Report
of the
HEALTH COMMISSION OF VICTORIA
for the
Year ended 30 June 1981

Ordered by the Legislative Assembly to be printed
Enterprise House
555 Collins Street, Melbourne
November 1981

The Honourable W. A. Borthwick
Minister of Health

Sir,

The members of the Health Commission of Victoria have pleasure in submitting this, the third Annual Report of the Commission, for presentation to Parliament.

Gad Trevaks
Chairman

Jack Lewis Evans
Full-time member

James Anthony Ryan
Full-time Member

Peter Robert Wilkinson
Secretary
Part-time Commissioners
Miss Mona Menzies
Professor Kenneth Hunt
Mr. John Walter
Mr. Ernest Tucker

Division Directors
Dr. David Race
*Hospitals*
Dr. George Lipton
*Mental Health*
Dr. Bertram McCloskey
*Public Health*
Mr. Errol Cocks
*Mental Retardation*
Dr. Richard Scotton
*Planning and Research*
Mr. Tony Clifford
*Finance*
Mr. Pat Daly
*Personnel*
Mr. Des O'Callaghan
*Management Services*
Mr. James Hicks
*Building and Services*
Chief librarian Pat Nakouz demonstrates a title search for Commissioner Walter.

Commissioners Evans, Ryan and Trevaks (Chairman) with John Barnett, administrator of the Disabled Persons' Information Bureau.

Commissioner Tucker sits in with audiologist Helen Kearney and a young client.

Library assistant Christine Skelton at the journal display section with Commissioners Menzies and Hunt.
Contents

Review of 1980/81

Hospitals services
Mental health services
Public health services
Mental retardation services

Personnel Division report
Building & Services Division report
Finance Division report
Planning & Research Division report
Management Services Division report
A Review of 1980/81

Introduction
State health expenditures
Mental retardation development
Regionalisation
Charities administration
Health computing services
Fairfield Hospital
Aboriginal health
I.Y.D.P.
Mental health legislation
Services for migrants
Russell House
The immunisation campaign
Legislation
Finally . . . . .

Tables
1 State public health expenditures — by type of service
2 State public health expenditures — by source of funds
3 Consolidated Funds & Trust Funds — receipts & expenditures
4 Commonwealth contributions to State public health expenditures
5 “Other sources” of State public health funds
6 State public health expenditures — 79/80 and 80/81 compared

Figures
1 State public health expenditures — its allocation
2 Source of funds for State public health expenditures — percentages
Introduction

During 1980/81, there were several major influences on the provision of health services.

Manpower and financial constraints placed considerable demands on the staff of the Commission and inhibited the provision of services. As an example, staff ceilings were further reduced and this, coupled with restraints on outside recruitment, resulted in extra pressure on staff. Nevertheless, Commission staff maintained a high level of service.

On the positive side, redeployment programs were implemented to provide positions in high priority areas at the expense of areas of lower priority while at the time reducing total staff numbers.

The no-growth policy for public hospital expenditure continued in 1980/81. In an environment of tight financial constraint on hospital recurrent spending, the Commission commenced the streamlining of the hospital budgetary processes. This involves the establishment of notional budgets for all public hospitals in the State with more emphasis being placed upon hospital salary and wages costs and the development of closer communication with hospitals.

Other major influences on the provision of health services during 1980/81 were the report of the Commission of Inquiry into the Efficiency and Administration of Hospitals (the Jamison Inquiry) and the subsequent announcement by the Federal Government of new funding arrangements for health services.

In April 1981, the Federal Minister for Health announced that the cost sharing arrangements with Victoria for hospitals would end, as would specific purpose grants for the community health program and the school dental service.

The termination of these arrangements will see the introduction, in 1981/82, of a new scheme, the main element of which is smaller Federal grants to the States for public hospitals. The resultant shortfall will be made up by charges raised from a large number of persons presently entitled to free treatment.

Because of the importance to the people of Victoria of funding for health expenditures, the Commission considers it appropriate to give an account of the size, composition and funding sources of Victorian State health expenditures as a highlight of this year's annual report.

State Health Expenditures in Victoria

In this section, "health" refers only to those activities that are the statutory responsibility of the Health Commission of Victoria. It includes pre-school education to the extent that this activity is funded by the Commission. It does not include public expenditures on health by Commonwealth and local government authorities except where these expenditures are reflected in the State budget through grants and subsidies to or from the other levels of government.

Total expenditure of $1,160.8 million shown in Table 1 includes:

(a) expenditures of the Health Commission and other agencies within the Victorian budget sector;

(b) expenditures of other health institutions and services classified as "public", notably public hospitals, nursing homes and hostels, community health centres and ambulance services; and

(c) grants and subsidies from the State budget for health and welfare services provided by other bodies, notably local government councils and charitable organisations.

Recorded expenditures of organisations classified under (b) above are as reported to the Health Commission; they are aggregated in Table 1 with identified expenditures funded from or through the Victorian budget for all services provided other than by these organisations. As far as possible, all expenditures are "gross", with any offsetting revenues being included in the Sources of Funds in Table 2.

Expenditures shown in Table 1 are classified under the main State budget headings which correspond to the administrative divisions of the Health Commission, although some minor reclassification has been undertaken to include identifiable central office expenditure by divisions under "Central Administration". The distinction between current and capital expenditures has been confined to the main expenditure groups.

Central administration expenditures of $21.3 million comprise only 1.8 per cent of total expenditures. However, it should be noted that substantially larger administrative costs incurred by health service institutions are included in the expenditures classified under the service headings.

Expenditures on "Hospitals and Allied Services"
fall under the administration of the Hospitals Division of the Health Commission and are substantially funded through the Hospitals and Charities Fund. Public hospitals are by far the largest expenditure item, being responsible of 63.3 per cent of all State public sector health expenditures.

Details of the payments and receipts of individual public hospitals and most of the other institutions and services (except the Cancer Institute) included in this grouping are set out in the Commission’s publication Health Service Statistics 1979/80. The other major areas of expenditure on “Hospitals and Allied Services” are hospitals for the aged, ambulance services and community health projects. Charities operating in Victoria are required to register under the Hospitals and Charities Act and subsidies totalling $24.4 million were paid to a large number of charitable organisations in 1979/80 to support their provision of health and welfare services and professional training. “Other” expenditures totalling $15.1 million consisted largely of central services to hospitals, including insurance and nurse training. Expenditures on all hospitals and allied services comprised 79.7 per cent of the total public sector expenditures.

Expenditures on public health amounted to $72.3 million, or 6.2 per cent of the total. By far the largest component in this group was expenditure on pre-school education, of which $28.3 million represented subsidies to pre-school kindergartens.

Table 1: Victorian State Public Sector Health Expenditures 1979/80 by Type of Service

<table>
<thead>
<tr>
<th>Service</th>
<th>Current $M.</th>
<th>Capital $M.</th>
<th>Total $M.</th>
<th>Percent of all expenditure %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hospitals and Allied Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public general hospitals</td>
<td>689.5</td>
<td>45.7</td>
<td>735.2</td>
<td>63.3</td>
</tr>
<tr>
<td>Hospitals and hostels for the aged</td>
<td>93.2</td>
<td>5.9</td>
<td>99.1</td>
<td>8.6</td>
</tr>
<tr>
<td>Community health projects</td>
<td>19.2</td>
<td>1.6</td>
<td>20.8</td>
<td>1.8</td>
</tr>
<tr>
<td>Ambulance services</td>
<td>28.8</td>
<td>1.2</td>
<td>30.0</td>
<td>2.6</td>
</tr>
<tr>
<td>Subsidies to non-public organisations</td>
<td>16.9</td>
<td>7.5</td>
<td>24.4</td>
<td>2.1</td>
</tr>
<tr>
<td>Other expenditure</td>
<td>15.1</td>
<td>—</td>
<td>15.1</td>
<td>1.3</td>
</tr>
<tr>
<td><strong>Sub total</strong></td>
<td>862.7</td>
<td>61.9</td>
<td>924.6</td>
<td>79.7</td>
</tr>
<tr>
<td><strong>Public Health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-school services</td>
<td>32.2</td>
<td>—</td>
<td>32.2</td>
<td></td>
</tr>
<tr>
<td>Maternal and child health</td>
<td>7.3</td>
<td>—</td>
<td>7.3</td>
<td></td>
</tr>
<tr>
<td>Community services</td>
<td>14.8</td>
<td>—</td>
<td>14.8</td>
<td></td>
</tr>
<tr>
<td>Dental health</td>
<td>5.6</td>
<td>—</td>
<td>5.6</td>
<td></td>
</tr>
<tr>
<td>Other services</td>
<td>9.6</td>
<td>—</td>
<td>9.6</td>
<td></td>
</tr>
<tr>
<td><strong>Sub total</strong></td>
<td>69.5</td>
<td>2.8</td>
<td>72.3</td>
<td>6.2</td>
</tr>
<tr>
<td><strong>Mental Health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Institutions</td>
<td>86.4</td>
<td>—</td>
<td>86.4</td>
<td></td>
</tr>
<tr>
<td>Other services</td>
<td>5.4</td>
<td>—</td>
<td>5.4</td>
<td></td>
</tr>
<tr>
<td><strong>Sub total</strong></td>
<td>91.8</td>
<td>5.9</td>
<td>97.7</td>
<td>8.4</td>
</tr>
<tr>
<td><strong>Mental Retardation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Institutions</td>
<td>32.4</td>
<td>—</td>
<td>32.4</td>
<td></td>
</tr>
<tr>
<td>Other services</td>
<td>10.4</td>
<td>—</td>
<td>10.4</td>
<td></td>
</tr>
<tr>
<td><strong>Sub total</strong></td>
<td>42.8</td>
<td>2.1</td>
<td>44.9</td>
<td>3.9</td>
</tr>
<tr>
<td><strong>Central Administration</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sub total</td>
<td>21.3</td>
<td>—</td>
<td>21.3</td>
<td>1.8</td>
</tr>
<tr>
<td><strong>TOTAL EXPENDITURE</strong></td>
<td>1088.1</td>
<td>72.7</td>
<td>1160.8</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Figure 1: The $1160.8 Million Total State Public Health Expenditures 1979/80 — How it was allocated

General Hospitals and Allied Services $924.6 M (79.7% of total)
Expenditure on community services consisted mainly of subsidies under the home help scheme ($8.8 million) and expenditure on community health projects — mostly in connection with the Early Childhood Development Program — of $4.8 million. Expenditures on dental health were largely incurred in connection with provision of treatment and the training of dental therapists for the school dental scheme. The largest component of "Other Services" expenditure was $5.7 million on diagnostic, preventive and treatment services associated with tuberculosis, and most of the remainder was incurred on the provision of general public health services, including supervision of food and drugs.

Expenditures on mental health in 1979/80 amounted to $97.7 million, or 8.4 per cent of total public sector expenditure on health services. The great majority of these outlays were spent in psychiatric and mental institutions, which have the major responsibility for care and treatment of patients. "Other Services", with expenditures of $5.4 million, consisted largely of community health projects funded under the Community Health Program.

In 1979/80, mental retardation services were still under the administration of the Mental Health Division but they have been shown as a separate category in Table 1 because of the subsequent creation of the Mental Retardation Division. Expenditures on mental retardation services comprised 3.9 per cent of total public sector expenditures, with the largest part incurred in public institutions for the care of the mentally retarded. Almost all the remaining expenditure took the form of subsidies to training centres run by organisations outside the public sector.

The sources of funds for these expenditures are shown in Table 2. The three sources listed are net expenditure from the State budget, Commonwealth Government and other sources. The identification of sources, as with the categorisation of expenditures, involves some difficulties of definition and estimation. Some of the difficulty arises from the fact that many revenues pass through more than one channel; for example, expenditures to which the Commonwealth Government contributes are included in State budget outlays, and Commonwealth benefits of various kinds support the payment of fees charged to users of services and are included in the "Other Services" category. The conventions adopted in the classification which has been used will be described in the account of the various sources of revenue.

**Figure 2: Source of Funds for State Public Sector Expenditure**

Per centages rounded to nearest whole number

- **Public General Hospitals**
  - C/W: 35%
  - Other: 24%
  - State: 41%

- **Community Health, Ambulances, Subsidies etc.**
  - C/W: 33%
  - Other: 5%
  - State: 62%

- **Hospitals & Hostels For the Aged**
  - C/W: 39%
  - Other: 35%
  - State: 26%

- **Public Health**
  - C/W: 21%
  - Other: 19%
  - State: 60%

- **Mental Health and Mental Retardation**
  - C/W: 8%
  - Other: 8%
  - State: 88%

- **Central Administration**
  - C/W: 3%
  - Other: 8%
  - State: 97%

- **Total**
  - C/W: 30%
  - Other: 21%
  - State: 49%
Table 2: Victorian State Public Sector Health Expenditures 1979/80

<table>
<thead>
<tr>
<th>Source of Funds (All Sources)</th>
<th>State Budget (net)</th>
<th>Commonwealth Government</th>
<th>Other Sources</th>
<th>All Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals and Allied Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public general hospitals</td>
<td>301.5</td>
<td>258.5</td>
<td>175.2</td>
<td>735.2</td>
</tr>
<tr>
<td>Hospitals and Hostels for the Aged</td>
<td>25.8</td>
<td>38.7</td>
<td>34.6</td>
<td>99.1</td>
</tr>
<tr>
<td>Other</td>
<td>53.8</td>
<td>19.2</td>
<td>17.3</td>
<td>90.3</td>
</tr>
<tr>
<td>Sub total</td>
<td>381.1</td>
<td>3116.4</td>
<td>227.1</td>
<td>924.6</td>
</tr>
<tr>
<td>Public Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health and Mental Retardation</td>
<td>45.2</td>
<td>23.6</td>
<td>3.5</td>
<td>72.3</td>
</tr>
<tr>
<td>Central Administration</td>
<td>125.0</td>
<td>6.2</td>
<td>11.4</td>
<td>142.6</td>
</tr>
<tr>
<td>All Services</td>
<td>20.7</td>
<td>0.6</td>
<td>—</td>
<td>21.3</td>
</tr>
</tbody>
</table>

The proportion of expenditures met from net expenditure from the State budget in 1979/80 was 49.3 per cent, or almost half the total. This represents the extent to which the expenditures were met from the general revenues of the State (whether these were ultimately provided from State taxation, Commonwealth general revenue grants or other sources) as distinct from specific purpose grants from the Commonwealth Government and costs of services recouped by charges made on users, whether these passed through the budget or not. The amount of $572 million can be reconciled with receipts and expenditures of the Consolidated Funds and Trust Funds as follows:

Table 3: Consolidated Funds & Trust Funds — Receipts and Expenditures

<table>
<thead>
<tr>
<th>Payments:</th>
<th>$M</th>
<th>$M</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consolidated Fund:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special Appropriation</td>
<td>7.8</td>
<td></td>
</tr>
<tr>
<td>Vote: Health Commission</td>
<td>412.2</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>2.0</td>
<td></td>
</tr>
<tr>
<td>Works and Services</td>
<td>60.1</td>
<td>482.1</td>
</tr>
<tr>
<td>Trust Funds{A}</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospitals &amp; Charities Fund{b}</td>
<td>123.8</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>10.0</td>
<td>133.8</td>
</tr>
<tr>
<td>Total Payments:</td>
<td>615.9</td>
<td></td>
</tr>
<tr>
<td>Receipts:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consolidated Fund{A}</td>
<td>43.9</td>
<td></td>
</tr>
<tr>
<td>Net Expenditure from State Budget:</td>
<td>572.0</td>
<td></td>
</tr>
<tr>
<td>Notes:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Net of receipts from Commonwealth Government.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Net of contribution from Health Commission Vote.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The Commonwealth Government is estimated to have contributed $346.8 million, or 29.9 per cent of total expenditures, in 1979/80.

The convention that determines whether Commonwealth contributions are classified under this heading rather than the others is that we include here only specific purpose grants for health programs paid direct to the State Government or to public institutions. Commonwealth general purpose grants to the State are regarded as part of the State revenue, expenditures from which are classified as arising from the State budget. This distinction is slightly artificial, as will be evident when specific purpose grants for public hospitals, community health projects and school dental services are replaced by general purpose grants in 1981/82. The result will be a considerable change in the State and Commonwealth contributions as recorded, but the underlying relationships will be by no means as substantially altered.

Similarly, the boundary between Commonwealth Government and "Other Sources" is equally indistinct in that the distinction between grants to States and grants to persons to meet charges imposed by State institutions is a fine one. In the figures shown in the table, nursing home benefits paid direct to institutions are treated as Commonwealth contributions, since they are specific grants for health purposes, while contributions from patients of benevolent institutions paid out of their Social Security pensions are treated as patient fees and included in the "Other Sources" total. The composition of Commonwealth contributions to Victorian public sector health services was:
Table 4: Commonwealth contributions to State Public Health Expenditure

<table>
<thead>
<tr>
<th>Service</th>
<th>$M</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost Sharing Agreement</td>
<td>267.7</td>
</tr>
<tr>
<td>Nursing Home Benefits</td>
<td>32.0</td>
</tr>
<tr>
<td>Community Health Program</td>
<td>13.4</td>
</tr>
<tr>
<td>Pre-school Education &amp; Child Care</td>
<td>9.0</td>
</tr>
<tr>
<td>School Dental Scheme</td>
<td>4.2</td>
</tr>
<tr>
<td>Home Care Services</td>
<td>4.0</td>
</tr>
<tr>
<td>Repatriation Hospital — Bundoora</td>
<td>3.7</td>
</tr>
<tr>
<td>Elderly Citizens' Clubs</td>
<td>1.8</td>
</tr>
<tr>
<td>Other</td>
<td>11.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>346.8</strong></td>
</tr>
</tbody>
</table>

“Other Sources”, which may broadly be regarded as payments by the recipients of services (whether or not funded through third parties) provided 20.9 per cent of total public sector health expenditures in 1979/80. While the major components are clear enough, the figure of $242.0 million includes a residual error factor which arises because of differences in data sources and which may be construed as reflecting timing differences, use of balances, etc. which cannot be separately identified. The composition of “Other Sources” of funds for 1979/80 is estimated to have been as follows:

Table 5: “Other Sources” of State Public Health Funds

<table>
<thead>
<tr>
<th>Service</th>
<th>$M</th>
<th>$M</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient fees: General Hospitals</td>
<td>139.3</td>
<td>183.2</td>
</tr>
<tr>
<td>Other</td>
<td>43.9</td>
<td></td>
</tr>
<tr>
<td>Fee Sharing/Use of Hospital Facilities</td>
<td>10.6</td>
<td></td>
</tr>
<tr>
<td>Ambulance Subscription</td>
<td>8.9</td>
<td></td>
</tr>
<tr>
<td>Scheme</td>
<td>8.1</td>
<td></td>
</tr>
<tr>
<td>Capital Overdrafts</td>
<td>6.8</td>
<td></td>
</tr>
<tr>
<td>Staff Meals and Accommodation</td>
<td>24.4</td>
<td></td>
</tr>
<tr>
<td>Other and Unidentified</td>
<td></td>
<td>242.0</td>
</tr>
</tbody>
</table>

The composition of funding varies quite markedly between different service groupings. The State Government is overwhelmingly responsible for the funding of mental health and mental retardation services. It also provides more than half the funding for hospital and allied services other than public general hospitals and institutions for the aged. However, these services also attract a significant proportion of Commonwealth funding under a variety of programs, including community health, pre-school education and child care, school dental scheme and home care. Because of the 50/50 cost sharing arrangement that operated in 1979/80, the State and Commonwealth Governments contributed roughly equal shares of the costs of public general hospitals, the estimated State share being 41 per cent and the Commonwealth 35.2 per cent. Other sources were also very important in the case of public general hospitals and, unlike most other outside funding, were mostly found through private insurance rather than direct from users. Hospitals and hostels for the aged, which consist predominantly of State-run nursing homes, were the only major service group in which the State budget was not the major source of funds. The Commonwealth Government’s direct contribution of thirty-nine per cent would be substantially increased if Social Security pensions, the major source of patient contributions, were ascribed directly to it.

A comparison of expenditures in 1979/80 and 1980/81 is shown in Table 3. At the time of writing, statistics of some important components were incomplete or at a preliminary stage of collation; it is expected that the full range of detail will be published shortly in the Commission’s “Health Service Statistics 1980/81”. The overall increase in expenditures of $154 million, or 13.3 per cent, represented a marginal increase in real terms after allowance for price and cost increases, but was less than the increase of 14.7 per cent in total State expenditure for all purposes.

