Report of Operations
Accountable Officer’s Declaration

In accordance with Financial Management Act 1994, I am pleased to present the Report of Operations for the Victorian Institute of Forensic Medicine for the year ending 30 June 2012.

Stephen Cordner
Director
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Overview

Who we are

As an institution focused on forensic medicine and related sciences, we serve the community and the courts. Our statutory responsibilities are to provide independent, expert forensic medical and scientific services to the justice system, tissue for transplantation, to teach and to undertake research.

The VIFM provides the justice system with evidence to underpin safe convictions and appropriate acquittals.

Our doctors help investigate deaths reported to the Coroner, examine alleged offenders and assess, treat and support victims of crime.

The Donor Tissue Bank of Victoria supports patients and their families by providing safe tissues for transplantation and medical research.

Our Motto

Veritas Omnia Vincit – Truth Conquers All

Our Vision

We will be recognised for excellence in what we do.

Our Mission

Underpinned by ethical principles, our purpose is to:

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

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

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

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

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

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

Our Working Relationships

The Institute's success depends on the strength of our partnerships and our working relationships with those to whom we report and with whom we work, including: the Attorney General, Courts including the Coroners Court of Victoria (CCOV), the Department of Justice, Monash University, the University of Melbourne, the Australian Federal Police (AFP), Victoria Police, and public and private hospitals.

Our Role in Teaching, Training and Research

The legislation under which the Institute is established, and the mission which guides its strategic direction, require the VIFM to undertake teaching, training and research in forensic medicine and related scientific disciplines, including tissue banking. Academic activities in forensic medicine and related disciplines are fundamental to the VIFM's credibility in the courts, the justice system and its standing in the medical and scientific environment.
What an extraordinary year this has been for the Victorian Institute of Forensic Medicine!

On 1st September 2011, the identification of the remains of the Australian bushranger, Ned Kelly, by the VIFM team was announced by the Attorney General, The Honourable Robert Clark. This achievement received world-wide media recognition. It prompted the Premier of Victoria, The Honourable Ted Baillieu, to tell the Parliament:

“This was one of the most complex investigations ever undertaken by VIFM. It involved computerised tomography scanning, X-rays, pathology, odontology, anthropology expertise plus extensive historical research and of course DNA analysis. It also involved cooperation with the EAAF laboratory in Argentina, which is a world leader in DNA technology. To be able to identify remains of that age from a gravesite containing 33 other bodies is quite remarkable. It demonstrates the world leading expertise Victoria possesses in the field of forensic medicine and forensic science.”

As Chairman of the Institute Council, I would wholeheartedly endorse those remarks. But the capacity of the VIFM has been well and truly recognised by sources outside the organisation itself. I will quote some examples.

In a report by the State Services Authority entitled, “Review of the statutory functions and good governance of the Victorian Institute of Forensic Medicine in the context of the relationship with the Coroners Court of Victoria,” published in November 2011, the following appears:

“The review found VIFM to be a nationally and internationally recognised leader in forensic pathology delivering high quality services. Its reputation and standing is high and is demonstrated in the confidence placed in VIFM by the Victorian criminal justice system. Further to this, following a visit to VIFM in February 2010, Associate Professor Michael Pollanen (Chief Forensic Pathologist at the Centre for Forensic Science and medicine in Ontario Canada) referred to VIFM as “the leading Institute in the global forensic medical community....”

In January 2012, the Institute hosted senior Australian, New Zealand and Asia-Pacific judges as part of the Australasian Supreme and Federal Courts Judges Conference. The conference Chairman, Justice Stephen Rothman AM subsequently wrote:

“The session was extraordinarily informative and the tour of the Institute was regarded by each of the participants at the Joint Conference as one of the highlights of the Conference.

Not only did it improve our appreciation of the issues as they affect our work in the courts, as you would appreciate, but it also was a fascinating insight into areas of which most of us have only a fleeting or superficial knowledge.”

A Judge of Appeal from the Supreme Court of Singapore sent me an email stating:

“First, let me say that I really benefitted from the visit to VIFM. It was both educational and inspirational. Educational in the sense I was brought up to speed on developments in a number of areas of forensic medicine and inspirational because of the passion and dedication that your colleagues manifested so profusely.

I have suggested to the AG of Singapore that it would be profitable for our scientific investigators and prosecutors to contact VIFM with a view to knowledge sharing. He agrees with me. ”

In June 2012, the Graeme Schofield VIFM Oration was held. The Honourable Kevin Parker AC RFD (retired Vice President of the International Criminal Tribunal for the Former Yugoslavia and a former Western Australian Supreme Court Judge) and Dr Morris Tidball-Binz (Forensic Co-ordinator of the International Committee of the Red Cross) spoke on the topic: “Hell’s Kitchen: Post-conflict recovery and justice. Forensic medicine and human rights.”

In the course of his address, Dr Tidball-Binz commented:

“The need in [the 1990s] for building sustainable local forensic capacity and improving cooperation between different forensic institutions worldwide became growingly apparent.

Some forensic services and institutes led the way in this regard, perhaps most remarkably so the Victorian Institute of Forensic Medicine, which under the inspiration of Prof.Graeme Schofield and the direction of Prof.Stephen Cordner, has truly pioneered University outreach forensic training programs and other activities in humanitarian forensic sciences. Prof. Cordner’s own restless commitment to help catapult humanitarian forensic sciences beyond a reduced circle of
practitioners and into the attention and interest of the world’s leading forensic associations cannot be overestimated.

[...] tens of thousands of victims of war and catastrophes the world over have been able to mourn their dead, overcome grief and recover human dignity thanks to the contribution from forensic sciences to humanitarian action. It was therefore natural for the ICRC, upon receiving the prestigious Human Rights Award from the IAFS [International Association of Forensic Sciences] during its 19th Triennial Meeting in Madeira last year, to dedicate it, as it did, to all those colleagues and institutions, such as the VIFM, who have made it possible for forensic sciences to be regarded today as an important tool for humanitarian action.

I therefore wish to thank sincerely on behalf of the ICRC the VIFM for its remarkable contribution to the development of global forensic sciences and their application to the humanitarian cause."

In the course of his address, Dr Tidball-Binz referred to the work of the VIFM in Timor-Leste with the Argentine Forensic Anthropology Team (RAAP) and in building up regional forensic networks in Africa and Asia.

In fact, the Institute, in cooperation with the ICRC and the Australian Federal Police have been instrumental in the formal launching of the African Forensic Medical Association (Uganda, March 2012) and the Asia-Pacific Network of Medical Legal Services (Indonesia, June 2012). Moreover, in September 2011, Prof. Cordner, Dr Liz Manning and myself met with United Nations and ICRC officials in Geneva and forensic officers at the International Criminal Court in The Hague where possible initiatives for increasing international forensic capacity were discussed. Presentations were also made at the 19th IAFS Conference at Madeira, Portugal.

Additionally during the past 12 months, individual clinical forensic doctors, forensic odontologists, toxicologists and anthropologists from the Institute have provided assistance and conducted courses in Asia, the Pacific Island region and the Middle East.

The breadth and depth of these contributions by the VIFM is enormous and their genesis lies in the unique configuration of medical and scientific skills possessed by its members.

Moreover, the contributions must be placed in the context of the specialist nature of these medical and scientific disciplines. For example, there are only 45 forensic pathologists in Australia (1 – 2 per cent of all pathologists in Australia); 12 of them are members of the Institute.

It is precisely because these experts constitute such a tiny group (not only in Australia, but globally) that mutual assistance and cooperation internationally are essential to increase forensic capacity worldwide.

The vital importance of forensic medicine (in its various disciplines) to the effective operation of the justice system (and hence for the respect of the rule of law), and for the identification of the dead and missing following natural disasters and armed conflict, cannot be over-emphasised. I make no apology for what some may regard as a less than modest appraisal of the work of the VIFM. It is, in my view, important that the wider community are made aware of the value and extent of its activities.

Domestically, as this Annual Report clearly indicates, the Institute has continued to serve the Victorian community and fulfil its statutory functions, including the exacting task of providing expert independent evidence to the courts. The Director’s Report lists some of the reforms and innovations undertaken to enhance performance. It also lists future challenges faced by the VIFM and, in particular, the development of the Donor Tissue Bank of Victoria to effectively and efficiently meet the health needs of the Victorian and indeed the Australian population.

Once again the members of staff have coped valiantly with the necessary disruptions of the Institute facilities in the redevelopment process. Their dedication is inspirational.

Members of the VIFM Council, who comprise prominent persons in the fields of medicine, law, policing and administration, have yet again selflessly devoted their valuable time to promote and enhance the operation of the Institute. In addition to committee work, Council members met on 6 occasions. Specific mention should be made of the ongoing role of Professor Bob Conyers as Chair of the Executive and Finance and the Audit Committees. In June 2012, his dedicated service to, and support for, the advancement of the VIFM during the past 15 years, was recognised when he was made a Fellow of the Institute.

Another Council member, Neil Robertson, was also honoured during this period with the well-deserved award of the Public Service Medal for his work within the Department of Justice.

I also wish to acknowledge the significant contribution of Peter Allen who has retired from the Council after 6 years (he also served for 3 years in the 1990s). Peter Allen was an expert in policy and administration, his most recent position being Public Standards Commissioner, Victoria. His wise counsel will be sorely missed.

The Council also lost the valuable services of Prof. Steve Wesselingh, Dean of the Faculty of Medicine, Nursing and Health Services at Monash University, who took on new challenges interstate. The Council was delighted to welcome to its membership his successor at Monash University, Prof. Christina Mitchell.

The Chief Operating Officer, Mari-Ann Scott, has, with conspicuous skill and ability, continued to undertake the massive workload inherent in the operations of such a diverse and complex organisation.

A feature of the past year has been the regular meetings with the Attorney General that have enabled the Director and myself to brief him on Institute issues of interest and concern.

The Institute has also benefited from the ongoing support of the Department of Justice and, in particular, that of the Secretary of the Department, Penny Armytage and Marisa De Cicco, Executive Director, Legal and Equity.

Finally, I wish to record my admiration for the outstanding leadership of Professor Stephen Cordner as Director of the VIFM. A pre-eminent figure in the world of forensic pathology, he has chosen to devote his time and talents to developing and sustaining the Victorian Institute of Forensic Medicine as an organisation of excellence.

In the Director’s Report, Professor Cordner describes working at the Institute as “a privilege”.

For my part the privilege lies in being associated with its talented and dedicated members.

The Honourable John Coldrey
QC Chairman
The year has been characteristically packed. Our services have been going at more or less full steam while our facility is redeveloped around us. Managing the redevelopment of the site has been a major focus for the Institute in the year under review. Virtually all staff have been in temporary locations for the whole year. A substantial organisational effort has been required to engage with all those involved to ensure that operations have not been affected any more than absolutely necessary. I would like to acknowledge John Holland (builders), Vincent Chrisp (architects), Coffey Projects (project managers) and staff from the Built Environment and Business Sustainability in the Department of Justice for all their support, encouragement and advice over the course of this project. I need also to commend Peter Ford, Vicky Winship and Jim Consentino for their wonderful contribution looking after the Institute’s interests generally during this work. Heads of Service and Managers from right across the organisation have had to bear frustrations and inconvenience, accommodate substantial additional work while maintaining an accredited service, and to them great thanks are due. Excitement about the building is now growing as we gear up to moving some staff back into the redeveloped office areas of the Institute in the coming weeks. The first part of the redevelopment was handed over on July 1, 2011 – the Molecular Biology Laboratory.

The major pre-occupation for the first six months of the year under review was the State Services Authority “Review of the statutory functions and good governance of VIFM in the context of the relationship with the Coroners Court of Victoria”. The SSA Review made a number of recommendations in its report which was provided to the Attorney General and the Department of Justice. The recommendations, which can be, are being progressed by the Institute. This annual report captures many of the achievements of the year. Some might be regarded as prosaic, but anyone understanding organisational life will realise their value.

The Ned Kelly Project

The Attorney General, The Hon Robert Clark MP, announced the Institute’s identification of the remains of Ned Kelly at a press conference at the Institute on 1 September 2011. It was a remarkable feat of institutional teamwork, involving historians, lawyers, forensic scientists and medical experts and is something of a footnote to Victoria’s history. The Ned Kelly Project is described in further detail in this report. One person missing from the list of those we need to thank is Deb Withers. Many thanks for holding the whole thing together.

Introduction of a Quality Management System

Clinical Forensic Medicine (CFM) has benefitted from an increased liaison with the VIFM quality group and successfully integrated with the Institute’s quality management system. In the absence of a formal accreditation framework, the unit has conducted a major internal review of its clinical and business documentation. This review has resulted in a suite of new clinical policies, work instructions and information documents that provide a high level of guidance and support to the clinical forensic practitioner workforce. VIFM’s new privacy and confidentiality guidelines have also been reflected in this review.

Building Links Through Education and Training

Clinical Forensic Medicine (CFM) continues to make a concerted effort to build links with stakeholders and has recruited 21 additional clinical forensic practitioners in the past financial year. The practitioner group has been well supported by a number of educational and liaison initiatives introduced by the unit including CFM’s monthly clinical newsletter, quarterly online interactive case discussions and face-to-face forensic case group meetings. CFM has recently gained accreditation for its Clinical Forensic Practitioner Conference from the Royal Australian College of General Practitioners and assists the Australasian Association of Forensic Physicians in the delivery of monthly clinical teleconferences to discuss various aspects of clinical forensic medicine.
Secure Online Case Management

To better support the external practitioner group, who are largely based in regional Victoria, Clinical Forensic Medicine has developed an online case management system – the iCFM. The iCFM has been a major project for 2011/12 and addresses many of the communications and business process issues common in decentralised service delivery. Over the past year, system-functional specification writing and development has focused on alignment with a security and business policy framework which will:

» provide CFM with a safe online environment for our sensitive casework and communications;
» deliver compliance with the new Whole of Victorian Government standard in management of public information that came into force in July 2012;
» enable CFM to comply with tightened VIFM policies around the management of confidential and sensitive information and data.

The iCFM promises significant advances in the control of information and will improve risk and quality management. Features of the system include secure online case entry and communications, important policy change notifications, online rostering, systematic report review, payments and access to a CFM library.

Introduction of Forensic Medical Examination Kits

Over the past year, the VIFM designed and implemented Forensic Medical Examination Kits (FMEKs) in Victoria which some other jurisdictions have also adopted. The kits are assembled using a chemical process (ethylene oxide) to ensure the components are DNA free, prior to use. Significant work has gone into the design, specifications and assembly of the kits as well as cleaning and examination procedures to minimise DNA contamination prior, during and after a sexual assault examination. VIFM has also produced educational materials to assist in the use of the kits including an instructional DVD, a photo book reference and has delivered ‘In Service’ training on how to use FMEKs for all state-wide practitioners. The FMEKs were formally introduced in July 2011 and are now used for all forensic medical examinations conducted in Victoria. (It is important to appreciate that use of the kits alone is no guarantee against contamination).

Sexual Assault Reforms

In partnership with Victoria Police and the Department of Justice, our Clinical Forensic Medicine service has been actively involved in the development and implementation of a range of improvements to the delivery of sexual assault services. These include planning for the development of three new Multi-Disciplinary Centres (MDCs). The first of these is likely to be established in the eastern suburbs of Melbourne and will co-locate a number of services to better support victims of assault in Victoria. The Just in Case (JIC) program is being established to offer victims who are uncertain about reporting the offence to police, an opportunity to access a medical and forensic intervention. Finally, the Early Specimen Collection Kit will allow for the prompt collection of forensic evidence from victims before they attend for a medical service.

Donor Tissue Bank of Victoria

The DTBV faced significant challenges, change and disruptions over the year. A TGA audit involving a thorough review of all aspects of DTBV’s operations was undertaken during the building works whilst keeping operations going. The TGA audit was successful and no critical deficiencies were raised. This reflected the many weeks of work by the team to ensure all the relevant changes occurred in a controlled way maintaining compliance. In early 2011, DTBV had to shut down its cleaning room processing suite and transfer processing to a temporary cleaning within a portable which had to be commissioned. This meant production capacity throughout the year has been reduced by a third. Despite this, production levels have been maintained. DTBV achieved an 11 per cent increase in the number of femoral heads collected from the living donor program resulting in a record 747 donations over the financial year which has enabled DTBV to continue supplying bone tissue to hospitals. This has been achieved by increasing activity in existing hospitals, retraining of collection staff, and introducing new hospitals into the program.

There have been significant efforts over the year to refine the plans for the new DTBV facility, the majority of which is due to be handed over at the end of 2012 or early 2013. This 4-floor structure encompasses an extensive suite of cleanrooms for tissue and cell cultures, a central sterile services area, new donor preparation areas and operating theatres, independent donor receipt and booking in area, an extensive new microbiology laboratory, a research and development laboratory, extensive storage capacity capable of storing national reserves of tissue, as well as offices, independent tissue reception and despatch areas with associated staff facilities, all with its own backup generator and services. DTBV acted as a sponsor for TGA to successfully import of skin from the USA to enable the patients from the WA bushfires of 2011 to be effectively treated in two states. This required close collaboration with colleagues in California, the TGA, the hospital where the skin was to be sent, customs and couriers to ensure the tissue arrived in the short time window to enable grafting.

Missing Persons Investigations

The molecular biology staff were able to consolidate the laboratory’s role with Victoria Police in the identification of missing persons including those in cold cases. The Victorian Missing Persons DNA Database (VMPDD) is the only one of its kind nationwide, enabling not only the storage of DNA profile information, but more importantly, the kinship searching of both nuclear and mitochondrial DNA profiles to assist in the identification of unknown deceased persons. To date, there are 53 DNA profiles for unidentified deceased persons, and 157 DNA profiles for family members of missing persons. New profiles from family members of missing persons are being added monthly to the VMPDD; the VMPDD has assisted in the identification of three missing persons cases thus far.

Forensic Toxicology

The service activities of this laboratory continued to develop strongly with significant increase in case load from Victoria Police for the detection of drugs in drivers (injured, impaired and those screened at roadside using oral fluid) and enabling a maintenance of turn-around of certificates of up to 2 weeks from receipt. Coronial cases continue at very high levels
of requests for toxicology with most cases screened within 24 hours of receipt. Substantial analytical improvements occurred including the incorporation of a tandem liquid chromatography-mass spectrometry method for the high sensitivity detection of 250 drugs and drug metabolites in cases of suspected drug-facilitated assaults.

### Research and Academic Activities

The Department of Forensic Medicine, Monash University, in conjunction with the VIFM, has produced many significant research findings that have contributed to death and injury prevention and public health benefits. There were 70 publications in this reporting year covering a variety of themes related to forensic medicine and science. Two students successfully completed their dissertations towards a PhD. 58 research projects were submitted and approved by the Research Advisory Committee.

### Exercise Hades

Exercise Hades was conducted as a full field operational exercise in disaster victim identification (DVI) on May 9, 2012. It was designed as a multi-agency exercise under the National Counter Terrorism framework. The exercise successfully highlighted the professional working relationship that exists between the VIFM and the Metropolitan Fire Brigade, Victoria Police and the Coroners Court of Victoria.

### The Graeme Schofield VIFM Oration

The Oration was held on June 7, 2012 at the Monash University Law Chambers, Melbourne. Esteemed speakers, Dr Morris Tidball-Binz (Forensic Coordinator for the International Committee of the Red Cross) and The Hon Kevin Parker AC RFD (retired Vice President of the International Criminal Tribunal for the Former Yugoslavia) spoke on the humanitarian and criminal justice responses to those killed during war or internal violence.

### CourtView

Considerable collaboration has occurred with the Coroners Court of Victoria on the roll out of CourtView, the CCoV’s new case management system. The system provides a means for information sharing between both organisations utilising electronic means for procedure requests and distribution of reports. CourtView is described in further detail in the following section of this report.

### Australasian Judges’ Conference

About 60 judges from the Australasian Judges Conference attended the VIFM for the afternoon on January 24, 2012 for a series of lectures from our staff focussing on the interface between the disciplines of forensic medicine and the higher courts.

### Managers’ Action Group

This year has seen a successful first year of the self-run Managers’ Action Group (MAG) which acts as an effective communication link and action group between the Executive Team and staff. Several MAG-initiated projects are outlined in the ‘VIFM Wide Priorities’ section of this report.

### ROSII Awards

The Institute acknowledges and celebrates outstanding work by staff and teams through ROSII Awards. The awards are presented to staff who have demonstrated their commitment to the Institute’s core ROSII values: Respect, Openness, Service, Integrity and Innovation.

The recipients of ROSII awards this year were:

- Debbie Hellings - Administrator, Post Graduate Courses, Department of Forensic Medicine, Monash University. The award was in recognition of Service and Integrity.
- Barbara Thorne, Luke Rodda and Emily Orchard (Chief Fire Wardens) The award was in recognition of Service.
- Lakshan De Run, Service Desk Support Officer, Technology Services. The award was in recognition of Service.

### Service Awards

Service awards recognise our employees’ years of service to the VIFM. Awards are provided in five-year increments beginning with the tenth year of service.

#### 10 Years

- Jeanette Buckley – Forensic Pathology Services
- Vicky Winship – Office of the Director
- Mark Chu – Forensic Toxicology
- Ron Rose – Technology Services
- Jennifer Wallington – Forensic Toxicology
- Gavin Reichel – Technology Services
- Murray Hall – Technology Services
- Lisa Omer – Human Resources and Organisational Development

#### 15 Years

- Morris Odell – Clinical Forensic Medicine
- Malcolm Dodd – Forensic Pathology
- Mary Reddan – Forensic Pathology Services
- Angela Piacente – Human Resources and Organisational Development

#### 20 Years

- Chris Briggs – Forensic Anthropology

#### 40 Years

- Ceril Pereira – Forensic Scientific Services

Ms Ceril Pereira is awarded a certificate for 40 years of service by Director Stephen Cordner.
Human Resources Business Improvement Projects

Major projects delivered during the year included a new Performance Development Plan (PDP) system that integrates with the Institute’s business and strategic plans and requires discussion about, and acknowledgement of, the VIFM’s values, individual accountabilities and goals as well as security, privacy and confidentiality requirements. This year also saw the implementation of a new learning management system (through collaboration with the Department of Justice), the implementation of a new suite of HR Key Performance Indicators, the creation and implementation of a new electronic staff induction program, the development and delivery of manager and staff training programs, and the creation and implementation of a new tool to clearly monitor the progress and achievement of each department’s Business Plan.

Finance Services

All of the above highlights and activities in 2011/12 were achieved within budget. This reporting year Finance Services have significantly improved reporting to Council which now incorporates more targeted and relevant information for the analysis of the Institute’s financial position including forecasting and variances against budget. This has provided the Council with greater confidence in VIFM’s appropriate management of resources.

National Coroners Information System

I record with some regret that the Department of Justice, at the behest of the Board of the National Coroners Information System (NCIS), found it necessary to take over management of the System. The Institute is very proud of having seeded (with Monash University and the former Attorney General Jan Wade) and nurtured the development of the system over the first 12 years of its life. I acknowledge the central role of former State Coroner Graeme Johnstone in this as well, in partnership with Associate Professor David Ranson. As readers may be aware, the system is a world first national collection of death investigation data and information designed to reduce preventable death, and at the same time to assist death investigators, including coroners, in their work. In enabling the transfer of data electronically from coronial jurisdictions around the country (and in recent times from New Zealand as well), VIFM IT staff developed and continue to maintain the IT case management systems of no fewer than six Australian coronial jurisdictions, and have done this on the smell of the proverbial oily rag! While being managed by the Department, the NCIS will remain physically at the Institute and be supported by us in accordance with an agreement between the Institute and the Department. We wish the new arrangements all the best as the system develops and strengthens even further to improve the health and safety of all Australasians.

I have already mentioned our staff. In February and July (2012), two died and tributes to them are included in this report. Many of our staff were their close friends, and many more acquaintances and colleagues. We are deeply saddened for the families and friends of Jill Lloyd and Karen Lee.

I will not rehearse any further what lies ahead in these pages, other than to say what a privilege it is to work at the Institute. It is difficult for Victorians to appreciate (and, perhaps, why should they?) that in the tiny field of forensic medicine and related sciences, the overall arrangements here are as strong as anywhere. I take this opportunity to thank Marias De Cicco for her advice and support as we have worked with the Department of Justice. Over the years I have worked with a number of Deputy Secretaries/Executive Directors, and the breadth and depth of the responsibilities they have borne, with equanimity, is extraordinary. I would also like to acknowledge Associate Professor David Ranson (Deputy Director) and our Heads of Service who are leaders in their various fields nationally, if not also internationally. They continually pull more than their weight in both leading their areas, and pooling their efforts in the interests of the Institute more broadly. It is important that I specifically acknowledge the work of Mari-Ann Scott – who handles a particularly challenging role as our Chief Operating Officer. The variety of our work, its sensitivity, the number of strategic relationships which need to be maintained, balancing control of the operations with the necessary autonomy they need to work effectively, as well as securing the resources and overseeing their distribution – all of these things make at least for the interesting life she has! I thank her for all she has brought to the Institute.

None of what you read in the following pages would be possible without an engaged Council and its various sub-committees. I have been privileged to work with The Hon John Coldrey who, as Chair, has devoted considerable amounts of his time getting to grips with issues, and helping sort out their resolution. Some of these have required fairly heavy lifting, as they say. At the same time, he has been able to harness the work of the Council in a more strategic direction, and keep everyone in good humour at the same time. No mean feat.

I hope you enjoy reading what follows.

Stephen Cordner
Professor of Forensic Medicine, Monash University
Director, Victorian Institute of Forensic Medicine
Our Services and Structure

Introduction

We deliver the following services on a daily basis:

» forensic pathology services for the courts, including the Coroners Court of Victoria, and the State of Victoria

» clinical forensic medical services

» forensic scientific services

» tissue banking services (Donor Tissue Bank of Victoria) and

» administration and support services.

In addition we deliver teaching and research through the Department of Forensic Medicine, which is part of the School of Public Health and Preventive Medicine in the Faculty of Medicine, Nursing and Health Sciences at Monash University.
Service Structure

The chart shows the organisational structure of the VIFM as at the end of 2011/12.
## Our Services & obligations at a glance

The Victorian Institute of Forensic Medicine 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 VIFM:

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>SUMMARY</th>
<th>THE VIFM ACT 1985 PROVIDES THAT THE FUNCTIONS OF THE INSTITUTE ARE:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medico-Legal Death Investigation</strong></td>
<td>The Medico-Legal Death Investigation service provides detailed medical and related scientific information and reports (autopsy reports, medical examination findings and medico-legal opinions) to courts, including the Coroners Court of Victoria, families, Victoria Police, legal and medical practitioners as well as a number of other public and private organisations.</td>
<td>SECTION 64 (2)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>» 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.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>» to promote, provide and assist in the post-graduate instruction and training of trainee specialist pathologists in the field of forensic pathology in Victoria.</td>
</tr>
<tr>
<td><strong>Clinical Forensic Medicine</strong></td>
<td>Clinical Forensic Medicine (CFM) is the branch of clinical medicine that interfaces with both the medical and legal aspects of patient care. CFM at the VIFM applies expert medical knowledge to the collection and interpretation of medical evidence in order to provide impartial information that may assist victims, the police and the judicial process.</td>
<td>SECTION 64 (2)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>» to provide, promote and assist in the provision of clinical forensic medicine and related services to the police force of Victoria and government bodies.</td>
</tr>
<tr>
<td><strong>Forensic Scientific Services</strong></td>
<td>The work of forensic and scientific services is carried out under the provision of ‘related services’ for Victoria both as an integral part of the work of the forensic pathologist for the coroner and also to provide services to the wider Victorian community.</td>
<td>SECTION 66</td>
</tr>
<tr>
<td></td>
<td></td>
<td>» to ensure the provision of clinical forensic medical services to the police force of Victoria and government bodies in accordance with agreements for services between those bodies and the Institute;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>» to promote, provide and assist in the post-graduate instruction and training of persons qualified in biological sciences in the fields of toxicological and forensic science in Victoria.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>» 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;</td>
</tr>
</tbody>
</table>
### Donor Tissue Bank of Victoria

The core function of the DTBV is to provide Australian surgeons with tissue grafts for transplantation in many areas of orthopaedic, cardiothoracic, reconstructive surgery and burn care, benefiting many Australian patients every year. DTBV also facilitates access for researchers who require access to human tissue for the completion of ethically approved research projects, further advancing health care and teaching.

**SECTION 64 (2)**

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

### Teaching

The Department of Forensic Medicine operates as a department within the Faculty of Medicine, Nursing and Health Sciences at Monash University. Its primary function is to advance the discipline of forensic medicine and its associated disciplines both in terms of its training and development of future practitioners and to increase the evidence basis for the discipline through research.

**SECTION 64 (2)**

- to promote, provide and assist in the undergraduate and postgraduate instruction in the field of clinical forensic medicine 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;

**SECTION 66**

- to promote, provide and assist in the teaching of and training in clinical forensic medicine within medical, legal, general health and other education programs;

### Research

The Institute continues to be a world leader in research in our fields.

**SECTION 64 (2)**

- to conduct research in the fields of forensic pathology, forensic science, clinical forensic medicine and associated fields as approved by the Council;

**SECTION 66**

- to contribute to reducing the number of preventable deaths and to promote public health and safety and the administration of justice;

### Support Services

Our obligation to use our resources productively demands a high standard of management practice. Support Services includes the business management functions of strategy, governance and risk, finance and business services, legal and policy, human resources and organisational development, quality and improvement, information management and technology services, which provide support and enabling services across the Institute.
Our Strategic Priorities and Achievements for 2011/12

Introduction

There were four major VIFM wide strategic priorities for 2011/12. They were to:

» Strengthen our relationships with our key stakeholders and customers
» Improve internal communications
» Manage the impact of the redevelopment
» Focus on privacy

What follows is a report on our achievements against these four strategic priorities.

» Strengthen relationships with our key stakeholders and customers

CourtView

The VIFM dedicated resources to support the development of the Coroners Court’s new stand-alone IT case management system ‘CourtView’ by providing advice and assistance to the Court as well as making significant changes to VIFM’s IT systems and business processes to allow integration with ‘CourtView’. The integration project has been an opportunity for the VIFM to review its processes and communications with the Coroners Court of Victoria (CCoV) and improve internal case management systems. It has also provided a means for information sharing between both organisations utilising electronic means for procedure requests and distribution of reports.

The integration project has led to more formal workflow processes between CCoV and the VIFM and has increased awareness regarding the security of case information that is held by both organisations.

Australasian Judges’ Conference

On January 24, 2012 the VIFM hosted an afternoon of the Australasian Judges’ Conference. Around 60 judges attended the VIFM for a series of lectures from our staff focussing on the interface between the disciplines of forensic medicine and the higher courts. The Conference was seen as an opportunity to highlight the role of forensic expert witnesses in the judicial setting and discuss some of the potential risks to the administration of justice.

Monthly meetings with Victoria Police and regular reporting on SLA’s.

The Institute has developed a formal meeting structure bringing together various groups within the VIFM and Victoria Police. These meetings provide a strategic overview and direction to the provision of VIFM services, ensure services and performance levels are provided in accordance with the Service Level Agreement between the VIFM and Victoria Police and provide a forum to discuss the operational aspects of the services including research and training opportunities.

There have been ongoing improvements to the detail and scope of monthly reporting to Victoria Police and regular liaison continues outside the formal meeting structure.
Exercise Hades

Our working relationships become critical in the immediate aftermath of a disaster when an interagency response and multi-jurisdictional cooperation is called for.

Exercise Hades was conducted as a full field operational exercise on May 9, 2012. It was designed as a multi-agency exercise under the National Counter Terrorism framework. Its aim was to evaluate the capabilities of Victorian emergency management organisations, and other jurisdictions, in response to a mock chemical-triggered mass fatality incident involving disaster victim identification (DVI) processes.

The scenario took place at Melbourne’s international airport and involved an in-flight incident which occurred on a Virgin Blue flight on its way to Melbourne from Darwin. The DVI Command was notified that an unknown chemical substance had been deployed during the flight with a number of fatalities as a result.

A team from the VIFM consisting of Forensic Pathologists, Mortuary Technicians, Odontologists, and IT staff worked closely with members of the Victoria Police, the Coroners Court of Victoria, and other emergency services to put their DVI expertise to the test. Our mission included setting up a temporary mortuary facility at the airport, practising post mortem examinations, testing our DVI communication systems, timely and accurate evidence collection and ensuring the safety and wellbeing of everyone involved in the exercise.

Exercise Hades was successful in that it highlighted the professional working relationship that exists between the VIFM and the Metropolitan Fire Brigade, Victoria Police and the Coroners Court of Victoria. (Photos courtesy of Victoria Police)
**Signing an MoU with the Australian Federal Police**

The Memorandum of Understanding (MoU) was renewed with the Australian Federal Police Assistant Commissioner Julian Slater on August 8, 2011. The document provides a framework for collaboration and projects.

This MoU underpins many of the VIFM’s international training activities in areas such as the medico-legal investigation of sexual assault in adults and children, forensic odontology and identification techniques for dentists, as well as temporary mortuary management and exhumation techniques.

**The Graeme Schofield VIFM Oration 2012**

The Graeme Schofield Victorian Institute of Forensic Medicine Oration was held on June 7, 2012 at the Monash Law Chambers in Melbourne. The Oration was named for Emeritus Professor Graeme Schofield, one of the founders of the VIFM, after a philanthropic contribution was made by his widow Barbara Schofield and her family.

This bequest enabled support for the vision of the Monash University Department of Forensic Medicine and the VIFM, to provide access to forensic medicine knowledge as a basis for capacity building in forensic medicine in resource poor countries.

This year’s Oration theme was, “Hell’s Kitchen: Post-Conflict Recovery and Justice.” Addressing this theme, the VIFM and Monash University, courtesy of the Schofield Bequest, were privileged to present two highly esteemed orators. The Honourable Kevin Parker AC RFD spoke movingly of his experiences serving as Judge and Vice President of the International Criminal Tribunal for the former Yugoslavia. This was followed by the internationally respected Argentine anthropologist and forensic co-ordinator for the International Committee of the Red Cross, Dr Morris Tidball-Binz, who spoke on the application of forensic sciences to human rights and humanitarian investigations based on his forensic casework in more than 40 nations.

This event was free and members of the public were welcome to attend. With many members of the judiciary, government and academia in attendance, the Oration was an opportunity for the VIFM to demonstrate, and build awareness of, the importance of forensic medicine in post-conflict recovery and justice. The VIFM again thanks the family of Professor Graeme Schofield for enabling the Oration.
Improve internal communications

A pro-active and structured approach has been adopted across the Institute throughout 2011/12 for improving communications between all staff and services. Provision of information for staff and their knowledge of the Institute’s priorities, activities, events and news, have improved markedly through the adoption of some simple yet effective measures.

Cross-Service Communication Initiatives

At the Managers’ Retreat held in July 2011, one of the internal communication issues identified by the group was that staff would benefit from more opportunities to understand what each of the different services at VIFM do.

In response to this problem, the ‘Lifecycle of a VIFM Case’ project was launched as an informative and interactive way to inform staff about what goes on in each of the different services within the Institute. It involved a series of tours which focused on the way in which all areas of the Institute contribute in different ways to autopsy case work. The aim was to tell the story (or ‘lifecycle’) of a VIFM case from the moment of body admission through to the completion of the post mortem report. Staff from across the Institute participated in the tours and despite the volume of participants, immense care was taken not to delay or endanger case work.

With much enthusiasm, staff demonstrated what their work entailed to wide-eyed colleagues. It was the passion that these staff showed for their work that made the tour both engaging and accessible to staff who would not otherwise be afforded a glimpse into some of the more unique work areas and laboratories at the Institute.

Almost all participants have subsequently reported that the tour improved their understanding of the ‘big picture’ and how their own work contributes towards it.

Improved staff awareness of events and activities at the Institute

There are always plenty of things going on at the VIFM, whether it’s a fascinating lecture, a training and research forum or a VIFM Council Meeting. A weekly ‘What’s On’ listing was introduced in 2011/12 to improve staff awareness of the activities at the Institute and encourage staff participation and collaboration. The listing is available on the staff intranet, displayed on the TV screens in our foyer and posted in various places around the building.

Research Forums and Training Sessions

Research Forums and Training Sessions are held fortnightly to encourage internal research to be showcased across the Institute, allowing for increased collaboration and sharing of ideas and achievements. (See Appendix C for the full listing of these sessions).

‘How to’ guides on intranet

During this reporting year, the Human Resources and Organisational Development department implemented a number of ‘How To’ guidelines which have been made available on the VIFM intranet. These guidelines were developed in recognition of the need to support our managers by making information on administrative procedures more readily available, such as staff induction, performance development plans and recruitment and selection.
Manage the impact of the redevelopment

Two years after the start of the redevelopment of our facilities in Southbank, the building is finally starting to take shape. It has been an exciting and often challenging journey, familiar to anyone who has ever lived in a house undergoing major renovations.

Given the complexity of the operations and facilities at the VIFM, we have worked closely with the Department of Justice Redevelopment Project Team to ensure the new facilities are designed and built to be fit for purpose, and that we continue to function as an operational entity despite undergoing major redesign and rebuild.

Communication with staff has been an essential part of managing the impact of the redevelopment on staff by keeping them up to date about the continuous changes being made to their working environment. The work of Peter Ford, Vicky Winship and Jim Consentino in particular has been pivotal in getting us through this difficult year. Heads of Service and Managers from right across the organisation must also be acknowledged for bearing the frustrations and inconvenience and for accommodating substantial additional work while maintaining accredited services. To everyone involved, great thanks are due.

New State-of-the-Art Donor Tissue Bank Building

The new DTBV building is beginning to reveal its impressive proportions. Its completion is highly anticipated by our DTBV staff who have shouldered an enormous workload to finalise their specifications for a new cleanroom, while simultaneously planning the complicated and challenging transition of its services to the new facility. This year the DTBV transferred its processing operations to a temporary cleanroom, reducing capacity to a third. DTBV staff have stoically endured the significant disruption of having to move in and out of temporary accommodation with tissue storage areas being temporarily reprovisioned.

Managing the Impact on Operations

As this reporting year came to a close, laboratory and mortuary staff were working out of a space half the usual size as the redevelopment of these areas got underway in earnest. Disruptions to normal working conditions have become the norm and include noise, dust, and loss of services such as water and power for short periods of time.

The move of the IT server room and PABX system is in the planning stages with huge efforts being made to minimise loss of telecommunications and IT services.

In recognition of the huge effort involved in overseeing the impact of the redevelopment project on our operations, our in-house Redevelopment Project Officer, Vicky Winship was awarded a ROSII, the Institute’s quarterly award for outstanding performance.
Managing the risks to staff safety and wellbeing

Staff have coped with the considerable disruption of the redevelopment with good humour and patience. One of the main reasons for this has been the way in which we have managed the impact of the redevelopment on staff safety and wellbeing. In particular, the Fire Warden group, led by Chief Wardens Luke Rodda, Barbara Thorne and Ben Stewart, has worked extremely hard over this time to ensure the Institute is fully prepared in the case of an emergency evacuation, taking into consideration the ever shifting environment we are working in. Our Facilities Management Officer, Jim Cosentino (assisted by staff from Purchasing and Stores – Bryce Marshall and Adam Li) has meanwhile managed the endless flow of contractors and workmen on and off the site, while simultaneously responding to a high number of daily maintenance requests.
Focus on Privacy

The VIFM is a unique workplace. Our staff routinely encounter highly sensitive and often disturbing information in the normal course of their day-to-day work. With that comes a duty to be acutely aware of our responsibilities of managing such privileged and confidential information. This reporting year was one of intense self-scrutiny for the Institute in terms of its information security and management, and one which has seen several initiatives and outcomes.

The VIFM Privacy Training Videos

We recognised the need for a bespoke approach to privacy training at the Institute so in September 2011, the VIFM Privacy Committee began writing scripts for a range of fictional scenarios where the principles of privacy and confidentiality would be put to the test at the VIFM. Over the months that followed, our staff, family and friends were recruited to act in eight filmed scenarios to form the VIFM Privacy and Confidentiality Training Video package. The videos, which have been developed for in house use, depict fictional but realistic scenarios designed to stimulate discussion among VIFM staff around issues of privacy and confidentiality. Training sessions using these videos are conducted with a trained in house VIFM facilitator, using the VIFM Privacy and Confidentiality Training Facilitators’ Guide, which references the relevant legislation and relevant policies that provide direct guidance as to expected behaviours. The video has been enormously successful as an in-house training tool, mostly due to the unique scenarios depicted which Institute staff can easily relate to, but also because of the collaborative effort required to produce the video.
Improving the management of case information within our Clinical Forensic Medicine (CFM) department posed a unique challenge. Our physicians and nurses are scattered across the state, and the data they collect is diverse and highly confidential. The iCFM Project Team have been working hard over this reporting year to provide a custom-built case management system that will be geared to the needs of the various internal and external users and will improve operational processes and information security.
Ned Kelly Project

On Remembrance Day, November 11th 2009, a human skull was handed in to the Victorian Institute of Forensic Medicine.

A common occurrence in normal circumstances, in this instance the event sparked the beginning of a fascinating forensic investigation:

the identification of Ned Kelly.

Dr Jodie Leditschke took possession of the skull from Mr Tom Baxter, a sandalwood farmer from West Australia, at 11am on the morning of the 129th anniversary of Ned Kelly’s execution.

Mr Baxter told Jodie he had had the skull since shortly after it was stolen from the Old Melbourne Gaol in 1978. Prior to its theft it had been on display in a glass case next to the death mask of Ned Kelly and was believed to be the skull of the infamous bushranger. Mr Baxter declined to comment on how he came by the skull.

It was believed that the skull originated from exhumations at the decommissioned Old Melbourne Gaol in 1929; carried out to transfer the remains of executed prisoners to Pentridge Prison.

Attorney-General Rob Hulls was just as intrigued as anyone and commissioned the VIFM to see if they could determine whether the ‘Baxter’ skull belonged to Ned Kelly or not.
In accordance with the Coroner’s Act, the death was reported to the coroner, allocated a case number and a ‘Noah’s Ark’ team of experts was established by our Director Professor Stephen Cordner.

Two people in each discipline, pathology, anthropology, odontology and molecular biology were asked to join forces and pool their skills and uncover the identity. Soon after Fiona Leahy, legal counsel to the Institute joined the team to investigate the provenance of the skull.

