

Australian Institute of Health Annual Report 1989-90



**Australian Institute of Health
Annual Report
1989-90**



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Australian Institute of Health

Annual Report 1989–90

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The Hon Brian Howe MP
Minister for Community Services and Health
Parliament House
CANBERRA ACT 2600

Dear Minister

I am pleased to present the Annual Report of the Australian Institute of Health for the year to 30 June 1990 as required under Division 3, Part 11, Section 63M of the Audit Act.

Yours sincerely

A handwritten signature in cursive script that reads "Peter Karmel". The signature is written in dark ink and is positioned to the left of a horizontal line that serves as a separator between the signature and the typed name below.

Peter H Karmel AC, CBE
Chairman

February 1991

The Board

The *Australian Institute of Health Act 1987* established the Institute as a 12-member Board. Members of the Board during 1989-90 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

Dr P Sue Morey

Mr John Bissett

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 Australian Statistician

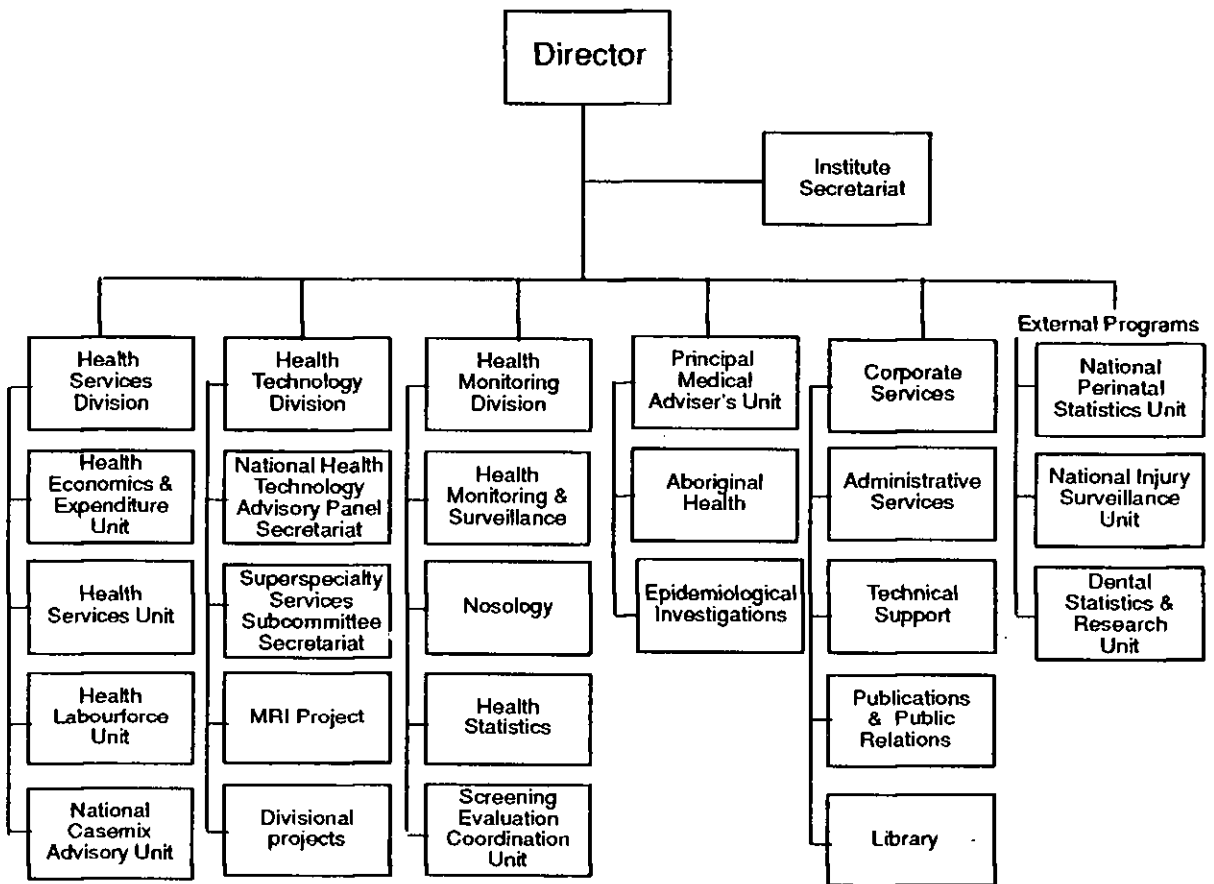
Mr Timothy J Skinner

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

Mr Alan J Bansemer

The members of the Board met on 5 July, 6 October and 29 November 1989, and on 7 March and 6 June 1990.

Organisation structure



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The Australian Institute of Health

The mission of the Australian Institute of Health 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 role in health statistics development is to identify the priorities for national health data, to work with the States and Territories and others to promote the development of data sets based on common standards and definitions, to assemble these into national data bases, and to analyse and report on the national data. The Institute is not generally involved in the original collection of data, which is undertaken primarily by the State and Territory health authorities, the Australian Bureau of Statistics and the Department of Community Services and Health.

The Institute was established as a statutory body within the Commonwealth Community Services and Health portfolio in 1987. As a national health statistics and research agency it provides support both to the Commonwealth and to the States and Territories, the latter 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.

There are four major components to the Institute—Health Services Division, Health Technology Division, Health Monitoring Division and Corporate Services.

Three external programs are also funded through the Institute—the National Injury Surveillance Unit and the Dental Statistics and Research Unit which are both located in Adelaide, and the National Perinatal Statistics Unit in Sydney.

A Secretariat provides coordination with other organisations, and support for the Board and the two Institute committees (the National Committee on Health and Vital Statistics and the Ethics Committee). 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 also provides secretariat and research services to the National Health Technology Advisory Panel and the Superspecialty Services Subcommittee of the Australian Health Ministers' Advisory Council.

Achievements and developments during 1989-90

Major progress was made during 1989-90 in a number of the Institute's data collection and research activities. The Australian Health Ministers' Advisory Council (AHMAC) supported the collection of national hospital utilisation and cost data on a routine basis, the second Hospital Utilisation and Costs Study, covering 1987-88, is now almost complete, and planning is well advanced for the 1989-90 survey.

An important achievement was reaching agreement nationally on information to be collected about institutional health care. A National Minimum Data Set was developed in cooperation with the Australian Bureau of Statistics and Commonwealth, State and Territory health authorities. It was funded by AHMAC. The information will form the basis of future national surveys of institutional health care.

A major analysis, drawing on national health insurance data, compared the use and costs of private medical services in 1976 and 1986.

During the year the Institute initiated a number of collaborative exercises to foster the development of national health statistics. These included a meeting between Institute research staff and the heads of research and planning in the State and Territory health departments, which resulted in a useful sharing of views. The Institute also collaborated with the Australian Bureau of Statistics (ABS) in a review of all existing health data collections in Australia and an inventory of these will be published early in 1991.

The National Committee on Health and Vital Statistics, a committee of the Institute, is attempting to systematically canvass views on priorities for national health statistics, advertising nationally in the press, inviting submissions from key organisations and individuals, and consulting with the States and Territories. Many submissions were received from the general public and a wide range of health-related organisations. These provided the framework for a National Health Statistics Forum which is to be held in February 1991.

The Institute's involvement with the National Better Health Program continued and baseline reports were produced covering the five priority areas of the Program, as well as a report on its goals and targets.

Research assistance to the Royal Commission into Aboriginal Deaths in Custody was provided by the Institute; several background reports were prepared and assistance given with health related aspects of the Commission's national report. In another commissioned project, this time on behalf the Department of Veterans' Affairs, an investigation was carried out to determine whether use of the anti-malaria drug dapsone during the Vietnam war has caused any cancer in veterans.

A decision has been taken to amalgamate the National Health Technology Advisory Panel and the AHMAC Superspecialty Services Committee into a single committee. This will be a subcommittee of the National Health and Medical Research Council's Health Care Committee and will provide advice on the costs, effectiveness and distribution of health care technologies. The Institute will provide scientific and administrative support to the new committee.

During the year the Institute undertook a number of health technology assessment activities outside the framework of advisory bodies, and published the first three titles in its Health Care Technology series.

The National Injury Surveillance Unit was established as an external unit of the Institute with funding provided by the Department of Community Services and Health under the National Better Health Program. The Unit is a successor to the highly successful National Injury Surveillance and Prevention Project, a pilot conducted by the Institute in conjunction with the Child Accident Prevention Foundation of Australia. The new Unit will continue to supply software for recording injury data and to liaise with data collection centres.

The other external units of the Institute, the National Perinatal Statistics Unit (NPSU) and the Dental Statistics and Research Unit (DSRU), continued their successful programs. The NPSU activities included joint publication of a report with Homebirth Australia on the outcome of homebirths. The DSRU put in place a new Child Dental Health Survey and further developed its national dental workforce collection.

The Institute has established links with overseas organisations, notably the World Health Organization, and is seeking to develop formal collaborating arrangements with WHO and with health statistics organisations in other countries.

Strong links have been developed with WHO's Division of Epidemiological Surveillance, and the Institute is working with WHO on the development of national health monitoring systems and national health program evaluation. The Institute's Director led the Australian delegation to the Conference on the 10th Revision of the International Classification of Diseases which was held in Geneva from 25 September to 5 October 1989.

Prospects for the future

In the Institute's work, emphasis is shifting from the development of health statistics to management and use of the data bases that have been put in place. When the Institute was established, there was a substantial backlog of data development activity which had been identified as requiring urgent attention.

Lengthy negotiations proved necessary to overcome various impediments to the procurement of data and development of data bases. Considerable effort was required during the Institute's first few years to deal with these technical and administrative issues. Many problems have now been resolved, and the reward for the initial development is now becoming apparent, with substantial progress and achievements occurring in most of the key areas.

As the various data bases are put in place, there will be a shift in emphasis towards undertaking value-added analysis of statistics that have become available, disseminating information and efficiently managing the data bases. These evolving activities point to the need for a mix of expertise and skills within the Institute so that it is able to undertake the broad role set out in its legislation. They also point to the continuing need for realistic resources if momentum is to be maintained.

After three years of operation as a statutory authority, the Institute has established a reputation for expertise in the compilation and analysis of health

related statistics and in the assessment of existing and emerging health technology. This is reflected in the number of projects which the Institute has undertaken at the request of other organisations. In 1989-90 more than 20 per cent of Institute funding was provided by organisations commissioning work.

The Institute's success in attracting external funds has placed extra demands on the principal investigators and on support services. The extent to which core staff can be attached to externally funded projects is limited. The Institute will need sufficient funds to cover the associated administrative overhead costs if significant additional work is to be undertaken.

With its achievements as a health statistics and research agency, and with the range of projects currently in progress, the Institute is well placed to continue its contribution to the improvement of the health of Australians and to the efficient use of resources in health care.

Institute activities

Health Services Division

The Division is responsible for developing, collecting and analysing statistics and information on the provision and use of health services in Australia, and on the resources required to provide these services. Major activities have been the development of national databases to describe the infrastructure of the health services system, including the health labour force, the cost and use of medical services and hospitals and related institutions.

The growing demand for information from other bodies, including government at all levels, non government and the private sector, is a good indication that the Institute and the Division are now seen as a basic source of health services information.

Health Economics and Expenditure Unit

This unit is responsible for collating information on expenditure on health services by governments, through private insurance, and by individuals. *Information Bulletin No 4: Australian health expenditure to 1987-88* was published during the year and is the most recent in a series which incorporates health expenditure data from 1982-83. Information from this series is provided to the Organisation for Economic Cooperation and Development (OECD).

The unit also provides advice on health economic analysis and evaluation. Major tasks carried out during the year included : provision of an economic consultancy to the Screening Evaluation Coordination Unit (SECU); giving technical and secretariat support to the AHMAC Working Party on Measurement Aspects of Hospital Utilisation; estimating the economic and health effects of increasing taxes on tobacco; and modelling the effects of Commonwealth Grants Commission recommendations on health financing arrangements.

Health Services Unit

This Unit's task is to develop and collect statistics on the use of all health services including hospitals, nursing homes, and medical services. The need to develop a consistent national information base in this area is recognised as a high priority.

Much of the Unit's work has been carried out at the request of AHMAC and builds on work undertaken by the Institute since 1986. Further work has been carried out on the definitions in the National Minimum Data Set (NMDS) for Institutional Health Services. When completed, the NMDS will allow for standardised definitions of data collected in that area, and the Unit is cooperating with the Australian Bureau of Statistics to put together a proposal for a four year national survey program based on the NMDS. AHMAC will consider the proposed program, which will cover both the private and public sectors, in October 1990.

Volume 3 of the first hospital utilisation and costs study was published (details of the study were presented in the 1988-89 Annual Report). This volume contained projections of demand for acute hospital services in 1996, allowing for the effects of ageing, and for changes in the duration and nature of acute hospital stays.

Work continued on the second hospital utilisation and costs study which covers the financial year 1987-88, and a report is expected in the latter part of 1990. AHMAC has asked the Institute to undertake a third study, covering the year 1989-90.

The Institute's working party on inpatient/non-inpatient services reported to AHMAC in October 1989 with recommendations on methods of separating, counting and costing inpatient and non-inpatient services. The recommendations were endorsed by AHMAC. The National Casemix Advisory Unit will further develop this work.