Examination of expenditures by purpose shows that outlays on “Hospitals and Allied Services” recorded a lower-than-average increase of 12.4 per cent, which was due almost exclusively to the containment of costs in public hospitals funded through the Commonwealth/State cost sharing arrangements. Most other services recorded increases in the range of fourteen to sixteen per cent, with the exception of Central Administration outlays, which rose during the year at almost double this rate. This increase was associated with the initial establishment of many central functions of the Commission, the full year effects of which were not reflected in the 1979/80 increases. For example, the expenditure on central administration in relation to mental health in 1979/80 was $3.3 million. With the establishment of the Mental Retardation Division, the combined administration cost of mental health and mental retardation in 1980/81 rose to an estimated $5.3 million — an increase of almost sixty-one per cent.
Table 6: Victorian State Public Sector Health Expenditures — Comparisons of 1979/80 and Preliminary 1980/81 Statistics

<table>
<thead>
<tr>
<th>Purpose</th>
<th>1979/80</th>
<th>1980/81 (preliminary)</th>
<th>Percentage Variation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$M</td>
<td>$M</td>
<td>%</td>
</tr>
<tr>
<td>Hospitals and Allied Services</td>
<td>925</td>
<td>1,039</td>
<td>+12.4</td>
</tr>
<tr>
<td>Public Health</td>
<td>72</td>
<td>84</td>
<td>+16.0</td>
</tr>
<tr>
<td>Mental Health</td>
<td>98</td>
<td>113</td>
<td>+15.7</td>
</tr>
<tr>
<td>Mental Retardation</td>
<td>45</td>
<td>51</td>
<td>+12.9</td>
</tr>
<tr>
<td>Central Administration</td>
<td>21</td>
<td>28</td>
<td>+31.9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Expenditure</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td>1,088</td>
<td>1,247</td>
<td>+14.6</td>
</tr>
<tr>
<td>Capital</td>
<td>73</td>
<td>68</td>
<td>-6.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Source of Funds</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>State Budget (Net)</td>
<td>572</td>
<td>674</td>
<td>+17.7</td>
</tr>
<tr>
<td>Commonwealth</td>
<td>347</td>
<td>391</td>
<td>+12.8</td>
</tr>
<tr>
<td>Other</td>
<td>242</td>
<td>250</td>
<td>+3.3</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES</td>
<td>1,161</td>
<td>1,315</td>
<td>+13.3</td>
</tr>
</tbody>
</table>

In the breakdown of expenditures by economic type, current expenditures rose by 14.6 per cent while capital expenditure was actually down by 6.5 per cent. The decline in capital outlays in real terms — that is, after adjustment for cost increases — if not in money, has been a feature of health service budgets for a number of years and is the reason for severely reduced capacity to initiate capital projects.

The dissection of expenditures by source of funds shows that the main burden of funding, the increased outlays on health services, fell on the State’s general revenue. The net State share rose by $102 million, or 17.7 per cent. The increase in Commonwealth funding was, as might have been expected, broadly in line with total expenditure on hospitals and allied services at 12.8 per cent. Other revenue sources barely increased at all and, in fact, there was an absolute decline in hospital fee collections, which are the dominant component of this item.

The general pattern of funding sources will, of course, be radically changed by the new funding arrangements which will commence in the 1981/82 financial year. Commonwealth specific purpose grants for public hospitals, community health and school dental services will disappear and be replaced by a general purpose grant so that the recorded contribution from the State budget may be expected to increase very substantially. This change in public funding will, for the most part, reflect changes in the distribution and classification of funding within the public sector — that is, between levels of government. However, it will be accompanied by a substantial increase in fee raisings in public hospitals so that the proportion of expenditures met from “Other Sources” will increase and the total share provided by both levels of government will correspondingly decline. This will constitute a real change in the balance of public and private sectors, as distinct from a re-allocation of Commonwealth and State responsibilities.

Mental Retardation Development

The Mental Retardation Division was established during the year after a great deal of preparatory work. It becomes the fourth Line Division, alongside Hospitals, Public Health and Mental Health. The separation of the Division from the Mental Health Division was a major step toward recognising the different needs of mentally retarded and mentally ill persons.

The Director, Mr. Errol Cocks, commenced duty in February 1981. Subsequently, several new senior officers were appointed to form the nucleus of a team to review existing policies and initiate others.

A working party consisting of senior officers of the Division and representatives of interested voluntary bodies is reviewing the law concerning mentally retarded persons with a view to recommending legislation separate from the Mental Health Act. Although there is a variety of enactments of this kind throughout the world, none is entirely satisfactory and there is an opportunity here to break new ground.
Regionalisation
In November 1980, the Commission released a discussion paper on the regionalisation of health services in Victoria.

The concept of regionalisation involves planning being related to defined populations, members of those populations (consumers as well as providers) taking a leading role in such planning, and participants within regions acting in a spirit of collaboration.

The discussion paper was widely circulated. Many constructive responses were received and these will be taken into account in the development of practical proposals for regionalisation. These proposals will soon be forthcoming.

Administration of Charities
In October 1980, the Commission released the first report of the Inter-departmental Working Party reviewing the administration of charities in Victoria. The thirty-one recommendations in the first report were designed more as a catalyst to attract community discussion than as final recommendations. The major recommendations in the first report are, in summary:

(a) the definition of public appeal should be expanded to take account of modern fund-raising techniques such as door-to-door collections, direct mailing, quests, walkathons, etc.;

(b) the supervision of public appeals and the registration of charities and other “not-for-profit” associations should be undertaken by some statutory authority or department distinct from and independent of the Health Commission or any other funding authority (although the Health Commission clearly needs to retain a method of registering hospitals or at least scheduling them for legislative and control purposes);

(c) more information should be required and available to the public in relation to appeals, their costs and administration, and the methods of fund-raising;

(d) the registration of “not-for-profit” organisations should be considered in the light of whatever recommendations emerge from the Chief Justice’s Law Reform Committee in respect to an Associations Act.

In March 1981, submissions were invited by public advertisement. These are presently under consideration.

Health Computing Services
The Commission is reviewing the provision of computing systems and services.

In 1966, the Hospitals and Charities Commission subsidised a study group based at the Alfred Hospital. The project commenced with active support and encouragement from the Computer Centre at Monash University. The object was to assemble an experienced and able team to cope with hospital and other computing requirements.

An organisation first known as Hospitals Computer Services and later entitled Health Computing Services soon began to provide a variety of computer services, including hospital personnel and payroll, patient accounting, mailing and membership, preventive maintenance, patient reporting, medical record library and numerous biochemical and non-hospital systems, including domiciliary nursing and ambulance systems. The Service extended its facilities to various non-profit health agencies in the interest of maximising the use of developed systems at the same time as improving the total health data base.

In general terms, the initial development cost, including capital cost, was underwritten by Hospitals and Charities Commission subsidies. Services were costed on a non-profit basis and hospitals and other users were charged accordingly.

The Health Commission continues to underwrite certain unrecovered expenditure, which includes the cost of services provided for the Commission itself. The Service has its own equipment and accommodation and has maintained an association with the Monash Computer Centre. However, it continues to operate through the Alfred Hospital. This arrangement was criticised in 1975 in the report of the Committee of Inquiry into Hospital and Health Services in Victoria.

The Commission is very grateful for the assistance and co-operation provided by the Alfred Hospital over many years. It believes that Health Computing Services should be established as a separate legal entity outside the public service structure because there are important operational advantages in maintaining a separate entity for an organisation which provides the great bulk of its services to health organisations that are themselves outside the public service structure.

The Commission gave careful consideration to several possibilities, including the establishment of an independent organisation registered under
the Hospitals and Charities Act or a company incorporated under the Companies Act. Since 30 June 1981, a company named Health Computing Services — Victoria Limited has been incorporated under the Companies Act.

The Commission believes that it must take more responsibility for computing policy and that the new organisation should work within policy guidelines issued to it by the Commission. Service to the hospital field will continue to be a major element in this policy, and appropriate arrangements will be made to provide input from hospitals to the development of computing policy.

Fairfield Hospital
Fairfield Infectious Diseases Hospital has enjoyed an outstanding reputation well beyond the boundaries of this State for many years. The Commission therefore viewed with concern the continuation into its second year of a dispute involving the administrative and medical staff at the hospital.

The Commission took the view that every attempt should be made by the hospital to resolve the problems, but when that did not eventuate, the Minister directed the Commission to conduct an inquiry.

Sir John Dillon, the former Ombudsman, was appointed to inquire into the dispute. His recommendations were accepted by the Minister, the Commission and the hospital’s Board of Management, but the dispute continued.

The Commission decided that the dispute could be resolved by the appointment of an administrator as provided by Section 63J of the Hospitals and Charities Act 1958. The Commission therefore recommended to the Minister that the Board of Management be replaced by an administrator. This was done and Dr. Ian Brand was appointed. The dispute has now been settled and the Commission looks forward to a board of management taking over from Dr. Brand as soon as practicable.

Aboriginal Health
The Minister of Health, Mr. Borthwick, initiated a review of services provided by the Commission’s Aboriginal Health Section. He was concerned that these services were not making sufficient impact. The major input to the review came from Aboriginals representing local community groups and Aboriginal organisations.

As a result of the review, Mr. Borthwick and the Commonwealth Minister for Aboriginal Affairs are considering the appointment of Aboriginal liaison officers funded by the State and Aboriginal-controlled medical services funded by the Commonwealth Government. The intention is to second liaison officers to local hospitals and community health centres.

I.Y.D.P. — The International Year of Disabled Persons
1981 was designated by the United Nations General Assembly as the International Year of Disabled Persons. In Victoria, the Minister of Health undertook responsibility for I.Y.D.P. initiatives, the second time in recent years that the Health Ministry has led “International Year” activities.

The U.N. goal for the Year is “Full Participation and Equality”, particularised in Australia by the slogan “Break Down the Barriers”, and each of these goals accords with the Commission’s philosophy towards the thousands of citizens who are “disabled”. It can be seen in the normalisation programs in mental retardation, the rehabilitation programs in mental health, the extended care services of the Hospitals Division, and the many supportive services in the public health area. It is seen, too, in the Commission’s preventive services, of which community health, community mental health and public health screening services are examples.

A State I.Y.D.P. Committee was established under the chairmanship of Dr. Bruce Ford. It consists largely of representatives of disabled persons and of voluntary bodies concerned with the provision of services. The main function of the Committee is to advise the Minister on activities for the Year. It is a very active committee which has done much to improve public attitudes to disabled people and has made many invaluable recommendations.

The Commission’s I.Y.D.P. Advisory Committee
In addition to the State I.Y.D.P. Committee, the Commission appointed its own internal Committee comprising representatives of all Divisions.

An important task carried out by this committee was the survey of the Commission’s head office to establish whether its facilities were suitable for disabled people. In some cases, they were not, and the Commission approved recommendations for improvements. These included the provision of toilets for disabled persons and the installation of a special “red phone” on the ground floor.

Other initiatives of the committee included a workshop for allied health professionals working with
disabled people, the recommendation of changes to the State's building regulations to permit easier access (particularly in lifts) for stretchers and wheelchairs, and a "Break Down the Barriers" flavour to the Commission's 1981 Royal Show exhibit.

**Mental Health Legislation**

It has been clear for some time that a review of the Mental Health Act, which was passed in 1959, is necessary. The Mental Health Division conducted an internal review of the Act, and the review was subsequently published as a discussion paper. A Consultative Council was then established to receive oral and written submissions from the public and, in due course, to make recommendations for new legislation.

**Services for Migrants**

Migrants, particularly those whose native tongue is not English, often experience difficulty in obtaining health services. Two services to counter this difficulty were established.

The first is the Central Health Interpreter Service. It employs twenty-two multi-lingual interpreters. They are centrally-based but travel to provide services where most needed. The Service complements interpreters already employed by hospitals and community health centres.

The second service is the Ethnic Health Service. Ten ethnic health workers are presently involved. They are multi-lingual and help medical and paramedical professionals understand the cultural factors involved in developing prevention and treatment programs for ethnic communities.

**Russell House (Mildura)**

This new early treatment centre is the psychiatric wing of the Mildura Base Hospital. Named after an eminent citizen of Mildura, Russell House was built under the State/Commonwealth 50/50 cost sharing arrangement, and was only the second psychiatric hospital in Victoria to be so financed.

The twenty-bed unit was officially opened by the Minister on 1 May 1981 but received its first patients five months earlier. The recruitment of staff, particularly nursing staff, has proved difficult; the unit is eleven short of its establishment of forty-two.
The Immunisation Campaign
The Commission's major health promotion activity during the year was the "We're Safe — We've Been Immunised" campaign. This was an all-media, State-wide promotion of the free immunisation service.

Launched by the Minister at a head office Press briefing, the one-month campaign promoted the Commission's immunisation schedule in general but laid particular stress on measles. This was because the child immunisation rate for this disease had slipped to only sixty per cent — unacceptable in the Commission's view. As the campaign was held in June 1981, its effectiveness will not be known until later in the year.

This promotional exercise, the first in the Commission's history, also served as a natural "lead in" to the Anti-Rubella Campaign, which took place the following month. Organised by the Deafness Foundation, the latter campaign was supported financially and otherwise by the Commission.

Legislation 1980/81
During the year, eight Bills relating to the Health Commission were enacted by the Parliament.

Cancer (Cancer Reporting) Act 1980 (9494)
This legislation requires cases of cancer to be reported to the Anti-Cancer Council.

Under the Act, hospitals and pathology laboratories will be obliged to report all cancers except for skin cancer other than melanoma.

The information furnished to the Council will form the basis of a State-wide cancer registry which, in turn, will enable the incidence of cancer in Victoria to be measured and provide invaluable information on the treatment of this disease.

Cemeteries (Amendment) Act 1980 (9431)
This Act amends the Cemeteries Act 1958 and permits private mausoleums to be constructed and used in public cemeteries in Victoria.

The Act also updates penalties in the Cemeteries Act and inserts a new question in the "Certificate of Medical Attendant" required for cremation. The question is a check against the presence of a cardiac pacemaker in the body of a person about to be cremated. As cardiac pacemakers tend to explode on incineration, such advice will enable crematoria to take appropriate precautions.
Chiropractors and Osteopaths (Registration) Act 1981 (9532)
This legislation makes an amendment to the "grandfather" clause in the Chiropractors and Osteopaths Act.

Among other things, the Principal Act provides that, where an applicant for registration has carried on the practice of chiropractic and osteopathy under circumstances and for a period approved by the Chiropractors and Osteopaths Registration Board, he is qualified for registration provided he is professionally competent to practice as a chiropractor and osteopath, is of good character, and makes application by 1 January 1982.

The effect of the amending Act is to delete the discretion of the Board to determine a period of practice and to fix in lieu a statutory minimum period of practice of five of the ten years prior to 1 January 1979.

Health Commission (Amendment) Act 1980 (9451)
This Act makes some machinery amendments to the Health Commission Act in anticipation of the coming into operation of Part VII of that Act on 7 December 1980.

This part of the Health Commission Act provides, inter alia, for the Government appointment of committees of management for the Cancer Institute, scheduled hospitals and the Royal Dental Hospital of Melbourne.

Health (Exemptions) Act 1981 (9568)
This legislation amends the Health Act to enable the Governor in Council to exempt university colleges associated with other post-secondary institutions and agricultural colleges from various requirements of the Health Act and the regulations relating to boarding houses and common lodging houses.

Health (Reporting to Parliament) Act 1980 (9479)
This Act amends various Acts within the administration of the Minister of Health. Under the Act:
(a) boards, committees and other bodies constituted by such Acts which do not submit annual reports will be required to do so; and
(b) annual reports of those boards, committees and other bodies which are not now tabled will be required to be tabled in both Houses of Parliament.

Hospitals and Charities (Amendment) Act 1981 (9547)
This legislation enables those scheduled hospitals which have or which propose to establish nursing homes or a like facility and which hold assets for the purpose to vest such assets in a benevolent society or an institution established for the relief of aged, disabled or handicapped persons which qualifies for funding under Commonwealth legislation.

Nurses (Amendment) Act 1980 (9453)
This Act changes the title of "nursing aide" to "State enrolled nurse".
Both nursing aides and nursing aides-tuberculosis will be entitled under the Act to use the new title.

Finally ...
Finally, the Commission wishes to express its gratitude to the staff, who worked so hard under great difficulties in the past year.

In particular, the Commission records its appreciation of the invaluable contributions of Mr. Tom Swanson, who retired from his appointment as a part-time Commissioner, and Mr. Alec Gardner, former Secretary of the Commission, who retired after a long and distinguished Public Service career. Mr. Swanson has been succeeded by Mr. Ernest Tucker and Mr. Peter Wilkinson is the new Secretary of the Commission.

The foreshadowed major changes in hospital funding point to 1981/82 being another challenging year. The Commissioners and Commission staff look forward to this challenge.

This review and the remainder of the annual report are essentially narrative; they provide only general statistics to illustrate the text. Detailed statistics will be provided in the publication "Health Service Statistics 1980/81" to be distributed shortly.
Introduction
Much more progress was made in the rationalisation of services within and between institutions, and with the ongoing assessments of needs in both institutions and community settings. The objectives here are to maximise available staff and facilities to achieve the greatest equity in distribution and to respond to urgent priorities.

Procedures used to achieve these objectives emphasise the areas of support services (such as pharmacy, occupational therapy, physiotherapy and care of the elderly and disabled), and they recognise those services with State and regional responsibilities as well as those based on the hospital and the community.

Cost containment is a continuing priority in the maximisation of capacities in the health care system. This objective, together with those already mentioned, has exercised the minds of specialised Commission advisory committees and working parties. Many of these groups are complemented by experts from the direct care field.

One of the rationales for the creation of the Health Commission — the closer integration of all services — has been given effect by several developments. These include the inclusion of mental health services within general hospitals and the conjoint establishment, with the Mental Health Division, of community facilities. Regional development of inter-departmental services has taken place and will continue to do so.

General Hospital Services

Medical and Paramedical Staff
Because of continuing financial restrictions, the Commission undertook a staff rationalisation program and subsequently provided seven new positions within the medical establishment of public hospitals to give relief where the workload had reached critical levels.

Residents Medical Officers
All new medical graduates (1981) from Victorian universities were found placements in accredited positions in Victorian hospitals.

Training Program
The Commission is continuing its training program for trainees in pathology, and commenced a Fellowship in Genetics. Currently, six trainee pathologists are on the program.

Pharmacy
During the year, the Commission’s consultant pharmacist and his assistant provided formal and informal advice on matters relating to pharmaceutical services in a large number of hospitals. Sixteen hospitals were visited.

As a result of such visits and subsequent recommendations over the past six years, the full-time equivalent of over twenty new positions were granted for pharmacists to provide services to smaller hospitals on a sessional basis. Preliminary results of a current study indicate that standards of pharmacy services are much improved, especially in those areas where sessional pharmacists have been engaged. However, greater improvements are becoming apparent in regional schemes where sessional pharmacists have been engaged and are working in conjunction with the chief pharmacist of a base hospital. This year, regional pharmacy schemes began in the Hamilton and Wangaratta areas.

Pharmacy Students and Trainees
One hundred and thirty-six students and trainees carried out their practical training in approved public hospitals throughout Victoria.
Extended Care

It is gratifying that the term Extended Care is becoming more widely used and understood by the community. The care of people with on-going disabilities, using the correct matching of their assessed needs with a range of service options, is the primary goal of an Extended Care Service.

In the past, the emphasis has been on the provision of custodial accommodation for frail, dependent, elderly people. The modern thrust of Extended Care is the promotion and maintenance of health for disabled people of all ages. This goal has its foundation in decentralised, short-term assessment and rehabilitation units staffed by appropriately qualified personnel under the coordination of a geriatrician or specialist in rehabilitation medicine and which have an active functional relationship with all community services. This outgoing philosophy is vital to the home support and independence of elderly people.

Two such units will be built in Bundoora and the eastern suburbs. Both centres will have assessment and rehabilitation beds and a day hospital. Each will have close working relationships with acute hospitals, the private, church and voluntary sectors, and with local government services in their areas. They will also provide valuable additional regional resources to assist the Commission’s policy of establishing adequate regionally-based extended care services. A similar function is planned for the western suburbs as part of the Sunshine Hospital and Health Services complex.