Scientists at the Institute of Anatomy had the foresight to make a plaster cast and when odontologists Dr Richard Bassed and Dr Tony Hill compared this cast to the ‘Baxter’ skull, as it had now been christened, they agreed it was the same skull.

But the team could not link the ‘Baxter’ skull to the Old Melbourne Gaol graves. They could only date it back to the early 1930s. Colin McKenzie had not documented from where or when he obtained it.

The National Trust provided a postcard which had been sold in the gift shop at the Old Melbourne Gaol in the 1970s. Richard and Tony compared the skull to the postcard and concluded they were one and the same.

As they suspected there could be useful information in the possession of the public, the team believed the Attorney-General could help and asked him to hold a press conference at the Old Melbourne Gaol. The information gleaned as a result led to one of the team’s first ‘Eureka’ moments.

Mr Chris Ott came forward with a photograph of his grandfather Mr Alex Talbot holding a skull at the site of the excavations of the Old Melbourne Gaol in 1929. Mr Talbot was a 19 year old labourer at the time. Chris also had a tooth lovingly kept in a carved wooden box that his grandfather had told his family was Ned Kelly’s tooth.

Chris had taken the tooth to ‘show and tell’ at school and was keen to know if his grandfather’s tales were true or not. Not only did it appear the skull in the photo was the same skull in the Institute’s possession, even more importantly, the tooth fitted the skull perfectly. “It was like a piece of Lego. It slipped into place beautifully,” Richard said.

It now appeared that the ‘Baxter’ skull was in fact the same skull held by Mr Talbot that was exhumed from the Old Melbourne Gaol when prisoner’s remains were transferred to Pentridge Prison in December 1929.
THE MORTUARY

“Everyone who comes into the mortuary is cared for with great respect. It was rather special to be looking after Ned”

Dr Leditschke

Anyone who dies suddenly or unexpectedly in Victoria and whose death is reported to the coroner is admitted to the VIFM's mortuary. Unidentified human remains are also kept at the Institute. Ned Kelly's remains were among those exhumed at Pentridge in 2008 and 2009. The 'Baxter' skull was also admitted.

Dr Jodie Leditschke, Manager of Forensic Technical Services

All of the Pentridge remains, including those of Ned Kelly and the 'Baxter' skull are still at the Institute. The Victorian Attorney General Robert Clark MP has agreed that Ned Kelly's remains should be returned to the Kelly family. Under the exhumation licence, the other prisoners' remains are to be reinterred at Pentridge Village.

Professor Stephen Cordner and Dr Soren Blau inspecting remains from the Pentridge Prison graves in the VIFM Mortuary
HISTORICAL EVIDENCE

“I am very happy to have played a part in the identification of Ned Kelly’s remains so that his family can bury him in consecrated ground - his final wish.”

Fiona Leahy

Provenance of the ‘Baxter’ Skull timeline

<table>
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<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>11/11/1880</td>
<td>Kelly executed 10.00am. Coronial inquest 12 noon. A death mask is made.</td>
</tr>
<tr>
<td>12/04/1929</td>
<td>Prisoners’ graves at the Old Melbourne Gaol excavated and Kelly’s skeleton believed to be found. Remains later reinterred at Pentridge Prison.</td>
</tr>
<tr>
<td>1972</td>
<td>Institute of Anatomy gives the ‘Kelly’ skull and death mask to the National Trust and they are both put on display at the Old Melbourne Gaol Museum.</td>
</tr>
<tr>
<td>12/12/1978</td>
<td>‘Kelly’ skull is stolen from the Old Melbourne Gaol. A Perth farmer named Tom Baxter identifies himself as custodian.</td>
</tr>
<tr>
<td>11/11/2009</td>
<td>Tom Baxter hands the ‘Kelly’ skull over to the VIFM. It becomes known as the ‘Baxter’ skull as the investigation into the skull’s true identity begins.</td>
</tr>
</tbody>
</table>
Richard and Tony then began conducting cranio-facial superimposition, a technique which compared the skull to a series of ante-mortem photographs of the face or three dimensional casts of the head. CT scans of the ‘Baxter’ skull and 18 death masks from the Old Melbourne Gaol were compared.

And in the meantime Dr Dadna Hartman, manager of Molecular Biology laboratory began searching for a suitable descendent for DNA comparison.

Another person to come forward was Mr Leigh Olver, Ned’s great nephew. Leigh’s mother was descended in a direct maternal line from Ned’s mother, one of his half-sisters Ellen King and therefore shared the same mitochondrial DNA as Ned, which was necessary for a successful comparison.

Due to the many generations separating Ned and Leigh, Dadna knew that mitochondrial DNA, because of its unique inheritance mechanisms and robust consistency was more suitable in this instance than nuclear DNA which is inherited in the normal way.

She enlisted the help of colleagues at The Australian Centre for Ancient DNA (ACAD), in Adelaide - whose scientists are more experienced with ancient remains - a buccal (mouth) swab was taken from Leigh, sent to the ACAD together with a sample from the ‘Baxter’ skull and they completed the analysis.

But was it Ned?

THE TEAM WAS CLOSING IN

MOLECULAR BIOLOGY (DNA)

One of the most significant methods of identification for Ned Kelly was through a DNA comparison with his great, great nephew Leigh Olver.

The VIFM worked in collaboration with the EAAF laboratory in Argentina, whose particular expertise in the extraction of DNA from ancient and often considerably degraded bone samples was integral to this investigation.

The DNA profile obtained from Leigh is a mitochondrial DNA (mitDNA) profile which is passed through the maternal line – that is a mother will pass on her mitDNA to her children, daughters will pass on that same mitDNA to their children, but sons will not.

mitDNA is more robust than nuclear DNA (nDNA). Autosomal nDNA profiling is what is normally associated with forensic investigations – either for direct comparisons, or close kinship comparisons (parent child relationship or sibling). nDNA can also be used for Y-profiling for the purposes of tracing paternal lineages.

Due to the age and condition of the skeletal remains of Ned Kelly, a nuclear DNA profile (either autosomal or Y) could not be obtained but mitDNA was. This was the same as Leigh Olver’s mitDNA.

“This as a little girl from Chile, my experience of Ned was different to everyone else’s. It was however, amazing to work with my colleagues in Argentina on his identification.”

Dr Dadna Hartman

MR LEIGH OLVER’S RELATIONSHIP TO NED KELLY

The family tree below shows how the mitochondrial DNA was passed down the maternal line from Ned Kelly’s mother to Mr Leigh Olver.

The family tree below shows how the mitochondrial DNA was passed down the maternal line from Ned Kelly’s mother to Mr Leigh Olver.

As shown in this family tree, Ned Kelly’s mother (Ellen Kelly) passed her mitDNA to her daughter Ellen, grand-daughter Effie and then great, grand-daughter Alma who passed it on to her son Leigh. The line ends here.

This family tree shows how the mitochondrial DNA was passed down the maternal line from Ned Kelly to Mr Leigh Olver.
Initial analysis by Dr Soren Blau determined the ‘Baxter’ skull was adult, male, Caucasian, showed no signs of dissection and had the words E. Kelly written in ink on the side.

"Coming from the UK, my experience of the Kelly history was limited. It was a fascinating to see the interest people have and how divided people can be about an iconic person who lived more than 100 years ago"  

Associate Professor Briggs

While they were waiting for the results, Attorney General Rob Hulls had another project for the team. He asked them to examine all the Pentridge remains to see if they could find Ned, regardless of whether his skull was identified or not.

The graves of executed prisoners had been excavated by a team of anthropologists and archaeologists at Pentridge Prison in 2008 and 2009 and 41 sets of remains were exhumed. Many of these individuals were cominned and most were buried in either wooden boxes or hessian bags. Soren had worked on the excavations at Pentridge and helped transfer the remains to the VIFM where Jodie admitted them. They were labelled, registered and secured in the refrigerator.

Over the coming months each coffin was opened and the remains were carefully washed, photographed, CT scanned, examined by specialists and sampled for DNA. Soren and Associate Professor Chris Briggs examined the remains to determine ancestry, gender, age, race and stature. Soren determined the most appropriate skeletal element to sample for DNA analysis and bone samples were taken from each person in pits A, B and C, the three areas at Pentridge identified by Heritage Victoria.

This time Dadna asked for help from her colleagues in Argentina at the EAAF laboratory. The team had extensive experience in ancient remains from its international human rights work. Samples from all the remains were sent to the EAAF lab for comparison with that taken from Leigh Olver.

Some weeks went by and then there was good news and bad news. The bad news was that the ‘Baxter’ skull did not belong to Ned Kelly but the good news was that the EAAF had identified Leigh Olver’s mitDNA in one of the bone samples, thus identifying it as the remains of Ned Kelly.

Incredibly, an almost complete skeleton was identified as the bushranger with one significant piece missing: most of his skull. Only one tiny fragment of the skull remained.

Soren and Dr David Ranson’s examination of the skeleton revealed bullet wounds and other trauma that coincided with Fiona’s unearthed medical reports of Ned’s injuries. This gave the team the final confirmation they needed.

After 130 years the remains of Australia’s most infamous son had been found.
Forensic odontology is a sub-discipline of dental science which involves the relationship between dentistry and the law.

“I grew up near Jerilderie which is where Ned robbed the bank. We used to play Kelly Gang games in the playground.”

Dr Bassed

Dr Richard Bassed, forensic odontologist

Dr Bassed and Dr Hill were able to exclude all of the death masks except those of Ned Kelly and notorious serial killer, Frederick Deeming as belonging to the ‘Baxter’ skull.

“Throughout a long career in forensic dentistry, this project is arguably one of the most fascinating I have had the privilege to be part of.”

Dr Hill

Dr Tony Hill forensic odontologist

Forensic pathologists focus on the examination of deceased people to resolve critical medical issues, including cause of death, the circumstances in which deaths occurred and how injuries might have occurred.

The examination of one particular set of skeletal remains revealed bullet wounds and other signs of trauma which matched the medical reports of Ned’s injuries.

Cranio-facial superimposition is a technique which involves an ante-mortem image of a known individual being compared with a skull of an unknown identity by combining images of both. CT scans of the ‘Baxter’ skull were compared also with the death masks of the 18 individuals who had been executed at the Old Melbourne Gaol.

“Speaking for the dead is what we do. It was great to be able to make conclusions about the death of such a significant figure in Australia’s history after more than 130 years”

Associate Professor - David Ranson

I grew up near Jerilderie which is where Ned robbed the bank. We used to play Kelly Gang games in the playground.”

Dr Bassed

The ‘Baxter’ skull with Alex Talbot’s souvenired tooth

Ned Kelly’s right tibia (lower leg bone) showing a bullet wound from which two pellets were removed.
Yet another press conference was held

Another press conference was called with Attorney-General Robert Clark, who announced the team’s discovery to the world.

Ned and VIFM’s efforts took to the world stage, and reports were filed everywhere including the UK, the US, Europe and Asia; on TV, radio, in newspapers, magazines, on YouTube, Facebook, Twitter and Blogs. There were even cartoons. The bushranger went viral.

Ned’s remains are still in the care of Jodie and her team while a resolution is reached as to where Ned will be laid to his final rest. Discussions are being held with representatives from six branches of Ned’s family and a decision will be made soon.

But two mysteries still remain. To whom did the ‘Baxter’ skull belong? And where is the rest of Ned’s skull?

After a careful process of elimination Richard had narrowed the identity of the Baxter skull down to probably two people: Ned Kelly or the infamous serial killer Frederick Deeming.

Deeming was executed and buried at the Old Melbourne Gaol in 1892 for killing his wife and burying her in the fireplace of a house the couple had rented in Windsor. He had previously murdered his former wife and four children in the UK before he sailed to Australia.

Deeming’s notoriety was such that he was also rumoured to be Jack the Ripper. As the team has proved the ‘Baxter’ skull was not Ned, they are now focussed on solving the puzzle and are investigating Deeming’s descendants.

With no luck so far, they have contacted the Justice Department and the Archdiocese in the UK with a request to exhume the grave of Deeming’s brother Thomas. Permission has been granted from Thomas’ great, great grand-daughter Kathleen. If they are successful in their request, and DNA can be extracted from Thomas it can be compared to that of the skull and the mystery may, like Ned, be finally put to rest.

But that still leaves the riddle of Ned’s missing skull. Despite worldwide exposure, no-one has come forward with information as to its whereabouts. It could be on someone’s mantelpiece or in someone’s garage, it could be buried somewhere unknown. Or it could simply have disintegrated. We may never know.

The Kelly project has not only been a fascinating exercise in forensic medicine, its impact will be felt by the Institute well into the future.

Relationships between the VIFM and other organisations such as the EAAF in Argentina have been forged and skills honed in molecular biology, anthropology and odontology will assist VIFM in future Disaster Victim Identification exercises throughout Australia and the world.
THANKS & ACKNOWLEDGEMENTS

The VIFM would like to acknowledge the following individuals and organisations for their invaluable contributions to The Ned Kelly Project.

Our sincerest gratitude to you all.

The Victorian Attorney-General
Robert Clark MP.

Rob Hulls, former Attorney General and Deputy Premier.

The Argentine Ambassador, Mr Pedro Villagra Delgado – whose assistance in the transportation of bone samples to Argentina for analysis by the Institute’s collaborators, the EAAF Laboratory, was critical to the success of this project.

The EAAF Laboratory in Buenos Aires, Argentina – whose particular expertise in extracting and analysing DNA from old and degraded bones has been invaluable. This particular skill arises from the many contexts in which EAAF works around the world, helping to identify (often very many years after the event) the human remains of those who died, and often violently, at the hands of the state. The work of the EAAF Laboratory was central to the identification of Ned Kelly. (The VIFM works together with EAAF in East Timor as The International Forensic Team).

Mr Leigh Olver – Ned’s mother Ellen’s great, great grandson, who very generously gave the blood sample that enabled us to compare his mitDNA with the mitDNA from the group of prisoner remains.

The Coroners Court of Victoria, Judge Jennifer Coate and Deputy State Coroner Iain West who have co-operated with/supported the Institute during this project.

Cr Helen Harris OAM - Helen has a long experience in working with archives and an extensive knowledge of a wide range of records, including 19th century Aboriginal, police, criminal, court, goldfields and women’s records. Helen’s research was instrumental in the search for the identity of a skull supposed to be that of Ned Kelly. She appears in the SBS documentary ‘Ned’s Head’, screened on 4 September 2011.

Heritage Victoria, Executive Director Jim Gard'ner – custodians of the Pentridge remains who have agreed to allow the Institute to hold the remains here in the mortuary to enable the DNA analysis to take place. Senior Archaeologist Jeremy Smith and his team from Heritage Victoria have also been very helpful in sharing their research and insights.

The National Trust, CEO Martin Pierslow – original custodians of the skull displayed as Ned Kelly’s at the Old Melbourne Gaol. Senior curator Katie Symons and her staff have been very helpful in sharing their knowledge and materials on the history of this skull. The Institute looks forward to working with the National Trust and Heritage Victoria in contributing to the telling of the Ned Kelly story.

The Public Records Office, Mr Charlie Farrugia – assistance with the research of original historic documents.

Melbourne University, Dental School staff Professor John Clement and Ronn Taylor, historians Dolly McKinnon, Ross Jones and Helen MacDonald.

Benalla Costume and Pioneer Museum – kindly allowed us to test the blood stain on Ned Kelly’s Green silk sash.

Victorian Police Museum, Ms Elizabeth Marsden, Collections Manager.

National Museum of Australia, curator Mr David Kaus, who allowed the Institute to examine the replica of Baxter skull made by the Australian Institute of Anatomy.

Mr Chris Ott and his mother Mrs Dorothy Ott, who kindly gave us the tooth souvenired from the skull by Dorothy’s father Mr Alex Talbot in 1929.

Mr Lee Franklin – who shared the story and photos of his grandfather Harry Lee who took the skull into safekeeping in 1929.

Mr Matthew Van Hasselt and the staff at the State Library, who made available invaluable resource materials.

And last, but by no means least – we acknowledge the hard work, patience and skills of the staff of the Victorian Institute of Forensic Medicine. In particular, we thank the staff of the VIFM Mortuary.
**Operational Reporting**

**Reporting to Government**

The Institute reports to Government on its activities via the Budget Paper 3 (BP3) statistics. The information provides an accrued measure against target for number of medico legal investigations, quality of reports and timeliness of body turnaround and final reports. The table below shows the outcomes for this 2011/12.

### SUPPORTING THE JUDICIAL PROCESS

<table>
<thead>
<tr>
<th>Unit of measure</th>
<th>Year 2011/12</th>
<th>Comments</th>
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<td></td>
<td>Target</td>
<td>Actual</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Quantity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical forensic medical services</td>
<td>No.</td>
<td>2,100 - 2,500</td>
</tr>
<tr>
<td>Medico-legal death investigations¹</td>
<td>No.</td>
<td>4,300 - 4,600</td>
</tr>
<tr>
<td>Provision of expert forensic medical and scientific evidence in court</td>
<td>No.</td>
<td>&gt; 200</td>
</tr>
<tr>
<td><strong>Quality</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Victorian Institute of Forensic Medicine Quality audit²</td>
<td>%</td>
<td>95</td>
</tr>
<tr>
<td><strong>Timelines</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical and scientific investigations on the body of the deceased completed within two days³</td>
<td>%</td>
<td>75 - 85</td>
</tr>
<tr>
<td>Medico-legal death investigation reports issued within agreed period⁴</td>
<td>%</td>
<td>65 - 70</td>
</tr>
</tbody>
</table>

The figures for this financial year continue to be impacted by the commencement of new pathologists and registrars whose limited experience requires that additional time is provided for supervision, technical review and deliberation over finalising findings. Senior pathologists’ time has also been diverted by the finalisation of a large number of outstanding case investigations commenced by a pathologist who ceased employment. Whilst report turnaround times are below target for the full year, there has been improvement in the last 2 quarters and further gains are expected.
Medico-Legal Death Investigation Services

The Victorian Institute of Forensic Medicine undertakes a range of medico-legal death investigations (MLDI) and manages the pathology testing and examinations of the deaths reported to the State Coroner of Victoria. Our Forensic Pathologists are medical specialists with a national and international reputation for innovation in service work, teaching and research.

Medico-Legal Death Investigation services at the VIFM include:

» Forensic Pathology Services
» Forensic Technical Services
» Human Identification Services
» Family Health Information Program

*(Forensic Scientific Services are considered separately in this report)*

Medico-legal death investigations are provided to meet a number of essential community needs.

Expert reports, specialist medical advice and formal medical opinions are utilised by:

» Victorian Courts including the Supreme Court, the County Court, the Coroners Court, the Magistrates Court and various tribunals
» Transport-related agencies including VicRoads, the Transport Accident Commission and related government departments
» Emergency and law enforcement agencies including Victoria Police, fire and ambulance services and related government departments
» Legal profession particularly in relation to matters before the criminal courts and the coroners court
» Hospitals including their departments of pathology, surgery, emergency medicine, quality assurance and medical administration and legal policy
» Medical practitioners including general practitioners, hospital specialists and specialists in training
» Patients and their families who represent fundamental users of our services as they rely on our medical findings and clinical advice to improve and maintain their health.

The medical investigation is led by the forensic pathologist in order to ensure that it meets the needs of the many stakeholders involved in each case with the aim of synthesising all the observations, information and results into a single comprehensive report.

*Chart to the left:*

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 component 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.
Forensic Pathology Services

Forensic pathologists are essential to maintain the health and safety of our community. While these medical specialists focus on the examination of deceased people to assist coroners, police, hospitals and courts to resolve critical medical issues, including causes of death, the circumstances in which deaths and injuries might have been caused, and the relationship of pre-existing natural disease to all of these, issues around disease and injury prevention are also captured.

While the community often sees forensic pathology as being focused on criminal death investigations, determining disease and injuries that may be present at the time of a person’s death can have an enormously positive impact on the health and wellbeing of the community. The focus of forensic pathology today is very much on public health and continuously strives to identify preventable health and safety hazards which will allow the Coroners Court of Victoria and State health agencies to make recommendations and changes in public policy in order to prevent particular deaths and injuries in the future.

Our specialist medical examinations include:

» Review of medical histories and evaluation of medical treatment,

» Investigations of medical issues at the scene of the death,

» Interpreting the results of forensic scientific testing including toxicology and genetic studies,

» Detailed imaging procedures including forensic photography, x-rays, CT scans and angiograms, as well as

» Traditional external and internal examinations of the body.

In the last year the Institute’s Medico-legal Death Investigation team has led the way in further improving its investigation processes and developing new innovative approaches to increase the efficacy of the medical investigations we undertake. As part of the upgrade of our facilities we have commenced the implementation of a dual beam CT scanner in the mortuary which will significantly improve our post mortem radiology services and allow us to better evaluate soft tissue injuries and detect and analyse for the presence of foreign material. These upgrades will significantly improve our ability to manage medical examinations in circumstances of mass fatalities and represent a considerable advantage in the investigation of potential terrorist incidents and deaths in relation of armed forces personnel.

These modern approaches to medico-legal death investigation have positioned the Institute as a worldwide leader and have resulted in requests by international medical specialists and agencies and organisations to visit or attend at the Institute to gain experience of our investigation processes. In many cases individuals attend for the purpose of postgraduate training and we have been invited to provide training opportunities to a number of international organisations.

The majority of deaths that are reported to the Coroner are not crime related but due to natural causes, accidents and suicides. In these reported cases if there are uncertainties about the circumstances of the death, what occurred around the time of the death, what (if any) diseases the person may have suffered from, and the actual causes of death a medico-legal death investigation involving a forensic pathology examination is still undertaken by the Institute.

Today the sophistication required by such investigations requires the assistance of a range of other medical experts including forensic nurses, medical geneticists, radiologists, paediatric pathologists and neuropathologists who provide specialist advice in particular cases.
On November 1, 2009, the new Coroners Act 2008 came into force resulting in significant changes to the way in which medico-legal death investigations are carried out in Victoria. For the first time in Australia the notion of “preliminary examinations” was created. Presentation of the deceased person to the Institute is the trigger for a preliminary examination by the VIFM pathologist. Increasingly over the year similar procedures have been adopted by regional pathologists as part of their medical investigations for the coroner.

A preliminary examination involves an external examination of the body, collection of information and review of the circumstances of death and health information such as medical records relating to the deceased. Radiological procedures including a CT-scan and rapid toxicological analysis of biological samples are also performed for each case. Technical development of these systems in the last year means that these procedures can be completed within 24 hours improving both the quality and speed of information we can provide to Coroners.

Following completion of this preliminary examination, the duty pathologist provides a medical recommendation to the duty coroner as to whether a full autopsy or other level of investigation might be beneficial. Taking this information into account, along with legal aspects of the investigation process and often the expressed wishes of families, the Coroner then makes the final decision as to whether to direct a full autopsy.

The introduction of this process in Victoria has resulted, over time, in some reduction in the overall full autopsy rate. This move away from the more complex dissection-based medical death investigation procedures in favour of less invasive examinations has been materially assisted by Institute’s pathologists further developing their skills in post mortem imaging during the year through a program of in-house radiology training provided by our forensic radiologist, Dr Chris O’Donnell.

### MEDICO-LEGAL DEATH INVESTIGATION SERVICES PERFORMED

<table>
<thead>
<tr>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Full (External &amp; Internal) Examinations (Autopsy)</td>
<td>1990</td>
<td>2169</td>
<td>2224</td>
<td>2383</td>
<td>2696</td>
<td>1977</td>
<td>2157</td>
<td>2242</td>
</tr>
<tr>
<td>Limited (non-internal) Examinations</td>
<td>1233</td>
<td>1296</td>
<td>1409</td>
<td>1484</td>
<td>1761</td>
<td>1985</td>
<td>1662</td>
<td>1557</td>
</tr>
<tr>
<td>Referral From BDM*</td>
<td>373</td>
<td>398</td>
<td>444</td>
<td>447</td>
<td>586</td>
<td>588</td>
<td>711</td>
<td>685</td>
</tr>
<tr>
<td>Total</td>
<td>3596</td>
<td>3863</td>
<td>4077</td>
<td>4314</td>
<td>5043</td>
<td>4550</td>
<td>4530</td>
<td>4484</td>
</tr>
<tr>
<td>% Full Autopsy</td>
<td>55%</td>
<td>56%</td>
<td>55%</td>
<td>55%</td>
<td>53%</td>
<td>43%</td>
<td>48%</td>
<td>50%</td>
</tr>
</tbody>
</table>

*Refers to cases in which deaths were initially only registered with Births Deaths & Marriages (BDM) but on review should have been referred to the coroner.

### MLDI SERVICES PERFORMED 2011/12

![MLDI Services 2011/12](image-url)
VIFM Neuropathology Programme

The Institute has formalised further its provision of neuropathological diagnostic services through the combined use of both our internal resources and expertise and specialist external consultation and review. Internal expertise is provided by Dr Linda Iles, a forensic pathologist with specialised training and experience in neuropathology. As a result of her specialised training in forensic neuropathology at the University of Edinburgh, Dr Iles has been able to revolutionise the way neuropathological examinations are performed at the Institute through the introduction of rapid brain examinations that mean that possible funeral delays for families are minimised. Specialist external consultation and review is supported by Associate Professor Penny McKelvie, a Neuropathologist at St Vincent’s Hospital in Melbourne.

2011/12 saw continued improvements to the Institute’s Neuropathology programme with the number of neuropathological examinations performed internally incrementally increasing through a process of personal consultation with the deceased’s next-of-kin. The programme now provides high quality, scientifically robust and reviewable neuropathological diagnoses to coroners, families and the Institute’s pathologists whilst minimising distress to families of the deceased.

These developments have delivered cost savings by reducing the reliance on external specialist referrals. In the first six months of 2012, around 130 detailed neuropathological examinations were performed, with only 30 of these cases requiring formal brain retention.

Many hands make light work, and the ongoing success of the programme is highly dependent on our pathology nurses, our mortuary technical and scientific staff, our histopathology staff and Forensic Imaging Services.

Electronic Signature and Courtview

Turnaround times are a key performance indicator for the quality of the forensic pathology service to the Coroner and other parties. In the past, case completion has been adversely influenced by delays in the time taken to formally sign a report (jurat) and the unnecessary administration that accompanied this.

In March 2012 the medico-legal investigation service was enhanced by the introduction of a “high-tech” secure electronic signature process for all pathology reports. This innovation has effectively sped up the issuing of completed medical reports by up to six days, improving their availability to Courts and families. Today on completion, a pathology report and all associated reports are immediately available to the Court over the Institute’s enhanced case management system. This process also provided the opportunity to implement improved information security through a review of authorised access to active and completed cases including the implementation of an enhanced detailed audit trail.

The electronic signature process was developed by the Institute to be compatible with the Coroners Court case management system ‘Courtview’ which rolled out on April 22, 2012. The development of Courtview required considerable input from the VIFM to ensure the successful transfer and sharing of data with the Coroners Court’s case management system. This involved a significant commitment to staff training, policy review and required a number of significant medical operational changes leading up to the launch of Courtview.

Intelligent integration of the Coroners Court and the Institute’s case management systems provided the opportunity, through secure case information sharing, to improve case management of the medico-legal investigation process and this has led to improvements in our ability to provide much needed follow up with the families of deceased persons.

Regional Cases

The percentage of cases from regional Victoria arriving at the Coronial Services Centre in Melbourne has increased this year to 80 per cent as compared with 77 per cent last year. Factors affecting this increase include the hospital provided forensic pathology service in Ballarat ceasing for periods of time due to local hospital manpower issues. In April the service in Bendigo ceased as existing hospital pathology services were outsourced. As a result, increasing numbers of regional cases are being required to be transported to the VIFM in Melbourne for investigation.

In recognition of the importance of sustaining regional services where possible, VIFM commenced a feasibility study and negotiations with the regional hospitals to establish an alternative service model whereby VIFM pathologists travel from Melbourne to regional areas to undertake these medico-legal death investigations.

<table>
<thead>
<tr>
<th>CORONIAL DEATHS IN REGIONAL VICTORIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Cases</td>
</tr>
<tr>
<td>2011/12</td>
</tr>
<tr>
<td>2010/11</td>
</tr>
<tr>
<td>2009/10</td>
</tr>
<tr>
<td>2008/09</td>
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<tr>
<td>2007/08</td>
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<td>2006/07</td>
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<td>2005/06</td>
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<td>2004/05</td>
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<td>2002/03</td>
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<td>2001/02</td>
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<td>2000/01</td>
</tr>
<tr>
<td>1999/00</td>
</tr>
<tr>
<td>1998/99</td>
</tr>
<tr>
<td><strong>MANAGED IN MELBOURNE BY VIFM</strong></td>
</tr>
<tr>
<td><strong>MANAGED IN REGIONAL VICTORIA</strong></td>
</tr>
</tbody>
</table>
Pathology Serving the Courts

Forensic medical and scientific staff regularly appear as expert witnesses in courts throughout Victoria and overseas including Coroners, Magistrates, County and Supreme Courts. Staff at the VIFM undergo formal training in ‘witness skills’, and receive feedback on their performance in court from senior staff who accompany them. This forms part of the Institute’s quality program with respect to expert evidence. In addition, when possible, we ensure that staff who attend court as expert witnesses are accompanied by students, trainees or other junior staff as a part of their professional development and training.

Reviewable Deaths

The Victorian Government introduced a new system for dealing with multiple child deaths in a family, following recommendations in 2003 which are reflected in the functions of the VIFM Act 1985. Section 66(c) ‘The Institute also has a function to investigate, assess and instigate appropriate responses in the respect of –

a. The health or safety of a living sibling of a deceased child, and
b. The health of a parent of a deceased child – where the death of a child constitutes a reviewable death.’

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

As part of the process, the State Coroner may refer a reviewable death to the Institute for investigation and assessment of the health and safety needs of living siblings of a second or subsequent deceased child in a family and the health needs of the parents. Cases under consideration for referral to the Institute are discussed by both organisations before the formal review. The assessment conducted by Institute staff includes a review of any autopsies of the deceased children and the health and welfare of surviving siblings and parents.

There were no reviewable death cases referred to the VIFM in this reporting period.

Family Health Information Service

The referral service was developed to fill a gap in health services by directly supporting at-risk individuals and families in the community at a time when they are often at their most vulnerable - grieving the loss of a loved one. The referral service enhances the ability to detect and prevent familial disease as well as patterns of injury and death within the community that could be prevented.

In 2011/12, 282 individuals and their families have directly benefited from the referral services provided through our Family Health Information Service compared with 272 in 2010/11. These include referrals to medical specialists or general practitioners to follow up such findings as undiagnosed cancer, ischaemic heart disease and other conditions with possible genetic significance. Inherited causes of sudden death are increasingly being recognised, at both a clinical and molecular level.

Instances Where Forensic Pathology or Scientific Services Staff Have Attended Court in 2011/12

<table>
<thead>
<tr>
<th>Court</th>
<th>Instances</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORONERS</td>
<td>29</td>
</tr>
<tr>
<td>COUNTY</td>
<td>6</td>
</tr>
<tr>
<td>MAGISTRATES</td>
<td>24</td>
</tr>
<tr>
<td>OTHER</td>
<td>3</td>
</tr>
<tr>
<td>SUPREME</td>
<td>16</td>
</tr>
<tr>
<td>TOTAL</td>
<td>78</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Court</th>
<th>Instances</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORONERS</td>
<td>29</td>
</tr>
<tr>
<td>COUNTY</td>
<td>6</td>
</tr>
<tr>
<td>MAGISTRATES</td>
<td>24</td>
</tr>
<tr>
<td>OTHER</td>
<td>3</td>
</tr>
<tr>
<td>SUPREME</td>
<td>16</td>
</tr>
<tr>
<td>TOTAL</td>
<td>78</td>
</tr>
</tbody>
</table>

Number of Referrals to Family Health Program

<table>
<thead>
<tr>
<th></th>
<th>2008/09</th>
<th>2009/10</th>
<th>2010/11</th>
<th>2011/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referrals</td>
<td>254</td>
<td>275</td>
<td>272</td>
<td>282</td>
</tr>
</tbody>
</table>
When a sudden death occurs in Victoria, the Coroner may order an autopsy primarily to ascertain a cause of death.

During this process the forensic pathologist may uncover previously unknown or little understood health issues that may have a genetic basis and therefore of significance to surviving family members. The pathologist, in partnership with the Pathology Liaison Nurses, is able to give family members direct and clear information with an objective to support families by putting them in contact with their practitioner or a specialist to formulate health care strategies that maximise their well-being and, in some cases, prevent premature death.

The VIFM considers this service an intrinsic facet of its practice and one which reflects a commitment to the emotional and physical wellbeing of the living through our work with the deceased.

### TYPES OF REFERRAL IN 2011/12

<table>
<thead>
<tr>
<th>Type of Referral</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previously undiagnosed cancer</td>
<td>45</td>
<td>17%</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>199</td>
<td>73%</td>
</tr>
<tr>
<td>Inherited Blood Disorders</td>
<td>9</td>
<td>03%</td>
</tr>
<tr>
<td>Marfan’s Syndrome</td>
<td>6</td>
<td>02%</td>
</tr>
<tr>
<td>Other</td>
<td>23</td>
<td>08%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>282</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Forensic Radiology**

There were 4,188 CT-scans completed this year as compared with 3,935 in 2010/11. There were 101 plain x-rays completed this year as compared with 111 last year.

As highlighted above, CT-scanning is a key component of the forensic pathology preliminary examination process. In some cases, causes of death previously requiring autopsy examination to detect can be identified. In other cases, findings often missed in autopsy are found (eg: limb fractures).

Easy identification of some findings enables better approaches to the autopsy. In addition, CT-scans provide acceptable images of findings which would otherwise be too difficult to show in court.

The VIFM was one of the earliest to adopt CT-scanning on a routine basis internationally.

**Forensic Technical Services**

The Forensic Technical Services team provide a comprehensive range of specialist forensic technical services in support of the forensic pathology medical investigation. Forensic Technical Services includes all aspects of mortuary work as well as advanced techniques of tissue retrieval for the Donor Tissue Bank of Victoria, post mortem angiography, forensic radiography, teaching and research, and contributions to the advancement of knowledge in forensic pathology.

The increasing use of the innovative post-mortem angiography procedure supported by forensic technical staff was one of the many challenges managed this year. Over the past 12 months the Forensic Technical Staff have performed 69 angiogram procedures. This enables, in many cases, the source of haemorrhage to be identified – something which is difficult to do at autopsy.

A review of the homicide procedure for collecting samples for possible DNA sampling has resulted in the implementation of new dedicated kits and procedures to minimise the possibility of DNA contamination during sample collection.

The mortuary has continued to undergo major refurbishment as part of the wider redevelopment, requiring our practices to change to accommodate an altered work environment. During these works the workflow and space within the mortuary has been significantly restricted. Despite these challenges, high work standards and ethical care of the deceased is proudly maintained.

The staff of the VIFM Forensic Technical Services team actively participate in national and international deployments to assist...
with autopsies and the management of disaster aftermath in other jurisdictions. The expertise we have gained in the past makes us leaders in this arena and the VIFM’s assistance is highly sought after. Deployments in the last 12 months include countries such as Samoa, Norfolk Island, Papua New Guinea and Vanuatu.

**Human Identification Services**

In line with the functions of the Institute set out under S 66 (1) (c) of the Victorian Institute of Forensic Medicine Act 1985 and at the request of the Coroner, we provide the scientific human identification services of forensic anthropology (skeletal remains) and forensic odontology (dental identification). These services, alongside DNA identification services provided by the Molecular Biology laboratory, are used where visual identification of the deceased is not possible or is inappropriate.

<table>
<thead>
<tr>
<th>SUMMARY OF HUMAN IDENTIFICATION SERVICE OUTPUTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Forensic Odontology*</td>
</tr>
<tr>
<td>» Coronial identification services</td>
</tr>
<tr>
<td>» Clinical Forensic Medicine services</td>
</tr>
<tr>
<td>Forensic Anthropology</td>
</tr>
</tbody>
</table>

2010/11    | 2011/12     |
-----------|------------|
70          | 130         |
7           |             |
66          | 87          |

* This reporting year, forensic odontology case work figures show both coronial identifications and trauma/bite-mark reports and opinions on living victims for the Clinical Forensic Medicine service.

Note that DNA identifications are reported on in the Forensic Scientific Service section of this report under Molecular Biology.

The increase in odontology workload reflects increased engagement with the Coroners Court of Victoria’s Initial Investigations Office (IIO). The VIFM now advise the IIO on a regular basis concerning the presence/absence of dental work in unidentified deceased individuals admitted to our mortuary. This enables the IIO to conduct targeted searches for ante-mortem dental records.

**Forensic Anthropology**

Forensic anthropology in Australia is a relatively new discipline that supports medico-legal death investigations led by forensic pathologists. Forensic anthropology involves the examination and analysis of differentially preserved human remains to provide answers to questions which, depending on the circumstances of the case, may include information about the individual’s ancestry, sex, age at death, stature, and the circumstances and/or manner of death.

Forensic anthropologists may also be involved in locating and recovering human remains which in many cases may be unrecognisable to the layperson or police and therefore overlooked. Assisting with scene interpretation of buried and/or scattered remains the forensic anthropologist may provide information about body position, the spatial-temporal relationships between the body and associated evidence, and the number of individuals present. Professional recovery of evidence can impact on the reconstruction of the human remains and the interpretation of the timing (ante, peri- or post-mortem) of events.

This reporting year has seen a continuation of contributions made by forensic anthropology domestically and internationally. Routine cases include the provision of timely opinion where the initial question is whether or not the remains are in fact human. Our forensic anthropologists’ experience dealing with differentially preserved human remains has meant that their expertise has been increasingly sought in cases where extreme burning and/or trauma have impacted on the integrity of the remains. In spite of poor preservation, assistance from a forensic anthropologist at the scene and during analysis has augmented the detail of information that was provided to the forensic pathologist.

Further, the number of forensic anthropology cases for the 2011/12 period was 87. The VIFM has employed a full-time forensic anthropologist for the past 8 years. The increase in anthropology casework reflects the gradual rise in awareness amongst relevant stakeholders about the role of the forensic anthropologist. Our forensic anthropologists have been involved in the delivery of lectures and training to Victoria Police and other personnel involved in the location and recovery of human remains and victim identification.

Senior Forensic Anthropologist, Dr Soren Blau, was honoured as the National Institute of Forensic Sciences (NIFS) 2011 Winner in the Best Case Study for her co-authored publication with Luis Fondebrider (Director of the Argentine Forensic Anthropology Team) entitled “Dying for independence: proactive investigations into the 12 November 1991 Santa Cruz massacre, Timor Leste” published in The International Journal of Human Rights.

**Forensic Odontology**

The role of forensic odontologists in the medico-legal death investigation process is an important one which is often not widely understood by the community. In addition to playing a fundamental role in the identification of unknown deceased persons (often in mass fatality events, missing person, arson or homicide cases), forensic odontologists also contribute to aspects of age assessment, facial trauma reporting and bite-mark interpretations following incidents of assault and rape.

Both on a local and international level, forensic odontologists support the community through the ongoing teaching and training of agencies involved in Disaster Victim Identification (DVI), and are becoming increasingly involved in research related to global age assessment issues such as the assessment of child soldiers and people accused of people smuggling.

The role of odontology in medico-legal death investigation is reinforced in presentations given by Institute staff to legal, medical and dental students, to international medico-legal organisations, and to Victoria Police.

This reporting year has seen a strengthening of forensic odontology service provision at the Institute. Dr Richard Bassed was awarded his PhD from the Department of Forensic Medicine, Monash University in October 2011, and has since been appointed as the Senior Forensic Odontologist and Service Coordinator. The increase in capacity has resulted in greater involvement in coronial case work, in teaching, a greater emphasis on development of research projects, and an increasing capacity to respond to international requests for service delivery, teaching and research.
Clinical Forensic Medical Services

Clinical Forensic Medicine (CFM) services deal with both the medical and legal aspects of care for living patients in their interaction with the justice system. It applies expert forensic medical knowledge to the collection and interpretation of medical evidence in order to provide impartial information that may assist victims of crime, the police and the judicial process.

Over the past financial year, the CFM unit has focused on building stronger relationships with its internal and external stakeholders. Some of these activities are detailed below:

Increasing links between the CFM unit and external practitioners

» CFM has conducted a number of regional visits to practitioners and police to discuss local service delivery and the use of new Forensic Medical Examination Kits.

» Monthly in-service opportunities have been provided to assist practitioners to increase their clinical case load, become involved in case meetings and spend time with staff in the VIFM head office.

» A two-day formal induction program has been introduced for new starters which includes accompanying a senior physician on the after-hours roster.

» A monthly forensic newsletter has been introduced to report upcoming events, policy changes and interesting case studies for group discussion.

» A range of audio visual forensic training resources have been tailored to the clinical forensic practitioner audience and presented by CFM experts.

» A concerted effort to build the regional practitioner group has resulted in 3 new Forensic Medical Officers, a Forensic Nurse Examiner and 17 biological specimen collection nurses joining CFM.

The role of the VIFM in teaching and training in the field of Clinical Forensic Medicine is detailed within the Department of Forensic Medicine section of this report.

During the year our staff have participated in education sessions, seminars and talks for a large number of external organisations including Victoria Police, legal practitioners, hospital registrar training sessions and Grand Rounds, Divisions of General Practice, universities (medical, paramedical and non-medical; undergraduate and post graduate), schools and a diverse range of community groups. Specific CFM activities have included:

» Further development of the Postgraduate Forensic Medicine program with Monash University.

» A major review of the CFM clinical forensic practitioners’ manual.

» International projects carried out with the Australian Federal Police including Forensic Training Conferences in Uganda and Samoa.

» Participation in the VIFM Lecture Series, weekly case review meetings and the Research Advisory Committee.

» Delivery of a range of online forensic training sessions and education workshops presented by CFM experts to internal and external groups.

» A presence at the 2012 Medical Careers Expo to discuss career paths and promote the area of clinical forensic medicine to training doctors.

» Assistance to the Australasian Association of Forensic Practitioners (AAPP) in the coordination of monthly electronic seminars.

