

2019-20/Annual

REPORT

VIFM'S RESPONSE TO THE

COVID-19 PANDEMIC

FEATURE



VICTORIAN INSTITUTE
OF FORENSIC MEDICINE



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 2020.

A handwritten signature in black ink, appearing to be 'N. Woodford', written in a cursive style.

Professor Noel Woodford
Director

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R LYNCH



SMC



DR BURKE



BARRY



MAYNARD



BRIAN



DR RANSON



DR DODD



Overview

Overview

Who We Are

As an institution focussed on forensic medicine, the Victorian Institute of Forensic Medicine (VIFM) serves 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 VIFM provides the justice system with the 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.

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

Mission

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

Vision

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

Our Motto

*Veritas Omnia Vincit
– Truth Conquers All*

Our Values

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

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

SERVICE - We provide services for the community that are responsive and client-focused.

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

INNOVATION - We are creative and curious. We are not afraid to do things differently. We will continue our search for knowledge and truth.



Our Working Relationships

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

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

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

The Institute operates the Coronial Admissions and Enquiries office and undertakes medico-legal death investigations on behalf of the Coroners Court. The Institute 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 Institute's founding legislation and mission requires us to undertake professional training and research in forensic medicine and related scientific disciplines.

These academic activities in medicine, law and science are fundamental to the Institute'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 at a Glance

Forensic Services and Donor Tissue Banking at 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 & Training

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

International Program

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

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

Quality and Improvement

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

Finance and Business Services

- » Financial management and accounting
- » Procurement advice
- » Financial compliance monitoring
- » Key performance indicator monitoring
- » Purchasing and supplies management
- » Building and facility management

Human Resources and Development

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

The Chairman's Perspective

The Hon. John Coldrey AM QC



Serving our community

The emotional trauma caused by the death of a loved-one cannot be overstated. When that death is the unexpected result of violence, accident, suicide, drug overdose or the lethal result of a pandemic, that emotional trauma is amplified.

The impact of such a death, spreads outwards in a ripple effect to encompass friends and colleagues of the deceased.

In the past 12 months the Victorian Institute of Forensic Medicine (VIFM), in fulfilling its death investigation function, has examined the bodies of over 7000 people. People whose deaths will, collectively, have touched the lives of many thousands of Victorians – members of this community who will be anxious to know a cause of death and, anxious to honour, remember and celebrate the life of the deceased in funerals and memorial services.

At the forefront of death investigation are forensic pathologists. Currently

there are 12.8 FTE (full time equivalent) of them serving the Victorian public at this Institute.

It takes 12 years to qualify as a forensic pathologist. There are approximately 69 of these specialists in Australia.

The task they perform is exacting, complex and often emotionally charged. Its aftermath may involve discussions with grieving relatives and the stress of a court appearance as an expert witness in a Supreme Court murder trial or a coronial inquest. Additionally, the work of our forensic pathologists is unremitting. In the past year each forensic pathologist has conducted some 570 post-mortems. This is twice the internationally recommended number of autopsies. This workload cannot be sustained. We are at a crisis point.

I do not think I need to spell out the disastrous consequences to the community of any failure of the death investigation system. It is sufficient to note that any delay in releasing a loved-

one's body to family and friends will exacerbate their emotional trauma.

How to address this problem?

Firstly, there is a need for extra pathologists and mortuary technicians. The Attorney-General, the Hon. Jill Hennessy, has recognised this imperative (in July 2020) to immediately recruit two forensic pathologists and five mortuary technicians.

The VIFM is extremely grateful for the Attorney-General's ongoing support of, and interest in, the Institute, exemplified by her inspection of its facilities and her launching of the VIFM and Coroners Court of Victoria's web-series 'Afterlife'.

With a burgeoning population, and one which is rapidly ageing, the demands on the Institute's medico-legal death investigating capacity will inevitably continue to increase.

One weapon in the fight to address these growing demands has been the use of a CT scanner. This sophisticated

equipment is invaluable in supplying radiological information which in many instances has reduced the necessity of conducting full autopsies. Unfortunately, as I indicated in last year's Annual Report, the current scanner will need to be replaced in the near future.

A further vital adjunct to addressing the post-mortem process is the advent of the MRI machine. Such a machine, with its capacity to detect abnormalities in the soft tissues (especially in the context of heart, lung and brain disease), and to provide a permanent three-dimensional auditable record of a body, may in many cases eliminate the need to undertake a conventional autopsy. Consequently, its introduction would accelerate the death investigation process while reducing workload pressures.

Moreover, such innovative equipment would deliver additional benefits. In a multicultural society such as ours, where some groups regard post-mortem interference with a body as contrary to their religious beliefs, the use of an MRI machine can avoid cultural disharmony. Further, and of great investigative significance, a two-door MRI machine enables the conduct of examinations of 'live victims' of violent crime. It can reveal, for example, whether compressive force has been applied to the neck and, potentially, provide evidence of attempted strangulation or for the proposed new criminal offence of non-fatal neck compression.

Put simply, the acquisition of an MRI machine is crucial.

Whilst I have concentrated my comments on the role of forensic pathologists, the VIFM is required by statute to undertake a wide range of functions. A reading of the Annual Report will provide information of the complexity of the Institute's medical, scientific, educational and research activities, within Victoria, nationally and internationally. But I think it is worth reiterating some comments I have made in previous reports.

It needs to be understood by Parliament and the community that this Institute is a unique front-line organisation, promoting public safety and protection, and public health.

The safety and protection of our community is served by the conviction

of murderers. In the prosecution of homicide cases there is an ever-increasing reliance on forensic medical and scientific evidence provided by the Institute's expert witnesses. This is part of what is referred to as the 'CSI effect'.

The safety and protection of the public (often our youth) from exposure to new toxic drugs is attained by the Institute's skilled toxicologists who rapidly identify these drugs.

The safety and protection of motorists, cyclists and pedestrians is fostered by the exposure through the tests conducted by our toxicologists of drug-affected drivers piloting vehicles with a lethal capacity on our highways.

The ultimate safety and protection of members of the community subjected to violence – particularly vulnerable women and children who are the victims of family violence and sexual assault – is frequently reliant on the expert evidence provided to the courts by the Institute's team of highly specialised clinical forensic doctors.

I interpolate that, in conjunction with the Department of Forensic Medicine at Monash University, these doctors are presently playing a vital role in the development of a training program for health professionals and first responders dealing with cases of sexual violence.

The future health and wellbeing of families is facilitated when a post-mortem examination reveals the presence of potentially inheritable genetic defects.

Similarly, the community benefits from the ongoing research undertaken by the Institute into such areas as the causation of diseases and the prevention of accidents.

Quite apart from its mission to enhance community safety and protection and to promote public health, the VIFM plays a vital role in the expeditious identification of victims of natural and man-made disasters, such as the 2009 Victorian bushfires (173 deaths) and the shooting down of the aircraft MH17 over the Ukraine (30 Australian fatalities).

It is essential, as an act of basic humanity, that this Institute retains the capacity to identify those killed in these catastrophes so as to bring peace of mind to their loved-ones and friends.

I should also mention the Donor Tissue Bank of Victoria (DTBV), established and operated by the Institute. It provides hope for many Victorians who benefit from the generous donation by relatives of deceased persons of skin, bone, cardiac valves, ligaments and corneas. These donations give a positive meaning to the tragedy of an untimely death. Furthermore, they may be crucial to the recovery of maimed victims of any mass disaster.

I write this at a time when prolonged bushfire seasons are being predicted.

Indeed, in the wake of the White Island volcano eruption in New Zealand in December 2019, the DTBV provided over 40,000 square centimetres of skin for the treatment of survivors.

The paramount aim of the VIFM may be summarised as ensuring that the members of this community live in a safe, healthy and humane society, functioning within the matrix of the rule of law. It is the view of the VIFM Council that this will only be fully achieved if the Institute is provided with adequate resources.

Whilst the Council appreciates the efforts of the Department of Justice and Community Safety (DJCS) to garner those resources, fiscal reform is imperative. The fact is that in recent years, budgeting appropriations have failed to reflect the expenditure required for the Institute to fulfil its statutory obligations. Indeed, the Council members have been faced with the dilemma of ensuring that the Institute discharges its legislative duties without themselves breaching the fiduciary duties required of Board members.

This situation has been exacerbated by a failure to understand that as a frontline, demand-driven organisation, predominantly staffed by medical and scientific specialists, the yearly budgetary reduction occasioned by the blanket requirement of a notional efficiency dividend is impractical, unrealistic and financially deleterious.

It needs to be understood that in the past three financial years financial equilibrium has only been achieved by way of the ad hoc mechanism of Treasurer's Advances and the very welcome provision of additional funds by the DJCS.

Based on past budget allocations, the VIFM operating budget would face a deficit of some \$10 million or almost 30 per cent of the total appropriations this financial year.

Whilst the Council appreciates that we currently live in the grip of a pandemic with its accompanying financial stringency, this structural deficiency in budgetary appropriations is not sustainable. It is anathema to any rational future planning. We look forward to its rectification as soon as possible.

In this regard I wish to acknowledge the ongoing strong support of the Attorney-General and members of the DJCS for the submissions made by the VIFM to the State Budget development process in an effort to obtain realistic funding for the essential tasks which the Institute must undertake in serving the community.

Further, the Victorian Government has advanced \$2 million for the design and construction of a new Coronial Admissions and Enquiries entrance, which will be more welcoming to bereaved families and which supports the safety and security of staff members.

The VIFM Council

Once again, the Institute has benefited from its governance by a highly credentialed Council (Board), whose activities include overseeing the organisation's strategic planning and monitoring its finances. The voluntary and dedicated commitment of Council members to the successful attainment of the objectives of the VIFM deserves recognition and thanks.

The diverse and considerable achievements of the Council members are set out in the biographical notes in the Corporate Governance section of this report.

In this reporting period, former State Coroner, Judge Sara Hinchey, and Professor Bob Conyers, retired from the Council. Judge Hinchey's period of tenure was marked by her insightful contributions both to the operation of the Institute itself and to the better co-ordination of the Coroners Court and the Institute.

Professor Bob Conyers served the organisation for 21 years. As Chair

of both the Executive and Finance and the Audit and Risk Management Committees, Professor Conyers was pivotal in the establishment of the governing protocols that have guided the Institute's activities into the 21st century. He was a worthy recipient of a VIFM Fellowship. Its citation referred to his "constant and unstinting support for the advancement of the Institute and its ideals". As part of this organisation's existence for two thirds of its development, Professor Conyers truly deserves his place in the VIFM pantheon.

In the past year, the Council has gained the services of three highly qualified members. Associate Professor Merrole Cole-Sinclair, who is a clinical and laboratory haematologist and the Head of the Laboratory Haematology Department at St. Vincent's Pathology. 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.

Associate Professor Cole-Sinclair is joined by Professor Sophia Zoungas who is an endocrinologist. Professor Zoungas, is Head of the School of Public Health and Preventative Medicine at Monash University. She is also a senior staff specialist in Endocrinology and Diabetes at Alfred Health and Monash Health and Professor of Diabetes, Vascular Health and Ageing.

The new State Coroner, Judge John Cain, has also joined the Council and the Council is already enjoying the benefit of his legal and administrative expertise.

Sadly, in February 2020, John's father, John Cain Senior, died. As Premier of Victoria, he together with the Attorney-General, the Hon. Jim Kennan, established the VIFM. In December 2018, he was the Guest of Honour at the Institute's 30th Anniversary Celebration. The debt owed to him by this organisation and the Victorian community is immense.

The tragic death of Dr Melissa Baker also occurred this year. Dr Baker was a highly regarded and much-loved member of the Institute's team of forensic pathologists. A special tribute to her is contained in this annual report.

Substantial contributors

Once again, I acknowledge the unstinting contributions of the Chairmen of the Council subcommittees – Executive and Finance, Audit and Risk Management, Ethics and Donor Tissue Bank – being respectively, Professor Bob Conyers and his successor Neil Robertson, Stephen Nossal and Tim Fitzmaurice.

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

I conclude by expressing my unbounded admiration for all the members of the VIFM. Yet again they have performed magnificently in a challenging and stressful environment under the distinguished leadership of Professor Noel Woodford.

Director's Report

Professor Noel Woodford



Responding to COVID-19

If the Victorian bushfires of 2009 could rightly be considered a defining moment in the history of the VIFM, the events of 2020 will run them close in terms of the lasting impact on our staff and work, and a renewed appreciation of our role in making sure we are prepared for the worst.

The rapidly successive catastrophes of summer bushfires (an unwelcome reminder of the events of a decade ago) and COVID-19 have challenged us this year in many, often unanticipated, ways. At the outset of the viral pandemic, we set ourselves three goals: to continue to provide the services the community relies on us for, to ensure the safety and wellbeing of our staff, and to contribute to community efforts to reduce the spread of the virus. I am proud to say that so far we have delivered on all these commitments, and the lessons we have learned, and the new skills we have developed, will stand us in good stead as we emerge into a post-COVID-19 world.

As the tragedy of COVID-19 unfolded, we closely and frequently engaged with emergency management agencies including Victoria Police, the Department of Health and Human Services (DJCS), Emergency Management Victoria and the Department of Justice and Community Safety in planning and preparation for the possibility of large numbers of fatalities as seen in media reports from the USA and Europe. Fortunately, concerted community efforts to curtail the spread of the virus have resulted in daily COVID-related fatalities limited to comparatively low numbers, but at the time of writing we are ready to deploy additional temporary body storage capacity on-site in the unfortunate event it is needed.

Before leaving the issue of the pandemic, I would like to acknowledge with gratitude the donation by Life Saving Victoria of P2 masks in May, the State Emergency Service for making car parking available at their Moore St facility, and the Melbourne City Council for assisting with the provision of parking

for our essential service staff at sites nearby.

Providing donated tissue to the victims of the White Island volcano eruption

Another event around the time of the bushfires demonstrated our readiness to contribute to the management of large-scale emergencies – the eruption of the White Island volcano in New Zealand. We were able to rapidly despatch donated skin for the urgent treatment of burns victims there and on their repatriation to Australia. The need for an adequately resourced mass fatality management plan and tissue banking facilities, to ensure self-sufficiency in the supply of skin for the treatment of burns victims, are the messages in our submission to the Royal Commission into National Natural Disaster Arrangements and are as critical now as they were back in 2009.

Securing the VIFM's financial sustainability

Before the bushfires, COVID-19 and volcanic eruptions dominated the agenda, the VIFM entered the 2019-20 year with optimism and energy but with some significant problems to solve. Chief amongst these are our ongoing challenging budgetary position and issues relating to building design and space shortages. I am pleased to report that we are receiving strong support from both the Attorney-General and the DJCS in the management of each of these critical issues, but much remains to be done. A measure of their interest can be seen in the visits of both the Attorney-General and the Secretary of the DJCS to the VIFM and Donor Tissue Bank of Victoria (DTBV) over the past year. It was a particular honour to welcome the Attorney-General to celebrate with us the 30th Birthday of the DTBV. A recent departmental grant will allow us to complete urgently needed works in the Coronial Admissions and Enquiries office and mortuary, to improve working conditions and support staff safety.

Managing an increasing workload

This year for the first time we exceeded 7000 deaths reported to the coroner through our Coronial Admissions and Enquiries office. Given our steadily increasing workloads in line with population increases and the pressure these impose on an already stretched workforce, I am also grateful for the support of the Attorney-General to fill staffing gaps in the areas which are particularly critical to our work as a front-line community service – the Coronial Admissions and Enquiries office, the mortuary, and in Forensic Pathology. Like other agencies dealing with emergent realities we cannot directly control the demand for our services, but we can and do strive to be the most responsive and reliable organisation we can be. This includes working closely with the Coroners Court of Victoria, Victoria Police and with health providers to improve the efficiency of our death investigation services, while balancing cultural and societal wishes with the imperatives of a quality-driven death investigation service.

Ensuring the wellbeing of our staff

Well before COVID-19, but arguably even more important in the current socially dislocated circumstances, the mental health and wellbeing of our staff has been of paramount concern. Times such as these demonstrate the benefits of a collegial work environment with strong support structures, including our Peer-to-Peer support networks, as well as more formal processes including mental health and wellbeing training for managers and the development of our Mental Health and Wellbeing strategy.

Contributing to tissue-banking and the development of forensic science in Victoria and more broadly

Of course, the past year hasn't all been about that dreadful Virus. The DTBV, in partnership with KT Medical, is bringing its in-house developed technology, Cancellous Bone Matrix, to orthopaedic surgeons locally and interstate. Our academic partnership with Monash University's Department of Forensic Medicine continues to see enrolments in the Master of Forensic Medicine program increase year on year and is forging innovative research partnerships in the field of Machine Learning. This has previously unimagined applications in research in the forensic medical sciences, which in turn will significantly benefit the courts and justice system.

An active research culture and engagement in teaching and training are critical to our work, and, overseen by the Institute's Academic Programs Division, we have published nearly 70 papers in peer-reviewed journals, and continued the delivery of lectures to undergraduate students in law and medicine, as well as to police and other agencies and institutions. The VIFM was proud to have contributed to a Law, Science and Medicine Summit, convened by the Australian Academy of Forensic Sciences (Victorian Chapter) and launched by the Attorney-General with the aim of improving the quality and reliability of expert evidence in criminal trials. The papers presented at the summit were published in a special edition of the Australian Journal of Forensic Sciences. I am also very pleased to record that the Monash University Department of

Forensic Medicine was successful in obtaining a \$4.5 million grant from the Commonwealth Department of Social Services for the development of sexual assault training materials designed for use by medical practitioners and others – a fantastic achievement and reflection of our expertise in the field.

Despite COVID's global effects, our international engagements included continuation of our long-standing commitment to training Sri Lankan forensic medical specialists, support to Indo-Pacific colleagues at conferences in Nepal and Dhaka, training of autopsy technicians in the Ukraine, and advice to the International Committee of the Red Cross on the dignified management of deaths, including those from COVID, and in other humanitarian disasters.

Celebrating our people

This year also saw the launch at the Institute of Professor Kerry Breen's biography of one of the VIFM's founding fathers, Professor Vern Plueckhahn. It was wonderful to have members of his family present to celebrate his extraordinary life right outside the lecture theatre named in his honour. Others too received due recognition for their service: Professor Stephen Cordner was awarded the Public Service Medal and Dr Gerald Murphy (stalwart of our regional Clinical Forensic Medicine service in the north of Victoria) received an Order of Australia Medal. Professor Cordner was also made a Fellow of the Institute of International Affairs, a fitting acknowledgment of his work over many years to improve the practice of forensic pathology and medicine around the globe.

Public acknowledgement of their achievements reflects wonderfully on the Institute and it also piques the curiosity of the public about the scope of our work. So this year saw the launch of the web series "Afterlife" by the Attorney-General, and VIFM's participation, with the Coroners Court, in a hypothetical investigation into the death of the pop-star Prince, streamed live as part of the many activities marking this year's Law Week.

This year also saw the retirement of Associate Professor Morris Odell, Head of Clinical Forensic Medicine. Morris commenced at the VIFM in 1996, with an impressively diverse background in both engineering and general

practice, to which he was soon to add qualifications in toxicology. Throughout his forensic medical career, Morris has been a major contributor to road safety through his expertise in the effects of drugs and medical conditions on driving ability. His engaging and entertaining lectures to police and students, as well as his broad medical knowledge, clinical acumen and affable demeanour will be greatly missed.

Working with our stakeholders

Over the past year, we continued to work closely and ever more productively with our Southbank co-tenants, the Coroners Court of Victoria. Together we have achieved improvements in death investigation processes including a more efficient and family-friendly approach to cases where an elderly person dies following a fractured neck of femur.

This is a great example of what we can achieve together, with more to do over the coming year. In the meantime we have strong engagement with the Coroners Court and Victoria Police in a cross-institutional and multi-disciplinary approach to the Victorian and national tragedy of long term missing persons, which was a focus of last year's annual report. It was a particular honour to be invited by the Court to participate in this year's NAIDOC celebrations, held in the Court foyer, and to be presented with a ceremonial didgeridoo made by the artist Ross Morgan. It is intended that this beautiful gift will grace the space where we meet and deliberate, the Trevaks room.

Examples of the other agencies and organisations we have worked with over the past year include: the Office of Public Prosecutions in improving the contribution our experts can make to the criminal trial process, the Peter MacCallum Cancer Centre through our participation in the CASCADE cancer research project, the Royal Melbourne and Royal Children's Hospitals through exploring and researching the genetic causes of sudden death, and Victoria Police in diverse areas such as roadside drug policing, research into the possibilities of forensic genealogy for identification of the deceased and improved approaches to the management of sexual and other assault cases by our Clinical Forensic Medicine service.

In conclusion

This year's annual report has as its theme our approach to the COVID-19 crisis: what we did, the decisions we made, what it taught us, and how it will change the way we work in a post-COVID world. From telemedicine consultations to web-based court hearings, from working from home to detailed disaster planning, this pandemic has challenged us in many unanticipated ways, but we have coped and thrived. I am particularly proud of the efforts of our ICT staff who got us connected and able to work from home almost immediately, and all our staff, both here at Southbank and at home (often in very trying conditions) who are keeping the business of the Institute going. This edition is a tribute to them. I do hope you enjoy reading about our wild ride over the past six months.

Before closing I would like to pay a special tribute to one of the most extraordinary people it has been my privilege to know and work with. Our colleague, Dr Melissa Baker, who lost her battle with lymphoma at the start of 2020. A reflection on her remarkable life is to be found elsewhere in this report. Finally, I would like to thank the VIFM Council and its chair The Honourable John Coldrey AM QC, for once again guiding and strongly supporting us through a very difficult time. Members of Council and its subcommittees, the Executive and Finance, and Audit and Risk Management Committees (Chair: Professor Bob Conyers and his successor Mr Neil Robertson), the VIFM Ethics Committee (Chair: Mr Stephen Nossal), and Donor Tissue Bank Committee, (Chair: Mr Tim Fitzmaurice) all give most generously of their time and expertise to keep the many diverse areas of our operations flourishing. Members of the VIFM's Senior Executive Group, the Chief Operating Officer Mari-Ann Scott, Deputy Directors David Ranson and Richard Basset and Chief Finance Officer Peter Ford provide the leadership, sound judgement and collegiality that makes it a pleasure to come to work each day. And finally to all our managers and staff who make this Institute the exciting and supportive place it is to work. Happy reading.

Chief Operating Officer's Report

Ms Mari-Ann Scott



Extraordinary times call for extraordinary efforts and during this financial year the COVID-19 pandemic has tested our resilience and operational capability, as well as our support and logistical services, and our broader corporate services. I have been especially proud of our people in rising to the multiple challenges presented to us.

As an essential service for the state we kept our routine medico-legal death investigation operations running and quickly adapted our clinical forensic medical services. We drew on our 30-year history of responding to local and international disasters involving mass fatalities such as the Victorian bushfires, the Boxing Day Tsunami and the Ebola virus outbreak in West Africa to contribute to the State Government's preparedness for managing large numbers of deaths. We worked closely with the Department of Justice and Community Safety and Government and Emergency Management Victoria's Response Agency Taskforce as a key participant in a 'Body Storage Working Group'. The Working Group's role was to advise on the planning

for a temporary body storage facility and body management system in the event that the deaths from COVID-19 exceeded the state's limited capacity for the storage of the deceased. This multi-agency group readied itself to support the State Control Centre and all lead agencies in the event that the body storage management plan was needed. In preparation the VIFM reviewed all operational requirements for establishing an additional body storage facility at the Southbank facility as the first stage response. Our planning included the installation of three-phase power on-site and the reservation of refrigerated containers.

Thankfully, at the time of writing, the enactment of our specialised skills in this area has not been necessary; the policy and plans have stayed 'on the page' and have not been operationalised. We have nevertheless played our part in supporting the State Government's COVID-19 efforts by maintaining a constant state of readiness to rapidly scale up our operations.

The additional challenges of this year have underlined the complexity of our services and need for our corporate services staff to take up and manage multiple roles in an integrated way to both maintain and improve on the corporate infrastructure that is crucial to the support of the VIFM's operations. We are fortunate to have dedicated corporate services staff with a deep knowledge of our operations and an appreciation of their impact for families, the justice systems and other stakeholders. Their 'can do' attitude to pitching in and applying their skills to tasks as needed meant that with the impact of COVID-19 we have made many important changes to the way we operate to keep our staff safe and to maintain our productivity while working from home.

In March, as required by the State Government, the VIFM moved all non-operational staff into remote working roles. This required the diversion of significant ICT resources to set up new systems to allow our staff to securely access their work from home. This happened smoothly within days, with

great credit to our ICT team. Everyone was naturally nervous about how we could manage our operations and have the required staff members continue to come into work safely given COVID-19's high levels of infectivity and transmission. Given the specialised nature of our staff, a requirement to isolate a number of employees would have significant impact on our service provision. One of the things we were able to do for our staff was to secure parking on and around our site. I would like to thank the City of Melbourne and the State Emergency Service for providing extra carparking during this time.

Another logistical challenge for Corporate Services was to provide our operational staff with appropriate personal protective equipment (PPE). This was a major challenge because of the extreme shortages of PPE in Victoria and as a result our procurement staff teamed up with our senior policy officer to secure much-needed supplies and equipment to ensure the uninterrupted availability of essential PPE to protect our people from infection.

Our Legal and Governance team applied their drafting skills to a range of tasks – from ministerial briefings to helping operational managers translate the latest knowledge about virus transmission to working instructions for their staff; this is on top of dealing with the diverse legal issues that arise from the unique nature of the work that we do at the VIFM, which means that we often 'fall through the cracks' of legislation and policy.

The rapidly changing environment required regular and accurate communications to staff, which were posted to our Intranet and provided links to definitive advice from government on all aspects of how to manage in the context of the virus. Stakeholder communications were also supported by corporate services drafting and coordination. Our staff were very engaged and regularly provided questions that we were able to respond to by published FAQs. This information was complemented by the Director's weekly emails and monthly address to all staff. We established a 'Responsible Officers Group' that continues to meet regularly to address issues that arise for staff working through the COVID-19 pandemic.

Our other corporate services teams have similarly 'pivoted' to adapt to new conditions: the Quality and Improvement team ensured that modified processes were documented and auditable in line with our accreditation requirements, whilst helping to re-deploy some of the operational staff who were working from home for part of each week; HR have handled increased pressures on the range of services they provide; our finance team have managed to maintain the complex accounting needed to support the requirements of a diverse workforce including medical specialists, as well as VPS staff and the Donor Tissue Bank of Victoria, which is effectively a bio-technology business, all whilst preparing complex costings for our business case for additional funding from the next State Budget. Our facilities team have managed the issues associated with maintaining security and increased cleaning, as well as re-development in parts of the building – an extremely busy time.

A singular focus for this year has also been on embedding staff wellbeing into our work culture. With the benefit of government funding last year, and before the advent of the COVID-19 pandemic, we set to work on plans to protect and enhance the wellbeing of all our staff. We commenced by appointing Mr Jeff Lomas as Manager Mental Health and Wellbeing and then devised a range of changes to the way we were supporting our staff. We knew, however, that we needed a strong evidence base for our approach to wellbeing and to that end we commissioned FBG Group to undertake a detailed review of VIFM's staff mental health and wellbeing needs and to help us develop a wellbeing strategy to address VIFM's specific issues and concerns, to positively promote staff wellbeing and to give people meaningful resources to support self-management.

We have achieved the following steps in the 2019-2020 financial year:

- » The VIFM provided an FBG Group Mental Health Training Program for Managers in October 2019, followed by a Mental Health Training Program for Staff in March 2020.
- » The VIFM has developed a draft Mental Health and Wellbeing Strategy which will be communicated in the 2020-2021

financial year

- » The VIFM has updated the OHS Managers Manual to include specific references to wellbeing
- » We supported a research project into "Trauma exposure among staff employed at the VIFM and the Coroners Court of Victoria" being conducted by the Department of Forensic Medicine, and
- » We employed more pathology, Coronial Admissions and Enquiries and mortuary staff to reduce work pressures.

I wish to thank all my corporate services staff for their wonderful efforts this year to maintain and improve the way we support the important operations of the VIFM. We have certainly risen to the challenge of COVID-19 and other challenges.



Corporate Governance

Foundation

The Institute 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 Institute's objects, functions and powers which include: the provision of forensic pathology and related services in Victoria; the provision of clinical forensic medicine and related services to Victoria Police; the provision of tissue banking services; the provision of services in the investigation of a death reported to the coroner; the provision of undergraduate and postgraduate training in forensic pathology, medicine and science; and conducting research in the fields of forensic pathology, medicine and science.

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 the Institute (ex officio)
- » the State Coroner (ex officio)
- » a nominee of the Council of the University of Melbourne
- » a nominee of the Council of Monash University
- » a nominee of the Minister for the time being administering the *Health Services Act 1988*
- » a nominee of the Minister for the time being administering the *Victoria Police Act 2013*
- » a nominee of the Chief Justice
- » two nominees of the Attorney-General, at least one of whom is a Fellow of the Royal College of Pathologists of Australasia
- » a nominee of the Chief Commissioner of Police
- » a nominee of the Minister for the time being administering Part II of the *Community Services Act 1970*
- » a nominee of the Minister for the time being responsible for women's affairs in Victoria, and;
- » one other person who has knowledge of, or experience in, accountancy or financial management.

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

Council Committees

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

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

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

Fellows of the VIFM

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

VIFM Council

The Honourable John Coldrey AM QC

*Council Chairman
Nominee of the Attorney General*

Since becoming a barrister in 1966 John Coldrey has contributed to many different areas of the legal profession throughout Australia. Following his appointment as the Director of Public Prosecutions for Victoria in 1984 he became a Justice of the Victorian Supreme Court in 1991 where



he served until 2008. He was also active in the Northern Territory where in his role as the Director of Legal Services for the Central Land Council he was involved in the grant of Aboriginal title to Uluru as well conducting Aboriginal land claims and negotiating major industry agreements with the Northern Territory Government and mining companies.

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

Professor Noel Woodford

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

Professor Noel Woodford is the Director of the VIFM, a position he has held since July 2014. He first joined the VIFM in 1998 as a Fellow in Forensic Pathology, after training in anatomical pathology at the Alfred and Royal Melbourne



Hospitals. In 2000 he worked as a senior lecturer in forensic pathology at the University of Sheffield, returning to the VIFM in 2003. In 2008 Noel was appointed Head of Forensic Pathology.

He is a Fellow of both the Royal College of Pathologists of Australasia and the Royal College of Pathologists (UK). He holds the Diploma of Medical Jurisprudence from the Society of Apothecaries of London, and gained a Master of Laws from Cardiff University during his time in the UK. Noel is an examiner for the RCPA and RANZCR and vice-chair of the Forensic Pathology Advisory Committee of the College. Noel has a particular interest in sudden unexpected natural adult death and the application of radiological techniques in forensic pathology.

His Honour Judge John Cain

*Ex Officio Council Member
State Coroner*

Judge John Cain was appointed State Coroner in October 2019 and commenced in the role in December 2019. Prior to this 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).

Judge Sara Hinchey stepped down as State Coroner in August 2019.

Deputy State Coroner Caitlin English was the Acting State Coroner until December 2019.

Ms Tracy Beaton

*Council Member
Nominee of the Minister for Community Services*

Ms Tracy Beaton is the Chief Practitioner and Executive Director of the Office of Professional Practice at the Department of Health and Human Services. She leads the Office to promote and safeguard the rights, best interest and quality of life of vulnerable Victorians through practice



leadership and development. Tracy provides expert advice, consultation and leadership to review of complex cases, impacting children and families in child protection, and others in need of human services.

Professor Glenn Bowes AO

Nominee of the Council of the University of Melbourne

Professor Glenn Bowes is Associate Dean (Advancement) and a Professor of Paediatrics in the Faculty of Medicine, Dentistry and Health Sciences at The University of Melbourne. He completed his medical degree and PhD at Monash University and his postdoctoral fellowship at the University of Toronto. Glenn was Director of Respiratory Services at the Alfred Hospital in Melbourne where he developed Australia's first adult cystic fibrosis program in the early 1980s. He was recruited to Australia's premiere children's hospital, the Royal Children's Hospital Melbourne, in the early 1990's to establish the nation's first clinical, academic program in youth health, the Centre for Adolescent Health, and become the inaugural Professor of Adolescent Health at the University of Melbourne. During 16 years at the Royal Children's Hospital campus



Glenn held a range of executive leadership roles including Chief Medical Officer, Executive Director and more recently Stevenson Professor of Paediatrics and Head of Department of Paediatrics.

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

Associate Professor Merrole Cole-Sinclair

Nominee of the Attorney-General

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

She was a Clinical Research Fellow at Department of Academic Haematology at the Royal Free Hospital 1991-1993 and then spent 15 years at the Alfred Hospital as initially a fulltime staff specialist then Head, Haematology Unit at the Alfred Pathology Service until joining St. Vincent's Pathology as Head, Laboratory Haematology in 2008. She is an honorary adjunct Associate Professor in the Department of Pathology, University of Melbourne and also in the Department



of Epidemiology and Preventive Medicine at Monash University. Her professional interests include diagnostic haematology, transfusion practice and research, clinical quality improvement and teaching and training of junior medical staff.

She is presently a council member of the National Pathology Accreditation Advisory Council of the Commonwealth of Australia and has previously held the roles of the Chief Examiner in Haematology, Chair of the Haematology Advisory Committee and Board member of the RCPA and Chair of the Joint Specialist Advisory Committee on Haematology (RACP/RCPA) and the Transfusion Outcomes Research Collaborative (Monash University and the Blood Service, Australian Red Cross).

Professor Robert Conyers

*Nominee of the Attorney-General
Executive and Finance Committee Chairman
Audit and Risk Management Committee Chairman
Retired November 2019*

Professor Bob Conyers is a graduate in medicine, science, research and business. He undertook his medical specialist, pathologist training in Sydney becoming a Fellow of the Royal College of Pathologists of Australasia. He was awarded a Nuffield Medical Fellowship at Oxford University to undertake research into the regulation of carbohydrate metabolism and gained his Doctor of Philosophy degree there. He has held the positions of: Senior Consultant Pathologist and Head of the Metabolic Research Group at the Institute of Medical and Veterinary Science, Adelaide; Director of Biochemistry, Alfred Hospital and Head of the Cardiac Metabolic Laboratory,



Baker Medical Research Institute; Executive Director of Pathology for the North West Health Care Network (which included pathology services at Royal Melbourne and Western Hospitals); Executive (Group) Medical Director for the Gribbles Group in Australasia; and Clinical Director, Chemical Pathology - Victoria, St John of God Pathology.