The work of the Commission’s Hospitals Development Group, which includes a review of the resources and activities of base and smaller district hospitals, was invaluable in encouraging the most appropriate use of resources for changing community needs. In linking community services and day hospital and centre activities with recommendations on changing bed use and needs, it helped to rationalise Extended Care planning across the State.

The work of the Commission’s Working Party on Extended Care Services will also contribute to this goal in its forthcoming discussion document on services and policies. The community is encouraged to offer its comments on this document because those opinions will help to shape the final statement.

During December 1980, the staff of the Extended Care Section assisted with the planning and organisation of the Regional Congress of the International Association of Gerontology (Asia/Oceania Region). Large audiences complimented the expertise of the participants, some of whose contributions will be carried forward to the international conference in Hamburg in 1981.

The Extended Care Section reviewed its staff activities to blend the earlier Geriatric Section and Community Welfare Services Section into a unit serving the needs of all clients with ongoing disabilities.

Many recent reports have highlighted the need for increased resources and services for the care of aged and disabled people. In parallel with the progressive increase in the aged population of the State, the work of the Extended Care Section expanded. As it is still operating below its necessary staff establishment, there are many stresses on the Section as it strives to carry out its advisory, visiting, advocacy and administrative tasks.

Disabled Persons’ Information Bureau

In June 1981, the Disabled Persons’ Information Bureau replaced the old Handicapped Persons’ Information Bureau, and Mr. John Barnett was appointed as its administrative officer. The Bureau’s new name reflects contemporary attitudes towards disabled people.

The new Bureau has reassessed its objectives. The responsibilities of the administrative officer include the gathering and dissemination of information relating to all those concerned with the well-being of disabled people, an advocacy role for people who are disabled, assistance with policy formation, the construction, maintenance and updating of information data banks, and liaison with government departments.

Mr. Barnett’s experience in areas of disability includes rehabilitation, education, self-help, voluntary agency services, recreation, social security and accommodation. The Bureau’s approach will be to receive enquiries sympathetically, and to have accessible, up-to-date information which will be offered candidly to all persons involved with any area relevant to disability.

Private Acute Hospital Services

This section continues to work hard to improve and maintain the standards of nursing care and facilities provided by private hospitals and nursing homes.
Officers of the Section are involved with the State/Commonwealth Co-ordinating Committee for Nursing Home Accommodation to ensure that only those applicants who have Commonwealth approval for the payment of nursing home benefits are registered with the Commission.

This Section is also part of the Hospital Development Team when the planning of new private hospitals and/or additional beds in bush nursing hospitals is being considered. The Planning and Research Division assists in providing population figures, both current and projected, and bed ratios for assessment of need.

New premises registered during the year were:

1 Private Hospital (Medical) 30 beds
22 Nursing Homes 885 beds
Premises de-registered
4 Nursing Homes 68 beds

Total premises registered at 30 June 1981 were 361 with a total of 13,495 beds.

To achieve and maintain high standards of patient care within the private hospital field, the officers of this Section perform routine inspections, investigate written and telephoned grievances, and accompany inspectors from the Building and Services Division on building inspections of new and old premises registered under the Private Hospitals Division of the Health Act 1958.

The inspections performed for this financial year were:

<table>
<thead>
<tr>
<th>Routine</th>
<th>Grievance</th>
<th>Building</th>
</tr>
</thead>
<tbody>
<tr>
<td>502</td>
<td>91</td>
<td>166</td>
</tr>
</tbody>
</table>

making a total of 759 inspections.

Patient Transport

The Hospitals Division oversees the activities of the sixteen regional ambulance services in Victoria to improve the quality and accessibility of ambulance care and transportation for patients and to enable the rationalisation of institutional health facilities by movement of patients between them.

The standard of ambulance care was improved by increases in staffing from one-man to two-man crewing. The continuing program of implementation of two-man crewing at regional headquarters stations was furthered during the year by final implementation at Shepparton, Mildura, Warrnambool and Sale.

New branches commenced at Inglewood and Sunbury, and professional staff approved for the former voluntary branches at Cowes, Ouyen and Murchison. New branch buildings opened at Gisborne and Wonthaggi.

The report on “The Mobile Intensive Care Ambulance” by Professor L. J. Opit and Dr. D. G. S. Christie was released by the Minister of Health in August 1980. The report recommended major
changes to the way the metropolitan ambulance service is operated, in particular by dividing the service into distinct non-emergency (transport) and emergency arms, into the latter of which the present M.I.C.A. Operation would merge.

The "Opit Report", as it has become known, met with a mixed reaction from the ambulance field and the public. The Commission has considered its response to the report and many of the recommendations have been accepted.

In July 1980, the Commission held a very successful forum on Analgesia in Ambulances. Representatives from all ambulance services attended to hear medical experts and representatives of other States' ambulance services debate the choice of a suitable analgesic for Victorian ambulance use, and a very decisive outcome to what had been a long-term problem was arrived at.

A similarly decisive result to a long-standing problem was achieved at a Field Day for collapsible undercarriage stretchers. Many ambulance personnel attended, and a new type of stretcher will gradually be introduced as the standard in all services.

A second ambulance service commenced unauthorised use of a helicopter for patient transport. The Commission gave this situation considerable attention, by examination of the staff shortages which created the environment in which a helicopter could be used for non-emergency transport, and by an economic evaluation of the two helicopters currently used by ambulance services.

A communications engineer for ambulance services commenced duties during the year. He surveyed the radio networks of all services and developed a program for the replacement of old equipment.

The use of additional frequencies will significantly improve the system by minimising the crowding of transmissions presently experienced.

The Commission continued to receive advice from its Ambulance Advisory Committee and Sub-committee dealing with ambulance design, equipment, mobile intensive care and communications. The Superintendent of the Geelong and District Ambulance Service was appointed part-time Ambulance Consultant to the Hospitals Division. As well as providing expert technical advice on ambulance matters for Commission Staff, he is involved in special projects for the ambulance field.

There were no major industrial disputes during the year. There was only one public issue, concerning standards of performance of volunteer officers at a rural branch.

The Ambulance Officers' Training Centre under-

Table 1: Ambulance Service Statistics

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Road Ambulance</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients Carried</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency</td>
<td>22,687</td>
<td>57,183*</td>
<td>80,634*</td>
</tr>
<tr>
<td>Non-Emergency</td>
<td>233,452</td>
<td>327,340</td>
<td>337,343</td>
</tr>
<tr>
<td>Day Hospital</td>
<td>209,729</td>
<td>150,277</td>
<td>167,898</td>
</tr>
<tr>
<td>Total</td>
<td>465,868</td>
<td>534,800</td>
<td>585,875</td>
</tr>
<tr>
<td>Kilometres Travelled</td>
<td>14,336,462</td>
<td>15,634,687</td>
<td>16,753,413</td>
</tr>
<tr>
<td>Subscribers</td>
<td>801,176</td>
<td>864,967</td>
<td>915,636</td>
</tr>
<tr>
<td>Staff (Equivalent Full-time)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrative</td>
<td>226</td>
<td>203</td>
<td>232</td>
</tr>
<tr>
<td>Operational</td>
<td>985</td>
<td>1,092</td>
<td>1,152</td>
</tr>
<tr>
<td>Total</td>
<td>1,211</td>
<td>1,295</td>
<td>1,384</td>
</tr>
<tr>
<td><strong>Aerial Ambulances</strong></td>
<td>Fixed Wing</td>
<td>Helicopter</td>
<td></td>
</tr>
<tr>
<td>Patients Carried 1980/81</td>
<td>5,992</td>
<td>920</td>
<td></td>
</tr>
<tr>
<td>Kilometres Travelled</td>
<td>4,008,783</td>
<td>191,289</td>
<td></td>
</tr>
<tr>
<td>Staff</td>
<td>9</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
went a difficult period, culminating in senior management changes which should overcome its long-standing problems.

Newborn Emergency Transport Service
The main event of the year was the introduction of a new ambulance. It was officially “launched” by the Minister of Health, Mr. Borthwick, on 5 May 1981.

This year, the Service successfully reached its transfers target, although this resulted in extra strain on the already busy neonatal intensive care units. Six hundred and fifty transfers were made into hospitals with intensive care units. Of these, 230 transfers were from country hospitals (with 147 by Air Ambulance), seventy-four by road ambulance and nine by the Angel of Mercy helicopter. There was also an overall increase of in-utero transfers of “at risk” pregnancies.

Pathology and X-Ray Advisory Committees

Pathology Committee
Three meetings were held during 1980/81. In October 1980, the Health Commission formally approved revised terms of reference for the Committee, which now includes representatives of the Mental Health and Public Health Divisions.

Matters considered by the Pathology Advisory Committee included requests for additional or replacement pathology equipment, the development of pathology facilities at Maroondah, Moorabbin and Portland hospitals, progress of the Victorian Forensic Science Centre, and a proposed survey of pathology equipment in Victorian public hospitals.

A sub-committee of four nominated by the Victorian State Committee of the Royal College of Pathologists of Australia was set up during the year to assist the Pathology Advisory Committee in establishing guidelines for the design and planning of pathology departments throughout Victoria.

Policy relating to the future development and supervision of branch pathology laboratories was formulated.

X-Ray Committee
Four meetings were held during the year. Major topics considered included the development of X-ray facilities at Maroondah and Moorabbin hospitals; hospital requests for additional or replacement equipment, establishment of ultrasound and/or nuclear medicine facilities at base hospitals, provision of ultrasound in metropolitan hospitals, and the use of daylight film processors.

Committee representatives inspected existing X-ray facilities at Warrnambool Base Hospital, Portland and District Hospital and Latrobe Valley Hospital.

A comprehensive survey on the age and condition of existing X-ray equipment in use in all Victorian public hospitals was undertaken. The recommendations contained in this report emphasised the need to undertake a planned replacement program over the next three to five years.

The Committee also expressed concern at the high cost of maintenance of X-ray equipment. Accordingly, a further survey in association with the major suppliers of X-ray equipment is being undertaken.

Nursing Services
During the year, the Section was involved in many inspections and reviews of nursing staff establishments to determine priority allocations and needs against the current background of severe financial constraint. Assessment of new beds and services necessitated a relocation of staff numbers from other areas throughout the State.

The demand for relieving matrons and sisters was heavy, largely due to most country hospitals experiencing difficulty in obtaining sisters with general and midwifery certificates.

Registration and By-Laws
The year 1980/81 saw the introduction of the revised system for the appointment of committees of management of public hospitals and similar institutions.

The method of committees being elected by the contributors was replaced, effective 7 December 1980, by a system involving appointments by the Governor in Council.

An explanatory seminar was conducted on 1 October 1980 for committees and managers. A preparedness for and ready acceptance of the revised system by all concerned has resulted in a smooth transition.

One aspect of the changed system is that such institutions are no longer eligible for Commonwealth subsidies related to nursing homes, hostels, sheltered workshops and like developments.

Hospitals and Charities Registrations
The number of institutions and benevolent societies registered at 30 June 1981 was 2218, a net increase of forty-eight over the previous year.
Table 2: New registrations
During the year, new registrations totalled fifty-eight, compared with sixty-four in 1979/80:

- Church Relief Organisations 1
- Hostels for the Aged 2
- Hostels (Miscellaneous) 2
- Kindergartens — metropolitan 4
- Kindergartens — country 5
- Organisations for the Welfare of Boys and Girls 19
- Sundry Philanthropic Organisations 25

Table 3: Changes of classification and name
There were five changes of classification during the year:

- Hostels for the Aged (Benevolent) Society to Hostels for the Aged 2
- Organisations for the Welfare of Boys and Girls to Sundry Philanthropic Organisations 2
- Kindergartens — country to Kindergartens — metropolitan 1

There were twenty-two changes of name during the year.

Table 4: Deletions from Records
There were ten deletions from the register during the year:

- Benevolent Societies — Metropolitan 1
- Benevolent Societies — Country 1
- Children's Homes 1
- Organisations for the Welfare of Boys and Girls 6
- Sundry Philanthropic Organisations 1

The Community Health Directorate
The Community Health Program continues to provide:

- Health education and health promotion
- Rehabilitation
- Care for specific disadvantaged and disabled groups
- Supportive care
- Primary medical care

Health education and health promotion have the highest priority of the Program, and the La Trobe Valley Smoking Program is an example of regional co-ordination and co-operation in this area.

This year was a year of limited growth within the Community Health Program except for the establishment of the Central Health Interpreter Service, the Ethnic Health Service and the Portland Health Centre.

The Central Health Interpreter Service provides qualified interpreters for public hospitals, community health centres, infant welfare centres and other public health services.

There are twenty-two interpreters operating in the western, northern and central suburbs, covering the following languages — Arabic (including Lebanese), Greek, Chinese, Italian, Croatian, Spanish, Vietnamese, Turkish and Serbian.

The Ethnic Health Service provides ethnic health workers to work with communities in matters relating to health.

There are ten ethnic health workers, and they assist the Greek, Italian, Serbian, Croatian, Vietnamese, Spanish, Turkish and Arabic communities.

The Portland Community Health Centre was established with funds provided by the Portland Development Fund. It is to be a combined health and welfare centre in conjunction with the Department of Community Welfare Services. The relocatable building used by Sunbury Community Health Centre was transported to Portland and another section is to be added for Welfare Resource Centre.

During the year, the Sunbury Community Health Centre moved into their permanent building and the combined Inglewood Community Health Centre and Senior Citizens Club was completed.

Continuing evaluation is being undertaken by all Community health funded organisations to ensure that the limited funds available are used to their best advantage.
Mental Health Services

Reorganisation
General psychiatric services
The Queen Victoria project
Community mental health services
Alcohol and drug services
Voluntary funding
Manpower
  Psychiatrist
  Nursing Aides
  Psychiatrists
Education
Legislation
The Research Institute — 25 Years Old
Death of Dr. Gary McBrearty

Reorganisation
The Commission reorganised its mental health services during 1980/81. Firstly, and as foreshadowed, mental retardation services emerged as a line division in its own right. Secondly, the Mental Health Division underwent a Public Service Board-aided metamorphosis to emerge as a three-branch organisation. These branches are:

Clinical Services
Alcohol, Drug and Forensic Services
Education and Research

Each is led by an assistant director responsible to the Director of the Division. An Administrative and Services Group also came into being, and this is headed by the Secretary of the Division.

The re-development of Travancore another child psychiatry project.

Child Psychiatry — The Queen Victoria Project
Another Division-public hospital initiative is the affiliation with the child psychiatry services at the Queen Victoria Medical Centre. Here, the South Eastern Child and Family Centre (the Division’s largest child psychiatry outpatient clinic) has integrated its manifold specialist programs and resources with the Queen Victoria’s "in-house" consultative and direct clinical services to children and families.

This collaboration provides a more integrated and comprehensive service than was previously possible. Heading the team is South Eastern’s Dr. Allan Mawdsley, who has the honorary position at the Queen Victoria of Director of Child Psychiatry Services.

General Psychiatric Services
inpatient facilities were strained during the year by the number of patients requiring admission. This situation was not helped by delays in the Larundel building program and a general shortage of staff. Larundel, for example, has 468 beds and is responsible for the psychiatric care of an area containing about 1.2 million people. The opening of the John F. Cade Unit at Royal Park later in 1981 will give some relief to the problem of admission, which is now acute.

In late 1981, the Inner Eastern Regional Psychiatric Service, with inpatient facilities, will be established at Willsmere Hospital in Kew. This is in keeping with the principle of regionalisation of services, and will reduce the population Larundel serves to about 700,000.

E. C. Dax House, which opened last year, is providing high quality service for the Barwon region. Russell House, a new unit opened at the Mildura Hospital, is the latest Division hospital and will emulate the operational style of Dax House.

The Director under TV scrutiny explaining the role of Mental Health.
Community Mental Health Services
A community mental health service for the Whittlesea area will be the Commission's twenty-ninth such project.

This service will become fully operational later this year with the completion of the Centre's premises in Lalor. Programs will be integrated with those of the Hospitals Division's community health program.

A similar integrated service, this time with both the Hospitals Division and Public Health Division community health programs, is being implemented at Portland.

Community mental health projects provide early treatment of psychiatric disorders, domiciliary and community health nursing, continuation of care for ex-hospital patients, and counselling, therapeutic and rehabilitation services.

In most projects, the services and staff are tailored to meet specific local needs. Staff include psychiatrists, nurses, social workers, psychologists, occupational therapists and professionals provided by the local parent hospital or clinic.

Alcohol and Drug Services
The adoption of the Corporate Plan (see previous Annual Report) led to the encouragement of the development of non-government agencies. Several new agencies, in both city and country, are now operating. Liaisons were developed with other health agencies, including hospitals, and joint service programs are being considered.

The use of methadone was reviewed, and there are now firmer criteria for its prescription. As a result, its use has diminished.

Alcohol and Drug Services personnel considered proposed amendments to the Alcoholics and Drug Dependents Persons Act. If enacted, these amendments will provide closer monitoring of the standards of clinical and other services, a different approach to Court-referred clients, and an increased emphasis on the rights of clients.

Voluntary Funding
The Commission allocated $395,743 to voluntary mental health organisations and $1,358,277 to voluntary alcohol and drug services organisations.

This encouragement of the community to accept increased responsibility for supportive services is, in the Commission's view, appropriate and cost effective — the caring and courageous person with natural resources can achieve much without professional skills. Many voluntary organisations teach clients to improve their own self-help abilities. Such new abilities lead to enhanced personal relationships and heightened personal fulfilment.

Agencies funded in 1980/81 were:
- Addcare
- Agoraphobia Support Group
- Arts Access Society
- Association for the Relatives and Friends of the Emotionally and Mentally Ill
- Augustine Centre
- Australian Huntington's Disease Association
- BRADDA
- Buoyancy
- Essendon Council Support Program to Ex-psychiatric Patients living in Special Accommodation Houses
- Geelong Centre for Alcohol and Drug Dependence
- Grow
- Lifeline, Ballarat
- Lifeline, Geelong
- Lifeline, Melbourne
- Loddon Campaspe Regional Drug Working Group
- Maroondah Alcoholics Recovery Project (MARP)
- Moreland Hall
- Odyssey
- Palm Lodge
- Richmond Fellowship
- St. John's Home for Boys and Girls (Careforce)
- St. Kilda Uniting Church and St. Leonards Avenue Community House Project
- St. Vincent's Hospital — Drink Driving Program
- Shepparton Youth Support Group
- Swan Hill Alcohol and Drug Awareness Centre
- V.A.T.M.I.
- Victorian Association for Mental Health
- V.F.A.A.D.
- Victorian Schizophrenia Fellowship
- WESTADD

Manpower
Staffing levels remain a concern. Given the restraints upon numbers, the main problem is to deploy staff in a way that will achieve the Commission's objectives.

Trained psychiatric nurses are in severe short supply, and two schemes to overcome the problem are being implemented.

In the short term, a central registry of casual nurses
will provide hospitals with cover for vacancies that arise from time to time. This form of casual employment is common to the rest of the health field.

In the long term, the Commission is to reorganise its mental health nursing education system.

Currently, the Mental Health Division has twenty-three nurse educators and nine nurse training schools. The addition (by redeployment) of nine educators will allow a one-third increase of student nurses.

The existing schools will be reorganised on a regional basis with three main regional facilities being established:

- Western — servicing Ballarat, Ararat, Geelong, Warrnambool, Bendigo and Mildura.
- Central — servicing Royal Park, Parkville, Footscray, Travancore, Beechworth, Traralgon and Shepparton.
- North Eastern — servicing Mont Park, Larundel, Plenty, Bundoora, Gresswell and Pleasant View.

These measures, plus the recruitment of trained nurses, will provide the highest standard of patient care.

**Nursing Aide Training**

The training of nursing aides was introduced to help in the development of patient care.

To augment the numbers being trained by the metropolitan nursing aide school at Willsmere Hospital, affiliated clinical areas are being established in other areas.

**Medical Staffing**

The shortage of psychiatrists in country hospitals is a crisis, despite the ongoing and strenuous attempts to recruit for these areas.

However, in some areas, the shortage will be alleviated now that the Mental Health Division can employ private psychiatrists sessionally. This addition to manpower resources will have a secondary benefit — a more integrated approach to mental health services.

**Education**

Education continues apace in psychiatry, nursing, social work, psychology and management, and there is emphasis on speciality areas such as family, child and group therapy.

The new administrative structure of the Education and Research Branch will be more efficient in developing new courses and raising the standard of existing courses.

An education and research newsletter, which will be published twice a year, will highlight these activities of the Division and foster communication and the development of these topics.

