCare)*	Assistant Manager, CAE
Alexandra Wright	Medico-Legal Executive Assistant, CAE
Catherine Pietrzak	Medico-Legal Executive Assistant, CAE
Debbie Broadhurst	Medico-Legal Executive Assistant, CAE
Diana Aquilina	Medico-Legal Executive Assistant, CAE
Kaustubha Shukla	Medico-Legal Executive Assistant, CAE
Melroy Pereira *BSW(SocWk) MSc*	Medico-Legal Executive Assistant, CAE
Patricia De Sanctis	Medico-Legal Executive Assistant, CAE
Reed Austin *BA NREMT*	Medico-Legal Executive Assistant, CAE
Breanna Appleby	Medical Liaison Nurse, CAE
Emma Mackenzie *RN BN CertTAA GradCertNg(CritCare)*	Medical Liaison Nurse, CAE
Fiona Smith	Medical Liaison Nurse, CAE
Georgina Gilbert *RN BN GradDipNg(CritCare)*	Medical Liaison Nurse, CAE
Jessica De Vries *RN BN*	Medical Liaison Nurse, CAE
Joanne Hansen	Medical Liaison Nurse, CAE
Jordyn Harvey *RN BN GradCertNurs(CritC)*	Medical Liaison Nurse, CAE
Linda Trembath *RN BN*	Medical Liaison Nurse, CAE
Rebecca Adolph *RN BN GradCertNg(CritCare)*	Medical Liaison Nurse, CAE
Ryan Sendall	Medical Liaison Nurse, CAE
Sandra Taylor *RN DipAppSci(Nursing)*	Medical Liaison Nurse, CAE
Sarah Long *RN BN*	Medical Liaison Nurse, CAE
Teresa Limond *RN BN CCRN*	Medical Liaison Nurse, CAE
Yuen Fung *RN BN GradCertNg(CritCare)*	Medical Liaison Nurse, CAE
Zahir Saldin *RN BSci MNSc GradCertNsg (ICU)*	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 (FTS)
Helen Messinis	Senior Quality Improvement Officer, FTS
Catherine Vincent *BAppSc(MIT)*	Forensic Radiographer, FTS
Miranda Northey	Forensic Radiographer, FTS
Charlotte Bacsa	Senior Forensic Technical Officer, FTS
Danielle Stevens *CertMortPrac*	Senior Forensic Technical Officer, FTS

