



AUSTRALIAN INSTITUTE OF HEALTH ANNUAL REPORT 1990-91

AUSTRALIAN
INSTITUTE
OF HEALTH

Annual Report 1990-91



9 780644 241335

91/22504 Cat. No. 91 1865 3

Australian Institute of Health Annual Report 1990–91

Australian Government Publishing Service
Canberra

© Commonwealth of Australia 1991
ISSN 1033-8799

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Information Officer: Stephanie Thompson
Institute Secretary
Telephone: (06) 243 5067
Fax: (06) 257 1470



The Hon Brian Howe MP
Minister for Health, Housing and Community Services
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 1991 as required under Division 3, Part 11, Section 63M of the Audit Act.

Yours sincerely

Peter H Karmel AC, CBE
Chairman

3 December 1991

The Board

The *Australian Institute of Health Act 1987* section 8(1) specifies the composition of the Board of the Australian Institute of Health. Board members are appointed by the Governor-General on the recommendation of the Minister for periods not exceeding three years.

Members of the Board for the year ended 30 June 1991 were:

Chairman

Emeritus Professor Peter H Karmel AC, CBE

Appointed 1 July 1988

AIH Director

Dr Leonard R Smith

Appointed 1 July 1988

Three nominees of the Australian Health Ministers' Advisory Council

Dr Jean P Collie

Appointed 1 July 1988

Dr P Sue Morey

Appointed 1 December 1988

Mr John Bissett

Appointed 28 September 1989 to 7 May 1991

Australian Statistician

Mr Ian Castles AO, OBE

Appointed 1 July 1988

Secretary of the Department of Health, Housing and Community Services

Mr Stuart Hamilton

Appointed 1 July 1988

Nominees of the Minister for Health, Housing and Community Services

Professor Bettina Cass

Appointed 27 February 1991

Mrs Gay Davidson

Appointed 1 July 1988

Ms Elizabeth J Furler

Appointed 1 July 1988 to 30 November 1990

Dr Richard B Scotton

Appointed 1 July 1988

Nominee of the Public Health Association of Australia

Dr Ian T Ring

Appointed 1 July 1988

Nominee of the Consumers' Health Forum of Australia

Ms Rosemary V Calder

Appointed 1 July 1988

The following were approved as alternate members for 1990-91:

Nominee of the Australian Statistician

Mr Timothy J Skinner

**Nominee of the Secretary of the Department of Health, Housing and
Community Services**

Mr Alan J Bansemer

Observers

Representative of the National Health and Medical Research Council

Professor Ken Donald

Director of the National Centre for Epidemiology and Population Health

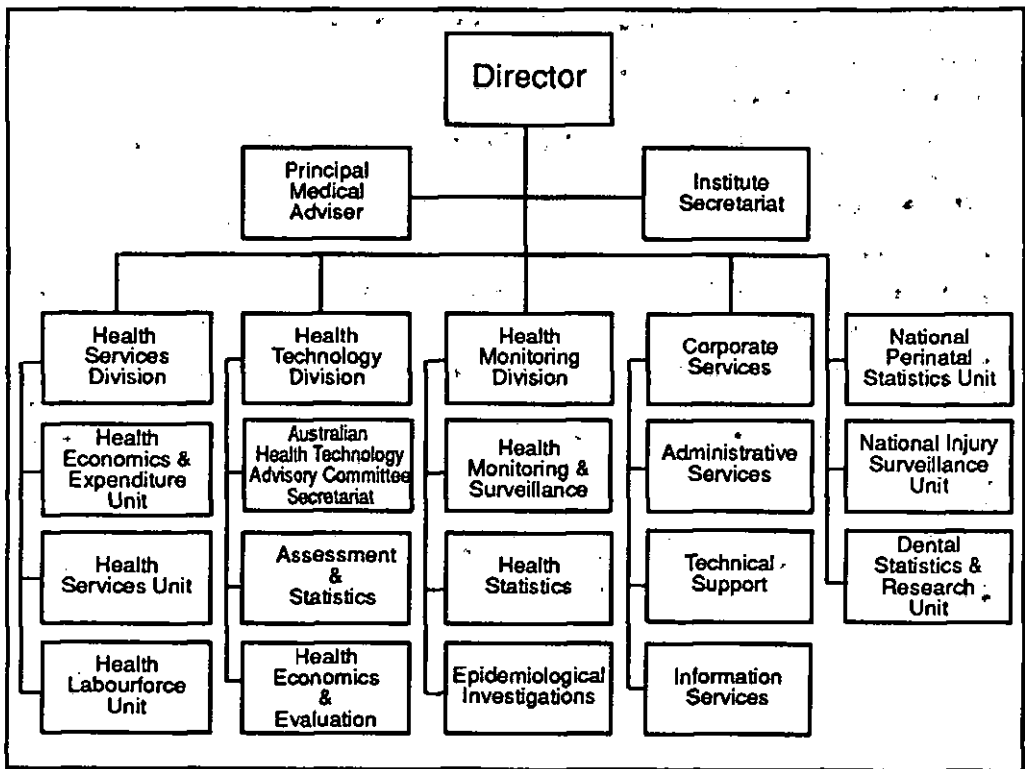
Professor Bob Douglas

Observers from the office of the Minister and staff representatives from the Institute
also attended meetings.

Note

The members of the Board met on 11 and 12 July, 5 September and 21 November
1990, and on 20 February and 22 May 1991.

Organisation chart



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The Australian Institute of Health

The Institute is an independent health statistics and research agency within the Commonwealth Health, Housing and Community Services portfolio. Its responsibilities are national and it provides support both to the Commonwealth and to the States and Territories, either directly or through the Australian Health Ministers' Advisory Council (AHMAC).

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

- collect and assist in the production of health related information and statistics;
- conduct and promote research into the health of Australians, and into 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.

In addressing its mission the Institute collaborates with the Australian Bureau of Statistics, Federal, State and Territory health authorities, other government bodies, and non-government organisations.

The Institute's role in the development of national health statistics is to identify the priorities for national health data, to work with the States and Territories and other relevant bodies to promote the development of data sets based on common standards and definitions, to assemble these into national databases, and to analyse and report on the national data. The collection of primary data is undertaken principally by State and Territory health authorities, the Australian Bureau of Statistics and the Commonwealth Department of Health, Housing and Community Services.

During the latter part of 1990-91, consideration has been given to extending the responsibility of the Institute to encompass national statistics on the provision of welfare services. Decisions on these proposals are expected during the coming year.

Legislation

The *Australian Institute of Health Act 1987* (the Act) established the Institute as an independent statutory authority. Since then, the Act 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 strengthened the safeguards of confidentiality in section 29 by imposing more stringent controls on the release of information by the Institute, by prohibiting the disclosure of information contrary to the conditions under which it was supplied to the Institute.

An unofficial consolidation of the Act incorporating all amendments by legislation to 30 June 1991 is at Appendix 2.

The establishment, functions and powers of the Institute are set out in Part II, Division 1 of the Act.

Ministerial powers

The *Australian Institute of Health Act 1987* under section 7(1) provides that the Minister may, after consultation with the Chairperson of the Board 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. No such directions were given during 1990-91.

The Board

The Institute is managed by a 12-member Board. The composition of the Board is detailed in section 8 of the Act and includes nominees of the Minister, 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 Health, Housing and Community Services and the Director of the Institute. Membership of the Board during 1990-91 is shown at the front of this report (pages iv-v).

Committees

There are two committees of the Institute:

- The AIH Ethics Committee which, as provided for under the Act, advises on the ethical acceptability of activities undertaken by the Institute and associated bodies; and
- The National Committee on Health and Vital Statistics (NCHVS), the role of which is to identify needs for national health related statistics and to recommend on priorities for their development.

Both these committees report to the Board. Details of 1990-91 membership are provided in Appendix 3.

The Australian Institute of Health Ethics Committee

The Committee's principal responsibilities, as described in the AIH Ethics Committee Regulations (see page 61 of this report), are to:

- form an opinion and inform 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
- provide a written annual report to the Institute.

The composition of the Committee is as specified in the AIH Ethics Committee Regulations. As provided for in the AIH Act, section 16, members are appointed by the Institute (the Board) for such period as is specified in their instrument of appointment.

The Committee held seven meetings during the year. At these meetings, a total of 39 submissions were considered, of which 33 were accepted and 6 deferred. A table of results of the consideration of submissions is included in Appendix 3. A system has been developed to monitor the status of projects.

In June 1991, two members gave a seminar on behalf of the Committee in the regular AIH and National Centre for Epidemiology and Population Health (NCEPH) Joint Seminar Series, titled 'Working ethically: the development, difficulties and dilemmas of an ethics committee'.

The Committee has prepared supplementary documents (listed in Appendix 3) to its *Guidelines for the Assessment of Activities*. A pamphlet describing the functions, composition and operational methods of the Committee was produced and distributed.

The Committee has adhered to its policy of considering and forming an opinion on all activities submitted to it, leaving the responsibility for deciding what activities should be considered by the Committee to the Board and staff of the Institute, as agreed between the Ethics Committee and the Board.

Further details of Ethics Committee activities may be found in Appendix 3.

The 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, after a 2-year period of reporting jointly to AHMAC and to the Institute, NCHVS was reconstituted as a committee reporting solely to the Institute (under sections 16(4), (5) and (6) of the AIH Act), with revised terms of reference and membership. As with the AIH Ethics Committee, members of NCHVS are appointed by the Institute (the Board) for such period as is specified in their instrument of appointment. The composition and membership of the Committee, and its terms of reference, are listed in Appendix 3.

A report on the February 1991 Forum on Priorities for National Health Statistics, which was initiated by the Committee, is on page 7.

Organisation of the Institute

There are four major Divisions of the Institute: Health Services, Health Monitoring, Health Technology and Corporate Services. A Secretariat provides coordination with other organisations and support for the Institute's Board and committee processes.

The Institute has three external units—the National Injury Surveillance Unit, and the Dental Statistics and Research Unit, both located in Adelaide, and the National Perinatal Statistics Unit in Sydney.

An organisation chart may be found on page vi.

The Institute also has entered formal collaborating arrangements with the Hunter Health Statistics Unit in Newcastle, St Vincent's Hospital in Melbourne and the Australian Centre for Medical Laser Technology in Adelaide.

The greater part of the Institute's funding is appropriated through the Commonwealth Budget as part of the Health, Housing and Community Services portfolio. Additional external funds have been obtained for a number of specific projects. Details of externally funded projects are provided in Appendix 8.

Institute staff

As at 30 June 1991, the Institute had 67 full-time staff and five part-time employees. Staff turnover during the year totalled 30, of whom 14 left the Institute on completion of temporary or fixed term appointments.

A list of staff, their qualifications and area of employment is at Appendix 4. A staffing profile table is also provided in Appendix 4. The table shows representation of Equal Employment Opportunity (EEO) groups within salary levels, and includes staff engaged on projects funded by outside bodies. National Perinatal and Statistics Unit and Dental Statistics and Research Unit staff are not Australian Public Service employees and are not included in the table.

Achievements and developments during 1990-91

The year under review was significant in setting directions for the Institute's work program in the years ahead.

Four major events of 1990-91 will have a strong influence on the future development of the Institute:

- designation of the Institute as a World Health Organization Collaborating Centre for Classification of Diseases
- the Forum on Priorities for National Health Statistics
- the Review of the Institute by an external review committee
- the development of the Institute's role in welfare data.

These events are outlined briefly below, in addition to the 1990-91 work program highlights. More detailed accounts of the Forum, the Review and the work program may be found in the Institute Activities section (page 7) and the Divisional and Unit Activities section (page 11).

Designation as a WHO Collaborating Centre for the Classification of Diseases

In April 1991, the World Health Organization, after consultation with the Commonwealth Government, designated the Institute as a WHO Collaborating Centre for Classification of Diseases. The designation is effective for a period of four years.

This designation recognises the Institute's international standing in disease classification. It will result in the Institute having a major training role in the field in the Western Pacific region.

To enable the Institute to fulfil its role as a WHO Collaborating Centre, it was decided to establish a Reference Centre for issues relating to classification of disease. The terms of reference developed by WHO were incorporated into the specifications for proposals for the Centre. The Reference Centre will function as an external unit of the Institute.

Forum on Priorities for National Health Statistics

This was the Institute's major developmental activity during the year. The Forum, held in February 1991, was organised by the Institute under the auspices of NCHVS, and represented the culmination of a community consultation process commenced by NCHVS in 1989-90.

The Forum was recognised by the health statistics community as a major landmark and was well attended. Its recommendations provide a clear sense of direction for the development of national health information in Australia for the next five years. The implementation of these recommendations is currently being examined in the context of the major recommendation, a proposed National Health Information Agreement between the Commonwealth, States and Territories.

Institute Review

A review of the Institute in terms of its achievements to date, present functioning and future directions was undertaken by an external review committee from September 1990 to March 1991. *Report of the Committee to Review the Australian Institute of Health* noted the many significant achievements of the Institute and made a number of recommendations aimed at helping the Institute build on these and ensure continued progress and development.

New role in welfare statistics

At the October 1990 Special Premiers' Conference, Heads of Government agreed that nationally consistent data were needed to provide a framework for rationalising the roles of the three levels of government in policy, planning, service delivery and evaluation.

The possible expansion of the Institute's role into welfare data was initially considered by a Working Group set up to advise the Minister for Health, Housing and Community Services. The members of the Working Group were:

- Professor Bettina Cass, University of Sydney;
- Professor Fred Gruen, Australian National University; and
- Ms Claire Thomas, Department of the Treasury, Victoria.

The Report of the Working Group recommended that the role of the Institute be expanded to encompass the collation, analysis and publication of existing administrative data for the purposes of planning, policy development, monitoring and evaluation of programs which provide welfare, community services and housing assistance. The welfare service program areas which the report identified as priority areas for the collection of service data were:

- services for the aged, including residential care and the Home and Community Care Program;
- childcare services, including services related to parental participation in education, training and the labourforce;
- programs which provide housing and accommodation assistance through the Commonwealth State Housing Agreement and the Supported Accommodation Assistance Program; and
- programs which provide accommodation, employment and training, and community participation services for people with disabilities.

A joint sub-committee of the Australian Health Ministers' Advisory Council and the Standing Committee of Social Welfare Administrators endorsed the Report of the Working Group and advised the Health and Welfare Ministers of its support for the

major recommendations. The sub-committee added the current State collections on child maltreatment and substitute care to the priority program areas recommended by the Report.

The amendments to legislation required to enable the Institute to undertake the welfare role are expected to be introduced to the Parliament in late 1991.

The Institute's role in welfare, as in health, will be primarily in the development of national data—in this case national data on welfare services. In the short term, the focus will be on the production of consistent data from existing collections. In the longer term, through a process of consultation, the Institute will develop national uniform data sets.

Work program highlights

The research Divisions of the Institute recorded a number of work program achievements during the year. These included:

- substantial progress in the development of agreements on national labourforce collections;
- planning for the initial collection of the national minimum data set for institutional care scheduled for 1991-92;
- provision of support to the National Health Strategy;
- establishment of a secretariat and research support for the new Australian Health Technology Advisory Committee (a Committee of NHMRC) and for its major task of assessing proposals for Nationally Funded Centres. As a result, the Committee was able to respond rapidly to requests for such assessments;
- an increase in the number of AIH health technology publications, with two new reports in the Health Care Technology Series, and three discussion papers;
- implementation of an earlier agreement in principle by all Australian cancer registries to the protocol for, and establishment of, the National Cancer Statistics Clearing House;
- agreement of all Registrars of Births, Deaths and Marriages to a final protocol for the National Death Index; and
- publication of a draft *Inventory of Australian Health Data Collections* to coincide with the Forum on Priorities for National Health Statistics.

Institute activities

Forum on Priorities for National Health Statistics

The development of national health-related information and statistics is a major function of the Institute. The Institute receives advice from NCHVS on needs in, and priorities for, national health statistics. To assist it in formulating advice to the Institute, NCHVS placed advertisements in major newspapers in March 1990 seeking written submissions from interested individuals and groups in the community.

NCHVS also consulted with, and invited submissions from, community, health and statistics professionals, and government agencies and departments. As the culmination of this process the Institute held a national Forum on Priorities for National Health Statistics in February 1991.

The Forum was attended by 120 invited participants, including health service researchers, epidemiologists, statisticians, administrators, government officials, representatives of consumer and community groups, the health professions and private and voluntary health organisations from all States and Territories. The submissions and outcomes of earlier consultations provided initial input to the Forum discussions.

