

VCS INCORPORATED
ANNUAL REPORT 2014



VCS



Organisational Overview	2
President's Report	5
Executive Director's Report	6
2013/14 Highlights of Strategic Plan Activities	8
Highlights for the 2013/14 Financial Year	12
VCS Pathology	14
Officers of the Association	17
Board Member Profiles	18
Victorian Cervical Cytology Registry Director's Report	20
National Human Papillomavirus Vaccination Program Register Director's Report	21
Governance	22
Financial Report	24
Treasurer's Report	26
Statement of Profit or Loss and Other Comprehensive Income	27
Statement of Financial Position	28
Statement of Changes in Equity	29
Statement of Cash Flows	30
Notes To and Forming Part of the Financial Statements	31
Directors' Declaration	41
Independent Audit Report	42
Events Planned for 2014/15	44

OUR VISION

To be leaders in reducing the impact of cancer and sexually transmissible infections through screening and vaccination.

VCS achieves this by providing high quality evidence based:

- ◆ Laboratory and registry services
- ◆ Education and information
- ◆ Policy relevant research and evaluation

STATEMENT OF STRATEGIC INTENT

The Board of Directors together with the executive management team developed a Strategic Plan for 2012-2015. The progress around the objectives of the Strategic Plan is described within this report.

1. Contributing to Change, Adapting to Change

- We will undertake a pilot trial, Compass. Women will be drawn from select practices referring to VCS who have agreed to participate in the trial. The pilot study is to inform a much bigger study which we hope to commence in the next few years and which we believe will be a landmark study not only in Australia but also internationally.
- We will continue to educate clinicians through our Liaison Physicians. They will provide updated information designed to support practitioners' understanding of changes to cervical cancer prevention in Australia and to increase awareness about recommendations for testing appropriately for chlamydia infection.

2. Meeting our Infrastructure needs

- Ongoing improvements in the laboratory will be undertaken in order to meet the needs not only of the Compass trial but also to support the growth in molecular microbiology testing for HPV and chlamydia.
- We intend to secure new premises that will allow a degree of expansion and co-location of VCS Pathology, VCCR and NHVPR.
- We intend to update our ICT system, starting with an update of the system supporting VCCR in order to increase our capability to pursue strategic opportunities and to grow within the rapidly evolving external Health IT landscape.
- In order to secure the funding required to undertake these activities we will need to continue to meet and exceed the expectations of the Department of Health (Vic).

3. Broadening our Public Health Perspective

- We intend to position our organisation to operate registries supporting screening for a broader range of cancers, and in a broader range of jurisdictions.
- We will be leaders in the provision of high quality, bulk billed chlamydia testing.



VCS



VCS Pathology



Victorian Cervical
Cytology Registry



National HPV Vaccination
Program Register

ORGANISATIONAL OVERVIEW

VCS INCORPORATED (VCS INC.)

VCS Inc. is a Health Promotion Charity focused on reducing the impact of cancer and sexually transmissible infections through screening and vaccination. We achieve this by providing high quality evidence based laboratory and registry services, education and support and policy relevant research and evaluation.

Established in 1964 as a joint initiative between the Victorian State Government, the Anti-Cancer Council of Victoria and Prince Henry's Hospital, the organisation has a proud history in helping to reduce the incidence of cervical cancer in Victoria. Since its establishment, VCS Inc. has continued to expand its reach with the introduction of new technologies, and through broadening its mandate into the prevention of other diseases of public health importance. VCS Inc.'s experience and commitment to excellence in the provision of registry and laboratory services places the organisation in a prime position to successfully expand its public health registry and laboratory services to other cancers and sexually transmissible infections preventable by screening.

VCS Inc. is incorporated under the *Incorporated Association Reform Act 2012* (Vic.) and governed by a Board of Directors. VCS Inc. operates three separate services – VCS Pathology, the Victorian Cervical Cytology Registry (VCCR (incorporating South Australian Cervix Screening Program Register)) and the National Human Papillomavirus Vaccination Program Register (NHVPR).

VCS PATHOLOGY

VCS Pathology is a laboratory service that specialises in gynaecologic cytology, histopathology and related molecular microbiology. The organisation's core laboratory service is the reporting of around 300,000 conventional Pap smears per annum, representing approximately 50% of the total number of Pap smears taken in Victoria and making it the largest single laboratory reporting Pap smears in Australia. Australian and Victorian State government funding ensures that the laboratory reporting of Pap Smears is provided free of charge to women.

VCS Pathology is a fully accredited (NATA and RCPA) laboratory for the testing and reporting of the following Pathology tests:

- Cervical cytology, conventional and liquid based
- Gynaecological histopathology
- HPV and chlamydia tests.

VCS Pathology also provides free educational health updates and telephone advice to medical practitioners and health professionals. Updates cover a range of topics from the National Cervical Screening Program to Pap test techniques, HPV and Chlamydia testing and results.

VCS Pathology employs Pathologists, Scientists, Laboratory technicians, Clerical and Administrative staff, Liaison Physicians and Managers. VCS Pathology operates a fully accredited laboratory with a Courier Fleet for specimen collection and report delivery. Service delivery is underpinned by a sophisticated Laboratory Information System that serves to provide diagnostic support and maintain quality.

VICTORIAN CERVICAL CYTOLOGY REGISTRY (VCCR)

VCCR is a key component of the cervical screening program in Victoria that records and maintains a secure record of almost all Pap smears performed in Victoria and administers a comprehensive Reminder and follow-up program for each Victorian woman who has her Pap smear result recorded on the register. VCCR works closely with and supports, all pathology laboratories in Victoria (both public and private), including VCS Pathology.

The VCCR register contains a linked record for each woman containing details of her Pap smear and subsequent investigations. This database is used to remind women when their Pap smear is overdue and to remind women and doctors when the follow-up of abnormal results is apparently overdue.

To assist laboratories reporting Pap smears VCCR provides Pap smear result summaries, and quantitative data for quality purposes, and is also responsible for producing statistical information and reports on cervical screening.

Service delivery is underpinned by a sophisticated Registry IT system that is focused on accurate data matching (vital in a Registry). The IT system assists laboratories and practitioners by delivering a comprehensive reminder and follow up system for women and practitioners. VCCR is funded for its Victorian operations by the Victorian Government's Department of Health.

Participant Follow Up Function (PFUF) for the National Bowel Cancer Screening Program (NBCSP)

In March 2013, VCS Inc. entered into a contract with the Victorian Department of Health to deliver the Participant Follow Up Function (PFUF) in Victoria for the National Bowel Cancer Screening Program (NBCSP). VCCR is responsible for the delivery of the PFUF service. The primary objective of the service is to follow up Victorian participants in the National Bowel Cancer Screening Program, who have received a positive Faecal Occult Blood Test (FOBT) result to ensure that they progress along the screening pathway and receive appropriate care. VCCR also delivers the bowel screening liaison function; ensuring health services understand their role in the NBCSP screening pathway and that the NBCSP Registry receives timely and quality data for Victorian NBCSP participants.

South Australia Cervix Screening Program (SACSP)

In February 2014, VCS Inc. entered into a contract with the South Australian Department of Health to operate the Pap smear register on behalf of the South Australia Cervix Screening Program (SACSP). VCCR is responsible for the operation and management of the SACSP Register, commencing 30 June 2014. The SACSP Register will perform the same functions as VCCR; administering a comprehensive Reminder and follow-up program for each South Australian woman who has her Pap smear result recorded with the register. The SACSP Register will utilise VCCR processes and protocols and the same sophisticated Registry IT system utilised by VCCR.

VCCR employs Epidemiologists, Health Information Managers, Researchers, Clerical and Administrative staff, Liaison staff and Managers.

THE NATIONAL HUMAN PAPILLOMAVIRUS VACCINATION PROGRAM REGISTER (NHVPR)

NHVPR was established by VCS Inc. in 2008 on behalf of the Australian Government's Department of Health to support the National HPV Vaccination Program. The Register supports the effective delivery and completion of HPV vaccination courses and the monitoring and evaluating the National HPV Vaccination Program. The NHVPR is a national register which records HPV vaccine dose information for doses administered in Australia.

The primary functions of the register are to:

- create individual consumer immunisation records (following notification by immunisation providers of the HPV vaccinations administered);
- provide information about the immunisation status to the individuals vaccinated and immunisation providers on request;
- generate individual reminders and history statements as a follow up and reminder service; and
- provide research and statistical information and/or reports on the National HPV Vaccination Program.

NHVPR employs Epidemiologists, Health Information Managers, Researchers, Clerical and Administrative staff, Liaison staff and Managers. Service delivery is underpinned by a sophisticated Registry IT system that is focused on accurate data matching (vital in a Registry). The IT system also assists immunisation providers by providing reports on doses which are overdue and a history statement service for those whose vaccine courses are incomplete.

RESEARCH, EDUCATION & TRAINING

VCS Inc. activities extend beyond the provision of laboratory and registry services. The organisation plays a key role as a centre for research and teaching and provides advice to state and federal governments to assist with policy formulation. Research, education and training activities include:

- Maintaining a teaching and training centre for diagnostic cytology, with links to major teaching hospitals and universities.
- Education and training of scientific and medical undergraduates, scientists, pathology registrars and pathologists. The Royal College of Pathologists of Australasia has accredited VCS Pathology for the training of candidates in Anatomical Pathology. This accreditation is valid until December 2017.
- Conducting and supporting scientific research including investigations into new technologies, evaluation of the effect of HPV vaccination in the population, HPV vaccination coverage, and the epidemiology of cervical cancer, leading to publication of findings in the international scientific literature.
- Providing educational sessions for medical practitioners and health professionals to assist them in refining their skills and improving the way Pap smears are performed.

FUNDING

VCS Inc. has a multimillion-dollar budget with the majority of funds coming from the Australian Government and the Victorian Government. The organisation has strong relationships with the Departments of Health, Victorian and Commonwealth. The laboratory, registries and support services employ approximately 160 staff.



PRESIDENT'S REPORT

VCS Inc. has celebrated another successful year of service working to reduce the impact of cervical cancer on Victorian women and is currently well placed and prepared to meet the broad sweeping changes that the National Cervical Screening Program (NCSP) is about to undergo.

In April the Medical Services Advisory Committee recommended that Australia move from its well-established two yearly Pap smear programme to a programme based on HPV testing every five years. It is anticipated that these recommendations will be endorsed by Australian Health Ministers in September 2014. These changes will obviously profoundly impact the environment in which VCS Inc. operates and an early understanding of these likely changes has enabled us to plan for them in our strategic planning.

At the completion of this middle year of our three year Strategic Plan (2012-2015), VCS Inc. is continuing to make significant contributions through its laboratory service, registry services, education, research and partnerships. Under the leadership of Associate Professor Marion Saville, the skilled staff at VCS Inc. have introduced technologies and conducted research to ensure we are well positioned to meet the coming changes to the NCSP.

Building on its 50 year experience in cervical cancer screening, VCS Inc. has expanded the functions of both its screening and vaccination registers. The Victorian Cervical Cytology Registry (VCCR) is now providing registry services for the women of South Australia under a contract with SA Health. The migration of data from SA's old system to our register was seamless and services to women, practitioners and laboratories in SA were uninterrupted.

Meanwhile, the functions of the National HPV Vaccination Programme Register (NHPVR) were broadened to support the expansion of the National HPV Vaccination programme to include boys. The level of excellence that is achieved by the registries is due to dedicated teams ably led by Associate Professor Dorota Gertig (VCCR Medical Director), Dr Julia Brotherton (NHPVR Medical Director) and Genevieve Chappell (VCCR & NHPVR Manager).

The Compass Trial, jointly run by VCS Inc. and the University of NSW is close to completing recruitment of 5,000 women. The trial is led by co-Principal Investigators Associate Professor Marion Saville and Associate Professor Karen Canfell and they are to be congratulated on the success of the pilot project. This trial is designed to be a sentinel experience of the renewed National Cervical Screening Programme and it is hoped that learnings from the trial will inform the implementation of the Renewal.

The achievements of the organisation would not be possible without the outstanding support of the ICT team, led by its Director, Mr Matthew Cunningham. Their dedicated work underpins the delivery of all VCS Inc. services and research.

VCS Inc. has a reputation for quality services and this is only possible when instilled and embraced at every level of the organisation and the Board thanks and recognises the contribution of the Quality Manager Mr Peter Di Sciascio.



The first contact for many practitioners, both doctors and nurses, with VCS Inc. is through the dedicated work of the VCS Liaison Physicians. Dr Stella Heley, Senior Liaison Physician, leads a very skilled team who tirelessly travel Victoria supporting clinical providers.

