

Australian Institute of Health Annual Report 1988-89



**Australian Institute of Health
Annual Report
1988-89**



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Australian Institute of Health

Annual Report 1988–89

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

Dear Dr Blewett

I am pleased to present the second Annual Report of the Australian Institute of Health for the year to 30 June 1989 as required under Division 3, Part 11, Section 63M of the Audit Act.

Yours sincerely

A handwritten signature in black ink, which appears to read "Peter Karmel". The signature is fluid and cursive, with a large loop at the end.

Peter H Karmel AC, CBE
Chairman

22 December 1989

The Board

The *Australian Institute of Health Act 1987* established the Institute as a 12-member Board. During 1988-89 the members of the Board were:

Chairman

Emeritus Professor Peter H Karmel AC, CBE

AIH Director

Dr Leonard R Smith

Three nominees of the Australian Health Ministers' Advisory Council

Dr Jean P Collie

Mr Leon M L'Huillier (to 22 March 1989)

Dr P Sue Morey (from 1 December 1988)

Australian Statistician

Mr Ian Castles AO, OBE

Secretary of the Department of Community Services and Health

Mr Stuart Hamilton

Three nominees of the Minister for Community Services and Health

Ms M Gay Davidson

Ms Elizabeth J Furler

Dr Richard B Scotton

Nominee of the Public Health Association

Dr Ian T Ring

Nominee of the Consumers' Health Forum

Ms Rosemary V Calder

The following have been approved as alternate members:

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

Mr Alan J Bansemer

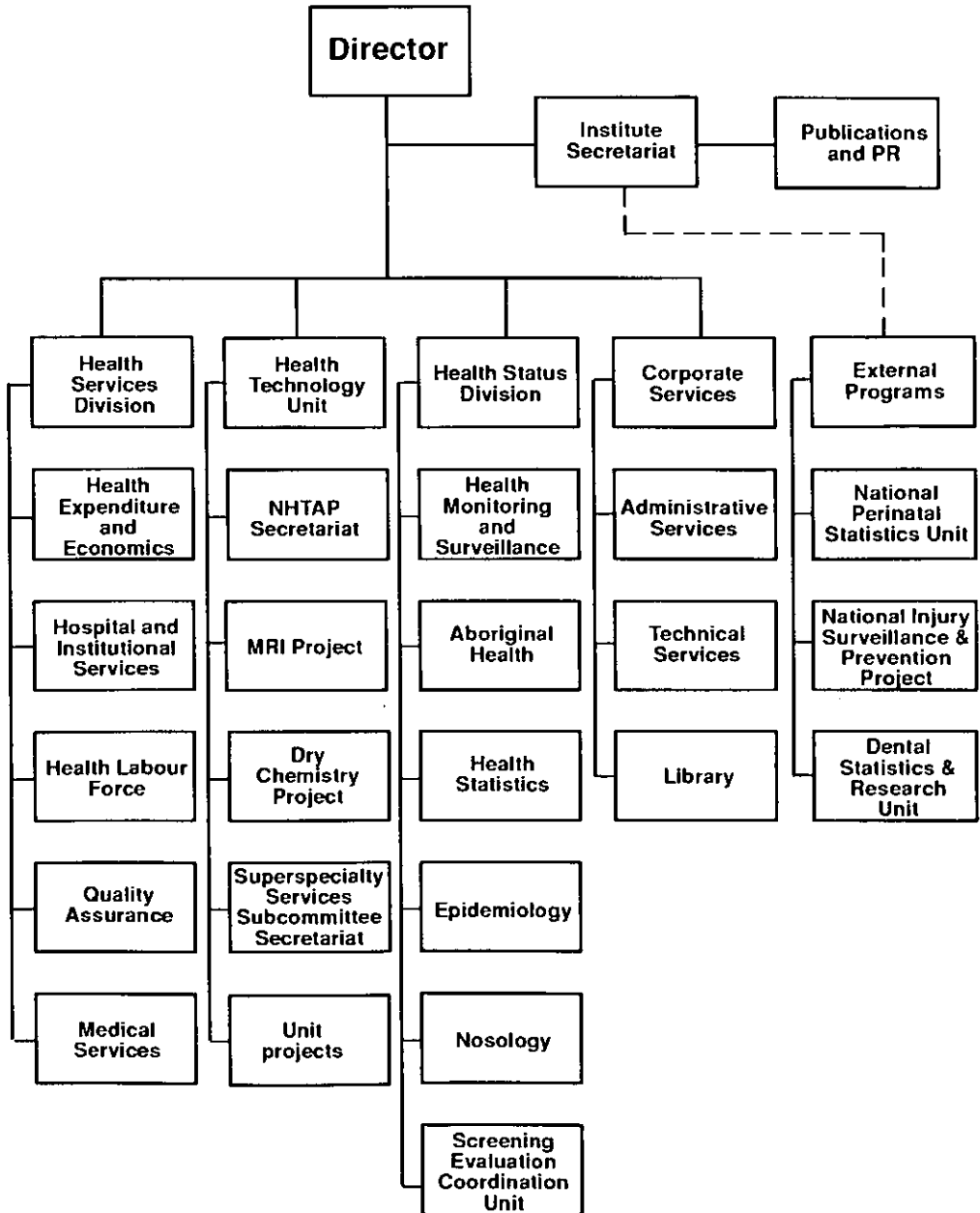
Nominee of the Australian Statistician

Mr Timothy J Skinner

Alternate for Mr Leon M L'Huillier, nominee of the Australian Health Minister's Advisory Council

Mr John Bissett

Organisation structure



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The Australian Institute of Health

The Institute was established as a statutory body within the Commonwealth Community Services and Health portfolio in 1987. It is a health statistics and research agency which, as part of its national role, also provides support to the States and Territories in these areas primarily through the Australian Health Ministers' Advisory Council.

The Institute is governed by a 12-member Board including nominees of the Minister for Community Services and Health, the Australian Health Ministers' Advisory Council, the Public Health Association of Australia 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 (see page iv).

There are four major components to the Institute—Health Services Division, Health Status Division, Health Technology Unit and Corporate Services. A small Secretariat provides support for the Board and Institute committees and coordinates liaison with other organisations.

Three external units are also funded by the Institute—the National Perinatal Statistics Unit at the University of Sydney, the National Injury Surveillance and Prevention Project located in the Epidemiology Branch of the South Australian Health Commission, and the Dental Statistics and Research Unit at the University of Adelaide.

As provided for under the Institute's Act, the AIH Ethics Committee advises on the ethical acceptability of activities undertaken by the Institute and associated bodies.

The Institute provides secretariat and research services to the National Committee on Health and Vital Statistics, the National Health Technology Advisory Panel, and the Australian Health Ministers' Advisory Council Superspecialty Services Subcommittee.

The Institute is located at Bennett House in the grounds of Royal Canberra Hospital.

Overview

Mission

The mission of the Institute is to contribute to the improvement of the health of Australians and to the efficient use of resources in the provision of health services, including those directed at health promotion and illness prevention, by pursuing its legislative mandate to:

- collect and assist in the production of health related information and statistics;
- conduct and promote research into the health of Australians, and their health services;
- undertake studies into the provision and effectiveness of health services and technologies; and
- make recommendations on the prevention and treatment of diseases and the improvement and promotion of health and health awareness of the people of Australia.

The Institute's second year as a statutory body under the *Australian Institute of Health Act 1987*, and Dr Smith's first year as Director, has been one of consolidation, in which it strengthened its capacity to develop and analyse national health statistics, and to undertake research in health and health services.

A number of significant achievements in 1988-89 are outlined below; others are summarised in following sections.

Major achievements

The most significant achievement in the year was the publication of *Australia's health: the first biennial report by the Australian Institute of Health 1988*, which reported to the nation on Australia's health and health services.

Another major achievement was the completion of the *Hospital utilisation and costs study*, the first comprehensive assessment of this area since the Jamison report in 1980. Three volumes were published in December 1988 and the last will be released in September 1989.

Much of the Institute's work during 1988-89 focused on developmental activities which should contribute to better health statistics systems in the future. In moves to improve hospital statistics, the Institute coordinated a series of Commonwealth/State working parties in the preparation of a draft report on a national minimum data set for institutional services. A similar process resulted in a draft report on methods of counting and costing services to inpatients and outpatients. The Institute is also contributing to the development of information systems based on diagnosis related groups (DRGs) and other casemix measures, and significant progress has been made on a national labourforce collection.

Partly through its support for the National Health Technology Advisory Panel (NHTAP), and partly through its own work, the Institute's Health Technology Unit continued to provide the major Australian focus for health technology assessment.

A large proportion of the Health Status Division's resources has been concentrated on input to the National Better Health Program (NBHP) in the

areas of monitoring and evaluation. This Commonwealth, State and Territory cost-shared program is part of Australia's response to the World Health Organization initiative, Health for All by the Year 2000.

During the year, with the agreement of the Australian Health Ministers' Advisory Council (AHMAC), the National Committee on Health and Vital Statistics (NCHVS) was restructured and its terms of reference changed to place greater emphasis on identifying health statistical priorities rather than on development and coordination. The latter functions will be performed by task-specific Institute working parties.

The Institute's external units made significant progress during 1988-89. In March, the National Injury Surveillance and Prevention Project (NISPP) entered the 100,000th record in its database and work is proceeding on the development of a national sampling plan.

The National Perinatal Statistics Unit (NPSU) continued its collaborative work with State and Territory health authorities in the development of perinatal data systems. During the year an external review of the Unit recommended a number of changes which should strengthen its effectiveness.

The Dental Statistics and Research Unit (DSRU) has redesigned the Child Dental Health Survey formerly undertaken by the Department of Community Services and Health. The new procedures for this survey are being implemented by all States and Territories. The Unit also successfully completed negotiations with most States and Territories on collecting labourforce statistics.

Some indication of the growing recognition of the Institute's role in national health statistics and research can be gained from its capacity to attract funds for specific projects (Appendix 7). The Institute is currently undertaking more than \$1.5 million worth of externally funded projects.

Confidentiality provisions

A significant enhancement to the Institute's operations occurred with the enactment, on 28 June 1989, of amendments to the *Australian Institute of Health Act 1987*. The amendments strengthened the confidentiality provisions of the Act. Some States had expressed concerns that the original provisions might allow data provided to the Institute to be passed to third parties without reference to those who provided it. This had delayed agreements on the National Death Index and the National Cancer Statistics Clearing House. With the amendments in place, it is expected that development of these and other collections will now proceed.

In anticipation of the introduction of these amendments, the Minister on 28 September 1988 directed the Institute to operate in accordance with the new confidentiality provisions (Appendix 1).

Internal consolidation

In early 1989, a review was undertaken of the Institute's overall operations. Particular attention was paid to the respective roles of the Board and the Institute staff. This review, together with earlier reviews of the work program and the senior management structure, resulted in some shifting of responsibilities and redeployment of staff to reflect new emphases.

One of the key changes resulting from these assessments involved the separation of the secretariat functions from Corporate Services to enhance the servicing of the Board and other Institute committees, and the external relations of the Institute.

In January the Institute was strengthened by the secondment of a Principal Medical Adviser from the Department of Community Services and Health. This secondment has enabled the Institute to respond more readily to major public health issues and to carry out commissioned scientific investigations.

Regulations for the Institute Ethics Committee were gazetted in June. The Committee has developed guidelines for the assessment of Institute activities, and continues its task of scrutinising current and proposed projects.

There has been considerable development of the financial management system and steady upgrading of computing hardware and software. The library collection continues to grow and the publications unit has been given increased resources.

Improvements have been made to the security of the Institute's building, computer operations and work practices. These changes, reflecting the importance of data confidentiality, enhance the Institute's ability to protect data from unauthorised access.

Under the legislation governing its operations, provision exists for the Institute to develop specific terms and conditions for the employment of staff. The development of these is proceeding in consultation with the relevant unions and the Department of Industrial Relations.

Coordination and liaison

Coordination and liaison with other health related bodies are an integral part of the Institute's operation. Formal and informal links have been developed.

The Director attends National Health and Medical Research Council (NHMRC) meetings by invitation and under a reciprocal arrangement, Dr Sidney Sax represents NHMRC at Institute Board meetings. The Director is a member of the NHMRC Public Health Research and Development Committee and the NHMRC Special Purposes Committee.

AHMAC is the major formal route for the Institute's contact with the States and Territories and the Director also attends its meetings by invitation.

As it is the health statistical and research agency in the Commonwealth Community Services and Health portfolio, the Institute has a special relationship with the Department of Community Services and Health (DCSH); the Secretary of the Department is a member of the Board and formal coordination mechanisms are being developed.

The Institute also enjoys a close working relationship with the Australian Bureau of Statistics (ABS). The Australian Statistician is a member of the Board and ABS has supplied an outposted officer to work at the Institute. Institute and ABS staff meet regularly to coordinate matters of common interest.

The Board approved guidelines for AIH collaborating centres and discussions are proceeding with a number of groups interested in being designated as collaborating centres.

Mutually beneficial links have been forged with the Australian National University's National Centre for Epidemiology and Population Health (NCEPH). A joint seminar series has been established and joint staffing appointments are being considered. The Director of NCEPH attends AIH Board meetings by invitation and the AIH Director is a member of the NCEPH Advisory Committee.

Institute activities

Health Services Division

The Division is responsible for developing statistical and information systems, and for undertaking research on the provision and use of health services. Major activities involved the development of databases to describe the infrastructure of the health services system including the health labourforce, the levels of health service use, the characteristics of the users, and the costs and quality of services.

Health expenditure and health economics

The Division seeks to establish the amount spent on health, which sectors those resources come from, what they are spent on and how Australian health expenditure compares with that of other countries.

In the 1988-89 financial year, two publications were released for which there has been great demand, *Australian health expenditure 1970-71 to 1984-85* and *Information bulletin no 3: Australian health expenditure 1982-83 to 1985-86*. The bulletin also contained estimates of health expenditure for 1986-87. In addition, work was carried out which in future will allow more timely publication of information on total health expenditure.

The Division provides advice on health economic analysis. Attention has been paid to the economic evaluation of screening for breast cancer and advice has been provided on costing AIDS, suicide, schizophrenia and the costs and benefits of human nutrition research.

The Division also contributes to the national health and health expenditure statistics that Australia provides to the Organisation for Economic Co-operation and Development (OECD).

Hospitals and institutional services

Hospital and institutional services continue to account for about 55 per cent of total health expenditure. There have been sustained efforts by State, Territory and Commonwealth governments to improve efficiency in this sector. The Division has contributed to these efforts through its involvement in developing a national minimum data set for institutional services and in steps to improve management statistics in hospitals.

AHMAC funded the Institute to develop a national minimum data set for institutional services in conjunction with the NCHVS following the report of the Taskforce on National Hospital Statistics in April 1988. Uniform national data will be a valuable aid in planning health services.

Work on the minimum data set was undertaken through a number of working parties, each with members from Commonwealth, State and Territory health authorities and the ABS. The draft report has been circulated for discussion and is due to be submitted to AHMAC in October 1989.

AHMAC also funded the Institute to establish a Working Party on Inpatient/non-inpatient Services to recommend methods of counting and costing services to inpatients and outpatients. The report of this working party is also due to be presented to AHMAC in October 1989.