The Forum acknowledged the developments in health statistics and support given by governments at all levels in recent years. However, the Forum agreed that there was still a need to improve and develop further the national health information system. To achieve this improvement, the Forum proposed the following recommendations:

- to develop a National Health Information Agreement and a National Health Information Strategy;
- to educate the Australian community about the need for, and benefits of, improved health statistical systems;
- to increase the number of people with the expertise to analyse and interpret health statistics;
- to give early attention to meeting identified gaps and priority needs in the Australian health information system; and
- to improve access to, and dissemination of, health statistics.

The Forum considered that the priority issues were to:

- implement the five recommendations above, within the framework of a National Health Information Agreement and a National Health Information Strategy;
- develop
 - a national primary health care database
 - a population-based mental health data collection;
- complete the development of well advanced national data sets; and
- develop health outcome measures.

The proposed National Health Information Agreement between Commonwealth, State and Territory governments will aim to improve the exchange of data between all levels of government and the community, and to set up mechanisms to develop data in areas where needs are not met. The Strategy will provide for implementation of the Agreement and look to the longer term direction and development of the national health information system and its use in health policy development.

NCHVS accepted the recommendations of the Forum and advised the Institute of that endorsement. The Institute, in consultation with other agencies, has begun development of the National Health Information Agreement proposal and the other recommendations. The success of the Forum has been a major landmark in the history of the Institute.

Review of the Institute

At its meeting of 20 September 1990 the Board agreed that a review of the Institute should be conducted, with terms of reference to review and report on: the Institute's achievements, measured against its statutory functions; its role, standing and relationships with other bodies; priority unmet needs; and future directions, including strategies for addressing unmet needs.

The Review Committee, appointed by the Board and approved by the Minister, comprised:

- Professor Dorothy P Rice (Chair)
University of California, San Francisco, USA
- Dr John Fox
Office of Population Censuses and Surveys, UK
- Dr David Filby
South Australian Health Commission, representing the Australian Health Ministers' Advisory Council
- Associate Professor Michael Hobbs
University of Western Australia.

Written submissions were sought from a number of external agencies. The Review Committee met for the week 18-22 March 1991 to consider external submissions, the submission of the Institute, and AIH publications and papers. The Committee also met with a number of individuals and representatives from AIH and other organisations.

The Committee subsequently produced the *Report of the Committee to Review the Australian Institute of Health* with a total of 47 recommendations. Major recommendations include:

- support for the development of a National Health Information Agreement and Strategy, the Institute to be the principal agency responsible for the coordination of its development and implementation;
- the need to clarify and develop the Institute's roles and relationships with other agencies;
- the need to strengthen the Institute's organisational and staffing structures to enable it to reinforce its position and to meet new challenges; and
- the holding of a regular health statistics Forum as the basis for Institute planning.

The Report endorsed the progress and achievements of the Institute, noting its success in meeting legislative requirements, the wide range of data collection exercises undertaken and its systematic approach to the management of national data holdings. The Review Committee commended the Institute's publications and information dissemination program, noting that it had been particularly impressed with the Institute's biennial report, *Australia's Health*. Favourable comment was also directed towards the role of the Institute in technology assessment and health services research, which the Committee regarded as great strengths of the Institute.

In addition to these positive review findings, the Committee identified a number of concerns, most of which it considered to be common to new institutions where boundaries with other organisations are not clearly defined.

The Committee also made a series of recommendations aimed at maintaining, strengthening and expanding the future activities of the Institute.

Divisional and Unit activities

The statistical and research work of the Institute is undertaken by the three research Divisions, the three External Units and by contract with groups or individuals to undertake specific projects. The research activities are supported by the Corporate Services Division and the Secretariat.

Each Division has a specific role in fulfilling the statutory role of the Institute set out in section 8 of the Act. Activities undertaken by individual Divisions consistent with the statutory functions are detailed in the following sections.

Health Services Division

The Health Services Division is responsible for producing and analysing national data and information on the provision and use of health services in Australia, and the resources needed to support them.

During the year the Division focused on establishing national information systems on health services in Australia and on analysing the available data. The priority collections were those national databases that described the infrastructure of the health system including expenditure on health, the health labourforce, and the cost and use of institutional care and medical services. The Division also undertook some exploratory work on measuring health outcomes.

In addition the staff of the Division have been involved in a number of broader activities including the provision of data for national reviews, the Forum on Priorities for National Health Statistics, the development of an expanded role for the Institute, the conduct of a feasibility study of public hospital pharmaceutical use, and the coordination of the first stages in the development of a joint work program with the N A Semas-ko (USSR) All Union Institute for Research on Social Hygiene, Public Health Economics and Management.

During the year the National Casemix Advisory Unit, which had been largely funded through the Commonwealth Casemix Development Program, was transferred to the Commonwealth Department of Health, Housing and Community Services.

The Division achieved a number of objectives during the year 1990-91 and made steady progress in other areas. A major achievement was the substantial progress made in developing agreements on national health labourforce collections for medical practitioners, nurses, pharmacists and podiatrists. These negotiations will be completed by the target date of 31 December 1991.

Continuing progress was made in planning the initial collection of the national minimum data set for institutional care which is scheduled for 1991-92. Timeliness of data has continued to be a problem and steps to redress the situation have been taken by initiating publication of a six-monthly *Health Services Information Bulletin*.

Health Economics and Expenditure Unit

The major task of the Unit was the development of health expenditure information. The core elements of the collection include the amount spent on health services, whether spent by governments, private organisations or individuals. This information enables limited comparisons with other countries and is a major component of the national

health and health expenditure statistics provided to the Organization for Economic Co-operation and Development (OECD).

The collection also provides the data for more detailed analyses of expenditure, such as longer term trends and expenditure patterns. *Health Expenditure Information Bulletin* no. 5, on hospital utilisation and costs, published consistent data on trends in the use of, and expenditure by, public and private hospitals in the period 1982-83 to 1988-89. Three seminars were given on the results. The publications continue to attract significant public interest.

Economic analysis of health issues, advice and evaluation tasks carried out during the year included work on the economic, health and equity effects of increasing taxes on tobacco and comparing the cost effectiveness of cholesterol-lowering drugs with dietary intervention programs. The Unit worked with Medibank Private Visiting Fellow Dr Jack Dowie in examining a quality of life measure being developed in Europe, the Euroqol (European Quality of Life Measure), and in some subsequent exploration of an Australian measure, the Aushale (Australian Health Adjusted Life Expectancy). A national workshop of people working on quality of life measures was held at the end of Dr Dowie's visit and attracted 36 participants.

Health Services Unit

The major developmental task of the Unit in 1990-91 was the establishment of a national minimum data set (NMDS) for institutional health services. The Unit reduced its analysis of medical services data to meet the current and longer term demands on it from the NMDS program.

Following agreement by AHMAC to the NMDS, the Institute commenced planning the collection phase. This will involve Institute collaboration with ABS to conduct a four-year survey program to collect NMDS information annually. The survey will cover all types of health institutions, including those within the private sector and long-stay institutions. The initial collection in the survey program is planned for 1991-92 and will cover all acute and psychiatric hospitals.

The Unit continued work on the hospital utilisation and costs studies for 1987-88 and 1989-90. Data from both studies were provided to the National Health Strategy. The 1987-88 study has been finalised and will be available early in 1991-92. Analysis of the 1989-90 study is well under way and is expected to be available later in 1991-92. In future, comparable data will be available from the NMDS survey program.

The Unit completed compilation of the initial *Health Services Information Bulletin*. The Bulletin will provide a brief but timely summary of health services data and will be published six-monthly.

Staff of the Unit were involved in a number of analytical projects during the year. These included the completion of a substantial project to document variations in rates for nine selected surgical procedures, using 1986 data. The preliminary reports showed considerable variations among some geographic areas and received considerable publicity. Work was also undertaken for the Review of Aged Care, analysing long-stay patient data from public hospitals. The Unit maintains its interest in quality of care measurement.

Health Labourforce Unit

Work in the Health Labourforce Unit has been directed towards the development of national labourforce data collections, initially for the registerable health professions.

The development process has involved a series of consultations with State and Territory registration boards and health authorities on the data to be collected in respect of dentists, nurses, medical practitioners, pharmacists and podiatrists. The dental labourforce collection is being developed by the Dental Statistics and Research Unit of the Institute in cooperation with the Labourforce Unit. The progress is in accord with the June 1990 AHMAC request to establish a National Minimum Data Set for health professionals by the end of 1991, and a comprehensive labourforce database by the end of 1993. Consultations have also been undertaken to keep the concurrent move towards national registers compatible with the national data collection process.

The Unit has continued to provide professional support to the Medical Workforce Data Review Committee of AHMAC. Following the Committee's consideration of a paper on the shortage of Resident Medical Officers, work is proceeding on routine monitoring of the situation. An overview paper on medical labourforce issues was prepared. The advice of the Unit has been sought on a number of labourforce issues, including the establishment of national registers, labourforce research grants and the medical labourforce.

Annual data on the immigration of health professionals and on students undertaking health professional and health related studies in tertiary institutions, has been disseminated in the *Health Workforce Information Bulletin*.

The Unit is continuing to respond to an increasing volume of requests for information covering an extensive range of labourforce issues.

Health Technology Division

The Division provides advice on, and undertakes assessments of, the role, distribution, costs and effectiveness of health care technologies. For these purposes, health technologies are taken to include activities and procedures that involve use of devices or equipment to prevent, diagnose, treat or cure disease and disability. The Division undertakes this role by supporting advisory bodies, preparing reports based on published data and expert opinion, collecting and analysing primary data, and developing databases.

National advisory bodies

The Division provided secretariat and research support for the former National Health Technology Advisory Panel (NHTAP) and the Superspecialty Services Subcommittee (SSS) of the Australian Health Ministers' Advisory Council (AHMAC). During the year arrangements were put in place following agreement by AHMAC for NHTAP and SSS to be subsumed by a new body, the Australian Health Technology Advisory Committee (AHTAC). AHTAC is a subcommittee of the National Health and Medical Research Council (NHMRC) Health Care Committee, but may report direct to AHMAC on certain urgent matters. The Division is providing secretariat and research support for the new body.

NHTAP met for the last time in July 1990, and AHTAC subsequently met three times during 1990-91. Memberships of NHTAP and AHTAC are listed in Appendix 3.

Proposals under the Nationally Funded Centres program

The work of AHTAC during its first few months of operation was dominated by requests from AHMAC for advice on proposals for funding under the Nationally Funded Centres program adopted by the Council. 'Nationally Funded Centre' is a term used to cover arrangements for provision of certain specialised or expensive technologies with a necessarily restricted distribution in Australia because of the high level of expertise or specialised equipment required, the low national demand for the service or the investigational and evolving nature of the technology.

Four responses to requests for advice under the Nationally Funded Centres Program were completed. The first two were undertaken by NHTAP and finished by AHTAC. They dealt with extracorporeal membrane oxygenation, a technique for supplying oxygen to the blood in children suffering from severe respiratory problems, and cerebrovascular embolisation, an interventional radiology technique used to treat malformations in blood vessels within the brain. AHTAC subsequently provided advice on an adult heart/lung transplant facility, and pediatric heart transplantation and cardiac surgical services.

Work is continuing on assessment of liver transplant programs, cranio-facial surgery units and stereotactic radiosurgery.

Other assessments by advisory bodies

The final reports completed by NHTAP were assessments of positron emission tomography (PET) and non-laboratory pathology testing. PET is a high-cost diagnostic imaging technique. The Panel considered potential applications and costs of this new procedure and options for evaluation of its cost effectiveness, should it be supported in Australia.

The report on non-laboratory pathology testing considered the development and diffusion of technologies for performing diagnostic tests in non-laboratory situations such as general practitioners' surgeries.

The final report of the magnetic resonance imaging (MRI) assessment program was published. The report contained considerable detail on the use, cost and efficacy of this expensive technique, and included a consensus statement on the clinical efficacy of MRI services in comparison with other imaging methods. The statement was later updated by AHTAC, and published separately.

The final two reports from SSS were guidelines documents dealing with level three neonatal intensive care and comprehensive epilepsy centres. These publications continued the pattern developed by SSS over the last decade of providing guidance on the location and level of resources needed for specialised services in Australia. AHTAC is continuing to work on guidelines for renal dialysis and transplantation services, and on cardiac surgery and related technologies.

The first major report by AHTAC was an overview of renal stone therapy in Australia covering the use of extracorporeal shock wave lithotripsy, percutaneous techniques,

transurethral procedures and open surgery in the treatment of renal stones. This overview followed earlier work by NHTAP and provided detailed information on the application and usage of these technologies.

Division projects

The Division completed two further reports in the Health Care Technology series, on medical thermography (a diagnostic imaging technology) and on implantable cardiac defibrillators (devices for assisting those with heart disease). A second edition of the report on the use of tinted lenses for the reading disabled was also published. Staff of the Unit prepared discussion papers on the use of gadolinium contrast material in MRI examinations, international developments in Picture Archiving and Communication Systems (PACS) and on laparoscopic cholecystectomy, a less invasive surgical procedure which is rapidly gaining popularity in Australia

Work continued on the establishment of the database on the usage and distribution of health care technologies, with data being established on selected technologies. Two issues of the newsletter *Health Care Technology News* were published.

External projects

The Division Head continued to participate in the evaluation of the biliary lithotripsy project at St Vincent's Hospital, Melbourne. The first interim report on this assessment was issued as a joint publication with the hospital.

The Division assisted in coordinating a comparative evaluation of copper bromide and pulsed dye lasers in dermatology, in association with the Australian Centre for Medical Laser Technology. Commissioned projects on methodology of cost utility analysis, peripheral laser angioplasty, digital radiography systems, thermography, osteoporosis/bone mineral assessment and efficacy of MRI examinations are being monitored.

A consultancy was undertaken for the John Hunter Hospital, Newcastle, on installation and use of digital radiology. Further progress was made in assessment of this high-cost technology through contacts with overseas groups.

A consultancy on the evaluation of MRI services with the Ministry of Health, British Columbia, Canada, has also continued. Data on these services are now being collected.

The Division was given responsibility for coordinating a research project for NHMRC to develop a methodology to provide an economic overview of the potential impact and worth of a range of possible health promotion and illness prevention programs. It is intended to develop a macro evaluation model that will be able to link changes in risk factors and disease incidence to changes in life expectancy, quality of life and the cost of providing health care. The project will draw on a number of data sets held by the Institute, and will involve input from the Health Monitoring and Health Services Divisions.

Work began on a pilot project commissioned by the Department of Health, Housing and Community Services to formulate improved methods for the timely identification and preliminary evaluation of new and emerging health care technologies with the potential to have significant impact on health care systems.

Overall, the Division had a successful year in meeting its obligations to undertake health technology assessment and to support national advisory bodies. Staff prepared

reports on a range of technologies and the Division was active in maintaining contact with other assessment groups. The assessments produced made a useful contribution to decisions on the introduction and use of health care technologies in this country.

The principal difficulties faced during the year were in regard to the transitional administrative arrangements that arose through the creation of AHTAC, and in meeting requirements for very urgent assessments. Remaining administrative details on AHTAC are being settled through consultation with NHMRC and AHMAC Secretariats. Urgent assessments of Nationally Funded Centre proposals and other references can create difficulties because data for full evaluation may not be readily available, and because such urgent projects delay longer term investigations. It is hoped that as the policy on Nationally Funded Centres develops, it will be possible to obtain an earlier indication of technologies and services which will require urgent assessment.

Health Monitoring Division

The Health Monitoring Division focuses on monitoring and evaluating the health of Australians and of population subgroups. It also seeks to improve the range of collections and quality of statistical information available, and provides the contact point for contributions to international health status data collections.

The Division's most significant progress towards meeting its goals during 1990-91 has been in obtaining confirmation of earlier agreement in principle by all Australian cancer registries to the protocol for the National Cancer Statistics Clearing House and its subsequent establishment; this was the culmination of more than 15 years' effort. Not all States and Territories have yet agreed to provide data for the National Death Index, and that remains a target for 1991-92.

Inventory of Australian Health Data Collections

A draft version of this Inventory, prepared by staff of the Institute and ABS, was circulated as a working document at the Forum on Priorities for National Health Statistics held in February 1991. Comments and recommended additions received from Forum participants have been included in the final document which, when published in late 1991, will provide researchers, administrators and planners with a guide to major Australian health data collections.