The expansion of services to include the Victorian Participant Follow-up Function (PFUF) of the National Bowel Cancer Screening Program, on behalf of the Department of Health, and growth of NHVPR and the provision of the South Australian Cervix Screening Register has seen the need for a growth of working space hence the welcome relocation of the Registries to the 176 Wellington Parade, East Melbourne location.

The move to the new location was seamless with no disruption to our services. This was only possible with the commitment and collaboration of registry and ICT staff, ably assisted by Ms Sally Wilson, HR Manager. The official opening of the new site by the Honourable David Davis, Minister for Health (Victoria) and the Honourable Michael Ronaldson on behalf of the Honourable Peter Dutton, Minister for Health (C'mwth) was an opportunity to recognise the support of the Victorian and Commonwealth Departments of Health.

VCS Inc. works closely with other cervical screening program staff and has a specific focus on ensuring that participation in screening of marginalised groups such as Aboriginal and Torres Strait Islander women and culturally and linguistically diverse women are understood. These and other project works are made possible through with support of program partners and through the support of the Department of Health (Victoria).

At every level of the organisation the staff of VCS Inc. all contribute to the successes of the organisation and the Board values the pride and quality of their individual contributions. As the Executive Director, Marion Saville, continues to lead VCS Inc. with skill and passion to ensure that the organisation continues to grow and to be a leader in cervical cancer prevention.

It is a privilege to return to the role of President and to lead such an experienced, skilled and dynamic Board over the year. I wish to extend my thanks to Dr Jane Collis (past President) for her untiring and committed work over the past four years and I am delighted that she currently continues her support of VCS Inc. as Vice President.

The Board members give generously of their time and skills and I value their governance of VCS Inc. at such a dynamic time in cervical screening.

VCS Inc. is ready to embrace and support the changing environment that is cervical screening in Victoria and across Australia.

MS SANDY ANDERSON
President



EXECUTIVE DIRECTOR'S REPORT

This year has been an exciting time for the organisation and the Australian cervical screening community. In May this year, the Medical Services Advisory Committee (MSAC) recommended the establishment of the world's first National Cervical Screening Program (NCSP) that uses a primary human papillomavirus (HPV) test to help prevent cervical cancer. The new cervical screening test detects HPV infection, which we now know to be the first step in developing cervical cancer. The recommendations for the renewed cervical cancer screening program (Renewal), which are based on the best available current scientific evidence, propose that Australian women aged 25-74 years, whether vaccinated against HPV or not, have a HPV test every five years. This recommendation is based on the conclusion that a HPV test every five years can prevent more cervical cancers and save more lives than in the current two yearly Pap test program.

VCS Inc. is working on a number of projects that recognise the environment in which we are operating and are designed to inform the implementation of Renewal. The Compass pilot trial, comparing three yearly cytology based cervical screening with six yearly primary HPV screening, led by VCS Inc. and UNSW Australia is being conducted in advance of the 'Renewal'. It is anticipated that results from the pilot study, will feed into and inform Renewal as they become available. The longitudinal outcomes from the pilot study and the cross sectional data from the main trial will provide information which will inform optimisation of the future NCSP. Since the October 2013 launch of the pilot trial, 2,729 women have participated and the target of 5,000 will be comfortably met by the end of the year. I would like to express my sincere thanks to the 170 clinicians who are currently recruiting women and supporting this trial. Of course the trial would not be possible without the participation of women across Victoria, and we are extremely grateful for their involvement.

In addition to the activities around Renewal, I am very proud of the growth of our Registry services. On 30 June 2014, VCS Inc. took over the operation of the Pap test registry service for South Australia, known as the SA Cervix Screening Registry (SACSR). The SACSR will perform the same functions as the VCCR; administering a comprehensive reminder and follow up program for each South Australian woman who has her Pap smear result recorded with the register. The expertise of our ICT team, led by Director of ICT Mr Matthew Cunningham and supported by Senior Analyst, Mr Leigh Trevaskis ensured the successful implementation and migration of the SACSR to the VCS ICT platform on time and on budget. The operation of the SACSR is directly aligned with our strategic goal to support screening in a broader range of jurisdictions. The successful delivery of this project means that our reputation for delivery of registry services is enhanced in all jurisdictions, improving our position in the event that a national Pap test register or other cancer screening register is required.

In 2008 the Victorian Cervical Cytology Registry employed eight staff, who were co-located with the laboratory services at the Carlton Site. The Registries, now including SACSR, NHVPR, VCCR and PFUF share 40 staff across the operations, a growth that has required a move from the Victoria Parade location to a new larger premises at 176 Wellington Parade, East Melbourne. The new site was officially opened by the Hon David Davis together with the Hon. Peter Dutton's representative, Senator the Hon. Michael Ronaldson, and was attended by senior staff from the Department of Health (Vic) and Board Members past and present. The Registries continue to provide important data and support to cancer screening and prevention in Victoria and increasingly, nationally. Their reputation for delivering high quality research and evaluation is seen in the many journal articles published each year (see page 13), and annual statistical reports.

VCS Inc. continues to work in collaboration with program screening staff particularly with the Department/s of Health on a range of projects designed to improve participation of women in cervical screening, particularly those women from groups that are relatively under-screened. The NHMRC funded iPap HPV self-sampling trial for under-screened and never-screened women commenced with 14,000 women sent a self-sampling kit. The outcomes of the trial will provide valuable information about the operational aspects of HPV self-sampling in the Renewed cervical screening program.

The year has seen the organisation grow and shift with the changing environment. The continued success and reputation of VCS Inc. is attributable to the dedication of the senior staff of the organisation and the teams they very competently lead. I would like to thank both the Victorian and Commonwealth Departments of Health for their ongoing commitment and the financial support that enables VCS Inc. to provide high quality, evidence based screening and registry services.

There are many reasons for the success of our organisation, which importantly includes the leadership and oversight of our honorary Board of Directors led by President, Sandy Anderson and immediate past President Dr Jane Collins. Our Board members are extraordinarily generous with their time and wisdom, and they ensure that VCS Inc. remains committed to its vision and strategic objectives.

ASSOCIATE PROFESSOR MARION SAVILLE
Executive Director

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2013/2014 HIGHLIGHTS OF STRATEGIC PLAN ACTIVITIES

1. CONTRIBUTING TO CHANGE, ADAPTING TO CHANGE

We will undertake a pilot trial, Compass. Women will be drawn from select practices referring to VCS Inc. who have agreed to participate in the trial. The pilot study is to inform a much bigger study which we hope to commence in the next several years and which we believe will be a landmark study not only in Australia but also internationally.

We now know that long-term infection with certain types of Human Papillomavirus (HPV) is the main cause of cervical cancer. Overseas research has shown that a test for these HPV types is, in fact, a better cervical cancer screening test than the Pap smear. In this trial we want to confirm that this is the same for women in Australia. Compass is a randomised controlled trial being carried out by VCS Inc. in collaboration with UNSW Australia, to compare three yearly cytology-based cervical screening with six yearly primary HPV screening in Australian women aged 25-64. The pilot study of 5,000 women was launched in October 2013 and will inform the proposed main trial, which will involve 100,000 women.

A comprehensive set of resources to support this trial have been developed and are available on the Compass website at www.compasstrial.org.au.

The trial is attracting better than expected participation from both clinicians and women. The first sample for the trial was received on 30 October 2013 and at the end of the financial year 2,729 women had enrolled with approximately 170 clinicians actively recruiting. It is anticipated that the pilot will be completed at the end of the 2014 calendar year.

The findings from the Pilot are expected to inform the Australian Government's review of the National Cervical Screening Program, Renewal, aimed at ensuring that all Australian women, HPV vaccinated and unvaccinated, have access to a cervical screening program that is acceptable, effective, efficient and based on current evidence. Funding and ethics approval for the main trial is being sought with an anticipated commencement date in late 2014.

We will continue to educate clinicians through our Liaison Physicians. They will provide updated information designed to support practitioners' understanding of changes to cervical cancer prevention in Australia and to increase awareness about recommendations for testing appropriately for chlamydia infection.

VCS Pathology offers free educational updates to health practitioners in Victoria. The department is headed by Senior Liaison Physician Dr Stella Heley, who is supported by Dr Siobhan Bourke, Dr Lara Roeske and liaison officer Lyndal Ritchie. Educational updates cover the guidelines associated with the National Cervical Screening Program, Pap test technique, HPV (Human papillomavirus) and HPV testing, HPV vaccines and testing for Chlamydia trachomatis. In the last two years VCS Pathology has offered GPs the opportunity to participate in education sessions via a webinar, and during this financial year, with the help of the VCS IT department, both video and audio have been used to conduct these sessions.

During the 2013/14 calendar year the liaison physicians provided 139 Education updates reaching an audience of approximately 1,329 health care providers. Of these updates, 67 were focussed on the Compass trial. VCS Pathology is an accredited education provider for the Royal Australian College of General Practitioners (RACGP) and has been involved in delivering Active Learning Modules (ALM) and Audits to GPs for many years. An ALM requires at least six hours of interactive education for the GPs and, up until now, the liaison physicians have delivered this directly to GPs attending workshops. Development is underway to provide this service online and the ALM 'Cervical screening in general practice: preparing for change. Introducing COMPASS' has been developed and is soon to be launched. This new format will extend the reach of our education programs particularly in rural and remote areas. We aim to place our Chlamydia audit online and develop other ALMs as we head towards the renewed National Cervical Screening Program.

2. MEETING OUR INFRASTRUCTURE NEEDS

Ongoing improvements in the laboratory will be undertaken in order to meet the needs not only of the Compass trial but also to support the growth in microbiology testing for HPV and chlamydia.

Several alterations to laboratory benches and other structures were completed during the year to facilitate installation of new equipment. Two large laboratory freezers were installed to enable long-term storage of Compass and other research specimens. ThinPrep Review microscopes were moved into the Screening rooms to make way for new histology equipment, which is being used for research and general work. Minor alterations were made in the Anatomical Pathology laboratory to accommodate a new immunostainer which is not only being used to support the Compass trial but has also allowed VCS Pathology to bring routine histology p16 staining in-house and improve turnaround times for cervical biopsies requiring p16 staining. Further changes were made to benches in the Molecular laboratory to accommodate new molecular testing equipment that is being used for HPV testing in the Compass trial and for our routine testing.

We intend to secure new premises that will allow a degree of expansion and co-location of VCS Pathology, VCCR and NHVPR.

On 5 May 2014, the registry services of VCS Inc. moved from its premises in Victoria Parade, East Melbourne to a larger site at 176 Wellington Parade, East Melbourne. The new site provides the space required for the additional services of the Participant Follow-Up (PFUF) service for the National Bowel Cancer Screening Program (four staff) and VCS Inc.'s support to the South Australian Screening Program through the operation of the South Australian Cervix Screening Register (four staff). The Registries have grown from a department of eight people, when on the same site as VCS Pathology in 2008, to employing 40 staff including, Epidemiologists, Health Information Managers, Statisticians and administrative staff. An official launch of the new offices has been scheduled for 22 July 2014 with the Minister for Health and Ageing (Vic), the Hon David Davis and a representative of the Hon Peter Dutton, Senator the Hon Michael Ronaldson, invited to attend.

We intend to update our ICT system, starting with an update of the system supporting VCCR, in order to increase our capability to pursue strategic opportunities and to grow within the rapidly evolving external Health IT landscape.

As part of the Computer Information System (CIS) application replacement initiative, the CSR.net (Cervical Screening Register) project is currently underway. This project aims to reduce the risk and limitations associated with an ageing information system, currently used by VCCR, by replacing it with a contemporary application and platform that supports the functional requirements of the CSR. This new platform will enhance the Register's core capabilities to allow expansion for a National Register, be Renewal compliant and broaden the capabilities of the Register to include other screening programs. The new system will provide flexibility to support changes in strategic direction of Australia's screening programs. It will also support architectural and functionality guidelines arising from State and Federal government e-health initiatives.



Left to right
Dr Julia Brotherton, Associate Professor Dorota Gertig,
Ms Sandy Anderson, Hon David Davis,
Associate Professor Marion Saville and Hon Michael Ronaldson

In order to secure the funding required to undertake these activities we will need to continue to meet and exceed the expectations of the Department of Health (Vic).

The Department of Health's (Vic) Desktop Review received in November 2013 indicated that VCS Inc. is meeting targets and reporting requirements outlined within the Service Agreement to a very high standard. Particularly, the Department noted the organisation's achievements as follows:

- Ongoing contribution to improving cervical screening policy and program delivery.
- The provision of accurate and timely data to support the National Cervical Screening Program.
- Proactive and timely advice to the Department on any emerging issues or risks.
- Participation in the Department's Under-screened Program, reducing health disparities and driving improvements in cancer screening in Victoria.
- The contribution made by VCS Inc. to the renewal of the National Cervical Screening Program.