Following the successful release in December 1988 of three volumes of the *Hospital utilisation and costs study* reporting on the 1985-86 financial year,

AHMAC asked the Institute to undertake a second study for 1987-88. Work is well advanced on the collection of data from all States and Territories.

As part of the new Medicare Agreements, the Commonwealth provided \$5 million per year to assist the State and Territory health authorities to implement casemix information systems by 30 June 1993. Such systems have the potential to improve significantly the capacity of hospital and other clinical administrators to manage resource use.

To assist in the allocation of funds for casemix development, DCSH established three advisory committees. The Division provides the chairperson and secretariat support for the Technical Advisory Committee.

Under the Medicare casemix initiative, the Institute has received a research grant to undertake initial work on classification systems for non-acute inpatients and non-inpatients. This work is scheduled to begin in July 1989.

The Division began a new publication, the *Australian casemix bulletin*, in February 1989. It will be produced four times a year.

Health labourforce

Health labourforce issues have continued to command attention. The availability of appropriately qualified health personnel to work in the public sector, particularly in public hospitals, remains a problem.

Three approaches have been used in the Division's work on the health labourforce: analysis of existing information; development of data systems to provide more comprehensive, accurate and timely information than is currently available; and the development of models to assist in assessing labourforce supply.

Analysis of 1981 and 1986 Australian Census data on 10 major health occupations has been completed and disseminated in a series of information bulletins. Also published in this series were statistics on the preparation of health professionals through tertiary education, immigration of health professionals, and inventories of data collected by health professional associations and registering authorities.

The principal focus of work is now directed towards the development of a national core labourforce data collection. Data collected by nurse registering authorities during annual re-registrations have been critically examined and analysed, and work on coordinating these data has commenced. Negotiations on national collections for the pharmacy, physiotherapy and radiography labourforces are underway.

A model projecting the availability of radiographers to the year 2001 was developed and the impact of a national mammography screening program on the radiography and radiology labourforces was estimated in a report to the AHMAC Breast Cancer Screening Evaluation Steering Committee.

Two information papers modelling the requirements of a national cervical screening program are in preparation for AHMAC's Cervical Cancer Screening Evaluation Steering Committee.

Following the report of the Committee of Inquiry into Medical Education and Medical Workforce, the Division has been given responsibility for providing professional support to AHMAC's Medical Workforce Data Review Committee.

Quality assurance

The Division completed its survey of quality assurance in public and private hospitals. Work will continue in this area and the use of DRG information systems in quality of care monitoring will be explored.

Medical services

This year saw the first major analysis by the Institute of medical services information available from the Health Insurance Commission. This development was assisted by the visit to the Institute of Dr Morris Barer, of the Department of Health Care and Epidemiology, University of British Columbia, Canada. Dr Barer spent seven months at the Institute as the first Medibank Private Visiting Fellow. The study showed that between 1976 and 1986, there was a growth in the use of medical services for nearly all age groups and all types of services. Increases in the use of services were particularly high for the very young and the very old. These and other findings are included in the report *Australian private medical care: costs and use, 1976 to 1986*, which will be published early in 1990.

Other Divisional activities

The Division Head chairs the AHMAC Working Party to Review the Measurement Aspects of Hospital Utilisation, and is a member of the AHMAC Hospital Funding Working Party. Another staff member is on the AHMAC Subcommittee on Women and Health.

Until January 1989, the Division Head represented the Institute on the AHMAC Breast Cancer Screening Evaluation Steering Committee, the AHMAC Cervical Cancer Screening Evaluation Steering Committee and the Institute Ethics Committee.

Health Technology Unit

The Health Technology Unit has continued to undertake and coordinate assessments of new and established health care technologies with particular reference to their costs and effectiveness.

The major activity of the Unit remains the provision of research and secretariat services for National Health Technology Advisory Panel. The Panel met three times during the year and completed reports on digital radiography systems, artificial hearts, computerised perimetry and gallstone lithotripsy. These assessments continued the pattern established by NHTAP of seeking detailed consultation with expert opinion within Australia and overseas, and as far as possible reaching consensus on the place of the technologies in the Australian health care system. Work is continuing on assessment of a further 11 technologies.

The Unit continued its coordination of the Australian MRI (magnetic resonance imaging) Assessment Program by collecting data and supporting the NHTAP MRI Technical Committee. The program is being carried out in collaboration with radiology departments in five public hospitals. The third interim report was published during the year. It covered analysis of a minimum data set and cost data base plus descriptions of more detailed follow-up studies. The completed collections of cost data from the first two hospitals in the program were audited by outside accountants.

The NHTAP Non-laboratory Pathology Testing Working Party concluded its three part trial of dry chemistry pathology analysers. It prepared two further reports, one on the use of the analysers in general practice and an overview of the entire trial. A synopsis of the general practice study was also published. It is expected that some additional analysis of the extensive data obtained in the trial will be undertaken.

During 1988-89, a review of the NHTAP was initiated by the Minister for Community Services and Health. The Unit Head participated in the work of the review committee. The report of the review committee had not been released by the end of 1988-89.

In November, the Unit assumed responsibility for providing research and secretariat support for the Superspecialty Services Subcommittee of AHMAC. Work on guidelines covering services for renal dialysis and for refractory epilepsy is in progress. Guidelines on services for acute spinal injuries are awaiting finalisation and printing.

The Unit has initiated several other projects. These include a review of the use of tinted lenses intended to assist persons with reading impairment and an assessment of cochlear implants. In addition, a review of the technical specifications for screening mammography units is to be undertaken for the Screening Evaluation Coordination Unit. This is a follow-up to an NHTAP report on the topic last year.

Advice was provided on various health technologies to DCSH and to State and Territory authorities. The Unit also sponsored a pilot study covering methodology for assessing the use of computed tomography (CT) scanning in neurological disorders. This work was undertaken by the Department of Radiology at Flinders Medical Centre, Adelaide.

A member of the Unit's staff was engaged as a consultant to the Ministry of Health, British Columbia, Canada, to present the results of the Australian assessment of MRI technology and to advise on the feasibility of conducting a similar study in British Columbia.

Health Status Division

The Health Status Division is responsible for improving statistical and related information on the nation's health, including the development of databases, and for monitoring, investigating and reporting on the health of the Australian people. It collates and analyses national data, with special attention to the health status of different subgroups of the population.

Major projects include collecting and analysing data on health differentials, collecting and disseminating information on Aboriginal health, coordinating the evaluation 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.

The Division also provides statistical information to international agencies such as WHO and the OECD.

Health monitoring and surveillance

The Division has continued to study trends in the health of the population, focusing on problems in particular subgroups.

A major study of trends in Australian mortality from 1921 to 1988 is being finalised.

In the second half of the year, the Division was heavily involved in a project relating to the data and evaluation requirements of the National Better Health Program (NBHP). The program, which is cost-shared between the Commonwealth and the States and Territories, aims to involve all Australians in improving their health. The initial focus is on five priority areas—high blood pressure, injury, improved nutrition, preventable cancers and improved health of older people. The Division prepared reports on available statistics and provided analyses and advice concerning the program's data requirements. Advice was also provided on developing an efficient minimum data system for planning, monitoring and evaluating the NBHP.

A publication entitled *Women's health: data requirements* was released in August 1988. It reported on a study commissioned by DCSH to identify gaps in information about women's health.

The Division participated in the development of the 1989 Risk Factor Prevalence Survey. This survey, which is the third in a series, is a collaborative project between the National Heart Foundation of Australia, DCSH and the Institute. The six month field component began in June 1989. The Division is responsible for the collection, processing and analysis of the survey data and will assist in the preparation of the report.

The year also saw the development of another major source of national health statistics, the National Health Survey, to be conducted by the ABS during the 12 months from October 1989 to September 1990. The Division helped develop the survey through membership of the working party which advised on its content and methodology. Technical advice and assistance on various aspects of the survey were provided.

In the area of impairments, disabilities and handicaps, the Division continued to liaise with the managers of a pilot project to assess the feasibility of establishing surveillance systems using data held by voluntary organisations and rehabilitation units. A report on spinal cord injury in Australia is nearing publication.

Aboriginal health

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

The Division contributed to a comprehensive statistical summary on Aboriginal health for the National Aboriginal Health Strategy Working Party which released a report in March 1989. The Division is now assisting in the further development of the national Aboriginal health strategy, and in particular, in developing and implementing priorities and strategies for national Aboriginal health statistics.

Work has begun on a series of baseline publications on aspects of Aboriginal health—the first will be on mortality.

The Division is assisting the ABS in an evaluation of the quality of South Australian births and deaths data for Aborigines. This project is being undertaken with relevant State agencies with the intention of developing an approach for use across all State and Territory collections.

The Division has also been commissioned to conduct a project on data systems relating to Aboriginal drug use and drug problems as part of the National Drug Abuse Data System. The project will begin in July 1989.

A book version of a bibliography available on-line through the National Library was released in early 1989. The book, a joint publication of the AIH and the Australian Institute of Aboriginal Studies, is entitled *Aboriginal health: an annotated bibliography*. The twice yearly *Aboriginal health information bulletin* is another joint production.

Nosology

The National Nosology Reference Centre is located in the Institute. The Centre is the designated contact point with WHO on matters relating to the classification of diseases.

The Centre continued to provide support to users throughout Australia on the classification of diseases. At the international level, it continued to coordinate Australia's responses to WHO proposals for the 10th revision of the International Classification of Diseases (ICD).

Epidemiology and health statistics

As mentioned in the Overview, work on the National Cancer Statistics Clearing House and the National Death Index has been delayed because some States and Territories were concerned about the confidentiality provisions of the Institute's legislation. The legislation has now been amended to take account of these concerns.

The Division received a two-year grant from NHMRC to study asthma mortality in Australia. Work began in February 1989.

Two further grants have been received from the NHMRC Public Health Research and Development Committee for an analysis of public health research and development activity in Australia and for a review of evaluation research in Australian health services.

Screening Evaluation Coordination Unit

The Screening Evaluation Coordination Unit (SECU) is administered by the Institute and funded through DCSH to assist pilot projects providing breast or cervical cancer screening services and other related projects. SECU will coordinate the evaluation of their findings in the context of proposals to establish national screening programs.

The Unit's activities complement the roles of the Breast Cancer Screening Evaluation Steering Committee and the Cervical Cancer Screening Evaluation Steering Committee which advise AHMAC on strategies for screening programs for breast and cervical cancer.

SECU provides secretariat functions for these two AHMAC Committees, each of which met four times during the year.

Major emphasis has been placed on assisting the 23 pilot projects, including the refinement of plans for providing SECU with standardised data items. These data items are relevant to the assessment of screening strategies and cover all significant components of population based screening services. They are required for three basic components:

- delivering a high quality, epidemiologically sound service;
- ensuring the efficient use of resources by a balance of financial, psychological and other costs to both service users and providers in relation to benefits; and
- ensuring ready accessibility of services to target users by a behavioural examination of user satisfaction with services.

SECU has also commissioned a report on the labourforce impact of breast cancer screening strategies, compiled an extensive library of current knowledge on cancer screening and liaised with cancer screening programs in other countries.

The Director of the Unit was awarded the Medichcek Churchill Fellowship to undertake an inspection tour of breast and cervical cancer screening programs in Canada, the United Kingdom, Sweden, Finland and The Netherlands during April and May 1989. A report will be produced for health professionals involved in breast and cervical cancer screening projects and health departments. The information collected will be used to assist the development of policy options for national breast and cervical screening programs in Australia.

Special Projects

Evaluation of AIDS programs

The Government's policy discussion paper, *AIDS: a time to care, a time to act: towards a strategy for Australians*, was published in November 1988 as the first step towards developing a national strategy on AIDS. It proposed evaluation of the national strategy and canvassed a number of ways, including coordination by the Institute, in which this might be achieved. Comments and submissions were invited.

The Institute's response proposed an AIDS Program Evaluation Unit, the goal of which would be to monitor and evaluate the national AIDS strategy. The Unit's suggested objectives included quantifying program targets for each aspect of the strategy and devising and testing indicators of the attainment of any objectives which were not readily measurable. The Unit would also coordinate evaluation and monitoring of AIDS programs, except when already provided for. Responding to requests for advice on relevant aspects of proposals for funding under AIDS programs and providing training in monitoring and evaluation skills for grant recipients and program managers were also seen as roles for the Unit.

At the end of the year under review, the response in the Government's White Paper on AIDS was still awaited.

CSIRO Division of Plant Industry laboratory study

During 1988, staff in a research laboratory at the CSIRO Division of Plant Industry became aware that what seemed to be an undue proportion of those who worked or had worked in the laboratory had developed cancers of one kind or another. After consultation with staff associations, CSIRO approached the Institute for assistance.

Based on an initial assessment of the problem, the Steering Committee overseeing the investigation decided a study should be undertaken, involving

a follow-up of the laboratory labourforce, comparing the cancer incidence with that in the general Australian population. Further investigations would be undertaken if suggested by these findings.

Carcinogenicity of dapsone in Vietnam veterans

Most Australians who served in Vietnam after October 1969 took dapsone to prevent malaria.

The issue of its side-effects was raised during the Royal Commission on the Use and Effects of Chemical Agents on Australian Personnel in Vietnam. In his report the Royal Commissioner recommended that NHMRC initiate studies of the carcinogenicity of dapsone. The Government subsequently agreed there should be an epidemiological study into cancer as a possible consequence of dapsone use.

The task of undertaking the study was passed to the Institute by NHMRC. Rather than proceed directly to a study of unknown value, the Institute recommended an evaluation before a decision was made on a definitive study.

The Department of Veterans Affairs accepted this advice and the Institute assessed the most appropriate kind of epidemiological study and its value, assuming it might be conducted immediately or deferred until the numbers of cancers available for study were greater. A report was submitted to the Department of Veterans Affairs in June 1989, for consideration for possible funding in the 1989-90 Budget.

Corporate Services

During 1988-89, Corporate Services continued to develop its role of providing the Institute research divisions with the corporate support necessary for the efficient and effective achievement of their goals.

A major part of this development has been concerned with establishing efficient financial information and management systems. While further work is necessary, particularly on project based accounting, the new systems, together with strengthened staff expertise, have substantially assisted the financial management of the Institute.

Accommodation

During the year, the Institute was given access to additional rooms in Bennett House which have since been refurbished. However, due to increases in staff and the number of projects undertaken, extra accommodation and storage areas are required. Because no further space is available in Bennett House and there is uncertainty associated with the Royal Canberra Hospital site, alternative accommodation is being investigated in consultation with the Australian Property Group, the Australian Construction Service and the Australian National University.

Security

The security of the Institute's premises was enhanced by the installation of an electronic access control system. Further security procedures relating to personnel, documents and data also have been developed.

Computing and technical support

The Institute's research and administration rely heavily on the data base and office automation systems.

The newly installed VAX 6210 system supports the All-in-1 office automation package and analytic activities using SAS and the 20/20 spreadsheet. The system is networked with a cluster comprising a MicroVax and three Vaxstations. The Vaxstations support the Institute publishing system and the MicroVax serves as a base for Pascal and Fortran compilers, the RDB relational database system, application development facilities and the Institute mailing system.

Use of available computing resources grew steadily throughout the year and the second stage of the computer upgrade which envisages additional storage and power is now needed.

Considerable resources were devoted to developing management information and financial reporting systems. This work has largely been completed. Further expansion of the Interleaf publications system was undertaken. The major area proposed for further development is data management. Work has started on the installation of tape and optical library management software which will provide an index to the growing data holdings of the Institute.