**Mental Health Legislation**

In 1980, the Commission acted on the recommendation, made in the Syme/Townsend Report, that Victoria's mental health legislation should be reviewed.

An internal Mental Health Division committee, headed by the chief medical officer, Dr. Warren White, prepared a position paper on the subject.

The paper examined the Mental Health Act 1959 in terms of its operation and in comparison with the legislation of other countries. Various options were suggested.

The Minister ordered the distribution of the position paper, then announced the formation of a Consultative Council for the Review of Mental Health Legislation, which will make recommendations to the Minister later this year. The Council consists of Dr. David Myers (Chairman), Professor Richard Ball and Mrs. Deidre Fitzgerald.

**The Mental Health Research Institute — 25 Years**

1981 was the 25th anniversary of the Mental Health Research Institute. The milestone was celebrated with a seminar and the publication of past research activities.

The State Government provided financial support for the celebration and gave a government reception for guests, among whom were Dr. Norman Sartorius, director of the mental health division of the World Health Organisation, and Sir Martin Roth, professor of psychiatry at Cambridge University and foundation president of the Royal College of Psychiatrists.

**Death of Dr. Gary McBrearty**

Dr. Gary McBrearty, the Division's assistant director in charge of clinical services, died unexpectedly during 1981. There have been few, if any, more popular people in the Division than Dr. McBrearty. He will be rembered for both his personal and professional qualities, not the least of the latter being his service for many years as psychiatrist superintendent of the Children's Cottages.
Public Health Services

General health
Food & drugs
Maternal & child health
Pre-school child development
Dental health
TB services
Community services
Medical assessments

Tables
1 Work of Maternal & Infant Health
2 Work of the School Medical Service
3 Work of Dental Health
4 Work of the TB Branch
5 Active cases of TB, 1970-80

General Health
Health surveillance
The health surveyors
Occupational health
Prison health
The Public Service Medical Centre
The Communicable Diseases Centre
Indo-Asian refugee screening
Epidemiology
Cemeteries
Pest Control
Sanitation
Water treatment
Solid waste treatment
Plumbers & Gasfitters Board
Cinematograph Operators Board
Health laboratory

Health Surveillance
An extensive outbreak of salmonellosis just before Christmas left one hundred people ill and several in hospital. Investigation showed that the food involved was roast pork from a well-known ham factory, at which production was suspended until the source of infection was traced. Microbiological investigation cleared the food handlers, the water supply and the factory environment. The manufacturers readily agreed to a number of changes suggested for their production line, and there have been no more problems.

Intensive sampling and testing of oysters continued and it is obvious that oyster purity has greatly improved. All oysters are now either artificially depurated in clean water tanks or purified in clean water before harvesting. Oysters are now as safe as any raw food subject to human sewage effluent pollution ever can be.

The immunisation program is continuing at a high level of efficiency and effectiveness. This year saw special efforts in promotion by the Health Commission and the Deafness Foundation. However, it becomes increasingly difficult to explain the need for immunising against diseases like diphtheria and poliomyelitis when we rarely see them. There is a danger that these diseases will come back into our community if public acceptance of immunisation should be lowered. The demand for measles immunisation is still disappointing, for example, although acceptance might improve when combined vaccines for measles and mumps, or for measles, mumps and rubella, become available.

Officers of the Department of Agriculture joined with Health Commission staff during the year to continue the campaign against the zoonoses, the diseases communicable from animal to man. There is now a much greater awareness of the existence of these diseases as occupational hazards. Tuberculosis and brucellosis are now almost eliminated from cattle herds in Victoria. This means that transmission of these diseases to farmers, meat inspectors, meat workers and others working in close contact with cattle is now almost ended. Consequently, more attention can be given to the prevention of other zoonoses, including Q fever, anthrax, hydatid diseases, salmonellosis and leptospirosis.

The Health Surveyors
The duty health surveyor of the Public Health Division is available from 8.15 a.m. to 4.30 p.m. each weekday to answer questions and register complaints from industry and members of the public. There were more than 6000 phone calls during the year.

Among the more serious calls were reports of food poisoning, especially through the summer. The largest outbreak left 100 people ill after they attended a Christmas break-up party. Investigation of this outbreak led to the prosecution of a number of caterers operating unregistered food premises.
Health surveyors also investigated food poisoning traced to infected ham and oysters and carried out surveys into prawns, yoghurt, fast foods, chickens, mineral waters, goat's milk and baby foods.

A series of one-day seminars was conducted for municipal health surveyors in metropolitan and country districts, and courses in food handling were arranged for the catering staff of hospitals, prisons, and other organisations.

Routine inspections were maintained, and these included garbage depots, sanitary depots, and institutions (including seventy-four within the Mental Health Division) and prisons and other organisations within the Department of Community Welfare Services. In addition, 300 schools were inspected.

**Occupational Health Service**

In 1980, the Industrial Hygiene Division changed its name to the Occupational Health Service.

During 1980/81, the Service carried out 5841 tests for lead exposure, 113 for the presence of asbestos, sixteen for carbon monoxide exposure and 258 for exposure to cadmium. There were also 238 analyses for mercury and twenty-six analyses for arsenic.

The Service made recommendations to sixty factories to improve the working environment by alterations to equipment or by using improved techniques in their operations.

Staff spoke to forty-five groups, including seminars and courses for organisations involved in occupational health, as well as providing advice to industry, government organisations and members of the public on the toxicity and safe handling of various chemicals.

The number of licences issued or renewed during the year under the provisions of the Irradiating Apparatus and Radioactive Substances Regulations was 1737.

The requirements of the Health (Hearing Conversation) Regulations continued to provide valuable information about excessive noise levels in industry. Notifications of hearing loss greater than the levels laid down in the Regulations were received from 1182 organisations and involved almost 38,000 employees. The figures confirm the widespread nature of noise-induced deafness in industry.

During the year, seven new registrations were granted to pest control firms; thirty-one new persons were licenced for fumigation. There are now 236 licenced pest control operators and ninety-six firms registered in Victoria under the Pest Control Operators Regulations.

The Service, together with the Pest and Weed Control Association of Victoria, ran an instruction course for pest control operators during 1980.

**Prison Health Services**

**The New Pentridge Hospital**

On 26 June 1980, the Pentridge Hospital was opened by Mr. Borthwick (Minister of Health) and Mr. Jona (Minister for Community Welfare Services). Both Ministers pointed out that the completion of the hospital was a milestone in the provision of an improved health care system for the Victorian Prison Services.

Since the opening, services have been gradually introduced into the hospital, initially at an outpatient level only. As staff and equipment became available, the range of services was increased, including X-ray, dental, optometry, and visiting specialists from St. Vincent's Hospital. A physician, surgeon, anaesthetist, plastic surgeon and radiologist were gradually introduced, providing specialist consultant services that upgraded the standard of health care throughout the entire prison system.

There are two major medical areas inside the prison services:

Firstly, the remand prison, where most of the prisoners in Victoria are admitted before sentence and before being transferred to other institutions throughout the State. A health care screening program was instituted for all new arrivals in prison. The early diagnosis and management of the physical problems of prisoners will result in improved health for all inmates within the prison system.

Secondly, the psychiatric division ("G" Division) has been established for many years and a major improvement occurred in the employment of trained psychiatric nurses during 1980. The development of the outpatients' service at 14 Parliament Place is continuing and a comprehensive forensic psychiatrist service will be established, including a psychiatric assessment unit to be incorporated into the existing Pentridge Hospital.
Country Prisons
While health care of country prisoners is generally adequately covered by local general practitioners providing a weekly visit, there are some problems associated with a lack of trained staff to dispense medication, treat emergencies and provide counselling services and health education programs. The provision of trained nurses in all country prisons will overcome all of these problems.

The standard of health care of prisoners improved significantly in 1980/81 and the measures already taken will result in a further improvement.

Public Service Medical Centre
During the year, there were 6858 patient contacts at the Centre. Of these, 46.6 per cent were for minor ailments, 21 per cent for preventive health screenings, 11.7 per cent for counselling and rehabilitation in connection with occupational, alcohol, or drug problems, and 6.4 per cent for emergency situations such as acute chest or abdominal pain, collapse, serious injury or psychiatric crises.

It is apparent that the Centre can no longer cater for both minor ailments and the more serious maladies that occur with increasing frequency each year — the nervous breakdowns, the cardiovascular crises, and the problems caused by occupational stress or the misuse of alcohol and drugs.

The Centre therefore gave precedence to preventive occupational counselling and emergency functions, which are least able to be catered for by other health services. Although immediate spectacular results are few in these fields, it is believed that they are the most effective in both monetary and human terms.

During the year, 1064 women were screened for cancer, and thirty-two per cent were found to have an unsuspected condition that required treatment. This percentage was higher than the previous year, possibly due to the greater percentage of older women involved. Among these were twenty-five cases of unsuspected or pre-malignant conditions. All were referred and successfully treated.

A pilot scheme for accident monitoring and safety promotion is being devised and monitored by a committee organised by the Centre with representatives of the Public Service Board, the Victorian Public Service Association and the Department of Labor and Industry. The staff of the Botanic Gardens are the “guinea pigs” for this scheme, and so the committee also includes a representative from the Department of Crown Lands & Survey and two from the gardens staff. A system of accident reporting that can be used throughout the Public Service to monitor safety should result, plus procedures to identify safety hazards and increase safety awareness throughout the workforce. Suitable training programs for various situations are also being investigated.

The pilot scheme will run for twelve months commencing 1 July 1981 and will be monitored by the committee and assessed and amended as necessary at the end of it. Hopefully, the accident rate will fall by at least five per cent and safety awareness will increase to a level that will make the scheme self-perpetuating and largely worker-controlled.

The Communicable Diseases Centre
The Centre moved from its old location in Gertrude Street, Fitzroy, in December 1979 to the new city address, and this move was beneficial in every way. It raised the morale of the staff and is an encouragement for patients to attend for diagnosis and treatment.

The Centre deals exclusively with sexually transmitted diseases (S.T.D.), and as these diseases continue to increase in the community, the Centre faces the task of trying to meet this challenge. It has four major roles to play:

- To provide accurate and rapid diagnosis of the disease in an individual patient, and to treat the disease as effectively and quickly as possible.
- To trace all the sexual contacts of the patient and to encourage them to come along for diagnosis and treatment.
- To provide information on the sexually transmitted diseases to as wide an audience as possible, but especially to those at highest risk (the young sexually active people, male homosexuals, prostitutes, overseas travellers, etc.)
- To provide much needed education on S.T.D. for medical students, doctors, and nurses, and to encourage further research into the causes, the effects, and the management of sexually transmitted diseases.

With a rise in the number of new patients seeking help in 1980 (from 8821 in 1975 to 11,054 in 1980) both the staff and the facilities at the Centre were strained to capacity. Although the clinical side of the work was maintained, the three other roles of the Centre (contact tracing, education and re-
search) were of necessity greatly neglected.

The greatest cause for concern is the increasing number of girls under twenty acquiring gonorrhea, and the consequent risk of infertility occurring in later life if their diagnosis and treatment is delayed or overlooked. S.T.D. is a problem that won’t go away, and the Melbourne Communicable Diseases Centre is likely to be needed for many years to come.

**Indo-Asian Refugees**

Since October 1977, Victoria has accepted more than 15,100 Indo-Asian refugees.

The Health Commission recognises that refugees are screened before departure; however, the incidence of disease and disability in the regions from which they come is high, and a full assessment on arrival is in the best interests of the refugees and of all Victorians.

Refugees entering Victoria are taken to Commonwealth hostels. The Commission then begins immediate health care and screening.

Screening for diseases of public health importance is a control measure to ensure that any disease that may be a threat to community health should be under treatment and non-infectious before a refugee joins a community. Screening and treatment of disease or disability is of vital importance to the new settler in this country. The problems facing refugees are many, and to have the added burden of ill-health may be an intolerable burden. Helping the refugee attain optimal health means that he can take his place in the community without the problems of chronic ill health.

**Epidemiology**

The La Trobe Valley Health Study, which the Health Commission is carrying out for the State Electricity Commission of Victoria, is being steadily developed to the stage where a pilot study is about to be launched. The pilot study will test a questionnaire which will ask adults and children questions about their health.

With the assistance of the Australian Bureau of Statistics, the final sample for the study is being selected by the principal investigators, Dr. Douglas Rankin of the Public Health Division and Dr. Guy Lavoipierre of the Planning and Research Division.

An office to service the La Trobe Valley Study and its staff has been established in Morwell.

**Infectious Disease Outbreaks**

**Food Poisoning**

In December 1980, there was an outbreak of food poisoning connected with a Christmas party at a factory in an outer suburb, (already referred to under “Health Surveyors”). The organism was salmonella typhimurium, and nine cases were admitted to Fairfield Hospital.

Investigation showed that the cause was chicken that had been incorrectly handled and stored during preparation.

**Cholera**

A case of cholera was detected in a 63-year-old man who arrived in Melbourne at the end of June 1980 by air. He was treated in Fairfield Hospital. Investigations revealed that he was doubly infected with Vibrio cholerae and a salmonella. Investigations carried out by the staff of the General Health Branch on all passengers who disembarked in Melbourne showed that a number of these were also infected with salmonella of varying types.

The number of types of salmonella discovered suggested that infected food was taken on board the aircraft at a port in Asia.

The outcome of the investigation was an undertaking by the airline concerned to check the food handling facilities at those ports where it is loaded on to the aircraft.

**Other Activities**

The Epidemiologist continued to act as consultant to the Victorian Cancer Registry of the Anti Cancer Council of Victoria.

Legislation was passed to make cancer a notifiable disease, notifiable to the Anti Cancer Council, and the Commission will implement this legislation.

**Cemeteries**

A Working Party on Cemeteries and Crematoria was established by the Minister to investigate and make recommendations into the entire operation and management of cemeteries and crematoria in Victoria. Membership of this Committee comprises officers of the Public Health and Finance Divisions of the Commission, representatives of the cemetery industry and a representative of the Municipal Association of Victoria. The Working Party has met several times and has visited several cemeteries and crematoria. The report of the Working Party is to be submitted to the Minister of Health early in 1982.

31
Government grants of $100,000 were made to the Traralgon Cemetery Trust to construct a new crematorium complex to serve the La Trobe Valley and to the Geelong Western Cemetery Trust to establish a new cemetery at Mt. Duneed. Maintenance grants totalling $18,000 were allocated to thirty-eight small country cemeteries whose incomes from burials were insufficient to meet various necessary maintenance works. Further increases to the overall allocation are needed to make more realistic grants available to more cemetery trusts.

Investigations are continuing into the development of a new metropolitan cemetery on some 400 acres of Crown Land behind the Janefield Training Centre at Bundoora. This cemetery could meet the burial needs of the north-eastern sector of Melbourne for the foreseeable future.

An amendment to the Cemeteries Act was passed to permit the construction of private mausoleums, increase the penalties for offences against the Act, and provide for the notification of the presence of cardiac pacemakers in corpses before they are cremated. Many pacemakers explode under these conditions, damaging installations and endangering crematorium staff.

A proposal by the Trustees of the Seymour Cemetery to convert the Old Seymour Cemetery to a Pioneer Memorial Park, as defined in the Cemeteries Act, was approved. The proposal involves landscaping the cemetery and relocating some of the monuments within the cemetery reserve.

Lawn sections are being developed widely throughout Victoria. This is probably related to the comparative ease of maintenance and more pleasant appearance. Lawn sections are being established at St. Arnaud, Quambatook, Kyneton, Inverloch, Harcourt, Healesville, Nathalia and Cohuna cemeteries. Proposals to extend the Lilydale, Warragul and Fawkner cemeteries are under consideration.

During the year, a survey of the conditions under which exhumations are performed was carried out by officers of the Public Health Division.

**Pest Control**
A continuing program to obtain sera from wildlife to find the animal or avian reservoir of virus continued. Except for an almost 100 per cent positive reaction to Group B Arbovirus in the Nankeen Night Heron, which is widely suspected as the species that brings the virus south each summer, test results were negative.

Staff of the Public Health Division were fortunate this season to liaise with the Army’s 3 Preventive Medicine Company (Field Force), who spent two weeks in February on Gunbower Island near Cohuna surveying mosquito breeding in the area from Murrabit West to Boort to Barmah Forest.

The Mosquito Control Program in northern Victoria, which followed the outbreak of Australian Encephalitis, continued with the Commonwealth Government providing fifty per cent of the cost. Flocks of sentinel chickens were strategically located along the Murray River, and, for the first time, experimental groups of rabbits. No sign of virus activity was found in the blood of these sentinels, and no arboviruses were detected in the 31,072 mosquitos of sixteen species caught in carbon dioxide traps in northern Victoria. The virus testing was carried out at the Attwood Veterinary Research Laboratory.

General pest control was maintained and investigations were made into a variety of complaints. These included insect infestation of foods, cockroaches in food premises and hospital kitchens, and fly and rat breeding in garbage depots, poultry farms, abattoirs, flour mills and other areas.

Rat infestation of the waterfront area was contained at a low level due to constant surveillance and by continual baiting by Harbour Trust personnel in areas susceptible to rat infestation.

**Sanitation**
Officers of the Sanitation Section are leading a team of officers of other government departments and agencies, including the Department of Agriculture, the Environment Protection Authority and the Victorian Farmers’ Union, in the preparation of the Piggery Code of Practice. The research officer presented the third draft code to the Working Party, and this group will present the document in two parts. These will be a brief mandatory Code of Practice and a comprehensive set of guidelines on recommended practices.

The Section prepared the final draft Manual of Septic Tank Practice in conjunction with the Household Wastes Options Committee under the auspices of the Australian Water Resources Options Council and the Ministry of Water Resources. This document combines all existing codes, specifications and guidelines on septic tanks in Victoria into one definitive document.
The final draft of the Health (Offensive Trades) Regulations was submitted to the Regulation Review Committee before circulation as a draft to Councils for review.

**Water Treatment**

As part of a continuing program, the Commission recommended the installation of chlorination plants on a number of public water supplies. Staff members gave priority to the investigation of supplies obtained from catchments open to the general public. However, all river sources and farmland catchments are susceptible to significant contamination after rainfall; ultimately, disinfection may be needed to meet modern standards.

Training courses for swimming pool personnel developed, and the Education Department established a committee to ensure regular review of the course. The section is also represented on a committee convened by the Standards Association of Australia to prepare a publication on water sanitisation for the benefit of owners of home swimming pools.

Following presentation of the Report of the Committee of Inquiry into the Fluoridation of Victorian Water Supplies to the Parliament in 1980, a program for the resumption of installation of fluoridation plants was prepared for the consideration of the Government.

Meanwhile, the approved plants continue to operate satisfactorily, enabling some seventy-two per cent of the population to receive the benefit of a fluoridated water supply.

**Solid Waste**

As a delegated agency of the Environment Protection Authority, the Health Commission attends to the licensing of waste discharges to land throughout Victoria, with the exception of the La Trobe Valley and East Gippsland.

In 1980, the State Government gave the Environment Protection Authority the responsibility for developing an overall industrial waste disposal strategy and program, with special reference to those wastes which at the moment must be classed as intractable.

To assist the Environment Protection Authority, an Industrial Waste Advisory Committee was established. The Commission was represented on both the Committee and on the specialist sub-committees dealing with the legislative aspects of the task and the criteria for landfill disposal. The Commission is also represented on the State Government's Interdepartmental Committee on Industrial Waste and on the Environment Protection Authority Waste Recycling Advisory Committee.

**Plumbers and Gasfitters Board**

The Plumbers and Gasfitters’ Board met nine times during 1980/81 to consider 1077 applications. Of these, 976 were approved for registration, raising the total registration of plumbers and gasfitters to 12,477.

The 101 applications not approved for registration were either deferred for examination or further consideration, or were not eligible.

There were 305 applications received and approved for reclassification to a higher grade of registration.

During the year, there were twenty-two prosecutions taken against non-registered persons doing plumbing work and against registered plumbers for work that was substandard.

**Cinematograph Operators Board**

The Board met six times during 1980/81 to consider fifty-five applications. Applications approved and registered numbered fifteen, making a total of 589 registered operators.

The forty applications not approved for registration were deferred for further examination.

**Health Laboratory**

The type of materials examined during the year extended over the usual wide range, including foods, waters and effluents, toys, blood, pharmaceuticals, toiletries and other items of public health interest.

