

From possibility to practice

Annual Report 2022



Alliance members



Supported by





Melbourne Genomics/Rodney Dekker

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Genomic sequencing helped diagnose Yusuf. But it could also inform the care he gets over the entire course of his life.

Our clinical platform GenoVic not only makes genomic testing easier; it stores genomic records so doctors can use them to inform future patient care.

Six medical laboratories now use GenoVic to perform accredited tests.

This year we made huge upgrades to its security and usability. Watch Yusuf's story at diagnosisday.org.au.

About Melbourne Genomics

Genomic medicine uses the big data in our cells to diagnose illness, and find the right way to treat it.

In 2013, leading Victorian hospitals, research and academic institutions joined forces to create the **Melbourne Genomics Health Alliance**.

Our studies have shown how genomics can provide answers, change treatment, and save lives. Now we're working to make genomic medicine a reality for all Victorians.

The start of our story...

From 2013–2019, Melbourne Genomics sought to establish when genomics could enable better care for Victorian patients.

We conducted clinical studies across a range of health conditions, supported by the Victorian Government.

Overall, 19x more patients received an informative result from genomics than from usual care. Among cancer and rare disease patients, 42% received an informative result; 1 in 2 of those had a change in care because of it.

Meanwhile, we developed genomics education programs to build expertise within the health workforce. We also built a world-first clinical platform to support the end-to-end workflow of a genomic test and securely manage the big data it generates.

In 2021, we began a new program to embed genomics in Victoria's health system.

We laid the foundations for three streams of work:

- **Genomics in Practice** tests frameworks and models of care to guide health services in implementing genomics.
- **Genomics Workforce** builds the expertise of those who conduct genomic tests and those who use the tests in patient care.
- **Genomic Information Management** ensures genomic data is used effectively in healthcare, through the evolution and uptake of the GenoVic data platform.

Visit melbournegenomics.org.au for studies and reports



The year in numbers

Clinical care



Three projects were selected to road-test solutions to the challenges of using genomics in healthcare.



A genomic snapshot of **eight 'superbugs'** was conducted across Victoria.

Education



Research with doctors, parents and geneticists identified ways to increase the use of genomic tests in paediatric care.



100% of Victorian health regions were represented in the health professionals who attended genomics education.



85% of education participants reported they had used or would use genomic testing.



97% of doctors felt confident in at least one genomic skill after clinical education.

Community



49 community stakeholders contributed to our program, especially the Diagnosis Day mini-series.

Technology



15,000 genomic tests have been conducted using the GenoVic clinical platform.



This year saw a **55% increase in tests** conducted through GenoVic.



6 medical laboratories now use GenoVic for genomic testing.

Value

Value generated through our program in 2022, shown against our end-of-program targets.

Job creation



14.45 FTE in new jobs
End-of-program target: 24 FTE

Health system value



\$1.9M generated through MBS item usage
End-of-program target: \$5.25M

Dollars leveraged from program activity



\$29M leveraged
End-of-program target: \$38.9M

Data and technology



\$1.02M in value from efficiency gains by using GenoVic
End-of-program target: \$3.05M

Report from the Chair of the Board

Catherine Walter AM

“Progress lies not in enhancing what is, but in advancing toward what will be,” as the poet Khalil Gibran once said.

The member organisations of the Melbourne Genomics Health Alliance saw a future where genomics was part of routine healthcare. Transformative change was needed; so they joined forces to bring the combined expertise of clinicians, researchers and scientists to bear.

The Alliance’s combined expertise has already shown when genomics would provide a better outcome for patients than usual care, and when it would not. Now it is vital to show how genomics can be safely integrated into the Victorian health system.

Once again, different types of expertise are crucial: from a deep understanding of the health system to clinical expertise, health economics and policy, action research and implementation science, workforce development, and data science and digital health technologies.

This year, the Board recognised that commercial expertise was needed as well. We formed the Business Development and Commercialisation Committee to help optimise the value of the program and its assets.

Genomic education for health professionals and a shared genomic data platform will be needed in Victoria long after the Melbourne Genomics program has ended. The Business Development and Commercialisation Committee is investigating how to make these vital assets sustainable: including commercial opportunities, industry partnerships, intellectual property and new business models.



I thank my fellow Board members for their leadership and guidance. Even as their organisations grappled with the ongoing challenges of COVID-19, their commitment to genomics never faltered. In particular, I recognise and thank WEHI and the Murdoch Children’s Research Institute for hosting the Melbourne Genomics program team.

On behalf of the Board, I extend my deepest gratitude to The Hon. Jaala Pulford, who was a strong advocate for genomics in her former role as Minister for Medical Research. We look forward to working with The Hon. Mary-Anne Thomas and the Department of Health to advance towards Victoria’s genomic future.

Report from the Executive Director

Professor Clara Gaff

Research opens our eyes to new possibilities. Turning that possibility into practice is the next step, and sometimes even harder.

We conceived a program to inform the broader implementation of genomics across the Victorian health system. Each project within the program would tackle known barriers to implementing genomics: from a lack of genomics-specific guidance for hospitals, to reducing current over-reliance on genetic services; from finding ways to store genomic data safely, to addressing unequal access to genomic medicine.

Yet within the known barriers lie several new and interconnected challenges. For example, how can regional hospitals effectively bring genomics into care? What is stopping doctors from using tests that are already Medicare funded? How do we bring genomic information into digital health systems? What data exists about how First Nations and CALD families access genetics services?

Meeting these challenges involved bringing a wider range of stakeholders into project design. We worked with community members, patients, health professionals and policy-makers. Now, projects in cancer, nephrology and dementia are set to road-test models of care across different clinical contexts. Paediatricians, parents and genetic experts helped us identify why genomic tests weren’t being used and how to change that. We found ways for our clinical genomics system to communicate with a hospital’s electronic medical record system. And we planned new projects with researchers who are best equipped to explore barriers to access within their communities.



