



Australian Institute of Health

Annual Report 1987-88

AUSTRALIAN INSTITUTE OF HEALTH ANNUAL REPORT 1987-88



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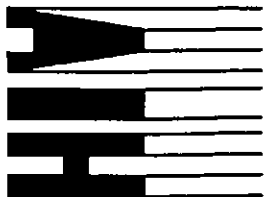
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AUSTRALIAN INSTITUTE OF HEALTH

The Hon Neal Blewett MP
Minister for Community Services and Health
Parliament House
CANBERRA 2600

Dear Dr Blewett

I am pleased to present the first Annual Report of the Australian Institute of Health for the year to 30 June 1988 as required under Division 3, Part 11, Section 63M of the Audit Act.

Yours sincerely

Peter H Karmel AC, CBE
Chairman

April 1989

The AIH Board

The Acting Board of the Australian Institute of Health comprises:

Chairman

Emeritus Professor Peter H Karmel AC, CBE

AIH Director

Leonard R Smith

Three nominees of the Australian Health Ministers' Advisory Council

Jean P Collie

Leon M L'Huillier

Anthony I Adams (to 2 June 1988)

Australian Statistician

Ian Castles AO, OBE

Nominee of the Secretary of the Department of Community Services and Health

David de Souza

Three nominees of the Minister for Community Services and Health

M Gay Davidson

Elizabeth J Furler

Richard B Scotton

Nominee of the Public Health Association

Ian T Ring

Nominee of the Consumers' Health Forum

Rosemary V Calder

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Introduction

This report covers the first year of operation of the Australian Institute of Health as an independent statutory authority.

The Institute is one component of a number of initiatives – Commonwealth, State, Territory and national – which have seen a resurgence and revitalisation of interest in public health in Australia over the past five years. These began with the Better Health Commission in March 1985 and the establishment of the forerunner of the present Institute, also in early 1985.

Originally a part of the then Department of Health, the Institute at that time comprised a small bureau in Canberra and the much larger School of Public Health and Tropical Medicine located in Sydney. The School, dating from 1927, was the longest established public health teaching and research institution in the country, and the only school of public health.

In late 1985, the Government commissioned a review of public health and tropical health research and training in Australia by Rockefeller Foundation consultant Dr Kerr White. Dr White made a number of recommendations for further institutional change. These included closing the School of Public Health and Tropical Medicine, strengthening public health teaching and research in a number of State universities, creating a new postgraduate centre at the Australian National University (ANU), and establishing two new statutory bodies – a National Centre for Health Statistics and a National Centre for Health Technology and Health Services Assessment.

In response to Dr White's report, the Government decided to implement a three-year package of bicentennial public health initiatives (the Kerr White Program), beginning in 1986–87. With these and other initiatives, significant changes in public health training and research occurred in every State and Territory in Australia.

The Kerr White program provided grants to establish the ANU body (the National Centre for Epidemiology and Population Health) and to strengthen postgraduate teaching in public health at the universities of Queensland, James Cook, Sydney, Newcastle, Monash, Adelaide and Western Australia, and the Queensland Institute of Medical Research.

As Dr White had recommended, one of the components of the Institute, the School of Public Health and Tropical Medicine, was closed and its primary functions transferred to the universities of Sydney and Queensland. The Government also decided to incorporate the two National Centres proposed by Dr White into the Australian Institute of Health and to set it up as a statutory body.

The Menzies Foundation, a private trust, had already been instrumental in establishing a School of Health Research in Darwin, and subsequently succeeded in establishing a Centre for Population Health at the University of Tasmania.

At the time these changes in public health research and teaching were taking place, the Better Health Commission was pursuing its brief to identify Australia's priority health problems and recommend ways of addressing them. The 1986 report of the Commission laid the foundations for the new national emphasis on improving the health of the Australian people by recommending areas of public health which should be targeted with specific, measurable, time-limited objectives.

Subsequently, the Commonwealth, State and Territory health ministers established the Health Targets and Implementation Committee which identified a limited number of priority areas for public health action, set specific goals and targets, and considered strategies for achieving them. The report of that Committee was endorsed by the Australian

Health Ministers' Conference in March 1988, and provided a framework for a proposed cooperative national public health program, to be known as the National Better Health Program.

The Australian Institute of Health, as the only body whose principal responsibility is the development of national health statistics and research, is a key element in the Government's plan for a new era in public health in Australia.

The Australian Institute of Health

The Institute became a statutory authority on 1 July 1987. It is now an independent health research and statistics agency within the Commonwealth Community Services and Health portfolio, and also provides statistical and research support to the States and Territories through AHMAC, the Australian Health Ministers' Advisory Council. AHMAC is a committee made up of the heads of all State and Territory health authorities.

The Institute is governed by a 12-member Board, including nominees of the Australian Health Ministers' Advisory Council, the Minister for Community Services and Health, the Public Health Association of Australia and New Zealand and the Consumers' Health Forum of Australia. Other members are the Australian Statistician, the Secretary of the Department of Community Services and Health and the Director of the Institute.

An Acting Board, chaired by Professor Peter Karmel was established on 1 July 1987 when the Act came into operation. Mr Roy Harvey was the first Acting Director, followed by Dr Leonard Smith in October 1987. In March 1988 the Minister announced that Dr Smith had been appointed Director. The legal formalities for the appointment of a permanent Board under the Act have now been finalised, and the present members of the Acting Board will take office as from 1 July 1988. Dr Smith will also take up his appointment from that date.

Under the Act, the Board is required to meet not less than four times a year. The Acting Board has decided that during the initial period of the establishment of the Institute it should meet six times a year. It also decided to invite staff to select a representative to attend as an observer.

The Institute is located on the grounds of the Royal Canberra Hospital at Bennett House. This former nurses' home has been refurbished and provides separate office accommodation for the Institute's staff in a beautiful environment on the shores of Lake Burley Griffin. Regrettably, following suggested changes to the hospital, it may become necessary for the Institute to find alternative accommodation. A number of options are being explored, including a joint facility with the National Centre for Epidemiology and Population Health at the ANU.

Functions

The Australian Institute of Health was established to fill a long-recognised gap in Australia's national public health infrastructure. A number of reports and reviews had pointed out that Australia's national health and health services statistics, especially those derived from administrative collections, have been poorly developed and coordinated compared to other similar developed countries. The Institute's task is to remedy those shortcomings. To that task has been added the responsibility for monitoring, researching, evaluating and reporting on the nation's health and health services, and on health technologies.

The Institute operates under the provisions of the *Australian Institute of Health Act 1987* (Appendix 1).

The functions of the Institute as specified in Section 5(1) of the Act are to:

- collect, with the agreement of the Australian Bureau of Statistics and, if necessary, with the Bureau's assistance, health-related information and statistics, whether by itself or in association with other bodies or persons;
- produce health-related information and statistics, whether by itself or in association with other bodies or persons;

- coordinate the collection and production of health-related information and statistics by other bodies or persons;
- provide assistance, including financial assistance, for the collection and production of health-related information and statistics by other bodies or persons;
- develop methods and undertake studies designed to assess the provision, use, cost and effectiveness of health services and health technologies;
- conduct and promote research into the health of the people of Australia and their health services;
- develop, in consultation with the Australian Bureau of Statistics, specialised statistical standards and classifications relevant to health and health services, and advise the Bureau on the data to be used by it for the purposes of health-related statistics;
- enable researchers to have access to health-related information and statistics held by the Institute or by bodies or persons with whom contracts or arrangements have been entered into by the Institute [subject to confidentiality requirements];
- publish methodological and substantive reports on work carried out by or in association with the Institute; and
- make recommendations to the Minister on the prevention and treatment of diseases and the improvement and promotion of the health and health awareness of the people of Australia.

Organisation

The Institute comprises four major components – the Health Services Division, the Health Technology Unit, the Health Status Division, and Corporate Services, including the Institute Secretariat.

The Institute provides secretariats for the Ethics Committee required under its Act, for the National Committee on Health and Vital Statistics (NCHVS) and for the National Health Technology Advisory Panel (NHTAP) (Appendix 2).

The Institute also funds three external programs: the National Perinatal Statistics Unit at the University of Sydney, the National Injury Surveillance and Prevention Project located in the public health area of the South Australian Health Commission in Adelaide, and the AIH Dental Statistics and Research Unit at the University of Adelaide.

The Institute's work is undertaken partly by its own staff, and partly by the external units which it funds.

Resources

The overall level of resources available to the Institute is largely determined by the funds made available by the Commonwealth Government through the Budget appropriation. During 1986-87, the first year in which the Kerr White reforms were implemented, and while the Institute was still part of the Department, its base staffing level was set at about 55 and its budget at about \$3 million. In real terms they have remained fixed at that level, however, external grants have resulted in actual numbers of about 68. AHMAC is the most significant source of outside funds.

In general, it is unlikely that the appropriation to the Institute will increase substantially in the near future. Growth is likely to come as a result of attracting further funding from external bodies. The Institute Board has decided that future grants received must include provision for overheads. The Institute is currently undertaking a number of projects funded by grants from other bodies, and the associated overheads are becoming a significant burden.

Liaison

The Institute liaises closely with a number of other organisations, both formally and informally. These include AHMAC, State and Territory governments, NHMRC, the Australian Bureau of Statistics (ABS), and the Department of Community Services and Health (DCSH). The Institute has benefited substantially during its establishment from the assistance provided by ABS and DCSH.

The Director attends AHMAC meetings as a non-voting participant observer. A number of projects have been undertaken at AHMAC's request, and others are in prospect. The Director was also a member of AHMAC's Health Targets and Implementation Committee, and other Institute staff made major contributions to that committee's activities. AHMAC is the major point of contact with State and Territory governments, but there is also significant liaison at departmental level on a one to one basis.

The Director is a coopted member of the NHMRC Council and under a reciprocal arrangement, Dr Sidney Sax represents NHMRC at Institute Board meetings as an observer. In addition, the Director is a member of the Public Health Research and Development Committee and the Special Purposes Committee of the NHMRC. A number of proposals have been developed to strengthen further the links between the Institute and the Council.

In addressing its prime responsibility to improve the national health database, the Institute works closely with the Australian Bureau of Statistics. In addition to the links provided by the Statistician's membership of the AIH Board, a further coordination mechanism has been established with ABS, involving the location of an outposted ABS officer, Mr Ian Buttsworth, at the Institute. Mr Buttsworth has organised regular monthly meetings between AIH and ABS staff, where matters of common interest are reviewed and proposals developed to improve coordination and liaison. This has been most successful. A number of specific issues have also been dealt with in direct discussions and the two agencies are currently planning a comprehensive inventory of health-related data collections and statistics. This will build on an inventory prepared for a national health statistics workshop convened by NCHVS and ANZSERCH (since renamed PHA).

The Chairman of the Institute's Board, Professor Karmel, has been invited to take a position on the Australian Statistics Advisory Council (ASAC), which advises the Australian Statistician on national statistical priorities, and the Director is a member of the committee established by the Bureau to advise on the development of the National Health Survey to be conducted in 1989-1990.

Coordination mechanisms with the Department of Community Services and Health are less well developed. Dr David de Souza, the Chief Commonwealth Medical Officer and the Secretary's representative on the Institute's Board, has provided a valuable link. It is hoped soon to establish regular meetings between senior staff of the two organisations. Currently, issues are dealt with on an ad hoc basis. The Department is undertaking a review of its statistical activities, which should provide a valuable basis for future coordination.

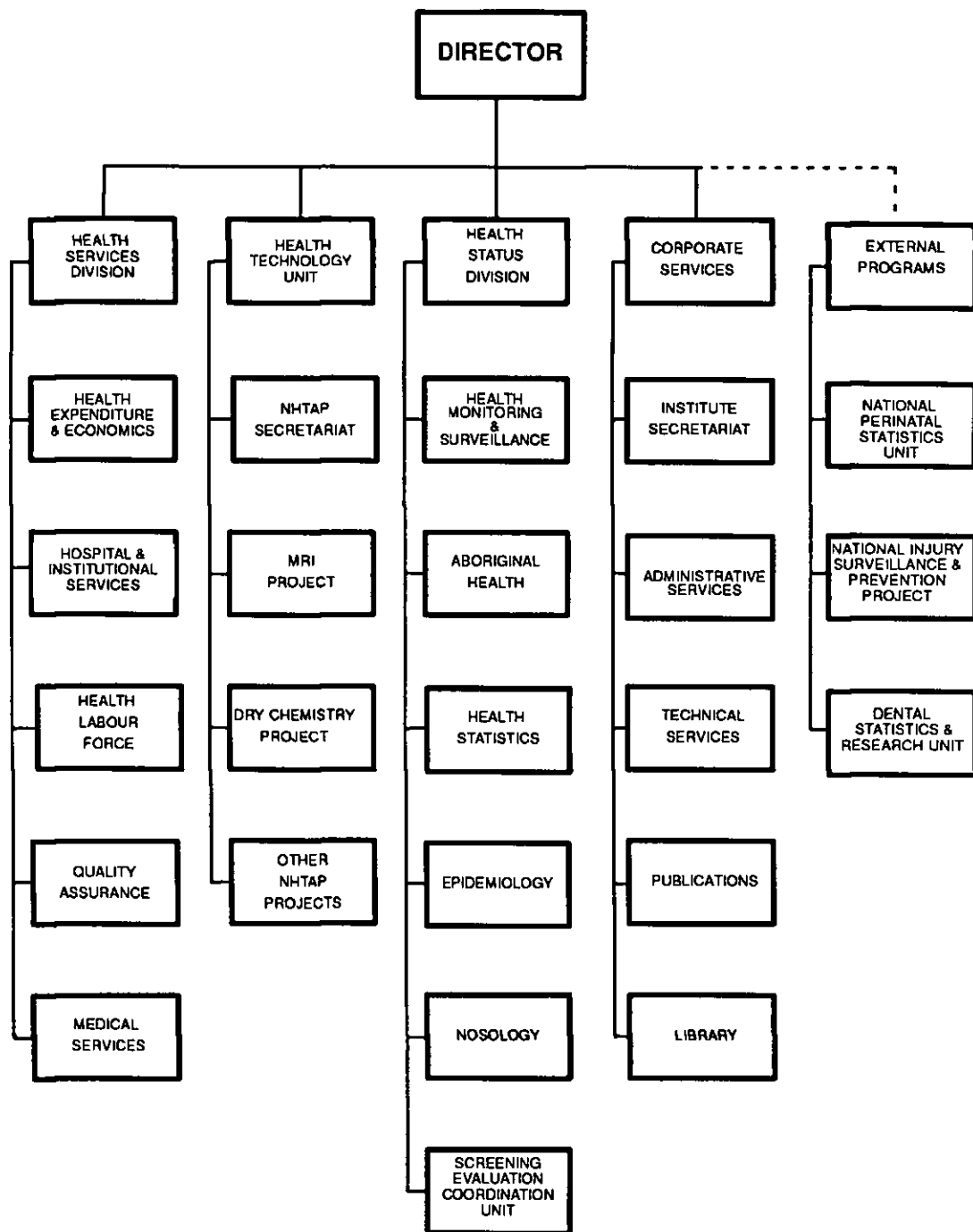
The Board has endorsed in principle the proposal that the Institute establish formal collaborating arrangements with appropriate centres around the country.