Bob has held senior positions on major hospital committees, in professional and scientific associations, and on peak government advisory committees in relation to diagnostic pathology and animal welfare. He has been a non-executive director on the Council of the Royal College of Pathologists of Australasia and on the Board of the Australian Medical Association of Victoria. He is an Adjunct Professor in the Department of Forensic Medicine, Faculty of Medicine, Nursing and Health Sciences, Monash University.

Bob's metabolic and nutritional research has been into oxalate kidney stones, cancer wasting, energy metabolism in sports, and metabolic support of the heart in surgery and transplantation. He holds a Masters degree in Business Leadership and is a Fellow of the Australian Institute of Company Directors. He has been made a Fellow of the Victorian Institute of Forensic Medicine and a Fellow of the Australian Medical Association.

Mr Luke Cornelius APM

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

Assistant Commissioner Luke Cornelius is Victoria Police's longest serving Assistant Commissioner. He joined Victoria Police in 2003, following 14 years' service as a federal agent with the Australian Federal Police. A qualified solicitor and barrister, AC Cornelius' first appointment with Victoria Police was as Commander, Legal Services Department.

He was promoted to Assistant Commissioner, in charge of the Ethical Standards Department (now called Professional Standards Command), in 2005. He went on to lead Southern Metro Region before heading up Victoria Police's response to the Victorian Equal Opportunity and Human Rights Commission Review into sex discrimination and sexual harassment.



His distinguished service to policing, both federally and in Victoria, was officially recognised in the 2010 Australia Day Honours when he was awarded the Australian Police Medal (APM) for contribution to police reform, the promotion of ethics and integrity in policing, human rights, engagement with vulnerable communities and for capacity building in East Timor.

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.

The founding Chief Executive Officer of the Police Federation of Australia, he also served as the National Secretary of the Australian Federal Police Association. AC Cornelius is a member of the Victoria Police Command and is the Chief Commissioner's representative on the Blue Ribbon Foundation Board.

AC 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. In April 2019, AC Cornelius was appointed Assistant Commissioner, North West Metro Region.

Mr Tim Fitzmaurice

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



Tim Fitzmaurice is a qualified accountant and a fellow of the Certified Practising Accountant (FCPA) and holds a Graduate Diploma in Risk Management and Business Continuity. He is a member of the Australian Institute of Company Directors (AICD) and Risk Management Institute of Australia (RMIA). Tim manages his own management consulting practice in organisational governance and compliance, financial and risk management. He previously held senior financial and risk management executive roles at the Transport Accident Commission (TAC) until his retirement in December 2017.

Dr Lee Hamley

Nominee of the Minister for Health



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

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

The Honourable Justice Elizabeth Hollingworth

Nominee of the Chief Justice



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

Minister for Women



Dr Deborah Kirkwood has worked in a range of roles in universities, government and non-government organisations. From 2006 to 2016 Deborah was the Senior Researcher at the Domestic Violence Resource Centre Victoria and during this time she was also Adjunct Research Fellow in the School of Social Sciences at Monash University (2013-2016). Currently, Deborah is a Senior Researcher at the Australian Institute of Family Studies.

Deborah has undertaken extensive research and policy work on family violence related issues including intimate partner homicide, filicide, homicide law reform, the long-term support needs of victim/survivors, service responses to family violence, family dispute resolution, family violence risk assessment and child protection. Deborah has written extensively on family violence topics and presented this information to a broad range of audiences including Victorian Magistrates as part of the Magistrates Family Violence Program. Deborah has been involved in family violence policy developments through membership of Advisory and Steering Committees for the State Government and the Victorian Law Reform Commission.

Mr Neil Robertson PSM

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

Mr 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 (PSM) “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, Neil 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 Master of 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.

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

Sophia 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, Sophia is an active leader, holding ministerial appointments, serving as President of the Australian Diabetes Society and as Director of National Association of Diabetes Centres and 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
Chief Operating Officer, VIFM*

Mari-Ann Scott is the Chief Operating Officer (COO) of the VIFM. She joined the Institute 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 the Institute, 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.

Retirement of Professor Bob Conyers from the VIFM Council

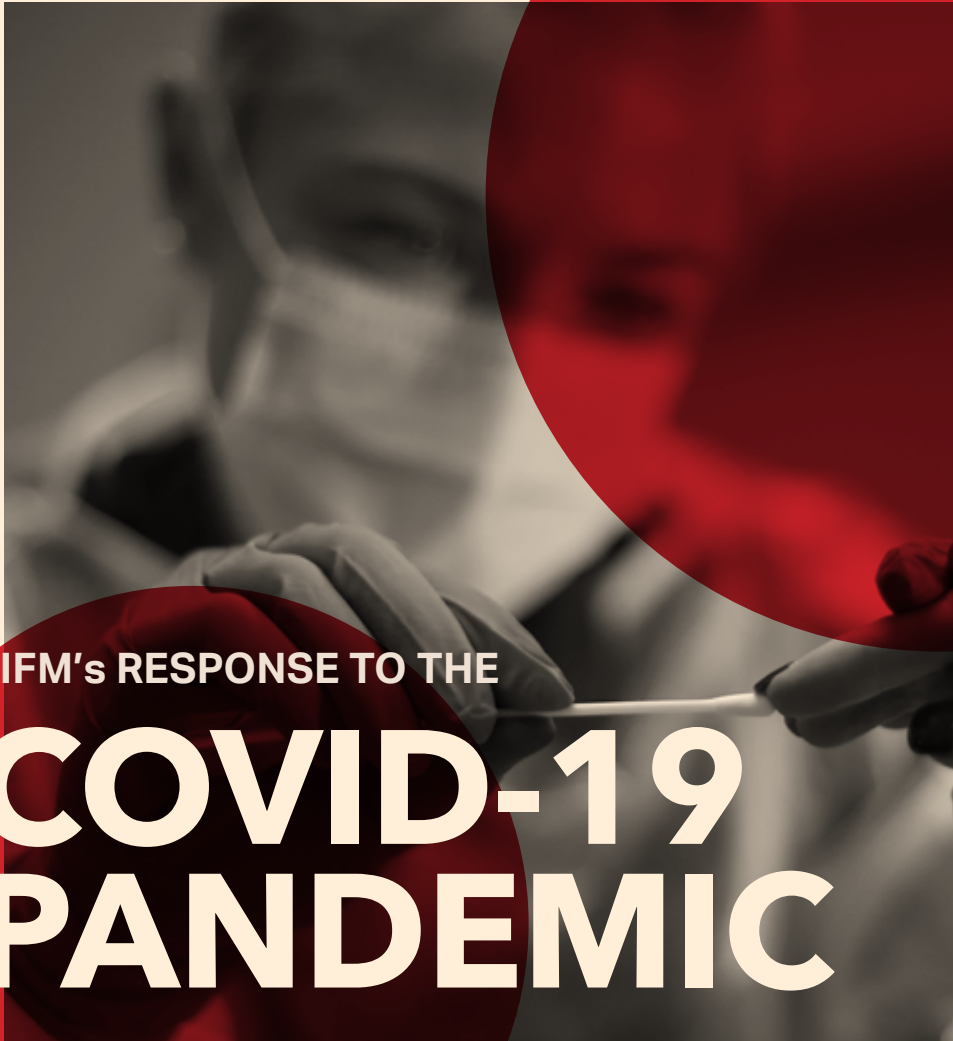
At the end of 2019, Professor Bob Conyers announced his retirement from the VIFM Council, a position he had held for 21 years. Bob was appointed to the Council as the pathology nominee of the Attorney-General in 1998, and since 2000 was the Chair of Council's Executive and Finance Committee. Subsequently, given his strong interest in governance, he was also appointed Chair of the Institute's Audit and Risk Management Committee. Bob's extensive experience in the management and operations of pathology laboratories, as well



as his broad management, academic and research experience were a perfect fit for the medical and scientific work of the VIFM.

The Institute was a particularly fortunate beneficiary of Bob's extensive experience in governance with appointments including as Vice President of the Royal College of Pathologists of Australasia (and longstanding membership of the College's Council), and as Honorary Treasurer and Chairman of the Finance and Audit Committee of the Australian Medical Association. These, as in his many other leadership and management contributions, were undertaken on an honorary basis, as was his long service for the VIFM. As a mark of these contributions and the esteem in which he is held at the VIFM he was made a Fellow of the VIFM in 2012, and in 2019 was honoured for his academic achievements by being appointed Professor Emeritus at Monash University.

Over his time at the Institute, Bob has been a mentor to many of the staff and has played a frequent and important role in the Institute's strategic planning process. Bob's kindness, his generosity with his time, his attention to detail, and his strong support for management throughout his Council tenure have been the hallmarks of his contribution to the work of the VIFM. As were his wry good humour, and coolly pragmatic approach to resolving the many financial, accreditation, quality assurance and sundry other issues which inevitably arise in the course of the Institute's work. On behalf of the Council, management and staff of the VIFM, our very best wishes for a richly deserved retirement.



VIFM's RESPONSE TO THE

COVID-19 PANDEMIC



Throughout the more than 30 years of the operations of the Victorian Institute of Forensic Medicine (VIFM), our forensic experts have been called upon to assist in the response to many mass disasters including the Boxing Day tsunami, the Bali bombings, the African Ebola outbreak, the MH17 aeroplane crash and the 2009 Victorian bushfires.

Their role is to help organise the management and identification of those who have died in catastrophic events. Our forensic experts fly into often chaotic scenes, to lend their expertise in establishing some sense of order and to bring solace to families seeking to identify their loved ones.

In 2020 the COVID-19 pandemic has presented us with a disaster which is both worldwide and very close to home. It has impacted every aspect of the work at the VIFM. As we watched other countries become overwhelmed by the number of people who succumbed to the virus, Victoria instigated its emergency planning to ensure that hospitals, funeral directors and the VIFM had sufficient capacity to manage the anticipated victims of the pandemic.

It was with some relief that the first wave of the virus passed with fewer casualties than feared. However, by July 2020 it was clear that Victoria was experiencing a second wave much more severe than the first.



Changing the way we work

At the start of the pandemic, we set ourselves three goals: the protection of the health of our staff, the maintenance of our essential services, and contributing to community efforts to slow the spread of the virus.

The emergency also caused us to reflect upon what needed to be done urgently to protect the health of our staff, not only from a microbiological perspective but also with respect to physical and mental health. Given the niche area of our expertise, we were more than well aware that if one or more forensic staff were to be absent through illness or quarantine, significant pressure would be placed upon the remaining staff with the real risk of shortcomings in service delivery, occupational health and safety problems and operational errors due to excessive residual workloads.

By the beginning of March 2020, it was becoming increasingly clear that many of our workforce would be working from home as part of the effort to reduce the number of staff in the building and on public transport. All those who could work from home left their workstations by the end of March and have been working from home since this time. Our Information Communications and Technology (ICT) team set to work on making this transition as seamless as possible. Online Teams meetings are now the norm, as we peer into each other's homes and meet each other's children and pets. Adjusting to this new way of working and interacting has been challenging, but we are forever grateful for the technology that allows this



level of connection with each other. “You’re on mute!” is destined to be the catchcry of 2020.

The essential work of the VIFM must however continue and this has mandated adjustments in the way that we operate. From the Coronial Admissions and Enquiries office (CAE) to the mortuary, laboratories, Clinical Forensic Medicine, Academic Programs and Donor Tissue Bank of Victoria, significant adjustments to our operations have been made to allow the VIFM to deliver its statutory functions while minimising the risk of a COVID outbreak at the VIFM.

All staff onsite are required to wear masks and those staff working in the mortuary or with suspected victims or perpetrators of crime are equipped with full personal protective equipment (PPE). Appropriate physical distancing in the workplace has been achieved by reducing the capacity of meeting rooms and tearooms, and by rotating staff out of the operational areas, so that some days can be worked at home. CAE staff who work at multiple sites, such as hospitals, work separately from those who work only at the VIFM, in a space affectionately referred to as ‘Siberia’. All teaching by the Academic Programs department, and through the Monash University Department of Forensic Medicine, has gone online. As far as possible, onsite parking has been provided to staff to avoid the need to catch public transport. We acknowledge both the City of Melbourne and the State Emergency Service for providing free parking to VIFM staff members during this time.

Securing PPE and Protecting our People

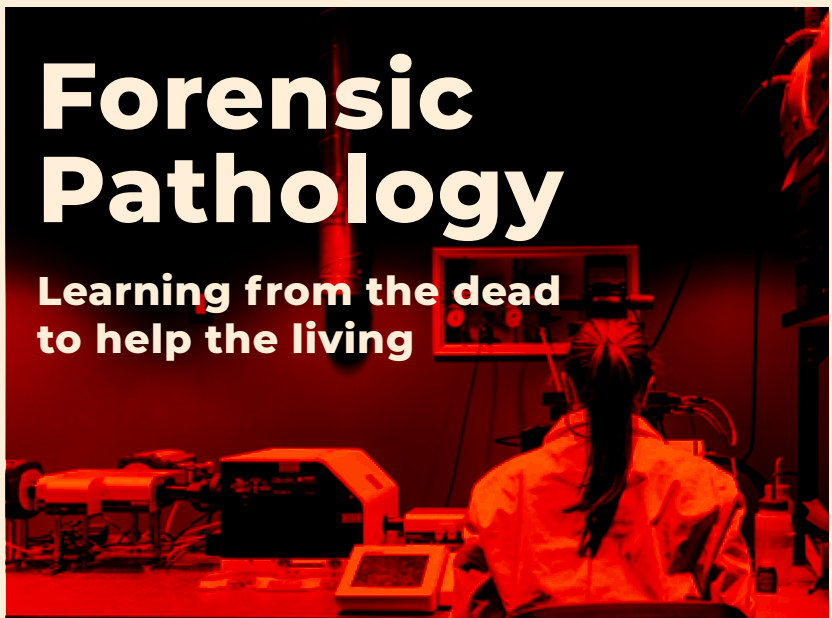
The health of a staff, particularly those who work directly with the deceased or suspected victims or perpetrators of crime, is dependent on the secure supply of personal protective equipment (PPE), such as masks, gowns and face shields



More generally, we needed to ensure adequate supplies of hand sanitiser and (most importantly) toilet paper.

In the early weeks of the pandemic supply chains for these essential items were struggling to cope as hospitals and other frontline agencies were scrambling to secure deliveries. From the earliest days our procurement team ensured that we were never short of sanitising and PPE supplies. Additionally, volunteer sewists (from amongst our staff and their families) contributed over a hundred reusable cloth masks for staff working in office areas or travelling on public transport.





It was anticipated that our forensic pathologists undertaking medico-legal death investigation work for coroners would have limited engagement with COVID-19 cases

This is because deaths resulting from COVID-19 represent natural disease deaths that have been investigated in some detail during the patient's clinical treatment. In the normal course of events, there is little uncertainty regarding the cause of death and these cases are not reported to the coroner.

However, there are situations where a natural causes death may require a medico-legal investigation, for example where there has been possible negligence in relation to medical treatment or procedures, or where exposure to the disease which ultimately caused the death was a result of deliberate or inadvertent exposure due to an occupational health and safety breach or other negligent or deliberate act. A number of deaths due to COVID-19 of elderly residents at some aged-care facilities were reported to the coroner for investigation, following concerns about the standards of care provided to these residents.

Medico-legal death investigations can also involve cases of COVID-19 where the death is related to a violent or injury-related cause but where the individual has either a symptomatic or asymptomatic COVID-19 illness. In addition, community deaths where a person is found deceased at home, and where the cause of death is unknown, may involve death from COVID-19 with the diagnosis only being made as a result of a subsequent forensic death investigation. During the first months of the pandemic, deceased

persons admitted to the VIFM mortuary were tested for COVID-19 where there was a concern that they may have been infected with the virus. Testing of these cases provided further information for the medico-legal death investigation, as well as allowing potential tracing of contacts of that person, including the ambulance officers and funeral directors who had handled the body. Later in the pandemic we instituted testing of all deceased individuals admitted to the VIFM and provide the results of these tests to the Department of Health and Human Services to enable a better understanding of the type and extent of community spread.

It has been increasingly noted that the CT scanning and performance of autopsies on individuals who have died with or of COVID-19 can provide important information regarding the different types of damage to organ systems caused by the virus. Such information can prove important for hospital clinicians attempting to manage patients with severe pulmonary or vascular disease associated with their clinical course or individuals who have one of the rarer complications of infection with the SARS-CoV-2 virus. Pursuant to the VIFM's motto of "learning from the dead to help the living", we are currently undertaking research into the COVID-19 positive cases reported to the coroner, with a view to publication of the findings in the near future.

Modifying our Clinical Forensic Medicine Service

Unlike forensic pathology, clinical forensic medicine is a far more vulnerable service when it comes to the risk of COVID-19 infection and community spread. Our clinical forensic physicians and nurses examine suspected victims and perpetrators of crime to produce reports for Victoria Police

As such, clinical forensic medicine is practised in a very wide range of clinical settings, including hospitals, general practice clinics, forensic medical centres, police stations, aged care facilities, the 'roadside' and domestic settings.

We were cognisant that in the very unfortunate event of a forensic medical practitioner acquiring COVID-19 (with or without symptoms), it could be problematic to understand how they became infected given the range of possible exposures in the multi-location therapeutic environments in which they have worked. In addition, contact tracing the patients and work contacts who may have transmitted the virus to them becomes far more difficult due in part to the extent and range of their community contacts in a combination of traditional and non-traditional medical workplaces.

During the COVID-19 pandemic the challenge has been to provide a modified clinical forensic practice model that minimises the risk of community transmission of COVID-19 and the risk of DNA contamination of forensic specimens. Consequently, the VIFM has introduced a range of alterations to the traditional clinical forensic medical processes and procedures in response to the COVID-19 pandemic.



These alterations include:

- a reduction in the number of 'face-to-face' examinations for alleged offender assessments for fitness for interview
- an increase in the number of forensic telemedicine consultations where in the opinion of the medical practitioner this would not compromise the quality of the assessment
- the wearing of PPE by the forensic medical practitioner and the suspected victim or perpetrator during 'face-to-face' medical examinations
- verbal (medical history-related) COVID-19 screening performed prior to 'face-to-face' examinations where appropriate, replacing physical medical examinations with documentary review of photographs and the provision of expert medical opinions based on documentary evidence
- a reduction in the number of centres attended for the purpose of undertaking a forensic clinical medical examination in order to reduce the number of opportunities and locations where viral transmission could occur in the community, and
- the delivery of medical expert evidence in criminal trials or other legal proceedings by video link.

The result of these changes to the delivery of forensic medical services is yet to be tested. Given the delay between the conduct of a forensic medical examination and the eventual presentation of the expert medical evidence at trial, it may take some time for the impact of the service changes due to COVID-19 to be felt.

Planning for a Temporary Mortuary and Body Management System

In the early months of the world-wide COVID-19 pandemic we watched the distressing scenes in Italy and New York of hospitals and aged-care homes being overwhelmed by the number of deceased

Bodies were stored in trucks and churches and buried in mass graves. The lack of body management capacity had the potential for significant psychological harm, as families, already separated from their loved ones prior to death due to infection control measures, were prevented from being able to bury or cremate according to their customs and wishes.

In Victoria, the COVID-19 pandemic is a 'Class 2 emergency (health)' under the *Emergency Management Act 2013* and the State Health Emergency Response Plan provides for the appointment of specific agencies to guide the state's emergency response. The VIFM has a role to assist the government in the safe storage of deceased persons during emergencies, such as a pandemic. The VIFM brings to this role its national and international experience in managing the dead following disasters such as the Victorian bushfires, the Boxing Day tsunami and the Ebola virus outbreak in West Africa.

Victoria's existing storage infrastructure includes mortuaries in hospitals, funeral homes, community facilities and the VIFM, with over half of the State's

spare capacity residing within the VIFM's permanent mortuary facility in Southbank. Excess or reserve body storage capacity in Victoria is approximately 200 on any given day. Victoria's ability to respond to fatalities from a disaster, including pandemics, requires the pathway to burial or cremation being maintained. This is dependent upon the capacity of the funeral industry and families being able to complete funeral arrangements.

The VIFM has participated in the Body Storage Working Group which comprises the VIFM, Department of Health and Human Services (DHHS), the Department of Justice and Community Safety (DJCS), Emergency Management Victoria (EMV) and the Australian Defence Force (ADF) to refine the State's body storage management plan. This multi-agency group supports the State Control Centre and all lead agencies in the event that the body storage management plan is activated.

The VIFM is playing an active role as a member of the EMV's Response Agency Taskforce. This included monitoring the number of projected infections and





consequently deaths during the first and second waves of the pandemic. Deaths occurring as a result of COVID-19 pandemic mostly occur in hospitals as well as community settings such as people's homes or aged-care facilities. We were also aware of, and prepared for, the possibility of a spike in reportable deaths, including suicides and homicides.

In preparation for a significant increase in deaths in Victoria, the VIFM reviewed all operational requirements for establishing an additional body storage facility at the Southbank facility as the first stage response. Our planning included the installation of three-phase power on-site and the reservation of refrigerated containers. If a second stage response is required, the VIFM will undertake an advisory role for the establishment of an additional temporary storage facility at a site external to the VIFM.

To date the VIFM has provided emergency body storage for deceased persons at the request of hospitals but has not been required to establish additional body storage onsite or externally.





Facing Challenges and Creating Opportunities for the VIFM

The COVID-19 pandemic has created many challenges for the VIFM. Unfortunately, the Donor Tissue Bank of Victoria (DTBV) has seen a decrease in donors resulting in lower stocks of donated tissue such as heart valves and skin

Being unable to replenish our stocks of skin, critical for the treatment of burns victims, will impact on our preparedness for the upcoming bushfire season.

The temporary cessation of elective surgery during the first and second waves has also reduced the provision of tissue products to hospitals and surgeons. However, the DTBV has taken the opportunity to utilise the relative lull by producing its first batch of Demineralised Bone Matrix (DBM). Similar to Cancellous Bone Matrix, this is a 'home grown' product which we expect will be eagerly adopted by orthopaedic surgeons.

The Academic Programs Division, together with the Monash University Department of Forensic Medicine,

has been required to rapidly transition to delivering all its teaching and tutorials digitally, both undergraduate (including the Bachelor of Health Sciences) and postgraduate (the many streams of the Master of Forensic Medicine Program). We believe that these innovations will be incorporated into future course development and delivery, increasing the accessibility of our teaching programs.

The COVID crisis has focussed our minds more than ever on environmental and sustainability issues. We have lowered our carbon footprint from fewer car trips, no national or international travel and reduced wastage resulting from printing papers. We have embarked on projects to avoid the need to print letters and reports for our operations. The CAE office now provides the initial letter to families detailing the coronial process via email, within a day or so of the report of the death.

We are working with Victoria Police to produce toxicology certificates digitally and with electronic signatures, avoiding the need to print over 13,000 certificates a year to be physically signed by our approved toxicology analysts. We will be turning our attention to other areas of our operations and working collaboratively with the Coroners Court of Victoria to become a 'paperless' organisation.



Through our involvement with the Body Storage Working Group, under the State Health Emergency Response Plan, we have built strong relationships with the emergency services that will stand us in good stead in future crises.

Most of all we have become very focussed on the wellbeing of our staff. This crisis will continue for some months, if not years, and every one of us is carrying the anxiety of a changed work and home life. Like many in our community, we are all feeling a little fatigued, but remain ready and able to cope with whatever the virus throws at us next.

We will emerge a better, leaner, smarter organisation from this emergency. And the ways we discover to look after each other will stand us in good stead for the future.





Operational Report

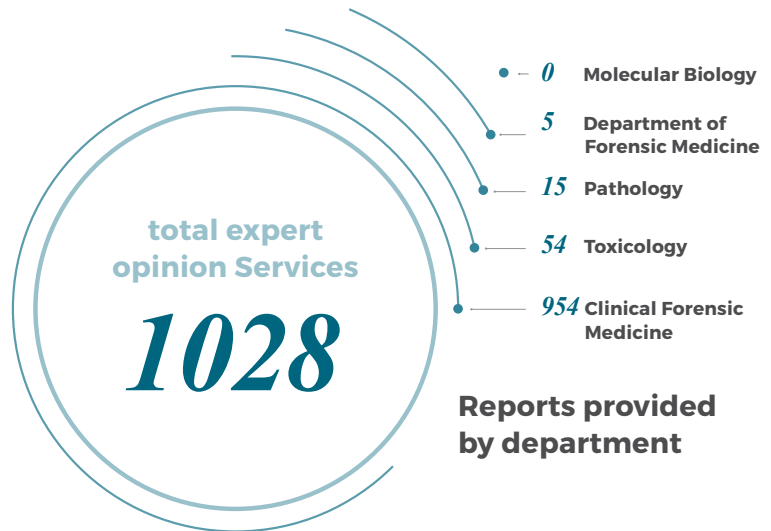
Forensic Services Division

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

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

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 1028 independent expert medical and scientific opinions on a wide range of topics. Many of these opinions are related to clinical forensic medicine matters where the forensic specialists provide interpretation and explanation of injuries including the ageing of injuries such as bruising and explanation of their likely cause. This is of vital importance in family violence incidents where the absence of independent witnesses means medical corroboration of alleged incidents is critical.



Summary of court appearances for the provision of expert testimony

By court type	Number	Percentage
Childrens	2	1%
Coroners	11	7%
County	22	15%
Magistrates	41	27%
Supreme	37	24%
Tribunal	0	0%
Other	39	26%
Total	152	100%

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

By court process	Number	Percentage
Trial	59	39%
Retrial	3	2%
Committal	42	27%
Inquest	6	4%
Other	38	25%
Not entered	4	3%
Total	152	100%

Forensic pathology provision of expert testimony in court - by case type

Forensic pathology cases	Number
Culpable driving	2
Manslaughter	3
Murder	45
Other	9
Total	59

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

Clinical forensic medicine cases	Number
Fitness for interview	9
Other	9
Physical assault	41
Police assault	0
Sexual assault	16
Sexual assault - offender	1
Sexual assault - recent	7
Traffic medicine	10
Total	93

Death Investigation

Forensic Pathology

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

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

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

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

For these cases two statutorily required medico-legal reports are compiled: a preliminary report and an autopsy or external examination report. Over the past year, Forensic Pathology Services produced over 7,000 medico-legal reports. In about 10 per cent of deaths

VIFM medico-legal investigations by year

Year	No. of medico-legal investigations
14/15	6224
15/16	6151
16/17	6129
17/18	6405
18/19	6534
19/20	7040

Type of medico-legal death investigation

Year	Autopsy	External examination	MIR*	BNI**
14/15	2937	2666	0	621
15/16	2854	2840	0	457
16/17	2696	3211	0	222
17/18	2892	3082	114	317
18/19	2826	3136	234	338
19/20	2866	3597	247	330

reported to the coroner the deceased has already been buried or cremated. In these cases, a review of medical records and statements is undertaken, and a report provided to the coroner.

In addition to medical examinations of the dead, each year between 500 and 700 Medical Certificates of Cause of Death (MCCD) are reported to the coroner by the Registrar of Births Deaths and Marriages. The pathologists and CAE nursing staff undertake a review of the circumstances of these deaths including a review of the patients' medical records that are obtained from the deceased's medical practitioners and inform the coroners as to the appropriate medical cause of death and advise as to whether further investigations are required.

Research activities by forensic pathology, medical and technical staff

have included the following projects approved by the VIFM Ethics Committee in 2019-20:

- » Review of microbiology testing in paediatric cases
- » Risk factors for fatal thunderstorm asthma
- » Arrhythmogenic cardiomyopathy: Autopsy findings and family follow-up

Forensic Radiology

From the mid 2000s whole body CT scans have been performed in all death investigations at the mortuary in Melbourne. The CT scanner provides valuable assistance to pathologists performing the death investigation. CT scans assist in identifying individuals, determining causes of death, preparing for and planning the approach to an autopsy, evaluating potential hazards of

* Medical Investigator's Report for femoral fracture cases

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



Dr Victoria Francis

the autopsy, and documenting injuries. These images can be later presented in court as evidence. While case numbers continue to grow, the introduction of CT scanning in Victoria has resulted in a sharper focus on those deaths that require an autopsy with a consequent reduction in the overall autopsy rate. Investment in these new techniques for death investigation has improved the time taken to return deceased persons to their families.

Research and Quality Assurance activities by forensic radiology staff have included the following projects approved by the VIFM Ethics Committee in 2019-20:

- » CT metal artefact reduction in ballistics cases
- » Validation of low dose CT at the Australian Synchrotron

The Coronial Admissions and Enquiries Office

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

support, particularly to those families who need to attend the VIFM in order to view the body of their family member for identification purposes. The CAE team who support the duty coroner and duty pathologist include senior nurses and are supported by forensic mortuary staff, administrative staff, forensic odontologists, forensic anthropologists, medico-legal executive assistants and the medical liaison nurses.

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 the collection of forensic specimens, conducting CT scans, angiograms, digital x-rays and photographs. One of the most important aspects of their work is the careful suturing and preparation of the body prior to release to the family nominated funeral home.

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

Family Health Information Service

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

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

In 2019-20 the FHIS has made 105 specialist referrals to medical specialist services, 190 General Practitioner referrals and 53 notifications of cancer diagnosis to the Victorian Cancer Registry. The Service held 20 family and pathologist meetings prior to the COVID-19 pandemic, which has required these meetings to be deferred.

Forensic Science

Post Mortem Toxicology - Drug Screening Capability

The toxicology laboratory at the VIFM undertakes drug and poison investigations of coronial cases in the state of Victoria. The coronial workload continues to increase from 5956 cases in 2018-2019 to 6469 in 2019-20. Rapid toxicology testing is now enhanced with screening for novel psychoactive substances and the utilisation of high-resolution mass spectrometry for drug detection in death investigation. Increasing our testing capacity enables the detection of hundreds of drugs and unknown substances in a variety of medico-legal and clinical cases.

The changing nature of drug markets has continued to challenge forensic toxicology practices both locally and internationally. The evolution of more potent drugs is even more apparent with many new substances now being detected including a range of synthetic benzodiazepines, cannabinoids and opioid analogues. The resurgence of GHB in combination with other stimulants such as methylamphetamine is concerning, most obvious in drivers killed on Victorian roads.

Year	Number of coronial cases received for toxicology testing
14/15	5450
15/16	5595
16/17	5866
17/18	5946
18/19	5956
19/20	6469

The prevalence of stimulants in fatal road accidents now exceeds 20 per cent. 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, impaired drivers and drug facilitated crime cases. Despite the impact of COVID-19 across the Victorian community, toxicology case numbers have remained at challenging levels for all types of investigations.

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.

The laboratory has also been engaged in a number of projects enabling the detection of drugs in oral fluid, hair and other matrices.

Research and quality assurance activities by toxicology staff have included the following projects approved by the VIFM Ethics Committee in 2019-20:

- » Tapentadol/codeine related deaths in Victoria
- » Post-mortem metabolomics (collaborative study with Zurich Institute of Forensic Medicine) investigating markers of drug redistribution
- » Drug Method Enhancement for neutral and acidic drugs by mass spectrometry.

Entomology and photography

Our forensic entomologist assists with legal investigations, including the assessment of time since death and the possible movement of deceased persons by others after death. Our forensic photographers provide high-quality digital photographs of casework that forms an essential part of the evidential record.

Histology

Year	Number of histology tissue samples processed
14/15	70,370
15/16	67,823
16/17	61,982
17/18	66,669
18/19	61,532
19/20	62,611

Human Identification Services – Forensic Odontology, Anthropology and Molecular Biology

The Human Identification Services (HIS) team is involved in the identification of people. The coroner must formally identify all individuals whose death is reported to the Coroners Court. The team includes forensic anthropologists (skeletal remains) and forensic odontologists (dental identification), whose work is critical where visual identification of the deceased is not possible or is inappropriate. They also provide expert assessment of skeletal and orofacial trauma. This information can be critical in the investigation of injuries in crimes against the person. HIS provided 74 odontology reports and 187 anthropology reports and opinions in 2019-20.

The forensic Molecular Biology Laboratory uses DNA analysis to assist in the identification of deceased persons. DNA is particularly useful where, as a result of severe trauma or decomposition, the deceased cannot be visually identified. These services include the provision of kinship comparisons using nuclear DNA (nDNA) typing platforms, as well as mitochondrial DNA (mtDNA) analysis. The molecular biology team particularly assists with deaths involving drowning, fires, aircraft crashes, or mass fatality events (such as the 2009 Victorian bushfires). This year the DNA laboratory team conducted 254 tests (corresponding to 417 samples) to assist the coroner in the identification of deceased persons.

The VIFM is one of only two accredited laboratories capable of mitochondrial DNA (mtDNA) analysis. As such, the VIFM also provides DNA analysis services to assist in criminal investigations in other states and territories. These cases range from long-term missing persons to complex cold case homicide investigations, which require the analysis of large numbers of compromised samples (such as hairs and skeletal elements). This year 27 external cases (corresponding to 94 samples) were referred to our laboratory, with some of the findings assisting in the closure of high-profile investigations across Australia.

Research activities by HIS staff have included the following projects approved by the VIFM Ethics Committee in 2019-20:

- » Massively Parallel Sequencing (MPS) Validation - mitochondrial DNA analysis
- » MPS and Rapid DNA analysis for incinerated human remains
- » Retrospective taphonomic study on aquatic body decomposition
- » The efficiency and efficacy of the HIS at the VIFM survey of deceased individuals where the location of the individual is delayed
- » Estimating dental age of NZ subadults using Demirjian's method
- » An examination of the fractures resulting from fatal one-punch assault

Year	Number of DNA identification tests for the coroner
14/15	232
15/16	233
16/17	176
17/18	198
18/19	238
19/20	254

*These figures include nuclear and mitochondrial DNA tests for the coroner



Associate Professor Soren Blau

Clinical Forensic Medicine

Sexual Assault Examinations

The VIFM forensic clinical medical staff undertake medical examinations of adult sexual assault victims across the state of Victoria. These services are usually provided at the request of Victoria Police investigators, but our medical staff will also undertake such examinations for patients and collect forensic specimens 'just in case' they wish to make a complaint to police in the future.