Library

The Library continued to grow during the year, with consolidation of the collection primarily in the areas of health statistics and health economics. Both newly published and retrospective materials were added.

All items are catalogued online to Healthnet, a network now consisting of many major local and interstate libraries in the health field. The Library is experiencing a continuing demand for online literature searches.

The establishment of GRATIS, a free inter-library loans network, has resulted in a vastly improved inter-library loans service for health material.

Registry

An automated registry system has been introduced to enable easy and accurate retrieval of information and the changeover from old to new systems is progressing. More than half the files have been entered into the system and work has begun on implementing a feature that enables recording, monitoring and retrieving of information on correspondence.

The Registry, in association with the Australian Archives, is appraising all records created by the Institute.

Personnel

More than 20 positions, both permanent and temporary, were filled during the year. Creation and classification of new positions and abolition of redundant ones were undertaken in response to alterations in the organisational structure of the Institute.

DCSH continues to maintain the personnel records and arrange salary payments on behalf of the Institute. Institute staff records have been incorporated into the ORION Personnel Management System operated by DCSH.

Industrial democracy

The Institute has yet to develop a formal industrial democracy program. The relatively small size of the organisation means that there is usually active involvement by staff in most of the Institute's processes.

More structured staff participation in decision making has been developed through the attendance of an elected staff representative at Board meetings; regular staff meetings, usually immediately after the bimonthly Board meetings; and consultation with staff on a Divisional basis.

Equal employment opportunity (EEO)

The Institute operates in accord with the objectives of the EEO program of the DCSH. This ensures non-discrimination and equal opportunity for everyone employed or seeking employment.

A staff member has been designated to develop and progressively implement a program of EEO activities appropriate to the Institute. This will include evaluation mechanisms.

During 1988-89, DCSH continued to provide assistance and access to EEO training resources during the transition to the Institute's program.

A staff profile of the Institute as at 30 June has been prepared and the results are shown in the following table. Because of the small numbers in each grouping, disabled staff have not been included in the table. Eight staff members have reported some degree of disability.

| Salary group | NESB1 | NESB2 | ATSI | Women | Men | Total staff |
|----------------------------------|----------|----------|----------|-----------|-----------|-------------|
| ASO1 and equiv (\$10580-\$21031) | 1 | - | - | 1 | - | 1 |
| ASO2 and equiv (\$21032-\$23504) | 1 | - | - | 4 | 2 | 6 |
| ASO3 and equiv (\$24174-\$26964) | - | - | - | 3 | - | 3 |
| ASO4 and equiv (\$26965-\$29941) | - | - | - | 2 | - | 2 |
| ASO5 and equiv (\$29942-\$32567) | - | - | - | 4 | 3 | 7 |
| ASO6 and equiv (\$32568-\$38557) | 5 | - | - | 7 | 9 | 16 |
| ASO7 and equiv (\$38558-\$41420) | 1 | - | - | 3 | 3 | 6 |
| ASO8 and equiv (\$41421-\$53241) | - | 1 | - | 4 | 8 | 12 |
| Medical staff (\$35950-\$54662) | - | - | - | 2 | 3 | 5 |
| SES and equiv (\$53242-\$78521) | - | - | - | 1 | 4 | 5 |
| TOTAL | 8 | 1 | 0 | 31 | 32 | 63 |

Key: NESB1—non-English-speaking background, first generation
 NESB2—non-English-speaking background, second generation
 ATSI—Aboriginal or Torres Strait Islander

Including those working on projects funded by grants received, 63 people are employed by the Institute; 31 are women and nine are from non-English speaking backgrounds. Of the 25 research staff, eight are female and five are from non-English speaking backgrounds.

External Program staff are not employed directly by the Institute and are not included above.

Institute Secretariat

During the year, the secretariat functions were separated from Corporate Services. This organisational change was implemented to improve a number of essential functions, including liaison with the Minister and Parliament, and the servicing of the Board, the Ethics Committee and the National Committee on Health and Vital Statistics.

Responsibility for the general coordination of Institute activities with other agencies, national and international, now also lies with the Secretariat.

In addition, the Secretariat is assisting with the coordination of the Institute's external units. Work is also proceeding on the development of more formal links with other research groups modelled along the lines of the WHO collaborating centre arrangements.

During the year, the Institute's regular seminar program was enhanced and is now organised jointly with the Australian National University's National Centre for Epidemiology and Population Health. Since March, there have been eight seminars in this joint series. In addition, a further eight seminars were organised separately by the Institute on special subjects (Appendix 5).

Publications

The Institute's publications section was reorganised and expanded in February 1989, and steps to lift the Institute's public profile have resulted in increased media coverage. The Institute is being approached more often by journalists researching health issues.

The main feature of the 1988-89 publications program was the production of the Institute's first biennial report, *Australia's health*, which was tabled in the Commonwealth Parliament in November 1988. The report covered such topics as the changes in occurrence of diseases, causes of death and expectation of life; the effects of age, sex, social status and occupation on health; the present scope and cost of health services; health technologies; and the likely changes in health and health services as the population ages.

A feature chapter on Aboriginal health resulted in numerous radio interviews in most States and Territories, and detailed reports in national newspapers.

Several tertiary institutions are using *Australia's health* in health-related courses. The first edition has sold out and the Australian Government Publishing Service is reprinting.

Three volumes of the Institute's *Hospital utilisation and costs study* were published in November 1988. Due to widespread interest it was necessary to reprint in June. Another volume will be published in September 1989.

Publications produced during 1988-89 are shown in Appendix 4. A cumulative publications list is in Appendix 8.

External programs

National Perinatal Statistics Unit

The National Perinatal Statistics Unit (NPSU) is an external unit of the Institute based in the Department of Public Health at the University of Sydney.

During 1988-89, the Unit continued to develop national perinatal data systems in collaboration with State and Territory health authorities and various professional groups. All States and Territories have now introduced perinatal data collections providing maternal and neonatal data for all births. Representatives of the States and Territories and professional organisations participated in the meeting of the National Perinatal Data Advisory Committee convened by the Unit at the University of Sydney in February 1989.

The Unit analysed data to assess the influence of risk factors on the outcome of pregnancy, to monitor trends in the incidence of congenital malformations and to evaluate the treatment of infertile women by in-vitro fertilisation and other methods of assisted conception.

International collaboration in birth defects monitoring was maintained by participation in the activities of the International Clearinghouse for Birth Defects Monitoring Systems. The Unit's Director completed his second year as chairperson of the Clearinghouse.

An international study of the causes of hypospadias is nearing completion and a survey of regulations concerning the use of the teratogenic drug, isotretinoin, and the outcome of pregnancy in treated women was conducted among member programs of the Clearinghouse.

Research studies included:

- national trends in obstetric care by obstetricians and general practitioners;
- analysis of national trends in perinatal mortality;
- collaboration with Homebirth Australia to analyse data on home births and related perinatal deaths; and
- a survey of neonatal intensive care units with a view to developing an annual report on the results of treatment.

The Unit provided material to users of the computerised bibliography of Australian perinatal studies and preliminary work began on an annotated bibliography of Australian perinatal studies. Recent publications and other news are highlighted in the Unit's quarterly Perinatal Newsletter.

Considerable media exposure of the Unit's work was gained through its studies of in vitro fertilisation (IVF) and gamete intra-fallopian transfer (GIFT) pregnancies, and trends in cesarean births.

During the year, an external committee reviewed the NPSU's work and at the time of writing the Institute's Board is considering the implementation of a number of the recommendations.

National Injury Surveillance and Prevention Project

In 1986, the Institute, DCSH and the South Australian and Queensland governments funded a three year pilot National Injury Surveillance and Prevention Project (NISPP) which is being undertaken in conjunction with the Child Accident Prevention Foundation of Australia.

All States and Territories except Tasmania and the Northern Territory, have since joined the pilot and NISPP now collects data on injuries treated at accident and emergency departments in 19 participating hospitals. The national coordinating unit is located in the Epidemiology Branch of the South Australian Health Commission.

The data are coded and processed using a purpose-built software package which enables the production of customised reports detailing the descriptive epidemiology of injuries in all age groups. As they identify the main environmental hazards predisposing to injury, the reports are particularly helpful to organisations which have responsibilities for planning and implementing injury control programs.

As the value of the system became evident, the personal computer based software became widely sought throughout Australia and internationally. During the year, the Canadian government introduced the system in emergency departments in a number of Canadian hospitals.

In March 1989, a media event in Adelaide celebrated the inclusion of the 100,000th record in the system. A presentation of skateboard safety equipment was made to a high school student (representing the 100,000th case) who had suffered a fractured arm while learning to ride a skateboard.

A validation and reliability study of the system was undertaken during the year at the Adelaide Children's Hospital. A collaborative project with Worksafe Australia is examining the utility of the system for recording information about occupational injuries which would not otherwise be recorded in occupational safety statistics.

In addition, as groundwork for its introduction at the Royal Darwin Hospital, the feasibility of the system was studied at that centre in January and February 1989.

A coders' workshop was held in Adelaide in November 1988. In addition, workshops for staff and users have been held in Melbourne and Brisbane.

A major concern over the year has been the need for secure ongoing funding for injury surveillance and prevention following the completion of the pilot project in June 1989. Supplementary funding of \$100,000, which had initially been recommended at a National Future Directions Workshop in Adelaide in November 1987, was received from the National Better Health Program in June 1989. Continuation funding for three months until September 1989 at the existing level of operations was also received from the Program.

The South Australian Health Commission has contributed to the success of the Project by supplying accommodation. Flinders Medical Centre has provided the NISPP Director on secondment.

During the year, the NISPP Director was awarded a WHO Travelling Fellowship which he will take up in 1989 and 1990. The Fellowship will support visits to key centres in Europe and North America, and participation in several conferences and workshops.

Dental Statistics and Research Unit

The Dental Statistics and Research Unit (DSRU) completed its first year of operation in March.

The Unit has achieved progress towards national statistics on the dental labourforce using data collected routinely at the annual re-registration of dentists. The 1989 collections from South Australia, Tasmania, the Northern Territory and the Australian Capital Territory have been processed and draft publications are in preparation.

New South Wales and Victoria are processing their own 1989 collections and have agreed to forward unit record data to DSRU. After negotiations, agreement has been reached with Western Australia, where there was no collection in 1989, to conduct the 1990 collection. Processing and reporting will be done by DSRU.

Work is well underway on the *Directory of dental statistics and research*. An inventory of dental data collections has been completed, raw material gathered and a draft publication is in preparation. Submissions were made to the ABS detailing the case for including appropriate dental questions in the 1989-90 National Health Survey. Unit record data from the 1987-88 Oral Health Survey conducted by DCSH has been transferred to the Unit.

As part of the study Labourforce Participation and Productivity of Dentists in Australia 1988, questionnaires were sent to more than 1,100 dentists during October and November 1988. Data processing is underway and a follow-up survey of non-responders is in progress.

DSRU has been responsible for the dental component of the Australian Longitudinal Study on Ageing which is based at the Centre for Ageing Studies, Flinders University. It reported on the dental aspects of the Centre's 1988 pilot study in preparation for the implementation of the main study. The University of Adelaide has awarded the Unit a research grant of \$6,250 to support field work for the study.

The Unit was also successful in gaining an NHMRC Public Health Research and Development Award for three years from March 1989 to February 1992. The award will permit the development of the dental component of the study on ageing, mainly investigating the relationship between oral disease and its social impact in the elderly.

The Unit has been involved also in the Child Dental Health Survey formerly conducted by DCSH. A discussion paper on alternative collection procedures was prepared for a meeting of State directors of the school dental services in November 1988. Partly as a result of this, DSRU was contracted to redesign the survey and given funding of \$70,000 to implement it. The Unit has direct responsibility for processing the data from New South Wales, the Northern Territory and the Australian Capital Territory. Data from the other States are processed by State authorities for transmission to the DSRU for national and State-specific reporting.

As well as redesigning the survey, the Unit incorporated optical scanning technology for processing the questionnaire and prepared survey guides for school dental service staff in the Australian Capital Territory, the Northern Territory and New South Wales. The Unit liaised with the directors of the school dental services about the conduct of the survey and held training sessions to introduce the new procedures to dental service staff.

Finance

Australian Audit Office Audit Report

22 December 1989

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

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 audit report its financial statements for the year ended 30 June 1989. These comprise a 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, and certificate on 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 National 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. No moneys were invested by the Institute during the year.

Yours sincerely

Australian National Audit Office

J. R. Martin
Assistant Auditor-General

Financial statements

For the year ended 30 June 1989

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 have 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 1989
- (ii) Show fairly the state of affairs of the Institute at 30 June 1989.

Chairman

Director

Statement of activity

For the year ended 30 June 1989

| | Notes | 1989 \$ | 1988 \$ |
|--------------------------------------------------------------------------------------|-------|------------------|------------------|
| Revenue | | | |
| Parliamentary appropriation | | | |
| Running costs | | 3,631,000 | 3,155,000 |
| Plant and equipment | | 542,000 | 252,000 |
| | | <u>4,173,000</u> | <u>3,407,000</u> |
| Grants received | 5 | 783,670 | 230,000 |
| | | <u>4,956,670</u> | <u>3,637,000</u> |
| less: Transfer to Statement of Capital Accumulation for purchase of capital items | | 657,289 | 344,191 |
| | | <u>4,299,381</u> | <u>3,292,809</u> |
| Miscellaneous revenue | 6 | 227,859 | 17,331 |
| | | <u>4,527,240</u> | <u>3,310,140</u> |
| Expenses | | | |
| Salaries | | 2,305,151 | 1,790,133 |
| Administration expenses | 3 | 1,120,720 | 937,093 |
| Research and development | 4 | 737,291 | 450,540 |
| Net loss on sale of non-current assets | | 0 | 5,000 |
| | | <u>4,163,162</u> | <u>3,182,766</u> |
| Surplus of revenue over funded expenditure | | 364,078 | 127,374 |
| less: Provisions and other unfunded charges | | | |
| Depreciation | | 205,443 | 102,053 |
| Annual leave | | 215,658 | 262,609 |
| Long service leave | | 139,415 | 255,085 |
| 3% Superannuation benefit | 1(d) | 49,898 | 11,593 |
| | | <u>(246,336)</u> | <u>(503,966)</u> |
| (Deficiency) before abnormal items | | | |
| Abnormal items | | | |
| Annual leave | 11 | 0 | (80,930) |
| Long service leave | 11 | 0 | (101,710) |
| | | <u>(246,336)</u> | <u>(686,606)</u> |
| (Deficiency) transferred to Statement of Capital Accumulation | | <u>(246,336)</u> | <u>(686,606)</u> |

The accompanying notes form an integral part of the Financial Statements

Statement of capital accumulation

For the year ended 30 June 1989

| | Notes | 1989 \$ | 1988 \$ |
|----------------------------------------------------------------------------------------------------------------------|-------|----------------|----------------------|
| Balance at 1 July 1988 | | 9,852 | - |
| Funds transferred from Statement of Activity: | | | |
| Acquisition of capital items | 10 | 657,289 | 344,191 |
| Assets transferred from the former Department of Health (Deficiency) transferred from Statement of Activity | | 0 (246,336) | 352,267 (686,606) |
| Balance at 30 June 1989 transferred to Statement of Assets and Liabilities | | <u>420,805</u> | <u>9,852</u> |

The accompanying notes form an integral part of the Financial Statements.