The hospital inpatient morbidity data held under agreements with State and Territory health authorities have continued to expand. Additional data have been received from New South Wales, Victoria, the Australian Capital Territory and the Northern Territory.

During the year a member of staff spent a month in the United States gaining hands-on experience of screening techniques for quality of patient care as part of routine utilisation review in hospitals. The unit will continue to hold a watching brief on quality of care issues.

A major study of changes in the use of private medical care over the period 1976 to 1986 was reported on during the year. The study showed increased use of medical costs by nearly all age groups. This analysis is being extended to incorporate 1988 data. This will permit trend analysis since the introduction of Medicare.

Health Labourforce Unit

In the past year, work on the health labourforce has been directed towards the development of a national core labourforce data collection. Significant progress has been made in establishing data collections for nurses, medical practitioners, pharmacists and podiatrists.

At its June 1990 meeting, AHMAC agreed to provide the Institute with \$343,400 over three years to establish a National Minimum Data Set for health professionals by the end of 1991 and a comprehensive labourforce data base by the end of 1993.

The unit has provided professional support to the Medical Workforce Data Review Committee of AHMAC since its establishment and first meeting in November 1989. Work undertaken for this Committee has included: a critical evaluation of, and recommendations to improve, information on overseas trained doctors; preparation of an overview paper on the shortage of Resident Medical Officers in public hospitals, and work is proceeding on routine monitoring of the situation. AHMAC provided support for this project in 1989-90.

Annual data on the immigration of health professionals and the preparation of health professionals in tertiary institutions have been disseminated in the information bulletin series. An inventory of data collections covering the medical labour force has been prepared and will be published in the near future.

National Casemix Advisory Unit

Casemix refers to a system which classifies hospital patients in terms of the amount of resources they consume. During 1989-90, the Institute was given funding to set up the National Casemix Advisory Unit by the Department of Community Services and Health through its Commonwealth Casemix Development Program. The Unit provides advice and facilitates the development of casemix initiatives in all States and Territories.

A publication series called the *Australian Casemix Bulletin* was established to provide news and information about the development of casemix information systems in Australia.

Health Technology Division

The work of the Division is centred on the provision of advice on the role, costs and effectiveness of health care technologies. This is achieved through support for national advisory committees; preparation of reports based on the literature and other forms of information; collection of primary data; and development of a data base.

During the year, the Division continued to undertake a wide variety of health technology assessment activities including development of its own assessments and collaboration in external projects.

Secretariats

Provision of research and secretariat services for the National Health Technology Advisory Panel was a major activity. Following the review of the NHTAP in 1988-89, recommendations in the resulting report were accepted by the Minister and led to modified membership and terms of reference for the Panel. The Panel met three times during the year, twice under the new arrangements. Reports were completed on high energy radiotherapy, automated afterloading in brachytherapy, low-back testing by dynamometry, bone mineral assessment, coronary angioplasty and magnetic resonance imaging services. Work is underway on assessment of a further eight technologies using the consultation and synthesis process which has been developed by the Panel over a number of years.

The Division provided research and secretariat support for the Superspecialty Services Subcommittee of AHMAC. A report on guidelines on services for acute spinal injuries was printed and guidelines on refractory epilepsy services and on neonatal intensive care were finalised. Work continues on a further three guidelines.

MRI project

Magnetic Resonance Imaging is a high cost diagnostic method which is being assessed at five teaching hospitals prior to any further government support for the technology. Coordination of the MRI assessment program was a demanding activity for the Division. The coordinating technical committee, which has been serviced by the Division, wound up its activities and its final report is in preparation. A fourth interim report was published during the year, updating the analysis of the minimum data set and cost data with details of follow-up studies conducted at some of the hospitals. It is expected that some follow-up studies and analysis of data collected will continue for some time.

Division projects

During the year the Division published the first three titles in the Health Care Technology Series. These were a literature review of coronary angioplasty and related techniques; a report on the use of tinted lenses for the reading disabled; and specifications for screening mammography technology. The Division also issued a discussion paper on options for stereotactic radiosurgery.

The Division began work on building up a data base on health care technologies and their usage and distribution. The first issue of a newsletter reporting on health technology studies undertaken at the Institute and at other centres in Australia and New Zealand was published.

External Projects

The Division was heavily involved during the year with establishment of a trial on gallstone lithotripsy at St Vincent's Hospital, Melbourne. The Division Head participated in meetings of the hospital's coordinating committee and an associated working party which developed and refined protocols. The Division also began work in association with the Australian Centre for Medical Laser Technology, Adelaide, on a research project on the effectiveness of lasers in dermatology.

Funding made available by the Department of Community Services and Health is to be used in support of seven projects dealing with topics related to NHTAP interests which will be undertaken in a number of hospitals and other centres. The Division is providing coordination and liaison services for this work. In addition, support is being provided through the Division for external projects on research on tinted lenses in reading impairment and on quality-of-life measures linked to the gallstone lithotripsy assessment program.

A member of the Division again acted as a consultant to the Ministry of Health, British Columbia, Canada to advise on methods of establishing an assessment of MRI technology in that Province. A brief consultancy was undertaken for the John Hunter Hospital, Newcastle, in respect of proposals for digital information systems. Staff in the Division prepared a discussion paper for the Australian Hospital Association on technology and the hospital.

Health Monitoring Division

The former Health Status Division was renamed during the year to reflect the emphasis of its work on monitoring, investigating, and reporting on the health of all Australians and of population subgroups. It also seeks to improve the variety and quality of statistical information available for this purpose.

Monitoring and Surveillance

Risk Factor Prevalence Survey

The Division has collaborated with the National Heart Foundation of Australia and the Department of Community Services and Health in conducting the third (1989) Risk Factor Prevalence Survey. Previous surveys were conducted in 1980 and 1983.

Data collection and editing of the recent survey has been completed. The response rate was almost 75 per cent, which is comparable with previous surveys. Statistical analysis is under way and a report is in preparation.

National Better Health Program

The Division continued its participation in the monitoring and evaluation aspects of the National Better Health Program (NBHP), which is aimed at involving all Australians in improving their health. Initially, the focus is on the five priority areas - high blood pressure, injury, improved nutrition, preventable cancers and health of older persons. For each of these, draft reports on data requirements and recommendations for review were submitted to the Project Planning Teams for the Program.

A final report entitled *Australia's health goals and targets: data requirements and recommendations for review* was subsequently submitted to the NBHP Management Committee. The report recommended revisions and additions to the quantitative targets for the five priority areas and identified appropriate performance indicators for monitoring progress towards these targets.

Health status of people of non English speaking background

The AIH has been commissioned by the Office of Multicultural Affairs to undertake a major study of health status of Australians of non English speaking background.

The study will identify and review existing data sources on ethnic health in Australia with a view to providing a baseline summary. A further aim is to identify gaps and deficiencies in existing ethnic health data and indicators. Recommendations will be made on options for filling these gaps and deficiencies on a national basis, and on developing criteria for determining priorities for improving ethnic health data.

During the year, the literature was reviewed and relevant health data sources identified and documented. Information from these sources was compiled and analysed to produce a statistical report on the health of the study group. Arrangements are in place to consult widely with users and providers of data on the gaps and deficiencies in existing statistics and their priority needs.

Asthma Mortality Project

Asthma is a common and serious problem in Australia. Research suggests that as many as one in seven Australians are asthmatic and asthma deaths have increased considerably in recent years.

In June 1988, an NHMRC committee set up to examine asthma deaths concluded that much information still had to be collected about asthma mortality in Australia. It recommended that data be collected to show what sorts of factors were commonly associated with asthma deaths. Since January 1989, the Institute and members of the NHMRC Asthma Mortality Steering Committee have been working to set up such a collection. A national data collection is expected to commence during 1991.

Statistics

Inventory of Australian health statistics

In February, a joint AIH-ABS project to compile and publish an inventory of Australian health data collections was started. The inventory will provide researchers, administrators and planners with a guide to major health collections, and also assist in identifying gaps in available data and the setting

of priorities for filling these gaps. A draft of the inventory will be submitted to the National Health Statistics Forum to be held during 1990-91. The inventory will be revised on receipt of comments from the Forum participants and then published.

National Cancer Statistics Clearing House

The Clearing House has been the focus of great attention by the Institute in the past year. It now has the support of all States and Territories following delays caused by difficulties with data confidentiality provisions in the AIH legislation.

A protocol was developed for the Clearing House, determining a minimum data set, management structure, data confidentiality guidelines, access guidelines, and provisions for publication. All States and Territories have agreed to the protocol and have either supplied data from 1982 to their most recent year of complete registration or have undertaken to do so in the near future.

Spinal Cord Injury Register

The Institute contributes to the funding of this Register, which provides information from all Australian Spinal Cord Injury Units on pre-accident and accident circumstances, medical management, and costs and rehabilitation. A member of the Division attended meetings of the steering committee for the project during the year.

Mortality Database

Statistics on deaths in Australia are currently supplied to the WHO by the ABS. As the WHO requires more detail than can be supplied by ABS, the Institute has accepted an invitation to assume this responsibility which will fit into a program of studies being conducted by the Institute into deaths in Australia.

The source data necessary to conduct this program is held on computer tapes of registered deaths controlled by the State and Territory Registrars of Births, Marriages and Deaths. The Institute has been granted access to these data except in two States and negotiations with them are continuing.

Nosology

International Classification of Diseases

The Institute is the national reference centre for the 10th Revision of the International Classification of Diseases (ICD).

Specialists in Australia were consulted about proposed changes to the ICD classifications and early in the year much effort was devoted to coordinating their contributions. The Director led the Australian delegation to the International Conference for the 10th Revision which was held in WHO Headquarters, Geneva, from 26 September to 2 October 1989. Forty-three countries were represented. The 10th Revision will come into use internationally in 1993.

Screening Evaluation Coordination Unit

The Screening Evaluation Coordination Unit is administered by the Institute and funded by the Department of Community Services and Health.

The Unit has two principal roles. First, it coordinates the national evaluation of breast and cervical cancer screening pilot projects; this has involved the collection, analysis and interpretation of data provided by 23 pilot screening projects located throughout Australia. Second, it assists two AHMAC committees to develop policy options for national screening programs for breast and cervical cancer. Activities during the year were directed towards preparing the reports of these committees.

At the request of the Department of Community Services and Health, a report was prepared containing data from the breast cancer screening pilot projects and recommendations on a national breast cancer screening program.

The report of the Steering Committee for the Evaluation of Breast Cancer Screening was presented to AHMAC on 1 June. The recommendations in the report have been accepted, and it is to be published in the next financial year. The report will be used extensively in guiding the implementation of the National Program for the Early Detection of Breast Cancer.

The Unit initiated a collaborative project, in which staff from the mammography screening pilot projects will cooperate in preparing material for joint publications. This will enable information and experience gained from the national evaluation to be made widely available.

The report of the Steering Committee for the Evaluation of Cervical Cancer Screening is being prepared for presentation to AHMAC in September 1990.

Principal Medical Adviser's Unit

Aboriginal Health Unit

The health problems of Aborigines vary across the country, reflecting different circumstances, but overall their standard of health is low throughout Australia. For almost all disease categories, rates for Aborigines are worse than for other Australians; death rates are up to four times higher and life expectancy is up to 22 years less.

Work on the development of national Aboriginal and Torres Strait Islander health statistics is proceeding in collaboration with State and Territory health authorities. Most attention has been directed to the collation of available statistics, particularly those identified as priority areas by the 1984 Task Force on Aboriginal Health Statistics.

The Unit provides a consultant to the NHMRC Working Party on Maternal Mortality, which is responsible for collating and analysing data on obstetric-related deaths. The Unit also participates in the National Trachoma and Eye Health conferences.

The Unit has been involved in a number of special projects on Aboriginal health and these are described in the following sections.

Aboriginal drug use and related problems

Initial work has been undertaken by the Unit on a project reviewing data sources on Aboriginal drug use and examining options for a special program of data collection. The availability of information through the basic health related collections was summarised in an interim report.

Royal Commission into Aboriginal Deaths in Custody

The Institute is undertaking a major project for the Royal Commission into Aboriginal Deaths in Custody. Aboriginal morbidity and mortality patterns in comparison to non-Aboriginal patterns were reviewed for the Commission and assistance is being provided to the national and regional Commissioners in the compilation of current data on Aboriginal health.

In conjunction with the Commission's Criminology Research Unit, the Institute is making a detailed comparison of deaths of Aborigines and others occurring in custody with overall patterns of mortality in the general community.

North Coast Aboriginal health study

This study, being undertaken in conjunction with the New South Wales Department of Health's North Coast Region, is examining the causes and factors associated with the high level of Aboriginal mortality in the Region. During the year, further data on Aboriginal deaths and births occurring in the North Coast region of New South Wales were collected from hospitals in the Region. Data covering the period 1978-1986 are being collated for analysis.

A study to establish how accurately Aboriginal people are identified as such when they are admitted to hospital was finalised during the year. It was found that many were not identified. This finding has implications for accurate data collection.