The surveillance of pesticide residues continued. Following CSIRO reports of residues of DDT in wild ducks, forty-three samples of duck wings from various species, obtained by Fisheries and Wildlife officers during the 1980 season, were analysed. Significant levels of DDT were found in the flesh, the highest being fourteen parts per million in a wood duck. Further samples from the 1981 season are being examined.

Contamination with lead continued to cause concern, and a survey of infant foods for this metal was undertaken. The results indicate that regulatory standards are being met. A number of home-grown vegetables were also tested for lead and...
found to be below the statutory limits set for commercial growers.

The laboratory tests renal dialysis waters for several hospitals supplying this service. These samples are increasing and the analytical work is time-consuming, since twenty-two parameters are measured. The laboratory also tests sewage samples for Commission engineers.

Senior officers of the laboratory answer many industrial and consumer queries on regulatory, nutritional and analytical subjects and other topics related to public health.

The laboratory carries out analyses of compulsory samples taken under the Health Act by Victorian municipalities. Almost all of these samples are foods sold at retail level, representing a cross-section of the consumer supply. Meat products are the class most often contravening the food regulations. Common faults are excess preservative and low meat content.

**Food and Drugs**

*Introduction*

Drugs of Dependence unit
Poisons control
Proprietary medicines
Food standards

**Introduction**

The Food and Drugs Branch controls drugs, poisons and proprietary medicines through three sections — Poisons Control, Drugs of Dependence, and Proprietary Medicines.

**Drugs of Dependence Unit**

During 1980/81, staff of the Poisons Control Section re-grouped to monitor and control all aspects of the use and misuse of drugs of dependence in the community. The newly formed Drugs of Dependence Unit prepares for approval and coordinates the issue of all permits and authorisations for drugs of addiction, monitors the Drugs of Dependence Services (Canberra) computer print-outs of drug movements in Victoria, and detects drug dependent persons from this data.

The Unit also gathers statistical information for the Health Commission, the Drugs of Dependence Services of the Commonwealth Department of Health and the World Health Organisation.

The Unit investigates the activities of pharmacists and doctors in relation to the Poisons Act and Regulations as they relate to drugs of dependence.

During the year, investigation revealed the presence of restricted drugs on the street. These drugs are illegally sold at high prices and the misuse of them has resulted in untold suffering and, in some cases, death.

As a result of the investigations, the names of more than eighty doctors who contravened the provisions of the Poisons Act were forwarded to the Medical Board of Victoria. The activities of one doctor were so serious that the Medical Board suspended his registration as a medical practitioner. His appeal to the Supreme Court of Victoria was subsequently dismissed.

Two committees were formed during the year — The Alcohol and Drug (Standing) Committee and the Ministerial Steering Committee on Drug Strategy. The first is composed of Commission officers who will advise the Commission on policy in relation to drugs; the second has representatives of the States and the Commonwealth and will implement the recommendations of the Australian Royal Commission of Inquiry into Drugs (Williams).

**Poisons Control**

The Section acted to control illegal supply of restricted substances to unauthorised persons for use on farm animals, racehorses and greyhounds. Unsupervised use of injectible penicillin to treat mastitis in dairy herds, for example, can lead to penicillin residues in milk.

A number of distributors of these restricted substances were investigated during the year. Among these were country storekeepers who obtained antibiotics and other restricted substances illegally and sold them from under the counter. There were eleven successful prosecutions for this type of offence and more are pending.

**Proprietary Medicines**

Before a proprietary medicine may be advertised or sold in Victoria, it must be registered by the Health Commission. Each application for registration must be submitted to the Proprietary Medicines Advisory Committee for a report and recommendation.
The Committee considered 438 applications and recommended 334 preparations for registration.

**Food Standards**

Most of the food regulations in force in Victoria are based on recommended standards of the National Health and Medical Research Council (NH&MRC). A number of NH&MRC standards are currently under review, in particular those relating to meat products, cheese, and infant foods. The Committee has examined and made extensive comment on draft amendments covering these commodities.

NH&MRC standards concerning date marking and ingredient labelling were completed during the year and should be adopted soon. A large number of other proposals, including decaffeinated coffee, alcoholic beverages, leaching of metals from food utensils, sugars, and food additives, were considered.

One of the draft standards received from the Commonwealth Food Standards Committee concerned the claims that are made on labels and in the advertising of foods. This matter resulted in a great deal of controversy, much of which originated from within the food industry. The Committee deferred any action on this matter until a recommended uniform standard is developed by the NH&MRC.

A number of amendments to the regulations came into force during the year. The range of fat content allowed in standardised milk was extended and the concentration of iodine in milk limited to 500 micrograms per litre. Excessive iodine can occur in milk due to residues from iodophors used in sanitising operations. A standard was also introduced covering the sale of artificial sweeteners in tablet, granular, powder and liquid form.

**Maternal and Child Health**

Maternal and infant health

The school medical service

The visiting child health nurses

**Maternal and Infant Health Services**

The Maternal and Infant Health Section is responsible for two major programs, Infant Welfare and Family Planning.

The overall aim of the Infant Welfare Service is to promote health in its broadest sense from the prenatal period through the child's earliest weeks until he or she reaches school age. Infant welfare nurses promote this aim by guiding and advising parents in ways of providing the kind of family environment where a child's optimum development can take place.

### Table 1: Work of Maternal and Infant Health

<table>
<thead>
<tr>
<th>Type of Centre</th>
<th>1979</th>
<th>1980</th>
</tr>
</thead>
<tbody>
<tr>
<td>Municipal</td>
<td>767</td>
<td>773</td>
</tr>
<tr>
<td>Mobile Caravans</td>
<td></td>
<td>12 (sites)</td>
</tr>
<tr>
<td>Mobile circuits</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>Migrant centres</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Commonwealth defence</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>788</td>
<td>806</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Staff</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time sisters</td>
<td>394</td>
<td>400</td>
</tr>
<tr>
<td>Part-time sisters</td>
<td>98</td>
<td>99</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Attendances</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Children (numbers enrolled)</td>
<td>199,462</td>
<td>199,326</td>
</tr>
<tr>
<td>Expectant mothers (numbers enrolled)</td>
<td>11,251</td>
<td>11,483</td>
</tr>
<tr>
<td>Post-natal hospital visits</td>
<td>26,516</td>
<td>27,903</td>
</tr>
<tr>
<td>Phone consultations</td>
<td>254,257</td>
<td>286,957</td>
</tr>
<tr>
<td>Home visits to children</td>
<td>163,913</td>
<td>170,667</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Immunisations (completed by 12 months)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Triple Antigen</td>
<td>49,925</td>
<td>49,057</td>
</tr>
<tr>
<td>Polio Primary</td>
<td>43,723</td>
<td>48,651</td>
</tr>
<tr>
<td>Measies</td>
<td>36,361</td>
<td>38,113</td>
</tr>
</tbody>
</table>
The Health Commission provides a number of scholarships to enable nurses to undertake the Diploma of Applied Science Community Health Nursing (Maternal and Child Health), which is now the prerequisite in Victoria for infant welfare nursing registration.

The State's Infant Welfare Service, through its linkage with local government, has provided a basic preventive child health service for nearly sixty years. In 1980, nearly 500 nurses administered this service from more than 800 locations across Victoria.

The Family Planning Program, which also operates in conjunction with local government and is closely linked to the Infant Welfare Service, continued to expand in response to community demands.

At the end of 1980, a total of seventy-five weekly sessions were provided from forty-five locations, mainly in infant welfare centres in the Melbourne metropolitan and outer suburban areas. There were 27,500 attendances at the Commission's family planning clinics during 1980, and a wide range of services is provided at each clinic.

The School Medical Service

During the year, the School Medical Service maintained a high contact rate with parents and children and examined more than 280,000 children. This reflects increasing reliance on health examinations by specially trained school nurses. Visits to kindergartens decreased somewhat with reduction in medical staff. As well as examining children in pre-schools, the school medical officers examine children in special education settings, those suspected of developmental disabilities and children with school-related problems.

A special project completed this year was the important study of the results of health examinations conducted by nurses and the outcome of the referrals made subsequent to those examinations. In this study, 6037 children were examined and 678 were referred for further action. Parents took the action recommended at first contact in eighty-six per cent of cases referred. Repeated follow-up over a twelve month period showed that the action recommended had been taken in 630 cases, or ninety-three per cent.

*A follow-up examination a specialised role of the School Medical Service.*
Clinical methods in hearing and vision screening of pre-school children by nurses were also evaluated. A special study was also made of those visually handicapped children under consideration by the Education Department for visiting teacher service.

During the year, the School Medical Service undertook a detailed review of its procedures and methods in health surveillance of young children. This has brought to prominence the more specialised role of doctors in the examination and assessment of children who may have disabilities and in working with other professionals in planning to meet the needs of these children. This has brought school medical officers into a closer working relationship with staff of the Early Childhood Development Programs.

The Visiting Child Health Nurses
The fifty visiting child health nurses working in Early Childhood Development Programs throughout Victoria received wide acceptance in their allocated communities. These nurses provide an outreach service by visiting families who have been referred to them in their own homes. They offer encouragement to isolated and fragile families with children, especially in times of crisis, and help families to use available services to strengthen family functioning and give their children a better chance of normal development.

Approximately thirty-five per cent of families are referred by infant welfare sisters, and thirty per cent of families seek help themselves. Others making referrals include medical practitioners, kindergarten teachers, school nurses, and agencies with interests in children and families, such as the Children's Protection Society.

Table 2: Work of the School Medical Service

<table>
<thead>
<tr>
<th></th>
<th>1979</th>
<th>1980 (corrected)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schools attended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-schools</td>
<td>1,042</td>
<td>986</td>
</tr>
<tr>
<td>Primary</td>
<td>1,966</td>
<td>2,024</td>
</tr>
<tr>
<td>Secondary</td>
<td>344</td>
<td>409</td>
</tr>
<tr>
<td>Special, etc.</td>
<td>32</td>
<td>50</td>
</tr>
<tr>
<td>Children examined (standard examination)</td>
<td>80,851</td>
<td>74,686</td>
</tr>
<tr>
<td>Children reviewed</td>
<td>46,764</td>
<td>52,063</td>
</tr>
<tr>
<td>Children referred</td>
<td>30,393</td>
<td>27,198</td>
</tr>
<tr>
<td>Vision screened</td>
<td>201,574</td>
<td>206,982</td>
</tr>
<tr>
<td>Hearing screened</td>
<td>80,851</td>
<td>74,686</td>
</tr>
<tr>
<td>Parent contacts</td>
<td>73,135</td>
<td>74,172</td>
</tr>
</tbody>
</table>

Pre-School Child Development

Introduction
Special needs program
National data base
Teacher salaries
Aboriginal project
Advisory service

Introduction
The year 1981 has been declared the International Year of Disabled Persons, and there have been serious attempts throughout the State to improve opportunities for disabled children. Since 1964, kindergarten teachers have led the way in developing programs for children with disabilities, often severe, and demanding much in terms of professional skill, time and energy. Their experience, their training in child development, and their view of the individuality of growth patterns makes them well placed to offer such programs, and the priority placement system is generally effective.

Responses to the Victorian Enquiry into Teacher Education showed that many teachers desired further training, and an in-service program was arranged during first term in 1981. The program was based specifically on the needs of the special children enrolled this year.

Special Needs Program
Whenever possible, handicapped children are placed in normal pre-school centres. The placements are made after a careful assessment of each
child and of the local centres. However, this integration policy is not always appropriate; in such cases, the Commission supports the establishment of specialised kindergarten groups and an additional subsidy is paid to these kindergartens. This is based on a ratio of one teacher to four children. Eighteen centres receive this subsidy and they cater for handicapped children, including physically handicapped, intellectually impaired, visually impaired, hearing impaired, and sick children. Additional to this service, visiting teachers are employed in seven regions to help children with special needs who attend regular kindergartens.

National Data Base for Children's Services
Late in 1980, a survey was begun to obtain uniform State and National tables for pre-school services. Results indicate that Victoria, through the Health Commission, is providing an excellent pre-school service. This survey will, hopefully, be continued annually.

Dental Health
Dental Therapy School
Field Operations
Education
Cadetships

Dental Therapy School
The Dental Therapy School conducts a two-year course for dental therapists and has a capacity to train sixty students each year. The 1980 and 1981 intakes were reduced to thirty.

In December 1980, thirty-seven students graduated from the original intake of forty in February 1979. These new graduates joined field operations early in 1981.

There are presently twenty-eight second year cadets continuing studies.

Kindergarten Teacher Salaries
Late in 1980, a working party was established to review the system of payment of salaries to kindergarten teachers and to make recommendations on how the system might be improved or altered. Existing schemes have been reviewed and options have been discussed. Recommendations will soon be sent to the Minister.

Aboriginal Project
Throughout the year, there were thirty-three Aboriginals employed as untrained assistants in kindergartens. They are an invaluable liaison between aboriginal families and the kindergartens.

Pre-school Advisory Service
Since its establishment, the Advisory Service has developed into a multi-purpose service which meets demands for consultation and expertise sought by a wide variety of agencies. One-day conferences were again a feature of the advisory work with teachers, together with meetings organised for parents and committees.

Field Operations
Dental care was given to children on 267,057 occasions during 1980/81. In addition to topical fluoride applications and dietary and oral hygiene instruction, over 186,000 teeth were filled.

Since early 1981, vacant dental chairs (previously used for training) at 448 St. Kilda Road have been used for treatment of primary school children from selected schools on an appointment basis.

Response varied from school to school. Some school principals arranged community buses to transport children to the centre, and all appointment times are fully booked.

Ten new double surgery caravans were built and equipped. These units became fully operational in February 1981.

Table 3: Work of the Dental Health Branch

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Children given care</td>
<td>41,621</td>
<td>55,736</td>
<td>79,646</td>
</tr>
<tr>
<td>Extractions</td>
<td>23,625</td>
<td>28,733</td>
<td>29,762</td>
</tr>
<tr>
<td>Fillings</td>
<td>134,890</td>
<td>157,541</td>
<td>186,119</td>
</tr>
<tr>
<td>School dental clinics</td>
<td>48</td>
<td>53</td>
<td>53</td>
</tr>
<tr>
<td>Mobile clinic platforms</td>
<td>100</td>
<td>126</td>
<td>126</td>
</tr>
<tr>
<td>Total staff</td>
<td>335</td>
<td>397</td>
<td>401</td>
</tr>
</tbody>
</table>
Education
Regular visits were made to schools to plan dental health education, and to school principals to discuss dental health services. Talks on dental health were arranged for a number of schools and kindergartens.

Dental Cadetships
At the end of 1980, one dental cadetship holder successfully completed the dental course at the University of Melbourne and joined field operations. Three more cadetships were made available to third-year dental students during 1981.

TB Services
Notifications
Refugees
The A.T.C. conference

Notifications
Notifications for 1980 totalled 392, compared with 395 for 1979 and 293 for 1978. Not since 1971 and 1972 has Victoria registered close to 400 notifications in two successive years. One hundred and ten of these notifications were from Indo-Asian refugees.

Screenings
X-ray surveys screened 45,980 people and detected twenty-nine cases of active TB. The Schools BCG Section visited 294 schools, screened 103,266 children, and detected two cases. There were 51,744 attendances at TB clinics, and 38,235 X-rays taken. These detected 128 cases.

Hospital Admissions
The year saw 465 admissions (317 male) to hospitals and chalets. Discharges were 466 (311 male). There were twenty-one admissions and fifteen discharges from the Repatriation General Hospital.

Table 4: Work of the Tuberculosis Branch

<table>
<thead>
<tr>
<th></th>
<th>1978</th>
<th>1979</th>
<th>1980</th>
</tr>
</thead>
<tbody>
<tr>
<td>X-ray Surveys</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number screened</td>
<td>46,102</td>
<td>39,146</td>
<td>48,501</td>
</tr>
<tr>
<td>Active Tuberculosis</td>
<td>14</td>
<td>16</td>
<td>29</td>
</tr>
<tr>
<td>Schools BCC section</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number visited</td>
<td>235</td>
<td>247</td>
<td>294</td>
</tr>
<tr>
<td>Children screened</td>
<td>98,146</td>
<td>98,260</td>
<td>103,266</td>
</tr>
<tr>
<td>Cases of Tuberculosis detected</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Clinics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attendances</td>
<td>48,001</td>
<td>49,745</td>
<td>51,744</td>
</tr>
<tr>
<td>X-rays taken</td>
<td>36,801</td>
<td>35,802</td>
<td>38,235</td>
</tr>
<tr>
<td>Cases of Tuberculosis detected</td>
<td>85</td>
<td>147</td>
<td>130</td>
</tr>
</tbody>
</table>

Table 5: Active Cases of Tuberculosis, 1970-1980

<table>
<thead>
<tr>
<th>Year</th>
<th>New</th>
<th>Rate per 100,000</th>
<th>Chronic</th>
<th>Transfers-in</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1970</td>
<td>421</td>
<td>12.11</td>
<td>33</td>
<td></td>
<td>515</td>
</tr>
<tr>
<td>1971</td>
<td>416</td>
<td>11.78</td>
<td>19</td>
<td></td>
<td>458</td>
</tr>
<tr>
<td>1972</td>
<td>371</td>
<td>10.42</td>
<td>15</td>
<td></td>
<td>428</td>
</tr>
<tr>
<td>1973</td>
<td>369</td>
<td>10.25</td>
<td>10</td>
<td></td>
<td>417</td>
</tr>
<tr>
<td>1974</td>
<td>321</td>
<td>8.21</td>
<td>8</td>
<td></td>
<td>360</td>
</tr>
<tr>
<td>1975</td>
<td>291 (8)</td>
<td>7.93</td>
<td>3</td>
<td></td>
<td>323</td>
</tr>
<tr>
<td>1976</td>
<td>311 (9)</td>
<td>8.30</td>
<td>4</td>
<td></td>
<td>350</td>
</tr>
<tr>
<td>1977</td>
<td>274 (21)</td>
<td>7.23</td>
<td>7</td>
<td></td>
<td>310</td>
</tr>
<tr>
<td>1978</td>
<td>293 (60)</td>
<td>7.67</td>
<td>4</td>
<td></td>
<td>324</td>
</tr>
<tr>
<td>1979</td>
<td>395 (118)</td>
<td>10.27</td>
<td>3</td>
<td></td>
<td>425</td>
</tr>
<tr>
<td>1980</td>
<td>392 (110)</td>
<td>10.08</td>
<td>4</td>
<td></td>
<td>421</td>
</tr>
</tbody>
</table>

*Numbers in brackets refer to refugees.
Refugees
The increased activity within the Branch during the year was again due to the arrival of Indo-Asian refugees. Initial screening shows that about ten per cent of these require continuous supervision. The total case load indicates the need for continuing close vigilance and the retention of an effective tuberculosis control service.

The A.T.C. Conference
The Twelfth Australian Tuberculosis Clinical Conference was held in Melbourne from 29 September to 3 October. This was the first Conference held without Commonwealth financial support.

There were about sixty registered delegates from all States and Territories and another twenty persons registered as official observers. Papers were presented on a wide variety of aspects of tuberculosis, leprosy and other chest diseases.

Community Services

Introduction

Special accommodation houses
Aboriginal health
Free travel
Allied health group
Health promotion

Introduction
The Community Services Branch administers the Early Childhood Development Program, Aboriginal Health Services, the Health Promotion Section, the Poliomyelitis Section, Special Accommodation Houses, Free Travel, and Allied Health Professionals, including Audiology.

The Early Childhood Development Program implemented new projects during the year. The Antenatal Program in Ararat provides a comprehensive course for expectant mothers and for expectant fathers as well. Systematic Training for Effective Parenting (STEP) courses are now being conducted at most Early Childhood Development Programs.

Total expenditure for the Community Health Program within the Public Health Division for 1980/81 was $5,477,546. Community health projects funded include:
- St. Kilda Community Health Project
- Diamond Valley/Eitham Community Health Program
- Gisborne Bush Nursing Hospital
- Frankston Community Resources Centre
- Social Biology Resources Centre
- Advisory Council for Children with Impaired Hearing
- State Family Planning Services
- Noah's Ark Toy Library for Handicapped Children

Special Accommodation Houses
The Special Accommodation Section operated with excellent results over the past year. This is due to the additional staff that are available to carry out inspections and the effect that this has on proprietors in achieving a greater level of compliance and co-operation.

The new regulations proclaimed in 1980 are generally effective and provide much better guidelines than those previously in force.

The Health Act gives power to the Commission to exempt proprietors from registration subject to such conditions as seem appropriate in each case and provided no more than four residents are accommodated. A total of ten such exemptions were granted.