Statement of assets and liabilities

as at 30 June 1989

| | Notes | 1989 \$ | 1988 \$ |
|---------------------------------------------------------------|-------|------------|------------|
| Capital accumulation | | | |
| Balance transferred from Statement of Capital Accumulation | | 420,805 | 9,852 |
| Represented by: | | | |
| Current assets | | | |
| Cash at bank, on hand and on deposit | | 312,269 | 125,959 |
| Interest receivable | | 19,006 | 6,715 |
| Prepayments | | 127,105 | 10,350 |
| | | 458,380 | 143,024 |
| Non-current assets | | | |
| Leasehold improvements | 7 | 44,971 | 45,709 |
| Office equipment | 7 | 861,338 | 413,208 |
| Furniture and fittings | 7 | 134,941 | 130,488 |
| | | 1,041,250 | 589,405 |
| Total assets | | 1,499,630 | 732,429 |
| Current liabilities | | | |
| Income in advance | 5 | 169,820 | 0 |
| Creditors and accruals | | 130,741 | 203,107 |
| Provision for annual leave | | 300,699 | 214,456 |
| Provision for long service leave | | 30,000 | 293,421 |
| Provision for 3% Superannuation benefit | 1d | 4,746 | 0 |
| | | 636,006 | 710,984 |
| Non-current liabilities | | | |
| Provision for long service leave | | 386,074 | 0 |
| Provision for 3% Superannuation benefit | 1d | 56,745 | 11,593 |
| | | 442,819 | 11,593 |
| Total liabilities | | 1,078,825 | 722,577 |
| Net assets | | 420,805 | 9,852 |

The accompanying notes form an integral part of the Financial Statements

Statement of sources and applications of funds

For the year ended 30 June 1989

| | Notes | 1989 \$ | 1988 \$ |
|--------------------------------------------------------------------------------------|-------|------------------|------------------|
| Sources of funds | | | |
| Funds from operations | | | |
| Inflow of funds from operations | | | |
| Funds from Government | | | |
| Parliamentary appropriations | | | |
| Running costs | | 3,631,000 | 3,155,000 |
| Plant and equipment | | 542,000 | 252,000 |
| Grants received | | 783,670 | 230,000 |
| Miscellaneous revenue | | 227,859 | 17,331 |
| | | <u>5,184,529</u> | <u>3,654,331</u> |
| Outflows of funds from operations expended in the provision of goods and services | | | |
| | | <u>4,163,162</u> | <u>3,182,766</u> |
| | 10 | 1,021,367 | 471,565 |
| Assets transferred from the former Department of Health | | | |
| | | 0 | 352,267 |
| Increase in liabilities | | | |
| Current liabilities | | | |
| Income in advance | | 169,820 | 0 |
| Creditors and accruals | | 0 | 203,107 |
| | | <u>1,191,187</u> | <u>1,026,939</u> |
| Applications of funds | | | |
| Increase in assets | | | |
| Current assets | | | |
| Cash at bank, on hand and on deposit | | 186,310 | 125,959 |
| Interest receivable | | 12,291 | 6,715 |
| Prepayments | | 116,755 | 10,350 |
| Non-current assets | | | |
| Leasehold improvements | | 26,477 | 60,879 |
| Office equipment | | 615,211 | 490,410 |
| Furniture and fittings | | 15,601 | 140,169 |
| Reduction in liabilities | | | |
| Current liabilities | | | |
| Creditors and accruals | | 72,366 | 0 |
| Annual leave paid | | 129,415 | 129,083 |
| Long service leave paid | | 16,761 | 63,374 |
| | | <u>1,191,187</u> | <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 1989

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 26 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.

Assets valued at greater than \$500 are capitalised. Items under \$500 are expensed under the relevant expense category in the year of acquisition.

(c) Provisions—employee entitlements

These provisions relate to annual leave and long service leave and have 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. The provisions comprise current and non-current portions, the current provision being the amount expected to be paid within the next 12 months.

(d) Superannuation benefits

In accordance with the Superannuation Benefit Act 1988, the Institute has established a provision for superannuation benefits to provide for amounts expected to be paid to employees based on their respective entitlements. This arrangement is separate from the Commonwealth Superannuation Scheme (refer Note 2).

The provision is based on the relevant employer rate of contribution applied to the employees' annual salary and is adjusted for an interest factor. The Institute is required to finance benefit payments as they fall due.

The provision comprises current and non-current portions, the current provision being the amount expected to be paid within the next twelve months.

(e) Segment reporting

In terms of the provisions of Australian Accounting Standard AAS 16: Financial Reporting by Segments, the Institute's activities relate to a single industry, health statistics and research.

(f) Resources provided free of charge

The Department of Community Services and Health (DCSH) provides administrative support to the Institute for the maintenance of its personnel records. No charge is made to the Institute for this service.

2 Superannuation

Staff at the Institute contribute to the Commonwealth Superannuation Scheme. Employer contributions are met by the Commonwealth.

3 Administration expenses

| | 1989 | 1988 |
|-----------------------------------------|------------------|----------------|
| | \$ | \$ |
| Bank charges | (716) | 1,072 |
| Consultancy fees | 84,334 | 47,281 |
| Committee expenses | 91,156 | 30,715 |
| Freight | 12,819 | 9,920 |
| Library materials | 21,094 | 33,121 |
| Postage | 24,981 | 11,003 |
| Printing and publications | 125,922 | 48,257 |
| Recruitment advertising | 7,272 | 39,300 |
| Rent | 203,456 | 77,316 |
| Repairs and maintenance—building | 34,872 | 50,368 |
| Computer maintenance and consumables | 151,733 | 168,929 |
| Telephone | 75,408 | 73,600 |
| Travel | 155,549 | 245,706 |
| Workers compensation | 0 | 576 |
| Repairs and maintenance—office machines | 10,620 | 6,061 |
| Motor vehicle hire and maintenance | 13,868 | 9,045 |
| Office requisites and miscellaneous | 89,767 | 84,823 |
| Furniture and fittings | 18,585 | 0 |
| | <u>1,120,720</u> | <u>937,093</u> |

4 Research and development

| | 1989 | 1988 |
|-----------------------------------------------------|----------------|----------------|
| | \$ | \$ |
| National Injury Surveillance and Prevention Project | 266,286 | 177,337 |
| National Perinatal Statistics Unit | 346,154 | 202,399 |
| Dental Statistics and Research Unit | 114,851 | 65,804 |
| Other | 10,000 | 5,000 |
| | <u>737,291</u> | <u>450,540</u> |

5 Grants received and income in advance

| | Balance 1 July 1988 | Funds Received | Expenditure | Balance 30 June 1989 |
|--------|------------------------|-------------------|----------------|-------------------------|
| | \$ | \$ | \$ | \$ |
| SECU | 81,120 | 400,000 | 465,316 | 15,804 |
| AHMAC | | 236,100 | 234,688 | 1,412 |
| NHMRC | | 103,960 | 58,487 | 45,473 |
| HIC | | 16,600 | 16,600 | - |
| RADGAC | | 2,500 | 699 | 1,801 |
| NISPP | | 174,455 | 89,000 | 85,455 |
| NCADA | | 19,875 | - | 19,875 |
| | <u>81,120</u> | <u>953,490</u> | <u>864,790</u> | <u>169,820</u> |

Screening Evaluation Coordination Unit (SECU)

The Institute received funds of \$400,000 (1988—\$220,000) from the DCSH for the operation of the Screening Evaluation Coordination Unit (SECU). The primary roles of SECU are to coordinate 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:

| | 1989 | 1988 |
|-------------------------|----------------|----------------|
| | \$ | \$ |
| Balance at 1 July 1988 | 81,120 | - |
| Receipts | 400,000 | 220,000 |
| less expenditure: | | |
| Capital items | 0 | 33,565 |
| Salaries | 256,492 | 77,790 |
| Travel | 58,265 | 22,175 |
| Consultancy fees | 19,630 | 1,427 |
| Other | 130,929 | 3,923 |
| | <u>465,316</u> | <u>138,880</u> |
| Balance at 30 June 1989 | <u>15,804</u> | <u>81,120</u> |

6 Miscellaneous revenue

Included in this item is \$92,398 for the trade-in of office equipment not capitalised in the previous financial year and \$45,000 received from DCSH towards statistical collections research.

7 Non-current assets

| | 1989 | 1988 |
|--------------------------------------------|------------------|----------------|
| | \$ | \$ |
| Leasehold improvements—at cost | 87,356 | 60,879 |
| less Accumulated depreciation | 42,385 | 15,170 |
| | <u>44,971</u> | <u>45,709</u> |
| Office equipment—at cost | 1,105,621 | 490,410 |
| less Accumulated depreciation | 244,283 | 77,202 |
| | <u>861,338</u> | <u>413,208</u> |
| Furniture and fittings—at cost | 155,770 | 140,169 |
| less Accumulated depreciation | 20,829 | 9,681 |
| | <u>134,941</u> | <u>130,488</u> |
| Total non-current assets—at net book value | <u>1,041,250</u> | <u>589,405</u> |

8 Members remuneration

A total of \$14,469 (1988—\$12,086) was paid to members of the Institute in accordance with determinations of the Remuneration Tribunal. Included in this total are:

| | 1989 | 1988 |
|------------------------|---------------|---------------|
| | \$ | \$ |
| Stipend/sessional fees | 12,545 | 9,244 |
| Travel allowances | 1,777 | 2,609 |
| Other | 147 | 233 |
| | <u>14,469</u> | <u>12,086</u> |

Disclosed by the number of members receiving stipend/sessional fees in the following band: \$0—\$10,000

| | |
|---|---|
| 4 | 4 |
|---|---|

9 Auditors remuneration

No fee has been charged by the Australian Audit Office (AAO) for services provided for the year ended 30 June 1989. A notional fee of \$20,916 (1988—\$12,860) for audit services and \$16,326 (1988—nil) for accounting services has been advised by the AAO.

10 Sources and applications of funds

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

| | 1989 | 1988 |
|-----------------------------------------------------------------------------------|----------------|----------------|
| | \$ | \$ |
| Funds from operations | 1,021,367 | 471,565 |
| Less: transfer to statement of capital accumulation for purchase of capital items | 657,289 | 344,191 |
| Surplus of revenue over funded expenditure as per statement of activity | <u>364,078</u> | <u>127,374</u> |

11 Abnormal items

The Australian Institute of Health was established as a Statutory Authority on 1 July 1987. Prior to this date the Institute operated as a Division of DCSH.

As a result of the Institute's establishment it 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 for 1988 in the Statement of Activity.

12 Commitments and contingencies

The estimated maximum amount of commitments and contingent liabilities not provided for in the accounts as at 30 June 1989 are:

| | 1989 | 1988 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------|
| | \$ | \$ |
| 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. The commitment represents six months rental from the date of signing of these financial statements. | | |
| Payable not later than 12 months. | <u>209,310</u> | <u>98,862</u> |

There were no contingent liabilities as at 30 June 1989.

Appendix 1

Legislation

Australian Institute of Health Act 1987

The Institute operates as an independent statutory authority under its own Act, the *Australian Institute of Health Act 1987*. The Act has been amended twice — by the *Community Services and Health Legislation Amendment Act 1988* and again on 28 June 1989 as Part 2 of the *Community Services and Health Legislation Amendment Act 1989*. The 1989 amendments strengthen the safeguards of confidentiality in section 29 by imposing more stringent controls on the release of information by the Institute. The general effect of the amendments is to prevent the disclosure of information contrary to the conditions under which it was supplied to the Institute. The Institute Act, with the 1989 amendments highlighted by bold text, is reproduced overleaf.

Direction under section 7 of the Australian Institute of Health Act 1987

In anticipation of the introduction of confidentiality amendments, the Minister, having consulted with the Chairman of the Institute in accordance with subsection 7(1) of the Act, issued a direction to the Institute on 28 September 1988.

The direction required the Institute not to, and not to permit any person under its control to, divulge, communicate or produce any information or document, acquired in a manner referred to in subsection 29(1) of the Act, to any person if to do so would be contrary to any term or condition of an agreement under which that information or document was provided to the Institute.

AIH Ethics Committee

Regulations have been made pursuant to subsections 16(1) and (2) of *The Australian Institute of Health Act 1987*, prescribing the functions and composition of the Australian Institute of Health Ethics Committee (see page 53). The Regulations require the Committee to monitor adherence by the Institute to ethical standards, having regard to relevant ethical principles; and to provide regular written reports to the Institute of its opinions.

Privacy Act 1988

The *Privacy Act 1988* provides new levels of protection of privacy to all personal information held and processed by Commonwealth agencies, including the Institute. The Information Privacy Principles contained in the Act reinforce the confidentiality provisions in section 29 of the *Australian Institute of Health Act 1987*.

The *Privacy Act* provides also for the NHMRC to develop privacy guidelines for medical research. As the Institute's Ethics Committee must operate in accordance with the NHMRC-approved guidelines, the Institute has sought input into their development.

As required under section 14, Principle 5 of the *Privacy Act 1988*, the Institute has prepared a report to the Privacy Commissioner on all records of personal information in its control as at 30 June 1989.

Australian Institute of Health Act 1987

No. 41 of 1987

Incorporating all amendments by legislation made to 30 June 1989 (to the extent that the legislation has come into operation by that date)

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Australian Institute of Health Act 1987 (As amended)

No. 41 of 1987

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

*[Assented to 5 June 1987 and
incorporating all amendments by
legislation made to 30 June 1989 (to
the extent that the legislation has
come into operation by that date)]*

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;

“State Health Minister” means:

(a) the Minister of the Crown for a State;

(b) the Minister of the Australian Capital Territory; or

(c) the Minister of the Northern Territory; who is responsible, or principally responsible, for the administration of matters relating to health in the State, the Australian Capital Territory or the Northern Territory, as the case may be;

"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 (l):

“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 and each of the State Health Ministers, 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

Constitution 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 (e) 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) 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 \$200,000 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.

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 in 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 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 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 a person specified in writing by the person (in this subsection called the 'information provider') who divulged or communicated the information, or produced the document, directly to the Institute;
- (c) a person from divulging or communicating information, or producing a document, to a person specified in writing by the Australian Institute of Health Ethics Committee if to do so is not contrary to the written terms and conditions (if any) upon which the information provider divulged or communicated the information, or produced the document, directly to the Institute; or

(d) the publication of conclusions based on statistics derived from, or of particulars of procedures used in, the work of the Institute, if:

(i) to do so is not contrary to the written terms and conditions (if any) upon which an information provider divulged or communicated information relevant to the publication, or produced a document relevant to the publication, directly to the Institute; and

(ii) the publication does not identify the information subject.

(3) A person to whom information is divulged or communicated, or a document is produced, under paragraph (2)(a), (b) or (c), and any person under the control of that person is, in respect of that information or 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 also includes:

(i) in the case of an information provider—a body politic; or

(ii) in the case of an information subject—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.

Australian Institute of Health Ethics Committee Regulations

Citation

1. These Regulations may be cited as the Australian Institute of Health Ethics Committee Regulations.

Interpretation

2. In these Regulations, unless the contrary intention appears:

“Ethics Committee” means the Australian Institute of Health Ethics Committee referred to in subsection 16(1) of the Act;

“the Act” means the *Australian Institute of Health Act 1987*.