Largely as a result of the Unit's links with the Region, it was decided that the study of the prevalence and types of disabilities among Aboriginal people be undertaken in the Taree-Forster area of New South Wales. Surveying began for this study in mid-June, and it is hoped that this will be a pilot project for a larger, cluster study of several localities with substantial Aboriginal populations. The project is being funded by the Australian Institute of Aboriginal and Torres Strait Islander Studies and is being conducted because of a general lack of information about the extent of disabilities among Aboriginal people, Aboriginal attitudes towards disability, and utilisation of rehabilitation services by Aborigines.

Before the survey began, discussions were held with Aboriginal community leaders and formal approval was received from the Biriipi Aboriginal Corporation Medical Centre. Aboriginal facilitators assisted by visiting households before the survey to inform people about it and to distribute an information pamphlet. They accompanied survey staff to households and introduced them to subjects, and conducted some interviews.

Unit publications and information services

Information on Aboriginal health is disseminated through the twice-yearly *Aboriginal Health Information Bulletin*, published jointly with the Australian Institute of Aboriginal and Torres Strait Islander Studies.

Other publications included the report on Aboriginal identification in hospital admissions and an overview report to the Royal Commission into Aboriginal Deaths in Custody. A paper analysing the availability of Aboriginal health statistics, discussed at the Eleventh Commonwealth Statisticians Conference held in Canberra in April 1990, was prepared in the Unit.

Epidemiological studies

CSIRO Division of Plant Industry laboratory study

Early in 1989 the Institute was commissioned by CSIRO to study aspects of the health of the staff of a research laboratory in its Division of Plant Industry. Several current and former members of this workforce had developed cancers over a comparatively short period. These events had caused considerable concern to the workforce, to the staff associations, and to CSIRO management.

The investigation was conducted in two phases. In the first, the cancer incidence in the laboratory staff was estimated relative to that in the Australian population. The second phase of the investigation consisted of a survey of present and former employees who had been based in or adjacent to the laboratory for at least one year, commencing there no later than 30 June 1984.

Because of uncertainty about the eligibility for study of those not located, non-respondents, and the potential subjects known to have died, there is uncertainty about the final estimate of cancer risk, but the maximum possible is 1.64 times that in the Australian population. Analysis of responses from living subjects did not reveal any associations which might explain the apparent increase in risk.

The Institute presented a report to CSIRO which contained some recommendations for better laboratory management. These were accepted by a Steering Committee on which both CSIRO management and CSIRO staff associations were represented.

Carcinogenicity of dapsone in Vietnam veterans

The Royal Commission on the Use and Effects of Chemical Agents on Australian Personnel in Vietnam recommended studies of the carcinogenicity of dapsone, which many servicemen took to prevent malaria. The Government subsequently agreed that there should be an epidemiological study into cancer as a possible consequence of dapsone use. Funding was announced in the 1989 Budget and the AIH has now commenced the study .

All men who served in the Australian Regular Army or as National Servicemen during the Vietnam era will be identified. Through records of their service, including episodes of malaria, their dapsone consumption will be inferred. Matching of personal details with State/Territory cancer registries will then be undertaken to show which subjects have developed cancer. This may indicate an association between inferred dapsone use and the incidence of cancer.

As a first task, the quality of the service data has been upgraded. A computerised procedure was developed by the Institute to match personal particulars of servicemen against cancer registrations from all States and Territories to identify those with cancer.

The matching procedure will have great application in the National Cancer Statistics Clearing House, the proposed National Death Index and generally in matching individuals in large data bases.

Statistics of deaths due to AIDS

Differences between statistics of Australian AIDS deaths from two sources has led to an investigation to determine the true position.

Medical certificates of cause of death are processed by State and Territory registrars and then by the ABS. Detailed examination of death registration data for the period 1983 to 1988 yields an estimate of deaths from AIDS and its sequelae which is higher than that suggested by ABS data. In many of the deaths classified to other causes, AIDS was mentioned on the death certificate but this information was lost in the process of classifying the cause of death.

Cases of AIDS are notified to the National Centre for HIV Epidemiology and Clinical Research. Deaths of these patients are also recorded by the Centre.

The data sources can be reasonably closely reconciled for the years 1983 to 1987, but there appears to be an unexplained shortfall in reporting of deaths of notified AIDS patients in 1988.

A report on these findings has been submitted for publication. A further study to show the causes of the inconsistency is being planned in conjunction with the National Centre.

Corporate Services

The Corporate Services provides advice on corporate strategy and policies, administrative and information support services to the Institute and, to varying degrees, to the Institute's external units.

Administrative Services

The administration section is responsible for the management of the Institute's financial and other resources and provided the following services during the year:

- production and distribution of financial and staffing reports and preparation of the annual financial statements;
- maintenance and improvement of accommodation and ensuring the integrity of the Institute's physical security;
- provision of advice to management and functional areas on finance, staffing and resource matters; and
- maintenance of responsible and consistent personnel management practices and procedures.

Equal employment opportunity

The Institute operates in accordance with the approved EEO program of the DCSH and statistics for the Institute were previously included in the department's report to the Public Service Commission. The Institute is now in the process of developing its own program for approval by the Commission. During the transition period the EEO Unit of the department has continued to be available for discussions and assistance and has provided access to EEO training courses.

Most staff of the Institute are engaged in research and hold classifications in the academic/professional stream.

Nineteen men and 17 women are classified as professionals and four are from a non-English speaking background. Of the 37 staff in the ASO stream, 17 are engaged in research activities. Of these nine are women and three are from a non-English speaking background.

A staffing profile of the Institute as at 30 June is shown in the table below. The table includes staff engaged on projects funded by outside bodies. NPSU and DSRU staff are not employed by the Institute and are not included.

Representation of EEO groups within salary levels

Salary group(a)	NESB1		NESB2		PWD		Women		Men		Total staff	
	88-89	89-90	88-89	89-90	88-89	89-90	88-89	89-90	88-89	89-90	88-89	89-90
ASO1. & equiv \$9,452-22,070	1	—	—	—	—	—	1	2	—	—	1	2
ASO2. & equiv \$22,600-25,060	1	1	—	—	1	—	4	4	2	—	6	4
ASO3. & equiv \$25,740-27,780	—	—	—	—	—	—	3	2	—	—	3	2
ASO4. & equiv \$28,690-31,150	—	2	—	—	—	—	2	5	—	2	2	7
ASO5. & equiv \$32,000-33,930	—	1	—	—	1	1	4	9	3	1	7	10
ASO6. & equiv \$34,560-39,700	5	3	—	—	4	4	7	7	9	6	16	13
ASO7. & equiv \$40,906-42,327	1	1	—	—	—	—	3	5	3	5	6	10
ASO8. & equiv \$43,944-49,194	—	2	1	—	2	2	4	6	8	8	12	14
Medical staff \$37,029-70,640	—	—	—	—	—	—	2	2	3	3	5	5
SES & equiv \$55,999-88,533	—	—	—	—	—	—	1	2	4	4	5	6
Total	8	10	1	—	8	7	31	44	32	29	63	73

(a) As at 30 June 1990

Note: NESB1 Non-English speaking background, first generation
 NESB2 Non-English speaking background, second generation.
 PWD People with disabilities

The Australian Institute of Health has not employed any Aboriginal or Torres Strait Islander staff over the past two years.

Staff development

During the year, many staff attended training courses, workshops, conference and seminars on professional, technical and management topics.

In February, 19 staff took various courses presented during the Summer Program in Social Research Methods and Research Technology which was organised by the Australian Consortium for Social and Political Research Incorporated (ACSPRI).

A further 10 staff members attended a total of 16 external courses on topics varying from quantitative epidemiology to desktop publishing.

In-house training concentrated on the use of computing facilities and associated software. These were conducted by both Technical Support training staff and other Institute personnel with specific expertise.

Technical Support

The Technical Support section manages the Institute's computing and communication systems. It provides technical support to users, develops recommendations for computer equipment acquisitions, develops and implements the information technology plan and manages the PABX system.

The computing system comprises VAX/VMS computers networked together with over 70 terminals and a small number of personal computers. As foreshadowed in the 1988/89 Annual Report resources were allocated to the second stage of the computer upgrade to provide additional storage and power.

Improved information processing performance was provided through the installation of a MicroVAX 3900 and the conversion of the MicroVAX 3800 unit from single licence operation to multi-user licence provided an enhanced statistical analysis capability. Storage has been expanded and a power conditioner installed to ensure protection of the computer room equipment.

A major review of all aspects of the security of the Institute's information holdings was commissioned. This was conducted by Technology Australia in conjunction with Defence Signals Directorate. A working party is now examining the findings of the review.

Publications and Public Relations

The Publications section is the Institute's contact point for the media and the general public. It is responsible for maintaining good relations with the media, preparing press releases and liaising with various government departments and agencies. It oversees the editing, production and distribution of all Institute publications, and provides editorial assistance to the Institute's external units.

Library

The Library provides a reference and research facility primarily for use by Institute officers. However, it receives a significant number of reference queries from outside the organisation, reflecting a growing awareness of the role the Institute is playing in the assembly and production of health and health related information. The Australian National University and the Royal Canberra Hospital Library have reciprocal borrowing privileges with the Institute.

The Library provides specialised research facilities and services including on-line access to a number of databases including MEDLINE, DIALOG, OZLINE and HEALTHNET. It also has access to ABN (the Australian Bibliographic Network) and URICA (the catalogue of the Australian National University). Newly acquired material is catalogued onto HEALTHNET and the Library has contributed some unique holdings to this network. It is a member of the free inter-library loans network GRATISNET.

Institute Secretariat

The Secretariat is responsible for the coordination and provision of secretariat services for the Institute, the Board, the Ethics Committee and the National Committee on Health and Vital Statistics, major conferences, meetings, and public consultations.

The Secretariat is the central liaison point between the Institute, the Minister's Office and the Department. The Secretariat provides executive assistance on sensitive matters affecting the Institute including the development of new legislation, agreements, undertakings of confidentiality and policy guidelines. It also assists in administration of the provisions of *Australian Institute of Health Act 1987*, the *Privacy Act 1988* and its associated Guidelines for the Protection of Privacy in the Conduct of Medical Research, and the *Freedom of Information Act 1982*. Collaboration with other secretariats and with other authorities and agencies is an important component of the Secretariat's role.

In 1989-90 the Secretariat organised a number of meetings, consultations and seminars. The Joint Seminar Program, organised by the Institute in collaboration with the Australian National University's National Centre for Epidemiology and Population Health (NCEPH), has continued to provide a full program with a varied range of presentations. Fifteen seminars in this series were arranged during the year. In addition, two special seminars were presented.

External programs

National Perinatal Statistics Unit

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

The NPSU continued to work with State and Territory health departments and professional groups to develop national perinatal data systems. The national database on congenital malformations, begun in 1981, now contains information on more than 30,000 malformed fetuses and infants. Apart from their use for regular monitoring of congenital malformations these data have been used to investigate possible clusters of malformations in different regions; to derive national maternal age-specific rates of Down's Syndrome and other disorders in which there is an additional chromosome; to evaluate the impact of prenatal diagnosis on the incidence of these chromosomal abnormalities at birth; and to investigate the association between hypospadias (a developmental anomaly of the penis) and maternal drug exposure in an international collaborative study. Other studies of the epidemiology of rare malformations are also in progress with other members of the International Clearinghouse for Birth Defects Monitoring Systems.

In September, the Unit's Director met with members of the planning committee for a National Birth Defects Registry in Singapore and presented a paper on monitoring malformations to professional groups. Subsequently, two doctors from Singapore visited Australia and familiarised themselves with the NPSU's monitoring system. Two geneticists from the Philippines and India, with similar interests, also participated in these discussions.

In conjunction with Homebirth Australia, the Unit published the first comprehensive national report on home births in Australia, covering births in

the years 1985 to 1987. As well, the factors contributing to perinatal deaths among home births were reviewed by an expert panel. Further funding is being sought to continue these activities.

Another report, based on data from 22 centres treating infertile couples in Australia and New Zealand, was published jointly with the Fertility Society of Australia. It provided a summary for 1988 of the treatment cycles and laboratory procedures relating to assisted conception by in-vitro fertilisation and gamete intra-fallopian transfer (GIFT). This report also contained the cumulative experience of pregnancy outcome in the decade since these methods of assisted conception were first introduced. These results, and analytical studies of birth defects occurring after assisted conception, were presented at conferences in Australia and Europe.

The Unit's quarterly *Perinatal Newsletter* continues to provide details of reports and other publications from perinatal data groups and researchers in Australia. The reports on IVF and GIFT pregnancies and on home births were widely publicised in the media.

National Injury Surveillance Unit (NISU)

This new external unit of the Institute was established as a successor to the three year National Injury Surveillance and Prevention Project (NISPP) undertaken in conjunction with the Child Accident Prevention Foundation of Australia (CAPFA). In June 1989, the Minister for Community Services and Health had announced that NISU would be funded for three years with a National Better Health Program grant from his Department.

Administration

An agreement of academic affiliation with the Flinders University School of Medicine has been proposed and formal ratification is expected early in 1990-91.

A Unit Executive Committee was formed and met for the first time in June. The committee consisted of representatives of the Institute, the Department of Community Services and Health, and Flinders University, together with the Acting Manager.

The Unit is now operating under AIH financial and administrative procedures. Financial links with CAPFA ceased on 31 May 1990.