Strategic plan review

The Institute has set up a committee to consider future directions and to develop a strategic plan. The plan will provide a framework for addressing major national health issues, taking into account resources available to the Institute.

In addition, it was decided to commission an external review of the National Perinatal Statistics Unit. The Unit was established in 1979 and has not had a formal review.

Organisation structure



(See Appendix 3 for staff list.)

Achievements

In the year under review there have been some notable achievements. Some of these are summarised below, others are discussed under the sections relating to the individual functional areas.

The major reporting responsibility of the Institute is the production of a two-yearly report on Australia's health and health services, as required by the Institute's Act. The first, titled *Australia's health* and relating to the period ending December 1987, has been prepared and will be tabled by the Minister in the 1988 Budget session of Parliament.

The Institute released *Health differentials for working age Australians*, the first product of its major program on health differentials in Australia, at the Public Health Association conference in Sydney in August. The results of this work were also included in a major thematic display at the conference.

With financial assistance from the Health Insurance Commission, a program of Medibank Private Visiting Fellowships has been established. Dr Morris Barer from the University of British Columbia is the first recipient of the award, and will spend some months at the Institute in 1988 and 1989, working on the analysis of health insurance data.

The establishment in March 1988 of the Dental Statistics and Research Unit at the University of Adelaide is also a major achievement. This initiative had first been proposed by an NCHVS committee in 1984. It will collect data and undertake research on both the dental health status of the Australian population, and the dental labour force.

The Institute has attracted some major grants from outside bodies:

- The Department of Community Services and Health has provided a grant of \$400,000 a year for three years to coordinate the evaluation of pilot projects screening for cancer of the breast and cervix. The Institute is also making a substantial contribution to this project. The activity will be overseen by two AHMAC committees.
- AHMAC has provided resources to support a major study of hospital utilisation and costs, the first since the Jamison Inquiry in 1980, and to support a project officer for its Super Specialty Services Subcommittee.
- A grant of \$10,000 from the women's health consultancy of the Minister for Community Services and Health has permitted the Institute to prepare a discussion paper on women's health data requirements.

There have also been some difficulties. The Institute has no powers to require the provision of information and relies on goodwill and cooperation from the States, Territories and non-government organisations. Inevitably, progress is gradual and forward planning is difficult.

Perhaps the most serious problems have been concerns on the part of some State governments about the adequacy of the confidentiality provisions of the AIH Act. The Queensland Government, for example, has been concerned that the Act would appear to allow data provided to the Institute to be released to third parties, and has urged the Commonwealth Minister to amend the legislation. It is hoped that this will be done in 1988-1989, but meanwhile some States have delayed providing data for the National Death Index and the National Cancer Statistics Clearing House (see page 13).

Institute activities

Health Services Division

The Health Services Division is responsible for developing statistical and information systems, and for undertaking research on the provision and use of health services. The major activities include the development of databases to describe the infrastructure of the health services system, evaluation of selected health services, development of models of health services demand and supply, and conducting workshops to promote research into health services.

Work during the past year has focused on four main areas: health expenditure and health economics; hospital and institutional statistics; health labour force; and quality assurance.

Health expenditure and health economics

Health is the third largest industry in Australia. Expenditure on health services in 1986-87 exceeded \$20 billion. Although health care costs have been relatively stable at about 7.8 per cent of gross domestic product for almost 10 years, there have been continuing concern and interest in the level, trend and composition of expenditure on health.

Points at issue are the level of the nation's resources used on health, which sectors those resources come from and what they are spent on. Clarification of these points requires a substantial statistical effort.

The Institute plays a key role in developing and publishing data on health expenditure to meet this important objective. The main work of the health expenditure and health economics group has been to summarise Australian health expenditure in reports and information bulletins. To enable the Institute to produce the most useful information on health expenditure, a workshop of users was conducted to explore options for the analytic work undertaken and published.

The Institute's provision of national health-related statistics and information to the Organisation for Economic Cooperation and Development (OECD) includes details of health expenditure.

Hospital and institutional services

Hospitals are the major users of health resources, accounting for more than 45 per cent of total health expenditure. Nursing homes and other institutional services account for a further 10 per cent.

In the past decade, all Australian governments have expressed concern about the efficiency of hospitals. A draft report of a major study of hospital use and costs for the 1985-86 financial year, undertaken on behalf of the Australian Health Ministers' Advisory Council, was presented to AHMAC in December 1987. The study will be repeated for the 1988-89 financial year.

Also on behalf of AHMAC, the Division administered a Taskforce on National Hospital Statistics to review existing hospital statistical collections by the Commonwealth, States and Territories, to assess the requirements for national statistics, and to make recommendations for improvements. As an extension of this project, the Division has been working towards a set of uniform data items and their definitions. These would form the basis of a national minimum data set. The Division has also been involved in a project to develop a method to cost inpatient and outpatient services within the acute hospital setting.

Both these projects have involved consultations with various health authorities through a series of working parties. The projects are to report to AHMAC during 1989.

The Institute and the Australian Bureau of Statistics are jointly exploring the feasibility of a national collection from private health establishments.

Medical services

Medical services account for about 18 per cent of total health expenditure. The Division is studying the changes in the use and cost of private medical services over the decade 1976 to 1986. In these years universal fee-for-service national health schemes existed and so data on the use of private medical services were recorded systematically.

Health labour force

Almost half a million people are employed in the health industry, accounting for about 7 per cent of the entire labour force.

The Division's work on the health labour force has had three main directions: exploitation of existing information; development of data systems to provide more comprehensive information on health labour force than is currently available; and development of models to assist in the assessment of adequacy of labour force supply.

Available information, including 1981 and 1986 census data, on 10 major health occupations is being analysed, and the results disseminated in a series of information bulletins.

Negotiations are underway to acquire information from various registration boards to allow more detailed analyses of factors affecting the availability of the health labour force. On aspects of the dental labour force, the Division liaises with the Institute's external Dental Statistics and Research Unit at the University of Adelaide.

The Institute has also provided a report on the development of a national core labour force data collection, and participated in two national groups examining the health labour force: a National Nursing Labour Force Subcommittee, established under the auspices of AHMAC, and a Department of Community Services and Health National Workforce Forum.

At the request of user States and Territories, enhancements were carried out to a standard national mathematical model for analysing the nurse labour force and formulating viable options during the period of transfer of nurse education from hospitals to the tertiary education sector. User support was also provided. Another model, developed in conjunction with the Department of Community Services and Health, was used to make projections of the availability of medical practitioners to the year 2021 for the Inquiry into Medical Education and Medical Workforce.

Quality assurance

Quality of health care has attracted increasing interest from consumers, politicians, and health professionals.

The Division's survey of organisational arrangements supporting quality assurance activities in acute hospitals complements other studies of the costs, use and efficiency of health services.

Other activities

The Division has also been working on a number of smaller projects, including the use of insured medical services from 1975-76 to 1985-86, and a compilation of data on complex medical services, with a view to assessing the impact of these services on costs and outcomes.

Health Technology Unit

The Health Technology Unit promotes, undertakes and coordinates assessments of new and established health care technologies, paying particular attention to their costs and effectiveness. It publishes reports on assessments carried out by or in association with the Unit, and collects and produces information and statistics related to health technologies.

The Unit was formed in February 1987 to take over the servicing of the National Health Technology Advisory Panel (NHTAP) from the Department of Community Services and Health, the last staff being transferred in May 1988. NHTAP has been operating since 1982.

The Unit's main work during the year involved providing support to and carrying out research on behalf of the Panel, which met four times during the year. Reports were produced on endoscopy, oxygen concentrators, shock wave lithotripters, screening mammography services and CT scanning. Each report represented a consensus by NHTAP, after extensive consultation with expert opinion in Australia and overseas. Work has begun on the assessment of a further 10 health care technologies.

An NHTAP technical committee continued to coordinate studies on magnetic resonance imaging (MRI) begun in 1986. The Australian MRI Assessment Program is being carried out in collaboration with the radiology departments at a number of public hospitals, each of which operates an MRI scanner. During the year, the fifth centre, at Sir Charles Gairdner Hospital, Perth, became operational.

The Health Technology Unit has analysed cost and utilisation data and has produced two interim reports on the trial, as well as a consensus statement on the place of the technology in Australia.

NHTAP's Non-Laboratory Pathology Testing Working Party continued to analyse the extensive data obtained from a trial of dry chemistry pathology analysers in non-laboratory settings. Reports dealing with pre-trial instrument evaluations and a hospital ward side-room study have been published. Another two publications, covering use of the technology in general practices and an overview of the trial, are in preparation.

In addition to these activities supporting NHTAP, the Unit has advised the Commonwealth Department of Community Services and Health and State authorities on a number of areas of health technology during the year. The Unit Head participated in the development of guidelines for major reconstructive and plastic surgery by the AHMAC Super Speciality Services Sub-Committee.

Health Status Division

The Health Status Division is responsible for the development of national health status data bases and for monitoring and reporting on the health of the Australian people. It collects and analyses national data, with special attention to identifying differences in health status between different segments of the population.

Major projects include data collection and analyses of health differentials, collection and dissemination of information on Aboriginal health, coordination of a series of pilot studies on breast and cervical cancer, and a number of programs aimed at improving and developing health-related statistics and information.

Health monitoring and surveillance

The Division is continuing a major study of levels and trends in the health of the population, with particular attention to the identification of health differentials in different segments of the community.

The Division has built up an extensive range of survey, census and mortality data, including information from the ABS Australian Health Surveys 1977-1978 and 1983, and the National Heart Foundation Risk Factor Prevalence Surveys 1980 and 1983.

The first phase of the study has been completed with the publication of *Health differentials for working age Australians*. A second phase, focusing on research into the disadvantaged groups identified in the first phase, particularly women and migrants, is planned. This will involve updating data and analysing trends in morbidity, risk factors and mortality.

The Division has completed a study, commissioned by the Department of Community Services and Health, to identify gaps in information about women's health. This will be published within the next few months.

In the area of impairments, disabilities and handicaps, the Division is liaising with a pilot project to demonstrate the feasibility of establishing surveillance systems for disabilities using data held by voluntary organisations and rehabilitation units. The Institute provided financial support for a workshop on spinal cord injuries which led to a proposal by the Menzies Foundation to establish a national register of spinal cord injuries, and to undertake prevention oriented research and development.

The Division is also compiling data from public, private and voluntary sectors on disability in Australia.

Aboriginal health

The Institute is responsible for developing national Aboriginal health statistics, including the creation of a national Aboriginal health database.

The Division coordinates and provides the secretariat for the Working Party on Aboriginal Health Statistics and supports State and Territory attempts to improve Aboriginal health statistical collections.

Research projects include a detailed study of Aboriginal fertility and mortality in the North Coast Region of New South Wales, general monitoring of Aboriginal mortality (including infant mortality), an assessment of tuberculosis among Aborigines and an analysis of hospitalisation in the North Coast Region of New South Wales.

The Division maintains an Aboriginal Health Bibliography jointly with the Australian Institute of Aboriginal Studies and the National Library of Australia. The bibliography is available on-line through the National Library, and a book version is being produced. A twice yearly *Aboriginal health information bulletin* is produced jointly with the Australian Institute of Aboriginal Studies.

Epidemiology and health statistics

The Institute and the Australasian Association of Cancer Registries are attempting to establish the National Cancer Statistics Clearing House, to provide national statistics of cancer incidence and mortality. The Clearing House will also assist the Registrars in following up individuals who move interstate, and facilitate epidemiological studies.

