From:	Renee Veal
To:	Linda Gale; Chambers - Johns C
Cc:	Pill, Stuart; Catherine Pugsley; AMOD
Subject:	NTEU witness statements redacted for objections - Part 1
Date:	Tuesday, 26 July 2016 2:12:01 PM
Attachments:	Revised Witness Timetable AM2015 6 - as at 26 July 2016.docx
	McAlpine 11 July Supplementary Statement - redacted for objections - andpdf

Please find attached an **updated schedule of witnesses** for this week, together with redacted versions of the witness statements for NTEU witnesses expected to be called tomorrow, being

Wednesday 27 July:

Ken McAlpine:

Initial Witness Statement of 11 March 2016 – will be provided in hard copy at the hearing (file size is to big to send by email) Supplementary witness statement of 3 June Further Supplementary witness statement of 11 July 2016

Caron Dann:

Initial Witness Statement of 11 March 2016 Supplementary witness statement of 11 July 2016

Jochen Schroeder

Witness Statement of 11 March 2016

Redacted statements for witnesses expected to be called on Friday will be sent in a separate email, due to the size of the files.

Linda Gale **Senior Industrial Officer** Ph 03 9254 1910 Fax 03 9254 1915 Mobile 0414 857 392



4 yearly review of modern awards – Education group (AM2015/6)

Proposed Timetable for Hearing of Evidence

[AS AT - 26 JULY 2016]

1. **Preliminary Matters**

- 1.1 The parties jointly file this revised timetable for the hearing of evidence on the remaining dates listed for hearing of AM2015/6 before the Full Bench being:
 - (a) July 27, 28, 29;
 - (b) August 29, 30 and 31;
 - (c) September 1 and 2;
 - (d) October 19 and 20 (in respect of the Coverage of Research Institutes matters)
 - (e) October 21
 - (f) October 28; and
 - (g) November 2 and 3.

2. Award Claims Evidence

(Wednesday 27 July – Friday 29 July 2016; Monday 29 August – Wednesday 31 August 2016; Thursday 1 September – Friday 2 September 2016)

Date	Party	Witness required for XXN	Witness location	Potential requirement for video link
Wednesday 27 Ju	ily – Friday 2	9 July 2016 (Melbourne)		
Wednesday 27 July 2016	NTEU	Ken McAlpine	Melbourne, VIC	
	NTEU	Dr. Caron Dann	Melbourne, VIC	
	NTEU	Dr. Jochen Schroeder	Melbourne, VIC	
Thursday 28 July 2016	NTEU	Dr. Robyn May	Melbourne, VIC	
	NTEU	Steve Adams	Melbourne, VIC	
	NTEU	Andrew Giles	Melbourne, VIC	
	NTEU	Andrea Brown	Melbourne, VIC	
Friday 29 July 2016	NTEU	Honorary Associate Professor Anne Junor	Sydney, NSW	Sydney

Date	Party	Witness required for XXN	Witness location	Potential requirement for video link
	NTEU	Professor Phil Andrews	Melbourne, VIC	
	NTEU	Karen Ford	Wollongong, NSW	Sydney
	NTEU	Linda Kirkman	Melbourne, VIC	
	Monday 29 Thursday 1	August – Wednesday 31 September – Friday 2 Sep	August 2016 (Melbo otember 2016 (Melb	ourne) ourne)
Monday 29 August 2016	Any overflow	witnesses to be called.		
	NTEU	Clark Holloway	Melbourne VIC	
	AHEIA	Sue Thomas	Wollongong, NSW	Sydney
	AHEIA	Diana Chegwidden	Sydney, NSW	Sydney
Tuesday 30 August 2016	NTEU	Professor Glenda Strachan	Melbourne, VIC	*fixed availability
	Go8	Professor Stephen Garton	Sydney, NSW	Sydney
	Go8	David Ward	Sydney, NSW	Sydney
	Go8	Marnie Hughes-Warrington	Canberra, ACT	Sydney
Wednesday 31 August 2016	NTEU	Cathy Rytmeister	Melbourne, VIC	*fixed availability
	Go8	Professor Simon Biggs	Brisbane, QLD	Brisbane
				*fixed availability
	AHEIA	Professor Andrew Vann	North Wagga, NSW	Sydney
				*fixed availability
	AHEIA	Professor Peter Coaldrake AO	Brisbane, QLD	Brisbane
				*fixed availability
Thursday 1 September 2016	NTEU	Dr. John Kenny	Melbourne, VIC	*fixed availability
	NTEU	Professor Michael Hamel- Green	Melbourne, Vic	*fixed availability

Date	Party	Witness required for XXN	Witness location	Potential requirement for video link
	NTEU	Professor Michael Leach	Melbourne, VIC	*fixed availability
Friday 2 September 2016	Go8	Professor Dawn Freshwater	Perth, WA	Perth
	Go8	Andrew Picouleau	Melbourne, VIC	
	AHEIA	Professor Marie Herberstein	Sydney, NSW	Sydney

3. Research Institutes Evidence

(Wednesday 19 October - Friday 21 October 2016)

Date	Party	Witness required for XXN	Witness location	Potential requirement for video link
Wednesday 19 Thursday 20 O Friday 21 Octo Research Instit	October 2016 (Mell ctober 2016 (Melbo ber 2016 (Melbourn tute Issues	bourne) urne) e)		
Wednesday 19 October 2016	Opening re research	institutes NTEU, AAMF	RI, APESMA, others	
	NTEU	Roy Sneddon	Melbourne VIC	Melbourne
	NTEU	Peter Higgs	Melbourne, VIC	
	NTEU	David Trevaks	Melbourne, VIC	
Thursday 20 October 2016	AAMRI & APESMA	Douglas Hilton	Melbourne, VIC	
	AAMRI & APESMA	Debra O'Connor	Melbourne, VIC	
	AAMRI & APESMA	Ross Smith	Brisbane QLD	
	AAMRI & APESMA	Christopher Walton	Melbourne, VIC	
Friday 21 October 2016	Available for any ove	rflow witnesses to be ca	alled (including award s	tream if necessary)

(Friday 28 October 2016) - Melbourne

AAMRI & APESMA	Brendan Crabb AC	Melbourne, VIC	
BUASA	Joseph Crowley	Brisbane, QLD	Brisbane

BUASA	Laura-Leigh Cameron- Dow	Brisbane, QLD	Brisbane
BUASA	TBC	Brisbane, QLD	Brisbane
Bond University	TBC	Brisbane, QLD	Brisbane
Bond University	TBC	Brisbane, QLD	Brisbane

(Wednesday 2 November – Thursday 3 November 2016) - Melbourne

Closing Submissions - All parties

Further Supplementary Witness Statement of Ken McAlpine (July 2016)

- My name is Kenneth McAlpine and I am employed as a Union Education Officer at the National Office of the National Tertiary Education Industry Union ("NTEU"). My work address is still 120 Clarendon Street South Melbourne, Victoria.
- 2. I make this statement further to my Statements lodged in the higher education modern award review proceedings in the Fair Work Commission in March and June 2016.
- 3. I have read the witness statements of witnesses appearing in these proceedings on behalf of employers, and the comments which follow are in response to their various assertions to the effect that academics are autonomous and self-directed professionals. In addition to my 28 years representing employees in higher education and the extensive knowledge which I asserted in my previous Statement, I now also draw to the Commission's attention my specific role in providing union education to NTEU staff, officers and activists through structured courses on academic freedom, and on the peculiar characteristics of academic employment. The question of academic autonomy and its limits is a key issue for a union representing academic staff, as it is important that we can advise members about current norms and conventions, and often have to do so. In my senior role in undertaking these union education functions, I have drawn upon my extensive reading and upon experience in advising individual academic staff, as well as organised groups of academic staff, as well as many discussions with representatives from management, about issues which go to the conventions of academic autonomy, as they are on the one hand widely understood and accepted, and on the other as they are sometimes contested.
- 4. On the basis of that experience, I say that the following propositions are generally true across the (non-casual) academic staff covered by the Award:

- a) To the extent that employees are engaged in teaching classes (lectures, tutorials, etc.) academics are required to teach such classes, and may be assigned to teach in subjects where they do not control the content or format of what is taught, especially where the academic is not the subject or course co-ordinator for that subject. Nevertheless, most academics will control the content of most of what they teach. However, this autonomy in relation to content has always been constrained by the requirements of professional bodies and course accreditation requirements, and more generally in the past two decades, course and unit content and format has been more closely directed by management through curriculum frameworks, rules about assessment (method and amount), requirements to deliver on-line, and often to tailor course content to increase student satisfaction scores. In many cases, academic staff will have substantial input into decisions about which units they will teach. However, whether a unit is to be taught, and who will teach it, is ultimately a decision for the management. Before such decisions are made there is usually some collegial discussion. However, significant changes are sometimes made by senior management about what is to be taught (subjects and whole courses) with no or perfunctory discussions. These points are not here made by way of complaint. They are merely made to explain the limits on teaching autonomy.
- b) In relation to teaching, there is for most non-casual academics a practice of consulting them about the size of their teaching allocation, which is usually measured in teaching contact hours (or some variant thereof) or by reference to student load numbers, which takes account of the additional work involved in larger classes. However, in law and practice, and subject to the terms of the relevant enterprise agreements and policies made (sometimes pursuant to the terms of the enterprise agreement) the size of the teaching allocation is ultimately a question for

the management. Few academics with teaching responsibilities have the autonomy to decide the size of their teaching load.

- c) Academics exercise some autonomy within the constraints described above, about how much time they will spend in teaching-related duties. While this obviously does not apply to the delivery of a lecture or tutorial (which have a fixed time), it does apply to other duties, such as preparation or reviewing of lecture and subject content, to some extent assessment, and the general scholarship required to ensure that the teaching content and materials are up-to-date.
- d) Many academics are engaged in thesis supervision or assessment. For most academics, whether they do this work is a matter about which they will be consulted. However, for senior academics with PhDs it will generally be seen as a responsibility or requirement of their job. Such academics cannot generally "choose" not to do this work and the number of thesis supervisions will often for part of a work allocation given to an employee. Nevertheless, it would be very unlikely that an academic would be directed to supervise a particular research-degree thesis such as a PhD or Masters-by-research: academics retain considerable autonomy about which students' thesis topics they wish to supervise.
- e) Academics spend a significant amount of time on "administration". What this term refers to varies from university to university. Leaving aside that part which might otherwise be described as "university service" (e.g. serving on committees and the like), the form and content of most or much of this work is entirely or largely prescribed by management direction, and academics (other than academic managers) exercise little or no autonomy in relation to administration. It is rare that academics can choose not to do this work, and it takes a considerable amount of academic time. Most academics (other than academic managers) will spend as little

time on administrative procedures as they can, consistent with the requirements of their employer.

- f) In relation to research, there are important respects in which academics retain considerable autonomy. Academics whose research work involves making findings, conclusions and publications enjoy very high levels of autonomy over this area of their work. Within resource constraints, such researchers retain a high level of autonomy over research methodology. Moreover, it would be almost unheard of for an academic to be directed to research a specific question or to apply for a research grant about that question. To this extent, there is no doubt that academics are in these matters are highly skilled autonomous professionals. To the extent that there is constraint in these matters, (except in relation to research misconduct) it is more likely to be imposed by their own colleagues working as part of a research team, or the academic discipline of peers nationally or internationally, rather than the management of their own institution.
- g) Despite the autonomy described in f), there are important respects in which the autonomy of much of the research work of academics is very limited. These limitations vary within and between institutions, but include:
 - Requirements that research bring in research income. Performance standards require that research "outputs" include the gaining of grants or other research income, as a question separate from the academic merit of research undertaken;
 - Requirements that academics apply for a certain number of research grants.
 Applying for such research grants takes up a considerable amount of time in many cases well in excess of 100 hours per year.

- Requirements that an employee's academic research comply with the strategic direction of the university or academic management unit.
- Requirements that research outputs (usually publications) comply with certain metrics, such as where they are published, or what "impact" they have.

These restrictions and requirements can have at least two consequences. Firstly, they direct the employee into research areas that may not correspond with what the employee considers to be the most academically important research pursuits. Secondly, they can lead to research undertaken which does not comply with these requirements not "counting" in workload models.

h) About 28% of all non-casual academic staff (14,736) are employed in researchonly functions. A majority of these are employed at Level A (5,416) or Level B (4,726). [For these figures, see the Commonwealth Higher Education Statistics "U Cube" at http://highereducationstatistics.education.gov.au/] Nearly all of these are employed fixed term, working on research projects of limited duration. While they are applying high level skills, at Level A at least (most commonly titled research assistant) they generally have little or no role in determining what is being researched, and exercise only limited autonomy over research methodology. Most or all of their work is directed by a research supervisor who will determine the amount and nature of the work to be done.



6. The payment was made under the University's Workload Policy, which can be found

http://www.acu.edu.au/policy/hr/hours of workworking arrangements/workloads

for academic staff/academic workload policy#toc 9. That Policy includes the

following terms:

Workload Activity Calculations and/or Tolerances

The maximum academic workload allocation is 1,595 hours per annum. Supervisors and staff will make all reasonable efforts to allocate a 100% workload. However, in some years and in some circumstances a full annual 1595 hours workload may not be allocated, or, may be exceeded in any year.

In circumstances where a full annual 1595 hours workload is not achieved a discussion will occur to explore workload management options including:

- projects which a staff member can competently perform and contribute to a strategic need; and/or
- Teaching into other programs; and/or
- A temporary reduction of fraction; and/or
- Utilisation of leave entitlements.

In circumstances where a full annual 1595 hours workload is exceeded a discussion will occur to explore workload management options and may include paid inside work for teaching delivery and where maximum teaching requirements have been met for the academic career pathway. [Emphasis added]

The University expects that, where the full allocation of 140 hours of annual leave is not taken in a calendar year, these are available hours for additional workload to be allocated.

7. The Workload Policy is made enforceable by the terms of the Enterprise Agreement,

which includes the following terms

Australian Catholic University Staff Enterprise Agreement, 2013 – 2017- extracts

5.2.2.1 The basis for calculation of the annualised academic workload is thirty five (35) hours per week times 52.178571 weeks in a year. In any calendar year an academic staff member is entitled to the following to achieve work-life flexibility and to support the staff member's health and wellbeing through taking a break from work to recreate:

- Annual Leave: 20 days (140 hours)
- 10 public holidays: 10 days (70 hours)
- University holidays: 3 days (21 hours).

This results in a rounded figure of 1,595 hours per academic staff member per annum of academic staff availability to be managed through work allocation in accordance with this clause and the Academic Workload Policy.

. . . .

5.2.2.2 The National Head of School or delegate will assign workloads in accordance with the University's Academic Workload Policy with the expectation that a competent staff member can perform their allocated duties in 1,595 hours per year.

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5.2.5.1 Academic workload will be managed in accordance with the Academic Workload Policy.

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5.2.8.1 The Academic Workload Policy referred to in this clause will remain in place until the nominal expiry date of the ACU Staff Enterprise Agreement 2013 – 2017. The Academic Workload Policy can only be altered in circumstances where: a) A new academic activity is determined by the University as necessary for inclusion into the Academic Workload Policy; and b) Amendment is required and mutually agreed by the University and the NTEU.

8. It would be misleading of me to suggest that such practices are widespread. However,

9. In reading the witness statements and submissions of the employers, I noted that the point is made that the type of regulation which the NTEU is seeking is in Australia is at odds with the regulation of academic workloads internationally. I cannot claim to be an expert on the regulation of academic workloads across countries comparable to Australia. However, I am sufficiently familiar with typical workload regulation (as embodied in collective agreements, whether formal or informal) applicable to academic staff in the English-speaking countries. What I can say is that there is a wide variety of forms and methods of regulation and allocation of academic workloads in those Agreements. I am almost certain that there is no other jurisdiction where a specific safety net of minimum conditions is required to be set for academic staff. My reading of relevant collective agreements in the USA and Canada suggests a level of detail which is comparable to those found in Australian Agreements, though there are considerable variations in both counties. In the United Kingdom, there are not formal enterprise agreements of the type used in Australia. However, there are national and local (university) negotiations. An agreement between the University and College Union (which represents academic staff in the UK) and a university (In this case, the University of Brighton) is included as Attachment T. An interesting (but I would not claim common) variant applies at the University of Oslo. **Attachment U** is a translation into English (by the University of Oslo itself) of its working time arrangements, including for those who (as "particularly independent") are exempt from the national working time regulation in Norway.

- a) I have attached further documents to this Statement as follows: Attachments
 V, W, and X are various documents concerned with workload policy and administration at the University of NSW, respectively from the Faculty of Art and Design, the School of Humanities and Languages, and the School of Electrical Engineering and Telecommunication, with Attachment X showing the assumed hours for various types of teaching activities, for various staff (names redacted) in the School of Electrical Engineering and Telecommunication.
- b) Attachment Y is a copy of the 2015 Annual Report of the National Ageing Research Institute, which is relevant to the evidence given by AAMRI witness Debra O'Connor.
- c) Attachment Z is copy of the various documents from the website of the Cardiac Health Institute, which is attached to the Macquarie University Hospital, which is a not-for-profit controlled entity of Macquarie University.

Ken McAlpine

11 July 2016

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UNIVERSITY OF BRIGHTON – Summer 2014

Workload Allocation Model - Interim proposal for 2014-15

 This paper proposes an interim or Stage One lecturer's workload allocation model to be implemented in 2014-15, with the identification of further work to be undertaken during the Autumn and Spring Terms of 2014-15 in order to achieve a Stage Two - complete – workload model to be implemented in 2015-16.

The model is based on a re-affirmation of the specifications of the current local and national contracts as regards hours of work – namely that:

The nature of teaching posts is such that staff are expected to work such hours as are reasonably necessary in order to fulfil their duties and responsibilities. It would therefore be inappropriate to define the total hours to be worked in any week. A reasonable norm, however, having regard to the contractual position of other senior staff in the institution, would be thirty-seven, although this should not be regarded as a minimum or maximum.

The use of any specification, within the workload model, of a total number of hours to be worked annually or in any one week is therefore to be understood as a broad approximation within a semi-quantitative exercise, which is designed to complement existing terms and conditions.

- The workload model also needs to take account of the transparency requirements of the TRAC national data collection exercise. This necessitates data being recorded accurately in specific categories against the actual activity undertaken.
- 3. The proposed workload model has also to be sufficiently resilient to withstand immediate anticipated threats to income and also current and emerging cost pressures, specifically:
 - The complete deregulation of student numbers from 2015 which removes the final financial safety net (the current Student Number Control system) within the HEFCE funding arrangements and exposes the university to greater financial risk.
 - Government confirmation that the maximum fee amount of £9000 for Home/EU undergraduates will remain for 2014-15 and 2015-16. This is, in effect, a cut in the undergraduate unit of resource in 2014-15 of around 2.5%, followed by a further (estimated) 2% in 2015-16.
 - An efficiency gain (reduction against expected amount) in the HEFCE grant to institutions for 2014-15 of just under 5%.

Clear signs of a wish by the government to reduce the benchmark price for NHS funded provision; it is believed that the aim of Health Education England is to cut the benchmark price by 4%.

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• There is a clear preference by the current government for moving much teacher training into schools (via the Schools Direct programme) which would add a reduction in the volume of university funded ITT activity to the anticipated drop in the unit of resource.

Stage One Model

- 4. The Stage One model should include the following common elements across all Schools:-
- 4.1. A total maximum individual workload of 1600 hours per year.
- 4.2. An allocation of 320 hours for self-managed research and scholarly activity.
- 4.3. A maximum teaching contact hours of 550 per year in line with the terms of the national contract (see Appendix One). It is emphasised that the figure of 550 is a <u>maximum</u>, not a target or a norm and would only be expected to be reached in exceptional circumstances.
- 4.4 A transparent Teaching Related Allocation (TRA) model based on a quantitative formula moderated by judgement taking account of the variable amount of preparatory and contextual activity generated by each teaching hour (see Appendix Two), and governed by the principle that teaching contact hours plus TRA will not exceed 1100 hours.

For 2014-15 the models will be specific to each School, with an aim to agree and apply a common framework for all Schools for 2015-16. For 2014-15 Schools will be asked to implement a model which includes the following features.

- An expectation for each School of a minimum average of 1:1.3 (i.e. a minimum average allocation of 1.3 hours TRA for each teaching contact hour).
- A minimum ratio of 1:1 (i.e. a minimum allocation of one hour TRA for each teaching contact hour). This ratio is a minimum and must not be treated as a norm or a target; it is expected that the minimum ratio would only apply in exceptional circumstances where the amounts of teaching preparation and/or subsequent tasks (e.g. assessment) are demonstrably lower than the norm.
- There will be no maximum ratio, and the ratio may even rise to 1:4 or more, but it should be ensured that exceptionally high TRA ratios are justified in relation to transparent and equitable criteria.
- 4.5 A transparent system for allocating hours (out of 1600) for managerial and administrative roles such as: Assistant Head; Division Leader; Academic Programme Leader; Course Leader; Module Leader; Admissions Tutor.

This list is for illustrative purposes only. For 2014-15 the models will be specific to each School, with an aim to agree and apply a common framework for all Schools for 2015-16.

- 4.6 An allocation of a minimum of 30 (per FTE) contingency hours to allow for unexpected changes in patterns of work to be accommodated in a fair and reasonable manner.
- 4.7 Allocations for personal tutorial meetings which include appropriate recognition of any preparation or follow-up tasks required.