3. BROADENING OUR PUBLIC HEALTH PERSPECTIVE

We intend to position our organisation to operate registries supporting screening for a broader range of cancers, and in a broader range of jurisdictions.

As part of the development of the CSR.net project, the Registry's computer system will be tailored to store jurisdictional data in a national data set with a shift toward non-cytology cervical screening to cater for more screening types. A project team has been established to commence scoping and work will commence in earnest in the latter half of 2014.

South Australian Pap Test Register

In February 2014, VCS Inc. entered into a contract with the South Australian Department of Health to operate the Pap smear Register on behalf of the South Australia Cervix Screening Program (SACSR). VCCR is responsible for the operation and management of the SACSR Register as of 30 June 2014. The SACSR will perform the same functions as VCCR; administering a comprehensive Reminder and follow-up program for each South Australian woman who has her Pap smear result recorded with the register. The SACSR will utilise VCCR processes and protocols and the same sophisticated Registry IT system utilised by VCCR. The SA Pap Test Register is co-located with VCCR, NHVPR and PFUF operating from the new offices at 176 Wellington Parade, East Melbourne.

Support for Overseas Cervical Screening Programs

VCS Pathology continues to support nascent cervical screening programs in various overseas countries, including The Independent State of Samoa, American Samoa, Vanuatu, Kiribati, Tonga and others. We provide Pap smear collection supplies and clinical advice to local practitioners. Pap smears collected in those countries are sent to the Carlton laboratory for reporting.

We will be leaders in the provision of high quality, bulk billed chlamydia testing.

The Liaison Physicians continue to promote chlamydia testing at all education updates. To further assist clinicians, a resource pack for Chlamydia has been developed which includes amongst other information, a DVD – *Testing for Chlamydia, Who, Where, When and Why*. These packs are included in the education material provided at all conferences where VCS Pathology has a Trade Display. VCS Pathology had a strong focus on Chlamydia testing at the Australian Sexual Health Conference in Darwin in October 2013. The Chlamydia clinical audit conducted in the 2012/13 financial year is now being developed for online participation.



HIGHLIGHTS FOR THE 2013/14 FINANCIAL YEAR

- ◆ The Medical Services Advisory Committee, on the basis of the findings of Phase One of Renewal*, recommended that Australia move to a five yearly screening program using an HPV test, with partial genotyping as the primary screening test, commencing at age 25 and with an exit test between the age of 70 and 74. VCS Inc. is working on a number of projects designed to inform the implementation of Renewal.
- ◆ Enhancements to the VCS ICT system to support the Compass trial were successfully implemented following months of developmental work. The Compass Trial Pilot was launched in October 2013.
- ◆ VCS Inc. was contracted by South Australian Department of Health to operate the Pap smear Register on behalf of the South Australia Cervix Screening Program (SACSP). The SACSP Register performs the same functions as VCCR; administering a comprehensive Reminder and follow-up program for each South Australian woman who has her Pap smear result recorded with the register.
- ◆ In May 2014 the East Melbourne Registries moved from 250 Victoria Parade to a larger site at 176 Wellington Parade, East Melbourne.
- ◆ The VCS Inc. and VCS Pathology websites were extensively reviewed and updated to reflect the growth and complexity of the organisation providing a more user friendly interface for both clinicians and women.
- ◆ The ageing fleet of personal computers was replaced with new hardware and software. In total 178 machines were configured and installed across the organisation.
- ◆ The randomised controlled trial of HPV self-sampling for improving participation in cervical screening, iPap, commenced in March 2014. Over 14,000 self-sampling kits will be mailed over the 12 months of the trial.
- ◆ Funding has been received to investigate the acceptability of self-collection of HPV tests for Aboriginal women, and to increase GP awareness to promote the continued adherence to screening in the transition to Renewal.
- ◆ The format of the Post Graduate Gynaecological Cytology Course offered by VCS Pathology was refreshed and the timing changed to coincide with Pathology Registrars' examinations. This new format attracted 17 registrations.
- ◆ A new Immunostainer was installed in the laboratory to report p16 stains, improving turnaround times for cervical biopsies requiring p16 staining.
- ◆ After nine months of negotiations commencing in September 2013, an agreement was reached with two unions and four staff members on a new enterprise agreement, which covers the wages and conditions of 89% of VCS Inc. staff. The agreement was approved by the FairWork Commission on the 13 June 2014 and is in operation until October 2017.
- ◆ An RCPA accredited Active Learning Module 'Cervical screening in general practice: preparing for change. Introducing COMPASS' is soon to be launched.

**Australian Government initiative designed to ensure that the success of the National Cervical Screening Program continues.*

VCS PUBLISHED ARTICLES

- **Brotherton JML, Batchelor M, Winch K.** *Utility of reports and routine correspondence from the National HPV Vaccination Program Register.* Med J Aust 2013 199 (7):463.
- **Brotherton JML.** *Safety of the quadrivalent human papillomavirus vaccine [editorial].* BMJ 2013 347:f5631.
- **Gertig D, Brotherton J, Saville M.** *The Impact of Vaccination and what it means for Cytology Screening.* HPV Today 2013 July.
- **Brotherton JML,** Murray SL, Hall MA, Andrewartha LK, Banks CA, Meijer D, Pitcher HC, Scully MM, Molchanoff L. *Human papillomavirus vaccine coverage among female Australian adolescents: success of the school-based approach.* Med J Aust 2013 199 (9).
- **Laemmel-Ruff I, Barbaro B, Brotherton JML.** *Human Papillomavirus vaccine national catch up program: Insights into under notifications.* Aust Fam Physician 2013 42(12):880-884.
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VCS PATHOLOGY

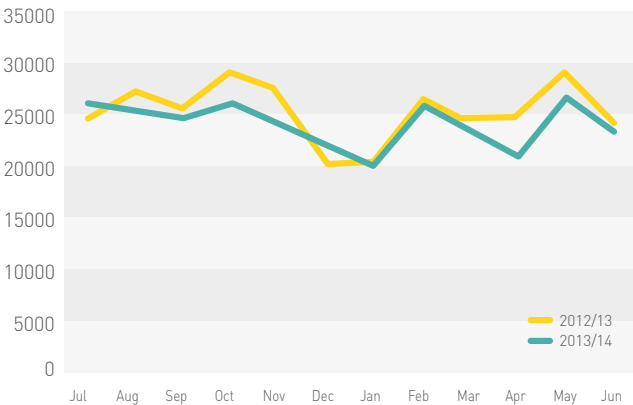
VCS Pathology strives to consistently provide accurate and timely laboratory services that meet or exceed community expectations and regulatory requirements. Our Pap smear screening service forms the core of our laboratory services. We also offer diagnostic services in molecular microbiology and histopathology. VCS Pathology’s performance in all our laboratory testing fields during 2013/2014 was maintained at a consistently high standard, monitored by our stringent Quality Assurance measures.

The following performance indicators outline VCS Pathology’s achievements in our core laboratory services during 2013/2014.

MARKET SHARE

Pap smear market share for the financial year was 48.21%. VCS Pathology reported a total of 289,308 smears in 2013/14 compared to 304,556 in 2012/13.

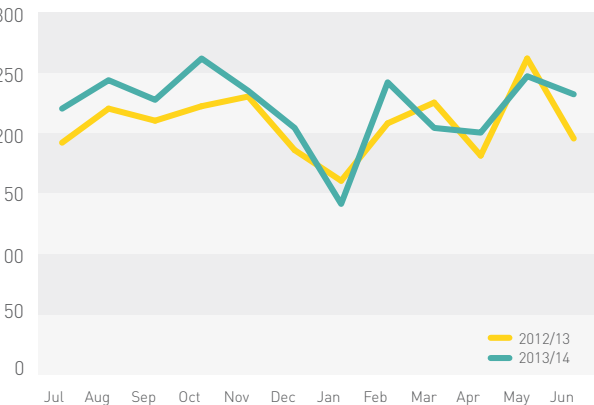
Pap Smear Total



HISTOLOGY

Histology volumes were 2,679 cases for the year, a slight increase from 2,500 in 2012/13.

Histology Volumes



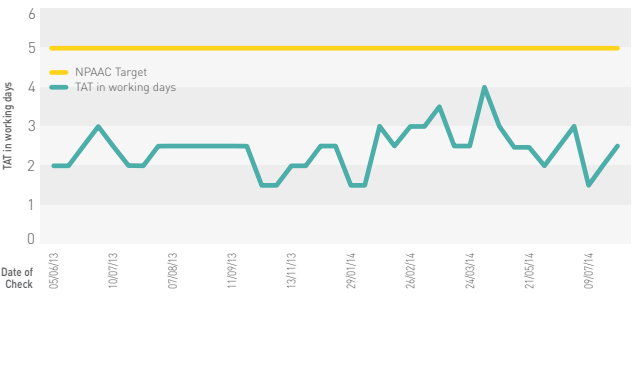
LABORATORY REPORTING TURNAROUND TIMES (TAT)

As part of the VCS Inc. quality monitoring system, internal targets have been set for test turnaround times (TAT). These targets differ depending on the type of test and are detailed below along with the volumes received for each test.

PAP SMEARS

Turnaround times for Pap smears consistently remain below the National Pathology Accreditation Advisory Council’s (NPAAC) requirement for 90% of cases reported within five days of receipt in the laboratory.

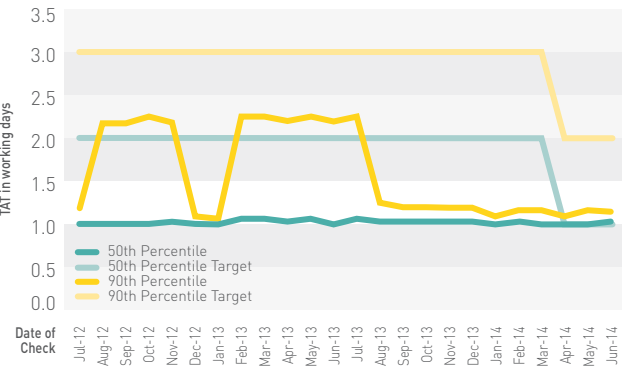
Pap Smear Turnaround Time



HISTOLOGY TURNAROUND TIMES

An internal target has been set for histology specimens received in the laboratory to be processed and reported within 24 hours of receipt (50th percentile of cases) and the more complex cases reported within 48 hours of receipt (90th percentile of cases). These targets were reduced in April 2014 as the targets were being consistently met, particularly following the introduction of in-house p16 staining.

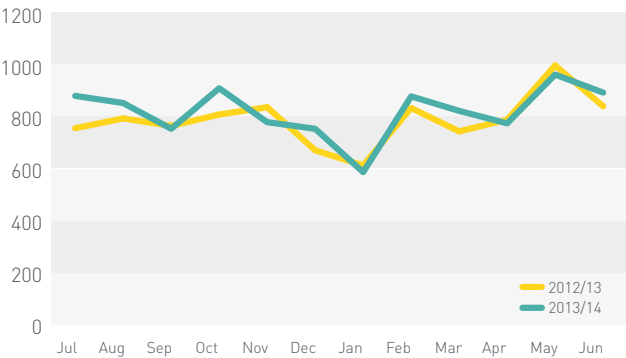
Histology Internal



HPV

HPV test numbers remain stable, with a total of 9,863 tests reported in 2013/14 compared with 9,427 in the previous year.

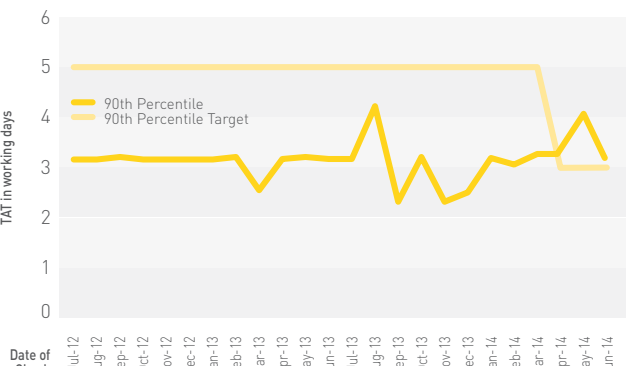
HPV Testing Volumes



HPV TURNAROUND TIMES

The previous internal target for HPV turn-around time from receipt in the laboratory to validation was that 90% of cases should be reported within five days. As the target was consistently being met it was reduced to three days commencing in April 2014. This target was not met in the last quarter of the financial year but is expected to improve when more samples are received (the Compass trial will require more frequent runs).