Cancer in Australia 1982, the first of a planned series on cancer, was published during 1987.

The Institute is also working on the development of a National Death Index, which will provide at a single location an index of all deaths in Australia, with details of the individual as recorded on the death notification, and the certified cause of death. It will aid large-scale epidemiological studies which involve either follow up of individuals to determine their vital status and, if dead, the cause, or the identification of individuals certified to have died of a particular cause.

Nosology

The National Nosology Reference Centre is located in the Institute. The Centre is the designated contact point with the World Health Organization (WHO) on matters relating to the classification of diseases. During the second half of 1987 the Institute coordinated Australia's response to WHO's proposal for the 10th revision of the International Classification of Diseases.

Although the Centre has only limited capacity to address clearing house and educational functions, it provides essential support to other statistical activities throughout Australia, and helps to meet Australia's international obligations.

Screening Evaluation Coordination Unit (SECU)

During the latter half of 1987, the Institute provided secretariat support for two working parties of the Australian Health Ministers Advisory Council – one on the evaluation of breast cancer screening, and one on the evaluation of cervical cancer screening.

Based on recommendations made by the working parties on the need for the comprehensive evaluation of cancer screening pilot projects and the application of evaluation findings to the planning of nation-wide screening programs, the Institute was commissioned by the Commonwealth Department of Community Services and Health to establish the Screening Evaluation Coordination Unit (SECU).

SECU was set up in February 1988. In addressing its aim of improving the coverage and quality of screening services while maximising the efficient use of resources, the Unit has assisted States with the development of 12 proposals for pilot project evaluations. It has organised workshops to develop agreed methods for evaluating economic aspects, to develop survey instruments and methods to evaluate the behavioural and social aspects of the screening projects, and to develop an agreed minimum basic data set for service delivery aspects of cervical cancer screening projects. In addition, the Unit has collected an extensive reference library of material related to breast and cervical cancer screening, and assisted in aspects of computer facilities and software.

External programs

The Division is also involved with the Institute's external programs, the National Perinatal Statistics Unit at the University of Sydney, the National Injury Surveillance and Prevention Project and the Dental Statistics and Research Unit.

Corporate Services

The Corporate Services Division was set up during the year to bring a number of functions together. The Division is responsible for personnel, finance, secretariat, library, registry, publications, technical support including computing, and property. The Department of Community Services and Health maintains the Institute's pay records.

During the year, with the assistance of consultants, a number of reviews were undertaken of functions performed by the group. The most complex of these was on the Institute's structure and staffing. Under its legislation, the Institute may employ staff either under the Public Service Act or under its own Act. Terms and conditions of employment under the AIH Act must be approved by the Department of Industrial Relations. Proposals are being developed for employment under the AIH Act and submissions are to be made to the Departments of Finance and Industrial Relations and the Public Service Commission.

Similar reviews of other functions have been carried out. These include library, computing and registry services.

Consultants were also used to attend to a number of deficiencies in the Institute's financial systems which had been highlighted by a review undertaken by the Australian Audit Office.

Major challenges addressed during the year include the establishment of a project-based financial management information system, which covers salaries as well as other costs, the development of a computing and communications strategic plan, and the implementation of a physical security system. None of these tasks was finalised during the year, but significant progress was made on all.

Computing

The Institute installed the first 6200 series VAX computer in Australia in June 1988. Upgrading was necessary because of the growth in the Institute's staffing level, and increased usage of the computer systems for analysis and office automation functions. The system now supports 65 terminals.

The Department of Community Services and Health generously provided some funding and agreed to a transfer of resources to enable the Institute to proceed with the purchase.

An increased workload including database development will require additional disk capacity and the system will need to be upgraded again within the next 12 months.

The Institute also implemented the initial phases of a corporate publishing system which is integrated with the existing office automation facilities. This system will be expanded during 1988 and 1989.

Library

The Library was established on a formal basis during the year, following the appointment of a Librarian in February. The Institute had inherited the library of the NHMRC Health Economics research Unit at the ANU when that unit closed down, and that material, together with that purchased on behalf of the Institute by the DCSH Library, was moved into the newly renovated and furnished library area in April.

The library has joined DCSH's Healthnet, a network of approximately 30 health/medical libraries, which operates on an integrated library management package (Dobis/Libis). At this stage, the AIH library is using the shared online catalogue, which has online public access, and the online circulation module.

The library now holds 153 journal titles, 156 Australian Bureau of Statistics publications, 68 relevant annual reports, together with material from international health statistics centres, and monographs on public health and epidemiology, health economics and health services research.

Since March, records for 375 items held by the AIH library have been added to the online catalogue. Online searches are performed on Medline, Dialog, ABN and APAIS databases.

Publications

A permanent publications manager was appointed in March 1988, the position having previously been filled by a temporary appointee from the beginning of the financial year.

During the year, editorial work on the Institute's first biennial report, *Australia's health*, was a major feature of the publications program. The report has assembled statistical data on the state of the nation's health and health services.

Earlier in the year, a major publication, *Health differentials for working age Australians*, was produced.

Other publications of the Institute included nine information bulletins on health labour force issues, 10 NHTAP reports and two newsletters, and two Aboriginal health information bulletins (produced jointly with the Australian Institute of Aboriginal Studies).

Full details of the Institute's publications are provided in Appendix 4.

Equal Employment Opportunity

The personnel system and practices of the Institute have operated very much within the personnel framework of the Department of Community Services and Health, with the Institute being included in the Department's EEO program. To ensure that a greater focus can be placed on local EEO issues, the Institute intends in the near future to designate an officer to undertake EEO duties.

Including those working on projects funded under external grants, approximately 68 people are employed at the Institute; 33 are women, and nine are from non-English speaking backgrounds. Of the 38 research staff, 16 are female and six are from non-English speaking backgrounds.

External programs

The Institute provides funds for three external programs: the National Injury and Surveillance Prevention Project; the National Perinatal Statistics Unit; and the Dental Statistics and Research Unit.

National Perinatal Statistics Unit

The Unit, based at the University of Sydney, collects national data on perinatal health and mortality and conducts epidemiological studies in this field. Its activities include the development of national systems for perinatal data and congenital malformation monitoring.

The development of the national perinatal data system is proceeding steadily, with some States still not providing data. However, computer data from Victoria, South Australia and Tasmania and the Australian Capital Territory has been analysed, and a draft report was presented at a two-day workshop on perinatal data systems, held in August 1987 and attended by representatives from all States and Territories and from New Zealand. The computerised perinatal bibliography continues to be accessed by many users, and the first Perinatal Newsletter was produced in February 1988.

National data on congenital malformations continues to be collected and analysed by the Unit, with information being disseminated through quarterly reports. The Unit also provides reports to the States and Territories highlighting any deviations from the expected incidence of malformations, and is further developing procedures to assist the retrieval of data relating to local government areas and larger regions.

The Unit has continued to take an active role in the International Clearinghouse for Birth Defects Monitoring Systems, which comprises a network of 24 monitoring programs around the world. The head of the Unit, Dr Paul Lancaster, is currently the chairman of the Clearinghouse.

The Unit also maintains a national register of in-vitro fertilisation pregnancies, the results of which have been made available in reports and journal articles (see Appendix 4).

Increasing attention has been paid to information from obstetric services about Caesarian births, to supplement the relevant data from the perinatal collections.

The Unit is also currently assisting the external review team in its assessment of the Unit's work.

National Injury Surveillance and Prevention Project

Information about injuries is sought by a wide range of agencies, government and non-government, throughout Australia.

The Institute, in cooperation with the Child Accident Prevention Foundation of Australia and other Commonwealth and State authorities, is conducting the pilot National Injury Surveillance and Prevention Project to demonstrate the value of accident and emergency department based reporting of injuries as a basis for prevention programs.

The accident and emergency departments of a number of hospitals in South Australia, Queensland, Western Australia, New South Wales and Victoria record details of the sequence of events leading up to injury. As at June 1988, there are 12 participating hospitals in these States, and during the next year it is expected that the numbers will increase and include hospitals in Tasmania, the Northern Territory and the Australian Capital Territory.

The benefits of the Project are already being realised in a number of injury areas. A good example is the response in South Australia to information collected by participating hospitals on the extent of injuries occurring in children's playgrounds. The prevention strategies developed are expected to lead to substantial declines in the incidence of such injuries.

As well as the publication of this and other studies (Appendix 4), the Project also produces a National Bulletin to highlight various aspects of injuries. The first edition of a newsletter, *Newsnotes*, was also distributed in June 1988.

In November 1987, the Project held a major national conference in Adelaide to review progress and consider future directions. The Conference, addressed by the Minister for Health, Dr Neal Blewett, passed a number of resolutions and provided the impetus for greater attention to be paid to the impact of injuries on the nation's health.

Following this Conference, discussions have continued on ways to incorporate the pilot National Injury and Surveillance and Prevention Project collection experience into a national injury prevention program within the proposed National Better Health Program.

Dental Statistics and Research Unit

The Unit, located in the Department of Dentistry at the University of Adelaide, was established in March 1988 to develop the collection of information and statistics on the dental labour force and on dental health status.

In establishing a national data collection of registered dentists, agreement has been reached with most State and Territory Dental Boards for the collection of information at the time of annual re-registrations, and data from some Boards have already been received.

The Unit has conducted reviews of the most accessible data sets on dental health status, and has developed a proposal for an alternative arrangement for the collection and processing of the statistics through the National Child Dental Health Survey currently undertaken by DCSH.

Initial planning has been undertaken for a five-year follow-up of respondents to the 1983-1984 survey on Workforce Participation and Productivity of Dentists in Australia, and the Unit is providing the dental input to a longitudinal study examining health services to the aged.

Finance

Australian Audit Office Audit Report

The Honourable the Minister
for Community Services and Health
Parliament House
CANBERRA ACT 2600

17 March 1989

Dear Minister

AUSTRALIAN INSTITUTE OF HEALTH AUDIT REPORT ON FINANCIAL STATEMENTS

Pursuant to sub-section 63M(2) of the Audit Act 1901, the Australian Institute of Health has submitted for my report its financial statements for the year ended 30 June 1988. These comprise a Statement of Activity, Statement of Capital Accumulation, Statement of Assets and Liabilities, Statement of Sources and Applications of Funds and Notes to and forming part of the financial statements.

The statements have been prepared in accordance with the policies outlined in Note 1 to the accounts and in accordance with the Guidelines for the Form and Standard of Financial Statements of Commonwealth Undertakings approved by the Minister for Finance. The statements are in the form approved by the Minister for Finance pursuant to sub-section 63M(1) of the Audit Act. A copy of the financial statements is enclosed for your information.

These statements have been audited in conformance with the Australian Audit Office Auditing Standards.

In accordance with sub-section 63M(2) of the Audit Act, I now report that the statements are in agreement with the accounts and records of the Institute, and in my opinion:

- the statements are based on proper accounts and records, and
- the receipt and expenditure of moneys, and the acquisition and disposal of assets, by the Institute during the year have been in accordance with the Australian Institute of Health Act 1987 except as indicated under capital expenditure commitments in Note 11 to the statements.

No moneys were invested by the Institute during the year.

Yours sincerely

Australian Audit Office

M J Jacobs
First Assistant Auditor-General

Financial Statements

For the year ended 30 June 1988

Certificate

In our opinion, the accompanying statements of the Australian Institute of Health consisting of:

- Statement of Activity
- Statement of Capital Accumulation
- Statement of Assets and Liabilities
- Statement of Sources and Applications of Funds
- Notes to and forming part of the Financial Statements

which been made out in accordance with the Guidelines for the Form and Standard of Financial Statements of Commonwealth Undertakings:

- (i) Show fairly the operations of the Institute for the year ended 30 June, 1988
- (ii) Show fairly the state of affairs of the Institute at 30 June, 1988.