- 4.8. Appropriate recognition of anticipated and essential travel time. For 2014-15 this will be recognised within existing School mechanisms but a commitment is made to aim to achieve a University-wide scheme for 2015- 2016 which allocates time on a 1 for 1 hour basis (noting that for some staff this will already be taken account of in administrative or management roles). This issue should be included in the Stage Two discussions.
- 4.9. Allocations for trained and notified reviewers to conduct SDRs; this should include appropriate time allocations for preparation and follow up work. It is noted that in some cases time for this will already have been allocated as part of the block allocation for administrative and managerial roles. The agreement of a common cross-university tariff for this should be developed as part of the Stage Two agenda.
- 4.10 Allocations for research student supervision in accordance with the current local agreement (see Appendix Three)
- 4.11 Additional research time (above the 320) according to the requirements of University policy or in relation to external funding. This issue will be further discussed once the results and the funding implications of REF 2014 are known (see Appendix Four).
- 4.12 Allocations for economic and social engagement according to the requirements of University policy or of identified projects.
- 4.13.Induction processes for new staff

The current local agreement is re-affirmed and states that:

17.1 *Heads* of department are responsible for allocating time to staff involved in the induction of a new member of staff, as part of the allocation of a lecturer's duties and responsibilities.

17.2 It is important that staff new to teaching have the maximum opportunity to gain practical experience. Heads of department should therefore be sensitive to the need to lighten the allocation of other duties. During the first year of teaching, a lecturer should not normally be required to undertake a teaching load equivalent to that of a more experienced colleague.

17.3 In most cases, the induction process for a lecturer new to higher education will take in the region of 25% of a full-time lecturer's total workload. This proportion of time may be shared between several individuals, including the new member of staff. The agreed allocation will therefore be appropriately distributed by the head of department.

- 4.14 All individual workloads to be published, and available or distributed to all academic staff within the School, and (in aggregation for consideration by the LCIG) from across the University.
- The University proposes a conclusion of the current round of discussions on Workload Planning by the end of April 2014. Discussions will resume in October 2014 with a focus on Stage 2 issues.

Stage Two agenda

- 6. The key issues already identified for development of the Stage Two model are:-
 - The development of a common framework for a University-wide TRA model for application in 2015-16.
 - The development of a common framework for a University-wide model for allocation of hours for managerial and administrative roles for implementation in 2015-16. The achievement of this is likely to be facilitated by the details of the outcome of the university restructuring currently underway.
 - The consideration of models for the allocation of additional research time beyond the 320 hours and for related accountability. The progress of this is likely to be considerably assisted by knowledge of the qualitative and financial outcomes of REF 2014.
 - Further consideration of the merits of a more differentiated specification of maximum contact hours
 - Further discussion on allocations for travel as set out in 4.8.above.
 - Further discussion on time allocations for the conduct of Staff Development Reviews as set out in 4.9. above

Conclusion

- 7. The implementation of a Stage One model for 2014-15 would offer the following advantages for the University, UCU and individual staff.
 - The adoption of a common 1600-hour currency would allow more equitable workloads to be allocated across the University.
 - The publication of all individual workloads would allow greater transparency and fairness.
 - The re-affirmation of the 320 hours for research and scholarship for all lecturers would ensure that all received their rightful allocation and allow clearer mutual accountability.
 - The establishment of a common statistical model would allow the national requirements of TRAC to be met by use of beginning of year workload plans, amended in May/June as necessary to reflect actual activity- and would remove the need to complete individual work diaries during 2014-15.
 - The adoption of a Stage One Model would allow important progress to be made on a number of issues without waiting for all of the more complex and currently highly devolved and variable issues to be resolved.

SIL

April 2014

Signed on behalf of the university Tulia M. Cuupt Date 30/7/14

Professor JM Crampton Vice- Chancellor

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Date 291 71 17 7 Signed on behalf of UCU ...

Name DR MARK ERICKSON

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Appendix One: Teaching Contact Hours

The increasing scale of use of technology- mediated teaching makes this concept much harder to define than when the current national and local contracts were agreed over 20 years ago. Therefore it is anticipated that, as further new teaching methods emerge, any existing definitions will need to be continually reviewed.

Direct teaching responsibility will constitute formal scheduled hours, defined as the actual hours timetabled or scheduled (as set out, for example, in the validated module outline) for:

- lectures
- seminars
- tutorials
- dissertation or project supervision on taught undergraduate and postgraduate programmes
- supervision and observation e.g. in studios, workshops or laboratories or in clinical or practice settings (excluding travel time)
- mandatory study visits or field trips (for which a maximum of 18 hours per week should be applied as an allocation – any excess over 18 hours per week should be allocated as teaching-related)
- Where e-learning, distance learning or other asynchronous blended learning forms part of an agreed course or module outline, this should be recognised by incorporating a minimum expectation of direct student contact time per module
- Research degree supervision

Appendix Two – Teaching Related Activity

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Teaching Related Activity allocations would normally be expected to be made in relation to the scope and scale of the following activities:-

- Design of teaching material and assessment methods.
- Curriculum development within subject field.
- Carrying out of teaching and associated administrative tasks within an established programme of study.
- Setting and marking of assignments, including summative assessments, assessing the work and progress of students and providing constructive feedback to students.
- Attending and participating in module team, and liaising with colleagues as necessary.
- Reflecting on practice and development of teaching and learning skills.
- Contributing to internal and external quality assurance processes within the scope of their teaching activity.
- Compilation and maintenance of student records in relation to the assessment of students work specifically included in their teaching activity.

Appendix Three: Research Degree Supervision

Section 16 of the current local agreement reads as follows:

16.1 Each full-time candidate for a research degree should be entitled to a minimum of one hour's individual supervisor time per week for 45 weeks of the year; each part-time candidate should be entitled to a minimum of ½ hour per week for 45 weeks of the year. The precise timings for delivery of such supervision should be agreed by mutual consent and will need to be such as to meet the needs of students and supervisors e.g. a part-time student might see supervisors once every two or three weeks etc. or a student might see two supervisors simultaneously.

16.2. The minimum 45 hours contact allocated to a research student will normally be spread throughout the calendar year, which includes 34 teaching weeks. Heads of department are responsible for ensuring that, for each full-time research student, an absolute minimum of 34 teaching hours is agreed upon in the allocation of duties to staff (either to an individual supervisor or shared), and a minimum of a further 11 hours is clearly recognised in the allocation of the remaining individual or departmental staff resources. As a general rule, the 11 hours should be offset against a lecturer's teaching related and administrative duties rather than research activity. Heads of department are responsible for establishing a system which provides supervisors with sufficient time to honour students' entitlements, and ensures that there is no erosion of existing good practice. It will therefore remain possible for heads of department to increase the above allocation of time, but not to reduce them.

Note:

It is noted that since the instigation of the current local agreement the University's standard number of teaching weeks has reduced from 34 to 30 weeks.

APPENDIX FOUR: Allocation of additional Research Time.

During 2014-15 there will be further discussion of the principles and processes for the allocation of additional research time (above the 320 hours).

The starting point for these discussions will be that both the University and UCU share a common strong commitment to increasing the quantity and quality of the University's research activity and output.

In considering the appropriateness of principles and processes the following factors will be among those to be taken into account:-

- The requirements of the Research Excellence Framework (or any comparable national research assessment exercise which determines the allocation of research funding).
- The bidding for, and delivery of, externally funded research grants and contracts.
- The diverse research practices and staff expertise relating to individual academic and professional subjects.
- The development of inter-disciplinary knowledge.
- The development of research and scholarship through team working both within and without the University.
- The testing of significantly new research methods or topics.
- The individual career path or aspirations of the individual lecturer (e.g. where a potential transfer into a new subject discipline is being contemplated).
- The pursuit of pedagogic scholarship and research.

The dual ambition will be:

- to find an appropriate mechanism through which all lecturing staff can expect a routine but non-obligatory allocation of additional research time over an appropriate timeframe, in the form (for example) of sabbatical leave, for identified research projects with quantifiable outcomes;
- to move, without mandatory constraints, to a continually increasing proportion of academic staff who are research active (including but not defined as REFable or REF-submitted).

Attachment T

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http://www.uio.no/english/for-employees/employment/working-hours-and-absence/working-hours/academic-employees.html

Working hours for academic employees

Academic employees have the same working hours all year: 37.5 hours per week

Content

- Exceptions from ordinary working hours regulations
- Normal working hours
- <u>Teaching</u>
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Exceptions from ordinary working hours regulations

As a main rule, employees in scientific positions are regarded as occupying "particularly independent posts", cf. section 10-12, second paragraph of the Norwegian Working Environment Act and section 13 no. 4 of the Basic Collective Agreement. This applies to posts such as lecturer, associate professor, professor, researcher, post-doctoral research fellow, scholarship holder and specialist graduate. As an automatic consequence of the above, these employees will not be governed by normal working hours regulations. More detailed information is provided in the guidelines for <u>Regulation of Working Hours for Employees in Scientific Posts at the University of Oslo</u>.

Normal working hours

Academic employees have the same working hours all year, and the 30-minute lunch break is unpaid and comes in addition to the 37.5 hours a week.

Teaching

Teaching is to be carried out during the normal working hours unless the nature of the teaching means that it has to take place at other times. In such cases, the employer may order an individual employee to provide teaching, for example in the case of higher and further education whose target group is people who are working full-time. Other working-hour schemes may be agreed on within the frameworks of §7, no. 8 of the Basic Collective Agreement (lovdata.no (in Norwegian) and section 10-5 of the Working Environment Act (pdf) (arbeidstilsynet.no).

Presence at work

All employees of the University of Oslo are to be present in the workplace during working hours unless professional or other grounds mean that the work has to take place elsewhere. In such cases, this is to be pursuant to the consent of the unit's management and in accordance with the prevailing rules governing absences.

Normal distribution of tasks for research and teaching personnel

It is assumed that the local employer will follow up the individual employee and that plans and documentation exist for both the unit's and the individual's activities. Refer to <u>Guidelines for the normal distribution of work obligations during working hours for</u> <u>combined research and teaching positions</u>

According to the guidelines, the starting point is a normal 50/50 distribution between research and teaching over time within the frameworks applicable to the individual department, and as a rule the equivalent for the individual member of the research staff.

For a university lecturer with and without promotion to an associate professor, the working hours are normally to be distributed as follows:

- 75 per cent spent on teaching assignments
- 15 per cent spent on professional development work
- 10 per cent spent on administration

The distribution stated in the <u>Regulations concerning terms and conditions of employment for</u> <u>the posts of post-doctoral research fellow, research fellow, research assistant and resident</u> applies to recruitment and education jobs.

Work duty account

Different regulations pertain to the work duty account at the various faculties and departments, <u>see overview</u>.

http://www.uio.no/english/about/regulations/personnel/academic/

Regulation of working hours for employees in scientific posts at the University of Oslo

Stipulated by the University Rector 12 February, 2010

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PART 1 NORMAL WORKING HOURS

Item 1.1 Posts which are normally "particularly independent" in legal terms

Research demands a high degree of individual independence when organising the working day. This is difficult to combine with ordinary regulation of working hours. Many of the University employees will therefore come under the legal and collective agreement based term "*particularly independent post*". In principle, an individual assessment is required to determine whether an employee falls into this category or not. However, it is also possible to simultaneously assess several employees with the same types of assignment. The criteria for assessment are presented in item 1.3 of these guidelines.

Employees whose work represents around 50% research in addition to other independent assignments, such as preparing classes, are in the main in charge of organising their working day. On this basis, the following categories at the University of Oslo are regarded as a rule as "particularly independent posts", cf. section 10-12, second paragraph of the Norwegian Working Environment Act and section 13 no. 4 of the Basic Collective Agreement.

Lecturer	SKO 1010
Associate professor	SKO 1011
Professor	SKO 1011
Professor	SKO 1404
Researcher	SKO 1108
Researcher	SKO 1109
Researcher	SKO 1110
Researcher	SKO 1183

The same applies to educational posts where the main purpose is formal qualification and which comprise a minor volume of obligatory work;

Post-doctoral research fellow	SKO 1532
Scholarship holder	SKO 1017 and SKO 1378
Specialist graduate	SKO 1476

Employees in these posts normally have a clear and obvious independence as to how and when their work is organised and executed. Unless the employer confirms in writing that a specific employee is not covered by this rule, employees in the above-mentioned position categories are legally regarded as particularly independent.

Item 1.2 Posts which require specific assessment

For employees in the following categories, the nature of assignments and organisation of work may vary:

Associate professor	SKO 1198
University lecturer	SKO 1009
Instructor, dental studies	SKO 1015 and SKO 1353
Specialist dentist	SKO 1016
Scientific assistant	SKO 1018, SKO 1019 and SKO 1020

An assessment of whether the individual employees in the above-mentioned categories are covered by the legal term "*particular independence*" has to be carried out by a local supervisor based on specific circumstances. This assessment shall be based on the criteria specified in item 1.3 of these guidelines.

If the assessment concludes that the employee cannot be regarded as "particularly independent", then he/she will be subject to the normal regulation of working hours pursuant to the Norwegian Working Environment Act, supplemented by the provisions of the Basic Collective Agreement. This includes the requirement in section 10-7 of the Working Environment Act which states that: "*An account shall be kept of the hours worked by each employee*." If the employee is permitted to freely choose his or her working hours, then he/she must record the hours worked every day on a continuous basis. This record of working hours shall be made accessible to the employee's supervisor.

Item 1.3 Criteria for individual assessment

Individual assessments shall be based on typical characteristics for the different categories of positions. As such, an individual element can be linked to variations in the actual working situation for each employee, viewed in light of type criteria for the category in question.

The Working Environment Act and the Basic Collective Agreement are, in principle, coindependent also in terms of the definition of "*particular independence*". However, there are no real circumstances which require a different interpretation of the legal term than that stated in the Basic Collective Agreement. The University of Oslo therefore bases its interpretation on joint criteria. Whether employees are covered by the legal term "*particular independence*" must be determined according to the degree to which they themselves:

- control their own working hours
- prioritise their own assignments
- decide what has to be done
- decide how the work is to be executed
- decide when the work is to be executed

If the major share of the work is controlled by the employee, then the employee can legally be defined as particularly independent. If, however, the dominant share of the work is governed by the employer, the term "*particular independence*" cannot be applied. For such

individual assessment, it is thus the degree of "constraint" versus the degree of "freedom" when organising the working day and assignments which is of interest.

Scientific work is mainly independently initiated, and characteristics of particular independence are that the work is distinguishable by:

- professional freedom to choose research-related issues, methods and the like
- freedom to publish research-based work, scientific articles, specialised books or other method of communication
- independent educational activity, such as professional preparation of classes, guidance for graduates, planning courses, compiling textbooks
- independent professional input to public research work, media or other types of social contribution
- freedom to plan activities in other locations than the normal workplace, such as field work, observations, interviews, studies in archives/libraries
- the employee's working hours during such processes can be difficult to control, as the employer does not have specialised professional expertise to check how much time is needed to complete an assignment

Examples of questions which may help assess whether a position is covered by the term "*particular independence*":

- To what extent are the employee's working hours governed by the decisions of others? If the extent is relatively small, then the employee is most probably particularly independent. This will typically be cases where a scientific employee may have from 260-300 obligatory hours of teaching per year or less, taking into consideration that a number of these hours may represent guidance which is not governed according to time or location.
- To what extent can the employee choose assignments and working methods? This item may also include the extent to which the employee is free to *prioritise* assignments and working hours. The more freedom the employee has, the more likely he/she is to be particularly independent. This issue must be considered in relation to the extent of freedom when *executing* the work. An assignment may be given for example as a subject for a dissertation or as a part of a project, but this is not decisive if the employee has the freedom to control the execution of the work in terms of subject and time.
- Who has the professional expertise and opportunity to assess how much time is required to execute the work in a scientifically proper way and with good results? The more this is true of the employee, the stronger the case for the employee being in a "*particularly independent post*".
- To what extent are stringent limits on scope and allotment of working hours compatible with executing the assignments in question? In cases where stringent limits would make it difficult for the employee to perform the assignment, there is a stronger case for stating that the employee has a "particularly independent post".
- To what extent is it practically possible to keep a secure check and record of working hours? The more difficult this is, the stronger case there is for the post being *"particularly independent"*.

Item 1.4 Legal impact of having a particularly independent post

The legal impact of having a "*particularly independent post*" is governed both by the Norwegian Working Environment Act and the Basic Collective Agreement.

The Act governs issues such as the scope of working hours, allotment of working hours and the requirement for a record of hours worked. Employees in particularly independent posts will automatically be excluded from these working hour regulations, with the exception of section 10-2, first, second and fourth paragraphs (respectively the requirement that employees are not exposed to adverse physical or mental strain, the right to exemption from working at night and the right to reduced working hours).

The legal limits for scope and location of working hours therefore does not apply to these employees. Neither does the requirement in section 10-7 regarding keeping an account of hours worked. Consequently, there is no legal obligation to record normal working hours for employees covered by the legal term "*particularly independent*".

The limits of the Basic Collective Agreement for working hours will however apply, irrespective of whether the employee is exempt from the provisions of the Working Environment Act. The employee has the right to limit active working hours to 37.5 hours per week in a full-time position, cf. section 7 no. 1 of the Basic Collective Agreement.

The Basic Collective Agreement requires that working hours, where possible, shall be organised in the period of time between 07.00 and 17.00, from Monday to Friday. However, this must be seen as a reference to the working hours governed by others than the employee him/herself, for example, class times stipulated by the employer. Furthermore, particularly independent employees in principal determine the allotment of the "free" share of their working hours.

The employee is otherwise obliged to comply with class times, project participation, meetings and other activities where the timing is governed by the employer.

The Basic Collective Agreement also includes special exemptions for particularly independent employees. However, as opposed to the Working Environment Act, the function of this exemption is to regulate the issue of economic compensation. The provisions in question here are in section 8 no. 6 regarding compensation for travel abroad, section 13 no. 4 regarding compensation for overtime, section 15 no. 7 regarding work at nights, on Saturdays and Sundays etc. and section 16 no. 3 regarding weekends and public holidays.

The limits for overtime are described in detail in part 2 of these guidelines. Any exemptions according to the other provisions mentioned require separate agreement locally, which the University of Oslo does not have. However, employees do not have the right, without the prior consent of the employer, to organise normal working hours during periods which represent a claim for increased salary according to the provision regarding travel, work at nights, on Saturdays and Sundays and work at weekends and on public holidays.

For individual contracts of employment, confirmation is required that the employee occupies a particularly independent post, with reference to the limits on working hours stipulated by the administrative guidelines regarding "Regulation of working hours for employees in scientific positions at the University of Oslo".

PART 2 OVERTIME

Overtime limits are stipulated in section 10-6 of the Working Environment Act and section 13 of the Basic Collective Agreement.

Item 2.1 General requirements regarding overtime

Section 13 no. 1 of the Basic Collective Agreement states that "Overtime work shall be compulsory and controllable, and shall be limited pursuant to the requirements of the Working Environment Act." The Working Environment Act, section 10-6 first paragraph states that "Work in excess of agreed working hours must not take place except in cases when there is an exceptional and time-limited need for it."

Irrespective of working hour arrangements and whether the employee occupies a particularly independent post, the general condition is that:

- overtime may only be ordered in the case of exceptional needs, i.e. cannot be utilised to cover permanent requirement for manpower
- overtime shall be explicitly ordered by a superior officer, who must also be able to control and confirm that the overtime work has been executed.

Item 2.2 Overtime within normal working hours regulation

For employees who are covered by ordinary working hours regulation (i.e. who are not in "particularly independent posts") the limits for daily, weekly and annual overtime are stipulated in section 10-6 of the Working Environment Act. Overtime work must not exceed ten hours per seven days, 25 hours per four consecutive weeks or 200 hours during a period of 52 weeks.

The Act operates with a 40-hour week, while governmental employees have working hours of 37.5 hours per week, as stipulated by tariff. This implies that the weekly limits for overtime may be extended by 2.5 hours. However, this does not automatically imply that employees can annually work 130 hours of overtime in addition to the limit of 200 hours, i.e. "saving" an extra quota. An extended quota only applies on a weekly basis, i.e. the difference between 40 and 37.5 hours. The annual number of "extra hours" will therefore be determined by the actual weekly overtime for the individual employee.

Total working hours (normal working hours and overtime) must not exceed 13 hours per 24 hours.Exemptions may be permitted from the outer limits for overtime by way of agreement with the employee representative or upon approval from the Labour Inspection Authority, cf. section 10-6 of the Working Environment Act.

Item 2.3 Overtime when in a particularly independent post

Employees occupying particularly independent posts are exempt from ordinary overtime limits, cf. section 13 no. 4 of the Basic Collective Agreement.

Employees in particularly independent posts do not as a rule have the right to overtime payment as they mainly control their own working hours. However, as an exception, they do have the right to compensation for overtime of up to 300 hours per calendar year pursuant to section 13 no. 4, litra c of the Basic Collective Agreement. This is conditional upon the overtime work being ordered by a superior officer who is also able to carry out the required

level of control of the overtime work. The requirement for control also includes the responsibility to confirm that normal working obligations pursuant to the contract of employment have been fulfilled. The decisive issue here is that the employee has a superior officer with a genuine capacity to judge the actual requirement for overtime and to control and confirm that the overtime work has been executed.

The right pursuant to the Working Environment Act to extend the limits for overtime upon agreement with an employee representative or upon approval by the Labour Inspection Authority does not apply, as these employees are exempt from section 10 of the Act. The limit of 300 hours is therefore absolute.

Item 2.4 Payment for overtime

Employees who work overtime are responsible for recording the time overtime work started and ended and for submitting documentation to their superior officer.

For all work ordered outside of normal working hours, the employer is obliged to pay remuneration according to the tariff stipulated in section 13 no. 2 of the Basic Collective Agreement and according to the employee's reciprocal legal claim. The prevailing rate is 50% supplement to the hourly rate up to 20.00 and 100% after this time and on Saturdays/Sundays.

On individual agreement between the employer and employee, an exactly equivalent number of hours may be taken off in lieu of overtime worked, cf. section 16 no. 2 of the Basic Collective Agreement. In addition to time off in lieu, the employee is entitled to be paid the difference between ordinary pay and overtime pay.