The VIFM forensic clinical medical staff have to balance the forensic needs of investigators and the courts with the medical and healthcare needs of victims. It is essential that these medical examinations are undertaken in a sensitive and caring manner while still maintaining the forensic rigour required by the courts with regard to evidence collection. This service is provided around the clock across the state including at hospital emergency departments, crisis care units attached to hospitals, and custom examination suites at the Multi-Disciplinary Centres (MDCs) throughout the metropolitan and rural centres. In cases where the victim may be at a facility such as a nursing home or in custody at a prison, if medically appropriate, the examination will be undertaken at that location.

Physical Assault Examinations

The VIFM forensic clinical medical staff undertake medical examinations of adult sexual assault victims across the state of Victoria. These services are usually provided at the request of Victoria Police investigators, but our medical staff will also undertake such examinations for patients and collect forensic specimens 'just in case' they wish to make a complaint to police in the future.

The VIFM forensic clinical medical staff have to balance the forensic needs of investigators and the courts with the medical and healthcare needs of victims. It is essential that these medical examinations are undertaken in a sensitive and caring manner while still maintaining the forensic rigour required by the courts with regard to evidence collection. This service is provided around the clock across the state including at hospital emergency departments, crisis care units attached to hospitals, and custom examination suites at the MDCs throughout the metropolitan and rural centres. In cases where the victim may be at a facility such as a nursing home or in custody at a prison, if medically appropriate, the examination will be undertaken at that location.

In cases where there is suspected drug or alcohol involvement in a victim, the examination process includes the collection of toxicology specimens. These specimens are analysed by the VIFM toxicology service and the interpretation of the results are included in the clinical expert opinion statements. Analysis is conducted on samples of blood, urine, hair or other exhibits related to the case. The VIFM analysed 270 such cases in 2019-2020.

Total number of clinical forensic medicine cases 2019-2020

Adult Sexual Assault Examinations	464
Adult Non-Recent Sexual Assault Examinations	40
Adult Physical Assault Examinations	222
Paediatric Forensic Services	95
Fitness for Interview	547
Fitness for Interview (Phone)	1055
Traffic Medicine	250
Expert Opinion	993
Biological Specimen Collection	44
Ethical Standards	6
Court Appearances – CFM	93
Other Specialised Services – CFM	40
Total Cases	3849¹

¹ Please note that the CFM case numbers stated in the Operational Report are greater than the CFM services stated in the BP3 report due to the timing of receiving these reports

Forensic services for family violence victims

The VIFM has been increasingly focussing its clinical services on family violence.

The reforms recommended by the Royal Commission into Family Violence relating to clinical forensic medicine have been actively taken up. We have increased the range of services we undertake at the MDC in Dandenong as part of a major pilot working with Victoria Police and a number of health and human services agencies. In addition, we are harnessing our training capacity through the Monash University Department of Forensic Medicine to ensure that knowledge of family violence and its forensic assessment is strengthened in the health and justice sectors.

Today the VIFM clinical forensic services are far better connected with other justice agencies, resulting in a more comprehensive response to victims of family violence.

Number of toxicology tests on drug facilitated sexual assaults per year

14/15	153
15/16	188
16/17	195
17/18	180
18/19	227
19/20	270

Road Traffic Medicine

The VIFM forensic medical staff provide medical advice to VicRoads and the Commercial Passenger Vehicles Victoria (CPVV) regarding people's fitness to drive. In this role, the VIFM doctors performed 2166 clinical fitness to drive reviews for VicRoads and 2103 fitness to drive reviews for CPVV in 2019-20 and discussed 110 cases at the Neurology/Ophthalmology Consultative Committee. The VIFM doctors also attend court as medical experts when drivers challenge licensing decisions.

Doctors from the clinical division also provide expert opinions for Victoria Police, WorkSafe Victoria and the Department of Health and Human Services on injury interpretation, medical aspects of crash analysis and the effects of medical conditions, drugs and alcohol on driving. These opinions are a vital part of Victoria Police's prosecution efforts for cases of impaired driving.

Biological Sample Collection

The VIFM forensic nurses and doctors provide a comprehensive biological sample collection service for Victoria. This 24-hour service involves the collection of over 249 samples each year. Blood and urine specimens are collected from suspected intoxicated drivers when required by investigators. The majority of this work forms part of Victoria Police evidence collection processes for traffic incidents and road traffic offences.

Custodial Medicine

The VIFM does not have a direct role in patient care in the custodial setting however, we are called on to assess persons in custody for forensic reasons including evidentiary injury examinations, collection of biological samples and assessments for fitness to be interviewed. These types of cases often involve assessment of the need for ongoing care of follow-up of injuries, intoxications and psychiatric conditions. This work involves liaison with other health services and providers. Details of a detainee's injuries or medical conditions are also of evidentiary importance in subsequent court proceedings.

Fitness for Interview Examinations

When police have concerns as to the fitness for interview of detainees, the VIFM provides a 24-hour service for assessment of these persons. Fitness for interview may be affected by a large number of factors including (among others) mental illness, intoxications, sleep deprivation, and painful injuries. Proper assessment of these detainees is important in ensuring the subsequent admissibility of a police interview in court.

Research

Research activities by Clinical Forensic Medicine staff have included the following project approved by the VIFM Ethics Committee in 2019-20:

- » Swipe right – the emergence of dating app facilitated sexual assault.



Dr Sanjeev Gaya

Drug Testing Services for Victoria Police



The VIFM forensic toxicology laboratory undertakes analysis of road traffic samples for Victoria Police to confirm the presence of these drugs in drivers.

Number of drug and alcohol toxicology tests on injured driver cases

14/15	4848
15/16	5226
16/17	5129
17/18	5506
18/19	5946
19/20	5925



Dr Linda Glowacki

in injured drivers is not markedly different to those drivers killed in accidents.

Road Traffic Toxicology

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

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

It is also well established that the presence of alcohol and/or drugs in drivers continues to be a road safety issue with approximately 22 per cent of all drivers killed in Victoria testing positive for stimulants. Research conducted by the Institute has demonstrated that the presence of stimulants in drivers significantly increases the risk of having an accident¹; the risk is equivalent to a driver who has a concentration of alcohol in blood of at least 0.15%²

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

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

Number of toxicology roadside confirmatory drug test cases

14/15	5633
15/16	9489
16/17	8958
17/18	10153
18/19	12560
19/20	12203

Number of toxicology tests on impaired driver cases

14/15	211
15/16	282
16/17	339
17/18	378
18/19	372
19/20	378

Donor Tissue Bank of Victoria

Tissue donation from deceased and living donors is a crucial service 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 the quality of life.

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

Overview

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

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

The DTBV’s highly trained team are committed to product safety. The DTBV holds a TGA manufacturing licence for human tissue retrieval, processing, storage and release for supply, and also as a testing laboratory for product 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 is a prescribed tissue bank under the Victorian *Human Tissue Act 1982* and its operations are overseen by the Donor Tissue Bank Committee, which is a sub-committee of the VIFM Council. (See the appendix for further details).

Recognising the precious gift of tissue

In 2019 the DTBV celebrated 30 years of operations. The work of the DTBV would not be possible without the support of donors and their families and the many healthcare and tissue banking professionals required to ensure the crucial resource of human tissue is available to those in clinical need.

Donors and their families are very special people and their support underpins the DTBV’s work. Tissue donation offers relatives of a deceased person the opportunity to salvage something positive from the tragic loss of the one they loved.

The DTBV hosts an annual afternoon tea called ‘Leaf Day’ for family members and friends of the donors from the preceding year where each donor, represented as a leaf on the Tree of Life displayed in the DTBV foyer, is recognised and thanked. The DTBV also proudly houses the bronze and steel sculpture called ‘The Gift...’, which depicts tissue donation as two hands – one giving and one receiving. The sculpture is sited outside the main entrance of the DTBV at the end of Moore Street in Southbank.

Donation partners

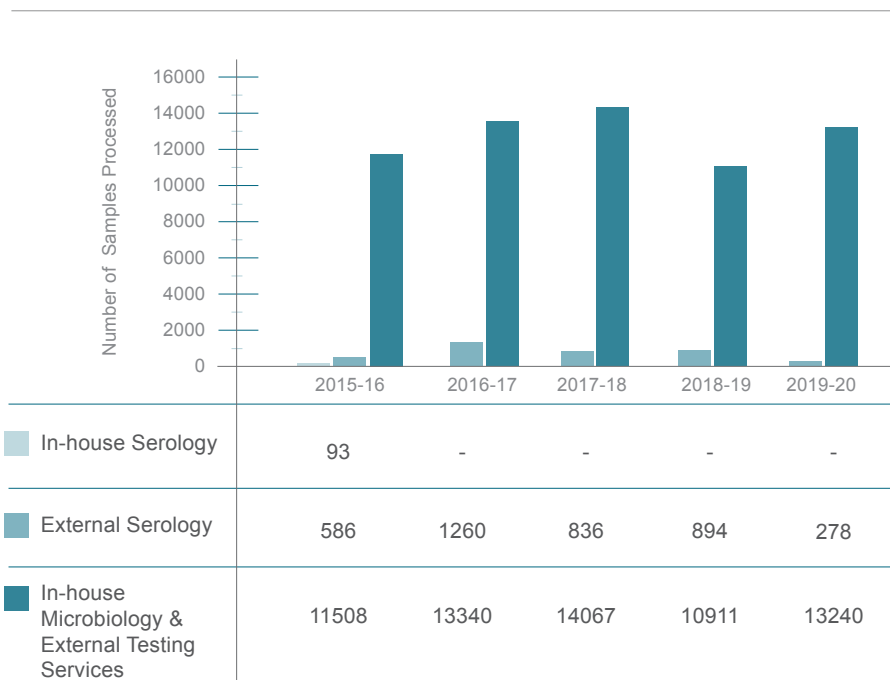
The DTBV donation program operates in collaboration with partners through the DonateLife Network including

DonateLife Victoria, DonateLife Tasmania, the Royal Melbourne Hospital and the Lions Eye Donation Service in Melbourne. Tissue is also collected from patients undergoing routine hip replacements (due to worn cartilage). The otherwise discarded bone removed during surgery is processed by our scientific and technical team into other bone tissue products suitable for transplantation. The DTBV also collaborates with the Royal Children’s Hospital to collect cardiac valves from heart recipients, as there is a particular shortage of small valves for transplantation into children.

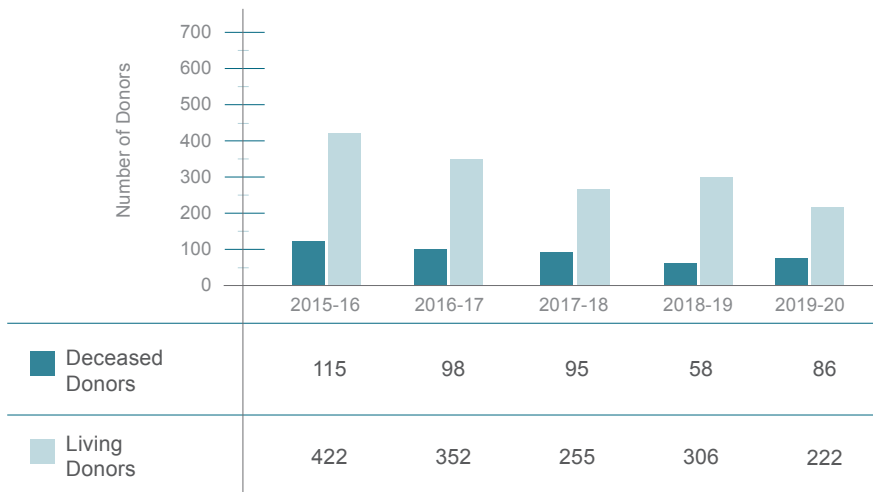
Making the most of the gift of tissue

The performance of the DTBV is highly dependent upon donation rates which directly affect the availability of human tissue allografts. The lead time to certify that a tissue is safe to use can take up to 15 months due to rigorous laboratory testing and thorough medical record checks. As such it is important that a

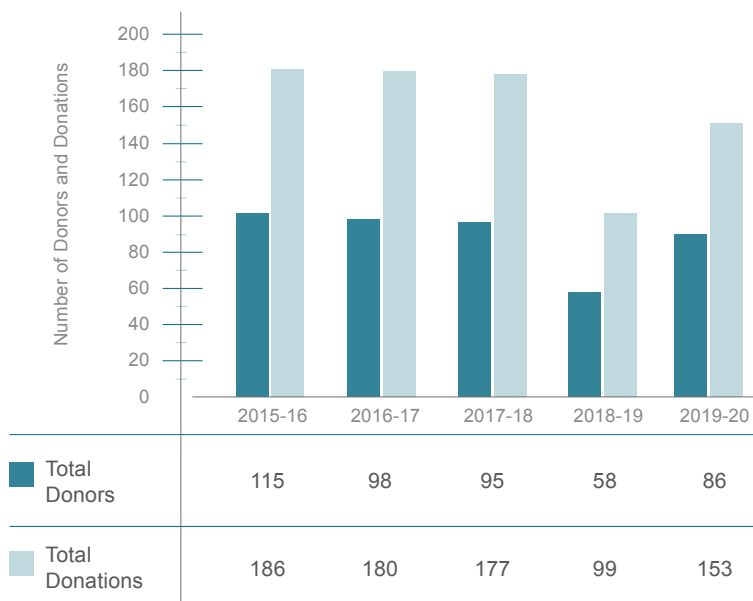
Number of microbiology samples processed



Number of living and deceased donors



Number of deceased donors and donations



Number and type of donations by deceased donors

	2015-16	2016-17	2017-18	2018-19	2019-20
Total Donors	115	98	95	58	86
Cardiovascular Donations	64	48	55	24	43
Musculoskeletal Tissue Donations	47	60	53	35	48
Skin Tissue Donations	75	72	69	40	62
Total Donations	186	180	177	99	153

healthy stock of products is maintained and that every tissue donated is processed to maximise the benefit to as many recipients as possible. With recent improvements one bone donation from a deceased donor can now result in over 200 grafts for transplantation.

Donation rates 2019-2020

The DTBV saw a significant increase in the donor rates for the first half of the year. This positive trend was short-lived as the challenge and impacts of the COVID-19 pandemic emerged. The cancellation of elective surgeries across Australian hospitals, not only restricted distribution of tissue but also curtailed the DTBV's operations and the retrieval of bone from elective surgeries as part of the Living Donor Program. Similar reductions in donations were also seen in the organ donation sector who provide significant access to tissue donors outside of the coronial system.

Despite this donation rates still exceeded the prior year and bode well for the future. With a solid start in the first half of the year combined with a five-year expiry date on all tissue, the DTBV's stock levels remain stable.

Tissue supply rates 2019-20

The demand for skin, cardiac tissue, and tendons during the year continues to outstrip supply, and was also impacted by the poor donation rate from the previous year.

The supply of skin was further challenged by the exceptionally high demand for skin in 2017-18 and the first half of 2018-19 and by the White Island volcano tragedy in New Zealand. Following the eruption, skin was urgently shipped to New Zealand to assist burn victims, depleting the DTBV's stock. Australian patients from the tragedy

were then repatriated back to Australia from New Zealand for ongoing care. To address the health needs of these patients, the DTBV worked with the burns unit at the Alfred Hospital, the Therapeutic Goods Administration and government to import skin from the USA. The arrival of imported skin the day before Christmas in 2019 ensured all skin requests were met.

The supply of bone tissue following the launch of Cancellous Bone Matrix (CBM) the previous year, and shaped Cancellous Bone Wedges used in bespoke spinal surgery this year, continues to grow over previous years. This increase was despite the cancellation of elective surgery due to the COVID-19 pandemic in the first half of 2020

Partnership with KT Medical

In August 2019 the DTBV entered into an agreement with KT Medical to facilitate sales of bone grafts and provide clinical support and education to

spinal and orthopaedic surgeons across Australia. Their capability has been a key factor in the increase of bone tissue sales despite the reduction in elective surgeries during the pandemic. It has also enabled the DTBV to more actively engage with the surgical community and ensure its surgical needs are being met and in turn ensure the needs of patients are met.

New tissue product launched

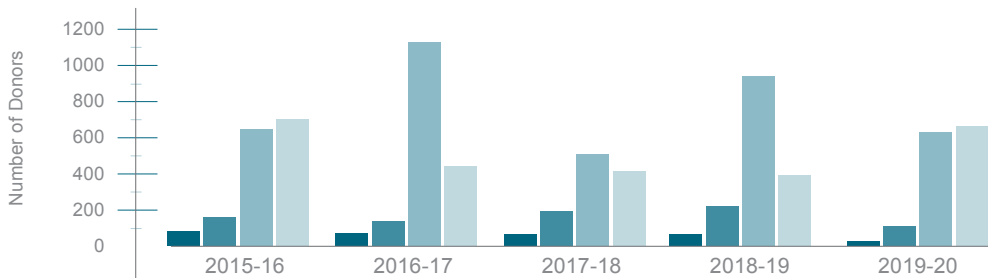
The launch of DBM in early 2020 marked the next major technological step change for the DTBV, following the release of CBM in 2018. DBM is a “secondary” product processed from a “primary” product – namely bone. DBM is milled cortical bone that has been treated to remove calcium to expose bone morphogenic proteins which have a key role in regulating bone induction, maintenance and repair. In short, DBM promotes bone healing. DBM, like CBM is freeze dried product, allowing

hospitals to store it conveniently on-site and on a shelf ready for use, as opposed to shipping frozen milled bone in dry ice the day before a surgery.

Microbiology service

The DTBV provides an in-house Microbiology service supporting both tissue banking operations and death investigations as part of the coronial system. The increase in microbiology samples handled reflects both the higher numbers of donors and the increase in death investigation cases. Conversely the fall in serology samples reflects the reduction in the living donor bone program and changes in testing. The initial donation sample is now tested using nucleic acid testing which is more sensitive, and which has negated a repeat test of living donors six months after the donation to reduce the window period of infection. This change has reduced costs and wastage as well as the inconvenience to donors to have a second blood sample taken.

Tissue supplied for transplantation by the DTBV



	2015-16	2016-17	2017-18	2018-19	2019-20
Cardiac	89	55	53	54	27
Tendons	140	114	169	173	115
Skin	619	1135	512	922	605
Bones	491	449	430	410	633

A man in a dark suit, white shirt, and patterned tie is standing at a podium, pointing his right index finger towards a screen. The background is a blurred presentation slide with text. The overall lighting is dim with a blue tint.

Academic Programs

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

Highlights

Associate Professor Richard Bassed has led the Division as the VIFM Deputy Director (Academic Programs) since his appointment in April 2017. He is a member of the Senior Executive Group.

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

The VIFM Act establishes a joint position of Director of VIFM and Professor of the DFM, Monash University. The Director/Professor is responsible for the strategic direction and activities of the DFM, that is housed at the VIFM and operates under the governance of the Monash University Faculty of Medicine, Nursing and Health Sciences.

Associate Professor Richard Bassed is the Head of the DFM and as such is responsible for the operation of the department and its diverse research, teaching and international activities.

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

The underlying philosophy of the VIFM is to “learn from the dead to benefit the living” and this drives the prevention focus across the research and teaching programs. The Academic Programs Division is 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 underpins the Institute’s credibility in the courts, the justice and healthcare systems. This collaboration also provides the VIFM practitioners with important avenues for professional development to build their own knowledge and expertise, and to share this expertise through teaching. It is critical that the

VIFM staff share their skills and knowledge to train the next generation of forensic practitioners. Academic Programs also contributes to global prevention research and delivers capacity building initiatives to low- and middle-income countries (LMIC) via the Institute’s International Programs.

Highlights from the year

Whilst the last few months of the financial year proved challenging due to the appearance of COVID-19, with all of its associated impacts on face-to-face teaching and learning and on the ability of researchers to access data for their various projects, the division of Academic Programs and the DFM had a fruitful year.

The body of research and teaching work summarised below consists of efforts that will continue over several years. All of the teaching we do is designed to prepare the next generation of forensic workforce personnel. And all of our research is focussed solely on the betterment of our profession – improvements in the evidence base upon which we rely to provide sound conclusions to the justice system and to families, and improvements in public health – including the prevention of injury and premature death, both intentional and accidental.

The highlights can be summarised as follows:

The DFM awarded \$4.5 million grant for sexual assault response training.

In December 2019, the DFM was awarded a \$4.5 million grant from the Commonwealth Department of Social Services. The purpose of this grant is to provide education Australia wide to medical, nursing, and frontline community workers in the difficult area of responding appropriately to sexual violence. The work will be particularly focussed on reaching disadvantaged and minority communities. The project will result in a series of training courses to be delivered to medical personnel via college-based Continuing Professional Development programs, and to frontline community workers through Vocational Training Certificate courses. The awarding of this grant represents a huge vote of confidence in the work of both the VIFM and the DFM, and will provide substantial community public health benefit in responses to sexual violence.

Growing our teaching programs

Our teaching programs experienced another year of growth and development, in both Monash University based Master and Undergraduate programs, and our VIFM short course program. COVID-19 has posed a number of interesting teaching challenges in the last few months of the financial year, with all learning moving to an online platform. Both teachers and students are beginning to adapt well to this new mode of working, and it is envisaged that some aspects of this will be retained permanently as we move back into a more normal environment in 2021. The master course now has, for the first time, greater than 90 students enrolled, and has successfully completed a university full course review. We were very pleased to teach the first iteration of our undergraduate course (Principles of Forensic Medicine and Science), as well as the following short courses; Introduction to Osteology, Analysis and Interpretation of Skeletal Trauma, and Forensic Geriatric Medicine. New courses are under development – but delivery has been put on hold due to the impact of COVID-19.

Advocating for change in aged care

The Health Law and Ageing Research Unit (HLARU), coordinated by Professor Joe Ibrahim, had another successful year. The Unit made contributions over the past 12 months in the areas of research, education, training and policy. The team was active in the popular media, academic literature and national reviews into aged care. Our activities included the supervision of undergraduate students, a national seminar at the State Library on prevention of sexual assault in aged care, a submission of research and recommendations for reform to multiple national government inquiries, including the Royal Commission into Aged Care. And finally, we advocated for the elimination of physical and chemical restraint.

Contributing to the evidence-base for forensic anthropology

Research and teaching activities in the VIFM forensic anthropology group continue to thrive. We have research activities underway in the search and recovery of human

remains, the analysis and interpretation of skeletal trauma, the presentation of complex forensic evidence in court – particularly in relation to the use of 3D printed skeletal elements displaying traumatic injury – and the use of bomb pulse dating to ascertain year of death for discovered human remains.

Contributing to the evidence-base on self-directed and interpersonal violence

The Violence Investigation, Research and Training Unit (VIRTU) performs research and training activities that enhance the medico-legal investigation of self-directed and interpersonal violence. These activities are also intended to contribute to the evidence-base on violence to support the criminal justice system and public health and safety outcomes. Current projects include: Prevalence and characteristics of self-reported neck compression among patients presenting for a clinical forensic examination in Victoria; diagnostic tests used to identify neck and head injuries following neck compression among victims of interpersonal violence: a systematic review; how changes to the delivery of clinical forensic medical services during COVID-19 impacted the workforce and conduct of patient examinations; and, considerable input into the Commonwealth Department of Social Services grant for sexual violence response training as outlined above.

Using Forensic Informatics to better analyse case data

Artificial Intelligence (AI) and advanced data analytics are playing an increasing role in medicine. Academic Programs has begun to explore the possibilities of AI and Machine Learning as it could be applied to our forensic databases to improve efficiency of case management, data search capability (text, image, PMCT), and to develop ways to improve the evidence base for forensic conclusions presented in court. In order to foster this new area of research endeavour collaborations are being formed with Monash University Faculty of Information Technology and the School of Bio Medical Imaging, as well as with the Defence Science and Technology Group (DSTG) within the Commonwealth Department of Defence.



Short course on the analysis and interpretation of skeletal trauma

The VIFM became an industry partner in new research collaboration, HILA GRIP (Human-in-the-Loop-Analytics Graduate Research Industry Partnership). This program has enabled the DFM to take on two new PhD students to work on machine learning algorithms to improve both research and practice, specifically the ability to search VIFM's image and CT databases, plus the visualisation of medical imaging. Work on these new projects commenced in 2020.

Whilst in its infancy, Forensic Informatics has the potential to vastly impact on how forensic case information is dealt with by both practitioners and researchers. Current projects include: Augmented Reality visualisation of PMCT imaging; content based image retrieval for both our photographic and PMCT database; Natural Language Processing for finding similar cases in our database but which use slightly different terminology in descriptive text; automated ballistics trajectory and injury evaluation; automated facial reconstruction using our PMCT database (placing some science around the art of facial reconstruction); and, evaluation of facial recognition software in its ability to recognise and correctly identify deceased individuals (particularly applicable in mass casualty scenarios). Many more projects are in discussion, hopefully to be reported on in the next iteration of our Annual Report.

Investigating harmful outcomes of licit and illicit drug use

Led by forensic toxicologist, Dr Jennifer Schumann, the Drug intelligence Research Unit specialises in the investigation of the harmful outcomes of licit and illicit drug use on the community. Utilising a multidisciplinary approach combining forensic toxicology, public health and injury epidemiology has led directly to changes in Australian public health policy. The Unit continues to be a research leader in this field with a focus on death prevention and safer drug use.

Over the past year Dr Schumann has been awarded project funding from the Stop the Cowards Punch (STCP) Foundation (\$100,000) to conduct a study on One Punch Assaults: opportunities for prevention of fatal and non-fatal assaults and was awarded a 2019 Churchill Fellowship (\$27,000) to travel to the USA and Canada to investigate effective public health policies for preventing opioid misuse. Dr Schumann was also appointed Secretary of the Board for the Forensic and Clinical Toxicology Association (FACTA) and Chair of the Pill Testing Sub-Committee.

Whilst in its infancy, Forensic Informatics has the potential to vastly impact on how forensic case information is dealt with by both practitioners and researchers.



RCPA short course on autopsy

A close-up portrait of Dr Elizabeth Manning, a woman with short reddish-brown hair, wearing black-rimmed glasses and small circular earrings. She is looking directly at the camera with a slight smile. The background is a soft, out-of-focus light blue.

The International Program

The VIFM's International Program is a central facilitation, coordination and monitoring point for the VIFM's national and international activities – including support for visiting on-site international medical and scientific fellows. This includes through the Australian Health Practitioner Regulation Agency (AHPRA) medical registration, the Royal College of Pathologists Australasia (RCPA) program approval process and visa requirements. The Program provides support for professional staff engaged in national and international work.

For three decades the VIFM has hosted Sri Lankan forensic medical practitioners for year-long training placements. This has made a significant contribution to Sri Lanka's forensic medical capability and justice system.

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

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

The VIFM contributes to the development of forensic medical and scientific capacity in resource-poor nations, particularly in South East Asia and the Pacific where the training of specialist forensic doctors is often negligible. Training placements are highly sought after by international clinicians and scientists. For three decades the VIFM has hosted Sri Lankan forensic medical practitioners for year-long training placements. This has made a significant contribution to Sri Lanka's forensic medical capability and justice system.

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

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

Through its work with the ICRC and the Asia Pacific Medico-Legal Agencies (APMLA - a network of 34 forensic medical institutions from 22 Asia Pacific nations), the VIFM plays a significant role in enhancing forensic medical capacity and related resource development in this region. While this work supports capacity development for forensic medical institutions in the region it also strengthens the VIFM's ability to respond to Australian mass casualty events.

Recent work has included: the development and analysis of a Survey of APMLA Member forensic institutions' COVID-19 Responses, and the provision of evidence-based international COVID-19 Guidelines, and peer-reviewed research for a central APMLA repository.

International and humanitarian work

ICRC: In July 2019, VIFM Deputy Director and Consultant Forensic Pathologist Professor D. Ranson and Senior Forensic Anthropologist A/Professor S. Blau were invited speakers at an ICRC Conference on Forensic Data Management – Improving Forensic Human Identification through Implementation of Simple Systems in Bangkok, Thailand.

ICRC: 28 July to 3 August 2019, Forensic Technical Services Manager Dr J. Leditschke and Senior Forensic Technician, H. Messinis delivered training on temporary mortuary operations and systems in Pretoria, South Africa.

ICRC: 19 to 23 August 2019, Deputy Director and Senior Forensic Odontologist A/Professor R. Basset was a guest speaker at the ICRC Asia Pacific Conference on Human Identification in Colombo, Sri Lanka.

ICRC: 14 to 18 October, Professor D. Ranson led two 2-day Disaster Victim Identification courses for medical personnel in Hanoi and Ho Chi Minh City, Vietnam.

ICRC: 28 September to 9 Oct 2019, Consultant Forensic Specialist Professor S. Corder undertook a review of the Greek medico-legal death investigation system and provided a paper on Strengthening the Medico-legal System of Greece.

ICRC: 6 to 12 August 2019, Professor S. Corder was an invited speaker at the ICRC Humanitarian Forensics Symposium and provided advice on the establishment of an International Centre for Humanitarian Forensics at Gujarat Forensic Sciences University, India.

ICRC: 'The Missing Project' Professor S. Corder was commissioned to develop universal principles and best

practices for the Dignified Management of the Dead in Humanitarian Emergencies within an international law context and to develop Guiding Principles on the use of Forensic Science to prevent and resolve the missing.

ICRC: 11 to 16 November, Quality and Improvement Manager F. Adamas provided training on Quality System development and processes for forensic practitioners in the Ukraine.

ICRC: On 27 November 2019, Professor S. Cordner attended a meeting of the Directorate of the Coimbra University Centre for Humanitarian and Human Rights Forensic Research and the ICRC in Portugal.

ICRC: 9 to 14 February 2020, Dr J. Leditschke provided training on Disaster Emergency Response for forensic practitioners in the Ukraine.

Bhutan: 18 September to 3 October 2019, Forensic Pathology Service Head, Dr L. Iles was invited by the Government of Bhutan to provide advice on forensic pathology service and mortuary operations planning and capacity development in Thimphu, Bhutan.

Nepal: 12 to 15 September 2019, VIFM Director Professor N. Woodford and Professor S. Cordner were guest speakers at the MeLeCoN and IAMLE Forensic Medical Conference in Kathmandu, Nepal.

Nepal: In November 2019, Forensic Anthropologist Dr S. Rowbotham undertook a self-funded and initiated one-month forensic anthropology capacity development and training placement at the Tribhuvan University and Kathmandu Medical College and Teaching Hospital in Nepal. She undertook significant delivery of practical capacity development in this field for a large cohort of medical practitioners and assisted in the orderly analysis of skeletal teaching materials.

Thailand: 22 to 27 September 2019, Forensic Sciences Head and Chief Toxicologist, Associate Professor D. Gerostamoulos was a guest speaker at a Thai Forensic Sciences Network Meeting in Bangkok, Thailand.

Department of Foreign Affairs and Trade (DFAT): On 18 December 2019, VIFM Director Professor N. Woodford, Clinical Forensic Medicine Head Dr M. Moller and International Program Manager Dr L. Manning met with DFAT staff in Canberra to discuss forensic medical capacity development in the Pacific in relation to medico-legal death investigation and medico-legal investigation of sexual violence.

DFAT call for submissions on international development for the Indo-Pacific as part of policy development process. VIFM submitted a paper by Professor N. Woodford and Dr L. Manning on forensic medical capacity development for the Indo-Pacific in January 2020.

Australian Federal Police: 10 to 12 November 2019, following a request from the AFP in Nauru, Professor S. Cordner and Senior Forensic Technician M. Osborne deployed to Nauru to provide forensic services.

INPALMS 2019: 9 to 13 December 2019, Professor S. Cordner was a Keynote speaker at the Indo-Pacific Association for Legal Medicine (INPALMS) 2020 Conference in Dhaka, Bangladesh.



Dr Linda Iles, H Larkin and O Whelan in Samoa

Samoa: 16 to 17 December 2019, Forensic Pathology Head, Dr L. Iles; Senior Forensic Technicians H. Larkin and O. Whelan deployed to Samoa at the request of the World Health Organisation and the Samoan Ministry of Health to undertake autopsies and related toxicology and virological testing (VIDRL).

COVID-19 APMLA: Dr L. Manning and Dr J. Leditschke worked with Asia Pacific Medico-Legal Agencies and the ICRC in the development, distribution and analysis of a COVID-19 Forensic Response survey and the distribution of ICRC COVID-19 Guidelines and other evidence-based international resources and research

International training placements hosted by VIFM

Overseas trained doctors and scientists who visited or undertook training fellowships at the VIFM in 2019-2020 included:

- » Dr Ameen Izzath, Forensic Pathologist, Polonnaruwa General Hospital (Sri Lanka);
- » Laura Spake, PhD Student Forensic Anthropology (Canada);
- » Dr Ahmad Hafizam Bin Hasmi, National Institute of Forensic Medicine; Kuala Lumpur, Malaysia;
- » Dr Judith Fronczek and Dr Hans de Boer, Netherlands Forensic Institute, The Hague, Netherlands.

Research Governance at the Victorian Institute of Forensic Medicine

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

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 Alfred Health. 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 deemed 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.

Ethics approved research application categories

In the 2019-2020 year, the VIFM Ethics Committee considered 16 research applications and approved 14, seeking further information for two applications.

The VIFM Council and the Director have not referred any questions of ethics affecting the operation of the VIFM in 2019-20.

No guidelines or policies relating to the ethical aspects of research have been reviewed in 2019-20.

Type of Research	Number of Applications
Access to the body of a deceased person	1
Use of fresh tissue (tissue taken for a research purpose)	0
Use of fresh tissue (tissue taken for the purpose of an autopsy)	2
Information collected or generated	10
Live participants - surveys	1
Live participants - tissue	2





Mr Peter Bury

Reporting to Government

BP3 statistics table

The Institute reports to government on its activities via the Budget Paper 3 (BP3) statistics. The information provides an accrued measure against targets for a number of medico-legal investigations, quality of reports, timeliness of body turnaround and final reports. The table below shows these and other outcomes for 2019-20.