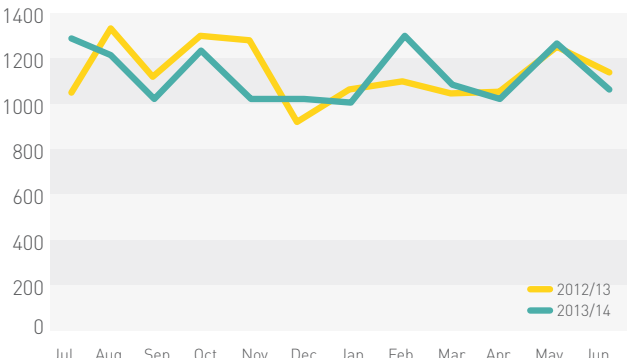
HPV Internal



CHLAMYDIA

Chlamydia testing remained steady with a total of 13,726 tests reported in 2013/14 compared to 13,780 in the previous year. A strong educational focus on chlamydia throughout the year has contributed to this result.

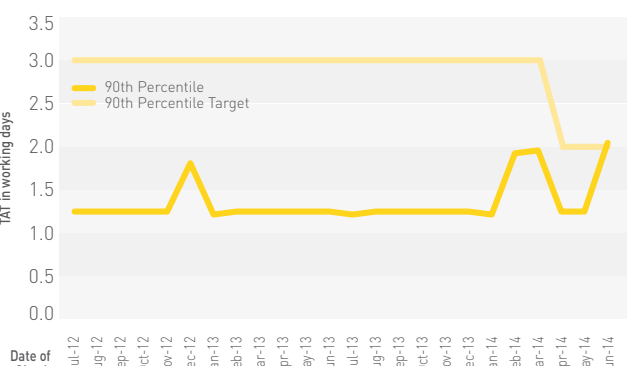
Chlamydia Testing Volumes



CHLAMYDIA TURNAROUND TIMES

The internal turnaround time target for chlamydia reporting has been reduced from <3 days to <2 days from receipt in the laboratory to validation, as the target was being consistently met. The spikes seen relate to only a small number of samples and the variation is minimal (less than one day).

Chlamydia Internal





OFFICERS OF THE ASSOCIATION

EXECUTIVE DIRECTOR AND PUBLIC OFFICER

Associate Professor Marion Saville
MBChB, Am Bd (Anat Path & Cytopath), FIAC, Grad Dip Med
(Clin Epi), GAICD

MEDICAL DIRECTOR – VICTORIAN CERVICAL CYTOLOGY REGISTRY & EPIDEMIOLOGIST – VICTORIAN CYTOLOGY SERVICE INC

Associate Professor Dorota Gertig
MB BS (Hons), MHSc, ScD, FAFPHM

MEDICAL DIRECTOR – NATIONAL HPV VACCINATION PROGRAM REGISTER & EPIDEMIOLOGIST – VICTORIAN CYTOLOGY SERVICE INC

Dr Julia Brotherton
GDip App Epi, B Med (Hons), MPH (Hons), FAFPHM, PhD

DIRECTOR – CORPORATE SERVICES

(Until 13 June 2014)
Mark Van Zuylekom
BSc, MBA, GAICD, AFCHSE

DIRECTOR – LABORATORY OPERATIONS

Gillian Phillips
MAppSc, M. Health Service Management, CT (ASC), CT (IAC)

DIRECTOR – INFORMATION COMMUNICATION AND TECHNOLOGY

Matthew Cunningham
BBus (InfoSys), MIS

DIRECTOR OF PATHOLOGY

Professor Ruth Salom
MB BS, MD, MBA, FRCPA, FAICD, B Med Sci (Hon), MIAC

MANAGING PATHOLOGIST

Dr Siew Chin Lian
MB BS, FRCPA

PATHOLOGISTS

Dr Kristy Dundas MB BS, FRCPA

Dr Daryl Johnson MB BS, FRCPA

Dr Jennifer Kim MB BS, BSc (Med), FRCPA, Grad Cert Med (Clin Epi)
(Resigned 11 February 2014)

Dr Bryan Knight MBChB; M Med (Anat Path); PhD; FRCPA; FIAC
(Commenced 1 April 2014)

Dr Shaw-Ping Tong MB BS, FRCPA

Dr Henry Yeung MB BS, FRCPA

SENIOR LIAISON PHYSICIAN

Dr Stella Heley
BA Hons, MB BS, Dip Ven (Lond), FACSHP

LIAISON PHYSICIAN

Dr Siobhan Bourke
FACSHM, MPH, MB BS Hons, Grad Cert PH (Sexual Health)

LIAISON PHYSICIAN

Dr Larissa Roeske
MB BS (Hons), FRACGP, DipVen

MANAGER

VICTORIAN CERVICAL CYTOLOGY REGISTRY (VCCR) NATIONAL HPV VACCINATION PROGRAM REGISTER (NHVPR)

Genevieve Chappell
BAppSc(MRA), MBA

QUALITY MANAGER

Peter Di Sciascio
BSc, MAACB, MAIMS, Grad Dip Arts

FINANCE MANAGER

Pauline Lomas
B Bus(Acc), CPA

HUMAN RESOURCES MANAGER

Sally Wilson
BA, Grad. Cert. IER, MWIR

Top, left to right
Ms Sandy Anderson, Dr Jane Collins,
Ms Christine Harvey, Ms Juliann Byron, Ms Kate Broun
Bottom, left to right
Ms Lucy Hunter, Mr David Wrede, Mr Tim Humphries, Ms Anne Robertson,
Dr Christine Selvey and Ms Stephane Reeves

BOARD MEMBER PROFILES

MS SANDY ANDERSON – PRESIDENT

Ms Anderson was elected President of the VCS Inc. Board in 2013, following on from a previous term as President from 2004-2007. Ms Anderson has served on the Board as a Director since 2000 and holds the position of nurse with expertise in preventative health. Ms Anderson is a registered nurse with a Graduate Diploma of Community Health Nursing, Sexual and Reproductive Health Nurse Training, and a Master of Health Management. Ms Anderson has worked with PapScreen Victoria for over ten years in a role working with nurses providing cervical screening and women's health services throughout the state and, as part of this role, coordinates the Victorian Nurse Credentialing Program. Ms Anderson also currently works in women's health, holding clinics at Baarlinjan Medical Clinic at Ballarat and District Aboriginal Cooperative. In 2012 Ms Anderson was awarded the National Australian Practice Nurse Association Best Practice Nurse Award for Sexual Health in relation to increasing Koori women's cervical screening.

DR JANE COLLINS – VICE PRESIDENT

Dr Collins is the immediate past President 2009-2013, and is currently Vice President. Dr Jane Collins was appointed to the Board in February 2008 to fill the role of a Director with expertise in General Practice. Dr Collins is an experienced General Practitioner, business owner and freelance medical writer. She has a special interest in women's health as well as the provision and organisation of health care in the wider community. Dr Collins is a co-owner and the Clinical Director of the Clifton Hill Medical Group, an inner urban general practice comprising 15 GPs.

MS JULIANN BYRON – TREASURER

Ms Byron joined the Board in March 2003 as a Director with expertise in Finance, Commerce or Corporate Management and has held the position of Treasurer since joining. Ms Byron's qualifications include Fellow CPA Australia, Fellow of the Australian Institute of Company Directors, Member of Chartered Secretaries Australia, and Chartered Tax Advisor. Ms Byron has experience with both public and private companies in areas including finance, risk management, governance and strategic planning.

MS KATE BROUN

Ms Broun is a representative of the Cancer Council Victoria on the VCS Inc. Board. Ms Broun joined the Board in September 2005 and served for a two year period. Following a maternity break, she returned in October 2009. Ms Broun is the Cancer Screening Manager, which includes overseeing PapScreen Victoria. She has extensive experience in health promotion, screening and women's health.

MS CHRISTINE HARVEY

Ms Christine Harvey was appointed to the Board in February 2008 as a Director with expertise in Finance, Commerce, Corporate Management and Law and served as Vice President of the Board from 2009-2013. Currently she is also a member of the Audit and Finance Subcommittee of the Board. Ms Harvey is a legal practitioner with degrees in both arts and law (with Honours) from the Australian National University and is admitted to practice in the ACT and NSW. Ms Harvey has had a diverse career as a legal practitioner, in both private and government practice, and as a special magistrate of the ACT Magistrates Court. In addition, she has significant experience working in professional associations and peak industry bodies at the national, state and territory level. Ms Harvey has held positions as Director of Professional Standards of the Law Society of the ACT, Executive Director of the Law Society of the ACT, Deputy Secretary-General of the Law Council of Australia, Chief Executive Officer of the Royal Australian Institute of Architects and Chief Executive Officer of The Victorian Bar.

MS LUCY HUNTER

Ms Lucy Hunter served on the VCS Inc. Board from 2008-2013 as a Director with expertise in Law. Ms Hunter has worked as a solicitor in private practice and is currently employed as corporate counsel in a public hospital. Ms Hunter has extensive experience in governance, drawing on her experience as a member of the board of a public hospital, the Metropolitan Ambulance Service and the Road Traffic Authority.

MR DAVID WREDE

Mr David Wrede was appointed to the Board in May 2010 as the Director with gynaecological expertise. Mr Wrede studied medicine at Cambridge University and St. Thomas' Hospital London. His post-graduate training was in General Surgery and Obstetrics & Gynaecology and included two years research into Cervical Cancer and HPV at the St. Mary's branch of the Ludwig Institute. Previous appointments in the UK's National Health Service include Consultant posts with interests in Gynaecological Cancer, Minimal Access Surgery and Colposcopy in Scotland and England. Since moving to Australia, his main clinical focus has been in gynaecological cancer prevention at The Royal Women's Hospital where he is now the clinical lead for the Dysplasia service. Mr Wrede is one of the Chief Investigators on the Compass study. He is also a member of the clinical advisory panel of the Australian Cervical Cancer Foundation and the Management Committee of the Australian Society for Colposcopy & Cervical Pathology.

MR TIM HUMPHRIES

Mr Tim Humphries joined the Board in 2012 as the Director with expertise in Finance, Commerce or Corporate Management. Currently he is also a member of the Audit & Finance Subcommittee. Mr Humphries holds a Bachelor of Commerce from Flinders University, and Master of Business Administration (MBA) from Deakin University. He is a member of the Certified Practising Accountants (CPA) Australia. Mr Humphries brings in a wealth of experience with a career spanning more than 20 years having held senior Accounting and Finance roles, and CEO roles, a position he currently holds, in a wide range of industries including health, aged care, transport and logistics, materials handling, recruitment, and not-for-profit sectors in Australia. His broad finance experience is complemented with HR, IT, corporate governance, sales and Project Management skills.

MS ANNE ROBERTSON

Ms Anne Robertson joined the Board in May 2013 as a Director with a consumer perspective. She has a personal interest in the promotion of the HPV vaccine as she lost her sister to cervical cancer in 1998. Ms Robertson holds a Bachelor of Arts degree from the University of Adelaide, a Master of Arts from the University of Sheffield and a Graduate Diploma of Education from Monash University. Ms Robertson has had a diverse career in education, working in Japan, England and Australia.

DR CHRISTINE SELVEY

Dr Christine Selvey was appointed to the Board in September 2012 as a Director with immunisation expertise. Dr Selvey has had responsibility for the implementation of state immunisation programs in Queensland, the Northern Territory and Victoria. She was a member of the National Immunisation Committee (NIC) from 1999-2007 and has been both the NIC and the Communicable Diseases Network Australia (CDNA) representative on the Australian Technical Advisory Group on Immunisation (ATAGI). Dr Selvey has a particular interest in HPV vaccine and was a member of the ATAGI working group that provided recommendations on the use of HPV vaccine in Australia. With her experience in managing immunisation programs in the two Australian jurisdictions with immunisation registers, and her experience with the Australian Childhood Immunisation Register, Dr Selvey brings a good understanding of the operation of immunisation registers to the Board.

MS STEPHANE REEVES

Ms Stephanie Reeves joined the Board in February 2014 as a Director with expertise in Law. Ms Reeves has worked as an in-house legal counsel for both small and large ASX Listed companies for many years. She has also been involved with a number of not-for-profit organisations including Crime Stoppers Victoria of which she was Chairman. Stephanie has a particular interest in corporate governance in both the commercial and not-for-profit sectors.