Chairman

Director

Statement of Activity

For the year ended 30 June 1988

	Notes	1988 \$
Revenue		
Parliamentary appropriation		
Running costs		3,155,000
Plant and equipment		252,000
		<u>3,407,000</u>
Grants received	6	230,000
		<u>3,637,000</u>
less: Transfer to Statement of Capital Accumulation for purchase of capital items		344,191
		<u>3,292,809</u>
Miscellaneous revenue		17,331
		<u>3,310,140</u>
Expenses		
Salaries		1,790,133
Administration expenses	4	937,093
Research and development	5	450,540
Net loss on sale of non-current assets		5,000
		<u>3,182,766</u>
Surplus (Deficiency) of revenue over funded expenditure		127,374
less: Provisions and other unfunded charges		
Depreciation		102,053
Annual leave		262,609
Long service leave		255,085
3% Superannuation benefit	3	11,593
		<u>(503,966)</u>
Surplus (Deficiency) before abnormal items		(503,966)
Abnormal Items		
Annual leave	2	(80,930)
Long service leave	2	(101,710)
		<u>(686,606)</u>
Surplus (Deficiency) transferred to Statement of Capital Accumulation		<u><u>(686,606)</u></u>

The accompanying notes form an integral part of the Financial Statements

Statement of Capital Accumulation

For the year ended 30 June 1988

	Notes	1988
		\$
Balance at 1 July 1987		-
Funds transferred from Statement of Activity:		
Acquisition of capital items		344,191
Assets transferred from the former Department of Health	7	352,267
Surplus (Deficiency) transferred from Statement of Activity		(686,606)
Balance at 30 June 1988 transferred to Statement of Assets and Liabilities		<u>9,852</u>

The accompanying notes form an integral part of the Financial Statements

Statement of Assets And Liabilities

as at 30 June 1988

	Notes	1988
		\$
Capital accumulation		
Balance transferred from Statement of Capital Accumulation		9,852
Represented by:		
Current assets		
Cash at bank, on hand and on deposit		125,959
Interest receivable		6,715
Prepayments		10,350
		<u>143,024</u>
Non-current assets		
Leasehold improvements	7	45,709
Office equipment	7	413,208
Furniture and fittings	7	130,488
		<u>589,405</u>
Total assets		<u>732,429</u>
Current liabilities		
Creditors and accruals		203,107
Provision for annual leave		214,456
Provision for long service leave		293,421
		<u>710,984</u>
Non-current liabilities		
Provision for 3% Superannuation benefit	3	11,593
Total liabilities		<u>722,577</u>
Net assets		<u>9,852</u>

The accompanying notes form an integral part of the Financial Statements

Statement of Sources and Applications of Funds

For the year ended 30 June 1988

	Notes	1988 \$
Sources of funds		
Funds from operations	10	
Inflows of funds from operations		
Funds from Government		
Parliamentary appropriations		
Running costs		3,155,000
Plant and equipment		252,000
Grants received		230,000
Miscellaneous revenue		17,331
		<u>3,654,331</u>
Outflows of funds from operations expended in the provision of goods and services		<u>3,182,766</u>
		471,565
Assets transferred from the former Department of Health		352,267
Increase in liabilities		
Current liabilities		
Creditors and accruals		203,107
		<u>1,026,939</u>
Applications of funds		
Increase in assets		
Current assets		
Cash at bank, on hand and on deposit		125,959
Interest receivable		6,715
Prepayments		10,350
Non-current assets		
Leasehold improvements		60,879
Office equipment		490,410
Furniture and fittings		140,169
Annual leave paid		129,083
Long service leave paid		63,374
		<u>1,026,939</u>

The accompanying notes form an integral part of the Financial Statements

Notes to and forming part of the Financial Statements

For the year ended 30 June 1988

1. Statement of accounting policies

The financial statements of the Australian Institute of Health have been prepared in accordance with the 'Guidelines for the Form and Standard of Financial Statements of Commonwealth Undertakings' issued by the Department of Finance in February, 1985 (as amended). They have been prepared on the basis of historical costs and do not take into account changing money values nor, except where stated, current valuations of non-current assets. Except where stated, the accounting policies have been consistently applied.

Set out below is a summary of the significant accounting policies adopted by the Institute in the preparation of the financial statements.

(a) Income tax

The Institute is exempt from income tax imposed under any law of the Commonwealth or of a State or Territory by Section 12 of the Australian Institute of Health Act 1987.

(b) Depreciation

Fixed assets, including leasehold improvements, are depreciated over their estimated useful lives, with depreciation commencing from the date of acquisition. The straight-line method of depreciation is used.

The gain or loss on disposal of assets is calculated as the difference between the written down value of the asset at the time of disposal and the proceeds of disposal, and is included in the result of the Institute in the year of disposal.

(c) Provisions – employee entitlements

This provision relates to annual leave and long service leave and has been calculated on the basis of pro-rata entitlements under appropriate awards, based on current wages. Long service leave is provided for all employees with 10 years or more eligible service or after 1 years service where the employee has attained the minimum retiring age.

(d) Cost of services provided free of charge

The Institute provided office space for the Public Health Association of Australia (PHA) at no charge. The estimated value of this accommodation is \$3,524. In addition the Institute provided office services free of charge to the PHA, the value of which cannot be determined.

(e) Comparatives

There are no comparative figures for the Institute as it was not enacted as a Statutory Authority until 1 July 1987.

2. Abnormal items

The Australian Institute of Health was established as a Statutory Authority on 1 July 1987. Prior to this date the Institute had operated since 1984 as a Division of the Department of Community Services and Health.

As a result of the Institute's establishment it has inherited provisions for annual and long service leave for employees which relate to service with other government organisations in prior years. These have been brought to account as abnormal items in the Statement of Activity.

3. Superannuation

All superannuation contributions for eligible officers and employees are made by the Commonwealth who contribute to the Commonwealth Superannuation Scheme.

The Conciliation and Arbitration Commission's June 1986 National Wage Case Decision made provision for employers and unions to negotiate new and/or additional superannuation agreements costing up to 3% of ordinary time wages.

The Commonwealth Government agreed to the 3% overall superannuation benefit with 1.5% commencing on 1 January 1988 and the balance no later than 1 January 1989.

The *Superannuation Benefit (Interim Arrangement) Act 1988* assented to on 15 June 1988 provides an interim arrangement for employers to pay the superannuation benefits. Provision is included for the Institute's estimated liability at 30 June 1988 of the accumulated entitlement for eligible employees.

4. Administration expenses

Included in Administration expenses are the following items:

	1988
	\$
Bank charges	1,072
Consultancy fees	47,281
Committee expenses	30,715
Freight	9,920
Library materials	33,121
Postage	11,003
Printing and publications	48,257
Recruitment advertising	39,300
Rent	77,316
Repairs and maintenance – building	50,368
Computer maintenance and consumables	168,929
Telephone	73,600
Travel	245,706
Workers compensation	576
Repairs and maintenance – office machines	6,061
Motor vehicle hire and maintenance	9,045
Office requisites and miscellaneous	84,823
	<hr/>
	937,093
	<hr/>

5. Research and development

Included in research and development were grants to the following:

	1988
	\$
National Injury Surveillance and Prevention Program	177,337
National Perinatal Statistics Unit	202,399
Dental Statistics and Research Unit	65,804
Other	5,000
	<hr/>
	450,540
	<hr/>

6. Grants received

	1988
	\$
Screening Evaluation Coordination Unit	220,000
Women's Health Project	10,000
	<hr/>
	230,000
	<hr/>

Screening Evaluation Coordination Unit (SECU)

The Institute received funds of \$220,000 from the Department of Community Services and Health for the operation of the Screening Evaluation Coordination Unit (SECU). The primary roles of SECU are to co-ordinate the national evaluation of breast and cervical cancer screening pilot projects and to assist in the development of strategy options for nationwide screening programs. The following items for SECU have been incorporated into the financial statements:

	1988	1988
	\$	\$
Receipts		220,000
less expenditure:		
Capital Items	33,565	
Salaries	77,790	
Travel	22,175	
Consultancy Fees	1,427	
Other	3,923	
	<hr/>	
		138,880
		<hr/>
Balance at 30 June 1988		81,120
		<hr/>

Women's Health Project

The Institute received funds of \$10,000 from the Department of Community Services and Health as a contribution towards the preparation of a report on women's health status data in Australia as part of the development of the National Policy on Women's Health. These funds were fully expended on this project.

7. Non-current assets

	1988
	\$
Leasehold improvements – at cost	60,879
<u>less</u> Accumulated depreciation	15,170
	<u>45,709</u>
Office equipment – at cost	490,410
<u>less</u> Accumulated depreciation	77,202
	<u>413,208</u>
Furniture and fittings – at cost	140,169
<u>less</u> Accumulated depreciation	9,681
	<u>130,488</u>
Total non-current assets – at net book value	<u><u>589,405</u></u>

Included in the cost of non-current assets on 1 July 1987 are the following items:

Assets transferred from the former Department of Health	35,634
Recognition of assets purchased by the Institute whilst a Division of the former Department of Health which had previously been expensed	316,633
	<u>352,267</u>

8. Members' remuneration

A total of \$12,086 was paid to members of the Institute in accordance with determinations of the Remuneration Tribunal. Included in this total are:

	1988
	\$
Stipend/sessional fees	9,244
Travel allowances	2,609
Other	233
	<u>12,086</u>

9. Auditors' remuneration

No fee has been charged by the Australian Audit Office for audit services provided for the year ended 30 June 1988. The notional amount for these audit services has been calculated at \$12,860.

10. Sources and applications of funds

Reconciliation of funds from operations with surplus (deficiency) of revenue over funded expenditure before provisions is as follows:

	1988
	\$
Funds from Operations	471,565
Less: Transfer to Statement of Capital Accumulation for purchase of capital items	344,191
	<hr/>
Surplus (Deficiency) of revenue over funded expenditure as per Statement of Activity	127,374
	<hr/> <hr/>

11. Commitments and contingencies

The estimated maximum amount of commitments and contingent liabilities not provided for in the accounts as at 30 June 1988 are:

	1988
	\$
Capital expenditure commitments	
This amount represents the value of a contract placed in 1987/88 for the upgrading of the Institute's computer system during the 1988/89 financial year. Under sub-section 23(a) of the <i>Australian Institute of Health Act 1987</i> , the Institute is required to seek written approval from the Minister for Community Services and Health to enter into contracts exceeding \$200,000. As the Minister's approval for the contract was not obtained until 3 November 1988 the Institute breached this sub-section of the Act during 1987/88.	440,000
Operating lease commitments for office rental	
The Institute has a lease rental agreement with the Australian Capital Territory Health Authority for use of office space at Bennett House, Royal Canberra Hospital. This lease agreement may be terminated by either party giving to the other six months notice in writing. As such, the commitment shown at 30 June 1988 represents six months rental only. Payable not later than 12 months.	98,862
	<hr/> <hr/>

There were no contingent liabilities as at 30 June 1988.

Appendix 1

Australian Institute of Health Act 1987

No. 41 of 1987

TABLE OF PROVISIONS

PART 1 – PRELIMINARY

Section

1. Short title
2. Commencement
3. Interpretation

PART II – AUSTRALIAN INSTITUTE OF HEALTH

Division 1 – Establishment, Functions and Powers of Institute

4. Establishment of Institute
5. Functions of Institute
6. Powers of Institute
7. Directions by Minister

Division 2 – Constitution and Meetings of Institute

8. Constitution of Institute
9. Acting members
10. Remuneration and allowances
11. Leave or absence
12. Resignation
13. Termination of appointment
14. Disclosure of interests
15. Meetings

Division 3 – Committees of Institute

16. Committees

Division 4 – Director of Institute

17. Director of Institute
18. Functions of Director

Division 5 – Staff

19. Staff

PART III – FINANCE

20. Money to be appropriated by Parliament
21. Estimates
22. Money of Institute
23. Contracts
24. Application of Part XI of Audit Act
25. Trust money and trust property
26. Exemption from taxation

PART IV – MISCELLANEOUS

- 27. Delegation by Institute
- 28. Delegation by Director
- 29. Confidentiality
- 30. Restricted application of the *Epidemiological Studies (Confidentiality) Act 1981*
- 31. Periodical reports
- 32. Regulations

Australian Institute Of Health Act 1987

No. 41 of 1987

**An Act to establish an Australian Institute of Health, and
for related purposes**

[Assented to 5 June 1987]

BE IT ENACTED by the Queen, and the Senate and the House of Representatives of the Commonwealth of Australia, as follows:

PART 1 – PRELIMINARY

Short title

1. This Act may be cited as the *Australian Institute of Health Act 1987*.

Commencement

2. This Act shall come into operation on a day to be fixed by Proclamation.

Interpretation

3. (1) In this Act, unless the contrary intention appears:
 - 'appoint' includes re-appoint;
 - 'Chairperson' means the Chairperson of the Institute;
 - 'Director' means the Director of the Institute;
 - 'Institute' means the Australian Institute of Health;
 - 'member' means a member of the Institute;
 - 'trust money' means money received or held by the Institute on trust;
 - 'trust property' means property received or held by the Institute on trust.
- (2) A reference in this Act to the Chairperson, the Director or a member, in relation to a time when a person is acting in the office of Chairperson, Director, or a member, includes a reference to that person.
- (3) The Chairperson may be referred to as the Chairman or Chairwoman, as the case requires.

PART II – AUSTRALIAN INSTITUTE OF HEALTH

Division 1 – Establishment, Functions and Powers of Institute

Establishment of Institute

4. (1) There is hereby established a body to be known as the Australian Institute of Health.
- (2) The institute:
 - (a) is a body corporate with perpetual succession;
 - (b) shall have a common seal; and
 - (c) may sue and be sued in its corporate name.
- (3) All courts, judges and persons acting judicially shall take judicial notice of the imprint of the common seal of the Institute affixed to a document and shall presume that it was duly affixed.

Functions of Institute

5. (1) The functions of the Institute are:

- (a) to collect, with the agreement of the Australian Bureau of Statistics and, if necessary, with the Bureau's assistance, health-related information and statistics, whether by itself or in association with other bodies or persons;
- (b) to produce health-related information and statistics, whether by itself or in association with other bodies or persons;
- (c) to co-ordinate the collection and production of health-related information and statistics by other bodies or persons;
- (d) to provide assistance, including financial assistance, for the collection and production of health-related information and statistics by other bodies or persons;
- (e) to develop methods and undertake studies designed to assess the provision, use, cost and effectiveness of health services and health technologies;
- (f) to conduct and promote research into the health of the people of Australia and their health services;
- (g) to develop, in consultation with the Australian Bureau of Statistics, specialised statistical standards and classifications relevant to health and health services, and advise the Bureau on the data to be used by it for the purposes of health-related statistics;
- (h) subject to section 29, to enable researchers to have access to health-related information and statistics held by the Institute or by bodies or persons with whom contracts or arrangements have been entered into by the Institute;
- (j) to publish methodological and substantive reports on work carried out by or in association with the Institute;
- (k) to make recommendations to the Minister on the prevention and treatment of diseases and the improvement and promotion of the health and health awareness of the people of Australia; and
- (m) to do anything incidental to any of the foregoing.