Supporting the justice system

	UNIT OF MEASURE	YEAR 2019/20			COMMENTS
		Target	Actual	% variations	
QUANTITY					
Clinical Forensic Medical services	Number	2,300 - 2,700	3,546	31.3%	Demand is driven by Victoria Police and reflects increased numbers of cases seen by police, with a flow-on effect on clinical forensic services.
Medico-Legal Death Investigations ¹	Number	6,150 - 6,550	7,039	7.5%	The number of cases undergoing medico-legal death investigation by the VIFM continues its trend upwards. This increase is directly related to a rise in the number of deaths reported to the Coroner, and as such this demand for death investigation services cannot be controlled or managed by VIFM. Resourcing has not matched this increase in demand, and there is a growing workload pressure on staff who are obliged to manage excessive caseloads.
Provision of expert forensic medical and scientific evidence in court	Number	150 - 250	146	2.7%	The number of court appearances is dictated by court and prosecution requirements.
QUALITY					
Victorian Institute of Forensic Medicine quality audit ²	%	95	97	2.1%	Performance reflects the high standard of pathology reports of which very few require any follow up action after audit.
TIMELINESS					
Medical and scientific investigations on the body of the deceased completed within two days ³	%	75 - 85	72	(4.0%)	Results fluctuate depending on the complexity of cases and this variation is within the acceptable limit of 5%. This is a flow-on effect from the rising number of deaths reported to the coroner, compounded by a shortage of forensic pathologists to undertake the workload.
Medico-legal death investigation reports issued within agreed period ⁴	%	60 - 70	60	0.0%	The VIFM met the report turnaround times that are critical for courts to ensure that hearings can be held in a timely manner.

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.



Highlights and Achievements for 2019-20

Reporting against the strategic plan 2019-2022

The VIFM Strategic Plan is our roadmap. Our new 2019-22 plan was developed following staff consultation, environmental scanning and reflection with our Council. We developed six goals that address 'our environment', 'our system' and 'our people' to meet the VIFM's aim and purpose. What follows is an account of some highlights from this year's achievements in pursuit of our goals.

Goal 1

–

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

The VIFM's experience during the COVID-19 pandemic has highlighted how we can move proactively to communicate with policy makers. The potential for large numbers of fatalities from the virus prompted our staff to draft an unsolicited paper for the DJCS outlining issues with respect to mass body storage and offering the VIFM's expertise and readiness to coordinate such facilities. Whilst thankfully these efforts have not been required, the timely communications from the VIFM were well received and very effectively raised the VIFM's profile at the DJCS and in Victoria's emergency response sector.

The VIFM has entered into a collaboration with the Coward's Punch Foundation to undertake 'one punch' research looking into the circumstances of cases involving both fatal and non-fatal outcomes, and the perpetrators and events leading up to these assaults. This research will provide a sound evidence base for community education and awareness-raising, as well as for peer-reviewed journal papers, planned for early 2021.

The VIFM provided oral and written input to the development of a proposed amendment to create a stand-alone offence of 'non-fatal strangulation'. The proposed offence recognises the seriousness of offending involving neck compression as an indicator of escalating violence in family violence settings. The VIFM's input included findings of a systematic literature review looking into the frequency and nature of neck and head injuries identified using diagnostic tests following neck compression among alleged victims of interpersonal violence.

The VIFM toxicology service has produced two policy papers on detection of drugs in oral fluids in injured and deceased drivers, directly contributing to evidence-based road safety policy in Victoria. In particular the VIFM's advice about the limits of drug detection test reporting for proving driving impairment has been influential in amending road safety legislation. Further advice has been prepared regarding the possible extension of testing for passengers and pedestrians involved in incidents on the roads. We are also working to ensure timely and accurate data sharing with key agencies involved in the Drugs and Driving Specialist Group, under State Government data sharing rules.

Associate Professor Gerostamoulos is actively contributing to the work of United Nations Office on Drugs and Crime (UNODC) panel looking at ways to minimise harm from use of newly emerging psychoactive drugs. This year the panel established a portal for rapid detection of new psychoactive drugs operating worldwide. The drug harm information generated through use of the portal contributes to the World Health Organisation's ability to list these new drugs on a schedule, assisting

effective treatment, injury and death prevention.

A project to develop Disaster Victim Identification (DVI) training curriculum for ASEANAPOL (Interpol for Asia) has been completed this year, contributing to adoption of a consistent approach to DVI policy and practice across our region. In early 2020 the VIFM provided feedback on the wording of a Memorandum of Understanding (MOU) with the AFP, which aims to facilitate working together to undertake forensic medical capacity building in the region. This is expected to be finalised in the coming months.

The COVID-19 pandemic has affected the VIFM's contribution to the Asia Pacific Medico-Legal Agencies (34 agencies from 21 nations, supported by the International Committee of the Red Cross). The annual meeting planned for August 2020 in Bangkok will be replaced with a series of online meetings and workshops. The VIFM has developed a survey for member agencies about forensic medical responses to the pandemic. So far there have been 18 responses from 14 nations. The survey data will contribute to understanding how dead body management has been undertaken, for example to accommodate different religious and cultural practices, and about possible transmission of the virus from the dead.

The VIFM response to a Department of Foreign Affairs and Trade policy paper on international development for the Indo-Pacific, submitted in January 2020, focussed on the need for improved forensic medical capacity to contribute to the response to sexual violence and on improved DVI and forensic pathology training.

Goal 2

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

The VIFM will receive \$2million from the pandemic stimulus package to upgrade the building spaces that support the VIFM mortuary and admissions staff and families, which are too small and are not safe. The building spaces place all those at risk of: occupational violence, transmission of infections including COVID-19, cultural insensitivity and poor wellbeing. This funding was forthcoming following the VIFM's work on COVID related community body storage (see above), which created greater visibility of family and mortuary requirements.

In partnership with Monash University, the VIFM was successful in winning a \$4.5 million Department of Social Services grant to design and deliver training for those responding to sexual violence.

The business case for the VIFM's bid as part of the 2020-21 State Budget will continue to focus on the unsustainable funding and on 'Workplace safety and community impacts of an overstretched death investigation services'.

The VIFM's Service Level Agreement (SLA) with Victoria Police to provide clinical forensic medicine service and toxicology testing has been extended for a further 12 months to the end of June 2021. The VIFM's senior executives and relevant heads of service will be developing a new SLA with Victoria Police, incorporating service improvements.

Goal 3

–
To deliver the services that our stakeholders need and expect.

Forensic Services Division improvements. In collaboration with the Coroners Court of Victoria (CCOV) Registry team our administrative team has established a more proactive approach to follow up on medical examination reports to update families of progress for cases that exceed the routine timeframes (12-16 weeks). The COVID pandemic has meant more working from home for pathologists which has enabled them to get on top of case report backlogs. For the clinical service, a new case allocation matrix is being used to take account of working hours and expertise and regular peer review of court transcripts has been established to meet quality standards.

Our clinical forensic physicians have adapted their services in response to the COVID pandemic, reducing the number of sites at which forensic examinations are conducted, to ensure thorough forensic cleaning and to minimise the potential for spreading of the coronavirus at multiple sites. They have also utilised telemedicine wherever possible and appropriate, for fitness for interview assessments and for supervision and support for our regional workforce. Jurat arrangements for case reports from all our experts have been adapted so that countersignatures are sought only for those cases actually proceeding to court. Court appearances have been conducted online in accordance with the new arrangements put in place across the court system.

These adapted practices are being considered for longer term service efficiencies and improvements. An internal position paper and guideline for staff has been developed for forensic examination of patients lacking decision-making capacity, with input from the Office of the Public Advocate and Victoria Police. This is an interim measure whilst we await advice from the DJCS about a possible legislative amendment to address a legal 'grey area' in relation to our doctors obtaining consent for forensic examination where the patient is unconscious or otherwise unable to give consent.

Massive parallel sequencing (MPS) services in the molecular biology laboratory are being developed following the purchase of the MPS instrument in 2019. Research ethics approval for validation of mitochondrial DNA analysis has been obtained and a post-graduate student has commenced this work, with new protocols expected by the end of 2020. These protocols will greatly enhance the VIFM's ability to use DNA samples for identification purposes. Validation for genetic screening and phenotype and ancestry analysis using the MPS will follow.

A VIFM team coordinated by Dr Soren Blau is actively working with the National Missing Persons Working Group to update protocols to speed up the progress of newly reported missing person cases being potentially matched



Ms Voula Staikos

with DNA profiles in the national database, to which we now have access. A register of active cases has been established, along with procedures for addressing long-term missing persons cases. This is positive progress towards establishing as routine a system for which the technology has long been available.

The Emerging Drugs Network of Australia (EDNA) has now been established with National Health and Medical Research Council (NHMRC) funding, with active involvement from all forensic labs across the country and emergency hospitals where patients affected by unknown psychoactive substances are treated. As part of the EDNA, the VIFM toxicology lab is contributing data and collaborating with the Austin Hospital, helping to build a clinical picture to improve treatment and save lives. New drug detection methods using the VIFM's new Time-of-Flight/Mass Spectrometer (TOF/MS) machine have helped with the processing of a three per cent increase in reports of cases involving novel substances.

The Acting Head of Clinical Forensic Medicine (CFM), Dr Maaïke Moller has developed a clinical governance framework for CFM at the VIFM. The document articulates how the VIFM can ensure it is operating in accordance with appropriate relevant frameworks

within the health sector contextualised for a justice setting. Further work on a clinical governance framework will be undertaken in 2020 for finalisation and implementation.

“The VIFM’s experience during the COVID-19 pandemic has highlighted how we can move proactively to communicate with policy makers.”

Goal 4

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

Implementation of the Information Communication and Technology (ICT) strategy. Our ICT team have done an amazing job to adapt our working environment for many staff, including the ICT team themselves, working from home during the COVID period. This call to action has slowed down delivery of some major projects in the significant ICT work program, but progress is nevertheless being made. Some highlights are:

- » Merging of the VIFM case management systems (iCMS with the iCMS+) to create a seamless experience for staff.
- » Implementation of a system for family letters to be sent from the Coronial Admissions and Enquiries office (CAE) at the initiation of the coroner's investigation. Families will receive crucial information about the coroner's system in a much timelier way. Currently this information is sent by the CCOV registrars after the case file has been sent through from the VIFM to the CCOV, with the time lag sometimes causing confusion for families, and has been the source of complaints to the coroner and the VIFM over several years.
- » Review of data security and updating of policies and practices – work towards compliance with the Victorian Protective Data Security Standards (VPDSS).

Infrastructure work that addresses major Business Continuity risks by implementing redundancy of critical internet and related services, but also provides opportunities for improved ways of working. This could have benefits in the CAE in particular (but not exclusively) by making available the remote use of 'softphones' .

The migration of the huge repository of 30 years' worth of the VIFM's documents to the new electronic content management (ELO) system is progressing with ELO uptake

improving through the COVID-19 period.

An internal register of active contracts has been established and will be migrated to ELO which has functionality to assist with contract management. The VIFM procurement officer has improved management and oversight of the purchase order contracts for all the diverse work areas of the VIFM.

This year we have worked with Toyota Production System Support Centre consultants on a project to get the most out of our incident response/continuous improvement data to inform more efficiencies across the organisation.

The toxicology laboratory has had a busy program of Lean method improvement projects this year, many of which include more automated, less labour-intensive processes for staff. Highlights of this work include:

- » Semi-automated (robotic) methods for preparing oral fluid samples are being developed for implementation by the end of 2020. These robotics will reduce manual handling and the time it takes to prepare samples for testing. Variability between different analysts will be reduced, creating a more consistent and robust testing method for the work we do for Victoria Police.
- » Improvement of an acidic drug screen is underway. This is currently a specialised rather than routine test ordered by pathologists to complement the overnight drug screen where overdose or abuse of therapeutic drugs such as heart medications or anti-inflammatories is suspected. A more robust extraction method on a more sensitive instrument is being developed, that will also mean 'cleaner' samples and less instrument maintenance.

Goal 5

–

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

Learning and development goals as a compulsory component of performance development plans to be implemented for 2020-21 are being supported by provision of training options including DJCS online learning and other approved/recommended training and providers.

As part of the mental health and wellbeing strategy (see Goal 6) that is being designed with external consultants, FBG Group, leaders and people managers have received updated training on how to manage staff in the areas of mental health and wellbeing, with particular attention paid to the challenges of the work undertaken at the VIFM.

The COVID work from home requirements have presented some opportunities for staff to

contribute to other tasks and gain an insight into other parts of the VIFM's business, for example the updating of policy and procedures.

Induction sessions for CCOV staff to be introduced to the work of the different teams at the VIFM has been successful in late 2019 and early 2020. More sessions are planned when we are back on site after the COVID restrictions, with invitations to be extended to the Office of Public Prosecutions and the Victoria Legal Aid. A more comprehensive induction for VIFM on-boarders will also be developed over 2020-21 to ensure a good understanding of all the VIFM functions from the outset of their employment with us.

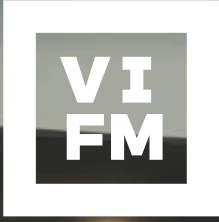
Goal 6

–

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

To propose and coordinate initiatives for achieving this goal, a Wellbeing Initiatives Project Team has been established. Led by Chief Operating Officer, Mari-Ann Scott, the team has been overseeing projects funded in the last state government budget. A wellbeing assessment of the forensic pathologists and CFM medical practitioners was undertaken by our Employee Assistance Program (EAP) provider, Converge in late 2019. In addition, an organisational review of mental health and wellbeing issues at the VIFM was carried out by workplace wellbeing providers, FBG Group, to conduct a comprehensive review

and provide recommendations for action/intervention. The reports from both Converge and FBG provide insights that are currently being considered. FBG is helping us develop a strategy for addressing issues identified in their report, and which will take account of the approaches we have included in our Strategic plan, as the way we will achieve this goal.



Significant Events for 2019-2020

The Hon. Jill Hennessy, the Hon. John Coldrey and Professor Noel Woodford

Celebration of NAIDOC (National Aborigines and Islanders Day Observance Committee)

The VIFM staff were invited by the Coroners Court of Victoria (CCoV) to participate in the celebration of NAIDOC week. The CCoV held the event in the foyer on 11 July 2019 and highlights included an art display and indigenous shop by local Yorta Yorta artist from Deadly Creations. Everyone enjoyed some traditional cooked food and tasting opportunities of Torres Strait Islander cuisine from Mabu Mabu and we listened to an entertaining and bittersweet address by Elder Uncle Talgium Edwards. Along with the Acting State Coroner, Caitlin English, the Director Noel Woodford was presented with a didgeridoo/message stick by the artist Ross Morgan that will be on display in the Trevaks meeting room.

We thank the CCoV for inviting us to share this special occasion with them and acknowledge the traditional owners of this land and pay our respects to their elders, past, present and emerging.



Mr Ross Morgan and Mr Troy Williamson

Launch of 'A Passion for Justice. The Life and Times of Forensic Pathologist Vernon Plueckhahn' by Professor Kerry Breen

The VIFM hosted a launch in the Cordner Hall on 15 October 2019 of Professor Kerry Breen's biography of an extraordinary individual and the founding father of the VIFM, Professor Vernon Plueckhahn. Invited guests enjoyed light refreshments and heard speeches by Professor Stephen Cordner, Chair of the VIFM Council The Hon. John Coldrey and Professor Kerry Breen. The book highlights the professional and personal achievements of a remarkable man, notwithstanding his pivotal role in the establishment of the VIFM.

Visit by the Attorney-General - Afterlife and Donor Tissue Bank of Victoria 30th Anniversary

On 1 November 2019, we were honoured to host the Attorney-General The Hon. Jill Hennessy at the launch of our new 10-part web-series Afterlife, a co-production with the CCoV and presented by Meshel Laurie and Catherine McClements. Afterlife explores what goes on behind the doors at the VIFM and CCoV and takes the audience on a journey to demystify what happens in the first 24 hours after a sudden, unexpected or suspicious death. The series also seeks to educate the public about procedures within the coronial system linked to

the administration of justice and new legislation that ultimately leads to prevention and fewer deaths in the community. We also celebrated the 30th birthday of the Donor Tissue Bank of Victoria (DTBV) which has saved and enhanced the lives of thousands of Australians through tissue donation. Following speeches and a presentation of the Afterlife trailer, the Attorney-General was given a brief tour of the facilities including the toxicology laboratory, DTBV and areas of the mortuary.



Dr Linda Glowacki, the Hon. Jill Hennessy, Mr Matthew Di Rago and Professor Noel Woodford

International Women's Day hosted by the Coroners Court of Victoria

The VIFM staff were invited by the CCoV to attend the International Women's Day celebrations on 10 March 2020. We enjoyed a delicious morning tea in the foyer and listened to guest speaker, former State Coroner Judge Jennifer Coate. Judge Coate reflected on the struggles of women in sport that mirror the struggles of women in so many other spheres of life. The theme for 2020 is Each for Equal.

Online Inquest - Law Week Virtual Event

Due to the pandemic, Law Week moved to a virtual event in 2020. On the first day of Law Week on 18 May 2020, the CCoV and the VIFM hosted an online hypothetical discussion into the death of The Artist Formerly known as Prince. One of the world's most innovative, influential and flamboyant musicians of our time, Prince Rogers Nelson died suddenly in April 2016 at his home in Minnesota at the age of 57. A press release from the Midwest Medical Examiner's office stated that he died from an accidental overdose of fentanyl.

Led by Brian Nankervis as MC/moderator, a panel of experts from both the VIFM and the CCoV – Professor Noel Woodford, Dr Dimitri Gerostamoulos, Dr Jodie Leditschke, Judge John Cain and Coroner Jacqui Hawkins, discussed how Prince's death would be investigated in Victoria, the issues and the likely outcomes.

The event was fully booked out with 500 in attendance and illustrated the Victorian coronial system. Our panel experts answered questions that were submitted to the moderator during the event.

In Memoriam

The Hon. John Cain Senior

26 April 1931 – 23 December 2019



Professor Stephen Cordner and the Hon. John Cain Senior

The Hon. John Cain Senior, former Premier of Victoria, was a man whose vision and commitment to reform of coronial services led to the founding of the Victorian Institute of Forensic Pathology (as it was then called) in 1988.

John Cain was Attorney-General for the first 18 months of his premiership and was followed in this role by Jim Kennan. The Government legislated in 1985 to completely overhaul Victoria's coronial arrangements and to establish the Victorian Institute of Forensic Medicine. In his speech in August 1988, opening the then state of the art centre in Southbank, the forerunner to our existing facility, John Cain explicitly mentioned the founding idea of the Institute: that service, nourished by the provision of teaching and research, would elevate forensic medicine to the same level as the rest of medicine generally, the latter represented by Australia's world leading public hospital system. In addition, as well as benefits to justice, the public health system would benefit from the findings from autopsies (e.g. in the complete overhaul of Victoria's emergency response to major trauma in the late 1990s) and from in-depth coronial investigations of preventable deaths (e.g. in relation to drug related deaths, farm tractor deaths, backyard pool drownings, toddler driveway deaths and many others). This policy has demonstrably delivered. The former Premier was our very special guest at the 30th birthday

celebrations for the VIFM held in 2019 and spoke with passion about his and his government's work to ensure the community of Victoria would benefit from a world-class medico-legal death investigation service.

Dr Melissa Baker,

14 January 1975 – 16 January 2020



Dr Melissa Baker

The year 2020 began in the saddest of ways with the passing of one of our own. Dr Melissa Baker, a forensic pathologist of extraordinary character and ability died in hospital 58 days after being admitted for a stem cell transplant to treat the lymphoma she had been battling bravely and unrelentingly since 2013.

Melissa started at the VIFM as a pathology registrar in 2008 and came to us with impressive academic credentials – 11 high distinctions and 15 distinctions throughout her medical course at Monash University. Towards the end of her undergraduate course Melissa spent time in the Department of Forensic Medicine at Guy's Hospital in London, and then came to the VIFM via Geelong Hospital where she had made the leap from clinical medicine to pathology in 2004.

In 2008 Melissa gained her Fellowship from the Royal College of Pathologists of Australasia and was appointed a Fellow in Forensic Pathology at the VIFM shortly thereafter. Balancing the demands of a professional career with care for her beloved children Seb and Maddy, Melissa was never less than super-organised, astute, and made of the strongest stuff. She was a gifted

pathologist who dealt with some very difficult cases at the most challenging of times.

In the midst of her personal medical battles Melissa was a strong and articulate advocate for bone marrow donation and research into leukaemia and lymphoma. Her passion and commitment, as well as the love of family were very much in evidence during an ABC 7.30 Report story highlighting the work of the bone marrow registry.

In her career as a forensic pathologist supporting community health and safety, and in her determination to assist other cancer sufferers despite her many struggles and setbacks, Melissa truly was a person for others. We miss her terribly.

Emeritus Professor (Peter) Louis Waller AO

10 February 1935 – 8 October 2019

Professor Waller was a highly respected expert in medical law and an early contributor to medico-legal policy and bio-ethical debate, including famously, in relation to infertility treatment.

We value his longstanding contribution as the co-ordinator of academic courses run for many years here at the VIFM: 'Elements of Forensic Medicine' and 'Legal Issues in Medicine'. Generations of law and medical students at Monash University have been the fortunate beneficiaries of his unique and wonderfully engaging style of teaching, which he practiced as one of the longest-standing members of the Law Faculty. He inspired in many a love of the law, and how it might be used for the benefit of the community.

We are extremely grateful for his strong association with the VIFM over many years and were delighted that he was able to attend our 30th birthday celebrations in December 2018.

Noel Woodford
Director



VIFM Staff

Mr David Orchard

Recognition and Awards

Retirement of Associate Professor Morris Odell

This year the VIFM said farewell to one of its longstanding medical staff Associate Professor Morris Odell. In the last few years Morris had led the Clinical Forensic Medical Department through periods of great change with the emerging Australian and Victorian focus on family violence which involves considerable forensic medical work corroborating the experiences of victims and providing critical evidence to the criminal courts. A specialist in traffic medicine and related toxicology Morris led this service for Victoria working with Victoria Police, VicRoads, taxi directorate and the DJCS to ensure legislation was up to date and that Victorian road users were fit to hold a licence and both kept safe as well as being held to account for their driving conduct. Morris originally trained as an electrical engineer before studying medicine and his expertise assisted in a number of death investigations involving electricity related deaths. In recent years he chaired the Clinical Forensic Medicine Faculty Committee of the Royal College of Pathologists of Australasia where he led the way in helping to establish clinical forensic medicine as a new medical speciality in Australia. We wish him an enjoyable and well-deserved retirement.



Associate Professor Morris Odell

Staff recognition program

The VIFM staff recognition program is based on the VIFM's values of Respect, Openness, Service, Integrity, and Innovation (ROSII). The ROSII Awards acknowledge and celebrate the outstanding work of individuals and teams. In 2019-2020 the ROSII Award recipients were:

- » Prue Armstrong-Service (*last quarter for 2018-2019*)
- » Alexander Gillard-Service and Innovation
- » Geetha Lakshmy -Service
- » Tim Montgomery-Service (*last quarter for 2018-2019*)
- » Laura Munforte-Service

Awards

The extraordinary achievements of Professor Stephen Corder have been acknowledged in the Australia Day Honour Awards in 2020 by being awarded the Public Service Medal for outstanding public service to forensic medical and scientific services, training and research in Victoria. This award is wonderful acknowledgement of a career devoted to service of the community, and the global esteem in which he is held in the field of forensic medicine.

Dr Gerald Murphy was recognised for his lifetime service to the community in the Queen's Birthday Honours by being awarded a Medal of the Order of Australia for service to medicine. In his capacity as a forensic physician, Dr Murphy has had a strong and enduring relationship with the VIFM and has also provided occasional assistance to the NSW Police.

Fellow of the Australian Institute of International Affairs (AIIA)

The Australian Institute of International Affairs Fellows program has been established to recognise exceptional contributions to Australia's international relations. The program aims to acknowledge excellence in Australia's international affairs community.

Professor Corder was selected as one of the 2019 Fellows of the AIIA for his distinguished commitment to mass casualty management, disaster victim identification and international forensic medical capacity development.

Churchill Fellowship

Dr Jennifer Schumann received a Churchill Fellowship to investigate effective public health policies for preventing opioid misuse.

Jennifer will meet with a number of experts in the fields of opioid policy, clinical practice, research, policing and justice, in order to discuss the countermeasures that have been most effective in addressing the opioid crisis in North America that could be replicated here in Australia.

Staff Service Awards

30 years →

Linda Benton, Keith Bretherton, David Cauchi, Kerryn Crump, Soumela Horomidis, Alexander Kotsos & Sophie Widdop

25 years →

Michael Burke

20 years →

Jarrold Boxall, Helen Makrakis & Ben Stewart

15 years →

Gabrielle Connors & Katy Sadler

10 years →

Dianne Ansell, Richard Bassed, Kimberley Conway, Jessica Fernandez, Fiona Lawrence, Adele O'Hehir, Jennah Orchard, Jo Ann Parkin, Michelle Spiden, Margaret Stolke & Grace Wang

Lifetime Achievement Award

Professor Raphael Grzebieta received a Lifetime Achievement Award from Australian Road Research Board (ARRB), in recognition of his outstanding leadership and contribution to the road and transport sector for more than 25 years, based on an enduring track record of research, development and implementation activities.



Mr Alex Gillard and Professor Noel Woodford



Financial Performance

Report of Operations - Financial Performance

Five-year Financial Summary

\$ thousand

Year	2015/16	2016/17	2017/18	2018/19	2019/20
Income from Government	30,747	34,918	36,771	41,486	45,939
Total income from transactions	35,608	38,632	40,439	47,143	50,286
Total expenses from transactions	34,380	39,297	41,121	45,241	50,216
Net result from transactions	1,226	(665)	(682)	1,902	70
Net result for the period	1,172	(901)	(617)	1,516	(168)
Net cashflow from operating activities	2,077	(320)	(107)	2,170	739
Total assets	173,301	178,370	178,922	199,578	198,942
Total liabilities	9,466	10,058	11,237	12,806	12,338

Current year financial review

Financial performance - operating statement

A summary of financial performance in 2019-20 is set out in the table. Full financial details for 2019-20 are outlined in the Financial Statements.

The VIFM's principal output against appropriation income is for forensic pathology and related scientific services resources for medico-legal death investigations. Other outputs against income from government include clinical forensic medicine services and toxicology services for drug and alcohol testing performed for Victoria Police under a Service Level Agreement (SLA). Government funded activity related to medico-legal death investigation and work undertaken for other government agencies such as Victoria Police, resulted in a small operating surplus from transactions of \$0.07M.

Income from transactions is improved on 2018-19 as a result of additional funding provided by government to support medico-legal death investigations, which included additional appropriation funding of \$5.1M for 2019-20, similar to the previous financial year, additional funding of \$3.5M to support medico-legal death investigations and \$0.8M to support the Donor Tissue Bank of Victoria. Income was also derived from service level agreements and other revenues from the sale of services including revenue generated through the Donor Tissue Bank of Victoria remain in line with that generated in 2018-19.

Total expenses from transactions for 2019-20 are increased on 2018-19 by \$4.975M. This relates to budgeted increases to staff costs of \$4.24M, additional depreciation charges of \$0.315M and additional operating expenses of \$0.42M including expenses associated with COVID-19 of \$0.154M. The net result for the period was a surplus from transactions of \$0.07M and a comprehensive result of a deficit of \$0.168M including adjustments for other economic flows for leave provisions.

Financial position - balance sheet

In 2019-20 total assets have decreased by \$0.636million.

In 2018-19 total non-financial assets increased by \$18.6M as a result of management revaluations of land and buildings. The valuation of buildings was overstated by \$3.06M requiring comparative figures for 2018-19 to be restated to ensure assets are reported at fair value in accordance with Accounting Standard AASB 13.

Intangible assets, property, plant and equipment are all reported net of annual depreciation. In 2019-20, the VIFM received and expended capital funding of \$0.280M from the Department of Justice and Community Safety for the purchase of locking mechanisms to mortuary racking to ensure the health and safety of staff and the purchase of two IT servers to enable the VIFM's IT systems to provide adequate access for staff working from home due the COVID-19 pandemic. Additional expenditure of \$0.191M was made from the VIFM Trust reserves to purchase scientific laboratory equipment in Donor Tissue Bank of Victoria.

Increases in financial assets of \$3.25M relate to funds held in the Department of Treasury and Finance Victoria consolidated fund, where funding provided specifically for non-cash depreciation expenses cannot be utilised for any other purpose causing VIFM's SAU account to increase annually.

There is a reduction in amounts payable at 30 June 2020 as suppliers were paid within 10 days of invoicing in line with government policy during the COVID-19 pandemic situation. Increases in provisions for employee leave, such as annual and long service leave entitlements offset the overall reduction in liabilities, with total liabilities reduced by \$0.468M compared to June 2019.

Cash flows

The net operating cashflow is \$0.739M positive inflow, generated through receipts from government which include funds provided for non-cash depreciation expense reduced by an increase in supplier payment terms reducing payment liabilities. The end of year cash balance of \$1.660M for the 2019-20 financial year is an increase of \$0.24M compared to 2018-19 and reflects a reduction in the value of outstanding debtors year on year.

A full copy of the 2019-20 financial statements and audit opinion are included at the end of the Annual Report of Operations and can also be found at www.vifm.org



Governance and Compliance Reporting

Diversity Reporting

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 of the families of the deceased. When required, the VIFM provides for extended periods of attendance by families.

Skeletal remains from indigenous communities require special handling and consideration of cultural beliefs. The VIFM works with Aboriginal Victoria to ensure that remains and related documentation are managed appropriately and sensitively.

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

Legislation

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*.

Public Interest Disclosures Act 2012

The *Public Interest Disclosures Act 2012* (previously called the *Protected Disclosures 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, our officers or employees should be made to the Independent Broad-based Anti-corruption Commission.

Independent Broad-based Anti-corruption Commission
Level 1, North Tower, 459 Collins Street, Melbourne VIC 3000
Tel: 1300 735 135, www.ibac.vic.gov.au

Protection procedures

The VIFM has established procedures to protect persons who make public interest disclosures from detrimental action. These procedures are readily available to VIFM 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).

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 also publishes information about its activities on its website, where it can be accessed without an FOI request.

FOI requests

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

If a person cannot find the information or document, the person should contact the VIFM (assist@vifm.org) 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 2019-20

During 2019-20, the VIFM received four FOI requests. All of these requests were from the general public, sometimes via a legal representative.

The VIFM made four FOI decisions. Three decisions were made within the statutory 30-day time period; one decision was made within an extended 30-45-day time period.

Three of the four applicants were provided with all of the documents as requested. One of the four applicants was provided with partial access, with some material exempt.

No requests were subject to a complaint/internal review by OVIC in 2019-20 and no requests progressed to the Victorian Civil and Administration Tribunal for review of the OVIC decision in relation to the request in that period.

Further information

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

VIFM Freedom of Information Officer:
Fiona Leahy, Manager, Legal, Governance and Policy
e: foi.officer@vifm.org

Building Act 1993

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

The VIFM does not own or control any government buildings and is consequently exempt from notifying its compliance with the building and maintenance provisions of the Act.

The Coronial Services Centre building is managed within the Department of Justice and Community Safety portfolio, with maintenance of the building managed by the VIFM on behalf of the Department. No building development has occurred during the reporting year.

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 the deceased person.

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 Act.

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 2019-20, the VIFM did not commence any projects to which either policy applies.

Statement of Compliance with 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 policy statement, Competitive Neutrality Policy Victoria.

Behaviour and Culture

An organisation is defined by its culture. A good workplace culture improves morale, boosts productivity and safeguards an organisation's reputation. The VIFM and its employees share a mutual responsibility to work together by:

- » Delivering responsive public services
- » Earning the community's trust in the public sector, and
- » Supporting the government of the day in serving Victorians.

The Victorian Public Service (VPS) Code of Conduct

The Victorian Public Service (VPS) Code of Conduct 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. The Code promotes adherence to the public sector values and is binding on any person to whom it applies. Breaching the Code may constitute misconduct.

Section 7 of the *Public Administration Act 2004* outlines the values that public sector employees should demonstrate. They are:

- » Responsiveness
- » Integrity
- » Impartiality
- » Accountability
- » Respect
- » Leadership
- » Human rights

During induction all new employees are made aware of their rights and responsibilities in relation to privacy and confidentiality, discrimination, sexual harassment and bullying (respect in the workplace).

The induction also includes occupational health and safety, the VPS Code of Conduct, Information Security and Social Media Policies. The VIFM takes a proactive approach to education and promotion of policies to eliminate discrimination, harassment and bullying within the workplace.

Grievances

In the 2019-20 reporting period, there were no grievances recorded.

Employee Relations Statement

The Institute employs a wide range of expert staff including medical specialists, forensic pathologists, forensic odontologists, forensic physicians, forensic medical officers and forensic nurse examiners. The VIFM also employs scientists and medical research officers who are covered under the *Public Administration Act 2004* and terms and conditions of the Victorian Public Service Enterprise Agreement 2016.

The Institute offers its employees excellent benefits and a fulfilling career and is committed to helping employees balance their careers with their personal commitments through a range of work/life balance initiatives.



Ms Joanne Hanna and Mr Robert Coyle

Workforce Statistics

As at 30 June 2020, the VIFM employed a total of 241 staff compared to 226 at 30 June 2019.

This increase in part is due to the implementation of the ICT Strategy during the 2019-20 period, and a further increase due to Department of Forensic Medicine staff transitioning from Monash University to the VIFM.

Employment Status by Category

		Ongoing Employees		Fixed Term Employees		Total	
		Full time (headcount)	Part time (headcount)	Full time (headcount)	Part time (headcount)	Employees (headcount)	FTE
	2018-19	133	47	34	12	226	201.70
VPS	2019-20	119	48	23	10	200	177.44
Non VPS	2019-20	14	7	12	8	41	33.79
Total	2019-20	133	55	35	18	241	211.23

Status of all Employees (VPS and Non VPS) in current positions – Headcount and FTE

	Ongoing (headcount)	Ongoing (FTE)	Fixed Term (headcount)	Fixed Term (FTE)	Total (headcount)	Total (FTE)
Men	62	60.52	18	15	80	75.52
Women	126	107.94	35	27.77	161	135.71
Self-described	0	0	0	0	0	0
Total	188	168.46	53	42.77	241	211.23

Executive Contracts

	At 30 June 2019	At 30 June 2020
Executive level employees	1	1

Workforce Demographics

Age Bracket	M (men)	W (women)	S (self-described)	Total	Per cent	FTE
15-24	4	11	0	15	6%	12.40
25-34	12	41	0	53	22%	48.01
35-44	21	52	0	73	30%	62.91
45-54	21	34	0	55	23%	50.14
55-64	14	19	0	33	14%	29.77
65+	8	4	0	12	5%	8
Total	80	161	0	241	100%	211.23

The Institute offers its employees excellent benefits and a fulfilling career and is committed to helping employees balance their careers with their personal commitments through a range of work/life balance initiatives.