David Lawson *BAppSc(Bio/Biotech)*	Senior Forensic Technical Officer, FTS
Elisa Reddick	Senior Forensic Technical Officer, FTS
Emma Cowley *BSc*	Senior Forensic Technical Officer, FTS
Evan Leckenby *BAppSc(MedSc)*	Senior Forensic Technical Officer, FTS
Kara Cattell	Senior Forensic Technical Officer, FTS
Timothy Malpass	Senior Forensic Technical Officer, FTS
Ben Thompson	Forensic Technical Officer, FTS
Brian Lloyd	Forensic Technical Officer, FTS
Hayley Mitrevski	Forensic Technical Officer, FTS
Jason Egan *CertFunServ(Embalm)*	Forensic Technical Officer, FTS
Kirby Law *BForensicSci*	Forensic Technical Officer, FTS
Natalie Price	Forensic Technical Officer, FTS
Oliver Clegg	Forensic Technical Officer, FTS
Peter Bury *DipMedLabSc DipPhoto*	Forensic Technical Officer, FTS
Quade Albert	Forensic Technical Officer, FTS
Therese Schult	Forensic Technical Officer, FTS
Wade Corderoy *BSc(Hons) GradDipEd(Sec) GDipForSci*	Forensic Technical Officer, FTS
Kaitlyn Brewster	Forensic Technical Assistant, FTS
Mitchell Daws	Forensic Technical Assistant, FTS
Sophie Kramme *BForensicSc BCriminology*	Forensic Technical Assistant, FTS
Tenielle Moore	Forensic Technical Assistant, FTS
Mary Micallef	Mortuary Assistant, FTS
Angela Williams *MBBS MForensMed GradDipLaw MBA GAICD MPH MHM FFFLM(UK) FFCFM(RCPA) AFRACMA PRI NMAS LLB GDLP*	Consultant Forensic Physician, Clinical Forensic Medicine (CFM)
Janine Rowse *MBBS PGDipPH FRACGP*	Consultant Forensic Physician, CFM
Jason Schreiber *LLM, FFFLM, FFCFM, MForensMed, MScMedTox, MHlthServMt, PGDipFLM, LawsPGDip, PGDipMedTox, AFRACMA, AFCHSM, German Medical State Examination*	Consultant Forensic Physician, CFM
Jo Ann Parkin *BEd BAppSc(Hons) MBBS MForensMed FFCFM(RCPA)*	Consultant Forensic Physician, CFM
Maaike Moller *MBChB BSc(Hons) MForensMed MSc MRCOG DTM&H DMCC FFCFM(RCPA) AFRACMA PGCertMedTox*	Consultant Forensic Physician, CFM
Sanjeev Gaya *MB BS(Lond), DMJ (Clin.), MFFLM, MForensMed, FFCFM (RCPA)*	Consultant Forensic Physician, CFM *(also Master of Forensic Medicine Unit Coordinator)*
Liyasha Goonetilleke *MBBS DRANZOG*	Forensic Medical Officer, CFM
Rebecca Moorhead	Forensic Medical Officer, CFM
Phillipa Brook *BBiomedSc MBBS*	Trainee Fellow, CFM
Grace Blyth	Forensic Medical Registrar, CFM
Joseph Vu *MBBS(Hons) BBIS GCertClinUS GradCertSc*	Forensic Medical Registrar, CFM
Monique Keet *MBBS(Hons)*	Forensic Medical Registrar, CFM
Maria Mcmanus	Forensic Nurse Examiner, CFM
Katherin Sloan	Interim Regional Nursing Coordinator
Sheenah Van Eck	Forensic Nurse Examiner, CFM
Christine Biesiekierski	Forensic Nurse Examiner, CFM
Suzanne Wallis	Forensic Nurse Examiner, CFM
Renee Winterton	Forensic Nurse Examiner, CFM
Diana Forrest	Forensic Nurse Examiner, CFM
Krysta Ryan	Forensic Nurse Examiner, CFM
Nola Poulter	Forensic Nurse Examiner, CFM
Elizabeth Ellis	Forensic Nurse Examiner, CFM

Amanda Finger	Forensic Nurse Examiner, CFM
Cecily Rempe	Forensic Nurse Examiner, CFM
Melanie Jamieson	Forensic Nurse Examiner, CFM
Amarjit Singh	Forensic Nurse (Bio Specimens)
Simone Ballard	Forensic Nurse (Bio Specimens)
Jo Anne Dunn	Forensic Nurse (Bio Specimens)
Johan Wittenberg	Forensic Nurse (Bio Specimens)
Kirrily Daw	Forensic Nurse (Bio Specimens)
Aisling Kiely	Forensic Nurse (Bio Specimens)
Joanna Aescht	Forensic Nurse (Bio Specimens)
Natasha Banjac	Forensic Nurse (Bio Specimens)
Kyoungoluk Ko	Forensic Nurse (Bio Specimens)
Andrea Hall	Forensic Nurse (Bio Specimens)
Mandy Loechel	Forensic Nurse (Bio Specimens)
Morris Odell	Forensic Medical Officer, CFM
Nicole Reid	Forensic Medical Officer, CFM
David Long	Forensic Medical Officer, CFM
John Guymer	Forensic Medical Officer, CFM
Matthew Ryan	Forensic Medical Officer, CFM
Adam Straub	Forensic Medical Officer, CFM
Alexandra Marceglia	Forensic Medical Officer, CFM
Kelly Davis	Forensic Medical Officer, CFM
Romey Giles *MForMed FRACGP MBChB*	Forensic Medical Officer, CFM
Raymun Ghumman	Forensic Medical Officer, CFM
Cheryl Oh	Forensic Medical Officer, CFM
Sophie Ping	Forensic Medical Officer, CFM

