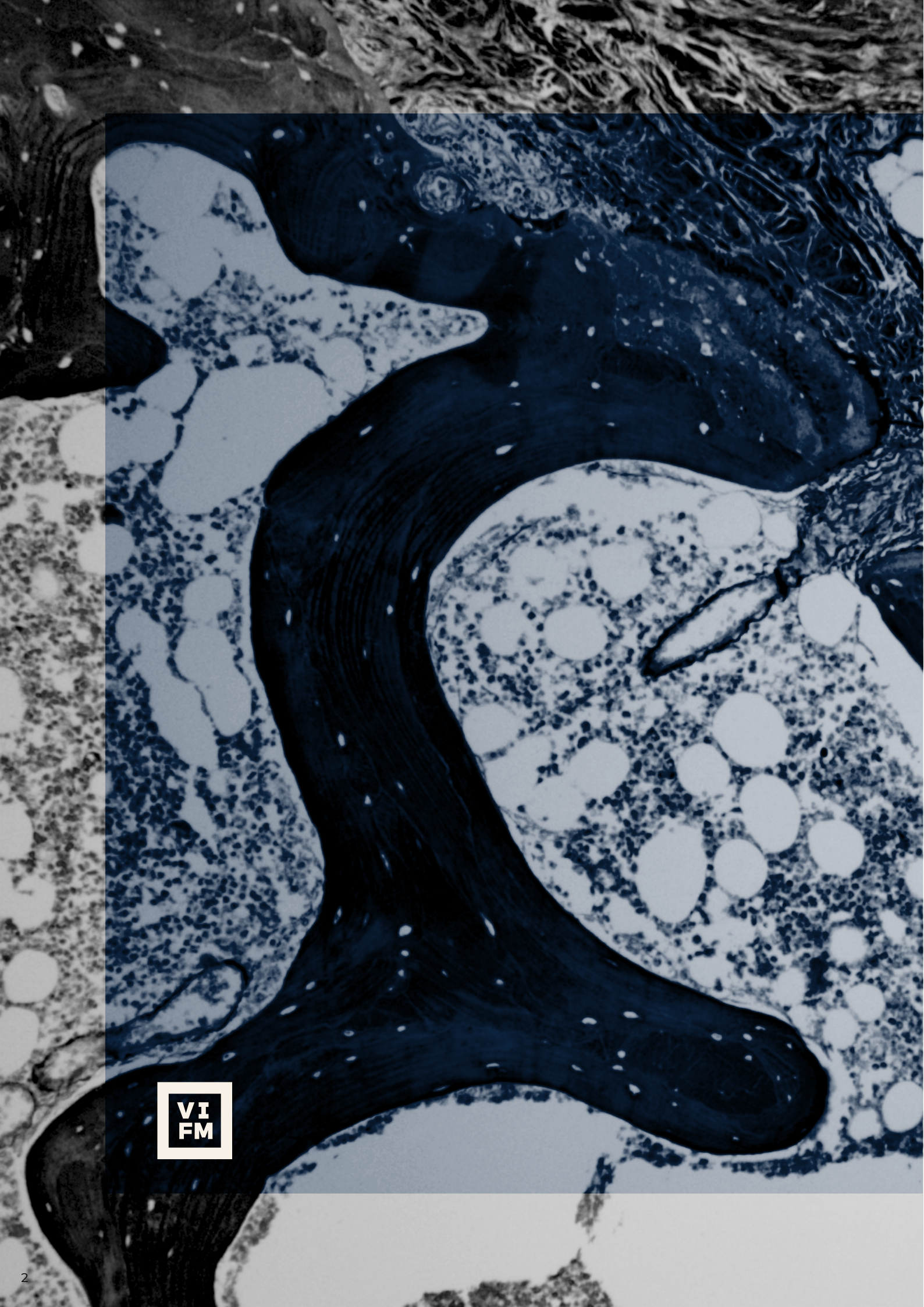
Annual Report 2020-2021

feature

Forensic Scientific and Medical Research - Supporting Justice and Health

VICTORIAN INSTITUTE OF FORENSIC MEDICINE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Report of Operations Accountable Officer's Declaration

In accordance with the Financial Management Act 1994, I am pleased to present the Victorian Institute of Forensic Medicine's Annual Report for the year ending 30 June 2021.

Professor Noel Woodford
Director

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Overview

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Overview.

Who We Are

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

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

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

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

Vision

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

Our Values

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

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

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

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

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

Our Motto

Veritas Omnia Vincit
– Truth Conquers All

Mission

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

Our Working Relationships

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

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

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

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

Our Role in Teaching, Training and Research

The Institute's founding legislation and mission requires us to undertake professional training and research in forensic medicine and related scientific disciplines.

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

Ms Sarah Nasmark

Our Organisation at a Glance.

Forensic Services and Donor Tissue Banking at VIFM

Death Investigation

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

Clinical Forensic Medicine

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

Drug Testing Services for Victoria Police

- Road traffic toxicology
- Clinical toxicology
- Occupational toxicology

Donor Tissue Bank of Victoria

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

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

Research

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

Library Services

Teaching & Training

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

International Program

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

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

Quality and Improvement

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

Legal, Governance and Policy

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

Information, Communications and Technology

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

Finance and Business Services

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

Human Resources and Development

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

The Chairman's Perspective

The Hon. John Coldrey AM QC

Serving Our Community

In 1623, while suffering from a serious illness, the English poet John Donne wrote (in the language of the time):

'No man is an island,
entire of itself;
every man is a piece of the continent,
a part of the main…
Any man's death diminishes me, Because I am involved in mankind;
And therefore never send to know for whom the bell tolls;
It tolls for thee.'

Almost 400 years later, these words may be regarded as apt in the age of the pandemic. They remind us that we are all inextricably linked as a community. During the past year the Victorian Institute of Forensic Medicine (VIFM) has advised government on meeting the logistical requirements of any mass COVID-19 fatalities. It remains ready to address any future challenge.

'Death is no respecter of persons'.

The reality of this truism is demonstrated daily at the VIFM as, in any one year, over 7000 bodies of the young, the elderly, the wealthy, the powerful and the impoverished, enter its precincts. The genesis of their deaths will be different – accident, poisoning, drug overdose, suicide, violence, the natural trauma of heart attack or stroke, incipient disease, or the lethal result of a pandemic.

But there are some constants. All will have died suddenly or unexpectedly. All will have left grieving relatives and friends wanting answers as to the causes and mechanisms of death.

There is one other constant. It is the dedication and determination of the forensic pathologists, the toxicologists, radiologists, and the specialists in histopathology, odontology, forensic anthropology and molecular biology to isolate the precise cause of death; to provide an explanation that may lead, at one end of the spectrum, to a prosecution for murder and, at the other, to the identification of potentially inheritable genetic defects.

This is the 13th preface I have written to the VIFM Annual Report. I have, over those years, endeavoured to provide the Victorian Parliament and the public with an insight into the uniqueness of this Institute. Of its insatiable search for forensic medical and scientific truth, of its innovative research, its postgraduate teaching, and its professional training courses. These are the qualities which have led to its international pre-eminence.

As an illustration of the status of this organisation, I cite the recent acceptance by Dr Morris Tidball-Binz of the post of Adjunct Clinical Professor at the Monash Department of Forensic Medicine – a unit operated by the VIFM. Dr Tidball-Binz, along with the previous Director of the Institute, Professor Stephen Cordner, created the Forensic Division of the International Committee of the Red Cross (ICRC). Dr Tidball-Binz has now been appointed the Special Rapporteur on extrajudicial, summary or arbitrary executions by the United Nations Human Rights Commission and the Department will play a supporting role in his work.

The forensic shambles that led to the wrongful conviction of Lindy Chamberlain for murder was the genesis of the creation of the VIFM (initially titled the Victorian Institute of Forensic Pathology). Its founding father, the then Premier of Victoria, John Cain, envisaged the Institute as providing essential high-quality services to the Coroner, the courts and to the community. It is no idle boast that, within Australia, the reliability and independence of the Institute's expert witnesses have enhanced the presentation and credibility of criminal trials. In the era of the 'CSI effect', these witnesses provide a crucial antidote to the jurisprudential poison of a wrongful conviction.

Back in 1988, the then Premier also expressed the view that:

'The Institute of Forensic Pathology is an investment in public health. Through its association with the faculties of medicine at Monash and Melbourne universities, it is also an investment in research and development.'

That prescient observation has been borne out in the ongoing contribution of the modern Institute in these fields. Indeed, the Act of Parliament governing the VIFM specifies as one of its objectives: 'to conduct research in the fields of forensic pathology, forensic science, clinical forensic medicine and associated fields…'

Examples of that research are provided later in this report.

The sole purpose of the existence of the VIFM is to serve the public. Its personnel are predominantly medical, scientific and health experts supported by a small cohort skilled in the necessities of administration and in the processing and dissemination of essential reports and opinions.

I reiterate what I have written in earlier reports:

'The paramount aim of the VIFM may be summarised as ensuring that the members of this community live in a safe, healthy and humane society functioning within the matrix of the rule of law.'

The successful achievement of this vital mission is dependent upon adequate funding.

Last year I wrote despairingly that the ongoing inadequate financial provision for the work of the Institute had brought it to a crisis point placing in jeopardy its key statutory functions. This year I am delighted to report that in the May 2021 State Budget the VIFM received much of the funding so sorely needed. The funding was directed to bolster both annual expenses and capital expenditure.

The latter funding will enable the acquisition and introduction of new technological equipment at the VIFM.

Two examples:

» The installation of a new CT scanner will be invaluable in supplying radiological information and will reduce the necessity of conducting full post-mortem examinations.

» Further, the capacity to obtain an MRI machine with its ability to detect abnormalities in the soft tissues (especially in the context of heart, lung and brain disease) and to provide a permanent three-dimensional auditable record of a body, may, in many cases, also eliminate the need to undertake a conventional autopsy. Consequently, its introduction will accelerate the death investigation process.

There are additional benefits from this equipment which are worth noting.

In a multicultural society such as ours, where some groups regard post-mortem interference with a body as contrary to their religious beliefs, the use of an MRI machine will allow the VIFM to respond to religious sensibilities.

Further, and of great investigative significance, a two-door MRI machine enables the conduct of examinations of 'live victims' of violent crime. It can reveal, for example, whether compressive force has been applied to the neck and, potentially, provide evidence for the proposed new criminal offence of non-fatal neck compression.

This equipment should also prove a valuable addition to the armoury of the Institute's team of highly skilled clinical forensic doctors in their examination of the victims of family violence and sexual assault and in underpinning their provision of expert evidence to the courts.

In the budgetary context, I also wish to refer to the Donor Tissue Bank of Victoria (DTBV). Established and operated by the Institute, it provides hope for many Victorians who benefit from the generous donations by relatives of deceased persons of skin, bone, cardiac valves, ligaments and corneas. These donations give a positive meaning to the tragedy of an untimely death. Further, they may be crucial to the recovery of maimed victims in any mass disaster. The injection of additional funds in the budget will bolster the successful ongoing operation of this important facility.

Upon receipt of the budgetary results to which I have referred, the VIFM Council unanimously passed the following resolution:

'The VIFM Council gratefully acknowledges the important role of Attorneys-General Jill Hennessy and Jaclyn Symes in obtaining the funding to enable this Institute to continue its vital work for the benefit of the community.'

I also wish to take this opportunity to recognise the unwavering support for this Institute by those within the Department of Justice and Community Safety (DJCS) charged with ensuring the recognition of its important role in our community.

The background to the 2021 budgetary submission was a Strategic Review of the VIFM's operations commissioned by the DJCS.
It was conducted by Nous Consultants. One of its remits was to identify any financial inefficiencies in the Institute's expenditure. It found none.

Given the complexity of this multi-disciplinary scientific and medical organisation, this is a remarkable achievement. In the currently beloved jargon, it is a 'lean enterprise'.

It was, therefore, both puzzling and disappointing that, whilst the budget bid was largely successful, there was a shortfall of some $4 million of funding needed to cover the ongoing operating costs for this Institution in the 2021-2022 financial year. These are costs expended by this organisation in fulfilling its statutory obligations directed to the wellbeing of all Victorians.

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

From my perspective it will be extremely difficult for the VIFM to reduce its financial expenditure without compromising its vital services to the Victorian public.

During 2021 we were delighted that both the Attorney-General, Hon Jaclyn Symes, and the Chief Commissioner of Police, Shane Patton, were able to attend the Institute to inspect its operations. Indeed, I invite parliamentarians and senior bureaucrats to visit the VIFM to gain a firsthand knowledge and understanding of its role in our community.

The VIFM Council

Once again, the Institute has benefitted from its governance by a highly credentialled Council (Board) whose activities include overseeing the organisation's strategic planning and monitoring its finances. At the forefront of the Council's endeavours is a commitment to ensure that the objectives of the VIFM are attained. I would describe the Council members as diverse, distinguished and dedicated. Their considerable talents and attainments are set out in the biographical notes in the Corporate Governance section of this report. Apart from one face-to-face gathering during the reporting period, the COVID-19 pandemic dictated that Council meetings were 'ethereal' albeit the subjects canvassed were substantial. The collective contribution of members deserves recognition and thanks.

In this period Dr Debbie Kirkwood, the nominee of the Minister for Women, retired from the Council. During her tenure, Dr Kirkwood, who has extensive experience as a researcher into family violence and related issues, brought an important perspective to the deliberations of the Council to which she was a valued contributor.

In the past year the Council has gained the services of Dr Adele Murdolo as the new nominee of the Minister for Women. Dr Murdolo has been the Executive Director of the Multicultural Centre for Women for the past 17 years. She has a PhD in History of Women's Studies and is an Honorary Senior Research Fellow at the University of Melbourne. Dr Murdolo's research and publication areas include women's health and violence against women. I warmly welcome her to the Council ranks.

Substantial Contributors

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

Special thanks are due to the Chief Operating Officer, Mari-Ann Scott and Chief Financial Officer, Peter Ford for the consummate discharge of their roles. I conclude by expressing my unbounded admiration for all the members of the VIFM staff. Yet again they have performed magnificently in a difficult and stressful environment.

I particularly want to acknowledge the distinguished leadership of this Institute by Professor Noel Woodford in these unprecedented and extraordinarily challenging times.

Director's Report

Professor Noel Woodford

Another year under the threat of COVID-19 has passed by in the blink of an eye, and once again, I am very proud of the efforts and dedication of all our staff, whether on-site or at home, who have ensured that our front-line services to the Coroners Court, the justice and health systems, police, and of course to families have continued uninterrupted. Extended lockdowns have presented particular challenges, especially for those balancing home care and schooling with their professional responsibilities. However, our willingness and ability to adapt to new ways of working, along with our strong collegial spirit, have not only allowed us to cope with those challenges but will stand us in good stead as we emerge into a new and different post-COVID world. A particular focus this year has been in supporting and protecting the mental health and wellbeing of our people, and in addition to a well-established peer-support program and training for all managers and staff, we are soon to introduce a focussed and specialised psychological support service, located on-site and readily accessible at the VIFM.

The theme of this year's Annual Report is research and its contribution to our work in supporting justice and health. Research is a founding principle of this place, it's in our legislative DNA as you will read. In addition to underpinning the quality and reliability of the evidence we give in court, it makes this a place where motivated, smart, inquisitive people want to come to work. Our strong association with Monash University is critical in this regard. Through it, the Department of Forensic Medicine and the VIFM's Academic Programs division are developing partnerships with machine-learning experts in an effort to answer some of forensic medicine's most stubbornly elusive questions. A snapshot of a recent VIFM Ethics Committee meeting shows the impressive diversity of activities including documenting variations in radiological appearances of COVID-19 fatalities, genetics, ballistics, novel drugs, anthropology, age-related trauma, and cardiac pathology. More than 30 years after the then Premier outlined the vision for an Institute providing quality services underpinned by research teaching and training, we continue to deliver on that promise.

Amongst the most important events this year was a very pleasing budgetary result. I am very grateful for the efforts of many who advocated so strongly on our behalf including two Attorneys-General, senior officials in the Department of Justice and Community Safety (DJCS), the State Coroner and members of the VIFM Council and the Coronial Council. The outcome was much needed funding for: infrastructure improvements, some of which are critical to protecting the safety of our staff, the ability to plan for and deliver an IT system to replace our venerable but struggling Case-Management system and to better protect us against cyber threats, addressing critical staffing shortfalls, supporting the vital work of Donor Tissue Bank of Victoria (DTBV), and (arguably) most exciting of all, funding to enable an upgrade to our CT scanner and the installation of a MRI machine. This combined advance in imaging technology is only available in very few comparable facilities around the globe and will enable us to stay at the forefront of innovative medico-

legal research and service work. We were greatly assisted in this budget outcome by a strategic review of our operations, commissioned by the DJCS, which highlighted the efficiency, criticality, quality and vulnerability of our operations across all services.

This year saw us continue our contributions across a wide range of activities. These included being in the vanguard to improve the approach to missing persons investigations in Victoria and nationally, making submissions to the Royal Commission into National Natural Disaster Arrangements, and the Victorian Law Reform Commission's Inquiry into Improving the Response of the Justice System to Sexual Offences. We also contributed to a successful Law Week production this year highlighting the dangers of drugs and driving. We completed the first phase of the federal Department of Social Services' grant project to develop and deliver training to frontline medical and allied health workers in how to improve responses to sexual violence. We performed rapid autopsies for the Peter MacCallum Cancer Centre's CASCADE project which is steadily unravelling the genetic complexity of cancer spread.
It is also very gratifying to report that largely through its collaboration with KT Medical, the DTBV has had its most successful year on record, distributing tissues for a greater number of surgical procedures than ever before.

Each year our Annual Report presents a very public opportunity to celebrate the achievements of our people, although this year that celebration is a bittersweet one. Our late lamented colleague, Dr Melissa Baker was awarded an Order of Australia for services to people living with lymphoma, and Adjunct Professor Soren Blau, Head of our Human Identification Service was awarded an Order of Australia for services to forensic medicine and to scientific organisations. We farewelled Associate Professor Morris Odell as head of the Clinical Forensic Medicine Service and welcomed a new Head, Dr Maria Nittis. Other notable retirements included Stefan Poniatowski, Head of the DTBV, and Dr Malcolm Dodd, one of our longest serving forensic pathologists. We were saddened by the deaths of VIFM staff, Brad Neyman and Dianne Ansell and reflected with gratitude on their lives and work. We also congratulated Emeritus Professor Olaf Drummer on being announced as the third-most highly cited forensic scientist in the world. An extraordinary achievement.

Despite the current COVID-19 despair, we can look to a year ahead filled with promise and opportunity. The work to translate our budget success into structural and virtual realities continues apace. We are working with consultants to develop a more efficient and responsive Clinical Forensic Medicine Service, we will continue our advocacy for much needed legislative reforms to support our operations, we are developing work-flows and research proposals to extract the maximum benefit from our advanced radiological capabilities, and we will continue working collaboratively with our major stakeholders, the Coroners Court and Victoria Police to provide the innovative and responsive services they need.

Before closing I would like to pay tribute again to the extraordinary senior management team with which I have the privilege to work, Mari-Ann Scott, Peter Ford, David Ranson and Richard Bassed. The Chair, the Honourable John Coldrey AM QC and members of our Council, and its subcommittees continue to provide the steady hand and wise counsel to see us through the most difficult of times, and their strong support has never been needed more than now.

In the meantime, I wish you enjoyable reading.

Chief Operating Officer's Report

Ms Mari-Ann Scott

With the challenging external environment of the global COVID-19 pandemic continuing over the past year, the instinct to look after our own has been strong. A focus on ensuring a safe and supportive work environment for our workforce has given prominence to the important work of the Occupational Health and Safety (OHS) team and the work of our Human Resources and Wellbeing teams.

This year, our aim has been to closely engage with what our people need to feel safe and supported, and to continue to do the difficult operational work that is the VIFM's reason for being.

The OHS Committee has been very active, and it was gratifying to see the quality of the work of the Committee and the enthusiasm all members have brought to our meetings.

The OHS Committee is monitoring and responding to updated and more robust KPI reporting that directly informs the VIFM Council's Audit and Risk Committee in their oversight role. An in-depth OHS audit undertaken this year has led to the development of a very comprehensive OHS Action Plan setting out clear actions, accountabilities, due dates and measures of success in the following areas: OHS governance, health and safety workplace design and capabilities, regulatory framework compliance, leadership and culture, OHS management system and audits, supply chain and networks, and risk management processes. The Action Plan sets us up well for a structured program of works in the coming year that better defines the roles of our operational managers and staff in taking responsibility for maintaining and promoting health and safety supported by our OHS officers.

Two new OHS policy documents fill some important gaps.

As its name implies, the newly approved OHS Consultation and Communication Policy clarifies responsibilities for effectively consulting with our workforce to determine risks and remedies and for communicating expected behaviours in line with the shared responsibility model that underpins compliance.

We have also developed an Occupational Violence and Aggression Policy which, with the work instructions that support it, are especially relevant for our staff who have client-facing roles, where the risk is the greatest. Our Coronial Admissions and Enquiries staff deal with often highly distressed and occasionally aggressive family members and others who are reacting to the sudden death of a loved one – these interactions are over the telephone and in person. An overnight shift where distressed family members attend on-site unexpectedly is one example of when having control measures in place is especially important to ensure the physical and psychological safety of our staff.

Our clinical forensic medical practitioners are also exposed to potentially aggressive and violent behaviours when responding to requests from police to undertake forensic medical examinations. The VIFM reception desk is another potential flashpoint for confronting behaviours, and all our staff may on occasion encounter family members and other stakeholders in heightened states in and around the building or at scenes. This is the nature of the VIFM's work. We also need to be ready for what can arise in the aftermath of sudden death and injuries acquired in alleged criminal settings, even more so with the overlay of stressors from the pandemic.

An equally important safety issue that we have been addressing is the ability to maintain physical distancing in the workplace, in line with government and departmental requirements in response to the COVID-19 pandemic. To support our managers to assess risks in relation to their staff, we have developed an OHS Risk Assessment Toolkit that focusses on key hazards relevant to the VIFM as a workplace.

In November 2020, we launched the VIFM Mental Health and Wellbeing Strategy, which was developed with the

expert input of FBG Group. The Strategy outlines an initial focus on the four psychological risk factors and strategic anchors of psychological support, psychological protection, workload management, and engagement. Our first year activities have included the delivery of a comprehensive training program for managers in “Leading for Wellbeing” and a program for staff that emphasises a shared responsibility approach to maintaining the conditions for mental health and wellbeing in the workplace.

We have also developed a model for delivery of Employee Assistance Program services in a more proactive way that takes account of our unique workplace conditions. From August 2021, we will have an organisational psychologist available for direct contact eight hours every week, creating greater opportunity for staff to access the help they need and for targeted education and interventions to be delivered by practitioners who know who we are and what we do at the VIFM. When possible, staff will be able to access this service onsite. This initiative complements the active peer support program we have in place, with peer supporters also having received updated training during this year.

Of course, an essential part of being able to care for our workforce is having a well-functioning corporate services team to support all our operations. I would like to pay tribute to all my corporate services colleagues who have continued to perform at their best over this difficult past year and I commend the outcomes they have been able to achieve.

Of particular note our Chief Financial Officer, Peter Ford, his Finance team and our Executive Lead, Judith Ross, have worked tirelessly this year to meet our strategic goal to ‘secure funding to enable us to deliver all elements of the VIFM’s purpose’ (see our Strategic Goals). The recent State Budget is a testament to our efforts. The VIFM received a significant injection of output and capital funding – $50.267 million over five years (2020-2025) and $40.230 million over four years (2021-2025) respectively. The budget includes significant funding for new technologies as well as facilities and structural upgrades that will greatly improve the capabilities of the VIFM.

In the run up to developing our multi-pronged State Budget funding submission, all areas of Corporate Services were engaged in providing the information necessary for the strategic review of the VIFM’s operations commissioned by the Department of Justice and Community Safety.

We were very pleased with key findings of the strategic review that recognised the important work that Corporate Services does and acknowledged the leanness of the Corporate Services resources that are in place to support operations at the VIFM. These resources include our Quality and Improvement team, whose work we are so reliant on to maintain and improve the accredited quality systems that are critical to our operations. Highlights for the team this year were successful projects to clear backlogs of continuous improvement notices (‘CIRCAs’) in the mortuary and to improve the turnaround times for oral fluid testing in the toxicology laboratory.

The Legal, Governance and Policy team has worked diligently to field a wide range of legal enquiries from our operational areas, at the same time as supporting us to meet our legal compliance requirements and the VIFM Council and committees to fulfil our governance obligations. This year our lawyers have collaborated with the Coroners Court to develop clear protocols for operational issues including how our two organisations deal with long-term missing persons and unidentified human remains.

Our ICT team has kept us going with hybrid arrangements for working from home, as well as progressing several ICT infrastructure and cybersecurity projects. Our Human Resources team has maintained all the background transactions, such as getting us paid, as well as coordinating the roll out of our Mental Health and Wellbeing Strategy discussed above.

It has been an extremely busy and productive year.

Corporate Governance

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Foundation.

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

The VIFM Council.

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

Council Composition

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

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

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

Council Committees

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

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

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

Fellows of the VIFM.

VIFM acknowledges the Fellows of the VIFM:

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

VIFM Council.

The Honourable John Coldrey AM QC

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

Since becoming a barrister in 1966 John Coldrey has contributed to many different areas of the legal profession throughout Australia. Following his appointment as the Director of Public Prosecutions for Victoria in 1984 he became a Justice of the Victorian Supreme Court in 1991 where he served until 2008. He was also active in the Northern Territory where he defended Aboriginal accused and, subsequently, in his role as the Director of Legal Services for the Central Land Council (1982-84) he was involved in the grant of Aboriginal title to Uluru as well as conducting Aboriginal land claims and negotiating major industry agreements with the Northern Territory Government and mining companies.

John Coldrey has written numerous major conference papers and articles relating to the operation of the criminal law. He has been a member of various committees and councils including chairing the Consultative Committee on Police Powers of Investigation. In 2004, John Coldrey was awarded the Gold Medal of the International Society for Reform of Criminal Law (of which he is a Board member) in recognition of his contribution towards criminal law reform. He is an Honorary Life Member of the Criminal Bar Association of Victoria and has served as a judicial member of the Forensic Leave Panel and the Adult Parole Board of Victoria.

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

His Honour Judge John Cain

Ex Officio Council Member
State Coroner of Victoria

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

Judge Cain completed a Bachelor of Economics and a Bachelor of Law at Monash University before completing the Legal Professional Services Firm course at Harvard Business School in 2010. His legal career began at Maurice Blackburn in 1982, where he was appointed a partner in 1987 and then managing partner from 1991 to 2002.

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

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

Professor Noel Woodford

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

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

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

Ms Tracy Beaton

Council Member
Nominee of the Minister for Community Services

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

Professor Glenn Bowes AO

Nominee of the Council of the University of Melbourne

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

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

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

Associate Professor Merrole Cole-Sinclair

Nominee of the Attorney-General

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

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

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

Mr Luke Cornelius APM

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

Assistant Commissioner Luke Cornelius leads the delivery of policing services across Northwest Metropolitan Region, which covers the City of Melbourne, Yarra and Northwest Metropolitan local government areas. Luke is a member of Victoria Police Command, and the Victoria Police Operations Committee. Luke is also a member of the Victorian Institute of Forensic Medicine Council and the Donor Tissue Bank of Victoria Committee of Management and is a Board Member of Africause, a community based not for profit.

He served as a Federal Agent for 14 years with the Australian Federal Police, with roles in Drug Operations, Legal Policy, East Timor and Human Resources, concluding his service as their Director People Strategies (with the rank of Commander). He also served as the National Secretary of the Australian Federal Police Association and was the founding Chief Executive Officer of the Police Federation of Australia. Assistant Commissioner Cornelius joined Victoria Police in 2003, as Commander Legal Services Department.

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

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

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

Mr Tim Fitzmaurice

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

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

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

Dr Lee Hamley

Nominee of the Minster for Health

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

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

The Honourable Justice Elizabeth Hollingworth

Nominee of the Chief Justice

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

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

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

Dr Debbie Kirkwood

Nominee of the Minister for Women's Affairs

Dr Deborah Kirkwood has worked in a range of roles in universities, government and non-government organisations. She has undertaken research and policy work in the areas of family violence, family homicide, child protection and community reintegration programs. Deborah has written extensively on family violence related topics and been involved in policy developments through membership of Advisory and Steering Committees for the State Government and the Victorian Law Reform Commission.
(Term ended November 2020)

Dr Adele Murdolo

Nominee of the Minister for Women's Affairs

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

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

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

She is also an honorary senior research fellow at the Centre for Health Equity at the University of Melbourne.
(Term commenced March 2021)

Mr Neil Robertson PSM

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

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

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

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

Neil has a Bachelor of Arts (Honours) and Bachelor of Laws from Monash University, Graduate Diploma in Business Administration from Swinburne University of Technology, and Executive Masters in Public Administration from the Australian and New Zealand School of Government. He is also a Fellow of the Williamson Community Leadership Program and, from 1993 to 2012, was a Director and Company Secretary of Crime Stoppers Victoria Ltd.

Professor Sophia Zoungas

Nominee of the Council of Monash University

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

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

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

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

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

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

Ms Mari-Ann Scott

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

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

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

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

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

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

Forensic Scientific and Medical Research - Supporting Justice and Health

Creating a link between service, training and research at the Victorian Institute of Forensic Medicine and Monash University

In the early 1980's, the shortcomings in the standards of forensic science in Australia were played out in the notorious trial of Lindy Chamberlain, a case where both the law and forensic experts failed, and in failing, brought about a terrible injustice.

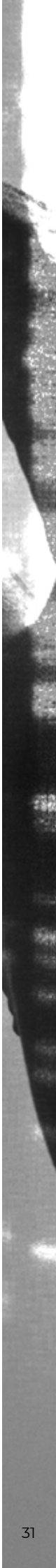
Following the imprisonment of Lindy Chamberlain for the murder of her infant daughter Azaria, a small group of Australian scientists formed the Chamberlain Innocence Committee. Their work led to a number of findings that challenged the scientific evidence presented by the Crown during the trial. On 12 June 2012, almost 32 years after Azaria Chamberlain's death, a final inquest announced its finding that the cause of her death was the result of being taken and attacked by a dingo.

The trial of Lindy Chamberlain was vital to the creation of the Victorian Institute of Forensic Pathology (as it was first known). The defence counsel representing the Chamberlains at their trial was the Hon. John Phillips AC QC. He was so appalled by the state of forensic expert evidence at that time that he joined the campaign led by Professor Vernon Plueckhahn for an independent body capable of producing objective and reliable evidence for the criminal justice system in Victoria.