At the end of July, there were 260 registered houses accommodating 6182 residents.

Seven prosecutions were made against proprietors to the end of June 1981. Six of these were convicted and the other dismissed on a legal technicality.

Cancellation of registration proceedings were instigated in respect of eight houses. Two houses had their registration cancelled as the result of a hearing conducted by the Commission in December 1980. Four houses had their registration transferred before the hearing. The remaining two are still to be resolved.

Aboriginal Health
This Section of the Commission is funded by the Commonwealth Department of Aboriginal Affairs to provide a preventive medicine and health education program and to help Aboriginal patients utilise existing health care facilities.

As part of the internal review of the Aboriginal Health Section, Dr. Ian Wronski was employed to assess the utilisation of existing health services by the Aboriginal community in the Shepparton/Moo-
roopna area. Dr. Wronski examined seventy-two of the 104 Aboriginal children under five years of age in the regions and the results of the survey showed that:

- The ante-natal care of pregnant Aboriginal women is inadequate;
- There is a higher still-birth rate than the Victorian average;
- Only twenty-eight per cent of the Aboriginal mothers regularly attend infant welfare centres;
- Fewer than one third of the children are adequately immunised;
- There is a higher-than-average rate of hospital admissions for Aboriginal children; and
- There is general evidence of malnourishment and inadequate growth patterns in the children examined.

Following Dr. Wronski's assessment, the Minister established a working party to investigate what changes in the existing arrangements for provision of health services to Aboriginal people would more adequately meet the needs of the Aboriginal community, bearing in mind the social, economic, cultural and environmental factors that affect the health of Aboriginal people in Victoria. The working party also investigated what measures could be adopted to ensure a greater degree of Aboriginal involvement in all aspects of health services affecting Aboriginal people.

Membership of the working party included representation from Aboriginal organisations, Aboriginal community medical services, the National Aboriginal Conference, the Aboriginal Adviser to the Victorian Minister of Housing, the Commonwealth Departments of Aboriginal Affairs and Health and the Health Commission of Victoria.

The report of the working party was completed in June 1981 and its recommendations are being considered.

Allied Health Group

Psychology

There are eighteen psychologists employed through the Public Health Division, a number of whom work part-time. During the past year, a senior psychologist was appointed to co-ordinate the work of this team.

These psychologists provide a specialist service, primarily within the Early Childhood Development Program, where early detection of developmental difficulties and subsequent help is important in preventing problems at later stages.

Regionally-based psychologists assess children who are referred, and provide consultation and training for infant welfare sisters, pre-school teachers and the School Medical Service. In many areas, they are the only psychological service based in the local community, and are often called upon to work closely with professionals within hospitals and community health centres, with staff in other Divisions of the Health Commission, and with other government departments, particularly Education and Community Welfare Services.

The psychologists also conduct courses in "Systematic Training for Effective Parenting".

Social Work

Social workers within the Public Health Division work within the Early Childhood Development Program, the only exception being the senior social worker based at head office.

The social workers' role has three principal aspects.

- Working in the community to help bring people together to create for themselves the means of meeting their own common needs. Significant achievements have been made in this area with the establishment during the year of a number of neighbourhood facilities such as community houses and child care co-operatives.
- Organising and conducting groups for parents and children, often together with other staff. These may be groups of mothers who have become socially very isolated and whose children are at risk as a result. Given the encouragement of a group situation, these women can gain new knowledge and social skills and help each other to develop personal confidence.
- Working within the regional network of children's services, the social worker supports those staff whose work includes counselling and home visiting, such as the visiting nurses and the infant

Free Travel

The Free Travel Scheme, which began in 1955, makes it possible for pensioners and others of limited means who are required to visit public hospitals for treatment to obtain free travel on public transport to and from the hospital.

During 1980/81, the Free Travel Section issued 194,000 tram tickets and 13,700 rail vouchers.
welfare sisters. In times of crisis, the social workers themselves give counselling help to individual families with young children.

**Dietetics**
The regional Early Childhood Development Program continued to be the main focus of the dietetic service. A vital and expanding part of this work is providing nutrition education programs for staff who work with children and families. Over the past year, programs were conducted for child care staff, community health nurses, staff in infant welfare, pre-school and School Medical Services, and for students from Deakin University, Rusden State College and the Institute of Early Childhood Development.

In 1981, dietitians began the development of the “Healthy Habit” nutrition campaign. This is conducted with assistance from other services in the Public Health Division and highlights concerns about general dietary habits in the community; in particular, excess salt, sugar, fat and alcohol, and insufficient wholegrain cereals, fruits and vegetables.

Over the past year, there was increasing demand for assistance from the dietitians in a number of areas of public health. Staff training programs were conducted for dental health services and health surveyors. Inspections were carried out in conjunction with district health officers and special accommodation houses advisers on the food services of various institutions to determine the nutritional level of residents.

Health Commission dietitians, together with the Education Department, prepared the booklet entitled, “Nutrition Guidelines for School Canteens and School Councils”.

**Physiotherapy**
A consultative Early Childhood Development service to parents and others working with children continued, giving information about physical development, particularly in relation to movement, posture, and breathing function. Assistance was given with the early identification of children with problems related to movement, and specific programs were introduced to help these children. Forty-six per cent of children referred were two years or under.

A baby massage program was introduced with the help of infant welfare sisters to highlight the importance of skin contact between mothers and babies.

The need for a variety of movement experiences at pre-school age resulted in the introduction of special movement programs in many pre-school centres.

**Itinerant Physiotherapy Service (Poliomyelitis)**
The service to poliomyelitis and multiple sclerosis patients continued throughout the State, with increasing costs of splints becoming a major problem. A modified system for recouping some of these costs was introduced.

The physiotherapy service for children at Allambie Reception Centre (Department of Community Welfare Services) developed further with the introduction of baby massage and dance movement programs.

The service to children was offered to infant welfare, pre-school, and School Medical services in all areas of the State not covered by the Early Childhood Development Program (ECDP). This service was along similar lines developed by the physiotherapists in ECDP's. Country areas are visited basically twice a year, but the metropolitan area receives an ongoing service from the physiotherapist based in each area.

**Audiology**
In 1980/81, the number of audiological consultations increased to 10,934 compared with 9474 for the previous year. These figures do not include adult and pensioner patients seen at base hospitals and community health centres.

General practitioners and consultants are now making greater use of the service in the identification and monitoring of middle ear disorders in the pre-school and school age groups.

The general availability of the program through the State is making the community more aware of the importance of normal hearing in the acquisition of speech and language in infants and pre-school children.

**Health Promotion**
Health promotion officers working in rural centres reported an increased interest in the health programs they organise for community groups. This was partly due to a growing awareness of health problems by the regional media and a general agreement among representatives of press, radio and television that their public wants the information made available to them.
The availability of audio-visual material increased with the Centre's production of slide/sound sets dealing with accidental poisoning and immunisation. The Centre is also producing another set titled "Drugs and the Community".

During the year, health promotion staff took part in Health Commission sponsored campaigns to promote immunisation in the community and to highlight concerns about unhealthy dietary habits. Staff of the Centre were in demand to organise health education programs for community groups. The misuse of drugs is the topic most commonly discussed and continues to be a worry to both parents and community groups generally.

A mobile health education unit, designed by staff of the Centre, was built during 1981 and will begin a tour of metropolitan and country centres in the Spring. This project was funded by the State and will be used to promote a more healthy lifestyle for Victorians, including a reduction in the use of alcohol, tobacco and other drugs in our community.

Medical Assessments

Medical Assessment Services, under the direction of the Government Medical Officer, conducted approximately 6500 medical examinations of teachers, police, public servants and members of statutory authorities.

In addition to the traditional reasons for examination, i.e. permanent appointment, temporary appointment (teachers), suitability for continued employment, police recruitment, and ill health retirement, the Branch conducted examinations on members of the Police Force to determine their fitness for driving when carrying personnel or hazardous materials, or when involved in high speed pursuit. The Community Welfare Services Department invited Medical Assessment Services to examine the possibility of the Medical Assessment Services Branch assuming the responsibility for medical examination of candidates for recruitment to Prison Officer duties.
Mental Retardation Services

Introduction

The Regional Services Branch
The Institutional Services Branch
The Resources Development Branch
The Administration Branch

Achievements
Policy
Objectives
New directions

Introduction

The Mental Retardation Division became the Commission's fourth line Division in 1980/81, absorbing the functions and staff of its predecessor, the Mental Retardation Services of the Mental Health Division.

The Division, which is now based at the Commission's head office, underwent some organisational adjustments, the better to meet its enormous challenges. There are four branches - Regional Services, Institutional Services, Resources Development, and Administration. The first three are each headed by an assistant director, and Administration is controlled by the Division secretary.

It is obvious that changes are needed in the types of services provided and in the organisation of services. But such changes will take time, great effort and, most importantly, good will.

Approximately 11,500 mentally retarded persons are known to the Commission. On the most conservative prevalence figures, these constitute about half the actual number of retarded Victorians likely to need assistance.

Currently, the Commission operates thirteen residential training centres with 3287 residents. Another 3490 retarded attend sixty day training centres and four private training centres subsidised by the Commission. Support services are provided to persons using other agencies, including the Education Department's special schools (2339 persons) and special developmental schools (866).

The Commission employs 2458 staff in training centres (excluding the three centres under dual control of the Mental Retardation and Mental Health Divisions) plus forty-five staff in community services and twenty-five in central administration.

The Regional Services Branch

The objective of this Branch is the provision of community services to mentally retarded people to enable them to live with dignity in the community.

The basic element of Divisional service is the regional team, which provides support services direct to handicapped people, their families and to voluntary and other government agencies. By the provision of comprehensive services at regional level, handicapped people will be able to remain in the community and a network of services will grow. This will be able to support the process of returning handicapped people in institutions to the community.

Currently, two regional teams are partly established in Victoria, one in the Loddon-Campaspe Region and the other in the Inner Eastern Metropolitan Region. Other regions are served by teams ranging in size from one staff to five staff, and most teams are based in Melbourne. These regions are poorly served and the pressures on staff who endeavour to provide services are great.

Large numbers of staff directly employed by voluntary organisations in providing local regional services, many of whom are subsidised through Divisional funding, need further support and development.

The establishment of additional regional teams based in their respective region is the highest Divisional priority and will remain so until Victoria is adequately served.

The Institutional Services Branch

The objective of this Branch is rational de-institutionalisation, which will allow the maximum number of handicapped people to leave institutions and live with dignity in the community. The speed with which this process will occur is largely dependent upon the provision of adequate community support services. A policy of indiscriminate placement out of institutions without support is untenable.

It is obvious that many of the institutions for which the Division is responsible are badly under-resourced. Living conditions are frequently sub-standard in large, nineteenth century buildings, and the quality of life is poor in spite of strenuous efforts by staff.

Given the high cost of substantially upgrading institutions, the Commission aims to use its scarce
resources to provide appropriate community support services. These services will enable numbers in institutions to fall to reasonable levels and so provide an improved standard of care. In addition, some restructuring and reorganisation within the institutions will allow for the most effective use of existing resources.

The Resources Development Branch
The objective of this Branch is to provide developmental and support services to the Regional and Institutional Services Branches.

With the challenges ahead, the training and development of the human resources employed in this field is of great importance. With the competition for resources becoming keener, it is increasingly important to develop systems which promote evaluation and accountability. These are the primary concerns of this Branch.

The Administration Branch
The services of this Branch — personnel administration, financial management, capital works and administrative and management services — underpin the successful operation of the Division.

This Branch must co-ordinate those administrative services provided in the field. Also, the administration of subsidies and grants to voluntary organisations providing services directly for the mentally retarded comes within its ambit. Initially, the Branch must establish effective administrative systems and look to innovative ways of streamlining the Division’s administrative and management services.

A project team attached to the Administration Branch will undertake special projects across the Division, thus giving line staff more time to devote to their work. The project team will also play an essential role in the planning of the Division’s objectives and the development of strategies for the implementation of services.

Achievements
In its first five months of life, the new Division managed to achieve a number of important advances:

- A policy initiative paper on the establishment of a computerised data base for mentally retarded in Victoria was prepared, and work is underway implementing it.
- The task of restructuring the Children’s Cottages and the North Kew Educational Complex began and a chief executive officer will be appointed soon.
- Proposals for the relocation of the residents of St. Nicholas Hospital were made.
- Preliminary policy papers on the provision of residential services were written to support the Mental Hospitals Fund budget.
- The Division’s budget, manpower requirements, and works and services program were revamped to reflect the future directions of the Division.

Policy
A Policy Formulation and Review Committee was established to generate statements of proposed policy for discussion and endorsement. A number of important areas were identified as high priority, including:

- The admission and discharge of residents from residential institutions.
- Public, student and professional education on mental retardation.
- The role and education of mental retardation nurses.
- The role and education of a category of direct service staff. The Division currently employs such staff in a large number of different categories.

PKU and hypothyroidism screening. One of the Commissions preventive services.
• The utilisation and deployment of volunteers.
• Staff recruitment, selection, orientation and induction.
• The relationship of the Division with the large number and wide range of voluntary organisations.
• Research and evaluation in mental retardation.
• Formal liaison between the Division and other Government agencies.

Objectives
The Division has identified one primary objective:
• To enable mentally retarded people to live in the community with the greatest degree of independence and dignity possible.

A number of short-term objectives were identified for achievement within the next twelve months. Some of the most important include:
• The establishment of at least four additional regional teams.
• The establishment of a resource project to promote fostering and adoption of mentally retarded children.
• The establishment of an early intervention resource project with the principal aim of training regional staff.
• The establishment of a core client data base on computer.
• The publication of educational material, a directory of services and a Divisional Journal.
• The establishment of a Central Regional Office with basic library and other resource services.
• A review of budgetary control systems and the completion of a range of basic administrative systems for the Division.

New Directions
In many respects, the groundwork is done for much of future service development. The extent of the problems and pressing needs, however, make the establishment of new directions essential.

The new Division is in a critical stage of development and requires some new resources to continue initiatives and commence others. But a total dependence upon new resources in the years ahead, particularly in times of financial stringency, will not occur. To provide adequate services in the future, the Commission recognises that it must reinterpret and redeploy current resources. These resources include funds, manpower and physical resources. If such exercises can provide better quality and more effective services, they must be the linchpin of future planning.

The capacity of the Division to assimilate such change (given the community will to support and facilitate it) is the single most important factor in the future provision of adequate services and a dignified life for handicapped people.

Voluntary services in Victoria have grown to meet, with few exceptions, very localised needs. This has led to a degree of community involvement and commitment which is the envy of other States. It is time, however, for the development of a broader consciousness if all needs are to be met equitably. This need not necessarily be regional, but regional (or at least sub-regional) service development will provide a framework for more comprehensive and equitable services. This is particularly true of residential services where the number and range of facilities required will demand broader administrative frameworks if the needs of handicapped people are to be truly met. It is the role of the Commission to encourage and facilitate the provision of such frameworks.

In keeping with the principle of normalisation and in line with promoting true community involvement in providing services for handicapped people, the Commission aims to gradually divest itself of direct service provision. There should be an active policy of facilitating the process by which generic agencies and voluntary organisations incorporate handicapped people in the mainstream of their service provision. In the medium term, however, this remains an ideal towards which we work. Services for thousands of mentally retarded people are of such poor quality that handing them over would be tantamount to abandoning responsibility. In the short and medium terms, then, the Commission may take an additional service provision, but it will be with the ultimate aim of creating structures and systems that may be devolved upon the community.
The Personnel Division Report

Introduction
Organisation review
Recruitment
Industrial relations
Human resource development
Senior staff changes
Staffing statistics

Introduction
Once again, the mainstream of the activities of the Personnel Division focussed on reorganisation and redeployment of staff within the Commission. Manpower and finance restraints continued and these placed considerable demands on all officers of the Division in attempting to provide better quality services to all divisions.

Staff ceilings were further reduced to a ceiling of 10,737. (The Commission had a capacity to recruit to 11,808 in May 1978.) This reduction in staff ceiling, together with restraints on outside recruitment, resulted in extra pressures on resources being felt within the Division, as well as causing line managers considerable difficulty in providing services. But redeployment programs have permitted the creation of more than sixty active high priority positions by conversion of positions in low priority areas, while at the same time reducing total staff numbers.

The reorganisation of the Personnel Division was completed and additional staff provided by redeployment to improve personnel services to the Commission.

Considerable changes were made to personnel systems and procedures, including more use made of computer systems, e.g. PERSYST and HOS-POWER systems and procedures; these will be continued to be reviewed to streamline them as far as possible.

Organisation Review
Organisation reviews were completed in most Divisions during the year and resulting new positions provided by redeployment. Most of these positions were filled but some remain vacant due to the current Treasury restriction on external recruitment.

The Finance Division had its Accounts Branch reviewed, which resulted in a change in organisation structure and a considerable number of reclassified positions.

The Mental Health Division had a major reorganisation in head office, with the reclassification of a number of senior management and administrative positions.

The Mental Retardation Division had a major injection of new personnel at senior level, including the Director, Secretary, Assistant Directors and other principal officers. More than fifty new positions were provided to the Division, the substantial proportion being for head office administration.

The Hospitals Division had an Associate Secretary provided and the senior administrative structure was reviewed; a number of new senior administrative officer positions were provided.

Central Administration was reviewed and a major reorganisation included the provision of a projects group and a legal group.

In all the reviews, with the exception of some positions in the Mental Retardation Division, new positions were provided by the redeployment and reclassification of existing positions within existing staff ceilings.

Recruitment
Despite the restraints on outside recruitment, there was intense activity in placing advertisements both in the press and the Public Service Notices, attending interview panels and appointing people under Section 32 of the Public Service Act. Personnel representatives attended 374 interview panels and there were 189 appointments made under Section 32 of the Act (appointments from outside the Public Service).

There was considerable pressure placed on the Recruitment Section in the preparation of submissions to the Manpower Advisory Committee for authority to recruit outside the Service. Delays in obtaining Treasury's approval for such action exacerbated the pressures. A system was developed to recruit staff exempt from the outside recruitment restraints. This system seems to be operating effectively in allowing hospital managers to recruit quickly to positions of rostered hospital staff.

Recruitment of qualified psychiatric nurses and psychiatrists for Mental Health Division hospitals was particularly difficult due to an overall shortage of suitably qualified persons in Victoria. An interstate advertising campaign for psychiatric nurses...
produced a moderate response from which some positions were filled, and the Public Service Board approved the employment of nurses on a casual or part-time basis in designated hospitals on a needs basis. A pool of such nurses was formed to be drawn on by hospitals as required. Arrangements made to increase nurse training resources, and the Mental Health Division is reorganising and rationalising its nurse training activities to provide accelerated throughput.

The Public Service Board approved the sessional employment of private psychiatrists. This proposal, together with an overseas recruitment program for psychiatrists has gone a little way to relieving pressure on staff resources. A proposal was put to Treasury to fund a two-year placement scheme for overseas psychiatrists to be placed in country hospitals, where the shortage is most acute. Treasury is considering the proposal.

**Industrial Relations**

The Industrial Relations Branch was active in matters relating to the staff of the Commission and employees of the health industry in Victoria generally.

With regard to Health Commission staff, it became apparent that grievance procedures and guidelines for disciplinary action need further definition and agreement. The Branch is attempting to set in train arrangements whereby management, staff associations and other interested parties are given opportunity to come to an agreement on procedural matters in these very difficult areas. The Branch actively encouraged liaison with unions and line managers and provided industrial advice as required during the year.

The integration of Mental Health’s E.C. Dax House with Geelong Hospital created certain industrial relations difficulty during the year, as this was the first-time that State-employed staff have worked conjointly with public hospital staff in the provision of patient care. As a result of responsible attitudes on the part of management, unions and staff associations, this difficult industrial exercise was completed with the minimum of disagreement.

During the year, the Public Service Board, at the request of the Hospital Employees Federation, No. 2 Branch, reviewed the provision of commuted allowance paid to Mental Health Division and Mental Retardation Division nurses who are regularly rostered to perform ordinary duty at night and on Saturdays, Sundays and public holidays. The H.E.F. No. 2 Branch claim sought an increase in this allowance and argued that it should be paid only to staff employed on “two days on, two days off” rosters. The Commission believes that, ideally, penalty rates should be paid on an “as worked” basis. However, the Commission’s view was that the status quo should be maintained until advice was received from the State Superannuation Board regarding a request that the State Superannuation Scheme should include regular penalty rates as the basis for determining unit entitlement. The Commission was anxious that any decision brought down by the Public Service Board did not produce a disincentive for hospital staff to work on rosters other than “two days on, two days off” and strongly argued for a single rate of commuted allowance, irrespective of rosters worked, as an interim measure until a decision was received from the State Superannuation Board. In bringing down its decision, the Public Service Board agreed to a single rate for commuted allowance but stated that it must be seen as an interim arrangement which would be reviewed in twelve months or as soon as the question of superannuation entitlement was resolved.