» Coordination of quarterly Forensic Case Group meetings involving Victoria Police, the Office of Public Prosecutions, legal practitioners, laboratory staff and pathologists.

iCFM Online Case Management System

In 2011/12, CFM conducted a major review of its policy, procedure and instructional documents to ensure that information is up-to-date and consistent with the Institute’s revised privacy and confidentiality guidelines. Observance of these guidelines has been particularly well demonstrated during the scoping and functional development of CFM’s new online case management system, the iCFM. The iCFM project has been a key focus over the past 12 months and promises significant advances in the control of information, supporting secure communications and efficient business processes. As the majority of CFM’s workforce is external there is a heightened
need for a strong technological platform to facilitate effective communication and the secure transfer of information.

The iCFM offers secure modules that streamline a number of business processes, including:

- Identification: practitioner credentialing and identification.
- Dashboard: disseminates essential reading and is the platform for CFM communications.
- Rosters: online applications for the after-hours roster.
- Case entry: secure submission of case details.
- Medico-legal Reports: submit draft reports for peer review.
- Invoicing: claims for payment.
- Library: access the latest policy, procedure, instructional information and relevant journal articles.
- System Reporting: significant improvement to the unit’s ability to manage its data.

## Service Delivery in 2011/12

### Services to Victoria Police and other agencies

Over the past financial year, CFM has continued to provide 24-hour advice and a wide range of clinical forensic medical services to Victoria Police and other external agencies.

Clinical Forensic practitioners must maintain a high standard of specialist skills and competency and continually build their knowledge. This is achieved through participation in a range of principal activities that are both interdependent and complementary. It is for this reason that the current model of forensic medical service delivery to the Victorian community is highly regarded and nationally renowned.

CFM is a medical advisor to VicRoads, the Victorian Taxi Directorate and WorkSafe and has more recently provided assistance to the Clinical Forensic Medical Unit at the Sydney Police Centre. CFM provides medical opinions regarding drivers’ suitability to hold various licences, certificates and permits issued by those authorities. The CFM service model in Victoria is widely recognised as “best practice” in Australia and is often consulted by police and driver licensing authorities in other jurisdictions.

In conjunction with the Neurosciences Department of St Vincent’s hospital, the CFM division operates Australia’s only specialist driving clinic. This continues to be very successful and attracts referrals from doctors all over Victoria.

### Services Provided by CFM 2011/12* [Predominantly to Victims of Crime and the Victoria Police]:

<table>
<thead>
<tr>
<th>Service</th>
<th>2010/11</th>
<th>2011/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Sexual Assault Examinations</td>
<td>482</td>
<td>448</td>
</tr>
<tr>
<td>Adult Physical Assault Examinations</td>
<td>240</td>
<td>195</td>
</tr>
<tr>
<td>Service Provided to Children (under 18)</td>
<td>80</td>
<td>61</td>
</tr>
<tr>
<td>Biological Specimens Collection</td>
<td>65</td>
<td>55</td>
</tr>
<tr>
<td>Fitness for Interview</td>
<td>409</td>
<td>390</td>
</tr>
<tr>
<td>Traffic Medicine</td>
<td>477</td>
<td>481</td>
</tr>
<tr>
<td>Ethical Standards</td>
<td>17</td>
<td>24</td>
</tr>
<tr>
<td>Psychiatric Services</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Medico-legal expert opinions</td>
<td>567</td>
<td>571</td>
</tr>
<tr>
<td>Court Appearances</td>
<td>178</td>
<td>176</td>
</tr>
<tr>
<td>Other Specialised Services</td>
<td>19</td>
<td>32</td>
</tr>
<tr>
<td>Total</td>
<td>2535</td>
<td>2433</td>
</tr>
<tr>
<td>Expert Medical Phone Advice resulting in case diversion (does not include phone triage on cases)</td>
<td>1236</td>
<td>1724</td>
</tr>
</tbody>
</table>

### Medical Review Services Provided by CFM

<table>
<thead>
<tr>
<th>Service</th>
<th>2010/11</th>
<th>2011/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>VicRoads</td>
<td>3482</td>
<td>3150</td>
</tr>
<tr>
<td>VicRoads – bicycle helmets unit</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Taxi Directorate of Victoria</td>
<td>635</td>
<td>850</td>
</tr>
<tr>
<td>WorkSafe</td>
<td>85</td>
<td>74</td>
</tr>
</tbody>
</table>

### Specialist Driving Clinics Provided by CFM in Conjunction with St Vincent’s Hospital

<table>
<thead>
<tr>
<th>Clinic</th>
<th>2010/10</th>
<th>2011/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>St Vincent’s Driving Clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients</td>
<td>88</td>
<td>71</td>
</tr>
</tbody>
</table>
Forensic and Scientific Services

Forensic and Scientific Services (FSS) provides, promotes and assists the VIFM’s functions and objectives through the timely provision of forensic scientific services to assist medico-legal death and alleged sexual assault investigations in Victoria, and in the testing for drugs in drivers of motor vehicles collected under various provisions of the Road Safety Act (1985). It also conducts multidisciplinary research and development including the support of graduate and post-graduate students through the Department of Forensic Medicine at Monash University.

The FSS is headed by Professor Olaf Drummer and comprises the individual business units of:

» Forensic Toxicology
» Molecular Biology
» Histopathology

Forensic Toxicology

The Forensic Toxicology section provides a range of services to clients who include forensic pathologists, clinical forensic physicians, and Victoria Police. Forensic Toxicology staff provide specialised drug testing in medico-legal death investigations which includes a 24-hour toxicology service, testing for a large range of drugs in suspected impaired and culpable drivers, victims of sexual assault, suspects under the influence of drugs, proscribed drugs in drivers suspected of illicit drug use from the random (oral fluid) drug testing program and in injured drivers.

The toxicology laboratory has improved its routine overnight toxicology screen using tandem Liquid chromatography/ mass spectrometry (LC-MS) for all coronial cases and where needed for other cases, and has included further drugs that are screened routinely to over 150. This provides coroners and pathologists with a much more comprehensive toxicology screen at the preliminary investigation stage of a death.

A number of analytical methods which enhance the ability of the laboratory to identify and measure new drugs have been developed for our key stakeholders. These include a major redesign of the ability to detect over 250 drugs and drug metabolites in urine using tandem LC-MS particularly in drug facilitated assaults where delays in reporting requires the detection of low concentrations in urine; the automation of drug screening in blood using enzyme linked immunosorbent assay (ELISA); the detection of synthetic cathinones (new stimulant-type drugs reported to have been associated with acute toxicity) and synthetic cannabinoids (compounds often found in herbal mixtures which are abused as new designer drugs). In addition to these techniques the laboratory has finalised the methodology for the detection of ethyl glucuronide (an alcohol metabolite) in hair that will allow an estimate of prior alcohol abuse to be assessed in forensic cases.

Toxicology staff have continued to provide evidence in court as part of their role in both metropolitan Melbourne and rural Victoria with 28 presentations made in the Supreme, County, Magistrates and Coroner’s Courts of Victoria, and various other jurisdictions throughout 2011/12.

Dr Dimitri Gerostamoulos received the prestigious Achievement Award for 2012 at the 50th meeting of the International Association of Forensic Toxicologists (TIAFT) in Japan. This award recognises scientists for outstanding achievements in forensic toxicology through their scientific activities and outputs who have been an active member of TIAFT.

The laboratory has met or exceeded turnaround times for both coronial and Victoria Police service work with 95-100 per cent of cases being completed within specified time frames. Software developments in the case management system (iCMS) by the VIFM’s IT department have streamlined aspects of laboratory activities. Toxicology staff have continued to work efficiently despite the reduced laboratory space available for much of the year during the building redevelopment.

Our toxicology staff have produced a number of publications this past year in the form of peer reviewed publications, book chapters and scientific reports (See Appendix B for a full list of publications).

Key Work Load Data for 2011/12 in comparison to 2010/11

The complexity of services delivered by Toxicology continued, with the number of medico-legal death investigations requiring toxicology slightly increasing by 1 per cent from 3,952 to 3,995 during this reporting year. These were completed with a median time of 22 days in comparison to 23 days from the previous year. Victoria Police service work increased by 13 per cent comprising drug and alcohol detection in impaired and injured driver cases and random oral fluid drug testing. Drug facilitated assault case work increased by 10 per cent.

<table>
<thead>
<tr>
<th>Case type</th>
<th>2010/11</th>
<th>2011/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coronial</td>
<td>3952</td>
<td>3995</td>
</tr>
<tr>
<td>Victoria Police traffic cases (impaired, culpable drivers, oral fluid and injured drivers)</td>
<td>6173</td>
<td>6992</td>
</tr>
<tr>
<td>Drug facilitated assaults</td>
<td>137</td>
<td>151</td>
</tr>
</tbody>
</table>
During the early part of 2012 the toxicology laboratory lost almost half of its space during the redevelopment and expansion of the laboratory facilities. This has created significant space pressures which will continue well into the next financial year.

**Molecular Biology**

The Molecular Biology Laboratory (MBL) provides DNA analysis services, which include both nuclear DNA (nDNA) and mitochondrial DNA (mitDNA) profiling, to assist the Institute in meeting its functions and objectives. In particular, the MBL provides DNA analysis to assist in the identification of deceased persons for:

» Medico-Legal Death Investigations

» Disaster Victim Identification (DVI)

» Missing person and cold case investigations for Victoria Police.

As the only Australian forensic laboratory that is NATA accredited to provide mitochondrial DNA analysis, the MBL offers fee-for-service DNA testing to other jurisdictions to assist with investigations where nuclear DNA (nDNA) analysis is not an option, for example, homicide or missing persons investigations. In the last year, the MBL has experienced an increased demand for its mitochondrial DNA (mitDNA) analysis services, with an increase of 50 per cent for cases. In addition, the MBL also provides paternity testing services to the wider community, including other government agencies such as the Department of Immigration.

The MBL also has a strong research focus, utilising skills in areas of molecular genetics, molecular biology, biochemistry and bioinformatics. Recently, the MBL has developed collaborative research projects with the VIFM Mortuary to assess the suitability of different samples from incinerated or severely compromised remains for DNA analysis, with the view to eliminate the need for invasive sample collection.

Noteworthy for 2011/12, was the involvement of the MBL in the Kelly Project which played a key role in the identification of Ned Kelly's remains in collaboration with the Argentine Forensic Anthropology Team (EAAF). An important milestone of the project was capability building with regards to DNA analysis of severely compromised samples. This culminated in a technical workshop conducted by EAAF at the Institute for the benefit of MBL staff and Victoria Police Forensic Services Department (VPFSD) colleagues. As a result, the MBL team has successfully applied the new skill-set to assist with difficult coronial investigations (including homicides), successfully DNA profiling samples which may have proved unsuccessful in the past. The MBL team continues to work closely with Victoria Police on missing persons and cold case investigations. The Victorian Missing Persons DNA Database (VMPDD) is the only one of its kind nationwide, enabling not only the storage of DNA profile information, but more importantly, the kinship searching of both nuclear and mitochondrial DNA profiles to assist in the identification of unknown deceased persons. To date, there are 53 DNA profiles for unidentified deceased persons, and 157 DNA profiles for family members of missing persons. New profiles from family members of missing persons are being added monthly to the VMPDD; the VMPDD has assisted in the identification of three missing persons cases thus far.

A member of the Biology Specialist Advisory Group (BSAG) for the Senior Managers of Australian and New Zealand Forensic Laboratories (SMANZFL), is assisting in the implementation of the National loci expansion project. In addition, MBL is assisting the BSAG in the evaluation of a National initiative for the standardisation of STR (DNA profile) mixture interpretation.

**KEY MOLECULAR BIOLOGY WORK LOAD DATA FOR 2011/12 IN COMPARISON TO 2010/11**

<table>
<thead>
<tr>
<th>Case type</th>
<th>2010/11</th>
<th>2011/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coronial identification cases – nDNA</td>
<td>115</td>
<td>179</td>
</tr>
<tr>
<td>Coronial Identification cases – mitDNA</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>SLA Victoria Police cases – nDNA (a)</td>
<td>11</td>
<td>8</td>
</tr>
<tr>
<td>SLA Victoria Police cases – mitDNA (a)</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>SLA Victoria Police cases – nDNA &amp; mitDNA (a)</td>
<td>31</td>
<td>30</td>
</tr>
<tr>
<td>SLA CODIS entry cases (b)</td>
<td>8</td>
<td>13</td>
</tr>
<tr>
<td>SLA Victoria Police – fee for service cases – nDNA (c)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>SLA Victoria Police – fee for service cases – mitDNA (c)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Other nDNA cases – fee for service</td>
<td>12</td>
<td>7</td>
</tr>
<tr>
<td>Other mitDNA cases – fee for service</td>
<td>11</td>
<td>15</td>
</tr>
<tr>
<td>Parentage cases</td>
<td>124</td>
<td>102</td>
</tr>
<tr>
<td>Total</td>
<td>321</td>
<td>370</td>
</tr>
</tbody>
</table>

(a) denotes long term missing persons or cold case investigations

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

(c) denotes fee-for-service cases, such as mitochondrial DNA analysis of hairs for homicides
Histopathology is the study of the structure and function of human tissues and plays an important role in the prevention of disease in the community. In the forensic setting, it forms an integral part of the autopsy by allowing the pathologist to examine human tissues microscopically for disease or tissue injury.

Tissue received into the laboratory undergoes several processes, culminating in the production of ultra-thin sections of stained tissue mounted on glass slides ready for microscopic examination. The tissue sections are "stained" with a variety of specialist dyes to image cellular structures in the various tissues of the body. The information obtained from this process, especially information on natural disease, has the capacity to prevent the deaths of others in the community.

**Highlights**

The laboratory continues to meet all key performance indicators despite another significant increase in routine samples submitted for histological preparation along with a sustained demand for specialised stains, including immunohistochemistry. This has occurred in the shadow of significant building redevelopment where the available laboratory working area has been reduced.

The focus of the laboratory this reporting year has been to continue providing a comprehensive forensic histopathology service to VIFM pathologists, trainees and regional pathologists given the continued increase in workload. The laboratory staff regularly meet with the Institute’s forensic pathologists to review quality of tissue sections, available staining techniques and overall operational needs for their discipline.

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**Key Work Load Data for 2011/12 in comparison to 2010/11**

The number of tissue blocks produced by this laboratory increased by 10 per cent to 57,279 for the year with a turn-around time of 93 per cent of cases being completed within 5 days. (For interest the number in 2004/05 was 37,992.) The number of special stain requests increased by 12 per cent to 4,097 in 2011/12 from 3,655 in 2010/11.

<table>
<thead>
<tr>
<th></th>
<th>2010/11</th>
<th>2011/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Cases</td>
<td>2248</td>
<td>2359</td>
</tr>
<tr>
<td>Number of Blocks</td>
<td>52295</td>
<td>57279</td>
</tr>
<tr>
<td>Number of Special Requests</td>
<td>3655</td>
<td>4097</td>
</tr>
<tr>
<td>% of routine slides completed in 1 week</td>
<td>97%</td>
<td>93%</td>
</tr>
</tbody>
</table>

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*KEY HISTOPATHOLOGY WORKLOAD DATA FOR 2011/12 IN COMPARISON TO 2010/11*
Established in 1989, the Donor Tissue Bank of Victoria (DTBV) was the first, and remains Australasia’s only, multi-tissue bank collecting and providing musculoskeletal, skin and cardiac tissue. It is the only tissue bank which screens, processes, stores, tests and distributes multiple types of tissue from the one facility. It is a public sector not-for-profit operation and relies on continued support from all areas of the VIFM providing tissue retrieval, pathology and scientific services, medical expertise and support functions to maintain operations.

The DTBV’s operations are overseen by the VIFM Ethics Committee and an Advisory Board which includes surgeons and experts to manage the risks of transplantation (See Appendix A for committee membership). The VIFM Quality and Improvement section is an essential component of DTBV and has supported the tissue bank throughout the year, in particular with controlling change resulting from the redevelopment, and compiling dossiers for the Therapeutic Goods Association (TGA) to maintain our license. This support ensures the DTBV’s continued emphasis and success in quality and safety.

The DTBV’s core function is to provide Australian surgeons with safe and effective tissue grafts for transplantation in many areas of orthopaedic, cardiothoracic, reconstructive surgery and burn care, benefiting many Australian patients every year with life enhancing or lifesaving treatments.

Demand has surpassed availability of tissues, in particular for cardiac valves and skin. A falling donation rate from deceased donors reflects external changes restricting DTBV’s access to potential cases. The number of donors is 75 per cent less than 5 years ago and has resulted in a sharp reduction in tissues being available for transplant. DTBV is working to remedy this situation. DTBV also facilitates access to corneas for the Lions Corneal Donation Service to support provision of corneas and sclera for transplantation.

**Tissue Donor Coordination**

The Donor Tissue Bank of Victoria offers relatives of the recently deceased the opportunity to salvage something positive from the tragic loss of someone they loved. Tissue Donor Coordinators approach families at an acute stage of (often sudden) bereavement and without the generosity of these families, the DTBV could not provide these essential tissue banking services. Each donor during the year is assigned a leaf which is added to the Tree of Life in the VIFM foyer and their precious donations are recognised at our annual Leaf Day each November.

The DTBV also provides a Living Donor Bone Program where people undergoing routine hip replacement can donate, for transplant, the otherwise discarded bone removed during the surgery.
State-of-the-Art DTBV Building

In January 2009, the Commonwealth allocated $13 million for VIFM to build a state-of-the-art facility for the DTBV. The facility will enable increased production of currently processed tissues as well as the implementation of the vision for the DTBV as a translation platform for incoming biotechnology enhanced tissue and cell products. The increased capacity will allow for improved skin storage capacity and eventually contribute, it is hoped, to a national program geared to secure a resource for mass casualties involving large numbers of burned individuals. Following the Black Saturday bushfires, allograft skin had to be imported from the USA to meet demand.

The building works for this replacement facility are well underway. As much as welcome, the early stages of the redevelopment have caused significant disruptions resulting in major efforts to ensure that practices remain compliant with the requirements of the Therapeutic Goods Administration. A stand-alone temporary cleanroom has been the only processing room available throughout the year, reducing processing capacity by a third, due to difficulties recommissioning the DTBV cleanroom suite during the building works. DTBV staff are greatly looking forward to moving into the new facility over the next year.

Tissue for Research Program

Our services also extend to assisting researchers who require access to human tissue to undertake a wide variety of research activities. Projects are first approved by the VIFM Ethics Committee and donor families are fully informed of the use and expected outcomes of the research project as part of the informed consent process. The program had to be put on hold following difficulties accessing information necessary to be able to screen donors.

Tissue Development

In order to maintain compliance and develop improved methods, DTBV undertakes internal tissue development work. During the last year this has included 10 microbiology validations which have led to new methods and algorithms for sampling and testing tissues, revalidation of irradiation sterilisation, new equipment qualification including thermocouples and demineralised bone matrix apparatus and trials for freeze dryer sterilisation using hydrogen peroxide.

Microbiology

The Tissue Bank requires a TGA licensed laboratory to undertake testing of microbiological and serological specimens. There is no other TGA licensed microbiology lab in Victoria to test tissue and environmental samples. Without this testing the tissue could not be released.

The DTBV also provides forensic microbiology services to support the coronial process. The pathologist may require samples taken during the procedure to be tested for infectious diseases that may have contributed to the death. If tests on samples taken at autopsy cannot be performed in house, the Microbiologists organise for external agencies to perform tests and check and upload the reports to the case management system.

Tissue Processing

Tissue is processed by DTBV Scientists and Technicians within the DTBV cleanrooms. Processing capacity has been limited this past year due to the building redevelopment works which involved commissioning a temporary cleanroom, loss of the cleanroom suite for the entire year and various moves of stores, people and equipment which has impacted on capacity, in particular for routine femoral head processing.

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International Program

The VIFM actively seeks to engage with the international forensic medical community to develop and improve its own knowledge and practices. Medical graduates from around the world travel to the VIFM to train with its professional staff in order to take that knowledge and experience back to their home countries. Institute staff also travel overseas to train, and be trained by, forensic medical practitioners in other countries.

The VIFM international training activities in 2011/12 include:

» medico-legal investigation of sexual assault in adults and children for clinicians,

» forensic odontology identification techniques for dentists,

» temporary mortuary management and exhumation techniques.

This work has been supported by funding from the Australian Federal Police and AusAID.

International and Humanitarian Work

Over the past year the VIFM has played a significant role in facilitating the establishment of networks of forensic medical clinicians in Africa (the African Society for Forensic Medicine); and Asia and the Pacific (the Asia-Pacific Medico-Legal Agencies and the Pacific Forensic Dental Network). These peer-to-peer groups will focus on professional development, sharing resources and training and the development of forensic medical policies and guidelines which will support their communities’ justice and health and disaster response systems in relation to mass-casualty management. The VIFM has collaborated with the Australian Federal Police and the International Committee of the Red Cross in this work.

International Partnerships

In September 2011 VIFM Chair, the Hon. John Coldrey, Director, Prof. S. Corder and International Program manager Dr Liz Manning undertook a series of meetings with international humanitarian agencies and International Forensic Medical and Scientific Board and Committee meetings to present the Institute’s vision for capacity building in forensic medicine in resource poor contexts and to plan for particular events. Meetings were held with the International Committee of the Red Cross (ICRC), World Health Organisation (WHO), United Nations Development Program (UNDP), United Nations Office on Drugs and Crime (UNODC) and the International Criminal Court (ICC).

The VIFM also organised (with ICRC support) The International Forensic Summit (TIFS) at the triennial meeting of the International Association of Forensic Sciences (IAFS) in Madeira in September 2011, represented SMANZFL (Senior Managers of ANZ Forensic Laboratories) at the Board Meeting of the International Forensic Strategic Alliance (a grouping of the regional forensic organisations around the world: American Society of Crime Laboratory Directors, European Network of Forensic Science Institutes, Asian Network of Forensic Science, SMANZFL, Southern African Forensic Science Network, Ibero-American Network of Forensic Science Institutes); attended the Council meeting of the Indo-Pacific Association of Law, Medicine and Science (INPALMS).

During this visit VIFM also hosted a Conference Participant meeting to discuss forensic medical capacity development projects, issues and coordination; met with Dr Anton Castilani (Chief of Forensic Medical Unit, Indonesian National Police) to discuss planning for the SE Asian DVI and Forensic Institute meeting held in Indonesia in June 2012 and met with the Chair of the African Network for Forensic Medicine in relation to planning for the March 2012 ANFM Uganda Forum funded by the Australian Federal Police and coordinated by the VIFM.

Forensic Medical Capacity Development and Professional Services

Africa

Uganda, November 2011 - Workshop on the Medico-Legal Investigation of Adult and Child Sexual Assault: Workshop for 35 medical practitioners from across the country; district health officers, forensic practitioners, gynaecologists and paediatricians clinicians and 12 police delivered by VIFM’s Head of Clinical Forensic Medicine, Assoc. Prof. David Wells. This capacity development initiative was funded by the Australian Federal Police.

Uganda, March 2012 - African Forensic Medical Network Forum facilitated by the VIFM and funded by the Australian Federal Police. The 60 participants included clinicians from 11 African nations and representatives from the ICRC, WHO, EAAF (Argentine Forensic Anthropology Team) and the International Criminal Court. The African Forensic Medical Association was formally launched at the meeting which also included a one day training program on Dead Body Management and Forensic Odontology (Age Estimation) for Ugandan pathology and mortuary staff and dentists. This international meeting has resulted in significant progress toward developing international research collaborations in the discipline of forensic age estimation, which will contribute significantly to solving the issues surrounding age estimation of teenage individuals from other countries who are incarcerated as adults in Australian prisons, and which will assist partner countries in their particular age assessment problems in cases of child sexual abuse and the conscription of child soldiers.

African Masters of Forensic Medicine Program. Program provides access to the VIFM/Monash University Masters of Forensic Medicine Program and a scholarship for a 12 month placement at VIFM in forensic pathology and clinical forensic medicine for four African Clinicians. This program is funded by the Australian Federal Police.

East Timor

July and November 2011 - Continuation of identification of missing persons program in partnership with the EAAF (Argentine Forensic Anthropology Team). Project visits by Forensic Anthropologist, Dr S. Blau. This project is funded by the East Timor Government.

Asia

Vietnam, November 2011 - Dr Tony Hill provided training in forensic odontology as part of a Rotary-organised visit of dentists to Hanoi, Vietnam. On the basis of this work the VIFM has applied to AusAID to undertake capacity development work in this field in Vietnam, Cambodia and Laos.

Malaysia, July 2011 - Assoc. Prof. David Wells appeared as an expert witness at the trial of Anwar Ibrahim in Kuala Lumpur.
Middle East
United Arab Emirates - VIFM signed a contract in July 2011 with the UAE Government to oversee the training of two UAE clinicians in pathology (with a specialty in Forensic Pathology). Both doctors have obtained the required medical registration and visas and are expected to commence hospital-based training in second semester 2012.


Europe
Russia, April 2012 - Professor Olaf Drummer attended the board meeting of the International Association of Forensic Toxicologists and lectured to the first collective meeting of Russian forensic toxicologists in order to assist in the development of this forensic science in the Russia.

Partnerships

Australian Federal Police
» Memorandum of Understanding signed with the Australian Federal Police Assistant Commissioner Julian Slater on Monday 8 August 2011. The document provides a framework for collaboration and projects.

» Autopsy case work in Norfolk Island, Samoa, Vanuatu.

» Training by Dr Soren Blau for 70 crime scene investigators in recovery of buried evidence.

» AFP provision of JCLEC Complex for meeting of Asia Pacific Medico-legal Agencies and DVI training.

International Committee of the Red Cross
» Collaboration in coordination of meeting of Asia and Pacific forensic medico-legal agencies in JCLEC complex, Semarang, Indonesia.

» Collaboration in coordination of Forensic Summit at IAFS Conference Madeira Portugal, September 2011.

Argentine Forensic Anthropology Team (EAAF)
» East Timor human remains exhumation and identification project.

» Solomon Islands Truth Commission human remains exhumation and identification.

» DNA analysis services for the identification of Ned Kelly’s remains.

International Visitors
» Dr Eeshara Kottegoda (MD) Sri Lanka one year placement to October 2011 - Injury prevention research.

» Dr Sameera Gunawardena Faculty of Medicine, University of Colombo—one year placement now extended to work as a registrar to end of 2012.

» Dr Roger Maraka Forensic Pathologist Solomon Islands-one week attachment –Jan 2012.

» Dr David Gertz Deputy Commander, Forensic Identification Unit, IDF Medical Corps, Professor of Cardiac and Pulmonary Diseases Professor of Anatomy and Cell Biology Institute for Medical Research-The Hebrew University – Hadassah Faculty of Medicine. Feb 9-10.

» Dr Morio Iino Forensic Pathologist Osaka University-one week attachment Forensic Radiology.

» Professor Shen Min Director General and six staff from the Institute of Forensic Science, Ministry of Justice, China. 6 March.

» Dr Dick Shepherd Member of UK Independent Advisory Panel to the Ministerial Board on Deaths in Custody and UK Restraint Advisory Board.

» Dr Linda Tebay, Paediatrician Forensic Sexual Assault and NAI Clinician Alder Hey Hospital, UK.

» Dr Carlos Vullio & Laura Catelli EAAF (Argentine Forensic Anthropology Team) –Training VIFM staff in DNA extraction techniques.

» Dr Morris Tidball-Binz Forensic Coordinator ICRC Switzerland-Orator at VIFM Graeme Schofield Oration- 7 June.

Disaster Response
Papua New Guinea, October 2011 - A Forensic Pathologist and Mortuary Technician were deployed at the request of the AFP to undertake identification of human remains (including obtaining of samples for DNA testing at the VIFM laboratory) following a plane crash.
The National Coroners Information System (NCIS) is one of Australasia’s premier public health information resources. It is managed by the Victorian Institute of Forensic Medicine on behalf of and with the funding support of the Commonwealth Government, all Australian State and Territory Governments and the New Zealand Government.

The NCIS contains detailed information about every death reported to a coroner in Australia and New Zealand. It is a significant resource for Australian coroners and all those involved in mortality, public health and injury prevention research and policy development. There are now over 240,000 fatalities recorded on the NCIS.

Both an international and a national organization, the NCIS was originally conceived in the early 1990’s by the then State Coroner Graeme Johnstone and Associate Professor David Ranson, Deputy Director of the Victorian Institute of Forensic Medicine. It was seen as an innovative example of forensic medicine and law working together to produce critical information about potentially avoidable deaths in our community. This knowledge provided a sound evidence base for injury and death prevention activities and enhanced the capacity of coroners and forensic pathologists to draw informed conclusions from the evidence they gathered during death investigations.

The initiative was enthusiastically taken up and developed through major collaborations with the staff of Monash University’s Accident Research Centre, its Department of Epidemiology and Preventative Medicine and Flinders University’s National Injury Surveillance Unit as well as a range of Government Justice and Health Departments and Australian Coroners and researchers. With the then Attorney General Jan Wade and Monash University making matching contributions of $150,000 each, this death investigation tool was implemented. It has since been provided with ongoing funding from each State/Territory Justice Department, key federal agencies including the Department of Health and Ageing, and the NZ Ministry of Justice.

Originally conceived and operated as a research centre at Monash University, its importance as a death investigation resource resulted in its later incorporation within the Victorian Institute of Forensic Medicine. National governance is provided by the heads of the Australian state and territory departments of justice, the New Zealand Ministry of Justice and the Commonwealth Department of Health. Over the last 12 years, the NCIS has successfully provided information designed to reduce preventable death, and at the same time to assist death investigators in their work.

Today its success as a major public health and safety tool has been recognized internationally with several countries looking to us to help them implement a similar database.

A number of Asia-Pacific nations including Japan and Singapore have been granted trial system access to the NCIS for select forensic practitioners after expressing interest in developing a similar model for their forensic investigations. England has expressed a strong desire for a coronial database similar to the NCIS for their country, once legislative reform of their coronal system takes place.

Canada has independently developed a national collection of coronial and medical examiner information, and discussions between Australian and Canadian have identified a number of similarities across the two systems. It is hoped future collaboration and research may take place between Canada and Australia to compare system learnings and fatality data.

In the Australasian region the incorporation of New Zealand cases within the NCIS has benefited injury and death prevention work in both countries.

**Saving Lives**

NCIS data on fatalities has been used by death investigators, researchers and government to help identify mortality trends and patterns, and to allow for lessons to be learned from similar tragedies in the past. This has led directly to the formulation of new public policy and regulations as part of legislative reform.

It is the strong empirical data from the NCIS that has provided the evidence base for the establishment of these new safety standards and regulations. The following examples clearly show the way in which the NCIS has directly improved the welfare of individuals in our community through a better awareness of risk of injury and death both in the home and the workplace.

Some of these improved public safety initiatives are:

**Nation-wide regulations for the manufacture of blind cords to reduce the risk of child strangulation - Trade Practices (Consumer Product Safety Standard - Corded Internal Window Coverings) Regulations 2010.**

In July 2004, the national conference of Blind Manufacturers Association of Australia discussed the recent introduction of blind manufacturing regulations in NSW, implemented to try to reduce the number of children unintentionally strangled by looped blind cords. The industry was unaware of any such deaths and therefore wasn’t aware of the importance of the regulations. At the conference de-identified case studies of a number of such fatalities sourced from the NCIS were presented, resulting in Peter Schweinsberg, the safety officer of the Association making the following comments:

“Using information from the NCIS, I was able to tell the principals of some of the largest blind manufacturers in Australia that children had in fact died, and was able to relate the circumstances of some of the cases in such a way that we could all be motivated to do our best to minimise risks in the future. It has made our job of selling the need for a safety first approach to blind loops to our members, and they in turn to their staff and customers, much easier.”

Subsequent to this, all states and territories in Australia have enacted similar manufacturing regulations for blinds, with Fair Trading Agencies and the ACCC launching public safety campaigns to increase consumer awareness of the dangers associated with blind cords.

**Updating of standards for vehicle jacks to ensure improved warning messages - Australian/New Zealand Standard, AS/NZS 2693 Vehicle jacks**

Data from the NCIS was able to confirm to the Australian Compensation and Consumer Commission (ACCC) in 2005 that incorrectly working under vehicles in a domestic setting was causing a number of preventable fatalities. A joint national safety campaign by the ACCC and the...
Australian Department of Health and Ageing was subsequently launched, and a safety alert brochure was published.

Updated figures in 2008 showed there had been 29 deaths between July 2000 and June 2007 where a person is crushed after incorrectly jacking up a vehicle. This data supported and led to the update of mandatory standards for vehicle jacks, which came into effect in February 2010. The updated standard includes improved warning messages to be placed on vehicle jacks.

**Creation of national manufacturing standards for self-extinguishing cigarettes to reduce the risk of fatal house fires.**

This information helped lead to an endorsement by state and federal emergency services ministers for a national mandatory standard for the manufacture of reduced fire risk (self-extinguishing) cigarettes. This standard has since been legislated by Government, and came into effect in March 2010. Any cigarettes manufactured in Australia must now be actively smoked to continue burning, making them less likely to cause fires if dropped or left unattended.

Other Regulatory and safety standards reforms include:

- Updating of safety standard surrounding cots to minimise the risk of child injury and suffocation - Adopts and varies the Australian/New Zealand Standard AS/NZS 2172-1995, Cots for household use - safety requirements.

NCIS data has helped increase public awareness about how to reduce death and injury supporting government inquiries and key agencies in their deliberations, safety warning and related publications. Some examples include:

**Slow vehicle run over deaths of children**

In 2007, the Queensland Parliamentary Travelsafe Committee (QPTC) used data from the NCIS when investigating slow vehicle ‘runovers’ of children. The data showed that an average of 9 children (up to the age of 5 years) each year were killed in driveway ‘runovers’ in Australia. The QPTC accordingly made a number of recommendations to attempt to reduce the number of such deaths, such as new home builders in Queensland should be encouraged to install child-resistant fencing and self-closing gates/doors near driveways. The Queensland Parliament endorsed the recommendations, and also reported they would lobby federal authorities to have reversing sensors installed in all new cars.

**Fire safety at home**

The Federal Minister Hon Chris Pearce (Parliamentary Secretary to the Treasurer) quoted NCIS statistics when launching the ‘Fire Safety at Home’ booklet in June 2007. NCIS data showed that between 2001 and 2006 more than 840 people died as a result of fire, with almost 200 of those occurring in Victoria.

**Holiday safety**

The Australian Competition and Consumer Commission (ACCC) referenced data from the NCIS in an Easter Holiday media release in April 2009 to remind the public of risks associated with Do-It-Yourself Maintenance projects around the home. The ACCC provided compelling statistics concerning deaths involving ladders and working under vehicles. With respect to the death associated with ladders the ACCC stated:

"From 2000-2008, 94 people were killed in falls from ladders. Analysis of data from the NCIS found that the majority of deaths were people over 50. Many were skilled handymen who had simply become complacent."

Some of the Australian Competition and Consumer Commission safety alerts and other safety campaigns that have been supported by the work of the NCIS have included topics such as:

- Mobility Scooter Safety
- Safety of Infants’ Cots
- Safety of Baby Bath Aids
- Staying Safe with blind and curtain cords
- Play it Safe by the Water
- Keep Watch Pool Safety
- Don’t put your life on the line – rock fishing

Each year, a number of government and non-profit organisations use the NCIS as one of their major sources of information to help compile annual reports about the number of certain types of death. Examples of these reports include:

- National Drowning Report
- Royal Lifesaving Society of Australia
- Work Related Traumatic Injury Fatalities
- Safe Work Australia
- Deaths in Australia: National Deaths in Custody Program
- Australian Institute of Criminology

A key issue for government in improving community safety is ensuring that finances and services are appropriately directed to areas where they are most needed. Example of the way in which the NCIS has assisted in this include:

**Mental health funding in South Australia**

In August 2007, the Australian Government announced the allocation of a $2.2m funding boost for mental health services in the central Australia and Eyre Peninsula in South Australia. The decision to allocate additional resources to these regions has been confirmed to have been influenced by data provided by the NCIS Unit to the SA Mental Health Unit. The data provided frequency of suicides within South Australia according to the Statistical Division of the deceased’s residence.

**Suicide prevalence information for local governments**

The ability of the NCIS to provide data based on particular regions of a deceased’s residence or incident location is being utilised by local government and non-profit agencies to determine the relative frequency and manner of suicides particular to their region. This tailored information about intentional self-harm fatalities in their area allows for support programs to be targeted, funded and directed towards the sections of their community which are at highest risk.

**Coroners’ Recommendations**

One of the primary purposes of the NCIS is to provide coroners with information about the prevalence of specific types of fatality, trends and patterns associated with such deaths and whether previous recommendations have been made by other coroners. This information helps inform coroners as to whether there is a public safety is-
sue surrounding a particular death, and whether recommendations could be made to prevent future deaths. Some examples of coroners using data from the NCIS in this regard over the past 10 years are:

**Aircraft flying into powerlines (joint inquest)**

“What is abundantly clear from the evidence is that any aerial operation has inherent risks and those risks are compounded when low level operations are undertaken. Statistics provided by the National Coronial Information System, NCIS, indicates, subject to the accuracy of the data, that 32 fatalities have occurred between 2002 and 2006 as a result of aircraft striking wires. The 32 fatalities involved 15 separate incidents.”

(NSW, Finding 1 August 2008)

**Co-sleeping deaths of infants (joint inquest)**

“I have compared data obtained from the National Coroners Information System for SIDS and unexplained infant deaths in each State between July 2000 and May 2007 with State populations. Based upon this information Tasmania has the second highest rate of SIDS and potentially preventable infant deaths after the Northern Territory.”

(Tasmania, Finding 28 May 2008)

**Swimming pool drowning of young children (joint inquest)**

“The records of the National Coroners information System also deal with this issue. Those records show that 51 children under the age of 5 years of age died as a result of drowning in private swimming pools or spa’s in New South Wales in the period 2000 to 2008... The average number of such deaths being a little under six (6) each year.”

(NSW, Finding 30 April 2010)

Data from the NCIS has helped inform public health and safety recommendations to be made about many topics.

**NCIS Highlights in 2011/12**

During 2011/12 the NCIS continued to contribute to death and injury prevention initiatives by meeting more than 40 data requests from coronial offices and police investigators.

Example of these specialist investigations involving data mining performed by the NCIS was the 10 year overview of suicide deaths we provided to the South Australian Coroners Office to help inform the development of the South Australian Suicide Prevention Strategy. In respect to policing the NCIS undertook a special investigation into child driveway deaths and provided critical research data to the South Australian Police to help inform a special campaign to help prevent those avoidable and preventable child deaths.

The ACCC is an organization that has a major national role in public safety particularly in relation to the use of products by the community. The NCIS provided detailed mortality data on individuals who had died while working under cars to help inform an ACCC nationwide DIY safety campaign. This campaign included an online video about safe car jack use titled “Don’t be a Jackass – an anti-manual for using a car jack”. This video directly referenced fatality data from the NCIS to further demonstrate the dangers that can occur through the use of vehicle jacks. NCIS also produced its own fact sheet about electrocution deaths to help inform key agencies and industrial groups of the range and severity of the risks of working with such power systems.

During 2011/12 more than 50 organisations accessed the NCIS for the purposes of approved monitoring of fatalities and in order to undertake specific research projects aimed at understanding critical factors associated with avoidable deaths and the development of new policies and prevention strategies. (See Box 1).

Medical and scientific publications arising from research and data mining of NCIS data included major journal articles about the value of coronial data in emergency medicine practice, the use of coronial death data in identifying post-release deaths of prisoners, and examining the harms that can be associated with the prescription opioid in Australia (oxycodeone).

(See Box 2)

With regard to the licit and illicit use of opioid drugs and in light of a concern about fentanyl overdose deaths (a prescription opioid) which was specially monitored by the NCIS, the Victorian of Forensic Medicine added fentanyl to the standard toxicology screen undertaken on all deaths reported to the coroner in 2011/12. This will provide a comprehensive picture as to the influence played by fentanyl in deaths in our community, which may otherwise have remained hidden. Such information will be of direct benefit to doctors who legitimately prescribe fentanyl as well as provide drug regulators with the data they need to monitor and control the usage of this drug.

Data from the NCIS was referenced in several high profile legal judgements during 2011/12. This included the NSW Court of Criminal Appeal and the fourth coronial finding into the death of Azaria Chamberlain.

Criminal investigations are a new but potentially important form of contribution by the NCIS to justice in Australia. In the case of Gilham v R [2012]NSWCCA 131 (25 June 2012) the NSW Court of Criminal Appeal made particular reference to NCIS data and the way it contributed to the evidence before the court. In its judgement, the Court referred on three occasions to the analysis, by a forensic pathologist, of data from NCIS, in relation to multiple homicidal deaths from stab wounds, and the numbers and locations of stab wounds in cases of homicides by stabbing. Such data was a central aspect of the conclusions relevant to the acquittal on appeal of an individual who had been previously convicted of a triple murder.

The Death of Azaria Chamberlain has been subject to a number of legal proceedings in both criminal and coronial courts. In a finding handed down on the 12 June 2012, the Northern Territory Coroner specially referenced an investigation report by the NCIS which outlined the numbers of deaths which were caused by animals a matter of some particular significance to the coroner’s deliberations.

For more information on the NCIS, including its own detailed Annual Report, please visit the web site at www.ncis.org.au (Membership of the NCIS Committee is outlined in Appendix A)

**The VIFM says farewell to the NCIS**

From July 1 2012, the management of the NCIS has been transferred from the VIFM to the Victorian Government Department of Justice. The Institute would like to wish NCIS Manager, Jessica Pearse and the rest of the team all the best as the system develops and strengthens even further to improve the health and safety of all Australasians.
Box 1: Example organisations with NCIS Access in 2011/12

» Royal Life Saving Society of Australia  
  To monitor and report on drowning deaths in Australia, and develop drowning prevention strategies.

» Australian Institute of Criminology  
  To monitor and report on homicide deaths and deaths in custody.

» Royal Australasian College of Surgeons  
  To undertake surgical mortality reviews and monitor deaths associated with the practice of surgery.

» Australian Institute of Suicide Research and Prevention  
  To monitor suicides and related deaths and to support a range of research programs in suicide prevention.

» Queensland Injury Surveillance Unit  
  To monitor and investigate injury related deaths in Queensland with a view to assisting in death prevention through the development of safety strategies.

» Road Traffic Authorities in Victoria and NSW  
  To determine on what basis particular deaths should be included in the road toll.

» State Drug/Poison Units (WA; VIC, ACT, NSW)  
  To monitor and advise on drug/poison related deaths.

» Australian Bureau of Statistics  
  To inform the compilation of national Cause of Death statistics.