In 1983 the Attorney-General, the Hon. Jim Kennan, met with the Hon. John Harber Phillips AC QC, Professor Vernon Plueckhahn and Professor Graeme Schofield (Dean of Medicine, Monash University) to assure them of his support for the establishment of a new Coronial Services Centre comprising of coroners courts and the Victorian Institute of Forensic Pathology (VIFP). Professor Schofield had enthusiastically embraced the idea of creating a Chair in Forensic Medicine at Monash University and the Attorney-General confirmed that he would support funding to establish this position. It was agreed that the Chair would be occupied by the Director of the VIFP, thus establishing the critical link between operational service, training and research.

In 1984, at the request of the Attorney-General, an interim Council of the VIFP was established with the Hon. John Harber Phillips AC QC as its Chair. This interim Council assisted in the negotiation of a formal agreement between the Government and Monash University for the establishment of the Chair of Forensic Medicine and for the incumbent professor to be the Director of the VIFP.

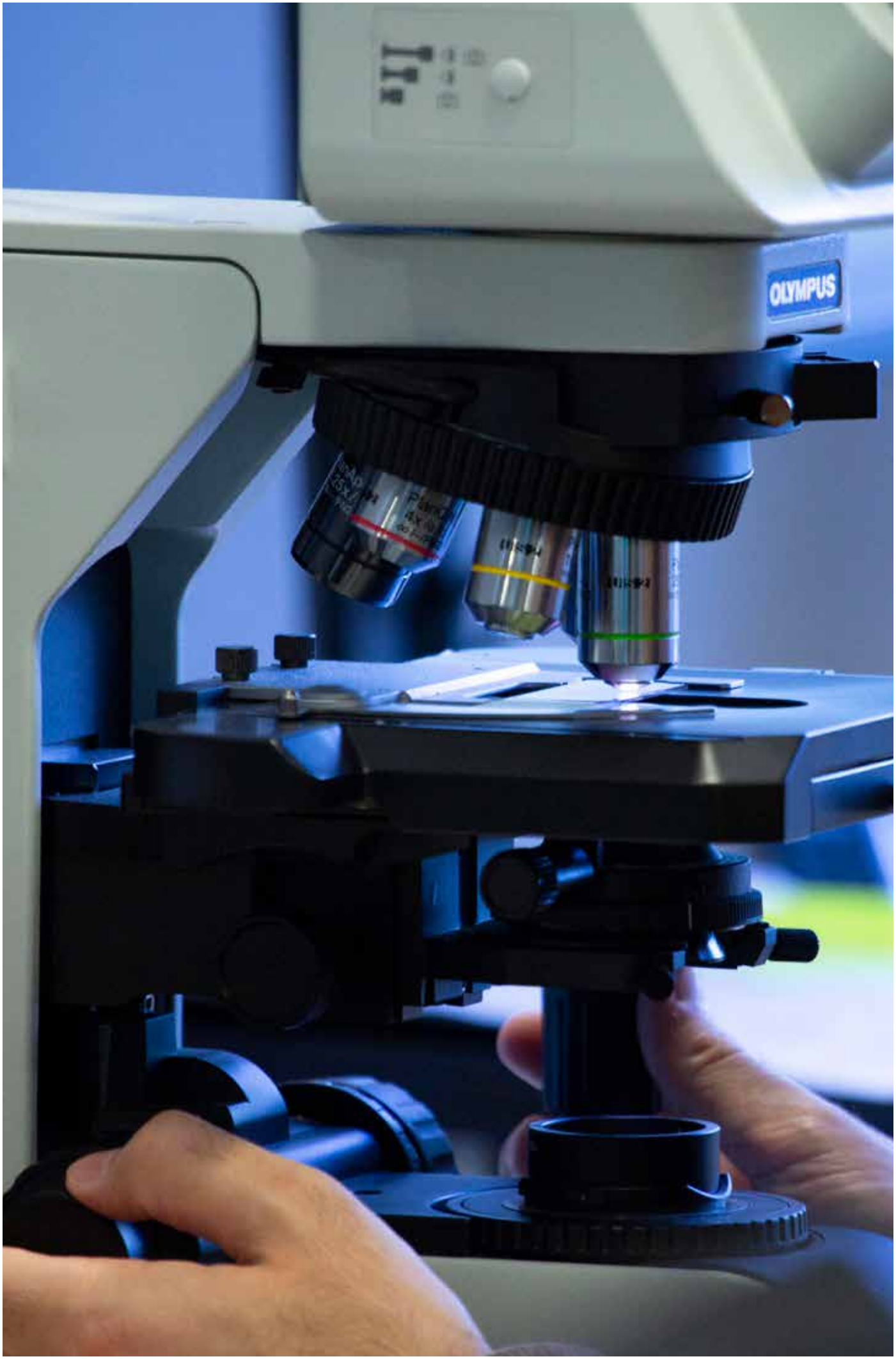
On 20 December 1984, the Attorney-General signed a Deed of Agreement with the Vice Chancellor of Monash University, Professor Raymond Martin AO, to establish the formal link between the University and the VIFP. This academic link was considered to be essential by VIFP's founders. They wanted to ensure the VIFP was able to educate and train forensic practitioners to ensure the continuity of forensic medical services in Victoria, and to establish an evidence base for its expert medical and scientific advice to the courts through targeted research. It was also agreed that the Institute would provide all facilities for the establishment of a professorial unit on behalf of the government including office, teaching and laboratory accommodation for teaching and support staff. The Victorian Government agreed to fund the University for the position of Professor of Forensic Medicine and Director of the Institute.



A distinguished forensic pathologist, Stephen Cordner, was recruited as its first Director. The VIFP was formally established by the enactment of the *Coroners Act 1985.* This Act provided that an independent Council, with members appointed by Governor in Council, was to be the governing body of the VIFP. The *Coroners Act 1985* enacted that the Chair of Forensic Medicine at Monash University was to be the Director of the Institute, and member of the governing Council, thus ensuring that a content expert led the Institute. The statutory objects of the Institute included the conduct research in the fields of forensic pathology, forensic science, clinical forensic medicine and associated fields as approved by the Council.

The Coronial Services Centre was opened by the Hon. John Cain, Premier of Victoria on 26 July 1988. In his opening speech, John Cain emphasised the role of research and education for the VIFP:

"...With the opening of this Institute we leap twenty years ahead. Now, for the first time in Australia, there will be a team of Forensic Pathologists working with the state-of-the-art technology in a state-of-the-art building, to provide comprehensive high-quality services to the coroner, the courts and the people of Victoria. They are essential services.
The Victorian Institute of Forensic Pathology will turn science to the service of justice and the community. Accurate autopsy diagnoses lead to accurate epidemiological data which in turn will result in accurate public health policies. It will, for example, in all likelihood make a substantial contribution to clarifying the prevalence of the AIDS virus in the community. It has the potential to contribute to our understanding of Sudden Infant Death Syndrome. It will contribute to the assessment of new techniques and therapies in medicine. It provides a valuable teaching resource for medical undergraduates as well as continuing education for the medical profession as a whole...
The Institute of Forensic Pathology is an investment in public health. Through its association with the faculties of medicine at Monash and Melbourne universities, it is also an investment in research and development. The simultaneous establishment of a Chair of Forensic Medicine at Monash continues the very welcome policy of the Monash faculty of merging academia with service delivery.
I am told that this development actually preceeded the finding of Mr Justice Morling in the report of the Royal Commission into the Chamberlain convictions that such links between forensic science and universities should be established. The VIFP was reconstituted as the Victorian Institute of Forensic Medicine (VIFM) in 1995, when forensic medicine was added to the Institute's forensic pathology functions.
In 1998, Victorian Attorney-General, the Hon Jan Wade, updated the Deed of Agreement with Monash University and it stated that the professorial unit at the Institute was to be recognised by the university as its Department of Forensic Medicine. This resulted in a unique and beneficial arrangement, contributing to the growth in size and complexity of the Department of Forensic Medicine (DFM) since its establishment over 30 years ago."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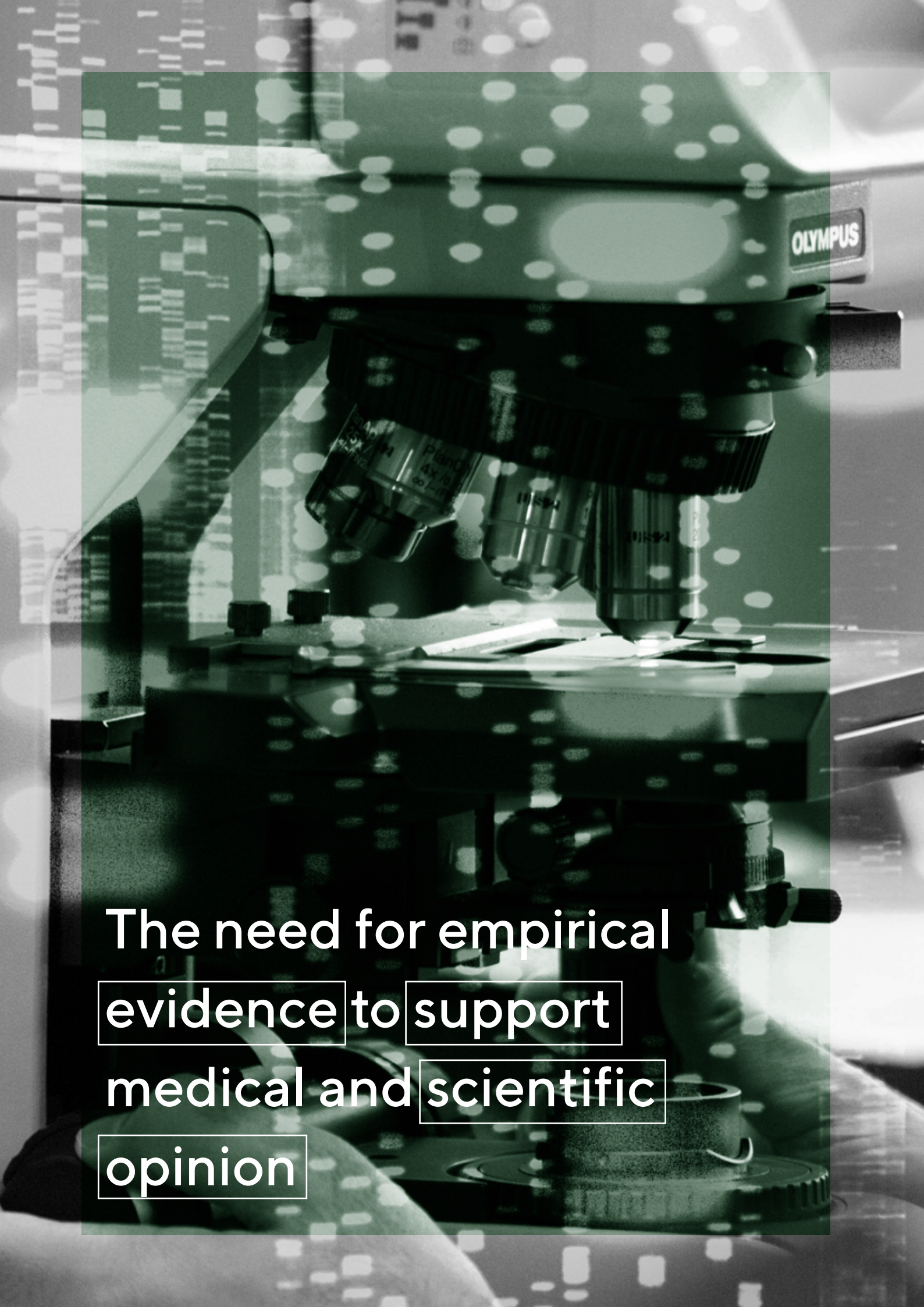


The need for empirical evidence to support medical and scientific opinion

The VIFM's forensic pathologists, physicians and scientists conduct examinations and analyses and produce reports for a wide variety of justice system partners including police and emergency services, statutory regulation agencies such as WorkSafe and VicRoads, and the courts including criminal, civil, administrative and coroners jurisdictions.

The VIFM's staff are required to appear in trials as witnesses to give testimony based on their training, knowledge and experience and to have their expert opinions rigorously tested by cross-examination. They are also called upon to provide expert opinions to assist Victoria Police in the investigation of a wide range of offences related to physical and sexual assaults and drug use and abuse. The VIFM's experts are independent of the prosecution and appear as expert witnesses for the court. They are available for prehearing consultation with the prosecution and defence about the content of their forensic reports and their application to the issues of contention in a criminal case.

In recent years, Justice Chris Maxwell, President of the Victorian Court of Appeal, has expressed his concerns that certain forensic techniques are not reliable and the use of their results in evidence may lead to wrongful convictions. He has suggested that Australian governments introduce legislative amendments to ensure that judges consider the reliability of forensic evidence before it is shown to a jury.

Justice Maxwell's published comments refer to two American reports: the 2009 National Research Council (NRC) report entitled "Strengthening Forensic Science in the United States: A Path Forward" and the 2016 President's Council of Advisors on Science and Technology (PCAST) report entitled "Forensic Science in Criminal Courts: Ensuring Scientific Validity of Feature-Comparison Methods". This NRC report notes that there are particular problems in feature-comparison disciplines where the science underpinning the validity of the discipline is poor. It concludes that "much forensic evidence – including, for example, bite marks and firearms and tool-mark identifications – is introduced in criminal trials without any meaningful scientific validation, determination of error rates or reliability testing to explain the limits of the testing". The PCAST report takes a closer look at the foundational validity of a number of forensic disciplines as well as the validity of those methods as applied in forensic case work and as given in evidence in court. The report's aim was to determine which types of comparison science had sufficient validity to support their safe admission in criminal trials.
In considering the recent challenges to the reliability of the work and opinions of forensic scientists it is important to remember that forensic analytical work and conclusions are context sensitive as to the evidential issue they are seeking to corroborate.

In addition, the results of some forensic analyses may be focused on investigative support rather than on the production of admissible evidence for trial. Creating an academically robust, quality-driven institutional setting for forensic science and medicine to be practised, mitigates against the risk of poor expert evidence being presented to the courts. To maximise the reliability of its expert reports, the VIFM appoints appropriately qualified staff, provides high quality facilities and equipment and adheres to relevant technical and professional standards. The VIFM operates under a rigorous quality framework, which is accredited and audited by the National Association of Testing Authorities (NATA) and includes case audits and technical peer reviews of all forensic test results, findings and expert opinions.

Given the nature of our work, creating and implementing systems to ensure the reliability of expert evidence reports can never completely eliminate the possibility of human error. Whilst not 100 percent foolproof, our established quality systems, including the technical or peer review of all reports are aimed at ensuring that errors are caught before a report leaves the Institute.

The forensic medical and scientific practitioners at the VIFM do not rely on the comparison methods that have been criticised in the NRC and PCAST reports. For example, the VIFM's forensic odontologists do not give bite mark comparison evidence due to its lack of foundational validity. The relevant research has been undertaken to establish the problems with bite mark evidence. Applying the results of that research evidence base, our forensic odontologists do not seek to identify the individual responsible for a bite mark and present that evidence in court. However, the research indicates that it might be possible in some cases to provide opinion evidence as to whether the bite mark has been caused by a human and to distinguish between a bite from an adult or a child. It might also be possible to exclude a suspect on the basis of this evidence, and so the information can assist in determining the direction of an investigation, but not be sufficiently valid to be presented as evidence in court to secure a conviction.

The VIFM acknowledges past and current limitations in forensic science and that the era of reliance solely on experience and personal opinion as the mainstay of expert evidence has passed. The forensic science community must do all it can to ensure the integrity, reliability and scientific evidence base of expert testimony presented to the courts. This requires an intense effort by the sector to create a number of discipline-specific empirical evidence bases to validate (or to refute) current forensic practice in a variety of disciplines within forensic medicine and science. More research into vexed questions for forensic pathologists, clinicians and scientists would be of enormous benefit for the robustness of the opinions put forward by our experts. At the same time, it is essential to ensure that the research undertaken to provide this evidence base is conducted in an ethical manner that supports the autonomy and privacy of the participants and for this reason the VIFM operates research advisory and ethics committees with external independent input.

Research into the fundamentals and application validity of key forensic science disciplines is underway in Australia and supported by the National Institute of Forensic Science and police forensic services across the county. We need to protect the capacity of forensic science to contribute to the work of our courts by ensuring that research and development work that is needed is actively supported.

However, despite the fact that the VIFM's statutory objects include relevant research, teaching and training, we are not funded for these activities. Indeed, it would be true to say that there is a paucity of funding for forensic medical research worldwide

"...Our established quality systems, including the technical or peer review of all reports, are aimed at ensuring that errors are caught before a report leaves the Institute."

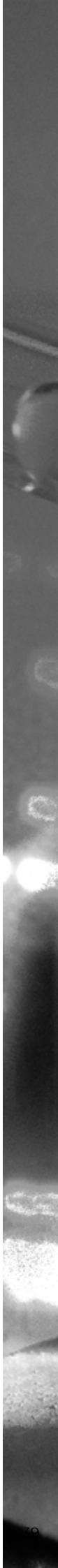
The role of Academic Programs and the Department of Forensic Medicine (DFM)

The Director of the VIFM (who is also the Professor of DFM) is responsible for the strategic direction and activities of the DFM, which is housed at the VIFM within the Academic Programs Division and also operates under the governance of the Monash University Faculty of Medicine, Nursing and Health Sciences.

In 2017, the VIFM appointed a Deputy Director, Academic Programs (teaching and research) in recognition of the need to modernise the evidence base for forensic science and medicine and to identify patterns of preventable deaths. In 2018 the VIFM conducted a preliminary review of areas of weakness in forensic evidence in the discipline of forensic pathology. There is now a focused research program tailored to improve the forensic medicine evidence base, increase case efficiency, provide new innovative techniques for the VIFM service delivery, and to work towards promulgating this knowledge globally. Academic Programs has also expanded significantly over the course of the last three years. PhD student enrolments have increased from five in 2018, to 18 in 2021. Research endeavours have significantly broadened, both in scope and direction.

Academic Programs and the DFM have produced some ground-breaking research in the area of toxicology, including on drugs and driving, and the use of marijuana, methamphetamine, and novel psychoactive substances. More recently, it has broadened its research focus to include a greater emphasis on forensic medical practice and how research can directly impact on case conclusions and case efficiency. DFM is now conducting research into data analytics using machine learning to get the best out of our extensive data resources and developing machine learning tools that can provide direct input into criminal investigations, forensic case analysis, prediction, and diagnostics.

The establishment of a strong forensic evidence research collaboration with the National Institute of Forensic Science, Victoria Police Forensic Services Department, and relevant academic institutions will accelerate progress in modernising the evidence base to best world practice, replacing subjective methods with objective ones. It will also be able to allow us to build an environment which will support the development of new forensic techniques such as machine learning, facial recognition software and novel imaging-based examinations of both the living and the deceased. Importantly these research activities will allow the VIFM to create the forensic evidence base that will protect the justice system from invalid evidence.



Current Research Projects and Collaborations

Death investigation and prevention.

There are many unknowns that exist in aspects of the death investigation knowledge base. The task of this research theme is to shine a light on those unknowns that might be amenable to empirical research, thus bolstering medical opinion with robust science and improving the forensic medicine and scientific evidence base for opinions rendered to courts.

A selection of current research projects is listed here:

- + Unexplained cardiac deaths
- + Myocarditis in the forensic setting
- + An examination of the skeletal trauma from low velocity projectiles
- + Spontaneous coronary artery dissection: understanding pathology and pathophysiology
- + Rib fractures patterns and types following paediatric cardiopulmonary resuscitation
- + Validation of fracture measurements obtained from PMCT 3D volume renders
- + Sudden cardiac death in people with schizophrenia
- + Post-mortem cardiac devices
- + An international individual-patient pooled case series identifying pathological features and pathomechanism of COVID-19 related lung disease
- + Investigating the thickness of the bones comprising the human cranial cavity
- + An examination of the fractures resulting from one punch fatal assaults
- + PMCT findings in SARS CoV-2 positive persons
- + Retrospective taphonomic study on aquatic body decomposition
- + Histopathology of Kawasaki disease
- + A survey of deceased individuals when the location of the individual is delayed
- + Genetic genealogy and Victoria's John and Jane Does
- + Forensic genetic genealogy methodology assessment
- + MPS and rapid DNA analysis for incinerated human remains

Violence Investigation and Prevention.

Relating more to the living victims of assault, but with some significant intersection with the theme above, this research endeavour is designed to address the reasons behind, and prevention strategies for, the issue of violent behaviour in our society.

A selection of current research projects is listed here:

- + Swipe Right: Technology Facilitated Sexual Assault. A prospective study of forensic examination caseload in an Australian state-wide service
- + Effectiveness and efficacy of evidence presented in court by forensic paediatric clinicians
- + One punch assaults in Australia – fatalities, living victims and perpetrator characteristics
- + Developing national training and research programs to address knowledge gaps in responses to disclosures of violence and abuse
- + Trauma exposure among staff employed at the VIFM and the Coroners Court of Victoria.

Drug Intelligence.

Toxicology research cuts across both the medico-legal death investigation and clinical forensic medical divisions. Research in this discipline is key to understanding the impact of both prescription and illicit drugs on society, and invaluable in developing prevention strategies and regulations for the protection of our communities.

A selection of current research projects is listed here:

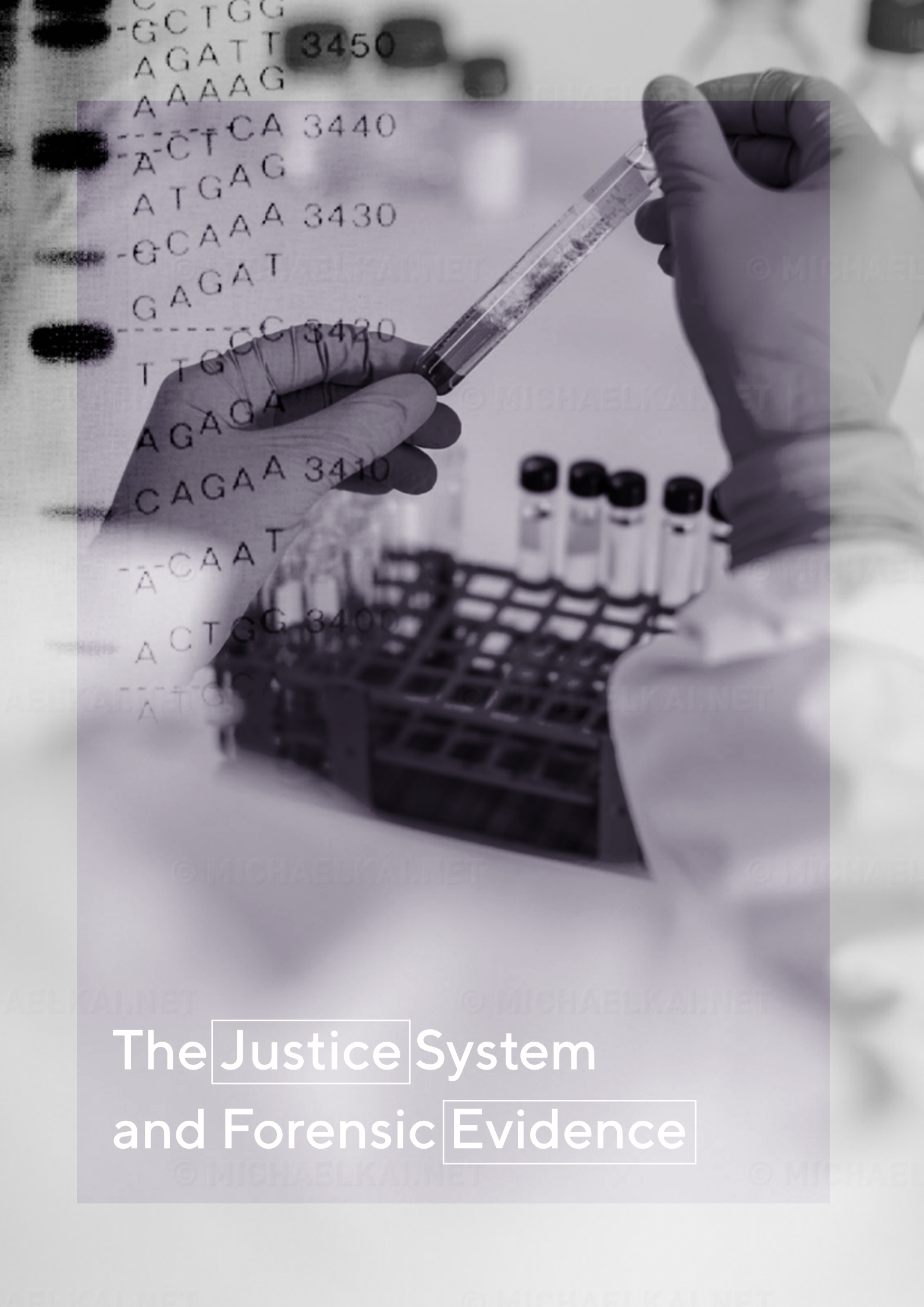
- + Novel psychoactive substance deaths in Australia
- + Deaths at concerts and festivals in Australia
- + The toxicology of homicides and suicides by violent means in which methamphetamine is detected
- + Deaths associated with opioid replacement therapy in Victoria
- + Tapentadol deaths in Victoria
- + Codeine prescriptions, misuse and deaths in Victoria
- + Drugs and driving
- + Rapid clinical toxicology project for drug identification in emergency departments

Informatics in Forensic Medicine.

This suite of research projects is designed to provide pathologists with more useful diagnostic and localisation tools to discover pathology and potential issues of forensic interest automatically. The machine learning algorithms will automatically detect and provide information on a variety of pathological entities thus enabling more rapid triage of cases during the preliminary processes.

A selection of current research projects is listed here:

- + Differentiating the cause of intracranial haemorrhage in the deceased
- + Deep learning applications for pericardial effusion and haemopericardium on PMCT
- + Facial reconstruction and recognition for the deceased using deep learning methodologies
- + Retrospectively determining magnitude of force in medico-legal contexts
- + Multi-modal data search techniques in forensic medicine databases
- + Forensic aspects of social media platforms and how deep learning techniques may protect users from abuse
- + Augmented reality and immersive visualisation of forensic medical imaging



The Justice System and Forensic Evidence

The Victorian community relies on the adversarial system of justice to be the true test of forensic evidence by allowing the prosecution in a criminal case to lead the forensic evidence and by giving defence counsel the opportunity to challenge and review it.

In an ideal world, the two parties will be well prepared and balanced in the resources they can bring to this task. They will have consulted with the forensic experts prior to the trial to clarify and narrow the issues in dispute and to ensure these experts understand the relevance of their evidence to the matter before the court. However, there are also limitations in using an adversarial system in prosecuting cases, particularly where there is complex forensic evidence, such as novel DNA technology, the use of new and emerging drugs and medical issues such as abusive head trauma in infants.

There is a need for better pre-trial engagement to ensure that legal counsel understand the findings and limitations of the forensic evidence and to enable the VIFM's experts to understand the context of their report or opinion. It is our experience that the case preparation for most prosecution and defence solicitors and counsel does not include in-depth conferences with forensic experts prior to the trial to seek clarification on the evidence to be given and to provide a context for the expert report.

As Justice Maxwell has identified, in addition to the role played by the adversarial parties, the judge also plays a pivotal role in ensuring the fairness of a trial and that the court is receiving reliable evidence. The *Criminal Procedure Act 2009* provides the needed legislative framework for how forensic evidence could and should be utilised and tested prior to its presentation to a jury. The judge is able to order the parties to exchange expert reports and come to an understanding of the issues in contention, which could include the reliability of the evidence. The Supreme Court Practice note SC CR 3 Expert Evidence in Criminal Trials, developed by a committee chaired by Justice Maxwell, is a further attempt to ensure that potential flaws in the provision of expert evidence are minimised.

Newer systems for the delivery of forensic medical and scientific evidence in court are assisting in ensuring that the court gets the best opinion available and is able to comprehend the significance of forensic test results. The use of multi-media technology can assist in explaining complex scientific matters to a lay audience and the VIFM'S experts regularly engage with and use such techniques when giving their testimony. The new imaging techniques used by the VIFM, such as CT and associated radiological procedures, are now being presented in court to demonstrate injuries and enhance the comprehension of juries. Research into the application of these technologies in evidence is also being undertaken by the VIFM to further improve such communication.

A number of courts are now utilising 'concurrent evidence' methods of receiving expert testimony. Putting experts together as a 'group witness' has proved particularly useful in coroners' inquests where it has the potential to shorten the overall length of hearings, reduce the reduplication of evidence and ensure that the issues in real contention get the attention and focus they deserve.

Although the justice system has a robust process for case review through the appeals process, there are inevitably cases where new and emerging forensic medical and scientific evidence challenges the basis of prior forensic testing and the evidence it resulted in. This is a real challenge to our justice system and innovative solutions are needed. The establishment of an independent commission to review cases where the evidence base for the forensic medical and science is in question has been a development in a number of jurisdictions overseas. It is arguable that such an independent commission could go some way to ensuring that the justice system keeps pace with the rapidity of scientific developments.

The challenge that faces the community is how to ensure that our legal processes and our forensic scientific and medical services can continue to work effectively together to ensure a fair and just outcome for all. This requires innovation, not only with respect to the science but also to the systems of audit and review. Commitment to a continuous process of critical analysis of the underlying basis for expert opinions, active peer review and fundamental research into the science involved are essential in the changing world that we face today.

Research Governance Arrangements

Fundamental to all research is an active and robust research governance program. Effective governance ensures both the integrity of research projects and the accountability of the institutions conducting them.

The VIFM has established a two-tier review process for all research applications that involve the use of human tissue, data or live participants.

The Research Advisory Committee (RAC) is an internal VIFM Committee chaired by the Head of Academic Programs, Professor Richard Bassed. The RAC reviews the scientific merit of projects and can approve projects determined to be Quality Assurance and refer all other research projects to the appropriate Human Research Ethics Committee for ethical review. The VIFM Ethics Committee is a committee of the VIFM Council, which is the Institute's governing body, and it is constituted under, and operates in accordance with, the National Health and Medical Research Council's National Statement on Ethical Conduct in Human Research.

Highlights & Achievements for 2020-21

Mr Jarrod Boxall

Reporting Against The Strategic Plan 2019-2022

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

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

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

What follows is an account of some highlights from this year's achievements in pursuit of our goals in the Plan.

Our Goals.

01. To use our knowledge and experience of forensic medicine and science to positively influence policymaking locally, nationally and internationally.

A research unit has been established in the Department of Forensic Medicine (DFM) to support the VIFM's contribution to the work of one of DFM's Adjunct Professors, Dr Morris Tidball-Binz, who has this year been appointed by the United Nations Human Rights Commission as the Special Rapporteur on extrajudicial, arbitrary and summary executions. Working to help ensure higher standards of forensic practice to improve death investigation systems globally and fulfil the duties of the States to investigate all potentially unlawful deaths will be a valuable use of our knowledge and experience of forensic medicine and science.

The 'One Punch Assaults in Australia' research, funded by the Stop the Coward Punch Foundation, was completed at the end of June 2021 in line with our contracted timeline. Research data has been provided to the Foundation to inform a sound evidence base for their community education and awareness campaigns. Academic papers are being prepared for publication later in 2021 by the VIFM researchers involved in this project.