Tristan Crowe	Forensic Medical Officer, CFM
Georgios Manolis	Forensic Medical Officer, CFM
Michael Barrett	Forensic Medical Officer, CFM
Nitin Prakash	Forensic Medical Officer, CFM
Katherine Watson	Forensic Medical Officer, CFM
Cristina Vescovi	Forensic Medical Officer, CFM
Aidan Allen-Hall	Forensic Medical Officer, CFM
Lewis O'Brien	Forensic Medical Officer, CFM
Mardi Beck	Forensic Medical Officer, CFM
Denise Alister *DipProjMgt, CertBus*	Business Operations and Medical Workforce Manager, Forensic Services
Nadia Ambruosi	Acting Assistant Manager, Forensic Services Support
Brandon Thomas *BBus GradDipFinPlan*	Acting Medical Workforce Coordinator
Alexandra Hanna	Client Services Officer
Andria Tieppo	Client Services Officer
Gabrielle Conners	Client Services Officer
Katherine Gigliuto	Client Services Officer
Sarabjeet Dev *BSc, Grad Dip Mgmt (Learning).*	Senior Forensic Stenography and Records Officer
Julie Griffith	Forensic Stenography and Records Officer
Leanne Power	Forensic Stenography and Records Officer
Lisa Walker	Forensic Stenography and Records Officer
Marilyn Skupek	Forensic Stenography and Records Officer
Gaie Russell	Senior Receptionist
Elizabeth Daly	Administrative Assistant

Scientific Services

Scientific Services is led by Head, Forensic Sciences Dimitri Gerostamoulos

Dimitri Gerostamoulos *BSc(Hons) PhD FFSc(RCPA)*	Head, Scientific Services (also Master of Forensic Medicine Unit Coordinator)
Joanne Hanna *BAppSc*	Manager, Histology
Michael Pais *BAppSc*	Scientist, Histology
Robert Coyle *DipLabTech*	Scientist, Histology
Nabilah Amdani *BSc(BioTech) MlabMed*	Technical Officer, Histopathology / Toxicology
Dadna Hartman *BSc(Hons) PhD GCertPubSecMgmt FFSc(RCPA)*	Manager, Molecular Biology
April Stock *BSc(Hons)*	Senior Scientist, Molecular Biology
Andrew Coventry *BScAdv(Hons)*	Scientist, Molecular Biology
Gemma Carter *BSc(Hons) PhD*	Scientist, Molecular Biology
Kaitlyn Hart *BA/BSc(Hons)*	Scientist, Molecular Biology
Linda Benton *BSc*	Scientist, Molecular Biology
Zoe Bowman *BAppSc(LabMed)*	Scientist, Molecular Biology
Sean Galea	Research Assistant, Molecular Biology
Valerie Chahin Atallah	Research Scientist, Molecular Biology
Linda Glowacki *BAppSc(Hons) PhD MRACI CChem*	Manager, Toxicology
Olaf Drummer AO *Dr.h.c.(Antwerp) PhD(Med) FRCPA FFSC FACBS CChem Hon FFFLM BAppSc(RMIT)*	Forensic Toxicology Consultant Specialist
Elizabeth Jenkins *BSc(Hons) MSc MIBMS*	Assistant Manager, Toxicology
Kerryn Crump *DipAppSc BAppSc MSc*	Assistant Manager, Toxicology
Jennifer Schumann *PhD(Med) BSc(Hons) CF*	Senior Research Fellow, Toxicology
Mark Chu *BSc(Hons) PhD*	Senior Scientist, Toxicology
Matthew Di Rago *BAppSc*	Senior Scientist (Analytical Specialist), Toxicology
Alexander Kotsos *BSc MSc*	Senior Scientist, Toxicology
Elizabeth Gould-Williams *BSc*	Senior Scientist, Toxicology
Jessica Fernandez *BSc(Hons)*	Senior Scientist, Toxicology
Katherine Wong *BSc(Hons)*	Senior Scientist, Toxicology
Maria Pricone *BSc(Hons)*	Senior Scientist, Toxicology
Natalia George *BAppSc MBA*	Senior Scientist, Toxicology
Victoria Mccombe *BSc(Hons)*	Senior Scientist, Toxicology
Voula Staikos *BAppSc*	Senior Scientist, Toxicology
Jared Castle *BSc(Hons) PhD*	Research Scientist, Toxicology
Alexandra Kelly *BBiomedSc (Hons)*	Scientist, Toxicology
Alexandra Nikolich *BSc(Hons)*	Scientist, Toxicology
Cathleen Jan *GradDipLabMed BSc*	Scientist, Toxicology
Dylan Mantinieks *BBiomedSc(PharmSc) (Hons)*	Scientist, Toxicology
Grace Wang *BSc*	Scientist, Toxicology
Hannah Double *BSc*	Scientist, Toxicology
Irene Kantzidis *BAppSc*	Scientist, Toxicology
Jacob O'Donoghue *BSc*	Scientist, Toxicology
Josephine Truong *BFSc(Hons)*	Scientist, Toxicology
Lachlan Arentz *BSc(Hons)*	Scientist, Toxicology
Lachlan Scully *BSc*	Scientist, Toxicology
Laura Munforte *BSc(Hons) GradDipLabMed)*	Scientist, Toxicology
Lillian Roberts *BSc(Hons)*	Scientist, Toxicology