(2) In subsection (1):

'health-related information and statistics' means information and statistics collected and produced from data relevant to health or health services;

'production' means compilation, analysis and dissemination.

(3) Subsection (1) is not intended to limit the functions of the Australian Bureau of Statistics.

Powers of Institute

6. The Institute has power to do all things necessary or convenient to be done for or in connection with the performance of its functions and, in particular, has power:
- (a) to enter into contracts or arrangements, including contracts or arrangements with bodies or persons to perform functions on behalf of the Institute;
 - (b) to acquire, hold and dispose of real or personal property;
 - (c) to occupy, use and control any land or building owned or held under lease by the Commonwealth and made available for the purposes of the Institute;
 - (d) to appoint agents and attorneys and act as an agent for other persons;
 - (e) to accept gifts, grants, devises and bequests made to the Institute, whether on trust or otherwise, and to act as trustee of money or other property vested in the Institute on trust;
 - (f) subject to section 29, to:
 - (i) release data to other bodies or persons; and
 - (ii) publish the results of any of its work; and
 - (g) to do anything incidental to any of its powers.

Directions by Minister

7. (1) The Minister may, after consultation with the Chairperson, by notice in writing delivered to the Chairperson, give a direction to the Institute with respect to the performance of its functions or the exercise of its powers.

- (2) The Institute shall comply with any direction given under subsection (1).

Division 2 – Constitution and Meetings of Institute

8. (1) Subject to subsection (2), the Institute shall consist of the following members:
- (a) the Chairperson;
 - (b) the Director;
 - (c) 3 members nominated by the Australian Health Ministers' Advisory Council;
 - (d) the Australian Statistician;
 - (e) the Secretary to the Department;
 - (f) a member nominated by the Public Health Association of Australia and New Zealand;
 - (g) 3 members nominated by the Minister;
 - (h) a member nominated by the Consumers' Health Forum of Australia.
- (2) If the person referred to in paragraph (1) (d) or (3) is not available to serve as a member of the Institute, that person shall nominate a person to be a member of the Institute in lieu of himself or herself.

- (3) The performance of the functions, or the exercise of the powers, of the Institute is not affected by reason only of:
 - (a) a vacancy in the office of a member referred to in paragraph (1) (a), (b) or (f);
 - (b) the number of members referred to in paragraph (c) or (g) falling below 3 for a period of not more than 6 months.
 - (c) a vacancy in the office of the member referred to in paragraph (1) (d) or (e) or the member (if any) nominated in lieu of that member under subsection (2).
- (4) The following subsections have effect in relation to a member other than a member referred to in paragraph (1) (b), (d) or (e).
- (5) Subject to this section, a member shall be appointed by the Governor-General, and shall be appointed on a full-time or part-time basis for such period, not exceeding 3 years, as is specified in the instrument of appointment.
- (6) A person who has attained the age of 65 years shall not hold office as a member on a full-time basis.
- (7) A member holds office on such terms and conditions (if any) in respect of matters not provided for by this Act as are determined by the Governor-General.
- (8) The appointment of a member is not invalid because of a defect or irregularity in connection with the member's nomination or appointment.

Acting members

9. (1) The Minister may appoint a person to act in the office of Chairperson, of Director, or of member (other than the Chairperson or Director):

- (a) during a vacancy in the office, whether or not an appointment has previously been made to the office; or
- (b) during any period, or during all periods, when the holder of the office is absent from duty or from Australia or is, for any other reason, unable to perform the functions of the office;

but a person appointed to act during a vacancy shall not continue so to act for more than 12 months.

- (2) A person may resign appointment under this section by instrument in writing delivered to the Minister.
- (3) An appointment may be expressed to have effect only in such circumstances as are specified in the instrument of appointment.
- (4) The Minister may:
 - (a) determine the terms and conditions of appointment, including remuneration and allowances, if any, of a person acting under subsection (1); and
 - (b) terminate such an appointment at any time.
- (5) Where a person is acting in an office and the office becomes vacant while that person is so acting, then, subject to subsection (3), the person may continue so to act until the Minister otherwise directs, the vacancy is filled or a period of 12 months from the date on which the vacancy occurred expires, whichever first happens.

- (6) While a person is acting in an office, the person has and may exercise all the powers, and shall perform all the functions and duties, of the holder of the office.
- (7) Anything done by or in relation to a person purporting to act under this section is not invalid by reason only that:
 - (a) the occasion for the appointment of the person had not arisen;
 - (b) there was a defect or irregularity in or in connection with the appointment;
 - (c) the appointment had ceased to have effect; or
 - (d) the occasion for the person to act had not arisen or had ceased.

Remuneration and allowances

- 10. (1) Unless otherwise prescribed, a member shall be paid such remuneration as is determined by the Remuneration Tribunal.
- (2) A member shall be paid such allowances as are prescribed.
- (3) This section has effect subject to the *Remuneration Tribunals Act 1973*.

Leave of absence

- 11. The Minister may grant leave of absence to a member on such terms and conditions as to remuneration or otherwise as the Minister determines.

Resignation

- 12. A member may resign by instrument in writing delivered to the Governor-General.

Termination of appointment

- 13. (1) The Governor-General may terminate the appointment of a member because of misbehaviour or physical or mental incapacity.
- (2) If a member:
 - (a) becomes bankrupt, applies to take the benefit of any law for the relief of bankrupt or insolvent debtors, compounds with creditors or assigns remuneration for their benefit;
 - (b) without reasonable excuse, contravenes section 14;
 - (c) being a full-time member who is paid remuneration under this Part:
 - (i) engages in paid employment outside his or her duties without the consent of the Minister; or
 - (ii) is absent from duty, without leave by the Minister for 14 consecutive days or for 28 days in any period of 12 months; or
 - (d) being a part-time member, is absent, without leave by the Minister, from 3 consecutive meetings of the Institute;

the Governor-General may terminate the appointment of the member.

(3) Where:

- (a) a member has been appointed under paragraph 8(1)(c) or (f) or subsection 8(2) on the nomination of a body or person referred to in that paragraph or subsection, as the case may be, and the body or person notifies the Minister in writing that the nomination is withdrawn; or
- (b) a member has been appointed under paragraph 8(1)(g) on the nomination of the Minister and the Minister withdraws his or her nomination of the member;

the Governor-General may terminate the appointment of the member.

Disclosure of interest

14. (1) A member who has a direct or indirect interest, pecuniary or otherwise, in a matter being considered or about to be considered by the Institute, being an interest that would conflict with the proper performance of the member's functions in relation to the consideration of the matter, shall, as soon as practicable after the relevant facts have come to the knowledge of the member, disclose the nature of the interest at a meeting of the Institute.

- (2) A disclosure under subsection (1) shall be recorded in the minutes of the meeting.
- (3) This section does not apply to an interest of a member referred to in paragraph 8(1) (c) or (f) or a member nominated under subsection 8(2), being an interest that the member has by reason only of having been nominated by a body or person referred to in that paragraph or subsection.

Meetings

15. (1) Subject to this section, meetings of the Institute shall be held at such times and places as the Institute determines.

- (2) The Institute shall meet at least once every 4 months.
- (3) The Chairperson:
 - (a) may at any time convene a meeting; and
 - (b) shall convene a meeting on receipt of a written request signed by not fewer than 3 members.
- (4) The Minister may convene such meetings as the Minister considers necessary.
- (5) At a meeting:
 - (a) if the Chairperson is present, the Chairperson shall preside;
 - (b) if the Chairperson is absent, the members present shall appoint one of their number to preside;
 - (c) a majority of the members for the time being constitute a quorum;
 - (d) all questions shall be decided by a majority of the votes of the members present and voting; and
 - (e) the member presiding has a deliberative vote and, if necessary, also has a casting vote.

- (6) The Institute shall keep minutes of its proceedings.
- (7) The Institute shall regulate the procedure of its meetings as it thinks fit.

Division 3 – Committees of Institute

Committees

16. (1) The Institute shall appoint a committee to be known as the Australian Institute of Health Ethics Committee.

- (2) The functions and composition of the Ethics Committee shall be as prescribed.
- (3) Regulations shall not be made for the purpose of subsection (2) except in accordance with a recommendation of the National Health and Medical Research Council.
- (4) The Institute may appoint such other committees as it thinks fit to assist it in performing its functions.
- (5) The functions and composition of a committee appointed under subsection (4) shall be as determined from time to time in writing by the Institute.
- (6) The succeeding subsections of this section apply in relation to a committee appointed under subsection (1) or (4).
- (7) The members of a committee may include members of the Institute.
- (8) A member of a committee holds office for such period as is specified in the instrument of appointment.
- (9) A member of a committee may resign by instrument in writing delivered to the Institute.
- (10) Except where the Minister otherwise directs in writing, a member of a committee shall be paid such remuneration as is determined by the Remuneration Tribunal.
- (11) A member of a committee (other than a member of the Institute) shall be paid such allowances as are prescribed.
- (12) Subsections (9) and (10) have effect subject to the *Remuneration Tribunals Act 1973*.
- (13) Section 14 applies in relation to a committee as if:
 - (a) references in that section to a member were references to a member of the committee; and
 - (b) references in that section to the Institute were references to the committee.

Division 4 – Director of Institute

Director of Institute

17. (1) There shall be a Director of the Institute.
 - (2) The Director shall be appointed by the Minister on the recommendation of the Institute.
 - (3) The Director shall be appointed on a full-time or part-time basis for such period, not exceeding 5 years, as is specified in the instrument of appointment.
 - (4) A person who has attained the age of 65 years shall not be appointed as Director and a person shall not be appointed as Director for a period that extends beyond the date on which he or she will attain the age of 65 years.
 - (5) The Director holds office on such terms and conditions (if any) in respect of matters not provided for by this Act as are determined by the Minister
 - (6) The appointment of the Director is not invalid because of a defect or irregularity in connection with the appointment or the recommendation by the Institute.
 - (7) The Director shall not be present during any deliberation, or take part in any decision, of the Institute with respect to the appointment of the Director.
 - (8) Sections 11 and 14 apply to the Director.
 - (9) Sections 12 and 13 apply to the Director as if references in those sections to the Governor-General were references to the Minister.

Functions of Director

18. (1) The Director shall manage the affairs of the Institute subject to the directions of, and in accordance with policies determined by, the Institute.
 - (2) All acts and things done in the name of, or on behalf of, the Institute by the Director shall be deemed to have been done by the Institute.

Division 5 – Staff

Staff

19. (1) The staff required for the purposes of this Act shall be –
 - (a) persons appointed or employed under the *Public Service Act 1922*; and
 - (b) persons appointed or employed by the Institute.
- (2) The Director has all the powers of a Secretary under the *Public Service Act 1922*, so far as those powers relate to the branch of the Public Service comprising the staff referred to in paragraph (1)(a), as if that branch were a separate Department of the Public Service.
- (3) The Institute may engage as advisers or consultants persons having suitable qualifications and experience.

- (4) The terms and conditions of appointment or employment of members of the staff referred to in paragraph (1)(b) are such as are determined by the Institute with the approval of the Public Service Board.
- (5) The terms and conditions of engagement of advisers or consultants are such as are determined by the Institute.

PART III – FINANCE

Money to be appropriated by Parliament

- 20. (1) There is payable to the Institute such money as is appropriated by the Parliament for the purposes of the Institute.
- (2) The Minister for Finance may give directions as to the means in which, and the times at which, money referred to in subsection (1) is to be paid to the Institute.

Estimates

- 21. (1) The Institute shall:
 - (a) prepare estimates of the receipts and expenditure of the Institute in such form as the Minister directs for:
 - (i) each financial year; and
 - (ii) any other period specified by the Minister; and
 - (b) lodge estimates with the Minister within such time as the Minister directs.
- (2) Estimates under section (1) shall not include estimates of receipts or expenditure of trust money.
- (3) The money of the Institute, other than trust money, shall be expended only in accordance with estimates approved by the Minister.

Money of Institute

- 22. 1) The money of the Institute consists of:
 - (a) money paid to the Institute under section 20; and
 - (b) any other money, other than trust money, paid to the Institute.
- (2) The money of the Institute shall be applied only:
 - (a) in payment or discharge of the expenses, charges, obligations and liabilities incurred or undertaken by the Institute in the performance of its functions and the exercise of its powers;
 - (b) in payment of remuneration and allowances payable under this Act; and
 - (c) in making any other payments required or permitted to be made by the Institute.

Contracts

23. The Institute shall not, except with the written approval of the Minister:

- (a) enter into a contract involving the payment or receipt by the Institute of an amount exceeding \$2000,000 or such higher amount as is prescribed; or
- (b) enter into a lease of land for a period of 10 years or more.

Application of Part XI of Audit Act

24. (1) The Institute is a public authority to which Division 3 of Part XI of the *Audit Act 1901* applies.

(2) A report prepared under section 63M of the *Audit Act 1901* (as that section applies by virtue of subsection (1)) shall, in respect of each direction given under subsection 7(1) that is applicable to the period to which the report relates, include:

- (a) particulars of the direction; or
- (b) where the Institute considers that the particulars contain information concerning a person or are of a confidential nature – a statement that a direction was given.