VICTORIAN CERVICAL CYTOLOGY REGISTRY DIRECTOR'S REPORT

The last year saw the continued expansion of the Registries in providing support to cancer screening in Victoria and nationally. The most important landmark was taking on the provision of registry service for South Australia, known as the SA Cervix Screening Registry. The SA registry was in urgent need of an update as it was underpinned by a legacy ICT system which had not kept pace with technological changes. During 2013, SA undertook a review of the best available options, resulting in an agreement with VCS Inc. to operate a registry service on behalf of SA Health. The new register will continue to operate under the South Australian Public Health Act, whilst being operated by VCS Inc. After an intense period of planning, data migration, testing and expansion of registry resources, the new service commenced on 30 June 2014. The Registry and ICT project teams, led by Genevieve Chappell, Matt Cunningham and Leigh Trevaskis, all worked extremely hard to deliver the service on time and within budget. This was a tremendous achievement and reflects the experience, skills and dedication of all the staff involved.

To accommodate the additional projects and staff, the Registries moved to new premises in East Melbourne in May 2014. These premises will enable us to comfortably accommodate existing activities whilst allowing some room for future expansion. In addition, the new layout improves cross-training of staff between the screening and vaccination registers, allowing for sharing of expertise, professional development and accommodating peak volume flows at different times. We are very grateful to the team involved in planning and implementing the move, in particular Sally Wilson, the Registries Relocation Group, and the ICT staff, who ensured the move went smoothly and on schedule.

In addition to the major projects outlined above, the iPap HPV self-sampling trial for under-screened and never-screened women commenced and completed recruitment. Never screened women were recruited from the Electoral roll, provided by the Victorian Electoral Commission under their legislation. More than 14,000 women will be sent a self-sampling kit and 2,000 women will be sent reminder letters for screening. Results are continuing to be processed and the final analysis, including participation and follow up rates, will be completed by the end of the year. In addition, focus groups of never and underscreened women, and a validation study of dry and wet cervical swabs, were completed prior to the commencement of the mailout. In April, the Renewal Steering Committee recommended, as part of Renewal, that HPV self-sampling should be available to never and under-screened women in a health care setting. We anticipate that the outcomes of the iPap trial will provide valuable information about the operational aspects of HPV self-sampling in the Renewed cervical screening program.

Our work in the Underscreened program, in collaboration with the Victorian Department of Health and Papscreen Victoria, continued over the past year with the roll-out of the second reminder letter project. Quality improvement remained an important focus, as always, and routine colposcopy data collection was implemented for Victorian colposcopists. The Victorian Bowel Screen participant followup program was able to successfully contact 93% of all participants requiring a phone call. At least three attempts are made to contact participants with calls made on different days, different times and also to nominated practitioners and contacts. An additional age cohort was added to the screening program in July 2013, which has resulted in increased participant numbers. Numbers will continue to grow with the Federal government's commitment to an accelerated rollout of the biennial screening program from 2015.

Finally, in addition to our routine statistical reporting, we continued to publish important data on the effectiveness of the HPV vaccination program in reducing cervical pre-cancerous abnormalities in Victoria^{1,2} in collaboration with Julia Brotherton and the NHVPR. These data were presented by Dorota Gertig and Julia Brotherton at the EUROGIN conference in Florence in November 2013.^{3,4}

Thank you to Marion Saville and the Board for their vision in continuing to support the expansion of the Registries and to our Registry team led by Genevieve Chappell and supported by the ICT team led by Matt Cunningham. We look forward to further opportunities to contribute to cancer screening and prevention at both the state and national level.

ASSOCIATE PROFESSOR DOROTA GERTIG
Medical Director – Victorian Cervical Cytology Registry

References

- ¹ Gertig DM, Brotherton JML, Budd AC, Drennan K, Chappell G, Saville A. *Impact of a population-based HPV vaccination program on cervical abnormalities: a data linkage study.* Accepted October 2013, BMC Medicine.
- ² Budd AC, Brotherton JML, Gertig DM, Chau T, Drennan K, Saville M. *Cervical screening participation appears lower amongst HPV vaccinated women: an observation from linked registry data.* In Press, Med J Aust.
- ³ Gertig, D. *Decline in CIN in Australia due to vaccination: results of a data linkage study.* Invited speaker EUROGIN 2013 Florence, Italy, November 2013.
- ⁴ Brotherton, J. *Impact on screening participation.* Invited speaker EUROGIN 2013 Florence, Italy, November 2013.



NATIONAL HUMAN PAPILLOMAVIRUS VACCINATION PROGRAM REGISTER DIRECTOR'S REPORT

The NHVPR continues to flourish and to actively support the implementation and delivery of the National HPV Vaccination Program. We now hold the first year's data for our world-leading male vaccination program, with over 726,000 doses given to males in 2013 and 2014 notified to the register so far. Indications to date are that the program has been well-accepted by parents and adolescents and that coverage is only 5-10% lower than the current female coverage achieved in the ongoing program, which is now in its eighth year. This is a significant achievement, which reflects the successful extension of the program to one which has broadened its stated aim to include the range of HPV-related cancers. The high uptake for a program in its first year also positively reflects upon the ongoing work across the country to successfully deliver vaccines to adolescents. Working with the committed teams of professionals who deliver these programs is one of the most enjoyable aspects of work at the register.

To 30 June 2014, NHVPR had received notification of almost 927,000 doses for the 2013-2014 financial year, bringing the number of notifications received by the register to around 6.35 million. Just over 275,000 completion statements were sent to those vaccine recipients who had completed the course and over 19,000 history statements were sent to males and females who remain recorded as incompletely vaccinated. Evaluation of the impact of history statements for the 2012 cohort show that they resulted in an updated vaccination history received by the register (resulting in higher coverage) in a percentage ranging from 20% to 38% of history statement recipients in the six States and Territories using this service. In 2013 the register, in partnership with the Queensland Department of Health, successfully piloted the use of its reminder letter functionality, which allows for two reminders to be sent to vaccine recipients. Queensland is utilising this service again in 2014.

References

- ¹ Brotherton JML, Murray SL, Hall MA, Andrewartha LK, Banks CA, Meijer D, Pitcher HC, Scully MM, Molchanoff L. *Human papillomavirus vaccine coverage among female Australian adolescents: success of the school-based approach.* Med J Aust 2013; 199: 614–617 doi:10.5694/mja13.10272.
- ² Laemlele-Ruff I, Barbaro B, Brotherton JML. *HPV vaccine coverage in young women: results by Divisions of General Practice (2007-2009), and insights into under-notification.* Aust Fam Physician 2013;42(12):880-884. Available at <http://www.racgp.org.au/afp/2013/december/hpv-vaccine/>
- ³ Barbaro B, Brotherton JML. *Assessing HPV vaccine coverage in Australia by geography and socioeconomic status: are we protecting those most at risk?* Aust N Z J Public Health. 2014; Online; doi:10.1111/1753-6405.12218.

The Register continues to perform well in the processing and handling of notifications and related work, continuing to meet our key performance indicators. The quality of the Register's data continues to be paramount, underpinning all Register activities. Our website now features a suite of coverage reports, which will be updated annually to include the latest data, and which serve as a resource for both the general public and for researchers. We also continue to undertake research and evaluation using NHVPR data and continue to provide assistance to research projects requiring verification of vaccination status and to work collaboratively with other research groups. In 2013/14 we have published the first estimates from the register of coverage achieved in the school program for women of Aboriginal and Torres Strait Islander background¹, reported coverage results for the catch-up program by Division of General Practice², and an analysis assessing the variability in HPV vaccination coverage by socioeconomic status and remoteness³.

I would like to thank NHVPR Manager Genevieve Chappell for her ongoing commitment to excellence in every facet of the NHVPR operations. We have an excellent team who support the functioning of the register and I would like to thank Lesley Rowlands, Daniela Petrovski and the NHVPR data managers Michelle Sansonetti, Karen Winch, Jennifer Nguyen and Chantal Kim. Thanks also to the tireless and dedicated VCS Inc. senior staff, for their support, inspiration and management of the Registries division including Dorota Gertig, Matt Cunningham and the ICT team, Marion Saville, Mark Van Zuylekom, Sally Wilson and the VCS Inc. Board of Directors.

As Australia prepares to move into a new cervical screening environment based on HPV testing, and with the imminent possibility of a new HPV vaccine with expanded coverage for cancer-causing HPV types, the importance of maintaining an accurate HPV vaccination history will only grow. We look forward to supporting these advances in cancer prevention by providing excellence in vaccination registry services now and into the future.

DOCTOR JULIA BROTHERTON
Director – National Human Papillomavirus
Vaccination Program Register

GOVERNANCE

VCS Inc. is incorporated under the Associations Incorporation Reform Act, 2012 (Vic) and is governed by a Board of Directors.

PECUNIARY INTEREST

During the 2013/14 financial year, no Board Director declared a conflict of pecuniary interest in a contract with VCS Inc.

DECLARATION OF INTEREST

During the 2013/14 the following Board Members noted their involvement with the Compass Pilot and iPap trial currently being undertaken by VCS Inc.

Mr David Wrede: Principal investigator – Compass trial
Associate Researcher/Investigator – iPap grant

Ms Sandy Anderson: Investigator – Compass trial
Dr Jane Collins: Investigator – Compass trial

MEETINGS OF THE BOARD AND ITS COMMITTEES

The following meetings were held during 2013/14:

- The Members of the Organisation met at the Annual General Meeting 22 November 2013.
- The Board of Directors met on 11 occasions either in person or via teleconference.
- The Board's Audit & Finance Committee met on six occasions.
- The Board's Quality Assurance Committee met on 16 occasions.
 - Scientific Quality Meeting – 12 occasions.
 - Operational Quality Meeting – four occasions.

ACCREDITATION

VCS Pathology is accredited to ISO 15189:2007 'Medical laboratories – Particular requirements for quality and competence' and is committed to meeting all relevant industry standards including the various requirements of NATA, National Pathology Accreditation Advisory Council (NPAAC), The Royal College of Pathologists Australasia (RCPA) and VCS Inc. insurers.

The NATA audit of VCS Pathology was conducted on Tuesday 27 November 2012 with the laboratory successfully accredited for a further three years.

Our NATA Scope of Accreditation includes:

- Microbiology
- Detection and Characterisation of Microbial DNA/RNA
- Anatomical Pathology
- Histopathology of Biopsy Material
- Cytopathology, Gynaecological

QUALITY ASSURANCE

Quality system activities are coordinated by the Quality Manager, Mr Peter Di Sciascio. These activities are supported by the quality management software, Q-Pulse which is designed to support key elements of the Quality System. Quality Assurance is an important part of monitoring the health of the Quality Management System.

The Quality Assurance Committee (QAC) is a subcommittee of the Board chaired by the Executive Director. It uses statistical analyses to monitor a range of activities including performance targets in the scientific, administration and clerical areas, audits, non conformances and document control. Results of the activities are presented to the Quality Assurance Committee Meetings and any actions identified are assigned and reported. Detailed reports of findings are presented to the Board on a quarterly basis.

RISK MANAGEMENT

The VCS Inc. Risk Management Policy and Procedure is based on the risk management process outlined in the Australian and New Zealand Standard for Risk Management – AS/NZS ISO 31000:2009. VCS Inc. has developed and maintains a Risk Management Plan that assists in it managing its risks by providing it with a systematic process to identify, mitigate and control the risks that may affect its operations.

PRIVACY

VCS Inc. appreciates that it holds sensitive personal health information and has strict confidentiality practices in place to protect privacy. Personal and health information held about an individual is used for the following purposes:

- Reporting the pathology test that has been ordered;
- Charging for services (where appropriate);
- The Victorian Cervical Cytology Registry (VCCR) to remind women or practitioners of overdue Pap smears;
- The National HPV Vaccination Program Register (NHVPR) to issue completion statements and to remind vaccine recipients or their immunisation providers to complete HPV vaccination courses;
- Research to improve our knowledge, particularly of how to better prevent cancer of the cervix in women. No research publication identifies an individual person.

Full privacy policies can be viewed at:

www.vcs.org.au

www.vccr.org

www.hpvregister.org.au

EQUAL EMPLOYMENT OPPORTUNITY

VCS Inc. is committed to providing a workplace free of all forms of discrimination, harassment (including sexual harassment), occupational violence, victimisation and bullying. It aims for equality of opportunity for all employees – both permanent and temporary – which is consistent with our policy of merit-based selection and promotion. All employees are treated on their merit without regard to race, gender, age, marital status, religion or any other factors not applicable to their employment. By effectively implementing our EO Policy we will attract talented people and use their abilities to maximum advantage for both the organisation and employee alike.