The DFM has progressed the project looking into the effect of trauma on medico-legal workforces. The VIFM component of the research has been completed and papers for publication are under development. Once the research has been peer reviewed, the VIFM will receive a presentation on key findings and recommendations for consideration. Final interviews with participants from the Coroners Court of Victoria were finalised in June 2021 and funding has been granted to extend the project to include data from emergency department nurses.

The two and a half year $4 million project funded by the federal Department of Social Services to improve responses to sexual violence that commenced in July 2020 is on track. This project will have a significant influence on the way medical practitioners and other first responders deal with reports of sexual violence across Australia. The first medical training unit was submitted to the Royal Australian College of General Practitioners for accreditation assessment in April 2021. Medical training is expected to commence in the second half of 2021. RMIT has been secured as the Registered Training Organisation for Vocational Education Training to commence following further curriculum development.

Doctors from the VIFM's Clinical Forensic Medicine (CFM) Department have undertaken significant research into technology facilitated sexual assault in collaboration with the Victorian Forensic Paediatric Medical Service (VFPMS). The rise in the use of social media platforms by perpetrators to identify and gain access to potential victims has been highlighted by our clinicians in both the medical research literature and in public media. A formal submission on this research was made on behalf of the VIFM and the VFPMS to the Victorian Law Reform Commission's review into improving the response of the justice system to sexual offences, which is due to report in September 2021.

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

After considerable effort to develop our Expenditure Review Committee (ERC) bid, the VIFM received a significant injection of output and capital funding in the May 2021 State Budget: $50.267 million over five years (2020-2025) and $40.230 million over four years (2021-2025) respectively. Funding was provided for important new technologies to assist with medical investigations and for facilities and structural upgrades, which will greatly improve the capabilities of the VIFM.

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

Our newly appointed head of CFM, Dr Maria Nittis, is actively engaged in reviewing CFM's existing operations, as well as supporting the development of a new Service Level Agreement with Victoria Police. Together with business consultants and the Department of Justice and Community Safety (DJCS) the VIFM is exploring potential new service models for clinical forensic service delivery.

We are continuing discussions with the DJCS and the State Coroner to develop more efficient ways of processing natural cause death cases, including by way of pathologists completing death certificates. The need to find efficiencies for the large and increasing number of coronial cases that are found to be from natural causes is a high priority for meeting the needs of families and to address resourcing issues in the VIFM's Forensic Pathology department.

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

Improving the evidence base for our forensic work is a key focus for the VIFM's research agenda. The VIFM ICT team is assisting this aim by improving our ability to access and search our vast case management database. This will have benefits for both delivery of forensic services and our research efforts. Progress is also being made on a joint project with the Monash IT Department to develop machine learning capability at the VIFM to improve our evidence base.

Another important but under-utilised resource at the VIFM is the data from our continuous improvement quality system. The VIFM uses a Continuous Improvement Request/Corrective Action (CIRCA) process to investigate the cause of a complaint or possible compliance breach and ensure appropriate corrective action is taken. A recently completed project has helped us to use the CIRCA information more effectively. Our Quality and Improvement team worked with the Forensic Technical Services (FTS) team to close a backlog of 64 CIRCAs. The project was an outstanding success, not only in ensuring that potential compliance issues were appropriately responded to, but also in winning the support of the FTS team, who have embraced the CIRCA process as a key support for improving their work.

Good progress has been made on other fronts where funding or human resources have been available to support the following projects:

- The Picture Archiving and Communication System is being integrated with the VIFM case management system. The feasibility of migrating this critical infrastructure to the cloud is being evaluated as a key foundation step for the project. This project has multiple aims including: integrating case demographics and worklists into mortuary processes; improved image categorisation and search capability; consolidation of access to all medical images types for simpler review by pathologists; preparation for additional medical imaging types (e.g. MRI); and upgrade of the underlying software and infrastructure that collects, distributes and archives all medical imaging. This work is partially complete and will be ongoing into the second half of 2021.
- A much needed data security uplift has been planned and will now be progressed with the funding made available in the State Budget, enabling us to implement priority changes to the VIFM's information security systems and services and make further progress towards compliance with the Victorian Protective Data Security Standards.

» The VIFM has applied lean approaches in the toxicology laboratory in order to reduce the turnaround time for oral fluid testing from sample receipt to the issue of reports.

» New efficiencies have also been gained in the mortuary with IT enhancements to replace a manual process to check that all relevant tests have been performed prior to the release of bodies to funeral directors.

This project has reduced the risk of the inappropriate release of bodies from the mortuary. A review of contract management at the VIFM has seen a consolidation of all purchase orders (procurement), external contracts and MOUs (legal), accredited service providers (quality) and DTBV contracts, providing more efficient oversight of contracting at the VIFM.

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

Much of the work towards meeting this goal over the past several months has been disrupted by the COVID-19 pandemic. The Human Resources and Organisational Development team has been focussed on supporting our workforce to work from home and managing altered shift work arrangements. The next six months will see a renewed emphasis on the development of a leadership program incorporating articulated competencies aligned to an updated leadership structure.

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

Our work towards this goal has been focussed on supporting the mental health and wellbeing of the VIFM workforce.

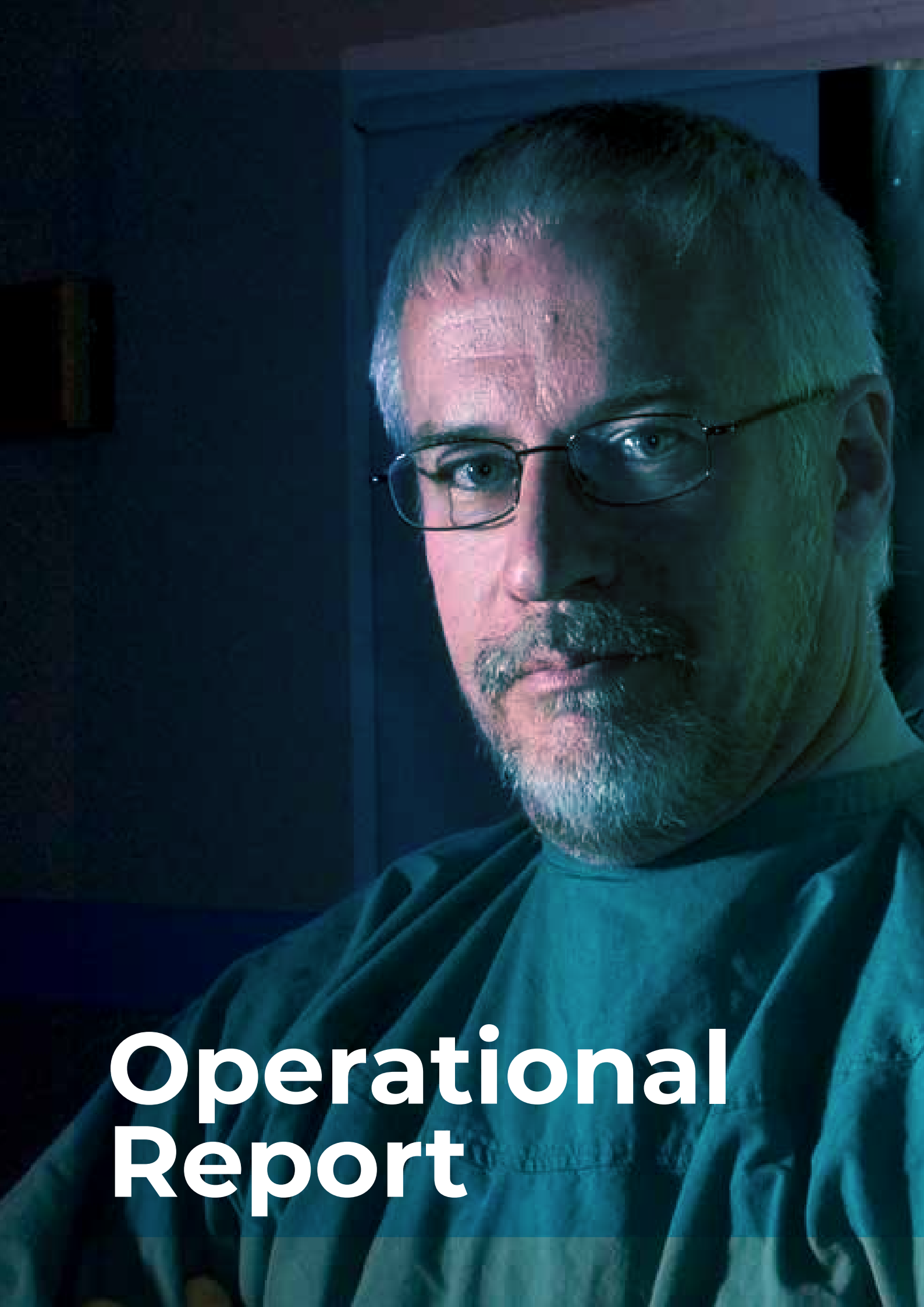
During the last six months, the VIFM's Mental Health and Wellbeing Strategy has continued to be rolled out. Training for managers and staff has been delivered online, with positive feedback on the learning.

We are continuing to pursue the Strategy by:

» enabling staff to use an online service that gives each person an individual account with access to a range of resources to support their individual health and wellbeing needs. The take up of this service has been very encouraging.

» providing a mental health first aid training update session for our peer supporters.

» commencing a bespoke Employee Assistance Program to meet the needs arising from the nature of the work we do at the VIFM, which requires a specialised approach.



Operational Report

Forensic Services Division

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

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

VIFM

Dr Malcolm Dodd

Expert Opinion Services.

The VIFM's expertise in forensic pathology, medicine and science is often requested in the form of expert opinions in interstate and international jurisdictions. In addition to the forensic medical and scientific work, the forensic specialists provided justice agencies with 811 independent expert medical and scientific opinions on a wide range of topics. Many of these opinions are related to clinical forensic medicine matters where the forensic specialists provide interpretation and explanation of injuries including the ageing of injuries such as bruising and explanation of their likely cause. This is of vital importance in family violence incidents where the absence of independent witnesses means medical corroboration of alleged incidents is critical.

Summary of court appearances for the provision of expert testimony

By court type	Number	Percentage
Childrens	0	0%
Coroners	8	4%
County	13	6%
Magistrates	58	26%
Supreme	48	22%
Tribunal	0	0%
Other	94	42%
Total	**221**	**100%**

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

By court process	Number	Percentage
Trial	42	19%
Retrial	0	0%
Committal	80	36%
Inquest	7	3%
Other	92	42%
Total	**221**	**100%**

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

Forensic pathology cases	Number
Culpable driving	13
Manslaughter	5
Murder	54
Other	11
Total	**83**

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

Clinical forensic medicine cases	Number
Fitness for interview	8
Injury Interpretation	16
Physical assault	50
Post-crash toxicology	1
Sexual assault	12
Sexual assault - offender	2
Sexual assault - recent	16
Sexual Assault Toxicology	1
Traffic DUI Drugs	4
Traffic medicine	12
Other	16
Total	**138**

Death Investigation.

Forensic Pathology

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

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

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

This information assists the coroner in planning the legal and administrative aspects of the ongoing death investigation, including whether the coroner will request our doctors to undertake an autopsy. Following a direction by the coroner, the forensic pathologist will undertake an autopsy or an external examination of the body. For these cases two statutorily required medico-legal reports are compiled: a preliminary report and an autopsy or external examination report. Over the past year, Forensic Pathology Services produced over 6,500 medico-legal reports. In about 6 per cent of deaths reported to the coroner the deceased has already been buried or cremated. In these cases, a review of medical records and statements is undertaken, and a report provided to the coroner.

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

VIFM medico-legal investigations by year

Year	No. of medico-legal investigations
16/17	6129
17/18	6405
18/19	6534
19/20	7040
20/21	**6707**

Type of medico-legal death investigation

Year	Autopsy	External examination	MIR*	BNI**
16/17	2696	3211	0	222
17/18	2892	3082	114	317
18/19	2826	3136	234	338
19/20	2866	3597	247	330
20/21	2635	3657	184	231

Research activities by forensic pathology, medical and technical staff have included the following projects approved by the VIFM Ethics Committee in 2020-21:

- Myocarditis in the Forensic Setting
- Sudden cardiac death in people with schizophrenia
- Interrogation of Cardiac Devices: Experience at the Victorian Institute of Forensic Medicine
- Histopathology of Kawasaki Disease, and
- An international individual-patient pooled case series identifying pathological features and pathomechanism of COVID-19 related lung disease

Forensic Radiology

From the mid 2000s whole body CT scans have been performed in all death investigations at the mortuary in Melbourne. The CT scanner provides valuable assistance to pathologists performing the death investigation. CT scans assist in identifying individuals, determining causes of death, preparing for and planning the approach to an autopsy, evaluating potential hazards of the autopsy, and documenting injuries. These images can be later presented in court as evidence. While case numbers continue to grow, the introduction of CT scanning in Victoria has resulted in a sharper focus on those deaths that require an autopsy with a consequent reduction in the overall autopsy rate. Investment in these new techniques for death investigation has improved the time taken to return deceased persons to their families.

Research and Quality Assurance activities by forensic radiology staff have included the following projects approved by the VIFM Ethics Committee in 2020-21:

- PMCT findings in SARS-CoV-2 positive persons
- Differentiating the cause of intracranial haemorrhage in the deceased.

Forensic Photography

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

The Coronial Admissions and Enquiries Office

The 24-hour Coronial Admissions and Enquiries (CAE) office is operated by the VIFM. Our nursing and administrative staff directly support coroners and pathologists in the earliest stages of the death investigation. This includes coordinating the initial stages of the coronial investigation and the collection of accurate legal and medical information. Our staff work with families providing them with information and support, particularly to those families who need to attend the VIFM in order to view the body of their family member for identification purposes. The CAE team who support the duty coroner and duty pathologist include senior nurses and are supported by forensic mortuary staff, administrative staff, forensic odontologists, forensic anthropologists, medico-legal executive assistants and the medical liaison nurses.

Forensic Technical Services

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

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

Family Health Information Service

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

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

In 2020-21 the FHIS has made 103 specialist referrals to medical specialist services, 260 General Practitioner referrals and 34 notifications of cancer diagnosis to the Victorian Cancer Registry. Family and pathologist meetings are on hold due to the COVID-19 pandemic.

The Family Health Information Service played an important role in communicating with families, DHHS and first responder agencies around COVID-19 risks and the outcomes of SARS-CoV-2 testing undertaken at the VIFM throughout 2020 -21.

"The work of the specialist forensic pathologist includes examining the scene of death, detailed assessment of the body of the deceased, and the performance of a wide range of complex medical and scientific tests."

Forensic Science.

Post Mortem Toxicology

The toxicology laboratory at the VIFM undertakes drug and poison investigations of coronial cases in the state of Victoria. The coronial case work decreased from 6469 cases in 2019-20 to 6290 in 2020-21. Rapid toxicology testing is now enhanced with screening for novel psychoactive substances and the utilisation of high-resolution mass spectrometry for drug detection in death investigation. Increasing our testing capacity enables the detection of hundreds of drugs and unknown substances in a variety of medico-legal and clinical cases.

Year	Number of coronial cases received for toxicology testing
16/17	5866
17/18	5946
18/19	5956
19/20	6469
20/21	**6292**

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

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

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

Research and quality assurance activities by toxicology staff have included the following projects approved by the VIFM Ethics Committee in 2020-21:

- Novel Psychoactive Substance deaths in Australia
- Clinical presentations and forensic confirmations in suspect illicit drug toxicities in Victorian hospitals
- Analysis of Novel Psychoactive Substances
- One punch assaults in Australia: an update on clinical and forensic issues and opportunities for prevention,
- The toxicology of homicides and suicides by violent means in which methamphetamine is detected.

Histology

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

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

A total of 57,909 tissue samples from 2734 autopsies were submitted for histological processing during the 2020-21 year. Paraffin blocks of tissue were produced from each of these samples with stained sections provided to the pathologists to assist in their determination of a cause of death.

Year	Number of histology tissue samples processed
16/17	61,982
17/18	66.669
18/19	61,532
19/20	62,611
20/21	**57,909**

Human Identification Services – Forensic odontology, anthropology and molecular biology

The Human Identification Services team is involved in the identification of people. The coroner must formally identify all individuals whose death is reported to the Coroners Court. The team includes forensic anthropologists (who examine skeletal remains) and forensic odontologists (who are responsible for dental identifications). Their work is critical where visual identification of the deceased is not possible or is inappropriate. They also provide expert assessment of skeletal and orofacial trauma. This information can be critical in the investigation of injuries in crimes against the person. Human Identification Services provided 73 odontology reports and 194 anthropology reports and opinions in 2020-21.

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

The forensic Molecular Biology Laboratory uses DNA analysis to assist in the identification of deceased persons. DNA is particularly useful where, as a result of severe trauma or decomposition, the deceased cannot be visually identified. These services include the provision of kinship comparisons using nuclear DNA (nDNA) typing platforms, as well as mitochondrial DNA (mtDNA) analysis. The molecular biology team particularly assists with deaths involving drowning, fires, aircraft crashes, or mass fatality events (such as the 2009 Victorian bushfires). This year the DNA laboratory team conducted 255 tests (corresponding to 454 samples) to assist the coroner in the identification of deceased persons.

The VIFM is one of only two accredited laboratories capable of mitochondrial DNA (mtDNA) analysis. As such, the VIFM also provides DNA analysis services to assist in criminal investigations in other states and territories. These cases range from long-term missing persons to complex cold case homicide investigations, which require the analysis of large numbers of compromised samples (such as hairs and skeletal elements). This year 14 external cases (corresponding to 23 samples) were referred to our laboratory, with some of the findings assisting in the closure of high-profile investigations across Australia.

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

- Genetic genealogy and Victoria's John and Jane Does
- Forensic genetic genealogy methodology assessment
- Validation of fracture measurements obtained from PMCT 3D volume renders
- Understanding the complexities of establishing identity for cases of unidentified human remains
- Missing persons – missing data? A quality review of forensic medical and scientific data entered into the National Missing Person and Victim System (NMPVS) database. In September 2020, Professor Soren Blau was awarded a $25,000 Quality Assurance Programs Research Grant from the Royal College of Pathologists of Australasia (RCPA) for this project.

Year	Number of DNA identification tests for the coroner
16/17	176
17/18	198
18/19	238
19/20	254
20/21	**255**

Clinical Forensic Medicine.

Head of Service

On the 1 March 2021, Dr Maria Nittis commenced her role as Head of Service, Clinical Forensic Medicine (CFM). Professor Morris Odell retired in late 2019. The VIFM is very grateful to Dr Maaike Moller and the other senior clinical staff who lead the service in the intervening period.

Sexual assault examinations

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

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

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

Work is currently being undertaken to update the examination proforma and evidence collection kits, looking at reducing kit costs and improving specimen collection reliability.

Physical assault examinations

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

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

Total number of Clinical Forensic Medicine (CFM) cases 2020-2021

Adult sexual assault examinations	404
Adult non-recent sexual assault examinations	34
Adult physical assault examinations	119
Just in case sexual assault examinations	2
Paediatric forensic services	28
Fitness for interview	79
Fitness for interview (phone)	691
Traffic medicine	171
Expert opinion	845
Biological specimen collection	41
Professional standards command	4
Court appearances - CFM	138
Other specialised services - CFM	27
Total Cases	**2583**

In addition to the above casework, the CFM team has provided phone call advice on 1762 occasions in 2020-21.

Road traffic medicine

The CFMI staff provide expert medical advice to VicRoads and the Commercial Passenger Vehicles Victoria (CPVV) regarding fitness to drive in cases where there is an allegation of medical impairment. In this role, the CFM doctors performed 1828 clinical fitness to drive reviews for VicRoads and 531 fitness to drive reviews for CPVV in 2020-2021 and discussed 126 cases at the Joint VIFM / Vic Roads Medical Consultative Committee. The CFM staff also provide expert evidence at hearings if, and when, drivers challenge an agency's licensing decisions.

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

Biological sample collection

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

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

Fitness for interview examinations

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

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

Expert Opinion

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

Numbers for these assessments have progressively grown since 2016.

Court Appearance

Forensic medical staff are required to attend court for a variety of reasons (trial, voir dire, committal etc.). Our staff attended 138 court appearances in the 2020-2021 year.

Additional Activities

Additional activities undertaken during the last twelve months have included:

- Ongoing research into technology facilitated assaults (subject of a doctoral thesis)
- Development of the Federal Department of Social Service (DSS) Prevention of Sexual Violence training for frontline workers, in conjunction with Monash University, with completion of the first of three modules.
- Participation on the advisory panel for the revised Fitness to Drive Guidelines (National Transport Commission and AusRoads)
- Participation in an advisory group to government on medicinal marijuana
- Participation in the Bendigo Community Health Non-Fatal Strangulation Training Project to educate police and doctors regarding neck compression.
- Ongoing education provided to Victoria Police and community groups.

Dr Nicola Cunningham

Drug Testing Services for Victoria Police

Road Traffic Toxicology

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

The VIFM forensic toxicology laboratory undertakes analysis of road traffic samples for Victoria Police to confirm the presence of these drugs in drivers. In 2020-21 there were approximately 11034 confirmations conducted in oral fluid.

In addition to the analyses from randomly tested drivers, the VIFM also undertakes the forensic analyses of samples from drivers injured in road accidents, as well as those suspected of being drug impaired while driving. The prevalence of drugs in injured drivers is not markedly different to those drivers killed in accidents.

It is also well established that the presence of alcohol and/or drugs in drivers continues to be a road safety issue with approximately 20 per cent of all drivers killed in Victoria testing positive for stimulants (22% in 19/20). Research conducted by the Institute has demonstrated that the presence of stimulants in drivers significantly increases the risk of having an accident[1]; the risk is equivalent to a driver who has a concentration of alcohol in blood of at least 0.15%[2]. The percentage of deceased drivers who tested positive to either alcohol or a drug was determined to be 63%; this figure has been steadily increasing over the last 10 years (45% in 2010/11).

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

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

Number of toxicology tests on drug facilitated sexual assaults per year

In criminal cases where there is suspected drug or alcohol involvement, specimens from victims and offenders of crime are analysed by the VIFM toxicology service. The VIFM analysed 229 of these cases in 2020-2021.

16/17	195
17/18	180
18/19	227
19/20	270
20/21	**229**

Number of drug and alcohol toxicology tests on injured driver cases

16/17	5129
17/18	5506
18/19	5946
19/20	5925
20/21	**6200**

Number of toxicology roadside confirmatory drug tests

16/17	8958
17/18	10153
18/19	12560
19/20	12203
20/21	**11034**

Number of toxicology tests on impaired driver cases

16/17	339
17/18	378
18/19	372
19/20	378
20/21	**314**

Donor Tissue Bank of Victoria

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

Mr Ben Stewart

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

Overview

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

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

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

Recognising the precious gift of tissue

The DTBV has been operating as a tissue bank for over 30 years. Its work would not be possible without the support of donors and their families, and the many healthcare and tissue banking professionals required to ensure the crucial resource of human tissue is available to those in clinical need.

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

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

Donation partners

The DTBV donation program operates in collaboration with partners through the DonateLife network. Partners include DonateLife Victoria, DonateLife Tasmania, the Royal Melbourne Hospital and the Lions Eye Donation Service in Melbourne. The Living Donor Bone Program also collects tissue from patients undergoing routine hip replacements (due to worn cartilage). The otherwise discarded bone removed during surgery is processed by our scientific and technical team into other bone tissue products suitable for transplantation. The DTBV also collaborates with the Royal Children's Hospital to collect cardiac valves from heart recipients, as there is a particular shortage of small valves for transplantation into children.

Making the most of the gift of tissue

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

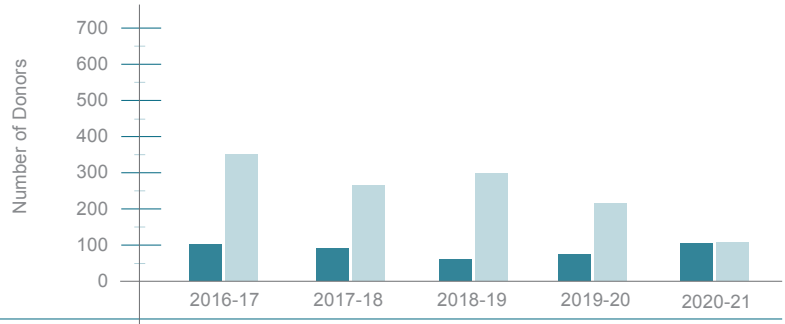
Donation and screening rates 2020-2021

Despite the COVID-19 pandemic, donations by deceased donors achieved their best result in five years. The year commenced with donations well down. However, as the state began its recovery from the pandemic, donation rates increased significantly. Donor numbers were 18 per cent higher than the previous year and almost double those of two years prior. This success was cemented by an increase in multi-tissue donations, with a 28 per cent increase in tissue donations from the previous year. The increase in donations ensures the DTBV will have strong reserves of tissue to service the community into the future.

Conversely, the pandemic has had a more lasting and negative impact on the Living Donor Bone Program. The transition to telehealth has limited access to patients to discuss tissue donation prior to hospital admission. These new ways of working, designed to minimise the spread of COVID-19, have unfortunately contributed to a reduction in living donors.

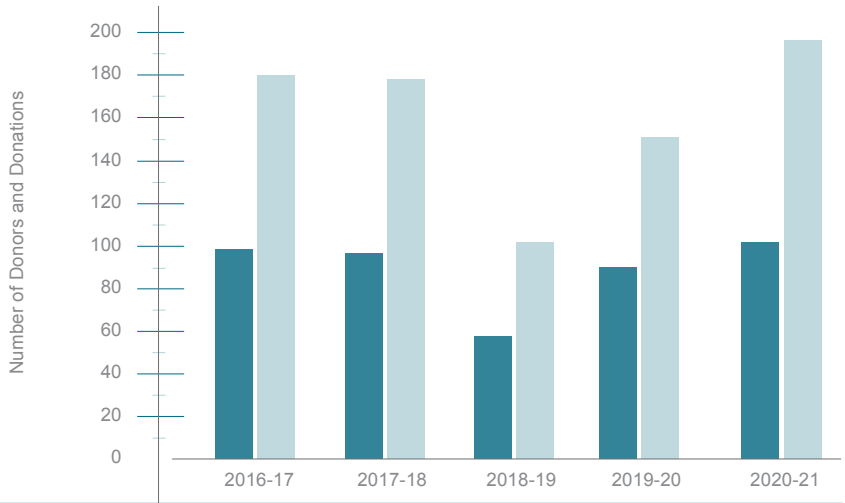
Donations are the culmination of considerable screening work by the DTBV's team of donation nurses. In 2020-21, this included screening 7,057 coronial cases and 243 referrals from hospitals, with an end outcome of 102 tissue donors. Less than two per cent of coronial cases were suitable for an approach to the deceased's family and only 54 per cent of families approached consented to donate. Referrals from hospitals have a far higher chance of resulting in a donation, as these are typically from families who have already consented to donation.

Number of living and deceased donors



	2016-17	2017-18	2018-19	2019-20	2020-21
Deceased Donors	98	95	58	86	102
Living Donors	352	255	306	222	106

Number of deceased donors and donations



	2016-17	2017-18	2018-19	2019-20	2020-21
Total Donors	98	95	58	86	102
Total Donations	180	177	99	153	197

Number and type of donations by deceased donors

	2016-17	2017-18	2018-19	2019-20	2020-21
Total Donors	**98**	**95**	**58**	**86**	**102**
Cardiovascular Tissue	48	55	24	43	60
Musculoskeletal Tissue	60	53	35	48	59
Skin Tissue	72	69	40	62	78
Total Donations	**180**	**177**	**99**	**153**	**197**

Operations and tissue supply rates 2020-21

The DTBV is the only multi-tissue bank in Australia providing bone, skin, cardiac and tendon allografts to surgeons. As in previous years, the demand for skin and cardiac tissue continued to outstrip supply in 2020-21. Reserves of skin, which were fully depleted in 2018-19 by the White Island volcano tragedy in New Zealand, have still not returned to sustainable levels. Stocks are being depleted almost as soon as they are being released.

Over the past two years since the release of the DTBV's first freeze-dried product, the DTBV has actively sought to promote the use of Australian tissue allografts in the competitive bone market and build its operational capacity to support that growth. Bone market share grew from four per cent to ten per cent over the two-year period with strong sales of Cancellous Bone Matrix (CBM) product used across many surgery types, and shaped Cancellous Bone Wedges used in bespoke spinal surgery. This past year also saw a limited market release of Demineralised Bone Matrix (DBM) to a small cohort of surgeons. Sales of freeze-dried products (CBM and DBM), which can be conveniently stored at room temperature on consignment at a hospital, surpassed sales of frozen bone and are now the mainstay of the DTBV's bone tissue supply to the market.

The acquisition of a second freeze dryer will further strengthen the DTBV's operational capacity.

Clinical support partnership with KT Medical

Since August 2019, the DTBV has partnered with KT Medical to facilitate sales of bone grafts and provide clinical support and education to spinal and orthopaedic surgeons across Australia. The strength in sales, despite the uncertainty of elective surgeries during the pandemic, is a direct result of that partnership. KT Medical continues to grow its sales channels, expand consignment-based arrangements with hospitals, and provide valuable feedback ensuring products meet the needs of the surgical community.

Research and product development

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

- the expansion of the range of available CBM particle sizes, which will provide greater versatility in the range of surgical applications of CBM
- the reduction in the minimum rehydration period for both DBM and CBM, which will improve waiting times in its clinical use
- the expansion of the range of tendons with the release of quadriceps tendons for use by orthopaedic surgeons.

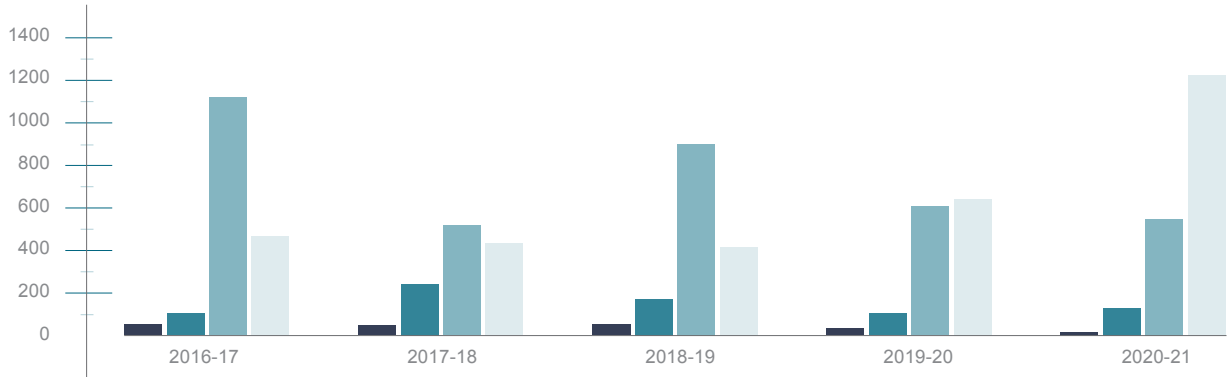
A second freeze dryer has been acquired and is currently being qualified. Once in use, the freeze dryer will enable the DTBV's research activities to run in parallel to production, overcoming a key bottleneck to current research activities.