Workforce Classification Breakdown (Headcount)

Classification	Total
VPS Grade 1	0
VPS Grade 2	23
VPS Grade 3	66
VPS Grade 4	48
VPS Grade 5	40
VPS Grade 6	22
Senior Technical Specialist / VPS Grade 7	1
Executive Officer	1
VIFM Appointees	40
Total	241

Disclosure of Consultancies

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

In 2019-20, there were six consultancies where the total fees payable to the consultants was \$10,000 or greater. The total expenditure incurred during 2019-20 in relation to this consultancy is \$323,967 (excl. GST). Details of the individual consultancy is outlined below.

Consultant	Purpose of consultancy	Start date	End date	Total approved project fee (excl. GST)	Expenditure 2019-20 (excl. GST)	Future Expenditure (excl. GST)
Alcorn Security Group Pty Ltd	Web Security Analysis	29/01/2020	30/01/2020	\$11,000	\$11,000	\$0
#Data3	Migration to Windows 10 (I.C.T.)	3/05/2019	1/10/2019	\$185,967	\$185,967	\$0
Five Nines	Development of ICT strategic plan	15/07/2019	9/08/2019	\$19,500	\$19,500	\$0
HSPC Health Architects	Facilities and OH&S review of the Mortuary and Coronial Admissions Enquiries Area	21/10/2019	2/02/2020	\$41,500	\$41,500	\$0
Salus Risk Consulting Pty Ltd	Facilities and OH&S review of the Mortuary and Coronial Admissions Enquiries Area	21/10/2019	2/02/2020	\$21,000	\$21,000	\$0
Pricewaterhouse Coopers	Development of a services cost model	18/09/2019	7/05/2020	\$45,000	\$45,000	\$0

Details of consultancies under \$10,000

In 2019-20, there were no consultancies engaged during the year, where the total fees payable to the individual consultancies was less than \$10,000.

Disclosure of Major Contracts

The Institute has not entered into any contracts greater than \$10 million in the 2019-20 financial year.

Government Advertising Expenditure

There was no government advertising expenditure with a campaign greater than \$100,000 during the 2019-2020 financial year.

Details of ICT Capital Expenditure

BAU ICT Expenditure	Non-BAU ICT expenditure	Operational expenditure	Capital expenditure
Total	Total = A + B	A	B
\$4,233,065	\$370,582	\$285,093	\$85,489

Environmental Impacts

Energy and Water Efficiency

Year	Gas (Mj)	Electricity (kWh)	Water (kl)
2016-17	8475416	3819036	3769
2017-18	8385760	3875606	4214
2018-19	8232090	3800371	5302
2019-20	7975226	3638870	6280
Percentage change from previous year	-3.1%	-4.2%	18.4%

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

	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20
Energy – Building emissions (including Green Power) (scope 1-3)	4,686	5,113	4,836	4,853	4,903	4,564
Fleet vehicle – Emissions (scope 1)	0	0	0	0	0	0
Air travel – Emissions (after offsets) (scope 3)	222	207	263	329	261	139
Building waste – Emissions (scope 3)					38	38



Occupational Health and Safety

The management of health and safety is a continued priority for the VIFM. Several initiatives run throughout the year to improve staff's psychological and physical health and safety; these include participation in R U OK? Day, STEPTember, and flu vaccination campaigns. The Occupational Health and Safety (OHS) Committee met four times in 2019-20 to manage these activities.

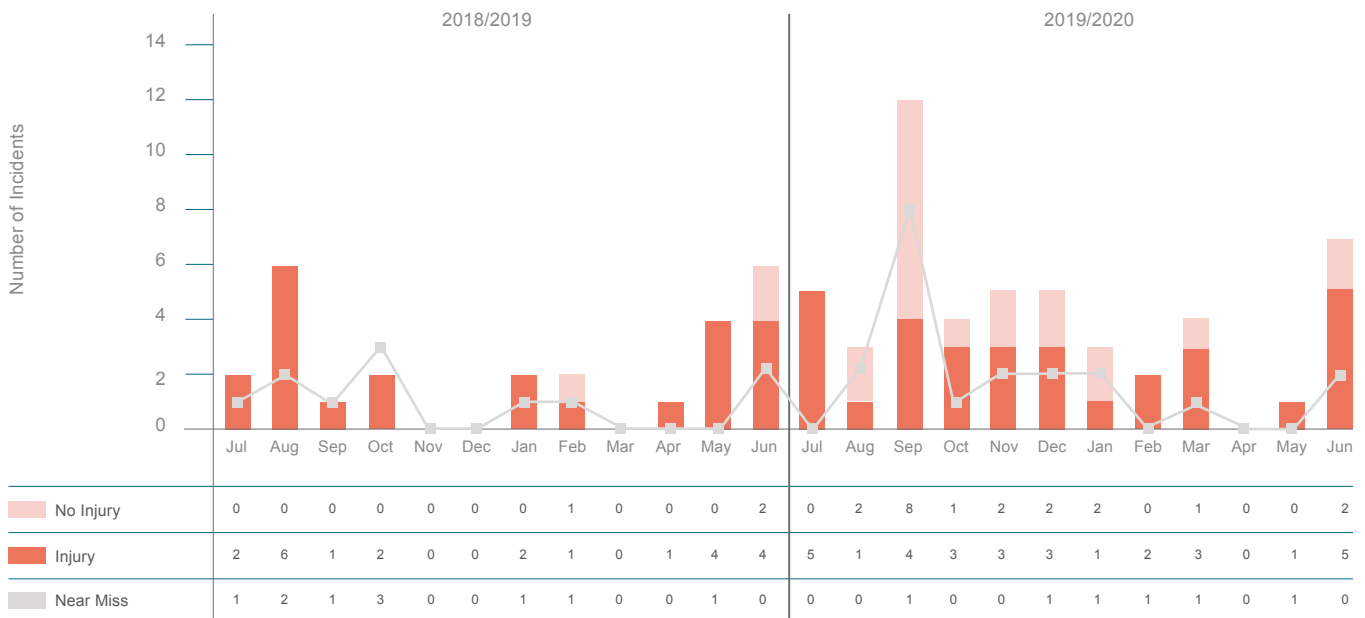
The work of the OHS Committee ensures the continual monitoring of OHS activities. With the use of the annual calendar of agenda items for the Committee, areas for improvement are identified and reviewed, and action items are addressed. The Department of Justice and Community Safety conducted a Health and Safety Audit at the VIFM in July 2019 and no major non-conformities were identified. The Committee, along with the Safety and Wellbeing Team, has worked to ensure the audit recommendations were finalised.

Occupational Health and Safety Incident Reporting

The VIFM's Paradigm's online incident and hazard reporting system has proven to be a useful tool in the management of health and safety at the VIFM. It allows for ease and efficiency of the reporting and follow-up of hazards and incidents.

Endorsed by the OHS Committee, Incident and Hazard Reporting training has been delivered to business areas at the VIFM, leading to an increase in the number of hazards that have been reported. Identifying these hazards has allowed for sustained improvement and the implementation of preventative measures for a more serious incident to occur.

Number of Incidents by Nature



Financial Management Compliance Attestation Statement

I Neil Robertson, on behalf of the VIFM Council, certify that the Victorian Institute of Forensic Medicine has complied with the applicable Standing Directions 2018 under the *Financial Management Act 1994* and instructions.

A handwritten signature in black ink, appearing to read 'N Robertson', followed by a long horizontal line extending to the right.

Neil Robertson
Chairman Audit and Risk Management Committee

Date 7 December 2020.



Financial Statements

For the financial year
ended 30 June 2020

Independent Auditor's Report

To the Council of the Victorian Institute of Forensic Medicine

Opinion	<p>I have audited the financial report of the Victorian Institute of Forensic Medicine (the Institute) which comprises the:</p> <ul style="list-style-type: none"> • balance sheet as at 30 June 2020 • comprehensive operating statement for the year then ended • statement of changes in equity for the year then ended • cash flow statement for the year then ended • notes to the financial statements, including significant accounting policies • declaration in the financial statements. <p>In my opinion the financial report presents fairly, in all material respects, the financial position of the Institute as at 30 June 2020 and its financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of Part 7 of the <i>Financial Management Act 1994</i> and applicable Australian Accounting Standards.</p>
Basis for opinion	<p>I have conducted my audit in accordance with the <i>Audit Act 1994</i> which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the <i>Auditor's Responsibilities for the Audit of the Financial Report</i> section of my report.</p> <p>My independence is established by the <i>Constitution Act 1975</i>. My staff and I are independent of the Institute in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 <i>Code of Ethics for Professional Accountants</i> (the Code) that are relevant to my audit of the financial report in Victoria. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code.</p> <p>I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.</p>
The Council's responsibilities for the financial report	<p>The Council of the Institute is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the <i>Financial Management Act 1994</i>, and for such internal control as the Council determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error.</p> <p>In preparing the financial report, the Council is responsible for assessing the Institute's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless it is inappropriate to do so.</p>

Auditor's responsibilities for the audit of the financial report

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

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

- identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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
8 December 2020



Janaka Kumara
as delegate for the Auditor-General of Victoria

**VICTORIAN INSTITUTE OF FORENSIC MEDICINE
FINANCIAL STATEMENTS FOR YEAR ENDED 30 June 2020**

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 2020 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 Borrowings

6.2 Cash flow information and balances

6.3 Commitments for expenditure

7. Risks, contingencies and valuation judgements

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

7.1 Financial instruments specific disclosures

7.2 Contingent assets and contingent liabilities

7.3 Fair value determination

8. Other disclosures

8.1 Other economic flows included in net result

8.2 Correction of prior period error

8.3 Change in accounting policies

8.4 Responsible persons

8.5 Remuneration of executives

8.6 Related parties

8.7 Remuneration of auditors

8.8 Subsequent events

8.9 Other accounting policies

8.10 Australian Accounting Standards issued that are not yet effective

8.11 Glossary of technical terms

8.12 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 2020 and financial position of the Institute at 30 June 2020.

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 7 December 2020.



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

Melbourne
7 December 2020



Prof. Noel Woodford
Director
Victorian Institute of Forensic Medicine

Melbourne
7 December 2020



Mr Peter Ford
Chief Finance Officer
Victorian Institute of Forensic Medicine

Melbourne
7 December 2020

Comprehensive operating statement For the financial year ended 30 June 2020

	Notes	2020 \$	2019 \$
Continuing operations			
Income from transactions			
Grants	2.1.1	45,939,375	41,486,338
Sale of goods and services	2.1.2	4,346,577	4,356,613
Assets received free of charge	2.1.3	-	1,300,198
Total income from transactions		50,285,952	47,143,149
Expenses from transactions			
Employee expenses	3.1	(34,683,925)	(30,441,351)
Depreciation and amortisation	4.1.1	(4,633,435)	(4,318,518)
Interest expense	6.1	(4,909)	(5,677)
Other operating expenses	3.2	(10,893,764)	(10,475,225)
Total expenses from transactions		(50,216,033)	(45,240,771)
Net result from transactions (net operating balance)		69,919	1,902,378
Other economic flows included in net result			
Net gain/(loss) on financial instruments ^(a)	8.1	(18,352)	80,698
Other gain/(loss) from other economic flows	8.1	(219,982)	(466,898)
Total other economic flows included in net result		(238,334)	(386,200)
Net result		(168,415)	1,516,178
Comprehensive result		(168,415)	1,516,178

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 2020

	Notes	2020 \$	2019 re-stated ^(a) \$
Assets			
Financial assets			
Cash and deposits	6.2	1,659,798	1,419,640
Receivables ^(a)	5.1	25,797,604	22,753,037
Total financial assets		27,457,402	24,172,677
Non-financial assets			
Inventories at cost		3,916	5,495
Property, plant and equipment ^(a)	4.1	170,564,442	174,585,468
Intangible assets	4.2	585,200	714,142
Prepayments		330,975	100,704
Total non-financial assets		171,484,533	175,405,809
Total assets		198,941,935	199,578,486
Liabilities			
Payables	5.2	1,887,517	2,762,648
Borrowings	6.1	106,266	121,591
Employee related provisions	3.1.1	10,322,030	9,892,902
Prepaid revenue		22,057	28,865
Total liabilities		12,337,870	12,806,006
Net assets		186,604,065	186,772,480
Equity			
Accumulated surplus/(deficit)		(3,730,522)	(3,562,107)
Physical asset revaluation surplus ^(a)		22,961,098	22,961,098
Contributed capital		167,373,489	167,373,489
Net worth		186,604,065	186,772,480

The accompanying notes form part of these financial statements.

Note:

(a) Comparative amounts have been restated to correct prior period errors. Refer to Note 8.2 for details.

Cash flow statement

For the financial year ended 30 June 2020

	Notes	2020 \$	2019 re-stated ^(b) \$
Cash flows from operating activities			
Receipts			
Receipts from Government ^(b)		42,480,840	37,696,647
Receipts from other entities		4,735,384	3,980,702
Total receipts		47,216,224	41,677,349
Payments			
Payments to suppliers and employees		(46,472,367)	(39,501,126)
Interest and other costs of finance paid		(4,908)	(5,677)
Total payments		(46,477,275)	(39,506,803)
Net cash flows from/(used in) operating activities	6.2.1	738,948	2,170,546
Cash flows from investing activities			
Purchases of non-financial assets ^(b)		(483,466)	(2,274,237)
Proceeds from disposal of non-financial assets		-	(11,390)
Net cash flows from/(used in) investing activities		(483,466)	(2,285,627)
Cash flows from financing activities			
Repayment of principal portion of lease liabilities (2019: finance leases) ^(a)		(15,325)	(18,936)
Net cash flows from/(used in) financing activities		(15,325)	(18,936)
Net increase/(decrease) in cash and cash equivalents		240,157	(134,017)
Cash and cash equivalents at beginning of the financial year		1,419,640	1,553,657
Cash and cash equivalents at end of the financial year	6.2	1,659,798	1,419,640
Non-cash transactions		-	-

The accompanying notes form part of these financial statements.

Notes:

(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.

(b) Comparative amounts have been restated to correct prior period errors. Refer to Note 8.2 for details.

Statement of changes in equity

For the financial year ended 30 June 2020

	Physical asset revaluation surplus	Accumulated surplus	Contributions by owner	Total
	\$	\$	\$	\$
Balance at 1 July 2018	5,378,240	(5,078,285)	167,384,880	167,684,835
Net result for the year	-	1,516,178	-	1,516,178
Equity transfers to other Government Entities (Fixed Assets)	-	-	(11,391)	(11,391)
Other comprehensive income for the year ^(a)	17,582,858	-	-	17,582,858
Balance at 30 June 2019 restated ^(a)	22,961,098	(3,562,107)	167,373,489	186,772,480
Net result for the year	-	(168,415)	-	(168,415)
Balance at 30 June 2020	22,961,098	(3,730,522)	167,373,489	186,604,065

The accompanying notes form part of these financial statements.

Note:

(a) Comparative amounts have been restated to correct prior period errors. Refer to Note 8.2 for details.

Notes to the financial statements

For the financial year ended 30 June 2020

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.

Notes to the financial statements

For the financial year ended 30 June 2020

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 coordinate those services in Victoria;
- to promote, provide and assist in the post-graduate instruction and training of trainee specialist pathologists in the field of forensic pathology in Victoria;
- to promote, provide and assist in the post-graduate instruction and training of persons qualified in biological sciences in the field of toxicological and forensic science in Victoria;
- to provide training facilities for doctors, medical undergraduates and such other persons as may be considered appropriate by the Council to assist in the proper functioning of the Institute;
- to conduct research in the fields of forensic pathology, forensic science, clinical forensic medicine and associated fields as approved by the Council;
- to provide, promote and assist in the provision of clinical forensic medicine and related services to Victoria Police and government bodies;
- to promote, provide and assist in under-graduate and post-graduate instruction in the field of clinical forensic medicine in Victoria;
- to promote, provide and assist in the teaching of and training in clinical forensic medicine within medical, legal, general health and other education programs; and
- to contribute to reducing the number of preventable deaths and to promote public health and safety and the administration of justice;
- to provide tissue banking facilities and services referred to in section 64(4);
- to promote and assist in the performance by the Coroners Court of its functions.

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

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

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

2.1 Income from transactions

2.1.1 Grants

	2020 \$	2019 \$
Section 29 receipts	13,298,775	13,177,038
Grants from the Department of Justice and Community Safety	32,640,600	28,309,300
Total grants	45,939,375	41,486,338

The Institute has determined that all grant income is recognised as income of not-for-profit entities in accordance with AASB 1058, except for grants that are enforceable and with sufficiently specific performance obligations and accounted for as revenue from contracts with customers in accordance with AASB 15.

The impact of initially applying AASB 1058 on the Institute's grant revenue is described in Note 8.3. The adoption of AASB 1058 did not have an impact on Other comprehensive income and the Statement of cash flows for the financial year.

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

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

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

Previous accounting policy for 30 June 2019

Grant income arises from transactions in which a party provides goods or assets (or extinguishes a liability) to the Institute without receiving approximately equal value in return. While grants may result in the provision of some goods or services to the transferring party, they do not provide a claim to receive benefits directly of approximately equal value (and are termed 'non-reciprocal' transfers). Receipt and sacrifice of approximately equal value may occur, but only by coincidence.

Some grants are **reciprocal** in nature (i.e. equal value is given back by the recipient of the grant to the provider). The Institute recognises income when it has satisfied its performance obligations under the terms of the grant.

For non-reciprocal grants, the Institute recognises revenue when the grant is received.

2.1.2 Sale of goods and services

	2020 \$	2019 \$
Distribution of goods - Donor Tissue Bank	2,772,412	2,905,857
Rendering of services	1,574,165	1,450,756
Total sale of goods and services	4,346,577	4,356,613

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

Performance obligations and revenue recognition policies

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

There has been no change to the recognition of income upon the application of AASB 15 as revenue in prior years was recognised when goods or services were transferred to the customer.

Previous accounting policy for 30 June 2019

Income is recognised to the extent it is probable the economic benefits will flow to the Institute and the income can be reliably measured at fair value. Where applicable, amounts disclosed as income are net of returns, allowances, duties and taxes.

2.1.3 Assets received free of charge

	2020 \$	2019 \$
Assets		
Plant and equipment	-	1,300,198
Total fair value of assets received free of charge or for nominal consideration	-	1,300,198

VIFM has a Service Level Agreement with Victoria Police to perform confirmatory roadside drug testing. In 2018-19, the Roadside Drug Testing program was expanded and funding was provided to purchase assets to meet the increased workload. The assets are recorded as received as free of charge.

Notes to the financial statements

For the financial year ended 30 June 2020

3. THE COST OF DELIVERING OUR SERVICES

Introduction

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

3.1 Employee benefits in the comprehensive operating statement

	2020	2019
	\$	\$
Defined contribution superannuation expense	2,616,565	2,257,241
Defined benefit superannuation expense	99,815	97,921
Salaries, wages, annual leave and long service leave	30,107,396	26,466,164
Other on-costs (fringe benefits tax, payroll tax and workcover levy)	1,860,149	1,620,025
Total employee expenses	34,683,925	30,441,351

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.

The COVID-19 pandemic has increased the Institute's expenses by \$0.279 million in 2019-20, due to increased costs related to staff working arrangements, personal protective equipment and provisions for additional body storage. These additional costs are reflected primarily under employee benefits and supplies and services in the comprehensive operating statement. Further impacts from the COVID-19 pandemic will be reflected in the 2020-21 financial statements.

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.

	2020	2019
	\$	\$
Current provisions:		
Annual leave		
Unconditional and expected to settle within 12 months	2,160,054	1,777,009
Unconditional and expected to settle after 12 months	354,990	290,266
Long service leave		
Unconditional and expected to settle within 12 months	531,772	538,673
Unconditional and expected to settle after 12 months	4,899,811	5,060,599
Provisions for on-costs		
Unconditional and expected to settle within 12 months	579,332	496,000
Unconditional and expected to settle after 12 months	840,114	870,604
Total current provisions for employee benefits	9,366,073	9,033,151
Non-current provisions:		
Employee benefits	657,868	679,209
On-costs	100,047	106,546
Other provisions	198,042	73,996
Total non-current provisions for employee benefits	955,957	859,751
Total provisions for employee benefits	10,322,030	9,892,902

Reconciliation of movement in on-cost provision

	On-costs 2020 \$	Other provisions 2020 \$	Total 2020 \$
Opening balance	1,473,151	73,996	1,547,147
Additional provisions recognised	46,342	124,046	170,388
Closing balance	1,519,493	198,042	1,717,535
Current	1,419,446	124,046	1,543,492
Non-current	100,047	73,996	174,043
	1,519,493	198,042	1,717,535

Wages and salaries, annual leave and sick leave

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

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

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

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

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

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

The components of this current LSL liability are measured at:

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

Conditional LSL is disclosed as a non-current liability. There is an unconditional right to defer the settlement of the entitlement until the employee has completed the requisite years of service. This non-current LSL is measured at present value.

Any gain or loss following revaluation of the present value of non-current LSL liability is recognised as a transaction, except to the extent that a gain or loss arises due to changes in bond interest rates for which it is then recognised as an 'other economic flow' in the net result.

3.1.2 Superannuation contributions

Employees of the Institute are entitled to receive superannuation benefits and the Institute contributes to both defined benefit and defined contribution plans. The defined benefit plan(s) provides benefits based on years of service and final average salary.

As noted before, the defined benefit liability is recognised in DTF as an administered liability. However, superannuation contributions paid or payable for the reporting period are included as part of employee benefits in the comprehensive operating statement of the Institute.

There are no outstanding superannuation contributions at year end.

Fund	Paid contribution for the year	
	2020 \$	2019 \$
Defined benefit plans^(a)		
State Superannuation Fund - revised and new	99,815	97,921
Defined contribution plans		
VicSuper	1,183,584	1,098,403
Other	1,432,981	1,158,838
Total	2,716,380	2,355,162

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 2020 or 30 June 2019.

3.2 Other operating expenses

	Note	2020 \$	2019 \$
Supplies and services			
Purchase of supplies		5,530,631	4,917,131
Purchase of services (including remuneration of auditors)	8.7	2,708,660	3,370,345
Other operating expenses			
Maintenance		2,654,473	2,187,749
Total other operating expenses		10,893,764	10,475,225

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

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

Notes to the financial statements
For the financial year ended 30 June 2020

4. KEY ASSETS AVAILABLE TO SUPPORT OUTPUT DELIVERY

Introduction

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

Fair value measurement

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

4.1 Total property, plant and equipment ^(a)

	Gross carrying amount		Accumulated depreciation		Net carrying amount	
	2020	2019	2020	2019	2020	2019
	\$	\$	\$	\$	\$	\$
Land at fair value	92,363,205	92,363,205	-	-	92,363,205	92,363,205
Buildings at fair value ^(b)	76,658,517	76,664,546	(3,404,908)	-	73,253,609	76,664,546
Plant, equipment and vehicles at fair value	14,966,009	14,688,272	(10,018,380)	(9,130,554)	4,947,629	5,557,717
Net carrying amount	183,987,731	183,716,023	(13,423,288)	(9,130,554)	170,564,442	174,585,468

Notes:

(a) AASB 16 Leases has been applied for the first time from 1 July 2019.

(b) Comparative amounts have been restated to correct prior period errors. Refer to Note 8.2 for details.

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

	Gross carrying amount	Accumulated depreciation	Net carrying amount
	2020	2020	2020
	\$	\$	\$
Vehicles	133,946	(28,412)	105,534

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 and impairment. Where an asset is acquired for no or nominal cost, the cost is its fair value at the date of acquisition. Assets transferred as part of a machinery of government change are transferred at their carrying amount.

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

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

Specialised land and buildings

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

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

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

An independent valuation of the Institute's specialised land and specialised buildings was performed by the Valuer-General Victoria. The valuation was performed using the market approach adjusted for CSO. The effective date of the valuation is 31 May 2016.

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

	2020	2019
	\$	\$
Buildings	3,404,908	3,068,098
Plant, equipment and vehicles	1,099,585	1,146,852
Intangible produced assets	128,942	103,568
Total depreciation and amortisation	4,633,435	4,318,518

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

Depreciation is generally calculated on a straight line basis, at rates that allocate the asset's value, less any estimated residual value, over its estimated useful life. Typical estimated useful lives for the different asset classes for current and prior years are included in the table below:

Asset	Useful life
Specialised buildings	30 to 60 years (40 years)
Plant, equipment and vehicles (including leased assets)	3 to 15 years
Software	2 to 5 years

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

In the event of the loss or destruction of an asset, the future economic benefits arising from the use of the asset will be replaced (unless a specific decision to the contrary has been made).

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

4.1.2 Carrying values by "purpose" groups

Property, plant and equipment are classified primarily by the 'purpose' for which the assets are used, according to one of six purpose groups based upon Government Purpose Classifications. VIFM assets are classified as 'Public safety and environment'. All assets in a purpose group are further sub-categorised according to the asset's 'nature' (i.e. buildings, plant and equipment), with each sub-category being classified as a separate class of asset for financial reporting purposes.

Fair value assessments have been performed for all classes of assets in this purpose group and the decision was made that changes were not material for a full revaluation. The next scheduled revaluation for this purpose group will be conducted in 2021.

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

	Land at fair value		Buildings at fair value		Plant and equipment at cost		Plant and equipment (right-of-use assets)		Total
	2020	2019	2020	2019	2020	2019	2020	2019 ^(d)	
Opening balance^(a)	92,363,205	82,210,240	76,664,546	72,116,946	5,436,633	4,570,671	121,084	130,900	174,585,468
Additions	-	-	-	185,805	476,635	1,989,023	44,532	25,366	521,167
Disposals	-	-	(6,029)	-	-	(11,392)	(31,671)	-	(37,700)
Transfer to assets classified as held for sale	-	-	-	-	-	-	-	-	-
Revaluation ^{(b), (c)}	-	10,152,965	-	7,429,893	-	-	-	-	-
Depreciation ^(c)	-	-	(3,404,908)	(3,068,098)	(1,071,172)	(1,111,669)	(28,412)	(35,182)	(4,504,493)
Closing balance	92,363,205	92,363,205	73,253,609	76,664,546	4,842,095	5,436,633	105,534	121,084	174,585,468

Notes:

Fair value assessments have been performed for all other classes of assets in this purpose group and the decision was made that changes were not material (less than or equal to 10%) for a full revaluation. The next scheduled revaluation for this purpose group will be conducted in 2021.

^(a) Comparative amounts have been restated to correct prior period errors. Refer to Note 8.2 for details.

^(b) Land revaluation recognises a \$10,152,965 increment to land value as a result of managerial revaluation in 2018-19.

^(c) Revised revaluation figure due to an error in stated revaluation figure in 2018-19 financial statements over stating the building revaluation of \$3,062,317. Refer to Note 8.2 for details.

^(d) Plant and equipment under finance lease at cost.

4.2 Intangible assets

	Computer Software	
	2020	2019
	\$	\$
Gross carrying amount		
Opening balance	937,393	870,681
Additions	-	66,712
Closing balance	937,393	937,393
Accumulated amortisation		
Opening balance	(223,251)	(119,683)
Amortisation of intangible produced assets ^(a)	(128,942)	(103,568)
Closing balance	(352,193)	(223,251)
Net book value at end of financial year	585,200	714,142

Note:

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

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

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

Subsequent measurement

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

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

Impairment of intangible assets

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

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

Notes to the financial statements

For the financial year ended 30 June 2020

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

	2020	2019
	\$	\$
Contractual		
Sale of goods and services	658,460	1,054,075
Provision for doubtful contractual receivables	(64,014)	(45,661)
Statutory		
Amount owing from Department of Justice and Community Safety ^(a)	25,203,158	21,744,623
Total receivables	25,797,604	22,753,037
Represented by		
Current receivables	25,039,691	21,967,283
Non-current receivables	757,913	785,754

Note:

(a) Comparative amounts have been restated to correct prior period errors. Refer to Note 8.2 for details.

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

	2020 \$	2019 \$
Contractual		
Supplies and services	1,813,245	2,678,410
Amounts payable to government and agencies	49,804	66,856
Statutory		
Fringe benefits tax payable	24,468	17,382
Total payables	1,887,517	2,762,648
Represented by		
Current payables	1,887,517	2,762,648

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 30 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)

	Carrying amount \$	Nominal amount \$	Maturity dates			
			Less than 1 month \$	1 to 3 months \$	3 months to 1 year \$	1 to 5 years \$
2020						
Supplies and services	1,813,245	1,813,245	1,811,576	1,585	382	(298)
Amounts payable to government and agencies	49,804	49,804	4,544	-	45,260	-
Total	1,863,049	1,863,049	1,816,120	1,585	45,642	(298)
2019						
Supplies and services	2,678,410	2,678,410	2,654,929	20,690	2,791	-
Amounts payable to government and agencies	66,856	66,856	16,255	50,588	-	13
Total	2,745,266	2,745,266	2,671,184	71,278	2,791	13

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

Notes to the financial statements

For the financial year ended 30 June 2020

6. HOW WE FINANCED OUR OPERATIONS

Introduction

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

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

6.1 Borrowings

	2020 \$	2019 \$
Current borrowings		
Lease liabilities (2019: Finance lease)	39,069	54,657
Total current borrowings	39,069	54,657
Non-current borrowings		
Lease liabilities (2019: Finance lease)	67,197	66,934
Total non-current borrowings	67,197	66,934
Total borrowings	106,266	121,591

'Borrowings' refer to lease liabilities and are classified as financial instruments. Interest bearing liabilities are classified at amortised cost unless the Institute elects to irrevocably designate them at fair value through profit or loss at initial recognition. The election depends on the nature and purpose of the interest-bearing liabilities

Maturity analysis of borrowings

	Carrying amount \$	Nominal amount \$	Maturity dates			
			Less than 1 month \$	1 to 3 months \$	3 months to 1 year \$	1 to 5 years \$
2020						
Lease liabilities	106,266	110,205	2,630	5,260	34,116	68,199
Total	106,266	110,205	2,630	5,260	34,116	68,199
2019						
Lease liabilities	121,591	126,069	22,914	18,473	15,953	68,729
Total	121,591	126,069	22,914	18,473	15,953	68,729

Interest expense

	2020 \$	2019 \$
Interest on finance leases	3,659	4,582
Other interest expense	1,250	1,095
Total interest expense	4,909	5,677

6.2 Cash flow information and balances

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

	2020	2019
	\$	\$
Total cash and deposits disclosed in the balance sheet	1,659,798	1,419,640
Balance as per cash flow statement	1,659,798	1,419,640

Due to the State of Victoria's investment policy and government funding arrangements, the Institute does not hold a large cash reserve in their bank accounts. Cash received by the Institute from the generation of revenue is generally paid into the State's bank account, known as the Public Account. Similarly, any expenditure by the Institute, including those in the form of cheques drawn by the Institute for the payment of goods and services to its suppliers and creditors are made via the Public Account. The process is such that, the Public Account would remit cash required for the amount drawn on the cheques. This remittance by the Public Account occurs upon the presentation of the cheques by the Institute's suppliers or creditors.

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

	2020	2019
	\$	\$
Net result for the period	(168,415)	1,516,178
Non-cash movements		
Depreciation and amortisation of non-current assets	4,633,435	4,318,518
Allowance for doubtful debts	18,352	(80,797)
Movements in assets and liabilities		
(Increase)/decrease in receivables ^(a)	(3,062,920)	(5,147,246)
(Increase)/decrease in inventories	1,579	690
(Increase)/decrease in prepayments	(230,272)	(24,606)
(Decrease)/increase in payables	(875,131)	332,651
(Decrease)/increase in provisions	429,128	1,573,613
(Decrease)/increase in other liabilities	(6,808)	(318,456)
Net cash flows from/(used in) operating activities	738,948	2,170,546

Note:

(a) Comparative amounts have been restated to correct prior period errors. Refer to Note 8.2 for details.

6.3 Commitments for expenditure

There are no capital or other expenditure commitments. (2019 - Nil).

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 assets and liabilities at fair value through net result are categorised as such at trade date, or if they are classified as held for trading or designated as such upon initial recognition. Financial instrument assets are designated at fair value through net result on the basis that the financial assets form part of a group of financial assets that are managed based on their fair values and have their performance evaluated in accordance with documented risk management and investment strategies. Financial instruments at fair value through net result are initially measured at fair value; attributable transaction costs are expensed as incurred. Subsequently, any changes in fair value are recognised in the net result as other economic flows unless the changes in fair value relate to changes in the Institute's own credit risk. In this case, the portion of the change attributable to changes in the Institute's own credit risk is recognised in other comprehensive income with no subsequent recycling to net result when the financial liability is

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

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

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

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

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

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

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

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

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

7.1.1 Financial instruments: Categorisation

	Cash and deposits	Financial assets at amortised cost	Financial liabilities at amortised cost	Total
	\$	\$	\$	\$
2020				
Contractual financial assets				
Cash and deposits	1,659,798	-	-	1,659,798
Receivables ^(a)				
Sale of goods and services	-	594,447	-	594,447
Total contractual financial assets	1,659,798	594,447	-	2,254,245
Contractual financial liabilities				
Payables				
Supplies and services	-	-	1,813,245	1,813,245
Amounts payable to government and agencies	-	-	49,804	49,804
Borrowings				
Lease liabilities	-	-	106,266	106,266
Total contractual financial liabilities	-	-	1,969,315	1,969,315

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	Total
	\$	\$	\$	\$
2019				
Contractual financial assets				
Cash and deposits	1,419,640	-	-	1,419,640
Receivables ^(a)				
Sale of goods and services	-	1,008,413	-	1,008,413
Total contractual financial assets	1,419,640	1,008,413	-	2,428,053
Contractual financial liabilities				
Payables				
Supplies and services	-	-	2,678,410	2,678,410
Amounts payable to government and agencies	-	-	66,856	66,856
Borrowings				
Lease liabilities	-	-	121,591	121,591
Total contractual financial liabilities	-	-	2,866,857	2,866,857

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
	\$
2020	
Contractual financial liabilities	
Financial liabilities at amortised cost	4,909
Total contractual financial liabilities	4,909
	Total interest expense
	\$
2019	
Contractual financial liabilities	
Financial liabilities at amortised cost	4,582
Total contractual financial liabilities	4,582

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 7.3 to the financial statements.