TREASURER'S REPORT

Victorian Cytology Service Inc., which includes VCS Pathology, Victorian Cervical Cytology Registry and the National HPV Vaccination Program Registry produced a consolidated surplus of \$2,432,319, including capital purpose funding of \$1,546,124 for the financial year ended 30 June 2014. The underlying surplus, excluding the capital purpose funding, was \$886,195. This surplus included the recoupment of establishment costs incurred in the prior year in relation to the South Australia Cervix Screening Program (mentioned below) and funding for work yet to be completed that was included as income in this year due to the requirement of Accounting Standards to treat as income.

VCS Pathology (VCS) experienced growth in revenue of 4.9% (excluding capital funding) providing total revenue of \$13,707,696 for the year. A substantial part of revenue was generated from cervical cancer screening, cancer recruitment, and education grants received from the Victorian Department of Health. Trading activities, training courses and interest received provided additional income. The overall increase was due to additional funding received from the Department of Health and growth in some areas of testing, the major increase being in Histology of 11.4%.

The operating funding was utilised to finance an increase in operating expenses of 4.7%, bringing total expenses to \$15,595,135. The increase was mainly attributable to an increase in staff costs of 6.5% and medical supplies of 6.1%. The number of Pap smears screened for cervical cancer for the financial year was 289,308 (2013: 304,556).

Victorian Cervical Cytology Registry (VCCR) received a 2% increase from cancer surveillance grants from the Victorian Department of Health during the year, and additional research funding for special projects including 2nd reminder letters and the participation follow up function (PFUF) for the National Bowel Cancer Screening program (NBSPS) and the iPap project.

During February 2014, a contract was entered into with the South Australian Department of Health to operate and manage the South Australia Cervix Screening Program (SACSP) within the VCCR division.

Total expenditure increased by 32.6%, largely due to increased staff costs relating to the special projects, in particular the PFUF project and the SACSP.

National HPV Vaccination Program Registry (NHVPR) received an increase in operating funding from the Department of Health and Ageing of 2.7% to cover the cost of operating the register and the mail out of completion and history statements.

Total expenditure increased by 15%, of which 9% related to an increase in staff costs, along with relocation costs and an increase in mail out costs.

SUMMARY

The support provided by the Victorian and Commonwealth Governments has been invaluable in assisting the organisation to perform the core and special project activities.

The Department of Health provided funding during the year, which enabled VCS and VCCR to continue in their efforts to provide crucial and effective services in the area of women's health, including screening, education, the provision of cytology training to the profession and a confidential database of women's Pap test and other related test results in Victoria, along with funding for research projects.

The Department of Health and Ageing provided funding to maintain the HPV registry, as part of the national HPV vaccination program to monitor females and males receiving the HPV vaccine.

MS JULIANN BYRON

Treasurer – Victorian Cytology Service Inc.

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VICTORIAN CYTOLOGY SERVICE INCORPORATED
ABN 35 430 554 780

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

FOR THE YEAR ENDED 30 JUNE 2014

	Notes	2013/14 \$	2012/13 \$
Revenue from operating activities	2	20,620,165	18,459,891
Revenue from non operating activities	2	706,114	641,929
Wages and salaries	4	(14,418,150)	(13,309,088)
Operating and administration costs	4	(3,886,096)	(3,565,152)
Medical supplies	4	(1,131,819)	(1,004,643)
NET RESULT BEFORE CAPITAL ITEMS AND SPECIFIC ITEMS		1,890,214	1,222,937
Capital purpose income	2	1,546,124	2,349,310
Depreciation and amortisation	4	(993,713)	(954,532)
Loss on sale of non current assets	4	(10,306)	(7,404)
		542,105	1,387,374
NET RESULT FOR THE YEAR		2,432,319	2,610,311
Other comprehensive income			
Items that will be reclassified to profit and loss when specific conditions are met:		–	–
Items that will not be reclassified to profit and loss when specific conditions are met:		–	–
TOTAL COMPREHENSIVE RESULT FOR THE YEAR		2,432,319	2,610,311

This statement should be read in conjunction with the accompanying notes.



VCS



VCS Pathology



Victorian Cervical
Cytology Registry



National HPV Vaccination
Program Register

STATEMENT OF FINANCIAL POSITION

AS AT 30 JUNE 2014

	Notes	2013/14 \$	2012/13 \$
CURRENT ASSETS			
Cash and cash equivalents	6	1,834,934	8,468,315
Financial assets	7	17,916,988	9,694,822
Trade and other receivables	8	1,028,408	352,739
Inventories	9	148,872	77,901
Other current assets	10	329,403	282,868
Total current assets		21,258,605	18,876,645
NON-CURRENT ASSETS			
Plant, equipment & vehicles	11	2,680,472	1,947,820
Intangible assets	12	807,848	624,681
Total non current assets		3,488,320	2,572,501
TOTAL ASSETS		24,746,925	21,449,146
CURRENT LIABILITIES			
Unexpended grants	13	1,804,965	2,160,238
Payables	14	2,864,496	2,192,845
Provisions	15	4,315,012	3,704,915
Total current liabilities		8,984,473	8,057,998
NON-CURRENT LIABILITIES			
Provisions	15	780,064	841,079
Total non current liabilities		780,064	841,079
Total liabilities		9,764,537	8,899,077
NET ASSETS		14,982,388	12,550,069
EQUITY			
Accumulated surplus	16	14,982,388	12,550,069
TOTAL EQUITY		14,982,388	12,550,069

This statement should be read in conjunction with the accompanying notes.

STATEMENT OF CHANGES IN EQUITY

FOR THE YEAR ENDED 30 JUNE 2014

	Notes	Accumulated surplus \$	Designated Funds Reserve \$	Total Equity \$
BALANCE AT 30 JUNE 2012		9,939,758	–	9,939,758
Comprehensive result for the year		2,610,311	–	2,610,311
Transfer	16	(2,234,050)	2,234,050	–
BALANCE AT 30 JUNE 2013		10,316,019	2,234,050	12,550,069
Comprehensive result for the year		2,432,319	–	2,432,319
BALANCE AT 30 JUNE 2014		12,748,338	2,234,050	14,982,388

This statement should be read in conjunction with the accompanying notes.

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 30 JUNE 2014

	2013/14 \$	2012/13 \$
CASH FLOWS FROM OPERATING ACTIVITIES		
<i>Receipts</i>		
Receipts from trading activities	1,099,571	1,592,468
Interest received	492,231	766,949
Receipts from grants	22,050,896	21,703,901
<i>Payments</i>		
Wages and salaries	(13,906,689)	(12,954,260)
Suppliers	(6,273,813)	(5,604,781)
NET CASH INFLOW FROM OPERATING ACTIVITIES	3,462,196	5,504,277
CASH FLOWS FROM INVESTING ACTIVITIES		
Payments for term deposits	(8,222,167)	(206,993)
Purchase of plant, equipment and intangibles	(1,983,202)	(891,303)
Proceeds from sale of plant and equipment	109,792	90,405
NET CASH FLOW FROM INVESTING ACTIVITIES	(10,095,577)	(1,007,891)
NET INCREASE (DECREASE) IN CASH HELD	(6,633,381)	4,496,386
Cash and cash equivalents at the beginning of the financial year	8,468,315	3,971,929
CASH AND CASH EQUIVALENTS AT THE END OF THE FINANCIAL YEAR	1,834,934	8,468,315

RECONCILIATION OF NET CASH PROVIDED BY OPERATING ACTIVITIES
TO OPERATING RESULT

Comprehensive result for the year	2,432,319	2,610,311
Depreciation and amortisation	993,712	954,532
Loss (profit) on sale of fixed assets	(36,121)	(1,346)
Change in operating assets/liabilities:		
(Increase) decrease in accounts receivable and other assets	(722,204)	33,791
(Increase) decrease in inventories	(70,971)	(12,208)
(Decrease) increase in payables and unexpended grants	316,379	1,261,177
(Decrease) increase in provision for employee entitlements	549,082	658,020
	3,462,196	5,504,277

This statement should be read in conjunction with the accompanying notes.

NOTES TO AND FORMING PART
OF THE FINANCIAL STATEMENTS

THE YEAR ENDED 30 JUNE 2014

NOTE 1: SUMMARY OF SIGNIFICANT
ACCOUNTING POLICIES

These financial statements cover Victorian Cytology Service Inc., an Association incorporated on 3 September 1991 in Victoria under the Associations Incorporation Reform Act, 2012 (Vic). Victorian Cytology Service Inc comprises the VCS Pathology, the Victorian Cervical Cytology Registry and the National HPV Vaccination Program Register. The organisation is registered with the Australian Charities and Not-for-Profit Commission (ACNC) and is therefore required to comply with the ACNC Act 2012.

(a) Basis of Preparation

These financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements of the Australian Accounting Standards Board and the Associations Incorporation Reform Act, 2012 (Vic) and the ACNC Act 2012.

The organisation is a not-for-profit entity and therefore applies the additional paragraphs applicable to ‘not-for-profit’ organisations under the AASs.

The accounting policies set out below have been applied in preparing the financial statements for the year ended 30 June 2014 and the comparative information presented in these financial statements for the year ended 30 June 2013.

Accounting policies are selected and applied in a manner which ensures that the resulting financial information satisfies the concepts of relevance and reliability, thereby ensuring that the substance of the underlying transactions or other events is reported.

The going concern basis was used to prepare the financial statements. The financial statements, except for cash flow information, have been prepared using the accrual basis of accounting. Under the accrual basis, items are recognised as assets, liabilities, equity, income or expenses when they satisfy the definitions and recognition criteria for those items, that is they are recognised in the reporting period to which they relate, regardless of when cash is received or paid.

Historical cost convention

The financial statements are prepared in accordance with the historical costs convention, modified, where applicable, by the measurement of fair value of selected non-current assets, financial assets and financial liabilities.

(b) Taxation

The activities of the Victorian Cytology Service Inc. are exempt from income tax under Div. 50 of the Income Tax Assessment Act 1997, and payroll tax.

(c) Inventories

Inventories are measured at the lower of cost and current replacement cost. The cost of inventories is based on the first in, first out principal.

(d) Plant and Equipment

Each class of property, plant and equipment is carried at cost or fair value less, where applicable, any accumulated depreciation and impairment losses. Assets are capitalised when in excess of \$1,000.

Plant and equipment

Plant and equipment are measured on the cost basis less depreciation and impairment losses. The carrying amount of plant and equipment is reviewed annually by directors to ensure it is not in excess of the recoverable amount from these assets. The recoverable amount is assessed on the basis of the expected net cash flows that will be received from the assets’ employment and subsequent disposal. The expected net cash flows have been discounted to their present values in determining recoverable amounts.

Depreciation

The depreciable amount of all fixed assets is depreciated on a straight-line basis over the useful life of the asset commencing from the time the asset is held ready for use.

The depreciation rates used for each class of depreciable assets are:

Class of Fixed Asset	Depreciation Rate
Plant and equipment	5-50%
Motor Vehicles	25%

The assets’ residual values and useful lives are reviewed and adjusted, if appropriate, at each balance date.

An asset’s carrying amount is written down immediately to its recoverable amount if the asset’s carrying amount is greater than its estimated recoverable amount.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains and losses are included in the comprehensive income statement.

(e) Leases

Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are recognised as expenses on a straight line basis over the lease term. Lease incentives under operating leases are recognised as a liability and amortised on a straight line basis over the life of the lease term.

(f) Financial Instruments

Initial recognition and measurement

Financial assets and financial liabilities are recognised when the entity becomes a party to the contractual provisions to the instrument. For financial assets, this is equivalent to the date the organisation commits itself to either purchase or sell the asset. (i.e. trade date accounting is adopted).

Financial instruments are initially measured at fair value plus transaction costs except where the instrument is classified ‘at fair value through profit and loss’ in which case transaction costs are expensed to profit and loss immediately.

The organisation classifies its financial assets between current and non-current assets based on the purpose for which the assets are acquired. Management determines the classification of its other financial assets at initial recognition.

A financial asset or a group of financial assets is deemed to be impaired if, and only if, there is objective evidence of impairment as a result of one or more events (a ‘loss event’) having occurred, which has an impact on the estimated future cash flows of the financial asset(s).

The organisation assesses at each balance date whether a financial asset or group of financial assets is impaired.

The effective interest method is used to allocate interest income or interest expense over the relevant period and is equivalent to the rate that discounts estimated future cash payments or receipts (including fees, transaction costs and other premiums or discounts) over the expected life (or when this cannot be reliably predicted, the contractual term) of the financial instrument to the net carrying amount of the financial asset or financial liability. Revisions to expected future net cash flows will necessitate an adjustment to the carrying amount with a consequential recognition of an income or expense item in profit or loss.