Lily Tuong *BPharmSc(Hons)*	Scientist, Toxicology
Melissa Peka *BSc*	Scientist, Toxicology
Rowena Zammit *BSc*	Scientist, Toxicology
Sarah Nasmark *BSc(Hons)*	Scientist, Toxicology
Scott Fletcher *BSc, MSc(Chem)*	Scientist, Toxicology
Sofia Widdop	Scientist, Toxicology
Steven Stefanovski *BBiomedSc(Hons)*	Scientist, Toxicology
Tham Vu *BSc(Hons)*	Scientist, Toxicology
William Mcmaster *BA BSc(Hons) PhD*	Scientist, Toxicology
Amy Bimpson *BFSc(Hons)*	Technical Officer, Toxicology
Elisha Moloney *BFSc BCrim*	Technical Officer, Toxicology
Elissa Gifford *BFSc BCrim*	Technical Officer, Toxicology
Joshua Simons *BScAdv(Hons)*	Technical Officer, Toxicology
Marko Grbic *BPharmSc(Hons)*	Technical Officer, Toxicology
Priya Bose *BSc MSc*	Technical Officer, Toxicology
Scott Kurowski *BPSc(Hons)*	Technical Officer, Toxicology
Tara Cullen *BSc(Forensic Tox)(Hons)*	Technical Officer, Toxicology

Academic Programs (incorporating the Monash University Department of Forensic Medicine)

Academic Programs is led by Deputy Director Richard Bassed

Richard Bassed *BDS DipForOdont PhD FFOMP(RCPA)*	Deputy Director, Academic Programs Professor of Forensic Medicine, Monash University Head, Department of Forensic Medicine, Monash University
David Ranson *BMedSc BM BS LLB FRCPath FRCPA FACLM FFFLM FFCFM DMJ(Path)*	Deputy Director, Forensic Services
Alison Monaghan *BCCJ DipJus*	Service Manager
Elizabeth Manning *PhD(SocSc), BA(Hons)*	Manager, National and International Programs
Jo-Anne M Mazzeo *BA LLB*	Course Coordinator, Undergraduate Programs (dual role also Monash University Department of Forensic Medicine)
Sarah Travers *BA(Hons) CertTrain&Dev*	Postgraduate Administration Officer
Joanne Chila *BLeg&DipSt*	Administration Officer
Kathryn Rough *DipTeach, GradDipInfoMgt*	Senior Librarian
Ceril Pereira	Volunteer Librarian

Donor Tissue Bank of Victoria

The Donor Tissue Bank of Victoria led by Head, Donor Tissue Bank of Victoria Brendan Sullivan

Brendan Sullivan *BPharm AssDipMkt MBA*	Head, Donor Tissue Bank of Victoria
Chantel Bartolo *BN, PGCertN(ICU), DipLdrshp&Mgt*	Nurse Manager
Amila Peiris *BBus(Mgt)/BBus(HRM)*	Operations Manager, DTBV
Kate Russell	Administration Officer
Anna Ciabarra	Project Support Officer
Kellie Hamilton *BSc(Hons)*	Manager
Ben Stewart *BSc*	Scientist
Katy Sadler *MSc*	Scientist
Kimberly Conway *BHlthSc(Paramedic)*	Scientist
Michael Green *BSc*	Scientist, Research and Development
Bonita Lau *BSc*	Technician
Lara Heddles *BSc*	Technician
Nirupa Thantirige *BSc*	Technician
Sarah Cooper *BSc*	Technician
Vivien Chao *BSc, MSc*	Technician
Tyra Rees *BSc(Hons)*	Senior Microbiologist
Helen Zisis *BAppSc(MedLab) GCertHumNutr*	Microbiologist
Meenakshi Vazirani	Microbiologist
Georgina Lademann *BNSc BAppSc(HumMvmt) GDipNurs(ICU)*	Tissue Donation Nurse Specialist
Janine Hope *MN(CritC) BSc(Nursing)*	Tissue Donation Nurse Specialist
Rachel Linedale	Tissue Donation Nurse Specialist
Tyler Gaudion	Tissue Donation Nurse Specialist
Stefan Poniatowski	Donor File Reviewer
Christian Bohannon	Production Assistant