» Australian Compensation and Competition Commission (ACCC)  
  To monitor product related deaths and to inform a range of state and commonwealth product safety initiatives.

» State Child Death Review Committees (QLD, VIC, NSW)  
  To monitor, investigate and report on child deaths.

» Safe Work Australia and State Worksafe agencies (QLD & SA)  
  To monitor and inform strategies around workplace fatalities with reference to workplace safety and injury prevention.

» SIDS and KIDS  
  To monitor and report on sudden and unexpected infant and child death

» Divers’ Alert Network  
  To monitor, investigate and report on deaths associated with scuba-diving.

Box 2: Examples of key medical research utilizing NCIS Data


Department of Forensic Medicine, Monash University

The legislation under which the Institute was established, and the mission which guides its strategic direction, require the VIFM to undertake teaching and research in a wide range of forensic medical and scientific disciplines. Strong academic performance underpins the Institute’s credibility in the courts, the justice and health care systems and in the wider community.

The Department of Forensic Medicine (DFM) at Monash University is the only academic department of its kind in Australia. The fact that it exists in parallel with an operational forensic medical service makes it particularly special.

At its inception in 1988, the Government viewed the Institute, with its connection with the DFM, as an “investment in public health” and the DFM was charged with the responsibility to act as the teaching and research arm of the Institute. Seven of the ten objects in Section 64(2) of the VIFM Act 1985 relates to training, teaching and research.

Within Monash University, the DFM, which is headed by Professor Olaf Drummer, forms part of School of Public Health and Preventive Medicine. This School brings together the Medical Faculty’s assets in public health and is comprised of the DFM, Department of Epidemiology and Preventive Medicine (DEPM), the Michael Kirby Centre for Public Health and Human Rights and various other research groups.

The DFM in conjunction with the VIFM has produced many significant research findings that have contributed to death and injury prevention and public health benefits. It has also developed a significant post-graduate teaching output with the post-graduate courses in forensic medicine producing graduates over more than 10 years. There have been about 50 Bachelor of Science (honours) and Bachelor of Medical Science graduates, and almost 20 post-graduate degrees by research including doctors of philosophy (PhD), many of whom have stayed to work with us at the Institute. There have been well over 500 publications in this time covering a variety of themes related to forensic medicine and science.

The vision of the Department is based on four strategies:

1. to strengthen and increase the awareness and functions of the DFM
2. to further develop and strengthen postgraduate teaching
3. to increase the capacity to conduct and supervise research and;
4. to increase research outputs with an emphasis on injury and death prevention and public health.

Research Activities of the Department of Forensic Medicine

The Institute continues to be a leader in research in the field of forensic medicine and allied forensic scientific areas. Publications in peer-reviewed journals, book chapters, books and other communications are listed in Appendix B of this report.

Mainstream research in the department by can be divided into those involving forensic pharmacology and toxicology and those involving prevention research (see below). A number of other research activities occurred during the year by doctoral and other students, and by adjunct staff employed by the Victorian Institute of Forensic Medicine are detailed in the ‘Research’ section of this report.

Forensic Pharmacology Research

Research in this group focused on two key areas: toxicity of drugs and drug combinations, and role of drugs in road trauma.

Toxicity of drugs and drug combinations

This research was largely conducted by Dr Jennifer Pilgrim as she completed her doctoral studies on the prevalence and role of serotonin active drugs in Coroners cases and as she began her role as a full-time researcher in the department looking at the role of adverse drug combinations in cases recorded on the National Coroners Information System (NCIS). The focus has been on opioid drugs particularly methadone, and in the role of cocaine in sudden death.

Ms Rintoul, a Doctor of Public Health student, in conjunction with Professors Drummer, Ozanne-Smith and other collaborators, completed her research in the role of oxycodone in sudden deaths and examined the increased rate of its availability in the community.

Ms Saar, doctoral candidate continued her research into the stability of anti-psychotic drugs with a focus on the identification of degradants of olanzapine, and the post-mortem redistribution of these drugs with time.

Role of drugs in road trauma

Professor Drummer continued his research in the role of drugs in road trauma. A particular focus this year had been the prevalence of drugs in injured drivers and how the prevalence compared to both impaired and fatally-injured drivers. These studies again highlighted the risk of serious injury associated with use of cannabis and amphetamines and also showed the relative high prevalence of the use of antidepressants in drivers; an observation that requires more research to see if these drugs directly increase crash risk or are more likely to be used in drivers using impairing drugs, such as the benzodiazepines.
Prevention Research Services

**Work related fatalities**

The Department of Forensic Medicine received funding from the Institute for Safety, Compensation and Recovery Research (ISCRR) over two years to conduct research on “Work-Related Fatalities”, which was completed on September 30, 2011.

The database of broadly defined work-related fatalities established by this project, from July 2001 – Sept 2011, contains 2,854 total work related fatalities. Cases closed by the Coroner in that period include the following work-related fatalities: unintentional 1,287, suicide 777 and undetermined 56.

The stream of research on work-related fatalities identified suicide following work injury and work stress as two important issues requiring policy responses. Other topics addressed in 2011 and continuing with publications in 2012 include an evaluation of rollover protection measures for tractor related fatalities, and studies of fatalities associated with entrapment in machinery, workplace pedestrians, and older workers.

A new ISCRR Development Grant in 2012 has enabled a stream of older worker fatality studies to continue to investigate the preparedness of industry for the safety of older workers.

**Mortuary based fatal injury surveillance**

As a joint project of the World Health Organization (WHO) and the Monash University Department of Forensic Medicine, this project has been completed, after pilots of the guidelines in five low and middle income countries in 2011. The WHO/Monash manual based on this work is currently in press and will be published by WHO in 2012.

The project is led by Dr Margie Peden, and Kidist Bartolomeos of WHO, Geneva and Professor Joan Ozanne-Smith of the Department of Forensic Medicine. This project was supported by Victorian Public Health Fellow and public health doctoral candidate, Dr Chebi Kipsaina, on placement and co-supervised as a DPH candidate at the Department, and a grant from WHO.

In the current year, Dr Kipsaina has given presentations on this project at conferences in Portugal and Uganda. Visiting Fellow, Dr Eesha Kottegoda Vithana, undertook the Sri Lankan pilot and data analysis.

Related to her injury data system studies, Joan Ozanne-Smith was an invited speaker at two conferences in Taipei, Taiwan in October 2011: Australia-Taiwan Conference on Death Certification and Prevention of Death and Injury; and International Conference on Injury Surveillance.

**RS-10 road safety intervention in China**

The Department’s involvement in this 5 year intervention project continued in 2011/12, with Joan Ozanne-Smith undertaking the WHO lead consultant role. The Department also hosted an RS10 China study tour of 16 WHO Fellows from Chinese national ministries as well as participants from the intervention cities of Dalian (Liaoning Province) and Suzhou (Jiangsu Province). The study tour aimed to build capacity regarding international best practice in the prevention of speeding and drink-driving.

Another capacity building venture for this project was a process evaluation workshop conducted by Joan in Hangzhou, Zhejiang Province in conjunction with a broader project management workshop, with a DVD of her presentation being used for further training purposes.

Similar road safety intervention projects are funded in 10 countries by Bloomberg Philanthropies.

**WHO Western Pacific Region: Injury and violence prevention overview**

WHO commissioned a status report on injury and violence prevention in the Western Pacific Region to inform future strategic development in injury prevention. Data analyses revealed large discrepancies in fatal injury rates between regional high income countries and low and middle income countries (LMIC) for almost all injury causes. Large LMIC over-representation in fatal injury rates occurred, for example, in children: 13-fold for drowning, and 4-fold for road traffic injury.

**Other Research Achievements for the DFM**

There have been a number of notable achievements for the DFM during 2011/12 including:

- Drs Jennifer Pilgrim and Richard Bassed completed their research and were duly awarded their respective PhDs. Dr Pilgrim was subsequently appointed as a Research Officer in the Department to research the involvement of psychiatric drugs in sudden death; and Dr Bassed returned to the Institute and took up the role of Senior Forensic Odontologist & Service Coordinator.
- Ms Eva Saar received the “Young Scientist Award” from The International Association of Forensic Toxicologists (TIAFT) for the best oral presentation entitled "A new degradation product of olanzapine” at this year’s TIAFT conference.
- Dr Richard Bassed received an award for the best paper delivered at the Darwin symposium of the Australian Society of Forensic Odontologists. The title of the presentation was, “Adult or Child – How certain can we be?”
- Ms Julia Ammann, a fourth year pharmacy placement student from the University of Saarland (Germany) in the Department for 6 months in 2011 won an award for the best contribution to the TIAFT Bulletin for her article on synthetic cannabinoids. (J Ammann, OH Drummer, D Gerostamoulos and J Beyer. "Detection of synthetic cannabinoids in biological samples - A Review.” TIAFT Bulletin 41(3): 21-27).

**Support and oversight of PhD students**

- Dr. Jennifer Pilgrim completed her PhD in forensic toxicology with an outstanding number of publications from her thesis which was titled “Serotonin active drugs and serotonin toxicity”. Jennifer’s thesis examined the involvement of serotonin-active drugs in sudden and unexpected death, specifically the serotonin reuptake inhibitor antidepressants fluoxetine, sertraline, citalopram, paroxetine and venlafaxine. In addition Jennifer looked at the combination of drugs and the possible adverse drug reactions for medico-legal death investigation and subsequent reports. This prompted an examination of the role of toxicology in the prevention of sudden death, including the function of the coroner and the pathologist. It was apparent that without the collaboration of all death investigators, the opportunity for death prevention is compromised.

- Ms Eva Saar another PhD candidate, who will complete
her thesis soon on the toxicology of antipsychotic drugs, also
strengthens our position in toxicology research. Eva was also
recognised at the 49th combined meeting of the International
Association of Forensic Toxicologists (TIAFT) and the Society
of Forensic Toxicologists (SOFT) in San Francisco (Oct 2011)
by being awarded Best Oral Presentation by a young scientist
for her paper on “A new degradation product of olanzapine”.
Eva’s studies into antipsychotic drugs enable us to better
interpret deaths when these drugs are involved.

» Mr Luke Rodda continued his research towards a PhD into
identifying unique markers in blood when particular alcoholic
beverages are consumed. His present focus is to identify
unique markers for the consumption of beer related to a series
of hop-derived compounds based on the humolones.

» Janet Davey continued her research towards a PhD in the
use of CT imaging to determine presence of pre and post-
death injuries, type of mummification techniques used and
associated artefacts of mummification in Graeco/Roman child
mummies. She presented her findings at a number of forums
and has been able to show the value of CT scanning against
more traditional techniques.

See Appendix B of this report for full publications list and
Appendix A for more information regarding the Ethics and RAC
Committees.

Teaching

Undergraduate and Graduate Entry Medical Law Programs

The Department teaches medical law to both the undergraduate
and graduate stream medical students at Monash University. It
covers ten key areas of law relevant to clinical practice and uses
over 60 medical lawyers, clinicians and Institute staff to deliver
small group tutorials to students in most years of the two medical
degrees. The Medical Indemnity Protection Society (MIPS)/Avant
Medical Law Tutorial Program had assisted in the funding of this
teaching for several years under the coordination of Associate
Professor Leanna Darvall. This funding ceased at the end of the
2011. In 2012 Associate Professor David Ranson took over the
coordination of the Medical Law Tutorial programs. A number of
changes are occurring to the teaching to modernise the teaching
method including the gradual introduction of on-line methods such
as ‘Moodle’ and to include more content in the latter years of the
medical degrees.

Elements of Forensic Medicine

For 23 years, the Department of Forensic Medicine and the
Faculty of Law have jointly offered teaching to undergraduate
law students in the Elements of Forensic Medicine unit, a unique
option in the Law curriculum. Each year Emeritus Professor
Louis Waller and Professor Stephen Cordner provide current and
relevant information to students using a variety of sources. The unit
continues to be popular with 44 students enrolled in 2012.

Some of the highlights for the students were the site visit to the
Victoria Police Forensic Services Department at Macleod and
presentations by senior members of staff in the VIFM, the Forensic
Services Centre and Forensicare.

Each year the Victorian Institute of Forensic Medicine Prize
for Elements of Forensic Medicine, which is sponsored by the
Department of Forensic Medicine, is awarded to the student who
achieves the highest mark. This year the $500 prize was awarded
Ms Irene Drossinos for being the best student in 2011.

Postgraduate Teaching in Clinical Forensic Medicine

The Masters of Forensic Medicine, which caters for medical
practitioners working (or proposing to work) in the field of
forensic medicine, is the only course of its kind in the English-
speaking world. The course fills a unique niche in the educational
domain of clinical forensic medicine. This course enables forensic
practitioners and forensic odontologists to practise within the
framework of ethical, medical and legal principles, standards
and rules. The course is delivered as a distance education
modality with a short placement in the department towards the
end of each semester.

Enrolments continue to remain consistent with 60 students
enrolled in the various programs from all Australian states and
territories, New Zealand and Africa.

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<th>Master of Forensic Medicine Student enrolments</th>
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<td>2008</td>
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The Graduate Certificate of Nursing (Forensic) course provided
four units of study for post graduate nurses working in the field of
sexual assault nursing. Completion of the scholarship programs
offered to nurses from Queensland and Victoria state governments
meant that student numbers reduced considerably and this course
was disestablished from December 2011.

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<th>Graduate Certificate of Nursing (Forensic) Student enrolments</th>
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Other highlights related to teaching included:

» Commencement of an Australian Federal Police funded
scholarship program for African forensic medical
practitioners. Students from Nigeria, Uganda, Kenya and
Malawi will be commencing the program;

» University approval to enrol dental graduates in the Master
of Forensic Medicine and to develop four new forensic
odontology units.

» A VIFM ROSII was awarded to course administrator, Mrs
Debbie Hellings for her untiring work, timely responses to
students and constructive advice. The award acknowledged
her efforts as integral to the very positive feedback received for
our postgraduate programs.
Research

The Victorian Institute of Forensic Medicine supports research as an essential complement to the operation of its forensic medical and scientific services. As an academic Institute, the VIFM’s role as leader in research and teaching is supported by its legislation.

Section 64(2)(e) of the VIFM Act 1985 provides that one of the objects of the Institute is:

“to conduct research in fields of forensic pathology, forensic science, clinical forensic medicine and associated fields as approved by Council”.

Section 64(ha) of the VIFM Act 1985 provides that a further object of the Institute is:

“to contribute to reducing the number of preventable deaths and to promote public health and safety and the administration of justice”.

Successful research ensures that our operational work for the Victorian justice system is based on sound scientific evidence. It also creates a workplace where knowledge is continually pursued to improve the Institute’s core functions, benefiting the government and community.

Research activities are managed through the Department of Forensic Medicine (DFM) at Monash University which provides the infrastructure and support. In 2011/12, a series of research and development workshops were held across the Institute in scientific services, clinical forensic medicine and forensic pathology. “Ideas generation and harvesting” sessions assisted in creating the current “VIFM Strategic research plan” which encompasses the following key objectives:

» Strengthening research governance policy and process
» Identifying research priorities
» Identifying funding sources to support research activities
» Increasing research knowledge and capacity
» Communicating progress and increasing awareness of research activities

Research Governance

Research Advisory Committee (RAC)

The Research Advisory Committee (RAC) was established in 2010 to assist in research governance and to develop the strategic directions of research conducted at the Institute and the Department of Forensic Medicine (DFM). By working closely with the principle investigators, the RAC assists in fostering key partnerships and collaboration with outside researchers, research organisations, government and in some cases industry partners. The RAC works towards ensuring the appropriate dissemination of research findings, acknowledgements of relevant parties and protection of the VIFM’s intellectual property. Importantly the Committee advises the Institute’s Ethics Committee on the scientific merit of projects and prioritises research projects for ethical review.

The number of projects submitted to the RAC for ethical review has increased by 100 per cent from 2010/11 to 2011/12. With a greater awareness of research governance across VIFM and DFM and an increase in research activities, the RAC have implemented several policy and procedural improvements. The frequency of meetings increased from four to eight per year. The number of members and disciplines represented on the Committee has been extended and operate to the recently established RAC Terms of Reference.

This year, researchers scoping and preparing project submissions were provided with a new resource of guidelines and forms on the VIFM intranet. Supporting material includes research governance background, the RAC Terms of Reference, a research calendar of submission and meeting dates the new research project application form, the NHMRC National Statement on Ethics in the Conduct of Human Research and links to other relevant information. Membership of the Research Advisory Committee is included in Appendix A.

The VIFM Ethics Committee

The VIFM Ethics Committee meets four times a year and assists in fulfilling the Institute’s governance responsibilities relating to the ethical approval of research projects and consideration of ethical issues. The VIFM Ethics Committee is registered with the National Health and Medical Research Council and as such
assesses applications for research against the NHMRC National Statement on Ethical Conduct in Human Research (2007).

The VIFM Ethics Committee has a new secure website for its members with resource material including meeting minutes, annual and final reports from researchers, relevant legislation, guidelines, research articles, training material and links.

The VIFM Ethics Committee met 4 times in the 2011/12 financial year. 19 applications by researchers were considered and 18 approved. 9 of these applications sought to use human tissue for research, 7 sought approval to use data, one involved interviewing live participants and 2 projects involved seeking data and tissue from live participants.

Membership of the Ethics Committee is included in Appendix A.

### SUMMARY OF RAC PROJECT SUBMISSIONS AND REVIEW OUTCOMES FOR 2011/12 COMPARED TO 2010/11

<table>
<thead>
<tr>
<th></th>
<th>2010/11</th>
<th>2011/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total RAC Projects</td>
<td>29</td>
<td>58</td>
</tr>
<tr>
<td>RAC Approved Projects</td>
<td>11</td>
<td>32</td>
</tr>
<tr>
<td>Ethics Committee Approved</td>
<td>14</td>
<td>24</td>
</tr>
<tr>
<td>Project Postponed</td>
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<td>1</td>
</tr>
<tr>
<td>Total Projects Rejected</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Projects pending needing further detail or resubmission</td>
<td>4</td>
<td>1</td>
</tr>
</tbody>
</table>

### Research Submissions in 2011/12

Research submissions included:

- Prevalence of new designer drugs in Victoria
- Stability of drugs in oral fluid
- Residual THC levels and impairment in heavy cannabis users
- The role of cocaine in cardio toxicity
- The use of computerized tomography (CT) in forensic pathology for disease diagnosis
- The use of CT in the assessment of base of skull fractures, subarachnoid and gastro intestinal hemorrhage
- Improvements in DNA analysis from compromised human remains using toe nail clippings and bladder swabs
- Injury prevention and industry preparedness in an aging workforce
- Physical injury in sexual assault
- Increasing our understanding of blow fly pupae, eggs and maggots
- A list of all below research projects is included below.

### Research Forum and Training Sessions

The VIFM hosts a fortnightly lecture series where external specialists are invited to present recent research findings in their respective disciplines at the Institute. These sessions offer staff the opportunity to meet professionals in similar fields, expand their knowledge on current advances and further their own research and development. Guest speakers included Associate Professor Morio Iino, a Forensic Pathologist from Osaka University Graduate School of Medicine in Japan. Dr Iino presented on, "The DVI response to the 2011 Japanese Tsunami". Associate Professor Mark Fitzgerald, Director of Trauma Services at The Alfred presented on "Development of synthetic blood for trauma".

In addition, "Research and Training Sessions" are held on a regular basis to encourage internal research to be showcased, allowing for increased collaboration and sharing of ideas and achievements. (Appendix C – Presentations and Abstracts).

#### Projects submitted to the RAC for review during 2011/12

<table>
<thead>
<tr>
<th>Researcher</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Melanie Archer</td>
<td>Histological age estimation and species determination of forensically important blow fly pupae and eggs.</td>
</tr>
<tr>
<td>Dr Jochen Beyer</td>
<td>Development of a method for the detection of acidic compounds in biological samples using LC-MS/MS.</td>
</tr>
<tr>
<td>Dr Kellie Hamilton</td>
<td>The prevalence of new designer drugs in Victorian driving populations.</td>
</tr>
<tr>
<td>Dr Julia Boughner</td>
<td>The influence of jaw size on molar initiation, impaction and agenesis.</td>
</tr>
<tr>
<td>Prof Christopher Briggs</td>
<td>CT morphometry of thoracic intervertebral discs and changes associated with aging.</td>
</tr>
<tr>
<td>Dr Michael Burke</td>
<td>The identification of diatoms using X-ray fluorescence microscopy.</td>
</tr>
<tr>
<td>Dr Mark Chu</td>
<td>The postmortem redistribution of Delta-9-THC in blood.</td>
</tr>
<tr>
<td>Professor Heather Clelland</td>
<td>Use of artificial extracellular matrices for skin regeneration. Anna Davey</td>
</tr>
<tr>
<td>Dr Prof Olaf Drummer</td>
<td>The use of expert evidence in Australia - developing effective partnerships between 'persons having specialised knowledge' and the legal system.</td>
</tr>
<tr>
<td>Alexander Dobrovic</td>
<td>Somatic Methylation and Cancer Predisposition.</td>
</tr>
<tr>
<td>Dr Prof Prof Dr Dimitri Gerostamoulos</td>
<td>The prevalence of duloxetine in deaths reported to the Coroner.</td>
</tr>
<tr>
<td>Dr Steven J Haas</td>
<td>Illicit use of fentanyl patches in Australia.</td>
</tr>
<tr>
<td>Kellie Hamilton</td>
<td>Assessment of nylon layflat tubing for long-term packaging of skin grafts.</td>
</tr>
<tr>
<td></td>
<td>Comparison of recovery of microorganisms - traditional rayon swab versus eSwab.</td>
</tr>
<tr>
<td></td>
<td>Antimicrobial effects of tissue and...</td>
</tr>
</tbody>
</table>
rinse solutions on recovery of Bacillus species.

» Antibiotic solutions validation. Tendon allograft swabbing validation.

» Skin solution recovery validation.

» Skin allograft swabbing validation.

» Milled bone validation.

» Cardiac tissue trimmings validation.

» Skin allograft swabbing validation.

» Development of a method for quantitative bio burden assessment of processed musculoskeletal grafts by DTBV.

» Development of a new method for aseptic competency determination using bone grafts.

» Revalidation of manufacture of DBM and CBM.

» Assessment of Whirl-Pak sample bags for potential use for skin grafts.

» Assessment of OriGen SteriZip bags for potential use in packaging musculoskeletal grafts.

» Routine use of skin grafts and heart valve grafts for QC monitoring (sample packs).

» Routine use of musculoskeletal grafts for revalidation of irradiation dose-mapping.

» Routine use of musculoskeletal grafts to supplement routine irradiation.

» Assessment of Therapak 3-tube mailers in maintaining blood tube temperature in incoming femoral head collection kits.

Dr Dadna Hartman
» Improved mitochondrial DNA analysis capability and capacity at the VIPM.

» Improved DNA analysis of compromised human remains at the VIPM through the use of toe-nail clipping as the source of sample.

Sam Higgins
» Influence of PMCTA on the toxicological and histological analysis of the deceased, utilising percutaneous CT-guided biopsy techniques.

Prof Joseph Ibrahim
» Developing a framework for balancing risk-taking with dignity in persons living in residential care.

Samuel Joseph
» The femoral intramedullary guide: Does it reflect the anatomic axis of the femur.

Rebecca Owen
» Investigation of the use of bladder swabs as samples for the DNA identification of incinerated deceased persons.

Prof Joan Ozanne-Smith
» Pathology of the AV node: implications in cases of sudden death.

Sarah Parsons
» Subarachnoid haemorrhage on admission CT: value of minimally invasive, post mortem CT angiography in determining cause of death.

» Autopsy standard weights and measurements of Children in a Victorian population.

» Haemopercardium is there any value of minimally invasive, post-mortem CT angiography in determining cause of haemorrhage.

» Gastrointestinal haemorrhage is there any value of minimally invasive, post-mortem CT angiography in determining cause of haemorrhage.

» Where coroners and pathologists differ: a review of the preliminary examination.

» Autopsy heart weights in individuals over 145kg from 2005-2010.

Sarah Parsons & Paul Bedford
» The vanishing aorta on post-mortal CT is it really a sign of exsanguination?

Dr Jennifer Pilgrim
» Cocaine and cardiotoxicity.

Dr Fernando Pisani
» Physical injury in sexual assault in Victoria.

Chief Investigator Stefan Poniatowski
» Interaction of skin preservation methods and radiation sterilization process in dermal scaffold design, with particular insight into the impact of water content.

Maria Gracia Pricone
» An Investigation into pentobarbitone contributing to deaths in Victoria over ~ 20 years.

Luke Rodda
» Alcohol congener analysis of beer components in revealing beer consumption in a forensic context.

Eva Saar
» Determination of the post-mortem redistribution of selected antipsychotic drug.

Dr Sophie Turfus
» Stability of Drugs in oral fluid.

Resubmission
David Cauchi
» Drug detection in paraffin embedded tissue.
Support Services

Introduction

Support Services encompass the essential corporate functions that enable our organisation to deliver high quality forensic and scientific services on behalf of government to our stakeholders. Expectations about the efficiency and quality of corporate service delivery in government are continually rising. We are committed to providing more sophisticated support services, while increasing our productivity at the same time.

VIFM Support Services include: Finance and Business Services, led by Peter Ford; Technology Services, led by Murray Hall; Human Resources & Organisational Development, led by Richard Prokop; Quality and Improvement, led by Frances Adamas; Governance, Strategic Projects, Risk, and Occupational Health & Safety, led by Leanna La Combre; Medico-legal Policy and Projects; led by Helen McKelvie; Redevelopment Project Management, led by Vicky Winship.

The VIFM’s growth has been rapid over the last five years. As with previous years, our group has absorbed the additional workload that flows from the significant growth in our organisation.

This year, as a part of our continuous improvement program we have improved the number and quality of reports to managers; led a range of major organisational reviews into our operations and policies and procedures; and we have improved our corporate systems and processes that underpin VIFM’s forensic and scientific service functions.

I am very grateful to all staff within our group for their remarkable and sustained commitment to supporting the Institute in the face of significant extra demands, all the while working in a construction zone!

This year I would particularly, and publicly, like to acknowledge the work of Peter Wallace, our internal planning consultant who has led us through our annual planning workshop and through the development of the 2012/13 business plan. During the course of our daily work, and in the face of so many challenges, it is very easy to neglect the essential planning work that is the basis of any organisation growing and evolving. Through his planning work Peter has helped the Executive Team and our managers to focus on where we want to be into the future, not just on the here and now. For me personally, I am very grateful for the reflective conversations we have had over the years and the perspective that they have brought.

A commitment to change and improvement is something that I personally value. I see this commitment demonstrated every day in the work that our group performs and I could not be more proud of our achievements in 2011/12.
Finance and Business Services

This reporting year Finance Services have significantly improved reporting to Council which now incorporates more targeted and relevant information for the analysis of the Institute’s financial position including forecasting and variances against budget. This has provided the Council with better information on which to make decisions. The budget process was improved this year, leading to greater detail and more consultation with managers, thereby improving the accuracy of the budget.

Maintenance of the property is a priority to enable effective and efficient business processes and contributes to the safety and wellbeing of our staff. This year has continued to be busy with the ongoing building redevelopment which imposes a substantial extra load on the shoulders of our Facilities Management Officer, Jim Cosentino. Bryce Marshall and Adam Li from the Purchasing and Stores department have provided valuable support and assistance to Facilities Management throughout the redevelopment which has ensured services were maintained during times of significant change to the building infrastructure and building services as well as. During 2011/12, Facilities Management received 705 maintenance requests as compared with 822 last year.

Human Resource and Organisational Development

Major projects delivered during the year included a new Performance Development Plan (PDP) system that integrates with the Institute’s business and strategic plans and requires discussion about and acknowledgement of the VIFM values, individual accountabilities and goals; the implementation of a new learning management system (through collaboration with the Department of Justice); implementation of a new suite of HR Key Performance Indicators; the creation and implementation of a new electronic staff induction program; the development and delivery of manager and staff training programs; the establishment and maintenance of a new security database; and the creation and implementation of a new tool to clearly monitor the progress and achievement of each department’s Business Plan.

Professional Development

The VIFM actively encourages and promotes professional development and provides opportunities for all staff to develop their abilities and skills in support of the goals of the VIFM and for their ongoing professional career enhancement. Professional development and training opportunities for staff are identified and coordinated through a diverse range of providers at VIFM, utilising internal, regional and national providers.

Recruitment and Selection

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

Attracting and retaining talented people within the Institute is crucial to the successful operation of the organisation and the services that we provide. Over the past twelve months we successfully advertised 28 vacant and new positions, and short-listed 75 applicants out of 871 applications. Positions were advertised on the VIFM web site, intranet, government website and often in Seek and other forms of media.

Exit interview analysis

A rigorous exit interview process has been introduced for all staff, visitors and contractors. Since July 2011, exit interview questionnaires have been completed and returned for all departing staff. Departing staff are also provided with a copy of their signed confidentiality agreement on exit and reminded of its on-going application post separation.

Quality and Improvement

In 2011/12 the Quality and Improvement department concentrated on reinforcing the devolved model of staffing that was introduced in August 2010. To achieve this, additional Quality and Improvement staff were appointed, filling all positions outlined in the model (which effectively embedded Quality and Improvement Officers within each of our operational departments), by January 2012.

Consolidation of the VIFM Quality Framework throughout all sections of the Institute was the main focus for the department this year. This was aided by the introduction of new document templates for VIFM controlled documents. The templates provided more specific detail for content to be included, contributing to consistency of application of the Quality Framework principles across the organisation. The changeover of all documents to the new template is planned to take two years.

Embedding Quality & Improvement Officers within the operational sections is proving beneficial as demonstrated by some significant improvements undertaken through ongoing continuous improvement activities. These include:

Donor Tissue Bank of Victoria (DTBV)

Development of the product dossiers required for registration of human tissue grafts under the new Biologicals Framework to ensure ongoing supply of graft tissue to the community.

- Introduction of a wider range of quality activity reporting at the fortnightly DTBV Meetings, resulting in greater accountability of staff for their quality responsibilities.

Forensic Pathology

- Development and implementation of electronic signatures for application to autopsy reports, reducing the time it takes to make the report available to the Coroner.

- Quality input into the development of documentation for staff in preparation for the introduction of the new Courtview system including reporting and tracking of implementation issues, ensuring that all staff have the information required to deal with the significant process changes.

Forensic Scientific Services (FSS)

- Implementation of a coordinated equipment maintenance program for all equipment in the Molecular Biology laboratory.

- Introduction of a wider range of quality activity reporting at the fortnightly Forensic Scientific Services Meetings, resulting in greater accountability of staff for their quality responsibilities.

Clinical Forensic Medicine (CFM)

- Implementation of the VIFM’s integrated Quality Management System (IQMS) including documentation.
of policies and procedures in the new VIFM templates. Recording and monitoring of incidents and issues in the Institute's CIRCA system. Active participation by all CFM staff in the electronic quality management system iQMS.

One of the challenges faced by the Quality team this reporting year has been the effectiveness of the Institute's electronic Quality Management System, 'IQMS'. With an increasing expectation for quality reporting, a higher demand for user-friendly and efficient system processes, as well as an increase in the use of the system by all VIFM staff, it has been identified that the IQMS system is no longer able to meet the VIFM's requirements. In November 2011, approval for a replacement for the IQMS was granted. Sourcing of an appropriate system to meet all regulatory requirements was undertaken. Implementation and training of the new system will be a major focus of 2012/13.

Quality Assurance Programs (QAPs)

The VIFM's laboratories continued to test their proficiency against those of peer laboratories through participation in the Quality Assurance Programs (QAPs) organised by independent external organisations. A total number of 66 QAPs were received and analysed by the various areas of Institute during this reporting year. This included quantitative and qualitative testing of various aspects of the service relevant to each section, the table below shows the number of QAPs participated in by the individual laboratories and the testing areas assessed by the QAP organisations.

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Testing Areas</th>
<th>2010/11</th>
<th>2011/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forensic Pathology</td>
<td>Anatomical pathology (general and forensic), Autopsy Program and Neuropathology</td>
<td>20*</td>
<td>10**</td>
</tr>
<tr>
<td></td>
<td>Histopathology</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Histopathology</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Microbiology</td>
<td>Microbiology</td>
<td>23</td>
<td>27</td>
</tr>
<tr>
<td>Molecular Biology</td>
<td>Parentage Testing and CTS DNA Profiling</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Toxology</td>
<td>Society of Hair Testing, Forensic Urine Drug Testing, Blood Alcohol Proficiency, AFTP Forensic Toxicology, Oral Fluid, Drugs and Driving &amp; Blood Oximetry Programs</td>
<td>15</td>
<td>20</td>
</tr>
</tbody>
</table>

* Total number reported 2010/11 includes individual participation in the Royal College of Pathologists Australasia (RCPA) Forensic Pathology QAPs.

**Total number of group participation QAPs. All Pathologists also participate individually in the RCPA Forensic Pathology QAPs, this number is not included in the tally.

External Audits

The Donor Tissue Bank of Victoria underwent a four-day Therapeutic Goods Association (TGA) audit in October 2011 and was granted continuing license to manufacture therapeutic goods, human tissue and testing laboratory blood tissue and cellular. Also in October, the Molecular Biology Laboratory underwent a successful National Association of Testing Authorities (NATA) re-assessment in the field of forensic science. The Toxicology laboratory underwent a surveillance audit in the same field. Both audits were successfully closed out.

Within Support Services, the VIFM Library, Forensic Imaging Services along with Quality Management Systems were reviewed at the ISO 9001:2008 certification surveillance audit held in November 2011.

Internal Audits

In November 2011 the Institute underwent an internal audit conducted by Pitcher Partners. The objective of the review was to assess the management, storage and accessibility of policy and procedural documentation across the Institute. Opportunities for improvement were noted in the following areas:

- Policy and procedure framework
- Core documents
- Obsolescent electronic document control system
- Compliance monitoring for document reviews and reading

Activity commenced to address these findings, aided by the appointment of a policy officer who was tasked with the development of policy and procedural documentation, including a clear definition of core documentation. A review and reassigning of current 'core' documents has been completed. Replacement of the electronic document control system is underway and training and implementation of the new system will be a focus for the Quality and Improvement group in the coming year.

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

- Critical equipment maintenance
- Documentation
- Reports

Continuous Improvement Request and Corrective Action (CIRCA)

The CIRCA system plays an integral role in identifying systemic issues and trends across the organisation. This year, 302 electronic CIRCAs were raised by staff compared with 266 last year. The overall increase is a reflection of the organisation’s willingness to participate in, and a growing awareness of, the importance of continuous improvement at the VIFM.
NUMBER AND TYPE OF CONTINUOUS IMPROVEMENT REQUEST AND CORRECTIVE ACTION (CIRCA'S) LODGED.

<table>
<thead>
<tr>
<th>Category</th>
<th>2008/09</th>
<th>2009/10</th>
<th>2010/11</th>
<th>2011/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audit</td>
<td>5</td>
<td>9</td>
<td>41</td>
<td>41</td>
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<tr>
<td>Complaint</td>
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<td>10</td>
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<td>19</td>
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<tr>
<td>Compliment</td>
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<td>3</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>Evidence handling</td>
<td>10</td>
<td>10</td>
<td>26</td>
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</tr>
<tr>
<td>External service</td>
<td>7</td>
<td>2</td>
<td>21</td>
<td>18</td>
</tr>
<tr>
<td>Improvement request</td>
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<td>6</td>
<td>25</td>
<td>16</td>
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<tr>
<td>Innovation</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Internal service</td>
<td>19</td>
<td>26</td>
<td>56</td>
<td>84</td>
</tr>
<tr>
<td>Occupational Health and</td>
<td>1</td>
<td>2</td>
<td>24</td>
<td>9</td>
</tr>
<tr>
<td>Environmental Safety issues</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Property damage</td>
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<td>1</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Quality assurance program</td>
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<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Safety incident</td>
<td>30</td>
<td>30</td>
<td>45</td>
<td>68</td>
</tr>
<tr>
<td>TOTAL Number of CIRCA's raised</td>
<td>100</td>
<td>99</td>
<td>266</td>
<td>302</td>
</tr>
</tbody>
</table>

Technology Services

Introduction

Technology Services is made up of the three service areas of Information Technology, the VIFM Library and Forensic Imaging Services.

Information Technology (IT)

The demands on the Information Technology team grew this year. Along with delivering a large number of projects to the organisation, the team dedicated significant resources and expertise to supporting the Coroner’s Court’s implementation of its new case management system – ICMS Courtview.

Projects that the IT team have delivered or contributed expertise to in this period include:

» Security - IT have focused heavily on reviewing, researching and implementing a wide range of information security measures in conjunction with the improved IT Usage and Information Security policies developed this year.

» iCFM - A special development project team was created to developed an online case management system for the Clinical Forensic Medicine service called iCFM. This major project has addressed many of the communications and business process issues common in decentralised service delivery. IT team members worked closely with CFM to deliver a groundbreaking product that will change the way CFM work.

» iCMS - Due to the Court’s transition to the CourtView system, the IT team was involved in tailoring the VIFM’s case management system (iCMS) to meet the requirements of Courtview, the creation of iOS development training and framework, and the development and release of some innovative iOS applications (‘apps’) which have made certain case information available during autopsy, which has increased the mobility of our highly specialised workforce.

» National Coroners Information System - NCIS IT system upgrades, both internally and at jurisdiction level, were a focus throughout the year. Improving disaster recovery mechanisms as well as information sharing between the VIFM IT team members enables VIFM IT to better support NCIS IT into the future.

» Infrastructure - The IT Infrastructure team replaced over 200 of the Institute’s PCs with updated models and upgraded our operating system to Windows 7 and Office 2010. This involved considerable testing for faults and compatibility issues. The virtualised environment for all Windows servers has proven a big bonus, with improved business continuity and disaster recovery now available.

» Service - Service Desk request numbers continued to grow, with over 3,500 helpdesk requests submitted and closed in 2011/12, compared with 3,400 in 2010/11.

The VIFM Library

The ongoing building re-development has limited access to the physical library collection this year so a consolidation of electronic resources was made available from the library through the Library intranet site. E-Mims is now available and the list of online journals provided by Ebsco E-Journals has expanded. Our new online subscription to UpToDate - an evidence-based peer reviewed medical information resource has been very well received by Forensic Physicians and Forensic Pathologists.

A total of 44 books and reports were added to the Institute Library collection during the year. The collection also includes approximately 70 serial titles, both continuing and ceased titles. A subscription to the new online journal Academic Forensic Pathology commenced in 2012.

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

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

During the year, the Library has supported the core services and research activities of the Institute by providing 1,263 document delivery requests to staff and students, compared with the previous year of 1,234, and conducted 61 literature searches for staff. We also fulfilled 164 requests from other libraries.

**Forensic Imaging Service**

The Forensic Imaging Service has seen many changes in the past year. This includes the employment of a new Specialist – Forensic Photographer, Clair Richards, who has implemented a digital infrared camera for tattoo identification and is currently working on implementing a Digital Ultraviolet camera for bite mark and bruise documentation.

A continued high quality service has been provided throughout the year to Forensic Pathology and Clinical Forensic Medicine. The imaging department has been communicating the growing importance of forensic photography within the Institute over the last 18 months and we have seen an increase of 440 per cent in case photography.

There was also continued photographic and design-related support for staff members to promote the Institute at various conferences and symposiums around the world. The following chart shows the steady increase in the demand for forensic images in this reporting year alone.

**Occupational Health and Environment Safety**

**Introduction**

The focus for 2011/12 was to engage all staff in safety. This focus started with the introduction of a quarterly hazard inspection checklist to be completed in each business area. The intention of these checklists is to keep abreast of house-keeping issues that arise during the redevelopment and to encourage staff to become more aware of their changing environment. The compliance with the inspections increased throughout 2011/12.

The redevelopment caused a number of safety issues for staff that required attention, in particular noise complaints and the smell of fumes. The diligence of staff reporting these issues led to investigations and appropriate action to be taken.

Health and well-being initiatives will continue to be a focus to assist with the Institute’s goal of managing the impact of the building redevelopment on staff. See below the full list of health and well-being initiatives for 2011/12.

**New Health and Safety Representatives**

In August 2011, Helen Makrakis stood down from her position as the VIFM Health and Safety Representative (HSR) to undertake maternity leave. Lyndie Shaw stepped up to fill the vacancy from her role as Deputy HSR. Alexander Gillard (CFM) and Erin Olsen (Mortuary) were appointed Deputy HSRs.

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**NUMBER OF PHOTOGRAPHS TAKEN BY THE VIFM FORENSIC IMAGING SERVICE BY MONTH IN 2011/12**

![Chart showing the number of photographs taken by the VIFM Forensic Imaging Service by month in 2011/12.](chart.png)
Incident Reporting

Throughout the year, 57 incident reports were submitted. Each incident was investigated and in many cases changes were implemented to ensure continual improvement and increased safety.

The table and graph below provides a comparison on incident number and type from 2008/09 to 2011/12.

The number of safety incidents reported in 2011/12 was 7 incidents higher than 2010/11. However, 7 incidents are directly accountable to the redevelopment. There was a decrease by 5 in the number of breach of skin incidents (cut/puncture and needle-stick) compared to 2010/11, 18 down to 13.

<table>
<thead>
<tr>
<th>Type of Incident</th>
<th>2008/09</th>
<th>2009/10</th>
<th>2010/11</th>
<th>2011/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burn</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Bruise</td>
<td>4</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Chemical Exposure</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Cut / puncture</td>
<td>13</td>
<td>11</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>Fall</td>
<td>3</td>
<td>3</td>
<td>4*</td>
<td>4*</td>
</tr>
<tr>
<td>Fire</td>
<td>1</td>
<td>-</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Fumes/Odour</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Hazard</td>
<td>1</td>
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<td>-</td>
</tr>
<tr>
<td>Knock</td>
<td>-</td>
<td>-</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Near Miss</td>
<td>5</td>
<td>9</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Needle stick</td>
<td>6</td>
<td>7</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>1</td>
<td>6</td>
<td>-</td>
</tr>
<tr>
<td>Personal Safety / Threat</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Property damage</td>
<td>1</td>
<td>-</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Slip</td>
<td>-</td>
<td>5</td>
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<td>3</td>
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<td>1</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Strain</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Redevelopment related</td>
<td>-</td>
<td>-</td>
<td>7</td>
<td>-</td>
</tr>
<tr>
<td>TOTAL Number</td>
<td>39</td>
<td>42</td>
<td>50</td>
<td>55</td>
</tr>
</tbody>
</table>

*one of these falls occurred off-site during transit to a meeting but was recorded for personnel file

Health and Wellbeing

During October 2012, staff took a break from the office to get active during Mental Health Week by participating in the lunchtime VIFM Global walk/run around the Tan track. For a gold coin donation, walk/run participants then enjoyed a healthy lunch with donations going to support the Monash Alfred Psychiatry Research Centre. A total of $51.10 was raised.