Functions

3. The functions of the Ethics Committee are:

(a) to form an opinion as to the acceptability or otherwise, on ethical grounds, of:

(i) activities that are being, or it is proposed will be, engaged in by the Institute in the performance of its functions; and

(ii) activities that are being, or it is proposed will be, engaged in by other bodies or persons in association with, or with the assistance of, the Institute in the performance of its functions;

having regard, in addition to any other matters that the Ethics Committee considers to be relevant, to the Declaration of Helsinki adopted by the 18th World Medical Assembly, Helsinki, Finland, 1964, as revised by the 29th World Medical Assembly, Tokyo, Japan, 1975 and to any relevant ethical principles and standards formulated or adopted by the National Health and Medical Research Council;

(b) where appropriate, to revise an opinion so formed or to form another opinion;

(c) to inform the Institute from time to time of the opinions so formed or as revised and its reasons for forming or revising those opinions; and

(d) to provide a written annual report of the Ethics Committee's operations to the Institute.

Composition

4. The Ethics Committee shall consist of the following members:

(a) the Director of the Institute or his or her nominee;

(b) a person who is a graduate in medicine of a university and has post-graduate medical research experience;

(c) a person who is a graduate in a social science of a university, college of advanced education or similar institution and has post-graduate research experience in a social science;

- (d) a person who is the nominee of the Registrar of Births, Deaths and Marriages in the Australian Capital Territory and of the officer of each State and the Northern Territory who has the responsibility in that State or Territory of registering births, deaths and marriages;
 - (e) a minister of religion;
 - (f) a person who is a barrister, a solicitor, a barrister and solicitor or a legal practitioner, of the High Court or of the Supreme Court of a State or Territory; and
 - (g) a man and a woman, neither of whom is a member or employee of the Institute and each of whom is able to represent general community attitudes;
- one of whom shall be appointed chairperson by the Institute.

Appendix 2

AIH committees

Ethics Committee

The prescribed functions of the Committee are to form and revise opinions as to the ethical acceptability of current and proposed activities of the Institute and associated bodies, having regard to the Declaration of Helsinki, relevant ethical principles formulated by the NHMRC, and any other matters that the Committee considers to be relevant.

The Committee has developed *Australian Institute of Health Ethics Committee: guidelines for the assessment of activities* as the basis for its assessment of all current and proposed activities of the Institute, and of all activities undertaken by other bodies or persons in association with, or assisted by, the Institute. The Committee has completed assessments of a number of activities and others are in progress.

In addition, the Ethics Committee has advised the Institute on standards to ensure the ethical acceptability of its security systems, staffing arrangements, legislative and administrative provisions, and procedures for assessing the scientific quality of projects.

The Ethics Committee held five meetings during 1988–89. The Committee comprises:

Medical graduate with research experience

Emeritus Professor H Malcolm Whyte (Chair)

Laywoman

Ms Janne D Graham

Layman

Mr David Purnell

Minister of religion

Archdeacon Ian G C George, AM

Lawyer

Mr Colin J H Thomson

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

Mr Roger K Thomson

Social scientist with research experience

Dr Dorothy H Broom

Nominee of the Director of the Australian Institute of Health

Mr D Roy Harvey (until January 1989)

Dr John W Donovan, ED (from January 1989)

National Committee on Health and Vital Statistics

The National Committee on Health and Vital Statistics was created by the Australian Health Ministers' Conference in 1976. Its membership included representatives from Commonwealth and State health authorities, the ABS and three independent experts in the field of health statistics. The emphasis of the Committee's terms of reference was on the development, coordination and

rationalisation of health statistics. It was required to meet at approximately six monthly intervals and report to the Australian Health Ministers via their advisory body (currently AHMAC).

In 1987, AHMAC accepted a proposal from the Interim Management Board of the Australian Institute of Health for NCHVS to become a committee of the AIH with the following terms of reference:

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

It was agreed that the Committee would report jointly to AHMAC and the AIH for two years.

In June 1989, the AHMAC Executive Committee accepted a recommendation from the AIH Board that NCHVS should be reconstituted with its functions confined to the identification of health statistical needs and priorities. The revised terms of reference are:

- to identify the needs for national health related statistics; and
- having regard to the resource implications, to recommend on priorities for developing national health related statistics.

Reflecting the changed emphasis, the membership of the Committee was reduced to eight, comprising:

- Chairperson, nominated and appointed by the Australian Institute of Health;
- three nominees of the Australian Health Ministers' Advisory Council;
- one nominee of the Australian Bureau of Statistics;
- one nominee of the Commonwealth Department of Community Services and Health;
- one nominee of the Public Health Association of Australia;
- one nominee of the Consumers' Health Forum of Australia.

The development, coordination and other functions included in the terms of reference of the previous Committees will be addressed by task-specific Institute working groups. These groups will include representatives from State and Territory health authorities and other organisations, as appropriate.

It is expected that the reconstituted committee will meet later in 1989. NCHVS met only once during 1988-89, on 23 August 1988. At that time, its membership comprised:

Chair

Ms Joan G Christensen (Queensland Department of Health)

Nominees

Dr Leonard R Smith (Australian Institute of Health)

Mr Terrence J Barrett (New South Wales Department of Health)

Mr Neil C Powers (Victorian Health Department)
Mr Beress H Brooks (Health Department of Western Australian)
Dr Robert J Aust (South Australian Health Commission)
Dr James T Curran (Tasmanian Department of Health Services)
Mr Jack Smith (NT Department of Health and Community Services)
Dr Vivienne L McLoughlin (ACT Community and Health Service)
Mr Timothy J Skinner (Australian Bureau of Statistics)
Mr Alan M Mackay (Commonwealth Department of Community Services
and Health)
Mr Joseph H Christensen (Commonwealth Department of Community
Services and Health)
Professor Annette J Dobson (Public Health Association of Australia Inc.)

Expert members

Dr John S Deeble
Professor Michael S T Hobbs
Professor Stephen R Leeder

National Health Technology Advisory Panel

The National Health Technology Advisory Panel is appointed by the Minister for Community Services and Health to advise the Commonwealth Government on new and established health technologies.

During the year, a review of NHTAP was initiated by the Minister. A review committee, chaired by Professor C Selby-Smith of Monash University, considered, among other things, the membership of the Panel, its reporting arrangements, resourcing, and relationships with Commonwealth and other bodies. At the time of writing, the report and recommendations of the review committee had not been released.

The Panel comprises:

Chair

Dr David M Halley (AIH Health Technology Unit)

Representative of medical profession

Dr Allan L Passmore (Australian Medical Association)

Representative of hospitals

Mr John Blandford (Flinders Medical Centre)

Representative of health care products industry

Dr Nicola Ward (Cochlear Ltd)

Representative of health insurance industry

Dr Michael W Heffernan (Future Insight)

Representatives of State health authorities

Dr John M Sparrow (Tasmanian Department of Health Services)

Dr R James Stewart (New South Wales Department of Health)

Person experienced in biomedical engineering

Dr David J Dewhurst (Bioengineering Systems)

Person experienced in health economics

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

Person experienced in medical evaluation

Dr Ian G McDonald (St Vincents Hospital, Melbourne)

Corresponding member from New Zealand Department of Health

Dr E Raymond Dowden

Secretary

Dr Delma E Cowley (AIH Health Technology Unit)

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

Chair

Dr David M Hailey (AIH Health Technology Unit)

Members

Professor Geoffrey T Benness (Royal Australasian College of Radiologists)

Dr David J Dewhurst (NHTAP)

Dr Ian G McDonald (NHTAP)

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

Professor Brian M Tress (Royal Melbourne Hospital)

Dr Suzanne Le P Langlois (Royal Adelaide Hospital)

Dr Kenneth J Siddle/Dr Mark Benson (Princess Alexandra Hospital)

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

Dr David R Dunt (University of Melbourne)

Executive Officer

Mr Bernard L Crowe (AIH Health Technology Unit)

Non-Laboratory Pathology Testing Working Party

Chair

Dr David M Hailey (AIH Health Technology Unit)

Nominees

Dr David R Dunt (University of Melbourne)

Dr John H Maynard (Dandenong and District Hospital)

Professor Peter Mudge (University of Queensland)

Dr Con SH Reed (Consultant Physician, Sydney)

Dr David W Thomas (Institute of Medical and Veterinary Science)

Dr Lindsay E Wyndham (Royal North Shore Hospital)

Secretary

Mr Anthony R Lea (AIH Health Technology Unit)

Person experienced in biomedical engineering

Person experienced in health economics

Appendix 3

Institute staff as at 30 June 1989

Director's Office

Director

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

Executive Assistant to Director

Janet P Markey

Principal Medical Adviser

John W Donovan ED, MB BS (Hons) *Syd*, PhD *Syd*, FFCM *RCP(UK)*,
FRACMA (seconded from *DCSH*)

CSIRO Division of Plant Industry Study Survey Manager

Christopher A Snow BA (Hons) *ANU*, Dip Soc *La Trobe*

Statistician outposted from ABS

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

AIH Visiting Fellow

Sidney Sax CBE MD DPH (*Unit WWRand*) FRCP *Edin* FRACMA FRACP

Health Services Division

Head

D Roy Harvey BSc *Qld*, MEd *Monash*

Research Assistant

Michael W de Looper BSc (Hons) *UNSW*

Health Expenditure and Health Economics

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

Maneerat Pinyopusarerk BEc *WA*, MADE *ANU*, MA(D) *ANU*, Dip Ed *WA*

Jean Mulholland PhC *MPS*, BA (Hons) *ANU*, PhD *ANU*

Health Labourforce

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

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

Hospital and Institutional Services

Stephen Gillett BSc *N'cle*, Dip Med Stats *N'cle*, Dip Ed *NCAE*

David K Scholes BEc *ANU*, FAII

Geoffrey J Moore BSc *ANU* (to 24.5.89)

Diagnosis Related Groups

Don Hindle BSc *Liverpool*, MA *Lancaster*, PhD *Lancaster*

Medical Services

Mark Diesendorf BSc *Syd*, PhD *UNSW*

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

Mary G Nicoll BSc *Adel*, BA *CCAE*

AHMAC Funded Hospital Statistics Projects

Jullan Shaw (to 30.6.89)

Trish Longmore BSc *ANU*

Maria Lytwynsky (to 20.12.88)

Saw Nyo BSc *ANU* (to 31.5.89)

Pat Sillis BA ANU (to 14.2.89)

Medibank Private Visiting Fellow
Morris Barer BSc PhD MBA UBC

Health Technology Unit

Head

David M Hailey MSc Bristol, PhD Bristol

Clerical Officer

Julianne O'Malley
Diane Matthew (LWOP from 15.6.89)

NHTAP Secretariat

Delma E Cowley MSc Qld, PhD Qld
Wolodja Dankiw BSc (Hons) Adel

MRI Project

Bernard L Crowe BA Melb, MPH Syd, MACS
Jennifer M Chorley BSc UNSW

Unit Projects

Anthony R Lea MSc ANU

AHMAC Superspecialty Services Subcommittee Secretary

Susan G McLean MB BS Syd

Health Status Division

Head

Penelope U Rogers BA (Hons) Macq (Acting)
Robert B Harrison BA Macq (Acting to 21.11.88)

Executive Assistant

Carolyn Merton BA ANU

Health Statistics Unit

David W Greenhill BSc (Hons) Birminghham
Peter Wright

Pat Pentony BA ANU
Paul L Jelfs BSc (Hons) UNSW

National Nosology Reference Centre

Fred Taylor BEc Syd

Health Monitoring and Surveillance Unit

Stan Bennett BTech (Hons) Bradford FSS
Edouard T d'Espaignet BA Macq, MA Macq
Marijke van Ommeren Soc Cand Utrecht, MA ANU
Colin D Mathers BSc (Hons) Syd, PhD Syd
Lorraine Ball

Norma Briscoe

Sun Hee Lee MA Ewha, PhD Hawaii (LWOP from 4.10.88)
Judith A Clark BSc Exeter, BA ANU, ACHSA (seconded to ACT
Community and Health Service from 28.3.88)
Erica Brown (from 29.11.88 to 28.2.89)

Aboriginal Health Unit

Patricia A Merrifield MB BS *Syd*, MA ANU
 Morteza Honari MA *Tehran*, PhD *Edin*
 Audrey Khong (from 21.11.88 to 10.1.89)

Asthma Mortality Study

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

National Heart Foundation Study

John Berzins
 Peter R A Leviton BA (Hons) *Flinders*, PhD *Melb*
 Helen Hand

NHMRC Public Health Research Project

Jennifer R Braid BA *W'gong*

Screening Evaluation Coordination Unit

Michael J Fett MB BS (Hons) *Monash*, BMedSc (Hons) *Monash*, MPH
Harvard, MD *Monash*, FACOM
 Alison J Free MB BS *Syd*
 Robert C Carter BA (Hons) *Macq*, MAS ANU
 Rosemary A Knight BA ANU, PhD *Macq*, MAPS
 Joanne Maples BSc ANU, Grad Dip Food Technol UNSW, MSc UNSW
 Christopher E Stevenson BSc (Hons) *Melb*, MSc ANU
 Robert G Hall BSc Med *Syd*, MB BS *Syd*, Dip RACOG *Syd*, MPH *Syd*,
 FRACMA (to 31.8.88)
 Judy Cassidy
 Margret Innes

Secretariat**Institute Secretary**

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

Executive Officer

Stephanie R Lindsay Thompson BA (Hons) ANU, Dip Soc Stds *Syd*, Cert
 Adv Italian Studies *Perugia*

Executive Assistant

Hilary A Baird
 Kerry Robinson (to 12.1.89)

Publications

Susie van den Heuvel
 Audrey Jitts BSc *Syd* (to 12.4.89)
 Katherine J Harris Lib Tech *Canberra TAFE*
 Robyne Zibar
 Lucia Pietrzak

Corporate Services**Head**

Anthony R Greville BEc *Qld*, M Health Planning UNSW (Acting)

Administrative Services

Christine E Fuso BA CCAE, AASA, CPA (Acting)

Security and Resources

Bruce English BA (Hons) ANU

Finance

Rodney Carlin
 Paula Bowen
 Tess Hudson

Personnel

Philip H Garvin BA *Macq*

Reception

Lena SW Searle
 Catherine Carter (from 13.3.89 to 28.4.89)

Technical Services

Gregory L Smith BSc (Hons) *Qld*, Grad Dip Comp Stds CCAE
 Bronwyn Burgess BA CCAE (to 13.2.89)
 Paul McConnell
 Helen L Clothier
 David B Gellibrand

Library

Judith Abercromby BA *Tas*, Dip Lib UNSW, ALAA
 Alison Kennedy Lib Tech *Canberra TAFE*
 Marilyn Lever Lib Tech *Canberra TAFE* (LWOP from 28.3.89)
 Narelle Hill Lib Tech *Canberra TAFE* (from 13.3.89 to 31.5.89)

Registry

Graham Willard
 Jussi Kivela (to 31.12.88)

External programs

National Perinatal Statistics Unit

Director

Paul AL Lancaster MB BS *Syd*, MPH *California*, FRACP

Jennifer Burn MA *Syd*, Dip IM-Lib UNSW

Jocelyn Mann

Elvis L Pedisich BSc UNSW

Susan Ryerson MB BS *Qld*, MPH *Syd*

Esther Shafir MB BS *Louv*

Glenn E Tun BSc *Rangoon*, MSc *Rangoon*

National Injury Surveillance and Prevention Project

Director

Graham V Vimpani MB BS *Adel*, PhD *Edin* FRACP

Peter G Hartley

David E Robby

Sue N Thewlis

Dental Statistics and Research Unit

Head

A John Spencer BSc *Melb*, MDSc *Melb*, MPH *N. Carolina*, PhD *Melb*

Fearnley S P Szuster BA (Hons) *Flinders*

Michael J Davies BA (Hons) *Adel*

Sandra R Scott BEd *SACAE*

David S Brennan BSc (Hons) *Flinders*

A Silvana Marveggio

Gary D Slade, BSc *Melb*, DDPH *Toronto*

Appendix 4

Publications, reports and presentations 1988-89

AIH publications

Australian casemix bulletin

Vol 1 no 1 (February)

Vol 1 no 2 (June)

Australian Institute of Health (1988) *Australian health expenditure 1970-71 to 1984-85*. AGPS, Canberra.