At the request of the State Employed Psychiatrists Association, and on receipt of advice from the Health Commission that it would have no objection, the Public Service Board granted S.E.P.A. direct access for presentation of salary and conditions claims to the Board.

The Industrial Relations Branch continued to liaise with the Victorian Hospitals Industrial Council in negotiations related to salary and conditions claims and disputes in the health industry and to present the Commission’s views where necessary. Matters that drew heavily on the Branch’s resources were the Chief Executive Officers and Deputies claim, the Sessional Medical Officers Determination, the Resident Medical Officers Determination and the Hospital Fitters pay rate. The Branch also engaged in negotiations with Australian Medical Association over fee-for-service conditions and superannuation proposals for sessional medical officers. Other matters included the groupings of community health centres and a number of Ambulance Service negotiations.

**Human Resource Development**

The Commission recruited an assistant director to lead the Human Resource Development activities.

While the Government “freeze” has stopped the
recruitment of support staff for the function, some investigations are being undertaken to advise the Commission on appropriate strategies for its development. Particular emphasis will be placed on strategies and proposals to closer integrate and co-ordinate the Commission's resources and services.

During the 1981 academic year, staff of the Commission received study assistance on the following basis:

1. Eight full-time study awards with pay
   (a) Two Nursing Administration
   (b) Two Nursing Education
   (c) Two Accountancy
   (d) One Commercial Cooking
   (e) One Education and Employment of the Handicapped

2. Two Health Commission Scholarships
   (a) Two Master of Health Administration — University of New South Wales.

3. One hundred and sixty-nine part-time study leave with pay
   (a) Ten Postgraduate disciplines
   (b) Fifty Undergraduate disciplines

Senior Staff Changes
Senior Persons Exiting Commission

Dr. R. Aitchison, Psychiatrist Superintendent, Kew, Mental Health Division.

Mr. J. Bourke, Secretary, Building and Services Division.

Mr. J. P. Bradburn, Secretary, Dental Health Services, Public Health Division.

Dr. K. Brennan, Health Officer (S.T.D.) General Health, Public Health Division.

Dr. A. Christophers, Chief Industrial Hygiene Officer, Public Health Division.

Dr. B. Cleerehan, Tuberculosis Officer, Tuberculosis Branch, Public Health Division.

Mr. C. Crick, Special Duties Officer, Finance Division.

Mrs. D. Egge, Nursing Advisor, Mental Health Division.

Mr. A. Gardner, Secretary, Health Commission.

Miss J. Nixon, Nursing Advisor, Hospitals Division.

Mr. J. Rayner, Assistant Secretary, Public Health Division.

Mr. D. Smith, Special Duties Officer, Finance Division.

Senior Persons Commencing with the Commission

Mr. E. Cocks, Director, Mental Retardation Division.

Mr. D. Crawford, Assistant Director (Institutional Services), Mental Retardation Division.

Mr. D. Glasson, Assistant Director (Human Resource Development), Personnel Division.

Mr. J. Giuliano, Deputy Secretary, Health Commission.

Mr. E. Johnson, Principal Projects Officer, Mental Health Division.

Ms. R. Lever, Senior Special Projects Officer, Central Administration.

Mr. J. McLennan, Secretary, Mental Retardation Division.

Dr. A. Moore, Co-ordinator, Extended Care Services, Hospitals Division.

Mr. P. Mott, Director (Pre-school Child Development), Public Health Division.

Mr. W. Myers, Assistant Director (Resources Development), Mental Health Division.

Dr. D. Russell, District Health Officer, Public Health Division.

Mr. P. Stawski, Hospital Finance Officer, Finance Division.

Dr. E. Von Bamberger, Assistant Director (Regional Services), Mental Retardation Division.

Senior Promotions within the Commission

Mr. R. Blackman, Manager, Royal Park

Mr. J. Busuttil, Assistant Accountant, Finance Division.

Dr. J. Chapman, Dental Officer-in-Charge, Dental Health Services, Public Health Division.

Mr. R. Curley, Assistant Director, Public Health Division.

Mr. P. Dwyer, Deputy Director, Building and Services Division.

Mr. A. Feain, Executive Officer, Mental Retardation Division.

Ms. A. Forbes, Social Work Adviser, Mental Retardation Division.

Ms. A. Fyffe, Chief Psychologist, Mental Retardation Division.

Mr. L. George, Controller of Pharmaceutical Services, Mental Health Division.
Mrs. M. Hrudka, Superintendent of Nursing Services, Mental Health Division.
Ms. L. Lowbridge, Co-ordinator of Educational and Vocational Training Services, Mental Retardation Division.
Mr. A. McVeigh, Assistant Secretary, Hospitals Division.
Dr. D. Maginn, Deputy Director, Mental Retardation Division.
Dr. J. Milne, Chief Occupational Health Officer, Public Health Division.
Mr. K. Mullaly, Manager, Children’s Cottages, Kew.
Mr. L. Reddoch, Assistant Secretary, Mental Health Division.
Mrs. M. Shaw, Nursing Adviser, Hospitals Division.
Mr. W. Smith, Executive Officer, Dental Health Services, Public Health Division.
Mr. P. Wilkinson, Secretary, Health Commission.

Staffing Statistics
The estimated total number of full-time staff employed by the Commission at 30 June 1981 was 10,731, made up as follows:

1. Total Commission Staff by Division and Treasury Vote Fund Number:

<table>
<thead>
<tr>
<th>Treasury Vote Number</th>
<th>Division</th>
<th>% of Total Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>*634</td>
<td>Mental Health</td>
<td>60.5</td>
</tr>
<tr>
<td>*631</td>
<td>Mental Retardation</td>
<td>21.91</td>
</tr>
<tr>
<td>625</td>
<td>Public Health</td>
<td>13.81</td>
</tr>
<tr>
<td>627</td>
<td>Hospitals</td>
<td>0.58</td>
</tr>
<tr>
<td>620</td>
<td>Health Administration (Central Administration and Service Divisions)</td>
<td>3.2</td>
</tr>
</tbody>
</table>

*634 Mental Health Division Head Office 0.68%
631 Mental Retardation Division Head Office 0.66%

included in total divisional numbers above.

2. Total Commission Staff by Category:

<table>
<thead>
<tr>
<th>Category</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing</td>
<td>45.82%</td>
</tr>
<tr>
<td>Food and Domestic Services</td>
<td>10.66%</td>
</tr>
<tr>
<td>Cleaning</td>
<td>3.49%</td>
</tr>
<tr>
<td>Artisan/Technical</td>
<td>18.91%</td>
</tr>
<tr>
<td>Medical</td>
<td>9.24%</td>
</tr>
<tr>
<td>Allied Medical</td>
<td>0.54%</td>
</tr>
<tr>
<td>Other Professionals</td>
<td>3.12%</td>
</tr>
<tr>
<td>Dental Therapists</td>
<td>1.26%</td>
</tr>
</tbody>
</table>

Nursing includes Dental Therapists 1.36%
3. Divisional Staff by Category: Mental Health Division — 634

Nursing 48.97%
Food and Domestic Services 11.73%
Cleaning 4.12%
Artisan 19.96%
Admin./Clerical 5.69%
Allied Medical 6.26%
Medical 3.27%

4. Mental Retardation Division — 631

Nursing 54.22%
Food and Domestic Services 13.14%
Cleaning 3.78%
Artisan 16.48%
Admin./Clerical 5.21%
Allied Medical 6.09%
Medical 1.08%

5. Public Health Division — 625

Nursing 25.04%
Artisan/Technical 22.45%
(Dental Attendants 12.35%)
Food and Domestic Services/Cleaning 3.72%
Dental Therapists 11.4%
Other Professionals 10.88%
Medical 9.07%
Admin./Clerical 17.44%

6. Hospitals Division — 627

Admin./Clerical 60%
Artisan 1.25%
Allied Medical 21.25%
Medical 2.5%
Nursing 15%
7. Health Administration — 620 (Central Administration & Service Divisions)

- Admin./Clerical: 69.04%
- Artisan: 8.36%
- Other Professionals: 21.67%
- Medical: 0.93%

8. Total Commission Staff by Public Service Classification:

- First Division: 0.61%
- Second Division: 12.2%
- Third Division: 44.58%
- Temporary: 26.32%
- Exempt: 16.29%
The Building and Services Division Report

Introduction
Architectural services
Engineering services
Equipment services
Approvals and inspections

Introduction
The Architectural, Engineering and Equipment Sections continued their involvement in the major and minor works programs for the Hospitals, Mental Health and Mental Retardation Divisions to ensure the best facilities are provided consistent with minimum staff requirements and life cycle costs.

These Sections also participate in various committees ranging from Ambulance Equipment, State Disaster, Year of the Disabled and many Standard Association Code Committees for building, engineering works and equipment.

Architectural Services
The Architectural Section developed a building briefing system, with the assistance of engineers and equipment officers as required. The main thrust is consultative policy making, guiding, information co-ordinating, design reviewing, cost planning and program organisation, staffed by a small group of specialist architects within the Division.

These activities are carried out in liaison with the Hospitals, Mental Health and Finance Divisions and are separate functions to the other important area of checking of documents prior to approval by the Commission for tenders to be called.

This briefing system is either underway or has completed its investigations at a number of hospitals, including Maroondah, Moorabbin, Box Hill, Frankston and Prince Henry's

The first set of guidelines covering nutrition departments was produced and work is underway on the production of guidelines for operating theatre suites, radiology departments and pharmacy departments.

There are also guidelines for bathrooms and toilets for the use of disabled persons and patients, as well as briefing guidelines for the accommodation of aged persons.

Engineering Services
In the Engineering Section, there is a large involvement in energy conservation through the Energy Management Advisory Committee and contact with health authorities in other States. This will lead to the development of guidelines for engineering systems in hospitals and allied facilities.

There was also involvement with the Victorian Solar Energy Research Council in the design of solar energy equipment at the Cobram Hospital and in an energy survey at the Moroondah Hospital.

In the maintenance field, this Section's regional engineering service is encouraging the establishment of planned maintenance systems in hospitals.

The plan for the Victorian Ambulance Service's new communications system was completed and arrangements are being made to organise the installation of a large number of transmitting stations. These will ensure a high standard of communications throughout Victoria.

Equipment Services
The Equipment Section was involved in the purchase of new replacement equipment (to a value of about $7 million) for various health care organisations. About a quarter of this sum was spent on organ imaging apparatus (radiology and ultrasound, for example) and pathology equipment. The major metropolitan and teaching hospitals were the recipients.

A State-wide investigation of X-ray equipment was completed, and major installations made at the Mildura, Warrnambool and Alfred Hospitals.

Approvals and Inspections
The Public Buildings Section approved 1259 working plans and specifications, and carried out 8810 inspections. A building technology consultant was engaged to review the draft public building and other building regulations within the jurisdiction of the Commission.

A significant addition to the workload arose from a recent community tendency to convert certain structures to public buildings. Such conversions require conformity to the relevant Regulations. The Section's workload also rose because of greater involvement with special accommodation houses.

Appropriately in this International Year of Disabled Persons, access by the disabled to public buildings is a priority matter. Provision for such access will be incorporated in the revised draft Regulations.
Table 1: Hospital Works

<table>
<thead>
<tr>
<th>Project Description</th>
<th>Completed $M</th>
<th>Progressing $M</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Special</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Royal Victorian Eye and Ear — Stage 7</td>
<td>—</td>
<td>11.8</td>
</tr>
<tr>
<td>Royal Children’s — Car Park: Stage 2</td>
<td>—</td>
<td>0.53</td>
</tr>
<tr>
<td><strong>General</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alfred — Catheter Laboratory</td>
<td>0.5</td>
<td>—</td>
</tr>
<tr>
<td>Alfred — Boiler House</td>
<td>0.8</td>
<td>—</td>
</tr>
<tr>
<td>Austin — Stage 2</td>
<td>—</td>
<td>24.0</td>
</tr>
<tr>
<td>Austin — Car Park</td>
<td>—</td>
<td>4.6</td>
</tr>
<tr>
<td>Box Hill — Children’s Ward</td>
<td>—</td>
<td>0.32</td>
</tr>
<tr>
<td>Essendon — New Hospital</td>
<td>—</td>
<td>23.5</td>
</tr>
<tr>
<td>Maroondah — Temporary Casualty</td>
<td>0.73</td>
<td>—</td>
</tr>
<tr>
<td>Queen Victoria — Casualty</td>
<td>—</td>
<td>0.17</td>
</tr>
<tr>
<td>St. Vincent’s — P.A.B.X.</td>
<td>0.36</td>
<td>—</td>
</tr>
<tr>
<td>St. Vincent’s — Lift Replacement</td>
<td>—</td>
<td>0.225</td>
</tr>
<tr>
<td><strong>Base</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mildura — Kitchen</td>
<td>—</td>
<td>3.0</td>
</tr>
<tr>
<td>Wangaratta — Stores and Amenities</td>
<td>0.12</td>
<td>—</td>
</tr>
<tr>
<td><strong>Country</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>East Gippsland — Children’s Ward and Boiler House</td>
<td>1.98</td>
<td>—</td>
</tr>
<tr>
<td>Edenhope — Stage 3</td>
<td>0.11</td>
<td>—</td>
</tr>
<tr>
<td>Inglewood — Kitchen</td>
<td>—</td>
<td>0.1</td>
</tr>
<tr>
<td>Ouyen — Remodelling</td>
<td>—</td>
<td>0.32</td>
</tr>
<tr>
<td>Swan Hill — Stage 4</td>
<td>3.15</td>
<td>—</td>
</tr>
<tr>
<td>Wonthaggi — Day Hospital</td>
<td>1.3</td>
<td>—</td>
</tr>
<tr>
<td>Wycheproof — Remodelling</td>
<td>0.128</td>
<td>—</td>
</tr>
<tr>
<td><strong>Geriatric Centres</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bendigo Home and Hospital — Stella Anderson Wing</td>
<td>1.48</td>
<td>—</td>
</tr>
<tr>
<td>“Lyndoch” Warrnambool</td>
<td>—</td>
<td>1.48</td>
</tr>
<tr>
<td><strong>Ambulance Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulance Service — Melbourne — Station at Ferntree Gully</td>
<td>—</td>
<td>0.19</td>
</tr>
<tr>
<td>Central Victoria — Station at Gisborne</td>
<td>0.12</td>
<td>—</td>
</tr>
<tr>
<td>Northern District — Extensions to Headquarters</td>
<td>0.18</td>
<td>—</td>
</tr>
</tbody>
</table>
Table 2: Major Mental Health/Mental Retardation Works
The majority of the works for these two Divisions are designed and constructed by the Public Works Department after preparation of the Works Program.

<table>
<thead>
<tr>
<th>Mental Health</th>
<th>Completed 1980/81</th>
<th>Progressing 1981/82</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mont Park</td>
<td>Mains Water Supply</td>
<td>X</td>
</tr>
<tr>
<td>Beechworth</td>
<td>New Food Service</td>
<td>X</td>
</tr>
<tr>
<td>Royal Park</td>
<td>New Admission Unit</td>
<td>X</td>
</tr>
<tr>
<td>Mildura</td>
<td>New Psychiatric Unit</td>
<td>X</td>
</tr>
<tr>
<td>Traralgon</td>
<td>Kiosk and Patient Amenities</td>
<td>X</td>
</tr>
<tr>
<td>Kew</td>
<td>Extensions to Engineers Workshop</td>
<td>X</td>
</tr>
<tr>
<td>Traralgon</td>
<td>Heating of Wards</td>
<td>X</td>
</tr>
<tr>
<td>Bendigo</td>
<td>PABX</td>
<td>X</td>
</tr>
<tr>
<td>Mont Park</td>
<td>Remodelling Neuro-Psychiatric</td>
<td>X</td>
</tr>
<tr>
<td>Larundel</td>
<td>Secure garden Ward N8</td>
<td>X</td>
</tr>
<tr>
<td>Kew</td>
<td>Laundry hot water</td>
<td>X</td>
</tr>
<tr>
<td>Ballarat</td>
<td>Laundry staff facilities</td>
<td>X</td>
</tr>
<tr>
<td>Royal Park</td>
<td>Upgrading Adey Ward</td>
<td>X</td>
</tr>
<tr>
<td>Ararat</td>
<td>Repairs to fire dam</td>
<td>X</td>
</tr>
<tr>
<td>Bendigo</td>
<td>Heating Aquila &amp; Capricosa Wards</td>
<td>X</td>
</tr>
<tr>
<td>Ararat</td>
<td>Electrical wiring Nurses Home</td>
<td>X</td>
</tr>
<tr>
<td>Larundel</td>
<td>External renovations LTC Building</td>
<td>X</td>
</tr>
<tr>
<td>Ballarat</td>
<td>Property purchase Webster Street</td>
<td>X</td>
</tr>
<tr>
<td>Plenty</td>
<td>Restoration of fire damage Wards R &amp; C</td>
<td>X</td>
</tr>
<tr>
<td>Travancore</td>
<td>Redevelopment</td>
<td>X</td>
</tr>
<tr>
<td>Mont Park</td>
<td>Extensions of storage for Pharmacy &amp; Pathology</td>
<td>X</td>
</tr>
<tr>
<td>Mont Park</td>
<td>Extension of Ward MFI</td>
<td>X</td>
</tr>
<tr>
<td>Royal Park</td>
<td>PABX and Air Conditioning to Admission Unit</td>
<td>X</td>
</tr>
<tr>
<td>Kew</td>
<td>New Food Service</td>
<td>X</td>
</tr>
<tr>
<td>Bendigo</td>
<td>Alterations to Aquila Ward</td>
<td>X</td>
</tr>
<tr>
<td>Mont Park</td>
<td>Remodel Ward F6</td>
<td>X</td>
</tr>
<tr>
<td>Mental Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dandenong</td>
<td>External office accommodation</td>
<td>X</td>
</tr>
<tr>
<td>Royal Park</td>
<td>Fire protection Stage I</td>
<td>X</td>
</tr>
<tr>
<td>Beechworth</td>
<td>Alterations to Turquoise</td>
<td>X</td>
</tr>
<tr>
<td>Ballarat</td>
<td>Norwood Pharmacy</td>
<td>X</td>
</tr>
<tr>
<td>Ararat</td>
<td>Upgrade electrical sub-mains</td>
<td>X</td>
</tr>
<tr>
<td>Pleasant View</td>
<td>Heating pipes</td>
<td>X</td>
</tr>
<tr>
<td>Traralgon</td>
<td>Restoration of fire damage</td>
<td>X</td>
</tr>
<tr>
<td>Beechworth</td>
<td>Laundry Relocation</td>
<td>X</td>
</tr>
<tr>
<td>Beechworth</td>
<td>Remodel toilets M8 and M9</td>
<td>X</td>
</tr>
<tr>
<td>Larundel</td>
<td>Wards B and C — Internal remodelling</td>
<td>X</td>
</tr>
<tr>
<td>Larundel</td>
<td>Wards, A. B. C. — External remodelling</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mental Retardation</th>
<th>Completed 1980/81</th>
<th>Progressing 1981/82</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunbury</td>
<td>Water reticulation</td>
<td>X</td>
</tr>
<tr>
<td>Sunbury</td>
<td>Renovations and heating</td>
<td>X</td>
</tr>
<tr>
<td>Sunbury</td>
<td>Remodel toilets Ward M3</td>
<td>X</td>
</tr>
<tr>
<td>Colac</td>
<td>4 Relocatable Classrooms</td>
<td>X</td>
</tr>
<tr>
<td>Colac</td>
<td>Upgrade Food Service</td>
<td>X</td>
</tr>
<tr>
<td>Loddon/Campaspe Reg. Services — Modification of Group Homes</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Group Homes x 5 — Various locations</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Sunbury</td>
<td>Remodel toilets Ward F3</td>
<td>X</td>
</tr>
<tr>
<td>Group Homes</td>
<td>Various locations</td>
<td>X</td>
</tr>
<tr>
<td>St. Nicholas</td>
<td>Seating and lifting equipment</td>
<td>X</td>
</tr>
<tr>
<td>Central Regional Services Leased accommodation</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Loddon/Campaspe Reg. Services Relocatable complex</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Sandhurst</td>
<td>Modifications to toilet blocks</td>
<td>X</td>
</tr>
<tr>
<td>C C Kew</td>
<td>Improvements to Main Kitchen</td>
<td>X</td>
</tr>
</tbody>
</table>
Table 3: Plans and Specifications Approvals (Public Buildings)

<table>
<thead>
<tr>
<th>CLASS OF BUILDING</th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>1980/81</th>
<th>1979/80</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Buildings (under Public Building Regulations)</td>
<td>92</td>
<td>638</td>
<td>686</td>
<td>200</td>
<td>1,616</td>
<td>1,707</td>
</tr>
<tr>
<td>Tertiary Education Buildings</td>
<td>4</td>
<td>42</td>
<td>128</td>
<td>15</td>
<td>189</td>
<td>239</td>
</tr>
<tr>
<td>Schools</td>
<td>47</td>
<td>313</td>
<td>159</td>
<td>58</td>
<td>577</td>
<td>633</td>
</tr>
<tr>
<td>Pre-schools and Infant Welfare Centres</td>
<td>27</td>
<td>125</td>
<td>99</td>
<td>81</td>
<td>332</td>
<td>411</td>
</tr>
<tr>
<td>Child Minding Centres</td>
<td>2</td>
<td>35</td>
<td>36</td>
<td>7</td>
<td>80</td>
<td>85</td>
</tr>
<tr>
<td>Mental Retardation Centres</td>
<td>6</td>
<td>10</td>
<td>21</td>
<td>7</td>
<td>44</td>
<td>52</td>
</tr>
<tr>
<td>Elderly Citizens Clubs</td>
<td>22</td>
<td>23</td>
<td>31</td>
<td>16</td>
<td>92</td>
<td>93</td>
</tr>
<tr>
<td>Exhibitions/Seating Plans</td>
<td>--</td>
<td>18</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>18</td>
</tr>
<tr>
<td>Special Accommodation Houses</td>
<td>4</td>
<td>55</td>
<td>63</td>
<td>9</td>
<td>131</td>
<td>94</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>204</td>
<td>1,259</td>
<td>1,223</td>
<td>393</td>
<td>3,079</td>
<td>3,420*</td>
</tr>
</tbody>
</table>

*Included Amusement Structures, which are no longer a Health Commission responsibility.