The University of Oslo is an institution and the limits for overtime therefore apply irrespective of whether the employee works across a number of internal organisational boundaries. The rates for overtime pay therefore apply when the employee is ordered to execute extra assignments outside of normal working obligations by other University units than the employee's own place of service.

PART 3 REPORTING ABSENCE

All employees are obliged to report absence during working hours, for example:

- Sick leave in the form of self-certified sick leave or a doctor's certificate, within the limits stipulated in the National Insurance Act and the University of Oslo's inclusive workplace (IA) agreement.
- When taking agreed holidays in accordance with the provisions of the Holiday
- Occupational travel, participation in seminars outside the University of Oslo or other forms of transferring activities to other locations than the normal workplace.
- Taking time off in lieu of overtime or extra hours when working a flexitime scheme.
- Absence due to leave granted.
- Other forms of absence during working hours.

The employee is responsible for reporting absence as mentioned above to his/her superior officer, via self-registration according to the procedures established at the employee's workplace.

UNSW Art & Design Academic Workload Guidelines and Procedures

Associated UNSW Policy & Guidelines	UNSW (Academic Staff) Enterprise Agreement 2011 http://www.hr.unsw.edu.au/services/indrel/UNSW_Academic_Staff_Enterprise_Agreement_2011.pdf
Approving Authorities	Faculty Standing Committee, 13 November 2013 (First Approved)
	This Version to be submitted for approval on 19 November 2014
Effective Date	January 2 nd , 2015
Contact Officer	Deputy Dean & Head of School (DDHoS)
	ddhos.artdesign@unsw.edu.au
Version	2.4 (19 November 2014)

PURPOSE

The purpose of the UNSW Art & Design Workloads Guidelines and Procedures is to ensure that the distribution of work activities between academic staff of the Faculty is equitable and transparent.

ASSUMPTIONS

- Consistent with the Academic Staff Enterprise Agreement (2011)
- Does not apply to casual employees
- Pro rata for fractional appointments
- The allocated teaching duties to an employee may ebb and flow over the course of a year
- Where an agreement has been made in accordance with clause (c) of Schedule 3 of the UNSW (Academic Staff) Enterprise Agreement (2011) for an employee to perform a predominantly teaching role for a defined period, the maximum teaching contact hours may be exceeded on a proportional basis.
- Overseas teaching will only be allocated to an employee with their agreement, and with the approval of the relevant authority.
- Academic staff will teach in no more than two teaching sessions per year in any 12-month period. (Where an employee agrees to teach in more than two sessions, compensation through workload allocation or salary will be provided to the employee)
- There are two (2) 12 week academic Semesters in the year
- Programs are made up of Courses; and Courses are made up of Classes (hierarchy from top to bottom is Programs > Courses > Classes).

NOTIONAL HOURS OF WORK PER ANNUM

The normal workload for an academic in the Faculty is: 40% *Teaching*, 40% *Research* and 20% *Engagement & Leadership*. All academic staff on fixed term/continuing contracts will be expected to be active in teaching, research, university administration and community engagement.

QUANTIFIABLE MAXIMUM ON REQUIRED WORKLOAD

The relevant quantifiable maximums for academics are as follows: Total maximum workload = **1610 hours** (46 weeks x 35hrs) (notional 35hr per week)

REVIEW: The workload guidelines from 2013 have been reviewed at the end of the first year of operation in 2014 in version 2.1. Further amendments were made in version 2.2 following suggestions from academic staff. Any further proposed changes to these guidelines will be circulated for discussion with academic staff and approved at the Faculty Board, or its equivalent on an annual basis.

NOTE: Professional experience workload is not quantified in this document and is expected to be determined in discussion with the Deputy Dean & Head of School (DDHoS) as some degrees have courses in professional experience currently under development or revision.

1. TEACHING = 40%; 644 HOURS PA

Majority normally takes place within the two 12 week academic Semesters.

Definition: Contact or face-to-face hours

Face to face teaching is defined as including: postgraduate coursework teaching, undergraduate coursework teaching, Higher Degree Research supervision (PhD, Masters by Research, MPhil) and Honours student supervision.

A. Course Teaching Allocations

It is expected that academics will normally undertake <u>at least one core course</u> in each semester. As an indicator of workload, a full time staff member will teach between 2 and 5 courses per semester. All staff will be responsible for the full range of teaching duties, that is, teaching, course convening, consultation and marking.

Teaching for UNSW Art & Design fall into three formats, and are specified in the course outline:

Lecturing/Tutoring

Studio (and within the Studio format, there is an online/blended 'mode') **Other** (for fieldwork and/or intensive modes, and blended/online learning)

Format	Activity	Definition	Global Assumptions
	(as defined in 2011		
	Academic Stajj Enterprise Agreement)		
Lecture/ tutorial	Lecture	A formal and direct delivery of information for an extended period (e.g., 50mins) to a large group of students	3 weighted hours per timetabled hour for first class Repeat lectures: 2 hours
	Tutorial	Supplementary form of education delivery where matters already introduced are discussed. Conducted in a more informal group than a lecture to enable effective student participation	2 weighted hours per timetabled hour for first class
			Repeat tutorials: 1 hour per timetabled hour (that is, the delivery hour is the only hour of allocation)
Studio	Lecture	A formal and direct delivery of information for an extended period (e.g., 50mins) to a large group of students	3 weighted hours per timetabled hour for first class
			Repeat lectures: 2 hours per timetabled hour
	Demonstration	Supplementary form of education delivery where matters already introduced are developed through studio sessions, practical classes, and concept labs where students are supported in their work	1 hour per timetabled hour (that is, the delivery hour is the only hour of allocation)
Other	Fieldwork and/or intensive modes of delivery	Delivery of a 6 credit point course involving fieldwork and/or intensive	Calculation as for Studio with final total assessed by DDHoS
	Online and blended learning modes	Delivery of a 6 credit point course where \geq 30% of teaching activity is online/blended	1 additional weighted hour of student contact time

Lecturing/tutoring Format (first class without any repeats):

Lectures will be 1 hour duration, followed by tutorial/s of 2 hours duration – weighted as: Lecture: for every 1 hour of delivery, an additional 2 hours preparation (totalling 3 weighted hours) Tutorial: for every 1 hour of delivery, an additional 1 hour of preparation (totalling 2 weighted hours) (*note: a tutorial is normally of 2 hours duration, therefore totalling 4 weighted hours*) Therefore, 3 hours face-to-face teaching has a MAXIMUM TOTAL = 7 WEIGHTED HOURS (Note: repeats attract a lesser workload weight, as noted in above table.)

Studio Format:

Studio will be 3 hours in duration – weighted as:

Lecture has 1 of delivery, plus up to 2 hours preparation (totalling 3 weighted hours) Demonstration has 1 hour of delivery only for each demonstration hour that is run (maximum 2) Therefore, 3 hours face-to-face teaching has a MAXIMUM TOTAL = 5 WEIGHTED HOURS Online and blended learning mode (>30% of activity is online and/or blended online & standard): MAXIMUM TOTAL for online/blended learning = 6 weighted hours

Other:

Reserved only for fieldwork and/or intensive modes of delivery, weightings are as for Studio with final total assessed by DDHoS.

Notes:

Staff wanting to undertake longer lectures, tutorials or studios are welcome to do so, however note only the above weightings will be used in workload calculations.

When a permanent/fixed term staff member gives a lecture for another member of permanent staff (or the same occurs between a permanent/fixed term and currently contracted casual staff member), this should be performed as a direct swap. Where swaps do not occur, and the same permanent/fixed term lecturer delivers three or more lectures into another's course, the allocation for the teaching will be split between the two lecturers proportionally.

Where a casual staff member agrees to give a lecture/s in addition to that for which they are currently contracted, and a swap is not possible, the same process as for external guests (described in next paragraph) applies – that is, the lecture/s must be approved in advance as payment is required.

External guest lecturers, defined as those requiring payment for their lecture/s, are called for before semester starts, and are approved in advance by the DDHoS. The approved external guests lecturer list will be confirmed directly after census date.

There are three rates of pay for external guest lectures, outlined in the Enterprise Agreement, Schedule 2 'Academic Salary Rates'. These are:

1c Rate: will normally be used in nearly all cases; if followed by a repeat, Rate 1d applies); 1b Rate: will be used very occasionally and where a case of 'special expertise' is made and approved by the DDHoS (it is expected this will involve expertise not otherwise available within the School); 1a Rate: reserved only for a distinguished external guest, approved in advance by DDHoS; the guest should be well regarded at least at the national level in their field.
B. Course Convenor Allocations

Convening is the 'assembly' of a course, the where and when of how it happens. Note that convening is about courses, not *classes*.

B.1: Courses that one teaches oneself:

If one is teaching a course, one is by definition also convening it; the weighted hours above for lecturing and tutoring, or demonstration, accommodate this responsibility. Therefore, a separate convening allowance is not applied, nor does the EFTSL of the course/s count towards the convening threshold (see B.2). However, when a single course spawns *nine or more tutorial groups*, a bespoke workload adjustment will be made by negotiation with the DDHoS in relation to overall workload.

B.2: Courses that one teaches oneself but that others also teach into;

and/or courses one convenes, but does not teach into:

The combined EFTSL from these courses is added together and is applied towards reaching the minimum EFTSL (12.5) for a convening allowance to be applied.

How to calculate EFTSL:

EFTSL is calculated as follows: headcount per course divided by 8 (because our students do 8 courses per year; although workload is calculated on a semester basis, the university plans around annual EFTSL). EFTSL calculations will be taken on current enrolments and their projections when workload is assigned, and recalibrated after census date; if adjustments are to be made to workload due to change in EFTSL (e.g., because the EFTSL has dropped), they will occur in the following semester if possible, if not, within the following year (and if necessary, across three years).

Course Convenor	Allocation	Table:
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Total EFTSL per semester	Weighted Hours (per semester)
51 or more	150
26 - 50	75
12.5 – 25	60

Example 1: a staff member is wholly teaching 3 courses in Sem 1, for which she receives no convening allowance. However, she is convening a further 2 courses, one of which has 10 EFTSL, one of which has 13 EFTSL. Referring to the table above, she is convening 23 EFTSL, so receives 60 workload hours for convening the 2 courses.

Example 2: a staff member is wholly teaching 1 course in Sem 1, for which he receives no convening allowance. However, he is teaching a further 3 courses, one of which has 10 EFTSL, one of which has 12 EFTSL, and one of which has 7 EFTSL. Each of these 3 courses has other staff (or casuals) teaching some of the tutorials, therefore the courses count towards the convening allowance. Referring to the table above, he is convening 29 EFTSL, so receives 75 workload hours for convening the 3 courses.

Example 3: a staff member is teaching 1 course in Sem 1, which has 71 EFTSL. This course will have at least 23 tutorials due to its size. Because the size of the course has spawned more than the 9 tutorial groups of the threshold, the lecturer will have a bespoke convening allowance.

C. HDR Supervision

Higher degree research supervision includes primary, secondary and joint supervision of higher degree research candidates, as well as the supervision of Honours students. Supervisors are also responsible for contributing to advisory panels, annual reviews, and research seminars.

In practice, supervision of research students is highly variable, is unlikely to be contained within a defined semester period and may overlap with research, making it difficult to define in guidelines for workloads. The following is provided as a general guide, and allocations can be further discussed where variations sometimes occur:

All hourly allocations below are deemed to be face-to-face hours. HDR supervision may take place throughout the year.

HDR Students	Hours per year per EFTSL		
	Primary Supervisor	Joint Supervisor	Secondary Supervisor
PhD	48	24	0
MRes	24	12	0
MPhil	24	12	0

Honours Students	Hours per year
Supervisor	18

All candidates must have 2 nominated Supervisors. A secondary supervisor may be asked to cover for a primary supervisor in cases of absence. Joint supervisors equally share responsibility for the candidate. Please find the UNSW joint supervision policy and definition at: http://www.gs.unsw.edu.au/policy/documents/hdrsupervisionpolicy.pdf

3.5 Joint supervisors: Two joint supervisors who take equal responsibility for the research may be appointed when there is a formal equal collaboration and sharing of resources to support the candidature; or where the student is working in a multi-disciplinary project and there are supervisors with expertise in the different aspects of the project in the same school.

Joint supervisors:

a) will take equal responsibility for the research program and direction; and

b) must ensure that one of the two meets the criteria for appointment as primary supervisor outlined in Section 3.6 and that this supervisor is designated as the administrative contact for the Graduate Research School. The location of this supervisor will dictate the School and Faculty through which the academic decisions are made on candidature via the relevant Faculty Higher Degree Committee.

D. Research Papers

As part of some coursework programs, research supervision and marking are required for each enrolled student in research paper-type courses. The allocation for this is equivalent to Honours, at 9 hours per semester.

2. RESEARCH = 40%; 644 Hours

Normally takes place across the whole working year.

It is anticipated that academic staff develop their annual research programs and present these for discussion during the Performance Development process. For clarity regarding what is expected in terms of research for each level of academic appointment, refer to the UNSW Position Classification Standards in Schedule 4 of the Enterprise Agreement 2011:

https://www.hr.unsw.edu.au/services/indrel/acadea2006.html

In addition, succinct reference to expectations at each appointment level can be found in the UNSW policy that is used as a guide in determining suitable criterion for the filling of academic positions:

https://www.hr.unsw.edu.au/employee/acad/criteria.html

Information on your research activity and outputs is collected by UNSW and reviewed by the Faculty. Through your Performance Development meeting, you may have been advised that you need to consider your research activity and generation of outputs carefully in order to maintain 40% of your workload being allocated to research, and/or you may have been identified as 'research inactive'. Note that the 40/40/20 split is the 'default' arrangement of your workload, but it is possible to rebalance the teaching/research proportions, including to replace research with teaching in your workload and thereby convert your position (even if only for an agreed period) to 'teaching intensive'. If this option is of interest to you as a way of releasing pressure on the need to perform research as well as teaching duties, please discuss it with the DDHoS.

3. ENGAGEMENT & LEADERSHIP = 20%; 322 Hours

Normally takes place across the whole working year. Previously called Service, Institution Building and Administration.

All academic members of staff are expected to take an active role in the decision-making and administrative processes of the Faculty, consistent with experience and seniority. As described by UNSW, regular participation at School and Faculty meetings, events, graduations, functions, seminars, symposiums and so on is an expectation of all full-time academic staff. Where staff undertake training this may be considered as engagement in developing their teaching and research skills, which can also enhance their leadership capabilities.

It is anticipated that academic staff agree their upcoming annual engagement and leadership workload during the Performance Development process. This also gives an opportunity to report on the year's outcomes, and to highlight individual achievements and initiatives in the engagement and leadership areas.

Academic Staff are expected to undertake key administrative roles and contribute to the Committees, Working Parties and organisation of the Faculty as well as engaging in external and internal professional work. Defining the many and varied aspects of engagement and leadership can, in part, be framed around the established UNSW categories:

- Contribution to governance, strategic direction and planning, capacity building and/or development of inclusive cultures within UNSW. This contribution is expected of all academics.
- Community engagement through significant contributions to the Australian, global or business and government communities or through building partnerships with the community.

- Contribution to the profession and or discipline through engagement in the governance of professional bodies; editing, refereeing, evaluation of research or other activities and/or through contribution of professional or disciplinary expertise to the community.
- Knowledge Transfer and Policy Development.
- Thought leadership through engaging with wider society, reinforcing the role of the university in critical public debate.

OTHER INFORMATION

Overloaded teaching:

In the event of a staff member doing significantly more than 40% of their total load in teaching in one year, correction in the following year, with averaging over three years, will aim to compensate for this and totals adjusted where required. Workload percentages (rather than hour calculations) will be used in the adjustment.

SSP or Internal Release:

SSP and internal release procedures will be implemented following UNSW guidelines.

Process for individual academics to discuss and/or appeal workload:

Every member of academic staff will have the opportunity to discuss their workload allocation with the DDHoS. The DDHoS will also confer with the Program Directors on staff workloads and work distribution between permanent and casual staff.

The Enterprise Agreement, allows that an employee may seek to have their workload reviewed by raising the matter first through normal University channels and, if unresolved, the matter can be further reviewed by a committee comprising: (i) another academic employee of the University nominated by the employee, or by the employee's designated representative; (ii) the Deputy Vice-Chancellor; and (iii) the President of the Academic Board.

Process for Allocation of Teaching:

The staff workload allocation will be drafted following the close of Term Planning in the proceeding year. Key managerial/administrative roles will be negotiated towards the end of each year, between October and December.

Attachment W

School of Humanities and Languages

Workload Formula

The newly formed School of Humanities and Languages has set up a working party (WP) to devise a school workload formula. The WP was chaired by Professor Sandra Hale and comprised the following members: Professor Vanessa Lemm (HOS), Dr James Lee (DHO), Dr Shawn Ross (DHO), Associate Professor Anne O'Brien, Dr Michaelis Michael, Dr Tony Corones, Dr Zora Simic, Dr Yi Zheng, with the professional assistance of Lois Cleal and Samuel Russell.

The WP met three times and after reviewing workload policies from three other FASS schools and from another university, much discussion and consultation with various parties, produced two models which were presented to the school at a general school meeting on Tuesday 27th August, 12-2pm.

The school was given time to review the proposals and offer feedback via email to the Chair of the WP and later at a general school meeting. The email feedback was compiled by the Chair and distributed to the school prior to the general school meeting. All the minutes of the WP meetings, copies of the models from other schools, correspondence from the dean and the union and terms of reference from the school's implementation committee were also distributed to the school prior to the meeting. Further feedback was received at the school meeting. The feedback was considered in detail by the WP at a fourth meeting on 17/9/2013. Based on the feedback, the models were revised (see Attachment 2). The two revised models will be sent to the school with an accompanying calculator on 25/9/2013 for staff to try both models and make an informed decision when asked to vote. The models will be put to a vote on 1/10/2013. The poll will close on 10/10/2013. If one model receives 75% of the vote from 90% of the staff who are currently not on leave, that model will be adopted. If no model receives 75% of the vote, the model with the highest number of votes will be presented for a second vote. The second poll will be open from 11/10/2013 to 15/10/3013. The results will be announced on 18/10/2013 and the winning model will be implemented in 2014 for a trial period of one year. The model will be reviewed at the end of the year.

1

General principles and clarifications applying to both models

General principles

- The purpose of the School of Humanities and Languages' Workload Formula is to distribute workload in a manner which is *fair* and *transparent* and which ensures that all School of Humanities and Languages academic staff are treated *equitably*.
- The workload allocation will be leave neutral. The type of leave will determine how
 the workload allocation will be affected. For Long Service Leave, the number of days
 of LSL will be deducted from the total maximum workload (1610hrs). Academic staff
 on Special Study Program or Internal Release will be allocated 805 hours to cover
 their period of leave. This means that they will be expected to work for 805 during the
 other semester of the year in which they take their SSP/IR leave. If it is impossible for
 them to cover 50% of their workload in one semester, the hours can be averaged out
 over a three year period.
- The workload allocation will be budget neutral. This means that staff will not be required to work over their maximum workload if there are budget shortfalls.
- The workload allocation will be transparent i.e all staff workloads will be made public to all members of the school
- The Workload Formula will cover workload over an average of three years with a plus/minus 10% margin.
- The relevant quantifiable maxima for the School of Humanities and Languages are as follows (see Attachment 1):
 - Total maximum workload = 1610hrs (46 weeks x 35hrs; excluding public holidays and annual leave).
 - Total maximum face-to-face teaching hours = 13 hours per semester.
- The relevant quantifiable minimum for the School of Humanities and Languages is:
 - Total minimum face-to-face teaching hours = 4 hours per semester (can be averaged out over three years)
- Research calculations will be based on the previous complete triennium as per current UNSW Research Active Policy - e.g for a 2014 workload allocation, research output from 2010, 2011 and 2012 will be counted.
- Teaching and service workload will be calculated for the coming triennium e.g. for a 2014 workload allocation, teaching and service will be calculated for 2014, 2015 and 2016. The required hours will have to average out over three years (plus or minus 10%). This means that a staff member may have a lighter teaching load in 2014 but a heavier one in 2015 and 2016, for example.
- Teaching only staff must complete 100% in learning & teaching and service.
- Research only staff must complete 100% in research.
- Each member of staff will enter their workload on a spreadsheet calculator prepared by the Workload committee.

2

• The workload allocation document will be completed at the time of term planning for the next semester, and revised after Census date, once student numbers are confirmed.

Clarifications on Learning and Teaching

- Undergraduate and Postgraduate teaching are treated equally.
- Postgraduate diploma (research) is equivalent to Honours.
- Japanese Teaching Practicum is treated as a course.
- Online components (e.g. quizzes, extensive use of Moodle) receive no extra workload allocation.
- Total number of teaching hours are to be entered in the calculator. For e.g. where a staff member teaches a 1 hr lecture over 12 weeks, 12 hours should be entered.
- "Team teaching" does not attract double workload allocation. For example, where two staff members teach one lecture together as a team at the same time, they will need to split the workload allocation. Where two staff members share the delivery of a course, then each will receive an allocation for the relevant number of hours taught. For example, where two members of staff teach 6 weeks each of a 1 hr lecture, each will claim 6 hours on their workload.
- Where member of staff share the marking, their allocation will be calculated according to the percentage of their share. For example, if the course coordinator marks only one assessment task worth 50%, s/he will be allocated 30 an hour per student for marking on their workload.
- Annual progress reviews for HDR students and internal thesis marking for Honours' students forms part of the duties undertaken by supervisors.
- External thesis supervision and thesis marking falls within the 5% general Service allocation.

General timeline and procedure

2013

- October School of Humanities and Languages academic staff will enter their workload on a spreadsheet calculator provided by the Workload Working Party. The spreadsheet will be filled out in consultation with the relevant major stream or program convenor.
- November Academic staff workloads will be approved by the Head of School or nominee.
- December Academic staff workload allocations will be published annually on the HAL shared school drive to ensure transparency and equity within the School.
- March (Census date for semester 1) workloads will be adjusted according to student numbers.