Goals

The goals of NISU, as stated in the grant, are:

- the development and implementation of a national sampling plan;
- the development and implementation of a national injury data set and associated classifications;
- the promotion of the expansion of health-centre based surveillance activities and fostering the development of user networks;
- the organisation and conduct of national injury workshops aimed at sharing results and experiences in surveillance and intervention;

- the provision of infrastructure support to State and Territory based surveillance activities, including computer programming support and provision of initial training for surveillance units (free to those involved in the national sample);
- analysis and dissemination of surveillance statistics including the production of quarterly and annual publications, production of ad hoc reports on specific aspects of injury and provision of an ad hoc statistical service; and
- the promotion of epidemiological and other research into injury.

Achievements

NISPP sponsored projects in Accident and Emergency Departments in a sample of hospitals. These individual Departments recorded information on patients presenting with any kind of injury. Processing of data took place at regional coding centres. NISPP provided software known as ISIS for the computing system used.

During the year, improved ISIS software was made available to all users. Unit staff assisted in the installation and training.

Following a government to government agreement, ISIS software was supplied to the Canadian Government. Again, unit staff assisted in the installation and training of users.

Preliminary approaches were received from a university and hospital in New Zealand regarding access to the ISIS software on the same basis as that supplied to Canada.

Within Australia, systems based at Westmead, Gosford, Camperdown, Randwick, Wollongong, Newcastle and Gloucester became fully operational. These coding centres are processing data from fourteen sites in New South Wales.

The Gosford coding centre is also collecting data from a number of general practitioners in a way that enables the injury record of individual patients to be studied. Identities of patients are not recorded at other locations, which thus yield prevalence data only.

Dental Statistics and Research Unit

The Dental Statistics and Research Unit (DSRU) was established to develop the collection of statistics and other information on the dental health of Australians and to monitor the Dental workforce. It completed its second year of operation in March.

The national annual dental workforce collection now covers seven States and Territories and will be extended to cover them all in 1990-91. The collection is based on the data set established by the Dental Board of Victoria and is in line with the directions recommended by AHMAC for workforce data on health professions. State and Territory publications on dental practitioner statistics are in press, while the national workforce report is being developed.

The DSRU is preparing an inventory of dental data collections to cover oral health, dental workforce, dental practice and use of dental services. In addition, the Unit has become the custodian of the unit record files from the

1987-88 National Oral Health Survey and the historical (1977 to 1988) Child Dental Health Survey. Both data sets were formerly processed by the Commonwealth Department of Community Services and Health.

Implementation of the redesigned Child Dental Health Survey has been completed for all States and Territories.

The Longitudinal Study of Labourforce Participation and Productivity is one of a number of supplementary studies which have involved the DSRU with follow-up work on the original 1983 collection. The results of the study were presented by the Unit to the September 1989 meeting of the International Association of Dental Research (Australia and New Zealand Division).

Another supplementary study being conducted by the Unit is the 1990 Workforce Study of Oral and Maxillofacial Surgeons. The Australian and New Zealand Association of Oral and Maxillofacial Surgeons is contributing some funds to the study. Work commenced in December 1989 with the development of the questionnaire with a pilot test being held in March 1990. The data collection commenced in May.

Research into the oral health status and the dental service requirements of the elderly forms an important component of the DSRU's supplementary studies. The Unit is involved in the Australian Longitudinal Study of Ageing pilot project, collaborating with the Centre for Ageing Studies. It is also has an involvement in research examining the social impact of oral disorders among older adults being conducted by Mr Gary Slade as part of an NHMRC Public Health Research and Development Fellowship.

Nursing caries is a specific form of decay of the teeth of infants. The Unit provided statistical support for a study of nursing caries in Adelaide conducted by The University of Adelaide in October and November in 1989.

During 1989-90 the Unit has had considerable interaction with different organisations and the dental profession. In particular, ongoing contributions have been made to ABS data collections. Most notably, the Unit determined the final composition of the dental questions in the 1989-90 ABS Australian Health Survey. Dental issues have also been covered by the DSRU in recent ABS reviews of health statistics, populations statistics and projections, socioeconomic indices, and the household survey program.

Finance

Australian Audit Office Audit Report

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 1990. 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.

The statements have been prepared in accordance with the policies outlined in Note 1 to the financial statements and in accordance with the Guidelines for Financial Statements of Commonwealth Entities approved by the Minister of 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 which incorporate the Australian 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

R. W. Alfredson
Executive Director
Australian National Audit Office
24 January 1991

Financial statements

For the year ended 30 June 1990

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 Financial Statements of Commonwealth Entities issued by the Minister for Finance:

- (i) Show fairly the operations of the Institute for the year ended 30 June, 1990
- (ii) Show fairly the state of affairs of the Institute at 30 June, 1990.

Peter H Karmel AC, CBE
Chairman
22 January 1991

Dr LR Smith
Director
22 January 1991

Statement of activity

For the year ended 30 June 1990

	Notes	1990 \$	1989 \$
Revenue			
Parliamentary appropriations		4,439,000	4,173,000
Parliamentary appropriations for capital items transferred to Statement of Capital Accumulation		0	(542,000)
Grants		926,030	783,670
Miscellaneous revenue	10	257,487	227,859
Total operating revenue		<u>5,622,517</u>	<u>4,642,529</u>
Expenses			
Salaries		2,583,951	2,305,151
Administration expenses	3	1,409,684	1,120,720
Research and development	4	565,627	737,291
Loss on sale of non-current assets		5,299	0
Assets written off		116,176	0
Total operating expense		<u>4,680,737</u>	<u>4,163,162</u>
Operating surplus before provisions and unfunded charges		941,780	479,367
Aggregate of provisions and unfunded charges	11	(617,310)	(610,414)
Operating surplus/(deficit)		<u>324,470</u>	<u>(131,047)</u>
Accumulated deficits at beginning of financial year	12	(725,462)	(594,415)
Accumulated deficits at end of financial year		<u>(400,992)</u>	<u>(725,462)</u>

The accompanying notes form an integral part of these Financial Statements

Statement of capital accumulation

For the year ended 30 June 1990

	Notes	1990	1989
		\$	\$
Balance at beginning of financial year	13	1,146,267	604,267
Parliamentary appropriations for capital items transferred from Statement of Activity		0	542,000
Balance at end of financial year		<u>1,146,267</u>	<u>1,146,267</u>

The accompanying notes form an integral part of these Financial Statements

Statement of assets and liabilities

as at 30 June 1990

	Notes	1990 \$	1989 \$
Current assets			
Cash	5	1,722,972	312,269
Receivables	6	17,250	19,006
Other	7	141,565	127,105
Total current assets		<u>1,881,787</u>	<u>458,380</u>
Non-current assets			
Property, plant and equipment	14	1,343,093	1,041,250
Total non-current assets		<u>1,343,093</u>	<u>1,041,250</u>
Total assets		<u>3,224,880</u>	<u>1,499,630</u>
Current liabilities			
Creditors and borrowings	8	317,681	130,741
Provisions	15	381,909	335,445
Other	9	1,327,534	169,820
Total current liabilities		<u>2,027,124</u>	<u>636,006</u>
Non-current liabilities			
Provisions	16	452,481	442,819
Total non-current liabilities		<u>452,481</u>	<u>442,819</u>
Total liabilities		<u>2,479,605</u>	<u>1,078,825</u>
Net assets		<u>745,275</u>	<u>420,805</u>
Equity			
Capital accumulation		1,146,267	1,146,267
Accumulated deficits		(400,992)	(725,462)
Total equity		<u>745,275</u>	<u>420,805</u>

The accompanying notes form an integral part of these Financial Statements

Statement of sources and applications of funds

For the year ended 30 June 1990

	1990	1989
	\$	\$
Sources of funds		
Funds from operations (1)		
Inflows of funds from operations		
Parliamentary appropriations	4,439,000	3,631,000
Grants	926,030	783,670
Miscellaneous revenue	257,487	227,859
Proceeds on sale of fixed assets	2,400	0
	<u>5,624,917</u>	<u>4,642,529</u>
Outflow of funds on operations	<u>(4,683,137)</u>	<u>(4,163,162)</u>
	941,780	479,367
Capital funds from Government		
Parliamentary appropriations	0	542,000
Reduction in assets		
Current assets		
Receivables	1,756	0
Non-current assets		
Property, plant and equipment	123,875	0
Increase in liabilities		
Current liabilities		
Other	1,157,714	169,820
Creditors and borrowings	186,941	0
	<u>2,412,066</u>	<u>1,191,187</u>
Applications of funds		
Increase in assets		
Current assets		
Cash	1,410,703	186,310
Receivables	0	12,291
Other	14,460	116,755
Non-current assets		
Property, plant and equipment	721,063	657,289
Reduction in liabilities		
Current liabilities		
Creditors and borrowings	0	72,366
Other applications of funds		
Annual leave paid	224,832	129,415
Long service leave paid	29,603	16,761
3% superannuation paid	11,405	0
	<u>2,412,066</u>	<u>1,191,187</u>

The accompanying notes form an integral part of these Financial Statements

Statement of sources and applications of funds
For the year ended 30 June 1990**(1) Reconciliation of operating result with funds from operations**

	1990	1989
	\$	\$
Funds from operations	<u>941.780</u>	<u>479.367</u>
Less:		
Provisions and unfunded charges (refer Note 11)	<u>(617.310)</u>	<u>(610.414)</u>
Operating surplus/(deficit)	<u>324.470</u>	<u>(131.047)</u>

The accompanying notes form an integral part of these Financial Statements

Notes to and forming part of the financial statements

For the year ended 30 June 1990

1 Statement of significant accounting policies

The significant accounting policies adopted by the Australian Institute of Health are stated to assist in a general understanding of these financial statements. These policies have been consistently applied except as otherwise indicated.

(a) Statutory requirements

The financial statements are prepared in accordance with Section 24(1) of the *Australian Institute of Health Act 1987*. The form of the financial statements is in accordance with the Guidelines for Financial Statements of Commonwealth Entities issued by the Minister for Finance.

(b) Basis of accounting

The financial statements are prepared on an accrual accounting basis, are in accordance with historical cost principles and do not take account of changing money values.

(c) 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*.

(d) Property, plant and equipment

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.

Any gain or loss on disposal of fixed assets is included in the result of the Institute in the year of disposal.

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

Change in accounting policy

The value of assets acquired for less than \$500 and not written off in previous accounting periods amounts to \$116,176.

(e) Employee benefits

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.

1 Statement of significant accounting policies (cont.)**(f) Superannuation benefit**

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.

After providing for the liability accrued during the 1989-90 financial year (\$76,988), the accumulated provision at 30 June 1990 (\$127,074) was extinguished. This is because the liability for the 3% superannuation entitlements of the Institute's staff will transfer to the Retirement Benefits Office on 1 July 1990. The extinguishment is shown in the Statement of Activity as a reduction to the item 'Provisions and unfunded charges' (refer Note 7).

(g) 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.

(h) 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.

(i) Comparative figures

On 1 June 1990 the Department of Finance issued revised Guidelines for Financial Statements of Commonwealth Entities, which have been adopted for 1989-90. Certain terminology and comparative amounts have been reclassified to conform with the revised disclosures required by those Guidelines.

(j) Statement of Capital Accumulation

The Statement of Capital Accumulation was revised in accordance with Guidelines for Financial Statements of Commonwealth Entities issued by the Minister for Finance on 1 June 1990. In prior years this Statement included asset purchases from both operating and capital appropriations, grants, and the net operating surplus or deficit transferred from the Statement of Activity. The Statement now includes only capital funds received through Appropriation Acts 2 and 4, and assets received free of charge from the former Department of Health.

2 Superannuation

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

3 Administration expenses

	1990	1989
	\$	\$
Advertising	39,970	7,272
Bank charges	126	(716)
Committee expenses	45,489	91,156
Computer maintenance and consumables	182,904	151,733
Consultancy fees	198,832	84,334
Freight	8,323	12,819
Furniture and fittings	10,107	18,585
Library materials	33,797	21,094
Motor vehicle hire and maintenance	21,430	13,868
Office requisites and miscellaneous	77,514	89,767
Postage	29,269	24,981
Printing and publications	76,092	125,922
Rent	259,690	203,456
Repairs and maintenance—building	37,013	34,872
Repairs and maintenance—office machines	11,439	10,620
Telephone	70,971	75,408
Travel	284,283	155,549
Workers compensation insurance premium	22,435	0
	<u>1,409,684</u>	<u>1,120,720</u>

4 Research and development

	1990	1989
	\$	\$
National Injury Surveillance and Prevention Project	87,748	266,286
National Perinatal Statistics Unit	161,398	346,154
Dental Statistics and Research Unit	170,476	114,851
Other	146,005	10,000
	<u>565,627</u>	<u>737,291</u>

5 Cash

	1990	1989
	\$	\$
Cash at bank	1,600,503	211,039
Cash on hand	300	200
Department of Finance Imprest Account	122,169	101,030
	<u>1,722,972</u>	<u>312,269</u>

6 Receivables

	1990	1989
	\$	\$
Interest receivable	17,250	19,006
	<u>17,250</u>	<u>19,006</u>

7 Current assets - other

	1990	1989
	\$	\$
Prepayments	141,565	127,105
	<u>141,565</u>	<u>127,105</u>

8 Creditors and borrowings

	1990	1989
	\$	\$
Creditors	0	0
Accrued expenses	317,681	130,741
	<u>317,681</u>	<u>130,741</u>

9 Current liabilities - other

Represented by income received in advance as follows:

	1990	1989
	\$	\$
SECU	325,033	15,804
AHMAC	17,008	1,412
NHMRC	3,064	45,473
RADGAC	-	1,801
NISPP	11,000	85,455
NCADA	10,763	19,875
DCSH	417,139	-
NBHP	543,527	-
	<u>1,327,534</u>	<u>169,820</u>

Screening Evaluation Coordination Unit (SECU)

The Institute received funds of \$715,000 (1989—\$400,000) from DCSH for the operation of the SECU until 31 December 1990. 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:

	1990	1989
	\$	\$
Balance at 1 July 1989	15,804	81,120
Receipts	715,000	400,000
	<u>730,804</u>	<u>481,120</u>
less expenditure:		
Salaries	240,808	256,492
Travel	31,142	58,265
Consultancy fees	9,390	19,630
Other	124,431	130,929
	<u>405,771</u>	<u>465,316</u>
Balance at 30 June 1990	<u>325,033</u>	<u>15,804</u>

10 Miscellaneous revenue

Miscellaneous revenue includes \$40,429 for commissioned research, \$38,975 for data and evaluation activities, and contributions of \$33,000 to grant funded projects.