Therapeutic Goods Administration inspections

Since March 2020, the DTBV has undergone two TGA inspections with a higher level of attainment required with each review. While an ongoing program of improvement is a normal part of the DTBV's operations, the two TGA inspections significantly increased the standards required and the associated workload to maintain compliance.

As a result of the first inspection, the DTBV instituted a taskforce

Tissue supplied for transplantation



	2016-17	2017-18	2018-19	2019-20	2020-21
Cardiac	55	53	54	27	17
Tendons	114	169	173	115	140
Skin	1135	512	922	605	569
Bone	449	430	410	633	1215

approach to implement recommended improvements in the areas of computer system validation, contingency planning, environmental management, contamination controls and data collection for product monitoring and analysis. The second TGA inspection in June 2021 confirmed that the DTBV had made substantial progress against the findings of the previous review. Recruitment of a research and development technician has commenced to assist in the preparation for the coming year's program of improvements.

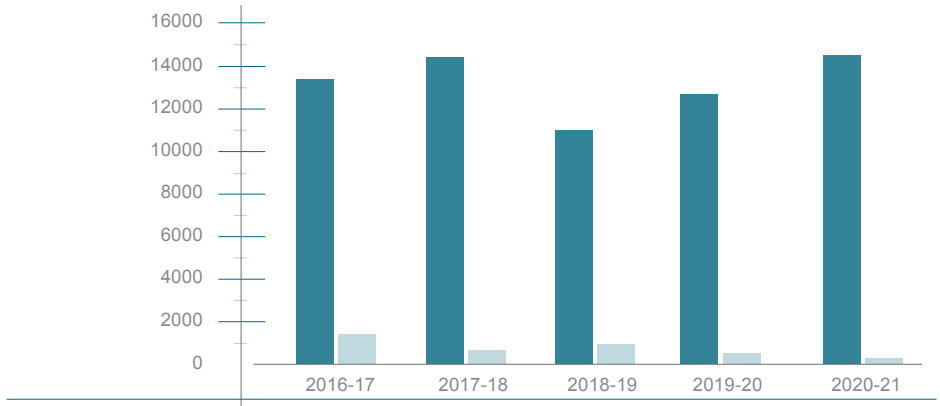
Industry participation and reform

The year has seen all industry groups unable to run conferences or events, which has affected the DTBV's engagement with industry. However, during this period, the DTBV, in co-operation with other government tissue banks, participated in the Australian Government's review of the Prostheses List (Part B - Human Tissue). The DTBV provided a submission on the government's plans to reform the List, reduce rebate costs paid by private insurers and simplify the products listed. Unlike non-tissue prostheses providers, tissue banks can only recover reasonable costs by law, which poses specific challenges to the reform agenda.

Microbiology service

The DTBV provides an in-house microbiology service that supports both tissue banking operations and death investigations as part of the coronial system. The pandemic directly contributed to an increase in microbiological specimens receipted into the microbiology laboratory. A screening process on all admissions to the mortuary resulted in an additional 1342 specimens for COVID-19 testing being processed between August and November 2020. There was a decrease in serology testing, again as a result of the pandemic, where only 43 per cent (internal) of all tissue donors were sent for serology and nucleic acid PCR testing when compared to 60 per cent of all tissue donors the previous year. Additionally, the decrease in living bone donors also reduced serology testing numbers.

Microbiology Samples Processed



	2016-17	2017-18	2018-19	2019-20	2020-21
External serology in-house microbiology & external testing services	13340	14067	10911	13240	14540
External serology	1260	836	894	278	152

Academic Programs

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

Professor Richard Bassed

Highlights.

Ms Jennifer Ryan

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

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

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

The underlying philosophy of the VIFM is to 'learn from the dead to benefit the living' and this drives the prevention focus across the research and teaching programs. The Academic Programs Division is recognised as an important contributor to international forensic medical and scientific teaching and research. It provides vital academic input into the Institute's day-to-day business, and its academic accomplishments underpin the Institute's credibility in the courts and in the justice and healthcare systems. This collaboration also provides the VIFM's practitioners with important avenues for professional development to build their own knowledge and expertise, and to share this expertise through teaching. It is critical that the VIFM staff share their skills and knowledge to train the next generation of forensic practitioners.

Highlights from the 2020-2021 year

Whilst the last few months of the financial year proved challenging due to the ongoing impact of COVID-19 on both teaching and research activities, Academic Programs and the DFM had a fruitful year overall.

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

The DFM awarded $4.5 million grant for sexual violence response training

In December 2019, the DFM was awarded a $4.5 million grant from the federal Department of Social Services. The purpose of this grant is to provide education Australia wide to medical, nursing and frontline workers in the difficult area of recognising and responding to sexual violence. The work is particularly focussed on reaching at-risk individuals and communities. The project will develop and deliver two

training courses, one to medical professionals via accredited Continuing Professional Development programs and a second to frontline workers through Vocational Education Training. The awarding of this grant represents a huge vote of confidence in the work of both the VIFM and the DFM and will provide substantial community public health benefit in responses to sexual violence.

Growing our teaching programs

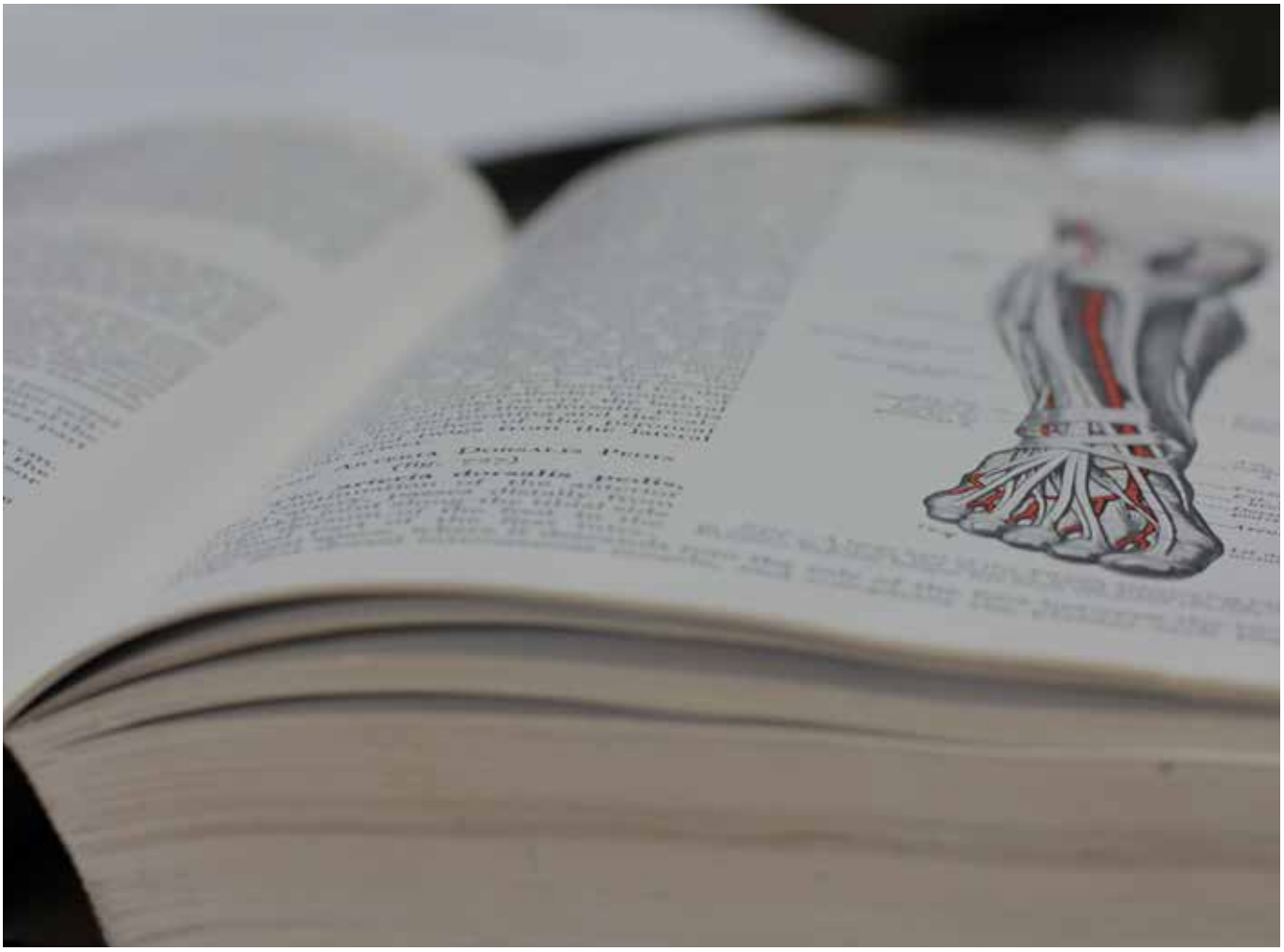
Our teaching programs experienced another year of growth and development in both the Monash University master and undergraduate programs. Our short course program has had to be significantly curtailed due to COVID-19 restrictions, especially given the importance of face-to-face contact for the majority of these courses. However, we expect to be back up and running with these important courses in 2022.

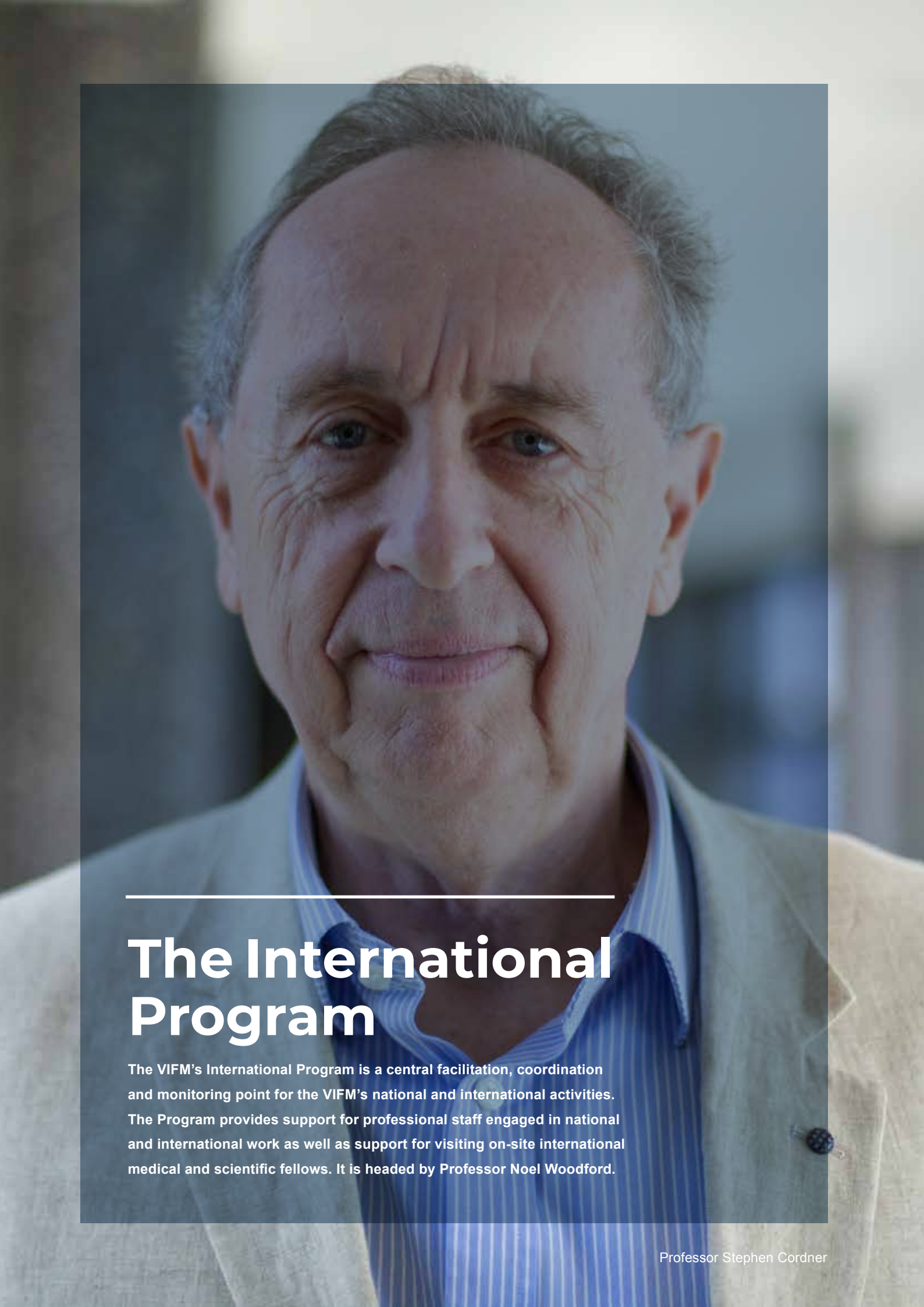
COVID-19 has posed a number of teaching challenges in the last few months of the financial year, with all learning modules moving to an online platform. Both teachers and students are beginning to adapt well to this new mode of working and it is envisaged that some aspects of this approach will be retained permanently as we move back into a more normal environment. For the first time, more than 110 students are enrolled in the master course. New units are being contemplated for 2022, as well as a joint postgraduate qualification in collaboration with the Faculty of Law. A new diploma in Paediatric Forensic Medicine is under development and will be offered for the first time in 2022.

Early in 2020, the DFM restructured its research program under the following units:

- Drug Intelligence: forensic toxicology and pharmacology research
- Death Investigation and Prevention: forensic pathology, anthropology, molecular biology and all research associated with death prevention
- Violence Investigation and Prevention: all clinical forensic medical research, including paediatrics and forensic issues with the elderly
- INFORMED: machine learning and data analytics research
- Forensic Medicine and Human Rights: in conjunction with the VIFM International Programs Division and the Michael Kirby Centre for Public Health and Human Rights and involving our newly minted research initiative supporting the UN Special Rapporteur in his mandate for extrajudicial, summary and arbitrary executions.

More details on individual research projects can be found in the thematic section of the Annual Report.





The International Program

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

Professor Stephen Cordner

Overview

While the COVID-19 pandemic and related border entry restrictions precluded the hosting of international medical graduates during 2020-2021, the VIFM has continued to contribute to international forensic medical capacity development through a range of online mechanisms and consultancies.

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

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

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

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

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

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

International and humanitarian work

In April 2021, Geneva-based Monash University Adjunct Professor Morris Tidball-Binz commenced his three-year appointment by the United Nations as its Special Rapporteur on extra-judicial, arbitrary or summary executions. The Department of Clinical Forensic Medicine (DFM) and the International Program is carrying out a range of research in areas being prioritised by the mandate, with key assistance from Associate Professor Bebe Loff, Director of the Michael Kirby Centre for Public Health and Human Rights. The Eleos Justice Centre, which is focussed on the restriction and abolition of the death penalty in the Asian region, has also joined the effort.

In August 2020, Associate Professor David Wells, the former Head of Clinical Forensic Medicine at the VIFM, was requested by an Afghanistan-based NGO to review sexual assault responses and develop a sexual assault proforma. This work has been paused because of the unstable situation in Afghanistan.

Since November 2021, Associate Professor Wells, who is a member of the US-based Physicians for Human Rights group, has been involved, through that group, in developing forensic medical capacity for the investigation of sexual violence in the Democratic Republic of Congo.

In May 2021, Dr Hans de Boer (Forensic Pathologist at the VIFM) and Professor Soren Blau (Senior Forensic Anthropologist and Manager of VIFM Identification Services at the VIFM) were elected Chair and Deputy Chair (respectively) of the INTERPOL DVI Pathology and Anthropology Sub-Working Group.

International case review consultancies

Emeritus Professor Stephen Cordner provided a report and opinion in relation to the application for review of a criminal conviction of Gerald Klassen in British Columbia, Canada. This report was used in a successful application by Mr Klassen in December 2020 for bail pending referral of his case to the Court of Appeal. Professor Cordner also provided a confidential case opinion for the US Innocence Project.

The Office of the Prosecutor of the International Criminal Court (ICC) engaged a senior VIFM forensic pathologist and a senior VIFM forensic physician as pro-bono consultants for a 12-month period during which time specialist advice was provided to an ICC investigation.

International Committee of the Red Cross (ICRC)

Staff of the VIFM were involved in a number of ICRC projects and activities across 2020-21:

In May 2021, Professor Cordner presented to an ICRC workshop in Ukraine on Developing Forensic Institutes and Departments, along with Professor Michael Pollanen from the Ontario Forensic Pathology Service. The VIFM's Deputy Director, Professor David Ranson, was also a guest speaker at the workshop.

In December 2020, the VIFM's Quality and Improvement Manager, Frances Adamas, was commissioned by the ICRC Ukraine to deliver a webinar on quality management systems for forensic laboratories.

During the course of the year, Professor Cordner, Dr Jodie Leditschke, VIFM Manager of Forensic Technical Services and Coronial Admissions and Enquiries, and Dr Heinrich Bouwer, VIFM Forensic Pathologist, undertook a number of consultations with the ICRC (Geneva) on the development of their Resolve Platform. This IT data management tool will be used in major disasters or any mass fatality event as the case management system for a forensic pathology service.

Throughout the year, Professor Cordner assisted the ICRC to finalise its 'Guiding Principles on the dignified management of the dead in humanitarian emergencies and to prevent them becoming missing persons'. The Guiding Principles aim to remind decision-makers, managers and practitioners responding to humanitarian emergencies about the importance of the dignified management of the dead, including respect for their families, and the need to comply with applicable law. The Principles complement and underpin existing technical guidelines and manuals on the management of the dead.

Following a public consultation process, the Guiding Principles were launched at a symposium at the virtual triennial meeting of the International Academy of Legal Medicine on 3 June 2021.

Professor Cordner undertook a review of the ICRC Forensic Unit's response to the COVID-19 pandemic, particularly in relation to contributions to the management of the dead around the world. This entailed analysis of international COVID-19 mortality statistics and research into challenges with managing the dead across all international regions. A series of recommendations were made in a final report.

US Centers for Disease Control and Prevention

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

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

WHO Collaborating Centre on Violence and Injury Prevention

The DFM is one of a number of entities forming the WHO Collaborating Centre on Violence and Injury Prevention, led by the Monash University Accident Research Centre. This project is based largely on the work of Professor Joan Ozanne-Smith, who heads the Injury Prevention Unit within the DFM.

As part of this collaboration, Professor Ozanne-Smith reviewed the WHO draft guide, Step Safely: Strategies for preventing and managing falls across the life-course. The WHO Guide, Fatal Injury surveillance in mortuaries and hospitals was also developed jointly with the DFM.

Participation in the International Association of Forensic Sciences

Professor Cordner is Chair of the Humanitarian Forensic Science Discipline Committee for the International Association of Forensic Sciences Congress. The Committee is responsible for suggesting the speakers and topics for that section of the program. There was considerable activity by the Committee leading up to the proposed Congress in Sydney in August 2020 before the meeting was cancelled because of the COVID-19 pandemic. This work will be revisited for the re-scheduled Congress in 2023.

International teaching and training

In July 2020, Professor Cordner participated in a virtual training session for Dutch journalists on the Minnesota Protocol and how it might be applied to the investigation of the murders of six journalists in different countries. The Minnesota Protocol is the international standard for the investigation of suspicious – or potentially unlawful – deaths, including those in which the State is implicated. The training session was hosted by the Coimbra University Centre for Humanitarian and Human Rights Forensic Research and Training, based in Portugal. Other speakers included Professor Duarte Nuno Vieira from the Coimbra Centre and Professor Tidball-Binz.

Associate Professor Wells was commissioned by UNODC and UN Women to develop a training program on responding to sexual violence for a new cohort of medical practitioners in the Palestinian Territories. He is developing the program in consultation with Palestinian clinicians. Commencing in August 2021, the program will include the delivery of approximately 15 two-hour tutorials for medical staff.

In August 2020, Professor Cordner facilitated and participated in an Asia Pacific Forensic Medicine Forum on the Management of the Dead in a time of COVID-19. The event was co-ordinated by the APMLA network, the ICRC and the Central Institute of Forensic Science in Bangkok.

In August 2020, Professor Cordner and the VIFM Director, Professor Noel Woodford participated in a webinar hosted by the University of Ottawa on deaths in custody. Their joint presentation was entitled 'Deaths in Custody: From the Scene to the Courtroom – An Antipodean Perspective'. The presentation covered issues relating to the Royal Commission into Aboriginal Deaths in Custody as well as the investigation

of deaths in offshore immigration detention.
Between December 2020 and February 2021, Associate Professor Wells participated in a series of webinars for the judiciary in Association of Southeast Asian Nation (ASEAN) member countries. This initiative was hosted by the Department of Foreign Affairs and Trade and the audience included judges and senior counsel from the ten ASEAN-member countries. Each webinar had an audience of 800-1000 and multiple interpreters. Professor Wells' topics included re-victimisation of complainants and human trafficking.

In August 2020, Professor Blau participated in seminars hosted by the Australian and New Zealand Forensic Science Society on Large Scale DNA Identification of Missing Persons and Advances in Forensic Taphonomy.

In September 2020, Professor Blau participated in a seminar on Race and Racism in Bioarchaeology, hosted by the British Association for Biological Anthropology and Osteoarchaeology.

In October 2020, Professor Cordner participated in a webinar on International Protocols in Forensic Medicine for the University of Coimbra's Master of Forensic Medicine program.

In June 2021, in collaboration with colleagues from the Coimbra University Centre for Humanitarian and Human Rights Forensic Research and Training, Professor Cordner participated in dialogue with the Commission on Human Rights of the Philippines, which led to:

- an agreement to organise a review by international experts of chapters of a manual to assist the forensic investigations of apparent serious breaches of human rights in the Philippines, and
- participation in a two-day symposium for the Commission on Human Rights of the Philippines with a presentation entitled Forensic Medicine and Human Rights.

Professor Cordner provided two presentations on the forensic medical aspects of the Minnesota Protocol for the International Commission of Jurists for audiences in Thailand on 17 December 2020 and 15 February 2021.

In May 2021, Professor Cordner provided guest lectures for an Indian rights-based initiative, Project 39A, which is run by the National Law University in Delhi and aims to trigger new conversations on legal aid, torture, forensics, mental health in prisons and the death penalty. Project 39A is developing an online subject for law students in India on forensic science and medicine. Professor Cordner has recorded lectures on death investigations, including on the topics of post mortem examinations and the cause of death.

Additionally for this project, Professor Richard Bassed, the Head of DFM, has developed a similar lecture and case-based forensic odontology teaching session.

Research Governance at the Victorian Institute of Forensic Medicine

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

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

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

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

The VIFM Ethics Committee is a standing committee of the VIFM Council and is constituted in compliance with the National Health and Medical Research Council (NHMRC) National Statement on Ethical Conduct in Human Research 2018 (the National Statement) under a Terms of Reference approved by the Council. As a registered Human Research Ethics Committee with the NHMRC, all research approved by the VIFM Ethics Committee must comply with the requirements of the National Statement. The VIFM Ethics Committee reports annually to the NHMRC for monitoring purposes.

Ethics approved research application categories

In the 2020-2021 year, the VIFM Ethics Committee considered 16 research applications and approved 16 applications, seeking further information for seven applications.

The applications sought data and tissue as follows:

Type of Research	Number of Applicants
Access to the body of a deceased person	0
Use of fresh tissue (tissue taken for a research purpose)	0
Use of stored tissue (tissue taken for the purpose of an autopsy)	5
Information collected or generated	15
Live participants - surveys	0
Live participants - tissue	2

The VIFM Council and the Director have not referred any questions of ethics affecting the operation of the VIFM in 2020-21. No guidelines or policies relating to the ethical aspects of research have been reviewed in 2020-21.

Reporting to Government

The Institute reports to government on its activities via the Budget Paper 3 (BP3) statistics. The information provides an accrued measure against targets for a number of medico-legal investigations, quality of reports, timeliness of body turnaround and final reports. The table below shows these and other outcomes for 2020-21.

Supporting the Justice System

	Unit of measure	Year 2020-21			
Quantity		**Target**	**Actual**	**Percertange Variation**	**Comments**
Clinical Forensic Medicial Services	number	2,300-2,700	2,433		
Medico-legal death investigation services	number	6,150-6,550	6,707	2.4%	This increase reflects deaths reported to the Coroner. Demand for these services cannot be controlled or managed by VIFM. The increase in death investigations continues to significantly exceed safe working case levels per Forensic Pathologist. The BP3 target was increased without the necessary funding required to support an increase in essential front-line resources.
Provision of expert forensic medical and scientific evidence in court	number	150-250	221		The number of court appearances is dictated by court and prosecution requirements.
Quality					
Victorian Institute of Forensic Medicine Quality audit	per cent	95	97.3	2.4%	Performance reflects the high standard of pathology reports of which very few require any follow-up action after audit.
Timeliness					
Medical and scientific investigations on the body of the deceased completed within two days	per cent	75-85	67.4	-10.1%	This is a flow-on effect from the rising number of deaths reported to the coroner, compounded by forensic pathology resources being stretched beyond capacity in the face of excessive workloads.
Medico-legal death investigation reports issued within agreed period	per cent	60-70	68.5	0.0%	The VIFM met the report turnaround times that are critical for courts to ensure that hearings can be held in a timely manner.

Significant Events for 2020-2021

Professor Noel Woodford and the Hon. Jaclyn Symes, Attorney-General

National Science Week 2020

The VIFM was very fortunate to receive funding from the federal Department of Industry, Innovation and Science to allow us to participate in National Science Week for the first time (August 2020).

The planned live event with the ABC was unable to proceed due to the COVID-19 pandemic. Professor David Ranson, Professor Richard Bassed and Dr Linda Iles instead featured in an ABC radio broadcast to reveal the real world of forensic science and how it differs from the characters, labs, tools and techniques that appear in books, movies and television shows.

Law Week 2021

On 17 May 2021, as part of Law Week, the VIFM and the Coroners Court of Victoria (CCOV) held a live-to-air panel discussion facilitated by Brian Nankervis on the topic 'More than just the road toll – the impact of alcohol on health and safety'.

For many people, the phrase 'If you drink, then drive, you're a bloody idiot' is the first memory they have of learning about the dangers of alcohol but alcohol has a direct impact on far more than just fatalities on the road. From DIY accidents at home, to falls and interpersonal violence, alcohol consumption can make us vulnerable in many ways.

The expert panel included His Honour Judge John Cain, Victorian State Coroner, Dr Linda Iles, Dr Jo Ann Parkin, Dr Nicola Cunningham and Dr Jennifer Schumann and the discussion covered issues about how alcohol consumption can creep into everyday living and the consequences of excessive drinking. The State Coroner spoke about how the CCOV works to prevent unnecessary deaths in the community and what is involved in the coronial process when alcohol-related deaths occur.

Thank you to Professor David Ranson and Ms Deb Withers (VIFM) for providing technical support for the event.

Chief Commissioner of Police visit to the VIFM

The Chief Commissioner of Police, Shane Patton, visited the VIFM on 31 March 2021. The visit provided the VIFM with a valuable opportunity to show and discuss with the Chief Commissioner the people and technology behind the VIFM's service work for Victoria Police across many areas, including pathology, clinical forensic medicine, toxicology, missing persons investigations and teaching and training.

Attorney General visit to the VIFM

The Attorney General, the Hon Jaclyn Symes MP, visited the VIFM on 20 April 2021 and met with Senior Management, including the Heads of Service in Pathology, Clinical Forensic Medicine and Forensic Science. The Attorney-General toured the VIFM service areas, including Coronial Admissions & Enquiries, the mortuary, the toxicology and microbiology laboratories and the Donor Tissue Bank of Victoria.

Professor Noel Woodford, the Hon. Jaclyn Symes, Attorney-General, the Hon. John Coldrey AM QC

VIFM Staff

Adjunct Professor Soren Blau

Recognition, Awards and In Memoriam.

Staff Recognition Program

The VIFM staff recognition program is based on the VIFM's values of Respect, Openness, Service, Integrity and Innovation (ROSII). The VIFM grants ROSII Awards to acknowledge and celebrate the outstanding work of individuals and teams. In 2020-21, the ROSII Award recipients were:

ICT Team – Service and Innovation
Mortuary Team – Service
Microbiology Team – Service
Stephen Ansell – Service and Innovation

Other Recognition

In July 2020, **Adjunct Professor Soren Blau** was selected into the 'veski inspiring women STEM sidebyside program', a professional development program that supports women wanting to progress or extend into leadership positions within STEM (Science, Technology, Engineering and Mathematics) industries.

In November 2020, the National Institute of Forensic Science awarded the 2020 Best Literature Review to a journal article by **Eden Johnstone-Belford and Professor Blau** entitled *'A Review of Bomb Pulse Dating and its Use in the Investigation of Unidentified Human Remains'*. The article was published in the Journal of Forensic Sciences and the Associate Editors and Editor-in-Chief of this Journal also recognised the article as a 2020 Noteworthy Article.

Awards

Dr Melissa Baker was posthumously awarded the Medal of the Order of Australia in the 2021 Australia Day Honours List. The citation reads: For service to people living with lymphoma.

Adjunct Professor Soren Blau was awarded a Member of the Order of Australia in the 2021 Queen's Birthday Honours List. The citation reads: For significant service to forensic medicine and to scientific organisations.

Dr Samantha Rowbotham received a 2020 Churchill Fellowship to develop guidelines for best practice skeletal trauma analysis in forensic anthropology.