Australian Institute of Health (1989) *Australia's health: the first biennial report of the Australian Institute of Health*. AGPS, Canberra.

Health information bulletin

No 3: *Australian health expenditure 1982-83 to 1985-86*.

Health workforce information bulletin

No 10: *Pharmacy workforce 1986*.

No 11: *Preparation of health professionals through tertiary education in Australia*.

No 12: *Immigration of health professionals to Australia 1982-83 to 1987-88*.

No 13: *Nurse workforce 1986*.

No 14: *Medical workforce 1986*.

No 15: *Dental workforce 1986*.

No 16: *Physiotherapy workforce 1986*.

No 17: *Occupational therapy workforce 1986*.

No 18: *Speech therapy workforce 1986*.

No 19: *Health professional associations: inventory of data collections*.

No 20: *Health professional registering authorities: inventory of data collections*.

No 21: *Radiography workforce 1986*.

No 22: *Podiatry workforce 1986*.

No 23: *Pharmacy workforce 1986*.

No 24: *Optometry workforce 1986*.

Harvey R and Mathers C (1989) *Hospital utilisation and costs study volume 1: commentary*. AGPS, Canberra.

Lee SH (1988) *Women's health data requirements*. AGPS, Canberra.

Lewis M (1988) *Managing madness*. AGPS, Canberra.

Mathers C and Harvey R (1988) *Hospital utilisation and costs study volume 2: survey of public hospitals and related data*. AGPS, Canberra.

Renwick M and Harvey R (1989) *Quality assurance in hospitals*. AGPS, Canberra.

Renwick M and Harvey R (1989) *QA in hospitals—a digest*. AGPS, Canberra.

Renwick M, Stevenson C, Staples N and Butler J (1989) *Hospital utilisation and costs study volume 4: studies and reports prepared by and for the Australian Institute of Health*. AGPS, Canberra.

In press

Gillett S and Harvey R *Hospital utilisation and costs study volume 3: projecting acute hospital demand in 1996 for New South Wales, Queensland and Western Australia*. AGPS, Canberra.

AIH reports and working papers

Australian Institute of Health Ethics Committee (1989) *Guidelines for the assessment of activities*.

Donovan JW (1989) *Proposal for an AIDS programs evaluation unit*. The Institute's response to the AIDS National Policy Discussion Paper.

Honari M (1988) *Identification of Aboriginality on health statistics*, December.

Publications involving AIH staff during 1988-89

[Benness GT, Crowe BL, Hailey DM et al] (1988) Magnetic resonance imaging evaluation: preliminary utilisation and application report. *Medical Journal of Australia* 149: 60-66.

Crowe BL and Hailey DM (1988) Recording of costs in public hospitals' MRI units—interim report, in Butler JRG and Doessel DP, (eds) *Proceedings of the Ninth Australian Conference of Health Economics* 154-69.

[Dunt DR, Hailey DM, Lea AR et al] (1988) Are your laboratory's cholesterol results reliable enough? *Medical Journal of Australia* 149: 563-64.

English RM, Cashel K, Bennett SA, Lewis J, Berzins J, Waters AM and Magnus P (1989) *National dietary survey of adults 1983: No 3 Nutrient intakes by capital city*. AGPS, Canberra.

English RM, Cashel K, Bennett SA, Lewis J and Waters AM (1989) *National dietary survey of schoolchildren (aged 10-15 years) 1985: No 2 nutrients consumed*. AGPS, Canberra.

Hailey DM (1988) Assessment of MRI in Australia—a learning experience. *Hospimedica* 6: 29-41.

Hailey DM (1989) Office pathology testing in Australia. *Labmedica* 6: 16-25.

Hynes AL, Lea AR and Hailey DM (1989) Pathology laboratory accreditation in Australia. *Australian Journal of Medical Laboratory Science* 10: 12-16.

Knight RA and Goodnow JJ (1988) Parents' beliefs about influence over cognitive and social development. *International Journal of Behavioural Development* 11(4): 517-27.

Mathers CD, Gillett RS and Harvey DR (1988) Impact of population ageing on health services in Australia (abstract). *Community Health Studies* XII, 4: 480.

Mathers CD and Harvey DR (1988) Public hospital costs in Australia: an analysis of trends and differentials (abstract). *Community Health Studies* XII, 4: 481.

Renwick M (1988) Quality assurance in Australian hospitals: how far does it go? *Australian Medical Record Journal* September: 97-101.

Thomson N (1988) Recent trends in Aboriginal maternal mortality. *Aboriginal Health Information Bulletin* 10: 20-23.

Thomson N (ed) (1988) *Immunisation in Australia. Proceedings of the first national conference, Canberra, 20-21 July*. Public Health Association of Australia and New Zealand, Canberra.

Thomson N (1989) Aboriginal health: a sociocultural perspective, in Lupton GM and Najman JM (eds) *Sociology of health and illness: Australian readings*. Macmillan, Melbourne: 182-202.

Welborn TA, Glatthaar C, Whittall D and **Bennett SA** (1989) Diabetes prevalence in a national population sample: a male excess. *Medical Journal of Australia* 150: 78-81

In press

Bauman EA, Smith NA, Braithwaite C, **Free A** and Saunders A. Asthma information: can it be understood? *Health Education Quarterly*.

English RM and **Bennett SA**. Socio-economic and demographic factors and overweight and obesity in Australian adults. *Polish Journal of Nutrition and Metabolism*.

Free A. Health promotion in general practice. *Australian Health Review*.

Knight RA and Hatty SE. Violence against women in Australia's capital city. *Victimology*.

Knight RA and Hay DA. The relevance of the health belief model to Australian smokers. *Social Science and Medicine*.

Thomson N and Thomas M. A history of tuberculosis among Aborigines, in Proust AJ (ed) *History of tuberculosis in Australia*.

Presentations involving AIH staff during 1988-89

Bennett SA (1988) *National dietary surveys in the 80s*. Presented at the Workshop on Food Intake Measurement. University of Sydney, September.

Carter R and Hall J (1988) *Economic considerations in the choice of screening interval*. Presented at the Consensus Conference organised by The Australian Cancer Society on Choice of Interval for Cervical Cancer Screening, Melbourne, July.

Crowe BL (1989) *Evaluation of image management and communication technologies in patient care—session summary*. Presented at the First International Conference on Image Management and Communication (IMAC '89), Washington, June.

Crowe BL and **Hailey DM** (1988) *Collection and analysis of cost data from public hospitals' MRI units*. Presented at the Tenth Australian Conference of Health Economists, Canberra, September.

d'Espaignet ET, Dwyer T, Newman N, Ponsonby AL and Candy S (1988) *Sudden infant death syndrome in Tasmania: the development of a model for predicting high risk babies*. Presented at the Twentieth Annual Scientific Conference of the Public Health Association of Australia and New Zealand, Brisbane, August-September.

Donovan JW (1989) *A perspective on the veterans studies*. Presented at symposium, Evatt Revisited: Interpretation of Scientific Evidence, Australian National University, Canberra, March.

Fett MJ (1988) *National evaluation of breast and cervical cancer screening pilot projects*. Presented at the Annual Conference of the Australasian Evaluation Society, Melbourne, July.

- Fett MJ** (1988) *Breast cancer screening in Australia*. Presented at the International Workshop on Information Systems in Breast Cancer Detection, Rockville, Maryland, December.
- Hailey DM** (1988) *Health care technology assessment in Australia—the experience of the NHTAP*. Presented at the Australian Medical Association Bicentennial Congress, Cairns, August.
- Hailey DM, Cowley DE and Dankiw W** (1988) *Assessing the impact of health technology assessment agencies*. Presented at the Fifth Annual Conference of the International Society for Technology Assessment in Health Care, London, June.
- Hailey DM and Crowe BL** (1989) *Utilisation of MRI—the Australian experience*. Presented at the Royal Australasian College of Radiologists Seminar on MR Imaging, Perth, May.
- Hall J, Carter R and Salkeld G** (1988) *The economics of screening for breast cancer in Australia*. Presented by J Hall at the Australian Bicentennial Breast Cancer Conference, Leura NSW, November.
- Honari M and Harrison R** (1988) *Health indicators and health impact assessment*. Presented at International Association for Impact Assessment Seminar, Griffith University, Brisbane, July.
- Honari M** (1988) *Water supply in arid zones*. Presented at Human Sciences Program, Australian National University, September.
- Knight RA** (1988) *National evaluation of breast cancer screening pilot projects*. Presented at Radiologists' Seminar, Australian Radiation Laboratory, Melbourne, September.
- Knight RA and Hatty SE** (1988) *A form of capital punishment? Domestic violence in Canberra, Australia*. Presented at the 24th International Congress of Psychology, Sydney, August.
- Knight RA and Hay DA** (1988) *Medical practitioners and quit-smoking programs*. Presented at the 24th International Congress of Psychology, Sydney, August.
- Lea AR and Hailey DM** (1989) *Quality and usefulness of performance of pathology tests in general practices*. Poster presented at Sixth International Symposium on Quality Assurance in Health Care, Melbourne, March.
- Mathers CD, Gillett RS and Harvey DR** (1988) *Impact of population ageing on health services in Australia*. Presented by CD Mathers at the Twentieth Annual Scientific Conference of the Public Health Association of Australia and New Zealand, Brisbane, August-September.
- Mathers CD and Harvey DR** (1988) *Public hospital costs in Australia: an analysis of trends and differentials*. Presented by CD Mathers at the Twentieth Annual Scientific Conference of the Public Health Association of Australia and New Zealand, Brisbane, August-September.
- Renwick M and Harvey R** (1989) *A view of quality assurance in Australian hospitals—through rose-coloured glasses?* Presented at Twentieth Annual Scientific Conference of the Public Health Association of Australia and New Zealand, Brisbane, August-September.
- Renwick M and Harvey R** (1989) *Quality assurance in Australian hospitals: who does it and how?* Presented at Sixth International Symposium on Quality Assurance in Health Care, Melbourne, March.

Renwick M and Harvey R (1989) *Quality assurance in Australian hospitals: how far does it go?* Presented at Sixth International Symposium on Quality Assurance in Health Care, Melbourne, March.

Stevenson C and d'Espaignet E (1988) *Trends in Australian infant mortality from 1960 to 1985.* Presented at the Twentieth Annual Scientific Conference of the Public Health Association of Australia and New Zealand, Brisbane, August-September.

Stevenson C and d'Espaignet E (1988) *Projecting infant mortality rates to the year 2000.* Presented at the Fourth National Conference of the Australian Population Association, Brisbane, September.

Thomas DW, Maynard JM, Streitberg GS, Wyndham LE and Hailey DM (1989) *Comparisons of analytical performance of dry chemistry analysers used by laboratory medical or ancillary staff.* Poster presented at Fifteenth World Congress of Anatomic and Clinical Pathology, Firenze, May.

Thomson N (1988) *Strategies to improve Aboriginal health.* Keynote paper presented at Twentieth Annual Scientific Conference of the Public Health Association of Australia and New Zealand, Brisbane, August-September.

AIH and Australian Institute of Aboriginal Studies (AIAS)

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

Thomson N and Merrifield P (eds) *Aboriginal health information bulletin no 11.* AIAS and AIH, Canberra.

Thomson N and Merrifield P (1988) *Aboriginal health—an annotated bibliography.* AIAS and AIH, Canberra.

National Perinatal Statistics Unit

Congenital malformations monitoring report

No 31 (October-December)

No 32 (January-March)

No 33 (April-June). This issue contains *Congenital malformations Australia 1981-1987.*

Perinatal Newsletter

No 3 (September 1988)

No 4 (December 1988)

No 5 (March 1989)

No 6 (June 1989)

Publications involving NPSU staff during 1988-89

Australian In-Vitro Fertilization Collaborative Group (1988) In-vitro fertilization pregnancies in Australia and New Zealand 1979-1985. *Medical Journal of Australia* 2 May: 429, 432-36.

Lancaster PAL (1988) Teratogenicity of isotretinoin (letter). *Lancet* 2: 1254-55.

Lancaster PAL (1989) Outcome of pregnancy, in Wood C and Trounson A (eds) *Clinical in-vitro fertilization.* Second edition, Springer-Verlag, Berlin: 81-94.

Lancaster PAL and Gye RSB (1988) Towards a registry for the prevention of spinal cord injury. The proposed registry: organisation and structure—an

academic model. Paper presented at Menzies Foundation Second Technical Meeting. *The Menzies Foundation Technical Report No 2* Perth: 93-98.

Lancaster PAL and Rogers JG (1988) Isotretinoin use in pregnancy (letter). *Medical Journal of Australia* 148: 654-55.

Saunders DM, Mathews M and **Lancaster PAL** (1988) The Australian register: current research and future role. A preliminary report. *Annals of the New York Academy of Sciences* 541: 7-21.

In press

Lancaster PAL (1989) Birth defects in Aborigines. *Medical Journal of Australia*.

Presentations involving NPSU staff during 1988-89

Lancaster PAL (1988) *Uses of perinatal data*. Presented at Royal Women's Hospital Golden Jubilee Scientific Week. Brisbane, September.

Lancaster PAL and Thomson PC (1988) *Investigation of possible environmental causes of birth defects* (abstract). *European Journal of Epidemiology* 1989;5:257-58. Presented at ICBOMS-EUROCAT Symposium on Birth Defects Monitoring Programs and Registries—Their Uses for Epidemiologic Research. Strasbourg, France, September.

Lancaster PAL and Ryerson S (1988) *Epidemiology of tracheo-oesophageal fistula in Australia*. Presented at Scientific Meeting in Honour of Professor Bowring AC. Sydney, November.

Lancaster PAL (1988) *National trends in obstetric care*. Presented at joint meeting of the Australian Perinatal Society and Australasian Society for the Study of Hypertension in Pregnancy. December.

Lancaster PAL (1988) *Perinatal outcome after IVF*. Presented at Conference on Assessing Perinatal Technology held in conjunction with WHO Division of Maternal and Child Welfare, Melbourne, December.

Lancaster PAL (1988) *Using routine data sets to evaluate technology and care*. Presented at Conference on Assessing Perinatal Technology held in conjunction with WHO Division of Maternal and Child Welfare, Melbourne, December.

Lancaster PAL (1989) *Issues in analysing clusters of birth defects*. Presented at Ciba-Geigy Medical Symposium, Coffs Harbour, February.