3

 August (Census date for semester 2) – workloads will be adjusted according to student numbers

2014 onwards

- July School of Humanities and Languages academic staff will enter their workload on a spreadsheet calculator provided by the Workload Working Party. The spreadsheet will be filled out in consultation with the relevant major stream or program convenor.
- August Academic staff workloads will be approved by the Head of School or nominee.
- September Academic staff workload allocations will be published annually on the HAL shared school drive to ensure transparency and equity within the School.
- March (Census date for semester 1) workloads will be adjusted according to student numbers.
- August (Census date for semester 2) workloads will be adjusted according to student numbers

Review

The School of Humanities and Languages' Workload Formula will be reviewed by the Workload Working Party at the end of 2014 based on feedback from all academic staff.

ATTACHMENT 1

Table 1: Staff working time

Weeks per year	Annual leave	Hours per week	Total annual workload hours
50	4	35	1610

Table 2: Nominal maxima and minima

Duty	Targets	Percentage	Hours per year
Learning and	Minimum	20%	322
Teaching	Nominal	40%	644
Activities	Maximum	70%	1127
	Minimum	5%	81
Service	Nominal	20%	322
	Maximum	75%	1208
	Minimum	5%	81
Research	Nominal	40%	644
	Maximum	60%	966

Table 3: Face to face teaching parameters

Target	Hours per week
Minimum	4
Nominal	8
Maximum	13

ATTACHMENT 2

MODEL 1

The overarching principle of this model is that a standard workload allocation will constitute 40% learning and teaching (L&T) activities, 40% research activities and 20% service activities. All staff will be given a 20% allocation for service, where all roles will be rotated among staff equally (every two years for minor roles and every three years for major roles). This will mean that some staff will have lighter service roles during some years but heavier service roles during others. Research allocation will be fixed at 40% for all research active staff (according to the UNSW Research Active Policy). Learning &Teaching allocations be calculated according to staff members' assignments but must constitute 40% of their workload, which can be averaged out over three years.

Under this model, all staff must do 20% service, 40% teaching and 40% research averaged out over a triennium.

Learning & Teaching (L&T) (see attachment 3 for details)

• Maximum of 13 face-to-face teaching hours per week.

Service (see attachment 4 for details)

- Head of School receives a 75% service allocation.
- Deputy heads of school receive a 40% service allocation, which reduces their L&T to 20%.
- Staff with major service roles (i.e. PG Research coordinator, MAITS convenor, BA convenor and B. International Studies convenor) receive a 30% service allocation, which reduces their L&T to 30%.

Research

- Universal allocation of 40% for Research Active staff.
- Research inactive staff, Early Career Researchers and new academic staff receive 40% for up to two years after which they will need to devise a research plan with their supervisor/Head of School.

MODEL 2

The overarching principle of this model is that different staff members can choose to focus on different areas at different times of their career, and their workload allocation be calculated based on all three components, with all staff having to do a minimum 20% learning and teaching activities. All staff receive a base service allocation of 5% per year and a base research allocation of 15% over three years. High performing researchers can claim a maximum of 60% for research based on their output. Teaching and service can be offset with research output; research and teaching can be offset with service to the school, university and the profession; and research can be offset with teaching and service.

Learning & Teaching (see attachment 3 for details)

- Minimum 20%
- Maximum of 13 face-to-face teaching hours a week.

Service (see attachment 4 for details)

- 5% minimum allocated to all staff for attending school, faculty and university meetings, functions such as graduation ceremonies, open days, information days, etc. (see attachment 4 for details)
- 75% maximum service allocation for HOS
- 40% maximum service allocation for DHS
- 35% maximum service allocation for staff with major service roles (PG Research coordinator, MAITS convenor, BA convenor and B.Int. St. convenor)
- 30% maximum service allocation for all other staff.

Clarifications on Service

- Staff members who are convenors of committees will not count membership of that committee or of other related committees as additional allocations. For e.g. the Research convenor will receive an allocation of 20% which will cover her/his membership on the school and faculty research committees.
- Staff will receive extra workload allocation for attending external committees that are unrelated to their existing service roles.

Research (see attachment 5 for details)

- Universal allocation of 15% for all staff (over three years) to cover activities such as refereeing, serving on ARC related roles, mentoring, serving on academies, community engagement to disseminate research results, preparation of manuscripts for publication, etc.
- 10% additional allocation for two years for Early Career Researchers, new academic staff and research inactive staff.

- The rest of the allocation is calculated based on staff HERDC points over the past triennium. HERDC outputs include refereed publications, HDR completions and external funding (as per ERA categories).
- Extra HRDC points will be allocated for submitting external grant applications (with HOS approval) at a rate of 0.5 for Cat.1 grants and 0.25 for Cat. 2 grants.
- Under this model, 5 HERDC points are needed to reach a 40% workload allocation; 9 HERDC points are needed to reach a 60% workload allocation.
- Maximum workload allocation of 60% if staff wish to do more research it cannot be counted towards their workload.
- Academic staff with external research grants that allow for teaching buy-outs will need to pay for the full cost of the teaching that would have been conducted by the particular academic staff member. Teaching 'buy-outs' are claimed as the staff member's own teaching hours (i.e as proxy).
- Co-authored publications will be claimed as: 50% for two authors and 30% for three or more authors.

ATTACHMENT 3: LEARNING AND TEACHING HOUR ALLOCATIONS (For models 1 & 2)

NB: The calculations below are based on a total of 1610 hours (50 weeks in a year with 4 weeks of leave and 35 hour working weeks)

Course Convening	Base hours	Load hours	Occurrence	Notes
Course convening	20	0.06 per student	Hours per semester	E.g. 3 hrs a semester for 50 students
Tutor coordination	6	3	Per semester	E.g. 3 hrs per semester per tutor (15 minutes a week)
Teaching	Face to Face hours	Preparation		
Lecture	1	3	Hours per week	
Repeat lecture	1	0		
Tutorial	1	2	Per week	
Repeat tutorial	1	0		
Teaching into multiple courses		16		Flat allowance for teaching into more than 4 courses
On line teaching & convening				
convening	20	0.6		
Teaching	35	0.6		
On line conversion		70		Conversion of a "traditional"
On line conversion		35		Conversion of a "traditional"
Simple			Derstudant	course; no major revision
Marking	1		Per student	
Curriculum development				
New course	70		Two weeks, must be approved by L&T committee	
Major revision	35		One week	
Supervision				
Honours	24	12	Hours per semester	
MA coursework	24	12	Per semester	
HDR	24	12	Per semester	For sole supervision
HDR Principal	18	9	Per semester	
HDR Secondary	6	3	Per semester	
HDR Joint	18	6	Per semester	
Examinations				
Viva exam		0.5	Per student	
Accreditation exam preparation		4	Per exam	
Accreditation exam		1	Per exam	
Accreditation exam		1	Per exam	
I&T Practicum convening	24	0.25	Per student	

ATTACHMENT 4: SERVICE ALLOCATIONS ¹	(For model 2 only)
	• •

General Service allocation: 5% (80.5 hours)	5% Service Roles (80.5 hours)	10% Service Roles (161 hours)	20% Service Roles (322 hours)	30 % Service Roles (483 hours)
School Meetings	Plagiarism Officer	Deputy Learning and Teaching Convenor	Deputy Postgraduate Research Coordinator	Postgraduate Research Coordinator
FASS Meetings	Americas Studies Convenor	Korean Studies Convenor	MA Applied Linguistics Convenor	MAITS Convenor
Discipline Meetings	Indonesian Studies Convenor	Deputy Honours Convenor	Chinese Studies Convenor	Bachelor of Arts Convenor
Open Day	Performance Development Review	Deputy Research Convenor	Philosophy Convenor	Bachelor of International Studies Convenor
Graduation	Seminar Series/Research Cluster Coordination	European Studies Convenor	Japanese Studies Convenor	
FASS mentoring program	UNSW/FASS Committees	Asian Studies Convenor	History Convenor	
External co- supervision	Minimal Editorial Responsibilities	Australian Studies Convenor	Major Editorial Responsibilities	
External thesis marking	FASS Standing Committee	Environmental Humanities Convenor	Honours Convenor	
	Postgraduate Coursework Coordinator	French Studies Convenor	Research Convenor	
	Minor Community Engagement	German Studies Convenor		
	Minor Service Roles to the Profession	Hispanic Studies Convenor		
	WHS Representative	Major Service to the Profession Roles		
	Research Committee Membership	Major Community Engagement		
	Coordinator Ad hoc School	Convenor Minor Editorial		

¹ Note that the Service allocations were calculated based on the following factors: Number of students enrolled in stream/program, number of staff and number of courses as well as whether a stream is disciplinary or interdisciplinary.

or Faculty committees	Responsibilities	
	Women and Gender Studies Convenor	

ATTACHMENT 5: RESEARCH ALLOCATION (For model 2 only)

Research Output	Annual Percentage	Annual Hours	Notes
Base	5% (per year over 3	80.5	Allocated to all
	years)	(241.40 nrs over 3 vrs)	
Early Career Researcher, new member of staff and research inactive staff	10%	161	Allocated for only 2 years
HERDC publications over the past triennium	5% per point	80.5 per point	Articles, Book chapters, and refereed proceedings attract 1 point, scholarly books attract 5 points. Joint publications – 50% for two authors, 33% for more than 2 authors
External research funding over the past triennium (Cat.1)	5 % up to \$50,000	80.5 per \$50,000	Amount of successful grant entered in the year it was won
External research funding over the past triennium (Cat.2)	2.5% up to \$50,000	40.25 per \$50,000	Amount of successful grant entered in the year it was won
Category 1 external funding submitted application	5%	80.5 per application	With Head of School approval
Category 2 external funding submitted application	2.5%	40.25 per application	With Head of School approval
HDR completions over the past triennium	5% per student	80.5 per student	100% if solely supervised, 50% if jointly supervised, 75% if principal supervisor with secondary, 25% if secondary supervisor

ATTACHMENT 6: Calculator (Excel Spreadsheet attached)

	Course		Class Size	Course Structure for students (Lec;Tut;Lab)	Allocated Hours			
Staff		Convenor			Lectures (Hrs/Wk)	Tutorial (Hrs/Wk)	Lab (Hrs/Wk)	Admin Duties
Elias Aboutanios	ELEC9722	Aboutanios	40	L=2, T=1, Lab=1.5	2	1		Coordination of Satellite Systems Engineering masters program, HDR Scholarship Committee, first time teaching ELEC9722, heavily loaded S1
Vassilios Agelidis	ELEC1111 ELEC4122	Agelidis Ladouceur	575	L=2, T=1, Lab=2	3	2		Director of AERI
Eliathamby Ambikairajah								Head of School + L&T new initiatives
Andrew Dempster	ELEC9764 ELEC4122	Dempster Ladouceur		L=3, T=0, Lab=0	3	4		Director of ACSER
Rukmi Dutta	ELEC3105	Dutta	180	L=3, T=1, Lab=1.5	3	2	3	
Andrew Dzurak	GSOE9510 ELEC4122	Ladouceur Ladouceur	60		1.5	0.5 2		Director of ANFF-NSW
Ray Eaton	MINE2610							Associate Dean (Education)
Julien Epps	ELEC2146 GSOE9400		30	L=2, T=1, Lab=3	2 0.5	1	3	Director of Academic Studies, Acting Head of Discipline, AEC Chair, L&T Initiatives
John Fletcher	ELEC9711 ENGG1000 - 50%	Fletcher	145	L=3, T=0, Lab=0	3 1			Coordinator of Nuclear Engineering Program, heavily loaded in S1
Branislav Hredzak	ELEC3145	Hredzak	20	L=2, T=1, Lab=3	2	1	3	New to course

Attachment X

Staff	Course	Convenor	Class Size	Course Structure for students (Lec;Tut;Lab)	All Lectures (Hrs/Wk)	ocated Hours Tutorial Lab (Hrs/Wk) (Hrs/Wk)	Admin Duties
						-	
Chee Yee Kwok	ELEC9703 ENGG1000 - 50%	Kwok	15	L=3, T=0, Lab=0	3 1		Deputy Head of School, Head of Discipline
Georgios	FLFC9123	Konstantinou			3		New to course, plus teaching in summer session
Konstantinou	ELEC4122	Ladouceur			Ū.	4	
Francois	FLFC4445/GSOF9445	Ladouceur	100	1=2. T=2. Lab=0	2		FE&T Industry Liaison first offering of GSOF9445
Ladouceur	ELEC4122/GSOE9510 - 50%	Ladouceur	255	L=3, T=2, Lab=0	1.5		
Taustau		Lahmann	20	1-2 T-0 Lab-2	2	2	
Lehmann	ELEC4602 ELEC9701	Lehmann	30 15	L=2, T=0, Lab=2 L=3, T=0, Lab=0	2 3	Ζ	
lain MacGill	ELEC9715	MacGill	70	L=3, T=0, Lab=0	3	0.5	Joint Director of CEEM
	ELEC4122/GSOE9510 - 50%	Ladouceur	255	L=3, T=2, Lab=0	1.5		
Dah Malayay		Malanav	20	1-2 T-0 1-b-0	2		Assistant Destanducto Dessente Coordinator
Rob Malaney	ELEC4122	Ladouceur	20	L=3, 1=0, LaD=0	3	2	Assistant Postgraduate Research Coordinator
Aron Michael	ELEC2133	Michael	210	L=3, T=1, Lab=2	3	3	AEC member
Tim Moors	TELE9752	Moors	25	L=3, T=0, Lab=0	3	0.5	IT Coordinator
	ELEC4122	Ladouceur				2	
Andrea	MOOC development						
Morello	ELEC4122	Ladouceur				4	
			25				
Derrick Ng	TELE4652 TELE3113 - 50%	Ng W Zhang	35 65	L=3, I=1, Lab=1.5 L=3, T=1, Lab=1.5	3 1.5	1	SPF03, new to courses

Attachment X

Staff	Course	Convenor	Class Size	Course Structure for students (Lec;Tut;Lab)	All Lectures (Hrs/Wk)	ocated Hours Tutorial L (Hrs/Wk) (Hrs	.ab s/Wk)	Admin Duties
Hendra Nurdin	ELEC3114	Nurdin	180	L=3, T=1, Lab=1.5	3	3		SSP
Gang-Ding Peng	PHTN4662	Peng	30	L=2, T=1, Lab=1	2	1	2	International (China) initiatives
Toan Phung	ELEC9712 ELEC4122	Phung Ladouceur	90	L=3, T=0, Lab=0	3	2		Deputy Director of Academic Studies; Thesis/ ME project coordination, AEC member, heavily loaded in S1
Jarryd Pla	ELEC3117 - 50% ELEC4122	von Brasch Ladouceur		L=2, Lab=3	1	2	3	SPF03
Faz Rahman	ELEC4613	Rahman	135	L=3, T=0.5, Lab=1.5	3			Head of Energy Systems Discipline, heavily loaded in S1
Rodica Ramer	TELE9755 ELEC1111	Ramer Agelidis	50	L=3, T=0, Lab=0	3	2		ARC College of Experts, Deputy Industrial Training Coordinator
Jayashri Ravishankar	Full teaching load in summer session	ELEC4122				2		PG Coursework Coordinator, MEngSc Project Coordinator, AEC member
Andrey Savkin	ELEC4632	Savkin	70	L=2, T=1, Lab=1.5	2	2		Deputy Director of Research, load carried over from S2 2015
Vidhya Sethu	ELEC4123	Sethu	120		3	1		Technology-based teaching development, AEC member
Vijay Sivaraman	GSOE9758 ELEC4122	Sivaraman Ladouceur	45	L=3, T=0, Lab=0	3	2		Postgraduate Research Coordinator
lain Skinner	Lab Coordination							Faculty Duties (50%), EE&T Laboratory Coordinator

Course Structure Allocated Hours Class for students Staff Course Convenor **Admin Duties** Lectures Tutorial Lab Size (Lec;Tut;Lab) (Hrs/Wk) (Hrs/Wk) (Hrs/Wk) L=3, T=0, Lab=0 ELEC9732 Head of Systems and Control Discipline Victor Solo Solo 30 3 2 ELEC4122 Ladouceur David SSP Taubman Chamith ELEC2142 Wijenayake 185 L=3, T=1, Lab=3 3 3 SPF03, AEC member Wijenayake Jinhong Yuan TELE4651 L=2, T=2, L=1.5 2 Head of Telecommunications Discipline, Acting Director of Yuan 45 2 Research Daming Zhang ELEC4617 L=3, T=1, Lab-3 D Zhang 120 3 2 ELEC4122 Ladouceur 2 Wei Zhang L=3, T=0, Lab=0 W Zhang TELE9754 60 3 W Zhang TELE3113 - 50% 65 L=3, T=1, Lab=1.5 1.5 Alex von ELEC3117 - 50% von Brasch L=2, Lab=3 1 3 Brasch

Attachment X

Attachment Y

Annual Report 2015





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Our Vision

producing work of international significance in order to

Our Mission

To improve the health and wellbeing of older people through research and evidence based practice.

Our Work

NARI conducts research into the major health issues that affect older people, and uses this research to shape health promotion, service provision and policy development concerning older people, recognising that Australia's older population is very diverse.

From the President

In 2011, 3.1 million people were aged 65 years and over in Australia and older people accounted for about 1 in 7 people. This is expected to rise to about 1 in 4 by 2050 and double in number. As life expectancy increases this good news story gets lost in a cacophony of doom and ruin.

At NARI, our research into positive ageing via falls prevention, pain management, mental health promotion, cognitive health through such interventions as physical activity can all enable older people to get the most out of their later years by ageing well and remaining connected within the community, workforce or care environment. This aim is at the heart of our mission statement.

As the NARI President I am proud to present to you this annual report which captures some of the many aspects of research undertaken by our dedicated researchers.

The NARI community was saddened to hear of the loss of the Honourable Michael McKellar earlier this year. As our Board President he was widely acknowledged to be unfailingly courteous, kind and generous and a benefactor contributing to the betterment of the lives of older people. As foreshadowed, Professor David Ames retired in May 2015 and I thank him for his contributions to NARI since 2007. David will remain in touch with NARI through his position as honorary professorial fellow.

It is my pleasure to welcome Associate Professor Briony Dow into the role of Director. Briony has worked at NARI for 12 years and has built an impressive research portfolio in health promotion, mental health and carer's health. Briony brings with her wealth of expertise, networks and visionary leadership to lead NARI into its 5th decade.

I thank our Ambassadors, Dr Patricia Edgar and Dr Don Edgar for their active support and acknowledgement of NARI in their writings and advocacy activities.

I thank the Board for their commitment and support for myself and NARI. I would particularly like to welcome new members, Dr David Alcorn, Richard



Gallina, Maree McCabe, and Prof Terry O'Brien and thank retiring members Sue Hendy, Associate Professor Tony Snell and Professor Ian Everall for their dedication and service.



Associate Professor Michael Murray

From the Director

The past 12 months have been a period of change for NARI, not least due to the resignation of Professor David Ames, after eight years as Executive Director. Professor Ames was a highly respected Director and a highly successful researcher as his prolific publication record shows. I thank Professor Ames for his significant contribution to NARI and look forward to continued research collaboration in his role as honorary Professorial Fellow at NARI.



There have been significant changes in the broader research environment that have impacted upon NARI. It is becoming increasingly difficult to secure funding for specific research projects as the National Health and Medical Research Council becomes more competitive and many nongovernment and philanthropic organisations look to fund collaborative programs rather than one-off projects. NARI has responded to this changing environment with the establishment of the Melbourne Ageing Research Collaboration (MARC), which is a collaboration between 12 organisations

representing research, university, health service, community, government, advocacy and industry.

NARI has also partnered with The University of Melbourne with a new Hallmark Ageing Research Initiative, a fully on-line Master of Ageing to commence in July 2015 and a Massive Open Online Course, Rethinking Ageing, which was run for the first time in April 2015.

NARI has also expanded its fundraising efforts, running a successful lunch with opera performances at Coombe Cottage in March. We have established the Australian Ageing Research Foundation

"NARI staff continue to produce work of the highest quality; this year we have over 140 peer reviewed papers accepted for publication and numerous research highlights." to raise funds for research to improve the wellbeing of older Australians.

NARI staff continue to produce work of the highest quality: this year we had over 140 peer reviewed papers accepted for publication and numerous research highlights.

I thank all those people who support NARI's work. Our research could not be done without our research volunteers who give up valuable time to help us better understand ageing. I thank the Victorian government for their continuing financial support and partnership in research to promote the health of older Victorians.

Associate Professor Briony Dow

Board of Directors

President

> Associate Professor Michael Murray

Vice President

> Derek McMillan

Treasurer

> Richard Gallina (Appointed 18/8/2014)

Executive Director

- > Professor David Ames (Retired 22/5/2015)
- > Associate Professor Briony Dow (Appointed 25/5/2015)

Members

- > Dr David Alcorn (Appointed 28/5/2015)
- > Professor Ian Everall (Resigned 21/10/2014)
- > Sue Hendy (Resigned 14/8/2014)
- > Professor Terence O'Brien (Appointed 17/11/2014)
- > Professor Elizabeth Ozanne
- > Maree McCabe (Appointed 17/11/2014)
- > Associate Professor Tony Snell (Resigned 2/2015)

Senior Executive Staff

- > Professor Stephen Gibson Deputy Director, Director Clinical
- > Debra O'Connor Executive Manager
- > Dr Frances Batchelor Director Health Promotion
- > David Rischbieth Chief Finance Officer

Board Meeting Attendances

Total Meetings 4

>	Dr David Alcorn	2 out of 2
>	Professor David Ames	4 out of 4
>	Professor Ian Everall	0 out of 1
>	Richard Gallina	3 out of 3
>	Sue Hendy	0 out of 1
>	Christine Kotur	2 out of 4
>	Maree McCabe	2 out of 2
>	Derek McMillan	3 out of 4
>	Assoc Professor Michael Murray	4 out of 4
>	Prof Terence O'Brien	1 out of 2
>	Assoc Professor Elizabeth Ozanne	3 out of 4
>	Assoc Professor Tony Snell	2 out of 2

Finance, Audit & Risk Management

Total Meetings 5

>	Dr David Alcorn	1 out of 1
>	Professor David Ames	1 out of 5
>	Professor Ian Everall	1 out of 1
>	Richard Gallina	5 out of 5
>	Christine Kotur	1 out of 1
>	Derek McMillan	0 out of 1
>	Assoc Professor Michael Murray	5 out of 5

Business Development and Strategy Total Meetings 4 > Professor David Ames 0 out of 4 > Christine Kotur 4 out of 4 > Maree McCabe 1 out of 2 > Derek McMillan 3 out of 4 > Assoc Professor Michael Murray 2 out of 4 > Professor Terence O'Brien 0 out of 2 > Assoc Professor Elizabeth Ozanne 4 out of 4 > Assoc Professor Tony Snell 3 out of 3

Positive Ageing Roundtable

The Positive Ageing Roundtable was established early in 2015 to turn the attention of policy makers and service providers towards the many positive contributions that older people make to the economy and the quality of community life. Increased longevity is a remarkable achievement and one which brings opportunities and social benefits for Australian society.