Ethnic Health Data Project

From early 1991 staff resources devoted to preparation of an expanded subset of the Inventory of Australian Health Data Collections were increased, and preparation of a draft 'Inventory of Australian health data collections which contain information on ethnicity' is being prepared. The draft, containing details of over 220 statistical collections, will shortly be distributed for comment. A final edition will be published late in 1991.

Project staff are also preparing a review of existing information on health of ethnic groups in Australia. Included in this will be a commentary on gaps and deficiencies in available statistics on this subject.

National Death Index

In accordance with a recommendation of NHMRC the Institute is establishing a National Death Index to facilitate the conduct of epidemiological studies. As a single computerised index of all Australian deaths, it will obviate the need to seek the assistance of eight State and Territory Registries of Births, Deaths and Marriages for information on deaths.

The AIH Director attended the annual Registrars' Conference in November 1990. Subsequently, a draft protocol identifying the method of operation, content and security of the Index was circulated to all Registrars. By the end of the 1990-91 financial year, four Registrars had agreed to cooperate with the Index, a further two were seeking the views of State Privacy Committees and the remaining two were seeking Ministerial approval. Data for the Index have been provided by one Registrar and are being prepared for transmission by one other.

National mortality database

The establishment of a national mortality data set for the years 1964 to 1987 has been completed. The addition of data for 1988 and 1989 has been postponed owing to delays in supply of New South Wales and Queensland data.

Tables showing incidence by four-figure ICD code, by age and sex, and by year of occurrence for the years 1982 to 1986, have been prepared and supplied to the World Health Organization for inclusion in the *World Health Statistics Annual*.

National Cancer Statistics Clearing House

All cancer registries have now agreed to the protocol for the National Cancer Statistics Clearing House; the Clearing House has already received data from them all. This is a pleasing result from many years' effort, even though the most recent year for which data is available for all registries is 1984. It is hoped that during the year ahead, backlogs of processing data in some States will have been substantially reduced, yielding up-to-date State and national data.

With the Clearing House now established, attention has been turned to publication of further issues of *Cancer in Australia*. Reports for 1983 and 1984, and a handbook of the Australasian Association of Cancer Registries, were nearing completion at the end of 1990-91.

During the year the Division has collaborated with the Anti-Cancer Council of Victoria, in preparing a report on melanoma in Australia using 1989 data from all cancer registries.

Guide to use of the International Classification of Diseases in Australia

This comparison of the disease coding systems used in Australia since 1931, available in draft, has now been prepared for publication.

Carcinogenicity of dapsons in Vietnam veterans

The 1983 Royal Commission on the Use and Effects of Chemical Agents on Australian Personnel in Vietnam recommended studies of the carcinogenicity of dapsons, which many servicemen took to prevent malaria. The Minister for Veterans' Affairs commissioned the Institute to undertake the study.

During 1990-91, a protocol for the investigation was finalised, and assessed and endorsed by the Scientific Advisory Committee to the Minister for Veterans' Affairs with respect to scientific method and by the AIH Ethics Committee with respect to ethical aspects.

All men who served in the Australian Regular Army or as National Servicemen during the Vietnam era were identified and their dapsons consumption was estimated.

Data from the State Cancer Registries provided AIH with details of persons who had been diagnosed with cancer. These details were matched to those of the men who served during the Vietnam era and a list of servicemen who had been diagnosed with cancer was derived.

To enable this matching, computer software which could handle the large amounts of data was developed. This matching software will also be used in the National Cancer Statistics Clearing House and in the proposed National Death Index.

The report on the findings of the project will be considered by the Scientific Advisory Committee prior to presentation to the Minister for Veterans' Affairs.

Disability-free life expectancy

ABS survey data on the prevalence of disability and handicap among Australians in 1981 and 1988 have been used to calculate life expectancy free of disability, free of handicap, and free of severe handicap. These 'health expectancies' provide measures of population health which combine mortality and morbidity experience in a conceptually simple way, and are expressed in units (years of life) that are meaningful in terms of individual experience. A comprehensive report, *Health expectancies in Australia, 1981 and 1988* will be published in 1991.

This work is being extended to examine differentials in health expectancies within the Australian population and to explore the possible uses of health expectancy methods in economic evaluation of prevention programs.

Risk factor prevalence study

A report on the third risk factor survey, conducted during 1989, was published jointly with the National Heart Foundation in December 1990. This report provided an aggregate picture of risk factors for cardiovascular disease among urban Australian adults.

A further report which compares risk factor levels between Australian capital cities is nearing completion.

Work has commenced to analyse data from the 1980, 1983, and 1989 surveys for trends in risk factor levels over the 1980s.

Screening Evaluation Coordination Unit

This Unit was funded by the Department of Community Services and Health to coordinate the national evaluation of breast and cervical cancer screening pilot projects and to assist two AHMAC committees to develop policy options for national screening programs. This involved the collection, analysis and interpretation of data provided by 23 pilot screening projects located throughout Australia. The latest national and international epidemiological data were also reviewed.

The report of the Steering Committee for the Evaluation of Breast Cancer Screening, which had been presented to AHMAC in June 1990, was published by the Institute in September 1990. The report of the Steering Committee for the Evaluation of Cervical Cancer Screening was presented to AHMAC in October 1990 and published by the Institute in February 1991.

Although the Unit was disbanded at the end of December 1990, Institute staff are continuing analysis of data with the aim of publishing further technical appendices to the reports. They are also continuing collaborative work with staff from the mammography screening pilot projects to prepare material for joint publications. These activities will enable wider dissemination of information and experience from the national evaluation.

Aboriginal and Torres Strait Islander health

Work has continued to focus on the collation and analysis of statistics on the health of Aboriginal and Torres Strait Islander people. In this work, undertaken with the active cooperation of State and Territory authorities, most attention has been directed to the areas identified as priorities by the 1984 Task Force on Aboriginal Health Statistics, namely births, deaths, hospitalisation and maternal/perinatal outcome.

During the year, the Commonwealth Government approved funding for implementation of a National Aboriginal Health Strategy, which provides for an expanded role for the Institute in the development and provision of Aboriginal health statistics.

A major activity of the year was a consultancy for the Royal Commission into Aboriginal Deaths in Custody. The consultancy involved the provision to Commissioners of expert advice and material on a variety of health-related aspects in regard to individual cases, and a detailed epidemiological analysis of Aboriginal and non-Aboriginal deaths occurring in custody in the period 1980-89.

Information from State and Territory health authorities and other sources was used to produce reports for the Royal Commission on Aboriginal and Torres Strait Islander health in New South Wales, Queensland, Western Australia, South Australia and the Northern Territory. With the approval of the Commission, these five regional reports have been published by the Institute.

The Institute participated in a working group which prepared a report for the Royal Commission on Aboriginal alcohol use and related problems.

Fieldwork and preliminary analysis of a survey of long term health problems of Aborigines of the Taree region of New South Wales has been completed. A preliminary report was prepared for the Biripi Aboriginal Corporation Medical Service.

As part of a consultancy for the National Drug Abuse Information Centre (part of the National Campaign Against Drug Abuse), a report was produced entitled 'Drug use and related problems among Aborigines: current and potential data sources'. It is anticipated that the final report will be produced as a monograph by the Information Centre.

Dissemination of information on Aboriginal and Torres Strait Islander health continues through the twice-yearly *Aboriginal Health Information Bulletin*.

Organization for Economic Co-operation and Development

Australia is one of 24 member countries of the Organization for Economic Co-operation and Development (OECD). The Institute is responsible for providing OECD with Australian health statistics covering a wide range of subjects, including births, life expectancy, morbidity, mortality, nutritional intake, consumption of cigarettes and tobacco, utilisation of health services and facilities, providers of health services, and expenditure.

The Division has assisted OECD in preparing its forthcoming publication *Health OECD: Facts and Trends*, in which the health statistics of the member countries are tabulated and discussed.

Support for the National Health Strategy

Analyses of health status differentials are to be undertaken as background material for the National Health Strategy, to assist in examining equity issues in relation to health status and use of health services.

Analyses are being carried out of mortality differentials and of the 1989-90 National Health Survey to identify links between socioeconomic status and health.

AIDS death statistics

A paper on inconsistencies in statistics of death from AIDS was published, which showed that ABS death statistics to 1988 included more deaths than were known to the National Centre for HIV Epidemiology and Clinical Research. Individual records are now being matched to establish the causes of the discrepancies.

Review of psychosurgery in NSW

A tender for this review was lodged jointly by the Institute and the Social Psychiatry Research Unit at the Australian National University. The tender, which presented a range of options for conduct of the review, was successful, and in late June the NSW Department of Health asked the Institute to proceed with its preferred option.

National Perinatal Statistics Unit (NPSU)

The AIH National Perinatal Statistics Unit is located at the University of Sydney.

The core functions of the Unit include the collection and analysis of mortality and morbidity (including congenital malformations) data relating to the perinatal period, the provision of data on birth defects and congenital malformations to international data collections, and the dissemination of information through a consultation service and the provision of routine reports.

During the year the Unit continued to develop national perinatal data systems in collaboration with State and Territory health departments and professional groups. This has been facilitated by meetings of the National Perinatal Data Advisory Committee, which has broad representation from health departments, professional organisations and consumer groups. The minimum data sets for perinatal collections, initially developed in 1979, are to be reviewed.

Areas of major interest in the Unit's work include:

- **Congenital Malformations Monitoring Systems:** The national monitoring system for congenital malformations contains data on more than 30,000 malformed fetuses and infants among more than 2 million births. Revised baseline malformation rates were derived from data of the period 1984 to 1988. Maternal age-specific rates of chromosomal abnormalities such as Down's syndrome were obtained for the same period. NPSU maintained its active participation in the work of the International Clearinghouse for Birth Defects Monitoring Systems, including some studies of selected types of uncommon malformations.
- **Assisted Conception Register:** NPSU's register of pregnancies occurring after assisted conception in Australia and New Zealand was supported by grants from the Fertility Society of Australia and the pharmaceutical company Organon. Additional material was collected for the 7th World Congress on In-Vitro Fertilisation and Assisted Procreations, and detailed analyses of early pregnancy losses were made.
- **The International Working Group for Registers on Assisted Reproduction:** the Unit's Director convened and chaired two meetings of this working group which aims to encourage standardised definitions, to report on summaries of national results of treatment and its outcome, and to assist other countries in developing new national registers.

Other analyses of perinatal data included trends in perinatal mortality, and factors associated with variation between States in cesarean section rates. Further collaboration with Homebirth Australia on home birth rates will be assisted by a grant from NHMRC.

The publication of NPSU's quarterly *Perinatal Newsletter* has been assisted by a grant from the Australian Perinatal Society and by an editorial committee whose members work in the related clinical and scientific disciplines.

National Injury Surveillance Unit (NISU)

The AIH National Injury Surveillance Unit (NISU) developed from the first National Injury Surveillance and Prevention Project (NISPP). Based in Adelaide, the Unit will be funded until 30 June 1992 by the Department of Health, Housing and Community Services, under the National Better Health Program (NBHP).

NISU's Director and Assistant Director took up appointment in September 1990 and NISU was opened officially on 18 October 1990 by Mrs Hazel Hawke in a ceremony held at Flinders University.

Academic affiliation of NISU and Flinders University was formally established in November 1990.

The unit has a management committee comprising the Unit's Director and representatives of AIH, HHCS and Flinders University.

The main role of NISU is to ensure that information necessary for injury control is available, in appropriate forms, to those who can use it, and to encourage effective use of the information. Achievement of this goal requires work in three areas.

The first area of work focus is to ensure that necessary data are available. NISU participates variously in planning, operating and evaluating surveillance systems, and in promoting relevant research.

During the period to June 1991, NISU supported and further developed the Injury Surveillance Information System (ISIS) which comprises data on emergency department attendances due to injury and was developed by NISPP. Twelve regional injury surveillance and prevention groups used ISIS to conduct injury surveillance in approximately 50 hospitals during the year. NISU provided advice on surveillance and associated computing issues, upgraded versions of ISIS software, an ISIS user information bulletin, and grants for projects designed to enhance the quality of ISIS data. A review of the ISIS data set, classifications and method was underway at the end of the year. National aggregation of ISIS data continued, with approximately 350,000 cases recorded at 30 June 1991.

During the year, NISU was consulted on surveillance of road injuries (the Monash University Accident Research Centre, the Federal Office of Road Safety, the National Road Trauma Advisory Council); for poisonings (the NHMRC Domestic Chemicals Working Group); for injuries due to violence (the Australian Institute of Criminology); and on various other topics. Advice has been provided concerning desirable improvements to mortality data for purposes of injury surveillance. Through membership of the World Health Organization's Injury Methodology Working Group, the Unit is participating in international standardisation of injury surveillance.

The second work responsibility for NISU is to make information about injury more accessible and more useful.

NISU provides a public injury information service. During the year, the data sets available at NISU for interrogation in responding to inquiries expanded to include deaths data and hospital admission data, as well as ISIS. In addition, employment of appropriately qualified staff, establishment of better access to technical libraries and bibliographic databases, and a project to improve the storage and cataloguing of NISU's collection of technical literature, enhanced the Unit's ability to respond to inquiries. The first edition of a quarterly *Injury Control Bulletin* was prepared. Routine publication of summary injury surveillance information is scheduled to commence early in 1991-92. An agenda paper was prepared for AHMAC on prevention of child drowning.

The third task of the Unit is to develop interest and activity aimed at achieving injury control, principally by encouraging intersectoral liaison and coordination.

NISU has been invited to provide representation by a number of bodies with interests in injury prevention. These include the National Road Trauma Advisory Council, the South Australian Injury Prevention Forum, the Operations Planning Committee of the Child Accident Prevention Foundation of Australia, and the NHMRC Domestic Chemicals Working Group.

NISU held a forum of users of the ISIS surveillance system in December 1990, and a meeting on the use of injury surveillance information for consumer safety in May 1991. NISU participated in a meeting of the National Committee on Violence, which is likely to lead to joint research with the Australian Institute of Criminology, and in a course planning committee at Flinders University. A paper was provided to the National Better Health Program Management Committee on provision of opportunities for training in injury control. Papers on aspects of the Unit's work were presented at several meetings. A submission for NBHP funding to enable preparation of an Australian handbook on injury control was approved, and the project commenced in June 1991. NISU accepted an invitation to be the lead agency in planning for the Third World Conference on Accident and Injury Prevention, to be held in Australia late in 1995 or early in 1996.

Computing capabilities were upgraded during 1990-91 with the purchase of a more powerful multi-user UNIX-based system.

It is hoped that after 30 June 1992 it will be possible to fund NISU through the AIH appropriation.

Dental Statistics and Research Unit (DSRU)

The AIH Dental Statistics and Research Unit (DSRU) is an external unit of the Institute located at the University of Adelaide's Department of Dentistry. The Unit was established in 1988 to improve the range and quality of statistics on the dental labourforce, dental practice, dental health status and use of dental services. An agreement between the AIH and the University of Adelaide to extend the funding of DSRU from July 1990 to June 1993 was signed in November 1990.

The collection of dental labourforce data derived from annual registration records maintained by Dental Boards has continued in most States and Territories. DSRU, together with the Health Labourforce Unit of AIH, is preparing for the incorporation of the existing collection of data on dentists into the national minimum health labourforce data set. This has included a proposal formalising agreements with State and Territory authorities concerning core data items and collection procedures. Support for the national minimum health labourforce data set from all States and Territories should ensure full participation of all States and Territories in the dental labourforce data set.

DSRU has also assumed responsibility for the Longitudinal Study of Labourforce Participation and Productivity of Dentists in Australia. An analysis of the practice of dentistry in 1988-89 by gender of practitioner has been completed and work is in progress on changes in service mix in general practice in Australia for 1983-84 to 1988-89.

Data collection, preparation and analysis have been completed for the Oral and Maxillofacial Surgeons 1990 Workforce Study, a study commissioned by the Australian and New Zealand Association of Oral and Maxillofacial Surgeons.

Data for the Child Dental Health Survey are being collected in all States and Territories, completing the implementation of the redesigned survey. Weighting procedures for national measures of child dental health have been revised, allowing national reports to be produced for 1989 and 1990.

DSRU has received a three-year NHMRC Public Health Research and Development Project Grant to conduct a study entitled 'The Efficacy of Fluorides in Preventing Dental Caries in the Child Population'. This study complements the Child Dental Health Survey and has been implemented in South Australia and Queensland with the collaboration of the respective State dental authorities. Data collection began in June 1991.