The main purpose in holding financial instruments is to prudentially manage the Institute's financial risks within the government policy parameters.

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

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

Financial instruments: Credit risk

Credit risk refers to the possibility that a borrower will default on its financial obligations as and when they fall due. The Institute's exposure to credit risk arises from the potential default of a counter party on their contractual obligations resulting in financial loss to the Institute. Credit risk is measured at fair value and is monitored on a regular basis.

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

There has been no material change to the Institute's credit risk profile in 2019-20

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 30 days and in the event of a dispute, making payments within 30 days from the date of resolution.

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

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. (2019 - Nil)

7.3 Fair value determination

Significant judgement: Fair value measurements of assets and liabilities

Fair value determination requires judgement and the use of assumptions. This section discloses the most significant assumptions used in determining fair values. Changes to assumptions could have a material impact on the results and financial position of the Institute.

This section sets out information on how the Institute determined fair value for financial reporting purposes. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

The following assets and liabilities are carried at fair value:

- land, buildings, infrastructure, plant and equipment.

In addition, the fair values of other assets and liabilities that are carried at amortised cost, also need to be determined for disclosure purposes. The Institute determines the policies and procedures for determining fair values for both financial and non-financial assets and liabilities as required.

Fair value hierarchy

In determining fair values a number of inputs are used. To increase consistency and comparability in the financial statements, these inputs are categorised into three levels, also known as the fair value hierarchy. The levels are as follows:

- Level 1 – quoted (unadjusted) market prices in active markets for identical assets or liabilities;
- Level 2 – valuation techniques for which the lowest level input that is significant to the fair value measurement is directly or indirectly observable; and
- Level 3 – valuation techniques for which the lowest level input that is significant to the fair value measurement is unobservable.

The Institute determines whether transfers have occurred between levels in the hierarchy by reassessing categorisation (based on the lowest level input that is significant to the fair value measurement as a whole) at the end of each reporting period.

The Institute, in conjunction with the Valuer General Victoria (VGV) and the Department of Justice and Community Safety monitors changes in the fair value of each asset and liability through relevant data sources to determine whether revaluation is required.

For those assets and liabilities for which fair values are determined, the following disclosures are provided:

- carrying amount and the fair value (which would be the same for those assets measured at fair value);
- which level of the fair value hierarchy was used to determine the fair value; and
- in respect of those assets and liabilities subject to fair value determination using Level 3 inputs:
 - a reconciliation of the movements in fair values from the beginning of the year to the end; and
 - details of significant unobservable inputs used in the fair value determination.

This section is divided between disclosures in connection with fair value determination for financial instruments (refer to Note 7.3.1) and non-financial physical assets (refer to Note 7.3.2).

7.3.1 Fair value determination of financial assets and liabilities

The fair values and net fair values of financial assets and liabilities are determined as follows:

- Level 1 – the fair value of financial instrument with standard terms and conditions and traded in active liquid markets are determined with reference to quoted market prices;
- Level 2 – the fair value is determined using inputs other than quoted prices that are observable for the financial asset or liability, either directly or indirectly; and
- Level 3 – the fair value is determined in accordance with generally accepted pricing models based on discounted cash flow analysis using unobservable market inputs.

The Institute currently holds a range of financial instruments that are recorded in the financial statements where the carrying amounts are a reasonable approximation of fair value, either due to their short-term nature or with the expectation that they will be paid in full by the end of the 2019-20 reporting period.

There have been no transfers between levels during the period.

The fair value of the financial assets and liabilities is included at the amount at which the instrument could be exchanged in a current transaction between willing parties, other than in a forced or liquidation sale.

7.3.2 Fair value determination: Non-financial physical assets

Fair value measurement hierarchy

All assets are classified as Level 3.

There have been no transfers between levels during the period.

Specialised land and buildings: The Institute operates in a shared facility with the Coroners Court of Victoria. The market approach is also used for specialised land, although is adjusted for the community service obligation (CSO) to reflect the specialised nature of the land being valued.

The CSO adjustment is a reflection of the valuer's assessment of the impact of restrictions associated with an asset to the extent that is also equally applicable to market participants. This approach is in light of the highest and best use consideration required for fair value measurement, and takes into account the use of the asset that is physically possible, legally permissible, and financially feasible. As adjustments of CSO are considered as significant unobservable inputs, specialised land would be classified as Level 3 assets.

For the Institute's specialised building, the current replacement cost method is used, adjusting for the associated depreciations. As depreciation adjustments are considered as significant, unobservable inputs in nature, specialised buildings are classified as Level 3 fair value measurements.

An independent valuation of the Institute's specialised land and specialised buildings was performed by the Valuer-General Victoria. The valuation was performed using the market approach adjusted for CSO. The effective date of the valuation is 31 May 2016.

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 2020. 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
	\$	\$	\$
2020			
Opening balance	92,363,205	76,664,546	5,436,633
Additions	-	-	476,635
Disposals		(6,029)	
Gains or losses recognised in net result			
Depreciation	-	(3,404,908)	(1,071,172)
Gains or losses recognised in other economic flows - other comprehensive income			
Revaluation	-	-	-
Closing balance	92,363,205	73,253,609	4,842,095

	Specialised land	Specialised buildings	Plant and equipment
	\$	\$	\$
2019			
Opening balance ^(a)	82,210,240	72,116,946	4,570,671
Additions	-	185,805	1,989,023
Disposals			(11,392)
Gains or losses recognised in net result			
Depreciation	-	(3,068,098)	(1,111,669)
Gains or losses recognised in other economic flows - other comprehensive income			
Revaluation	10,152,965	7,429,893	-
Closing balance	92,363,205	76,664,546	5,436,633

Note:

(a) Comparative amounts have been restated to correct prior period errors. Refer to Note 8.2 for details.

Description of significant unobservable inputs to Level 3 valuations

2020 and 2019	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.
Plant and equipment		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 2019.

Notes to the financial statements
For the financial year ended 30 June 2020

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

	2020 \$	2019 \$
Net gain/(loss) on financial instruments		
Impairment of loans and receivables ^(a)	(18,352)	80,698
Total net gain/(loss) on financial instruments	(18,352)	80,698
Other gain/(loss) from other economic flows		
Net gain/(loss) arising from revaluation of long service leave liability ^(b)	(219,982)	(466,898)
Total other gain/(loss) from other economic flows	(219,982)	(466,898)

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 Correction of a prior period errors

Revaluations gains recorded in 2018-19 were revised due to an error which resulted in overstating the building revaluation by \$3,062,317. This does not have an impact on 1 July 2018 reported balance and therefore presentation of a third balance sheet is not required.

An historic error in the accumulated depreciation requiring an adjustment of \$28,222 was identified and corrected in the opening balance at 1 July 2019. The amount is considered trivial and no further disclosures have been made.

	2019 published \$	Prior period adjustment \$	2019 restated \$
Balance sheet			
Financial assets			
Receivables	22,781,259	(28,222)	22,753,037
Non-financial assets			
Property, plant and equipment	177,619,563	(3,034,095)	174,585,468
Equity			
Physical asset revaluation surplus	26,023,415	(3,062,317)	22,961,098
Cash flow statement			
Cash flows from operating activities			
Receipts			
Receipts from Government	37,668,425	28,222	37,696,647
Cash flows from investing activities			
Purchases of non-financial assets	(2,246,015)	(28,222)	(2,274,237)

8.3 Change in accounting policies

8.3.1 Leases

This note explains the impact of the adoption of AASB 16 *Leases* on the Institute's financial statements.

The Institute has applied AASB 16 with a date of initial application of 1 July 2019. Detailed disclosures have not been made due to insignificance of the impact.

The Institute has elected to apply AASB 16 using the modified retrospective approach, as per the transitional provisions of AASB 16 for all leases for which it is a lessee. The cumulative effect of initial application is recognised in retained earnings as at 1 July 2019. Accordingly, the comparative information presented is not restated and is reported under AASB 117 and related interpretations.

The Institute has not applied the fair value measurement requirements for right-of-use assets arising from leases with significantly below market terms and conditions principally to enable the entity to further its objectives as allowed under the temporary option under AASB 16 and as mandated by FRD 122.

Leases classified as finance leases under AASB 117

For leases that were classified as finance leases under AASB 117, the carrying amount of the right-of-use asset and lease liability at 1 July 2019 are determined as the carrying amount of the lease asset and lease liability under AASB 117 immediately before that date.

There were no leases classified as an operating lease under AASB 117.

8.3.2 Revenue from contracts with customers

In accordance with FRD 121 requirements, the Institute has applied the transitional provisions of AASB 15, under modified retrospective method with the cumulative effect of initially applying this standard against the opening retained earnings at 1 July 2019. Under this transition method, the Institute applied this standard retrospectively only to contracts that are not 'completed contracts' at the date of initial application.

Comparative information has not been restated.

Note 2.1.2 Sales of goods and services includes details about the transitional application of AASB 15 and how the standard has been applied to revenue transactions.

8.3.3 Income of not-for-profit entities

In accordance with FRD 122 requirements, the Institute has applied the transitional provision of AASB 1058, under modified retrospective method with the cumulative effect of initially applying this standard against the opening retained earnings at 1 July 2019. Under this transition method, the Institute applied this standard retrospectively only to contracts and transactions that are not completed contracts at the date of initial application. The Institute has not applied the fair value measurement requirements for right-of-use assets arising from leases with significantly below-market terms and conditions principally to enable the entity to further its objectives as allowed under temporary option under AASB 16 and as mandated by FRD 122.

Comparative information has not been restated.

Notes to the financial statements

For the financial year ended 30 June 2020

8. OTHER DISCLOSURES

8.4 Responsible persons

In accordance with the Ministerial Directions issued by the Minister for Finance under the *Financial Management Act 1994*, the following disclosures are made regarding responsible persons for the reporting period.

Names

The persons who held positions of Ministers and Accountable Officers in the Institute are as follows:

Attorney-General	The Hon. Jill Hennessy, MP	1 July 2019 to 30 June 2020
Acting Attorney-General	The Hon. Benjamin Carroll, MP The Hon. Gavin Jennings, MP The Hon. Benjamin Carroll, MP The Hon. Gavin Jennings, MP The Hon. Benjamin Carroll, MP	1 July 2019 to 5 July 2019 6 July 2019 to 13 July 2019 14 July 2019 to 20 July 2019 1 August 2019 to 10 August 2019 20 December 2019 to 12 January 2020
Council Members of the Institute		
Chairperson of the Victorian Institute of Forensic Medicine and Nominee of the Attorney-General	The Honourable John Coldrey QC	1 July 2019 to 30 June 2020
Director of the Victorian Institute of Forensic Medicine (Accountable Officer)	Prof. Noel Woodford	1 July 2019 to 30 June 2020
During the year the following people held the position of Acting Director	A/Prof Richard Bassed A/Prof David Ranson A/Prof David Ranson A/Prof David Ranson A/Prof David Ranson	12 August 2019 to 18 August 2019 19 August 2019 to 2 September 2019 11 September 2019 to 20 September 2019 25 December 2019 to 7 January 2020 17 February 2020 to 27 February 2020
Nominee of the Attorney-General	Prof. Robert Conyers	1 July 2019 to 22 November 2019
Nominee of the Attorney-General	Assoc. Prof Merrole Cole-Sinclair	11 February 2020 to 30 June 2020
Nominee of the Chief Commissioner of Police	Mr Luke Cornelius	1 July 2019 to 30 June 2020
Nominee of the Chief Justice	Justice Elizabeth Hollingworth	1 July 2019 to 30 June 2020
Nominee of the Council of Monash University	Prof Sophia Zoungas	11 March 2020 to 30 June 2020
Nominee of the Council of Monash University	Vacant	1 July 2019 to 10 March 2020
Nominee of the Minister for Health	Dr Lee Hamley	1 July 2019 to 20 February 2020 (appointment lapsed 21 February) 10 June to 30 June 2020
Nominee of the Minister for Women	Dr Deborah Kirkwood	1 July 2019 to 30 June 2020
Nominee of the Minister of Community Services	Ms Tracy Beaton	1 July 2019 to 30 June 2020
Nominee of the Minister of Police	Mr Neil Robertson	1 July 2019 to 20 February 2020 (appointment lapsed 21 February) 10 June to 30 June 2020
State Coroner	Judge John Cain	2 December 2019 to 30 June 2020
During the year the following people held the position of Acting State Coroner	Deputy State Coroner Caitlyn English	1 July 2019 to 1 December 2019
Nominee of the Chairman	Mr Tim Fitzmaurice	1 July 2019 to 30 June 2020
Nominee of the Council of University of Melbourne	Prof. Glenn Bowes	1 July 2019 to 30 June 2020
Board Secretary	Ms Mari-Ann Scott	1 July 2019 to 30 June 2020

Remuneration

Total remuneration received or receivable by the Accountable Officer in connection with their position as a responsible person during the reporting period was \$557,940 (\$518,487 in 2019-20). As per the Governor in Council appointment, members of the VIFM Council are not remunerated.

Income Band of the VIFM Council	Total Remuneration	
	2020 No.	2019 No.
\$0	15	15
\$1 to \$10,000	-	-
\$510,000 to \$520,000	1	1
\$550,000 to \$559,999	1	-
Total	16	16

8.5 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 8.5)

	2020	2019
	\$	\$
Short-term employee benefits	209,875	197,083
Post-employment benefits	20,578	19,076
Other long-term benefits	8,656	1,780
Termination benefits	-	-
Total remuneration	239,109	217,939
Total number of executives	1	1
Total annualised employee equivalents ^(a)	1.0	1.0

Note:

(a) Annualised employee equivalent is based on the time fraction worked over the reporting period.

8.6 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 \$32.6 million (2019: \$28.3 million) by a grant from the Department of Justice and Community Safety, and funding from other government-entities recorded as Section 29 receipts, which include Victoria Police \$11.9 million (2019: \$11.3 million).

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

The Honourable John Coldrey QC	Chairperson of the Victorian Institute of Forensic Medicine and Nominee of the Attorney-General
Prof. Robert Conyers	Nominee of the Attorney-General
Assoc. Prof 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
Prof Sophia Zoungas	Nominee of the Council of Monash University
Dr Lee Hamley	Nominee of the Minister for Health
Dr Deborah Kirkwood	Nominee of the Minister for Women
Ms Tracy Beaton	Nominee of the Minister of Community Services
Mr Neil Robertson	Nominee of the Minister of Police
Judge John Cain	State Coroner
Deputy State Coroner Caitlyn English	Acting State Coroner
Mr Tim Fitzmaurice	Nominee of the Chairman
Prof. Glenn Bowes	Nominee of the Council of University of Melbourne
Professor Noel Woodford	Director, VIFM
Ms Mari-Ann Scott	Chief Operating Officer, VIFM
Adjunct Professor David Ranson	Deputy Director, Head of Forensic Services, VIFM
Associate Professor Richard Bassed	Deputy Director, Head of Academic Programs, VIFM
Mr Peter Ford	Chief Finance Officer, VIFM

The compensation detailed below excludes the salaries and benefits the Portfolio Minister receives. The Minister's remuneration and allowances is set by the *Parliamentary Salaries and Superannuation Act 1968* and is reported within the Department of Parliamentary Services' Financial Report.

	2020	2019
	\$	\$
Short-term employee benefits	1,613,538	1,557,769
Post-employment benefits	147,899	147,735
Other long-term benefits	36,997	28,584
Total ^(a)	1,798,434	1,734,088

Note:

(a) Note that KMPs are also reported in the disclosure of remuneration of executives. (Note 8.4).

8.7 Remuneration of auditors

	2020 \$	2019 \$
Victorian Auditor-General's Office		
Audit or review of the financial statements	28,000	27,000
Total remuneration of auditors	28,000	27,000

8.8 Subsequent events

There are no subsequent events to disclose.

8.9 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.

8.10 Australian Accounting Standards issued that are not yet effective

Certain new and revised accounting standards have been issued but are not effective for the 2019-20 reporting period. These accounting standards have not been applied to the Model Financial Statements. The State is reviewing its existing policies and assessing the potential implications of these accounting standards which includes:

•AASB 2018-7 Amendments to Australian Accounting Standards – definition of material

This standard principally amends AASB 101 *Presentation of Financial Statements* and AASB 108 *Accounting Policies, Changes in Accounting Estimates and Errors*. It applies to reporting periods beginning on or after 1 January 2020 with earlier application permitted. The Institute has not earlier adopted the Standard.

The amendments refine and clarify the definition of material in AASB 101 and its application by improving the wording and aligning the definition across AASB standards and other publications. The amendments also include some supporting requirements in AASB 101 in the definition to give it more prominence and clarify the explanation accompanying the definition of material.

The Institute is in the process of analysing the impacts of this standard. However, it is not anticipated to have a material impact.

•AASB 2020-1 Amendments to Australian Accounting Standards – classification of liabilities as current or non-current.

This standard amends AASB 101 to clarify requirements for the presentation of liabilities in the statement of financial position as current or non-current. It initially applied to annual reporting periods beginning on or after 1 January 2022 with earlier application permitted however the AASB has recently issued ED 301 classification of liabilities as current or non-current – deferral of effective date with the intention to defer the application by one year to periods beginning on or after 1 January 2023. The Institute will not early adopt the standard.

The Institute is in the process of analysing the impacts of this standard. However, it is not anticipated to have a material impact.

Several other amending standards and AASB interpretations have been issued that apply to future reporting periods, but are considered to have limited impact on the Institute's reporting.

•AASB 17 Insurance Contracts.

•AASB 1060 General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities (Appendix C).

•AASB 2018-6 Amendments to Australian Accounting Standards – Definition of a Business.

•AASB 2019-1 Amendments to Australian Accounting Standards – References to the Conceptual Framework.

•AASB 2019-3 Amendments to Australian Accounting Standards – Interest Rate Benchmark Reform.

•AASB 2019-5 Amendments to Australian Accounting Standards – Disclosure of the Effect of New IFRS Standards Not Yet Issued in Australia.

• AASB 2020-2 Amendments to Australian Accounting Standards – Removal of Special Purpose Financial Statements for Certain For-Profit Private Sector Entities

8.11 Glossary of technical terms

The following is a summary of the major technical terms used in this report.

Amortisation is the expense that results from the consumption, extraction or use over time of a non-produced physical or intangible asset. This expense is classified as an 'other economic flow'.

Borrowings refers to interest bearing liabilities mainly raised from public borrowings raised through the Treasury Corporation of Victoria, finance leases and other interest bearing arrangements. Borrowings also include non-interest bearing advances from government that are acquired for policy purposes.

Commitments include those operating, capital and other outsourcing commitments arising from non-cancellable contractual or statutory sources.

Comprehensive result is the amount included in the operating statement representing total change in net worth other than transactions with owners as owners.

Controlled item generally refers to the capacity of a department to benefit from that item in the pursuit of the entity's objectives and to deny or regulate the access of others to that benefit.

Current grants are amounts payable or receivable for current purposes for which no economic benefits of equal value are receivable or payable in return.

Depreciation is an expense that arises from the consumption through wear or time of a produced physical or intangible asset. This expense is classified as a 'transaction' and so reduces the 'net result from transaction'.

Effective interest method is the method used to calculate the amortised cost of a financial asset and of allocating interest income over the relevant period. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset or, where appropriate, a shorter period.

Employee benefits expenses include all costs related to employment including wages and salaries, fringe benefits tax, leave entitlements, redundancy payments, defined benefits superannuation plans, and defined contribution superannuation plans.

Financial asset is any asset that is:

- (a) cash;
- (b) an equity instrument of another entity;
- (c) a contractual right:
 - to receive cash or another financial asset from another entity; or
 - to exchange financial assets or financial liabilities with another entity under conditions that are potentially favourable to the entity; or
- (d) a contract that will or may be settled in the entity's own equity instruments and is:
 - a non-derivative for which the entity is or may be obliged to receive a variable number of the entity's own equity instruments; or
 - a derivative that will or may be settled other than by the exchange of a fixed amount of cash or another financial asset for a fixed number of the entity's own equity instruments.

Financial instrument is any contract that gives rise to a financial asset of one entity and a financial liability or equity instrument of another entity.

Financial liability is any liability that is:

- (a) a contractual obligation:
 - to deliver cash or another financial asset to another entity; or
 - to exchange financial assets or financial liabilities with another entity under conditions that are potentially unfavourable to the entity; or
- (b) a contract that will or may be settled in the entity's own equity instruments and is:
 - a non-derivative for which the entity is or may be obliged to deliver a variable number of the entity's own equity instruments; or
 - a derivative that will or may be settled other than by the exchange of a fixed amount of cash or another financial asset for a fixed number of the entity's own equity instruments. For this purpose, the entity's own equity instruments do not include instruments that are themselves contracts for the future receipt or delivery of the entity's own equity instruments.

Financial statements comprises:

- (a) a balance sheet as at the end of the period;
- (b) a comprehensive operating statement for the period;
- (c) a statement of changes in equity for the period;
- (d) a cash flow statement for the period;
- (e) notes, comprising a summary of significant accounting policies and other explanatory information;
- (f) comparative information in respect of the preceding period as specified in paragraph 38 of AASB 101 *Presentation of Financial Statements*; and
- (g) a statement of financial position as at the beginning of the preceding period when an entity applies an accounting policy retrospectively or makes a retrospective restatement of items in its financial statements, or when it reclassifies items in its financial statements in accordance with paragraphs 41 of AASB 101.

Grant expenses and other transfers are transactions in which one unit provides goods, services, assets (or extinguishes a liability) or labour to another unit without receiving approximately equal value in return. Grants can either be operating or capital in nature.

While grants to governments may result in the provision of some goods or services to the transferor, they do not give the transferor a claim to receive directly benefits of approximately equal value. For this reason, grants are referred to by the AASB as involuntary transfers and are termed non-reciprocal transfers. Receipt and sacrifice of approximately equal value may occur, but only by coincidence. For example, governments are not obliged to provide commensurate benefits, in the form of goods or services, to particular taxpayers in return for their taxes.

Grants can be paid as general purpose grants, which refer to grants that are not subject to conditions regarding their use. Alternatively, they may be paid as specific purpose grants, which are paid for a particular purpose and/or have conditions attached regarding their use.

General government sector comprises all government departments, offices and other bodies engaged in providing services free of charge or at prices significantly below their cost of production. General government services include those that are mainly non-market in nature, those that are largely for collective consumption by the community and those that involve the transfer or redistribution of income. These services are financed mainly through taxes, or other compulsory levies and user charges.

Interest expense represents costs incurred in connection with borrowings. It includes interest on advances, loans, overdrafts, bonds and bills, deposits, interest components of finance lease repayments, and amortisation of discounts or premiums in relation to borrowings.

Interest income includes unwinding over time of discounts on financial assets and interest received on bank term deposits and other investments.

Leases are rights to use an asset for an agreed period of time in exchange for payment. Leases are classified at their inception as either operating or finance leases based on the economic substance of the agreement so as to reflect the risks and rewards incidental to ownership. Leases of infrastructure, property, plant and equipment are classified as finance leases whenever the terms of the lease transfer substantially all the risks and rewards of ownership from the lessor to the lessee. All other leases are classified as operating leases.

Net acquisition of non-financial assets (from transactions) are purchases (and other acquisitions) of non-financial assets less sales (or disposals) of non-financial assets less depreciation plus changes in inventories and other movements in non-financial assets. Includes only those increases or decreases in non-financial assets resulting from transactions and therefore excludes write-offs, impairment write-downs and revaluations.

Net financial liabilities is calculated as liabilities less financial assets, other than equity in public non-financial corporations (PNFC) and public financial corporations (PFC). This measure is broader than net debt as it includes significant liabilities, other than borrowings (e.g. accrued employee liabilities such as superannuation and long service leave entitlements). For the PNFC and PFC sectors, it is equal to negative net financial worth.

Net financial worth is equal to financial assets minus liabilities. It is a broader measure than net debt as it incorporates provisions made (such as superannuation, but excluding depreciation and bad debts) as well as holdings of equity. Net financial worth includes all classes of financial assets and liabilities, only some of which are included in net debt.

Net lending/borrowing is the financing requirement of government, calculated as the net operating balance less the net acquisition of non-financial assets. It also equals transactions in financial assets less transactions in liabilities. A positive result reflects a net lending position and a negative result reflects a net borrowing position.

Net operating balance or net result from transactions is a key fiscal aggregate and is revenue from transactions minus expenses from transactions. It is a summary measure of the ongoing sustainability of operations. It excludes gains and losses resulting from changes in price levels and other changes in the volume of assets. It is the component of the change in net worth that is due to transactions and can be attributed directly to government policies.

Net result is a measure of financial performance of the operations for the period. It is the net result of items of revenue, gains and expenses (including losses) recognised for the period, excluding those classified as 'other non-owner movements in equity'.

Net worth is calculated as assets less liabilities, which is an economic measure of wealth.

Non-financial assets are all assets that are not financial assets. It includes inventories, land, buildings, infrastructure, road networks, land under roads, plant and equipment, cultural and heritage assets, intangibles and biological assets such as commercial forests.

Non-produced assets are assets needed for production that have not themselves been produced. They include land, subsoil assets, and certain intangible assets. Non-produced intangibles are intangible assets needed for production that have not themselves been produced. They include constructs of society such as patents.

Operating result is a measure of financial performance of the operations for the period. It is the net result of items of revenue, gains and expenses (including losses) recognised for the period, excluding those that are classified as 'other non-owner movements in equity'. Refer also 'net result'.

Other economic flows included in net result are changes in the volume or value of an asset or liability that do not result from transactions. In simple terms, other economic flows are changes arising from market remeasurements. They include gains and losses from disposals, revaluations and impairments of non-current physical and intangible assets; fair value changes of financial instruments and agricultural assets; and depletion of natural assets (non-produced) from their use or removal.

Other economic flows - other comprehensive income comprises items (including reclassification adjustments) that are not recognised in net result as required or permitted by other Australian Accounting Standards. They include changes in physical asset revaluation surplus; share of net movement in revaluation surplus of associates and joint ventures; and gains and losses on remeasuring available-for-sale financial assets.

Payables includes short and long-term trade debt and accounts payable, grants, taxes and interest payable.

Produced assets include buildings, plant and equipment, inventories, cultivated assets and certain intangible assets. Intangible produced assets may include computer software, motion picture films and research and development costs (which does not include the start-up costs associated with capital projects).

Receivables include amounts owing from government through appropriation receivable, short and long-term trade credit and accounts receivable, accrued investment income, grants, taxes and interest receivable.

Sales of goods and services refers to income from the direct provision of goods and services and includes fees and charges for services rendered, sales of goods and services, fees from regulatory services and work done as an agent for private enterprises. It also includes rental income under operating leases and on produced assets such as buildings and entertainment, but excludes rent income from the use of non-produced assets such as land. User charges includes sale of goods and services income.

Supplies and services generally represent cost of goods sold and the day to day running costs, including maintenance costs, incurred in the normal operations of the Institute.

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

8.12 Style conventions

The financial statements and notes are presented based on the illustration for a government department in the 2019-20 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.



VI
FM

Appendices

A: Disclosure Index

The annual report of the VIFM is prepared in accordance with all relevant Victorian legislation and pronouncements. This index has been prepared to facilitate identification of the VIFM's compliance with statutory disclosure requirements.

Legislation	Requirement	Page Reference
Standing Directions & Financial Reporting Directions		
Report of Operations		

Charter and purpose

FRD 22H	Manner of establishment and the relevant Ministers	7
FRD 22H	Purpose, functions, powers and duties	130
FRD 22H	Key initiatives and projects	67
FRD 22H	Nature and range of services provided	8

Management and structure

FRD 22H	Organisational structure	8
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Financial and other information

FRD 10A	Disclosure index	128
FRD 22H	Employment and conduct principles	84
FRD 22H	Occupational Health and Safety policy	89
FRD 22H	Summary of the financial results for the year	79
FRD 22H	Significant changes in financial position during the year	80
FRD 22H	Major changes or factors affecting performance	41
FRD 22H	Subsequent events	
FRD 22H	Application and operation of <i>Freedom of Information Act 1982</i>	82
FRD 22H	Compliance with building and maintenance provisions of <i>Building Act 1993</i>	83
FRD 22H	Statement on National Competition Policy	83
FRD 22H	Application and operation of the <i>Public Interest Disclosures Act 2012</i>	82
FRD 22H	Application and operation of the <i>Carers Recognition Act 2012</i>	83
FRD 22H	Details of consultancies over \$10 000	87
FRD 22H	Details of consultancies under \$10 000	87
FRD 22H	Disclosure of government advertising expenditure	87
FRD 22H	Disclosure of ICT expenditure	87
FRD 22H	Statement of availability of other information	80
FRD 24D	Reporting of office based environmental impacts	88
FRD 29C	Workforce Data disclosures	83
FRD 25D	Local Jobs First	85
SD 5.2	Specific requirements under Standing Direction 5.2	92

Compliance attestation and declaration

SD 5.4.1	Attestation for compliance with Ministerial Standing Direction	90
SD 5.2.3	Declaration in report of operations	3

Declaration

SD 5.2.2	Declaration in financial statements	95
SD 5.2.1(a)	Compliance with Australian accounting standards and other authoritative pronouncements	92
SD 5.2.1(a)	Compliance with Standing Directions	92
SD 5.2.1(b)	Compliance with Model Financial Report	92

Other disclosures as required by FRDs in notes to the financial statements

FRD 11A	Disclosure of ex gratia Expenses	N/A
FRD 21C	Disclosures of Responsible Persons, Executive Officers and other personnel (contractors with significant management responsibilities) in the Financial Report	122
FRD 103H	Non financial physical assets	118
FRD 110A	Cash flow statements	98
FRD 112D	Defined benefit superannuation obligations	104
FRD 114C	Financial Instruments – general government entities and public non-financial corporations	114

Legislation

<i>Freedom of Information Act 1982</i>	82
<i>Building Act 1993</i>	83
<i>Public Interest Disclosures Act 2012</i>	82
<i>Carers Recognition Act 2012</i>	83
<i>Financial Management Act 1994</i>	N/A
<i>Disability Act 2006</i>	83
<i>Local Jobs Act 2003</i>	82

Note:

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

B: The VIFM's Statutory Objects and Functions

The VIFM serves the courts and community in accordance with the Institute's statutory objects and functions as set out in the *Victorian Institute of Forensic Medicine Act 1985*. The following is an overview of the services provided by the VIFM.

SERVICE	SUMMARY	THE VIFM ACT 1985 PROVIDES THAT THE OBJECTS AND FUNCTIONS OF THE INSTITUTE ARE:
<p>Medico-Legal Death Investigation Services</p>	<p>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.</p>	<p>SECTION 64 (2)</p> <ul style="list-style-type: none"> » (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. » (j) to promote and assist in the performance by the Coroners Court of its functions. <p>SECTION 66 (1)</p> <ul style="list-style-type: none"> » (a) to provide facilities and staff for the conduct of examinations in relation to deaths investigated under the <i>Coroners Act 2008</i>; » (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 <i>Coroners Act 2008</i>; » (ac) to receive a request for an investigation by the coroner into a fire under Division 2 of Part 4 of the <i>Coroners Act 2008</i> 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 <i>Coroners Act 2008</i>; » (e) to properly document and record findings and results of investigations and examinations; » (f) to provide reports to coroners about the medical causes of deaths and the findings and results of investigations and examinations; » (g) to gather information to assist a coroner to identify the senior next of kin of a deceased person; » (h) to provide information to, and obtain information from, family members of a deceased person for the purposes of a medical examination and the coronial process generally; to properly document and record findings and results of investigations and examinations. » (i) to receive a request on behalf of a coroner for an autopsy to be performed on a body in the control of a coroner; » (j) to take possession of a body on behalf of a coroner and to provide for the release of a body following an order made by a coroner under section 47 of the <i>Coroners Act 2008</i>; » (k) to request and receive ante-mortem specimens from hospitals in respect of reportable deaths for the purposes of medical examinations; » (l) to provide information to, and discuss with, the senior next of kin of a deceased person, the coronial process and in particular explain any medical examination to be performed on the deceased as part of the investigation process; » (m) to assist the principal registrar of the Coroners Court to provide information prescribed for the purposes of section 21 of the <i>Coroners Act 2008</i> 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. <p>SECTION 66 (3)</p> <ul style="list-style-type: none"> » The Institute also has a function to investigate, assess and instigate appropriate responses in respect of— » (a) the health or safety of a living sibling of a deceased child; and » (b) the health of a parent of a deceased child— » where the death of that child constitutes a reviewable death.