Also in October 2012, a number of VIFM teams commenced the Monash 10,000 Steps challenge. The 5 week challenged involved members logging their daily steps.

Over two days in October 2012, a large number of VIFM staff members donated blood at the Red Cross.

Annual flu vaccinations were again offered on site for staff with approximately 80 staff members taking part.

The VIFM submitted 7 teams (49 people) into the Department of Justice's Global Corporate Challenge (GCC). The GCC requires participants to wear a pedometer and log their steps over a 16 week period to raise awareness of activity levels.

WorkHealth checks were provided at the VIFM in May 2012. Funded by WorkSafe, WorkHealth checks are free, convenient and confidential health assessments addressing an individual’s risk of heart disease and type-2 diabetes by looking at factors that impact personal health such as diet, exercise, smoking and alcohol consumption. Approximately 30 staff undertook the health check.

InforMed, the Institute’s internal staff newsletter, was utilised to disseminate OHS information regarding all of the health and wellbeing activities listed above.

New Equipment and Procedures

Personal-issue respirators have been individually fitted for Pathology, DTBV and Mortuary staff. These respirators offer a superior level of protection against biological and chemical agents than the current issued masks. It is expected the masks will be used for handling decomposed cases, formalin, airborne infectious cases and other chemical handling.

In June 2012 the mortuary introduced a prescriptive Bariatric manual handling policy which outlines clear guidelines on how cases, based on their Body Mass Index, are to be manually handled. The policy is designed to protect staff from injury.

A new procedure for transporting chemicals was introduced following a chemical spill which occurred in early 2012. The procedure outlines the steps required to transport chemicals from the temporary chemical store to laboratories. The procedure and associated training materials are mandatory documents for all laboratory, mortuary and DTBV staff to read.
A sharps training package for DTBV and Mortuary was developed and delivered to DTBV and Mortuary staff. The package will become part of the initial and on-going training for the DTBV and the Mortuary.

Building Redevelopment Team

Given the complexity of the operations and facilities at VIFM, VIFM appointed Vicky Winship as the Manager, Building Redevelopment when the project was in its early stages. Vicky and Jim Cosentino, have worked in close cooperation with the Department of Justice Redevelopment Project Team to ensure the new facilities are designed and built to be fit for purpose, and to continue to function as an operational site undergoing major redesign and refurbishment.

Communication with staff has been an essential part of managing the redevelopment, both to work around the building site, as well as to keep staff up to date about the continuous changes being made to their working environment.

Vicky Winship supported by Jim Cosentino been pivotal in getting us through this difficult year

Obituaries & Tributes

Karen Lee

Karen Lee, 42 years of age, commenced work as a Technical Officer in the Toxicology department at the Victorian Institute of Forensic Medicine on August 7, 2000. She was not far off clocking up 12 years of working at the Institute. Karen was a hard worker, conscientious, and meticulous in her daily duties. She selflessly made herself available to assist, serve and be at our scientists’ every beck and call. Karen took enormous pride in her work as a technical officer maintaining the laboratory, to ensure the service was never compromised.

Over those 12 years at the Institute, Karen made many friends within the diverse departments of the Institute. She will be fondly remembered for her hospitality and generosity to many international visitors to the VIFM. She always offered her assistance to them to ensure their time spent in Melbourne was memorable - thus, her friends continued to build not only locally but also around the globe. While working full-time at VIFM, Karen was juggling studying part-time to complete her Medical Laboratory Science degree. Her goal was to continue with further studies and ultimately to undertake a Ph.D.

Karen’s activities were not restricted to VIFM by any means. Among many extracurricular exploits, she was a keen volunteer member of the State Emergency Services here in Victoria, and assisted with the horrific Black Saturday fires in 2009; indeed, most of her weekends were spent volunteering for the SES unit in Northcote whether she was rostered on or not. Always full of surprises, Karen was even trained as a professional snake catcher! What very little spare time Karen had was devoted to spending time with her friends and caring for her 3 cats and pet yabby. Her love for all creatures great and small was unquestioned, with a particular soft spot for marine animals. This passion led Karen to obtain her full certification in SCUBA diving, taking her to the depths of the ocean. Her diving adventures were shared with many colleagues upon her return to work on a Monday morning, with the instantly recognisable joy of the trip etched on her face for all to see. She frequented dive sites around Port Phillip Bay, in Queensland and recently took on a trip to the USA to further indulge her passion.

Saturday 7th July 2012 was an almost angelic day, complete with blue cloudless skies, not a breath of wind and calm, peaceful waters. Karen, along with a group of other recreational divers ventured 2 nautical miles off the coast of Point Lonsdale to dive 30 meters down to the shipwreck “SS Coogee.” Tragically, after 45min Karen failed to resurface.

Karen, our beloved friend and colleague, will be greatly missed by all who knew her here in the Institute and beyond. She will be remembered for her generosity, her caring nature, her loyalty to her friends and of course, that unique quirkiness that made her who she was, and who we all grew to love. Karen embraced life like no other and was like no other. She lived life to the fullest without worrying about materialistic possessions. Instead, friends and animals were her focus and passion. We will always remember her at the end of the day when she rushed down the toxicology corridor shouting “SHUTTING FRIDGES!”, and we are all much poorer for her loss.

Karen, may you rest in peace amongst the marine animals you so much adored!

Tribute provided by Voula Staikos, friend and work colleague of Karen Lee.
Jill Lloyd
3/9/1952 – 27/2/2012

On the last weekend of February this year, Jill Lloyd, one of our stenographers, died suddenly and unexpectedly at home where she lived by herself. Jill had three daughters, Kylie, Leanne and Danielle. She also had a grandson – Sam, and two dogs, Benji and Riley who went everywhere with her. In fact Jill loved animals generally.

Among her friends at the Institute and more widely, her concern for others was well known. She always had a sympathetic ear for their troubles and time for a talk. She was a great movie lover and film buff and indulged in her spiritual side by dipping into books on palmistry, fortune telling and horoscopes. She also enjoyed her quiet time, sipping a coffee and reading a magazine, or working on a puzzle in blissful solitude.

Jill has been dearly missed by her friends and colleagues and we convey our thoughts and condolences to Kylie, Leanne and Danielle.

Tribute provided by Laura Hart, friend and work colleague of Jill Lloyd

Kerryn Morgan
20/06/1958 - 09/03/2012

Kerryn commenced employment at the VIFM in 2007 as a Forensic Nurse Examiner for the Gippsland region. Following successfully completing the first year of the Graduate Certificate in Nursing (Forensics) conducted in association with Monash University, Kerryn provided a forensic nursing service for victims of sexual and physical assault. After being diagnosed with a serious illness Kerryn reluctantly resigned from the VIFM in 2010 and unfortunately passed away in March this year. The staff in CFM would like to acknowledge the hard work and dedication Kerryn displayed for the forensic nursing community.

Tribute provided by Dr David Wells, Head of Clinical Forensic Medicine.
The VIFM Social Club

The Social Club is recognised as being an integral part of the culture of the VIFM and provides a wide variety of activities catering to a broad range of staff interests.

Social Club Events in 2011/12

Some of the events organised and subsidised by the Social Club in 2011/12 include:

- **Mingles** – on the last Friday of each month, staff gather after work to “mingle” over refreshments at various Melbourne watering holes.
- **Mingle Breakfasts** – On four occasions this year, staff were treated to a delicious breakfast and a chance to socialise before work.
- **Cake Days** – Each fortnight, “celebrity chefs” bake up a storm. Proceeds from the sales of baked goods support the Social Club and various charities.
- **Zoo Twilight** – Zoo Twilights performance by Daryl Braithwaite and James Reyne at the Melbourne Zoo.
- **Winery Tour** – 14 April 2012, various Mornington wineries.
- **Mid-Year Function - Dinner at Post Deng restaurant, 29 July 2011.**
- **Theatre outing - ‘Yes, Prime Minister’ on 15 February 2012.**
- **Ride to Work Breakfast – 12 October 2011.**
- **New TV for Tea Room - A new flat screen large TV was purchased by the social club for staff use in the tea room.**
- **The VIFM Revue - 16 December 2011, Social club provided food and drinks after the traditional end-of-year revue.**
- **Christmas Party - 2011 Christmas party was held at Story. It was attended by 127 people.**
- **Food and Wine Festival – 13-16 March 2012, Social Club subsidised for 40 people to have lunch at Walter’s Wine Bar during the Melbourne Food and Wine Festival.**
- **Privacy Committee with Privacy Video Premiere - Social Club supported the launch of the Privacy training Video premiere screening on 15 March 2012. The Social Club co-ordinated the purchasing of the food and drinks.**
- **BBQ Friday - A free BBQ for members and $5 for non-members was offered for staff and visitors on 23 March 2012.**
- **Easter Raffle and Hot cross buns - were for sale as part of the Easter celebrations.**
- **The Graeme Schofield VIFM Oration Dinner - Social club contributed $600 toward tickets for staff to attend the Oration Dinner on 7 June 2012.**
- **Footy Tipping - out of 23 participants, Luke Rodda and David Cauchi were the winners of the 6th annual VIFM Footy Tipping competition.**
- **The Social Club maintains a selection of drinks and snacks for sale in the tea room which raises money for the social club.**

Fundraising

- Smith Family Toy and Book Christmas Appeal: A large number of books and toys were generously donated by VIFM staff.
- Salvation Army Christmas Food appeal: A vast selection of non-perishable items were donated by staff. On collection of the items, Salvation Army representative mentioned that overall donations were considerably reduced on previous years and our efforts were much appreciated.
- Lort Smith Animal Hospital: Staff donated a collection of towels, sheets, dog and cat food, toys which were all happily received by Lort Smith.
- Cake Day Fundraising: Oxfam Walk being completed by Melynda Hargraves raised $184.45 and $143.85 was raised for the Fight Dementia charity by Andrea Hince.
Our Governance

Introduction

Our Guiding Principles for Corporate Governance

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

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

Establishment of VIFM and Guiding Legislation

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

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

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

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

Council Composition

The Council comprises 12 members (10 of whom are appointed by the Governor in Council as follows) and an Executive Officer.

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

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

The Executive Officer to Council is the Institute’s Chief Operating Officer.
Council Members

The Hon John Coldrey, QC
Chairperson and 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 as conducting Aboriginal land claims and negotiating major industry agreements with the Northern Territory Government and mining companies.

John Coldrey has written numerous major conference papers and legal publications relating to the operation of the criminal law. He has been a member of various committees and councils including chairing the Consultative Committee on Police Powers of Investigation. In 2004, John Coldrey was awarded the Gold Medal of the International Society for Reform of Criminal Law (of which he is a Board member) in recognition of his contribution towards criminal law reform. He is currently a judicial member of the Adult Parole Board. He joined the Victorian Institute of Forensic Medicine Council in 2008.

Professor Stephen Cordner, ex officio member

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

In addition to leading the Institute, in more recent years Stephen has developed his interest in the intersection of Forensic Medicine and Human Rights. This has involved work in East Timor, the Former Yugoslavia, Iraq, West Bank, Burma and Jamaica. He believes that this work also contributes to the Institute’s credibility and sustainability helping to attract, and retain, the best possible people to work at the Institute. In 2010/11, he took sabbatical leave (more formally known as Outside Studies Program), basing himself in the Department of Pathology at the University of Melbourne. He also undertook a number of overseas missions and consultancies to Jamaica, Cambodia, Indonesia, United Arab Emirates and Japan further developing the Institute’s international platform.

Luke Cornelius APM, Nominee of the Chief Commissioner, Victoria Police

Assistant Commissioner Luke Cornelius leads the Southern Metropolitan Region, Victoria Police. He joined Victoria Police as a Commander in 2003, to head its Legal Services Department and went on to lead the Ethical Standards Department in December 2005. Luke assumed his current role in April 2010. Luke is an advocate for ethical leadership and the delivery of policing services in ways which are grounded in human rights, display respect and accord dignity to all and which enhance social cohesion and public safety.

Luke is also a member of the Victoria Police Leadership Group and the Victoria Police Operations Committee. Luke served as a Federal Agent for 14 years with the Australian Federal Police, with roles in Drug Operations, Legal Policy, East Timor and Human Resources, concluding his service as their Director, People Strategies (with the rank of Commander). Luke has also served as the National Secretary of the Australian Federal Police Association and was the founding Chief Executive Officer of the Police Federation of Australia.

Luke was awarded the Australian Police Medal (APM) in the 2010 Australia Day Honours List for distinguished service to policing in recognition of his contribution to police reform in the Federal Police and the Victoria Police, the promotion of ethics and integrity in policing, human rights, engagement with vulnerable communities and his contribution to capacity building in East Timor. Luke has also been awarded the National Medal, the Police Overseas Service Medal and the United Nations Medal for service in East Timor. He has also been awarded a Commissioner’s commendation for outstanding service while serving with the United Nations Transitional Authority in East Timor.

Luke holds a Masters of Public Administration (Executive) (Monash), an Honours Degree in Law (Flinders), a Graduate Diploma in Legal Practice (ANU) and is admitted to practice in the ACT Supreme Court.
Deputy Chief Magistrate
Felicity Broughton
Nominee of the Minister for Women’s Affairs

Deputy Chief Magistrate Broughton has served as a Victorian Magistrate since 2000, as Victims of Crime Assistance Tribunal Supervising Magistrate from 2001 to 2004, as Supervising Magistrate for the sexual assault portfolio of the Magistrates’ Court of Victoria since the establishment of the portfolio in 2006 and as Supervising Magistrate for Family Violence and Family Law from 2011.

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

Deputy Chief Magistrate Broughton has served as a Victorian Magistrate since 2000, as Victims of Crime Assistance Tribunal Supervising Magistrate from 2001 to 2004, as Supervising Magistrate for the sexual assault portfolio of the Magistrates’ Court of Victoria since the establishment of the portfolio in 2006 and as Supervising Magistrate for Family Violence and Family Law from 2011.

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

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

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

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

Professor Angus was a First Vice-President of the International Union of Pharmacology (IUPHAR) and was President of the Australasian Society of Clinical and Experimental Pharmacologists and Toxicologists. From 2009-2011 he was President of Medical Deans Australian and New Zealand.

His current roles include Directorships of the Walter & Eliza Hall Institute, Mental Health Research Institute, Melbourne Health, LIV VCCC and Victor Smorgon Institute at Epworth Pty Ltd. He is the Honorary Secretary, Victorian Rhodes Scholarship.

He was appointed an officer in The Order of Australia in 2010 for distinguished service to biomedical research, particularly in the fields of pharmacology and cardiovascular disease, as a leading academic and medical educator, and as a contributor to a range of advisory boards and professional organisations both nationally and internationally.
Professor Robert Conyers,
Nominee of the Attorney-General

Professor Robert Conyers is currently a Senior Consultant Pathologist at PathCare, Geelong and holds Non-Executive Director positions as a Council member at VIFM; and as a Board Member (Treasurer) of AMA Victoria. He received his specialist training at Sydney Hospital and St Vincent’s Hospital, Sydney and was then awarded a Nuffield Medical Fellowship to the University of Oxford where he completed his DPhil on the regulation of carbohydrate metabolism.

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

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

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

Ms Mary McKinnon,
Member (to October 2011), Nominee of the Minister for Community Services

Mary currently holds the position of Director, Child Protection, Placement and Family Services within the Department of Human Services, Victoria. Key responsibilities include policy development, forward planning and strategic directions for the DHS child protection, placement and support, family violence, sexual assault and family support services.

Mary's qualifications include a Bachelor of Arts in Social Work from South Australian Institute of Technology; a Certificate of Management in Organizational Leadership and a Bachelor of Media Arts University of RMIT. Mary has also completed the Executive Fellows Program for Senior Public Sector Executives with the Australian and New Zealand School of Government.

Prior to joining the Department of Human Services Mary worked at Melbourne Citymission from 1995-2001.

Mr Neil Robertson,
Nominee of the Minister of Police and Emergency Services

Neil Robertson is currently the Executive Director, Police and Emergency Management in the Department of Justice.

Neil has worked in the Department of Justice for 15 years in various roles including the Director, Bushfires Royal Commission Coordination, and Director, Criminal Law Policy.

Prior to joining Justice, Neil worked as the Manager, Executive Support in the Chief Commissioner of Police’s office.

Neil’s qualifications include a Bachelor of Arts (Honours) and Bachelor of Laws from Monash University, Graduate Diploma in Business Administration from Swinburne University of Technology and Executive Masters in Public Administration from the Australian and New Zealand School of Government. He is also a Fellow of the Williamson Community Leadership Program and was awarded a Public Service Medal in the Queen’s Birthday 2011 Honours.

Neil is a member of the Institute’s Executive and Finance and Audit and Risk Management Committees. He is also a Director and Company Secretary of Crime Stoppers Victoria Ltd.
Professor Christina Mitchell, Nominee of Monash University.

Professor Christina Mitchell trained as a physician scientist specialising in Clinical Haematology. She received her medical training from Melbourne University and consultant training in Haematology at the Alfred Hospital, Melbourne. Her advanced clinical training in Haematology included a PhD characterising the natural anticoagulants protein C and protein S. Her post-doctoral studies were undertaken in the field of intracellular signalling at Washington University Medical School, St Louis, USA.

In 1999 she was appointed Professor and Head of the Department of Biochemistry and Molecular Biology, Monash University and, in June 2006, was appointed Head of School of Biomedical Sciences at Monash University. In June 2008, she was awarded the position of Sir John Monash Distinguished Professorship in recognition of her contribution to Research at Monash University. In October 2011, she commenced as Dean of the Faculty of Medicine, Nursing and Health Sciences Monash University. Her current research is focussing on characterizing novel tumour suppressor genes in breast and prostate cancer that regulate oncogenic PI3-kinase signalling.

Ms. Mari-Ann Scott, Executive Officer to Council

Mari-Ann Scott joined the Institute in 2007. Over the last 10 years she has held a number of senior management roles in the government and in the health sector. Her areas of expertise and interest are in leading and improving operational performance and service delivery, strategic planning, corporate governance and organisational relationship management. As Chief Operating Officer, Mari-Ann reports to, and works in alignment and close partnership with, the Director. This “two at the top” model means that the VIFM’s senior leaders can focus together on continuously improving our forensic services, at the same time as meeting our corporate compliance obligations and improvement goals. Mari-Ann is the VIFM Council’s Executive Officer (Board Secretary).

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

Management’s responsibilities are to:

a) Prepare the Institute’s vision, strategic direction, goals and KPIs for consideration, input, and approval by the VIFM Council

b) Develop and shape policy and strategy for consideration by the Council

c) Develop the Institute’s Strategic Plan for the input and ratification of the Council

d) Implement and monitor policy and strategy and

e) Lead, manage and deliver forensic medical & scientific services, tissue banking services, teaching and research activities, and business support functions, the combination of which enable the Institute to achieve its mission.
The Institute’s Executive team provides the highest level of management within the Institute and comprises:

**Stephen Cordner, Director**

See biography under Council above.

**Mari-Ann Scott, Chief Operating Officer**

See biography under Council above.

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**David Ranson, Deputy Director**

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

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

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

Peter Ford joined the Institute in November 2007 as the Manager, Finance and Business Services and was appointed as Chief Finance Officer in November 2010. He qualified as an accountant in the UK and was granted Fellowship of the Association of Chartered Certified Accountants (FCCA) in October 2010.

Prior to joining the Institute, Peter worked in the UK and has over 20 years of experience working in finance at a senior level in both private and state health care sectors.

**Noel Woodford,**  
**Head of Forensic Pathology Services**

Noel is Head of Forensic Pathology Services at the Institute. He leads a team of 11 forensic pathologists in addition to specialists in paediatric pathology, radiology, odontology, anthropology and entomology. Having trained in anatomical pathology he spent time at the Institute as a Fellow before heading to the UK where he was appointed senior lecturer in forensic pathology at the University of Sheffield. He returned to the Institute 7 years ago. He is a Fellow of both the Royal College of Pathologists of Australasia and the Royal College of Pathologists (UK), holds the Diploma of Medical Jurisprudence from the Society of Apothecaries of London, and gained a Master of Laws from Cardiff University during his time in the UK. Noel is an examiner for the RCPA and oversees the Quality Assurance Program in Forensic Pathology for the College.

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

**David Wells,**  
**Head of Clinical Forensic Medicine Services**

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

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

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

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

**Olaf Drummer,**  
**Head of Forensic Scientific Services**

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

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

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

**Stefan Poniatowski,**  
**Acting Head of the Donor Tissue Bank of Victoria**

Stefan Poniatowski has been the Acting Head of the Donor Tissue Bank of Victoria since July 2011 until his appointment as Head of the DTBV on 1 July 2012.

Stefan is a registered Biomedical Scientist in the UK having trained in the blood transfusion sector. He then transferred to tissue banking in London and after 4 years became National Tissue Bank Manager for NHS Blood and Transplant in the UK, a position he held for 6 years. He was the tissue transplant representative on the National Microbiology Safety Assurance Group, was elected to the Executive of the British Association of Tissue Banking and has been an invited lecturer to various training programs in Eastern Europe run by the University of Barcelona and the Italian Health Ministry. He has also worked for the European Committee for Standardisation as an expert to advise on common European coding for tissue and cells.

Stefan joined VIFM as the Operations Manager for DTBV in 2008 and is on the Executive of the Australasian Tissue and Biotherapeutics Forum as well as the international coding Standards Committee for ISBT 128.
Financial Performance Summary

Report of Operations – Five Year Financial Summary

CURRENT FINANCIAL REVIEW OVERVIEW

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Income from Government</td>
<td>$10,394</td>
<td>$14,841</td>
<td>$20,980</td>
<td>$24,008</td>
<td>$26,354</td>
</tr>
<tr>
<td>Total income from transactions</td>
<td>$18,702</td>
<td>$23,912</td>
<td>$25,777</td>
<td>$27,815</td>
<td>$30,158</td>
</tr>
<tr>
<td>Total expenditure from transactions</td>
<td>$20,018</td>
<td>$24,012</td>
<td>$25,658</td>
<td>$27,900</td>
<td>$30,002</td>
</tr>
<tr>
<td>Net result from transactions</td>
<td>($1,316)</td>
<td>($100)</td>
<td>119</td>
<td>($84)</td>
<td>156</td>
</tr>
<tr>
<td>Net result from period</td>
<td>($1,312)</td>
<td>(180)</td>
<td>133</td>
<td>(658)</td>
<td>46</td>
</tr>
<tr>
<td>Net cashflow from operating activities</td>
<td>($1,239)</td>
<td>914</td>
<td>554</td>
<td>1,117</td>
<td>1,127</td>
</tr>
<tr>
<td>Total liabilities</td>
<td>$4,596</td>
<td>$5,373</td>
<td>$6,672</td>
<td>$7,285</td>
<td>$7,198</td>
</tr>
</tbody>
</table>

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

In 2011-12 the Institute achieved a net gain result from transactions of $156,442, $240,870 more than in 2010-11. Both Income and expenses from transactions have increased since 2007-08 to 2011-12 and the net result from transactions is relatively consistent to 2009-10.

The overall net result of $45,617 surplus incorporates items classed as “other economic flows” relating to revaluation in Long Service leave liability.

Total net assets have grown with an increase of $0.478 million in 2011-12 to $10.608 million and is reflective of the increase in fixed assets and decrease in liabilities.

Operating cash inflows of $1.127 million remain consistent with 2010-11 balances.
Financial performance and business review

The Institute’s principal output against appropriation income is the provision of Forensic and Pathology resources and services to the courts, including the Coroners Court of Victoria. From 2009-10 other outputs against income from government now include Clinical Forensic Medicine services and related toxicology previously reported as ‘Income from the rendering of services’.

The Institute achieved higher total income from transactions and generated a surplus for the period. The additional income received is due to increased government funding and is mainly directed toward increases in staffing costs and other operational expenses.

Expenses from transactions have increased in line with the additional income received. Specific funding from government to provide forensic services have increased both staff and other operational expenses. Expenditure has increased in consumable cost, professional services including temporary staff and maintenance cost.

TOTAL INCOME FROM TRANSACTIONS

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant - Department of Justice</td>
<td>10,394,220</td>
<td>14,841,440</td>
<td>20,980,056</td>
<td>24,008,203</td>
<td>26,353,819</td>
</tr>
<tr>
<td>Distribution of goods - Donor Tissue Bank</td>
<td>1,790,523</td>
<td>1,892,235</td>
<td>1,577,083</td>
<td>1,616,853</td>
<td>1,418,240</td>
</tr>
<tr>
<td>Interest income</td>
<td>113,255</td>
<td>83,935</td>
<td>34,262</td>
<td>44,691</td>
<td>47,765</td>
</tr>
<tr>
<td>Total income from transactions</td>
<td>18,702,075</td>
<td>23,912,136</td>
<td>25,777,226</td>
<td>27,815,323</td>
<td>30,158,148</td>
</tr>
</tbody>
</table>

Financial Year

Amount in $ thousands

- GRANT - DEPARTMENT OF JUSTICE
- DISTRIBUTION OF GOODS
- INCOME FROM THE RENDERING OF SERVICES
- INTEREST INCOME
Financial position - balance sheet

Net assets increased by $0.478 million primarily as a result of equipment additions to plant and equipment of $1.4 million offset by increased depreciation on Buildings, plant and equipment.

The Institute commenced an asset replacement program in 2009-10 which prioritises the replacement of assets which have passed their useful lives.

Cash flows

The overall cash surplus of $2.4 million for the 2011-12 financial year was a net increase of $0.1 million compared to the previous year.
Legislative and Statutory Reporting

Diversity Reporting

All areas of the Institute are conscious of the cultural and religious practices surrounding death which are of primary importance to the families of the deceased. Our staff work cooperatively with the Coroner’s Court of Victoria to accommodate the cultural and religious requirements of the families of the deceased. When required, the Institute provides for extended periods of attendance by the families. Skeletal remains from our indigenous community require special handling and consideration of cultural beliefs. The Institute works with Aboriginal Affairs Victoria, to ensure remains and documentation are managed appropriately and sensitively. The Institute continues to foster workplace diversity and demonstrates its commitment through a variety of initiatives throughout the year. These initiatives focus on providing education and training opportunities to pathologists from various countries and offer the Directors’ Scholarship in Postgraduate Forensic Pathology to international students from developing countries.

Public Administration Act

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

Codes of Conduct

Codes of conduct guide behavior within VIFM. They are a public statement of how the VIFM and its employees interact with the government, community and each other. They promote adherence to the public sector values. The code is binding on any person to whom it applies and breaching the code may constitute misconduct. The Public Administration Act outlines the public sector values. All public sector employees and other public officials must adhere to the values, and employers must promote them in their organisations. Employers must also ensure that any statement of values adopted or applied in their organisation is consistent with the public sector values. The values are outlined in Section 7 of the Public Administration Act, which states that public sector employees should demonstrate:

- 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. The Institute takes a proactive approach in education and promotion of all policies and the elimination of discrimination, harassment and bullying within the workplace.

Behaviours and Culture

An organisation is defined by its culture. A good workplace culture can improve morale, boost productivity and improve an organisation’s reputation. The VIFM and its employees share a mutual responsibility to work together by:

- creating pride in public sector workplaces
- delivering responsive public services
- earning the community’s trust in the public sector
- supporting the Government of the day in serving Victorians.

Grievances

In the 2011/12 reporting period, there was 1 grievance recorded which was open at 30 June 2012.

Employee Assistance Program

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

Koori Recruitment and Career Development Strategy

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

Career Information Afternoons

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

Employee Relations Statement

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

As at the June 30, 2012, a total of 176 staff were employed by the Institute compared to 180 at June 30, 2011.

**EMPLOYMENT STATUS BY CATEGORY**

<table>
<thead>
<tr>
<th></th>
<th>Ongoing Employees</th>
<th>Fixed Term Employees</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Full time (headcount)</td>
<td>Part time (headcount)</td>
<td>Full time (headcount)</td>
</tr>
<tr>
<td>2010/11</td>
<td>104</td>
<td>38</td>
<td>26</td>
</tr>
<tr>
<td>VPS 2011/12</td>
<td>95</td>
<td>29</td>
<td>20</td>
</tr>
<tr>
<td>Non VPS 2011/12</td>
<td>16</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Total 2011/12</td>
<td>111</td>
<td>31</td>
<td>24</td>
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</tbody>
</table>

**STATUS OF ALL EMPLOYEES (VPS & NON VPS) IN CURRENT POSITIONS – HEADCOUNT & FTE**

<table>
<thead>
<tr>
<th></th>
<th>Ongoing (headcount)</th>
<th>Ongoing (FTE)</th>
<th>Fixed Term (headcount)</th>
<th>Fixed Term (FTE)</th>
<th>Total (headcount)</th>
<th>Total (FTE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>45</td>
<td>43.44</td>
<td>12</td>
<td>11.21</td>
<td>57</td>
<td>54.5</td>
</tr>
<tr>
<td>Female</td>
<td>97</td>
<td>85.99</td>
<td>22</td>
<td>18.46</td>
<td>119</td>
<td>104.45</td>
</tr>
<tr>
<td>Total</td>
<td>142</td>
<td>129.43</td>
<td>34</td>
<td>29.67</td>
<td>176</td>
<td>159.1</td>
</tr>
</tbody>
</table>

**EXECUTIVE CONTRACTS**

<table>
<thead>
<tr>
<th></th>
<th>At 30 June 2011</th>
<th>At 30 June 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive level employees</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>
## Workforce Diversity

<table>
<thead>
<tr>
<th>Age Bracket</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
<th>Per cent</th>
<th>FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-24</td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>3.4</td>
<td>5.8</td>
</tr>
<tr>
<td>25-34</td>
<td>14</td>
<td>39</td>
<td>53</td>
<td>30.1</td>
<td>48.49</td>
</tr>
<tr>
<td>35-44</td>
<td>20</td>
<td>41</td>
<td>61</td>
<td>34.7</td>
<td>54.63</td>
</tr>
<tr>
<td>45-54</td>
<td>10</td>
<td>18</td>
<td>28</td>
<td>15.9</td>
<td>24.26</td>
</tr>
<tr>
<td>55-64</td>
<td>10</td>
<td>12</td>
<td>22</td>
<td>12.5</td>
<td>20.52</td>
</tr>
<tr>
<td>65+</td>
<td>1</td>
<td>5</td>
<td>6</td>
<td>3.4</td>
<td>5.4</td>
</tr>
<tr>
<td>Total</td>
<td>56</td>
<td>118</td>
<td>176</td>
<td>100</td>
<td>159.1</td>
</tr>
</tbody>
</table>

## Workforce Classification Breakdown (Headcount)

<table>
<thead>
<tr>
<th>Classification</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>VPS Grade 1</td>
<td>1</td>
</tr>
<tr>
<td>VPS Grade 2</td>
<td>16</td>
</tr>
<tr>
<td>VPS Grade 3</td>
<td>54</td>
</tr>
<tr>
<td>VPS Grade 4</td>
<td>32</td>
</tr>
<tr>
<td>VPS Grade 5</td>
<td>21</td>
</tr>
<tr>
<td>VPS Grade 6</td>
<td></td>
</tr>
<tr>
<td>Senior Technical Specialist / VPS Grade 7</td>
<td>0</td>
</tr>
<tr>
<td>Executive Officer</td>
<td>2</td>
</tr>
<tr>
<td>VIFM Appointees</td>
<td>27</td>
</tr>
<tr>
<td>Total</td>
<td>176</td>
</tr>
</tbody>
</table>

## Energy and Water Efficiency

Due to the nature of our work we are a large consumer of both water and electricity but are always mindful of trying to reduce our usage and eliminate waste. The increases noted this year are most likely due to the soil contamination works completed earlier this year and the building redevelopment works which commenced in January.

<table>
<thead>
<tr>
<th>Year</th>
<th>Gas (Mj)</th>
<th>Redevelopment Gas</th>
<th>Redevelopment Electricity</th>
<th>Electricity (kWh)</th>
<th>Water (kl)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008/09</td>
<td>6,338,235</td>
<td>N/A</td>
<td>N/A</td>
<td>2,737,337.40</td>
<td>5,957</td>
</tr>
<tr>
<td>2009/10</td>
<td>5,886,433</td>
<td>N/A</td>
<td>2,324,793.12</td>
<td>N/A</td>
<td>5,296</td>
</tr>
<tr>
<td>2010/11</td>
<td>4,972,325</td>
<td>1,343,921</td>
<td>2,696,928.78</td>
<td>2,393,864.36</td>
<td>5,049</td>
</tr>
<tr>
<td>2011/12</td>
<td>5,903,348</td>
<td>1</td>
<td>191,975.48</td>
<td>-11.23%</td>
<td>-9.7%</td>
</tr>
</tbody>
</table>

Percentage change from previous year: +18.7%
Whistleblowing

Objectives of Whistleblowers’ Protection Act 2001

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

Statement of Support to Whistleblowers

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

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

Reporting System and Contact Persons for the Victorian Institute of Forensic Medicine

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

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

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

Incidence of Whistleblower Disclosures 2011/12

There were no whistleblower disclosures in this reporting period.

Freedom of Information Act 1982

The Institute is subject to the Freedom of Information Act 1982 (FOI Act). In the 2011/12 year the Institute received 10 applications for the release of information pursuant to the FOI Act. Of the requests received, 6 applications were provided with the requested information, 2 did not proceed, in one instance the requested information did not exist and one application is in process as at the end of the reporting period.

Privacy

The Victorian Institute of Forensic Medicine (VIFM) must deal with identified personal and health information in accordance with the relevant provisions of the Victorian Institute of Forensic Medicine Act 1985 (Vic) (‘the VIFM Act’), the Human Tissue Act 1982 and both the Information Privacy Act 2000 (Vic) and the Health Records Act 2001 (Vic). VIFM must also follow the Coroners Court rules in relation to distribution of reports provided to the Coroner.

Adhering to these legislative provisions and rules ensures that VIFM has the ability to perform its statutory functions and objects, and also to properly respect the privacy of individuals whose personal and health information we handle.

There were no privacy complaints received at VIFM from external parties during 2011/12. Membership of the VIFM Privacy Committee is listed in Appendix A. Further information regarding the Victorian Institute of Forensic Medicine Privacy Statement is available on our website at www.vifm.org.

Disclosure of Consultancies

The Institute has not entered into any consultancies under $100,000 during 1 July 2010 to 30 June 2011.

Disclosure of Major Contracts

The Institute has not entered into any contracts greater than $10 million during 1 July 2011 to 30 June 2012.

Statement of Compliance with National Competition Policy

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

Compliance with the Building Act 1993

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

The building is managed within Department of Justice portfolio. Maintenance of the building is managed by VIFM. The building is undergoing a major redevelopment, which is expected to be completed in 2013-2014. The management of this project and compliance with Act is the responsibility of the Department of Justice.
VIFM RISK Attestation

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

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

Robert Conyers
Chairman
Audit and Risk Management Committee

10/07/2012
Date
Appendices

Appendix A: Committees

Council Committees

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

Executive and Finance Committee (EFC)
The EFC is a standing Committee of Council and its functions are to:

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

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

Members
Professor R Conyers (Chair), Professor S Cordner, Mr N Robertson, Mr Tim Fitzmaurice, Ms Mari-Ann Scott (member & Executive Officer), Peter Ford (in attendance).

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

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

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

Members
Prof. R Conyers (Chair), Mr N Robertson, Mr Tim Fitzmaurice, Ms Mari-Ann Scott (in attendance), Peter Ford (in attendance).

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 & Medical Research Council National Statement on Ethical Conduct in Research Involving Humans and its Charter which has been approved by the VIFM Council. The Committee considers, and where appropriate approves, on the basis of ethical principles, applications for:

» research involving the use of human tissue
» research involving the use of information collected, generated and stored at VIFM; and
» research involving live participants

The Committee considers any other questions of ethics affecting the operation of the VIFM as referred by the Director of VIFM. These matters do not include performance issues concerning the conduct of individual employees. It considers and advises the VIFM Council on the development of guidelines and policies relating to the ethical aspects of research at the VIFM and provides ethical guidance on issues submitted to it that relate to the operations of the Institute.

Members
Mr Stephen Nossal (Chair), Deputy Chief Magistrate Felicity Broughton, Magistrate Jacinta Heffey, Coroner Audrey Jamieson, Mr Trent Brickle, Ms Joanne Nolan (retired February 2012), Ms Lynne Wenig, Professor Stephen Cordner, Associate Professor David Wells, Dr Marisa Herson, Dr Danny Sullivan, the Hon Frank Vincent QC AO (appointed February 2012), Ms Michelle Skinner (appointed May 2012), Mr Stefan Poniatowski (ex officio appointment commenced November 2011).

Executive Officers: Ms Fiona Leahy, Ms Helen McKelvie.
The Donor Tissue Bank Advisory Board

The Advisory Board is a sub-committee of Council and was established by Council.

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

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

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

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

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

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

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

Members

Professor S Cordner (Chair), Mr N Bergman, Ms H Cleland, Mr B Davis, Mr P Skillington, Mr D Spelman, Mr I West, Ms L Ireland (until 1/3/12).
Executive Officer – Mr S Poniatowski (Head, DTBV)

The National Coronial Information System Committee

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

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

Members

Judge Jennifer Coate (Chair and Victorian State Coroner), Magistrate Mary Jerram (NSW State Coroner), Professor James Harrison (Director of National Injury Surveillance Unit), Professor Joan Ozanne-Smith (Principal Research Fellow, Prevention Research Unit), Professor Olaf Drummer (Head of Forensic Scientific Services, VIFM).
Internal Governance
Committees

Research Advisory Committee (RAC)

The Research Advisory Committee has been established to:

» To provide a strategic direction in the conduct of research at VIFM and for projects using VIFM intellectual property that are conducted off site.

» To advise the Institute’s Ethics Committee on the scientific merit of projects.

» To establish and manage a research project register of all proposed, current and post research projects.

» Encourage collaborative partnerships amongst researchers in similar fields

» Assist project leaders in accessing the scientific merit and project design of each proposal.

Members

Professor Olaf Drummer (Chair) (Forensic Scientific Services and DFM), Dr Irene Kourtis (Executive Officer) (Forensic Scientific Services), Ms Fiona Leahy (Senior Medico-Legal Officer, Executive Officer VIFM Ethics Committee), Professor Joan Ozanne-Smith (Prevention Research Unit), Associate Professor Belinda Gabbe (Department of Epidemiology and Preventive Medicine, Monash University), Dr Dadna Hartman (Molecular Biology), Dr Richard Bassed (Forensic Pathology), Dr Jo Ann Parkin (Clinical Forensic Medicine)

Administrative Officer: Ms Dianne Ansell

Quality Review Committee

The Quality Review Committee (QRC) oversees and monitors the VIFM’s quality system and operational quality issues including complaints. The QRC met monthly in 2011/12.

In July 2011, Prof Olaf Drummer replaced Mari-Ann Scott as chairperson. Membership of the QRC was updated in August to include a cGMP representative, Stefan Poniatowski to ensure that all aspects of the organisation’s licensing, accreditation and certification requirements were covered. A standing open invitation to the monthly QRC meetings for the VIFM executive was also introduced.

The QRC reviewed VIFM 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 reviewed a number of internal investigation reports and follow-up actions initiated as a result of complaints received or any other significant issue affecting VIFM’s service quality. Operations staff and Heads of Service were invited to report on the implementation of recommendations resulting from these investigations which was also monitored by the QRC. Results, progress and status of external third party audits (TGA, NATA, SAI Global) were also reviewed and follow-up responses monitored. A particular outcome was the completion of numerous outstanding CIRCAs.

The annual management review included review of Quality Management System functions and activities under the 10 principles of the VIFM Quality Framework for each of the sections over the 2011 calendar year.

The QRC resolved to replace existing electronic Quality Management System software (iQMS) with Paradigm 3. The implementation of this software will occur in the first half of the next financial year and will include faster access to quality documents and SOPs and allow more efficient reporting and response to CIRCAs and audits.

During 2011/12 the QRC worked towards improving the understanding and engagement of staff with the quality system through the introduction of regular quality system promotion including encouragement to read and acknowledge documents from the QRC Chair and regular reminders and feedback to the staff by Professor Cordner of CIRCAs being actioned at his regular fortnightly staff address.

Members

Professor Olaf Drummer (Chair), Professor Stephen Cordner, Stefan Poniatowski, Leanna La Combre and Frances Adamas (Executive Officer).
Internal Institute Committees

Privacy Committee

In the 2011/12 reporting period the VIFM Privacy Committee met 6 times. The Committee provides minutes of its meetings to the VIFM Executive and gives regular updates on its activities to the Managers Action Group. The Committee's major focus for the year has been development of a VIFM-specific privacy and confidentiality training package, comprising a set of 8 short video scenarios for use in facilitated discussion groups. All managers and members of the Privacy Committee are being trained to use the package. In 2012/13 all staff will be required to undertake 2 hours of privacy and confidentiality training. The new VIFM-specific training package will enable the training to be targeted to the specific needs of different work groups within VIFM. In addition, updated Information Security and IT Usage policies have been developed and rolled out to complement the Privacy and Confidentiality Policy and Procedures.

Members
Helen McKelvie (Chair), Andrea Hince (Executive Officer), Alex Alimansjah, Jo Cotsonis, Kellie Hamilton, Vicki McAuliffe, Jeff Lomas, Liz Lowery, Patricia O’Brien, Anna Siedlaczak, Voula Staikos, Emily Orchard, Regina Lysaught.

Occupational Health, Safety & Environment (OHS&E) Committee

The OHS&E committee meets bi-monthly and is a forum for the elected health and safety representatives and safety officers from all parts of the Coronial Services Centre to raise any OHS&E issues for action. Hazards are identified and reported by staff through a variety of means; the Continuous Improvement and Corrective Action system (eCIRCA), directly to their elected health and safety representatives, or OHS committee safety officers. Incidents are reviewed by the OHS&E committee allowing incident trends and continuous improvement actions to be discussed and implemented. The purpose of this committee is to:

» Develop and review safety procedures
» Develop and review staff training and education in relation to OHS&E;
» Study incident statistics and examine any trends and recommend control measures and improvements; and
» Commission regular OHS&E audits, and recommend changes flowing from these.