The Unit is providing support to the South Australian Dental Longitudinal Study, which received a three-year NHMRC Medical Research Project Grant, and to a study of Aboriginal Child Dental Health funded by a South Australian Health Commission Section 16 Grant.

DSRU has also sought support for additional projects, submitting to NHMRC an application for support of a project on the effect of reduced water fluoridation on dental caries in children, and is involved with an application to NHMRC for support of a project on the risk profile for oral disease among older adults.

Collaborating Centres

The Institute is developing a network of Collaborating Centres as a means of expanding its capacity to fulfil its statutory functions. Both established and developing groups whose work can contribute to the Institute's objectives may qualify for designation as AIH Collaborating Centres. AIH Collaborating Centres may contribute technical expertise, information, services, research and training to assist the Institute.

Designation is made with the agreement of the head of the establishment to which the group is attached or, if it is an independent institution or agency, with its director.

Approval must also be obtained from the Board of AIH. AIH Collaborating Centres are designated for an initial period of three years, which may be renewed subject to review at the end of the initial period.

Designation does not necessarily imply financial support being given to a Collaborating Centre by AIH.

The Institute has entered into collaborative arrangements with three institutions for work on particular topics.

- Designated units at St Vincent's Hospital, Melbourne: for collaborative work on assessment of health care technologies, and provision of advice on assessment methodology.

During the year the Institute collaborated closely with the hospital in the assessment of technologies for treatment of gallstones, through the trial of biliary lithotripsy. An initial report on the trial was prepared.

- The Australian Centre for Medical Laser Technology, Adelaide: for collaborative work on the use of medical lasers and provision of related advice.

The major collaborative activity during 1990-91 was further planning and monitoring of a trial of dermatological lasers in the treatment of port wine stains, which is in progress at centres in Adelaide and Sydney. In addition, work was started on an overview of usage of medical lasers in Australia, which will draw on a survey undertaken by the Centre.

- The Hunter Health Statistics Unit, University of Newcastle: for collaborative work in health services research in order to increase the use and accessibility of hospital separation data and other hospital summary data; and in the development of strategies for national monitoring of cardiovascular disease.

Corporate Services Division

The Corporate Services Division provides administrative, technical and information services, and support and advice on corporate strategy and policies, to the Institute and 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 provides the following services:

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

Staff development

In addition to attendance at various training courses, conferences and workshops, all Institute staff were involved in the formulation of a Human Resource Development (HRD) plan. This plan is currently in its final draft stage and, when implemented, is expected to provide clear directions to achieve the HRD vision of the Institute and to enhance the professional skills of staff, promoting their professional and career development.

Accommodation

During 1991, as part of the preparation for the foreshadowed expanded role of the Institute, accommodation requirements were assessed.

The Institute holds a short-term lease on part of Bennett House, on the grounds of Royal Canberra Hospital. The use of the Acton Peninsula site has been reviewed by successive Territory governments and, as part of the decision to rationalise health services, the site will be progressively vacated pending a decision on its redevelopment. The Institute's requirements for a suitable long-term base and additional space have been discussed with several Territory and Commonwealth departments and it is hoped that continuing negotiation will resolve the issue satisfactorily.

Technical support

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

The Institute's computer equipment comprises two networked Digital VAX Local Area Clusters. In addition, there is a small number of personal computers, which are mainly used for PC media to VAX data transfers, CD-ROM access and scanning tasks.

All staff of the Institute use office automation facilities, including electronic mail. One of the major enhancements during the year was the establishment of a communications link with the Department of Health, Housing and Community Services in Canberra. Through this link, AIH staff are also able to communicate with the Institute's National Injury Surveillance Unit in Adelaide.

The statistical analysis capacity of the computer system was further enhanced by the acquisition of two new modules from the SAS Institute, SAS/FSP and SAS/AF. FSP software provides interactive facilities for data entry, editing and retrieval, and AF software allows for the creation of 'user-friendly' interactive windowing applications.

The AIH has purchased a CD-ROM reader and has begun to acquire a number of relevant CD-ROMs for staff.

Information services

The creation in 1990-91 of an Information Services section reflects the Institute's commitment to professional management of information resources. The section comprises:

- Information Services Unit
- Publications Unit
- Library
- Registry.

Information Services Unit

The Information Services Unit is responsible for management of the Institute's data holdings. The Unit is required to establish and maintain policies and procedures for the storage and release of data, in accordance with legal and ethical constraints and any other constraints specified by data providers.

A Data Set Register has been produced to centrally record each of the Institute's data holdings. This register will continue to be enhanced, and will form the basis of the Institute's systems for the control, storage and release of data.

In January 1991 the Unit introduced an information requests recording system for all Institute staff in order to build a profile of the number and nature of inquiries to which the Institute responds. In its first six months, the recording system showed the Institute responding to over 1300 requests for information and publications, with the majority of inquiries from hospitals, Commonwealth and State government departments, universities and research institutions.

Publications Unit

The Publications Unit is responsible for the design, editing, production, printing and distribution of all the Institute's publications, and provides editorial assistance to the Institute's external units. The Unit is the Institute's contact point for most inquiries, and is also a contact point for the media.

A highlight for the year was the production of *Australia's Health 1990*, the second biennial report of the Institute, in December 1990.

A list of the Institute's publications for 1990–91 is in Appendix 5. A publications catalogue is produced and is available on request.

Library

The AIH Library provides a reference and research facility primarily for use by Institute staff although it also receives a significant number of external reference queries. The Australian National University and Royal Canberra Hospital libraries have reciprocal borrowing privileges with the Institute.

The Library aims to collect extensively in the area of health statistics, health economics and health services. The collection is weighted towards government reports from relevant Australian authorities, and from international bodies with whom publications exchanges have been arranged. Journals form a large part of the collection.

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).

The Institute Secretariat

The Secretariat provides the Director and the Institute with administrative and executive assistance to ensure that statutory and legislative requirements and broad Institute goals are met, particularly in relation to the activities of the Board and committees of the Institute—the Ethics Committee and the National Committee on Health and Vital Statistics. Secretariat services are also provided for major conferences, meetings, seminars and public consultations organised by the Institute.

The Secretariat coordinates Institute liaison with the Minister's Office, the Department of Health, Housing and Community Services, and other departments and agencies.

Sensitive matters, including amendments to legislation, undertakings of confidentiality and policy guidelines, are also a Secretariat responsibility.

Major Secretariat tasks include monitoring compliance with the provisions of the *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.

During the past year the Secretariat organised a number of meetings, consultations and seminars, coordinating jointly with the Health Services Division arrangements for the Forum on Priorities for National Health Statistics and managing the public submission process. The Joint Seminar Program, organised by the Institute in collaboration with the National Centre for Epidemiology and Population Health, ANU, has continued to provide a full and varied program with a total of 17 seminars presented during the year (see Appendix 6).

Freedom of Information

There were two requests for information under the provisions of the *Freedom of Information Act 1982* during the year 1990-91.

More detail is given in Appendix 10.

Appendix 1

Finance

Australian Institute of Health Audit Report on Financial Statements

I have audited the financial statements of the Australian Institute of Health for the year ended 30 June 1991 in accordance with the Australian National Audit Office Auditing Standards, which incorporate the Australian Auditing Standards. The statements comprise:

- statement of activity
- statement of capital accumulation
- statement of sources and applications of funds
- certificate by the chairman and the director, and
- notes to and forming part of the financial statements.

In accordance with section 24 of the *Australian Institute of Health Act 1987* 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 accounting records
- the statements show fairly the financial transactions for the year ended 30 June 1991 and the state of affairs of the Institute at that date
- the receipt, expenditure and investment 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*, and
- the statements are in accordance with the Guidelines for Financial Statements of Commonwealth Entities which require compliance with Statements of Accounting Concepts and applicable Accounting Standards.

RW Alfredson
Executive Director
Australian National Audit Office
28 November 1991

Financial statements

For the year ended 30 June 1991

Certificate

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

- statement of activity
- statement of capital accumulation
- statement of financial position
- 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 1991
- (ii) show fairly the state of affairs of the Institute at 30 June 1991.

Peter H Karmel AC, CBE
Chairman
26 November 1991

Leonard R Smith
Director
26 November 1991

Statement of activity

For the year ended 30 June 1991

	Notes	1991 \$	1990 \$
Operating revenue			
Parliamentary appropriations	19	4,217,000	4,439,000
Grants		1,524,586	926,030
Miscellaneous revenue	10	620,974	257,487
Total operating revenue		6,362,560	5,622,517
Operating expense			
Salaries		2,994,428	2,583,951
Administration expenses	3	1,803,435	1,409,684
Research and development	4	774,962	565,627
Loss on sale of non-current assets		0	5,299
Assets written off		0	116,176
Provision for doubtful debts		20,000	0
Total operating expense		5,592,825	4,680,737
Operating surplus before unfunded charges		769,735	941,780
Aggregate amount of unfunded charges	11	(705,895)	(617,310)
Operating surplus		63,840	324,470
Accumulated deficits at beginning of financial year		(400,992)	(725,462)
Accumulated deficits at end of financial year		(337,152)	(400,992)

The accompanying notes form an integral part of these Financial Statements

Statement of capital accumulation

For the year ended 30 June 1991

	Notes	1991	1990
		\$	\$
Balance at beginning of financial year		1,146,267	1,146,267
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

Appendix 1

Statement of financial position

as at 30 June 1991

	Notes	1991 \$	1990 \$
Current assets			
Cash	5	1,109,071	1,722,972
Receivables	6	90,185	17,250
Other	7	182,525	141,565
Total current assets		<u>1,381,781</u>	<u>1,881,787</u>
Non-current assets			
Property, plant and equipment	12	1,310,888	1,343,093
Total non-current assets		<u>1,310,888</u>	<u>1,343,093</u>
Total assets		<u>2,692,669</u>	<u>3,224,880</u>
Current liabilities			
Creditors and borrowings	8	165,879	317,681
Provisions	13	462,086	381,909
Other	9	774,816	1,327,534
Total current liabilities		<u>1,402,781</u>	<u>2,027,124</u>
Non-current liabilities			
Provisions	14	480,773	452,481
Total non-current liabilities		<u>480,773</u>	<u>452,481</u>
Total liabilities		<u>1,883,554</u>	<u>2,479,605</u>
Net assets		<u>809,115</u>	<u>745,275</u>
Equity			
Capital		1,146,267	1,146,267
Accumulated deficits		(337,152)	(400,992)
Total equity		<u>809,115</u>	<u>745,275</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 1991

	1991	1990
	\$	\$
Sources of funds		
<i>Funds from operations (1)</i>		
Inflows of funds from operations:		
Parliamentary appropriations	4,217,000	4,439,000
Grants	1,524,586	926,030
Miscellaneous revenue	620,200	257,487
Proceeds on sale of fixed assets	2,800	2,400
	<u>6,364,586</u>	<u>5,624,917</u>
Outflow of funds on operations	(5,594,851)	(4,683,137)
	<u>769,735</u>	<u>941,780</u>
<i>Reduction in assets</i>		
Current assets:		
Cash	613,901	0
Receivables	0	1,756
Non-current assets:		
Property, plant and equipment	2,844	123,875
<i>Increase in liabilities</i>		
Current liabilities:		
Other	0	1,157,714
Creditors and borrowings	0	186,941
Total sources of funds	<u><u>1,386,480</u></u>	<u><u>2,412,066</u></u>
Applications of funds		
<i>Increase in assets</i>		
Current assets:		
Cash	0	1,410,703
Receivables	72,935	0
Other	40,960	14,460
Non-current assets:		
Property, plant and equipment	365,489	721,063
<i>Reduction in liabilities</i>		
Current liabilities:		
Creditors and borrowings	151,802	0
Other	552,718	0
<i>Other applications of funds</i>		
Annual leave paid	183,555	224,832
Long service leave paid	19,021	29,603
3% superannuation paid	0	11,405
Total applications of funds	<u><u>1,386,480</u></u>	<u><u>2,412,066</u></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 1991

NOTES

(1) Reconciliation of operating result with funds from operations

	1991	1990
	\$	\$
Funds from operations	769,735	941,780
Less:		
Provisions and unfunded charges (refer Note 11)	(705,895)	(617,310)
Operating surplus	<u>63,840</u>	<u>324,470</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 1991

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.

(e) Grant income

The recognition of grant income is based on the total of the grant receipts that have been expensed during the year. Any remaining funds at year end are recorded as income in advance.

(f) 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.

(g) Superannuation benefit

In accordance with the *Superannuation Benefit Act 1988*, the Institute established a provision for superannuation benefits to provide for amounts ex-

pected to be paid to employees based on their respective entitlements. This arrangement is separate from the Commonwealth Superannuation Scheme (refer Note 2).

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 transferred to the Retirement Benefits Office on 1 July 1990.

(h) 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.

(i) Resources provided free of charge

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

(j) Comparative figures

In June 1991 the Department of Finance issued revised Guidelines for Financial Statements of Commonwealth Entities, which have been adopted for 1990-91. Certain terminology and comparative amounts have been reclassified to conform with the revised disclosures required by those Guidelines.

(k) 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 in June 1991. In prior years this Statement included asset purchases from all Parliamentary appropriations and 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

	1991	1990
	\$	\$
Advertising	15,475	39,970
Bank charges	1,109	126
Committee expenses	73,161	45,489
Computer maintenance and consumables	252,683	182,904
Consultancy fees	158,089	198,832
Freight	18,796	8,323
Furniture and fittings	12,445	10,107
Library materials	55,838	33,797
Motor vehicle hire and maintenance	35,702	21,430
Office requisites and miscellaneous	126,607	77,514
Postage	46,944	29,269
Printing and publications	72,833	76,092
Rent	348,688	259,690
Repairs and maintenance—building	83,350	37,013
Repairs and maintenance—office machines	13,831	11,439
Telephone	111,396	70,971
Travel	353,849	284,283
Workers compensation insurance premium	22,639	22,435
	1,803,435	1,409,684

4. Research and development

	1991	1990
	\$	\$
National Injury Surveillance and Prevention Project	0	87,748
National Perinatal Statistics Unit	332,146	161,398
Dental Statistics and Research Unit	192,445	170,476
Other	250,371	146,005
	774,962	565,627

Appendix 1

5. Cash

	1991	1990
	\$	\$
Cash at bank	990,939	1,600,503
Cash on hand	300	300
Department of Finance Imprest Account	117,832	122,169
	<u>1,109,071</u>	<u>1,722,972</u>

6. Receivables

	1991	1990
	\$	\$
Debtors	102,843	0
Interest receivable	7,342	17,250
	<u>110,185</u>	<u>17,250</u>
Provision for doubtful debts	(20,000)	0
	<u>90,185</u>	<u>17,250</u>

7. Current assets—other

	1991	1990
	\$	\$
Prepayments	182,525	141,565
	<u>182,525</u>	<u>141,565</u>

8. Creditors and borrowings

	1991	1990
	\$	\$
Creditors	88,223	78,133
Accrued expenses	77,656	239,548
	<u>165,879</u>	<u>317,681</u>

9. Current liabilities—other

Represented by income received in advance as follows:

	1991	1990
	\$	\$
SECU	84,096	325,033
AHMAC	58,673	17,008
NHMRC	6,389	3,064
NISPP	0	11,000
NCADA	4,019	10,763
DHHCS	110,803	417,139
NBHP	500,293	543,527
NHF	10,543	0
	<u>774,816</u>	<u>1,327,534</u>

Screening Evaluation Coordination Unit (SECU)

In 1991 SECU finalised its work for DHHCS. The primary roles of SECU were 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:

	1991	1990
	\$	\$
Balance at 1 July 1990	325,033	15,804
Receipts	0	715,000
	<u>325,033</u>	<u>730,804</u>
<i>less Expenditure:</i>		
Salaries	146,626	240,808
Travel	26,267	31,142
Consultancy fees	3,500	9,390
Other	64,544	124,431
	<u>240,937</u>	<u>405,771</u>
Balance at 30 June 1991	<u>84,096</u>	<u>325,033</u>

10. Miscellaneous revenue

Miscellaneous revenue includes \$208,821 (1990—\$40,429) for commissioned research, \$35,000 (1990—\$38,975) for data and evaluation activities, and contributions of \$17,118 (1990—\$33,000) to grant funded projects.