<p>Clinical Forensic Medicine Services</p>	<p>Medico-legal examination of victims of crime and alleged perpetrators, and the provision of expert reports to the courts, Victoria Police, legal and medical practitioners and private and public agencies.</p>	<p>SECTION 64 (2)</p> <ul style="list-style-type: none"> » (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; <p>SECTION 66 (2)</p> <ul style="list-style-type: none"> » The Institute also has a function to ensure the provision of clinical forensic medical services to Victoria Police and government bodies in accordance with agreements for services between those bodies and the Institute.
<p>Forensic Sciences</p>	<p>Forensic scientific analysis of samples received from forensic pathologists, clinical forensic physicians and the Victoria Police and the provision of expert reports to the courts, Victoria Police, legal and medical practitioners and private and public agencies.</p>	<p>SECTION 64 (2)</p> <ul style="list-style-type: none"> » (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; <p>SECTION 66 (1)</p> <ul style="list-style-type: none"> » (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 <i>Coroners Act 2008</i>; » (d) to conduct other appropriate investigations or examinations in relation to the cause of death of any person;
<p>Donor Tissue Bank of Victoria</p>	<p>The provision of safe tissue to Australian surgeons for transplantation in orthopaedic, cardiothoracic, burns and reconstructive surgery. Tissue is also provided to authorised researchers for the completion of ethically approved research projects.</p>	<p>SECTION 64 (2)</p> <ul style="list-style-type: none"> » (i) to provide tissue banking facilities and services referred to in section 66(4); <p>SECTION 66 (4)</p> <ul style="list-style-type: none"> » The Institute also has the following functions— » (a) to receive tissue taken in accordance with the <i>Human Tissue Act 1982</i> (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 <i>Human Tissue Act 1982</i> 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.
<p>Academic Programs</p>	<p>The Institute undertakes its teaching and research obligations as the Department of Forensic Medicine for Monash University. Its primary function is to advance the training and development of forensic practitioners and to increase the evidence basis for the discipline through research.</p>	<p>SECTION 64 (2)</p> <ul style="list-style-type: none"> » (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;

C: Committees

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

Executive and Finance Committee (EFC)

The VIFM Council has appointed an Executive and Finance Committee (EFC) to assist in fulfilling its governance responsibilities. The Council has delegated certain functions to the EFC, as set out below. The EFC is a standing committee of Council and its functions are to:

- » Contribute to the development of the Institute's strategic plan and monitor performance against the plan
- » Advise the Council about the Institute'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 and evaluate the VIFM's operations for efficiency and efficacy
- » Review and monitor the progress of major capital expenditure 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 executive and medical salaries, and
- » Consider any other matters referred to it by Council and or management

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

Members: Professor Robert Conyers (Chair) – retired November 2019, Mr Neil Robertson PSM (Chair from 9 June 2020), Professor Noel Woodford, Mr Tim Fitzmaurice and Ms Mari-Ann Scott.

Executive Officer: Ms Carolynne van der Cingel

Audit and Risk Management Committee (ARMC)

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

- » 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 2018
- » 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 *Financial Management Act 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
- » 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
- » Approve 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: Professor Robert Conyers (Chair) – retired November 2019, Mr Neil Robertson PSM (Chair from 9 June 2020), and Mr Tim Fitzmaurice.

Executive Officer: Ms 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, and
- » Consider and advise on any other ethical issues referred to the Committee by the Director of the VIFM or the VIFM Council.

Members: Mr Stephen Nossal (Chair), Deputy Chief Magistrate Felicity Broughton – resigned August 2019, Coroner Audrey Jamieson, Mr Trent Brickle, Ms Lynne Wenig, Professor Noel Woodford, Dr Marisa Herson – resigned February 2020, Dr Danny Sullivan, the Hon. Frank Vincent AO QC, Ms Michelle Skinner, Mr Stefan Poniatowski, Associate Professor Richard Bassed – stepped down as a Member May 2020, and Professor Belinda Gabbe.

Executive Officer: Ms Fiona Leahy

The Donor Tissue Bank Committee

The purpose of the DTBV Committee is to assist the Council in fulfilling its responsibilities in relation to the *VIFM Act 1985*, *Human Tissue Act 1982* and *Therapeutic Goods Act 1989* including the requirements of Good Manufacturing Practice, the Biological Framework and associated Therapeutic Goods Orders, and ethical guidelines of the National Health and Medical Research Council. The functions of the Committee are to:

- » Develop a DTBV strategic plan for Council's approval and monitor progress against the plan
- » Approve key operational policies for ensuring regulatory

compliance and appropriate evidence-based application of donor and donation/product risk management in the context of ensuring safety and efficacy of tissue for transplant. Monitor DTBV's compliance against the policies

- » Periodically review the DTBV's process for monitoring compliance with laws and regulations governing its operations
- » Monitor the effectiveness of DTBV quality assurance management including but not limited to incidents, audit, TGA compliance, complaint, and adverse events handling
- » Provide a conduit for two-way communication with wider stakeholders as well as tissue users by acting as a clinical user group. Provide clinical and business horizon-scanning to the DTBV service, to inform strategic planning
- » Ensure matters put before the Committee involving issues of ethical practice are referred to the VIFM Ethics Committee
- » Monitor the operational and financial performance of the DTBV against the strategic plan and the budget, and refer matters to the Executive and Finance Committee and the Audit and Risk Management Committee of Council, where necessary
- » Review, provide advice and recommend input into, the annual budget to the Executive and Finance Committee, prior to it being submitted to Council for approval
- » Regularly review DTBV risks in accordance with the VIFM risk management framework
- » Consider any other matters referred to it by Council and/or management.

Members: Mr Tim Fitzmaurice (Chair), Mr Neil Bergman, Coroner Rosemary Carlin – resigned October 2019, Dr Michael Catton, Hiu Tat Mark Chan, Ms Heather Cleland, Mr Luke Cornelius APM, Ms Rhonda Holdsworth, Mr Stefan Poniatowski, Professor David Ranson, Mr Peter Skillington and Mr Luke Spencer.

Executive Officer: Mr Stefan Poniatowski

Internal Management

Senior Executive Group

The Senior Executive Group meets and consults about key strategic matters. It comprises the Institute Director, Chief Operating Officer, Deputy Director Academic Programs and Deputy Director Forensic Services.

Members: Professor Noel Woodford (Chair), Ms Mari-Ann Scott, Professor David Ranson and Associate Professor Richard Bassed.

COVID-19 – Responsible Officers Group

– established in March 2020

Ms Mari-Ann Scott, Professor Noel Woodford, Professor David Ranson, Mr Richard Prokop, Mr Peter Ford, Dr Linda Iles, Dr Maaïke Moller, Assoc. Prof. Dimitri Gerostamoulos, Dr Jodie Leditschke, Ms Fiona Leahy, Ms Frances Adamas, Mr Murray Hall, Ms Margaret Craddock, Mr Stefan Poniatowski, Ms Jennifer Ryan, Mr Jeff Lomas, Assoc. Prof. Richard Bassed, Ms Barbara Thorne.

Executive Officer: Ms Fiona Lawrence

Managers' Forum 2019-2020

The Managers' Forum meets monthly and members provide regular reports on their team's activities, request assistance from other areas where appropriate, and share positive feedback and achievements for the month.

Members: Professor Noel Woodford (Chair), Ms Frances Adamas, Dr Jodie Leditschke, Mr Jeff Lomas, Mr Jarrod Boxall, Dr Liz Manning, Mr David Cauchi, Ms Helen McKelvie, Ms Lauren Murton, Ms Susan Dickie, Dr Linda Glowacki, Ms Kellie Hamilton, Mr Richard Prokop, Dr Dadna Hartman, Mr Ben Stewart, Ms Megan Osbourne, Ms Barbara Thorne, Ms Fiona Leahy, Ms Margaret Craddock, Ms Kerry Crump, Ms Elizabeth Jenkins, Ms Alison Monaghan, Mr Thomas Munro, Mr Dean Krenske, Mr Mark Welsh, Ms Tracey Mackay, Mr Alan Wilson (to July 2019) and Mr Ian Hill.

Executive Officer: Ms Charmain Anderson

Occupational Health and Safety (OHS) Committee

The Occupational Health and Safety (OHS) Committee meets a minimum of four times each year and is a forum for management and staff to work together to ensure health and safety issues are raised for action at the Institute.

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
- » Communicate to all staff about any new or amended OHS legislation, regulations and any other OHS compliance requirements
- » Review and monitor the annual program of OHS activities including health and safety prevention programs
- » Commission regular OHS audits, and make recommendations to the VIFM Executive Team about changes required, based on the findings of the audits
- » Oversee the review and development of safety procedures
- » Approve staff OHS training and education programs and monitor the uptake of training
- » Ensure that OHS issues are appropriately reported up to the Executive 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: Ms Mari-Ann Scott (Chair), Ms Victoria McCombe (Acting OHS Adviser & Co-ordinator), Mr Richard Prokop, Ms Frances Adamas, Ms Helen Makrakis (HSR), Ms Prue Armstrong (Deputy HSR), Ms Charlotte Bacsa, Ms Kaitlyn Hart

Privacy, Confidentiality and Data Protection Committee

The Privacy, Confidentiality and Data Protection Committee has representatives from across the VIFM's business areas. Committee representatives are responsible for raising privacy, confidentiality or information security concerns and communicating key messages to their work areas.

The role of the Committee includes:

- » monitoring VIFM compliance with statutory privacy, confidentiality and data protection requirements
- » reviewing VIFM privacy, confidentiality and data protection policies and procedures
- » developing initiatives to implement VIFM privacy, confidentiality and data protection policies and procedures, including organising staff training and awareness activities
- » providing advice, support and training to service areas on privacy, confidentiality and data protection matters
- » considering summaries of CIRCAs (corrective actions) involving privacy and information security issues, including complaints, and their resolution
- » referring suggestions for improvement of privacy and information security issues to the relevant business area manager or the Managers Forum.

Members: Ms Margaret Craddock (Privacy Officer and Chair until January 2020, ongoing Member), Ms Katie Howie (Privacy Officer and Chair from February 2020), Mr Tom Brady (from September 2019), Mr Jeff Lomas (until January 2020), Ms Tram Lam (until March 2020), Mr Richard Prokop, Mr Jeff Vasquez (until November 2019) and Ms Voula Staikos.

Quality Review Committee

The Quality Review Committee (QRC) oversees and monitors the VIFM's quality system and operational quality issues including complaints. It reviews the VIFM Management Review Reports, Internal Audit Program findings, Quality Assurance Program (QAP) performance and Continuous Improvement – Corrective Action (CIRCA) trends and issues relating to complaints, compliments, equipment, evidence handling, external service, improvement request, internal service, OHSE Issues, safety incidents and QAPs.

The QRC reviews complaints received or any other significant issue affecting the VIFM's service quality. The QRC reviews and monitors results, progress and status of external third party audits (NATA, ISO, TGA, NATA and Global Compliance Certifications).

Members: Professor David Ranson (Co-Chair), Ms Frances Adamas (Co-Chair), Professor Noel Woodford, Mr Jeff Lomas (up to December 2019), Ms Margaret Craddock (from January 2020), Dr Jodie Leditschke, Associate Professor Dimitri Gerostamoulos, Mr Ben Stewart (up to January 2020) and Mr Brendan Sullivan (from May 2020).

Executive officer: Ms Soumela Horomidis

Research Advisory Committee (RAC)

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: Associate Professor Richard Basset (Chair), Professor Belinda Gabbe, Ms Kellie Hamilton, Dr Dadna Hartman, Dr Linda Iles – resigned December 2019, Dr Joanna Glengarry – from January 2020, Ms Fiona Leahy, Dr Jo Ann Parkin and Associate Professor Soren Blau.

Executive Officer: Ms Carolynne van der Cingel

The Green Team

Mr Dean Krenske (Co-Chair), Ms Fiona Leahy (Co-Chair), Ms Fiona Lawrence, Mr Evan Leckenby, Dr Linda Iles, Ms Nadia Polikarpowski, Ms Kellie Hamilton, Mr Robert Coyle, Ms Janine Shiels, Ms Samantha Joubert, Mr Rasika Amarasiri and Ms Hayley Challenger.

The Social Club Committee

Mr Murray Hall (President), Mr Jarrod Boxall (Vice President), Ms Joanne Hanna (Treasurer), Ms Emily Hall (Secretary), Ms Rebecca Johnston-Ryan, Ms Michelle Spiden, Ms Leanne Daking, Ms Jennah Tiu, Mr Jeff Lomas, Ms Kim Conway, Ms Alison Monaghan, Ms Martina Schaerf, Ms Claudia Hodgins, Ms Chloe Claringbold and Ms Prue Armstrong.

Emergency Response Committee (Facilities)

Ms Mari-Ann Scott, Ms Carolyn Gale, Mr Peter Ford, Mr Gerard Garson, Mr David Cauchi.

Executive Officer: Ms Margaret Craddock

Wardens

Mr David Cauchi (Chief Warden), Mr Ben Stewart (Deputy Chief), Mr David Orchard (Deputy Chief), Ms Michelle Spiden (Deputy Chief), Ms Charmain Anderson, Mr Alexander Gillard, Mr Adam Li, Mr Lakshan De Run, Ms Jill Russell, Ms Joanne Hanna, Ms Voula Staikos, Ms Melissa Peka, Mr Matthew Di Rago, Dr Mark Chu, Ms Fiona Lawrence, Ms Katherine Dartnell, Ms Alice Bussey, Ms Alison Monaghan, Ms Samantha Francis-Pester, Dr Jason Schreiber, Ms Kaitlyn Hart, Ms Melynda Hargreaves, Ms Gaie Russell, Ms Emma Cowley, Ms Prue Armstrong, Ms Jen Ryan, Ms Mari-Ann Scott and Mr Keith Bretherton.

D: Publications

Journal Articles

- Altendorf, A., Draper, B., Wijeratne, C., Schreiber, J., & Kanareck, D. (2019, July). Neglect of Older People: Touching on Forensic and Pathophysiological Aspects. *The Gerontologist*, gnz084. doi: 10.1093/geront/gnz084.
- Anderson, L. J., Flynn, A., Drummer, O., Gerostamoulos, D., & Schumann, J. L. (2019, September). The role of voluntary and involuntary drug and alcohol consumption and premorbid mental health factors in drug-facilitated sexual assault. *Forensic Science, Medicine, and Pathology*, 15(3), 382-391.
- Baird, C., Woolford, M. H., Young, C., Winbolt, M., & Ibrahim, J. (2019, October). Chronic disease management and dementia: a qualitative study of knowledge and needs of staff. *Australian Journal of Primary Health*, 25(4), 359-365.
- Bicknell, R., Kennedy, B., Pham, T., Bugeja, L., & Ibrahim, J. E. (2020, January-March). Thermal injury deaths of community-dwelling older people with dementia. *Alzheimer Disease and Associated Disorders*, 34(1), 101-104.
- Blau, S., Phillips, E., O'Donnell, C., & Markowsky, G. (2019, December). Evaluating the impact of different formats in the presentation of trauma evidence in court: a pilot study. *Australian Journal of Forensic Sciences*, 51(6), 695-704.
- Bowman, Z., Chahin Atallah, V., & Hartman, D. (2019, December). Direct PCR of bloodstains collected from deceased individuals for identification purposes. *Forensic Science International: Genetics Supplement Series*, 7(1), 406-407.
- Butala, A. D., Ibrahim, J. E., Bugeja, L., & Ranson, D. (2019, July). The role of patient-reported outcome measures in postoperative death investigations. *Journal of Law and Medicine*, 26(4), 737-741.
- Campbell, P. J., Getz, G., Korb, J. O., Stuart, J. M., Cordner, S., ... Stein, L. D. (2020, February). Pan-cancer analysis of whole genomes. *Nature*, 578(7793), 82-93.
- Chang, S. S. M., & Ozanne-Smith, J. (2019, August). Drowning mortality in children aged 0-14 years in Victoria, Australia: detailed epidemiological study 2001-2016. *Injury Prevention*. doi:http://dx.doi.org/10.1136/injuryprev-2019-043307
- Charlton, J. L., Koppel, S., D'Elia, A., Hua, P., St Louis, R., Odell, M., Marshall, S. (2019, November). Changes in driving patterns of older Australians: findings from the Candrive/Ozdrive cohort study. *Safety Science*, 119, 219-226.
- Chitty, K. M., Schumann, J. L., Moran, L. L., Chong, D., Hurler, T., & Buckley, N. A. (2020, June). Reporting of alcohol as a contributor to death in Australian national suicide statistics and its relationship to post-mortem alcohol concentrations. *Addiction*. doi:10.1111/add.15180
- Chitty, K. M., Schumann, J. L., Schaffer, A., Cairns, R., Gonzaga, N. J., Raubenheimer, J. E., Buckley, N. A. (2020, May). Australian Suicide Prevention using Health-Linked Data (ASHLi): protocol for a population-based case series study. *BMJ Open*, 10(5), e038181.
- Chong, D. G., Buckley, N. A., Schumann, J. L., & Chitty, K. M. (2020, June). Acute alcohol use in Australian coronial suicide cases, 2010-2015. *Drug and Alcohol Dependence*, 212, 108066
- Chu, M., Rago, M. D., Mantiniks, D., Glowacki, L., Woodford, N. W., Gerostamoulos, D., & Drummer, O. H. (2020, May). Time dependent changes in THC concentrations in deceased persons. *Journal of Analytical Toxicology*. doi:https://dx.doi.org/10.1093/jat/bkaa052
- Clapperton, A., Bugeja, L., Newstead, S., & Pirkis, J. (2020, January-March). Identifying typologies of persons who died by suicide: characterizing suicide in Victoria, Australia. *Archives of Suicide Research*, 24(1), 18-33.
- Clapperton, A., Newstead, S., Frew, C., Bugeja, L., & Pirkis, J. (2020, March). Pathways to suicide among people with a diagnosed mental illness in Victoria, Australia. *Crisis*, 41(2), 105-113.
- Cooper, S., Woodford, N.W., Maron, B.J., Harris, K.M., & Sheppard, M.N. (2019). A Lethal Blow to the Chest as an Underdiagnosed Cause of Sudden Death in United Kingdom Sports (Football, Cricket, Rugby). *The American Journal of Cardiology*. DOI: 10.1016/j.amjcard.2019.05.050
https://pubmed.ncbi.nlm.nih.gov/31277792/
- Cordner, S., Bruenisholz, E., Catoggio, D., Chadwick, P., Champion, J., Davey, A., ... Woodford, N. (2020, April). The uniform evidence act and Australian judges ability to assess properly the validity and reliability of expert evidence. *Australian Journal of Forensic Sciences*, 52(3), 243-245.
- Cordner, S., Clay, F. J., Bassed, R., & Thomsen, A. H. (2020, March). Suicidal ligature strangulation: a systematic review of the published literature. *Forensic Science, Medicine, and Pathology*, 16(1), 123-133.
- Cordner, S., & Woodford, N. (2020, March). In Australia the jury decides: the reliability and validity of expert evidence: a perspective from forensic pathology. *Australian Journal of Forensic Sciences*, 52(3), 249-260.
- Chu, M., Di Rago, M., Mantiniks, D., Glowacki, L., Woodford, N.W., Gerostamoulos, D., & Drummer, O.H. (2020). Time Dependent Changes in THC Concentrations in Deceased Persons. *Journal of Analytical Toxicology*. https://doi.org/10.1093/jat/bkaa052
- Davey, J., & Spring, G. (2020, June). Is ancestry, not natron, an explanation for fair haired children in Greco-Roman Egypt? *Forensic Science, Medicine, and Pathology*, 16(2), 207-215.

- de Boer, H. H., Roberts, J., Delabarde, T., Mundorff, A. Z., & Blau, S. (2020, May). Disaster victim identification operations (DVI) with fragmented, burnt, or commingled remains: experience-based recommendations. *Forensic Sciences Research*. doi:10.1080/20961790.2020.1751385
- Dempsey, N., & Blau, S. (2020, February). Evaluating the evidentiary value of the analysis of skeletal trauma in forensic research: A review of research and practice. *Forensic Science International*, 307, 110140.
- Di Rago, M., Pantatan, S., Hargreaves, M., Wong, K., Mantiniaks, D., Kotsos, A., ...Gerostamoulos, D. (2020, May). High throughput detection of 327 drugs in blood by LC-MS-MS with automated data processing. *Journal of Analytical Toxicology*. doi:https://dx.doi.org/10.1093/jat/bkaa057
- Di Rago, M., Gerostamoulos, D., Morris, C., Fredericksen, T., Woodford, N. W., & Drummer, O. H. (2019, November). Prevalence of drugs in injured drivers in Victoria, Australia. *Australian Journal of Forensic Sciences*. doi:10.1080/00450618.2019.1687753
- Doyle, E., Brough, A., Elliott, D., Lewis, J., Kroll, J., Kasper, K., Hackman, L., Viner, M., Marquez-Grant, N., Arthurs, O., Manuel Garamendi Gonzalez, P., Loomis, P., van Rijn, R.R., Blau, S., Martinde-las-Heras, S., Holmes, T., & Field, L. (2019). Guidelines for best practice: Imaging for Assessment of Age in the Living. *Journal of Forensic Radiology and Imaging*. 16: 38-49.
- Drummer, O. H. (2019, May). Fatalities caused by novel opioids: a review. *Forensic Sciences Research*, 4(2), 95-110.
- Drummer, O. H. (2020, March). Cannabis Crashes: Myths & Truths. *Drug & Alcohol Review*, 39(3), 288-288.
- Drummer, O. H., Gerostamoulos, D., Di Rago, M., Woodford, N. W., Morris, C., Frederiksen, T., ...Wolfe, R. (2020, February). Odds of culpability associated with use of impairing drugs in injured drivers in Victoria, Australia. *Accident Analysis and Prevention*, 135, 105389.
- Dwyer, J., Dwyer, J., Hiscock, R., O'Callaghan, C., Taylor, K., Bugeja, L., ...Philip, J. (2019, November). Characteristics of patients with cancer who die by suicide: coronial case series in an Australian state. *Psycho-Oncology*, 28(11), 2195-2200.
- Eastwood, K., Bugeja, L., Zail, J., Cartwright, A., Hopkins, A., & Ibrahim, J. E. (2019, November). Deaths of young people living in residential aged care: a national population-based descriptive epidemiological analysis of cases notified to Australian coroners. *Disability and Rehabilitation*, 1-6. doi:10.1080/09638288.2019.1696417
- Gang, D., Loff, B., Naylor, B., & Kirkman, M. (2019, March). A call for evaluation of restorative justice programs. *Trauma, Violence, & Abuse*, doi: 10.1177/1524838019833003
- Hall, F., Forbes, S., Rowbotham, S. & Blau, S. 2019. Using PMCT of Individuals of Known Age to Test the Suchey-Brooks Method of Ageing in Victoria, Australia. *Journal of Forensic Sciences* 64(6): 1782-1787.
- Han, H. C., Parsons, S. A., Teh, A. W., Sanders, P., Neil, C., Leong, T., ...Lim, H. S. (2020, April). Characteristic histopathological findings and cardiac arrest rhythm in isolated mitral valve prolapse and sudden cardiac death. *Journal of the American Heart Association*, 9(7), 15587.
- Hicks, A. J., Clay, F. J., Hopwood, M., James, A. C., Jayaram, M., Perry, L. A., ...Ponsford, J. L. (2019, November). The efficacy and harms of pharmacological interventions for aggression after traumatic brain injury: systematic review. *Frontiers in Neurology*, 10, 1169.
- Hicks, A. J., Clay, F. J., Ponsford, J. L., Perry, L. A., Jayaram, M., Batty, R., & Hopwood, M. (2020, March). Pharmacotherapy for the pseudobulbar affect in individuals who have sustained a traumatic brain injury: a systematic review. *Neuropsychology Review*, 30(1), 28-50.
- Holmes, A., Bugeja, L., Ranson, D., Griffiths, D., & Ibrahim, J. E. (2019, October). The potential for inadvertent adverse consequences of open disclosure in Australia: when good intentions cause further harm. *Medicine, Science and the Law*, 59(4), 265-274.
- Hua, P., Bugeja, L., & Maple, M. (2019, October). A systematic review on the relationship between childhood exposure to external cause parental death, including suicide, on subsequent suicidal behaviour. *Journal of Affective Disorders*, 257, 723-734.
- Hua, P., Maple, M., Hay, K., & Bugeja, L. (2020, May). Theoretical frameworks informing the relationship between parental death and suicidal behaviour: a scoping review. *Heliyon*, 6(5), e03911.
- Ibrahim, J. E., Fetherstonhaugh, D., Rayner, J. A., McAuliffe, L., Jain, B., & Bauer, M. (2020, June). Meeting the needs of older people living in Australian residential aged care: a new conceptual model. *Australasian Journal on Ageing*. 39(2), 148-155.
- Jain, B. (2020, March). Suicide ideation among nursing home residents in the United States: conceptual issues and the international context. *American Journal of Geriatric Psychiatry*, 28(3), 302-303.
- Jain, B., Cheong, E., Bugeja, L., & Ibrahim, J. (2019, December). International transferability of research evidence in residential long-term care: a comparative analysis of aged care systems in 7 nations. *Journal of the American Medical Directors Association*, 20(12), 1558-1565.
- Jain, B., Kalesnikava, V., Ibrahim, J. E., & Mezuk, B. (2020, March). Places of living and places of dying: the case for preventing suicide in residential long-term care. *Ageing and Society*. doi:http://dx.doi.org/10.1017/S0144686X20000173
- Jain, B., Kennedy, B., Bugeja, L. C., & Ibrahim, J. E. (2020, March-April). Suicide among nursing home residents: development of recommendations for prevention using a nominal group technique. *Journal of Aging and Social Policy*, 32(2), 157-171.
- Johnstone-Belford, E. C., & Blau, S. (2020, May). A review of bomb pulse dating and its use in the investigation of unidentified human remains. *Journal of Forensic Sciences*, 65(3), 676-685.
- Kennedy, A., Adams, J., Dwyer, J., Rahman, M. A., & Brumby, S. (2020, March). Suicide in rural Australia: are farming-related suicides different? *International Journal of Environmental Research and Public Health*, 17(6). doi:https://dx.doi.org/10.3390/ijerph17062010
- Koppel, S., Bugeja, L., Stephens, A., Cartwright, A., Osborne, R., Williams, G., ...Charlton, J. L. (2020, June). The safety benefits of older drivers attending an in-person licence renewal. *Journal of Transport & Health*, 17, 100845.

- Lovibond, S. W., Odell, M., & Mariani, J. A. (2020, March). Driving with cardiac devices in Australia. Does a review of recent evidence prompt a change in guidelines? *Internal Medicine Journal*, 50(3), 271-277.
- Mantiniaks, D., Wright, P., Di Rago, M., & Gerostamoulos, D. (2019, October). A systematic investigation of forensic hair decontamination procedures and their limitations. *Drug Testing and Analysis*, 11(10), 1542-1555.
- Mokhtar, S. U., Kulsing, C., Althakafy, J. T., Kotsos, A., Drummer, O. H., & Marriott, P. J. (2020, January). Simultaneous analysis of drugs in forensic cases by Liquid Chromatography–High-Resolution Orbitrap Mass Spectrometry. *Chromatographia*, 83(1), 53-64.
- Morgan, D., & Ozanne-Smith, J. (2019, October). A configural model of expert judgement as a preliminary epidemiological study of injury problems: an application to drowning. *PLoS ONE*, 14(10), e0211166.
- Nash, C., Glowacki, L., Gerostamoulos, D., Pigou, P., Scott, T., & Kostakis, C. (2019, October). Identification of a thermal degradation product of CUMYL-PEGACLONE and its detection in biological samples. *Drug Testing and Analysis*, 11(10), 1480-1485.
- Paratz, E. D., Rowsell, L., Zentner, D., Parsons, S., Morgan, N., Thompson, T., ...La Gerche, A. (2020, January). Cardiac arrest and sudden cardiac death registries: a systematic review of global coverage. *Open Heart*, 7(1), e001195
- Peña-Solórzano, C. A., Albrecht, D. W., Bassed, R. B., Gillam, J., Harris, P. C., & Dimmock, M. R. (2020, June). Semi-supervised labelling of the femur in a whole-body post-mortem CT database using deep learning. *Computers in Biology and Medicine*, 122. doi:10.1016/j.combiomed.2020.103797
- Ross, A. (2020, June). The reliability and validity of expert evidence: law, science and medicine in summit: the rapporteur's view. *Australian Journal of Forensic Sciences*, 52(3), 246-248.
- Ross, A., & Neuteboom, W. (2020, January). Implementation of quality management from a historical perspective: the forensic science odyssey. *Australian Journal of Forensic Sciences*. doi:10.1018/0/00450618.2019.1704058
- Rowse, J., Bolt, C., & Gaya, S. (2020, March). Swipe right: the emergence of dating-app facilitated sexual assault. A descriptive retrospective audit of forensic examination caseload in an Australian metropolitan service. *Forensic Science, Medicine, and Pathology*, 16(1), 71-77.
- Sarkar, R., Ozanne-Smith, J., & Bassed, R. (2020, March). Methods in population study of orofacial injuries in Victorian family violence homicides. *Forensic Science, Medicine, and Pathology*. 16(1), 78-90.
- Sarkar, R., Ozanne-Smith, J., & Bassed, R. (2020). Mandatory reporting of child physical abuse and dental neglect by Australian dentists. *Forensic Science, Medicine, and Pathology*, 16(1), 134-142.
- Spake, L., Meyers, J., Blau, S., Cardoso, H. F. V., & Lottering, N. (2020, March). A simple and software-independent protocol for the measurement of post-cranial bones in anthropological contexts using thin slab maximum intensity projection. *Forensic Imaging*, 20. doi:10.1016/j.fri.2020.200354.
- Too, L. S., Spittal, M. J., Bugeja, L., Reifels, L., Butterworth, P., & Pirkis, J. (2019, December). The association between mental disorders and suicide: A systematic review and meta-analysis of record linkage studies. *Journal of Affective Disorders*, 259, 302-313.
- Wijetunga, C., O'Donnell, C., So, T. Y., Varma, D., Cameron, P., Burke, M., ...Beck, B. (2020, March). Injury Detection in Traumatic Death: Postmortem Computed Tomography vs. Open Autopsy. *Journal of Forensic Radiology and Imaging*. doi:10.1016/j.jofri.2019.100349
- Willoughby, M., Woolford, M. H., Young, C., & Ibrahim, J. E. (2020, March). Recommendations for reducing harm and improving quality of care for older people in residential respite care. *International Journal of Older People Nursing*, e12273.
- Woolford, M. H., de Lacy-Vawdon, C., Bugeja, L., Weller, C., & Ibrahim, J. E. (2020, January). Applying dignity of risk principles to improve quality of life for vulnerable persons. *International Journal of Geriatric Psychiatry*, 35(1), 122-130.
- Zail, J., Eastwood, K., Bugeja, L., Bassed, R., & Ibrahim, J. E. (2020, March). Geo-mapping of young people in residential aged care. *Australasian Journal on Ageing*. doi:http://dx.doi.org/10.1111/ajag.12787

Books and Book Chapters

- Blau, S. (2020, February). Forensic human identification: an Australian perspective. In R. C. Parra, S.C. Zapico & D. H. Ubelaker (Eds.), *Forensic science and humanitarian action: interacting with the dead and the living* (pp 593-607). John Wiley & Sons Ltd.
- Blau, S. (2020). The anthropology of aging. In K. Collins & R.W. Byard (Eds.), *Geriatric Forensic Medicine and Pathology* (pp. 452-68). Cambridge: Cambridge University Press.
- Blau, S. (2020, February). Contributor to J. Payne-James & R. Jones (Eds.), *Simpson's Forensic Medicine*. 14th edition. CRC Press.
- Blau, S., & Ranson, D.L. (2019, October). Body in the barrel: complex body disposal and recovery. In H.M. Garvin, & N.R. Langley (Eds.), *Case studies in forensic anthropology: bonified skeletons*. CRC Press.
- Breen, K. (2019, November). *A passion for justice : the life and times of forensic pathologist Vernon Plueckhahn*. Australian Scholarly Publishing.
- Franklin, D., & Blau, S. (2020). Physical and virtual sources of biological data in forensic anthropology: Considerations relative to practitioner and/or judicial requirements. In Z. Obertová, S. Stewart & C. Cattaneo (Eds.), *Statistics and Probability in Forensic Anthropology* (pp. 17-45). London: Academic Press.
- Rowbotham, S.K., & Blau, S. (2020, January). The application of medical imaging to the anthropological estimation of sex. In A.R. Kliales (Ed.), *Sex estimation of the human skeleton: history, methods, and emerging techniques* (pp. 351-369). Elsevier Inc.
- Wallman, J., & Archer, M.S. (2020, January). The application of insects to the estimation of the time since death. In J. Hayman & M. Oxenham (Eds.), *Estimation of the time since death: current research and future trends* (pp. 57-80). Academic Press.

E: Presentations

Adamas, F. (2019, November). *The Integrated Quality Management System at the VIFM*. Collaboration of forensic medical service with health care facilities and law enforcement authorities conference. ICRC Forensic Department, Zaporizhzhia, Ukraine.

Adamas, F. (2019, November). *Building a Quality Management System Workshop*. Collaboration of forensic medical service with health care facilities and law enforcement authorities conference. ICRC Forensic Department, Zaporizhzhia, Ukraine.

Adamas, F. (2019, November). *ISO 17025 Quality Management System Requirements*. Collaboration of forensic medical service with health care facilities and law enforcement authorities conference. ICRC Forensic Department, Zaporizhzhia, Ukraine.

Bowman, Z. (2019, September). *Direct PCR of Bloodstains Collected from Deceased Individuals for Identification Purposes*. The 28th Congress of the International Society for Forensic Genetics (ISFG) - Prague, Czech Republic.

Bowman, Z. (2019, September). *Victoria's unidentified human remains - what more can we do improve missing person's investigations?* The 28th Congress of the International Society for Forensic Genetics (ISFG) - Prague, Czech Republic - Prague, Czech Republic.

Bowman, Z. (2020, June). *Use of the RapidHITTM ID system and RapidINTELTm sample cartridges for DNA profiling of post-mortem samples in a DVI context*. ThermoFisher HID University Rapid Webinar.

Byrne, K. (2019, August). *Forensic Photography at VIFM: A Case Study*. Digital Imaging Technical Advisory Group, Queensland Police Service, Brisbane, Queensland.

Davey, J., & Basset, R. (2019, November). *A unique radiological study of eleven ancient Egyptian Graeco-Roman child mummies*. Twelfth International Congress of Egyptologists (ICE XII) Cairo, Egypt.

Davey, J. (2020, February). *Forensic Egyptology and the study of ancient Egyptian mummies using modern medical technology*. Leibler Yavneh College, Victoria.

Davey, J. (2019, December). *Ancient Egyptian tombs and preparation of the body and burial equipment – a report on the visit to Egypt for the ICE XII congress*. Lecture given at Australia Egypt Fund Inc. Victoria.

Drummer, O. (2019, September). *Can cannabis really kill you?* The 57th Annual Meeting of The International Association of Forensic Toxicologists (TIAFT) in Birmingham, United Kingdom.

Gerostamoulos, D. (2019, September). *The prevalence of alcohol and other drugs in fatal road crashes in Victoria, Australia*. The 57th Annual Meeting of The International Association of Forensic Toxicologists (TIAFT) in Birmingham, United Kingdom.