Held-to-maturity investments

Where the organisation has the positive intent and ability to hold investments to maturity, they are stated at amortised cost less impairment losses.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

THE YEAR ENDED 30 JUNE 2014

(g) Intangible Assets

Intangible assets represent identifiable non-monetary assets without physical substance such as patents, trademarks, and computer software and development costs (where applicable). Intangible assets are initially recognised at cost. Subsequently, intangible assets with finite useful lives are carried at cost less accumulated amortisation and accumulated impairment losses. Costs incurred subsequent to initial acquisition are capitalised when it is expected that future economic benefits will flow to the organisation. Amortisation is allocated to intangible assets with finite lives on a systematic (typically straight-line) basis over the asset’s useful life. Amortisation begins when the asset is available for use, that is, when it is in the location and condition necessary for it to be capable of operating in the manner intended by management. The amortisation period and the amortisation method for an intangible asset with a finite useful life are reviewed at least at the end of each annual reporting period. In addition, an assessment is made at each reporting date to determine whether there are indicators that the intangible asset concerned is impaired. If so, the assets concerned are tested as to whether their carrying value exceeds the recoverable amount. Intangible assets with finite useful lives are amortised over a three year period (2013:3 years).

(h) Impairment of Assets

At the end of each reporting date, the organisation reviews the carrying values of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset’s fair value less costs to sell and value-in-use, is compared to the asset’s carrying value. Any excess of the asset’s carrying value over its recoverable amount is expensed to the profit or loss.

Where it is not possible to estimate the recoverable amount of an individual asset, the organisation estimates the recoverable amount of the cash-generating unit to which the asset belongs.

(i) Payables

These amounts consist predominantly of liabilities for goods and services. Payables are initially recognised at fair value, and then subsequently carried at amortised cost and represent liabilities for goods and services provided to the organisation prior to the end of the financial year that are unpaid, and arise when the organisation becomes obliged to make future payments in respect of purchase of these goods and services. The normal credit terms are usually Nett 30 days.

(j) Employee Provisions

Short-term employee benefits

Provision is made for the association’s obligation for short-term employee benefits. Short-term employee benefits are benefits (other than termination benefits) that are expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service, including wages, salaries and sick leave. Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled.

Other long-term employee benefits

Provision is made for employees’ annual leave entitlements not expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service. Other long-term employee benefits are measured at the present value of the expected future payments to be made to employees. Expected future payments incorporate anticipated future wage and salary levels, durations of service and employee departures, and are discounted at rates determined by reference to market yields at the end of the reporting period on government bonds that have maturity dates that approximate the terms of the obligations. Any remeasurements of obligations for other long-term employee benefits for changes in assumptions are recognised in profit or loss in the periods in which the changes occur.

The association’s obligations for long-term employee benefits are presented as non-current provisions in its statement of financial position, except where the association does not have an unconditional right to defer settlement for at least 12 months after the reporting date, in which case the obligations are presented as current provisions.

Superannuation

Payments made to defined contribution plans are expenses when incurred. VCS Inc. has minimal exposure to liability arising from defined benefit plan liability as highlighted in note 20. In view of this, the amount is not recognised on the basis that it is immaterial.

(k) Cash and Cash Equivalents

Cash and cash equivalents comprise cash on hand, deposits held at-call with banks and other short-term highly liquid investments with original maturities of three months or less, which are readily convertible to known amounts of cash and are subject to insignificant risk of changes in value.

(l) Receivables

Trade debtors are carried at nominal amounts due and are due for settlement within 30 days from the date of recognition. Collectability of debts is reviewed on an ongoing basis, and debts which are known to be uncollectible are written off. A provision for doubtful debts is recognised when there is objective evidence that an impairment loss has occurred. Bad debts are written off when identified.

(m) Revenue

Revenue from the rendering of a service is recognised upon the delivery of the service to customers. Interest revenue is recognised on a proportional basis taking into account the interest rates applicable to the financial assets. All revenue is stated net of the amount of goods and services tax (GST).

(n) Government grants

Non-reciprocal grant revenue is recognised in the profit or loss when the entity obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the entity and the amount of the grant can be measured reliably. If conditions are attached to the grant which must be satisfied before it is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied. When grant revenue is received whereby the entity incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the statement of financial position as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

THE YEAR ENDED 30 JUNE 2014

(o) Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Tax Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the balance sheet are shown inclusive of GST. Cash flows are presented in the cash flow statement on a gross basis, except for the GST component of investing and financing activities, which are disclosed as operating cash flows.

(p) Critical Accounting Estimates and Judgments

The management evaluate estimates and judgments incorporated into the financial statements based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the organisation.

Key estimates – impairment:

The organisation assesses impairment at the end of each reporting date by evaluation of conditions and events specific to the organisation that may be indicative of impairment triggers. The recoverable amount of the relevant assets is reassessed using value-in-use calculations which incorporate various key assumptions.

Key judgements – provision for impairment of receivables:

A provision for impairment of trade receivables is established where there is evidence that the debts will not be collectible. Delinquency in payments (more than 60 days) is considered an indicator that the trade receivable is impaired. The directors do not believe the full amount of the trade receivables will be recoverable and accordingly, an impairment provision has been made at 30 June 2013 and 2014.

(q) New and Amended Accounting Policies Adopted by the Association

The following new and amended Accounting Standards and Interpretations were adopted and applied for the first time in 2013/14 and their effects have been outlined below.

AASB 13

This Standard outlines the requirements for measuring the fair value of assets and liabilities and replaces the existing fair value definition and guidance in other AASs. AASB 13 includes a ‘fair value hierarchy’ which ranks the valuation technique inputs into three levels using unadjusted quoted prices in active markets for identical assets or liabilities; other observable inputs; and unobservable inputs. The impact was minimal in view of the limited number of the assets and liabilities recorded at fair value, on a recurring basis.

New and Amended Accounting Policies Adopted by the Association Employee benefits

During the year, the association adopted AASB 119: Employee Benefits (September 2011) and the relevant consequential amendments arising from the related Amending Standards. As a result, the association early adopted AASB 2011-11: Amendments to AASB 119 (September 2011) arising from Reduced Disclosure Requirements because the association’s financial statements are prepared under Australian Accounting Standards – Reduced Disclosure Requirements. The association has applied AASB 119 (September 2011) and the relevant consequential amendments arising from the related Amending Standards from 1 January 2013.

For the purpose of measurement, AASB 119 (September 2011) defines obligations for short-term employee benefits as obligations expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related services. In accordance with AASB 119 (September 2011), provisions for short-term employee benefits are measured at the (undiscounted) amounts expected to be paid to employees when the obligation is settled, whereas provisions that do not meet the criteria for classification as short-term (other long-term employee benefits) are measured at the present value of the expected future payments to be made to employees. Previously, the association had separated provisions for benefits with similar characteristics, such as annual leave and sick leave, into short- and long-term portions, and applied the relevant measurement approach under AASB 119 to the respective portions. As the association expects that all of its employees would use all of their annual leave entitlements earned during a reporting period before 12 months after the end of the reporting period, adoption of AASB 119 (September 2011) did not have a material impact on the amounts recognised in respect of the association’s employee provisions. Note also that adoption of AASB 119 (September 2011) did not impact the classification of leave entitlements between current and non-current liabilities in the association’s financial statements. AASB 119 (September 2011) also introduced changes to the recognition and measurement requirements applicable to termination benefits and defined benefit plans. As the association did not have any of these types of obligations in the current or previous reporting period, these changes did not impact the association’s financial statements.

r) Economic Dependence

The organisation is dependent on the Department of Health and the Department of Health and Ageing for the majority of its revenue used to operate the business. At the date of this report, the Board of Directors has no reason to believe the departments will not continue to support the organisation.

NOTES TO AND FORMING PART
OF THE FINANCIAL STATEMENTS

THE YEAR ENDED 30 JUNE 2014

NOTE 2: REVENUE	Notes	VCS 2013/14 \$	VCCR 2013/14 \$	NHVPR 2013/14 \$	Total 2013/14 \$	VCS 2012/13 \$	VCCR 2012/13 \$	NHVPR 2012/13 \$	Total 2012/13 \$
REVENUE FROM OPERATING ACTIVITIES									
Government grants									
Department of Health		12,549,830	2,298,757	232,758	15,081,345	11,408,993	1,382,808	–	12,791,801
SA Health		–	688,718	–	688,718	–	–	–	–
Department of Health & Ageing		–	–	3,716,234	3,716,234	–	175,720	3,664,197	3,839,917
Indirect contributions by Department of Health	3	110,428	–	–	110,428	25,055	–	–	25,055
Patient fees		1,455,509	–	–	1,455,509	1,477,894	–	–	1,477,894
Other revenue from operating activities		222,808	200	17,573	240,581	158,434	–	800	159,234
		14,338,575	2,987,675	3,966,565	21,292,815	13,070,376	1,558,528	3,664,997	18,293,901
TRANSFER UNEXPENDED GRANTS									
Operating funding transferred from prior year		367,828	151,992	–	519,820	97,344	179,146	–	276,490
Operating funding transferred to following year		(435,000)	(524,712)	(232,758)	(1,192,470)	–	(110,500)	–	(110,500)
		14,271,403	2,614,955	3,733,807	20,620,165	13,167,720	1,627,174	3,664,997	18,459,891
REVENUE FROM NON OPERATING ACTIVITIES									
Bank interest		580,150	75,433	4,104	659,687	531,226	98,375	3,578	633,179
Profit on sale of non current assets		46,427	–	–	46,427	8,750	–	–	8,750
		626,577	75,433	4,104	706,114	539,976	98,375	3,578	641,929
REVENUE FROM CAPITAL PURPOSE INCOME									
Department of Health		291,000	240,000	240,000	771,000	2,879,055	–	–	2,879,055
		291,000	240,000	240,000	771,000	2,879,055	–	–	2,879,055
Transfer unexpended grants									
Capital funding transferred from prior year		971,124	–	–	971,124	115,260	–	–	115,260
Capital funding transferred to following year		(196,000)	–	–	(196,000)	(645,005)	–	–	(645,005)
		1,066,124	240,000	240,000	1,546,124	2,349,310	–	–	2,349,310
Total Revenue		15,964,104	2,930,388	3,977,911	22,872,403	16,057,006	1,725,549	3,668,575	21,451,130

NOTE 3: INDIRECT CONTRIBUTIONS BY DEPT OF HEALTH

The Department of Health makes certain payments on behalf of the Service. These amounts have been brought to account in determining the operating results for the year by recording them as revenue and expenses.

NOTES TO AND FORMING PART
OF THE FINANCIAL STATEMENTS

THE YEAR ENDED 30 JUNE 2014

NOTE 4: EXPENSES	VCS 2013/14 \$	VCCR 2013/14 \$	NHVPR 2013/14 \$	Total 2013/14 \$	VCS 2012/13 \$	VCCR 2012/13 \$	NHVPR 2012/13 \$	Total 2012/13 \$
Wages and salaries	11,890,905	1,413,355	1,113,890	14,418,150	11,163,875	1,126,619	1,018,594	13,309,088
Operating and administration costs	1,923,973	681,519	1,280,604	3,886,096	1,953,883	519,272	1,091,997	3,565,152
Medical supplies	1,066,466	65,353	–	1,131,819	1,004,643	–	–	1,004,643
Depreciation and amortisation	713,181	37,433	243,099	993,713	754,252	18,181	182,099	954,532
Loss on sale of non current assets	610	9,006	690	10,306	7,404	–	–	7,404
	15,595,135	2,206,666	2,638,283	20,440,084	14,884,057	1,664,072	2,292,690	18,840,819

NOTES TO AND FORMING PART
OF THE FINANCIAL STATEMENTS

THE YEAR ENDED 30 JUNE 2014

NOTE 5: AUDITOR’S REMUNERATION	2013/14	2012/13
	\$	\$
Auditor’s remuneration – auditing the accounts	14,900	16,065

NOTE 6: CASH AND CASH EQUIVALENTS

Cash at bank and on hand	63,449	444,525
Deposits at call	1,771,485	8,023,790
	1,834,934	8,468,315

NOTE 7: FINANCIAL ASSETS

Term Deposits with an original maturity greater than three months	17,916,988	9,694,822
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NOTE 8: TRADE AND OTHER RECEIVABLES

Current		
Trade debtors and accrued revenue	751,822	233,976
Provision for impairment of receivables	(2,341)	(2,391)
	749,481	231,585
Interest receivable	278,927	121,154
	1,028,408	352,739

NOTE 8.1: *Trade Receivables*

Settlement terms and the basis for determining the allowance for doubtful debts are outlined in Note 1 (I).		
Movement in the allowance for doubtful debts		
Balance at the beginning of the year	2,391	1,651
Impairment losses recognised on receivables	32,400	32,000
Amounts written off during the year as uncollectable	(32,450)	(31,260)
Balance at the end of the year	2,341	2,391