Appendix 1

11. Provisions and unfunded charges

	1991	1990
	\$	\$
Depreciation of exhaustible assets	394,850	295,345
Provision for long service leave	85,313	86,010
Provision for annual leave	225,732	286,041
Provision for 3% superannuation benefit (refer Note 1 (g))	0	76,988
Provision for doubtful debts	<u>705,895</u>	<u>744,384</u>
Abnormal item: transfer of liability for 3% superannuation (refer Note 1 (g))	0	(127,074)
	<u><u>705,895</u></u>	<u><u>617,310</u></u>

12. Property, plant and equipment

	1991	1990
	\$	\$
Leasehold improvements—at cost	117,861	117,515
less Accumulated depreciation	<u>(113,549)</u>	<u>(74,378)</u>
	4,312	43,137
Office equipment—at cost	2,076,119	1,723,769
less Accumulated depreciation	<u>(818,146)</u>	<u>(467,561)</u>
	1,257,973	1,256,208
Furniture and fittings—at cost	60,577	51,333
less Accumulated depreciation	<u>(11,974)</u>	<u>(7,585)</u>
	48,603	43,748
	<u>1,310,888</u>	<u>1,343,093</u>
Proceeds on disposal of non-current assets	<u><u>2,800</u></u>	<u><u>2,400</u></u>

13. Provisions—current

	1991	1990
	\$	\$
Annual leave	404,086	361,909
Long service leave	58,000	20,000
	<u>462,086</u>	<u>381,909</u>

14. Provisions—non-current

	1991	1990
	\$	\$
Long service leave	480,773	452,481
	<u>480,733</u>	<u>452,481</u>

15. Members remuneration

A total of \$24,342 (1990—\$17,419) was paid to members of the Institute in accordance with determinations of the Remuneration Tribunal. Included in this total are:

	1991	1990
	\$	\$
Stipend/sessional fees	21,868	16,028
Travel allowances	2,474	1,391
	<u>24,342</u>	<u>17,419</u>

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

\$0—\$10,000	15	9
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16. Auditors remuneration

No fee has been charged by the Australian National Audit Office (ANAO) for services provided for the year ended 30 June 1991. A notional fee of \$13,000 (1990—\$11,545) for audit services has been advised by the ANAO.

Appendix 1

17. Commitments

The estimated maximum amount of commitments not provided for in the accounts as at 30 June 1991 are:

	1991	1990
	\$	\$
Operating lease commitments for office rental	<u>167,400</u>	<u>288,750</u>

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.

18. Contingent liabilities

The Institute is not aware of any material contingent liabilities at 30 June 1991.

19. Parliamentary appropriations

	1991	1990
	\$	\$
Appropriation Act 1	4,196,000	4,439,000
Appropriation Act 4	21,000	0
	<u>4,217,000</u>	<u>4,439,000</u>

20. Executive remuneration

One executive received remuneration of more than \$100,000 during 1990-91. The aggregate amount of remuneration for this position was \$117,014 (1990—\$103,148).

Appendix 2

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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2. Commencement
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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 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.

1. 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 3

AIH Committees

The Australian Institute of Health Ethics Committee

Extracts from the annual report of the Ethics Committee to the Chairman, Australian Institute of Health, 1990-91

Membership and meetings attended

Nominee of the Director

Dr John Donovan (6)

Dr David Hailey (1)

Medical Graduate with Research Experience

Emeritus Professor Malcolm Whyte, Chairman (7)

Graduate in a social science

Dr Dorothy Broom (7)

Nominee of the Registrars for births, deaths and marriages

Mr Roger Thomson (6)

Minister of religion

The Right Reverend Ian George (7) (resigned June 1991)

Legal practitioner

Mr Colin Thomson (6)

Representatives of general community attitudes

Ms Janne Graham (6)

Mr David Purnell (7)

Conferences

Representatives of the Committee attended

- the NHMRC Conference on Guidelines for the Protection of Privacy in the Conduct of Medical Research, August, 1990;
- the Forum on Priorities for National Health Statistics, February 1991;
- a conference on the Ethics of Allocating Health Resources, February 1991.

Attachments to the Guidelines for the Assessment of Activities

The Committee produced the following attachments to its previously issued Guidelines:

- Activities which are generally not of ethical interest. Lists activities which, in the experience of the Committee do not generally give rise to issues of privacy, confidentiality or other ethical concern.
- 'Privacy Act requirements of submissions'
- 'Requirements of submissions involving external (up-stream) activities' and a paper on which it is based, 'Draft policy on relationships between this Committee and other Institutional Ethics Committees'.

Other activities

Members of the Committee have submitted comments to the NHMRC in relation to the redrafting of the Privacy Act Guidelines.

Members of the Committee have submitted comments on Guidelines on Ethical Matters in Aboriginal Research and have studied a working paper on the National Drug and Alcohol Research Centre in relation to making research into Aboriginal substance misuse issues more effective.

Submissions and clearances

Of 36 submissions received and considered during the year, 31 (embracing 55 individual projects) were given certificates of ethical acceptability, 2 were withdrawn and 3 remained unresolved. The table below shows the number and sources of submissions received and cleared during the year.

Division	Submissions	Clearances
Health Services Division	4	4
Health Technology Division	11	9
Health Monitoring Division	14	13
Publications	2	2
Dental Statistics and Research Unit	2	2
National Injury Surveillance Unit	2	1
National Perinatal Statistics Unit	1	
TOTAL	36	31

The National Committee on Health and Vital Statistics

The terms of reference of NCHVS are:

1. To identify the needs for national health related statistics; and
2. 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 Smith (Australian Institute of Health)

Three nominees of the Australian Health Ministers' Advisory Council

Dr Robert Aust (South Australian Health Commission)

Ms Chris Christensen (Queensland Department of Health)

Mr Alan Keith (New South Wales Department of Health)

Nominee of the Australian Bureau of Statistics

Mr Geoffrey Sims

Nominee of the Department of Health, Housing and Community Services

Mr Joe Christensen

Nominee of the Public Health Association of Australia, Inc.
Professor Annette Dobson (University of Newcastle)

Nominee of the Consumers' Health Forum of Australia
Ms Rosemary Calder

Nominee of Worksafe Australia
Mr Tim Williams

The Committee held one meeting on 3 May 1991.

Management committees of AIH external Units

National Injury Surveillance Unit

Dr Leonard Smith (Chair)

Dr John Donovan

Dr James Harrison, Director, NISU

Professor Ross Kalucy, Flinders University of South Australia

Ms Liz Furler, Department of Health, Housing and Community Services

Dental Statistics and Research Unit

Dr Leonard Smith (Chair)

Mr J Christensen, Department of Health, Housing and Community Services

Professor K Lester, University of Queensland

Professor A McMichael, University of Adelaide

Dr C Wall, Executive Director, Australian Dental Association

Professor A J Spencer, Head, DSRU

National Perinatal Statistics Unit

Dr Leonard Smith (Chair)

Professor John Young, University of Sydney

Professor David Henderson-Smart, King George V Hospital

Professor Geoffrey Berry, University of Sydney

Dr Judith Lumley, Health Department, Victoria

Dr Paul Lancaster, Director, NPSU

Other committees

National Health Technology Advisory Panel

Australian Health Technology Advisory Committee

The National Health Technology Advisory Panel was appointed by the Minister for Health, Housing and Community Services to provide advice on health care technologies.

During the year the Panel was subsumed through the creation of the Australian Health Technology Advisory Committee which is a standing committee of the National Health and Medical Research Council Health Care Committee, and has responsibility for assessment and provision of advice on health care technologies and specialised health services. Secretariat and research support for both bodies has been undertaken by the Institute.

The memberships of these bodies were as follows:

National Health Technology Advisory Panel

Chair

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

Nominee of Department of Health Housing and Community Services

Ms D Ariotti

Expert in biomedical engineering

Dr D J Dewhurst (Bioengineering Systems Pty Ltd)

Expert in health economics

Mrs H Owens (Monash University)

Nominee of the Australian Institute of Health

Dr D M Hailey

Nominee of the Consumers' Health Forum of Australia

Ms S Hill (Health Issues Centre, Victoria)

Nominee of AHMAC

Dr B J Kearney (Royal Adelaide Hospital)

Expert in medical evaluation

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

Nominee of the Australian Hospital Association

Dr J M Morris (Peter MacCallum Cancer Institute)

Nominee of the Australian Medical Association

Dr A L Passmore (Australian Medical Association)

Nominee of the Australian Medical Devices and Diagnostics Association

Dr N Ward (Cochlear Ltd)

Nominee of the Australian Council of Trade Unions

Mr R Warwick (Hospital Employees' Federation)

Corresponding member from New Zealand Department of Health

Dr A Holmes

Secretary

Dr D E Cowley (AIH)

Australian Health Technology Advisory Committee

The membership of AHTAC comprised members of the former NHTAP together with two additional AHMAC nominees, Dr C Martin (Health Department of Western Australia) and Dr R J Stewart (NSW Department of Health).

Appendix 4

Institute staff

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 (*Uni WWRand*) FRCP *Edin* FRACMA FRACP

Principal Medical Adviser

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

Health Services Division

Head

Roy Harvey BSc *Qld*, MEd *Monash* (to 29.10.90)

Anthony R Greville BEc *Qld*, MHP *UNSW* (Acting)

Executive Assistant

Lorraine M Taylor

Health Economics and Expenditure Unit

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

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

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

Health Labourforce Unit

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

Joanne Cresswick BSc *ANU*

Ken Simons BSc *ANU*

Perrohean R Sperling BA *Syd*

Health Services Unit

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

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

Zhibin Liu BSc (Hons) *Nankai*, MA *ANU*

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

Ruth A Parslow BA *Qld*, B App Sc *QIT* (to 31.12.90)

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

Karen A Neinaber BA *ANU*

Tony Hayman BSc *NSW RN* (to 27.5.91)

Jenny Laffey BSc (Hons) *UNSW* (to 19.11.90)

Elia Zulu (to 28.2.91)

Health Technology Division

Head

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

Administrative Assistant

Julianne M O'Malley

AHTAC Secretariat

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

Pat J English BA *ANU*

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

Patricia Ludowyk BSc *ANU*, Grad Dip Sc (Neuroscience) *ANU*

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

Beth Slatyer BSc (Hons) *ANU* (to 15.2.91)

Assessment and Statistics

Anthony R Lea MSc *ANU*

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

Wolodja Dankiw BSc (Hons) *Adel*

Health Economics and Evaluation

Robert C Carter BA (Hons) *ANU*, MAG *ANU*, MAS *ANU*

Margaret Innes *Administrative Assistant*

Health Monitoring Division

Head

Vacant

Penelope U Rogers BA (Hons) *Macq* (to 20.7.90)

Executive Assistant

Melissa Saxon (to 15.8.90)

Liana de Angelis

Stan Bennett BTech (Hons) *Bradford*, FSS

Michael de Looper BSc (Hons) *UNSW*

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

David W Greenhill BSc (Hons) *Birmingham*

Robert Hogg MA (Anthrop) *UBC* (Victoria, Canada)

Paul L Jelfs BSc (Hons) *UNSW*

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

Carolyn Merton BA *ANU*

Pat Pentony BA *ANU*

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

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

Anne-Marie Waters B Math *N'cle*, Grad Dip Stat *ANU*

Peter Wright

John Berzins (to 30.11.90)

Norma Briscoe (to 13.3.91)

Michael J Fett MB BS (Hons) *Monash*, B Med Sc (Hons) *Monash*, MPH *Harvard*,
MD *Monash*, FACOM (to 21.2.91)
Alison J Free MB BS *Syd*, MPH (to 28.2.91)
Gregory J Hall BA (Hons) *Syd* (to 10.8.91)
Susan Hardy BA (Hons) *Syd* (to 30.4.91)
Anne Jenkins (to 30.4.91)
Rosemary A Knight BA *ANU*, PhD *Macq*, MAPS (to 8.5.91)
Kathryn Leary BA (Hons) *ANU* (to 5.10.90)
Susan G McLean MB BS *Syd* (to 17.1.91)
Sara Murray BA (Hons) *ANU* (to 13.11.90)
Christopher Snow (to 14.9.90)

Aboriginal Health Unit

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

Epidemiological Studies

Bruce English BA (Hons) *ANU*

Krystian R Sadkowsky BA *Qld*, Grad Dip Info Sci *CCAE*

Brendan O'Keefe BDS *Syd*, BA *UNE*, Dip Archiv Admin *UNSW*

Corporate Services

Head

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

Administrative Services

Rodney Carlin

Security and Resources

Phil Priddy (to 13.9.90)

Lyndell Shaw Cert Sec Studies *Bedford Business College*

Finance

Paula Bowen

Lena SW Searle

Penny Barber

Personnel

Philip H Garvin BA *Macq*

Technical Support

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

Jennifer M Chorley BSc *UNSW*

Christopher Dowd BSc *UNSW*

Anna Lusso

Kim McDowell (to 1.3.91)

Polly Wallace BA *Canberra*

Information Services

Nigel Mercer BBus *DDIAE*, BA *Murdoch*

Publications

Susie van den Heuvel (to 12.4.91)
Katherine Harris Lib Tech *Canberra TAFE* (to 31.3.91)
Lucia Pietrzak
Alannah Smith

Library

Judith Abercromby BA (Hons) *Tas*, Dip Lib *UNSW*
Janice Hamilton BA *Syd*, Dip Lib *UNSW* (to 30.11.90)
Alison Kennedy Lib Tech *Canberra TAFE*

Registry

Dougal R Macgregor
Francis Piccin (to 26.4.91)
Graham Willard (to 31.3.91)

Reception

Kim Forster
Pamela Mullins

Secretariat

Institute Secretary

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

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

Glenda Cresswick BEd *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 *Uruguay*

Elvis L Pedisich BSc *LNSW*

Esther Shafir MB BS *Looo*

Lucy Sullivan BA *Qld*, PhD *Macquarie*

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

National Injury Surveillance Unit (formerly NISPP)

Director

James Harrison MB BS *Melb* MPH *Syd*

Peter G Hartley

John Payne

David E Robley

Sue N Thewlis

Daniel Tyson BA (Hons) *Adel* PhD *ANU*

Deeane Vahlberg BSc *Flinders*

Dental Statistics and Research Unit

Head

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

Kate J Battersby

David S Brennan BSc (Hons) *Flinders*

Michael J Davies BA (Hons) *Adel*

Dianne Parish

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

Fearnley S P Szuster BA (Hons) *Flinders*

Equal employment opportunity (EEO) table

Representation of EEO groups within salary levels

Salary group	NESB 1		NESB 2		PWD		Women		Men		Total	
	89-90	90-91	89-90	90-91	89-90	90-91	89-90	90-91	89-90	90-91	89-90	90-91
ASO 1 & equiv \$11,981-22,070	0	0	0	0	0	0	2	1	0	0	2	1
ASO 2 & equiv \$22,600-25,060	1	0	0	1	0	0	4	6	0	1	4	7
ASO 3 & equiv \$25,740-27,780	0	0	0	1	0	0	2	0	0	2	2	2
ASO 4 & equiv \$28,690-31,150	2	0	0	0	0	0	5	6	2	0	7	6
ASO 5 & equiv \$32,000-33,930	1	2	0	0	1	0	9	5	1	5	10	10
ASO 6 & equiv \$34,560-39,700	3	3	0	2	4	2	7	7	6	5	13	12
SO C & equiv \$40,906-44,435	1	1	0	0	2	0	5	3	5	9	10	12
SO B & equiv \$45,402-52,100	2	2	0	0	0	1	6	5	8	8	14	13
Medical Officers \$38,140-85,000	0	0	0	0	0	0	2	2	3	3	5	5
SES & equiv \$57,493 & above	0	0	0	0	0	0	2	1	4	4	6	5
Total	10	8	0	4	7	3	44	36	29	37	73	73

Appendix 5

Publications, reports and presentations 1990-91

AIH publications

Aboriginal health information bulletin

No. 14: December 1990

No. 15: May 1991

Annual Report 1989-90

Australian casemix bulletin

Vol. 2 no. 3: September 1990

Vol. 2 no. 4: October 1990

Vol. 2 no. 5: December 1990

Vol. 3 no. 1: June 1991

Australia's health 1990

Breast cancer screening in Australia: future directions, Prevention program evaluation series No. 1 (1990). A report by the Australian Health Ministers' Advisory Council Breast Cancer Screening Evaluation Steering Committee.

Cervical cancer screening in Australia: options for change, Prevention program evaluation series No. 2 (1990). A report by the Australian Health Ministers' Advisory Council Cervical Cancer Screening Evaluation Steering Committee.