Staff Service Awards

30 years →

Maria Pricone

25 years →

Kellie Hamilton & Carole Spence

20 years →

Noelle Large & Natalie Morgan

15 years →

Soren Blau, Elizabeth Daly, Emily Hall, Linda Iles, Christopher O'Donnell & Angela Sungaila

10 years →

Marie Anderson, Yeliena Baber, Andrew Coventry, Peter Edbrooke, Linda Glowacki, Irene Kantzidis, Elizabeth Manning, Melissa Peka & Barbara Thorne

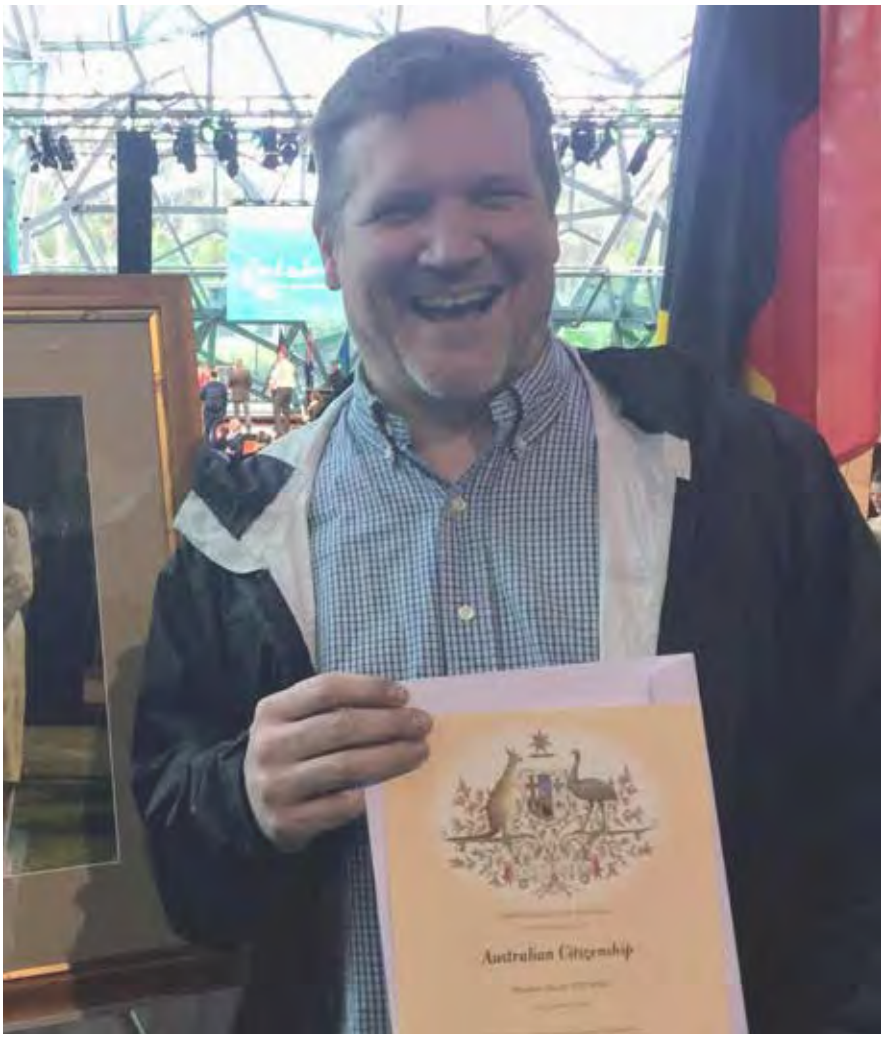
The Hon. Linda Dessau AC and Dr Samantha Rowbotham | Photo credit - © Kit Haselden Photography

In Memoriam

Brad Neyman

Our dear colleague Brad Neyman passed away in August 2020. Brad initially joined the VIFM as a Forensic Technician in June 2014 and, in March 2017, moved to the Donor Tissue Bank of Victoria to commence a new role as a Tissue Bank Technician, a job he relished.

Brad will be remembered for his gentle humour and good grace. He was highly regarded and will be greatly missed by many people across the Institute. Brad's family in the USA have expressed their heartfelt thanks for the assistance from the Institute and his friends during this time.



Dianne Ansell

In July 2021, our esteemed colleague Dianne Ansell sadly passed away. Dianne worked at the VIFM for 11 years and retired last year. Her career at the VIFM began in the Forensic Science area, where she provided administrative support to Professor Olaf Drummer. Due to Dianne's superlative organisational abilities, that support soon extended right across the Toxicology Department. In the latter part of her career at the VIFM, she worked in support of Forensic Services more broadly and was key to the much-improved organisation of our expert opinion service.

Dianne will be remembered by us all as a well-respected member of the VIFM team who never said no to anything that was asked of her and for whom no task was ever too difficult.

Financial Performance

Mr Peter Ford

Report of Operations - Financial Performance.

Five-year Financial Summary

$ thousand

Year	2016/17	2017/18	2018/19	2019/20	2020/21
Income from government	34,918	36,771	41,486	45,939	46,231
Total income from transactions	38,632	40,439	47,143	50,286	52,054
Total expenses from transactions	39,297	41,121	45,241	50,216	51,769
Net result from transactions	(665)	(682)	1,902	70	285
Net result for the period	(901)	(617)	1,516	(168)	529
Net cashflow from operating activities	(320)	(107)	2,171	739	2,846
Total assets	178,370	178,922	199,578	198,942	208,840
Total liabilities	10,058	11,237	12,806	12,338	13,777

Financial performance – operating statement

A summary of the VIFM's financial performance in 2020-21 is set out in the table. Full financial details for 2020-21 are outlined in the Financial Statements.

The VIFM's principal output against appropriation income is for forensic pathology and related scientific services resources for medico-legal death investigations. Other outputs against income from government include clinical forensic medicine services and toxicology services for drug and alcohol testing performed for Victoria Police under a service level agreement (SLA). Government-funded activity related to medico-legal death investigation and work undertaken for other government agencies such as Victoria Police, are balanced. The overall net result of a surplus from operations of $285,406 arises from other income generated from fee for service work. Note however an operating deficit generated in the production and distribution of tissue was balanced by income received from government to support the ongoing operations of the Donor Tissue Bank of Victoria (DTBV).

Income from transactions is improved on 2019-20 as a result of additional funding provided by government, which included additional appropriation funding of $4.2 million for 2020-21, to support medico-legal death investigations. Income was also derived from service level agreements and other revenues from the sale of services including revenue generated through the DTBV, which was improved with that generated by the DTBV in 2019-20 by $1 million.

Total expenses from transactions for 2020-21 have increased on 2019-20 by $1.55 million. This relates to budgeted increases to staff costs of $2.04 million, offset by a reduction in operating expenses of $0.498 million.

The net result for the period was a surplus from transactions of $285,406 and an operating net result of a surplus of $529,380 including adjustments for other economic flows for leave and bad debt provisions.

Financial position – balance sheet

In 2020-21 total assets have increased by $9.3 million.

Total non-financial assets increased by $4.9 million. In accordance with the financial reporting directions and Accounting Standard AASB 13 and AASB 116, to ensure net assets are reported at fair value, a five-year land and building revaluation was performed by the Valuer-General Victoria as at 30 June 2021. The valuation increased the land value by $11.9 million from $92.4 million to $104.3 million, however although the building replacement value increased by $11.3 million, the net depreciated replacement cost of building value was reduced by $4.6 million from $70.1 million to $65.5 million with corresponding adjustments to the revaluation reserve accounts.

Intangible assets, property, plant and equipment are all reported net of depreciation. In 2020-21, the VIFM received and expended capital funding of $1.4 million from the Department of Justice and Community Safety for the replacement of essential scientific equipment and the purchase of IT servers and network equipment to upgrade the VIFM's IT systems.

Increases in financial assets of $4.375 million relate to funds held in the Department of Treasury and Finance Victoria Consolidated Fund, which include funding provided specifically for non-cash depreciation expenses that cannot be utilised for any other purpose causing the SAU balance to increase annually.

Total liabilities have increased by $1.4million compared to June 2020. Increases in employee related provisions of $0.742 million which include annual and long service leave entitlements, and amounts provided by Cladding Safety Victoria allocated to prepaid revenue of $0.5 million for the initial payment for cladding replacement works mainly account for this.

Cash flows

The net cash flow from operating activities is a $2.846 million positive inflow, generated through receipts from government, which include funds provided for non-cash depreciation expense and income that has been generated from the distribution of tissues through the DTBV and fee for service work, such as the provision of expert opinions.

The end of year cash balance of $2.179 million for the 2020-21 financial year is increased by $0.519 million compared to 2019-20 ($1.66 million) and reflects increased revenue outlined above, offset by purchases of physical assets.

A full copy of the 2020-21 financial statements and audit opinion are included at the end of the Annual Report and can also be found at www.vifm.org

Governance & Compliance Reporting

Our People and Culture.

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

Employment at the VIFM

The VIFM employs a wide range of expert staff including medical specialists, forensic pathologists, forensic odontologists, forensic physicians and forensic medical officers. These medical specialists are employed in accordance with a separate, VIFM-specific enterprise agreement.

The VIFM also employs scientists and medical research officers who are covered under the *Public Administration Act 2004* and terms and conditions of the Victorian Public Service Enterprise Agreement 2020.

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

Public sector values

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

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

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

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

Grievances

In the 2020-21 reporting period, there were no grievances recorded.

Diversity in service provision and staffing

All areas of the VIFM are conscious of the cultural and religious practices surrounding death that are of primary importance to the families of the deceased. Our staff members work with the Coroners Court of Victoria to accommodate the cultural and religious requirements and preferences of the families of the deceased. The VIFM supports the recommendations of a recent review by the Coronial Council of Victoria into the appropriate and responsive care of deaths in multicultural and multifaith communities.

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

The VIFM continues to foster workplace diversity and demonstrates its commitment through a variety of initiatives. The VIFM is taking the necessary steps to comply with the newly enacted *Gender Equality Act 2020*, which includes the submission of a Gender Equality Action Plan to the Public Sector Gender Equality Commissioner by 31 March 2022.

Staff health and wellbeing

The management of staff health and wellbeing is a continued priority for the VIFM. In October 2020, the VIFM launched its Mental Health and Wellbeing Strategy and several of the Strategy's initiatives were implemented during the year. These initiatives include mental health training and coaching for senior managers at the VIFM, the introduction of an online program for staff to undertake a personal and confidential mental health and wellbeing assessment, and regular communications to staff about wellbeing matters.

Occupational health and safety (OHS).

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

The VIFM has established an OHS Committee as a forum for management and staff to work together to ensure health and safety in the workplace. The Committee ensures the continual monitoring of OHS incidents and activities.

In 2020-21, with the use of a newly developed OHS action plan to manage legislative requirements and focus on risk minimisation, the Committee made sure that areas for improvement at the VIFM were identified and reviewed, and action items were addressed.

The key achievements for the year included the development and implementation of a number of important policies to support staff, including the Occupational Violence and Aggression Policy and the Management of a Well-Known Deceased Person in VIFM's Care Policy. The OHS Consultation and Issue Resolution Policy was also substantially rewritten to support employee engagement by articulating a clear policy statement and responsibilities at all levels of the VIFM.

Both the Committee, and the VIFM OHS Advisor and Coordinator, provided support and guidance on the VIFM's COVID-19 response activities. The VIFM maintained a COVID-19 free work environment throughout 2020-21 whilst maintaining service provision across all areas.
The extensive network of employee OHS engagement was maintained, including:

- two formally elected employee health and safety representatives
- sixteen Safety Champions who promote safe work practices and communicate key messaging about workplace safety within their work teams
- a network of ChemWatch Super Users who provide local expertise on chemical management
- six certified workplace first aid officers.

Claims

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

In 2020-21, there were four WorkCover claims with an average cost per claim of $19,438. The four claims were also measured as lost time claims, being claims that arise when an illness or injury, caused while performing work-related duties, results in an employee requiring time off work.

WorkCover claims 2018-19 to 2020-21

	2018-19	2019-20	2020-21
Total number of claims	1	0	4
Average cost per claim	$3,364	$0	$19,438

Incident management

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

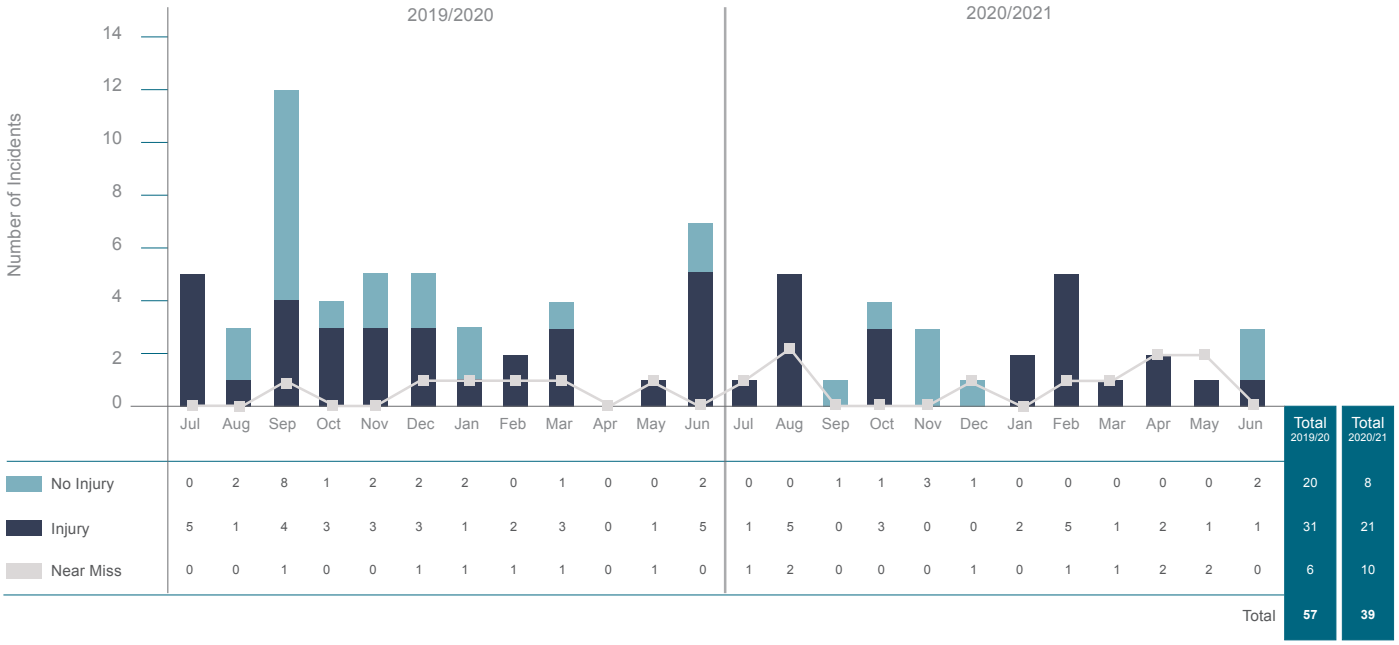
Thirty-nine incidents were reported in 2020-21, which is eighteen fewer incidents than reported in 2019-20. Incidents include injuries as well as where there was no injury or a near miss (an accident or incident where there is the potential to cause death, injury or illness). The annual incident rate per 100 FTE also fell from an average of 2.27 in 2019-20 to 1.59 in 2020-21.

The decrease in the total number of reported incidents and in the average incident rate is most likely a result of the reduced operational staff numbers in the workplace because of COVID-19 working restrictions.

Although the total incident numbers were lower, the overall profile of incident outcome has not significantly changed from the previous year; 60 per cent of incidents were injury events and 40 per cent of incidents had a no injury or near miss outcome.

None of the reported incidents were of a serious nature requiring notification to WorkSafe.

Number of incidents by outcome compared to previous year



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total 2019/20	Total 2020/21
No Injury	0	2	8	1	2	2	2	0	1	0	0	2	0	0	1	1	3	1	0	0	0	0	0	2	20	8
Injury	5	1	4	3	3	3	1	2	3	0	1	5	1	5	0	3	0	0	2	5	1	2	1	1	31	21
Near Miss	0	0	1	0	0	1	1	1	1	0	1	0	1	2	0	0	0	1	0	1	1	2	2	0	6	10
																								Total	57	39

Workforce Data.

Employment principles

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

Workforce data and staffing trends

Employees have been correctly classified in workforce data collections.

As at 30 June 2021, the VIFM employed a total of 250 staff compared to 241 at 30 June 2020.

Executive Contracts

	At 30 June 2020	At 30 June 2021
Executive level employees	1	2

Workforce Classification Breakdown (Headcount)

Classification	Total
VPS Grade 1	0
VPS Grade 2	30
VPS Grade 3	65
VPS Grade 4	52
VPS Grade 5	39
VPS Grade 6	21
Senior Technical Specialist / VPS Grade 7	0
Executive Officer	2
VIFM Appointees	41
Total	**250**

Employment Status by Category

		Ongoing Employees		Fixed Term Employees		Total	
		Full time (headcount)	Part time (headcount)	Full time (headcount)	Part time (headcount)	Employees (headcount)	FTE
VPS	2019-20	119	48	23	10	200	177.44
Non VPS	2019-20	14	7	12	8	41	33.79
Total	**2019-20**	**133**	**55**	**35**	**18**	**241**	**211.23**
VPS	2020-21	119	58	23	9	209	184
Non VPS	2020-21	14	9	11	7	41	33.76
Total	**2020-21**	**133**	**67**	**34**	**16**	**250**	**217.76**

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

	Ongoing (headcount)	Ongoing (FTE)	Fixed Term (headcount)	Fixed Term (FTE)	Total (headcount)	Total (FTE)
Men	63	60.39	18	15.4	81	75.79
Women	137	116.53	32	25.45	169	141.97
Self-described	0	0	0	0	0	0
Total	**200**	**176.91**	**50**	**40.85**	**250**	**217.76**

Workforce Demographics

Age Bracket	M (men)	W (women)	S (self-described)	Total	Per cent	FTE
15-24	7	9	0	16	6%	12.83
25-34	21	74	0	95	38%	82.03
35-44	37	39	0	76	30%	65.32
45-54	10	28	0	38	15%	34.25
55-64	6	16	0	22	9%	20.74
65+	0	3	0	3	1%	2.6
Total	**81**	**169**	**0**	**250**	**100%**	**217.76**

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

Other Disclosures.

Disclosure of consultancy expenditure

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

In 2020-21, there were six consultancies where the total fees payable to the consultants were $10,000 or greater. The total expenditure incurred during 2020-21 in relation to these consultancies is $244,000 (excluding GST). Details of individual consultancies are outlined below.

Consultant	Purpose of consultancy	Start date	End date	Total approved project fee (excl. GST)	Expenditure 2019-20 (excl. GST)	Future Expenditure (excl. GST)
Fivenines Consulting	ICT Situation Analysis	1/6/2021	30/06/2021	$18,000	$18,000	$0
Grant Thornton	Clinical Forensic Medicine - Review of workload distribution and rostering	27/11/2020	25/01/2021	$39,000	$39,000	$0
Waterman AHW	Site Condition Audit	1/11/2020	30/6/2021	$130,000	$130,000	$0
Cyber CX	Penetration Testing of ICT Network	24/05/2021	11/06/2021	$17,000	$17,000	$0
Cyber CX	Security and Governance Assessment of Microsoft Office 365 Environment	24/05/2021	11/06/2021	$10,000	$10,000	$0
Pricewaterhouse Coopers	Review of DTBV Supply and Consignment Contract Terms	26/5/2021	31/7/2021	$30,000	$30,000	$0

Details of consultancies under $10,000

In 2020-21, there were no consultancies where the total fees payable to the individual consultancies was less than $10,000.

Disclosure of government advertising expenditure

In 2020-21, there was no government advertising with a total media buy of $100,000 or greater (excluding GST).

Disclosure of ICT expenditure

Business As Usual (BAU) ICT Expenditure	Non-BAU ICT expenditure	Operational Expenditure	Capital Expenditure
Total	**Total = A + B**	**A**	**B**
$3,865,796	$344,432	$48,322	$296,110

Disclosure of asset maturity assessment

The Asset Management Accountability Framework (AMAF) requires an agency to conduct a self-assessment of the level of asset management maturity within its organisation. The AMAF requires compliance with 41 mandatory requirements.

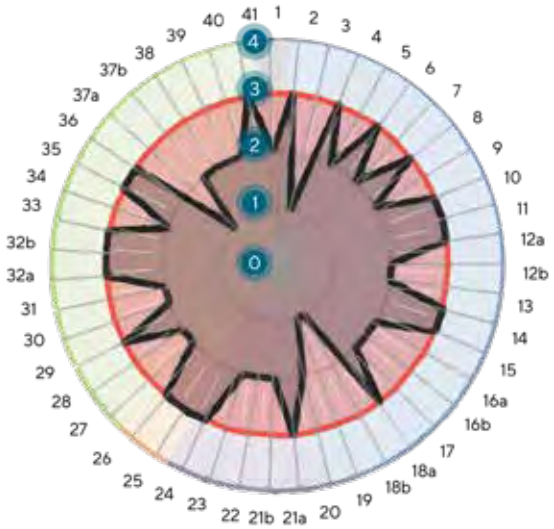
The VIFM's target maturity rating is 'competence', meaning the VIFM is aiming to have systems and processes fully in place, consistently applied and systematically meeting the AMAF requirement, including a continuous improvement process to expand system performance above AMAF minimum requirements.

The following graph summarises the VIFM's current assessment of maturity against the AMAF requirements.

Legend

Status	Scale
Not Applicable	N/A
Innocence	0
Awareness	1
Developing	2
Competence	3
Optimisng	4
Unassessed	U/A

Target **Overall**



The VIFM has achieved the target maturity rating for certain requirements across four of the five categories of the AMAF: leadership and accountability (requirements 1-19), asset planning (20-23), asset acquisition (24-25), and asset operation (26-40).

The VIFM has identified minor or moderate compliance deficiencies in just over half of the requirements across the AMAF categories, including asset disposal (requirement 41). However, no major compliance deficiencies were identified with any of the AMAF requirements.

The VIFM has identified actions to improve asset management practices and achieve full compliance with the AMAF over the next financial year, subject to adequate resourcing. The VIFM has put in place an Asset Management Framework and an Asset Management Strategy that details how the VIFM manages assets and its plans to improve assets and asset management.

Disclosure of major contracts

The VIFM has not entered into any contracts greater than $10 million in value in 2020-21.

Disclosures of operation of legislation

Freedom of Information Act 1982

The VIFM is subject to the *Freedom of Information Act 1982* (FOI Act), which allows the public a right of access to documents held by the VIFM. The VIFM publishes information about its activities on its website, where it can be accessed without an FOI request.
Before making an FOI request, members of the public are encouraged to check if the information or document being sought is already publicly available, such as in the VIFM Annual Report or other resources provided on the VIFM website.

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

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

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

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

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

FOI requests in 2020-21

During 2020-21, the VIFM received three FOI requests. Of these requests, two were from the general public and one was from the media. There were no outstanding requests to be decided in 2020-21 and the VIFM made decisions on the three new requests in the same financial year. Two decisions were made within the statutory 30-day time period, or a time period extended by agreement. All three applicants were provided with partial access to documents in response to their request, with some material exempted under the FOI Act. One of the requests was subject to a complaint/internal review by OVIC but did not progress to the Victorian Civil and Administration Tribunal for review of the OVIC decision.

Further information

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

FOI requests to the VIFM can be made to:
VIFM Freedom of Information Officer
Fiona Leahy, Manager, Legal, Governance and Policy
foi.officer@vifm.org

Building Act 1993

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

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

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

Public Interest Disclosure Act 2012

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

Statement of support for public interest disclosures

The VIFM is committed to the aims and objectives of the Act. The VIFM does not tolerate improper conduct by our employees, officers or members, or the taking of reprisals against those who come forward to disclose such conduct. The VIFM recognises the value of transparency and accountability in our administrative and management practices and supports the making of disclosures that reveal corrupt conduct, conduct involving a substantial mismanagement of public resources, or conduct involving a substantial risk to public health and safety or the environment.

Reporting procedures

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

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

Protection procedures

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

National Competition Policy

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

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

Carers Recognition Act 2012

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

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

Local Jobs First Act 2003

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

Public bodies are required to apply the Local Jobs First policy in all projects valued at $3 million or more in Metropolitan Melbourne, or $1 million or more for projects in regional Victoria. The Major Project Skills Guarantee policy applies to all construction projects valued at $20 million or more.

During 2020-21, the VIFM did not commence any projects to which either policy applies.

Financial Management Act 1994

The VIFM is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the financial reporting requirements of the *Financial Management Act 1994*.

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

Public bodies are required to apply the Local Jobs First policy in all projects valued at $3 million or more in Metropolitan Melbourne, or $1 million or more for projects in regional Victoria. The Major Project Skills Guarantee policy applies to all construction projects valued at $20 million or more.

During 2020-21, the VIFM did not commence any projects to which either policy applies.

Disclosure of Environmental Performance

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

The VIFM Green Team

The VIFM has established a Green Team, a cross-organisational group of staff who share a passion for environmental issues.

The Green Team aims to promote energy efficiency and environmentally sustainable practices across the VIFM work site and more generally. important activities of the Green Team in 2020-21 have included:

- conducting a waste audit to investigate the carbon emissions resulting from waste and identifying areas for improvement
- sourcing and facilitating wider recycling programs including in relation to textiles and office furniture
- managing an interior garden to produce herbs and food for general use.

In 2020-21, the VIFM also established the Greenhouse Gas Emissions Reduction Working Group to identify ways for the VIFM to assist the Victorian Government to meet the five-yearly interim targets and long-term target of net-zero emissions by 2050 made under the *Climate Change Act 2017*. The Group will assist the VIFM in reducing its greenhouse gas emissions by:

- monitoring the VIFM's CO2 equivalent emissions
- identifying ways of reducing emissions through changes to the building, equipment, grounds and staff behaviours
- working with the VIFM Green Team to raise awareness and encourage staff members to work and live more sustainably.

Energy and Water Efficency

Year	Gas (MJ)	Electricity (KWH)	Water (KL)
2017-18	8385760	3875606	4214
2018-19	8232090	3800371	5302
2019-20	7975226	3638870	6280
2020-21	8060196	3550205	5965
Percentage change from previous year	1.0%	-2.3%	-6.2%

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

	Baseline 2014-15	2017-18	2018-19	2019-20	2020-21
Energy - Building emissions (inc. Green Power) (Scope 1-3)	4,686	4,853	4,903	4.564	4,282
Fleet vehicles - Emissions (Scope 1)	0	0	0	0	0
Air travel - Emissions (After offests) (Scope 3)	222	329	261	139	5
Biulding Waste - Emissions (Scope 3)	N/A	N/A	38	38	38
	4,908	5,181	5,201	4,741	4,325

The carbon emissions for 2020-21 amount to 12.97 tonnes per FTE on the Coronial Services Centre site (encompassing both the VIFM and Coroners Court staff).

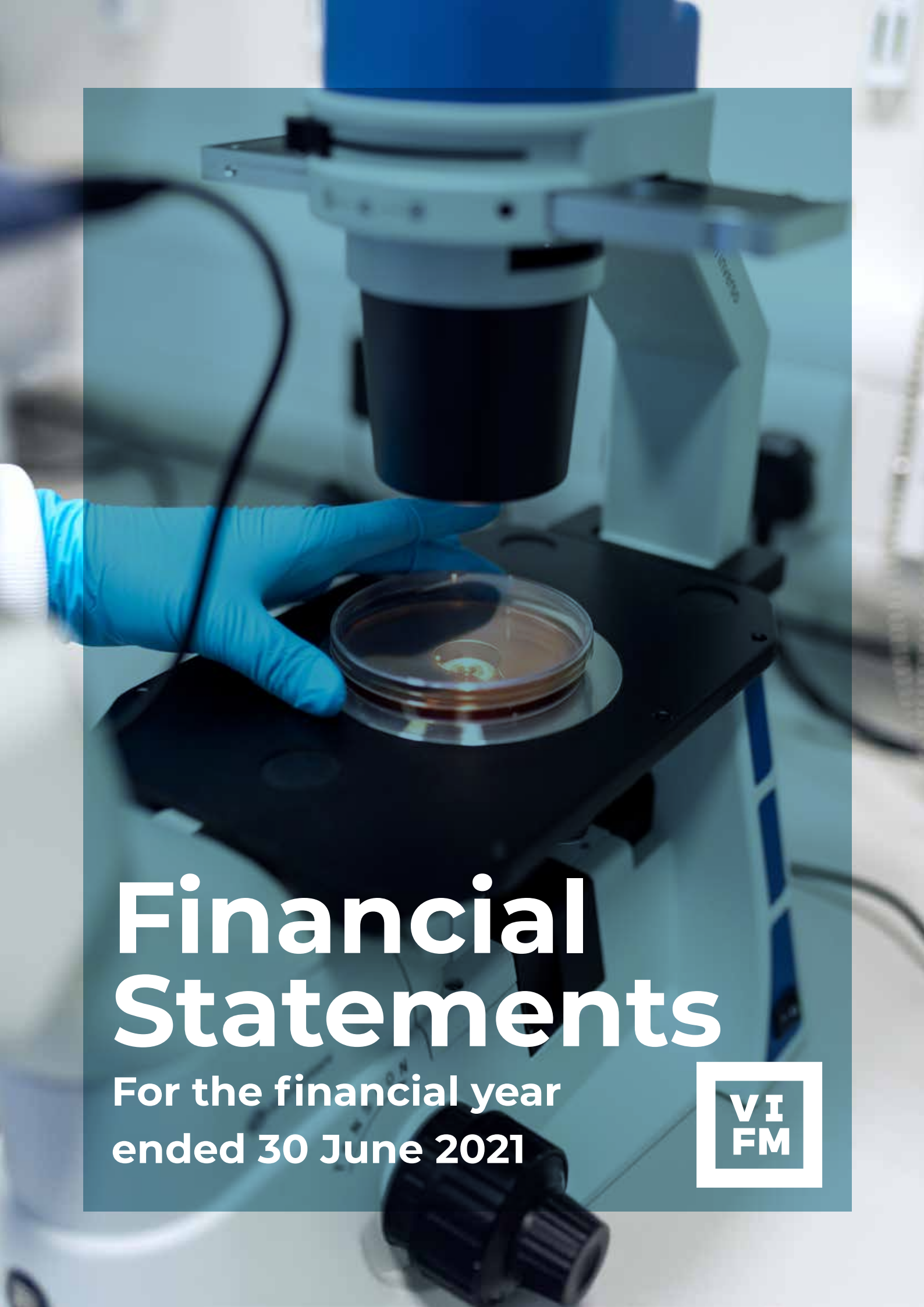
The Victorian Institute of Forensic Medicine Financial Management Compliance Attestation Statement

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

Neil Robertson

Chairman Audit and Risk Management Committee

Date 18 October 2021



Financial Statements

For the financial year ended 30 June 2021

VI FM

Independent Auditor's Report

Victorian Auditor-General's Office

To the Council of the Victorian Institute of Forensic Medicine

Opinion	I have audited the financial report of the Victorian Institute of Forensic Medicine (the Institute) which comprises the: • balance sheet as at 30 June 2021 • comprehensive operating statement for the year then ended • statement of changes in equity for the year then ended • cash flow statement for the year then ended • notes to the financial statements, including significant accounting policies • declaration in the financial statements. In my opinion the financial report presents fairly, in all material respects, the financial position of the Institute as at 30 June 2021 and its financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of Part 7 of the *Financial Management Act 1994* and applicable Australian Accounting Standards.
Basis for opinion	I have conducted my audit in accordance with the *Audit Act 1994* which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the *Auditor's Responsibilities for the Audit of the Financial Report* section of my report. My independence is established by the *Constitution Act 1975.* My staff and I are independent of the Institute in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to my audit of the financial report in Victoria. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.
The Council's responsibilities for the financial report	The Council of the Institute is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the *Financial Management Act 1994*, and for such internal control as the Council determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error. In preparing the financial report, the Council is responsible for assessing the Institute's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless it is inappropriate to do so.