11 Provisions and unfunded charges

	1990	1989
	\$	\$
Depreciation of exhaustible assets	295,345	205,443
Provision for long service leave	86,010	139,415
Provision for annual leave	286,041	215,658
Provision for 3% superannuation benefit (refer Note 1(f))	76,988	49,898
	<u>744,384</u>	<u>610,414</u>
Abnormal item: transfer of liability for 3% superannuation (refer Note 1 (f))	(127,074)	—
	<u>617,310</u>	<u>610,414</u>

12 Accumulated deficits at beginning of financial year

The figure of (\$594,415) in the Statement of Activity representing the accumulated deficit at the beginning of the 1988-89 financial year has been calculated as follows:

	\$
Balance at beginning of the financial year	—
Add:	
Prior years non-current asset purchases funded from operating appropriations and grants transferred from Statement of Capital Accumulation	92,191
	<u>92,191</u>
Less:	
Prior years net operating deficiencies transferred from Statement of Capital Accumulation	(686,606)
	<u>(594,415)</u>

13 Opening balances in Statement of Capital Accumulation

The figure of \$604,267 representing the balance in the Statement of Capital Accumulation as at 1 July 1988 has been calculated as follows:

	\$
Balance of Statement of Capital Accumulation as at 1 July 1988 as shown in the 1988-89 Financial Statements	9,852
Add:	
Net accumulated deficiencies as at 1 July 1988 (refer Note 12 for dissection)	594,415
	<u>604,267</u>

14 Property, plant and equipment

	1990	1989
	\$	\$
Leasehold improvements—at cost	117,515	87,356
less Accumulated depreciation	(74,378)	(42,385)
	<u>43,137</u>	<u>44,971</u>
Office equipment—at cost	1,723,769	1,105,621
less Accumulated depreciation	(467,561)	(244,283)
	<u>1,256,208</u>	<u>861,338</u>
Furniture and fittings—at cost	51,333	155,770
less Accumulated depreciation	(7,585)	(20,829)
	<u>43,748</u>	<u>134,941</u>
	<u>1,343,093</u>	<u>1,041,250</u>
Proceeds on disposal of non-current assets	2,400	—

15 Provisions—current

	1990	1989
	\$	\$
Annual leave	361,909	300,699
Long service leave	20,000	30,000
3% superannuation	—	4,746
	<u>381,909</u>	<u>335,445</u>

16 Provisions—non-current

	1990	1989
	\$	\$
Long service leave	452,481	386,074
3% superannuation	—	56,745
	<u>452,481</u>	<u>442,819</u>

17 Members remuneration

A total of \$17,419 (1989 - \$14,469) was paid to members of the Institute in accordance with determinations of the Remuneration Tribunal. Included in this total are:

	1990	1989
	\$	\$
Stipend/sessional fees	16,028	12,545
Travel allowances	1,391	1,777
Other	-	147
	<u>17,419</u>	<u>14,469</u>

Disclosed by the number of members receiving stipend/sessional fees in the following band:

\$0-\$10,000	9	4
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18 Auditors remuneration

No fee has been charged by the Australian National Audit Office (ANAO) for services provided for the year ended 30 June 1990. A notional fee of \$11,545 (1989-\$20,916) for audit services has been advised by the ANAO.

19 Commitments

The estimated maximum amount of commitments not provided for in the accounts as at 30 June 1990 are:

	1990	1989
	\$	\$
Operating lease commitments for office rental		
The Institute has a lease rental agreement with the Australian Capital Territory Department of Health 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 6 months rental payable on termination of the lease.	288,750	209,310

20 Contingent liabilities

The Institute is not aware of any material contingent liabilities at 30 June 1990.

Appendix 1

Legislation

Australian Institute of Health Act 1987

The Institute operates as an independent statutory authority. The *Australian Institute of Health Act 1987* has been amended twice — by the *Community Services and Health Legislation Amendment Act 1988* and by 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. An unofficial consolidation of the Institute Act, with the 1989 amendments highlighted by bold text, is reproduced here.

Australian Institute of Health Ethics Committee Regulations

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. The Regulations are reproduced on page 57.

Australian Institute of Health Act 1987

No. 41 of 1987

Unofficial consolidation incorporating all amendments by legislation made to 30 June 1989

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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**

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 (1):

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

"production" means compilation, analysis and dissemination.

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

Powers of Institute

6. The Institute has power to do all things necessary or convenient to be done for or in connection with the performance of its functions and, in particular, has power:

- (a) to enter into contracts or arrangements, including contracts or arrangements with bodies or persons to perform functions on behalf of the Institute;
- (b) to acquire, hold and dispose of real or personal property;
- (c) to occupy, use and control any land or building owned or held under lease by the Commonwealth and made available for the purposes of the Institute;
- (d) to appoint agents and attorneys and act as an agent for other persons;
- (e) to accept gifts, grants, devises and bequests made to the Institute, whether on trust or otherwise, and to act as trustee of money or other property vested in the Institute on trust;

- (f) subject to section 29, to:
 - (i) release data to other bodies or persons; and
 - (ii) publish the results of any of its work; and
- (g) to do anything incidental to any of its powers.

Directions by Minister

7. (1) The Minister may, after consultation with the Chairperson 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

Australian Institute of Health Ethics Committee

The functions and activities of the Ethics Committee are described in the following extract from its report to the Chairman of the Australian Institute of Health.

Extracts from the report of the Ethics Committee to the Chairman, Australian Institute of Health

The Australian Institute of Health Ethics Committee is responsible for

1. forming an opinion and informing the Institute on the acceptability or otherwise, on ethical grounds, of activities engaged in by the Institute or with which it is in any way associated; and
2. providing a written annual report to the Institute.

This is its first report and, as such, a description of the establishment and development of the Committee will be recorded in addition to an account of the specific tasks accomplished.

A summary of its stewardship is that the Committee has issued certificates of acceptability for 63 activities or projects up to the present time, 59 of them in the 1989-1990 year, some of them after negotiated changes in the submitted protocols, and it has not found any to be unacceptable.

Establishment

The *Australian Institute of Health Act 1987* requires the Institute to 'appoint a committee to be known as the Australian Institute of Health Ethics Committee'. The committee first came together informally on 21 January 1988, the Regulations specifying its functions and composition were notified in the Commonwealth of Australia Gazette on 21 June 1989.

Membership

The Regulations state that 'The Ethics Committee shall consist of the following members'. The names of incumbents are added (and the number of meetings attended):

- (a) the Director of the Institute or his or her nominee;
 - Mr Roy Harvey in 1988 (4)
 - Dr John Donovan since then (11)
 - Dr Neil Thomson (1)
- (b) a person who is a graduate in medicine of a university and has post-graduate medical research experience;
 - Emeritus Professor Malcolm Whyte (15)

- (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 experience in a social science;
Dr Dorothy Broom (13)
 - (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;
Mr Douglas Carter till March 1988 (2)
Mr Roger Thomson since then (9)
 - (e) a minister of religion;
The Right Reverend Ian George (11)
 - (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;
Mr Colin Thomson (11)
 - (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;
Mr David Purnell (12) and
Ms Janne Graham (13)
- 'one of whom shall be appointed chairperson by the Institute';
Emeritus Professor Malcolm Whyte.

Meetings

There have been 15 meetings to date, each of three hours' duration; three in 1987-88, five in 1988-89 and seven in 1989-90.

Workshops

A one-day workshop was held on 10 February 1989 involving representatives of the Board and of the staff of the Institute and members of the Ethics Committee to

- (a) familiarise members of the Committee with the work of the Institute,
- (b) explore the ethical issues involved in Institute work, and
- (c) devise, jointly, efficient ways in which information about projects can be collected and presented to the Committee.

Members of the Committee also attended a workshop on 4 December 1989 conducted by the Medical Research Ethics Committee (MREC) of the National Health and Medical Research Council, involving members of other institutional ethics committees in the ACT, to discuss local and common issues.

Development of procedures

Steps taken by the Committee included collecting material from the MREC and selected institutional ethics committees in Australia, meeting with representatives of AIH research divisions and units, drawing up and distributing Guidelines for the Assessment of Activities, inviting and considering submissions, examining the work program of the Institute, and studying the implications of, and setting up procedures to cope with, the *Privacy Act 1988* and its 1990 *Guidelines for the Protection of Privacy in the Conduct of Medical Research*.

A pamphlet has been drawn up for distribution to interested persons to provide information about the Ethics Committee, its statutory status and membership, what it does, how it does it, and how to contact it and use it.

Material currently made available routinely to researchers includes the *Guidelines for the Assessment of Activities*, an attachment on *The Conduct of Activities in Conformity with the Privacy Act 1988* (including an illustration of decision-making steps) and a copy of *The Information Privacy Principles in Plain English*.

Policies

The Committee has made the following policy decisions or working rules:

- Not to seek or solicit submissions; accepting that researchers and Institute management have the responsibility to submit applications for ethical clearance;
- Not to grant exemptions from ethical clearance; but to consider and give opinions as to the acceptability or otherwise, on ethical grounds, of all activities submitted;
- All submissions to be distributed to all members of the Committee for consideration;
- Two members to be nominated to consider and report on each submission at the meeting in which it will be discussed;
- A quorum for the purpose of making decisions on submissions to be any five members (approval for this for decisions on Privacy Act matters has been sought from the Privacy Commissioner);
- Not to carry out routine surveillance of approved activities for continuing acceptability on ethical grounds, but to require the investigators to inform the Committee of any changes contemplated or made in conducting those activities.

Submissions and clearances

The numbers of submissions received and considered and the numbers of activities or projects included in them and given certificates of approval by the Committee are as follows:

Table 1: Submissions received and projects cleared by year

<i>Year</i>	<i>Submissions</i>	<i>Project clearances</i>
1987-88	0	0
1988-89	4	4
1989-90	23	59
Total	27	63

Table 2: Submissions received and projects cleared by Division/Other projects

<i>Division</i>	<i>Submissions</i>	<i>Clearances</i>
Health Services Division (including SECU)	10	24
Health Status Division	2	9
Health Technology Division	5	19
Health Monitoring Division	1	2
Other projects (a)	9	9
Total	27	63

Note: (a) One, from the Public Health Association of Australia, had no particular association with the AIH; it was considered at the request of the Chairman of the NHMRC Medical Research Ethics Committee.

Emeritus Professor Malcolm Whyte
Chairman
Australian Institute of Health Ethics Committee
30.6.1990

National Committee on Health and Vital Statistics

The National Committee on Health and Vital Statistics (NCHVS) was established in 1976 by the Australian Health Ministers' Conference. On 3 July 1989, following a two-year period of joint reporting to AHMAC and to the Institute, NCHVS was appointed a committee of the Institute, with revised terms of reference, membership and method of operation.

The Committee's 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.

The Committee's membership is:

Chairperson, nominated and appointed by the Australian Institute of Health

Dr Leonard R Smith

Three nominees of the Australian Health Ministers' Advisory Council

Dr Robert Aust (South Australian Health Commission)

Mr Alan Keith (Health Department of Victoria)

Ms Chris Christensen (Queensland Department of Health)

Nominee of the Australian Bureau of Statistics

Mr Geoffrey Sims

Nominee of the Commonwealth Department of Community Services and Health

Mrs Marie Coleman

Nominee of the Public Health Association of Australia, Inc.

Professor Annette Dobson

Nominee of the Consumers' Health Forum of Australia

Mrs Rosemary Calder

Nominee of Worksafe Australia

Mr Tim Williams

The reconstituted Committee is required to meet biannually. In 1989-90 the Committee met twice to review matters outstanding from previous NCHVS meetings, to assess developments and deficiencies in national health and vital statistics collections and to consider mechanisms for setting priorities in national health statistics.

The Committee canvassed views on priorities for national health statistics, writing to a wide range of State and Territory authorities, key organisations and individuals, and advertising nationally in the press. Views submitted assisted the Committee to formulate plans for a National Health Statistics Forum to be held in 1990-91.

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.

The report and recommendations of a review of NHTAP initiated by the Minister last year were in the main accepted and led to changes in the membership and terms of reference of the Panel.