Health care technology news

No. 2: December 1990

No. 3: May 1991

Health expenditure information bulletin

No. 5: *Australian hospital expenditure and utilisation 1982-83 to 1988-89.*

No. 6: *Australian health expenditure to 1988-89.*

Health workforce information bulletin

No. 27: *Preparation of health professionals through tertiary education in Australia 1989.*

No. 28: *Immigration of health professionals to Australia 1984-85 to 1989-90.*

Inventory of health personnel data collections: medical practitioners, Health labourforce series No. 1

Inventory of health personnel data collections: medical practitioners, Health labourforce series No. 1. - disk

Cass B, Gruen F & Thomas C (1991) *Report of the working group to advise the Minister for Community Services and Health on a proposed role for the Australian Institute of Health in the collation of national welfare statistics.*

Cowley DE, Conway L & Hailey DM (1990) *Implantable cardiac defibrillators*, Health care technology series No. 5.

Dankiw W (1990) *Medical thermography*, Health care technology series No. 4.

d'Espaignet ET, van Ommeren M, Taylor F, Briscoe N & Pentony P (1991) *Trends in Australian mortality 1921-1988*, Mortality series No. 1.

- Lea AR & Hailey DM (1990) *Tinted lenses in treatment of the reading disabled* (second edition), Health care technology series No. 2.
- Thomson N & Briscoe N (1991) *Overview of Aboriginal health status in Western Australia*, Aboriginal and Torres Strait Islander health series No. 1.
- Thomson N & Briscoe N (1991) *Overview of Aboriginal health status in the Northern Territory*, Aboriginal and Torres Strait Islander health series No. 2.
- Thomson N & Briscoe N (1991) *Overview of Aboriginal health status in South Australia*, Aboriginal and Torres Strait Islander health series No. 3.
- Thomson N & Briscoe N (1991) *Overview of Aboriginal health status in Queensland*, Aboriginal and Torres Strait Islander health series No. 4.
- Thomson N & Briscoe N (1991) *Overview of Aboriginal health status in New South Wales*, Aboriginal and Torres Strait Islander health series No. 5.
- Thomson N, Paden F & Cassidy G (1990) *Identification of Aborigines in hospital admissions in the North Coast Health Region, New South Wales*.

Working papers and reports

- Injury prevention* (1990) Report to the National Better Health Program Management Committee
- Crowe B (1991) *International developments in PACS*.
- Hailey DM & Crowe BL (1990) *The use of gadolinium contrast material in MRI examinations*.
- Hirsch NA (1990) *Laparoscopic cholecystectomy*.
- Thomson N (1990) *Overview of Aboriginal Health Status*. Report to the Royal Commission into Aboriginal Deaths in Custody.

DSRU reports

(In collaboration with State/Territory dental authorities)

- Oral and maxillofacial surgeons, 1990 workforce study, statistical background and preliminary labourforce projection*. 1990.
- Child Dental Health Survey for New South Wales 1989*. 1990.
- Child Dental Health Survey for Victoria 1989*. 1990.
- Child Dental Health Survey for Australian Capital Territory 1989*. 1990.
- Child Dental Health Survey for Northern Territory 1989*. 1990.
- Child Dental Health Survey for Queensland 1989*. 1990.
- Child Dental Health Survey for South Australia 1989*. 1990.
- Child Dental Health Survey for Tasmania 1989*. 1990.
- Child Fluoride Study Guide for South Australia*. 1991.
- Child Fluoride Study Guide for Queensland*. 1991.

(In collaboration with State/Territory Dental Boards)

- Dental Practitioner Statistics for Victoria December 1987 and 1988*. 1991.
- Dental Practitioner Statistics for South Australia December 1987 and 1988*. 1990.

- Dental Practitioner Statistics for South Australia December 1989.* 1991.
Dental Practitioner Statistics for Tasmania December 1987 and 1988. 1990.
Dental Practitioner Statistics for Tasmania December 1989. 1991.
Dental Practitioner Statistics for Northern Territory September 1988 and 1989. 1991.
Dental Practitioner Statistics for Northern Territory September 1990. 1991.
Dental Practitioner Statistics for Australian Capital Territory September 1988 and 1989. 1991.

NHTAP reports

- Cerebrovascular embolisation units.* November 1990.
Extracorporeal membrane oxygenation. November 1990.
MRI Assessment Program Final Report. August 1990.
NHTAP newsletter No. 11. August 1990 (final issue).
Non-laboratory pathology testing. November 1990.
Positron emission tomography. November 1990.

AHTAC reports

- Consensus statement on clinical efficacy of MRI.* January 1991.
Pediatric cardiac transplantation in Australia: proposals for nationally funded centres. 1991.
Proposed nationally funded centre: the heart and lung transplant service, Alfred Hospital, Melbourne. October 1990.
Renal stone therapy. June 1991.

AHMAC reports

- Renwick M (1990) *Implementation strategy for a national survey program using the National minimum data set for institutional health care.*

AHMAC Superspecialty Services Subcommittee

- Guidelines for comprehensive epilepsy centres* (1990).
Guidelines for level three neonatal intensive care (1990).

Joint publications

- Biliary lithotripsy assessment program: first interim report* (May 1991). (Jointly with St Vincent's Hospital, Melbourne).
Risk factor prevalence study: Survey No. 3 1989. (Jointly with the National Heart Foundation of Australia)
National Injury Surveillance and Prevention Project: Final Report (1991). (Jointly with the Child Accident Prevention Foundation of Australia).

NPSU publications

- Congenital malformations monitoring report*
Number 37: August 1990
Number 38: November 1990

Number 39: December 1990

Number 40: March 1991

Perinatal newsletter

Number 10: June 1990

Number 11: August 1990

Number 12: November 1990

Number 13: February 1991

Number 14: May 1991

DSRU publications

AIH Dental Statistics and Research Unit newsletter

Volume I no. 2: November 1990

Volume II no. 1: May 1991

Publications involving AIH staff

Risk Factor Prevalence Study Management Committee (1990) *Risk Factor Prevalence Study: Survey No. 3 1989* National Heart Foundation of Australia and AIH, Canberra.

Carter R (1990) Appropriate funding arrangements for cervical cancer screening. *Cancer Forum* 14:3:166-70.

Carter R (1991) The cost of reading a Papsmear and implications for a national cervical screening program. *Economics and Health* 1990. C Selby Smith (Ed). Monash University 286-94.

Crowe BL & Hailey DM (1991) MRI assessment programme: a clearer picture? (letter) *Medical Journal of Australia* 154:493.

Crowe BL & Hailey DM (1991) Cost and benefit considerations in the introduction of digital radiology systems to Australian hospitals. *Economics and Health* 1990. C Selby Smith (Ed) Monash University 278-84.

Crowe BL, Hailey DM, Benness GB, Burgess IA et al (1990) Costs of magnetic resonance imaging services in public hospitals. *Australasian Radiology* 34:219-22.

d'Espaignet ET, Dwyer T, Newman NM, Ponsonby A & Candy SG (1990) The development of a model to predict babies at high risk of sudden infant death syndrome in Tasmania, *Paediatric and Perinatal Epidemiology*:4:422-35.

Donovan JW (1991) Inconsistencies in statistics of deaths from AIDS. *Medical Journal of Australia* 154:90-2.

Donovan JW (1991) Smoking: showing the way. *Medical Journal of Australia* 154:788.

Dunt DR, Wyndham LE, Hailey DM, Lea AR et al. (1991) Dry chemistry pathology in general practice. An assessment of utilisation, perceptions and impact on patient care. *Medical Journal of Australia* 154:511-18.

Hailey DM (1990) Is that technology really worth it? *The Radiographer* 37:89-93.

Hailey DM (1991) Australian medical technology assessment and the policy process: implications for information technology. *Assessment of Medical Informatics Technology*, Flagle C, Gremy F, Perry S (Eds). ENSP, Montpellier, 531-41.

- Hailey DM, Cowley DE & Dankiw W (1990) The impact of health technology assessment. *Community Health Studies* 14:223-34.
- Hailey DM & Crowe BL (1991) Digital radiology systems: some practical considerations. *Hospimedica* 9:30-4.
- Hailey DM & Crowe BL (1991) The introduction and evaluation of magnetic resonance imaging in Australia. *Health Policy* 17:25-37.
- Hailey DM & Kirsner R (1991) Assessment of technologies for treatment of gallstones. *Medical and Biological Engineering and Computing* 29, Suppl. Part 2: 868 (abstract).
- Hailey DM & Lea AR (1990) Developments in near-patient testing. *Medical Laboratory Sciences* 47:319-25.
- Hailey DM, Lea AR, Dunt DR, Thomas DW et al (1990) Assessment of physicians' office pathology testing: organisational considerations. *Medical Laboratory Sciences* 47:251-5.
- Mathers C (1991) Who dies of what these days? *Medical Journal of Australia* 154:227-8.
- Renwick, M (1991). Development of the National Minimum Data Set for Institutional Care. *Proceedings of Nursing Informatics Workshop, April 1991, Melbourne.*
- Renwick, M (1991) Doctors' decisions and the equity of the health system. *Current Affairs Bulletin*, 67: 28-9.
- Staples, N (1990) Staffing the Health Services: A Labour Force Perspective. Australian Hospital Association, Canberra. September.
- Thomson NJ (1991) Recent trends in Aboriginal mortality. *Medical Journal of Australia* 154:235.

Publications involving NPSU staff

- Saunders DM & Lancaster PAL (1990) Pregnancy rates and perinatal outcome in Australia and New Zealand. In Mashiach S et al (eds) *Advances in Assisted Reproductive Technologies*. Plenum Press, New York, 1019-32.
- White L, Giri N, Vowels MR & Lancaster PAL (1990) Neuroectodermal tumours in children born after assisted conception, *Lancet* 336:1577.

Publications involving NISU staff

- Stout N, Frommer MS & Harrison JE (1990) Comparison of work-related fatality surveillance in the USA and Australia. *Journal of Occupational Accidents* 13:195-211.

Publications involving DSRU staff

- Wyne AH, Spencer AJ & Szuster FSP (1990) Prevalence and risk factors for nursing caries in Adelaide pre-school children, 1989. *CAFHS Professional Digest* 18:45-8.
- Brennan DS, Spencer AJ & Szuster FSP (1991) Differences in labourforce participation of male and female dentists. IADR (ANZ Division), 29th Annual Meeting, Dunedin, NZ, Aug. 22-24, 1990, Abstract No. 25. *Journal of Dental Research* 70:653.
- Slade GD & Spencer AJ (1991) The development and testing of the oral health impact profile. IADR (ANZ Division), 29th Annual Meeting, Dunedin, NZ, Aug. 22-24, 1990, Abstract No. 2. *Journal of Dental Research* 70:650.

- Slade GD & Spencer AJ (1991) Predictors of dental services utilization in older Australians. IADR (ANZ Division), 29th Annual Meeting, Dunedin, NZ, Aug. 22-24, 1990, Abstract No. 29. *Journal of Dental Research* 70:653.
- Wyne AH, Spencer AJ & Szuster FSP (1991) Prevalence and risk factors for nursing caries in Adelaide pre-school children. IADR (ANZ Division), 29th Annual Meeting, Dunedin, NZ, Aug. 22-24, 1990, Abstract No. 33. *Journal of Dental Research* 70:654.
- Davies MJ, Slade GD & Spencer AJ (1991) Dental caries prevalence in Australian Aboriginal and non-Aboriginal children. IADR (ANZ Division), 29th Annual Meeting, Dunedin, NZ, Aug. 22-24, 1990, Abstract No. 31. *Journal of Dental Research* 70:653.

Presentations involving AIH staff

- Bennett S (1991) *Risk factor prevalence surveys*. National Heart Foundation, February.
- Bennett S (1991) *Risk factors for heart disease*. Australian Bureau of Statistics, May.
- Carter R (1990) *Economic appraisal in the field of health policy*. Department of Finance, November.
- Carter R (1991) *Overview of mammography screening*. ACT Board of Health.
- Carter R (1991) *Economic and policy implications of the recent national evaluation of cervical cancer screening*. Joint meeting of PHA and ACT Women's Health Network, Canberra.
- Carter R (1991) *Economic approach to cancer research*. Behavioural Issues in Cancer Control Conference, Newcastle.
- Crowe BL (1990) *International perspective on PACS*. Creative Concepts Conference, 22nd Annual Meeting, Colorado.
- Crowe BL (1991) *Introduction of digital radiography at the John Hunter Hospital*. Australian Institute of Radiography, Annual National Conference, Newcastle.
- Crowe BL (1991) *Overview of some methodological problems in assessment of PACS*. International Workshop on Technology Assessment of PACS, Enkhuisen, The Netherlands, May.
- Crowe BL (1991) *Clinical acceptability of image management and communications systems*. IMAC 91, Kyoto.
- Crowe BL & Perrignon A (1991) *Introduction of a digital imaging archival system at the John Hunter Hospital, Newcastle*. IMAC 91, Kyoto.
- Crowe BL, Kemp R, Perrignon A & Ushakoff A (1991) *Archiving of medical images at John Hunter Hospital, Newcastle*. CAR 91 Conference, Berlin.
- Crowe BL & Hailey DM (1990) *Cost and benefit considerations in the introduction of digital radiology systems to Australian hospitals*. 13th Australian Conference of Health Economists, Canberra.
- Dowie J (1991) *Equity, efficiency and ethics*. Conference on Ethics of Allocating Health Resources, Westmead Hospital, Sydney, 15-16 February.
- Goss J (1990) *Hospital utilisation and costs under Medicare*. Social Issues Conference of the Melbourne Institute for Applied Economic and Social Research and the Public Sector Management Institute, Melbourne.

- Goss J (1990) *The cost-effectiveness of cholesterol lowering drugs as compared to dietary intervention programs*. PHA National Conference, Hobart.
- Goss J (1990) *Hospital utilisation and costs*. Association of Medical Directors of Victorian Hospitals, Castlemaine.
- Hailey DM (1990) *Medical Technology—an Australian perspective*. Opening of the Centre for Biomedical Technology, University of Technology, Sydney.
- Hailey DM (1990) *Australian medical technology assessment and the policy process: implications for information technology*. IMIA/ISTAHC Conference on Medical Technology Assessment. Montpellier.
- Hailey DM (1991) *Technologies in the treatment of lower back pain — some uncertainties*. Symposium on Assessing Treatment of Back Pain, Swedish Council on Technology Assessment in Health Care, Stockholm, June.
- Hailey DM (1991) *Costs and effectiveness of health care technologies and their relationship to health policy*. Australian Institute of Learning Disabilities seminar, Perth.
- Hailey DM (1991) *Literacy and health*. AILD/Dyslexia Research Foundation seminar, Perth.
- Hailey DM & Lea AR (1991) *Tinted lenses and reading disability; assessment issues*. AILD/Dyslexia Research Foundation seminar, Perth.
- Hailey DM, Lea AR & Robinson G L (1991) *Assessment of a technology to help the reading disabled*. Seventh Annual Meeting of the International Society for Technology Assessment in Health Care, Helsinki, June.
- Harvey R (1990) *Health services and ageing: some international comparisons*. PHA National Conference, Hobart.
- Harvey R (1990) *Older people and their medications: national policy issues*. Polypharmacy Taskforce meeting, Melbourne.
- Knight R (1990) *Scales for performance appraisal*. Seminar for Senior Executive Service, Canberra, September.
- Lea AR & Hailey DM (1990) *Medical technology: from efficacy to effectiveness*. Medical Technology, Adelaide.
- Lea AR, Hirsch NA, Cowley DE & Hailey DM (1990) *Health care technology and the ageing*. PHA National Conference, Hobart.
- Lea AR, Hirsch N, Cowley D & Hailey DM (1991) *Requirements for health technologies in aged care (Poster)*. Seventh Annual Meeting of the International Society for Technology Assessment in Health Care, Helsinki, June.
- McCallum J & Mathers C (1990) *Ageing Costs and the Quality of Survival*. PHA Annual Scientific Conference, Hobart, September.
- Mathers CD (1991) *Life table methods for measuring population health status: Australian results*. Australian Institute of Health Quality of Life Workshop, Canberra, March.
- Mathers CD (1991) *Australian Trends in Disability-free and Handicap-free Life Expectancy, 1981-1988*. Fourth International Workshop of the Network on Health Expectancy (REVES), Leyden, Holland, June.
- Renwick M (1991) *Development of the National Minimum Data Set for Institutional Health Services*. Nursing Informatics International conference workshop, Melbourne, April.