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

Auditor's responsibilities for the audit of the financial report

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

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

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

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

MELBOURNE
15 October 2021

Janaka Kumara
as delegate for the Auditor-General of Victoria

VICTORIAN INSTITUTE OF FORENSIC MEDICINE
FINANCIAL STATEMENTS FOR YEAR ENDED 30 June 2021

How this report is structured

The Victorian Institute of Forensic Medicine has presented its audited general-purpose financial statements for the financial year ended 30 June 2021 in the following structure to provide users with the information about the Institute's stewardship of resources entrusted to it.

Financial statements

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

Notes to the financial statements

1. About this report
The basis on which the financial statements have been prepared and compliance with reporting regulations

2. Funding delivery of our services
Revenue recognised from grants, sales of goods and services and other sources

2.1 Income from transactions

3. The cost of delivering our services
Operating expenses of the Institute

3.1 Employee benefits in the comprehensive operating statement
3.2 Other operating expenses

4. Key assets available to support output delivery
Land, property and intangible assets accounted for using the equity method, other financial assets

4.1 Total property, plant and equipment
4.2 Intangible assets

5. Other assets and liabilities
Working capital balances and other key assets and liabilities

5.1 Receivables
5.2 Payables

6. Financing our operations
Borrowings, cash flow information and leases

6.1 Borrowings
6.2 Cash flow information and balances
6.3 Commitments for expenditure

7. Risks, contingencies and valuation judgements
Financial risk management, contingent assets and liabilities as well as fair value determination

7.1 Financial instruments specific disclosures
7.2 Contingent assets and contingent liabilities
7.3 Fair value determination

8. Other disclosures

8.1 Other economic flows included in net result
8.2 Responsible persons
8.3 Remuneration of executives
8.4 Related parties
8.5 Remuneration of auditors
8.6 Subsequent events
8.7 Other accounting policies
8.8 Australian Accounting Standards issued that are not yet effective
8.9 Glossary of technical terms
8.10 Style conventions

DECLARATION IN THE FINANCIAL STATEMENTS

The attached financial statements for the Victorian Institute of Forensic Medicine have been prepared in accordance with Direction 5.2 of the Standing Directions of the Assistant Treasurer under the *Financial Management Act 1994*, applicable Financial Reporting Directions, Australian Accounting Standards including Interpretations and other mandatory professional reporting requirements.

We further state that, in our opinion, the information set out in the comprehensive operating statement, balance sheet, cash flow statement, statement of changes in equity and accompanying notes, presents fairly the financial transactions during the year ended 30 June 2021 and financial position of the Institute at 30 June 2021.

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

We authorise the attached financial statements for issue on 12 October 2021.

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

12 October 2021
Melbourne

Prof. Noel Woodford
Director
Victorian Institute of Forensic Medicine

12 October 2021
Melbourne

Mr Peter Ford
Chief Finance Officer
Victorian Institute of Forensic Medicine

12 October 2021
Melbourne

Comprehensive operating statement
For the financial year ended 30 June 2021

	Notes	2021 $	2020 $
Continuing operations			
Income from transactions			
Grants	2.1.1	**46,230,719**	45,939,375
Sale of goods and services	2.1.2	**5,823,532**	4,346,577
Total income from transactions		**52,054,251**	**50,285,952**
Expenses from transactions			
Employee expenses	3.1	**(36,720,747)**	(34,683,925)
Depreciation and amortisation	4.1.1	**(4,647,358)**	(4,633,435)
Interest expense	6.1	**(3,821)**	(4,909)
Other operating expenses	3.2	**(10,396,919)**	(10,893,764)
Total expenses from transactions		**(51,768,845)**	**(50,216,033)**
Net result from transactions (net operating balance)		**285,406**	**69,919**
Other economic flows included in net result			
Net gain/(loss) on financial instruments [(a)]	8.1	**(41,135)**	(18,352)
Other gain/(loss) from other economic flows	8.1	**285,109**	(219,982)
Total other economic flows included in net result		**243,974**	**(238,334)**
Net result		**529,380**	**(168,415)**
Other economic flows – other comprehensive income: Items that will not be reclassified to net result			
Physical asset revaluation surplus	4.1.3	**7,354,616**	-
Total other economic flows – other comprehensive income		**7,354,616**	-
Comprehensive result		**7,883,996**	**(168,415)**

The accompanying notes form part of these financial statements.

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

Balance sheet
As at 30 June 2021

	Notes	2021 $	2020 $
Assets			
Financial assets			
Cash and deposits	6.2	**2,178,706**	1,659,798
Receivables	5.1	**29,346,102**	25,797,604
Total financial assets		**31,524,808**	**27,457,402**
Non-financial assets			
Inventories at cost		**8,091**	3,916
Property, plant and equipment	4.1	**175,663,254**	170,564,442
Intangible assets	4.2	**467,433**	585,200
Prepayments		**577,233**	330,975
Total non-financial assets		**176,716,011**	**171,484,533**
Total assets		**208,240,819**	**198,941,935**
Liabilities			
Payables	5.2	**2,080,574**	1,887,517
Leases	6.1	**77,735**	106,266
Employee related provisions	3.1.1	**11,063,996**	10,322,030
Prepaid revenue		**554,965**	22,057
Total liabilities		**13,777,270**	**12,337,870**
Net assets		**194,463,549**	**186,604,065**
Equity			
Accumulated surplus/(deficit)		**(3,201,142)**	(3,730,522)
Physical asset revaluation surplus		**30,315,714**	22,961,098
Contributed capital		**167,348,976**	167,373,489
Net worth		**194,463,549**	**186,604,065**

The accompanying notes form part of these financial statements.

Cash flow statement [(a)]
For the financial year ended 30 June 2021

	Notes	2021 $	2020 $
Cash flows from operating activities			
Receipts			
Receipts from Government		**43,036,426**	42,480,840
Receipts from other entities		**5,961,101**	4,735,384
Total receipts		**48,997,527**	**47,216,224**
Payments			
Payments to suppliers and employees		**(46,147,967)**	(46,472,367)
Interest and other costs of finance paid		**(3,821)**	(4,908)
Total payments		**(46,151,788)**	**(46,477,275)**
Net cash flows from/(used in) operating activities	6.2.1	**2,845,739**	**738,948**
Cash flows from investing activities			
Purchases of non-financial assets		**(2,273,785)**	(483,466)
Proceeds from disposal of non-financial assets		**(24,516)**	-
Net cash flows from/(used in) investing activities		**(2,298,301)**	**(483,466)**
Cash flows from financing activities			
Repayment of principal portion of lease liabilities		**(28,530)**	(15,325)
Net cash flows from/(used in) financing activities		**(28,530)**	**(15,325)**
Net increase/(decrease) in cash and cash equivalents		**518,908**	**240,157**
Cash and cash equivalents at beginning of the financial year		**1,659,798**	1,419,640
Cash and cash equivalents at end of the financial year	6.2	**2,178,706**	**1,659,798**
Non-cash transactions		**-**	-

The accompanying notes form part of these financial statements.

Notes:

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

Statement of changes in equity
For the financial year ended 30 June 2021

	Physical asset revaluation surplus	Accumulated surplus	Contributions by owner	Total
	$	$	$	$
Balance at 1 July 2019	22,961,098	**(3,562,108)**	**167,373,489**	**186,772,480**
Net result for the year	-	(168,415)	-	**(168,415)**
Balance at 30 June 2020	**22,961,098**	**(3,730,523)**	**167,373,489**	**186,604,065**
Net result for the year	**-**	**529,380**	**-**	**529,380**
Equity transfers to other Government Entities (Fixed Assets)	**-**	**-**	**(24,513)**	**(24,513)**
Other comprehensive income for the year	**7,354,616**	**-**	**-**	**7,354,616**
Balance at 30 June 2021	**30,315,714**	**(3,201,142)**	**167,348,976**	**194,463,549**

The accompanying notes form part of these financial statements.

1. ABOUT THIS REPORT

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

Its principal address is:
65 Kavanagh Street
Southbank VIC 3006

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

Basis of preparation

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

The accrual basis of accounting has been applied in preparing these financial statements, whereby assets, liabilities, equity, income and expenses are recognised in the reporting period to which they relate, regardless of when cash is received or paid.

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

Additions to net assets which have been designated as contributions by owners are recognised as contributed capital. Other transfers that are in the nature of contributions to or distributions by owners have also been designated as contributions by owners.

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

2. FUNDING DELIVERY OF OUR SERVICES

Introduction

The Institute works predominantly in accordance with three pieces of legislation: the VIFM Act 1985, the Coroners Act 2008 and the Human Tissue Act 1982. The VIFM Act 1985 provides that the objectives of the Institute are:

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

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

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

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

2.1 Income from transactions

2.1.1 Grants

	2021 $	2020 $
Income recognised under AASB 1058:		
Section 29 receipts	**13,123,519**	13,298,775
Grants from the Department of Justice and Community Safety	**33,107,200**	32,640,600
Total grants	**46,230,719**	**45,939,375**

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

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

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

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

2.1.2 Sale of goods and services

	2021	2020
	$	$
Distribution of goods - Donor Tissue Bank	**4,003,479**	2,772,412
Rendering of services	**1,820,053**	1,574,165
Total sale of goods and services	**5,823,532**	**4,346,577**

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

Performance obligations and revenue recognition policies

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

3. THE COST OF DELIVERING OUR SERVICES

Introduction

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

3.1 Employee benefits in the comprehensive operating statement

	2021 $	2020 $
Defined contribution superannuation expense	**2,815,063**	2,616,565
Defined benefit superannuation expense	**94,922**	99,815
Salaries, wages, annual leave and long service leave	**31,878,916**	30,107,396
Other on-costs (fringe benefits tax, payroll tax and workcover levy)	**1,931,847**	1,860,149
Total employee expenses	**36,720,748**	**34,683,925**

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

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

Termination benefits are payable when employment is terminated before normal retirement date, or when an employee accepts an offer of benefits in exchange for the termination of employment. Termination benefits are recognised when the Institute is demonstrably committed to terminating the employment of current employees according to a detailed formal plan without possibility of withdrawal or providing termination benefits as a result of an offer made to encourage voluntary redundancy. Benefits falling due more than 12 months after the end of the reporting period are discounted to present value.

3.1.1 Employee benefits in the balance sheet

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

	2021 $	2020 $
Current provisions:		
Annual leave		
Unconditional and expected to settle within 12 months	**2,450,890**	2,160,054
Unconditional and expected to settle after 12 months	**519,148**	354,990
Long service leave		
Unconditional and expected to settle within 12 months	**701,802**	531,772
Unconditional and expected to settle after 12 months	**4,723,151**	4,899,811
Provisions for on-costs		
Unconditional and expected to settle within 12 months	**704,756**	579,332
Unconditional and expected to settle after 12 months	**872,233**	840,114
Other provisions - Continuing Medical Education allowance	**391,261**	124,046
Total current provisions for employee benefits	**10,363,241**	**9,490,120**
Non-current provisions:		
Employee benefits	**542,453**	657,868
On-costs	**84,306**	100,046
Other provisions - Superannuation guarantee	**73,996**	73,996
Total non-current provisions for employee benefits	**700,755**	**831,910**
Total provisions for employee benefits	**11,063,996**	**10,322,030**

Reconciliation of movement in on-cost and other provisions

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

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

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

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

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

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

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

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

The components of this current LSL liability are measured at:
- undiscounted value - if the Institute expects to wholly settle within 12 months; and
- present value - if the Institute does not expect to wholly settle within 12 months.

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

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

3.1.2 Superannuation contributions

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

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

There are no outstanding superannuation contributions at year end.

Fund	Paid contribution for the year	
	2021	2020
	$	$
Defined benefit plans [(a)]		
State Superannuation Fund - revised and new	**94,922**	99,815
Defined contribution plans		
VicSuper	**1,244,815**	1,183,584
Other	**1,570,248**	1,432,981
Total	**2,909,985**	**2,716,380**

Note:
(a) The bases for determining the level of contributions is determined by the various actuaries of the defined benefit superannuation plans.

There are no superannuation contributions outstanding as at 30 June 2021 or 30 June 2020.

3.2 Other operating expenses

	Note	**2021**	2020
		$	$
Supplies and services			
Purchase of supplies		**5,147,874**	5,530,631
Purchase of services (including remuneration of auditors)	8.7	**2,497,206**	2,708,660
Other operating expenses			
Maintenance		**2,751,839**	2,654,473
Total other operating expenses		**10,396,919**	**10,893,764**

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

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

4. KEY ASSETS AVAILABLE TO SUPPORT OUTPUT DELIVERY

Introduction

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

Fair value measurement

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

4.1 Total property, plant and equipment

	Gross carrying amount		Accumulated depreciation		Net carrying amount	
	2021	2020	**2021**	2020	**2021**	2020
	$	$	**$**	$	**$**	$
Land at fair value	104,300,000	92,363,205	-	-	104,300,000	92,363,205
Buildings at fair value	66,089,178	76,658,517	-	(3,404,908)	66,089,178	73,253,609
Plant, equipment and vehicles at fair value	16,192,290	14,966,009	(10,918,214)	(10,018,380)	5,274,076	4,947,629
Net carrying amount	**186,581,468**	**183,987,731**	**(10,918,214)**	**(13,423,288)**	**175,663,254**	**170,564,442**

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

	Gross carrying amount		Accumulated depreciation		Net carrying amount	
	2021	**2020**	**2021**	**2020**	**2021**	**2020**
	$	**$**	**$**	**$**	**$**	**$**
Vehicles	**105,534**	133,946	**(28,025)**	(28,412)	**77,509**	**105,534**

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

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

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

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

Specialised land and buildings

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

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

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

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

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

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

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

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

4.1.1 Depreciation and amortisation

Charge for the period

	2021	2020
	$	$
Buildings	3,434,904	3,404,908
Plant, equipment and vehicles	1,094,687	1,099,585
Intangible produced assets	117,767	128,942
Total depreciation and amortisation	**4,647,358**	**4,633,435**

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

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

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

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

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

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

4.1.2 Carrying values by "purpose" groups

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

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

	Land at fair value		Buildings at fair value		Plant and equipment at cost		Plant and equipment (right-of-use assets)		Total	
	2021	2020	**2021**	2020	**2021**	2020	**2021**	2020	**2021**	2019
	$	$	**$**	$	**$**	$	**$**	$	**$**	$
Opening balance	**92,363,205**	**92,363,205**	**73,253,608**	**76,664,545**	**4,842,095**	**5,436,633**	**105,534**	**121,084**	**170,564,442**	**174,585,468**
Additions	**-**	-	**852,652**	-	**1,445,647**	476,635	**-**	44,532	**2,298,299**	**521,167**
Disposals	**-**	-	**-**	(6,029)	**(24,513)**	-	**-**	(31,671)	**(24,513)**	**(37,700)**
Revaluation adjustment	**11,936,795**	-	**(4,582,178)**	-	**-**	-	**-**	-	**7,354,617**	**-**
Depreciation	**-**	-	**(3,434,903)**	(3,404,908)	**(1,066,662)**	(1,071,172)	**(28,025)**	(28,412)	**(4,529,591)**	**(4,504,493)**
Closing balance	**104,300,000**	**92,363,205**	**66,089,178**	**73,253,608**	**5,196,567**	**4,842,095**	**77,508**	**105,534**	**175,663,254**	**170,564,442**

4.2 Intangible assets

	Computer Software	
	2021	2020
	$	$
Gross carrying amount		
Opening balance	**937,393**	937,393
Closing balance	**937,393**	**937,393**
Accumulated amortisation		
Opening balance	**(352,193)**	(223,251)
Amortisation of intangible produced assets [(a)]	**(117,767)**	(128,942)
Closing balance	**(469,960)**	**(352,193)**
Net book value at end of financial year	**467,433**	**585,200**

Note:

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

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

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

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

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

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

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

5. OTHER ASSETS AND LIABILITIES

Introduction

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

5.1 Receivables

	2021	2020
	$	$
Contractual		
Sale of goods and services	**1,020,815**	658,460
Provision for doubtful contractual receivables	**(72,164)**	(64,014)
Statutory		
Amount owing from Department of Justice and Community Safety	**28,397,451**	25,203,158
Total receivables	**29,346,102**	**25,797,604**
Represented by		
Current receivables	28,719,342	25,039,691
Non-current receivables	626,759	757,913

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

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

5.2 Payables

	2021 $	2020 $
Contractual		
Supplies and services	**2,060,085**	1,813,245
Amounts payable to government and agencies	**370**	49,804
Statutory		
Fringe benefits tax payable	**20,119**	24,468
Total payables	**2,080,574**	**1,887,517**
Represented by		
Current payables	2,080,574	1,887,517

Payables consist of:

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

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

Maturity analysis of contractual payables [(a)]

			Maturity dates			
	Carrying amount $	Nominal amount $	Less than 1 month $	1 to 3 months $	3 months to 1 year $	1 to 5 years $
2021						
Supplies and services	**2,060,085**	**2,060,085**	**2,053,504**	**6,568**	**-**	**13**
Amounts payable to government and agencies	**370**	**370**	**370**	**-**	**-**	**-**
Total	**2,060,455**	**2,060,455**	**2,053,874**	**6,568**	**-**	**13**
2020						
Supplies and services	1,813,245	1,813,245	1,811,576	1,585	382	(298)
Amounts payable to government and agencies	49,804	49,804	4,544	-	45,260	-
Total	**1,863,049**	**1,863,049**	**1,816,120**	**1,585**	**45,642**	**(298)**

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

6. HOW WE FINANCED OUR OPERATIONS

Introduction

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

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

6.1 Leases

	2021 $	2020 $
Current leases		
Lease liabilities	**57,001**	39,069
Total current leases	**57,001**	**39,069**
Non-current leases		
Lease liabilities	**20,734**	67,197
Total non-current leases	**20,734**	**67,197**
Total leases	**77,735**	**106,266**

Maturity analysis of leases

			Maturity dates		
	Carrying amount $	Nominal amount $	0 to 3 months $	3 months to 1 year $	1 to 5 years $
2021					
Lease liabilities	**77,735**	**78,738**	**14,461**	**43,382**	**20,896**
Total	**77,735**	**78,738**	**14,461**	**43,382**	**20,896**
2020					
Lease liabilities	106,266	110,205	7,890	34,116	68,199
Total	**106,266**	**110,205**	**7,890**	**34,116**	**68,199**

Interest expense

	2021 $	2020 $
Interest on finance leases	**3,031**	3,659
Other interest expense	**790**	1,250
Total interest expense	**3,821**	**4,909**

6.2 Cash flow information and balances

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

	2021 $	2020 $
Total cash and deposits disclosed in the balance sheet	**2,178,706**	1,659,798
Balance as per cash flow statement	**2,178,706**	**1,659,798**

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

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

	2021 $	2020 $
Net result for the period	**529,380**	**(168,415)**
Non-cash movements		
Depreciation and amortisation of non-current assets	**4,647,358**	4,633,435
Allowance for doubtful debts	**41,135**	18,352
Movements in assets and liabilities		
(Increase)/decrease in receivables	**(3,589,633)**	(3,062,920)
(Increase)/decrease in inventories	**(4,175)**	1,579
(Increase)/decrease in prepayments	**(246,259)**	(230,272)
(Decrease)/increase in payables	**193,057**	(875,131)
(Decrease)/increase in provisions	**741,967**	429,128
(Decrease)/increase in other liabilities	**532,909**	(6,808)
Net cash flows from/(used in) operating activities	**2,845,739**	**738,948**

6.3 Commitments for expenditure

There are no capital or other expenditure commitments. (2020 - Nil).

7. RISKS, CONTINGENCIES AND VALUATION JUDGEMENTS

Introduction

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

7.1 Financial instruments specific disclosures

Introduction

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

Categories of financial assets

Financial assets at amortised cost

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

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

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

The Institute recognises the following assets in this category:
- cash and deposits
- receivables (excluding statutory receivables)

Categories of financial liabilities

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

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

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

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

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

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

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

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

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

7.1.1 Financial instruments: Categorisation

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

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

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

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

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

	Total interest expense
	$
2021	
Contractual financial liabilities	
Financial liabilities at amortised cost	**3,821**
Total contractual financial liabilities	**3,821**

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

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

The net holding gains or losses disclosed are determined as follows:

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

7.1.3 Financial risk management objectives and policies

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

Details of the significant accounting policies and methods adopted, including the criteria for recognition, the basis of measurement, and the basis on which income and expenses are recognised, with respect to each class of financial asset, financial liability and equity instrument above are disclosed in Note 7 to the financial statements.

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

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

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

Financial instruments: Credit risk

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

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

There has been no material change to the Institute's credit risk profile in 2020-21.

Financial instruments: Liquidity risk

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

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

Financial instruments: Market risk

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

7.2 Contingent assets and contingent liabilities

There were no contingent assets or liabilities at balance date not provided for in the balance sheet. (2020 - Nil)

7.3 Fair value determination

Significant judgement: Fair value measurements of assets and liabilities

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

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

The following assets and liabilities are carried at fair value:

- land, buildings, infrastructure, plant and equipment.

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

Fair value hierarchy

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

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

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

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

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

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

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

7.3.1 Fair value determination of financial assets and liabilities

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

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

The Institute currently holds a range of financial instruments that are recorded in the financial statements where the carrying amounts are a reasonable approximation of fair value, either due to their short-term nature or with the expectation that they will be paid in full by the end of the 2020-21 reporting period.

There have been no transfers between levels during the period.

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

7.3.2 Fair value determination: Non-financial physical assets

Fair value measurement hierarchy

All assets are classified as Level 3.

There have been no transfers between levels during the period.

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

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

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

An independent valuation of the Institute's specialised land and specialised buildings was performed by the Valuer-General Victoria. The valuation was performed using the market approach adjusted for CSO. The effective date of the valuation is 30 June 2021. The valuers have acknowledged in their report that the market the property/asset is valued in, is being impacted by the uncertainty that the COVID-19 outbreak has caused. As at the date of valuation there is market uncertainty resulting in significant valuation uncertainty.

Plant and equipment is held at fair value. When plant and equipment is specialised in use, such that it is rarely sold other than as part of a going concern, fair value is determined using the current replacement cost method. There were no changes in valuation techniques throughout the period to 30 June 2021. For all assets measured at fair value, the current use is considered the highest and best use.

Reconciliation of Level 3 fair value movements

	Specialised land	Specialised buildings	Plant and equipment
	$	$	$
2021			
Opening balance	**92,363,205**	**73,253,609**	**4,842,095**
Additions	**-**	852,652	1,445,647
Disposals		-	(24,513)
Gains or losses recognised in net result			
Depreciation	-	(3,434,903)	(1,066,662)
Gains or losses recognised in other economic flows - other comprehensive income			
Revaluation adjustment	11,936,795	(4,582,178)	-
Closing balance	**104,300,000**	**66,089,179**	**5,196,567**

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

Description of significant unobservable inputs to Level 3 valuations

2021 and 2020	Valuation technique	Significant unobservable inputs	Range (weighted average) %	Sensitivity of fair value measurement to changes in significant unobservable inputs
Specialised land	Market approach	Community service obligation (CSO) adjustment	20%	A significant increase or decrease in the CSO adjustment would result in a significantly higher or lower valuation.
Specialised building	Current replacement cost	Useful life of specialised building	30-60 years (40 years)	A significant increase or decrease in the estimated useful life of the asset would result in a significantly higher or lower valuation.
Plant and equipment	Current replacement cost	Cost per unit [(a)]	$5,000 to $1,780,000	A significant increase or decrease in cost per unit would result in a significantly higher or lower fair value.
Plant and equipment		Useful life of plant and equipment	3 to 15 years	A significant increase or decrease in the estimated useful life of the asset would result in a significantly higher or lower valuation.

Note:
(a) The cost and type of plant and equipment is so varied that a unit cost cannot be reliably calculated. An average unit cost does not provide a meaningful figure.

The significant unobservable inputs have remained unchanged from 2020.

8. OTHER DISCLOSURES

Introduction

This section includes additional material disclosures required by accounting standards or otherwise, for the understanding of this financial report.

8.1 Other economic flows included in net result

Other economic flows are changes in the volume or value of an asset or liability that do not result from transactions. Other gains/(losses) from other economic flows include the gains or losses from:

- the revaluation of the present value of the long service leave liability due to changes in the bond interest rates

	2021 $	2020 $
Net gain/(loss) on financial instruments		
Impairment of loans and receivables [(a)]	**(41,135)**	(18,352)
Total net gain/(loss) on financial instruments	**(41,135)**	**(18,352)**
Other gain/(loss) from other economic flows		
Net gain/(loss) arising from revaluation of long service leave liability [(b)]	**285,109**	(219,982)
Total other gain/(loss) from other economic flows	**285,109**	**(219,982)**

Notes:
(a) Including increase/(decrease) in provision for doubtful debts and bad debts from other economic flows - refer to Note 5.1.
(b) Revaluation gain/(loss) due to changes in bond rates.

8.2 Responsible persons

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

Names

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

Attorney-General	The Hon. Jill Hennessy, MP	1 July 2020 to 16 December 2020
	The Hon. Jaclyn Symes, MP	22 December 2020 to 30 June 2021
Acting Attorney-General	The Hon. Daniel Andrews, MP	17 December 2020 to 21 December 2020
	The Hon. Martin Pakula, MP	11 January 2021 to 26 January 2021
Council Members of the Institute		
Chairperson of the Victorian Institute of Forensic Medicine and Nominee of the Attorney-General	The Honourable John Coldrey QC	1 July 2020 to 30 June 2021
Director of the Victorian Institute of Forensic Medicine (Accountable Officer)	Prof. Noel Woodford	1 July 2020 to 30 June 2021
During the year the following people held the position of Acting Director	Prof. David Ranson	21 November 2020 to 27 November 2020
	Prof. David Ranson	20 February 2021 to 7 March 2021
	Prof. David Ranson	24 April 2021 to 9 May 2021
Nominee of the Attorney-General	Assoc. Prof. Merrole Cole Sinclair	1 July 2020 to 30 June 2021
Nominee of the Chief Commissioner of Police	Mr Luke Cornelius	1 July 2020 to 7 May 2021 (appointment ended)
Nominee of the Chief Commissioner of Police	Mr Luke Cornelius	11 May (new appointment commenced) to 30 June 2021
Nominee of the Chief Justice	Justice Elizabeth Hollingworth	1 July 2020 to 30 June 2021
Nominee of the Council of Monash University	Prof Sophia Zoungas	1 July 2020 to 30 June 2021
Nominee of the Minister for Health	Dr Lee Hamley	1 July 2020 to 30 June 2021
Nominee of the Minister for Women	Dr Deborah Kirkwood	1 July 2020 to 14 November 2020
Nominee of the Minister for Women	Dr Adele Murdolo	2 March 2021 to 30 June 2021
Nominee of the Minister of Community Services	Ms Tracy Beaton	1 July 2020 to 30 June 2021
Nominee of the Minister of Police	Mr Neil Robertson	1 July 2020 to 30 June 2021
State Coroner	Judge John Cain	1 July 2020 to 30 June 2021
Nominee of the Chairman	Mr Tim Fitzmaurice	1 July 2020 to 13 October 2020 (appointment ended)
Nominee of the Chairman	Mr Tim Fitzmaurice	4 November 2020 (new appointment commenced) to 30 June 2021
Nominee of the Council of University of Melbourne	Prof. Glenn Bowes	1 July 2020 to 14 November 2020 (appointment ended)
Nominee of the Council of University of Melbourne	Prof. Glenn Bowes	2 March 2021 (new appointment commenced) to 30 June 2021
Board Secretary	Ms Mari-Ann Scott	1 July 2020 to 30 June 2021

Remuneration

Total remuneration received or receivable by the Accountable Officer in connection with their position as a responsible person during the reporting period was $563,617 ($557,940 in 2019-20). As per the Governor in Council appointment, members of the VIFM Council are not remunerated.

Income Band of the VIFM Council	**Total Remuneration**	
	2021	2020
	No.	No.
$0	**15**	15
$550,000 to $559,999	**-**	1
$560,000 to $569,999	**1**	-
Total	**16**	**16**

8.3 Remuneration of executives

The number of executive officers, other than ministers and accountable officers, and their total remuneration during the reporting period are shown in the table below. Total annualised employee equivalents provides a measure of full time equivalent executive officers over the reporting period.

Remuneration comprises employee benefits in all forms of consideration paid, payable or provided by the entity, or on behalf of the entity, in exchange for services rendered, and is disclosed in the following categories.

Short-term employee benefits include amounts such as wages, salaries, annual leave or sick leave that are usually paid or payable on a regular basis, as well as non-monetary benefits such as allowances and free or subsidised goods or services.

Post-employment benefits include pensions and other retirement benefits paid or payable on a discrete basis when employment has ceased.

Other long-term benefits include long service leave, other long service benefits or deferred compensation.

Termination benefits include termination of employment payments, such as severance packages.

Remuneration of executive officers including Key Management Personnel (disclosed in note 8.3)

	2021	2020
	$	$
Short-term employee benefits	**307,709**	209,875
Post-employment benefits	**28,219**	20,578
Other long-term benefits	**9,228**	8,656
Total remuneration	**345,156**	239,109
Total number of executives	**2**	1
Total annualised employee equivalents [(a)]	**1.4**	1.0

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

8.4 Related parties

The Institute is a wholly owned and controlled entity of the State of Victoria.

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

Related parties of the Institute include;

- all key management personnel and their close family members and personal business interests (controlled entities, joint ventures and entities they have significant influence over);
- all cabinet ministers and their close family members; and
- all departments and public sector entities that are controlled and consolidated into the whole of state consolidated financial statements.

All related party transactions have been entered into on an arm's length basis.

Significant transactions with government-related entities

The Institute received funding of $33.1 million (2020: $32.6 million) by a grant from the Department of Justice and Community Safety, and funding from other government-entities recorded as Section 29 receipts, which include Victoria Police $11.9 million (2020: $11.9 million).

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

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

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

Compensation of KMPs	**2021**	2020
	$	$
Short-term employee benefits	**1,545,085**	1,613,538
Post-employment benefits	**141,128**	147,899
Other long-term benefits	**31,941**	36,997
Total [(a)]	**1,718,154**	1,798,434

Note:
(a) Note that KMPs are also reported in the disclosure of remuneration of executives. (Note 8.2).

8.5 Remuneration of auditors

	2021 $	2020 $
Victorian Auditor-General's Office		
Audit or review of the financial statements	**32,000**	28,000
Total remuneration of auditors	**32,000**	**28,000**

8.6 Subsequent events

There are no subsequent events to disclose.

8.7 Other accounting policies

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

Additions to net assets that have been designated as contributions by owners are recognised as contributed capital. Other transfers that are in the nature of contributions to or distributions by owners have also been designated as contributions by owners.