The inaugural Positive Ageing Roundtable, hosted by NARI, was convened by our Ambassadors Dr Patricia Edgar and Dr Donald Edgar. The coalition is made up of researchers and policy thinkers including: Adjunct Associate Professor Katharine Betts (Swinburne University of Technology), Tony Coles (Australian Association of Gerontology), Aimee Defries (RSL Care), Janey Dolan (South Australia Health), Nicholas Gruen (Lateral Economics), Kerry Jones (The Australian Centre for Social Innovation), Dr Helen Kimberley (Brotherhood of St Laurence), Emily Millane (Per Capita Principal), Gideon Perrott (State Trustees), Professor David Ames, Professor Stephen Gibson, Associate Professor Briony Dow and Debra O'Connor (NARI).

The conversation focussed on many affirmative aspects of ageing including the reality that the majority of older people want to, and do, live independently in their own homes; just seven per cent of older people are in aged care accommodation, yet the latter group dominates policy discussion.

Today the majority of Australians will live beyond 80 and have only a few years of possible decline. Older people contribute billions of dollars to the national economy through voluntary



Image: Dr Patricia Edgar and Dr Don Edgar, NARI's Ambassadors

work, care of the old and people with disabilities and to their own families via inter-generational transfers. Rising health costs are explained more by increased population generally, advanced and more costly medical technology, pharmaceutical costs and by futile end of life interventions, than they are by 'ageing' as such.

NARI's new Positive Ageing Roundtable will continue to build links across a national coalition of those working towards a less gloomy, more proactive and inclusive approach to Australia's growing older demographic.

The Roundtable felt strongly that ageism needs to be challenged against a more realistic and positive picture. Next steps include a campaign to canvass politicians' views on ageing in the lead up to the Federal Election, focussing on a broader agenda not just health and aged care, and advocacy through media to change the conversation on ageing to a more positive one.

Significant Achievements

PUBLICATIONS

> Over the past year NARI researchers have had over 140 publications in peer-reviewed journals, a very high rate of productivity.

ADVOCACY

> NARI continues to be a voice for older people through submissions and meetings with politicians about our pioneering research into health and wellbeing of older people. The past year included making a submission about elder abuse to the Royal Commission into Family Violence in Victoria and contributing to the national Ministerial Dementia Forum.

INTERNATIONAL COLLABORATION

> NARI increased its international profile through research partnerships and presentations at international conferences. The past year NARI staff gave keynote presentations and seminal presentations in Argentina, Norway, USA, the UK, China and Tokyo.

8 FUNDRAISING

> We announced the establishment of the Australian Ageing Research Foundation to raise funds for our research.

EDUCATION

> NARI delivered 12 specialised workshops and 38 seminars as part of its education program, reaching over 2,000 people. Our researchers played a critical role in the development of the new Masters of Ageing and the Massive Open Online Course at The University of Melbourne.

RESEARCH COLLABORATION

> NARI continues to drive the Melbourne Ageing Research Collaboration which over the past year has included a forum on falls, a colloquium on MARC's four priority areas: health ageing, falls, dementia, and end of life and palliative care research.

🗐 MEDIA

> NARI continues to raise issues about older people's health and wellbeing in traditional and social media. Over 50 articles and radio interviews were placed in a range of media including The Age, Sydney Morning Herald, Radio National Life Matters, The Conversation, Grassroots, ABC 774, Radio National Health Report, and the aged/senior press. A highlight has been the collaboration between NARI and News Ltd's Body and Soul.

Clinical Division 2014-2015

Research in the clinical division this year reflects the diversity of this program in exploring ageing issues. A considerable component of our work has focused on either the early detection of age-related impairment, or better methods for managing age-related illnesses.

Our longitudinal studies continue to explore relationships between biomarkers and age-related impairments. Randomised controlled trials examine better management approaches for age-related conditions, whilst service development studies implement and evaluate best-practice. Not confined to a particular health care sector, our research continues to be relevant for the 'healthy' ageing community, acute health care systems such as hospitals, and long-term residential aged care settings.

Flagship study of ageing

The Australian Imaging Biomarkers and Lifestyle (AIBL) Flagship study of ageing is a longitudinal study improving our understanding of how Alzheimer's disease develops over decades. Many participants initially recruited in 2006 are still involved at the 90-month follow up.

Recent findings indicate that individuals without the apolipoprotein E (APOE) ε4 gene but with toxic amyloid protein build up in their brains have far slower cognitive decline over time than people with amyloid protein who do carry the ε4 gene. In addition, individuals with memory problems and amyloid buildup who carry the gene for a particular form of the brain-derived neurotrophic factor (BDNF) called Val66Met, show both large and significant decline in memory and shrinkage of the memory centres in the brain over time. Finally, people who follow a Mediterranean style of diet have been found to show reduced cerebral amyloid deposition over time.

Older twins study

NARI is also involved in one of the largest and most comprehensive ageing studies involving older twins in Australia, The Older Australian Twins Study (OATS) examines the contribution of genetic and environmental factors as well as their interaction on the ageing process. Data from the first wave of this longitudinal study has examined genetic influences on cognitive processing speed, memory, planning and problem solving, as well as the role of mental and physical activity in maintaining a healthy brain. Brain imaging and blood data has contributed to investigating the heritability of brain structure and function, the role of brain metabolites, and the epigenetics of memory and learning. This study is currently expanding to perform Positron Emission Tomography scans on a number of twin pairs to establish whether amyloid plagues have a genetic component, and how they relate to performance in memory and thinking.

"A considerable component of our work has focused on either the early detection of age-related impairment, or better methods for managing age-related illnesses."

Randomised controlled trials

NARI research has also focused on the best methods to manage age-related illness. A randomised controlled trial of an innovative telephone support service for people with chronic obstructive pulmonary disease found that symptoms of depression and anxiety were reduced in participants who received either a tailored cognitive behaviour therapy program or a program of befriending. The program has since been modified to assist family carers of people with dementia and trials are currently underway to develop telephone support services further.

Another randomised controlled trial is examining whether the use of analgesics can reduce behavioural and psychological symptoms of dementia. Participants with dementia are administered analgesics to examine whether behaviours of agitation or aggression in older persons are driven by unrelieved pain. To date, the study has recruited participants from over thirty residential aged care facilities throughout Melbourne. Results can be expected soon regarding the relationship between agitation, aggression, pain and dementia. The study has also expanded to examine the relationship between depression, pain and dementia.

Research into innovative practice

Service development research continues to support health services in piloting and evaluating innovative practice. The Dementia Behaviour Management Advisory Service was evaluated as a hospitalbased pilot project in Victoria, focusing on building the capacity of hospital staff to care for patients living with dementia and manage related behaviours. This project used a combined approach that offered education, a team based assessment and care planning, mentorship/leadership support, increased use of non-pharmacological approaches and dementia friendly environments that could support hospital staff in caring for people with dementia. The education program was found to be highly successful. Nursing staff unanimously agreed that they would be able to implement the education program into practice, be more likely to seek information from family and carers when planning care, be more confident in their practice, and be less stressed in their workplace.

NARI also assisted the Inner North West Melbourne Medicare Local to evaluate a video consultation pilot for residential aged care. General practitioner views were collected and analysed about the telehealth video consultation process. GPs viewed the pilot positively, and thought that the technology supported them in providing effective medical management to appropriate patients. The advantage of telehealth was mainly in monitoring low acuity patients and increasing speed of service for this group of patients.



Partnerships

In an Australian first, Pastoral and Spiritual Care for Older People (PASCOP) is developing national guidelines for spiritual care in aged care settings. These guidelines aim to have applicability for a range of users including pastoral care workers, staff, volunteers and health professionals.

A goal of the implementation is to raise awareness about the rights of all older people to have access to spiritual care regardless of culture, beliefs and backgrounds. It seeks to challenge perceptions that the provision of spiritual care is exclusively the domain of pastoral carers, chaplains and clergy.

The project is funded by the Department of Social Services and PASCOP has partnered with NARI and Spiritual Health Victoria. NARI is assisting the project by advising on overall direction, including project design, evidence-based analyses and financial auditing.

The Health Services Guardianship Liaison Officer (HSGLO) pilot was an innovative model of support for health services to resolve guardianship and complex discharge decisions for older people. The pilot aimed to build capacity through improving the knowledge base of health service staff for best practice decision-making. The pilot also aimed to improve organisational capacity to enable appropriate guardianship applications and discharge plans. The evaluation by NARI highlighted that while successful, significant unmet needs remain for health professionals working with older people facing guardianship and complex discharge decisions. Impact was made in achieving these aims on individual health professionals and care units within certain health services. However, it was also clear that organisational and system-wide impacts were lacking, and

a more comprehensive longitudinal evaluation is needed to explore changes more broadly.

NARI is also working with Royal Freemasons in evaluating a new pilot program aimed at enhancing their aged care services. Called 'Tapestry of Care', this enhanced model of care emphasises the World Health Organisation approach to functioning, disability and health, and focuses on improving relationships, quality of life, and what is important to the resident. A major component of the program is a multidisciplinary professional review of each resident's condition. summarising their overall approach to their care and providing all care staff with a greater sense of direction, in a form easier to convey to the resident's family. The Tapestry framework is being implemented and NARI will evaluate outcomes later in 2015.

Identical twins sign up for research

Identical twins Peter and Sid Grondman are enthusiastic about their involvement as research participants in the Older Australian Twins' Study.

Their introduction to NARI and the Older Australian Twins' Study was made through a doctor friend, who thought they might be interested in contributing to medical research.

"It has been quite an adventure for us," said Sid.

"I've learned a lot about my body, and the importance of keeping active and fit as you age."

As well as taking part in research, both brothers, aged 72, have many interests, which they say is important to healthy ageing.

Their passion for rock music and sport began as teenagers and since then, they have operated music venues, played in bands, and ran an artist management and booking agency.

In the late 1970s, they established a touring company through which they booked bands and musicians, such as Lionel Ritchie and the Commodores, Chuck Berry, Cliff Richards, as well as Australian stars like Kate Ceberano, the Bee Gees and AC/DC.

Today there is no stopping their enthusiasm. Peter is a professional tennis coach and Sid continues in the music industry.

However their involvement in the study is important to both.

"The study has really raised our understanding of why older people need to keep active for their health," Sid said.

"Everyone is fascinated by identical twins," said Sid.

"The fact that we are contributing to one of the largest ageing studies in Australia is something we are both proud about," Peter added.

> "I've learned a lot about my body, and the importance of keeping active and fit as you age."

Image: Identical twins Sid (Ieft) and Peter (right) are part of the Older Australian Twins Study.

Health Promotion

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The Health Promotion Division has had a productive year, working on a range of projects each of which are reflected in our streams of Healthy Ageing, Carers and Mental Health, Cultural Diversity, Falls and Balance, Health Policy and Services, Social Connections and Technology. The team has also represented NARI at local, national and international conferences, including the Australian Association of Gerontology's national conference in Adelaide, the Australian and New Zealand Falls Prevention Conference in Sydney, and the British Gerontology Society Conference in Southampton, England amongst others.

Highlights of the year included delivering results and resources through completing projects as diverse as tackling depression and anxiety among older Chinese immigrants through to developing an online e-learning package for the Department of Health and Human Services in Gippsland, Victoria.

Tackling depression and anxiety amongst older Chinese immigrants

This Australian-first study on depression and anxiety among older Chinese immigrants has shown that one in five participants had clinically significant symptoms of depression and one in 10 exhibited clinically significant symptoms of anxiety. The study, funded through *beyondblue*, also showed that Mandarin-speaking people are at higher risk of depression and anxiety than Cantonese speakers as well as other older people. Depression occurs in between 10 and 15 per cent of the general older adult population.

NARI researchers believe contributing factors could be associated with the immigration experience, as well as older Chinese immigrants having limited knowledge about depression and anxiety.

The study has highlighted the critical need for culturally appropriate services for older Chinese Australians. As a first step towards this, the investigation has resulted in a suite of culturallyappropriate screening tools to help health professionals better detect anxiety and depression in older Chinese people. "Highlights of the year included ... tackling depression and anxiety among older Chinese immigrants through to developing an online e-learning package for the Department of Health and Human Services in Gippsland, Victoria."

These tools are freely available for health professionals working with older people from a Chinese background. The resources also include a guide defining depression and anxiety, risk factors, common screening methods and what to do if a person's results show them to be anxious or depressed.

Gippsland e-learning

Over the past year, NARI has been involved in the Gippsland Department of Health and Human Services Planned Activity Group review. Findings from the first stage of the review indicated that people attending Planned Activity Groups (PAG) were physically active for less than 15 per cent of the time.

To support PAG staff to help their clients become more physically active NARI developed an e-learning package that is available on the NARI website <u>nari.net.au/elearning/story</u>. html. The package covers physical activity recommendations, the "how to" of measuring physical activity, and practical suggestions for increasing physical activity. It is aimed at all Planned Activity Group workers whether co-odinators support staff or volunteers.

LGBTI people and mental health

People who are lesbian, gay, bi-sexual or transgender are more likely to experience mental health problems than their heterosexual counterparts. In addition to the factors that trigger depression and anxiety in all of us, older LGBTI people also deal with discrimination and stigma, and, for some, a lifetime of denying their true identity for fear of abuse, legal ramifications or rejection by family, church or employment. A recent study, funded by *beyondblue*, conducted in partnership with NARI, Latrobe University and RMIT, aimed to raise awareness of these issues amongst health professionals and service providers by developing an education resource that tells the stories of older LGBTI people in their own words.

The older LGBTI people interviewed for the study sent a clear message - they want to be treated with respect and dignity. The education resource will be disseminated by all the project partners (Val's Café, Latrobe University, RMIT Health Sciences, *beyondblue* and NARI) as well as to students in the Master of Ageing at the University of Melbourne.





Elder abuse

NARI's recent report, launched by Victoria's Minister for Ageing the Hon. Martin Foley on World Elder Abuse Prevention Day, revealed that most abuse (92 per cent) occurs within the family and is largely perpetuated by the adult children of the older person (67 per cent).

NARI analysed two years' of data from Senior Rights Victoria (SRV) and found that the most common types of abuse reported to SRV are financial and psychological/emotional abuse. However, reporting of one type of abuse is often just the tip of the iceberg as most people ringing into the SRV Helpline with abuse complaints were experiencing multiple abuse types. The report also looked at the factors associated with elder abuse. Women were 2.5 times more likely to be the victims of abuse than men and older people who lived with their adult children were more at risk than others.

A significant number of alleged perpetrators had substance abuse or gambling issues, and/or mental health issues, suggesting that substance abuse and mental health challenges facing people aged 35 to 54 years, are directly affecting the older population.

NARI and SRV now have funding from the Lord Mayor's Charitable Foundation to explore "what happens next?" Researchers will interview 30 ex-clients of SRV to investigate the outcomes of the abusive situation and the help they received. This will help to inform services about what older people experiencing abuse find to be most helpful.

In addition, NARI is partnering with the University of Melbourne to conduct a literature review on intergenerational elder abuse with the aim of informing future policy and practice in this area.

Working with the Victorian government

Over the past year, the Health Promotion Division has worked in conjunction with the Victorian Government Department of Health and Human Services on a number of projects including the development of ten fact sheets for clinicians, service managers and quality teams.

Topics include: comprehensive geriatric assessment, sub-acute care, multidisciplinary and interdisciplinary approaches, multimorbidity, advance care planning, transitions: transfer of care within the health service and to home, managing cognitive impairment, preventing adverse events, translating evidence into practice and communication.

We received funding to update the groundbreaking "Best care for older people everywhere" toolkit to transform the latest evidencebased information on preventing functional decline in hospitals into a comprehensive website resource. This will be launched in the coming months with the Department of Health and Human Services new website.

Working with research participants

Our work with carers continues with the IMPACCT project (Improving Mood through Physical Activity for Carers and Care Recipients Trial). This randomised controlled trial is examining the impact of a physical activity intervention for carers and care recipients on depression. This trial is in the final stages of recruitment.

Our healthy ageing stream also continues to actively recruit and followup participants for ground breaking studies such as AIBL Active, Individual Goal Setting (INDIGO) for physical activity and an innovative study which involves sitting time reduction to enhance the cognitive benefits of physical activity in older adults at increased risk of diabetes or with type 2 diabetes.

The aim of AIBL Active is to establish whether 24 months of home-based physical activity can delay the progression of cerebrovascular disease in older adults with subjective memory loss.

INDIGO is a National Health and Medical Research Council funded randomised controlled trial to determine whether a home-based six month physical activity intervention with individual goal-setting and volunteer mentors can significantly increase physical activity levels in sedentary older adults at increased risk of developing Alzheimer's Disease, memory complaints or mild cognitive impairment who have at least one vascular risk factor.

Have A Try!

Around 40 per cent of older Australians have a poor diet or are physically inactive. Although there is much research on healthy ageing, few resources provide this information in a userfriendly format in languages other than English. Up to 80 per cent of older Australians have low health literacy, resulting in poorer health outcomes and poorer use of health care services.

NARI has developed a unique model of engaging with groups of older people from culturally and linguistically diverse backgrounds in an attempt to change behaviour.

Known as Have a Try (HAT), the program has linked social activity programs for seniors that are supported by local government. Over 100 people have engaged with NARI over the past year in group and home-based exercise programs. Today four formerly sedentary groups (Spanish-speaking, Chinese, Eritrean and Slavic) are participating in physical activity during their weekly meeting under the leadership of peers. The groups also now have access to information about healthy ageing, all in their first language.

The research findings have been far reaching. Participants reported feeling better or healthier, fitter and stronger, younger, more alert, more flexible and less tired. These health benefits were corroborated by improved fitness. Almost 70 per cent of participants completed a follow-up functional assessment and findings indicate that the program has delivered widespread benefits.

Balance, based on the step test, improved by 17 per cent, while mobility, based on the timed up and go test, improved by ten per cent. Lower body strength, based on the sit-to-stand five times, improved by nine per cent while upper body strength, based on arm curls within 30 seconds improved by eight per cent.

According to Dr Elizabeth Cyarto, Healthy Ageing Stream Leader, some groups were more successful than others partly due to whether senior members were involved, and whether all of the group was exercising.

"Another key ingredient for success was training peer leaders to support and sustain health promotion activities for the groups," Dr Cyarto said. Next steps for the research include the production and launch of the multilingual HAT exercise DVD as well as rolling out the model to other local councils.

HAT was funded by the Federal Department of Social Services under the Aged Care Service Improvement and Healthy Ageing Grants fund.

Collaborating partners included the City of Melbourne's Healthy Ageing team, the Multicultural Centre for Women's Health, Centre for Cultural Diversity in Ageing and Blue Care residents based in Brisbane.


Driving Ageing Research Forward Internationally



NARI works in partnerships with specialists, leading academics, community groups, and other research centres to bring in new ideas and share expertise to drive ageing research forward. The past year has seen NARI expand its collaborations across Australia and overseas.

International Longevity Centre - Australia

NARI was one of eleven consortium partners involved in the successful bid to start the International Longevity Centre (ILC) - Australia.

The result was seen as a tremendous result for the region, providing a robust avenue for global collaboration to support longevity and programs that will help to drive dialogue and share understandings.

International linkages

NARI welcomed two international researchers to its Parkville centre over the past year, as part of our contribution to growing clinical and research into ageing. Dr Jun Ho Lee, from Seoul National University Hospital, South Korea, visited NARI to learn more about our work in Alzheimer's disease. The Institute also welcomed Dr Carl-Johan Olsson, who works in the Ageing and Living Conditions Program at Umea University in Sweden.

Associate Professor Dow is a Chief Investigator on the Managing Agitation and Raising Quality of Life (MARQUE) project. This project, to improve quality of life in people with moderate or severe dementia, is led by Professor Gill Livingston from University College London.

International speaking engagements

Our researchers spoke at and attended a range of international conferences during the year including:

> Associate Professor Dow attended the World Health Organisation Kobe Centre (WKC) to review case studies representing a range of innovative community based approaches to support older adults.

- Dr Frances Batchelor and Associate Professor Dow at the British Society of Gerontology in Southampton, UK.
- Professor Stephen Gibson gave the keynote address at the EFIC World Congress on pain and dementia in Norway; at the 15th World Congress on Pain, Buenos Aires; and at the International 5th World Congress on Head and Neck Oncologic Societies, New York.
- > Dr Samantha Loi presented at the Women's Mental Health conference in Tokyo.
- > Dr Xiaoping Lin presented at the International Psychogeriatric Association 2014 International Conference in China.

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Melbourne Ageing Research Collaboration



MARC Melbourne Ageing Research Collaboration

Attachment Y

In late 2014 the National Ageing Research Institute established the Melbourne Ageing Research Collaboration (MARC) with eleven partner organisations and support from the Victorian Government's Department of Health.