- Renwick M (1991) *Variations in Australian surgery rates and their contribution to the evaluation of clinical care*. 2nd Australian and New Zealand Conference on Quality Assurance in Health, Gold Coast, May.
- Roseman C & Hailey DM (1991) *Health technology assessment in a developing nation: Indonesia*. ISTAHC Annual meeting, Helsinki, June.
- Stevenson CE, Glasziou P, Carter R, Fett MJ & van Ootmarssen GF (1990) *Using computer modelling to estimate person years of life saved by mammography screening in Australia*. Twelfth Australian Conference of Health Economists, Canberra, and PHA Annual Scientific Conference, Hobart, September.
- Thomson N (1990) *The implications for custodial authorities of the health status of Aborigines*. First National Corrections Conference, Melbourne, March.

Presentations involving NPSU staff

- Bastian H & Lancaster PAL (1990) *Perinatal deaths among planned home births*. 6th Congress of the Federation of the Asia-Oceania Perinatal Societies, Perth.
- Lancaster PAL (1990) *High perinatal death rates after assisted conception*. 6th Congress of the Federation of the Asia-Oceania Perinatal Societies, Perth. 12th European Congress of Perinatal Medicine, Lyon.
- Lancaster PAL (1990) *Congenital malformations after assisted conception*. 2nd European Symposium on the Prevention of Congenital Abnormalities, Ferrara. Australian Teratology Society, Sydney.
- Lancaster PAL (1990) *Evaluation of IVF in Australia*. Department of Public Health Seminar, University of Sydney.
- Lancaster PAL, Pedisich E L & Shafir E (1990) *Maternal age-specific rates of trisomies in Australia*. 14th Annual Scientific Meeting of Human Genetics Society of Australasia, Perth.
- Lancaster PAL (1991) *Birth defects after assisted conception*. Prince of Wales Children's Hospital, Sydney.
- Lancaster PAL (1991) *Pregnancy outcome after assisted conception*. King George V Hospital Golden Jubilee Scientific Meeting, Sydney.

Presentations involving NISU staff

- Harrison JE & Tyson DC (1991) *The role of NISU in child injury data collection*. Child Injury Prevention: Australian Responses to a Global Problem, a conference organised by the Child Accident Prevention Foundation of Australia, Perth.
- Harrison JE & Tyson DC (1991) *Injury prevention — the need for accessible information*. Seventh Asian Congress of Paediatrics. Two day Pre-congress Workshop, Perth.
- Harrison JE (1991) *Roles for hospital-based surveillance of road injuries*. NHMRC Road Accident Research Unit Seminar, Adelaide.
- Harrison JE (1991) *Hospital-based injury surveillance: methodological issues*. Flinders University Epidemiological Methods Seminar, South Australia.

Presentations involving DSRU staff

Brennan DS, Spencer AJ & Szuster (1990) *Differences in labourforce participation of male and female dentists*. International Association for Dental Research (Australia and New Zealand Division).

Davies MJ, Slade GD & Spencer AJ (1990) *Dental caries experience in Aboriginal and non-Aboriginal children*. International Association for Dental Research (Australia and New Zealand Division).

Spencer AJ (1990) *Personalised dental care-theory*. Seminar, Somerton Park School of Dental Therapy, Adelaide.

Spencer AJ (1990) *Identification and management of the 'at risk' patient*. Continuing Education Seminar, South Australian School Dental Service, Somerton Park School of Dental Therapy, Adelaide.

Wyne AH, Spencer AJ & Szuster FSP (1990) *Prevalence and risk factors for nursing caries in Adelaide pre-school children*. International Association for Dental Research (Australia and New Zealand Division).

Spencer AJ (1991) *Present and future patterns of practice and workforce needs in oral and maxillofacial surgery*. Everett Magnus Oration, 14th ANZAOMS Conference, Adelaide.

Spencer AJ, Wyne AH & Szuster FSP (1991) *Nursing caries in South Australia*. Australia and New Zealand Society of Paediatric Dentistry (SA Branch), Adelaide.

Appendix 6

Seminars 1990-91

AIH seminars

- 13 July 1990 Dr Barbara Bukowski, USA
Nursing Science and New Technology
- 2 May 1991 Dr Len Smith, AIH
Work in Progress Seminar
- 9 May 1991 Dr Howard Ory, USA
Information Resource Management Seminar

AIH and NCEPH joint seminars

- 19 July 1990 John Goss, Health Services Division, AIH
Hospital Utilisation and Costs 1982-83 to 1988-89
- 2 August 1990 Professor Michael Marmot, Department of Community Medicine, University College and Middlesex School of Medicine, London
Trends in Disease: East and West
- 16 August 1990 Dr David Hailey, Health Technology Division, AIH
Stones and Shockwaves: Alternatives to Open Surgery
- 30 August 1990 Dr Erich Kliewer, NCEPH
Role of Migrant Populations in Exploring Disease Etiology
- 13 September 1990 Professor Yechiel Frieland, Department of Social Medicine, Hassadah Medical School, Hebrew University, Jerusalem
Genetic and Environmental Determinants of Coronary Heart Disease in the Israeli Population
- 20 September 1990 Chris Stevenson, Screening Evaluation Coordination Unit, AIH
Using Computer Modelling to Estimate Person Years of Life Saved by Mammography Screening in Australia
- 11 October 1990 John Goss, Health Services Division, AIH
Social Justice and Tobacco Taxation: The Equity Effects of an Increase in Tobacco Taxation
- 25 October 1990 Alan Gray, NCEPH
Aboriginal Mortality into the Next Century
- 8 November 1990 Steve Gillett, Health Services Division, AIH
An Overview of Hospital Morbidity Data in Australia and Comparison of the Casemix on the Relative Costliness of Public and Private Hospitals
- 12 February 1991 Dr Jean-Marie Robine, (INSERM) Montpellier, France
Healthy Life Expectancy: An Indicator of Population Health Status

- 28 February 1991 Manoa Renwick and Krys Sadkowsky, Health Services Division
and Health Monitoring Division, AIH
Variations in Surgery Rates in Australia
- 7 March 1991 Dr Jack Dowie, Medibank Private Visiting Fellow, AIH
How Should we Ration our Health Resources? QALY versus QUO
- 21 March 1991 Dr Vicki Lamb, Duke University, Durham, North Carolina,
Visiting Fellow, AIH/NCEPH
Active Life Expectancy, using Canadian Data
- 18 April 1991 Malcolm Brown, NCEPH
*DRGs and Management Information System (MIS) as Public Policy
Instruments in Hospital Finance*
- 30 May 1991 Debra Blaze-Temple, NCEPH
Stages of Drug Use: A Community Survey of Perth Teenagers
- 13 June 1991 Steve Gillett, Health Services Division, AIH
The Usage of Acute Hospitals by Older Persons
- 27 June 1991 Ms Janne Graham and Emeritus Professor Malcolm Whyte,
AIH Ethics Committee
*Working Ethically: The Development, Difficulties and Dilemmas of
an Ethics Committee*

Appendix 7

Membership of committees and working parties

Mr Stan Bennett

Management Committee and Data Management Subcommittee for the National Heart Foundation Risk Factor Prevalence Study, National Heart Foundation of Australia

Data Management Committee, National Dietary Surveys of Adults and School-children, Department of Health, Housing and Community Services.

Health and Fitness Survey Access Committee, Australian Council for Health, Physical Education and Recreation

Mr Robert Carter

NHMRC Prevention Strategies Panel

NHMRC Working Party on Assessment of Preventive Activities in the Health Care System

Ministerial Panel on Evaluation of the National Better Health Program

Mr Anthony Greville

Medical Informatics Committee, Standards Australia

AHMAC Medical Workforce Data Review Committee

Dr John Donovan

AHMAC Steering Committee for the Evaluation of Cervical Cancer Screening
Public Health Research and Development Committee of NHMRC

Dr David Hailey

National Health Technology Advisory Panel

Australian Health Technology Advisory Committee

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 Health Care Funding Working Party

Dr James Harrison

National Road Trauma Advisory Council

WHO Working Party on Injury Surveillance Methodology

NHMRC Domestic Chemicals Working Party

Mr Paul Jelfs

Australasian Association of Cancer Registries.

Steering Committee for the Mortality Decline project, Department of Public Health, University of Sydney

Dr Paul Lancaster

Australian Drug Evaluation Committee Working Party on Categorisation of Drugs in Pregnancy

Standing Committee on Perinatal Medicine, Australian College of Paediatrics

Ethics Committee, Family Planning Association of New South Wales

Birth Defects Register Advisory Committee, New South Wales Health Department

Interim Council, University of Sydney Birth Defects Foundation

International Clearinghouse for Birth Defects Monitoring Systems

International Working Group for Registers on Assisted Reproduction (Chair)

National Perinatal Data Advisory Committee (Chair)

Ms Manoa Renwick

AHMAC Subcommittee on Women and Health

AHMAC Working Party on Evaluation of National Women's Health Policy

AHMAC Working Party to review National Minimum Data Set for Institutional Health Care

Mr Gary Slade

NHMRC Working Group on Effectiveness of Water Fluoridation

Dr Leonard Smith

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

Advisory Committee and Board of Studies, 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)

National Health and Medical Research Council (by invitation)

Ethnic Health Data Project Steering Committee (Chair)

Working Group for Monitoring Cardiovascular Disease in Australia

WHO/INSERM International Research Network for the Interpretation of Observed Values of Health Expectancy

WHO Heads of Collaborating Centres for the Classification of Diseases

Federation for International Cooperation of Health Services and Systems Research Centres (Vice President)

Professor John Spencer

Board of Directors, South Australian Dental Service Incorporated

Community Dentistry Oral Epidemiology Advisory Board

Dental Policy and Implementation Review Committee, South Australian Health Commission

Dental Board of South Australia

Dental Health Services Committee, Australian Dental Association

NHMRC Dental Health Committee

NHMRC Working Group on Effectiveness of Water Fluoridation

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

Ms Natalie Staples

Australian Hospital Association Workforce Working Group

AHMAC Auspice Group for determining labourforce research topics and their priorities

AHMAC Medical Workforce Data Review Committee

Mr Chris Stevenson

Council of the Australian Consortium for Social and Political Research Incorporated

Dr Neil Thomson

NHMRC Working Party on Anaesthetic Mortality

Appendix 8

Activities funded by outside bodies

- Title : National Injury Surveillance Unit
Funding body : HHCS
Amount : \$1,611,700 (over 3 years)
Project : Monitoring of injury statistics
- Title : Support for AHMAC Related Activities undertaken by AHMAC
Funding body : AHMAC
Amount : \$90,000
Project : Development of guidelines and evaluation of Nationally Funded Centre proposals
- Title : Screening Evaluation Coordination Unit
Funding body : HHCS
Amount : \$1,115,000 (over 2¹/₂ years)
Project : Coordination of national breast and cervical cancer screening evaluation
- Title : National Asthma and Asthma Related Mortality Collection
Funding body : NHMRC
Amount : \$29,800
Project : Establishment of a national asthma and asthma related collection
- Title : Aboriginal Drug Use and Related Problems
Funding body : HHCS
Amount : \$19,900
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 : \$81,500
Project : Provision of advice and detailed analysis of Aboriginal and non-Aboriginal deaths in custody. Prepare reports on Aboriginal health in five States.
- Title : Carcinogenicity of Dapsone in Vietnam Veterans
Funding body : Department of Veterans' Affairs
Amount : \$300,000
Project : Conduct of an epidemiological study among Vietnam veterans, matching service records against registrations of cancer in all States and Territories

Activities funded by outside bodies

Title : Medical Workforce Data Review Committee
Funding body : AHMAC
Amount : \$53,900
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 : HHCS
Amount : \$50,000
Project : Provide secretarial, consultancy and other support services for the Technical Advisory Committee of the Commonwealth Casemix Development Program. Production of *Australian Casemix Bulletin*

Title : National Casemix Advisory Unit
Funding body : HHCS
Amount : \$190,000
Project : Establish a unit which will provide technical assistance and disseminate information to health agencies undertaking casemix related projects

Title : Non-Acute Inpatient and Non-Inpatient Classification Systems
Funding body : HHCS
Amount : \$100,000
Project : Develop classification systems for non-acute inpatients and non-inpatients of acute hospitals

Title : National Health Labourforce Data Collections
Funding body : AHMAC
Amount : \$343,400 (July 1990 - December 1993)
Project : Establishment of the National Health Labourforce Database

Title : Medibank Private Visiting Fellowship
Funding body : Medibank Private
Amount : \$27,300
Project : A fellowship awarded to Dr Jack Dowie to undertake and foster research in the measurement of health outcomes, and in particular to measure the relative values placed by the general public on different health states.

Appendix 8

- Title : Aboriginal Health—Lessons from North American Approaches
Funding body : NHMRC
Amount : \$19,000
Project : Public Health Travelling Fellowship
- Title : Risk Factor Trend Analysis
Funding body : NBHP
Amount : \$20,000
Project : Analysis of the National Risk Factor Prevalence Study 1980-83-89
- Title : Health Technology Evaluation
Funding body : HHCS
Amount : \$250,000
Project : Acceleration of AHTAC program of health technology evaluation
- Title : Dietary Data Analysis
Funding body : HHCS
Amount : \$13,500
Project : Analysis of adult dietary survey and other national data bases
- Title : Early Warning System for New Health Technologies
Funding body : HHCS
Amount : \$20,000
Project : Develop a methodology for providing early advice on new and developing health technologies
- Title : Interaction of Acute and Long Term Hospital Care of the Aged
Funding body : HHCS
Amount : \$35,000
Project : Analysis of hospital inpatient statistics to explore the interaction between acute and long term care for older people in acute hospitals
- Title : The Efficacy of Fluorides in Preventing Dental Caries in a Child Population
Funding body : NHMRC
Amount : \$152,265 (over three years)
Project : Examine the role of fluorides, including water fluoridation, in the prevention of dental caries

Activities funded by outside bodies

Title : **Oral and Maxillofacial Surgeons 1990 Workforce Study**
Funding body : **Australian and New Zealand Association of Oral and Maxillofacial Surgeons**
Amount : **\$7,700**
Project : **Examine the Oral and Maxillofacial Surgeon Labourforce, practice patterns and services provided, and recruitment needs**

Appendix 9

Cumulative publications list

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

This list includes publications produced by the AIH, alone or jointly with other organisations. In some cases the Institute has taken over production of a pre-existing series, and 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 handling (p&h) charges listed are for publications supplied through the AIH. Check with other suppliers for their postage and handling charges, and with the AIH Publications Section for large orders.

How to order

For publications available directly from the Australian Institute of Health (AIH) telephone (06) 243 5037, fax (06) 257 1470 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) telephone (008) 02 6148 (Canberra customers please call 295 4861) 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) 246 1111 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) 374 0970 or write to:

National Injury Surveillance Unit
Mark Oliphant Building
Laffer Drive
BEDFORD PARK SA 5042

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

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

Out of print publications

Several early AIH publications are out of print. Some may be held by the National Library of Australia and State or university libraries. Inter-library loans through your library may be arranged with the AIH where copies are unavailable locally.

Overseas orders

Pre-payment required in Australian currency, at current exchange rate.

AIH publications

Aboriginal and Torres Strait Islander health series

No. 1: Overview of Aboriginal health status in Western Australia

Availability: From AGPS
Price: \$3.95 (Cat. no. 91 0429 6)

No. 2: Overview of Aboriginal health status in the Northern Territory

Availability: From AGPS
Price: \$3.95 (Cat. no. 91 0432 8)

No. 3: Overview of Aboriginal health status in South Australia

Availability: From AGPS
Price: \$3.95 (Cat. no. 91 0430 4)

No. 4: Overview of Aboriginal health status in Queensland

Availability: From AGPS
Price: \$3.95 (Cat. no. 91 0428 4)

No. 5: Overview of Aboriginal health status in New South Wales

Availability: From AGPS
Price: \$3.95 (Cat. no. 91 0427 2)

Aboriginal health: an annotated bibliography

N Thomson & 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: \$21.95

Aboriginal health information bulletins

This six monthly bulletin provides abstracts of recently published research, reports and theses in Aboriginal health. It also includes research reports in the form of brief communications and selected reviews. Volumes 1-7 were published by the Australian Institute of Aboriginal Studies. The Bulletin is now produced jointly with the Australian Institute of Aboriginal Studies. Editors are Drs Neil Thomson and Patricia Merrifield.

Availability: From AIH
Price: Free to subscribers, \$5 (p&h) for single requests.
Most recent issue: No. 15

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&h

Annual report 1987-88

First annual report of the Australian Institute of Health.