8.8 Australian Accounting Standards issued that are not yet effective

Certain new and revised accounting standards have been issued but are not effective for the 2020-21 reporting period. These accounting standards have not been applied to the Model Financial Statements. The State is reviewing its existing policies and assessing the potential implications of these accounting standards which includes:

- AASB 2020-1 *Amendments to Australian Accounting Standards – Classification of Liabilities as Current or Non-Current*

This Standard amends AASB 101 to clarify requirements for the presentation of liabilities in the statement of financial position as current or non-current. It initially applied to annual reporting periods beginning on or after 1 January 2022 with earlier application permitted however the AASB has recently issued AASB 2020-1 *Amendments to Australian Accounting Standards – Classification of Liabilities as Current or Non-current – Deferral of Effective Date* to defer the application by one year to periods beginning on or after 1 January 2023. The Department will not early adopt the Standard.

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

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

- AASB 17 *Insurance Contracts*.
- AASB 1060 *General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities (Appendix C)*.
- AASB 2020-2 *Amendments to Australian Accounting Standards – Removal of Special Purpose Financial Statements for Certain For-Profit Private Sector Entities*.
- AASB 2020-3 *Amendments to Australian Accounting Standards – Annual Improvements 2018-2020 and Other Amendments*.
- AASB 2020-7 *Amendments to Australian Accounting Standards – Covid-19-Rent Related Concessions: Tier 2 Disclosures*.
- AASB 2020-8 *Amendments to Australian Accounting Standards - Interest Rate Benchmark Reform – Phase 2*.
- AASB 2020-9 *Amendments to Australian Accounting Standards – Tier 2 Disclosures: Interest Rate Benchmark Reform (Phase 2) and Other Amendments*.

8.9 Glossary of technical terms

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

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

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

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

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

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

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

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

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

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

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

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

Financial liability is any liability that is:
(a) a contractual obligation:
- to deliver cash or another financial asset to another entity; or
- to exchange financial assets or financial liabilities with another entity under conditions that are potentially unfavourable to the entity; or

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

Financial statements comprises:
(a) a balance sheet as at the end of the period;
(b) a comprehensive operating statement for the period;
(c) a statement of changes in equity for the period;
(d) a cash flow statement for the period;
(d) notes, comprising a summary of significant accounting policies and other explanatory information;
(e) comparative information in respect of the preceding period as specified in paragraph 38 of AASB 101 *Presentation of Financial Statements* ; and

(f) a statement of financial position as at the beginning of the preceding period when an entity applies an accounting policy retrospectively or makes a retrospective restatement of items in its financial statements, or when it reclassifies items in its financial statements in accordance with paragraphs 41 of AASB 101.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

8.10 Style conventions

The financial statements and notes are presented based on the illustration for a government department in the 2020-21 Model Report for Victorian Government Departments. Discrepancies in tables between totals and sums of components reflect rounding. The presentation of other disclosures is generally consistent with the other disclosures made in earlier publications of the Institute's annual reports.

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

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

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

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

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

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

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

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

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

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

8.11 Style conventions

The financial statements and notes are presented based on the illustration for a government department in the 2018-19 Model Report for Victorian Government Departments. The presentation of other disclosures is generally consistent with the other disclosures made in earlier publications of the Institute's annual reports.

Appendices

A: Disclosure Index.

The annual report of the VIFM is prepared in accordance with all relevant Victorian legislations and pronouncements. This index has been prepared to facilitate identification of the VIFM's compliance with statutory disclosure requirements. [FRD 10A]

Legislation	Requirement	Page Reference
Standing Directions & Financial Reporting Directions		
Report of operations		
Charter and purpose		
FRD 22I	Manner of establishment and the relevant Ministers	Page 7
FRD 22I	Purpose, functions, powers and duties	Page 140
FRD 22I	Key initiatives and projects	Page 48
FRD 22I	Nature and range of services provided	Page 8
Management and structure		
FRD 22I	Organisational structure	Page 8
Financial and other information		
FRD 10A	Disclosure index	Page 138
FRD 22I	Employment and conduct principles	Page 93
FRD 22I	Occupational health and safety policy	Page 91
FRD 22I	Summary of the financial results for the year	Page 87
FRD 22I	Significant changes in financial position during the year	Page 87
FRD 22I	Major changes or factors affecting performance	Page 87
FRD 22I	Subsequent events	Page 133
FRD 22I	Application and operation of *Freedom of Information Act 1982*	Page 96
FRD 22I	Compliance with building and maintenance provisions of *Building Act 1993*	Page 97
FRD 22I	Statement on National Competition Policy	Page 97
FRD 22I	Application and operation of the *Public Interest Disclosure Act 2012*	Page 97
FRD 22I	Application and operation of the *Carers Recognition Act 2012*	Page 98
FRD 22I	Details of consultancies over $10 000	Page 95
FRD 22I	Details of consultancies under $10 000	Page 95
FRD 22I	Disclosure of government advertising expenditure	Page 95
FRD 22I	Disclosure of ICT expenditure	Page 95
FRD 22I	Disclosure of asset maturity	Page 98
FRD 22I	Statement of availability of other information	Page 88
FRD 24D	Reporting of office based environmental impacts	Page 99

FRD 25D	Local Jobs First	Page 98
FRD 29C	Workforce Data disclosures	Page 93
SD 5.2	Specific requirements under Standing Direction 5.2	Page 100

Compliance attestation and declaration

SD 5.4.1	Attestation for compliance with Ministerial Standing Direction	Page 100
SD 5.2.3	Declaration in report of operations	Page 3

Financial statements

Declaration

SD 5.2.2	Declaration in financial statements	Page 105
SD 5.2.1(a)	Compliance with Australian accounting standards and other authoritative pronouncements	Page 105
SD 5.2.1(a)	Compliance with Standing Directions	Page 105
SD 5.2 1(b)	Compliance with Model Financial Report	Page 102

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

FRD 11A	Disclosure of ex gratia expenses	N/A
FRD 21C	Disclosures of responsible persons, executive officers and other personnel (contractors with significant management responsibilities) in the Financial Report	Page 131
FRD 103H	Non-financial physical assets	Page 128
FRD 110A	Cash Flow Statements	Page 108
FRD 112D	Defined Benefit Superannuation Obligations	Page 115
FRD 114C	Financial Instruments – general government entities and public non-financial corporations	Page 124

Legislation

Freedom of Information Act 1982	Page 96
Building Act 1993	Page 97
Public Interest Disclosure Act 2012	Page 97
Carers Recognition Act 2012	Page 98
Disability Act 2006	N/A
Local Jobs First Act 2003	Page 98
Financial Management Act 1994	Page 98

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

B: The VIFM's Services and Obligations at a Glance

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

SERVICE	SUMMARY	THE VIFM ACT 1985 PROVIDES THAT THE OBJECTS AND FUNCTIONS OF THE INSTITUTE ARE:
Medico-Legal Death Investigation Services	The provision of expert medico-legal reports to the courts, including the Coroners Court of Victoria, families of deceased persons, Victoria Police, legal and medical practitioners and private and public agencies.	SECTION 64 (2) » **(a)** to provide, promote and assist in the provision of forensic pathology and related services in Victoria and as far as practicable, oversee and co-ordinate those services in Victoria. » **(j)** to promote and assist in the performance by the Coroners Court of its functions. SECTION 66 (1) » (a) to provide facilities and staff for the conduct of examinations in relation to deaths investigated under the *Coroners Act 2008*; » (ab) to receive a report of a reportable death or a reviewable death for referral to a coroner or the State Coroner (as appropriate) under Part 3 of the *Coroners Act 2008*; » (ac) to receive a request for an investigation by the coroner into a fire under Division 2 of Part 4 of the *Coroners Act 2008* and refer that request to the coroner; » (ad) on behalf of a coroner, to request and receive information about a death or fire that a coroner is investigating; » (ae) to provide assistance and guidance in respect of whether a death is a reportable death or reviewable death to a person who has an obligation to report deaths of that kind under Part 3 of the *Coroners Act 2008*; » (e) to properly document and record findings and results of investigations and examinations; » (f) to provide reports to coroners about the medical causes of deaths and the findings and results of investigations and examinations; » (g) to gather information to assist a coroner to identify the senior next of kin of a deceased person; » (h) to provide information to, and obtain information from, family members of a deceased person for the purposes of a medical examination and the coronial process generally; to properly document and record findings and results of investigations and examinations. » (i) to receive a request on behalf of a coroner for an autopsy to be performed on a body in the control of a coroner; » (j) to take possession of a body on behalf of a coroner and to provide for the release of a body following an order made by a coroner under section 47 of the *Coroners Act 2008*; » (k) to request and receive ante-mortem specimens from hospitals in respect of reportable deaths for the purposes of medical examinations; » (l) to provide information to, and discuss with, the senior next of kin of a deceased person, the coronial process and in particular explain any medical examination to be performed on the deceased as part of the investigation process; » (m) to assist the principal registrar of the Coroners Court to provide information prescribed for the purposes of section 21 of *the Coroners Act 2008* regarding the coronial process to the senior next of kin of a deceased person and any other person the principal registrar considers to have a sufficient interest in the investigation under section 21(b) of that Act. SECTION 66 (3) » The Institute also has a function to investigate, assess and instigate appropriate responses in respect of— » (a) the health or safety of a living sibling of a deceased child; and » (b) the health of a parent of a deceased child— » where the death of that child constitutes a reviewable death.

Clinical Forensic Medicine Services	Medico-legal examination of victims of crime and alleged perpetrators, and the provision of expert reports to the courts, Victoria Police, legal and medical practitioners and private and public agencies.	SECTION 64 (2) » **(f)** to provide, promote and assist in the provision of clinical forensic medicine and related services to Victoria Police and government bodies; » **(g)** to promote, provide and assist in under-graduate and post-graduate instruction in the field of clinical forensic medicine in Victoria; » **(h)** to promote, provide and assist in the teaching of and training in clinical forensic medicine within medical, legal, general health and other education programs; SECTION 66 (2) » The Institute also has a function to ensure the provision of clinical forensic medical services to Victoria Police and government bodies in accordance with agreements for services between those bodies and the Institute.
Forensic Sciences	Forensic scientific analysis of samples received from forensic pathologists, clinical forensic physicians and the Victoria Police and the provision of expert reports to the courts, Victoria Police, legal and medical practitioners and private and public agencies.	SECTION 64 (2) » **(a)** to provide, promote and assist in the provision of forensic pathology and related services in Victoria and, as far as practicable, oversee and co-ordinate those services in Victoria; SECTION 66 (1) » **(b)** to conduct chemical, microscopic, serological, toxicological and other examinations of tissue and fluids taken from deceased persons coming under the jurisdiction of coroners in Victoria; » **(c)** to identify by radiological or odontological examination or other means the remains of deceased persons whose deaths are being investigated under the *Coroners Act 2008*; » **(d)** to conduct other appropriate investigations or examinations in relation to the cause of death of any person;
Donor Tissue Bank of Victoria	The provision of safe tissue to Australian surgeons for transplantation in orthopaedic, cardiothoracic, burns and reconstructive surgery. Tissue is also provided to authorised researchers for the completion of ethically approved research projects.	SECTION 64 (2) » **(i)** to provide tissue banking facilities and services referred to in section 66(4); SECTION 66 (4) » The Institute also has the following functions— » **(a)** to receive tissue taken in accordance with the *Human Tissue Act 1982* (whether under Part X of that Act or otherwise) from living persons in Victoria and to process, store and supply the tissue for transplantation to living persons in Victoria or elsewhere or for use, in Victoria or elsewhere, for other therapeutic purposes or for medical or scientific purposes; » **(b)** to remove tissue, or receive tissue taken, in accordance with the *Human Tissue Act 1982* from deceased persons in Victoria (whether or not a coroner has jurisdiction to investigate the deaths) and to process, store and supply the tissue for transplantation to living persons in Victoria or elsewhere or for use, in Victoria or elsewhere, for other therapeutic purposes or for medical or scientific purposes; » **(c)** to remove tissue, or receive tissue taken, in accordance with a corresponding law of another State or a Territory and to process, store and supply the tissue for transplantation to living persons in Victoria or elsewhere or for use, in Victoria or elsewhere, for other therapeutic purposes or for medical or scientific purposes; » **(d)** to receive tissue taken in accordance with a corresponding law of a country other than Australia and to process, store and supply the tissue for transplantation to living persons in Victoria or elsewhere or for use, in Victoria or elsewhere, for other therapeutic purposes or for medical or scientific purposes.
Academic Programs	The Institute undertakes its teaching and research obligations as the Department of Forensic Medicine for Monash University. Its primary function is to advance the training and development of forensic practitioners and to increase the evidence basis for the discipline through research.	SECTION 64 (2) » **(b)** to promote, provide and assist in the post-graduate instruction and training of trainee specialist pathologists in the field of forensic pathology in Victoria; » **(c)** to promote, provide and assist in the post-graduate instruction and training of persons qualified in biological sciences in the field of toxicological and forensic science in Victoria; » **(d)** to provide training facilities for doctors, medical undergraduates and such other persons as may be considered appropriate by the Council to assist in the proper functioning of the Institute; » **(e)** to conduct research in the fields of forensic pathology, forensic science, clinical forensic medicine and associated fields as approved by the Council; » **(ha)** to contribute to reducing the number of preventable deaths and to promote public health and safety and the administration of justice;

C: Committees.

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

Executive and Finance Committee (EFC)

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

- Contribute to the development of the Institute's strategic plan and monitor performance against the plan
- Advise the Council about the Institute's progress towards delivery of the strategic plan
- Review and evaluate the annual budget prior to submitting it to Council for approval
- Monitor financial performance against the budget and conduct an annual review of financial performance
- Monitor and evaluate the VIFM's operations for efficiency and efficacy
- Review and monitor the progress of major capital expenditure and major contracts
- Oversee and monitor the performance of key policies and strategies, as required
- Recommend to Council the review of service areas, as required
- Review executive and medical salaries, and
- Consider any other matters referred to it by Council and or management

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

Members: Mr Neil Robertson PSM (Chair), The Hon. John Coldrey, Mr Tim Fitzmaurice, Professor Noel Woodford, and Ms Mari-Ann Scott.
Minutes: Ms Carolynne van der Cingel

Audit and Risk Management Committee (ARMC)

The VIFM Council has appointed the Audit and Risk Management Committee (ARMC) to assist it in fulfilling its governance responsibilities. In particular, the ARMC is to assist the Council in overseeing matters of accountability and internal control affecting the operations of the Institute.

The Council has delegated or assigned the following functions to the ARMC under its Terms of Reference:

- Independently review and assess the effectiveness of the VIFM's systems and controls for financial management, performance and sustainability, including risk management.
- Oversee the internal audit function under Direction 3.2.2 of the Standing Directions of the Minister for Finance 20168 including to:
  - review and approve the internal audit charter;
  - review and approve the strategic internal audit plan prepared under Direction 3.2.2.2(b);
  - review and approve the annual audit work program prepared under Direction 3.2.2.2(c);
  - review the effectiveness and efficiency of the function;
  - advise the agency on the appointment and performance of the internal auditors; and
  - meet privately with internal auditors if necessary.
- Review annual financial statements and make a recommendation to the VIFM Council as to whether to authorise the statements before they are released to Parliament by the Attorney-General.
- Review information in the report of operations of financial management, performance and sustainability before it is released to Parliament by the Attorney-General.
- Review and monitor compliance with the FMA 1994 and the Standing Directions 2018 and advise the VIFM Council on the level of compliance attained.
- Review and monitor remedial actions taken to address compliance deficiencies.
- Maintain effective communication with external auditors including by:
  - understanding the external audit strategy and internal audit activities;
  - considering the external auditor's views on any issues, including accounting issues that may impact on the financial statements, financial management compliance issues and other relevant risks impacting the Agency's finances;
  - considering external audit outcomes, including financial and performance audits;
  - providing a standing invitation to the external auditor to attend Audit Committee meetings, and
  - meeting privately at least once each year to ensure frank and open communication.
- Consider recommendations made by internal and external auditors relating to or impacting on financial management, performance and sustainability and actions to be taken by the VIFM to resolve any issues raised.
- Regularly review implementation of actions in response to internal or external audits, including remedial actions to mitigate future instances of non-compliance.
- Review appropriate financial management delegations of authority.
- Review other strategic policies that are of relevance to the ARMC, including but not limited to delegations, procurement, purchasing and outsourcing to contractors.

Members: Mr Neil Robertson, (Chair), The Hon. John Coldrey, and Mr Tim Fitzmaurice
Attendees: Professor Noel Woodford, Ms Mari-Ann Scott and Mr Peter Ford
Minutes: Ms Carolynne van der Cingel

The VIFM Ethics Committee

The VIFM Ethics Committee is a committee of the VIFM Council. It is constituted and operates in accordance with the National Health and Medical Research Council National Statement on Ethical Conduct in Human Research. The Committee functions are to:

- Review applications for research involving VIFM data, human tissue or live participants by VIFM staff members or external researchers
- Approve the above research applications where they meet the requirements of the National Health and Medical Research Council National Statement on Ethical Conduct in Human Research, and
- Consider and advise on any other ethical issues referred to the Committee by the Director of the VIFM or the VIFM Council.

Members: Mr Stephen Nossal (Chair), Coroner Audrey Jamieson, Professor Noel Woodford, Mr Trent Brickle, Professor Belinda Gabbe, Ms Michelle Skinner, Dr Danny Sullivan, The Hon. Frank Vincent AO QC, and Ms Lynne Wenig.
Executive Officer: Ms Fiona Leahy

The Donor Tissue Bank Committee

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

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

Members: Mr Tim Fitzmaurice (Chair), Coroner Simon McGregor, Mr Neil Bergman, Dr Michael Catton, Dr Hiu Tat Mark Chan, Ms Heather Cleland, Mr Luke Cornelius, Ms Rhonda Holdsworth, Mr Stefan Poniatowski, Professor David Ranson, Mr Peter Skillington and Mr Luke Spencer.
Executive Officer: Mr Stefan Poniatowski

Internal Management

Senior Executive Group – disbanded in March 2021

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

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

The Executive Team – established in March 2021

The Executive is a monthly forum convened by the Director and is used to consult about key strategic matters. Additionally, the team is responsible for organisational performance and results including the occupational health and safety and wellbeing of the staff. Its members Chair the Managers' Forum on a rotating basis.

Members: Professor Noel Woodford (Chair), Ms Mari-Ann Scott, Professor David Ranson, Professor Richard Bassed, Ms Frances Adamas Mr Peter Ford, Associate Professor Dimitri Gerostamoulos, Mr Murray Hall, Dr Linda Iles, Dr Maria Nittis.
Minutes: Ms Fiona Lawrence

COVID-19 – Responsible Officers Group

Professor Noel Woodford (Chair), Ms Mari-Ann Scott, Professor David Ranson, Professor. Richard Bassed, Ms Frances Adamas, Ms Margaret Craddock, Mr Peter Ford, Associate Professor Dimitri Gerostamoulos, Ms Linda Glowacki, Mr Murray Hall, Dr Linda Iles, Ms Fiona Leahy, Dr Jodie Leditschke, Mr Jeff Lomas, Mr Stefan Poniatowski, Mr Richard Prokop, Ms Barbara Thorne.
Minutes: Ms Fiona Lawrence

Managers' Forum 2020-2021

The Managers' Forum meets monthly and members provide regular reports on their team's activities, request assistance from other areas where appropriate, and share positive feedback and achievements for the month.
Members: Professor Noel Woodford (Chair), Professor David Ranson (Chair), Nadia Ambruosi, Stephen Ansell, Chantel Bartolo, Soren Blau, Jarrod Boxall, David Cauchi, Margaret Craddock, Kerryn Crump, Linda Glowacki, Kellie Hamilton, Dadna Hartman, Ian Hill, Elizabeth Jenkins, Dean Krenske, Fiona Leahy, Jodie Leditschke, Jeff Lomas, Tracey Mackay, Elizabeth Manning, Helen McKelvie, Alison Monaghan, Thomas Munro, Lauren Murton, Megan Osborne, Rick Prokop, Jen Ryan, Brendan Sullivan, Niki Taxidis and Barbara Thorne.
Executive Officer: Charmain Anderson

Occupational Health and Safety (OHS) Committee

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

The VIFM's OHS Committee is established in accordance with S.72 of the Occupational Health and Safety Act 2004 and is a joint committee of employees and management.

Specifically, the Committee's role is to:

- Ensure the identification and investigation of workplace OHS hazards and matters as they occur and make recommendations to the VIFM Executive Team to address issues.
- Review incident statistics and examine trends for the workplace to identify problem areas and make recommendations for corrective action.
- Communicate to all staff about any new OHS legislation, regulations and any other OHS compliance requirements.
- Review and monitor the annual program of OHS activities including health and safety prevention programs.
- Commission regular OHS audits and make recommendations to the VIFM Executive Team about changes required, based on the findings of the audits.
- Oversee the development and review of safety policies and procedures.
- Approve staff OHS training and education programs and monitor the uptake of training.
- Ensure that OHS issues are appropriately reported up to the Executive Team and the VIFM Council.

The OHS Committee is the peak Committee for all OHS related activities. It has the ability to seek any information it requires to perform its duties and create ad-hoc sub committees to perform OHS related functions and activities.

Members: Ms Mari-Ann Scott (Chair), Ms Emily Hall (OHS Advisor & Co-ordinator), Ms Nan Austin (Acting OHS Adviser & Co-ordinator), Ms Victoria McCombe (Acting OHS Adviser & Co-ordinator), Ms Frances Adamas, Ms Charlotte Bacsa, Ms Kaitlyn Hart, Mr Jacob O'Donoghue, Mr Richard Prokop.

*During the 2020-21 year the OHS Advisor and Co-ordinator role was undertaken in an acting capacity by Ms Victoria McCombe (July 2020 to December 2020) and Ms Nan Austin (January 2021 to June 2021).

Privacy, Confidentiality and Data Protection Committee

The Privacy, Confidentiality and Data Protection Committee has representatives from across the VIFM's business areas.

The objectives of the Committee are to:

- Monitor the VIFM's compliance with privacy legislation, including the relevant provisions of the VIFM Act 1985, the Human Tissue Act, the Privacy and Data Protection Act and the Health Records Act, as well as with the Coroners Court Rules and applicable standards for information security.
- Regularly review and update the VIFM's privacy, confidentiality and data protection policies.
- Develop initiatives to effectively implement the VIFM's privacy, confidentiality and data protection policies, including organising staff training and awareness activities.
- Provide advice, support and training to service areas on matters relating to privacy, confidentiality and data protection.
- Identify and discuss privacy, confidentiality and data protection issues that arise at the VIFM and refer suggestions for resolution and/or improvement to the relevant service area manager or to the Managers Forum if appropriate.
- Consider at each meeting a summary of CIRCAs (Continuous Improvement Request – Corrective Action) involving privacy, confidentiality and data protection issues, including any complaints.

Members: Ms Katie Howie (Privacy Officer and Chair), Ms Frances Adamas, Mr Tom Brady (until December 2020), Ms Margaret Craddock, Mr Richard Prokop, Ms Voula Staikos, Ms Carolynne van der Cingel.

Quality Review Committee

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

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

Members: Professor David Ranson (Chair), Ms Frances Adamas (Co-Chair), Professor Noel Woodford, Ms Margaret Craddock, Associate Professor Dimitri Gerostamoulos, Mr Murray Hall, Dr Jodie Leditschke, Mr Brendan Sullivan,
Executive Officer: Ms Soumela Horomidis (up to December 2020), Ms Niki Taxidis (from January 2021)

Research Advisory Committee (RAC)

The Research Advisory Committee (RAC) reviews submissions for research projects from both internal and external researchers. The RAC determines whether the project constitutes quality assurance or research, ensures that each project has scientific merit, and refers all research projects to the appropriate Human Research Ethics Committee for ethical review.

Members: Professor Richard Bassed (Chair), Professor Soren Blau, Professor Belinda Gabbe, Dr Joanna Glengarry, Ms Kellie Hamilton, Dr Dadna Hartman, Ms Fiona Leahy, Dr Jo Ann Parkin.
Executive Officer: Ms Carolynne van der Cingel

The Green Team

Mr Dean Krenske (Co-Chair), Ms Fiona Leahy (Co-Chair), Mr Rasika Amarasiri, Ms Hayley Challender, Mr Robert Coyle, Ms Kellie Hamilton, Ms Janine Hope, Ms Katie Howie, Ms Samantha Joubert, Dr Linda Iles, Ms Fiona Lawrence, Mr Evan Leckenby.

The Social Club Committee

Mr Murray Hall (President), Mr Jarrod Boxall (Vice President), Ms Joanne Hanna (Treasurer), Ms Emily Hall (Secretary), Ms Kim Conway, Mr Jeff Lomas, Ms Alison Monahan, Ms Jennah Orchard.

Emergency Planning Committee (Facilities)

Ms Mari-Ann Scott, Ms Carolyn Gale, Mr David Cauchi, Mr Peter Ford, Mr Gerard Garson.
Executive Officer: Ms Margaret Craddock.

Wardens

Mr David Cauchi (Chief Warden), Mr Ben Stewart (Deputy Chief), Ms Michelle Spiden (Deputy Chief), Mr David Orchard (Deputy Chief), Ms Charmain Anderson, Ms Prue Armstrong, Mr Keith Bretherton, Dr Mark Chu, Ms Emma Cowley, Mr Lakshan De Run, Mr Matthew Di Rago, Ms Samantha Francis-Pester, Mr Alexander Gillard, Ms Joanne Hanna, Ms Melynda Hargreaves, Ms Kaitlyn Hart, Ms Fiona Lawrence, Mr Adam Li, Ms Alison Monaghan, Ms Melissa Peka, Ms Gaie Russell, Ms Jill Russell, Ms Jennifer Ryan, Dr Jason Schreiber, Ms Mari-Ann Scott and Ms Voula Staikos.

D: Publications.

Journal Articles

Abeysekera, N., Mich, C., Mahoney, A., Abeysekera, A., MacPhail, A., Ibrahim, J., Jose, M., Turner, R., & Ferrah, N. (2021, March). Evaluating the need for an integrated geriatric service in older general surgery patients. *ANZ Journal of Surgery,* 91(3), 341-347.

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Wells, D. et al. (2020, December). Medico-legal Issues. *RACGP Check Program*. 578:3-28

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Books and Book Chapters

Aitken, G., Ferrah, N., Lovell, J., Santos, T., Cunningham, N., & Ibrahim, J. (2020, July). Genitourinary conditions in elders. In: K.A. Collins (Ed.), *Geriatric forensic medicine and pathology* (pp. 321-366). Cambridge: Cambridge University Press.

Blau, S. (2020, July). In J. Payne-James & R. Jones, (Eds.), *Simpson's Forensic Medicine* 14th edition. Boca Raton: CRC Press.

Blau, S. (2020, July). The anthropology of aging. In K.A. Collins (Ed.), *Geriatric forensic medicine and pathology* (pp. 452-468). Cambridge: Cambridge University Press.

Blau, S. (2020, October). Working for the living and the dead: challenges associated with personal identification from skeletal remains in Timor-Leste. In L. Kent & R.G. Feijo, (Eds.), *The Dead as martyrs, ancestors, and heroes in Timor-Leste* (pp. 197-218). Amsterdam: Amsterdam University Press.

Cordner, S. (2020, July). Euthanasia. In K.A. Collins (Ed.), *Geriatric forensic medicine and pathology* (pp. 87-108). Cambridge: Cambridge University Press

Drummer, O.H., Gerostamoulos, D., & Schumann, J.L. (2021, July). Epidemiology and adverse drug reactions (Chapter 46). In M. Burkhard (Author), *Handbook of Forensic Medicine*. 2nd edition. London: Wiley.

Drummer, O.H., & Gerostamoulos, D. (2021, July). Toxicological analysis: drug screening and confirmation (Chapter 49). In M. Burkhard (Author), *Handbook of Forensic Medicine.* 2nd edition. London: Wiley.

Drummer, O.H. (2021, July). New psychoactive drugs (Chapter 52.3) In M. Burkhard (Author), *Handbook of Forensic Medicine*. 2nd edition. London: Wiley.

Franklin, D. & Blau, S. (2020, July). Physical and virtual sources of biological data in forensic anthropology: considerations relative to practitioner and/or judicial requirements. In Z. S. Obertová, C. Stewart & C. Cattaneo (Eds.), *Statistics and Probability in Forensic Anthropology* (pp. 17-45). London: Academic Press.

Ibrahim, J., Aitken, G., & Ranson, D.L. (2020, July). Pathophysiology of aging. In K.A. Collins (Ed.), *Geriatric forensic medicine and pathology* (pp. 19-29). Cambridge: Cambridge University Press.

Iles, L.E., & Crain, B.J. (2020, July). Other neurological conditions and age-related changes. In K.A. Collins (Ed.) *Geriatric forensic medicine and pathology* (pp. 310-320). Cambridge: Cambridge University Press.

Reichard, R.R., Iles, L.E., Swanson, A.A., & Crain, B.J. (2020, July). Neurodegenerative diseases in elders. In K.A. Collins

(Ed.), *Geriatric forensic medicine and pathology* (pp. 302-309). Cambridge: Cambridge University Press.
Rowbotham, S.K. & Blau, S. (2020, July). The application of medical imaging to the anthropological estimation of sex. In A. Klales (Ed.), *Sex Estimation of the Human Skeleton: History, Methods, and Emerging Techniques* (pp. 353-369). London: Academic Press.

Sowada, K. & Davey, J. (2021, June) Computerised tomography (CT) scans of a mummified male head from the ptolemaic period. In J. Karim (Author), *Guardian of ancient Egypt studies in honour of Zahi Hawass* (pp. 1511- 1526). Prague: Charles University.

Woodford, N., O'Donnell, C., & Lynch, M. (2020, July). Forensic radiology and elders. In K.A. Collins (Ed.), *Geriatric forensic medicine and pathology* (pp. 536-553). Cambridge: Cambridge University Press.

Wright, M., Cole-Sinclair, M., & Ibrahim, J. (2020, July). Hematological conditions: an overview of hematological disease including conditions seen more frequently in elders. In K.A. Collins (Ed.), *Geriatric forensic medicine and pathology* (pp. 405-430). Cambridge: Cambridge University Press.

E: Presentations.

Bolt, C. (2020, October). *Forensics.* Emergency Department, Alfred Medical, Melbourne, Victoria.

Clancy, A., Rao, P., & Rowbotham, S.K. (2020, December). *An evaluation of the thoracic fractures resulting from paediatric cardiopulmonary resuscitation.* 34th Annual Conference of the Australasian Society for Human Biology. Perth, Western Australia (virtual).

Cunningham, N. (2020, October). *An Intern's Guide to Forensics and the Law.* St Vincent's Hospital, Melbourne, Victoria. (virtual).

Davey, J. (2021, May). Mummification, *Burial Practices and Forensic Egyptology.* Leibler Yavneh Secondary College, Elsternwick, Victoria.

Davey, J. (2021, May). *Egypt: the impact of Covid-19 on excavation protocols at ancient sites.* Australia Egypt Fund Inc. Middle Park Bowls Club, Middle Park, Victoria.

Mackay, T. (2020, March). *The Coronial Process - Maternal and Neonatal cases.* The Resuscitation Update, Maternity and Gynaecological Emergencies, Victoria, Australia (virtual).

Mackay, T. (2021, June). *Language and Communication.* Palliative Care Advice Service presentation, Victoria, Australia (virtual).