Lancaster PAL (1989) *Congenital malformations after IVF and GIFT*. Presented at Sixth World Congress on In-vitro Fertilization and Alternate Assisted Reproduction, Jerusalem, Israel, April.

Lancaster PAL (1989) *Factors influencing variations in clinical and live-birth pregnancy rates after IVF and GIFT*. Poster presented at Sixth World Congress on In-vitro Fertilization and Alternate Assisted Reproduction, Jerusalem, Israel, April.

Lancaster PAL (1989) *IVF and GIFT pregnancy rates and outcomes in Australia and New Zealand*. Presented at Università Cattolica, S Courc, Rome Italy, April.

Lancaster PAL (1989) *Pregnancy rates and outcomes after IVF and GIFT*. Presented at Royal Hospital for Women, Sydney, June.

Saunders D, Mathews M and Lancaster PAL (1988) *Outcome of pregnancies following assisted conception*. Presented at the Royal Australian College of Obstetricians and Gynaecologists' Fifth Advanced Course in Obstetrics and Gynaecology, Sydney, August.

Saunders DM and Lancaster PAL (1989) *Pregnancy rates and perinatal outcome after IVF and GIFT in Australia and New Zealand*. Presented at Sixth World Congress on In-vitro Fertilization and Alternate Assisted Reproduction, Jerusalem, Israel, April.

National Injury Surveillance and Prevention Project and related projects

Hartley PG, Robley DE and Thewlis SN (1988) *NISPP coding manual*. Third edition, NISPP, Adelaide.

Victorian Injury Surveillance System Hazard. (Newsletter) June

Vimpani GV and Hartley P (1988) *Interim report: National Injury Surveillance and Prevention Project*. Australian Institute of Health and Child Accident Prevention Foundation of Australia, Melbourne.

Vimpani GV and Hartley P (1989) Informational systems for the prevention of injury. *Medical Journal of Australia* 150: 470-72.

Vimpani GV (1989) Injury surveillance: a key to effective control of childhood injuries. *Australian Paediatric Journal* 25: 10-13.

NISPP reports and working papers

Vimpani AF (1989) *A validation study of the collection instrument and coding system used for the National Injury Surveillance and Prevention Project*.

Woodard Knight L (1989) *Sports injuries review*.

Presentations involving NISPP staff during 1988-89

Hartley P and Robley D (1989) *Getting the most from the NISPP system*. Presented at NISPP System User's Workshop, Monash Accident Research Centre, May.

Hartley P and Vimpani G (1989) *How to use the NISPP system most effectively*. Presented at NISPP System User's Workshop, Queen Elizabeth II Jubilee Hospital, Brisbane, June.

Vimpani GV, Hartley P and Smith LR (1988) *The National Injury Surveillance and Prevention Project: a new strategy for injury control in Australia*. Presented at Twentieth Annual Scientific Conference of the Public Health Association of Australia and New Zealand, Brisbane, August-September.

Vimpani GV (1988) *Future directions in injury surveillance in Australia*. Presented at National Injury Surveillance and Prevention Project Workshop, Adelaide, November.

Vimpani GV (1988) *Sports injuries*. Presented at Action in Injury Control Seminar, Royal Children's Hospital, Melbourne, November.

Vimpani GV (1989) *The National Injury Surveillance and Prevention Project*. Presented at Community Forum, National Committee on Violence, Canberra, February.

Vimpani GV (1989) *The National Injury Surveillance and Prevention Project*. Presented at Trauma Seminar, Lismore, February.

Vimpani GV (1989) *The National Injury Surveillance and Prevention project*. Presented at meeting of the National Committee on Violence, Adelaide, April.

Dental Statistics and Research Unit

Dental Statistics and Research Unit (1989) *Redesign of the child dental health survey*. Australian Institute of Health.

DSRU reports and working papers

Dental Statistics and Research Unit (1988) *National statistics, national register of dentists*. Report to the Presidents of the Dental Boards of Australia Conference, September.

Dental Statistics and Research Unit (1988) *Australian longitudinal study on ageing, dental component*. Report on the 1988 pilot study, September.

Dental Statistics and Research Unit (1988) *Child dental health survey*. A discussion paper, November.

Dental Statistics and Research Unit (1988) Report in the Australian Dental Association News Bulletin, November.

Dental Statistics and Research Unit (1988) *Ethnicity and/or Aboriginality*. Review of questions in child dental health survey.

Dental Statistics and Research Unit (1989) *Child dental health survey*. Survey guide for the Australian Capital Territory, May.

Dental Statistics and Research Unit (1989) *Child dental health survey*. Survey guide for the Northern Territory, May.

Dental Statistics and Research Unit (1989) *Child dental health survey*. Survey guide for New South Wales, June.

Presentations by DSRU staff during 1988-89

Slade GD (1989) *Australian longitudinal study on ageing, dental component*. Presented at Conference on the International Collaborative Study with Duke University, Adelaide, April.

Spencer AJ (1988) *Child dental health survey: a discussion paper*. Presented at the Conference of State Directors of the School Dental Service, Adelaide, November.

Spencer AJ and **Szuster FSP** (1988) *National statistics, national register of dentists*. Presented at the Dental Boards of Australia Conference, Brisbane, September.

National Health Technology Advisory Panel

Artificial hearts (December 1988)

Computerised perimetry (October 1988)

Digital radiography systems (October 1988)

Dry chemistry pathology trial part 3—general practice study (December 1988)

Dry chemistry pathology trial part 3—general practice study, synopsis
(December 1988)

Dry chemistry pathology trial part 4: overview (February 1989)

Gallstone lithotripsy (December 1988)

MRI assessment program—Third interim report (January 1989)

NHTAP newsletter

No 8 (December)

No 9 (June)

Appendix 5

Seminars and workshops

Australian Institute of Health seminars

- 26 August Dr David Banta, Health Council of the Netherlands
Developments in the use of monoclonal antibodies in genetic testing and diagnostics.
- 28 September Dr Basil Hetzel, Executive Director, International Council for Control of Iodine Deficiency Disorders
The decline of coronary heart disease in Australia: a review of the analytical epidemiology with reference to international trends and experimental studies on the role of polyunsaturated fats.
- 26 October Dr Brian Embury, Australian Bureau of Statistics
A conceptual basis of the Australian Standard Classification of Occupations.
- 31 October Dr Joel Lee, University of Kentucky
Health care services issues in rural areas of the United States: potential lessons for Australia.
- 30 November Dr Morris Barer, University of British Columbia, Medibank Private Visiting Fellow AIH
Trends in medical and hospital use among British Columbia's elderly: unique or universal?
- 17 January Mr D P Doessel, Department of Economics, University of Queensland
Australian fee-for-service medical practice and rising health expenditure: a case study of diagnostic tests.

Australian Institute of Health and National Centre for Epidemiology and Population Health joint seminars

- 9 March Ms Manoa Renwick, Health Services Division, AIH
Quality assurance in Australian hospitals: who does it and how?
- 30 March Dr Margaret Mackisack, Department of Statistics, Australian National University
A model for coronary heart disease population dynamics
- 13 April Dr John Ballard, Department of Political Science, Australian National University
If HIV testing is the answer, what is the question?
- 20 April Professor Scott Bass, Director, Gerontology Institute, University of Massachusetts, Boston
Addressing diversity in policies for the elderly—avoiding the positive and negative stereotypes
- 27 April Dr Stephen Mugford, Department of Sociology, Australian National University
The demand side of the illicit drug market: the missing element of drug use

Annual report 1988–89

- 11 May . Dr David Hailey, Head, Health Technology Unit, AIH
Office pathology testing—perspectives from the dry chemistry pathology trial
- 25 May Dr Gabriele Bammer, Research Fellow, NCEPH
The politics of health research: lessons from the RSI epidemic
- 30 May Mr Kevin O'Connor, Privacy Commissioner
Implications of The Privacy Act 1988 for the work of the Institute.
- 8 June Mr Roy Harvey, Head, Health Services Division, AIH
The Pharmaceutical Benefits Scheme: old data, new options
- 22 June Professor Bob Douglas, Director, NCEPH
Health development—NCEPH's research theme: grappling with the variables

Appendix 6

Membership of committees and working parties

Staff members' involvement in work related committees and working parties includes:

Mr Stan Bennett

Management Committee and Data Management Sub-Committee, National Heart Foundation Risk Factor Prevalence Study
Data Management Committee, National Dietary Survey of Adults
Data Management Committee, National Dietary Survey of Schoolchildren
Nutrition Project Planning Team, National Better Health Program

Mr Robert Carter

Preventable Cancers Project Planning Team, National Better Health Program
Prevention Strategies Panel (Advisory Committee to NHMRC)
Working Party on Training for Mammography (Advisory Committee to the AHMAC Steering Committee for the National Breast Cancer Evaluation)

Dr John Donovan

AHMAC Cervical Cancer Screening Evaluation Committee
AHMAC Breast Cancer Screening Evaluation Committee
AIH Ethics Committee (from January 1989)

Dr Michael Fett

Australian Cancer Society, National Breast Study Committee

Mr Stephen Gillett

Working Party on Data for Nursing Homes and Hostels, AHMAC National Hospital Statistics Project 1988-89

Dr David Hailey

AHMAC Superspecialty Services Subcommittee
NHMRC Radiation Health Committee, Magnetic Resonance Imaging Working Party
Council of the National Association of Testing Authorities

Mr Roy Harvey

AHMAC Working Party to Review the Measurement Aspects of Hospital Utilisation (Chair)
AHMAC Hospital Funding Working Party
Working Party on Inpatient/Non-inpatient Services, AHMAC National Hospital Statistics Project 1988-89 (Chair)
AHMAC Breast Cancer Screening Evaluation Steering Committee (to January 1989)
AHMAC Cervical Cancer Screening Evaluation Steering Committee (to January 1989)
AIH Ethics Committee (to January 1989)

Dr Paul Lancaster (NPSU)

Congenital Abnormalities Subcommittee of the Australian Drug Evaluation Committee

Standing Committee on Perinatal Medicine, Australian College of Paediatrics

Ethics Committee, Family Planning Association of New South Wales
Australian Teratology Society (Vice-president)

Dr Colin Mathers

Hypertension Project Planning Team, National Better Health Program
Working Party on Resource Data, AHMAC National Hospital Statistics Project 1988-89

Working Party on Data for Psychiatric and Related Hospitals, AHMAC National Hospital Statistics Project 1988-89

Working Party on Morbidity Data, AHMAC National Hospital Statistics Project 1988-89

Ms Penelope Rogers

Injury Project Planning Team, National Better Health Program
Management Committee, National Better Health Program (observer)
Executive Committee, National Injury Surveillance and Prevention Project

ACT and Region Injury Surveillance and Prevention Project
Worksafe Australia Occupational Health and Safety Statistics Coordination Group

Steering Committee, National Asthma Mortality Study

Dr Leonard Smith

Adviser to the Aboriginal Health Development Group
Advisory Committee, Centre for Clinical Epidemiology and Biostatistics, University of Newcastle

Advisory Committee, National Centre for Epidemiology and Population Health, Australian National University

Australian Health Ministers' Advisory Council (by invitation)

Executive Committee, National Injury Surveillance and Prevention Project (Chair)

National Health and Medical Research Council (by invitation)

NHMRC Public Health Research and Development Committee

NHMRC Special Purposes Committee

Australasian Epidemiological Association (Vice-president)

Professor A John Spencer (DSRU)

Post-graduate Committee in Dentistry, University of Adelaide

Board of Directors, South Australian Dental Service Incorporated

Dental Policy and Implementation Review Committee, South Australian Health Commission

Dental Board of South Australia

Editorial Board of *Journal of Preventive Dentistry*

Consultant to Dental Health Services Committee, Australian Dental Association

NHMRC Expert Panel on Impact of Change in Oral Health Status on Dental Education, Workforce, Practices and Services in Australia (Chair)

Mr Christopher Stevenson

Council of Australian Consortium for Social and Political Research Incorporated

Dr Neil Thomson

NHMRC Working Party on Anaesthetic Mortality

Consultant to the NHMRC Working Party on Maternal Mortality

Ms Marijke van Ommeren

Management Committee, Quadcare

Appendix 7

Activities funded by outside bodies

- Title : National Hospital Statistics Project
Funding body : AHMAC
Amount : \$186,000
Project : To develop recommendations on a National Minimum Data Set for institutional services and to recommend methods of costing inpatient and outpatient services.
- Title : Support for Superspecialty Services Subcommittee
Funding body : AHMAC
Amount : \$50,100
Project : Development of guidelines for superspecialty services.
- Title : Screening Evaluation Coordination Unit
Funding body : DCSH
Amount : \$800,000 (over two years)
Project : Coordination of national breast and cervical cancer screening evaluation.
- Title : Public Health Research and Development Committee Projects
Funding body : NHMRC
Amount : \$98,000
Project : To undertake two projects to:
analyse public health research and development activity in Australia, identify gaps in research and training of research personnel, and establish a register of grants; and
identify gaps in evaluation research in Australian health services, and recommended strategies for expanding evaluation training.
- Title : 1989 Risk Factor Prevalence Survey
Funding body : NHMRC
Amount : \$50,000
Project : Support for the conduct of the National Heart Foundation's 1989 Risk Factor Prevalence Survey.
- Title : 1989 Risk Factor Prevalence Survey
Funding body : National Heart Foundation of Australia
Amount : \$30,000
Project : Support for the conduct of the National Heart Foundation's 1989 Risk Factor Prevalence Survey.
- Title : National Asthma and Asthma-Related Mortality Collection
Funding body : NHMRC
Amount : \$35,000
Project : Establishment of a National Asthma and Asthma Related Mortality Collection.

Annual report 1988-89

- Title** : CSIRO Division of Plant Industry Laboratory Study
Funding body : CSIRO
Amount : \$80,000 (over two years)
Project : Follow up of workforce to determine cancer experience.
- Title** : Carcinogenicity of dapsone in Vietnam veterans
Funding body : Commonwealth Department of Veterans' Affairs
Amount : \$11,500
Project : Investigation of scope for epidemiological studies.
- Title** : Hospital Patient Spatial Impacts Model Workshop
Funding body: : Research and Development Grants Advisory Committee
Amount : \$2,500
Project : Conduct demonstrations and provide examples of the model in workshop format.
- Title** : Medibank Private Visiting Fellowship
Funding body : Medibank Private
Amount : \$16,600
Description : Fellowship for Dr Morris Barer of the University of British Columbia to work at the Institute on the analysis of health insurance data.

Appendix 8

Cumulative publications list

The Australian Institute of Health produces a wide range of publications based on its work program, covering such issues as health expenditure, hospital use, quality assurance, the health labour force, health status differentials, trends in mortality and health technologies.

This list includes publications produced by the AIH, alone or jointly with other organisations. Where the Institute has taken over production of a pre-existing series, these are also shown.

The list contains a brief description of the contents of each title as well as details of where the publication can be obtained and price (if applicable). The postage and packaging charges listed are for publications supplied through the AIH. Check with other suppliers for their postage and packaging charges, and with the AIH Publications Section for large orders.

How to order

For publications available directly from the **Australian Institute of Health** (AIH) telephone (062) 435073 or write to:

The Publications Section
Australian Institute of Health
GPO Box 570
Canberra ACT 2601

Please include payment with your order for AIH publications.