Members from VIFM
Leanne La Combre (Chair), Frances Adamas (Deputy Chair), Emily Orchard (Senior OHS Consultant), Lyndie-Leigh Shaw (Health and Safety Representative), Erin Olsen (Deputy Health and Safety Representative), Alex Gillard (Deputy Health and Safety Representative), Luke Rodda (Deputy Warden), Ben Stewart (Deputy Warden), Mark Chu, Jim Cosentino, Danielle Stevens, Fiona Lawrence, Joy Beyer, Vicky Winship, Kimberley McNeil, Jodie Wadeson, Evan Leckenby and Katy Sadler.

VIFM Warden Group
Chief Warden - Barbara Thorne, Deputy Wardens - Emily Orchard, Luke Rodda (until 02/12), Ben Stewart (started 02/12), Front Gate Warden - Frances Adamas (until 11/11), Andrea Hince (started 11/11), Back Gate Warden - Michael Puis, First Aid Officer - Trish O’Brien. Area Wardens - Charmain Anderson, Dianne Ansell (started 12/11), Jeanette Buckley, Joanne Cotsonis, Mark Chu, Catherine Daley, Ainslie Fitzsimons, Sanjeev Gaya, Alexander Gillard (started 07/11), Joanne Hanna, Laura Hart, Debbie Hellings, Melynda Hargreaves, Chris Jones (07/11-10/12), Irene Kantzidis (started 12/11), Brenda Kirby, Fiona Lawrence, Adam Li (started 11/11), Jeff Lomas, Bryce Marshall, Abby McClure, Kimberly McNeil (started 07/11), Tom O'Dwyer (started 06/12), Erin Olsen, David Orchard (started 12/11), Jessica Pearse, Ceril Pereira, Charlotte Smith, Carole Spence, Michelle Spiden, Voula Staikos, Jonathon Tarascio (until 07/11).

VIFM Social Club Committee
Murray Hall (President), Jarrod Boxall (Vice President), Joanne Hanna (Treasurer), Emily Orchard (Secretary 2010), Melynda Hargreaves, Mark Chu, Jennifer Pilgrim, Luke Rodda (retired Feb 2012), Michelle Spiden, Fiona Lawrence (retired Dec 2011), Leanne La Combre, Leanne Daking, Kim McNeil (2011), Alex Alimansjah (2011), Penny Taylor (2011)
Appendix B: Publications

Journal Articles


Bedford P. Routine CT scan combined with preliminary examination as a new method in determining the need for autopsy. Forensic Science, Medicine and Pathology. Published online 22 May, 2012.


Cordner S. Forensic pathology and miscarriages of justice. Forensic Science, Medicine and Pathology. Published online 1 May 2012.


George K, Archer MS, Toop T. Effects of bait age, larval chemical cues and nutrient depletion on colonization by forensically important calliphorid and sarcophagid flies. Medical and Veterinary Entomology 2012; 26(2): 188-193.


Johnson A, Wallman J, Archer M. Experimental and casework validation of ambient temperature corrections in forensic


Pilgrim J, Gerostamoulos D, Drummer O. The role of toxicology interpretations in prevention of sudden death. Forensic Science, Medicine and Pathology. Published online 8 January 2012.


Books and Book Chapters


Schattner P, Jones K, Di Stefano M, Odell M. Fitness to drive. Check (The Royal Australian College of General Practitioners) January/February 2012; Unit 478/479.


Appendix C: Presentations, Abstracts, Teaching and Training

Conference Presentations and Abstracts


Ammann D, Drummer O, Beyer J. (Poster) Comparison of the mass spectra of designer cathinones across GC-MS and LC-MS platforms. Forensic & Clinical Toxicology Association (FACTA), Melbourne, 31 July-3 Aug 2011.


Beyer J, Benton L, Morenos L, Spiden M, Stock A, Hartman D. The contribution of DNA analysis to the Disaster Victim identification (DVI) response to the 2009 bushfires in Victoria,
Australia. 24th World Congress of the International Society for Forensic Genetics, Vienna, 30 Aug – 3 Sept 2011.


Haas S, Pearse J, Ozanne-Smith J. (Oral) Fatalities from illicit use of slow release fentanyl patches in Australia. Forensic & Clinical Toxicology Association (FACTA), Melbourne, 31 July-3 Aug 2011.

Hamilton K. Taking Control - mapping the irradiation process. ATBF/APASTB/ISCT Australasian Regional Combined Scientific Meeting. Sydney, 28 May-1 Jun 2012.

Herson M, Poniatowski S, Adamas F, Cordner S. The Donor Tissue Bank of Victoria replacement facility. 9th World Congress on Tissue Banking and 20th Congress of European Association of Tissue Banks (EATB). Barcelona, 9 Nov 2011.

Herson M, Morgan N, Fitzsimmons A, Poniatowski S, O’Donnell C, Woodford N, Cordner S. CT scan imaging as a tool in the tissue donor screening process. 9th World Congress on Tissue Banking and 20th Congress of European Association of Tissue Banks (EATB). Barcelona, 9 Nov 2011.


Patterson B, Gerostamoulos D, Drummer O, Beyer J. (Oral) Comparison of methods for the determination of xenobiotics in biological samples: Targeted vs. two different General Unknown Screening (GUS) methods. Forensic & Clinical Toxicology Association (FACTA), Melbourne, 31 July-3 Aug 2011.


Robertson M, Staikos V. (Oral) Case Report - Segmental analysis of hair in an alleged drug-facilitated sexual assault - The pros and cons of segmental analysis and why results are rarely black and white. Forensic & Clinical Toxicology Association (FACTA), Melbourne, 31 July-3 Aug 2011.
Research Forum and Training Sessions at the VIFM

Julia & Dominic Ammann, "Spicy Bating – recent developments in Toxicology", VIFM.

Dr Soren Blau, "Preparing the Ground: The Role of Archaeology in Criminal Investigations involving Buried Evidence", VIFM.

Dr Paul Bedford & Rebecca Ellen, "A plane crash in Papua New Guinea", VIFM.

Julia Condon, "Anatomy of a genocide trial : OTP v Popovic & Ors".

Prof Stephen Cordner, "Issues in Child Homicides", VIFM.


A/Prof Mark Fitzgerald, "Development of Synthetic Blood for Trauma", Director of Trauma at The Alfred Hospital.

A/Prof Belinda Gabbe, "Scoping a research project", Monash University.

A/Prof Margaret Hellard, "Reducing the impact of Hepatitis C: Deciphering how and why it spreads, and improving treatment outcomes", The Burnet Centre.

A/Prof Morio Iino, "The DVI response to the 2011 Japanese Tsunami and post mortem CT imaging", Osaka University Japan.

Kerry Johannes, "DFM – Research Tools Available via VIFM and DFM, VIFM.

Dr Jodie Leditschke, "OFPS v VIFM Reflections of 6 months working at a Forensic Pathology Service in Ontario, Canada", VIFM.

Liz Manning, "International Activities", VIFM.

Rob McLure, "Monash University Injury Research Institute (MIRI) – Preventing injuries, Monash University - saving lives, building futures".

Adrian Morely, "Project VITA / Person-Borne Improvised Explosive Devices", Victoria Police.

Dr Chris O’Donnell, Dr Sarah Parsons & Samantha Higgins, "Postmortem CT angiography with an emphasis on sub-arachnoid haemorrhages", VIFM.

Dr Morris Odell, "Zaps and Sparks: the effects of electricity and Tasers", VIFM.

Chris O’Donnell/ S Parsons, S Higgins, "Post-mortem CT Angiography – forensic applications and research", VIFM.

Diane Palaia, "Road policing activities in Victoria Police", Victoria Police.

Maria Pierides, "Up to Date: A comprehensive evidence based database of clinical and drug information".

A/Prof Louise Purton, "Regulation of haematopoiesis by the bone marrow microenvironment", The University of Melbourne.

Steve Ray, "International Emergencies and Disaster Response – The Role of the Manager International Emergencies, Red Cross".

Prof John Reeder, "Can we eliminate Malaria".

Angela Rintoul, "Recent increase in detection of alprazolam in Victorian heroin-related deaths", The Alfred.

Angela Rintoul, "Gambling and public health: mapping pokies losses across Melbourne", DFM.


Dr R. Shepherd, "Sharp injuries and restraints", UK.

Pilot Chris Sherwood, "Vic Police Air Wings Operations", Victoria Police.

Colin Smith, Edinburgh, UK, "Non accidental paediatric head injury".

Dr Margaret Stark, "Future of Clinical Forensic Medicine", UK.

David Zimmermann, "Virtopsy and its associated legal parameters & impact", VIFM.

A/Prof David Wells, "Future of Pathology in the era of personalized medicine", VIFM.

Dr Angela Williams, "CFM or CSI," VIFM.

Dr Carlos Vullo, "Forensic Genetics for Human Remains Identification: The EAAF Experience", Argentina.

The Victoria Bar Theatre Company: The Queen v Edward ‘Ned’ Kelly” (DVD).
Other Presentations

Baber Y.
» Autopsies and Forensic Pathology. Talk to Coroners Court of Victoria, February 2012
» Forensic Science – Talk to Loreto Mandeville Hall School, May, 2102

Baker M.
» Judicial College of Victoria, February 2012

Blau S.
» A career as a forensic anthropologist. Presentation delivered for Careers Day, VIFM, September 2011
» A career as a forensic anthropologist. Presentation delivered for Careers Day, VIFM, April, 2012

Bouwer H.
» The Christchurch earthquake – a Victorian perspective. Los Angeles County Coroner Office. Los Angeles, September 2011

Boyd-O’Reilly A.
» Police Recruits lecture, VIFM, July, 2011
» Police Recruits lecture, VIFM, August, 2011
» Boyle J.
» “Tissue Donation in the Coronial Setting” – Victoria Police recruits, 2011-2012

Burke M.
» Head Injury. Coroner’s twilight meeting, October 2011
» Casey-Giles S.
» “Tissue Donation in the Coronial Setting” – Victoria Police recruits, 2011-2012

Cordner S. Poniatowski S. McKelvie, H.
» Presentation: “DTBV Response to Inquiry into Organ Donation in Victoria”. Parliament of Victoria, 21 September 2011

Cunningham N.
» Sexual Assault or Sexual Hallucinations? Forensic Case Group Meeting, VIFM, July 2011.
» Clinical Forensic Medicine, Remote Vocational Training Scheme (RVTS) via teleconference NT, FNQ, August 2011.
» Emergency Medicine Regional Congress, St Vincent’s Hospital Melbourne, December 2011.
» Where Medicine Meets the Law – Forensic Medicine, VMA GP Registrars (WES), Victorian Metropolitan Alliance, Hawthorn, March 2012.

Dickie S.
» “Tissue Donation in the Coronial Setting” – Victoria Police recruits, 2011-2012

Dickie S. Higgins S. Sadler K.
» Presentation: Education session for Organ Donor Coordinators, DonateLife, Victoria, April 2012

Gaya S.
» The Psychology of Terrorism” at the NEGOSEC training course, Sebel, Brisbane, November, 2011
» Discipline Investigation Course, Transit ORU, July, 2011
» Police Recruits, VIFM, July, 2011
» Discipline Investigation Course, Police Academy, August, 2011
» Discipline Investigation Course, Frankston RSL, September, 2011
» Kits training Bairnsdale SOCIT (FMEK), November, 2011
» Kits training Morwell SOCIT (FMEK), November, 2011
» Kits training Shepparton SOCIT (FMEK), November, 2011
» Kits training Wangaratta SOCIT (FMEK), November, 2011
» Kits training Wodonga SOCIT (FMEK), November, 2011
» Detective Training School, Holmesglen TAFE, May, 2012
» The Trouble with Dogs, VIFM lecture series, VIFM, 21 June, 2012

Hamilton K.
» Presentation: “Tissue Donation and Transplantation”, Frankston Hospital Organ & Tissue Donation Workshop, Frankston, July 2011.

Hill A.
» International Committee of the Red Cross/Australian Red Cross. ‘Role of the Forensic Odontologists in International Conflict’ Melbourne, Jan, 2012
» Victorian Missing Persons Unit. ‘AM Record Collection in Missing Persons Investigations. Feb 2012. Iles L.
» Coroner’s Twilight Meeting, October 2011
» Coroner’s Intensive, June, 2012

Mendes D.
» Police Recruits lecture, VIFM, January, 2012

Odell M.
» Chronic Disease Workshop, Yarrawonga 15 September, 2011.
» Emergency Department Registrar talk, Western Hospital, 31 August, 2011.
» Bogong Regional Training Network (GP Training), 15 September, 2011.
» Police Recruits, VIFM, September, 2011.
» Diabetes Symposium lecture Royal Children’s Hospital 5 October, 2011.
» Police Recruits, VIFM, October, 2011.
» Police Medical Officers training symposium, Millenium Hotel Oriental Bay Wellington, November 12 & 13 2011.
» Police Recruits lecture, VIFM, December, 2011.
» Lecture to Deakin Medical Students, 30 March, 2012.
» Police Recruits lecture, VIFM, April, 2012.
» Presentation re Driving Royal Melbourne Hospital, 24 May, 2012.
» Traffic Medicine Tutorial, Registrars Ballarat Base Hospital, 12 June, 2012.
» Lecture to U3A, 7 June, 2012.

O’Hehir A.
» Forensic Nursing in Victoria, RMIT Post Graduate Nursing Students, VIFM, 22 September, 2011.
» Forensic Nursing at VIFM, Bachelor of Nursing Students Holmesglen TAFE, 10 October, 2011.
» Management of Forensic Evidence in Emergency, Post Graduate Emergency Nursing Course, Monash University, Peninsula Campus School of Nursing, 12 October, 2011.
» Biological Specimens Nurses Information Session, VIFM, November, 2011.
» Biological Specimens Nurses Information Session, VIFM, February, 2011.
» Sexual Abuse/Domestic Violence, RMIT Midwifery and MCH nursing students, Bundoora Campus, 20th April, 2012.
» Forensic Nursing, General Nursing Students, Holmesglen TAFE, Moorabbin Campus, 24 April, 2012.

Pisani F.
» Police Recruits, VIFM, 31 August, 2011.

Poniatowski S.
» Presentation: “Infectious Disease and Tissue Donation”. Australian Institute of Medical Scientists Victoria Branch Scientific Workshop, 27 August, 2011.

Ranson D.L.
» Coroner’s Court of Victoria Information day – Forensic Pathology Services, 15 August, 2011.
» Victorian Bar Association - Bar Readers Course – Forensic Pathology and Expert Witnesses, 7 October 2011
» Coroner’s Court of Victoria Information day – Forensic Pathology Services, 17 November, 2011.
» AGM Update on Pathology in Victoria for the Royal College of Pathologists, Victorian Branch 17 November 2011.

Ransgaia A.
» Fitness for Interview, Australian Law Teachers Association, National Conference, Brisbane, July 2011.
» FMEK training Ballarat, August, 2011.
» FMEK training Mildura, August, 2011.
» FMEK training Bendigo SOCIT (FMEK), October, 2011.
» Discipline Investigation Course, Police Academy, November, 2011.

Towns J.
» Police Recruits lecture, VIFM, August, 2011.
» Police Recruits lecture, VIFM, September, 2011.
» Police Recruits lecture, VIFM, November, 2011.
» Police Recruits lecture, VIFM, November, 2011.
» Police Recruits lecture, VIFM, December, 2011.
» Police Recruits lecture, VIFM, 8 February, 2012.
» PPV, Lecture on Sexual Assault/Family Violence, Family Planning Victoria, Box Hill, 8 February, 2012.
» Police Recruits lecture, VIFM, April, 2012.
» Police Recruits lecture, VIFM, June, 2012.
» Police Recruits lecture, VIFM, June, 2012

Wells D.
» Clinical Forensic Medicine at the VIFM, Delegation from the Central Institute of Forensic Science (CIFS), Ministry of Justice Thailand, VIFM, August, 2011.
» Investigating allegations against health practitioners’ information session, AHPRA (Notifications staff), Melbourne, August, 2011.
» Injury Interpretation, Monash Post Graduate Students, Melbourne, 6-7 October, 2011.
» Forensic Sciences, Monash Post Graduate Students, 11 October, 2011.
» Discipline Investigation Course, Geelong, October, 2011.
» FMEK Training Geelong, 26 October, 2011.
» Forensic Medicine in Rural Practice, East Grampians Health Service, Ararat, 6 February, 2012.
» Investigation Health Practitioners, Forensic Case Group, Melbourne, VIFM March 2012.
» Discipline Investigation Course, Police Academy, March, 2012.
» FMO Services, Prahran Police Station, April, 2012.
» Elements of Forensic Medicine, Monash Law Lectures, The Plueckhahn Theatre.

Williams A.
» Sexual Assault Crisis Line Team Day, May 2011.
» OPP training day, Melbourne, 1 July, 2011.
» CSI and Sexual Assault, Criminal Law Conference, Law Institute of Victoria, Melbourne, 29 July, 2011.
» Warrnambool Region FMEK Training, Warrnambool SOCAU, July, 2011.
» SOCAU Training, Police Academy, August, 2011.
» Forensic and Medical Sexual Assault Clinicians Australia, Conference. presentation Darwin ‘Accreditation of a Sexual Assault Unit’.
» FMEK information session, Plueckhahn Theatre, Southbank, 25 August, 2011.
» Health and Respect, Presbyterian Ladies College Year 11 & 12, 29 August, 2011.
Teaching and Training

Baber Y.
» Homicide Squad, Canberra. Training Session, November 2011.

Blau S.
» Trainer, lectures delivered to the 4th Justice Rapid Response Training Course, Semarang, Indonesia. February 2012.
» A career as a forensic anthropologist. Presentation delivered for Careers Day, VIFM, April 2012.
» Lecture to Arson Investigation Squad, VIFM. June 2012
» Lectures and practical sessions delivered to the Meeting of Asia-Pacific Institutes with a focus on Disaster Victim Identification. 11-13 June, 2012, Semarang, Indonesia.

Boyd-O’Reilly A.
» Police Recruits, VIFM, August, 2011.

Cunningham N.
» ACEM 28th Annual Scientific Meeting. Sydney 20th November 2011.

Dickie S.
» Medical Law Program, Department of Forensic Medicine, Monash University

Fitzsimons A.
» In-service training for Living Donor Bone Program (LDBP), Victorian metropolitan and regional hospitals, ongoing, 2011/12.

Gaya S.
» Discipline Investigation Course, Transit ORU, July, 2011.
» Discipline Investigation Course, Police Academy, August, 2011.
» Discipline Investigation Course, Frankston RSL, September, 2011.
» Talk to doctors – Warrnambool.

Hill, A.
» Monash University - Elements of Forensic Medicine.
» Monash University - Masters of Clinical Forensic Medicine.
» Victoria Police. Detective Training Series.
» Victoria Police. Homicide Training Sessions.

Lynch M.
Mendes D.

Odell M.
» Bogong Regional Training Network (GP Training), 15 September, 2011.
» Police Recruits lecture, VIFM, September, 2011.
» Police Recruits lecture, VIFM, October, 2011.
» Police Recruits lecture, VIFM, December, 2011.
» Lecture to Deakin Medical students, March 2012.
» Police Recruits lecture, VIFM, April, 2012.
» Traffic Medicine tutorial, Registrars Ballarat Base Hospital, 12 June, 2012.
» Lecture to U3A, 7 June, 2012.

O’Hehir A.
» Forensic Nursing in Victoria, RMIT Post Graduate Nursing Students, (half day intensive VIFM, 22 September, 2011).
» Forensic Nursing at VIFM, Bachelor of Nursing Students Holmesglen TAFE, 10 October, 2011.
» Management of Forensic Evidence in Emergency, Post Graduate Emergency Nursing Course, Monash University, Peninsula Campus School of Nursing, 12 October, 2011.
» Sexual Abuse/Domestic Violence, RMIT midwifery and MCH nursing students, Bundoom Campus, 20th April, 2012.
» Forensic Nursing, General Nursing Students, Holmesglen TAFE, Moorabbin Campus, 24 April, 2012.

Parkin J.
» Force Response Unit, VPC, July, 2011.
» Detective Training School, Holmesglen TAFE, September, 2011.
» RMIT Emergency Department Nurses Forensic Education Seminar, The Plueckhahn Theatre, VIFM, 22 September, 2011.
» Clinic Forensic Medicine, SOCIT training, Case Studies, Footscray SOCIT, 22 March, 2012.
» Elements of Forensic Medicine, Monash Law Lectures, Adult Sexual Assault, 17 April, 2012, The Plueckhahn Theatre.

Pisani F.
» Police Recruits, VIFM, 31 August, 2011.

Ranson D.L.
» Forensic Pathology – Arson and Explosives related death investigations, Victoria Police 13 September 2011
» Clinical Leadership Program – Ballarat Health Service to senior medical trainees and associate nurse unit managers 23 September 2011.
» Forensic Pathology and Science – Mount Hira College 1 December 2011.
» Forensic Pathology and the Investigation into the remains of Ned Kelly- Royal Automobile Club of Victoria, 13 March 2012.
» Medical Law Program Lecture and tutorial. Monash Medical School Gippsland Campus 23 March 2012.
» Medical Law Program Lecture and tutorial. Monash Medical School Gippsland Campus 30 March 2012.
» Medical Law Tutorial- Medical Consent, Monash Medical School Clayton 11 April 2012
» Medical Law Tutorial- End of Life, Monash Medical School Clayton 20 April 2012
» Medical Law Tutorial- Tissues and Organs, Monash Medical School Clayton 2 May 2012
» Masters in Forensic Medicine, Medical Evidence and Moot Court. 14 – 15 May 2012

Sungaila A.
» FMEK training Ballarat, August, 2011.
» FMEK training Mildura, August, 2011.
» Kits training Bendigo SOCIT (FMEK), October, 2011.
» Discipline Investigation Course, Police Academy, November, 2011.

Towns J.
» Police Recruits lecture, VIPM, August, 2011.
» Police Recruits lecture, VIPM, September, 2011.
» Police Recruits lecture, VIPM, 9 November, 2011.
» Police Recruits lecture, VIPM, 23 November, 2011.
» Police Recruits lecture, VIPM, December, 2011.
» Police Recruits lecture, VIPM, 8 February, 2012.
» Police Recruits lecture, VIPM, April, 2012.
» Police Recruits lecture, VIPM, June, 2012.

Wells D.
» Injury Interpretation, Monash Post Graduate Students, Melbourne, 6-7 October, 2011.
» Forensic Sciences, Monash Post Graduate Students, 11 October, 2011.
» Discipline Investigation Course, Geelong, October, 2011.
» FMEK Training Geelong, 26 October, 2011.
» Sexual Violence, Health Professionals Samoa, 1-3 November, 2011.
» Discipline Investigation Course, Police Academy, March, 2012.
» Discipline Investigation Course, Police Academy, March, 2012.

Williams A.
» OPP training day, Melbourne, 1 July, 2011.
» Warrnambool Region FMEK Training, Warrnambool SOCAU, July, 2011.
» SOCAU Training, Police Academy, August, 2011.
» FMEK Information session, VIFM, 25 August 2011.
» Medical Management of Sexual Assault. Hobart training. October 2011.
» Monash Medical Student Lecture, 17 October, 2011.
» SOCIT Sexual Assault Course, Police Academy, November, 2011.
» SOCIT Sexual Assault Course, Police Academy, June, 2012.
» Elluminate Sessions.
» Forensic Case Group hosting & presentations.
» Sexual Violence, Health Professionals Samoa, 1-3 November, 2011.
Appendix D: Staff by Department

Director’s Office

Director – STEPHEN CORDNER – AM MA MBBS BMedSci Dip Crim DMJ(Path) FRCPATH FRCPA
Chief Operating Officer - MARI-ANN SCOTT - B Econ (Hons)
MPhil MAICD
Deputy Director - DAVID RANSON - BMedSci BM BS LLB FACLM FRCP path FRCPA FFFLM DMJ(Path)
Manager Medico-Legal – HELEN MCKELVIE - LLB BA
Manager Redevelopment, Information & Data Analysis – VICKY WINSHIP - BSc (Hons)
Manager National & International Program – ELIZABETH MANNING – BA (Hons) PhD (Sociology)
Senior Medico-Legal Officer – FIONA LEAHY – LLB (Hons) BA
Internal Planning Consultant – PETER WALLACE

Support Services

Head, Support Services - MARI-ANN SCOTT - B Econ (Hons)
MPhil MAICD
Manager, Governance, Strategic Projects & Risk – LEANNA LA COMBRE - BA GradDipPP LLB
Senior Occupational Health & Safety Consultant – EMILY ORCHARD - BSc MFCcSc MBA (Exec)
Project Officer, Communications – ANDREA HINCE – BA Dip HR
Executive Administration Officer – FIONA LAWRENCE

Finance and Business Services

Chief Finance Officer – PETER FORD - FCCA
Financial Accountant – LAUREN MURTON - BA/Bcom DipModLang CPA
Senior Financial Officer – STEPHEN ANSELL - FCCA
Finance Officer – MARGARET STOLKE
Facilities Management Officer – JIM COSENTINO
Purchasing & Supplies Officer – BRYCE MARSHALL
Purchasing & Supplies Assistant – ADAM LI
Receptionist – GAIE RUSSELL

Technology Services

Manager, Technology Services – MURRAY HALL - BAppSc BEng Analyst Programmer – ALEXANDER ALIMANSJAH - BComp IT Officer – DAVID ORCHARD - BSc (Biomedical)
IT Security and Unix Administrator PHANEENDRA KATTA - BTech
Library Manager – KERRY JOHANNES - ARMIT AALIA
Senior Analyst/Developer – PETER EDBROOKE
Service Desk Support Officer – LAKSHAN DE RUN
Software Developer – STEVE KATSARAS
Specialist Forensic Photographer – CAROLINE ROSENBERG (To December 2011), CLAIRE RICHARDS - BAppSc (Hons)(SciPhoto)
System Architect – JARROD BOXALL - DipInfoTech
Windows & Desktop Administrator – RON ROSE - BAppSc

Quality and Improvement

Manager, Quality & Improvement – FRANCES ADAMAS – BSc(Hons) MBiotechBus
Quality & System Improvement Officer, FSS – SOUMELA HOROMIDIS - BSc
Quality & System Improvement Officer, DTV – ROBYN JUGUETA - BSc, AssDipAppSc (Lab Tech)
Quality & System Improvement Officer, Forensic Pathology Services – TRAM LAM,
Policy Officer – TANYA COROCHER (To August 2011)
QMS Implementation Officer - CFM – ANGELA REILLY

Human Resources and Organisational Development

Manager, Human Resources and Organisational Development – RICHARD PROKOP - BBA
Senior Human Resources Consultant – AMIR QAJAR (To February 2012)
Human Resources/Payroll Consultant – LISA OMER, ANGELA PIACENTE

Donor Tissue Bank of Victoria

Acting Head, Donor Tissue Bank of Victoria – STEFAN PONATOWSKI - BSc (Hons) MBMS
Nurse Manager – SUSAN DICKIE
Acting Production Manager - BEN STEWART - BSc
Senior Scientist – KELLIE HAMILTON - BSc (Hons)
Acting Senior Microbiologist - TYRA MARKERT - BSc (Hons)
Administration Officer - CHARMAIN ANDERSON

Tissue Donor Co-ordinators

KAREN DAVIES
AINSLEE FITZSIMONS
LYNDIE-LEIGH SHAW - DipHealthSc(Nursing)
DipAPS(Paramedic)
SEANA GILES (To May 2012)
JOSEPINE BOYLE (To January 2012)

Scientists

KATY SADLER – MSc
Acting Scientist - KIMBERLY MCNEIL - BSc Health (Paramedic)

Technicians

HEATH DAVIES
ALASTAIR FREEMANTLE
DANIYELLE MCLEAN (To June 2012)
TALITHA PITT
JOHNATHON TARASCIO (To November 2011)

Microbiologists

ALINA INSERRA
JENNY MILNE (To April 2012)

Forensic Scientific Services

Head, Forensic Scientific Services – OLAF DRUMMER - BAppSc(Chem) PhD (Med) CChem FRCPA FFSC
Business Operations Manager – IRENE KOURTIS -
Team Leaders

Coronial Stream – JOY BEYER - BA/BSc (Hons)
Contract Stream – APRIL STOCK - BSc (Hons)
Paternity Stream – ASHIL DAVAWALA - BSc GradDip (BioTech)
GradDip (MedLabSci)

Scientists

JANE DEVENISH-MEARES - BSc
ANDREW SCHILENKER - BSc Adv (Hons)
LINDA BENTON - BSc
MICHELLE SPIDEN - MSc BSc/BA
ZOE BOWMAN – BAppSc (LabMed)

National Coroner Information System

Manager, NCIS – JESSICA PEARSE – BIM, CHRISTOPHER JONES
Access Officer - JOANNA COTSONIS
Administration Officer – CATHRINE DALEY - BSocSc Grad
Dip(Arts) GradCert(Arts), ANDREA GALLO
Coronial Liaison Officer – LISA CROCKETT
Quality Assurance Officer – JILL RUSSELL
Quality Assurance & IT Officer – TONY CHAN
Quality Manager - LEANNE DAKEING - BHIM BBusIT
Senior Research Officer - STEVEN HAAS - BPharm
BPPharmSci(Hons) PhD
FRCD Coder – JESSICA MAJERCZAK - BN/BEH(Pmed),
EESHARA VITHANA, TRACEY CAULFIELD
FRCD Quality Assistant – JENNIFER TO
FRCD Senior Coder – BRONWYN HEWITT - BHIM

Medico-Legal Death Investigations

Head, Forensic Pathology – NOEL WOODFORD - MBBS LLM
DMJ (Path) FRCPA FRCPath
Business Operations Manager – JEFF LOMAS - BA
GradDipSocSci (Gestalt Therapy)

Forensic Pathology Services

Forensic Pathologists

YLEIENA BABER - MBBS MRC Ed FRCPath
MELISSA BAKER - MBBS (Hons) FRCPA
PAUL BEDFORD - MBBS FRCPA DipForensPath
HEINRICH BOUWER - MChB FRCPA
MICHAEL BURKE - MBBS BSc FRCPA DipForensPath
MALCOLM DODD - MBBS FRCPA DMJ(Path) AssocDipMLT
FFFLM (RCP-UK) FACBS MACLM GradCertHealth Prof Ed
(Monash)
LINDA ILES - BMSc MBBS (Hons) FRCPA DMJ (Path)
JACQUELINE LEE - MD
MATTHEW LYNCH - MB BS LLB (Hons) FRCPA DipForensPath
Path DMJ (Path)
SANDRA NEATE – MBBS DA (UK) Dip RACOG FACEM
SARAH PARSONS - B Med Sci (Hons) MBBS (Hons) (Tas)
FRCPA
DAVID RANSON - BMedSci BM BS LLB FACLM FRCPA
FRCPA FFFLM DMJ(Path)
Forensic Radiologist – CHRISTOPHER O’DONNELL - MBBS
FRANZCR MMed GradDipForMed

Registrars

Forensic Pathology Registrar - SAMEERA GUNAWARDENA,
CLARE HAMPSON, PRITINESH SINGH (To September 2011)
Medical Liaison Nurse Consultants

Medical Liaison Nurse Consultant – NATALIE MORGAN
Medical Liaison Nurse Consultant – MELISSA MOGFORD
- BA (Nursing) GradDip (Paed Crit Care) GradDip (Health Management)
Pathology Liaison Nurse – BIANCA SZYMANSKI
Forensic Pathology Liaison Case Coordinator – PATRICIA O’BRIEN – RN GradDipCrim MBA BA ITN RM

Administration

Medical Administration Officer – LAURA HART
Medical Administrative Officer – NOELLE LARGE, MARY REDDAN, JILL LLOYD (Deceased Feb 2012), SHANNON MAY (To January 2012)
Pathology Records & Account Officer – JEANETTE BUCKLEY
Medical Records & Case Management Officer – CAROLE SPENCE

Forensic Technical Services

Manager, Forensic Technical Services – JODIE LEDITSCHKE - BSc PhD

Senior Forensic Technical Officers

KEITH BRETHERTON
REBECCA ELLEN - AssocDip MedLabSci
SAMANTHA HIGGINS - BSc
HELEN MESSINIS
BARRY MURPHY - CertAnatPath
EMILY ORCHARD - BSc MFC Sc MBA (Exec)
SARSHA COLLETT (To November 2011)

Forensic Technical Officers

PETER BURY - Dip MedLabSci DipPhoto
EVAN LECKENBY - BAppSc (MedSci)
LEAH LEIGHTON - U/Grad BSc
BRIAN LLOYD
ABBY MCCLURE – BSc
STEPHANIE MOORE
ERIN OLSEN
GEMMA RADFORD - BSc MSc
DANIELLE STEVENS
JENNAH TIU - BSc Cert III(Path)
SARAH WELLER - BSc MHealSci DipPT ExP
Forensic Technical Assistant – TOM O’DWYER

Human Identification Services

Service Coordinator and Senior Forensic Odontologist – RICHARD BASSED – BDS GradDipForOdont PhD
Consultant Forensic Odontologist – ANTHONY HILL - BDS GradDipForOdont
Senior Forensic Anthropologist – SOREN BLAU - BA Hons MSc PhD
Forensic Anthropologist – CHRISTOPHER BRIGGS - DipEd BSc MS PhD
Forensic Entomologist – MELANIE ARCHER - BSc(Hons) PhD MBBS

Clinical Forensic Medicine Services

Head, Clinical Forensic Medicine – DAVID WELLS - OAM MA MBBS DMJ GradCertHigherEd DipRACOG FRACGP FACLIM FFLM

Business Operations Manager – ELISABETH ARNOL - BHMS:

Forensic Physicians

Senior Forensic Physician – MORRIS ODELL - BE (Hons) MBBS
FRACGP DMJ FACLM FFPS
NICOLA CUNNINGHAM - BMed FACEM
SANJEEV GAIA - MBBS DMJ (Clin) MFFLM
JO ANN PARKIN - BEd BAppSci Hons MBBS
ANGELA SUNGAILA - MBBS MForensMed
JANET TOWNS - BMed FRACGP MForensMed
ANGELA WILLIAMS - MBBS MForensMed Grad Dip Law

CFM Registrars

SANJEEVA SENARATNA
PRITTINISH SINGH
ELEANOR BOTT (To February 2012)
ALISON BOYD-O’REILLY (To August 2011)
FERNANDO PISANI (To October 2011)
JOHN LINDSAY (To August 2011)
JUSTIN CURRAN (To November 2011)
CIARA EARLEY (To February 2012)
DILINI MENDIS (To February 2012)
Forensic Nurse Coordinator – ADELE O’HEHIR - RN BEd Grad Cert Forensics
Senior Project Manager – BARBARA THORNE - BA GradDipCrim
Training & Development Project Officer – ALEXANDER GILLARD - BA

CFM Business Support

Coordinator, CFM Business Support – MARIA MAMMEN
Administration Officer – GABRIELLE CONNERS
Administrative Officer – CHARLOTTE GRAY
Administration Officer – JODIE WADESON
Administration Assistant – ELIZABETH DAILY

Forensic Medical Officers providing CFM Services across Victoria

MALCOLM ALTSON
STEWARD BOOTH
KELLY DAVIS
NICK DEMEDIUK
ANNE DOCHERTY
CIARA EARLEY
JOHN GUYMER
ROBYN HIDES
JOHN LINDSAY
DAVID LONG
JOANNE LOVE
MARION MAGEE
REBECCA MCGOWAN
DILINI MENDIS
JENNIE MILLS
DEV MITRA
GERALD MURPHY
IAN PRICE
CAMERON PROFITT
JILL RAMSEY
NICOLE REID
MATT RYAN
BELINDA SCHIEFEL
DIANNE SHERIFF
ANDREW SOLOCZYNSKYJ
Department of Forensic Medicine, Monash University

Chair of Forensic Medicine – STEPHEN CORDNER – AM MA MBBS BMedSci Dip Crim DMJ(Path) FRCPATH FRCPA
Head of Department – OLAF DRUMMER - BAppSc CChem PhD FRCPA FFSC
DFM Department Manager - VICKI MCAULIFFE – ExecCertBusMgt
Senior Business Analyst – STEPHEN ANSELL – FCPA
PA to Head of Department – CERIL PEREIRA
Research Officer – JENNIFER PILGRIM - BSc(Hons) PhD(Med)
Administrator, Postgraduate Courses – DEBBIE HELLINGS - CertBus
Administrative Officer - PATRICIA O’BRIEN - RN GradDipCrim MBA BA ITN RM
Administrative Officer, HR & Finance – LUCIA MACFARLANE - CertIVTAE CertIVBusMan
Medical Law Program Administrator – NATALIE OAKLEY
Librarian - KERRY JOHANNES - ARMIT AALIA

PhD students

JANET DAVEY - MSc PhD Candidate
LUKE RODDA - BAppSc(Hons) PhD Candidate
EVA SAAR - BPharm(Germany) PhD Candidate

Convenors & Unit Coordinators

Convenor, Medical Law Programs - LEANNA DARVALL (until Dec 2011). DAVID RANSON

Unit Coordinator, Odontology Units – RICHARD BASSED - BDS GradDipForOdont PhD
Unit Coordinator, Elements of Forensic Sciences (FOR4004) - ANNA DAVEY - BSc(Hons) MSc PhD Candidate
Unit Coordinator, Elements of Forensic Toxicology (FOR5007) - OLAF DRUMMER - BAppSc CChem PhD FRCPA FFSC
Unit Coordinator, Child & Adolescent Sexual Abuse (FOR4005) - VANITA PAREKH
Unit Coordinator, Custodial Medicine (FOR5008) - MICHAEL LEVY
Unit Coordinator, Traffic Medicine (FOR5006) - MORRIS ODELL - BE(Hons) MBBS FRACGP DMJ FACLM FFPLM
Unit Coordinator, Adult Sexual Assault (FOR5005) - JANET DAVEY - MSc PhD Candidate

Unit Coordinator, Medical Evidence (FOR4001) - DAVID RANSON - BMedSci BM BS LLB FACLM FRCPath FRCPA FFPLM DMJ(Path)
Unit Coordinator, Non Accidental Injury in Childhood (FOR4006) - ANNE SMITH
Unit Coordinator, Ethics, Medicine & the Law (FOR4003) & Elements of Forensic Medicine – LOUIS WALLER – LLB(Hons) BCL Hon LLD FASSA FAAL
Unit Coordinator, Injury Interpretation (FOR4002) - DAVID WELLS - OAM MA MBBS DMJ GradCertHigherEd DipRACOG FRACGP FACLM FFPLM
Unit Coordinator, Nursing & the Criminal Justice System (FOR5004) - ANGELA WILLIAMS - MBBS MForensMed Grad Dip Law FFPLM

Teaching Associates

KEVIN LEE
JENNIFER LEE

Teaching Associates – Medical Law Program

DHEEPNA BENOT
MELANIE BENSON - MBBS (Hon) PGDipMed FRACGP FACChPM
MARTIN BOTROS
ANNABELLE BRENNAN
FIONA CONNOR
CHRISTINE DENYER
LLOYD ENGLAND - LL B (Hons) LPC Dip LL M (IP)
BERNADETTE PLANAGAN
FIONA LANDER
SUZIE LINDEN
CLARE LUMLEY
DAVID MACINTOSH - PhD MBBS Mbioeth FRCS FRACS
FAOrthA
ANNABELLE MANN
JO-ANNE MAZZEO
MARY MILES
JUDITH MUNRO
SANDRA NEATE - MBBS DA (UK) Dip RACOG FACEM
ANDREW RAKOSKI
THOMAS RECHNITZER - MBB, FCICM
MALAR THIAGARAJAN
ROBERT WALTERS – BMed Sc MBBS
JOHN WILLIAMSON
NICK KOKOTIS - MBBSB Med Sc FACEM
JULIAN GARDNER - BA LLB

Prevention Research Unit

Principal Research Fellow - JOAN OZANNE-SMITH - MBBS
MPH MA MD FAGPHM
Senior Research Fellow – VIRGINIA ROUTLEY - BEc
GradDipAppSci MPH PhD
Senior Research Fellow – WENDY WATSON
Research Assistant - FIONA KITCHING - BA/BSc
Research Assistant - NICOLA CUNNINGHAM - BMed FACEM
Research Assistant - MARIE DAVIS – BPsych (Hons)
Research Assistant – GAEL TRYTELL – BSc Bs (Hons)
Research Assistant - CARMEL YOUNG
Professor (Research) – JOSEPH IBRAHIM - MBBS PhD
FAGPHM FRACP
Doctor of Public Health Student – CHEBIWOT KIPSAINA -
MD(Moscow) MPH(WA)
Administration Assistant – SALLY BRADY

Adjunct Staff

Adjunct Professor - KERRY J BREEN
Adjunct Professor - ROBERT CONYERS
Adjunct Associate Professor - CHRISTOPHER BRIGGS - DipEd
BSc MS PhD
Adjunct Associate Professor & Director of Postgraduate Programs
- DAVID WELLS - OAM MA MBBS DMJ GradCertHigherEd
DipRACOG FRACGP PAICLM FFFLM
Adjunct Clinical Associate Professor & Convenor of Medical Law
Programs - DAVID RANSON - BMedSci BM BS LLB PAICLM
FRCPA FRCPA FFFLM DMJ(Path)

Adjunct Lecturers

Adjunct Lecturer - MELANIE ARCHER - BSc(Hons) PhD MBBS
Adjunct Lecturer - MELISSA BAKER
Adjunct Lecturer - MALCOLM DODD - MBBS FRCPA
DMJ(Path) AssocDipMLT FFFLM (RCP-UK) FACBS MAICLM
GradCertHealth Prof Ed (Monash)
Adjunct Lecturer - JODIE LEDITSCHKE
Adjunct Lecturer, Medical Law Program - BETHIA WILSON
Adjunct Lecturer, Medical Law Program - HELEN MCKELVIE -
LLB BA
Adjunct Lecturer, Medical Law Program - CHRISTOPHER
ATKINS - MB,BS MHA LLB
Adjunct Senior Lecturers
SOREN BLAU - BA Hons MSc PhD

TERENCE DONALD
SANJEEV GAYA
MARISA HERSO
LINDA ILES
MATTHEW LYNCH - MBBS LLB (Hons) FRCPA DipForens Path
DMJ (Path)
CHRIS O’DONNELL
SARAH PARSONS
SHELLEY ROBERTSON
NOEL WOODFORD - MBBS LLM DMJ (Path) FRCPA FRCPath
ANTHONY HILL
ANGELA WILLIAMS - MBBS MForesMed Grad Dip Law
MFFLM

Research Fellows

Adjunct Research Fellow - STEVEN HAAS - BPharm
BPharmSci(Hons) PhD
Adjunct Research Fellow - LYNDAL BUGEA
Adjunct Senior Research Fellow – JOCHEN BEYER - Bpharm
PhD
Adjunct Senior Research Fellow – CECILY JANE FREEMANTLE
Adjunct Senior Research Fellow - DIMITRI GEROSTAMOULOS -
BSc (Hons) PhD
Adjunct Senior Research Fellow – DADNA HARTMAN - BSc
(Hons) PhD
Senior Research Fellow - VIRGINIA ROUTLEY - BEc
GradDipAppSci MPH PhD
Senior Research Fellow - WENDY WATSON - BSc(Hons)MA PhD
Research Fellow - CHRISTOPHER JONES - LLB(Hons) GDLP
PhD
Visiting Research Fellow – EESHARA KOTTEGODA VITHANA -
MBBS MSc MD
Financial Statements

For the financial year ended 30th June 2012
Accountable officer's and chief finance and accounting officer's declaration

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

We further state that, in our opinion, the information set out in the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement and accompanying notes, presents fairly the financial transactions during the year ended 30 June 2012 and financial position of the Institute at 30 June 2012.