MARC, managed by Dr Frances Batchelor, NARI Director of Health Promotion, aims to drive a critical research agenda for policy, dialogue and funding. The ultimate goal is to ensure more rapid translation of research evidence into practice to improve the lives of older people.

MARC has identified four hot topics central to ageing: healthy ageing, falls, dementia and end of life/palliative care. A scoping study completed by MARC showed that, despite advances in ageing research, there are still gaps particularly in relation to care of older people in hospitals.

Its first forum in December 2014 covered the perennial issue of falls and older Australians, with presentations given by Frances Batchelor (NARI), Sean Lynch (Inner North West Melbourne Medicare Local), Kristie Mackenzie, Leah Blyth and Annette Lamb (Melbourne Health), Sarah Yallop (Department of Health) and Trentham Furness, (Australian Catholic University). The forum was a precursor for the first MARC demonstration project which will look into reducing falls in hospitals. Its focus will be on translating research into real world situations.

In May, MARC hosted a one-day symposium covering each of the priority areas. Over 100 people attended to hear the latest clinical implications of research findings from leading experts. Partner organisations include: Alzheimers Australia Victoria, Austin Health, Australian Catholic University, Inner North West Melbourne Medicare Local, Mercy Health, Royal Melbourne Hospital, NARI, Northern Health, St Vincent's Hospital, Telstra and The University of Melbourne.



Attachment Y

People

PhD Scholars

Dr Xiaoping Lin graduated from the University of Melbourne with a doctorate on the nature of parent-child relationships and their associations with psychological wellbeing in multicultural Australia. She found similarities, as well as differences, between older Australian-born people and older Chinese immigrants in these areas. Her findings have important implications for policy development and service provision for older people in Australia.

Dr Emily You graduated from The University of Melbourne with a doctorate on "Case Management Practice, Goals and Outcomes in Community Aged Care: Perspectives of Case Managers in Australia." Her study explored the roles, functions and activities of Australian community aged care case managers; elucidated the goals and outcomes that case managers perceived they should achieve in their practice; increased understanding of the factors that influence case managers' practice; and explored perceptions of changes in case managers' roles in the future.



Images: Steven Savvas (left), Marcia Fearn (middle) and Xiaoping Lin (right)

Interim Director

Associate Professor Briony Dow was appointed by the NARI Board as Interim Director in May 2015. Associate Professor Dow has been at NARI for over 12 years, initially as a Research Fellow and then as Director of the Health Promotion Division.

She is a social worker with a strong clinical background as well as extensive experience in managing community and hospital based programs and organisations.

Associate Professor Dow is currently President of the Australian Association of Gerontology, co-chair of the University of Melbourne's Hallmark Initiative, and Adjunct Associate Professor with the Centre for Applied Social Research, RMIT University.

Life Member

Mr David Simmons was awarded life membership at the last AGM. Mr Simmons served 18 years on the NARI board from 1994 to 2012.

NARI Awards

Dr Steven Savvas and Marcia Fearn were recipients of NARI Achievement Awards, named after two former NARI directors.

Ms Fearn received the Derek Prinsley Staff Award for her substantial commitment to NARI's ongoing success. She has been with NARI for 14 years working on a number of projects including person-centred health care, evaluating the Victorian Government's Heatwave strategy and a randomisedcontrolled trial into the effect of telephone support on depression and anxiety with people who have chronic obstructive pulmonary disease.

Dr Steven Savvas received the Robert Helme Research Award for research excellence. He has worked at NARI since 2011 during which time he has published consistently in the geriatric field in dementia, pain and aged care. Dr Savvas is currently trial coordinator for a large multi-site clinical trial involving people with dementia in residential aged care.

Education

Professional education

NARI delivered 12 specialised workshops to aged care professionals over the past year, reaching 300 people. The focus was on sharing research evidence to enable participants to apply knowledge to real-life case examples. A number of new workshops were initiated, including *Writing Funding Applications: The Nuts and Bolts* and *Falls and Cognition*.

Annual Seminar

NARI's fifth annual seminar, "Challenging Conditions of Late Life -Issues and Solutions", attracted over 100 people. It was opened by the Hon David Davis MP, Victorian Minister for Health and Ageing. Topics covered included dementia, frailty, common late life syndromes, and pain.

Seminar series

The free weekly seminar program, convened jointly by NARI and Royal Melbourne Hospital, presented 38 seminars in 2014/2015. Speakers focused on a diverse range of topics concerned with clinical issues and current research. We thank our education series presenters. For the program, please see <u>www.nari.net.au/education</u>

Hallmark Ageing Research

The Hallmark Ageing Research Initiative began this year. NARI's Director Briony Dow is co-chair with Professor Rob Moodie of the University of Melbourne. A three-year initiative, it will draw together research on ageing from across the university, affiliated institutes and industry partners. The focus will be on technology, design, healthy ageing, leadership, ageing in low and middle income countries, and social aspects of ageing across the life course.

Massive Open Online Course

NARI contributed to a seven-week Massive Open Online Course (MOOC) hosted by The University of Melbourne. *Rethinking Ageing: Are we prepared to live longer?* attracted nearly 5,000 students from more than 125 countries.

Undergraduate and postgraduate supervision

NARI hosted two students through the Swinburne University's Social Research Internship program. Marie Dell'Anno and Michelle Slater undertook two broadreaching projects into how older people are portrayed in the media and social connection, ageing and technology. Michelle Slater, supervised by Professor Colleen Doyle and Dr Sue Malta, analysed 138 articles to show how older people were represented specifically in the Australian Women's Weekly over two six-year time periods: 1977 to 1982 and 2009 to 2014.

Marie Dell'Anno, supervised by Drs Sue Malta, Briony Dow and Liz Cyarto, reviewed literature to examine the effectiveness of computer and internet technology in improving or enhancing the social connection of older adults.

Our PhD students Willeke Walsh, from The University of Melbourne's School of Physiotherapy, examined falls risk assessment in the acute hospital setting while Claudia Meyer from La Trobe's School of Physiotherapy investigated how people with dementia and their carers learned about and acted upon falls prevention strategies. Sam Loi, from The University of Melbourne's Department of Psychiatry, focused on predictors of depression in older carers.

BOOKS

- 1. Gibson SJ & Lautenbacher S. (eds). (2015) *Pain in persons with dementia*, IASP press.
- 2. Pickering G & Gibson SJ. (eds). (2015) *Pain, Emotion and Cognition: A Complex Nexsus,* Springer, 978-3-319-12032-4.

CHAPTERS IN BOOKS

- Gibson SJ. (2015) The Pain, Emotion and Cognition Nexus in Older Persons and in Dementia. In: *Pain, Emotion and Cognition*. (eds. Pickering G & Gibson SJ). Springer, 3319120328, pp 231-247.
- Doyle C, Hunter C & White VM. (2015) Family Caregiver Support In: Nursing case studies on improving healthrelated quality of life in older adults. (eds. M.W. K & Murphy K). Springer Publishing Company, NY, pp 265-276.
- Ford R, Footit J, Wu M-L, Courtney M, Jackson D & Doyle C. (2015) Stigma. In: Nursing case studies on improving health-related quality of life in older adults. (eds. Kazer MW & Murphy K). Springer Publishing Company, NY, pp 167-180.

PROJECT REPORTS

- 6. Cyarto EV. *Evaluation of the Older Persons' Camps Experience Project*. Report to Australian Camps Association and Council on the Ageing Victoria, 2014.
- 7. Cyarto E, Vrantsidis F & McCarthy E. Dissemination of the Have a Try (HAT) Program and the Healthy Ageing Quiz (HAQ) to Older People from CALD Backgrounds. Report to Department of Social Services, Canberra, 2014.

- 8. Dow B, Purchase R, Muys V, Chen K & Fearn M. Love, Loss and Laughter Exhibition: Summary of Evaluation Findings Report to Alzheimer's Australia, Victoria, 2014.
- 9. Haralambous B, Lin X, Vrantsidis F & Dow B. *Tackling* depression and anxiety amongst older people in the Chinese community. Report to beyondblue, 2014.
- Giummarra M, Arnold C & Gibson SJ. Victorian Persistent Pain Outcome Project: Evaluation of a minimum data set of outcome measures for chronic pain clinics. Department of Health, Victoria. 2014.

PAPERS IN PEER REVIEWED JOURNALS

- Ahamed S, Anpalahan M, Savvas S, Gibson S, Torres J & Janus E. (2014) Hyponatraemia in older medical patients: implications for falls and adverse outcomes of hospitalisation. *Intern Med J*, 44(10):991-7.
- Albrecht MA, Masters CL, Ames D, Foster JK and the AIBL Research Group. Impact of mild head injury on neuropsychological performance and cognitive decline in cognitively healthy older adults. *Brain and Cognition*. [In press].
- Albrecht MA, Szoeke C, Maruff P, Savage G, Lautenschlager NT, Ellis KA, Taddei K, Martins R, Masters CL, Ames D & Foster JK. (2015) Longitudinal cognitive decline in the AIBL cohort: The role of APOE epsilon4 status. *Neuropsychologia*, 75:411-419.
- 14. Ames D. (2014) Symptom variability in dementia. *Int Psychogeriatr*, 26(8):1237.
- Angus D, Herd C, Stone C, Stout J, Wieler M, Reilmann R, Ritchie CW, Dorsey ER, Helles K, Kayson E & Oakes D. (2015) Safety, tolerability, and efficacy of PBT2 in Huntington's disease: a phase 2, randomised, doubleblind, placebo-controlled trial. *Lancet Neurol*, 14(1):39-47.

- 16. Asmidawati A, Hamid TA, Hussain RM & Hill KD. (2014) Home based exercise to improve turning and mobility performance among community dwelling older adults: protocol for a randomized controlled trial. *BMC Geriatr*, 14:100.
- Barker A, Cameron P, Hill K, Flicker L, Haines T, Lowthian J, Waldron N, Arendts G, Redfern J & Forbes A. (2015) RESPOND-A patient-centred program to prevent secondary falls in older people presenting to the emergency department with a fall: Protocol for a multicentre randomised controlled trial. *Injury Prevention*. 21(1):e1.
- Batchelor F, Dow B, Williams S, Hill K, Russell M, Lin X, Wilkinson V, Crowley K, Borschmann K & Berlowitz D. (2014) Subjective and objective sleep measures in older people with a history of falls. *Journal of Sleep Disorders: Treatment and Care*, 3(1).
- 19. Batchelor F, Williams S, Wijeratne T, Said C, Petty S, Balance and gait impairment in people with transient ischemic attack and minor stroke, *Journal of Stroke and Cerebrovascular Disease* [In press]



- Batouli SA, Sachdev PS, Wen W, Wright MJ, Ames D & Trollor JN. (2014) Heritability of brain volumes in older adults: the Older Australian Twins Study. *Neurobiol Aging*, 35(4):937 e5-18.
- Bourgeat P, Villemagne VL, Dore V, Brown B, Macaulay SL, Martins R, Masters CL, Ames D, Ellis K, Rowe CC, Salvado O & Fripp J. (2015) Comparison of MR-less PiB SUVR quantification methods. *Neurobiol Aging*, 36 Suppl 1:S159-66.
- 22. Bovonsunthonchai S, Hiengkaew V, Vachalathiti R, Said CM & Batchelor F. (2015) Temporospatial analysis: Gait characteristics of young adults and the elderly in turning while walking. *International Journal of Therapy and Rehabilitation*, 22(3):129-134.
- 23. Brodaty H, Connors MH, Ames D & Woodward M. (2014) Progression from mild cognitive impairment to dementia: a 3-year longitudinal study. *Aust N Z J Psychiatry*, 48(12):1137-42.
- 24. Brodaty H, Connors MH, Xu J, Woodward M & Ames D. (2014) Predictors of institutionalization in dementia: a three year longitudinal study. *J Alzheimers Dis*, 40(1):221-6.
- Brodaty H, Connors MH, Xu J, Woodward M & Ames D. (2015) The course of neuropsychiatric symptoms in dementia: a 3-year longitudinal study. *J Am Med Dir* Assoc, 16(5):380-7.
- 26. Brodaty H, Mothakunnel A, de Vel-Palumbo M, Ames D, Ellis KA, Reppermund S, Kochan NA, Savage G, Trollor JN, Crawford J & Sachdev PS. (2014) Influence of population versus convenience sampling on sample characteristics in studies of cognitive aging. Ann Epidemiol, 24(1):63-71.

- Brodaty H, Woodward M, Boundy K, Ames D & Balshaw R. (2014) Prevalence and predictors of burden in caregivers of people with dementia. *Am J Geriatr Psychiatry*, 22(8):756-65.
- Brown BM, Bourgeat P, Peiffer JJ, Burnham S, Laws SM, Rainey-Smith SR, Bartres-Faz D, Villemagne VL, Taddei K, Rembach A, Bush A, Ellis KA, Macaulay SL, Rowe CC, Ames D, Masters CL, Maruff P & Martins RN. (2014) Influence of BDNF Val66Met on the relationship between physical activity and brain volume. *Neurology*, 83(15):1345-52.
- 29. Buckley RF, Ellis KA, Ames D, Rowe CC, Lautenschlager NT, Maruff P, Villemagne VL, Macaulay SL, Szoeke C, Martins RN, Masters CL, Savage G, Rainey-Smith SR, Rembach A & Saling MM. (2015) Phenomenological characterization of memory complaints in preclinical and prodromal Alzheimer's disease. *Neuropsychology*, 29(4):571-81.
- Buckley RF, Saling MM, Irish M, Ames D, Rowe CC, Lautenschlager NT, Maruff P, Macaulay SL, Martins RN, Masters CL, Rainey-Smith SR, Rembach A, Savage G, Szoeke C & Ellis KA. (2014) Personal memory function in mild cognitive impairment and subjective memory complaints: results from the Australian Imaging, Biomarkers, and Lifestyle (AIBL) Study of Ageing. J Alzheimers Dis, 40(3):551-61.
- Buckley RF, Saling MM, Irish M, Ames D, Rowe CC, Villemagne VL, Lautenschlager NT, Maruff P, Macaulay SL, Martins RN, Szoeke C, Masters CL, Rainey-Smith SR, Rembach A, Savage G & Ellis KA. (2014) Autobiographical narratives relate to Alzheimer's disease biomarkers in older adults. *Int Psychogeriatr*, 26(10):1737-46.

- 32. Burn KF, Henderson VW, Ames D, Dennerstein L & Szoeke C. (2014) Role of grandparenting in postmenopausal women's cognitive health: results from the Women's Healthy Aging Project. *Menopause*, 21(10):1069-74.
- 33. Burnham SC, Faux NG, Wilson W, Laws SM, Ames D, Bedo J, Bush AI, Doecke JD, Ellis KA, Head R, Jones G, Kiiveri H, Martins RN, Rembach A, Rowe CC, Salvado O, Macaulay SL, Masters CL & Villemagne VL. (2014) A blood-based predictor for neocortical Abeta burden in Alzheimer's disease: results from the AIBL study. *Mol Psychiatry*, 19(4):519-26.
- Burnham SC, Raghavan N, Wilson W, Baker D, Ropacki MT, Novak G, Ames D, Ellis K, Martins RN & Maruff P. (2015) Novel Statistically-Derived Composite Measures for Assessing the Efficacy of Disease-Modifying Therapies in Prodromal Alzheimer's Disease Trials: An AIBL Study. *Journal of Alzheimer's Disease*, 46(4):1079-1089.
- 35. Burton E, Cavalheri V, Adams R, Browne CO, Bovery-Spencer P, Fenton AM, Campbell BW & Hill KD. (2015) Effectiveness of exercise programs to reduce falls in older people with dementia living in the community: a systematic review and meta-analysis. *Clin Interv Aging*, 10:421-34.
- Campbell G, Bryant C, Ellis KA, Buckley R & Ames D. (2015) Comparing the Performance of the HADS and the GDS-15 in the AIBL Study. *Int Psychogeriatr*, 27(9):1577-8.
- Chong TW, Doyle CJ, Cyarto EV, Cox KL, Ellis KA, Ames D & Lautenschlager NT. (2014) Physical activity program preferences and perspectives of older adults with and without cognitive impairment. *Asia Pac Psychiatry*, 6(2):179-90.

- Chua CK, Henderson VW, Dennerstein L, Ames D & Szoeke C. (2014) Dehydroepiandrosterone sulfate and cognition in midlife, postmenopausal women. *Neurobiol Aging*, 35(7):1654-5.
- Clemson L, Donaldson A, Hill K & Day L. (2014) Implementing person-environment approaches to prevent falls: A qualitative inquiry in applying the Westmead approach to occupational therapy home visits. *Aust Occup Ther J.* [Epub ahead of print]
- 40. Close JC, Wesson J, Sherrington C, Hill KD, Kurrle S, Lord SR, Brodaty H, Howard K, Gitlin LN, O'Rourke SD & Clemson L. (2014) Can a tailored exercise and home hazard reduction program reduce the rate of falls in community dwelling older people with cognitive impairment: protocol paper for the i-FOCIS randomised controlled trial. *BMC Geriatr*, 14:89.
- Daly RM, Duckham RL, Tait JL, Rantalainen T, Nowson CA, Taaffe DR, Sanders K, Hill KD, Kidgell DJ & Busija L. (2015) Effectiveness of dual-task functional power training for preventing falls in older people: study protocol for a cluster randomised controlled trial. *Trials*, 16(1):1-15.
- 42. Davies G, Armstrong N, Bis JC, Bressler J, Chouraki V, Giddaluru S, Hofer E, Ibrahim-Verbaas CA, Kirin M, Lahti J, van der Lee SJ, Le Hellard S, Liu T, Marioni RE, Oldmeadow C, Postmus I, Smith AV, Smith JA, Thalamuthu A, Thomson R, Vitart V, Wang J, Yu L, Zgaga L, Zhao W, Boxall R, Harris SE, Hill WD, Liewald DC, Luciano M, Adams H, Ames D, Amin N, Amouyel P, Assareh AA, Au R, Becker JT, Beiser A, Berr C, Bertram L, Boerwinkle E, Buckley BM, Campbell H, Corley J, De Jager PL, Dufouil C, Eriksson JG, Espeseth T, Faul JD, Ford I, Gottesman RF, Griswold ME, Gudnason V, Harris TB, Heiss G, Hofman A, Holliday EG, Huffman J, Kardia SL, Kochan N, Knopman DS, Kwok JB, Lambert JC, Lee T, Li G, Li SC, Loitfelder M, Lopez OL, Lundervold AJ, Lundqvist A, Mather KA, Mirza SS, Nyberg L, Oostra BA, Palotie A, Papenberg G, Pattie A, Petrovic K, Polasek O, Psaty BM, Redmond P, Reppermund S, Rotter JI, Schmidt H, Schuur M, Schofield PW, Scott RJ, Steen VM, Stott DJ, van Swieten JC, Taylor KD, Trollor J, Trompet S, Uitterlinden AG, Weinstein G, Widen E, Windham BG, Jukema JW, Wright AF, Wright MJ, et al. (2015) Genetic contributions to variation in general cognitive function: a meta-analysis of genome-wide association studies in the CHARGE consortium (N=53949). Mol Psychiatry, 20(2):183-92.

- Day L, Trotter MJ, Hill KD, Haines TP & Thompson C. (2014) Implementation of evidence-based falls prevention in clinical services for high-risk clients. *J Eval Clin Pract*, 20(3):255-9.
- 44. Doyle C. (2014) Finding calm amid the buffeting of old age. *Kairos Catholic Journal* 25(1):20.
- 45. Doyle C, Dunt D & Morris P. (2014) Stress and dementia. Int Psychogeriatr, 26(8):1235-6.
- 46. Ellis JM, Doyle CJ & Selvarajah S. (2014) The relationship between apathy and participation in therapeutic activities in nursing home residents with dementia: Evidence for an association and directions for further research. *Dementia* (London). [Epub ahead of print]

- 47. Faux NG, Rembach A, Wiley J, Ellis KA, Ames D, Fowler CJ, Martins RN, Pertile KK, Rumble RL, Trounson B, Masters CL & Bush AI. (2014) An anemia of Alzheimer's disease. *Mol Psychiatry*, 19(11):1227-34.
- Ford AH, Almeida OP, Flicker L, Garrido GJ, Greenop KR, Foster JK, Etherton-Beer C, van Bockxmeer FM & Lautenschlager NT. (2014) Grey matter changes associated with deficit awareness in mild cognitive impairment: a voxel-based morphometry study. J Alzheimers Dis, 42(4):1251-9.
- Frost S, Kanagasingam Y, Sohrabi H, Bourgeat P, Villemagne V, Rowe CC, Macaulay SL, Szoeke C, Ellis KA, Ames D, Masters CL, Rainey-Smith S & Martins RN. (2013) Pupil response biomarkers for early detection and monitoring of Alzheimer's disease. *Curr Alzheimer Res*, 10(9):931-9.