**CODE TO TABLE 3**

(a) Sketch Plans for Approval in Principle
(b) Working Drawings for Approval
(c) Electrical Installations
(d) Mechanical Ventilation Installations

Table 4: Building Surveying Inspections

<table>
<thead>
<tr>
<th></th>
<th>1980/81</th>
<th>1979/80</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building Inspections</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day</td>
<td>6,554</td>
<td>6,802</td>
</tr>
<tr>
<td>Night</td>
<td>18</td>
<td>6</td>
</tr>
<tr>
<td>Electrical Inspections</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day</td>
<td>1,970</td>
<td>2,254</td>
</tr>
<tr>
<td>Night</td>
<td>--</td>
<td>2</td>
</tr>
<tr>
<td>Mechanical Ventilation Inspections</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day</td>
<td>267</td>
<td>335</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>8,809</td>
<td>9,399</td>
</tr>
</tbody>
</table>
The Finance Division Report

Introduction
Reporting
Public hospitals
Institutions (non cost-sharing)
Payment of accounts
Payrolls

Introduction
The Division made good progress in the planning development of financial and accounting systems to provide a better financial service to the Commission and broaden its role of influence in the budgetary processes for hospitals and other organisations. During the year, the Division almost reached its full complement with the filling of key staff positions in the middle management level in line with the developed reorganisation structure.

A number of new budgetary and accounting procedures were introduced by the Division essentially to establish the financial accountability of programs administered by the Commission. In line with this philosophy, one of the major objectives of the Division in the ensuing year will be the development and implementation of effective financial information reports for all levels of management in the Health Commission.

Reporting
With the increasing pressure upon the Commission to report upon the effectiveness of its approved programs, the Division has responded by preparing reports that are timely, accurate, relevant and consistent. The reports, besides assisting managers in establishing priorities and in resources utilisation, have provided the nucleus for performance measurement reporting. The Division sees the further development and refinement of these reports as a prime objective in 1981/82.

Public Hospitals
The no-growth policy for hospital expenditure continued in 1980/81. As a consequence, it was only possible for new beds to be brought into service to the extent that offsetting bed closures were made. The Government looked to the Commission to ensure this constraint was fully complied with.

The Division also took on an expanding role in the development and implementation of the cost centre management reporting and accounting system being introduced into hospitals.

Institutions (Non Cost-Sharing)
Following the major review into the basis of funding institutions which participate in the Hospitals and Charities Fund, the Commission was able to allocate to these organisations sufficient funds towards the provision of an agreed level of services.

Having established an agreed funding basis for each institution, the development of a data bank for long-range planning in this area is now proposed.

Payment of Accounts
1980/81 saw a significant advance in the formulation and consolidation of the various sections in the Accounts Branch consequent upon the Public Service Board giving approval to the proposed reorganisation of its middle management structure.

Of major significance was the improvement in the processing of accounts for payment. This was brought about largely by the computerisation of the Payments Section.

Payrolls
The computerisation of all metropolitan Mental Health and Mental Retardation payrolls of the Commission was completed during this year. Plans are well advanced for the provision of a similar service for country institutions.
Introduction
The central function of the Planning and Research Division is the collection and analysis of information to aid policy-making and planning by the Commission. Despite the general constraints to public sector recruitment, it was possible over the past year to assemble a small but highly qualified staff whose expertise was drawn on by many organisations and individuals inside and outside the Health Commission. While much of the Division’s activity is directed to issues of immediate concern to the Commission, significant progress was made in research and planning projects of longer-term application to health service development.

The range of issues on which the Division has provided advice is extremely wide. Much of this activity is of an ad hoc nature and takes place through informal processes. However, staff are members of, or have attended and provided research material for, a number of formally established committees. They include:

- Aboriginal Health Working Party
- Broadmeadows Inter-Agency Co-ordinating Committee
- Community Health Co-ordinating Committee
- Early Childhood Development Program Executive Committee
- Early Childhood Development Program Implementation Committee
- Extended Care Working Party
- Health Computing Services Victoria, Board of Management
- Hospital Capital Works Review Committee
- La Trobe Valley Health Study Steering Committee
- National Nursing Manpower Task Force
- Nursing Home Guidelines Working Party
- Paediatric Services Working Party
- Portland Social Monitoring Advisory Group
- State Co-ordination Council Sub-committees on Drug Statistics, Program Definition and Statutory Responsibilities, and Task Force on Regional Boundaries
- Thalassaemia Services Research Committee
- Treasurer’s Long Range Planning Committee.

The Division is also concerned with the co-ordination of research carried out within the Commission and by other persons and agencies in Victoria. All applications by Victorians to the Commonwealth’s Health Services Research and Developments Grants Advisory Committee are referred to the Division for advice on the scope and feasibility of proposals for research and their relevance to health policy issues. The Division also has a research capacity of its own. Particular fields of expertise include epidemiology, community health evaluation, health economics, applied psychology and sociology.

Some of the more important activities with which the Division has been associated over the past year are:

Regionalisation
The Research and Planning Division was substantially responsible for the Commission document “Regionalisation of Health Services in Victoria — A Discussion Paper”, published in November 1980. The Discussion Paper attracted considerable interest and the Director addressed a number of meetings on the subject in various centres in Victoria.

A large number of written submissions were received and work continues within the Division on further policy development based on these responses and on research into the experience of regionalisation in other States and countries.

Health Service Statistics
The Division was assigned formal editorial responsibility for an annual publication of detailed statistical information on the Commission’s activities. The publication, for use in research and plan-
The Director participated in a joint Commonwealth/State working party, the logistic support supplied by the Australian Bureau of Statistics and publication of a statistical bulletin is expected in late 1981. In future, this information will extend to a wider range of health service activities, with emphasis on a more integrated and comprehensive approach. Coverage will include more extensive reporting of activities which have hitherto been published elsewhere, together with statistics on professional manpower and hospital morbidity. In due course and in the event of the Commission moving towards its objective of regionalisation, all quantitative data will be presented as regional tabulations.

La Trobe Valley Health Survey
As foreshadowed in the Commission's 1979/80 Annual Report, it arranged, on behalf of the State Electricity Commission, a very large epidemiological study of the residents of the La Trobe Valley over a fifteen year period.

The appointment of an epidemiologist, Dr. Guy Lavoipierre, to the Division's staff and to the position of joint principal investigator of the project means that the Planning and Research Division will share responsibility for this study with the Public Health Division. Its involvement includes not only research design and project supervision but also detailed formulation and implementation of the data analysis. Pilot surveys are expected to begin in the second half of 1981, and, as the scale of field work builds up, the logistic support supplied by the Division will become increasingly important.

Hospital Planning
The Division participates in a variety of activities relating to policy formulation and planning of hospital services. Its services were heavily drawn on in the Commission's response to the recommendations of the Commission of Inquiry into the Efficiency and Administration of Hospitals (Jamison) and new health funding and health insurance arrangements announced by the Commonwealth Government in April 1981.

Other activities in the field of hospital services include membership and secretarial responsibility for the Commission's Hospital Capital Works Review Committee and assessment of applications for new and extended private hospital facilities in the light of the Commission's guidelines. In 1980/81, this involved the preparation of substantial amounts of material in connection with hearings of appeals by applicants in the County Court.

The Director participated in a joint Commonwealth/State working party established to review the guidelines for consideration of applications for new and extended nursing home facilities by Commonwealth/State Co-ordinating Committees on Nursing Home Accommodation. Staff of the Division co-ordinated the Commission's response to a draft proposal and the final report of the working party, incorporating new guidelines, was issued in April 1981.

Census of Aged and Extended Care Population in Institutions
A fifty per cent increase in the number of aged persons in Victoria over the next twenty years is expected. To plan for this projected increase and greater demand for services, information is required on the extent and use of present facilities.

A special Census of the Aged and Extended Care Population in Institutions was therefore conducted on 30 June 1981 to enable comparison with the Australian Bureau of Statistics Census of Population and Dwellings. It covered approximately 35,000 persons in 1100 institutions, including public and private hospitals, psychiatric hospitals, nursing homes, hostels and special accommodation houses.

Information was collected on the general demographic characteristics of persons, including the previous place of residence, type of benefit(s) and certain other characteristics such as general disabilities and form of treatment. The analysis of such an enormous body of data will take some time but it is hoped to publish preliminary results before the end of 1981.

National Data Base for Children's Services
The Division has been working in close cooperation with the Public Health Division in the planning and implementation of an annual collection of data on children's services. The first collection was undertaken in October 1980 in conjunction with other State and Territory authorities, the Commonwealth Office of Child Care and the Australian Bureau of Statistics. Statistical information was collected from pre-school and child care services (including family day care schemes) in all but one of the States and Territories of the Commonwealth.

The first collection achieved a ninety-nine per cent response from pre-school centres and a ninety-four per cent response from child care centres in Victoria. The statistical information was forwarded to the Australian Bureau of Statistics and publication of a statistical bulletin is expected in late 1981.
Accident Recording and Research
In 1979, the Victorian Government agreed to provide funds for a study conducted by Mr. E. C. Wigglesworth to review the extent and adequacy of accident recording and research. In addition to being represented on the Steering Committee, the Division provided secretarial and logistic support for the study and was extensively involved in the final compilation of the report, "Accident Recording and Research in Australia with Particular Reference to Victoria", which was presented to the Premier in December 1980.

Road traffic accidents apart, the study highlighted shortcomings in accident reporting in this country and, overall, a paucity of research into accident prevention. There is an almost complete lack of accident records and research in the fields of occupational, recreational and domestic activity in Victoria and Australia.

Community Health Reporting
In previous years, reporting to the Commonwealth Department of Health on all projects funded through the Community Health Program was entirely the individual responsibility of Public Health, Mental Health and Hospitals Divisions. This year, that responsibility was transferred to the Planning and Research Division, which established computer-based systems and unified data for all projects funded under the Community Health Program. Data were obtained on each project and aggregated by region. A comprehensive report was forwarded to the Commonwealth for the period 30 June 1979 to 1 July 1980 and an additional report on staffing levels as at 1 January 1981 was also provided.

The response of the National Standing Committee on Community Health was most favourable and it was minuted that the systems developed had potential to be used as a model for community health reporting on a national basis.

Tuberculosis Study
The Division undertook an analysis of the incidence of active tuberculosis in Victoria from 1970 to 1980. The data base for this analysis is the official register of notifications of tuberculosis.

The report is divided into three sections. The first examines changes in the number and type of new cases notified per annum. The second comprises analysis of specific "at risk" groups in the community. Rates of new cases for specific sub-groups of the population are calculated to determine if such factors as age, country of birth and area of residence influence the likelihood of contracting tuberculosis. The third section looks at changing sources of notification.

Local Government in Victoria
The Division worked throughout the year in two main areas related to local government. In the first half of 1980, the Commission requested the Division to convene a working party and develop a position paper in response to recommendations of the Board of Review into Local Government in Victoria. The working party report was received by the Commission in August 1980 and following discussions with the Minister, a final position paper was approved. Generally, the Commission's response to the recommendations of the Board of Review was well received.

The Division also undertook a major review of explanatory memoranda supplied to municipalities on Commission subsidies available for health, welfare and pre-school education. A revised memorandum was produced and arrangements made for updating the material as variations in the levels and conditions of subsidies occur.

Child Maltreatment Survey
In mid-1980, the Government asked the Health Commission to examine the availability of health services relevant to child maltreatment and to report on any additional services that may be required. The Commission appointed two senior medical officers to undertake this task.

The Planning and Research Division provided research support throughout the study and an officer of the Division was involved in the drafting of the report.

Helicopter Ambulance Study
In recent years, the use of helicopters for the transport of urgent medical cases has gained popularity, and it has been suggested that helicopter ambulance services may have wider possibilities as a routine means of patient transport.

The Division was requested to prepare an economic evaluation of the helicopters, in comparison with road ambulances, in the La Trobe Valley and Mornington Peninsula, where both services are available. It was shown that, if costs alone were considered, road ambulances were the cheaper option although other factors such as the accessibility of the accident site or the necessity for very prompt medical action could suggest the use of helicopters. The report recommended that helicopters be limited to emergency rather than routine use.
Health Manpower
The Division assisted the Medical Board of Victoria in the establishment of a computer-based medical manpower data base in conjunction with the medical register. Preliminary analysis of the 1980 statistics was carried out and a brief statistical summary forwarded to each medical practitioner with the 1981 registration forms. As well as providing an annual "snapshot" survey of the profession, the data base is designed to enable longitudinal studies to be carried out using data for a number of years.

Staff of the Division provided advice to a number of committees concerned with nursing education and manpower issues. These include the amalgamation of small country nursing schools, the monitoring of student numbers, and issues related to the upgrading of nurse education. A small working party was established to conduct a major study of the nurse workforce, with particular reference to supply and demand, over the whole profession in different regions and types of institutions and at different levels of qualifications and experience.
The Management Services Division Report

Introduction

Cost centre accounting
Systems implementation and development
Health management services
Completed projects

Introduction

The Division of Management Services supervised the development and introduction of the new computerised registration system for medical practitioners. Similar systems were also developed for poisons licences — stage 1, and irradiating apparatus licences. Registration systems are currently being developed for public buildings and for dentists and dental therapists.

Detailed specifications were prepared for Mental Health and Mental Retardation client records, and Pre-school and Mental Retardation subsidies. In addition, the Division provided consultancy advice on computer application and investigated new software.

The Division also provided support for the management and supervision of administrative services required by the Commission. In particular, it:

- Extended the use of word processing facilities to all Divisions of the Commission
- Project managed the accommodation changes within Enterprise House
- Assisted in the development of the Mental Retardation Division
- Conducted investigations and provided consultancy services.

Cost Centre Accounting

Following recommendations on functional and accrual reporting to the Commission of Inquiry into the Efficiency and Administration of Hospitals (and the favourable comment) the Division evolved a new and improved reporting system in all Victorian public hospitals.

The new reporting system can develop meaningful comparisons among hospitals and establish a better data base for budgeting reforms. Data will be organised on the basis of functional reporting. Hospitals will report their income and expenditure according to uniformly defined activities that generate the income or incur the expense rather than the organisational units unique to a particular hospital. There will be standard definitions for the types of costs that can be included in a particular cost centre, so that cost can be reported uniformly. A standard unit of measure for all cost centres is essential to permit comparison among hospitals of the cost of each unit of service.

Systems Implementation and Development

Computer implementation of the remainder of the Health Commission metropolitan payrolls was completed on schedule in 1980/81, bringing the total pays processed each fortnight to approximately 8300.

Computer payroll for the balance of country institutions (approximately 2800 employees) will be implemented in 1981/82.

Proposed future development of the Personnel/Payroll System will permit use of leave, establishment, budget and cost centre provisions.

Due to the initiatives of this Division, increased interest in and awareness of the type of information provided through the computerised system was extended to other areas of the Commission, e.g. manpower planning.

E.D.P. equipment submissions within the Minor Works Program evaluated by this Division and approved in 1980/81 totalled approximately $425,000. Approvals included data preparation and terminal equipment, word processors, microprocessors and upgrading of larger computer installations. Guidelines concerning submissions for and purchase of computer equipment were formulated and circulated in January 1981.

During 1981, responsibility for maintenance of the personnel/payroll classification register was assumed by the Health Commission. The existing register was reviewed by this Division with a view to maintaining a direct relationship between classifications and health-related awards. The revised register was printed and circulated to hospitals using the computerised systems.

Health Management Services

During 1980/81, the health management services group was expanded to cope with the growing workload. In October 1980, additional staff were recruited and trained and the group was reorganised into two sections. Each section is under the guidance of a senior work study officer, who supervises the work of each member in the field. At this stage, there are still some problems with
the new system but these should now be resolved. During the year, twenty projects were successfully concluded. These studies were conducted in the areas of nursing, catering, domestic services, medical records and paramedical services in thirteen hospitals. In addition, work was completed for the Health Commission in three areas, and a booklet on Hospital Cleaning published and distributed throughout the State.

As on-going projects, the Group administers two workload assessment schemes for the Health Commission and is currently investigating the installation of two others. At present, the Physiotherapy Scheme is in its third year of operation and is currently being re-evaluated. The Pathology Scheme is now being used by some twenty hospitals and is being progressively introduced into others. The feasibility of using similar systems for occupational therapy and radiology is being investigated.

### Projects Completed 1980/81

<table>
<thead>
<tr>
<th>Client</th>
<th>Nature of Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Commission</td>
<td>Organisation of Extended Care Section</td>
</tr>
<tr>
<td>Health Commission</td>
<td>Preparation of Cleaning Booklet</td>
</tr>
<tr>
<td>St. Vincent’s</td>
<td>Nurse Staffing</td>
</tr>
<tr>
<td>St. Vincent’s</td>
<td>Cardiac Investigation and Radiotherapy</td>
</tr>
<tr>
<td>Royal Women’s</td>
<td>Special Aides Department</td>
</tr>
<tr>
<td>Peter McCallum</td>
<td>Radiotherapy Department</td>
</tr>
<tr>
<td>Gippsland Base</td>
<td>Nurse Staffing</td>
</tr>
<tr>
<td>Wimmera Base</td>
<td>Nurse Staffing</td>
</tr>
<tr>
<td>Warrnambool</td>
<td>Theatre Committee Set-up</td>
</tr>
<tr>
<td>Goulburn Valley Base</td>
<td>Total Staffing</td>
</tr>
<tr>
<td>Maroondah</td>
<td>Medical Records</td>
</tr>
<tr>
<td>Stawell</td>
<td>Nursing/Cleaning/Catering/Administration</td>
</tr>
<tr>
<td>Warracknabeal</td>
<td>Catering/Cleaning/Engineering/Administration</td>
</tr>
<tr>
<td>Ballarat Base</td>
<td>Domestic Services/Theatre Cleaning</td>
</tr>
<tr>
<td>Werribee</td>
<td>Nurse Staffing</td>
</tr>
<tr>
<td>Health Commission</td>
<td>Physiotherapy Workload Recording</td>
</tr>
<tr>
<td>Health Commission</td>
<td>Pathology Workload Recording</td>
</tr>
</tbody>
</table>