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 4 September 2012.

Professor Stephen Cordner
Director
Victorian Institute of Forensic Medicine

Mr Peter Ford
Chief Financial Officer
Victorian Institute of Forensic Medicine

Melbourne
4 September 2012

Melbourne
4 September 2012
# Comprehensive operating statement

For the financial year ended 30 June 2012

<table>
<thead>
<tr>
<th>Notes</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Continuing operations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income from transactions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grant - Department of Justice 2(c)</td>
<td>26,353,819</td>
<td>24,008,203</td>
</tr>
<tr>
<td>Interest from investments 2(a)</td>
<td>47,765</td>
<td>44,691</td>
</tr>
<tr>
<td>Sale of goods and services 2(b)</td>
<td>3,756,564</td>
<td>3,762,429</td>
</tr>
<tr>
<td><strong>Total income from transactions</strong></td>
<td>30,158,148</td>
<td>27,815,323</td>
</tr>
<tr>
<td>Expenses from transactions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee expenses 3(a)</td>
<td>(20,296,898)</td>
<td>(18,987,142)</td>
</tr>
<tr>
<td>Depreciation 3(b)</td>
<td>(1,039,589)</td>
<td>(888,793)</td>
</tr>
<tr>
<td>Interest expense 3(c)</td>
<td>(11,220)</td>
<td>(18,412)</td>
</tr>
<tr>
<td>Other operating expenses 3(d)</td>
<td>(8,653,999)</td>
<td>(8,005,404)</td>
</tr>
<tr>
<td><strong>Total expenses from transactions</strong></td>
<td>(30,001,706)</td>
<td>(27,899,751)</td>
</tr>
<tr>
<td><strong>Net result from transactions (net operating balance)</strong></td>
<td>156,442</td>
<td>(84,428)</td>
</tr>
<tr>
<td>Other economic flows included in net result</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net gain/(loss) on non-financial assets 4(a)</td>
<td>-</td>
<td>(567,595)</td>
</tr>
<tr>
<td>Net gain/(loss) on financial instruments 4(b)</td>
<td>(2,246)</td>
<td>(3,134)</td>
</tr>
<tr>
<td>Other gain/(loss) from other economic flows 4(c)</td>
<td>(108,579)</td>
<td>(2,460)</td>
</tr>
<tr>
<td><strong>Total other economic flows included in net result</strong></td>
<td>(110,825)</td>
<td>(573,189)</td>
</tr>
<tr>
<td><strong>Net result</strong></td>
<td>45,617</td>
<td>(657,617)</td>
</tr>
<tr>
<td>Other non-owner changes in equity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Changes in physical asset revaluation surplus 20</td>
<td>-</td>
<td>2,433,863</td>
</tr>
<tr>
<td><strong>Total other economic flows - other non-owner changes in equity</strong></td>
<td>-</td>
<td>2,433,863</td>
</tr>
<tr>
<td><strong>Comprehensive result</strong></td>
<td>45,617</td>
<td>1,776,246</td>
</tr>
</tbody>
</table>

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

## As at 30 June 2012

<table>
<thead>
<tr>
<th>Notes</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Financial assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and deposits</td>
<td>16</td>
<td>$2,406,968</td>
</tr>
<tr>
<td>Receivables</td>
<td>5</td>
<td>6,141,356</td>
</tr>
<tr>
<td><strong>Total financial assets</strong></td>
<td></td>
<td><strong>8,548,324</strong></td>
</tr>
<tr>
<td><strong>Non-financial assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inventories</td>
<td></td>
<td>$17,415</td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>7</td>
<td>$9,189,840</td>
</tr>
<tr>
<td>Non-financial physical assets classified as held for sale</td>
<td>6</td>
<td>$50,722</td>
</tr>
<tr>
<td><strong>Total non-financial assets</strong></td>
<td></td>
<td><strong>9,257,977</strong></td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td></td>
<td><strong>17,806,301</strong></td>
</tr>
<tr>
<td><strong>Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payables</td>
<td>8</td>
<td>$1,171,961</td>
</tr>
<tr>
<td>Borrowings</td>
<td>9</td>
<td>130,290</td>
</tr>
<tr>
<td>Provisions</td>
<td>10</td>
<td>5,332,934</td>
</tr>
<tr>
<td>Other liabilities</td>
<td></td>
<td>563,218</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td></td>
<td><strong>7,198,403</strong></td>
</tr>
<tr>
<td><strong>Net assets</strong></td>
<td></td>
<td><strong>10,607,898</strong></td>
</tr>
<tr>
<td><strong>Equity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accumulated surplus/(deficit)</td>
<td></td>
<td>(2,527,505)</td>
</tr>
<tr>
<td>Physical asset revaluation surplus</td>
<td>20</td>
<td>2,433,863</td>
</tr>
<tr>
<td>Contributed capital</td>
<td></td>
<td>10,701,540</td>
</tr>
<tr>
<td><strong>Net worth</strong></td>
<td></td>
<td><strong>10,607,898</strong></td>
</tr>
</tbody>
</table>

The balance sheet should be read in conjunction with the accompanying notes.
Statement of changes in equity
For the financial year ended 30 June 2012

<table>
<thead>
<tr>
<th>Note</th>
<th>Physical asset revaluation surplus $</th>
<th>Accumulated surplus $</th>
<th>Contributions by owner $</th>
<th>Total $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at 1 July 2010</td>
<td></td>
<td>(1,915,505)</td>
<td>10,033,467</td>
<td>8,117,962</td>
</tr>
<tr>
<td>Net result for the year</td>
<td></td>
<td></td>
<td>(657,617)</td>
<td>(657,617)</td>
</tr>
<tr>
<td>Other comprehensive income for the year</td>
<td>20</td>
<td>2,433,863</td>
<td></td>
<td>2,433,863</td>
</tr>
<tr>
<td>Capital appropriations</td>
<td></td>
<td></td>
<td>234,955</td>
<td>234,955</td>
</tr>
<tr>
<td>Balance at 30 June 2011</td>
<td>2,433,863</td>
<td>(2,573,122)</td>
<td>10,268,422</td>
<td>10,129,163</td>
</tr>
<tr>
<td>Net result for the year</td>
<td></td>
<td>45,617</td>
<td></td>
<td>45,617</td>
</tr>
<tr>
<td>Capital appropriations</td>
<td></td>
<td></td>
<td>433,118</td>
<td>433,118</td>
</tr>
<tr>
<td>Balance at 30 June 2012</td>
<td>2,433,863</td>
<td>(2,527,505)</td>
<td>10,701,540</td>
<td>10,607,898</td>
</tr>
</tbody>
</table>

The statement of changes in equity should be read in conjunction with the accompanying notes.
# Cash flow statement
## For the financial year ended 30 June 2012

<table>
<thead>
<tr>
<th>Notes</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Cash flows from operating activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Receipts</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receipts from Government</td>
<td>26,067,919</td>
<td>23,935,667</td>
</tr>
<tr>
<td>Receipts from other entities</td>
<td>4,095,740</td>
<td>3,461,862</td>
</tr>
<tr>
<td>Interest received</td>
<td>47,765</td>
<td>44,691</td>
</tr>
<tr>
<td><strong>Total receipts</strong></td>
<td>30,211,424</td>
<td>27,442,219</td>
</tr>
<tr>
<td><strong>Payments</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payments to suppliers and employees</td>
<td>(29,073,100)</td>
<td>(26,306,500)</td>
</tr>
<tr>
<td>Interest and other costs of finance paid</td>
<td>(11,220)</td>
<td>(18,412)</td>
</tr>
<tr>
<td><strong>Total payments</strong></td>
<td>(29,084,320)</td>
<td>(26,324,912)</td>
</tr>
<tr>
<td><strong>Net cash flows from/(used in) operating activities</strong></td>
<td>1,127,104</td>
<td>1,117,307</td>
</tr>
<tr>
<td><strong>Cash flows from investing activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purchases of non-financial assets</td>
<td>(1,404,651)</td>
<td>(1,009,747)</td>
</tr>
<tr>
<td>(Proceeds) from the sale of Property Plant &amp; Equipment</td>
<td>-</td>
<td>17,050</td>
</tr>
<tr>
<td><strong>Net cash flows from/(used in) investing activities</strong></td>
<td>(1,404,651)</td>
<td>(992,697)</td>
</tr>
<tr>
<td><strong>Cash flows from financing activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Owner contributions by State Government</td>
<td>433,118</td>
<td>234,953</td>
</tr>
<tr>
<td>Repayment of finance leases</td>
<td>(73,182)</td>
<td>(78,321)</td>
</tr>
<tr>
<td><strong>Net cash flows from/(used in) financing activities</strong></td>
<td>359,936</td>
<td>156,633</td>
</tr>
<tr>
<td><strong>Net increase/(decrease) in cash and cash equivalents</strong></td>
<td>82,389</td>
<td>281,243</td>
</tr>
<tr>
<td>Cash and cash equivalents at beginning of the financial year</td>
<td>2,324,579</td>
<td>2,043,336</td>
</tr>
<tr>
<td><strong>Cash and cash equivalents at end of the financial year</strong></td>
<td>2,406,968</td>
<td>2,324,579</td>
</tr>
</tbody>
</table>

Non-cash transactions  16(b)

*The cash flow statement should be read in conjunction with the accompanying notes.*
Notes to the financial statements
For the financial year ended 30 June 2012

Note 1. Summary of significant accounting policies

The annual financial statements represent the audited general purpose financial statements for the Victorian Institute of Forensic Medicine (the Institute). The purpose of the report is to provide users with information about the Institute’s stewardship of resources entrusted to it.

(A) Statement of compliance

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

To gain a better understanding of the terminology used in this report, a glossary of terms and style conventions can be found in Note 22.

The annual financial statements were authorised for issue by the Director of the Victorian Institute of Forensic Medicine on 4 September 2012.

(B) Basis of accounting preparation and measurement

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

Judgements, estimates and assumptions are required to be made about the carrying values of assets and liabilities that are not readily apparent from other sources. The 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 the application of AASs that have significant effects on the financial statements and estimates relate to:

- the fair value of buildings and plant and equipment (refer to Note 1(J));
- superannuation expense (refer to Note 1(F)); and
- actuarial assumptions for employee benefit provisions based on likely tenure of existing staff, patterns of leave claims, future salary movements and future discount rates (refer to (Note 1(K)).

These financial statements are presented in Australian dollars, and prepared in accordance with the historical cost convention except for non-financial physical assets which, subsequent to acquisition, are measured at a revalued amount being their fair value at the date of the revaluation less any subsequent accumulated depreciation and subsequent impairment losses. Revaluations are made with sufficient regularity to ensure that the carrying amounts do not materially differ from their fair value.
Notes to the financial statements
For the financial year ended 30 June 2012

(C) Reporting entity

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

The Institute is a body corporate established under Part 9 of the Victorian Coroners Act 1985 operating under the auspices of the Department of Justice and reporting to Parliament through the Attorney-General. The Institute's objectives, functions, powers and duties are set out in sections 64 to 66 of the Act.

Its principal address is:

Victorian Institute of Forensic Medicine
57-83 Kavanagh Street, Southbank, Victoria, 3006

Objectives and funding

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

● to provide, promote and assist in the provision of forensic pathology and related services in Victoria and, as far as practicable, oversee and co-ordinate those services in Victoria;
● to promote, provide and assist in the post-graduate instruction and training of trainee specialist pathologists in the field of forensic pathology in Victoria;
● to 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 the police force of Victoria and government bodies;
● to promote, provide and assist in under-graduate and post-graduate instruction in the field of clinical forensic medicine in Victoria;
● to promote, provide and assist in the teaching of and training in clinical forensic medicine within medical, legal, general health and other education programs; and
● to provide for the storage of tissue, taken in accordance with the Human Tissue Act 1982 from deceased persons coming under the jurisdiction of coroners in Victoria, for use for therapeutic purposes.

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

(D) Scope and presentation of financial statements

Comprehensive operating statement

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


‘Transactions’ are those economic flows that are considered to arise as a result of policy decisions, usually interactions between two entities by mutual agreement. Transactions also include flows within an entity, such as depreciation where the owner is simultaneously acting as the owner of the depreciating asset and as the consumer of the service provided by the asset. Taxation is regarded as mutually agreed interactions between the Government and taxpayers. Transactions can be in kind (e.g. assets provided/given free of charge or for nominal consideration) or where the final consideration is cash.
Notes to the financial statements
For the financial year ended 30 June 2012

'Other economic flows' are changes arising from market re-measurements. They include:

● gains and losses from disposals;
● revaluations and impairments of non-financial physical and intangible assets;
● actuarial gains and losses arising from defined benefit superannuation plans; and
● fair value changes of financial instruments.

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

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

Current and non-current assets and liabilities (non-current being those assets or liabilities expected to be recovered or settled beyond 12 months) are disclosed in the notes, where relevant.

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

For cash flow statement presentation purposes, cash and cash equivalents include bank overdrafts, which are included as current borrowings on the balance sheet.

Statement of changes in equity
The statement of changes in equity presents reconciliations of each non-owner and owner changes in equity from opening balance at the beginning of the reporting period to the closing balance at the end of the reporting period. It also shows separately changes due to amounts recognised in the 'comprehensive result' and amounts recognised in 'other economic flows - other movements in equity' related to 'transactions with owner in its capacity as owner'.

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

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

Interest
Interest includes interest received from investments.

Interest income is recognised on a time proportionate basis that takes into account the effective yield on the financial assets.

Fair value of assets and services received free of charge or for nominal consideration
Contributions of resources received free of charge or for nominal consideration are recognised at fair value when control is obtained over them, irrespective of whether these contributions are subject to restrictions or conditions over their use. Contributions in the form of services are only recognised when a fair value can be reliably determined and the services would have been purchased if not received as a donation.

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

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

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

**Employee expenses**
Refer to the section in Note 1(K) regarding employee benefits.

These expenses include all costs related to employment (other than superannuation which is accounted for separately) including wages and salaries, fringe benefits tax, leave entitlements, redundancy payments and Work Cover premiums.

**Superannuation**
The amount recognised in the Comprehensive operating statement is the employer contributions for members of both defined benefit and defined contribution superannuation plans that are paid or payable to these plans during the reporting period.

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

**Depreciation**
All buildings, plant and equipment and other non-financial physical assets (excluding items under operating leases and assets held for sale) that have finite useful lives are depreciated. Depreciation is generally calculated on a straight-line basis, at rates that allocate the asset’s value, less any estimated residual value, over its estimated useful life.

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

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

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

**Interest expense**
Interest expense is recognised in the period in which it is incurred. Refer to Glossary of terms and style conventions in Note 22 for an explanation of interest expense items.

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

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

(ii) **Bad and doubtful debts**
Refer to Note 1(I) Impairment of financial assets.

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

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

**Revaluation gains/(losses) of non-financial physical assets**
Refer to Note 1(J) Revaluations of non-financial physical assets.

**Disposal of non-financial assets**
Any gain or loss on the disposal of non-financial assets is recognised at the date of disposal and is determined after deducting from the proceeds the carrying value of the asset at that time.
Impairment of non-financial assets

All other assets are assessed annually for indications of impairment, except for:

- inventories (refer Note 1(J)); and
- non-financial physical assets held for sale (refer Note 1(J)).

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

If there is an indication that there has been a change in the estimate of an asset's recoverable amount since the last impairment loss was recognised, the carrying amount shall be increased to its recoverable amount. This reversal of the impairment loss occurs only to the extent that the asset's carrying amount does not exceed the carrying amount that would have been determined, net of depreciation or amortisation, if no impairment loss had been recognised in prior years.

It is deemed that, 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. The recoverable amount for most assets is measured at the higher of depreciated replacement cost and fair value less costs to sell. Recoverable amount for assets held primarily to generate net cash inflows is measured at the higher of the present value of future cash flows expected to be obtained from the asset and fair value less costs to sell.

Refer to Note 1(J) in relation to the recognition and measurement of non-financial assets.

Net gain/(loss) on financial instruments

Net gain/(loss) on financial instruments includes:

- realised and unrealised gains and losses from revaluations of financial instruments at fair value;
- impairment and reversal of impairment for financial instruments at amortised cost (refer to Note 1(H)); and
- disposals of financial assets.

Other gains/(losses) from other economic flows

Other gains/(losses) from other economic flows include the gains or losses from:

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

(H) Financial instruments

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 financial assets and financial liabilities do not meet the definition of financial instruments in AASB 132 Financial Instruments: Presentation.

Where relevant, for note disclosure purposes, a distinction is made between those financial assets and financial liabilities that meet the definition of financial instruments in accordance with AASB 132 and those that do not.

The following refers to financial instruments unless otherwise stated.

Categories of non-derivative financial instruments

Loans and receivables

Loans and receivables are financial instrument assets with fixed and determinable payments that are not quoted on an active market. These assets are initially recognised at fair value plus any directly attributable transaction costs. Subsequent to initial measurement, loans and receivables are measured at amortised cost using the effective interest method, less any impairment.

Loans and receivables category includes cash and deposits (refer to Note 1(I)), term deposits with maturity greater than three months, trade receivables, loans and other receivables, but not statutory receivables.
Notes to the financial statements
For the financial year ended 30 June 2012

Financial liabilities at amortised cost
Financial instrument liabilities 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 (refer Note 22).

Financial instrument liabilities measured at amortised cost include all the Institute's contractual payables, deposits held and advances received, and interest-bearing arrangements other than those designated at fair value through profit or loss.

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.

(I) Financial assets

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

Receivables
Receivables consist of:

- contractual receivables, which include mainly debtors in relation to goods and services and finance lease receivables (refer to Note 1(l)); and
- statutory receivables, which include predominately amounts owing from the Victorian Government. Receivables that are contractual are classified as financial instruments. Statutory receivables are not classified as financial instruments.

Contractual receivables are classified as financial instruments and categorised as loans and receivables (refer to Note H) for recognition and measurement. Statutory receivables are recognised and measured similarly to contractual receivables (except for impairment), but are not classified as financial instruments because they do not arise from a contract.

Receivables are subject to impairment testing as described below. A provision for doubtful receivables is recognised when there is objective evidence that debts may not be collected, and bad debts are written off when identified.

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

Receivables are assessed for bad and doubtful debts on a regular basis. Those bad debts considered as written off by mutual consent are classified as a transaction expense. Bad debts not written off by mutual consent and the allowance for doubtful receivables are classified as other economic flows in the net result.

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

(J) Non-financial assets

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

Inventories held for distribution are measured at cost, adjusted for any loss of service potential. All other inventories are measured at the lower of cost and net realisable value. Where inventories are acquired for no cost or nominal consideration, they are measured at current replacement cost at the date of acquisition.

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

Non-financial physical assets (including disposal group assets) are treated as current and classified as held for sale if their carrying amount will be recovered through a sale transaction rather than through continuing use.

This condition is regarded as met only when:

- the asset is available for immediate use in the current condition; and
- the sale is highly probable and the asset's sale is expected to be completed within twelve months from the date of classification.

These non-financial physical assets, related liabilities and financial assets are measured at the lower of carrying amount and fair value less costs to sell, and are not subject to depreciation or amortisation.

Property, plant and equipment

All non-financial physical assets are measured initially at cost and subsequently revalued at fair value less accumulated depreciation and impairment.

The initial cost for non-financial physical assets under a finance lease (refer to Note 1(l)) is measured at amounts equal to the fair value of the leased asset or, if lower, the present value of the minimum lease payments, each determined at the inception of the lease.

The fair value of plant, equipment and vehicles is normally determined by reference to the asset's depreciated replacement cost. For plant, equipment and vehicles, existing depreciated historical cost is generally a reasonable proxy for depreciated replacement cost because of the short lives of the assets concerned.

For the accounting policy on impairment of non-financial physical assets, refer to impairment of non-financial assets under Note 1(G)).

Revaluations of non-financial physical assets

Non-financial physical assets measured at fair value on a cyclical basis, in accordance with Financial Reporting Directions (FRDs) issued by the Minister for Finance. A full revaluation normally occurs every five years, based upon the asset's government purpose classification, but may occur more frequently if fair value assessments indicate material changes in values. Independent valuers are used to conduct these scheduled revaluations. Any interim revaluations are determined in accordance with the requirements of the FRDs.

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

Net revaluation increases (where the carrying amount of a class of assets is increased as a result of a revaluation) are recognised in 'Other economic flows - other movements in equity' and accumulated in equity under the asset revaluation surplus. However, the net revaluation increase is recognised in the net result to the extent that it reserves a net revaluation decrease in respect of the same class of property, plant and equipment previously recognised as an expense (other economic flow) in the net result.

Net revaluation decreases are recognised in 'Other economic flows - other movements in equity' to the extent that a credit balance exists in the asset revaluation surplus in respect of the same class of property, plant and equipment. Otherwise, the net revaluation decreases are recognised immediately as other economic flows in the net result. The net revaluation decrease recognised in 'Other economic flows - other movements in equity' reduces the amount accumulated in equity under the asset revaluation surplus.
Revaluation increases and decreases relating to individual assets within a class of property, plant and equipment, are offset against one another within that class but are not offset in respect of assets in different classes. Any asset revaluation surplus is not normally transferred to accumulated funds on derecognition of the relevant asset.

Other non-financial assets
Prepayments
Other non-financial assets include prepayments which represent payments in advance of receipt of goods and services or that part of expenditure made in one accounting period covering a term extending beyond that period.

(K) Liabilities
Payables
Payables consist of:
- contractual payables, such as accounts payable and unearned income. Accounts payable represent liabilities for goods
- statutory payables, such as fringe benefits tax payable.

Contractual payables are classified as financial instruments and categorised as financial liabilities at amortised cost (refer to Note 1(H)). Statutory payables 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 a contract.

Borrowings
All interest bearing liabilities are initially recognised at fair value of the consideration received, less directly attributable transaction costs (refer also to Note 1(L)). The measurement basis subsequent to initial recognition depends on whether the Institute has categorised its interest-bearing liabilities as either financial liabilities designated at fair value through profit or loss, or financial liabilities at amortised cost. Any difference between the initial recognised amount and the redemption value is recognised in net result over the period for the borrowing using the effective method.

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

The amount recognised as a liability is the best estimate of the consideration required to settle the present obligation at reporting period, taking into account the risks and uncertainties surrounding the obligation. Where a provision is measured using the cash flows estimated to settle the present obligation, its carrying amount is the present value of those cash flows, using discount rate that reflects the time value of money and risks specific to the provision.

When some or all of the economic benefits required to settle a provision are expected to be received from a third party, the receivable is recognised as an asset if it is virtually certain that recovery will be received and the amount of the receivable can be measured reliably.

(i) Employee benefits
Provision is made for benefits accruing to employees in respect of wages and salaries, annual leave and long service leave for

(a) Wages and salaries and annual leave
Liabilities for wages and salaries and annual leave are recognised in the provision for employee benefits, classified as current liabilities. Those liabilities which are expected to be settled within 12 months of the reporting period, are measured at their nominal values. Those liabilities that are not expected to be settled within 12 months are recognised in the provision for employee benefits as current liabilities, measured at present value of the amounts expected to be paid when the liabilities are settled using the remuneration rate expected to apply at the time of settlement.

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

Unconditional LSL is disclosed in the notes to the financial statements as a current liability even where the Institute does not

The components of this current LSL liability are measured at:
- nominal value - component that the Institute expects to settle within 12 months; and
- present value - component that the Institute does not expect to settle within 12 months.
Conditional LSL is disclosed as a non-current liability. There is an unconditional right to defer the settlement of the entitlement

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 (refer to Note 1(G)).

(c) Termination benefits
Termination benefits are payable when employment is terminated before the normal retirement date, or when an employee

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

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

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

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

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

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

(N) Commitments
Commitments for future expenditure including operating and capital commitments arising from contracts. These commitments are disclosed by way of a note (refer to Note 13) at their nominal value and inclusive of the goods and services tax (GST) payable. In addition, where it is considered appropriate and provides relevant information to users, the net present values of significant individual projects are stated. These future expenditures cease to be disclosed as commitments once the related liabilities are recognised in the balance sheet.

(O) Contingent assets and contingent liabilities
Contingent assets and contingent liabilities are not recognised in the balance sheet, but are disclosed by way of a note (refer to Note 14) and, if quantifiable, are measured at nominal value. Contingent assets and liabilities are presented inclusive of GST receivable or payable respectively.
Notes to the financial statements
For the financial year ended 30 June 2012

(P) Accounting for the goods and services tax (GST)
Income, expenses and assets are recognised net of the amount of associated GST, except where the GST incurred is not recoverable from the taxation authority. In this case, the GST payable is recognised as part of the cost of acquisition of the asset or as part of the expense.

Receivables and payables are stated inclusive of the amount of GST receivable or payable.

Cash flows are presented on a gross basis.

Commitments and contingent assets and liabilities are also stated inclusive of GST.

The Department of Justice manages the GST transactions on behalf of the Institute and the net amount of GST recoverable

(Q) AASs issued that are not yet effective
Certain new AASs have been published that are not mandatory for the 30 June 2012 reporting period. DTF assesses the impact of these new standards and advises departments and other entities of their applicability and early adoption where applicable.

As at 30 June 2012, the following AASs have been issued by the AASB but are not yet effective. They become effective for the first financial statement for reporting periods commencing after the stated operative dates as follows;
### Notes to the financial statements

#### For the financial year ended 30 June 2012

#### (Q) AASs issued that are not yet effective (continued)

<table>
<thead>
<tr>
<th>Standard/Interpretation</th>
<th>Summary</th>
<th>Applicable for annual reporting periods beginning or ending on</th>
<th>Impact on financial statements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AASB 9 Financial instruments</strong></td>
<td>This standard simplifies requirements for the classification and measurement of financial assets resulting from Phase 1 of the IASB’s project to replace IAS 39 Financial Instruments: Recognition and Measurement (AASB 139 Financial Instruments: Recognition and Measurement).</td>
<td>1 January 2013</td>
<td>Detail of impact is still being assessed.</td>
</tr>
<tr>
<td><strong>AASB 13 Fair Value Measurement</strong></td>
<td>This standard outlines the requirements for measuring the fair value of assets and liabilities and replaces the existing fair value definition and guidance in other AASs. AASB 13 includes a ‘fair value hierarchy’ which ranks the valuation technique inputs into three levels using unadjusted quoted prices in active markets for identical assets or liabilities; other observable inputs; and unobservable inputs.</td>
<td>1 January 2013</td>
<td>Disclosure for fair value measurements using unobservable inputs are relatively onerous compared to disclosure for fair value measurements using observable inputs. Consequently, the Standard may increase the disclosures for public sector entities that have assets measured using depreciated replacement cost.</td>
</tr>
<tr>
<td><strong>AASB 1053 Application of Tiers of Australian Accounting Standards</strong></td>
<td>This standard establishes a differential financial reporting framework consisting of two tiers of reporting requirements for preparing general purpose financial statements.</td>
<td>1 July 2013</td>
<td>The Victorian Government is currently considering the impacts of Reduced Disclosure Requirements (RDRs) for certain public sector entities and has not decided if RDRs will be implemented in the Victorian public sector.</td>
</tr>
<tr>
<td><strong>AASB 2009-11 Amendments to Australian Accounting Standards arising from AASB 9 [AASB 1, 3, 4, 5, 7, 101, 102, 108, 112, 118, 121, 127, 128, 131, 132, 136, 139, 1023 and 1038 and Interpretations 10 and 12]</strong></td>
<td>This standard gives effect to consequential changes arising from the issuance of AASB 9.</td>
<td>1 January 2013</td>
<td>No significant impact is expected from these consequential amendments on entity reporting.</td>
</tr>
</tbody>
</table>
### Notes to the financial statements
For the financial year ended 30 June 2012

<table>
<thead>
<tr>
<th>Standard/Interpretation</th>
<th>Summary</th>
<th>Applicable for annual reporting periods beginning or ending on</th>
<th>Impact on financial statements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AASB 2010-2 Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements</strong></td>
<td>This standard makes amendments to many Australian Accounting Standards, including Interpretations, to introduce reduced disclosure requirements to the pronouncements for application by certain types of entities.</td>
<td>1 July 2013</td>
<td>The Victorian Government is currently considering the impacts of Reduced Disclosure Requirements (RDRs) for certain public sector entities and has not decided if RDRs will be implemented in the Victorian public sector.</td>
</tr>
<tr>
<td><strong>AASB 2010-7 Amendments to Australian Accounting Standards arising from AASB 9 (December 2010) [AASB 1, 3, 4, 5, 7, 101, 102, 108, 112, 118, 120, 121, 127, 128, 131, 132, 136, 137, 139, 1023 &amp; 1038 and Interpretations 2, 5, 10, 12, 19 &amp; 127]</strong></td>
<td>These consequential amendments are in relation to the introduction of AASB 9.</td>
<td>1 January 2013</td>
<td>No significant impact is expected from these consequential amendments on entity reporting.</td>
</tr>
<tr>
<td><strong>AASB 2010-10 Further Amendments to Australian Accounting Standards – Removal of Fixed Dates for First-time Adopters [AASB 2009-11 &amp; AASB 2010-7]</strong></td>
<td>The amendments ultimately affect AASB 1 First-time Adoption of Australian Accounting Standards and provide relief for first-time adopters of Australian Accounting Standards from having to reconstruct transactions that occurred before their date of transition to Australian Accounting Standards.</td>
<td>1 January 2013</td>
<td>No significant impact is expected on entity reporting.</td>
</tr>
<tr>
<td><strong>AASB 2011-2 Amendments to Australian Accounting Standards arising from the Trans-Tasman Convergence Project – Reduced Disclosure Requirements [AASB 101 &amp; AASB 1054]</strong></td>
<td>The objective of this amendment is to include some additional disclosure from the Trans-Tasman Convergence Project and to reduce disclosure requirements for entities preparing general purpose financial statements under Australian Accounting Standards – Reduced Disclosure Requirements.</td>
<td>1 July 2013</td>
<td>The Victorian Government is currently considering the impacts of Reduced Disclosure Requirements (RDRs) and has not decided if RDRs will be implemented in the Victorian public sector.</td>
</tr>
</tbody>
</table>
### Notes to the financial statements

**For the financial year ended 30 June 2012**

#### (Q) AASs issued that are not yet effective (continued)

<table>
<thead>
<tr>
<th>Standard/Interpretation</th>
<th>Summary</th>
<th>Applicable for annual reporting periods beginning or ending on</th>
<th>Impact on financial statements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AASB 2011-3 Amendments to Australian Accounting Standards – Orderly Adoption of Changes to the ABS GFS Manual and Related Amendments [AASB 1049]</strong></td>
<td>This amends AASB 1049 to clarify the definition of the ABS GFS Manual, and to facilitate the adoption of changes to the ABS GFS Manual and related disclosures.</td>
<td>1 July 2012</td>
<td>This amendment provides clarification to users preparing the whole of government and general government sector financial reports on the version of the GFS Manual to be used and what to disclose if the latest GFS Manual is not used. No impact on departmental or entity reporting.</td>
</tr>
<tr>
<td><strong>AASB 2011-4 Amendments to Australian Accounting Standards to Remove Individual Key Management Personnel Disclosure Requirements [AASB 124]</strong></td>
<td>This standard amends AASB 124 Related Party Disclosures by removing the disclosure requirements in AASB 124 in relation to individual key management personnel (KMP).</td>
<td>1 July 2013</td>
<td>No significant impact is expected from these consequential amendments on entity reporting.</td>
</tr>
<tr>
<td><strong>AASB 2011-8 Amendments to Australian Accounting Standards arising from AASB 13 [AASB 1, 2, 3, 4, 5, 7, 9, 2009-11, 2010-7, 101, 102, 108, 110, 116, 117, 118, 119, 120, 121, 128, 131, 132, 133, 134, 136, 138, 139, 140, 141, 1004, 1023 &amp; 1038 and Interpretations 2, 4, 12, 13, 14, 17, 19, 131 &amp; 132]</strong></td>
<td>This amending standard makes consequential changes to a range of Standards and Interpretations arising from the issuance of AASB 13. In particular, this Standard replaces the existing definition and guidance of fair value measurements in other Australian Accounting Standards and Interpretations.</td>
<td>1 January 2013</td>
<td>Disclosures for fair value measurements using unobservable inputs is potentially onerous, and may increase disclosures for assets measured using depreciated replacement cost.</td>
</tr>
<tr>
<td><strong>AASB 2011-9</strong></td>
<td>The main change resulting from this standard is a requirement for entities to group items presented in other comprehensive income (OCI) on the basis of whether they are potentially reclassifiable to profit or loss subsequently (reclassification adjustments). These amendments do not remove the option to present profit or loss and other comprehensive income in two statements, nor change the option to present items of OCI either before tax or net of tax.</td>
<td>1 July 2012</td>
<td>This amending Standard could change the current presentation of ‘Other economic flows—other movements in equity’ that will be grouped on the basis of whether they are potentially reclassifiable to profit or loss subsequently. No other significant impact will be expected.</td>
</tr>
</tbody>
</table>
### Notes to the financial statements
For the financial year ended 30 June 2012

(Q) AASs issued that are not yet effective (continued)

<table>
<thead>
<tr>
<th>Standard/Interpretation</th>
<th>Summary</th>
<th>Applicable for annual reporting periods beginning or ending on</th>
<th>Impact on financial statements</th>
</tr>
</thead>
</table>
| **AASB 2011-10**  
Amendments to Australian Accounting Standards arising from AASB 119 (September 2011)  
[AASB 1, AASB 8, AASB 101, AASB 124, AASB 134, AASB 1049 & AASB 2011-8 and Interpretation 14] | This standard makes consequential changes to a range of other Australian Accounting Standards and Interpretation arising from the issuance of AASB 119 Employee Benefits. | 1 January 2013 | No significant impact is expected from these consequential amendments on entity reporting. |
| **AASB 2011-11**  
Amendments to AASB 119 Employee Benefits (September 2011), to incorporate reduced disclosure requirements into the Standard for entities applying Tier 2 requirements in preparing general purpose financial statements. | This standard makes amendments to AASB 119 Employee Benefits (September 2011), to incorporate reduced disclosure requirements into the Standard for entities applying Tier 2 requirements in preparing general purpose financial statements. | 1 July 2013 | The Victorian Government is currently considering the impacts of Reduced Disclosure Requirements (RDRs) and has not decided if RDRs will be implemented in the Victorian public sector. |
| **2011-13 Amendments to Australian Accounting Standard – Improvements to AASB 1049** | This standard aims to improve the AASB 1049 Whole of Government and General Government Sector Financial Reporting at the operational level. The main amendments clarify a number of requirements in AASB 1049, including the amendment to allow disclosure of other measures of key fiscal aggregates as long as they are clearly distinguished from the key fiscal aggregates and do not detract from the information required by AASB 1049. Furthermore, this Standard provides additional guidance and examples on the classification between ‘transactions’ and ‘other economic flows’ for GAAP items without GFS equivalents. | 1 July 2012 | No significant impact is expected from these consequential amendments on entity reporting. |
(Q) AASs issued that are not yet effective (continued)

<table>
<thead>
<tr>
<th>Standard/Interpretation</th>
<th>Summary</th>
<th>Applicable for annual reporting periods beginning or ending on</th>
<th>Impact on financial statements</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-1 Amendments to Australian Accounting Standards - Fair Value Measurement - Reduced Disclosure Requirements [AASB 3, AASB 7, AASB 13, AASB 140 &amp; AASB 141]</td>
<td>This amending standard prescribes the reduced disclosure requirements in a number of Australian Accounting Standards as a consequence of the issuance of AASB 13 Fair Value Measurement.</td>
<td>1 July 2013</td>
<td>As the Victorian whole of government and the general government (GG) sector are subject to Tier 1 reporting requirements (refer to AASB 1053 Application of Tiers of Australian Accounting Standards), the reduced disclosure requirements included in AASB 2012-1 will not affect the financial reporting for Victorian whole of government and GG sector.</td>
</tr>
</tbody>
</table>
### Note 2. Income from transactions

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(a) Interest</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest from financial assets not at fair value through P/L:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest from investments</td>
<td>47,765</td>
<td>44,691</td>
</tr>
<tr>
<td><strong>Total interest</strong></td>
<td>47,765</td>
<td>44,691</td>
</tr>
<tr>
<td><strong>(b) Sale of goods and services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Distribution of goods - Donor Tissue Bank</td>
<td>1,418,240</td>
<td>1,616,853</td>
</tr>
<tr>
<td>Rendering of services</td>
<td>2,338,324</td>
<td>2,145,576</td>
</tr>
<tr>
<td><strong>Total sale of goods and services</strong></td>
<td>3,756,564</td>
<td>3,762,429</td>
</tr>
<tr>
<td><strong>(c) Grants</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Section 29 receipts</td>
<td>8,147,619</td>
<td>7,598,603</td>
</tr>
<tr>
<td>Department of Justice</td>
<td>18,206,200</td>
<td>16,409,600</td>
</tr>
<tr>
<td><strong>Total grants</strong></td>
<td>26,353,819</td>
<td>24,008,203</td>
</tr>
<tr>
<td><strong>Total income from transactions</strong></td>
<td>30,158,148</td>
<td>27,815,323</td>
</tr>
</tbody>
</table>
### Notes to the financial statements

**For the financial year ended 30 June 2012**

#### Note 3. Expenses from transactions

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>(a) Employee expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post employment benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Defined contribution superannuation expense</td>
<td>1,414,679</td>
<td>1,309,388</td>
</tr>
<tr>
<td>Defined benefit superannuation expense</td>
<td>152,676</td>
<td>161,680</td>
</tr>
<tr>
<td>Salaries, wages and long service leave</td>
<td>17,594,249</td>
<td>16,446,679</td>
</tr>
<tr>
<td>Other on-costs (fringe benefits tax, payroll tax and workcover levy)</td>
<td>1,135,295</td>
<td>1,069,395</td>
</tr>
<tr>
<td><strong>Total employee expenses</strong></td>
<td>20,296,899</td>
<td>18,987,142</td>
</tr>
<tr>
<td>(b) Depreciation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Buildings</td>
<td>319,160</td>
<td>111,871</td>
</tr>
<tr>
<td>Plant, equipment and vehicles</td>
<td>720,429</td>
<td>776,922</td>
</tr>
<tr>
<td><strong>Total depreciation</strong></td>
<td>1,039,589</td>
<td>888,793</td>
</tr>
<tr>
<td>(c) Interest expense</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest on finance leases</td>
<td>9,558</td>
<td>16,066</td>
</tr>
<tr>
<td>Other interest expense</td>
<td>1,662</td>
<td>2,346</td>
</tr>
<tr>
<td><strong>Total interest expense</strong></td>
<td>11,220</td>
<td>18,412</td>
</tr>
<tr>
<td>(d) Other operating expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplies and services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purchase of inventories</td>
<td>4,731,454</td>
<td>4,706,104</td>
</tr>
<tr>
<td>Purchase of services</td>
<td>2,521,247</td>
<td>2,082,974</td>
</tr>
<tr>
<td>Maintenance</td>
<td>1,400,269</td>
<td>1,215,161</td>
</tr>
<tr>
<td>Lease expense</td>
<td>1,029</td>
<td>1,145</td>
</tr>
<tr>
<td><strong>Total other operating expenses</strong></td>
<td>8,653,999</td>
<td>8,005,404</td>
</tr>
</tbody>
</table>
Notes to the financial statements
For the financial year ended 30 June 2012

Note 4. Other economic flows included in net result

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Net gain/(loss) on non-financial assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net gain/(loss) on disposal of property, plant and equipment</td>
<td>-</td>
<td>(567,595)</td>
</tr>
<tr>
<td>Total gain/(loss) on non-financial assets</td>
<td>-</td>
<td>(567,595)</td>
</tr>
<tr>
<td>(b) Net gain/(loss) on financial instruments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Impairment of loans and receivables</td>
<td>(2,246)</td>
<td>(3,134)</td>
</tr>
<tr>
<td>Total gain/(loss) on financial instruments</td>
<td>(2,246)</td>
<td>(3,134)</td>
</tr>
<tr>
<td>(c) Other gain/(loss) from other economic flows</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net gain/(loss) arising from revaluation of long service leave liability (i)</td>
<td>(108,579)</td>
<td>(2,460)</td>
</tr>
<tr>
<td>Total gain/(loss) from other economic flows</td>
<td>(108,579)</td>
<td>(2,460)</td>
</tr>
</tbody>
</table>

Note:

(i) Revaluation gain/(loss) due to changes in bond rates.
## Note 5. Receivables

### Current receivables

<table>
<thead>
<tr>
<th>Type</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contractual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sale of goods and services</td>
<td>830,314</td>
<td>1,169,490</td>
</tr>
<tr>
<td>Provision for doubtful contractual receivables</td>
<td>(53,074)</td>
<td>(50,828)</td>
</tr>
<tr>
<td></td>
<td>777,240</td>
<td>1,118,662</td>
</tr>
<tr>
<td>Statutory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amounts owing from Department of Justice</td>
<td>4,631,381</td>
<td>4,573,216</td>
</tr>
<tr>
<td></td>
<td>4,631,381</td>
<td>4,573,216</td>
</tr>
</tbody>
</table>

### Total current receivables

<table>
<thead>
<tr>
<th></th>
<th>5,408,621</th>
<th>5,691,878</th>
</tr>
</thead>
</table>

### Non-current receivables

<table>
<thead>
<tr>
<th>Type</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statutory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amounts owing from Department of Justice</td>
<td>732,735</td>
<td>505,000</td>
</tr>
<tr>
<td></td>
<td>732,735</td>
<td>505,000</td>
</tr>
</tbody>
</table>

### Total non-current receivables

<table>
<thead>
<tr>
<th></th>
<th>732,735</th>
<th>505,000</th>
</tr>
</thead>
</table>

### Total receivables

<table>
<thead>
<tr>
<th></th>
<th>6,141,356</th>
<th>6,196,878</th>
</tr>
</thead>
</table>

**Notes:**

(i) The average credit period on sales of goods and/or services is 30 days. No interest is charged on other receivables. A provision has been made for estimated irrecoverable amounts from the sale of goods and/or services, determined by reference to past default experience. The decrease was recognised in the operating result for the current financial year.