- 50. Gardener SL, Rainey-Smith SR, Barnes MB, Sohrabi HR, Weinborn M, Lim YY, Harrington K, Taddei K, Gu Y, Rembach A, Szoeke C, Ellis KA, Masters CL, Macaulay SL, Rowe CC, Ames D, Keogh JB, Scarmeas N & Martins RN. (2014) Dietary patterns and cognitive decline in an Australian study of ageing. *Mol Psychiatry*. [Epub ahead of print]
- 51. Giangregorio LM, Thabane L, Adachi JD, Ashe MC, Bleakney RR, Braun EA, Cheung AM, Fraser LA, Gibbs JC, Hill KD, Hodsman AB, Kendler DL, Mittmann N, Prasad S, Scherer SC, Wark JD & Papaioannou A. (2014) Build better bones with exercise: protocol for a feasibility study of a multicenter randomized controlled trial of 12 months of home exercise in women with a vertebral fracture. *Phys Ther*, 94(9):1337-52.
- 52. Gianoudis J, Bailey CA, Ebeling PR, Nowson CA, Sanders KM, Hill K & Daly RM. (2014) Effects of a Targeted Multimodal Exercise Program Incorporating High Speed Power Training on Falls and Fracture Risk Factors in Older Adults: A Community Based Randomized Controlled Trial. Journal of bone and mineral research, 29(1):182-191.
- Giummarra MJ, Gibson SJ, Allen AR, Pichler AS, Arnold CA. (2015) Polypharmacy and chronic pain: harm exposure is not all about the opioids. *Pain Med.* 16(3):472-9.
- 54. Giummarra MJ, Fitzgibbon BM, Tsao JW, Gibson SJ, Rich AN, Georgiou-Karistianis N, Chou M, Bradshaw JL, Alphonso AL, Tung ML, Drastal CA, Hanling S, Pasquina PF, Enticott PG. (2015) Symptoms of PTSD Associated With Painful and Nonpainful Vicarious Reactivity Following Amputation. J Trauma Stress. 28(4):330-8.
- Giummarra MJ, Fitzgibbon BM, Georgiou-Karistianis N, Beukelman M, Verdejo-Garcia A, Blumberg Z, Chou M & Gibson SJ. (2015) Affective, sensory and empathic sharing of another's pain: The Empathy for Pain Scale. Eur J Pain, 19(6):807-16.

- 56. Giummarra, M.J., Georgiou-Karistianis, N., Verdejo-Garcia, A., Gibson, S.J. Feeling the burn: When it looks like it hurts, and belongs to me, it really does hurt more. *Consciousness and Cognition*. [In press].
- 57. Goh AM, Westphal A, Daws T, Gascoigne-Cohen S, Hamilton B & Lautenschlager NT. (2015) A retrospective study of medical comorbidities in psychogeriatric patients. *Psychogeriatrics*. [Epub ahead of print]
- Gupta VB, Wilson AC, Burnham S, Hone E, Pedrini S, Laws SM, Lim WL, Rembach A, Rainey-Smith S, Ames D, Cobiac L, Macaulay SL, Masters CL, Rowe CC, Bush AI & Martins RN. (2015) Follow-up plasma apolipoprotein E levels in the Australian Imaging, Biomarkers and Lifestyle Flagship Study of Ageing (AIBL) cohort. *Alzheimers Res Ther*, 7(1):16.
- 59. Hadjistavropoulos T, Herr K, Prkachin KM, Craig KD, Gibson SJ, Lukas A & Smith JH. (2014) Pain assessment in elderly adults with dementia. *Lancet Neurol*, 13(12):1216-27.
- 60. Haines TP, Day L, Hill KD, Clemson L & Finch C. (2014) "Better for others than for me": a belief that should shape our efforts to promote participation in falls prevention strategies. *Arch Gerontol Geriatr*, 59(1):136-44.
- Haines TP, Williams CM, Hill AM, McPhail SM, Hill K, Brauer SG, Hoffmann TC & Etherton-Beer C. (2015) Depressive symptoms and adverse outcomes from hospitalization in older adults: secondary outcomes of a trial of falls prevention education. *Arch Gerontol Geriatr*, 60(1):96-102.
- 62. Hill K. (2014) Commentary to: Balance-specific training embedded within a pulmonary rehabilitation program may reduce falls risk in people with COPD. *J Physiother*, 60(2):111.

- Hill KD, Day L & Haines TP. (2014) What factors influence community-dwelling older people's intent to undertake multifactorial fall prevention programs? *Clin Interv Aging*, 9:2045-53.
- 64. Hill KD, Hunter SW, Batchelor FA, Cavalheri V & Burton E. (2015) Individualized home-based exercise programs for older people to reduce falls and improve physical performance: A systematic review and meta-analysis. *Maturitas*. [Epub ahead of print]
- 65. Hollands S, Lim YY, Buckley R, Pietrzak RH, Snyder PJ, Ames D, Ellis KA, Harrington K, Lautenschlager N, Martins RN, Masters CL, Villemagne VL, Rowe CC & Maruff P. (2015) Amyloid-beta related memory decline is not associated with subjective or informant rated cognitive impairment in healthy adults. J Alzheimers Dis, 43(2):677-86.
- 66. Hutchens RL, Kinsella GJ, Ong B, Pike KE, Clare L, Ames D, Saling MM, Storey E, Mullaly E, Rand E & Parsons S. (2013) Relationship between control beliefs, strategy use, and memory performance in amnestic mild cognitive impairment and healthy aging. J Gerontol B Psychol Sci Soc Sci, 68(6):862-71.
- Hutchens RL, Kinsella GJ, Ong B, Pike KE, Parsons S, Storey E, Ames D, Saling MM, Mullaly E, Rand E & Clare L. (2012) Knowledge and use of memory strategies in amnestic mild cognitive impairment. *Psychol Aging*, 27(3):768-77.

- 68. Jessen F, Amariglio RE, van Boxtel M, Breteler M, Ceccaldi M, Chetelat G, Dubois B, Dufouil C, Ellis KA, van der Flier WM, Glodzik L, van Harten AC, de Leon MJ, McHugh P, Mielke MM, Molinuevo JL, Mosconi L, Osorio RS, Perrotin A, Petersen RC, Rabin LA, Rami L, Reisberg B, Rentz DM, Sachdev PS, de la Sayette V, Saykin AJ, Scheltens P, Shulman MB, Slavin MJ, Sperling RA, Stewart R, Uspenskaya O, Vellas B, Visser PJ & Wagner M. (2014) A conceptual framework for research on subjective cognitive decline in preclinical Alzheimer's disease. *Alzheimers Dement*, 10(6):844-52.
- Johnson P, Vandewater L, Wilson W, Maruff P, Savage G, Graham P, Macaulay LS, Ellis KA, Szoeke C, Martins RN, Rowe CC, Masters CL, Ames D & Zhang P. (2014) Genetic algorithm with logistic regression for prediction of progression to Alzheimer's disease. *BMC Bioinformatics*, 15 Suppl 16:S11.
- Kanchibhotla SC, Mather KA, Thalamuthu A, Zhuang L, Schofield PR, Kwok JB, Ames D, Wright MJ, Trollor JN, Wen W & Sachdev PS. (2014) Genetics of microstructure of the corpus callosum in older adults. *PLoS One*, 9(12):e113181.
- 71. Kinsella GJ, Ames D, Storey E, Ong B, Pike KE, Saling MM, Clare L, Mullaly E & Rand E. Strategies for improving memory: a randomized trial of memory groups for older people, including those with mild cognitive impairment. *Journal of Alzheimer's Disease*. [In press].
- 72. Kisely S, Chang A, Crowe J, Galletly C, Jenkins P, Loi S, Looi JC, Macfarlane MD, McVie N, Parker S, Power B, Siskind D, Smith G, Merry S, Macfarlane S. (2015) Getting started in research: systematic reviews and metaanalyses. *Australas Psychiatry*. 23(1):16-21.
- 73. Kurz A, Kurz C, Ellis K & Lautenschlager NT. (2014) What is frontotemporal dementia? *Maturitas*, 79(2):216-9.

- 74. Lai MMY, Martin J & Roberts N. (2015) Improving ambulatory patient-centred practice with a patient teaching associate programme. *Internal Medicine Journal*, 45(8):883-4.
- 75. Lai MMY, Roberts N & Martin J. (2014) Effectiveness of patient feedback as an educational intervention to improve medical student consultation (PTA Feedback Study): study protocol for a randomized controlled trial. *Trials*, 15(1):361.
- Lautenschlager NT. (2015) Awareness of memory deficits in subjective cognitive decline, mild cognitive impairment, Alzheimer's disease and Parkinson's disease. *Int Psychogeriatr*, 27(3):355-6.
- 77. Lautenschlager NT, Anstey KJ & Kurz AF. (2014) Nonpharmacological strategies to delay cognitive decline. *Maturitas*, 79(2):170-3.
- 78. Lazarus J, Mather KA, Armstrong NJ, Song F, Poljak A, Thalamuthu A, Lee T, Kochan NA, Brodaty H, Wright MJ, Ames D, Sachdev PS & Kwok JB. (2015) DNA methylation in the apolipoprotein-A1 gene is associated with episodic memory performance in healthy older individuals. J Alzheimers Dis, 44(1):175-82.
- 79. Lee DC, Day L, Finch CF, Hill K, Clemson L, McDermott F & Haines TP. (2014) Investigation of Older Adults' Participation in Exercises Following Completion of a State-Wide Survey Targeting Evidence-Based Falls Prevention Strategies. *J Aging Phys Act*. [Epub ahead of print]
- 80. Lee DC, Day L, Hill KD, Clemson L, McDermott F & Haines T. What factors influence older adults to discuss falls with their healthcare providers? *Health Expectations*. [In press]



- Lee T, Lipnicki DM, Crawford JD, Henry JD, Trollor JN, Ames D, Wright MJ & Sachdev PS. (2014) Leisure activity, health, and medical correlates of neurocognitive performance among monozygotic twins: the Older Australian Twins Study. J Gerontol B Psychol Sci Soc Sci, 69(4):514-22.
- 82. Leifert W, Nguyen T, Rembach A, Martins R, Rainey-Smith R, Masters CI, Ames D, Rowe Cc, Macaulay SI, François M, Fenech MF and the Australian Imaging Biomarkers and Lifestyle Study Group. Buccal cell cytokeratin 14 correlates with multiple bloodmarkers of Alzheimer's disease risk. *Journal of Alzheimer's Disease*. [In press]
- 83. Li QX, Villemagne V, Doecke JD, Rembach A, Sarros S, Varghese S, Mcglade A, Laughton K, Pertile K, Fowler CJ, Rumble RL, Trounson BO, Taddei K, Rainey-Smith S, Laws S, Robertson JS, Evered LA, Silbert B, Ellis KA, Rowe C, Macaulay SL, Darby D, Martins R, Ames D, Masters CL, Collins S, for the AIBL Research Group. Alzheimer's disease normative CSF biomarkers validated in PET aβ characterised subjects from the Australian Imaging, Biomarker and Lifestyle study. *Journal of Alzheimer's Disease*. [In press].

- 84. Lim YY, Maruff P, Pietrzak RH, Ames D, Ellis KA, Harrington K, Lautenschlager NT, Szoeke C, Martins RN, Masters CL, Villemagne VL & Rowe CC. (2014) Effect of amyloid on memory and non-memory decline from preclinical to clinical Alzheimer's disease. *Brain*, 137(Pt 1):221-31.
- 85. Lim YY, Maruff P, Pietrzak RH, Ellis KA, Darby D, Ames D, Harrington K, Martins RN, Masters CL, Szoeke C, Savage G, Villemagne VL & Rowe CC. (2014) Abeta and cognitive change: examining the preclinical and prodromal stages of Alzheimer's disease. *Alzheimers Dement*, 10(6):743-751 e1.
- 86. Lim YY, Pietrzak RH, Bourgeat P, Ames D, Ellis KA, Rembach A, Harrington K, Salvado O, Martins RN, Snyder PJ, Masters CL, Rowe CC, Villemagne VL & Maruff P. (2015) Relationships between performance on the Cogstate Brief Battery, neurodegeneration, and Abeta accumulation in cognitively normal older adults and adults with MCI. Arch Clin Neuropsychol, 30(1):49-58.
- Lim YY, Villemagne VL, Laws SM, Ames D, Pietrzak RH, Ellis KA, Harrington K, Bourgeat P, Bush AI, Martins RN, Masters CL, Rowe CC & Maruff P. (2014) Effect of BDNF Val66Met on memory decline and hippocampal atrophy in prodromal Alzheimer's disease: a preliminary study. *PLoS One*, 9(1):e86498.
- 88. Lim YY, Villemagne VL, Laws SM, Pietrzak RH, Snyder PJ, Ames D, Ellis KA, Harrington K, Rembach A, Martins RN, Rowe CC, Masters CL & Maruff P. (2014) APOE and BDNF polymorphisms moderate amyloid beta-related cognitive decline in preclinical Alzheimer's disease. *Mol Psychiatry*. [Epub ahead of print]
- Lim YY, Villemagne VL, Pietrzak RH, Ames D, Ellis KA, Harrington K, Snyder PJ, Martins RN, Masters CL, Rowe CC & Maruff P. (2015) APOE epsilon4 moderates amyloidrelated memory decline in preclinical Alzheimer's disease. *Neurobiol Aging*, 36(3):1239-44.

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- 90. Lin X, Bryant C, Boldero J & Dow B. (2014) Older Chinese Immigrants' Relationships With Their Children: A Literature Review From a Solidarity-Conflict Perspective. *Gerontologist*. [Epub ahead of print]
- 91. Lin X, Haralambous B, Pachana NA, Bryant C, LoGiudice D, Goh A & Dow B. (2015) Screening for depression and anxiety among older Chinese immigrants living in Western countries: The use of the Geriatric Depression Scale (GDS) and the Geriatric Anxiety Inventory (GAI). Asia Pac Psychiatry. [Epub ahead of print]
- 92. Loi SM, Westphal A, Ames D & Lautenschlager NT. (2015) Minimising psychotropic use for behavioural disturbance in residential aged care. *Aust Fam Physician*, 44(4):180-4.
- 93. Loi SM, Bradshaw L & Gilbert V. (2015) Aged persons mental health service in rural Victoria. *Aust J Rural Health*. [Epub ahead of print]
- 94. Loi SM, Dow B, Ames D, Moore K, Hill K, Russell M & Lautenschlager N. (2014) Physical activity in caregivers: What are the psychological benefits? *Arch Gerontol Geriatr*, 59(2):204-10.
- 95. Loi S, Dow B, Moore K, Hill K, Russell M, Cyarto E, Ames D, Malta S & Lautenschlager N. Factors associated with depression in older carers. *International Journal of Geriatric Psychiatry*. [In press]
- 96. Loi SM, Dow B, Moore K, Hill K, Russell M, Cyarto E, Malta S, Ames D & Lautenschlager NT. (2015) The adverse mental health of carers: Does the patient diagnosis play a role? *Maturitas*. [Epub ahead of print]
- 97. Loi SM, Dow B, Moore K, Hill K, Russell M, Cyarto E, Malta S, Ames D & Lautenschlager NT. (2015) Attitudes to aging in older carers - do they have a role in their well-being? *Int Psychogeriatr.* [Epub ahead of print]

- 98. Loi SM & Lautenschlager NT. (2015) Dementia literacy in older adults. *Asia Pac Psychiatry*, 7(3):292-7.
- 99. McCarthy E, Malta S & Doyle C. (2015) Moving the body to improve the mind *Kairos Catholic Journal*, 26(5):16-17.
- 100. Macfarlane MD, Kisely S, Loi S, Looi JC, Merry S, Parker S, Power B, Siskind D, Smith G & Macfarlane S. (2015) Getting started in research: research questions, supervisors and literature reviews. *Australas Psychiatry*, 23(1):8-11.
- 101. Macfarlane MD, Kisely S, Loi S, Macfarlane S, Merry S, Parker S, Power B, Siskind D, Smith G & Looi JC. (2015) Getting started in research: designing and preparing to conduct a research study. *Australas Psychiatry*, 23(1):12-5.
- 102. Malta S & Farquharson K. (2014) The initiation and progression of late-life romantic relationships. *Journal of Sociology*, 50(3):237-251.
- 103. Maruff P, Lim YY, Darby D, Ellis KA, Pietrzak RH, Snyder PJ, Bush AI, Szoeke C, Schembri A, Ames D & Masters CL. (2013) Clinical utility of the cogstate brief battery in identifying cognitive impairment in mild cognitive impairment and Alzheimer's disease. *BMC Psychol*, 1(1):30.
- 104. Mastwyk M, Ames D, Ellis KA, Chiu E & Dow B. (2014) Disclosing a dementia diagnosis: what do patients and family consider important? *Int Psychogeriatr*, 26(8):1263-72.

- 105. Mastwyk M, Dow B, Ellis K & Ames D. Why attend a memory clinic? What do patients and their families want and/or expect? *Australasian Journal on Ageing*. [In press].
- 106. Mather KA, Armstrong NJ, Wen W, Kwok JB, Assareh AA, Thalamuthu A, Reppermund S, Duesing K, Wright MJ, Ames D, Trollor JN, Brodaty H, Schofield PR & Sachdev PS. (2015) Investigating the genetics of hippocampal volume in older adults without dementia. *PLoS One*, 10(1):e0116920.
- 107. Merkel B, Steward C, Vivash L, Malpas CB, Phal P, Moffat BA, Cox KL, Ellis KA, Ames DJ & Cyarto EV. (2015) Semiautomated hippocampal segmentation in people with cognitive impairment using an age appropriate template for registration. *J Magn Reson Imaging*. [Epub ahead of print]
- 108. Meyer C, Hill S, Dow B, Synnot A & Hill K. (2013) Translating Falls Prevention Knowledge to Community-Dwelling Older PLWD: A Mixed-Method Systematic Review. *Gerontologist*. [Epub ahead of print]



- 109. Meyer C, Williams S, Batchelor F & Hill K. (2015) Enhancing Adoption of a Home-based Exercise Program for Mild Balance Dysfunction: A Qualitative Study. J Aging Phys Act. [Epub ahead of print]
- 110. Moore EM, Ames D, Mander AG, Carne RP, Brodaty H, Woodward MC, Boundy K, Ellis KA, Bush AI, Faux NG, Martins RN, Masters CL, Rowe CC, Szoeke C & Watters DA. (2014) Among vitamin B12 deficient older people, high folate levels are associated with worse cognitive function: combined data from three cohorts. J Alzheimers Dis, 39(3):661-8
- 111. Moore KJ & Dow B. (2015) Carers continuing to care after residential care placement. *Int Psychogeriatr*, 27(6):877-80.
- 112. Moore KJ, Doyle CJ, Dunning TL, Hague AT, Lloyd LA, Bourke J & Gill SD. (2014) Public sector residential aged care: identifying novel associations between quality indicators and other demographic and health-related factors. *Aust Health Rev*, 38(3):325-31.
- 113. Morris RL, Brand CA, Ayton D, Hill KD, Redfern J, Nyman SR, Lowthian JA, Hill AM, Etherton-Beer CD, Flicker L, Hunter P, Barker AL. RESPOND A patient-centred programme to prevent secondary falls in older people presenting to the emergency department with a fall: protocol for a mixed methods programme evaluation. *Injury Prevention*. [Epub ahead of print]
- 114. O'Brien CL, Moore G, Rolley JX, Ski CF, Thompson DR, Lautenschlager NT, Gonzales G, Hsueh YS & Castle D. (2014) Exploring health care providers' perceptions of the needs of stroke carers: informing development of an optimal health program. *Top Stroke Rehabil*, 21(5):421-31.
- 115. Petty SJ, Kantor S, Lawrence KM, Berkovic SF, Collins M, Hill KD, Makovey J, Sambrook PN, O'Brien TJ & Wark JD. (2014) Weight and fat distribution in patients taking valproate: a valproate-discordant gender-matched twin and sibling pair study. *Epilepsia*, 55(10):1551-7.

- 116. Pietrzak RH, Lim YY, Ames D, Harrington K, Restrepo C, Martins RN, Rembach A, Laws SM, Masters CL, Villemagne VL, Rowe CC & Maruff P. (2015) Trajectories of memory decline in preclinical Alzheimer's disease: results from the Australian Imaging, Biomarkers and Lifestyle Flagship Study of Ageing. *Neurobiol Aging*, 36(3):1231-8.
- 117. Pietrzak RH, Lim YY, Neumeister A, Ames D, Ellis KA, Harrington K, Lautenschlager NT, Restrepo C, Martins RN, Masters CL, Villemagne VL, Rowe CC & Maruff P. (2015) Amyloid-beta, anxiety, and cognitive decline in preclinical Alzheimer disease: a multicenter, prospective cohort study. JAMA Psychiatry, 72(3):284-91.
- 118. Pietrzak RH, Scott JC, Neumeister A, Lim YY, Ames D, Ellis KA, Harrington K, Lautenschlager NT, Szoeke C & Martins RN. (2014) Anxiety symptoms, cerebral amyloid burden and memory decline in healthy older adults without dementia: 3-year prospective cohort study. *The British Journal of Psychiatry*, 204(5):400-401.
- 119. Pike KE, Kinsella GJ, Ong B, Mullaly E, Rand E, Storey E, Ames D, Saling M, Clare L & Parsons S. (2013) Is the WMS-IV verbal paired associates as effective as other memory tasks in discriminating amnestic mild cognitive impairment from normal aging? *Clin Neuropsychol*, 27(6):908-23.
- 120. Ranasinghe DC, Shinmoto Torres RL, Hill K & Visvanathan R. (2014) Low cost and batteryless sensor-enabled radio frequency identification tag based approaches to identify patient bed entry and exit posture transitions. *Gait Posture*, 39(1):118-23.