Gerostamoulos, D. (2019, September). *Forensic Science in Australia - the value of networks*. 1st Annual Meeting and Symposium on Thailand Forensic Science Network (TFSN), Bangkok, Thailand.

Gerostamoulos, D. (2019, September). *Introduction to Forensic Toxicology - Systematic Toxicological analysis*. 1st Annual Meeting and Symposium on Thailand Forensic Science Network (TFSN), Bangkok, Thailand.

Gerostamoulos, D. (2019, September). *Advances in Forensic Toxicology and NPS – issues for Forensic Toxicology*. 1st Annual Meeting and Symposium on Thailand Forensic Science Network (TFSN), Bangkok, Thailand.

Gerostamoulos, D. (2019, October). *Current trends and solutions in drug related deaths in Australia - a forensic toxicology perspective*. Forensic Science Managers Symposium, Lyon, France.

Gerostamoulos, D. (2019, October). *Postmortem Forensic Toxicology*. XV TIAFT Latin-American Regional Meeting, Aguas de Lindoia, Sao Paulo, Brazil.

Gerostamoulos, D. (2019, October). *Epidemiology of Drugs and Driving*. XV TIAFT Latin-American Regional Meeting, Aguas de Lindoia, Sao Paulo, Brazil.

Gerostamoulos, D. (2020, February). *Forensic Insights: The fentanyl epidemic in North America - lessons for Australia and New Zealand?* Understanding pharmaceutical opioids in Australia conference, Melbourne, Australia.

Grzebieta, R. (2019, May). *Quad Bike Safety: An Example of Product Safety Obfuscation: How to Make Day Look Like Night and Night Look Like Day*. VIFM 2019 Seminar Series, Melbourne, Victoria.

Grzebieta, R. (2019, November). *Forensic Investigation and Analysis of crashes*, VIFM 2019 Seminar Series. Melbourne, Victoria.

Grzebieta, R., & Rechnitzer, G. (2019, November). *In-Field Operator Protective Device (OPD) Safety Survey of Australian and New Zealand Workplace Quad Bike Riders*. AIPN 2019 Australasian Injury Prevention and Safety Promotion Conference, Brisbane, Australia.

Grzebieta, R. (2020, August). *Biomechanics of head injuries: results from forensic engineering crash investigation & analysis, vehicle crashworthiness studies and vulnerable road user research*, VIFM 2020 Seminar Series, Melbourne, Australia.

Hamilton, K. (2020, February). *Introduction to Donor Tissue Bank of Victoria*. Austin Hospital, Melbourne. Australia.

Hargreaves, M. (2019, September). *Deaths linked to synthetic cannabinoid - CUMYL-PEGACLONE*. The 57th Annual Meeting of The International Association of Forensic Toxicologists (TIAFT) in Birmingham, United Kingdom.

- Leditschke, J. (2019, September). *Overview of DVI in Australia*. International Association of Forensic Radiographers. Workshop held at the VIFM. Southbank. Victoria.
- Messinis, H. (2019, September). *DVI Mortuary Walkthrough*. International Association of Forensic Radiographers. Workshop held at the VIFM. Southbank. Victoria.
- Ozanne-Smith, J., & Li, Q. (2019, October). *A social perspective on drowning in China*. World Conference on Drowning Prevention, Durban, South Africa.
- Ozanne-Smith, J., & Basset, R. (2019, November). *Motorised mobility scooter-related injury: pathways to action?* National Injury Prevention Conference Brisbane, Australia.
- Parsons, S., & Morgan, N. (2020, Feb 29-March 5). *Arrhythmogenic Cardiomyopathy: Autopsy Findings and Family Follow-up Poster presentation*. United States & Canadian Academy of Pathology (USCAP) 109th annual meeting. Los Angeles, USA.
- Rechnitzer, G., Gaffney, T., & Grzebieta, R. (2019, May). *Forensic Incident/Accident Investigation, Analysis & Reconstruction*. Marcus Evans Workshops, Sydney, Australia.
- Rechnitzer, G., & Grzebieta, R. (2019, August). *Crash Investigation & Reconstruction Workshop, Safe System Solutions and VicRoads*. Workshop for Thailand Police. Melbourne, Victoria.
- Rechnitzer, G., Grzebieta, R., & Gaffney, T. (2019, November). *Getting Serious About on-Road Bicycle use and safety*. AIPN 2019 Australasian Injury Prevention and Safety Promotion Conference, Brisbane, Australia.
- Rowbotham, S.K. (2019, July). *Forensic Anthropology. Anatomy Staff, Melbourne University*. VIFM Lecture Theatre, Southbank, Victoria.
- Rowbotham, S.K. (2019, July). *Forensic Anthropology in the Australian Medico-Legal System*. Forensic Biology Course. Deakin University. Victoria.
- Rowbotham, S.K. (2019, July). *Forensic Anthropology. Biological Profile and Skeletal Trauma*. Forensic Archaeology and Anthropology Course. Australian National University, Canberra.
- Rowbotham, S.K. (2019, August). *Forensic Anthropology. Principles of Forensic Medicine and Science*. Monash University Caulfield Campus, Victoria.
- Rowbotham, S.K. (2019, October). *Human Remains. Introduction to Forensic Science*. Swinburne University of Technology, Victoria.
- Rowbotham, S.K. (2019, 30 October-26 November). *Forensic Anthropology. Capacity Development Teaching and Training*. Department of Forensic Medicine, Tribhuvan University, Kathmandu, Nepal.
- Rowbotham, S.K. (2019, November). *A Bone Tale: Forensic Analysis and Interpretation of Skeletal Trauma Workshop*. Medico-Legal Society of Nepal, Kathmandu Medical College and Teaching Hospital, Sinamangal. Nepal.
- Smythe, L. (2019, September). *Practical dental radiography techniques*. International Association of Forensic Radiographers. Workshop held at the VIFM. Southbank, Victoria.
- Smythe, L. (2019, September). *AM v PM Dental image comparison*. International Association of Forensic Radiographers. Workshop held at the VIFM. Southbank, Victoria.
- Wong, K. (2019, September). *An Unusual Death Involving Tramadol: An Example of the Australian Coronial Investigation Process*. The 57th Annual Meeting of The International Association of Forensic Toxicologists (TIAFT) in Birmingham, United Kingdom.
- Woodford, N.W. (2019, September). *The Medico-Legal Investigation of Hospital Deaths*. Medico-Legal Society of Nepal and Indian Association of Medico-Legal Experts 10th International Conference. Kathmandu, Nepal.
- Woodford, N.W. (2019, September). *Forensic Imaging. All India Institute of Medical Science meeting*. New Delhi, India.
- Woodford, N.W. (2019, November). *Death Certification*. Monash Medical Student teaching. Medico-legal Death Investigation in the Elderly. Monash Geriatric Forensic Medicine short course.
- Young, G. (2019, September). *An introduction to DVI – defining terms*. International Association of Forensic Radiographers. Workshop held at the VIFM. Southbank, Victoria.

F: Staff by Department

as at 30th June 2020

Senior Executive and Support

NOEL WOODFORD - *MBBS LLM DMJ(Path) FRCPA FRCPath*

MARI-ANN SCOTT - *B Econ(Hons) MPhil MAICD*

DAVID RANSON - *BMedSc BM BS LLB FRCPath FRCPA FACLM FFFLM
FFCFM DMJ(Path)*

RICHARD BASSED - *BDS DipForOdont PhD FFOMP(RCPA)*

FIONA LAWRENCE

Director

Chief Operating Officer

Deputy Director, Forensic Services (also Master of Forensic Medicine Unit Coordinator)

Deputy Director, Academic Programs, Adjunct Clinical Professor, Senior Forensic Odontologist

Executive Administration Officer

Forensic Services Management Team

The Forensic Services Division is led by Deputy Director David Ranson.

Management Team

DIMITRI GEROSTAMOULOS - *BSc(Hons) PhD FFSc(RCPA)*

LINDA ILES - *BMSc MBBS(Hons) FRCPA DMJ(Path)*

MAAIKE MOLLER - *MBChB BSc(Hons) MForensMed MSc MRCOG
DTM&H DMCC FFCFM(RCPA) AFRACMA PG CertMedTox*

MARGARET CRADDOCK

SOREN BLAU - *BA(Hons) MSc PhD FFSc(RCPA) CF*

DAVID CAUCHI - *BSc*

LINDA GLOWACKI - *BAppSc(Hons) PhD MRACI CChem*

DADNA HARTMAN - *BSc(Hons) PhD GCertPubSecMgmt FFSc(RCPA)*

JODIE LEDITSCHKE - *PhD FFSc(RCPA)*

BARBARA THORNE - *BA GradDipCrim*

Head, Forensic Sciences (also Master of Forensic Medicine Unit Coordinator)

Head, Forensic Pathology

Acting Head, Clinical Forensic Medicine

Business Operations Manager, Forensic Services

Manager, ID Services and Head Forensic Anthropology (also Master of Forensic Medicine Unit Coordinator)

Manager, Histology

Manager, Toxicology

Manager, Molecular Biology

Manager, Forensic Technical Services and CAE

Senior Policy Advisor, Forensic Services

Operations

STEPHEN CORDNER - *AM MA MBBS BMedSc Dip Crim DMJ(Path)
FRCPATH FRCPA*

MELANIE ARCHER - *BSc(Hons) PhD MBBS FRCPA*

YELIENA BABER - *MBBS MRC SEd FRCPath*

Forensic Consultant Specialist

Consultant Forensic Pathologist

Consultant Forensic Pathologist

PAUL BEDFORD - <i>MBBS FRCPA DipForensPath</i>	Consultant Forensic Pathologist
BRIAN BEER - <i>MB ChB, FRCPA, DipForensPath (RCPA)</i>	Consultant Forensic Pathologist
HEINRICH BOUWER - <i>MBChB FRCPA</i>	Consultant Forensic Pathologist
MICHAEL BURKE - <i>MBBS BSc FRCPA DipForensPath</i>	Consultant Forensic Pathologist
MALCOLM DODD - <i>MBBS FRCPA DMJ(Path) AssocDipMLT FFFLM(RCP-UK) FACBS MACLM GradCertHealth Prof Ed</i>	Consultant Forensic Pathologist
VICTORIA FRANCIS - <i>MBBS MSc BA(Hons) FRCPA</i>	Consultant Forensic Pathologist
JOANNA GLENGARRY - <i>MBChB(Dist) FRCPA DipForensPath</i>	Consultant Forensic Pathologist
MATTHEW LYNCH - <i>MBBS LLB(Hons) FRCPA DipForens Path DMJ(Path)</i>	Consultant Forensic Pathologist
SARAH PARSONS - <i>BMedSc(Hons) MBBS(Hons) FRCPA</i>	Consultant Forensic Pathologist
GREG YOUNG - <i>MBChB BHB FRCPA</i>	Consultant Forensic Pathologist
CHONG ZHOU - <i>MBBS PhD FRCPA</i>	Forensic Pathology Fellow
JOANNE CHI YIK HO - <i>MBBS MPHMTM GD-SURGANT FRCPA</i>	Forensic Pathology Registrar
CHRISTOPHER O'DONNELL - <i>MBBS MMed GDipForMed FRANZCR</i>	Consultant Forensic Radiologist
KAREN BYRNE - <i>BAppSc(Photo)(Hons)</i>	Specialist Forensic Photographer
STEPHEN SAMMUT	Specialist Forensic Photographer
NATALIE MORGAN - <i>RN GDipGenetCouns</i>	Family Health and Genetic Nurse Specialist
MELANIE HALLORAN - <i>RN BN</i>	Family Health Nurse
BIANCA SZYMANSKI - <i>RN BN</i>	Family Health Nurse
JEREMY GRAHAM - <i>LDS BDS DipForOdont MPhil GradCertHighEd FOMP(RCPA) FICD</i>	Consultant Forensic Odontologist (also Master of Forensic Medicine Unit Coordinator)
LYNDALL SMYTHE - <i>BDS DipForOdont</i>	Consultant Forensic Odontologist (also Master of Forensic Medicine Unit Coordinator)
SAMANTHA ROWBOTHAM - <i>BA MArchSc(Res) PhD</i>	Forensic Anthropologist - Casework and Research
TRACEY MACKAY - <i>RN BN MNursSc(NursPrac) GradCertNg(CritCare) Cert(MentalHealth) CertAOD</i>	Acting Assistant Manager, Coronial Admissions and Enquires
REBECCA ADOLPH - <i>RN BN GradCertNg(CritCare)</i>	Medical Liaison Nurse
SINEAD BLAMIRE - <i>BHSc(Nursing) CCRN</i>	Medical Liaison Nurse
JESSICA DE VRIES - <i>RN BN</i>	Medical Liaison Nurse
ELISE DOHERTY - <i>RN BN GradCertNg(CritCare)</i>	Medical Liaison Nurse
DENNIS ESPINOSA - <i>BSc(Nursing) RN CCNC DipLead&Mgt</i>	Medical Liaison Nurse
YUEN FUNG - <i>RN BN GradCertNg(CritCare)</i>	Medical Liaison Nurse
GEORGIA GILBERT - <i>RN BN GradDipNg(CritCare)</i>	Medical Liaison Nurse
LINDA HAIN - <i>RN BN</i>	Medical Liaison Nurse
TERESA LIMOND - <i>RN BN CCRN</i>	Medical Liaison Nurse
SARAH LONG <i>RN BN</i>	Medical Liaison Nurse
EMMA MACKENZIE - <i>RN BN CertTAA GradCertNg(CritCare)</i>	Medical Liaison Nurse
KRISTEN ROBINSON - <i>RN</i>	Medical Liaison Nurse

SHAREE SCOTT - *RN BN GradCertNg(CritCare)*

SANDRA TAYLOR - *RN DipAppSci(Nursing)*

TAMARA WILSON - *RN BN GradCertEmergNurs*

ALICE WICKETT - *RN BN GradDipNg(CritCare)*

FOTEINI ROZAKEAS - *MSc(Allergy) BScAPP(Nurs) BNat DipCouns
DipHlthSc(Nurs)*

DIANA AQUILINA

REED AUSTIN - *BA NREMT*

DEBBIE BROADHURST

PATRICIA DE SANCTIS

MELROY PEREIRA - *BSW(SocWk) MSc*

CATHERINE PIETRZAK - *BSocSc(Psych/Soc) GDipArts(ArtHist)
GCertArts(CinSt)*

JILL RUSSELL

ALEXANDRA WRIGHT

RACHAEL IOUSA

MEGAN OSBORNE - *BSc(ForSc) CertMortPrac CertLead&Mgt*

HELEN MESSINIS

CATHERINE VINCENT - *BAppSc(MIT)*

MIRANDA NORTHEY

PRUE ARMSTRONG - *BSc MSc(Hons)*

KEITH BRETHERTON

EVAN LECKENBY - *BAppSc(MedSc)*

JENNAH ORCHARD - *BBiolSc CertIII(Path)*

SUZANNE BAUER

PETER BURY - *DipMedLabSc DipPhoto*

KARA CATTELL

CHLOE CLARINGBOLD - *BForensicSc*

ELISA COCCIARDI - *BBiomedSc(LabMed)*

WADE CORDEROY - *BSc(Hons) GradDipEd(Sec) GDipForSci*

JOANNA COTSONIS - *BA/BMus*

EMMA COWLEY - *BSc*

JASON EGAN - *CertFunServ(Embalm)*

KIRBY LAW - *BForensicSci*

DAVID LAWSON - *BAppSc(Bio/Biotech)*

BRIAN LLOYD

Medical Liaison Nurse

Medical Liaison Nurse

Medical Liaison Nurse

Medical Liaison Nurse

Research Nurse

Medico-Legal Executive Assistant

Medico-Legal Executive Assistant

Medico-Legal Executive Assistant

Medico-Legal Executive Assistant

Medico-Legal Executive Assistant

Medico-Legal Executive Assistant

Medico-Legal Executive Assistant

Medico-Legal Executive Assistant

Medical Administration & Quality Review Officer

Assistant Manager, Forensic Technical Services

Senior Quality Improvement Officer

Forensic Radiographer

Forensic Radiographer

Senior Forensic Technical Officer

Senior Forensic Technical Officer

Senior Forensic Technical Officer

Senior Forensic Technical Officer

Forensic Technical Officer

Forensic Technical Officer

Forensic Technical Officer

Forensic Technical Officer

Forensic Technical Officer

Forensic Technical Officer

Forensic Technical Officer

Forensic Technical Officer

Forensic Technical Officer

Forensic Technical Officer

Forensic Technical Officer

Forensic Technical Officer

TIMOTHY MALPASS	Forensic Technical Officer
DANIELLE STEVENS - <i>CertMortPrac</i>	Forensic Technical Officer
ALISON STEVENSON - <i>BForensicBiotech</i>	Forensic Technical Officer
MARY MICALLEF	Cleaner (Mortuary)
CAROLINE BOLT - <i>MBChB FACEM</i>	Consultant Forensic Physician, CFM
NICOLA CUNNINGHAM - <i>B.Med MForensMed MHLth&MedLaw FFCFM (RCPA) FACEM</i>	Consultant Forensic Physician, CFM
SANJEEV GAYA - <i>MBBS DMJ(Clin) MFFLM MForensMed FFCFM(RCPA)</i>	Consultant Forensic Physician, CFM (also Master of Forensic Medicine Unit Coordinator)
RAYMUN GHUMMAN - <i>BA/BSc MBBS GCertIntl&CommDev DCH FRACGP</i>	Consultant Forensic Physician, CFM
ALEXANDRA MARCEGLIA - <i>MBBS DipVen GDipEpiBioStat MForensMed FRACGP FACHSHM(RACP)</i>	Consultant Forensic Physician, CFM
RACHEL MARR - <i>MBBS(Hons) FRACGP</i>	Consultant Forensic Physician, CFM
JO ANN PARKIN - <i>BEd BAppSc(Hons) MBBS MForensMed FFCFM(RCPA)</i>	Consultant Forensic Physician, CFM (also Master of Forensic Medicine Unit Coordinator)
JASON SCHREIBER - <i>German Medical State Exam(AMC Certified) MForensMed MFFLM DipFLM FFCFM(RCPA)</i>	Consultant Forensic Physician, CFM
ANGELA SUNGAILA - <i>MBBS MForensMed JD GDLP FFCFM(RCPA)</i>	Consultant Forensic Physician, CFM
ANGELA WILLIAMS - <i>MBBS MForensMed GradDipLaw FFFLM GAICD MBA FFCFM(RCPA) MPH MHM AFRACMA</i>	Consultant Forensic Physician, CFM
JANINE ROWSE - <i>MBBS PGDipPH FRACGP</i>	Senior Forensic Medical Registrar, CFM
PHILLIPA BROOK - <i>BBiomedSc MBBS</i>	Forensic Medical Registrar, CFM
STEPHANIE CARLSSON - <i>MBBS</i>	Forensic Medical Registrar, CFM
LIYASHA GOONETILLEKE - <i>MBBS DRANZOG</i>	Forensic Medical Registrar, CFM
LUISA ROSITANO - <i>MBBS GradCertTacMed DCH</i>	Forensic Medical Registrar, CFM
HOLLY SEXTON - <i>MBBS</i>	Forensic Medical Registrar, CFM
ADELE O'HEHIR - <i>RN BEd BN ProfHon(Forensics) GradCert (CritCare) GradCert (Emerg)</i>	Forensic Nurse Network Coordinator
ALISON MONAGHAN - <i>BCCJ DipJus</i>	Assistant Manager, Forensic Services Support
NADIA AMBRUOSI	Client Services Officer
DIANNE ANSELL	Administrative Coordinator
GABIRELLE CONNERS	Client Services Officer
ELIZABETH DALY	Administrative Assistant
SARABJEET DEV - <i>BSc (PCM)</i>	Senior Forensic Stenography and Records Officer
CAITLIN HALEY - <i>BCrim</i>	Client Services Officer
KAUSUBHA SHUKLA	Forensic Stenography and Records Officer
NOELLE LARGE	Forensic Stenography and Records Officer
GAIE RUSSELL	Senior Receptionist
BRANDON THOMAS - <i>BBus GradDipFinPlan</i>	Client Services Officer
ANDRIA TIEPPO - <i>BSocSc(Psych)</i>	Client Services Officer
JOANNE HANNA - <i>BAppSc</i>	Senior Scientist, Histology

ROBERT COYLE - <i>DipLabTechc</i>	Scientist, Histology
MICHAEL PAIS - <i>BAppSc</i>	Scientist, Histology
NGOC TRUONG TRAN - <i>BBiomedSc(LabMed)</i>	Technical Officer, Histopathology / Toxicology
APRIL STOCK - <i>BSc(Hons)</i>	Senior Scientist, Molecular Biology
LINDA BENTON - <i>BSc</i>	Scientist, Molecular Biology
ZOE BOWMAN - <i>BAppSc(LabMed)</i>	Scientist, Molecular Biology
GEMMA CARTER - <i>BSc(Hons) PhD</i>	Scientist, Molecular Biology
ASHIL DAWAWALA - <i>BSc GradDip(BioTech) GradDip(MedLabSc)</i>	Scientist, Molecular Biology
ANDREW COVENTRY - <i>BScAdv(Hons)</i>	Scientist, Molecular Biology
MICHELLE SPIDEN - <i>MSc BSc/BA</i>	Scientist, Molecular Biology
KAITLYN HART - <i>BA/BSc(Hons)</i>	Research Assistant, Molecular Biology
OLAF DRUMMER - <i>Dr. h.c.(Antwerp) FFSC FRCPA FACBS CChem PhD(Med) BAppSc(Chem) Hon FFFLM</i>	Forensic Toxicology Consultant Specialist
KERRY CRUMP - <i>DipAppSc BAppSc MSc</i>	Assistant Manager, Toxicology
ELIZABETH JENKINS - <i>BSc(Hons) MSc MIBMS</i>	Assistant Manager, Toxicology
JENNIFER SCHUMANN - <i>BSc(Hons) PhD</i>	Senior Research Fellow, Toxicology
MARK CHU - <i>BSc(Hons) PhD</i>	Senior Scientist, Toxicology
MATTHEW DI RAGO - <i>BAppSc</i>	Senior Scientist (Analytical Specialist), Toxicology
NATALIA GEORGE - <i>BAppSc MBA</i>	Senior Scientist, Toxicology
ALEXANDER KOTSOS - <i>BSc MSc</i>	Senior Scientist, Toxicology
VICTORIA MCCOMBE - <i>BSc(Hons)</i>	Senior Scientist, Toxicology (also Acting OHS Advisor & Coordinator)
MARIA PRICONE - <i>BSc(Hons)</i>	Senior Scientist, Toxicology
VOULA STAIKOS - <i>BAppSc</i>	Senior Scientist, Toxicology
KATHERINE WONG - <i>BSc(Hons)</i>	Senior Scientist, Toxicology
LACHLAN ARENTZ - <i>BSc(Hons)</i>	Scientist, Toxicology
JARED CASTLE - <i>BSc(Hons) PhD</i>	Scientist, Toxicology
RANJEETA DEVI - <i>BForensicBiotech DipMedLabTech</i>	Scientist, Toxicology
JESSICA FERNANDEZ - <i>BSc(Hons)</i>	Scientist, Toxicology
ELIZABETH GOULD-WILLIAMS - <i>BSc</i>	Scientist, Toxicology
CATHLEEN JAN - <i>GradDipLabMed BSc</i>	Scientist, Toxicology
SAMANTHA JOUBERT - <i>BSc BForensics</i>	Scientist, Toxicology
IRENE KANTZIDIS - <i>BAppSc</i>	Scientist, Toxicology
MONTANNA LEVEQUE - <i>BPharmSc(Hons)</i>	Scientist, Toxicology
DYLAN MANTINIEKS - <i>BBiomedSc(PharmSc)(Hons)</i>	Scientist, Toxicology
LOREDANA MONFORTE - <i>BBiomedSc</i>	Scientist, Toxicology

LAURA MUNFORTE - <i>BSc(Hons) GradDipLabMed</i>	Scientist, Toxicology
SARAH NASMARK - <i>BSc(Hons)</i>	Scientist, Toxicology
MELISSA PEKA - <i>BSc</i>	Scientist, Toxicology
LILLIAN ROBERTS - <i>BSc(Hons)</i>	Scientist, Toxicology
STEVEN STEFANOVSKI - <i>BBiomedSc (Hons)</i>	Scientist, Toxicology
JOSEPHINE TRUONG - <i>BForensicSc(Hons)</i>	Scientist, Toxicology
THAM VU - <i>BSc(Hons)</i>	Scientist, Toxicology
STEPHANIE WALLACE - <i>BForensicSc</i>	Scientist, Toxicology
GRACE WANG - <i>BSc</i>	Scientist, Toxicology
SOPHIE WIDDOP	Scientist, Toxicology
ROWENA ZAMMIT - <i>BSc</i>	Scientist, Toxicology
PRIYA BOSE - <i>BSc MSc</i>	Technical Officer, Toxicology
HANNAH DOUBLE - <i>BSc</i>	Technical Officer, Toxicology
SIMONA JUZMESKA - <i>BForensicSc/BCrim</i>	Technical Officer, Toxicology
JAMIE MACKENZIE - <i>BSc</i>	Technical Officer, Toxicology
JACOB O'DONOGHUE - <i>BSc</i>	Technical Officer, Toxicology
LILY TUONG - <i>BPharmSc(Hons)</i>	Technical Officer, Toxicology
JAMES WALSH - <i>DipSc BForensicSc</i>	Technical Officer, Toxicology
VERITY BALTUTIS	Technical Assistant, Toxicology

Academic Programs

The Academic Programs Division is led by Deputy Director Richard Bassed. Professor Noel Woodford is the Chair of Forensic Medicine.

ELIZABETH MANNING - *BA(Hons) PhD(SocSc)*

DAVID WELLS - *OAM MA MBBS DMJ GradCertHigherEd DipRACOG FRACGP FFCFM(RCPA)*

JENNIFER RYAN - *BA MCrim*

TIMOTHY MONTGOMERY - *BCreativeArts*

SARAH TRAVERS - *BA(Hons) CertTrain&Dev*

KATHRYN ROUGH - *DipTeach GradDipInfoMgt*

JO-ANNE MAZZEO - *BA LLB*

KATHRYN EASTWOOD - *PhD BSc BN DipAmbParaStudies BParamedicStudies GradDipEmerHlth(MP) MEmergHealth(Pmed) GradCertHigherEd*

GEORGIA AITKEN - *BBiomedSc*

ALICE HOLMES

STEPHANIE LA'RIVE - *MJustCrim BArts(CrimJustAdm)(Hons)*

MADISON SIMPSON

EMMA WARD

MEGHAN WRIGHT - *BScAdvGlblChal(Hons)*

ALASTAIR ROSS - *MAppSc BAppSc GradDipBA*

Manager, National and International Programs

Senior Education Coordinator / Clinical Forensic Medicine Consultant

Manager, Department of Forensic Medicine

Postgraduate Administration Officer

Administration Officer

Senior Librarian

Co-Convenor - Medical Law Tutorial Program

Research Fellow

Research Assistant

Research Assistant

Research Assistant

Research Assistant

Research Assistant

Research Assistant

Forensic Medicine Unit Coordinator Graduate & Undergraduate

Donor Tissue Bank of Victoria

STEFAN PONIATOWSKI - *BSc(Hons) MIBMS*

SUSAN DICKIE - *BN*

BRENDAN SULLIVAN - *BPharm AssDipMkt MBA*

CHARMAIN ANDERSON - *BA*

CAROLE SPENCE

KELLIE HAMILTON - *BSc(Hons)*

KIMBERLY CONWAY - *BHlthSc(Paramedic)*

KATY SADLER - *MSc*

BEN STEWART - *BSc*

Head, Donor Tissue Bank of Victoria

Nurse Manager

Operations Manager, DTBV

Administration Officer

Administration Officer

Senior Scientist

Scientist

Scientist

Scientist

SARAH COOPER - <i>BSc</i>	Technician
LARA HEDDLES - <i>BSc</i>	Technician
BRADLEY NEYMAN	Technician
DUYEN MINH BUI - <i>BSc</i>	Assistant
ELENA WEDGEWOOD - <i>BSc</i>	Assistant
TYRA REES - <i>BSc(Hons)</i>	Senior Microbiologist
MICHAEL GREEN - <i>BSc</i>	Microbiologist
HELEN ZISIS - <i>BAppSc(MedLab) GCertHumNutr</i>	Microbiologist
CHANTEL BARTOLO - <i>BN PGCertN(ICU)</i>	Tissue Donation Nurse Specialist
SAMANTHA FRANCIS-PESTER - <i>RN GCertCR</i>	Tissue Donation Nurse Specialist
GEORGINA LADEMANN - <i>BNSc BAppSc(HumMvmt)</i>	Tissue Donation Nurse Specialist
JANINE SHIELDS - <i>MN(CritC) BSc(Nursing)</i>	Tissue Donation Nurse Specialist

Corporate Services and Development

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

Management Team

FRANCES ADAMAS - <i>BSc(Hons) MBiotechBus</i>	Manager, Quality and Improvement
PETER FORD - <i>FCCA</i>	Chief Finance Officer
MURRAY HALL - <i>BAppSc BEng GradDipBA</i>	Chief Information Officer
FIONA LEAHY - <i>LLB(Hons) BA</i>	Manager, Legal and Governance
JEFF LOMAS - <i>BAJ GradDipSocSc(Gestalt Therapy)</i>	Manager, Mental Health and Wellbeing
RICHARD PROKOP - <i>BBA</i>	Manager, Human Resources and Organisational Development

Corporate Staff

STEPHEN ANSELL - <i>FCCA</i>	Management Accountant
JIM COSENTINO	Facilities Manager
EMILY DELVES - <i>CertAcc</i>	Finance and Supplies Officer
IAN HILL - <i>FCIPS MBA</i>	Senior Procurement Officer
DEAN KRENSKE - <i>BBus</i>	Facilities Coordinator
XIANG (ADAM) LI - <i>BInfoSys</i>	Purchasing and Supplies Officer
LAUREN MURTON - <i>BA/BCom DipModLang CPA</i>	Financial Accountant
MARGARET STOLKE	Finance Officer

CATHERINE HOWIE - <i>BA LLB</i>	Senior Legal Policy Officer
HELEN MCKELVIE - <i>BA LLB MMgtL(OD)</i>	Senior Legal Counsel and Internal Consultant
CAROLYNNE VAN DER CINGEL - <i>BA</i>	Policy Officer, Board and Committee Secretariat
KIT SWINGLER - <i>BSc</i>	Catering and Events Officer
REBECCA FLEET - <i>BA(Hons) GDipER&HRM</i>	Senior Human Resources Consultant
MARINA GEORGE - <i>BBA(HRM)</i>	Human Resources/Payroll Consultant
LISA OMER	Human Resources/Payroll Consultant
EMILY HALL - <i>BSc MFeSc MBA(Exec) CertTAA CertWHS</i>	OHS Advisor and Coordinator (also Senior Forensic Technical Officer)
RASIKA AMARASIRI - <i>PhD MSc BSc(Hons)</i>	Data Analyst
JARROD BOXALL - <i>DipInfoTech</i>	Operations Manager, ICT
TOM BRADY - <i>CISSP</i>	Cyber Security Analyst
AKASH CHEEMA - <i>BTech MTelecNetEng</i>	Service Desk Officer
WEI SIN (PHILIP) CHENG - <i>BSc(CompSc)</i>	Service Desk Officer
EMILIANNE CONTATORE	ICT Service Delivery Coordinator
LAKSHAN DE RUN - <i>DipCS BIS</i>	IT Security Analyst and Oracle Systems Administrator
PETER EDBROOKE - <i>BAppSc(CompSc)</i>	Solution Architect
SANDUN EKANAYAKE - <i>MIT BSc(CompSc)</i>	Senior Java Developer
CHARLIE FORD - <i>CertIT(Net)</i>	Service Desk Officer
ALEXANDER GILLARD - <i>BA MM</i>	Digital Media and Communications Project Officer
STEPHEN GOODWIN - <i>GradDipMan CertProjMgt</i>	Programme Manager
VIKAS HOLKAR - <i>BE(CompSc) MSE</i>	Senior Java Developer
GEETHA LAKSHMY - <i>MCA BSc(CompSc)</i>	ICT Test Lead
CHIEH FUI (GARY) LIANG - <i>BEng(CivEng)(Hons) GradCertBusSys MTech(Intern&WebComp)</i>	Front-End Developer
THOMAS MUNRO - <i>MInfTechProjMgt</i>	Information Manager
DAVID ORCHARD - <i>BSc(Biomedical)</i>	Network Administrator and Service Desk Team Leader
SRILATHA PANDEM - <i>BEng(Elect&CommEng)</i>	Test Analyst
RON ROSE - <i>BAppSc</i>	Windows and Desktop Administrator
PETER SERWYLO - <i>BMS(Prog) BInfoTech(Hons) PhD</i>	Software Development Manager
PAYAL SHARMA - <i>BSc MCA</i>	Java Developer
BIAO (RAY) SHI - <i>BE GDipSci</i>	Senior Java Developer
ZAINA SHIBA - <i>BEng(IT)</i>	Test Analyst
MARK WELSH - <i>DipTeach</i>	Business Transformation Manager

TANYA COROCHER

SOUMELA HOROMIDIS - *BSc*

ROBYN JUGUETA- *BSc AssDipAppSc(Lab Tech)*

HELEN MAKRAKIS - *BAppSc(MedLab) DipHealth DipOH&S*

NIKI TAXIDIS - *BAppSc(MLS)*

Policy Officer, Quality and Improvement

Quality and System Improvement Officer

Quality and System Improvement Officer

Quality Support Officer

Lead Quality and System Improvement Officer

Clinical Forensic Practitioners providing CFM Services across Victoria

The VIFM employs practitioners to provide clinical forensic services across metropolitan and regional Victoria, including: forensic physicians and forensic nurse examiners, who respond to both victims and offenders of physical and sexual assault, conduct forensic medical examinations and provide medico-legal reports for police; and forensic nurses who provide an after-hours Biological Sample Collection service, which includes blood/and or urine collection from suspected intoxicated drivers and other biological samples as required for medico-legal purposes.



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COVER FEATURE

The response to the Covid-19 Pandemic

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