(ii) The amounts recognised from Victorian Government represent funding for all commitments incurred through the appropriations and are drawn from the Consolidated Fund as the commitments fall due.

### (a) Movement in the provision for doubtful contractual receivables

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at beginning of the year</td>
<td>(50,828)</td>
<td>(47,695)</td>
</tr>
<tr>
<td>Increase/(decrease) in provision recognised in net result</td>
<td>(2,246)</td>
<td>(15,493)</td>
</tr>
<tr>
<td>Reversal of provision of receivables written off during the year as uncollectible</td>
<td>-</td>
<td>12,360</td>
</tr>
<tr>
<td>Balance at end of the year</td>
<td>(53,074)</td>
<td>(50,828)</td>
</tr>
</tbody>
</table>

### (b) Ageing analysis of contractual receivables

Please refer to Table 15.3 in Note 15(b) for the ageing analysis of contractual receivables.

### (c) Nature and extent of risk arising from contractual receivables

Please refer to Note 15(b) for the nature and extent of credit risk arising from contractual receivables.
Note 6. Non-current assets classified as held for sale

<table>
<thead>
<tr>
<th>Non-current assets</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plant and equipment under finance lease</td>
<td>50,722</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total non-current assets classified as held for sale</strong></td>
<td><strong>50,722</strong></td>
<td><strong>-</strong></td>
</tr>
</tbody>
</table>
Note 7. Property, plant and equipment

Table 7.1. Classification by 'Purpose Group' (i) - Carrying amounts

<table>
<thead>
<tr>
<th>Nature based classification (i)</th>
<th>Public Safety and Environment 2012</th>
<th>Public Safety and Environment 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buildings at fair value</td>
<td>4,785,000</td>
<td>4,785,000</td>
</tr>
<tr>
<td>less accumulated depreciation</td>
<td>(319,160)</td>
<td>-</td>
</tr>
<tr>
<td>Net carrying amount</td>
<td>4,465,840</td>
<td>4,785,000</td>
</tr>
<tr>
<td>Plant, equipment and vehicles at fair value:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plant and equipment at fair value</td>
<td>9,113,508</td>
<td>7,711,169</td>
</tr>
<tr>
<td>less accumulated depreciation</td>
<td>(4,471,102)</td>
<td>(3,821,534)</td>
</tr>
<tr>
<td>Net carrying amount</td>
<td>4,642,406</td>
<td>3,889,635</td>
</tr>
<tr>
<td>Plant and equipment under finance lease at fair value</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plant and equipment under finance lease at fair value</td>
<td>253,024</td>
<td>327,075</td>
</tr>
<tr>
<td>less accumulated depreciation</td>
<td>(171,430)</td>
<td>(126,211)</td>
</tr>
<tr>
<td>Net carrying amount</td>
<td>81,594</td>
<td>200,864</td>
</tr>
</tbody>
</table>

Net carrying amount of Property, plant and equipment 9,189,840 8,875,499

Note:
(i) Property, plant and equipment are classified primarily by the 'purpose' for which the assets are used, according to one of six 'Purpose Groups' based upon Government Purpose Classifications (GPC). All assets within a 'Purpose Group' are further sub-categorised according to the asset's 'nature' (i.e. buildings, plant and equipment etc), with each sub-category being classified as a separate class of asset for financial reporting purposes.
Note 7. Property, plant and equipment (continued)

Table 7.2. Classification by 'Public Safety and Environment' Purpose Group - Movements in carrying amounts

<table>
<thead>
<tr>
<th></th>
<th>Buildings at fair value</th>
<th>Plant and equipment at cost</th>
<th>Plant and equipment under finance lease at cost</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening balance</td>
<td>$4,785,000</td>
<td>$2,463,008</td>
<td>$3,889,635</td>
<td>$4,162,773</td>
</tr>
<tr>
<td>Additions</td>
<td>-</td>
<td>-</td>
<td>$1,402,339</td>
<td>$991,870</td>
</tr>
<tr>
<td>Disposals</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>(569,274)</td>
</tr>
<tr>
<td>Transfer to assets classified as held for sale</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Depreciation expense</td>
<td>(319,160)</td>
<td>(111,871)</td>
<td>(649,568)</td>
<td>(695,734)</td>
</tr>
<tr>
<td>Revaluation</td>
<td>-</td>
<td>2,433,863</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Closing balance</td>
<td>$4,465,840</td>
<td>$4,785,000</td>
<td>$4,642,406</td>
<td>$3,889,635</td>
</tr>
</tbody>
</table>

Note:
(i) Fair value assessments have been performed for all classes of assets within this purpose group and the decision was made that movements were not material (less than or equal to 10 per cent) for a full revaluation. The next scheduled full revaluation for this purposes group will be conducted in 2015.
Note 7. Property, plant and equipment (continued)

The following useful lives of assets are used in the calculation of depreciation:

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

Freehold buildings carried at fair value

An independent valuation of the Institute's buildings was performed by the Valuer-General Victoria to determine the fair value of the buildings. The valuation, which conforms to Australian Valuation Standards, was determined by reference to the amounts for which assets could be exchanged between knowledgeable willing parties in an arm's length transaction. Fair value is determined by direct reference to recent market transactions on arm's length terms for land and buildings of comparable size and location to the Institute. The valuation was based on independent assessments. The effective date of the valuation is 30 June 2011.
## Note 8. Payables

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Current payables</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Contractual</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplies and services</td>
<td>1,131,809</td>
<td>1,315,599</td>
</tr>
<tr>
<td>Amounts payable to government and agencies (i)</td>
<td>22,600</td>
<td>25,377</td>
</tr>
<tr>
<td></td>
<td>1,154,409</td>
<td>1,340,976</td>
</tr>
<tr>
<td><strong>Statutory</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fringe benefits tax payable</td>
<td>17,552</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total current payables</strong></td>
<td>1,171,961</td>
<td>1,340,976</td>
</tr>
<tr>
<td><strong>Total payables</strong></td>
<td>1,171,961</td>
<td>1,340,976</td>
</tr>
</tbody>
</table>

**Note:**

(i) Terms and conditions of amounts payable to other government agencies vary according to a particular agreement with that agency.

(a) Maturity analysis of contractual payables

Please refer to Table 15.4 in Note 15 for the maturity analysis of contractual payables.

(b) Nature and extent of risk arising from contractual payables

Please refer to Note 15 for the nature and extent of risks arising from contractual payables.
## Note 9. Borrowings

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current borrowings</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lease liabilities (i) (Note 12)</td>
<td>108,403</td>
<td>123,106</td>
</tr>
<tr>
<td><strong>Total current borrowings</strong></td>
<td>108,403</td>
<td>123,106</td>
</tr>
<tr>
<td><strong>Non-current borrowings</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lease liabilities (i) (Note 12)</td>
<td>21,887</td>
<td>80,369</td>
</tr>
<tr>
<td><strong>Total non-current borrowings</strong></td>
<td>21,887</td>
<td>80,369</td>
</tr>
<tr>
<td><strong>Total borrowings</strong></td>
<td>130,290</td>
<td>203,475</td>
</tr>
</tbody>
</table>

**Note:**
(i) Secured by the assets leased. Finance leases are effectively secured as the rights to the leased assets revert to the lessor in the event of default.

(a) Maturity analysis of borrowings

Please refer to Table 15.4 in Note 15 for the maturity analysis of borrowings.

(b) Nature and extent of risk arising from borrowings

Please refer to Note 15 for the nature and extent of risks arising from borrowings.

### Current provisions

**Employee benefits (i) (Note 10(a)) - annual leave and long service leave:**
- Unconditional and expected to settle within 12 months (i)
  - 2012: $2,875,264
  - 2011: $2,882,494
- Unconditional and expected to settle after 12 months (ii)
  - 2012: $1,030,630
  - 2011: $931,736

**Provisions related to employee benefit on-costs (Note 10(a)) and Note 10(b):**
- Unconditional and expected to settle within 12 months (ii)
  - 2012: $530,107
  - 2011: $568,200
- Unconditional and expected to settle after 12 months (iii)
  - 2012: $164,198
  - 2011: $139,100

**Total current provisions**
- 2012: $4,600,199
- 2011: $4,521,531

### Non-current provisions

**Employee benefits (i) (Note 10(a))**
- 2012: $635,983
- 2011: $438,958

**Employee benefits on-costs**
- 2012: $96,752
- 2011: $66,042

**Total non-current provisions**
- 2012: $732,735
- 2011: $505,000

**Total provisions**
- 2012: $5,332,934
- 2011: $5,026,531

### (a) Employee benefits and related on-costs (i)

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current employee benefits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual leave entitlements</td>
<td>$1,260,574</td>
<td>$1,212,628</td>
</tr>
<tr>
<td>Long service leave entitlements</td>
<td>$2,645,320</td>
<td>$2,601,603</td>
</tr>
<tr>
<td><strong>Non-current employee benefits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long service leave entitlements</td>
<td>$635,983</td>
<td>$438,958</td>
</tr>
<tr>
<td><strong>Total employee benefits</strong></td>
<td>$4,541,877</td>
<td>$4,253,189</td>
</tr>
<tr>
<td><strong>Current on-costs</strong></td>
<td>$694,305</td>
<td>$707,300</td>
</tr>
<tr>
<td><strong>Non-current on-costs</strong></td>
<td>$96,752</td>
<td>$66,042</td>
</tr>
<tr>
<td><strong>Total on-costs</strong></td>
<td>$791,057</td>
<td>$773,342</td>
</tr>
<tr>
<td><strong>Total employee benefits and related on-costs</strong></td>
<td>$5,332,934</td>
<td>$5,026,531</td>
</tr>
</tbody>
</table>

**Notes:**

(i) Provisions for employee benefits consist of amounts for annual leave and long service leave accrued by employees, not including on-costs.

(ii) The amounts disclosed are nominal amounts.

(iii) The amounts disclosed are discounted to present values.
### Note 10. Provisions (continued)

**(b) Movement in provisions**

<table>
<thead>
<tr>
<th></th>
<th>On-costs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2012</td>
</tr>
<tr>
<td></td>
<td>$</td>
</tr>
<tr>
<td><strong>Opening balance</strong></td>
<td>773,342</td>
</tr>
<tr>
<td>Additional provisions recognised</td>
<td>17,715</td>
</tr>
<tr>
<td><strong>Closing balance</strong></td>
<td>791,057</td>
</tr>
<tr>
<td>Current</td>
<td>694,305</td>
</tr>
<tr>
<td>Non-current</td>
<td>96,752</td>
</tr>
<tr>
<td></td>
<td>791,057</td>
</tr>
</tbody>
</table>
Note 11. Superannuation

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

The Institute does not recognise any defined benefit liability in respect of the plan(s) because the entity has no legal or constructive obligation to pay future benefits relating to its employees; its only obligation is to pay superannuation contributions as they fall due. The Department of Treasury and Finance recognises and discloses the State's defined benefit liabilities in its financial report.

However, superannuation contributions paid or payable for the reporting period are included as part of employee benefits in the Comprehensive operating statement of the Institute.

The name and details of the major employee superannuation funds and contributions made by the Institute are as follows:

<table>
<thead>
<tr>
<th>Fund</th>
<th>Paid contribution for the year</th>
<th>Contribution outstanding at year end</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2012 $</td>
<td>2011 $</td>
</tr>
<tr>
<td>Defined benefit plans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Superannuation Fund - revised and new</td>
<td>152,676</td>
<td>161,680</td>
</tr>
<tr>
<td>Defined contribution plans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VicSuper</td>
<td>736,461</td>
<td>631,064</td>
</tr>
<tr>
<td>Other</td>
<td>678,217</td>
<td>678,324</td>
</tr>
<tr>
<td>Total</td>
<td>1,567,354</td>
<td>1,471,068</td>
</tr>
</tbody>
</table>

Note:
(i) The bases for determining the level of contributions is determined by the various actuaries of the defined benefit superannuation plans.
Note 12. Leases

Disclosure for lessees - finance leases

Leasing arrangements
Finance leases relate to motor vehicles with lease terms of 3 years.

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finance lease liabilities payable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not longer than one year</td>
<td>110,556</td>
<td>132,185</td>
<td>108,403</td>
<td>123,106</td>
</tr>
<tr>
<td>Longer than one year and not longer than five years</td>
<td>23,858</td>
<td>81,455</td>
<td>21,887</td>
<td>80,369</td>
</tr>
<tr>
<td>Minimum future lease payments</td>
<td>134,414</td>
<td>213,640</td>
<td>130,290</td>
<td>203,475</td>
</tr>
<tr>
<td>Less future finance charges</td>
<td>(4,124)</td>
<td>(10,165)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Present value of minimum lease payments</td>
<td>130,290</td>
<td>203,475</td>
<td>130,290</td>
<td>203,475</td>
</tr>
</tbody>
</table>

Included in the financial statements as:
Current borrowings lease liabilities (Note 9) | 108,403 | 123,106 |
Non-current borrowings lease liabilities (Note 9) | 21,887 | 80,369 |

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>130,290</td>
<td>203,475</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note:
(i) Minimum future lease payments includes the aggregate of all lease payments and any guaranteed residual.

(a) Maturity analysis of finance lease liabilities
Please refer to Table 15.4 in Note 15(c) for the ageing analysis from finance lease liabilities.

(b) Nature and extent of risk arising finance lease liabilities
Please refer to Note 15 for the nature and extent of risks arising from finance lease liabilities.
Note 13. Commitments for expenditure

(a) Capital expenditure commitments

The balance of $0.79M is committed to the tender of a CT scanner and will be paid following final configuration of the equipment in September 2012.

(b) Other expenditure commitments

There are no other expenditure commitments. (2011 - Nil).

(c) Lease commitments

Finance lease liabilities are disclosed in Note 12 to the financial statements.
Note 14. Contingent assets and contingent liabilities

There were no contingent asset and liabilities at balance date not provided for in the Balance sheet. (2011 - Nil).
Note 15. Financial instruments

(a) Financial risk management objectives and policies

The Institute's principal financial instruments comprise of;

- cash assets;
- receivables (excluding statutory receivables);
- payables (excluding statutory payables); and
- finance lease payables.

Details of the significant accounting policies and methods adopted, including the criteria for recognition, the basis of measurement, and the basis on which income and expenses are recognised, with respect to each class of financial asset, financial liability and equity instrument are disclosed in Note 1 to the financial statements.

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

The carrying amounts of the Institute's contractual financial assets and contractual financial liabilities by category are in Table 15.1.
Notes to the financial statements  
For the financial year ended 30 June 2012

Note 15. Financial instruments (continued)

Table 15.1. Categorisation of financial instruments

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contractual financial assets - loans and receivables</strong></td>
<td></td>
</tr>
<tr>
<td>Cash and deposits</td>
<td>2,406,968</td>
</tr>
<tr>
<td>Receivables</td>
<td>777,240</td>
</tr>
<tr>
<td><strong>Total contractual financial assets</strong></td>
<td>3,184,208</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contractual financial assets - loans and receivables</strong></td>
<td></td>
</tr>
<tr>
<td>Cash and deposits</td>
<td>2,324,579</td>
</tr>
<tr>
<td>Receivables</td>
<td>1,118,662</td>
</tr>
<tr>
<td><strong>Total contractual financial assets</strong></td>
<td>3,443,241</td>
</tr>
</tbody>
</table>

Note:

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

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contractual financial liabilities at amortised cost</strong></td>
<td></td>
</tr>
<tr>
<td>Payables</td>
<td>1,154,409</td>
</tr>
<tr>
<td>Borrowings</td>
<td>130,290</td>
</tr>
<tr>
<td><strong>Total contractual financial liabilities</strong></td>
<td>1,284,699</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contractual financial liabilities at amortised cost</strong></td>
<td></td>
</tr>
<tr>
<td>Payables</td>
<td>1,340,976</td>
</tr>
<tr>
<td>Borrowings</td>
<td>203,475</td>
</tr>
<tr>
<td><strong>Total contractual financial liabilities</strong></td>
<td>1,544,451</td>
</tr>
</tbody>
</table>

Note:

(i) The total amounts disclosed here exclude statutory amounts (e.g. amounts owing from Victorian Government and taxes payable).
Note 15. Financial instruments (continued)

Table 15.2. Net holding gain/(loss) on financial instruments by category

<table>
<thead>
<tr>
<th></th>
<th>Total interest income $</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td></td>
</tr>
<tr>
<td>Contractual financial assets</td>
<td></td>
</tr>
<tr>
<td>Cash and deposits</td>
<td>47,765</td>
</tr>
<tr>
<td>Total contractual financial assets</td>
<td>47,765</td>
</tr>
<tr>
<td>Contractual financial liabilities</td>
<td></td>
</tr>
<tr>
<td>Financial liabilities at amortised cost</td>
<td>9,558</td>
</tr>
<tr>
<td>Total contractual financial liabilities</td>
<td>9,558</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Total interest income $</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td></td>
</tr>
<tr>
<td>Contractual financial assets</td>
<td></td>
</tr>
<tr>
<td>Cash and deposits</td>
<td>44,691</td>
</tr>
<tr>
<td>Total contractual financial assets</td>
<td>44,691</td>
</tr>
<tr>
<td>Contractual financial liabilities</td>
<td></td>
</tr>
<tr>
<td>Financial liabilities at amortised cost</td>
<td>16,065</td>
</tr>
<tr>
<td>Total contractual financial liabilities</td>
<td>16,065</td>
</tr>
</tbody>
</table>

The net holding gains or losses disclosed are determined as follows:
- for cash and cash equivalents and receivables, the net gain or loss is calculated by taking the interest revenue; and
- for financial liabilities measured at amortised cost, the net gain or loss is calculated by taking the interest expense.

(b) Credit risk

Credit risk arises from the contractual financial assets of the Institute, which comprise cash and deposits and non-statutory receivables. The Institute’s exposure to credit risk arises from the potential default of the counter party on their contractual obligations resulting in financial loss to the Institute. Credit risk is measured at fair value and is monitored on a regular basis.

Credit risk associated with the Institute’s contractual financial assets is minimal because the main debtor is the Victorian Government. For debtors other than Government, it is the Institute’s policy to only deal with entities with high credit rating.

Provision of impairment for 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, debts which are

Except as otherwise detailed in the following table, the carrying amount of contractual financial assets recorded in the financial statements, net of any allowances for losses, represents the Institute’s maximum exposure to credit risk without taking account of the value of any collateral obtained.
Notes to the financial statements
30 June 2012

Note 15. Financial instruments (continued)

Table 15.3. Ageing analysis of contractual financial assets

<table>
<thead>
<tr>
<th></th>
<th>Carrying amount</th>
<th>Not past due and not impaired</th>
<th>Past due but not impaired</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Less than 1 month</td>
</tr>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>2012</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and deposits</td>
<td>2,406,968</td>
<td>2,406,968</td>
<td>-</td>
</tr>
<tr>
<td>Receivables</td>
<td>777,240</td>
<td>377,120</td>
<td>196,389</td>
</tr>
<tr>
<td>Total</td>
<td>3,184,208</td>
<td>2,784,088</td>
<td>196,389</td>
</tr>
<tr>
<td>2011</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and deposits</td>
<td>2,324,579</td>
<td>2,324,579</td>
<td>-</td>
</tr>
<tr>
<td>Receivables</td>
<td>1,118,662</td>
<td>-</td>
<td>934,986</td>
</tr>
<tr>
<td>Total</td>
<td>3,443,240</td>
<td>2,324,579</td>
<td>934,986</td>
</tr>
</tbody>
</table>

Note:
(i) Ageing analysis of financial assets must exclude the types of statutory financial assets (e.g. Amounts owing from Victorian Government).

Contractual financial assets that are either past due or impaired

There are no material financial assets which are individually determined to be impaired. Currently the Institute does not hold any collateral as security nor credit enhancements relating to any of its financial assets.

There are no financial assets that have had their terms renegotiated so as to prevent them from being past due or impaired, and they are stated at the carrying amount as indicated. The above table discloses the ageing only of financial assets that are past due but not impaired.

(c) Liquidity risk

Liquidity risk arises when the Institute is unable to meet its financial obligations as and when they fall due. The Institute operates under the Government fair payments policy of settling financial obligations within 30 days and in the event of a dispute, make payments within 30 days from the date of resolution.

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

The following table discloses the contractual maturity analysis for the Institute's contractual financial liabilities.
### Notes to the financial statements

For the financial year ended 30 June 2012

#### Note 15. Financial instruments (continued)

Table 15.4. Maturity analysis of contractual financial liabilities

<table>
<thead>
<tr>
<th>Maturity dates (ii)</th>
<th>Weighted average interest rate</th>
<th>Carrying amount</th>
<th>Nominal amount</th>
<th>Less than 1 month</th>
<th>1 to 3 months</th>
<th>3 months to 1 year</th>
<th>1 to 5 years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>$</td>
<td>$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2012</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payables (iii)</td>
<td>6.55%</td>
<td>1,154,409</td>
<td>1,154,409</td>
<td>1,131,253</td>
<td>-</td>
<td>-</td>
<td>23,155</td>
</tr>
<tr>
<td>Borrowings</td>
<td></td>
<td>130,290</td>
<td>134,414</td>
<td>69,705</td>
<td>17,472</td>
<td>23,378</td>
<td>23,859</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1,284,698</td>
<td>1,288,823</td>
<td>1,200,959</td>
<td>17,472</td>
<td>23,378</td>
<td>47,014</td>
</tr>
<tr>
<td><strong>2011</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payables (iii)</td>
<td>6.65%</td>
<td>1,340,976</td>
<td>1,340,976</td>
<td>1,318,085</td>
<td>-</td>
<td>(600)</td>
<td>23,490</td>
</tr>
<tr>
<td>Borrowings</td>
<td></td>
<td>203,475</td>
<td>213,640</td>
<td>15,717</td>
<td>14,831</td>
<td>101,636</td>
<td>81,455</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1,544,451</td>
<td>1,554,616</td>
<td>1,333,802</td>
<td>14,831</td>
<td>101,036</td>
<td>104,945</td>
</tr>
</tbody>
</table>

**Notes:**

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

(ii) The carrying amounts disclosed exclude statutory amounts (E.g. GST payables).

#### (d) Market risk

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

#### (e) Fair Value

The Institute considers that the carrying amount of financial assets and financial liabilities recorded in the financial statements to be a fair approximation of their fair values, because of the short-term nature of the financial instruments and the expectation that they will be paid in full.
Note 16. Cash flow information

(a) Reconciliation of cash and cash equivalents

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total cash and cash equivalents disclosed in the Balance sheet (i)</td>
<td>2,406,968</td>
<td>2,324,579</td>
</tr>
<tr>
<td>Balance as per Cash flow statement</td>
<td>2,406,968</td>
<td>2,324,579</td>
</tr>
</tbody>
</table>

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

(b) Reconciliation of net result for the period

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net result for the period</td>
<td>45,617</td>
<td>(657,617)</td>
</tr>
<tr>
<td>Non-cash movements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation and amortisation of non-current assets</td>
<td>1,039,589</td>
<td>888,793</td>
</tr>
<tr>
<td>Allowance for doubtful debts</td>
<td>2,246</td>
<td>3,134</td>
</tr>
<tr>
<td>Write down of fixed assets</td>
<td>-</td>
<td>567,595</td>
</tr>
<tr>
<td>Movements in assets and liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Increase)/decrease in receivables</td>
<td>53,276</td>
<td>(373,104)</td>
</tr>
<tr>
<td>(Increase)/decrease in inventories</td>
<td>(602)</td>
<td>(2,449)</td>
</tr>
<tr>
<td>(Decrease)/increase in payables</td>
<td>(169,015)</td>
<td>106,983</td>
</tr>
<tr>
<td>(Decrease)/increase in provisions</td>
<td>306,402</td>
<td>503,138</td>
</tr>
<tr>
<td>(Decrease)/increase in other liabilities</td>
<td>(150,409)</td>
<td>80,833</td>
</tr>
<tr>
<td>Net cash flows from/(used in) operating activities</td>
<td>1,127,104</td>
<td>1,117,307</td>
</tr>
</tbody>
</table>
Notes to the financial statements
For the financial year ended 30 June 2012

Note 17. Responsible Persons

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

Names

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

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attorney-General</td>
<td>The Hon. Robert Clark, MP</td>
<td>1 July 2011 to 30 June 2012</td>
</tr>
<tr>
<td>Acting Attorney-General</td>
<td>The Hon. Andrew McIntosh, MP</td>
<td>23 December 2011 to 15 January 2012</td>
</tr>
<tr>
<td></td>
<td>The Hon. Andrew McIntosh, MP</td>
<td>5 April 2012 to 10 April 2012</td>
</tr>
<tr>
<td>Chairperson of the VIFM Council</td>
<td>The Honourable John Coldrey QC</td>
<td>1 July 2011 to 30 June 2012</td>
</tr>
<tr>
<td>Director of the VIFM</td>
<td>Prof. Stephen Cordner</td>
<td>1 July 2011 to 30 June 2012</td>
</tr>
<tr>
<td>Nominee of the Attorney-General</td>
<td>Prof. Robert Conyers</td>
<td>1 July 2011 to 30 June 2012</td>
</tr>
<tr>
<td>Nominee of the Chief Commissioner of Police</td>
<td>Mr Luke Cornelius</td>
<td>1 July 2011 to 30 June 2012</td>
</tr>
<tr>
<td>Nominee of the Chief Justice</td>
<td>Judge Meryl Sexton</td>
<td>1 July 2011 to 30 June 2012</td>
</tr>
<tr>
<td>Nominee of the Council of Monash University</td>
<td>Prof. Steven Wesselingh</td>
<td>1 July 2011 to 30 June 2012</td>
</tr>
<tr>
<td>Nominee of the Minister for Health</td>
<td>Prof. Steven Wesselingh</td>
<td>Appointment of Mr Peter Allen expired in October 2010. No reappointment has been made.</td>
</tr>
<tr>
<td>Nominee of the Minister for Women</td>
<td>Ms Felicity Broughton</td>
<td>1 July 2011 to 30 June 2012</td>
</tr>
<tr>
<td>Nominee of the Minister of Community Services</td>
<td>Mary McKinnon</td>
<td>1 July 2011 to 20 October 2011. As at the 30th June 2012 no reappointment had been made.</td>
</tr>
<tr>
<td>Nominee of the Minister of Police</td>
<td>Mr Neil Robertson</td>
<td>1 July 2011 to 30 June 2012</td>
</tr>
<tr>
<td>Nominee of the University of Melbourne</td>
<td>Prof. James Angus</td>
<td>1 July 2011 to 30 June 2012</td>
</tr>
<tr>
<td>State Coroner</td>
<td>Judge Jennifer Coate</td>
<td>1 July 2011 to 30 June 2012</td>
</tr>
</tbody>
</table>

Remuneration

Remuneration received or receivable by the Accountable Officer in connection with the management of the Institute during the reporting period was in the range:

$420,000 to $430,000 ($410,000 to $420,000 in 2010/11).

Amounts relating to Ministers are reported in the financial report of the Department of Premier and Cabinet.

As per the Governor in Council appointment, members of the VIFM Council are not remunerated.

Related party transactions

Prof. Stephen Cordner who is Director of the Victorian Institute of Forensic Medicine (the Institute) is employed by Monash University.

During the financial year, the Institute and Monash University conducted business transactions at arms length and at normal commercial terms.

Other transactions

Other related transactions and loans requiring disclosure under the Directions of the Minister for Finance have been considered and there are no matters to report.
Notes to the financial statements
For the financial year ended 30 June 2012

Note 18. Remuneration of executives

The number of executive officers, other than the Accountable Officer, and their total remuneration during the reporting period are shown in the first two columns in the table below in their relevant income bands. The base remuneration of executive officers is shown in the third and fourth columns. Base remuneration is exclusive of bonus payments, long-service leave payments, redundancy payments and retirement benefits.

<table>
<thead>
<tr>
<th>Income Band</th>
<th>Total Remuneration</th>
<th>Base Remuneration</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2012</td>
<td>2011</td>
</tr>
<tr>
<td>$170,000 to $179,999</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>$180,000 to $189,999</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>$190,000 to $199,999</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>$200,000 to $209,999</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Total numbers</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Total annualised employee equivalent (AAE)(^{(i)})</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Total amount</td>
<td>$406,710</td>
<td>$407,203</td>
</tr>
</tbody>
</table>

Note:
\(^{(i)}\) Annualised employee equivalent is based on working 38 ordinary hours per week over the reporting period.
Note 19. Remuneration of auditors

<table>
<thead>
<tr>
<th>Victorian Auditor-General's Office</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audit of the financial statements</td>
<td>28,500</td>
<td>27,500</td>
</tr>
<tr>
<td></td>
<td><strong>28,500</strong></td>
<td><strong>27,500</strong></td>
</tr>
</tbody>
</table>
Note 20. Revaluation of assets

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Opening balance</td>
<td>2,433,863</td>
<td>-</td>
</tr>
<tr>
<td>Revaluation of buildings</td>
<td>-</td>
<td>1,879,261</td>
</tr>
<tr>
<td>Reverse accumulated depreciation on buildings upon revaluation</td>
<td>-</td>
<td>554,602</td>
</tr>
<tr>
<td><strong>Closing balance</strong></td>
<td>2,433,863</td>
<td>2,433,863</td>
</tr>
</tbody>
</table>
Note 21. Subsequent event

Voluntary Departure Packages

The Victorian Government announced its intention to reduce the number of public servants in non-service delivery and back-office roles, with key frontline service delivery areas being exempted. The reductions will be achieved through a combination of natural attrition, a freeze on recruitment, the lapsing of fixed term contracts and the offering of Voluntary Departure Packages (VDPs) to encourage voluntary redundancies.

The process for VDPs was announced by the Department of Justice. No adjustments have been made to the 2011-12 financial statements as the criteria for recognising expenditure and a termination benefits liability relating to the voluntary departure packages had not been met based on the requirements of AASB 119 *Employee Benefits*.

The Institute is not able to make a reliable estimate of the financial effect of the VDPs, as the number and classification of staff that will take up VDPs is not known. The Institute anticipates that the VDP process will be completed before 31 December 2013.

Victorian Public Service Workplace Determination 2012

The *Victorian Public Service Workplace Determination 2012* was made by Fair Work Australia on 23 July 2012, which replaces the *2009 Extended and Varied Version of the Victorian Public Service Agreement 2006*. The Workplace Determination takes effect from 29 July 2012 and will remain in force until 31 December 2015. The Workplace Determination provides for wage increases of 3.25 per cent and 1.25 per cent on 1 July 2012 and 1 January 2013 respectively over 2012-13, with six monthly wage increases thereafter. A lump sum payment of $1,500 (or equivalent pro-rata amount for part time employees) will also be payable to eligible Victorian Public Service employees who received a salary on 1 July 2012 and were employed on 29 July 2012.

As the Workplace Determination takes effect from 29 July 2012, no adjustments have been made to these financial statements other than for the impact on the estimated accrued employee benefits as at 30 June 2012.
Notes to the financial statements
For the financial year ended 30 June 2012

Note 22. Glossary of terms and style conventions

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

Depreciation
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
The effective interest method is 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 instrument, or, where appropriate, a shorter period to the net carrying amount of the financial asset or financial liability.

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

Financial instrument
A financial instrument is any contract that gives rise to a financial asset of one entity and a financial liability or equity instrument of another entity. Financial assets or liabilities that are not contractual (such as statutory receivables or payables that arise as a result of statutory requirements imposed by governments) are not financial instruments.

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

Financial statements
Depending on the context of the sentence where the term ‘financial statements’ is used, it may include only the main financial statements (i.e. comprehensive operating statement, balance sheet, cash flow statements, and statement of changes in equity); or it may also be used to replace the old term ‘financial report’ under the revised AASB 101 (September 2007), which means it may include the main financial statements and the notes.
Interest expense
Costs incurred in connection with the borrowing of funds. Interest expenses include interest on bank overdrafts and short-term and long-term borrowings, amortisation of discounts or premiums relating to borrowings, interest component of finance leases repayments, and the increase in financial liabilities and non-employee provisions due to the unwinding of discounts to reflect the passage of time.

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

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

Net result
Net result is a measure of financial performance of the operations for the period. It is the net result of items of income, gains and expenses (including losses) recognised for the period, excluding those that are classified as ‘other non-owner changes in equity’.

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

Net worth
Assets less liabilities, which is an economic measure of wealth

Non-financial assets
Non-financial assets are all assets that are not ‘financial assets’. It includes inventories, land buildings, infrastructure and plant and equipment.

Other economic flows
Other economic flows are changes in the volume or value of an asset or liability that do not result from transactions. It includes:
- gains and losses from disposals, revaluations and impairments of non-current physical and intangible assets;
- actuarial gains and losses arising from defined benefit superannuation plans;
- fair value changes of financial instruments; and

In simple terms, other economic flows are changes arising from market re-measurements.

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

Produced assets
Produced assets include buildings, plant and equipment, inventories and certain intangible assets.

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

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

Supplies and services
Supplies and services generally represent cost of goods sold and the day-to-day running costs, including maintenance costs, incurred in the normal operations of the Institute.
Transactions
Transactions are those economic flows that are considered to arise as a result of policy decisions, usually an interaction between two entities by mutual agreement. They also include flows within an entity such as depreciation where the owner is simultaneously acting as the owner of the 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.
INDEPENDENT AUDITOR’S REPORT

To the Council Members of Victorian Institute of Forensic Medicine

The Financial Report
The accompanying financial report for the year ended 30 June 2012 of the Victorian Institute of Forensic Medicine which comprises the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement, notes comprising a summary of significant accounting policies and other explanatory information, and the the accountable officer’s and chief finance and accounting officer’s declaration has been audited.

The Council Members’ Responsibility for the Financial Report
The Council Members of the Victorian Institute of Forensic Medicine are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards, and the financial reporting requirements of the Financial Management Act 1994, and for such internal control as the Council Members determines is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor’s Responsibility
As required by the Audit Act 1994, my responsibility is to express an opinion on the financial report based on the audit, which has been conducted in accordance with Australian Auditing Standards. Those standards require compliance with relevant ethical requirements relating to audit engagements and that the audit be planned and performed to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The audit procedures selected depend on judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, consideration is given to the internal control relevant to the entity’s preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity’s internal control. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made by the Council Members, as well as evaluating the overall presentation of the financial report.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.
Independent Auditor's Report (continued)

Independence

The Auditor-General's independence is established by the Constitution Act 1975. The Auditor-General is not subject to direction by any person about the way in which his powers and responsibilities are to be exercised. In conducting the audit, the Auditor-General, his staff and delegates complied with all applicable independence requirements of the Australian accounting profession.

Opinion

In my opinion, the financial report presents fairly, in all material respects, the financial position of the Victorian Institute of Forensic Medicine as at 30 June 2012 and of its financial performance and its cash flows for the year then ended in accordance with applicable Australian Accounting Standards, and the financial reporting requirements of the Financial Management Act 1994.

Matters Relating to the Electronic Publication of the Audited Financial Report

This auditor's report relates to the financial report of the Victorian Institute of Forensic Medicine for the year ended 30 June 2012 included both in the Victorian Institute of Forensic Medicine's annual report and on the website. The Council Members of the Victorian Institute of Forensic Medicine are responsible for the integrity of the Victorian Institute of Forensic Medicine's website. I have not been engaged to report on the integrity of the Victorian Institute of Forensic Medicine's website. The auditor's report refers only to the subject matter described above. It does not provide an opinion on any other information which may have been hyperlinked to/from these statements. If users of the financial report are concerned with the inherent risks arising from publication on a website, they are advised to refer to the hard copy of the audited financial report to confirm the information contained in the website version of the financial report.

MELBOURNE
5 September 2012

D D R Pearson
Auditor-General
The Annual report of the Institute is prepared in accordance with all relevant Victorian legislation. This index has been prepared to facilitate identification of the Institute’s compliance with statutory disclosure requirements.

<table>
<thead>
<tr>
<th>Legislation</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
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<td>Ministerial Directions</td>
<td></td>
</tr>
<tr>
<td>Report of Operations - FRD Guidance</td>
<td></td>
</tr>
<tr>
<td>Charter and purpose</td>
<td></td>
</tr>
<tr>
<td>FRD 22B</td>
<td>Manner of establishment and the relevant Ministers</td>
</tr>
<tr>
<td>FRD 22B</td>
<td>Objectives, functions, powers and duties</td>
</tr>
<tr>
<td>FRD 22B</td>
<td>Nature and range of services provided</td>
</tr>
<tr>
<td>Management and structure</td>
<td></td>
</tr>
<tr>
<td>FRD 22B</td>
<td>Organisational structure</td>
</tr>
<tr>
<td>Financial and other information</td>
<td></td>
</tr>
<tr>
<td>FRD 8B</td>
<td>Budget portfolio outcomes</td>
</tr>
<tr>
<td>FRD 10</td>
<td>Disclosure index</td>
</tr>
<tr>
<td>FRD 12A</td>
<td>Disclosure of major contracts</td>
</tr>
<tr>
<td>FRD 15B</td>
<td>Executive officer disclosures</td>
</tr>
<tr>
<td>FRD 22B, SD 4.2(k)</td>
<td>Operational and budgetary objectives and performance against objectives</td>
</tr>
<tr>
<td>FRD 22B</td>
<td>Employment and conduct principles</td>
</tr>
<tr>
<td>FRD 22B</td>
<td>Occupational health and safety policy</td>
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<tr>
<td>FRD 22B</td>
<td>Summary of the financial results for the year</td>
</tr>
<tr>
<td>FRD 22B</td>
<td>Significant changes in financial position during the year</td>
</tr>
<tr>
<td>FRD 22B</td>
<td>Major changes or factors affecting performance</td>
</tr>
<tr>
<td>FRD 22B</td>
<td>Subsequent events</td>
</tr>
<tr>
<td>FRD 22B</td>
<td>Application and operation of Freedom of Information Act 1982</td>
</tr>
<tr>
<td>FRD 22B</td>
<td>Compliance with building and maintenance provisions of Building Act 1993</td>
</tr>
<tr>
<td>FRD 22B</td>
<td>Statement on National Competition Policy</td>
</tr>
<tr>
<td>FRD 22B</td>
<td>Application and operation of the Whistleblowers Protection Act 2001</td>
</tr>
<tr>
<td>FRD 22B</td>
<td>Details of consultancies over $100,000</td>
</tr>
<tr>
<td>FRD 22B</td>
<td>Details of consultancies under $100,000</td>
</tr>
<tr>
<td>FRD 22B</td>
<td>Statement of availability of other information</td>
</tr>
<tr>
<td>FRD 24C</td>
<td>Reporting of office-based environmental impacts</td>
</tr>
<tr>
<td>FRD 25</td>
<td>Victorian Industry Participation Policy disclosures</td>
</tr>
<tr>
<td>FRD 29</td>
<td>Workforce data disclosures</td>
</tr>
<tr>
<td>SD 4.5.5</td>
<td>Risk management compliance requirements</td>
</tr>
<tr>
<td>SD 4.2(g)</td>
<td>General information requirements</td>
</tr>
<tr>
<td>SD 4.2(j)</td>
<td>Sign-off requirements</td>
</tr>
<tr>
<td>Financial statements</td>
<td></td>
</tr>
<tr>
<td>Financial statements required under Part 7 of the FMA</td>
<td>Statement of changes in equity</td>
</tr>
<tr>
<td>SD 4.2(a)</td>
<td>Operating statement</td>
</tr>
<tr>
<td>SD 4.2(b)</td>
<td>Balance sheet</td>
</tr>
<tr>
<td>SD 4.2(b)</td>
<td>Cash flow statement</td>
</tr>
<tr>
<td>Other requirements under Standing Directions 4.2</td>
<td>Compliance with Australian accounting standards and other authoritative pronouncements</td>
</tr>
<tr>
<td>SD 4.2(a)</td>
<td>Statement of compliance</td>
</tr>
<tr>
<td>SD 4.2(d)</td>
<td>Rounding of amounts</td>
</tr>
<tr>
<td>SD 4.2(c)</td>
<td>Accountable officer’s declaration</td>
</tr>
</tbody>
</table>
### Disclosure index

**Other disclosures as required by FRD's in notes to the financial statements**

| FRD 9A | Departmental disclosure of administered assets and liabilities |
| FRD 11 | Disclosure of ex-gratia payments |
| FRD 13 | Disclosure of parliamentary appropriations |
| FRD 21A | Responsible person and executive officer disclosures |
| FRD 102 | Inventories |
| FRD 103D | Non-current physical assets |
| FRD 104 | Foreign currency |
| FRD 106 | Impairment of assets |
| FRD 109 | Intangible assets |
| FRD 107 | Investment properties |
| FRD 110 | Cash flow statements |
| FRD 112A | Defined benefit superannuation obligations |
| FRD 113 | Investments in subsidiaries, jointly controlled entities and associates |
| FRD 114A | Financial instruments - General government entities and public non-financial corporations |
| FRD 119 | Contributions by owners |

**Legislation**

- Freedom of Information Act 1982
- Building Act 1983
- Whistleblowers Protection Act 2001
- Victorian Industry Participation Policy Act 2003
- Financial Management Act 1994
- Multicultural Victoria Act 2004
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