- 121. Rembach A, Faux NG, Watt AD, Pertile KK, Rumble RL, Trounson BO, Fowler CJ, Roberts BR, Perez KA, Li QX, Laws SM, Taddei K, Rainey-Smith S, Robertson JS, Vandijck M, Vanderstichele H, Barnham KJ, Ellis KA, Szoeke C, Macaulay L, Rowe CC, Villemagne VL, Ames D, Martins RN, Bush AI & Masters CL. (2014) Changes in plasma amyloid beta in a longitudinal study of aging and Alzheimer's disease. *Alzheimers Dement*, 10(1):53-61.
- 122. Rembach A, Hare DJ, Doecke JD, Burnham SC, Volitakis I, Fowler CJ, Cherny RA, McLean C, Grimm R, Martins R, Ames D, Masters CL, Bush AI & Roberts BR. (2014) Decreased serum zinc is an effect of ageing and not Alzheimer's disease. *Metallomics*, 6(7):1216-9.
- 123. Rembach A, Stingo FC, Peterson C, Vannucci M, Do KA, Wilson WJ, Macaulay SL, Ryan TM, Martins RN, Ames D, Masters CL & Doecke JD. (2015) Bayesian graphical network analyses reveal complex biological interactions specific to Alzheimer's disease. J Alzheimers Dis, 44(3):917-25.
- 124. Rembach A, Watt AD, Wilson WJ, Rainey-Smith S, Ellis KA, Rowe CC, Villemagne VL, Macaulay SL, Bush AI, Martins RN, Ames D, Masters CL & Doecke JD. (2014) An increased neutrophil-lymphocyte ratio in Alzheimer's disease is a function of age and is weakly correlated with neocortical amyloid accumulation. J Neuroimmunol, 273(1-2):65-71.
- 125. Rembach A, Watt AD, Wilson WJ, Villemagne VL, Burnham SC, Ellis KA, Maruff P, Ames D, Rowe CC, Macaulay SL, Bush AI, Martins RN, Masters CL & Doecke JD. (2014) Plasma amyloid-beta levels are significantly associated with a transition toward Alzheimer's disease as measured by cognitive decline and change in neocortical amyloid burden. J Alzheimers Dis, 40(1):95-104.

- 126. Roberts G, Morley C, Walters W, Malta S & Doyle C. (2015) Caring for people with dementia in residential aged care: successes with a composite person-centered care model featuring Montessori-based activities. *Geriatr Nurs*, 36(2):106-10.
- 127. Said CM, Batchelor F, Shaw K & Blennerhassett J. (2015) Preparing patients at high risk of falls for discharge home after rehabilitation: Do we meet the guidelines? *Geriatr Gerontol Int*. [Epub ahead of print]
- 128. Said CM, Morris ME, McGinley JL, Szoeke C, Workman B, Liew D, Hill K, Woodward M, Wittwer JE & Churilov L. (2015) Evaluating the effects of increasing physical activity to optimize rehabilitation outcomes in hospitalized older adults (MOVE Trial): study protocol for a randomized controlled trial. *Trials*, 16(1):13.
- 129. Savvas S, Toye C, Beattie E & Gibson SJ. (2014) Implementation of sustainable evidence-based practice for the assessment and management of pain in residential aged care facilities. *Pain Manag Nurs*, 15(4):819-25.
- 130. Savvas SM, Toye CM, Beattie ER & Gibson SJ. (2014) An evidence-based program to improve analgesic practice and pain outcomes in residential aged care facilities. *J Am Geriatr Soc*, 62(8):1583-9.
- 131. Savvas SM, Zelencich LM, Gibson SJ. (2014) Should placebo be used routinely for chronic pain in older people? *Maturitas*. 79(4):389-400.
- 132. Savvas SM, Gibson SJ. (2014) Treating pain in patients with impaired cognition. *Pain Manag.* 4(5):335-8.
- Savvas S, Gibson SJ. (2015) Pain management in residential aged care facilities. *Aust Fam Physician*. 44(4):198-203.

- 134. Savvas S & Gibson SJ. (2014) Assessing pain in people with dementia. *Pain Management Today*, 15(1):38-40.
- 135. Silbert B, Evered L, Scott DA, McMahon S, Choong P, Ames D, Maruff P & Jamrozik K. (2015) Preexisting cognitive impairment is associated with postoperative cognitive dysfunction after hip joint replacement surgery. *Anesthesiology*, 122(6):1224-34.
- 136. Siskind D, Parker S, Loi S, Looi JC, Macfarlane MD, Merry S, Smith G & Kisely S. (2015) How to survive in research: advice for the novice investigator. *Australas Psychiatry*, 23(1):22-4.



- 137. Ski CF, Castle DJ, Lautenschlager NT, Moore G & Thompson DR. (2015) Caring for caregivers after a stroke. *Int Psychogeriatr*, 27(1):1-4.
- 138. Sohrabi HR, Bates KA, Weinborn M, Bucks RS, Rainey-Smith SR, Rodrigues MA, Bird SM, Brown BM, Beilby J, Howard M, Criddle A, Wraith M, Taddei K, Martins G, Paton A, Shah T, Dhaliwal SS, Mehta PD, Foster JK, Martins IJ, Lautenschlager NT, Mastaglia F, Laws SM & Martins RN. (2015) Bone mineral density, adiposity, and cognitive functions. Front Aging Neurosci, 7:16.
- 139. Tan PJ, Khoo EM, Chinna K, Hill KD, Poi PJ & Tan MP. (2014) An individually-tailored multifactorial intervention program for older fallers in a middle-income developing country: Malaysian Falls Assessment and Intervention Trial (MyFAIT). BMC Geriatr, 14:78.
- 140. Tinney J, Dow B, Maude P, Purchase R, Whyte C & Barrett C. (2015) Mental health issues and discrimination among older LGBTI people. *Int Psychogeriatr*, 27(9):1411-6.
- 141. Tracy LM, Georgiou-Karistianis N, Gibson SJ & Giummarra MJ. (2015) Oxytocin and the modulation of pain experience: Implications for chronic pain management. *Neurosci Biobehav Rev*, 55:53-67.
- 142. Tracy L, Giummarra MJ, Georgiou-Karistianis N, Verdejo-Garcia A, Gibson SJ. Meta-analytic evidence for decreased heart rate variability in chronic pain implicating parasympathetic nervous system dysregulation. *Pain*. [In press]
- 143. Verdile G, Laws SM, Henley D, Ames D, Bush AI, Ellis KA, Faux NG, Gupta VB, Li QX, Masters CL, Pike KE, Rowe CC, Szoeke C, Taddei K, Villemagne VL & Martins RN. (2014) Associations between gonadotropins, testosterone and beta amyloid in men at risk of Alzheimer's disease. *Mol Psychiatry*, 19(1):69-75.

- 144. Vidovich MR, Lautenschlager NT, Flicker L, Clare L, McCaul K & Almeida OP. (2015) The PACE study: a randomized clinical trial of cognitive activity strategy training for older people with mild cognitive impairment. *Am J Geriatr Psychiatry*, 23(4):360-72.
- 145. Villemagne VL, Doré V, Yates P, Brown B, Mulligan R, Bourgeat P, Veljanoski R, Rainey-Smith SR, Ong K, Rembach A, Williams R, Burnham SC, Laws SM, Salvado O, Taddei K, Macaulay SL, Martins RN, Ames D, Masters CL & Rowe CC. (2014) En Attendant Centiloid. Advances in Research, 2(12):723-729.
- 146. Williams S, Meyer C, Batchelor F & Hill K. (2015) Exercise for Mild Balance Dysfunction: Research into Practice. J Aging Phys Act. [Epub ahead of print]
- 147. Williams S, Renehan E, Cramer E, Lin X & Haralambous B. (2012) 'All in a day's play' - An intergenerational playgroup in a residential aged care facility. *International Journal of Play*, 1(3):250.
- 148. Wong Shee A, Phillips B, Hill K & Dodd K. (2014) Feasibility, acceptability, and effectiveness of an electronic sensor bed/chair alarm in reducing falls in patients with cognitive impairment in a subacute ward. J Nurs Care Qual, 29(3):253-62.
- 149. Yates PA, Desmond PM, Phal PM, Steward C, Szoeke C, Salvado O, Ellis KA, Martins RN, Masters CL, Ames D, Villemagne VL & Rowe CC. (2014) Incidence of cerebral microbleeds in preclinical Alzheimer disease. *Neurology*, 82(14):1266-73.
- 150. You EC, Dunt D & Doyle C. (2015) What is the role of a case manager in community aged care? A qualitative study in Australia. *Health Soc Care Community*. [Epub ahead of print]

151. You E., Dunt D., Doyle C, Influences on Case-managed Community Aged Care Practice. *Qualitative Health Research*. [In press]

BOOK REVIEWS

152. Ames D. (2015) Young Perspectives for Old Diseases. (GNM Hajj Bentham Science Publishers, Sharjah, 2014). International Psychogeriatrics. [Epub].

EDITORIALS

- 153. Ames D. (2014) Symptom variability in dementia. *Int Psychogeriatr*, 26(8):1237.
- 154. Ames D. (2015) Commentary paper of the month: a useful development in measuring activities of daily living. *International Psychogeriatrics*, 27: 1417.

Fundraising



The past year has seen NARI increase its fundraising efforts to open up new avenues of funding for its research program.

A highlight of the year was the announcement that the Institute was establishing the Australian Ageing Research Foundation.

The first major program to be funded through the Foundation will be on falls and balance research. One in three people over the age of 65 fall each year, around one million Australians. Falls have a major impact on the individual, their family, friends and social network, and on the broader community.

Funds raised will be used to purchase new state of the art equipment and facilities to enable vital testing and screening to predict and prevent falls.

Opera in Melba's Garden

The concept of the Australian Ageing Research Foundation was unveiled at the highly successful Opera in Melba's Garden at Coombe fundraising luncheon on Wednesday 25 March. Guests enjoyed a delicious luncheon while being entertained by operatic performances. They also toured the gardens and visited the Melba Gallery.

NARI also hosted a concert and champagne reception at Toorak Uniting Church on Sunday 28 September to raise funds for its dementia research. Artists included the famous young tenor Robert Barbero and accompanist Dr David Kram. The concert coincided with International Dementia Awareness Month. In Australia, the rate of dementia doubles every five years. NARL is renowned for its research into dementia. Some of its flagship projects include investigating the link between physical activity and dementia, the use of pain relief by people with behavioural and psychological symptoms of dementia as well as brain fitness.

End of year

NARI's end of financial year appeal focused on research to prevent elder abuse. The appeal was one of the most successful NARI has undertaken, highlighting community concern about this pervasive issue. Recent research carried out by the National Ageing Research Institute and Seniors Rights Victoria showed that 66 per cent of elder abuse is caused by adult sons and daughters of older people.

Attachment Y

Australian Ageing

Research Foundation

Public inquiries about the Australian Ageing Research Foundation should be made to Judy Hooper on j.hooper@nari.unimelb.edu.au





Thank You



Thank you to our 2014-2014 funders and donors. Our work would not be possible without your generous support.

AUSTRALIAN AGEING RESEARCH FOUNDATION

- > Rosemary Everard
- > Russell Fynmore AO
- > Chris & Jane Johnson
- > Margot Melzac
- > Baillieu Myer AC
- > Lady Primrose Potter AC
- > Derek Prinsley AM
- > Josie Razenhofer
- > Merran Samuel
- > Jean Thomas
- > Penny Underwood

IN LIEU (P GROUNDS)

- > Alister & Dajuni Badenach
- > Peter & Gerda Evans
- > Sandra & Roger Glass
- > Isabel Sloman

IN MEMORY OF G CONRON

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- > Russell Baker
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- > Val Barrett
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TRUSTS AND GRANTS

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- > CSIRO
- > Dementia Behaviour Management Advisory Service
- > Department of Health and Human Services (Vic)
- > Department of Social Services
- > Epilepsy Foundation
- > Inner Northwest Melbourne Medicare Local
- > Flinders University
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- Residents of Retirement
 Villages Victoria
- > RMIT University
- > National Rural Health Alliance
- > Rural Northwest
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- > State Trustees
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Volunteers

B

Every day, the generous efforts of volunteers in our research programs and administration help us in our work to bring research to life. Our volunteers are all retirees wishing to remain engaged in the workforce and community. Our volunteering program is a true partnership. NARI could not do the work it does without volunteers. Dallas Ware is a familiar face around NARI. He began volunteering in 2007, assisting researchers in their work into preventing secondary stroke.

Mr Ware used to work as General Manager, Commercial and Finance at CSIRO before retiring. His career encompassed technology, engineering and commercial management roles in many technology-based industries such as aircraft, aerospace, aviation, space, IT and telecommunication.

Today, he volunteers twice a week at the NARI library where he has been cataloguing, sorting and reorganising NARI's extensive research literature.

Over the past year, Mr Ware has put his research background to good stead working alongside staff to undertake a massive literature search into technology and ageing.

> The work includes scoping current evidence to help inform the development of a framework to understand the full breadth of this complex issue. Technology is a growth area across the ageing research and aged care sector.

"What we want to achieve is a understanding of the real needs and problems and how technology can apply a solution," Mr Ware said.

"At the moment, many people are developing solutions without knowing the problems."

Once the framework has been established, it will enable providers and clinicians to evaluate what, if any, benefits a technological solution might have.

"What I have discovered from the literature is that much of the work so far examines technology from the benefits to health professionals, carers, and family members rather than the older person specifically," Mr Ware said.

Now 64, Mr Ware says that volunteering at NARI has given him a renewed interest in work.

"There is always some match of interests or skills for people who want to volunteer," said Mr Ware.

"My retired colleagues envy my chance to do something interesting and useful for this important organisation. We are all dealing with ageing in some way!"

Image: Dallas Ware assisting Dr Frances Batchelor with research.



Finances

2.9

Statement of Comprehensive Income for the year ended 30 June 2015

	2015	2014
REVENUE		
State government grants and contracts	\$1,544,148	\$1,392,389
Federal government grants and contracts	\$919,861	\$1,012,006
Other contract research	\$175,146	\$550,688
Philanthropic grants and contracts	\$275,020	\$310,285
Education and training	\$56,523	\$169,719
Interest	\$64,851	\$64,872
Donations and Miscellaneous	\$65,704	\$41,199
Total Revenue	\$3,101,253	\$3,541,158
EXPENDITURE		
Employee Benefits	\$2,602,382	\$2,892,365
Project costs	\$288,585	\$196,876
Research support	\$153,917	\$149,620
Other expenses	\$239,515	\$301,734
	<u> </u>	40 F 40 F 0F
Total Expenditure	\$3,284,399	\$3,540,595
Deficit for the year	\$(183,146)	\$563

Balance Sheet as at 30 June 2015



Full audited financial statements are available at www.nari.net.au

How You Can Help

Australia will have six million people over the age of 65 by the year 2050 and they will comprise 25 per cent of the population.

Growing older is a positive experience for many people, but it also brings worries about health and living with chronic disease.

With your compassion and generosity, NARI can continue its research to improve the health and wellbeing of older people. There are many ways you can get involved and make a difference:

MAKE A DONATION

Your donation, no matter how large or small, will help us fund important research into ageing or buy vital equipment. Donate online at www.nari.net.au/support-us/donate

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VOLUNTEER

NARI's research program relies on the support and interest of older people participating as volunteers. We are always recruiting people for our projects.

Alternatively, you can volunteer your skills to help out in the office. We are a self-funded, not for profit organisation, and we warmly welcome and greatly appreciate the wonderful work of our office volunteers who assist in a wide range of tasks from policy development to routine office support. The availability of positions will depend on our current business needs and your level of expertise.

If you are interested in becoming a NARI volunteer please go to: www.nari.net.au/support-us/volunteer-general



Leaving a bequest to NARI is a special way of leaving a gift for generations to come. It also allows us to plan for the long-term future with a greater degree of certainty.

P INVITE US TO SPEAK

Invite us to speak to your group and learn more about the vital work of NARI and how it brings research to life.

HOLD YOUR OWN FUNDRAISING EVENT

Get creative, have fun and make a difference! Planning your own fundraising event is a great way to raise muchneeded funds and awareness of NARI. Have a casual clothes day at work, hold a girls' night in, get fit and recruit your friends for one of the many fun runs and raise money for the Institute.

$\mathbf{R}^{\mathbf{A}}_{\mathbf{A}}$ follow us or like us

If you are on social media, why not like us on Facebook or follow us on Twitter:

Facebook: National Ageing Research Institute

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For further information about how you can support NARI, please call 03 8387 2305 or email us at info@nari.unimelb.edu.au



Bringing research to life

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Attachment Z

For Doctors For Patients

Our Doctors Home About Us



About Us

Cardiac Health Institute combines the latest technology and up to date research together with forefront leadership iп the: field of cardiology to bring of internationally comprehensive care to the community. Our team provideducation & Research Careers respected cardiologists professionals and health care unsurpassed excellence in consultation and in diagnostic and interventional cardiology.

Services across all sites include complete onsite imaging, EP pacing, device implementation and expert guidance for preventative cardiac health care measures.

Our multi-skilled team is dedicated to delivering the highest standard of cardiac care and remains committed to CHI's central goal of patient focused cardiology.

The multilingual specialties within the practice include Mandarin, Indonesian, Hokkien, Hakka, Cantonese, Hindi and Punjabi.

Our Commitment...

We are committed to serving our patients with welcoming smiles, kindly words, gentle hands, compassionate hearts and exceptional professional care.

We Value..

- · Leadership and excellence in cardiovascular and preventative healthcare services
- · Education and training for healthcare professionals
- Expanding medical knowledge through research
- . Improving the health status and knowledge of our community

 Medical Consultation Contact Us

- Management
- · Electrocardiogram (ECG)
- Holter Monitor
- Ambulatory Blood Pressure
- · Exercise Stress Test
- Nuclear
- (sestamibi)scans
- Echocardiogram
- Stress Echocardiogram
- Transoesophageal Echocardiogram
- · Carotid Ultrasound
- SphygmaCor Central Blood Pressure Analysis
- · Diet/Exercise Program
- · EP Device/ Therapy
- · Pacing Clinics
- CT Coronary Angiogram
- · Coronary Calcium Scoring
- Angiography/Angioplasty /Stenting-Personalised

http://www.chi.org.au/education---research.html

Attachment Z

For Doctors For Patien

Home About Us Our Doct Professor Hosen Kiat Edubation & Research Dr Viswanathan Venkatachaiam Dr Education Education & Research Contact Careers Cardiac Health Institute has been recognized by the RACGP as an accredited provider. We establish programmes that help to further skills and demystify aspects of diagnosing and treating cardiac disease. Accredited Activity Provider 2011 - 2013 ' CATEGO Find out more regarding our CPD calendar.

Research

Under the direction of Professor Hosen Kiat, Cardiac Health Institute continues to seek the answers to complex cardiology questions through dedicated research programmes a grants affiliated with Australian and International universities.

At the Institute, we are dedicated to research so that we can improve physician competence, enhance performance in-practice, and provide continual improvement in patient care. For a full listing and access to the extensive register of Professor Kiat's publications please see http://www.researchgate.net/profile/Hosen_Kiat/

Recent Publications

• Grant SJ, Yu SB, Kiat H, Chang D. "The use of complementary and alternative medicine by people with cardiovascular disease: a systematic review." BMC Public Hea 2012;12(1):299.

• Currie, G.M., Iqbal, B., Wheat, J.M., Wang, L., Trifunovic, M., Jelinek, H.F., Kiat, H., "Risk stratification in heart failure using 131-MIBG." J Nucl Med Technol. 2011;39(4):295-301.

Kiat, H., Bin, Y., Grant, S., Chang, D., "Complementary medicine use in cardiovascular disease: a clinician's viewpoint." The Medical journal of Australia. 2011;195(11-12), 654-6.
Currie, G. M., Kiat, H., Wheat, J. "Scintigraphic Evaluation of Acute Lower Gastrointestinal Hemorrhage Current Status and Future Directions." Journal of Clinical Gastroenterolc 2011;45(2): 92-99.

• Currie, G. M., Wheat, J., Kiat, H. "Pharmacokinetic considerations for digoxin in older people." Open Cardiovasc Med J 2011;5: 130-135.

• Bin, Y. S., Kiat, H. "Prevalence of dietary supplement use in patients with proven or suspected cardiovascular disease." Evid Based Complement Alternat Med 2011: 632829.

• Currie GM, Kiat H, Wheat JM. Scintigraphic Evaluation of Acute Lower Gastrointestinal Hemorrhage: Current Status and Future Directions. Clin Gastroenterol 2010.

Doran CM, Chang DHT, Kiat H, Bensoussan B. Review of economic methods used in complementary medicine. JACM 2010; 16(5): 591-5.

Geoffrey M Currie, Hosen Kiat, Janelle M Wheat. Potential iatrogenic alteration to 18F-fluoride biodistribution. J Nucl Med 2010; 51(5):823.

Recently Acquired Grants

2012-2015. Innovative Exercise to Improve Prognosis Among Patients with Ischaemic Heart Disease

- 2011-2012. Macquarie University Safety Net Funding in Heart Rate Variability.
- 2011-2014, ANSTO Health Medical Research Grant in MIBG cardiac SPECT.
- 2011-2012. Australian National Imaging Facility Subsidised Research Grant in Functional MRI.
- 2011-2014. Defence Health Foundation Medical Research Grant in Heart failure.
- · 2011-2012, Cancer Council NSW Commissioned Strategic Research Grant in Functional MRI.
- 2010-2012 NHMRC Safety Net Project Grant, Macquarie University in Heart failure.
- · 2010-2014. MediHerb Research Support Grant in Lymphoedema.

For Doctors For Patients

Home About Us Our Doctors

Professor Hosen Kiat

Professor Hosen Kiat



He went on to do his research fellowship, and was appointed full-time staff cardiologist and Director of Cardiac Imaging Research, at the Cedars-Sinai Medical Centre, UCLA School of Medicine in Los Angeles. Over his 10 year tenure there, he acquired several million dollars of research grants and published more than 200 research publications in the field of cardiovascular medicine.

He is a Diplomate of American Boards: Internal Medicine, Cardiovascular Disease, Nuclear Medicine and Cardiovascular Disease - Subspecialty Cardiac CT.

In 2007, Professor Kiat was invited to be one of the foundation professors to head up the School of Advanced Medicine at Macquarie University, which provides specially and subspecially medical training and degrees for our medical graduates.

Professor Kiat has research groups at UWS, Macquarie University, UNSW and Charles Sturt University. To view his current research activities and his publications, please follow the link: http://www.researchgate.net/profile/Hosen_Kiat/

He speaks fluent Mandarin and Indonesian national languages and is well versed in Southern Chinese dialects (Hakka, Cantonese) and Java's dialect, Bahasa Sunda.

Professor Kiat is the Medical Director of Cardiac Health Institute and consults at our Eastwood and Macquarie Rooms.

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