Until November 1989, the Panel comprised the following members:

Chair

Dr David M Hailey (AIH)

Representative of the medical profession

Dr Allan L Passmore (Australian Medical Association)

Representative of hospitals

Mr John Blandford (Flinders Medical Centre)

Representative of the health care products industry

Dr Nicola Ward (Cochlear Ltd)

Representative of the 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 Vincent's Hospital, Melbourne)

Corresponding member from New Zealand Department of Health

Dr E Raymond Dowden

Secretary

Dr Delma E Cowley (AIH)

The current membership of the Panel is as follows:

Chair

Dr J S Deeble (National Centre for Epidemiology and Population Health)

Nominee of the Australian Institute of Health

Dr David M Halley

Nominee of the Commonwealth Department of Community Services and Health

Ms Dallas Arlotti

Nominee of the Consumers' Health Forum

Ms Sophie Hill (Health Issues Centre, Victoria)

Nominee of the Australian Health Ministers' Advisory Council

Dr Brendan J Kearney (Royal Adelaide Hospital)

Nominee of the Australian Hospital Association

Dr John M Morris (Peter MacCallum Cancer Institute)

Nominee of the Australian Medical Association

Dr Alan L Passmore (Australian Medical Association)

Nominee of the Australian Medical Devices and Diagnostics Association

Dr Nicola Ward (Cochlear Ltd)

Nominee of the Australian Council of Trade Unions

Mr Richard Warwick (Hospital Employees' Federation)

Person experienced in biomedical engineering

Dr David J Dewhurst (Bioengineering Systems Pty Ltd)

Person experienced in health economics

Mrs Helen Owens (Monash University)

Person experienced in medical evaluation

Dr Ian G McDonald (St Vincent's Hospital, Melbourne)

Corresponding member from New Zealand Department of Health

Dr Andrew Holmes

Secretary

Dr Delma E Cowley (AIH)

MRI Technical Committee

NHTAP has an MRI Technical Committee which has coordinated a major research project into magnetic resonance imaging technology. The membership of the committee is.

Chair

Dr David M Hailey (AIH)

Members

Professor Geoffrey T Benness (Royal Australasian College of Radiologists)

Dr David J Dewhust (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 Makhan S Khangure/Dr Richard I Thompson (Sir Charles Gairdner Hospital)

Dr David R Dunt (University of Melbourne)

Executive Officer

Mr Bernard L Crowe (AIH)

Appendix 3

Institute staff as at 30 June 1990

Director's Office

Director

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

Executive Assistant to Director

Janet P Markey

AIH Visiting Fellow

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

Joint appointment with NCEPH

Anthony Worsley BSc (Hons) PhD ABPsS

Health Services Division

Head

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

Executive Assistant

Judy Cassidy

Health Expenditure and Economics Unit

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

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 Unit

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

Perrohean R Sperling BA *Syd*

Kim McDowell

Health Services Unit

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

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

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

Ruth A Parslow BA *Qld*, B App Sc *QIT*

Michael W de Looper BSc (Hons) *UNSW*

Kris Sadkowsky BA *Qld*, Dip Inf Sci *CCAE* (Visiting Fellow)

National Casemix Advisory Unit

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

Jennifer Laffey BSc (Hons) *UNSW*

Divisional projects

Pat J English BA *ANU*

Elizabeth Havas B Pharm *Syd*

Health Technology Division

Head

David M Halley MSc *Bristol*, PhD *Bristol*

Administrative Assistant

Julianne M O'Malley

NHTAP Secretariat

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

Naarilla A Hirsch BSc (Hons) *Qld*, B App Sc *Canberra*

AHMAC Superspecialty Services Subcommittee Secretariat

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

MRI Project

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

Jennifer M Chorley BSc *UNSW*

Divisional Projects

Anthony R Lea MSc *ANU*

Wolodja Dankiw BSc (Hons) *Adel*

Health Monitoring Division

Head

Penelope U Rogers BA (Hons) *Macq* (Acting)

Executive Assistant

Carolyn Merton BA *ANU*

Health Statistics Unit

David W Greenhill BSc (Hons) *Birmingham*

Peter Wright

Pat Pentony BA *ANU*

Paul L Jelfs BSc (Hons) *UNSW*

Health Monitoring and Surveillance Unit

Colin D Mathers BSc (Hons) *Syd*, PhD *Syd*

Stan Bennett BTech (Hons) *Bradford* FSS

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

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

Norma Briscoe

Greg Short BA *SACAE*

Greg Hall BA (Hons) *Syd*

John Berzins

Susan G McLean MB BS *Syd*

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

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*

Christopher E Stevenson BSc (Hons) *Melb*, MSc *ANU*

Susan Hardy BA (Hons) *Syd*

Margret Innes

Lena SW Searle

Principal Medical Adviser's Unit

Head

John W Donovan ED, MB BS (Hons) *Syd*, PhD *Syd*, FFPHM RCP(UK),
FRACMA

Aboriginal Health Unit

Neil J Thomson BSc WA, MB BS WA, BA WA

Patricia A Merrifield MB BS *Syd*, MA ANU

Epidemiological Studies

Kathryn Leary BA (Hons) ANU

Bruce English BA (Hons) ANU

Corporate Services

Head

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

Administrative Services

Rodney Carlin

Security and Resources

Phil Priddy

Finance

Paula Bowen

Lyndell Shaw Cert Sec Studies *Bedford Business College*

Personnel

Phillip H Garvin BA *Macq*

Technical Services

Mark Bass MSc *Riga*, MEng *Riga*, MIEAust, MRAeS

Christopher Dowd BSc *UNSW*

David B Gellibrand

Anna Lusso

Publications

Susie van den Heuvel

Katherine J Harris Lib Tech *Canberra TAFE*

Lucia Pietrzak

Alannah Smith

Library

Janice Hamilton BA *Syd*, Dip Lib *UNSW* (Acting)

Alison Kennedy Lib Tech *Canberra TAFE*

Registry

Graham Willard

John Bocchino

Reception

Melissa Saxon

Lorraine Taylor

Secretariat

Institute Secretary

Stephanie R Lindsay Thompson BA (Hons) ANU, Dip Soc Stds Syd

Judith A Clark BSc Exeter, BA ANU, ACHSA

Glenda Cresswick B Ed CCAE

National Perinatal Statistics Unit

Director

Paul AL Lancaster MB BS Syd, MPH California, FRACP

Margaret L Debenham BSc Syd, MSc Syd, PhD Syd

Jocelyn Mann

Patricia Mohr-Bell MD Uruquay

Elvis L Pedisich BSc UNSW

Esther Shafir MB BS Lvov

Lucy Sullivan BA Qld, MA qualif Syd, PhD Macquarie

Glenn E Tun BSc Rangoon, MSc Rangoon

National Injury Surveillance Unit (formerly NISPP)

Manager

John Payne (Acting)

Peter G Hartley

David E Robley

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

David S Brennan BSc (Hons) Flinders

Gary D Slade, BSc Melb, DDPH Toronto

Kate J Battersby

Dianne Parish

Other Staff

The following persons held short-term appointments, left the Institute or were on extended leave during 1989-90.

Health Services Division

Mark Diesendorf BSc Syd, PhD UNSW

David K Scholes BEc ANU, FAI

Morteza Honari MA Tehran, PhD Edin

Helen Stone

Health Technology Division

Lynne Conway BA (Hons) Melb

Health Monitoring Division

Helen Hand

Susan Butcher

Jennifer R Braid BA *Wgong*

Peter R A Leviton BA (Hons) *Flinders*, PhD *Melb*

Corporate Services

Helen L Clothier

Gregory L Smith BSc (Hons) *Qld*, Grad Dip Comp Stds *CCA*

Paul McConnell

Tess Hudson

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

Hilary A Baird

NISPP

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

Appendix 4

Publications, reports and presentations 1989-90

AIH publications

Australian casemix bulletin

- Vol 1 no 3 August
- Vol 1 no 4 October
- Vol 1 no 5 December
- Vol 2 no 1 March
- Vol 2 no 2 June

Australian Institute of Health (1990) *Annual report 1988-89*. AGPS, Canberra.

Australian Institute of Health (1990) *Australian Institute of Health corporate plan 1989-90*. AGPS, Canberra.

Australian Institute of Health (1990) *National Health Statistics Workshop 1985*. AGPS, Canberra.

Barer M, Nicoll M, Diesendorf M and Harvey R (1990) *Australian private medical care costs and use, 1976 and 1986*. AGPS, Canberra.

Gillett S and Harvey R (1989) *Hospital utilisation and costs study volume 3: projecting acute hospital demand in 1996 for New South Wales, Queensland and Western Australia*. AGPS, Canberra.

Health care technology news

- No 1 May 1990

Health care technology series

- No 1: **Rowe M** (1989) *Angioplasty and other percutaneous interventional techniques in the treatment of ischaemic heart disease*.
- No 2: **Lea AR and Hailey DM** (1990) *Tinted lenses in treatment of the reading disabled*.
- No 3: *Screening mammography technology*.

Health expenditure information bulletin

- No 4: *Australian health expenditure to 1987-88*.

Health workforce information bulletin

- No 25: *Preparation of health professionals through tertiary education in Australia 1988*.
- No 26: *Immigration of health professionals to Australia 1983-84 to 1988-89*.

Thomson N, Paden F and Cassidy G (1990) *Identification of Aborigines in hospital admissions in the North Coast Health Region, New South Wales*. AIH and North Coast Health Region of New South Wales.

Thomson N and Merrifield P (eds) *Aboriginal health information bulletin no 12*. AIH and Australian Institute of Aboriginal and Torres Strait Islander Studies.

Thomson N and Merrifield P (eds) *Aboriginal health information bulletin no 13*. AIH and Australian Institute of Aboriginal and Torres Strait Islander Studies.

AIH reports and working papers

Australian Institute of Health (1989) *Preventable cancers: monitoring targets towards 2000. A statistical report to the Project Planning Team of the National Better Health Program.*

Australian Institute of Health (1989) *Health of older persons: monitoring targets towards 2000. A statistical report to the Project Planning Team of the National Better Health Program.*

Australian Institute of Health (1989) *Recommended national minimum data set for institutional health care. Report to the Australian Health Ministers' Advisory Council on the National Hospitals Statistics Project.*

Australian Institute of Health (1989) *National minimum data set for institutional health care. National Hospitals Statistics Project.*

Australian Institute of Health (1989) *Working party on inpatient non-inpatient services. Report to Australian Health Ministers' Advisory Council.*

Australian Institute of Health (1990) *Future directions. Draft report prepared by the Screening Evaluation Coordination Unit for the Commonwealth Department of Community Services and Health.*

Australian Institute of Health (1990) *Risk Factor Prevalence Study 1989: user's guide to the dataset. Prepared on behalf of the National Heart Foundation of Australia.*

Australian Institute of Health, Health Labourforce Unit (1990) *Data on overseas trained doctors.*

Bennett SA (1989) *Improved nutrition: monitoring targets towards 2000. A statistical report to the Project Planning Team of the National Better Health Program.*

Donovan JW and Snow CA (1989) *Investigation of a possible cluster of cancer cases in the CSIRO Division of Plant Industry.*

Donovan JW (1989) *Scope for epidemiological studies of the carcinogenicity of dapsone in Australian veterans: report to the Department of Veterans' Affairs.*

Gillett S and Nyo S (1989) *Two working papers on diagnosis related groups using New South Wales 1986 morbidity data: (1) Comparison of the 470 and 471 versions. (2) Distribution of length of stay.*

Hailey D, Conway L and Dankiw W (1990) *Options for stereotactic radiosurgery.*

Hindle D and Laffey J (1989) *The classification of non-inpatient days of stay - a preliminary investigation of needs and methods.*

Hindle D and Laffey J (1990) *Ambulatory encounters in hospital: a preliminary investigation of needs for methods of classification.*

Mathers CD (1990) *Accidental poisoning by household chemicals: a statistical report to the NHMRC Working Party.*

Mathers CD (1990) *Australia's health goals and targets: data requirements and recommendations for review. Report to the National Better Health Program Management Committee.*

Mathers C, Briscoe N and Merton C (1989) *High blood pressure: monitoring targets towards 2000. A statistical report to the Project Planning Team of the National Better Health Program.*

Publications involving AIH staff

- Crowe BL** (1990) Evaluation of image management and communication technologies. (Session editor) in Mun SK and Greberman M (Eds) *Proceedings of the First International Conference on Image Management and Communication in Patient Care*. Georgetown University, Washington DC:174.
- Crowe BL and Hailey DM** (1990). Cost effectiveness of diagnostic technology: MRI - a case study. In Selby-Smith C (Ed) *Economics and Health: 1989. Proceedings of the Eleventh Australian Conference of Health Economists*. Public Sector Management Institute, Monash University, Melbourne: 301-304.
- Crowe BL and Hailey DM** (1990) Costs of magnetic resonance imaging in hospitals. (Invited editorial). *Medical Journal of Australia* 152:393 .
- Bauman A, Smith N, Braithwaite C, Free A and Saunders A** (1989) Asthma education - can it be understood? *Health Education Research* 4:377-382
- Bauman A, Smith N, Braithwaite C, Free A, Saunders A** (1989) The readability of health education material. Does anyone understand anything? (Abstract) *Community Health Studies* XIII:367
- Barer M, Nicoll M, Diesendorf M and Harvey R** (1990) From Medibank to Medicare: trends in Australian medical care costs and use from 1976 to 1986. *Community Health Studies* XIV,1:8-18
- English RM and Bennett SA** (1989) Socioeconomic and demographic factors, overweight and obesity in Australian adults. *Polish Journal of Human Nutrition and Metabolism* XVI,3:198-204.
- English RM and Bennett SA** (1990) Iron status of Australian schoolchildren. *Medical Journal of Australia* 152:582-586.
- Goss J** (1990) Commentary on Gross PF. Breastfeeding in the Philippines: empirical study of its effects on child development. In Selby Smith C (Ed) *Economics and Health: 1989. Proceedings of the Eleventh Australian Conference of Health Economists*. Public Sector Management Institute, Monash University, Melbourne.
- Hailey DM** (1990) Commentary on Butler JR, A model for prioritising therapeutic devices for evaluation. In Selby Smith C (Ed) *Economics and Health: 1989. Proceedings of the Eleventh Australian Conference of Health Economists*. Public Sector Management Institute, Monash University, Melbourne:88-90.
- Hailey DM and Roseman C** (1990). Health care technology in Australia and New Zealand: contrasts and cooperation. *Health Policy* 14: 177-189.
- Hailey D, Staples N and McLean S** (1990) Health technology and the hospital. Australian Hospital Association, Canberra. February.
- Harvey R, Barer M, Nicoll M and Diesendorf M** (1990) Changes in private medical service use, 1976 to 1986 in Selby Smith C (Ed) *Economics and Health: 1989. Proceedings of the Eleventh Australian Conference of Health Economists*. Public Sector Management Institute, Monash University, Melbourne:196-216.