NOTE 9: INVENTORIES

Medical and surgical supplies	148,872	77,901
	148,872	77,901

The cost of medical supplies is listed in Note 4

NOTE 10: OTHER CURRENT ASSETS

Prepayments	329,403	282,868
	329,403	282,868

NOTES TO AND FORMING PART
OF THE FINANCIAL STATEMENTS

THE YEAR ENDED 30 JUNE 2014

NOTE 11: PLANT, EQUIPMENT & VEHICLES	2013/14	2012/13
	\$	\$
Plant and equipment at cost	4,577,934	4,598,824
Accumulated depreciation	(3,201,894)	(3,602,341)
Written down value	1,376,040	996,483
Leasehold improvements at cost	1,227,771	956,301
Accumulated amortisation	(182,286)	(277,430)
Written down value	1,045,485	678,871
Vehicles at cost	411,848	447,566
Accumulated depreciation	(152,901)	(175,100)
Written down value	258,947	272,466
Carrying amount at the end of the year	2,680,472	1,947,820

Movement in carrying amounts	Plant & Equipment	Motor Vehicles	Leasehold Improvements	Total
Balance at the beginning of the year	996,483	272,466	678,871	1,947,820
Additions	905,175	159,253	417,269	1,481,697
Disposals	(8,467)	(62,754)	–	(71,221)
Depreciation	(517,151)	(110,018)	(50,655)	(677,824)
Carrying amount at the end of the year	1,376,040	258,947	1,045,485	2,680,472

NOTE 12: INTANGIBLES	2013/14	2012/13
	\$	\$
Software and licences at cost	5,955,242	5,566,439
Accumulated amortisation	(5,147,394)	(4,941,758)
Carrying amount at the end of the year	807,848	624,681

Movement in carrying amounts	Software	Licences	Total
Balance at the beginning of the year	618,207	6,474	624,681
Additions	499,532	1,974	501,506
Disposals	(2,451)	–	(2,451)
Amortisation	(310,266)	(5,622)	(315,888)
Carrying amount at the end of the year	805,022	2,826	807,848

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

THE YEAR ENDED 30 JUNE 2014

NOTE 13: UNEXPENDED GRANTS	2013/14 \$	2012/13 \$
Capital funding transferred to following year	472,855	1,497,980
Operating funding transferred to following year	1,332,110	662,258
	1,804,965	2,160,238

NOTE 14: PAYABLES

Current Unsecured		
Trade creditors	620,555	550,944
Other creditors	2,243,941	1,641,901
	2,864,496	2,192,845

The average trading terms are 30 days

NOTE 15: PROVISIONS

EMPLOYEE BENEFITS		
Current		
Provision for annual leave – short term	1,584,487	1,455,092
Provision for long service leave	2,539,480	2,070,260
Provision for sabbatical leave	191,045	179,563
	4,315,012	3,704,915
ANALYSIS OF EMPLOYEE PROVISIONS – ANNUAL LEAVE ENTITLEMENTS		
Opening balance at 1 July 2013	1,455,092	
Additional provisions	1,184,833	
Amounts used	1,055,438	
Balance at 30 June 2014	1,584,487	
Non-Current		
Provision for long service leave	780,064	841,079
	780,064	841,079

Based on past experience, the organisation expects the full amount of the annual leave balance to be wholly settled within the next 12 months. Further, these amounts must be classified as current liabilities since the organisation does not have an unconditional right to defer settlement of these amounts in the event that employees wish to use their leave entitlements.

Employee numbers		
Average number of employees during the financial year	158	155

NOTE 16: EQUITY

Details of equity

Accumulated surplus

The accumulated surplus represents the funds of the association that are not designated for particular purposes.

Designated funds reserve

The capital funds represent the capital funding received to cover the cost of the upgrade of the VCS/VCCR data base. The amortisation of the upgrade will be allocated against the capital funds over the expected life of the upgrade.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

THE YEAR ENDED 30 JUNE 2014

NOTE 17: FINANCIAL RISK MANAGEMENT

The organisation's financial instruments consist mainly of deposits with banks, receivable and payable. The organisation did not have any derivative instruments at 30 June 2014 and 2013.

The totals for each category of financial instruments, measured in accordance with AASB139 as detailed in the accounting policies to the financial statements, are as follows:

	Notes	2013/14 \$	2012/13 \$
FINANCIAL ASSETS			
Cash and cash equivalents	6	1,834,934	8,468,315
Trade receivables	8	749,481	231,585
Other receivables	8	278,927	121,154
Term deposits	7	17,916,988	9,694,822
Total Financial Assets		20,780,330	18,515,876

FINANCIAL LIABILITIES

Payables	14	620,555	550,944
Other	14	2,243,941	1,641,901
Total Financial Liabilities		2,864,496	2,192,845

None of the organisation's financial investments are measured at fair value on a recurring basis after initial recognition.

NOTE 18: ASSOCIATION DETAILS

The principal address of the business of the Association is:
Victorian Cytology Service Inc.
265 Faraday Street
Carlton South, VIC 3053

NOTE 19: RELATED PARTIES

The names of persons who were Board members at any time during the year are set out in the Annual Report. There were no transactions that require disclosure for the year ended 30 June 2014 and 2013. The Directors did not receive any remuneration during the financial year ended 30 June 2014 and 2013.

KEY MANAGEMENT PERSONNEL COMPENSATION	2013/14 \$	2012/13 \$
Key management personnel comprise directors and other persons having authority and responsibility for planning, directing and controlling the activities of Victorian Cytology Service Inc.		
Short term employee benefits	1,149,424	1,161,681
Post-employment benefits	93,563	76,455
	1,242,987	1,238,136

There were no transactions between the organisation and the directors during the year.

NOTES TO AND FORMING PART
OF THE FINANCIAL STATEMENTS

THE YEAR ENDED 30 JUNE 2014

NOTE 20: DEFINED BENEFITS SCHEME

The organisation contributes to a Defined Benefit Scheme maintained by First State Super Fund and has an ongoing obligation to share in the future experience of the Fund. Favourable or unfavourable variations may arise should the experience of the Fund differ from the assumptions made by the Fund's actuary in estimating the Fund's accrued benefits liability.

The trustee of the Scheme has determined that the notional excess of net assets attributable to the staff who are members of the scheme for the year ended 30 June 2014 total \$139,257. The Fund's actuary has advised that the contribution rates will remain unchanged for the current year.

NOTE 21: COMMITMENTS

	2013/14	2012/13
	\$	\$
Lease commitments		
The organisation has leased office premises under a non-cancellable operating lease expiring within five years with renewal rights. On renewal, the terms of the lease will be renegotiated. Commitment in relation to the lease contracted for at the reporting date but not recognised as a liability, payable:		
Within one year	176,324	130,336
Later than one year but not later than five years	336,520	-
	512,844	130,336

NOTE 22: CONTINGENT LIABILITIES

Bank Guarantee secured against Term Deposits	158,971	82,280
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The amount disclosed represents two Bank Guarantees equivalent to six month's rent for the properties leased at Victoria Parade, East Melbourne, and Wellington Parade, East Melbourne, (2013 Victoria Parade, East Melbourne) payable on default of rent.

NOTE 23: EVENTS OCCURRING AFTER THE BALANCE SHEET DATE

These financial statements were authorised for issue in accordance with a resolution of the Board of Directors dated 21 November 2014. No significant events have occurred since reporting date to the date of this report that have or may significantly affect the activities of the organisation, the results of those activities, or the state of the affairs of the organisation in the ensuing or any subsequent financial years.

DIRECTORS' DECLARATION



DIRECTORS' DECLARATION

In the opinion of the Board of Directors, the financial report as set out on pages 24 to 40 satisfies the requirements of the Associations Incorporation Reform Act Vic (2012) and the Australian Charities and Not-for-profits Commission Act 2012, including:

1. Presenting a true and fair view of the financial position of Victorian Cytology Services Inc. as at 30 June 2014 and its performance for the year ended on that date in accordance with Australian Accounting Standards Reduced Disclosure Requirements the requirements of the Associations Incorporation Reform Act Vic (2012) and the requirements of the Australian Charities and Not-for-profits Commission Regulations 2013; and
2. At the date of this statement, there are reasonable grounds to believe that Victorian Cytology Service Inc. will be able to pay all of its debts as and when they fall due.

In addition:

We certify that Victorian Cytology Service Inc has complied with the terms and conditions of their service agreement with the department(s).

We certify that Victorian Cytology Service Inc has used funding received from the department(s) for the year ended 30 June 2014 on the services specified in the service agreement.

We certify that Victorian Cytology Service Inc is financially viable and can continue to provide services on behalf of the department(s).

This statement is made in accordance with a resolution of the Board of Directors and is signed for and on behalf of the Board of Directors by:

Ms Sandy Anderson
Chairperson

Date: 21st November 2014

Ms Juliann Byron
Treasurer

Date: 21st November 2014

INDEPENDENT AUDIT REPORT



Independent Auditor's Report to the members of Victorian Cytology Service Inc.

Report on the Financial Report

We have audited the accompanying financial report of Victorian Cytology Service, ("the Organisation"), which comprises the balance sheet as at 30 June 2014, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration.

Directors' Responsibility for the Financial Report

The directors of the Organisation are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements, *Associations Incorporation Reform Act 2012*, the *Australian Charities and Not-for-profits Commission Act 2012 (ACNC Act)* and for such internal control as the directors determine is necessary to enable the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Organisation's preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organisation's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

Our audit did not involve an analysis of the prudence of business decisions made by directors or management.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Independence

In conducting our audit, we have complied with the independence requirements of the Australian professional accounting bodies.

Opinion

In our opinion the financial report of Victorian Cytology Service Inc. is in accordance with the *Associations Incorporation Reform Act 2012* and Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- i. Giving a true and fair view of the Organisation's financial position as at 30 June 2014 and of its performance for the year ended on that date; and
- ii. Complying with Australian Accounting Standards – Reduced Disclosure Requirements and Division 60 of the *Australian Charities and Not-for-profits Commission Regulations 2013*.

Matters relating to the electronic presentation of the audited financial report

This Auditor's Report relates to the financial report of Victorian Cytology Service Inc. for the financial year ended 30 June 2014 published in the annual report and included on the Organisation's website. The Organisation's directors are responsible for the integrity of the Organisation's website. We have not been engaged to report on the integrity of this web site. The auditor's report refers only to the financial report identified above.

It does not provide an opinion on any other information which may have been hyperlinked to/from the financial report. If users of the financial report are concerned with the inherent risks arising from publication on a web site they are advised to refer to the hard copy of the audited financial report to confirm the information contained in this web site version of the financial report.


HLB Mann Judd
Chartered Accountants


Jude Lau
Partner

Melbourne
21 November 2014

HLB Mann Judd (VIC Partnership)

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EVENTS PLANNED FOR 2014/15

50TH ANNIVERSARY IN 2014

The Victorian Cytology (Gynaecological) Service was formulated by Order-In-Council dated 9 December 1964. Dr Michael Drake, a pathologist at Prince Henry's hospital with an international reputation in the then emerging field of cytopathology was appointed Director of the service on Friday 11 December 1964. The Service commenced operations on 1 January 1965. The planning of commemorative events for this important milestone are underway.

PREVENTING CERVICAL CANCER: INTEGRATING SCREENING AND VACCINATION CONFERENCE 2015

In view of this significant milestone in the life of the organisation, and having regard to the activity around Renewal of the Cervical Screening Program and the Compass trial, we have decided to run our third PCC conference (Preventing Cervical Cancer: Integrating Screening and Vaccination) in February 2015. Recognition of the 50th anniversary will be incorporated into the conference program. The conference was well received by delegates in both 2009 and 2011. We intend that the conference will draw together rapidly emerging evidence in the fields of immunisation and screening and will provide a platform to highlight and celebrate the 50th anniversary of the organisation's establishment.



VCS Inc. acknowledges the support
of the Victorian Government

VCS INC. ANNUAL REPORT 2013/14

Editorial committee

Ms Sandy Anderson *VCS Inc. Board President*

Ms Juliann Byron *VCS Inc. Board Treasurer*

Associate Professor Marion Saville *VCS Inc. Executive Director*

Associate Professor Dorota Gertig *VCCR Medical Director*

Dr Julia Brotherton *NHVP Medical Director*

Ms Pauline Lomas *VCS Inc. Finance Manager*

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PCC2015
CONFERENCE
20-22 February 2015
Preventing Cervical Cancer:
Integrating Screening
and Vaccination. 