(3) Notwithstanding subsection (1):

- (a) the first report required by section 63M of the *Audit Act* as applied by that subsection shall be prepared and submitted as soon as practicable after 30 June 1987; and
- (b) the report shall relate to the period commencing on the commencement of this Act and ending on that date.

Trust money and trust property

25. (1) The Institute:

- (a) shall pay trust money into an account or accounts referred to in subsection 63J(1) of the *Audit Act 1901* (as that subsection applies by virtue of subsection 24(1)) containing no money other than trust money;
- (b) shall apply or deal with trust money and trust property only in accordance with the powers and duties of the Institute as trustee; and
- (c) may only invest trust money:
 - (i) in any manner in which the Institute is authorised to invest the money by the terms of the trust; or
 - (ii) in any manner in which trust money may be lawfully invested.

(2) Sections 63K and 63L of the *Audit Act 1901* (as those sections apply by virtue of subsection 24(1)) have effect as if:

- (a) a reference in those sections to moneys included a reference to trust money;

- (b) a reference to those sections to transactions or to transactions and affairs included a reference to transactions, or to transactions and affairs, relating to trust money or to trust property; and
- (c) a reference in those sections to assets included a reference to trust property.

Exemption from taxation

26. The income, property and transactions of the Institute are not subject to taxation (including taxation under the *Bank Account Debits Tax Act 1982*) under any law of the Commonwealth or of a State or Territory.

PART IV – MISCELLANEOUS

Delegation by Institute

27. (1) The Institute may, either generally or as otherwise provided by the instrument of delegation, by writing under its common seal:

- (a) delegate to a member;
- (b) delegate to a member of the staff of the Institute; and
- (c) with the approval of the Minister – delegate to any other person or body;

all or any of the Institute's powers or functions under this Act, other than this power of delegation.

(2) A power or function so delegated, when exercised or performed by the delegate, shall, for the purposes of this Act, be deemed to have been exercised or performed by the Institute.

(3) A delegation does not prevent the exercise of a power or performance of a function by the Institute.

Delegation by Director

28. (1) The Director may, either generally or as otherwise provided by the instrument of delegation, by instrument in writing:

- (a) delegate to a member;
- (b) delegate to a member of the staff of the Institute; or
- (c) with the approval of the Minister – delegate to any other person or body;

all or any of the Director's powers and functions under this Act, other than this power of delegation.

(2) A power of function so delegated, when exercised or performed by the delegate, shall, for the purposes of this Act, be deemed to have been exercised or performed by the Director.

(3) A delegation does not prevent the exercise of a power or performance of a function by the Director.

Confidentiality

29. (1) Subject to this section, a person (in this subsection called 'informed person') who has:

- (a) any information concerning another person (which person is in this section called an 'information subject'), being information acquired by the informed person because of:
 - (i) holding an office, engagement or appointment, or being employed, under this Act;
 - (ii) performing a duty or function, or exercising a power, under or in connection with this Act; or
 - (iii) doing any act or thing under an agreement or arrangement entered into by the Institute; or
- (b) any document relating to another person (which person is in this section also called an 'information subject'), being a document furnished for the purposes of this Act;

shall not, except for the purposes of this Act, either directly or indirectly:

- (c) make a record of any of that information or divulge or communicate any of that information to any person (including an information subject);
- (d) produce that document to any person (including an information subject); or
- (e) be required to divulge or communicate any of that information to a court or to produce that document in a court.

Penalty: \$2,000 or imprisonment for 12 months, or both.

(2) Nothing in this section prohibits:

- (a) a person from divulging or communicating information, or producing a document, to the Minister if it does not identify an information subject;
 - (b) a person from divulging or communicating information, or producing a document, to:
 - (i) a person specified in writing by the Australian Institute of Health Ethics Committee; or
 - (ii) a person specified in writing by the person who divulged or communicated the information or produced the document directly to the Institute; or
 - (c) the publication of conclusions based on, statistics derived from, or particulars of procedures used in, the work of the Institute, if they are not published in a manner that identifies an information subject.
- (3) A person to whom information is divulged or communicated, or a document is produced, under paragraph (2)(a) or (b), and any person under the control of that person is, in respect of that information a document, subject to subsection (1) as if the person were a person exercising powers, or performing duties or functions, under this Act and had acquired the information or document in the exercise of those powers or the performance of those duties or functions.

(4) In this section:

- (a) 'court' includes any tribunal, authority or person having power to require the production of documents or the answering of questions;
- (b) 'person' includes a body or association of persons, whether incorporated or not, and, in the case of an information subject, also includes a deceased person;
- (c) 'produce' includes permit access to;
- (d) 'publication', in relation to conclusions, statistics or particulars, includes:
 - (i) the divulging or communication to a court of the conclusions, statistics or particulars; and
 - (ii) the production to a court of a document containing the conclusions, statistics or particulars; and
- (e) a reference to information concerning a person includes:
 - (i) a reference to information as to the whereabouts, existence or non-existence of a document concerning a person; and
 - (ii) a reference to information identifying a person or body providing information concerning a person.

Restricted application of the Epidemiological Studies (Confidentiality) Act 1981

30. (1) *The Epidemiological Studies (Confidentiality) Act 1981* (in this section called the 'Confidentiality Act') does not apply to anything done in the exercise of a power or performance of a function under this Act.

(2) Notwithstanding the Confidentiality Act, a person who has assisted, or is assisting in, the conduct of a prescribed study or an epidemiological study may, at the written request of the Institute:

- (a) communicate to the Institute any information acquired by the person because of having assisted, or assisting, in the conduct of that study; and
- (b) give the Institute access to documents prepared or obtained in the conduct of that study.

(3) It is a defence to a prosecution under the Confidentiality Act if it is established that the information was communicated or access to a document was given, as the case may be, in accordance with a written request by the Institute.

(4) In this section:

- (a) 'epidemiological study' has the same meaning as in the Confidentiality Act; and
- (b) 'prescribed study' has the same meaning as in the Confidentiality Act.

Periodical reports

31. (1) The Institute shall prepare and, as soon as practicable, and in any event within 6 months:

- (a) after 31 December 1987 – shall submit to the Minister a health report for the period commencing on the commencement of this Act and ending on that date; and
- (b) after 31 December 1989 and every second 31 December thereafter – shall submit to the Minister a health report for the 2 year period ending on that 31 December.

(2) The Institute may at any time submit to the Minister:

- (a) a health report for any period; or
- (b) a report in respect of any matter relating to the exercise of the powers, or the performance of the functions, of the Institute or its committees under this Act.

(3) A health report shall provide:

- (a) statistics and related information concerning the health of the people of Australia; and
- (b) an outline of the development of health-related information and statistics by the Institute, whether by itself or in association with other persons or bodies;

during the period to which the report relates.

- (4) The Minister shall cause a copy of a report submitted under subsection (1) to be laid before each House of the Parliament within 15 sitting days of that House after the day on which the Minister receives the report.
- (5) The Minister may cause a copy of a report submitted under subsection (2) to be laid before each House of the Parliament.

Regulations

32. The Governor-General may make regulations, not inconsistent with this Act, prescribing matters required or permitted by this Act to be prescribed.

Appendix 2

AIH committees

The *Australian Institute of Health Act 1987* requires the Institute to appoint an Ethics Committee and enables it to appoint such other committees required to assist it in performing its functions. Two existing committees, the National Committee on Health and Vital Statistics and the National Health Technology Advisory Panel, are in the process of being incorporated formally as Institute committees.

Ethics Committee

Under the Act, the functions and composition of the Ethics Committee must be prescribed in regulations made in accordance with a recommendation of the National Health and Medical Research Council (NHMRC). After approval by the Minister and the NHMRC, drafting instructions have been issued to the Attorney-General's Department.

The Ethics Committee will review all research projects initiated by staff of the Institute, and externally initiated projects seeking access to data held by the Institute.

The proposed functions of the Committee will be to:

- develop criteria against which to assess the ethical standards of proposed research projects;
- consider, in the light of the criteria developed, the ethical implications of all projects referred to the committee;
- advise the Institute whether projects satisfy the criteria;
- provide for surveillance of projects until completion; and
- maintain a register of all applications submitted to the committee for ethical review.

The interim Committee held three meetings in 1987-88. Its membership is:

Chairman and medical graduate with research experience

H Malcolm Whyte

Laywoman not connected with the Institute

Janne D Graham

Layman not connected with the Institute

David Purnell

Minister of religion

The Venerable Ian G C George

Lawyer

Colin J H Thomson

Nominee of the State and Territory Registrars of Births, Deaths and Marriages

Roger K Thomson

Social scientist with research experience

Dorothy H Broom

Nominee of the Director of the Institute

D Roy Harvey

National Committee on Health and Vital Statistics

The National Committee on Health and Vital Statistics (NCHVS), a committee of the Australian Health Ministers' Advisory Council since 1976, is being transferred to the Institute.

Administrative arrangements to formalise the NCHVS as an Institute committee are still being finalised, and for the next two years, until April 1989, the Committee will continue to report to AHMAC as well as to the Institute.

The Committee's functions are to:

- assist the coordination of national health statistics from Commonwealth, State and Territory governments and other sources; and
- advise the Institute on matters relating to the priorities for, status of and action required for the development of national health statistics.

The Committee comprises:

Chairwoman

Joan G Christensen (Queensland Department of Health)

Nominees

Leonard R Smith (Australian Institute of Health)

Terrence J Barrett (NSW Department of Health)

Neil C Powers (Victorian Health Department)

Beress H Brooks (Health Department of Western Australia)

Robert J Aust (South Australian Health Commission)

James T Curran (Tasmanian Department of Health Services)

Jack Smith (NT Department of Health and Community Services)

Vivienne L McLoughlin (ACT Health Authority)

Timothy J Skinner (Australian Bureau of Statistics)

Alan M Mackay (Commonwealth Department of Community Services and Health)

Joseph H Christensen (Commonwealth Department of Community Services and Health)

Annette J Dobson (Public Health Association of Australia and New Zealand)

Expert members

John S Deeble

Michael S T Hobbs

Stephen R Leeder

National Health Technology Advisory Panel

Responsibility for servicing the National Health Technology Advisory Panel was transferred to the AIH in early 1987 from the then Department of Health.

The Panel's main functions are to:

- establish and maintain a process for identifying emerging medical technologies;
- examine significant existing medical technologies to determine whether their present application should be reassessed;
- determine methods of and priorities for assessment, based on criteria such as safety, efficacy, appropriateness of use, cost and social impact;
- recommend to the Minister for Health specific areas for research that would facilitate the assessment of medical technologies;
- recommend whether payment of medical benefits for medical technologies should be restricted until assessment is carried out and review results of technology assessment to decide whether the implications of findings require action at Federal or State level; and
- disseminate implications of findings for medical practice to all relevant parties.

The Panel comprises:

Officer of the Australian Institute of Health (Chair)

David M Hailey

Representative of medical profession

Allan L Passmore (Australian Medical Association)

Representative of hospitals

John Blandford (Flinders Medical Centre)

Representative of health care products industry

Paul M Trainor (Nucleus Ltd)

Representative of health insurance industry

Michael W Heffernan (Future Insight)

Representatives of State health authorities

John M Sparrow (Tasmanian Department of Health Services)

James Stewart (New South Wales Department of Health)

Person experienced in biomedical engineering

David J Dewhurst (Bioengineering Systems)

Person experienced in health economics

Paul F Gross (Health Economics & Technology Assessment Corporation Pty Ltd)

Person experienced in medical evaluation

Ian G McDonald (St Vincents Hospital, Melbourne)

Corresponding member from New Zealand Department of Health

E Raymond Dowden

Secretary

Delma E Cowley

NHTAP has two committees responsible for coordinating major research projects – the MRI Technical Committee and the Non-Laboratory Pathology Testing Working Party.