Mathers CD and Moore G (1989) Utilisation of acute hospitals by age and sex in Australia, 1985. *Community Health Studies* XIII,3:316-328.

Renwick M and Harvey R (1989) The organisation of quality assurance in Australian hospitals. *Australian Health Review* 12:16-27

Presentations involving AIH staff during 1989-90

Carter R (1990) *Cost of reading a pap smear for public laboratories*. Presented at Pilot Projects for the Evaluation of Cervical Cancer Screening Meeting, Sydney.

Crowe BL (1990) *Digital radiography systems*. Presented at Royal Australian College General Practitioners 6th Computer Conference, Sydney.

Crowe BL (1990) *Trials involving new diagnostic imaging technology*. Presented at Assessing Health Technology - Workshop of the NHMRC Clinical Trials Centre, Avoca Beach.

Crowe BL (1990) *MRI assessment program - the Australian experience*. Presented at Ministry of Health, British Columbia, Canada.

Crowe BL and Halley DM (1990) *Evaluation of digital radiography systems*. Presented at Symposium for Computer Assisted Radiology, Anaheim, California.

Free AJ (1990) *Report on a survey of quality assurance procedures in cytology laboratories*. Presented at the Cervical Cancer Screening Workshop, Sydney University.

Halley DM (1989) *Effectiveness and efficiency of medical devices in the health care system*. Presented at Second International Federation for Medical and Biological Engineering, Pan Pacific Symposium, Melbourne (Plenary lecture).

Halley DM (1989) *Issues in health technology*. Sixth Annual Conference of the Australian Medical Writers Association, Sydney.

Halley DM (1989) *The perspective of the policy maker*. Presented at Researching Healthcare Symposium, Ballarat.

Halley DM (1990) *Introduction and assessment of MRI in Australia*. Presented at Department of Health, London.

Halley DM (1990) *Outcome measures in health technology assessment*. Panel discussion notes. Presented at Sixth Annual Meeting, International Society of Technology Assessment in Health Care, Houston, Texas.

Halley DM and Crowe BL (1990) *Australian assessment of magnetic resonance imaging*. Presented at European Congress of NMR in Medicine and Biology, Strasbourg.

Halley DM, Vellar I, McDonald I and Wright C (1990) *Australian assessment of biliary lithotripsy*. Presented at Sixth Annual Meeting, International Society of Technology Assessment in Health Care, Houston, Texas.

Mathers CD (1990) *Monitoring Australia's health targets: its role in evaluation of the National Better Health Program*. Presented at the National Better Health Program Evaluation Workshop, Canberra.

National Perinatal Statistics Unit publications

Bastian H and Lancaster PAL (1990) *Home births in Australia 1985-1987*. NPSU and Homebirth Australia, Sydney.

Congenital malformations monitoring report and congenital malformations Australia.

No 35 July - September

No 36 October - December

National Perinatal Statistics Unit and Fertility Society of Australia (1990) *IVF and GIFT pregnancies, Australia and New Zealand 1988*. NPSU, Sydney.

Perinatal newsletter.

No 7 October

No 8 December

No 9 February

No 10 June

Publications involving NPSU staff

Lancaster PAL (1989) Birth defects in Aborigines. (Leading article) *Medical Journal of Australia* 151:241-242

Lancaster PAL (1989) Birthweight percentile for Aborigines? (Leading article) *Medical Journal of Australia* 151:489-490

Quine S and Lancaster PAL (1989) Indicators of social class - relationship between prestige of occupation and suburb of residence. *Community Health Studies* XIII:510-518

Saunders DM and Lancaster PAL (1989) The wider perinatal significance of the Australian in-vitro fertilization data collection program. *American Journal of Perinatology* 6:252-257

Lancaster PAL and Thomson PC (1989) Investigation of possible environmental causes of birth defects. (Abstract). *European Journal of Epidemiology* 5:257-258

Presentations involving NPSU staff

Lancaster PAL (1989) *IVF and GIFT pregnancy rates and outcomes in Australia and New Zealand*. Presented at Royal Hobart Hospital, Tasmania.

Lancaster PAL (1989) *National registry of IVF pregnancies*. Presented at seminar of the Centre for Reproductive Biology, Monash University and the Australian Perinatal Society, Victorian Division, Monash Medical Centre, Melbourne.

Lancaster PAL (1989) *Perinatal mortality*. Presented at 4th Advanced Course in Obstetrics and Care of the Newborn, Joint Meeting of the Royal Australian College of Obstetricians and Gynaecologists and Royal Australian College of General Practitioners, Sydney.

Lancaster PAL (1989) *High incidence of selected congenital malformations after assisted conception*. Presented at the 16th Annual Meeting of the International Clearinghouse for Birth Defects Monitoring Systems, Prague.

Lancaster PAL (1989) *High incidence of selected congenital malformations after assisted conception*. Poster presented at the 17th Conference of the European Teratology Society, Budapest.

Saunders DM and Lancaster PAL (1989) *Survey of the outcome of pregnancy.* Presented at the XIII World Congress on Fertility and Sterility, Marrakesh.

Lancaster PAL (1989) *Monitoring congenital malformations.* Presented at meeting sponsored by the Ministry of Health and the Singapore Paediatric Society, Singapore.

Lancaster PAL (1989) *IVF and GIFT pregnancies in Australia and New Zealand.* Presented at Symposium Société, Santé, Natalité, Martigny, Switzerland.

Lancaster PAL (1989) *Do ovulatory drugs cause malformations?* Presented at Joint Conference of the Australia New Zealand Environmental Mutagen Society and the Australian Teratology Society.

National Injury Surveillance and Prevention Project publication

The Link

No 1 August

Dental Statistics and Research Unit publications

Dental Statistics and Research Unit Newsletter (Quarterly)

No 1 (May)

AIH Dental Statistics and Research Unit (1990) *Survey guide for Queensland.*

Publications involving DSRU staff

Spencer AJ and Slade GD (1989) The social impact of oral disease in older adults—an Australian perspective. In Homan BT (Ed) *Dentistry for the older adult.* Proceedings of a Symposium. Dental School University of Queensland, October.

Allister JH, Davies MJ, Slade DG, Spencer AJ, Brown LP and Clifford MJ (1990) Relation of socio-economic level and urbanisation to caries experience. International Association for Dental Research (ANZ Division) 29th Annual Meeting, Sydney, 1989, Abstract 12. *Journal of Dental Research* 69:934.

Davies MJ and Baghurst R (1990) Sources and quantities of dietary sugar for several populations in Australia. International Association for Dental Research (ANZ Division) 29th Annual Meeting, Sydney, 1989, Abstract 11. *Journal of Dental Research* 69:934.

Slade GD, Spencer AJ and Dooland MB (1990) Changes in the caries experience of South Australian schoolchildren. International Association for Dental Research (ANZ Division) 29th Annual Meeting, Sydney, 1989, Abstract 10. *Journal of Dental Research* 69:934.

Spencer AJ, Slade GD, Richards LC and Gorkic E (1990) The social impact of oral disorders in an older Australian population. International Association for Dental Research (ANZ Division) 29th Annual Meeting, Sydney, 1989, Abstract 113. *Journal of Dental Research* 69:934.

Szuster FP, Brennan DS and Spencer AJ (1990) Productivity of Australian dentists. International Association for Dental Research (ANZ Division) 29th Annual Meeting, Sydney, 1989, Abstract 114. *Journal of Dental Research* 69:947.

Presentations involving DSRU staff during 1989-90

Spencer AJ (1989) Identification and management of the 'at-risk' patient. Presented at Continuing Education Seminar, South Australian School Dental Service, Somerton Park School of Dental Therapy, Adelaide, October.

Spencer AJ (1989) Challenge for dental education in South Australia. Presented at Australian Dental Association (SA) Branch Meeting, Adelaide, July.

National Health Technology Advisory Panel publications

Automated afterloading in brachytherapy - July 1989

Low back testing by dynamometry - September 1989

High energy radiotherapy equipment - September 1989

MRI assessment program. Fourth interim report - October 1989

Bone mineral assessment - an update - October 1989

Coronary angioplasty - November 1989

Magnetic resonance imaging services - May 1990

NHTAP Newsletter
No 10 (December)

AHMAC Superspecialty Services Subcommittee publication

Guidelines for acute spinal cord injury services (1989)

Appendix 5

Seminars and workshops 1989-90

AIH seminars

- 19 July Professor Dennis Hill, Regional Scientific Officer, North East Thames Regional Health Authority, London
Problems and challenges confronting scientific and technical services in the UK's National Health Service
- 11 December Dr Don Hindle, Consultant on casemix and DRGs, AIH
The role of casemix data in providing patient care in acute hospitals
- 8 March Ms Manoa Renwick, Research Fellow, AIH
Issues in health services research in the USA

AIH workshops

- 25 October *Hospital spatial impact modelling*
- 26 February *Casemix workshop 1: non-acute inpatient counting and classification*
- 27 February *Casemix workshop 2: chart-based utilisation review*
- 28 February *Casemix workshop 3: clinical coding and discharge abstracting*
- 1 March *Casemix workshop 4: ambulatory encounters counting and classification*
- 30 April-3 May *Computerised hospital costing systems*

AIH and NCEPH joint seminars

- 13 July Mr Earle McKay, Supervisor, Welfare and Social Indicators Section, ABS
The 1988 ABS survey on disabled and aged persons
- 27 July Dr Patty Solomon, Senior Research Fellow, NCEPH
Predictive models for AIDS in Australia
- 10 August Dr Mark Diesendorf, Senior Research Fellow, AIH
Have the benefits of water fluoridation been exaggerated?
- 24 August Dr John Deeble, Health Services Fellow, NCEPH
Medicare and its alternatives
- 7 September Dr Michael Fett, Head, Screening Evaluation Coordination Unit, AIH
Mammography: some unresolved issues
- 15 February Dr John Ashton, Senior Lecturer, Department of Community Health, Liverpool University, UK
The new public health - the role of the healthy cities movement
- 1 March Mr Bernard Crowe, Research Fellow, AIH
An evaluation of digital radiography systems

- 15 March Professor Stephen Kunitz, University of Rochester School of Medicine, New York, USA
Trajectories of disease: natural history and career
- 28 March Dr John Donovan, Principal Medical Adviser, AIH
How many deaths from AIDS?
- 5 April Dr Gigi Santow, Senior Research Fellow, NCEPH
Do gravidity and age affect pregnancy outcome?
- 26 April Dr Robert Goodin, Professorial Fellow in Philosophy, ANU
The ethics of smoking and its control
- 10 May Professor Tony Worsley, Professorial Fellow, NCEPH
Directions for food and nutrition policy
- 24 May Dr Delma Cowley, Senior Research Fellow, AIH
PET: Does Australia need another high cost imaging technology?
- 7 June Dr Owen Dent, Department of Sociology, The Faculties, ANU/Visiting Fellow, NCEPH.
A cost comparison of different treatment regimes of patients with heartburn and dyspepsia
- 21 June Ms Kathryn Leary, Project Manager, AIH
An epidemiological study of the carcinogenicity of dapsone in Australian servicemen of the Vietnam era

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

Mr Robert Carter

Prevention Strategies Panel of the NHMRC

Dr John Donovan

AHMAC Cervical Cancer Screening Evaluation Steering Committee

AHMAC Breast Cancer Screening Evaluation Steering Committee

AIH Ethics Committee

Dr Michael Fett

AHMAC Steering Committee for the Evaluation of Cervical Cancer Screening

AHMAC Steering Committee for the Evaluation of Breast Cancer Screening

Mr John Goss

AHMAC Working Party to Review the Measurement Aspects of Hospital Utilisation

Dr David Hailey

AHMAC Superspecialty Services Subcommittee

NHMRC Radiation Health Committee, Magnetic Resonance Imaging Working Party

Biliary Lithotripsy Evaluation Committee, St Vincent's Hospital, Melbourne

NHMRC Health Care Committee, CT Scanning Working Party

Mr Roy Harvey

AHMAC Working Party to Review the Measurement Aspects of Hospital Utilisation (Chair)