For publications available from the **Australian Government Publishing Service** (AGPS) Bookshops telephone (008) 02 6148 (Canberra customers please call 954861) for further information or write to:

AGPS Mail Order Sales
Australian Government Publishing Service
GPO Box 84
Canberra ACT 2601

For publications available from **Aboriginal Studies Press** telephone (062) 461111 or write to:

Aboriginal Studies Press
GPO Box 553
Canberra ACT 2601

For publications available from the **National Perinatal Statistics Unit** telephone (02) 692 4378 or write to:

Jennifer Burn
National Perinatal Statistics Unit
Department of Public Health
Building A27
Sydney University
NSW 2006

For publications available from the **National Injury Surveillance and Prevention Project** telephone (08) 226 6362 or write to:

Sue Thewlis
NISPP National Secretariat
Epidemiology Branch
South Australian Health Commission
PO Box 6
Rundle Mall SA 5000

For publications available from the **Dental Statistics and Research Unit** telephone (08) 228 5027 or write to:

AIH Dental Statistics and Research Unit
University of Adelaide
PO Box 498
Adelaide SA 5001

Out of print publications

Several early AIH publications are out of print. Some are available through the AGPS demand printing service (062 954411). Others may be held by the National Library of Australia and State, Territory or university libraries. Inter-library loans through your library may be arranged with the AIH where copies are unavailable locally.

AIH publications

Aboriginal health: an annotated bibliography

N Thomson and P Merrifield
(A joint AIAS and AIH publication)

The Aboriginal people are the least healthy sub-population in Australia. This book will assist politicians and health planners by providing annotated references to the most significant material published between 1970 and 1985.

Availability: From Aboriginal Studies Press
Price: \$19.95

Aboriginal health information bulletin

Volumes 1-7 were published by the Australian Institute of Aboriginal Studies, beginning in 1982. Volumes 8 onwards have been published jointly by the AIH and AIAS. Volume 12 to be published in November 1989.

Availability: From AIH

Price: Free to subscribers, \$2 (p&p) for single issues

Aboriginal health statistics: proceedings of a workshop, Darwin, April 1986

Examines the development of Aboriginal health statistics in Australia.

Availability: From AIH

Price: \$2 p&p

Annual report 1987-88

First annual report of the Australian Institute of Health.

Availability: From AGPS

Price: \$8.95

Australian casemix bulletin

Published four times a year to encourage exchange of information between people working on casemix in Australia. First issue February 1989, No 4 to be published October 1989.

Availability: From AIH

Price: Free to subscribers, \$2 (p&p) for single requests

Australian health expenditure 1979-80 to 1981-82

The fourth publication in a series, which began in June 1980, outlining health expenditure by government and individuals. Earlier volumes were produced by the then Commonwealth Department of Health.

Availability: Out of print but can be obtained through AGPS demand printing service for \$24.95.

Australian health expenditure 1970-71 to 1984-85

The fifth publication in the health expenditure series, covering 1970-71 to 1984-85. Updates earlier publications in the series, with the emphasis on expenditure between 1981-82 and 1984-85.

Availability: From AGPS
Price \$8.95

Australia's health 1988

The first biennial report of the AIH assembles statistical data on the state of the nation's health and health services. It covers such topics as the changes in occurrence of diseases and expectation of life; the effects of age, sex, social status and occupation on the incidence of sickness and disease; the present scope and cost of health services; health technologies; and the likely changes in health and health services as the Australian population ages.

Availability: From AGPS
Price: \$19.95

Cancer in Australia 1982

GG Giles, BK Armstrong and LR Smith

The first digest of Australian cancer incidence statistics. Includes graphs, incidence maps and microfiche tables.

Availability: From AIH
Price: \$15 (includes p&p)

Health expenditure information bulletin

The AIH produces occasional bulletins to update details of health expenditure. First issue March 1986.

No 1: Preliminary estimates of health expenditure 1982-83 to 1984-85

No 2: Australian health expenditure 1982-83 to 1984-85

No 3: Australian health expenditure 1982-83 to 1985-86

Availability: From AIH

Price: Free to subscribers, \$2 (p&p) for single requests

Health differentials for working age Australians

SH Lee, LR Smith, E d'Espaignet and N Thomson

Presents data on the differences in health status and risk factors between sociodemographic groups in Australia.

Availability: From AIH

Price: \$12.00 (includes p&p)

Health workforce information bulletin

Presents information from Censuses of Population and Housing, beginning with 1981. They contain comparable tables and basic data on the characteristics of a range of health occupations.

No 1: Nurse workforce 1981

No 2: Medical workforce 1981

No 3: Dental workforce 1981

No 4: Physiotherapy workforce 1981

No 5: Occupational therapy workforce 1981

No 6: Speech therapy workforce 1981

No 7: Radiography workforce 1981

No 8: Dietitian workforce 1981

No 9: Chiropody workforce 1981

No 10: Pharmacy workforce 1981

No 11: Preparation of health professionals through tertiary education in Australia

No 12: Immigration of health professionals to Australia 1982-83 to 1987-88

No 13: Nurse workforce 1986

No 14: Medical workforce 1986

No 15: Dental workforce 1986

No 16: Physiotherapy workforce 1986

No 17: Occupational therapy workforce 1986

No 18: Speech therapy workforce 1986

No 19: Health professional associations: inventory of data collections

No 20: Health professional registering authorities: inventory of data collections

No 21: Radiography workforce 1986

No 22: Chiropractic workforce 1986

No 23: Pharmacy workforce 1986

No 24: Optometry workforce 1986

Availability: From AIH

Price: \$2 per volume p&p (maximum \$10)

Hospital utilisation and costs study

The four-volume report is the first major national study of hospital use and costs since the Jamison inquiry in 1980. The AIH, in cooperation with State and Territory health authorities, collected information for 1985-86 from every public hospital in Australia.

Volume 1: Commentary

R Harvey and C Mathers

Volume 2: Survey of public hospitals and related data

C Mathers and R Harvey

Volume 3: Projecting acute hospital demand in 1996 for New South Wales, Queensland and Western Australia. (September 1989)

S Gillett and R Harvey

Volume 4: Studies and reports prepared by and for the Australian Institute of Health

M Renwick, C Stevenson, N Staples and J Butler

Availability: From AIH

Price: \$5 (p&p) per volume

Managing madness: psychiatry and society in Australia 1788-1980

M Lewis

Examines a wide range of material including psychiatric theories and treatment, institutions and services, legislation and policy, and professional training and relations between the mental health professions.

Availability: From AGPS

Price: \$24.95

Quality assurance in hospitals

M Renwick and R Harvey

Details the results of a survey undertaken by the AIH, in collaboration with State and Territory health authorities. It presents a comprehensive picture of the present state of quality assurance in Australian hospitals, and highlights areas needing improvement.

Availability: Out of print but can be obtained through AGPS demand printing service for \$29.95.

QA in hospitals—a digest

M Renwick and R Harvey

A 40-page summary of *Quality Assurance in hospitals*.

Availability: AIH

Price: \$2 (p&p)

Report to the National Committee on Health and Vital Statistics on outcome data in health

J Hall, G Masters, K Tarlo and G Andrews

Recommendations for developing national health statistics in Australia, based on a research project set up to determine the appropriate methods of measuring health outcomes and to assess the usefulness of existing data collections.

Availability: From AGPS

Price: \$2.95 (over the counter), \$5 (mail order)

Technologies in health care: policies and politics

J Daly, K Green and E Willis

Proceedings of a workshop on medical technology sponsored by the AIH in August 1985.

Availability: Out of print but can be obtained through AGPS demand printing service for \$34.95.

Women's health data requirements
SH Lee

Discusses the need for studies on women's health to take account of such factors as social class, environment, employment and life stresses.

Availability: From AGPS
Price: \$6.95

AIH reports & working papers

Working papers and reports are available from the AIH. There is a charge of \$2 (p&p) per item (maximum \$10).

National Committee on Health and Vital Statistics (1986) *The National Nosology Reference Centre*. Report of the working party on the proposal to establish a national nosology centre.

Harvey R (1986) *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. (1986)

National Committee on Health and Vital Statistics Cancer Statistics Subcommittee and AIH (1986) *National Cancer Statistics Clearing House—protocol*.

Australian Institute of Health Screening Evaluation Coordination Unit (1987) *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 (1987) *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 (1987) *Bibliography of Australian health differentials. Selected articles and monographs since 1980*. (2 vols).

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

Australian Institute of Health Screening Evaluation Coordination Unit (1988) *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 (1988). *Final report to Australian Health Ministers' Advisory Council*.

NHTAP

The National Health Technology Advisory Panel (NHTAP), which has been supported by the AIH since early 1987, advises the Commonwealth Government on new and established health technologies.

NHTAP reports provide a basis for rational decision making on health technology use and funding. They are used by Commonwealth and State health authorities and are of particular interest to health administrators, professional bodies and industry.

NHTAP reports are available from the AIH. Except for the newsletter, which is free, there is a \$2 postage and packaging charge. Check with the AIH Publications Section on p&p charges for large orders.

NHTAP newsletter

Published twice a year (June and December). First issue March 1985, No 10 to be published in December 1989.

Availability: From AIH

Price: Free

Artificial hearts

December 1988

Bone mineral assessment and osteoporosis

October 1986

Computerised perimetry

October 1988

CT scanning in Australia

June 1988

Digital subtraction angiography

May 1986

Digital radiography systems

October 1988

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

September 1987

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

May 1988

Dry chemistry pathology trial part 3: general practice study

December 1988

Dry chemistry pathology trial part 3: general practice study synopsis

December 1988

Dry chemistry pathology trial part 4: overview

February 1989

Gallstone lithotripsy

December 1988

In vivo NMR spectroscopy

March 1985

Lasers in gynaecology

February 1987

Lasers in medicine

October 1985

Medical cyclotron facilities

September 1984

MRI assessment program: first interim report

September 1987

MRI assessment program: second interim report

May 1988

MRI assessment program consensus statement on clinical efficacy of MRI

May 1988

MRI assessment program third interim report

January 1989

Nuclear magnetic resonance imaging

June 1983

Nuclear magnetic resonance imaging evaluation program selection of sites

April 1984

Oxygen concentrators

November 1987

Portable fluoroscopic devices: the lixscope

March 1987

Rotational testing of vestibular function

April 1986

Screening mammography services

March 1988

Shock wave lithotripsy

June 1985

Shock wave lithotripsy: a technology update

December 1987

Surgical stapling

November 1986

Usage of endoscopy in Australia

October 1987

NPSU

Responsibility for the funding of the National Perinatal Statistics Unit (NPSU) was transferred to the Australian Institute of Health in 1985. The Unit is located in the Department of Public Health at the University of Sydney. Publications are available from the NPSU free of charge.

Perinatal newsletter

Published four times a year. First issue February 1988.

Congenital malformations monitoring report and congenital malformations Australia 1981-1987

Published four times a year. First issue 1981.

Congenital malformations Australia, 1980-1984

Report on the incidence of major congenital malformations in the Coffs Harbour region of NSW
P Lancaster and J Baker (1985)

Congenital malformation and other reproductive outcomes in Coffs Harbour, 1981-1985. Report to the NSW Department of Health
M Carey and P Lancaster (1987)

In vitro fertilisation pregnancies, Australia and New Zealand 1979-1984

National Perinatal Statistics Unit and Fertility Society of Australia (1985)

In vitro fertilisation pregnancies, Australia and New Zealand 1979-1985

National Perinatal Statistics Unit and Fertility Society of Australia (1987)

IVF and GIFT pregnancies, Australia and New Zealand 1986

National Perinatal Statistics Unit and Fertility Society of Australia (1987)

IVF and GIFT pregnancies, Australia and New Zealand 1987

National Perinatal Statistics Unit and Fertility Society of Australia (1988)

NISPP & related projects

The National Injury Surveillance and Prevention Project (NISPP), which is located in the Epidemiology Branch of the South Australian Health Commission in Adelaide, is conducted by the AIH in cooperation with the Child Accident Prevention Foundation of Australia. Publications and working papers are available from NISPP free of charge.

Child injury surveillance system: a feasibility study for Australia

JN Moller and GV Vimpani
CAPFA, Melbourne (1985)

Availability: From Child Accident Prevention Foundation of Australia (03 663 1319)

Price: Free

NISPP national bulletin

First issue September 1987, final issue, No 3, was published in August 1988.

The Link

Quarterly newsletter replacing the NISPP national bulletin. First issue to be published August 1989

Interim report: National Injury Surveillance and Prevention Project

GV Vimpani and P Hartley

NISPP coding manual (Third edition)

PG Hartley, DE Robley and SN Thewlis (1988)

System input manual: data entry and search screens (1987)**System output manual (1987)****Reports and working papers**

Vimpani AF (1989) A validation study of the collection instrument and coding system used for the National Injury Surveillance and Prevention Project

Woodard Knight L (1989) Sports Injuries Review

State bulletins

South Australian injury surveillance monthly bulletins

First issue July 1986, No 14 to be published in September 1989

Hazard

Quarterly newsletter of the Victorian Injury Surveillance System. First issue July 1988.

Availability: From VISS (03) 345 5087

DSRU

The Dental Statistics and Research Unit (DSRU), based at the University of Adelaide, is developing information and statistics on the dental labour-force and on dental health status. Publications and working papers are available from DSRU free of charge.

Redesign of the child dental health survey

Dental Statistics and Research Unit (1988)

Working papers & reports

Dental Statistics and Research Unit (1988) *National statistics, national register of dentists*. Report to the Presidents of the Dental Boards of Australia Conference

Dental Statistics and Research Unit (1988) *Australian Longitudinal Study on Ageing, dental component*. Report on the 1988 pilot study

Dental Statistics and Research Unit (1988) *Child Dental Health Survey*. A discussion paper

Dental Statistics and Research Unit (1988) Report in the *Australian Dental Association News Bulletin*, November 1988

Dental Statistics and Research Unit (1988) *Ethnicity/Aboriginality*. Review of questions (as a part of the redesign of the Child Dental Health Survey and in response to the needs of the Queensland School Dental Service, the DSRU reviewed the questions used to elicit ethnicity/aboriginality)

Dental Statistics and Research Unit (1989) *Child Dental Health Survey*. Survey guide for the Australian Capital Territory

Dental Statistics and Research Unit (1989) *Child Dental Health Survey*. Survey guide for the Northern Territory

Dental Statistics and Research Unit (1989) *Child Dental Health Survey*. Survey guide for New South Wales

Appendix 9

Freedom of information

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

Appendix 10

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 |
| ASAC | Australian Statistics Advisory Council |
| CT | computerised tomography |
| DCSH | Department of Community Services & Health (Commonwealth) |
| DRG | diagnosis related group |
| EEO | equal employment opportunity |
| GIFT | gamete intra-fallopian transfer |
| HIC | Health Insurance Commission |
| LWOP | leave without pay |
| IVF | in vitro fertilisation |
| MRI | magnetic resonance imaging |
| NCADA | National Campaign Against Drug Abuse |
| NCEPH | National Centre for Epidemiology and Population Health (Australian National University) |
| NHBP | National Better Health Program |
| 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 |
| PHA | Public Health Association of Australia Inc. |
| RADGAC | Research and Development Grants Advisory Committee |
| SECU | Screening Evaluation Coordination Unit |
| WHO | World Health Organization |