MRI Technical Committee

The committee comprises:

Chairman

David M Hailey

Members

Geoffrey T Benness (Royal Australasian College of Radiologists)

David J Dewhurst (NHTAP)

Ian G McDonald (NHTAP)

William S Sorby/James Roche (Royal North Shore Hospital)

William SC Hare/Brian M Tress (Royal Melbourne Hospital)

Angus R Robertson (Royal Adelaide Hospital)

Kenneth J Siddle/Mark Benson (Princess Alexandra Hospital)

Mailcham S Khangure/Richard I Thompson (Sir Charles Gairdner Hospital)

David R Dunt (University of Melbourne)

Executive Officer

Bernard L Crowe

Non-Laboratory Pathology Testing Working Party

The committee comprises:

Chairman

David M Hailey

Nominees

David R Dunt (University of Melbourne)

John H Maynard (Dandenong and District Hospital)

Peter Mudge (University of Queensland)

Con SH Reed (Consultant Physician)

David W Thomas (Institute of Medical and Veterinary Science)

Lindsay E Wyndham (Royal North Shore Hospital)

Secretary

Anthony R Lea

Appendix 3

Staff as at 30 June 1988

Director's Office

Director

Leonard R Smith BA *Syd*, PhD *UNSW*, MSc *Lond* (Acting)

Executive Officer

Susie van den Heuvel

Secretary

Carolyn Merton BA *ANU*

Health Services Division

Head

Roy Harvey BSc *Qld*, MEd *Monash*

Clerical Officer

Michael W de Looper BSc *UNSW*

Health Expenditure and Health Economics

John R Goss BEc *ANU*, BSc *ANU*, Grad Dip Nutr Diet *QIT*

David W Greenhill BSc *Birmingham*

Maneerat Pinyopusarek BEcs *WA*, MADE *ANU*, MA(D) *ANU*, Dip Ed *WA*

David B Gellibrand

Hospital and Institutional Services

Colin D Mathers BSc *Syd*, PhD *Syd*

David K Scholes BEc *ANU*, FAII

Stephen Gillett BSc *Ncle*, Dip Med Stats *Ncle*, Dip Ed *NCAE*

Geoffrey J Moore BSc *ANU*

AHMAC Hospital Statistics Project

Patrick Sillis BA *ANU*

Maria Lytwynsky

Saw Nyo BSc *ANU*

Medical Services

Manoa Y Renwick BA *UNE*, MHA *UNSW*

Peter Wright

Mary Nicoll BSc *Adel*, BA *CCAE*

Health Labour Force

Natalie Staples BA *Syd*, MA *ANU*, Dip Ed *UNE*, RN, SCM

Ruth A Parslow BA *Qld*, BAppSc *QIT*

Jean Mulholland Cert. Phrm. *Syd*, BA Asian Studies *ANU*, PhD Asian Studies *ANU*

Christopher Stevenson BSc *Melb*, MSc *ANU*

Health Service Assessment

Mark Diesendorf BSc *Syd*, PhD *UNSW*

Health Technology Unit

Head

David M Hailey MSc *Bristol*, PhD *Bristol*

Clerical Officer

Diane Matthew

NHTAP Secretariat

Delma E Cowley MSc *Qld*, PhD *Qld*

Walodja Dankiw BSc *Adel*

MRI Project

Bernard L Crowe BA *Melb*, MPH *Syd*

Jennifer M Chorley BSc *UNSW*

Dry Chemistry Pathology

Anthony Lea MSc *ANU*

Health Status Division

Head

Robert B Harrison BA *Macq* (Acting)

Clerical Officer

Judith Cassidy

Epidemiology and Health Statistics Unit

Marijke van Ommeren Soc Cand *Utrecht*, MA *ANU*

Patrick Pentony BA *ANU*

National Nosology Reference Centre

Fred Taylor BEc *Syd*

Health Monitoring and Surveillance Unit

Sun-Hee Lee MA *Ewha*, PhD *Hawaii*

Edouard T d'Espaignet BS *Macq*, MA *Macq*

Judith A Clark BSc *Exeter*, BA *ANU*, ACHSA

Aboriginal Health Unit

Patricia A Merrifield MB BS *Syd*, MA *ANU*

Norma Briscoe

Morteza Honari MA *Tehran*, PhD *Edinburgh*

Betty Wood BSc (Med)*Qld*, Dip Ed *CCAE*

Screening Evaluation Coordination Unit

Michael J Fett MB BS *Monash*, BMedSc *Monash*, MD *Monash*, MPH *Harvard*,
FACOM

Robert G Hall BSc Med *Syd*, MB BS *Syd*, Dip RACOG *Syd*, MPH *Syd*, FRACMA

Robert C Carter BA *Macq*, MAS *ANU*

Rosemary A Knight BA *ANU*, PhD *Macq*, MAPS

Margaret Dunn

Joanne Maples BSc *ANU*, Grad Dip Food Technol *UNSW*, MSc *UNSW*

Wendy Whitfield BA *W'Gong*, Dip Info Man Librarianship *UNSW*

Sarah Worthy

Corporate Services

Institute Secretary

Neil J Thomson BSc *WA*, MB BS *WA*, BA *WA* (Acting)

Executive Officer

Stephanie Lindsay Thompson BA *ANU*, Dip Soc Stds *Syd*

Executive Assistant

Robyne Zibar

Reception/Switch

Anne Munns

Administrative Services

Anthony Greville BEc *Qld*, M Health Planning *UNSW*

Bruce English BA *ANU*

Finance

Rodney Carlin

Paula Bowen

Personnel

Philip H Garvin BA *Macq*

Technical Services

Gregory L Smith BSc *Qld*, Grad Dip Comp Stds *CCAE*

Bronwyn L Burgess BA Secretarial Studies *CCAE*

Statistician outposted from ABS

Ian R Buttsworth BSc *Syd*, BA *Melb*

Library

Judith M Abercromby BA *Tas*, Dip Lib *UNSW*, ALAA

Merilyn Lever Lib Tech *Canberra TAFE*

Registry

Graham Willard (consultant)

Jussi Kivela

Publications

Audrey C Jitts BSc *Syd*

Appendix 4

Publications, reports and presentations

This Appendix contains a listing of publications produced by the Australian Institute of Health, alone or jointly with other organisations, since its establishment in 1985. In some cases the Institute has taken over production of a pre-existing series, so these have been listed in full with the date of the Institute's involvement noted. There are also lists of all Institute reports and working papers since 1985, publications by individual staff members during 1987-88, presentations by staff during 1987-88, and workshops and seminars participated in during the same period.

AIH publications

1985

Australian Institute of Health *Australian health expenditure, 1979-80 to 1981-82*. AGPS, Canberra.

1986

Australian Institute of Health *Information bulletin no 1: preliminary estimates of health expenditure 1982-83 to 1984-85*. AIH, Canberra.

Hall J, Masters G, Tarlo K and Andrews G *Report to the National Committee on Health and Vital Statistics on outcome data in health*. AGPS, Canberra.

Thomson N (ed) *Aboriginal health statistics: proceedings of a workshop, Darwin, April 1986*. AIH, Canberra.

1987

Australian Institute of Health *Information bulletin no 2: Australian health expenditure 1982-83 to 1984-85*. AIH, Canberra.

Daly J, Green K and Willis E *Technologies in health care: policies and politics*. AGPS, Canberra.

Evans M and Stevenson CE *Doctors in Australia: characteristics of Australia's medical workforce - September 1986*. AGPS, Canberra, (produced jointly by AIH and DCSH).

Giles GG, Armstrong BK and Smith LR *Cancer in Australia 1982*. National Cancer Statistics Clearing House scientific publication no 1. Australasian Association of Cancer Registries and AIH, Melbourne.

Health workforce information bulletin no 1: nurse workforce 1981. AGPS, Canberra.

Health workforce information bulletin no 2: medical workforce 1981. AGPS, Canberra.

Lee SH, Smith L, d'Espaignet E, and Thomson N *Health differentials for working age Australians*. AIH, Canberra.

1988

Australian Institute of Health *Health workforce information bulletin no 3: dental workforce 1981*. AGPS, Canberra.

Australian Institute of Health *Health workforce information bulletin no 4: physiotherapy workforce 1981*. AGPS, Canberra.

Australian Institute of Health *Health workforce information bulletin no 5: occupational therapy workforce 1981*. AGPS, Canberra.

Australian Institute of Health *Health workforce information bulletin no 6: speech therapy workforce 1981*. AGPS, Canberra.

Australian Institute of Health *Health workforce information bulletin no 7: radiography workforce 1981*. AGPS, Canberra.

Australian Institute of Health *Health workforce information bulletin no 8: dietitian workforce 1981*. AGPS, Canberra.

Australian Institute of Health *Health workforce information bulletin no 9: chiropody workforce 1981*. AGPS, Canberra.

In press

Australian Institute of Health *Australia's health*. AGPS, Canberra.

Australian Institute of Health *Information bulletin no 3: Australian health expenditure 1982-83 to 1985-86*. AGPS, Canberra.

Australian Institute of Health *Health workforce information bulletin no 10: pharmacy workforce 1981*. AGPS, Canberra.

Australian Institute of Health *Health workforce information bulletin no 11: preparation of health professionals through tertiary education in Australia*. AGPS, Canberra.

Australian Institute of Health *Health workforce information bulletin no 13: nurse workforce 1986*. AGPS, Canberra.

Australian Institute of Health *Health workforce information bulletin no 14: medical workforce 1986*. AGPS, Canberra.

Australian Institute of Health *Health workforce information bulletin no 15: dental workforce 1986*. AGPS, Canberra.

Australian Institute of Health *Health workforce information bulletin no 16: physiotherapy workforce 1986*. AGPS, Canberra.

Australian Institute of Health *Health workforce information bulletin no 17: occupational therapy workforce 1986*. AGPS, Canberra.

Australian Institute of Health *Health workforce information bulletin no 18: speech therapy workforce 1986*. AGPS, Canberra.

Australian Institute of Health *Health workforce information bulletin no 19: health professional associations: inventory of data collections*. AIH, Canberra.

Australian Institute of Health *Health workforce information bulletin no 20: health professional registering authorities: inventory of data collections*. AIH, Canberra.

Harvey R and Mathers C *Hospital utilisation and costs study volume 1: commentary*. AGPS, Canberra.

Mathers C and Harvey R *Hospital utilisation and costs study volume 2: survey of public hospitals and related data*. AGPS, Canberra.

Renwick M, Stevenson C, Staples N and Butler J *Hospital utilisation and costs study volume 4: studies and reports prepared by and for the Australian Institute of Health*. AGPS, Canberra.

Lee SH *Women's health data requirements*. AGPS, Canberra.

Lewis M *Managing madness*. AGPS, Canberra.

National Health Technology Advisory Panel

Responsibility for the National Health Technology Advisory Panel was transferred to the Australian Institute of Health in early 1987.

1983

Nuclear magnetic resonance imaging

Dry chemistry pathology tests

1984

Nuclear magnetic resonance imaging evaluation program: selection of sites

Medical cyclotron facilities

Australian medical cyclotron workshop

1985

NHTAP newsletter

No 1 (March)

No 2 (October)

In vivo NMR spectroscopy

Shock wave lithotripsy

Lasers in medicine

1986

NHTAP newsletter

No 3 (April)

No 4 (December)

Rotational testing of vestibular function

Digital subtraction angiography

Bone mineral assessment and osteoporosis

Surgical stapling

1987

NHTAP newsletter

No 5 (June)

No 6 (December)

Lasers in gynaecology

Portable fluoroscopic devices – the lixiscope

MRI assessment program first interim report

Dry chemistry pathology trial part 1 – pre-trial instrument evaluations

Usage of endoscopy in Australia

Oxygen concentrators

Shock wave lithotripsy – a technology update

1988

NHTAP newsletter

No 7 (June)

Screening mammography services

Dry chemistry pathology trial part 2 – hospital ward side room study

MRI Assessment Program – second interim report

MRI Assessment Program – consensus statement on clinical efficacy of MRI

CT scanning in Australia

In press

NHTAP newsletter

No 8 (December)

Artificial hearts

Gallstone lithotripsy

MRI Assessment Program – third interim report

Dry chemistry pathology trial part 3: general practice study

Dry chemistry pathology trial part 4 – overview

AIH and Australian Institute of Aboriginal Studies

Volumes 1–7 of the *Aboriginal health project information bulletin* were published by AIAS, volumes 8 onwards have been published jointly by AIAS and AIH.

1982

Thomson N (ed) *Aboriginal health project information bulletin 1*, AIAS, Canberra.

Thomson N (ed) *Aboriginal health project information bulletin 2*, AIAS, Canberra.

1983

Thomson N (ed) *Aboriginal health project information bulletin 3*, AIAS, Canberra.

Thomson N (ed) *Aboriginal health project information bulletin 4*, AIAS, Canberra.

1984

Thomson N (ed) *Aboriginal health project information bulletin 5*, AIAS, Canberra.

Thomson N (ed) *Aboriginal health project information bulletin 6*, AIAS, Canberra.

1985

Thomson N (ed) *Aboriginal health project information bulletin 7*, AIAS, Canberra.

1987

Thomson N (ed) *Aboriginal health information bulletin 8*, AIAS and AIH, Canberra.

1988

Thomson N (ed) *Aboriginal health information bulletin no 9*. AIAS and AIH, Canberra.

Thomson N and Merrifield P (eds) *Aboriginal health information bulletin no 10*. AIAS and AIH, Canberra.

National Perinatal Statistics Unit

Responsibility for the funding of the National Perinatal Statistics Unit was transferred to the Australian Institute of Health in 1985.

1981

Congenital malformations monitoring report

No 1 (January-March)

No 2 (April-June)

No 3 (July-September)

No 4 (October-December)

1982

Congenital malformations monitoring report

No 5 (January-March)

No 6 (April-June)

No 7 (July-September)

No 8 (October-December)

1983

Congenital malformations monitoring report

No 9 (January-March)

No 10 (April-June)

No 11 (July-September)

No 12 (October-December)

1984

Congenital malformations monitoring report

No 13 (January-March)

No 14 (April-June)

No 15 (July-September)

No 16 (October-December)

1985

Congenital malformations monitoring report

No 17 (January-March)

No 18 (April-June)

No 19 (July-September)

No 20 (October-December)

Lancaster P and Baker J *Report on the incidence of major congenital malformations in the Coffs Harbour region of New South Wales*. NPSU, Sydney.

National Perinatal Statistics Unit and Fertility Society of Australia *In vitro fertilisation pregnancies, Australia and New Zealand 1979-1984*. NPSU, Sydney.

1986

Congenital malformations monitoring report

No 21 (January–March)

No 22 (April–June)

No 23 (July–Sept)

No 24 (October–December)

National Perinatal Statistics Unit *Congenital malformations Australia, 1980–1984*, NPSU, Sydney.

1987

Congenital malformations monitoring report.