Availability: From AGPS
Price: \$8.95 (Cat. no. 89 0408 7)

Annual report 1988-89

Availability: From AIH
Price: Free

Annual report 1989-90

Availability: From AIH
Price: Free

Australian casemix bulletins

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&h) for single requests.

Most recent issue: Vol 3 No. 1, June 1991

Australian health expenditure

This series provides details of health expenditure by government and individuals. The first three volumes were produced by the then Commonwealth Department of Health. The first four volumes in this series are now out of print.

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 emphasis on expenditure between 1981-82 and 1984-85.

Availability: From AGPS
Price: \$8.95 (Cat. no. 88 1583 9)

Australian Institute of Health corporate plan 1989-90

Availability: From AIH
Price: Free

Australian private medical care costs and use 1976 and 1986

Availability: From AGPS
Price: \$12.95 (Cat. no. 90 0149 3)

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 (Cat. no. 90 1740 9)

Australia's health 1990

The second biennial report of the Australian Institute of Health contains the latest available data from statisticians, health authorities, universities and community organisations on life, death and disability, health strategies, inequality, and hospital and medical services. It also looks at the quality of survival in older age. Trends in health and health services are shown graphically in more than 100 charts, and a comprehensive index and glossary are included.

Availability: From AGPS
Price: \$29.95 (Cat. no. 90 1255 9)

Cancer in Australia 1982

GG Giles, BK Armstrong & LR Smith

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

Availability: From AIH
Price: \$15.00 (includes p&h)

Health care technology news

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

First issue May 1990.

Second issue December 1990.

Third issue May 1991

Availability: From AIH

Price: Free

Health care technology series

No. 1: Angioplasty and other percutaneous interventional techniques in the treatment of ischaemic heart disease

Availability: Out of print

No. 2: Tinted lenses in treatment of the reading disabled

Availability: From AGPS

Price: \$3.95 (Cat. no. 90 2041 7)

No. 3: Screening mammography technology

Availability: From AGPS

Price: \$4.95 (Cat. no. 90 0841 8)

No. 4: Medical thermography

Availability: From AGPS

Price: \$6.95 (Cat. no. 90 2234 3)

No. 5: Implantable cardiac defibrillators

Availability: From AGPS

Price: \$5.95 (Cat. no. 91 0108 7)

Health differentials for working age Australians

SH Lee, LR Smith, E d'Espaignet & 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&h)

Health expenditure information bulletins

The AIH produces occasional bulletins to update details of health expenditure.

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.

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

No. 5: Australian hospital expenditure and utilisation 1982-83 to 1988-89.

No. 6: Australian health expenditure to 1988-89.

Availability: From AIH

Price: Free to subscribers, \$5 (p&h) for single requests.

Health labourforce series

No. 1: Inventory of health personnel data collections: medical practitioners

Availability: From AGPS and on disc from AIH

Price: \$12.95 (Cat. no. 90 2233 1)

Disk \$10.00. (Version requires access to a Macintosh computer with the hypercard utility, version 1.2.5 or higher).

Health workforce information bulletins

Present 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: Chiroprody workforce 1981

No. 10: Pharmacy workforce 1981

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

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

No. 13: Nurse workforce 1986

No. 14: Medical workforce 1986

- No. 15: Dental workforce 1986
- No. 16: Physiotherapy workforce 1986
- No. 17: Occupational therapy workforce 1986
- No. 18: Speech therapy workforce 1986
- No. 19: Health professional associations: inventory of data collections
- No. 20: Health professional registering authorities: inventory of data collections
- No. 21: Radiography workforce 1986
- No. 22: Podiatry workforce 1986
- No. 23: Pharmacy workforce 1986
- No. 24: Optometry workforce 1986
- 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
- No. 27: Preparation of health professionals through tertiary education in Australia 1989
- No. 28: Immigration of health professionals to Australia 1984-85 to 1989-90.

Availability: From AIH
Price: \$5 per volume p&h (maximum \$20)

Hospital utilisation and costs study

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

- Vol. 1: Commentary
R Harvey & C Mathers
- Vol. 2: Survey of public hospitals and related data.
R Harvey & C Mathers
- Vol. 3: Projecting acute hospital demand in 1996 for NSW, Queensland and Western Australia.
S Gillett & R Harvey

- Vol. 4: Studies and reports prepared by and for the Australian Institute of Health
**M Renwick, C Stevenson, N Staples & J Butler*

Availability: From AIH
Price: \$10 per volume

Identification of Aborigines in hospital admissions in the North Coast Health Region, New South Wales

N Thomson, F Paden & Cassidy G

Availability: AIH
Price: \$5 (p&h)

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 (Cat. no. 87 0994 7)

Mortality series

- No. 1: Trends in Australian mortality 1921-1988

E d'Espaignet, M van Ommeren, F Taylor, N Briscoe & P Pentony

Based on data provided by the Australian Bureau of Statistics, this publication monitors the trends in male and female mortality for 17 major categories of causes of death for each year from 1921 to 1988. Each chapter contains a series of tables and charts which present: age adjusted death rates; separate crude and age specific death rates for males and females; and, male to female age adjusted death ratios.

Availability: From AGPS
Price: \$29.95 (Cat. no. 89 1522 3)

National health statistics workshop 1985

(A joint ANZSERCH/APHA/AIH publication)

Availability: From AIH
Price: \$5 (p&h)

Prevention program evaluation series

No. 1: Breast cancer screening in Australia: future directions

Availability: From AGPS
Price: \$12.95 (Cat. no. 90 1061 0)

No. 2: Cervical cancer screening in Australia: options for change

Availability: From AGPS
Price: \$19.95 (Cat. no. 90 2235 5)

Quality assurance in hospitals

M Renwick & 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 (see *QA in Hospitals - a digest*).

QA in hospitals—a digest

M Renwick & R Harvey

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

Availability: AIH
Price: \$5 (p&h)

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

J Hall, G Masters, K Tarlo & 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 (Cat. no. 86 0510 9)
Price: \$2.95 (over the counter), \$5 (mail order)

Risk factor prevalence study

Survey No. 3 1989

(A joint National Heart Foundation of Australia - AIH publication)

Availability: National Heart Foundation of Australia. Ph: (06) 282 2144

Price: \$5.00 (Price includes Surveys No. 1 1980 and No. 2 1983)

Technologies in health care: policies and politics

J Daly, K Green & E Willis

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

Availability: Out of print

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 (Cat. no. 88 1463 7)

AIH reports and working papers

Working papers and reports are available from the AIH. There is a charge of \$5 (p&h) on most items (maximum \$20), some are free.

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.

van den Thillart I (1986) *A descriptive paper on the health services system in the Netherlands*.

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

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

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

Australian Institute of Health Screening Evaluation Coordination Unit (1987) *Report of the working party on the development of a national cervical cancer screening strategy to the AHMAC sub-committee on breast and cervical cancer screening*.

Paden F, Cassidy G & Thomson N (1987) *North Coast Aboriginal hospitalisation project: accuracy of identification of Aboriginal admissions*. Report to the Regional Director, North Coast Health Region, NSW Department of Health.

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

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

Mathers C (1987) *Analysis of Hospital Inpatient and Outpatient Costs Using Data from the Hospital Utilisation and Costs Study 1985/86*. Paper presented to Health Services Workshop, 23 August 1987. Public Association Conference, Sydney.

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*.

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

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

Fett MJ (Churchill Fellow, 1989) *Description of breast and cervical cancer screening programs in British Columbia (Canada), England, Sweden, Finland and The Netherlands*.

Australian Institute of Health (1989) *Improved nutrition*. Report to the National Better Health Program Management Committee.

Australian Institute of Health (1989) *Preventable cancers*. Report to the National Better Health Program Management Committee.

Australian Institute of Health (1989) *Health of older persons*. Report to the National Better Health Program Management Committee.

Australian Institute of Health (1989) *High blood pressure*. Report to the National Better Health Program Management Committee.

Australian Institute of Health (1990) *Injury prevention*. Report to the National Better Health Program Management Committee.

Australian Institute of Health (1990) *Australia's health goals and targets*. Report to the National Better Health Program Management Committee.

Australian Institute of Health (1989) *Recommended national minimum data set for institutional health care*. AHMAC National Hospital Statistics Project.

Australian Institute of Health (1989) *National minimum data set for institutional health care*. Report to AHMAC.

Australian Institute of Health (1989) *Working party on inpatient non-inpatient services*. Report to AHMAC.

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

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*.

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

Crowe, B (1990) *International developments in PACS*. A discussion paper.

Goss J (1990) *Hospital utilisation and costs under Medicare*. Paper presented to the Social Issues Conference of the Institute of Applied Economic and Social Research and Public Sector Management Institute. (Aust. Econ. Review; 1st Quarter 1991, pp. 35-40).

Hailey D & Crowe B (1990) *The use of gadolinium contrast material in MRI examinations*. A discussion paper.

Hailey D, Conway L & Dankiw W (1990) *Options for stereotactic radiosurgery*. A discussion paper.

Hindle D & Laffey J (1990) *The classification of non-acute inpatient days of stay—a preliminary investigation of needs and methods*. Report of a study funded by the Commonwealth Department of Community Services and Health.

Hindle D & Lafey J (1990) *Ambulatory encounters in hospitals—a preliminary investigation of needs for and methods of classification*. Report of a study funded by the Commonwealth Department of Community Services and Health.

Thomson N (1990) *Overview of Aboriginal Health Status*. Report to the Royal Commission into Aboriginal Deaths in Custody.

Hirsch NA (1990) *Laparoscopic cholecystectomy*. Health Technology Division Report.

Cass B, Gruen F & Thomas C (1991) *Report of the working group to advise the Minister for Community Services and Health on a proposed role for the Australian Institute of Health in the collation of national welfare statistics*.

Donovan JW (1991) *Inconsistencies in statistics of deaths from AIDS*. (Med. Journal of Aust. 1991; Vol 154, pp. 90–92).

Crowe B (1991) *International developments in PACS*. An information paper.

Dowie J (1991) *Equity, efficiency and ethics*. Speech presented at the conference on Ethics of Allocating Health Resources, Westmead Hospital, Sydney, 15–16 February 1991.

NHTAP/AHTAC

The AIH provided secretariat and research support to the National Health Technology Advisory Panel (NHTAP)

which advised the Commonwealth Government on new and established health technologies.

NHTAP has now been disbanded but its work is continued by the Australian National Health Technology Advisory Committee, also serviced by the AIH. There is a charge of \$5.00 (p&h) on each AHTAC report (except newsletters), with a maximum charge of \$20.00.

NHTAP newsletters

First issue March 1985, Final issue (No. 11) published in August 1990.

Availability: From AIH
Price: Free

Artificial hearts

December 1988

Automated afterloading in brachytherapy

July 1989

Biliary lithotripsy assessment program: first interim report

May 1991

Bone mineral assessment and osteoporosis

October 1986

Bone mineral assessment: an update

October 1989

Cerebrovascular embolisation units

November 1990

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

Extracorporeal membrane oxygenation
November 1990

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

Medical cyclotron facilities
September 1984

Magnetic resonance imaging services
May 1990

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 (replaced by MRI assessment program final report)

MRI assessment program third interim report
January 1989

MRI assessment program fourth interim report
October 1989

MRI Assessment Program Final Report
August 1990

Non-laboratory pathology testing
November 1990

Nuclear magnetic resonance imaging
June 1983

Oxygen concentrators
November 1987

Portable fluoroscopic devices. The Lixiscope
March 1987

Positron emission tomography
November 1990

Renal stone therapy
June 1991

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

The 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 in the series were published by AHMAC. All reports are available from the AIH and there is a \$5 postage and handling charge.

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
1989

Guidelines for comprehensive epilepsy centres
1990

Guidelines for level three neonatal intensive care
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 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. 1st issue was 1981.

Congenital malformations Australia, 1980-1984

Report on the incidence of major congenital malformations in the Coffs Harbour region of NSW

1988

PAL Lancaster & J Baker (1985)

Congenital malformations Australia, 1981-1984

National Perinatal Statistics Unit (1986)

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

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

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

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 Fertility Society of Australia (1990)

Homebirths in Australia 1985-87
H Bastian & PAL Lancaster (1990)

NISU

The National Injury Surveillance Unit (NISU) was established as part of the injury prevention initiatives of the National Better Health Program in 1990. NISU continues and expands on the work of its predecessor, the National Injury Surveillance and Prevention Project (NISPP).

1988 Annual report

Annual report of NISPP (Queensland Branch)

Availability: From Queensland NISPP Office
(07) 840 8569

Price: Free

Child injury surveillance system: a feasibility study for Australia.

JN Moller & 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 & P Hartley

National Injury Surveillance and Prevention Project: Final Report

(A joint AIH - Child Accident Prevention
Foundation of Australia publication). 1991

Availability: From NISU Adelaide Office.
(08) 269 5133.

Queensland Injury Surveillance and Prevention Project (QISPP) Safety Bulletins

No. 1: On the job injuries (August 1988)

No. 2: Children's burns from hot beverage spills (October 1988)

No. 3: The 10 MYTHS of toddler drowning (December 1988)

No. 4: Playground injuries (February 1989)

No. 5: Falls in the elderly (1989)

No. 6: Dog bites (1989)

No. 7: Children's bunk bed injuries (1989)

Availability: From Queensland QISPP Office
(07) 840 8569

Price: Free

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)

AIH Dental Statistics and Research Unit Newsletter

Published quarterly.

DSRU working papers and 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.

Dental Statistics and Research Unit (1989) *Child Dental Health Survey*. Survey guide for Queensland.

Dental Statistics and Research Unit
(1991) *Child Fluoride Study guide for South Australia*.

Dental Statistics and Research Unit
(1991) *Child Fluoride Study guide for Queensland*.

(In collaboration with State/Territory
Dental Boards)

Dental Statistics and Research Unit
(1990) *Child Dental Health Survey for New South Wales 1989*.

Dental Statistics and Research Unit
(1990) *Child Dental Health Survey for Victoria 1989*.

Dental Statistics and Research Unit
(1990) *Child Dental Health Survey for Australian Capital Territory 1989*.

Dental Statistics and Research Unit
(1990) *Child Dental Health Survey for Northern Territory 1989*.

Dental Statistics and Research Unit
(1990) *Child Dental Health Survey for Queensland 1989*.

Dental Statistics and Research Unit
(1990) *Child Dental Health Survey for South Australia 1989*.

Dental Statistics and Research Unit
(1990) *Child Dental Health Survey for Tasmania 1989*.

Dental Statistics and Research Unit
(1991) *Dental Practitioner Statistics for Victoria December 1987 and 1988*.

Dental Statistics and Research Unit
(1990) *Dental Practitioner Statistics for South Australia December 1987 and 1988*.

Dental Statistics and Research Unit
(1991) *Dental Practitioner Statistics for South Australia December 1989*.

Dental Statistics and Research Unit
(1990) *Dental Practitioner Statistics for Tasmania December 1987 and 1988*.

Dental Statistics and Research Unit
(1991) *Dental Practitioner Statistics for Tasmania December 1989*.

Dental Statistics and Research Unit
(1991) *Dental Practitioner Statistics for Northern Territory September 1988 and 1989*.

Dental Statistics and Research Unit
(1991) *Dental Practitioner Statistics for Northern Territory September 1990*.

Dental Statistics and Research Unit
(1990) *Dental Practitioner Statistics for Australian Capital Territory June 1988 and 1989*.

Appendix 10

Freedom of Information requests

There were two requests for information under the provisions of the *Freedom of Information Act 1982* during the year.

1. Report of the Commonwealth/State Working Party on Government Nursing Homes: request fulfilled November 1990.
2. Closure of School of Public Health and Tropical Medicine, University of Sydney: request fulfilled March 1991.

Appendix 11

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
AIATSIS	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
DHHC	Department of Health, Housing and Community Services
DSRU	Dental Statistics and Research Unit
DRG	Diagnosis related group
EEO	Equal employment opportunity
FOI	Freedom of Information
HIC	Health Insurance Commission
IADR	International Association for Dental Research
IVF	In-vitro fertilisation
LWOP	Leave without pay
MRI	Magnetic resonance imaging
NCADA	National Campaign against Drug Abuse
NCEPH	National Centre for Epidemiology and Population Health
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
NPSU	National Perinatal Statistics Unit
OECD	Organization for Economic Co-operation and Development
PHA	Public Health Association of Australia, Inc.
QALY	Quality-adjusted life year
RADGAC	Research and Development Grants Advisory Committee
SECU	Screening Evaluation Coordination Unit
WHO	World Health Organization