AHMAC Hospital Funding Working Party

Technical Advisory Committee of the Commonwealth Casemix Development Program

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

Dr Colin Mathers

Hypertension Project Planning Team, National Better Health Program

Ms Penelope Rogers

AHMAC Subcommittee on Women and Health

NHMRC Working Party on Household Chemical Poisonings

National Drug Abuse Data System Network

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

Advisory Committee, Centre for Clinical Epidemiology and Biostatistics, University of Newcastle

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

Advisory Committee, Centre for Transdisciplinary Studies and Research in Health and Welfare, University of Newcastle

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

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

Dental Health Services Committee, Australian Dental Association

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

NHMRC Working Party on the Effectiveness of Water Fluoridation

Ms Natalie Staples

AHMAC Medical Workforce Data Review Committee

Mr Christopher Stevenson

Council of Australian Consortium for Social and Political Research Incorporated

Ms Stephanie Thompson

AIH Ethics Committee

Dr Neil Thomson

NHMRC Working Party on Anaesthetic Mortality

Consultant to the NHMRC Working Party on Maternal Mortality

Ms Marijke van Ommeren

Steering Committee, Spinal Cord Injury Register

Appendix 7

Activities funded by outside bodies

- Title : National Injury Surveillance Unit
Funding body : DCSH
Amount : \$1,611,700 (over three years)
Project : Monitoring of injury statistics.
- Title : Support for Superspecialty Services Subcommittee
Funding body : AHMAC
Amount : \$71,493
Project : Development of guidelines for superspecialty services.
- Title : Screening Evaluation Coordination Unit
Funding body : DCSH
Amount : \$800,000 (over two years)
Project : Continuing coordination of national breast and cervical cancer screening evaluation.
- Title : 1989 Risk Factor Prevalence Survey
Funding body : NHMRC
Amount : \$12,500
Project : Support for 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 : \$29,793
Project : Establishment of a national asthma and asthma related mortality collection.
- Title : Aboriginal Drug Use and Drug Related Problems
Funding Body : DCSH
Amount : \$19,875
Project : Review statistics on drug use by Aborigines and related drug use problems
- Title : Royal Commission into Aboriginal Deaths in Custody
Funding Body : Royal Commission
Amount : \$70,500
Project : Undertake several tasks associated with overall study of deaths in custody.

Title : Disabilities Among Aborigines
Funding Body : Australian Institute of Aboriginal and Torres Strait
Islander Studies
Amount : \$8,200
Project : A pilot study to assess the prevalence of disabilities
among Aborigines.

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 : \$280,000
Project : Conduct of an epidemiological study among Vietnam
veterans matching service records against
registrations of cancer in all States and Territories.

Title : Medical Workforce Data Review Committee
Funding Body : AHMAC
Amount : \$61,951
Project : Provide professional and technical support for the
AHMAC Medical Workforce Data Review Committee,
functions of which include commissioning,
interpreting and analysing Australian medical
workforce data.

Title : Casemix Technical Advisory Committee
Funding Body : DCSH
Amount : \$50,000
Project : Provide secretarial, consultancy and other support
services for the Technical Advisory Committee of the
Commonwealth Casemix Development Program.
Production of the *Australian Casemix Bulletin*.

Title : Casemix Development Program
Funding Body : DCSH
Amount : \$100,000
Project : Examine non-inpatient and non-acute inpatient
classification options.

Title : National Casemix Advisory Unit
Funding Body : DCSH
Amount : \$215,000 (from 1 April 1990 to 31 March 1991)
Project : Establish a unit which will provide technical
assistance and disseminate information to health
agencies undertaking casemix related projects.

Activities funded by outside bodies

Title : Non-acute Inpatient and Non-inpatient Classification Systems
Funding Body : DCSH
Amount : \$100,000
Project : Develop classification systems for non-acute inpatients and non-inpatients of acute hospitals.

Title : Hospital Spatial Impact Model Workshop
Funding Body : RADGAC
Amount : \$2,532
Project : Conduct a workshop to demonstrate and provide examples of the model developed by CSIRO on a RADGAC grant.

Appendix 8

Cumulative publications list

The AIH produces a wide range of publications covering such issues as health expenditure, hospital use, quality assurance, the health labourforce, health differentials, trends in mortality and health technologies.

This list includes publications produced by the AIH, alone or 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. If paying in currency other than the Australian dollar please be sure your payment is for the exact equivalent at the current exchange rate.

How to order

For publications available directly from the **Australian Institute of Health** (AIH) telephone (06) 2435073 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 2954861) 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 (06) 2461111 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:

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

For publications available from the **National Injury Surveillance Unit** telephone (08) 269 5133 or write to:

National Injury Surveillance Unit
78 Main North Road
Prospect SA 5082

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

Some AIH publications are out of print but may be 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 from the AIH may be arranged through your library.

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 AIATSIS. Volume 14 to be published in November 1990.

Availability: From AIH
Price: Free to subscribers, \$5 (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: \$5 p&p

Annual report 1987-88

First annual report of the Australian Institute of Health.

Availability: From AGPS
Price: \$8.95

Annual report 1988-89

Availability: From AIH
Price: \$5 p&p

Australian casemix bulletin

Published four times a year to encourage exchange of information between people working on casemix in Australia. First issue February 1989.

Availability: From AIH
Price: Free to subscribers, \$5 (p&p) for single issues

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 approximately \$25.

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

Australian Institute of Health corporate plan 1989-90

Availability: From AIH
Price: Free

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 care technology news

An occasional newsletter covering work related to technology assessment and usage undertaken at the AIH and other centres in Australia and New Zealand.

Availability: From AIH
Price: Free to subscribers, \$5 p&p for single issues

Health care technology series

- No 1: Angioplasty and other percutaneous interventional techniques in the treatment of ischaemic heart disease.
- No 2: Tinted lenses in the treatment of the reading disabled.
- No 3: Screening mammography technology.

Availability: From AIH
Price: \$5 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, \$5 (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 the health professional 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: Chiropody workforce 1986
 No 23: Pharmacy workforce 1986
 No 24: Optometry workforce 1986
 No 25: Preparation of the health professional through tertiary education in Australia 1988.
 No 26: Immigration of health professionals to Australia 1983-84 to 1988-89.

Availability: From AIH
 Price: \$5 per volume p&p (maximum \$10)

Hospital utilisation and costs study

Four volumes. The first major national study of hospital use and costs since the Jamison report 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.

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 approximately \$29.95.

QA in hospitals—a digest

M Renwick and R Harvey

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

Availability: AIH
 Price: \$5 (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 approximately \$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 \$5 (p&p) per item (maximum \$10).

Australian Institute of Health (1989) *Health of older persons: monitoring targets towards 2000. A statistical report to the Project Planning Team of the National Better Health Program.*

Australian Institute of Health (1989) *Preventable cancers: monitoring targets towards 2000. A statistical report to the Project Planning Team of the National Better Health Program.*

Australian Institute of Health (1989) *Recommended national minimum data set for institutional health care. Report to the Australian Health Ministers' Advisory Council on the*

National Hospitals Statistics Project.

Australian Institute of Health (1989) *National minimum data set for institutional health care. National Hospitals Statistics Project.*

Australian Institute of Health (1989) *Working party on inpatient non-inpatient services. Report to Australian Health Ministers' Advisory Council.*

Australian Institute of Health (1990) *Future directions. Draft report prepared by the Screening Evaluation Coordination Unit for the Commonwealth Department of Community Services and Health.*

Australian Institute of Health (1990) *Risk Factor Prevalence Study 1989: users guide to the dataset. Prepared on behalf of the National Heart Foundation of Australia.*

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

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.*

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.*

Australian Institute of Health Taskforce on National Hospital Statistics (1988). *Final report to Australian Health Ministers' Advisory Council.*

Bennett SA (1989) *Improved nutrition: monitoring targets towards 2000. A statistical report to the*

Project Planning Team of the National Better Health Program.

Donovan JW (1989) *Scope for epidemiological studies of the carcinogenicity of Dapsone in Australian veterans: report to the Department of Veterans' Affairs.*

Donovan JW (1989) *Proposal for an AIDS programs evaluation unit.*

Donovan JW and Snow CA (1989) *Investigation of a possible cluster of cancer cases in the CSIRO Division of Plant Industry.*

Gillett S and Nyo S (1989) *Two working papers on diagnosis related groups using New South Wales 1986 morbidity data: (1) Comparison of the 470 and 471 versions. (2) Distribution of length of stay.*

Hailey D, Conway L and Dankiw W (1990) *Options for stereotactic radiosurgery.*

Harvey R (1986) *Trends in health service provision and expenditure in Australia and their relevance to public hospitals.*

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

Hindle D and Laffey J (1989) *The classification of non-inpatient days of stay - a preliminary investigation of needs and methods.*

Hindle D and Laffey J (1990) *Ambulatory encounters in hospital: a preliminary investigation of needs for methods of classification.*

Honari M (1988) *Identification of Aboriginality in health statistics.*

Mathers CD (1990) *Accidental poisoning by household chemicals: a statistical report to the NHRMC Working Party.*

Mathers CD (1990) *Australia's health goals and targets: data requirements and recommendations for review.* Report to the National Better Health Program Management Committee.

Mathers CD, Briscoe N and Merton C (1989) *High blood pressure: monitoring targets towards 2000. A statistical report to the Project Planning Team of the National Better Health Program.*

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.

National Committee on Health and Vital Statistics Cancer Statistics Subcommittee and Australian Institute of Health (1986) *National Cancer Statistics Clearing House - protocol.*

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.

Tenth revision of the International Classification of Diseases. Australia's response to World Health Organization proposals. (1986)

Wood B, Lee SH and Smith L (1987) *Bibliography of Australian health differentials. Selected articles and monographs since 1980.* (2 vols).

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 \$5 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.
Availability: From AIH
Price: Free

Artificial hearts

December 1988

Automated afterloading in brachytherapy

July 1989

Bone mineral assessment and osteoporosis

October 1986

Bone mineral assessment: an update

October 1989

Computerised perimetry

October 1988

Coronary angioplasty

November 1989

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

High energy radiotherapy equipment

September 1989

In vivo NMR spectroscopy

March 1985

Lasers in gynaecology

February 1987

Lasers in medicine

October 1985

Low back testing by dynamometry

September 1989

Magnetic resonance imaging services

May 1990

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

MRI assessment program: fourth interim report

October 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 lixiscope

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

AHMAC Superspecialty Services Subcommittee

Reports by the Superspecialty Services Subcommittee of the Australian Health Ministers' Advisory Council (AHMAC) relate to

the development of guidelines for State or national planning of specialised health services for rare diseases or involving costly treatments. The first seven reports in the series were published by AHMAC. All are available from the AIH for a \$5 postage and packaging fee.

Guidelines for burn treatment
1982

Guidelines for cardiac surgery
1983

Guidelines for level three neonatal intensive care
1983

Guidelines for genetic disorders
1985

Guidelines for bone marrow transplantation services
1985

Guidelines for cancer treatment services
1987

Guidelines for major plastic and reconstructive surgery
1988

Guidelines for acute spinal cord injury services
1990

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)

IVF and GIFT pregnancies, Australia and New Zealand 1988

National Perinatal Statistics Unit and Fertility Society of Australia (1990)

Homebirths in Australia 1985-87

Bastian H and Lancaster PAL (1990)

NISU & related projects

The National Injury Surveillance Unit was established in 1990 as part of the injury prevention initiatives of the National Better Health Program. NISU continues and expands the

work of the National Injury Surveillance and Prevention Project which preceded it.

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

Interim report: National Injury Surveillance and Prevention Project

GV Vimpani and P Hartley

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 published August 1989.

Reports and working papers

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

Woodard KL (1987) *Children sports injuries review.*

Woodard KL (1989) *Sports injuries review.*

DSRU

The Dental Statistics and Research Unit (DSRU), based at the University of Adelaide, is developing information and statistics on the dental labourforce 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 was one request for information under the provisions of the *Freedom of Information Act* during the year. The request, for summary information collated from the Child Dental Health Survey, was fulfilled.

Appendix 10

Abbreviations

ABN	Australian Bibliographic Network
ABS	Australian Bureau of Statistics
AHMAC	Australian Health Ministers' Advisory Council
AHMC	Australian Health Ministers' Conference
AHTAC	Australian Health Technology Advisory Committee
AIATSIIS	Australian Institute of Aboriginal and Torres Strait Islander Studies
AIH	Australian Institute of Health
ANU	Australian National University
ASAC	Australian Statistics Advisory Council
CT	computerised tomography
DCSH	Department of Community Services and 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)
NBHP	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
NISU	National Injury Surveillance Unit
OECD	Organisation for Economic Co-operation and Development
PHA	Public Health Association of Australia, Inc.
RADGAC	Research and Development Grants Advisory Committee
SECU	Screening Evaluation Coordination Unit
WHO	World Health Organization