No 26 (April–June)

No 27 (July–September)

No 28 (October–December)

National Perinatal Statistics Unit and Fertility Society of Australia *In vitro fertilisation pregnancies, Australia and New Zealand 1979–1985*. NPSU, Sydney.

National Perinatal Statistics Unit and Fertility Society of Australia *IVF and GIFT pregnancies, Australia and New Zealand 1986*. NPSU, Sydney

Carey M and Lancaster P *Congenital malformation and other reproductive outcomes in Coffs Harbour, 1981–1985. Report to the NSW Department of Health*. NPSU, Sydney.

1988

Congenital malformations monitoring report

No 29 (January–March)

No 30 (April–June)

Perinatal newsletter

No 1 (February)

No 2 (May)

National Perinatal Statistics Unit and Fertility Society of Australia *IVF and GIFT pregnancies, Australia and New Zealand 1987*. NPSU, Sydney

National Injury Surveillance and Prevention Project and related projects

1985

Moller JN and Vimpani GV *Child injury surveillance system: a feasibility study for Australia*. CAPFA, Melbourne.

1986

South Australian Injury Surveillance Monthly Bulletins

No 1 (July 1986)

No 2 (August 1986)

No 3 (September 1986)

No 4 (October 1986)

No 5 (November 1986)

No 6 (December 1986)

1987

NISPP national bulletin

No 1 (September 1987)

No 2 (December 1987)

South Australian Injury Surveillance Monthly Bulletins

No 7 (April)

No 8 (May)

Coding manual

System input manual: data entry and search screens

System output manual

Profile of injuries to pedestrians under 15 years old

Profile of horseback riding injuries

Profile of injuries at home: children under 5 years

Profile of injuries involving playground equipment SA and WA under 15 years old

Profile of injuries to bicyclists under 15 years old

Profile of consumer product failures and malfunctions

In press

NISPP national bulletin

No 3 (August 1988)

Publications by AIH staff during 1987-88

Honari M and Saint-Yves, IMF (1988) Skin cancer in Australia's Northern Territory. *Journal of the Royal Society of Health* 108, 2: 69-74.

Mathers CD and Harvey R (1987) Provision and utilisation of acute care hospitals in Australia, 1985/86 (abstract). *Community Health Studies* 11: 227.

Penny M and Thomson N (1987) A preliminary analysis of Aboriginal tuberculosis, 1984. *Aboriginal Health Information Bulletin* 8: 15-18.

Staples N (1988) The decision-making process, policy implementation and the health workforce planner, in Rotem A (ed) *Health workforce planning*. Proceedings of the Intercountry Workshop sponsored by the World Health Organization, 7-19 February 1988, University of New South Wales, Sydney.

Stevenson CE (1988) Projecting health workforce supply and requirements in Rotem A (ed) *Health workforce planning*. Proceedings of the Intercountry Workshop sponsored by the World Health Organization, WHO Regional Training Centre, 7-19 February 1988, University of New South Wales, Sydney.

[Thomson, N] (1988) Aboriginal health status in The Health Targets and Implementation (Health for All) Committee *Health for all Australians: report to the Australian Health Ministers' Advisory Council and the Australian Health Ministers' Conference*, AGPS, Canberra: 86-89.

Thomson N (1988) Diabetes in Aborigines: non-insulin dependent strain shows increase. *Diabetes Conquest* Autumn 1988: 8.

Thomson N and Honari M (1988) A review of Aboriginal hepatitis B. *Aboriginal Health Information Bulletin* 9: 24-28.

Thomson N (1988) Aborigines in Australian society: health. in: Jupp, James (ed) *The Australian people: an encyclopaedia of the nation, its people and its origins* Angus and Robertson, Sydney: 248-252.

AIH reports and working papers

1986

National Committee on Health and Vital Statistics *The National Nosology Reference Centre*. Report of the working party on the proposal to establish a national nosology centre.

Harvey R *Trends in health service provision and expenditure in Australia and their relevance to public hospitals*.

Tenth revision of the International Classification of Diseases. Australia's response to World Health Organization proposals.

National Committee on Health and Vital Statistics Cancer Statistics Subcommittee and AIH *National Cancer Statistics Clearing House - Protocol*.

1987

Australian Institute of Health Screening Evaluation Coordination Unit *Report of the working party on the development of a national cervical cancer screening strategy to the AHMAC sub-committee on breast and cervical cancer screening*.

Paden F, Cassidy G and Thomson N *North Coast Aboriginal hospitalisation project: accuracy of identification of Aboriginal admissions*. Report to the Regional Director, North Coast Health Region, NSW Department of Health.

Wood B, Lee SH and Smith L *Bibliography of Australian health differentials. Selected articles and monographs since 1980*. (2 vols).

Harvey R *Health economics teaching in Australia*. Report of an Australian Institute of Health/Public Health Association Workshop, Sydney, August 1987.

1988

Australian Institute of Health Screening Evaluation Coordination Unit. *Report of the working party on the evaluation of breast cancer screening pilot projects to the AHMAC sub-committee on breast and cervical cancer screening*.

Taskforce on National Hospital Statistics. *Final report to Australian Health Ministers' Advisory Council*.

Presentations by AIH staff during 1987-88

Crowe BL and Hailey DM (1987) *Recording costs in public hospitals' MRI units*. Presented at the Ninth Australian Conference on Health Economics, Canberra, September.

Diesendorf M (1988) *The mystery of declining tooth decay*. Presented at AIH Seminar, Canberra, February.

Diesendorf M (1988) *Is fluoridation effective?* Presented at International Symposium on Fluoride: Risks and Benefits, Porto Alegre, RS, Brazil, May.

Diesendorf M (1988) *A review of some health hazards of low levels of fluoride*. Presented at International Symposium on Fluoride: Risks and Benefits, Porto Alegre, RS, Brazil, May.

Diesendorf M (1988) *Do science and technology really serve the community?* Presented at Monash University, Department of Mechanical Engineering, June.

Gillett S and Harvey R (1987) *Forecasting acute hospital demand for 1996 in New South Wales, Queensland and Western Australia*. Presented at Public Health Association Annual Conference, Sydney, August.

- Goss J (1987) *The economic cost of fitness*. Presented at the Seventh Annual Scientific Meeting of the Australian College of Rehabilitation Medicine.
- Goss J (1988) *Problems with current health expenditure collection and ways it could be improved*. Presented at Australian Institute of Health, Health Expenditure Workshop, Canberra, June.
- Greville A (1988) *Results of questionnaire to users of health expenditure information*. Presented at Australian Institute of Health, Health Expenditure Workshop, Canberra, June.
- Hailey DM (1987) *Non laboratory pathology testing - implications for diagnostic services in remote areas*. Presented to the 57th ANZAAS Congress, Townsville, August.
- Hailey DM (1988) *When is high technology equipment appropriate?* Presented at IEE Conference on Cost Effective Hospital Management, Sydney, April.
- Hailey DM and Crowe BL (1988) *Assessment of the cost, use and efficacy of MRI imaging*. Presented at Second European Congress of NMR in Medicine and Biology, Berlin, June.
- Hailey DM and Lea, AR (1988) *Evaluation of technologies for non laboratory pathology testing*. Presented at Fourth Annual Meeting of the International Society for Technology Assessment in Health Care, Boston, June.
- Harvey R (1987) *Hoarding and wastage of prescription drugs*. Presented at Public Health Association Annual Conference, Sydney, August.
- Harvey R (1987) *Future directions in health - implications for allied health professions*. Presented at the Seminar on Occupational Physiotherapy in the 1990s - Supply and Demand, Melbourne.
- Lee SH (1987) *Women and health: effects of marriage, employment, and parenthood*. Presented at Public Health Association Annual Conference, Sydney, August.
- Lee SH, and Bennett S (1987) *Marital status differences in smoking, drinking, and exercise patterns in Australia*. Presented at Public Health Association Annual Conference, Sydney, August.
- Lee SH (1988) *Migrant women's health and health service utilisation*. Presented at the Health Policy for A Multicultural Australia - Towards a National Agenda Conference, Adelaide, April.
- Lee SH and Smith LR (1988) *Mortality patterns in Australia (1921-1986) and changing sex ratio in mortality*. Presented at the Population Association of America Annual Meeting, New Orleans, USA, April.
- Lee SH, and Smith LR (1987) *Class and morbidity in Australia*. Presented at workshop on the measurement of social class inequalities and the health consequences of these inequalities at Public Health Association Annual Conference, Sydney, August.
- Mathers CD and Harvey R (1987) *Provision and utilisation of acute care hospitals in Australia, 1985/86*. Presented at Public Health Association Annual Conference, Sydney, August.
- Mathers CD (1987) *Analysis of hospital inpatient and outpatient costs using data from the Hospital Utilisation and Costs Study 1985/86*. Presented at Health Services Workshop at Public Health Association Annual Conference, Sydney, August.
- Mathers CD, Harvey R, and Gillett S (1987) *The impact of ageing on demands for hospital and medical services*. Presented at ACT Council on the Ageing, 13th Annual General Meeting, Canberra, September.
- Najman JM, d'Espaignet E, and Smith L (1987) *Marital status and mortality in Australia: the impact of social affiliation on cause specific death rates*. Presented at Public Health Association Annual Conference, Sydney, August.

- Renwick M (1988) *Survey of quality assurance in Australian hospitals – preliminary results*. Presented at Australian College of Health Service Administrators Quality Assurance for Hospital Administrators seminar, Brisbane, May.
- Smith LR (1987) *An injury database for Australia: a perspective from the Australian Institute of Health*. Presented at the National Injury Surveillance and Prevention Project National Review and Future Directions Conference, Adelaide, November.
- Smith LR and Lee SH (1987) *Changing sex differentials in mortality II: recent changes in Australia*. Presented at Public Health Association Annual Conference, Sydney, August.
- Smith LR and Lee SH (1987) *Mortality patterns in Australia, 1921–1984*. Presented at seminar, Department of Demography, Australian National University, July.
- Thomson N (1987) *A summary of Aboriginal mortality*. Presented at the Workshop of Aboriginal Health Performance Indicators, Canberra, October.
- Thomson N (1988) *Patterns of Aboriginal mortality, 1988*. Presented at the Royal Australasian College of Physicians Golden Jubilee Meeting, Sydney, May.
- Wood B and Thomson N (1987) *The impact of injury among Aborigines: a priority for surveillance and prevention*. Presented at National Injury Surveillance and Prevention Project National Review and Future Directions Conference, Adelaide, November.

Appendix 5

Seminars and workshops

The Institute conducts a regular seminar program. It gives staff an opportunity to present their research and to invite experts in the health field to address issues of interest to the AIH. Institute staff also organised and participated in a number of other seminars and workshops during the year.

1987

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| 22 August | Health economics teaching in Australia, Sydney. |
| 7-8 September | Methodologies for studying labour force requirements
(organised at the request of the AHMAC Nurse Labour
Force Subcommittee), Brisbane. |

1988

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| 11 January | Professor Timo Hakulinen (Finland)
Potential years of life lost |
| 7-9 February | Health Workforce Planning. Intercountry workshop
sponsored by WHO. |
| 3 February | Dr Mark Diesendorf
The mystery of declining tooth decay |
| 17 February | Dr Robert Hall
Hospital morbidity of Central Australian children under two
years of age |
| 29 February | Dr Ivan Gyarfás (WHO Geneva)
The MONICA Project |
| 13 April | Mr Murray Geddes (Department of Immigration, Local
Government and Ethnic Affairs)
Small area statistics and comparative regional analysis |
| 18-20 April | Economic evaluation in health, Canberra. |
| 20-21 April | SECU economics workshop, Canberra. |
| 27 April | Dr David Matthews (Canada)
Logistic regression analyses |
| 11 May | Mr Steve Gillett
Immunological responses and reactivity of influenza
vaccines |
| 18 May | SECU epidemiology workshop on cervical cytology
performance measures and data, Canberra. |
| 19-20 May | SECU behavioural science workshop, Canberra. |
| 28 June | Health expenditure, Canberra. |

Appendix 6

Freedom of Information

There were no requests for information under the provisions of the Freedom of Information Act during the year.

Appendix 7

Abbreviations and acronyms

ABN	Australian Bibliographic Network
ABS	Australian Bureau of Statistics
AHMAC	Australian Health Ministers' Advisory Council
AHMC	Australian Health Ministers' Conference
AIAS	Australian Institute of Aboriginal Studies
AIH	Australian Institute of Health
ANU	Australian National University
ANZAAS	Australian and New Zealand Association for the Advancement of Science
ANZSERCH	Australian and New Zealand Society for Epidemiology and Resesearch in Community Health (now PHA)
APAIS	Australian Public Affairs Information Service
ASAC	Australian Statistics Advisory Council
CT	Computerised Tomography
DCSH	Department of Community Services & Health (Commonwealth)
EEO	Equal Employment Opportunity
IVF	In Vitro Fertilisation
MRI	Magnetic Resonance Imaging
NCHVS	National Committee on Health and Vital Statistics
NHMRC	National Health and Medical Research Council
NHTAP	National Health Technology Advisory Panel
NISPP	National Injury Surveillance and Prevention Project
NMR	Nuclear Magnetic Resonance
PHA	Public Health Association of Australia and New Zealand (formerly ANZSERCH)
RADGAC	Research and Development Grants Advisory Committee
SECU	Screening Evaluation Coordination Unit
WHO	World Health Organization