Corporate Services and Development

The Corporate Services and Development Division is led by Chief Operating Officer Mari-Ann Scott

Management Team

Mari-Ann Scott *BEcon(Hons) MPhil MAICD*	Chief Operating Officer
Frances Adamas *BSc(Hons) MBiotechBus*	Manager, Risk, Planning and Information Quality & Improvement
Peter Ford *FCCA*	Chief Finance Officer
Mark Gardiner *MBM*	Executive Director, Digital Transformation & Chief Information Officer
Fiona Leahy *LLB(Hons) BA*	Manager, Legal, Governance and Policy
Johanna Muller *BA MAHRI*	Manager, Human Resources and Organisational Development
Danielle Moloney *BSc(Hons)*	Manager, Quality and Improvement
Barbara Thorne *BA GradDipCrim*	Strategic Advisor

Corporate Staff

Akash Cheema *BTech MTelecNetEng*	Service Desk Officer
Alexander Gillard *BA MM*	Digital Media & Communications Project Officer
Alison Monaghan *BCCJ DipJus*	Senior Policy and Continuous Improvement Officer
Anbreen Gilani	Finance Officer
Bernard Wansink *MBA (Tech Mgt), GAICD*	Chief Technology Officer
Bhargav Patel *MASc (InfoSys)*	Enterprise Architect, Digital Transformation Program
Carolynne Van Der Cingel *BA*	Policy Officer, Board and Committee Secretariat
Catherine Howie *BA LLB*	Senior Legal Policy Officer
Charlie Ford *CertIT(Net)*	ICT Service Desk Team Lead
David Huang *BCSc MIT*	Cyber Security Analyst
David Orchard *BSc(Biomedical)*	Network Administrator and Service Desk Team Leader

David Payne	Senior Infrastructure Engineer
Dean Krenske *BBus*	Facilities Coordinator
Fei (Janet) Yuan	Payroll Officer
Jane Skillen *Adv.Dip WHS*	Occupational Health and Safety Advisor
Janine Carter *BAppSc(HIM), DipProjMan, GradDipAdm*	Project Manager - Digital Transformation Program
Jarrod Boxall *DipInfoTech*	Operations Manager, ICT
Jennah Orchard *BBiolSc Cert IV WHS CertIII(Path)*	Policy and Projects Officer
Jitendra Kaler	Senior Java Developer
Karl Berthelsen	Project Manager, Digital Transformation
Kath Ryan *CertAPMG Project Management Agile*	Senior Business Analyst and Change Manager
Lakshan De Run *DipCS BITS*	IT Security Analyst and Oracle Systems Administrator
Lauren Murton *BA/Bcom DipModLang CPA*	Financial Accountant
Lisa Omer	Human Resource Business Partner
Marianne Colwell	Test Analyst
Matthew Borg	Human Resources and Payroll Consultant

Nanzy Austin *MBA (Technology Management), MMgt (Personal Injury), CertIVOHS*	OHS Adviser
Nicholas O'Meara *MPSc, BSocSc., GAICD*	Manager – IT Governance, Audit and Risk
Nicole Schlesinger *BA/LLB, MPS, PhD*	Senior Legal Policy Officer
Niki Taxidis *BAppSc(MLS)*	Lead Quality and System Improvement Officer
Paul Anderson	Facilities & Supplies Officer
Rasika Amarasiri *PhD MSc BSc(Hons)*	Data Analyst
Robyn Masters *BSc ADipASc(Lab Tech)*	Quality and System Improvement Officer
Shane Bell *BCSc*	Senior Java Developer
Soumela Horomidis *BSc*	Quality and System Improvement Officer
Stephen Ansell *FCCA*	Management Accountant
Tanya Corocher	Policy Officer
Vanessa Lavars	Records Manager
Wei Sin (Philip) Cheng *BSc(CompSc)*	Service Desk Officer
Xiang (Adam) Li *BInfoSys*	Purchasing and Supplies Officer

Appendix G – Acknowledgements

VIFM Annual Report Team

Sponsor

Mari-Ann Scott

Coordinators

Nick O'Meara

Fiona Leahy

Carolynne van der Cingel

Contributors

VIFM staff

Photography

John Lloyd Fillingham

Stephen Sammut

Andrew Schlenker

Design

Green Scribble
greenscribble.design

VICTORIAN INSTITUTE
OF FORENSIC MEDICINE