Moller, M. (2020, December). *Case-based discussion about family violence.* Monash Health, Victoria, Australia (virtual).

Moller, M. (2021, April). *Sexual violence: An Overview.* Australian College of Midwives (virtual).

Moller, M. (2021, July). *Sexual Assault Victims presenting to an Emergency Department.* Frankston Hospital, Victoria, Australia (virtual).

Ozanne-Smith, J. (2021, June). *Motorised mobility scooter-related injury.* Hosted by Injury Matters (WA NGO) and Australasian Injury Prevention Network (virtual).

Parkin, J. & Rowse, J. (2021, January). *Strangulation and Forensic Medical Procedures.* Victoria Police (Bayside Sexual Offences and Child Abuse Investigation Team) presentation, Doyle's Bridge Hotel, Mordialloc, Victoria.

Rowbotham, S.K. (2020, October). *Human remains.* Swinburne University, Victoria, Australia (virtual).

Rowbotham, S.K., Blumenthal, R., Delabarde, T., Legrand, L., van der Walt, E., Sutherland, T., Lockhat, Z., & Arthurs, O.J. (2021, February). *Differentiating the skeletal trauma resulting from pediatric simple short falls compared with physical abuse: a retrospective international multicenter pilot study.* 73rd Annual Scientific Meeting of the American Academy of Forensic Sciences. Houston, Texas (virtual).

Rowbotham, S.K., Mole, C.G., Tieppo, D., Blaszkowska, M., Cordner, S., & Blau, S., (2021, May). *Investigating the average thickness and density of the human neurocranium. Podium Presentation.* 10th Annual Congress of the International Society of Forensic Radiology and Imaging. Krakow, Poland (virtual).

Rowse, J. (2020, November). *Technology Facilitated Sexual Assault in Adults and Children.* Forensic and Medical Sexual Assault Clinicians Australia (FAMSACA) (virtual).

Rowse, J. (2021, January). *No Filter: The Emergence of Technology Facilitated Sexual Assault in Children,* in collaboration with Victorian Forensic Paediatric Medical Service (VFPMS) to Victoria Police (Bayside Sexual Offences and Child Abuse Investigation Team) presentation, Bayside Police Station, Sandringham, Victoria

Sarkar, R. (2021, March). *Health metrics in Victorian family violence (representativeness and specificity of ICD10 codes).* Preconference Global Injury Prevention Showcase 2021, World Safety 2022 (virtual).

Schreiber, J. (2021, March). *Measuring and Managing Fatigue in Health Practitioners*. Monash University, Public Health and Preventive Medicine, Faculty of Medicine, Nursing and Health Sciences, (virtual).

Spake, L., Meyers, J., Blau, S., Cardoso, H., & Lottering, L, N. (2020, September). *Anthropological measurement protocol for post-cranial bones in post-mortem computed tomography using thin slab maximum intensity projection*. Online Poster. International Society for Forensic Radiology and Imaging (ISFRI).

Wells, D. (2020, December). *How the Criminal Justice System Can Work to Prevent Re-Victimisation or Re-Traumatisation of Victims. Presentation to Judiciary* - ASEAN Countries -Adaptive Justice Responses on Trafficking in Persons under the New Normal (virtual).

Woodford, N. (2020, August). *Death in Custody*. University of Ottawa, Canada (virtual).

Woodford, N. (2020, September). *Aspects of Forensic Pathology*. Monash University Law Faculty (virtual).

Woodford, N. (2020, September). *Expert Evidence*. Australian Academy of Forensic Science, Victoria, Australia.

Woodford, N. (2021, May). *From Crime Scene to Mortuary*. Manipal University, India (virtual).

Woodford, N. (2021, June). *Imaging at Autopsy. St George's Hospital*, University of London, England (virtual).

F: Staff by Department.
as at 30 June 2021

Executive Team

NOEL WOODFORD - *MBBS LLM DMJ(Path) FRCPA FRCPath*	Director
MARI-ANN SCOTT - *BEcon(Hons) MPhil MAICD*	Chief Operating Officer
DAVID RANSON - *BMedSc BM BS LLB FRCPath FRCPA FACLM FFFLM FFCFM DMJ(Path)*	Deputy Director, Forensic Services (also Master of Forensic Medicine Unit Coordinator)
RICHARD BASSED - *BDS DipForOdont PhD FFOMP(RCPA)*	Deputy Director, Academic Programs Professor, Senior Forensic Odontologist
FRANCES ADAMAS - *BSc(Hons) MBiotechBus*	Manager, Quality and Improvement
PETER FORD - *FCCA*	Chief Finance Officer
DIMITRI GEROSTAMOULOS - *BSc(Hons) PhD FFSc(RCPA)*	Head, Forensic Sciences (also Master of Forensic Medicine Unit Coordinator)
MURRAY HALL - *BAppSc BEng GradDipBA*	Chief Information Officer
LINDA ILES - *BMSc MBBS(Hons) FRCPA DMJ(Path)*	Head, Forensic Pathology
MARIA NITTIS - *MBBS, FFLM (UK), FFCFM (RCPA), FACLM, FACBS, MForMed, MLegMed*	Head, Clinical Forensic Medicine (from March 2021) Adjunct Clinical Associate Professor
FIONA LAWRENCE	Executive Administration Officer

Forensic Services Management Team

The Forensic Services Division is led by Deputy Director David Ranson.

Management Team

DIMITRI GEROSTAMOULOS - *BSc(Hons) PhD FFSc(RCPA)*	Head, Forensic Sciences (also Master of Forensic Medicine Unit Coordinator)
LINDA ILES - *BMSc MBBS(Hons) FRCPA DMJ(Path)*	Head, Forensic Pathology
MARIA NITTIS - *MBBS, FFLM (UK), FFCFM (RCPA), FACLM, FACBS, MForMed, MLegMed*	Head, Clinical Forensic Medicine (from March 2021) Adjunct Clinical Associate Professor
MAAIKE MOLLER - *MBChB BSc(Hons) MForensMed MSc MRCOG DTM&H DMCC FFCFM(RCPA) AFRACMA PGCertMedTox*	Acting Head, Clinical Forensic Medicine (until September 2020)
MARGARET CRADDOCK	Business Operations Manager, Forensic Services
SOREN BLAU - *BA(Hons) MSc PhD FFSc(RCPA) CF*	Manager, ID Services and Head Forensic Anthropology (also Master of Forensic Medicine Unit Coordinator)
DAVID CAUCHI - *BSc*	Manager, Histology
LINDA GLOWACKI - *BAppSc(Hons) PhD MRACI CChem*	Manager, Toxicology

DADNA HARTMAN - *BSc(Hons) PhD GCertPubSecMgmt FFSc(RCPA)*	Manager, Molecular Biology
JODIE LEDITSCHKE - *PhD FFSc(RCPA)*	Manager, Forensic Technical Services and CAE
BARBARA THORNE - *BA GradDipCrim*	Senior Policy Advisor, Forensic Services

Operations

STEPHEN CORDNER - *AM MA MBBS BMedSc Dip Crim DMJ(Path) FRCPATH FRCPA*	Forensic Consultant Specialist
MELANIE ARCHER - *BSc(Hons) PhD MBBS FRCPA*	Consultant Forensic Pathologist
YELIENA BABER - *MBBS MRC SEd FRCPath*	Consultant Forensic Pathologist
PAUL BEDFORD - *MBBS FRCPA DipForensPath*	Consultant Forensic Pathologist
BRIAN BEER - *MBBS FRCPA DipForensPath Certificate of Advanced Studies UZH in Forensic Imaging and Virtopsy - abbreviation CAS FIV*	Consultant Forensic Pathologist
HEINRICH BOUWER - *MBChB FRCPA*	Consultant Forensic Pathologist
MICHAEL BURKE - *MBBS BSc FRCPA DipForensPath*	Consultant Forensic Pathologist
MALCOLM DODD - *MBBS FRCPA DMJ(Path) AssocDipMLT FFFLM(RCP-UK) FACBS MACLM GradCertHealth Prof Ed*	Consultant Forensic Pathologist
VICTORIA FRANCIS - *MBBS MSc BA(Hons) FRCPA*	Consultant Forensic Pathologist
JOANNA GLENGARRY - *MBChB(Dist) FRCPA DipForensPath*	Consultant Forensic Pathologist
MATTHEW LYNCH - *MBBS LLB(Hons) FRCPA DipForens Path DMJ(Path)*	Consultant Forensic Pathologist
SARAH PARSONS - *BMedSc(Hons) MBBS(Hons) FRCPA*	Consultant Forensic Pathologist
GREG YOUNG - *MBChB BHB FRCPA*	Consultant Forensic Pathologist
CHONG ZHOU- *MBBS PhD FRCPA*	Forensic Pathology Fellow
JOANNE CHI YIK HO- *MBBS MPHTM GD-SURGANT FRCPA*	Forensic Pathology Registrar
CHRISTOPHER O'DONNELL - *MBBS MMed GDipForMed FRANZCR*	Consultant Forensic Radiologist
KAREN BYRNE - *BAppSc(Photo)(Hons)*	Specialist Forensic Photographer
STEPHEN SAMMUT	Specialist Forensic Photographer
NATALIE MORGAN - *RN GDipGenetCouns*	Family Health and Genetic Nurse Specialist
MELANIE HALLORAN - *RN BN*	Family Health Nurse
BIANCA SZYMANSKI - *RN BN*	Family Health Nurse
JEREMY GRAHAM - *LDS BDSc DipForOdont MPhil GradCertHighEd FFOMP(RCPA) FICD*	Consultant Forensic Odontologist (also Master of Forensic Medicine Unit Coordinator)
LYNDALL SMYTHE - *BDS DipForOdont*	Consultant Forensic Odontologist (also Master of Forensic Medicine Unit Coordinator)
SAMANTHA ROWBOTHAM - *MArchSc(Res) PhD*	Forensic Anthropologist - Casework and Research
TRACEY MACKAY - *RN BN MNursSc(NursPrac) GradCertNg(CritCare) Cert(MentalHealth) CertAOD*	Acting Assistant Manager, Coronial Admissions and Enquires
ALEXANDRA WRIGHT	Medico-Legal Executive Assistant
JILL RUSSELL	Medico-Legal Executive Assistant
REBECCA ADOLPH - *RN BN GradCertNg(CritCare)*	Medical Liaison Nurse

SINEAD BLAMIRES - *BHSc(Nursing) CCRN*	Medical Liaison Nurse
JESSICA DE VRIES - *RN BN*	Medical Liaison Nurse
ELISE DOHERTY - *RN BN GradCertNg(CritCare)*	Medical Liaison Nurse
ANDREA DURONJIC - *RN BN GradCertNg(CritCare)*	Medical Liaison Nurse
YUEN FUNG - *RN BN GradCertNg(CritCare)*	Medical Liaison Nurse
GEORGIA GILBERT - *RN BN GradDipNg(CritCare)*	Medical Liaison Nurse
LINDA HAIN - *RN BN*	Medical Liaison Nurse
TERESA LIMOND - *RN BN CCRN*	Medical Liaison Nurse
SARAH LONG *RN BN*	Medical Liaison Nurse
EMMA MACKENZIE - *RN BN CertTAA GradCertNg(CritCare)*	Medical Liaison Nurse
KRISTEN ROBINSON - *RN*	Medical Liaison Nurse
SHAREE SCOTT - *RN BN GradCertNg(CritCare)*	Medical Liaison Nurse
SANDRA TAYLOR - *RN DipAppSci(Nursing)*	Medical Liaison Nurse
TAMARA WILSON - *RN BN GradCertEmergNurs*	Medical Liaison Nurse
DIANA AQUILINA	Medico-Legal Executive Assistant
REED AUSTIN - *BA NREMT*	Medico-Legal Executive Assistant
DEBBIE BROADHURST	Medico-Legal Executive Assistant
PATRICIA DE SANCTIS	Medico-Legal Executive Assistant
MELROY PEREIRA - *BSW(SocWk) MSc*	Medico-Legal Executive Assistant
CATHERINE PIETRZAK - *BSocSc(Psych/Soc) GDipArts(ArtHist) GCertArts(CinSt)*	Medico-Legal Executive Assistant
RACHAEL IOUSA	Medical Administration & Quality Review Officer
MEGAN OSBORNE - *BSc(ForSc) CertMortPrac CertLead&Mgt*	Assistant Manager, Forensic Technical Services
HELEN MESSINIS	Senior Quality Improvement Officer
CATHERINE VINCENT -*BAppSc(MIT)*	Forensic Radiographer
MIRANDA NORTHEY	Forensic Radiographer
PRUE ARMSTRONG - *BSc MSc(Hons)*	Senior Forensic Technical Officer
KEITH BRETHERTON	Senior Forensic Technical Officer
EVAN LECKENBY -*BAppSc(MedSc)*	Senior Forensic Technical Officer
JENNAH ORCHARD - *BBiolSc CertIII(Path)*	Senior Forensic Technical Officer
SUZANNE BAUER	Forensic Technical Officer
PETER BURY - *DipMedLabSc DipPhoto*	Forensic Technical Officer
KARA CATTELL	Forensic Technical Officer
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ELISA COCCIARDI - *BBiomedSc(LabMed)*	Forensic Technical Officer

WADE CORDEROY - *BSc(Hons) GradDipEd(Sec) GDipForSci*	Forensic Technical Officer
JOANNA COTSONIS - *BA/BMus*	Forensic Technical Officer
JASON EGAN - *CertFunServ(Embalm)*	Forensic Technical Officer
KIRBY LAW - *BForensicSci*	Forensic Technical Officer
DAVID LAWSON - *BAppSc(Bio/Biotech)*	Forensic Technical Officer
BRIAN LLOYD	Forensic Technical Officer
TIMOTHY MALPASS	Forensic Technical Officer
DANIELLE STEVENS - *CertMortPrac*	Forensic Technical Officer
ALISON STEVENSON - *BForensicBiotech*	Forensic Technical Officer
LISA MOSES	Forensic Technical Officer
ERIN OLSEN	Forensic Technical Officer
CHARLOTTE BACSA	Forensic Technical Officer
BEN THOMPSON	Forensic Technical Officer
NATALIE PRICE	Forensic Technical Officer
OLIVER CLEGG	Forensic Technical Officer
QUADE ALBERT	Forensic Technical Officer
THERESE SCHULT	Forensic Technical Officer
MARY MICALLEF	Cleaner (Mortuary)
CAROLINE BOLT - *MBChB FACEM*	Consultant Forensic Physician, CFM
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RAYMUN GHUMMAN- *BA/BSc MBBS GCertIntl&ComnDev DCH FRACGP*	Consultant Forensic Physician, CFM
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JANINE ROWSE- *MBBS PGDipPH FRACGP*	Senior Forensic Medical Registrar, CFM
PHILLIPA BROOK - *BBiomedSc MBBS*	Forensic Medical Registrar, CFM
STEPHANIE CARLSSON - *MBBS*	Forensic Medical Registrar, CFM
LIYASHA GOONETILLEKE - *MBBS DRANZOG*	Forensic Medical Registrar, CFM
HOLLY SEXTON - *MBBS*	Forensic Medical Registrar, CFM

CANDICE DE VAUX	Forensic Medical Registrar
DANNICA VELASCO	Forensic Medical Registrar
KYM CHEW	Forensic Medical Registrar
ADELE O'HEHIR - *RN BEd BN ProfHon(Forensics) GradCert (CritCare) GradCert (Emerg)*	Forensic Nurse Network Coordinator
ALISON MONAGHAN - *BCCJ DipJus*	Assistant Manager, Forensic Services Support
NADIA AMBRUOSI	Client Services Officer
GABIRELLE CONNERS	Client Services Offficer
ALEXANDRA HANNA	Client Services Offficer
ELIZABETH DALY	Adminsitrative Assisstant
SARABJEET DEV - *BSc (PCM)*	Senior Forensic Stenography and Records Officer
NOELLE LARGE	Forensic Stenography and Records Officer
MARILYN SKUPEK	Forensic Stenography and Records Officer
GAIE RUSSELL	Senior Receptionist
BRANDON THOMAS - *BBus GradDipFinPlan*	Client Services Officer
ANDRIA TIEPPO -*BSocSc(Psych)*	Client Services Officer
JOANNE HANNA -*BAppSc*	Senior Scientist, Histology
ROBERT COYLE - *DipLabTechc*	Scientist, Histology
MICHAEL PAIS - *BAppSc*	Scientist, Histology
NGOC TRUONG TRAN - *BBiomedSc(LabMed)*	Technical Officer, Histopathology / Toxicology
APRIL STOCK - *BSc(Hons)*	Senior Scientist, Molecular Biology
LINDA BENTON - *BSc*	Scientist, Molecular Biology
ZOE BOWMAN - *BAppSc(LabMed)*	Scientist, Molecular Biology
GEMMA CARTER - *BSc(Hons) PhD*	Scientist, Molecular Biology
ASHIL DAVAWALA - *BSc GradDip(BioTech) GradDip(MedLabSc)*	Scientist, Molecular Biology
ANDREW COVENTRY - *BScAdv(Hons)*	Scientist, Molecular Biology
MICHELLE SPIDEN - *MSc BSc/BA*	Scientist, Molecular Biology
KAITLYN HART - *BA/BSc(Hons)*	Research Assistant, Molecular Biology
VALERIE CHAHIN ATALLAH	Research Assistant, Molecular Biology
OLAF DRUMMER - *Dr. h.c.(Antwerp) FFSC FRCPA FACBS CChem PhD(Med) BAppSc(Chem) Hon FFFLM*	Forensic Toxicology Consultant Specialist
KERRYN CRUMP - *DipAppSc BAppSc MSc*	Assistant Manager, Toxicology
ELIZABETH JENKINS - *BSc(Hons) MSc MIBMS*	Assistant Manager, Toxicology
JENNIFER SCHUMANN - *BSc(Hons) PhD*	Senior Research Fellow, Toxicology
MARK CHU- *BSc(Hons) PhD*	Senior Scientist, Toxicology

MATTHEW DI RAGO - *BAppSc*	Senior Scientist (Analytical Specialist), Toxicology
NATALIA GEORGE - *BAppSc MBA*	Senior Scientist, Toxicology
ALEXANDER KOTSOS - *BSc MSc*	Senior Scientist, Toxicology
VICTORIA MCCOMBE - *BSc(Hons)*	Senior Scientist, Toxicology (also Acting OHS Advisor & Coordinator)
MARIA PRICONE - *BSc(Hons)*	Senior Scientist, Toxicology
VOULA STAIKOS- *BAppSc*	Senior Scientist, Toxicology
KATHERINE WONG - *BSc(Hons)*	Senior Scientist, Toxicology
LACHLAN ARENTZ - *BSc(Hons)*	Scientist, Toxicology
JARED CASTLE - *BSc(Hons) PhD*	Scientist, Toxicology
JESSICA FERNANDEZ- *BSc(Hons)*	Scientist, Toxicology
ELIZABETH GOULD-WILLIAMS - *BSc*	Scientist, Toxicology
CATHLEEN JAN - *GradDipLabMed BSc*	Scientist, Toxicology
SAMANTHA JOUBERT - *BSc BForensics*	Scientist, Toxicology
IRENE KANTZIDIS - *BAppSc*	Scientist, Toxicology
MONTANNA LEVEQUE - *BPharmSc(Hons)*	Scientist, Toxicology
DYLAN MANTINIEKS - *BBiomedSc(PharmSc)(Hons)*	Scientist, Toxicology
LOREDANA MONFORTE - *BBiomedSc*	Scientist, Toxicology
LAURA MUNFORTE - *BSc(Hons) GradDipLabMed*	Scientist, Toxicology
SARAH NASMARK - *BSc(Hons)*	Scientist, Toxicology
ALEXANDRA NIKOLICH - *BSc(Hons)*	Scientist, Toxicology
MELISSA PEKA - *BSc*	Scientist, Toxicology
LILLIAN ROBERTS - *BSc(Hons)*	Scientist, Toxicology
STEVEN STEFANOVSKI - *BBiomedSc (Hons)*	Scientist, Toxicology
JOSEPHINE TRUONG - *BForensicSc(Hons)*	Scientist, Toxicology
THAM VU - *BSc(Hons)*	Scientist, Toxicology
GRACE WANG - *BSc*	Scientist, Toxicology
SOPHIE WIDDOP	Scientist, Toxicology
ROWENA ZAMMIT - *BSc*	Scientist, Toxicology
SCOTT FLETCHER	Scientist, Toxicology
WILLIAM MCMASTER	Scientist, Toxicology
CATHERINE CAMILLERI	Scientist, Toxicology
PRIYA BOSE - *BSc MSc*	Technical Officer, Toxicology
HANNAH DOUBLE - *BSc*	Technical Officer, Toxicology
SIMONA JUZMESKA - *BForensicSc/BCrim*	Technical Officer, Toxicology

JAMIE MACKENZIE- *BSc*	Technical Officer, Toxicology
JACOB O'DONOGHUE - *BSc*	Technical Officer, Toxicology
LILY TUONG - *BPharmSc(Hons)*	Technical Officer, Toxicology
JAMES WALSH - *DipSc BForensicSc*	Technical Officer, Toxicology
AMY BIMPSON	Technical Officer, Toxicology
ELISSA GIFFORD	Technical Officer, Toxicology
LACHLAN JOHN SCULLY	Technical Officer, Toxicology
SCOTT KUROWSKI	Technical Officer, Toxicology
VERITY BALTUTIS	Technical Assistant, Toxicology

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

The Academic Programs Division is led by Deputy Director Richard Bassed.

RICHARD BASSED - *BDS DipForOdont PhD FFOMP(RCPA)*	Deputy Director Academic Programs, Head and Professor, Department of Forensic Medicine, Monash University Senior Forensic Odontologist
JENNIFER RYAN - *BA MCrim*	Manager, Academic Programs
ELIZABETH MANNING - *BA(Hons) PhD(SocSc)*	Manager, National and International Programs
KATHRYN EASTWOOD - *BSc BN DipAmbParaStudies BParamedicStudies GradDipEmerHlth(MP) MEmergHealth(Pmed) GradCertHigherEd PhD*	Research Fellow
ALEXANDER GILLARD - *BA MM*	Instructional Designer, Monash University Sexual Violence Project
SHESHA JANAKIRAM	Research Assistant
STEPHANIE LA'RIVE - *MJustCrim BArts(CrimJustAdm)(Hons)*	Research Assistant
JO-ANNE M MAZZEO – *BA LLB*	Course Coordinator, Undergraduate Programs (dual role also Monash University Department of Forensic Medicine)
TIMOTHY MONTGOMERY - *BCreativeArts*	Senior Postgraduate Administration Officer
ALASTAIR ROSS - *MAppSc BAppSc GradDipBA*	Forensic Medicine Unit Coordinator Graduate & Undergraduate
MADISON SIMPSON	Research Assistant
SARAH TRAVERS - *BA(Hons) CertTrain&Dev*	Administration Officer
ABHI S WALIA	Finance and Administration Officer
EMMA WARD	Research Assistant
DAVID WELLS - *OAM MA MBBS DMJ GradCertHigherEd DipRACOG FRACGP FFCFM(RCPA)*	Associate Professor, Senior Education Coordinator / Clinical Forensic Medicine Consultant
MEGHAN WRIGHT - *BScAdvGlblChal(Hons)*	Research Assistant
REENA SARKAR	Research Fellow

AMELIA C GROSSI	Research Assistant
KATHRYN ROUGH - *DipTeach GradDipInfoMgt*	Senior Librarian

Monash University Department of Forensic Medicine (excluding sessional and adjunct appointments)

STEPHEN CORDNER - *AM PSM MA MB BS BMedSc DipCrim DMJ FRCPath FRCPA*	Professor Emeritus
OLAF H. DRUMMER AO - *Dr.h.c.(Antwerp) PhD(melb) FRCPA FFSC FACBS Hon FFFLM CChem BAppSc(RMIT)*	Professor Emeritus
JOAN OZANNE-SMITH *AO - MBBS, MA (prelim), MPH, MD, FAFPHM*	Professor Emeritus, Head Injury Prevention Research Unit
JOSEPH IBRAHIM - *MBBS, GradCHE, PhD FAFPHM, FRACP*	Professor, Head, Health, Law and Ageing Research Unit
LYNDAL BUGEJA - *ARC DECRA Fellow PhD, BA(Hons)*	Associate Professor, Research Lead, Violence Investigation, Training and Research Unit
DAISY SMITH - *BA Applied Science (psychology)*	Research Assistant
BEBE LOFF - *BA, LLB, MA, PhD*	Director, Michael Kirby Centre for Public Health and Human Rights
LIZ BISHOP - *BA LLB SJD*	Senior Lecturer, Michael Kirby Centre for Public Health and Human Rights
BIANCA LANG - *Graduate Certificate in Compliance and Risk Management, Diploma of Quality Auditing, Advanced Diploma in Event Management*	Senior Project Officer
ANNA CARTWRIGHT – *BscAdv (Hons)*	Project Officer

Donor Tissue Bank of Victoria

STEFAN PONIATOWSKI - *BSc(Hons) MIBMS*	Head, Donor Tissue Bank of Victoria
SUSAN DICKIE- *BN*	Nurse Manager
BRENDAN SULLIVAN - *BPharm AssDipMkt MBA*	Operations Manager
CHARMAIN ANDERSON - *BA*	Administration Officer
CAROLE SPENCE	Administration Officer
KELLIE HAMILTON - *BSc(Hons)*	Senior Scientist
KIMBERLY CONWAY - *BHlthSc(Paramedic)*	Scientist
KATY SADLER - *MSc*	Scientist
BEN STEWART - *BSc*	Scientist
SARAH COOPER - *BSc*	Technician
LARA HEDDLES - *BSc*	Technician

DUYEN MINH BUI - *BSc*	Assistant
ELENA WEDGEWOOD - *BSc*	Assistant
TYRA REES - *BSc(Hons)*	Senior Microbiologist
MICHAEL GREEN - *BSc*	Microbiologist
HELEN ZISIS - *BAppSc(MedLab) GCertHumNutr*	Microbiologist
CHANTEL BARTOLO - *BN PGCertN(ICU)*	Tissue Donation Nurse Specialist
SAMANTHA FRANCIS-PESTER - *RN GCertCR*	Tissue Donation Nurse Specialist
GEORGINA LADEMANN - *BNSc BAppSc(HumMvmt)*	Tissue Donation Nurse Specialist
JANINE SHIELS - *MN(CritC) BSc(Nursing)*	Tissue Donation Nurse Specialist

Corporate Services and Development

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

Management Team

FRANCES ADAMAS - *BSc(Hons) MBiotechBus*	Manager, Quality and Improvement
PETER FORD - *FCCA*	Chief Finance Officer
MURRAY HALL - *BAppSc BEng GradDipBA*	Chief Information Officer
FIONA LEAHY - *LLB(Hons) BA*	Manager, Legal and Governance
JEFF LOMAS - *BAJ GradDipSocSc(Gestalt Therapy)*	Manager, Mental Health and Wellbeing
RICHARD PROKOP - *BBA*	Manager, Human Resources and Organisational Development

Corporate Staff

STEPHEN ANSELL - *FCCA*	Management Accountant
JIM COSENTINO	Facilities Manager
PAUL ANDERSON	Facilities and Supplies Officer
EMILY DELVES - *CertAcc*	Finance and Supplies Officer
IAN HILL - *FCIPS MBA*	Senior Procurement Officer
DEAN KRENSKE - *BBus*	Facilities Coordinator
XIANG (ADAM) LI	Purchasing and Supplies Officer
LAUREN MURTON - *BA/BCom DipModLang CPA*	Financial Accountant
MARGARET STOLKE	Finance Officer
CATHERINE HOWIE - *BA LLB*	Senior Legal Policy Officer

HELEN MCKELVIE - *BA LLB MMgtL(OD)*	Senior Legal Counsel and Internal Consultant
CAROLYNNE VAN DER CINGEL - *BA*	Policy Officer, Board and Committee Secretariat
KIT SWINGLER - *BSc*	Catering and Events Officer
MARINA GEORGE - *BBA(HRM)*	Human Resources/Payroll Consultant
LISA OMER	Human Resources/Payroll Consultant
EMILY HALL - *BSc MFcSc MBA(Exec) CertTAA CertWHS*	OHS Advisor and Coordinator (also Senior Forensic Technical Officer)
RASIKA AMARASIRI - *PhD MSc BSc(Hons)*	Data Analyst
JARROD BOXALL - *DipInfoTech*	Operations Manager, ICT
AKASH CHEEMA - *BTech MTelecNetEng*	Service Desk Officer
WEI SIN (PHILIP) CHENG - *BSc(CompSc)*	Service Desk Officer
EMILIANNE CONTATORE	ICT Service Delivery Coordinator
LAKSHAN DE RUN - *DipCS BIS*	IT Security Analyst and Oracle Systems Administrator
PETER EDBROOKE - *BAppSc(CompSc)*	Solution Architect
SANDUN EKANAYAKE - *MIT BSc(CompSc)*	Senior Java Developer
CHARLIE FORD - *CertIT(Net)*	Service Desk Officer
STEPHEN GOODWIN - *GradDipMan CertProjMgt*	Programme Manager
VIKAS HOLKAR - *BE(CompSc) MSE*	Senior Java Developer
GEETHA LAKSHMY - *MCA BSc(CompSc)*	ICT Test Lead
THOMAS MUNRO - *MInfTechProjMgt*	Information Manager
DAVID ORCHARD - *BSc(Biomedical)*	Network Administrator and Service Desk Team Leader
SRILATHA PANDEM - *BEng(Elect&CommEng)*	Test Analyst
RON ROSE - *BAppSc*	Windows and Desktop Administrator
PETER SERWYLO - *BMS(Prog) BInfoTech(Hons) PhD*	Software Development Manager
PAYAL SHARMA - *BSc MCA*	Java Developer
BIAO (RAY) SHI - *BE GDipSci*	Senior Java Developer
ZAINA SHIBA - *BEng(IT)*	Test Analyst
TANYA COROCHER	Policy Officer
SOUMELA HOROMIDIS - *BSc*	Quality and System Improvement Officer
ROBYN MASTERS - *BSc AssDipAppSc(Lab Tech)*	Quality and System Improvement Officer
HELEN MAKRAKIS - *BAppSc(MedLab) DipHealth DipOH&S*	Quality Support Officer
NIKI TAXIDIS - *BAppSc(MLS)*	Lead Quality and System Improvement Officer

Clinical Forensic Practitioners providing CFM Services across Victoria

The VIFM employs practitioners to provide clinical forensic services across metropolitan and regional Victoria, including: forensic physicians and forensic nurse examiners, who respond to both victims and offenders of physical and sexual assault, conduct forensic medical examinations and provide medico-legal reports for police; and forensic nurses who provide an after-hours Biological Sample Collection service, which includes blood/and or urine collection from suspected intoxicated drivers and other biological samples as required for medico-legal purposes.

VIFM Annual Report Team

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Mari-Ann Scott

» Coordinators

Fiona Leahy

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