As projects start testing out approaches in real-world patient care, we are collecting rich data to inform the rollout of genomics. Our challenge in coming years is to turn that data into actionable insights and practical tools for healthcare leaders and professionals.

I thank every member of the Alliance, especially the leaders who guide our work through the Board and its committees. The Hospital Implementation Reference Group was formed this year, providing invaluable advice to ensure that the Alliance’s work truly meet the needs of hospitals. My thanks also to our long-standing Community Advisory Group – now chaired by Kellie-Ann Jolly – which ensures that patients, families and communities remain at the heart of all we do.

I hope you enjoy this Annual Report.

Our program

Streams



Genomics in Practice

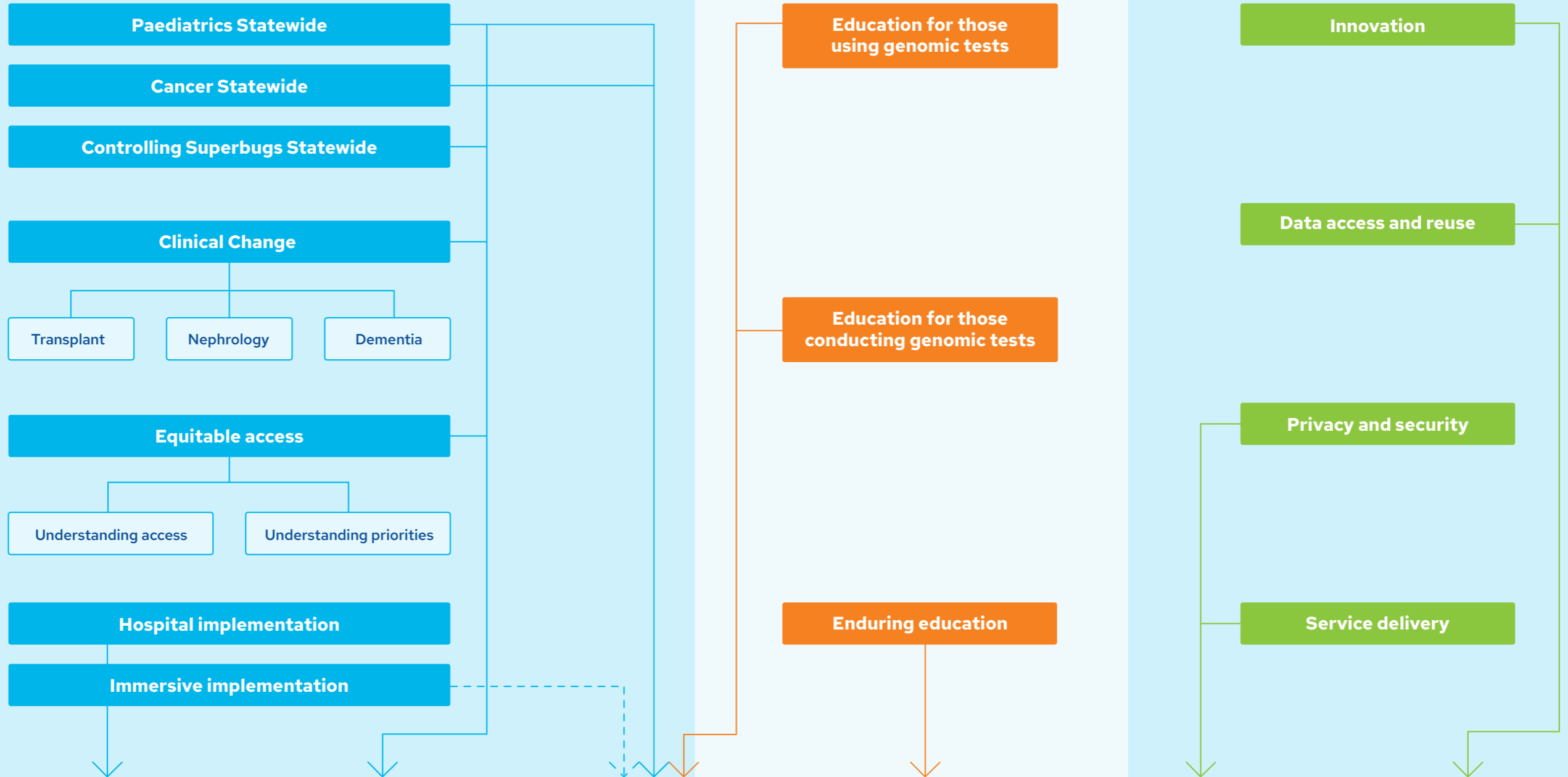


Genomics Workforce



Genomic Information Management

Projects



Outcomes

Health services are ready and able to offer genomics.

Genomics is used more widely and equitably in clinical care.

Clinical, diagnostic & data science professionals are equipped to practise genomics.

Victoria has embedded pathways to build the genomic expertise of its workforce.

Our clinical genomics platform supports the safe provision of genomic health investigations.

Genomic data is used for clinical care and research in an ethical, trusted and secure way.



Patrick's body can't process the protein phenylalanine, which is found in most foods.

Testing after birth detected this condition before it led to brain damage. Now Patrick's on a restricted diet, but he lives a healthy, happy and very active life. Watch his story at diagnosisday.org.au.

Genomic testing will diagnose a wider range of childhood conditions and give families access to life-changing treatments.

We're working with paediatricians, geneticists and parents to expand the use of this test across Victoria.



Melbourne Genomics/Rodney Dekker



When Josh would stop breathing, doctors put it down to behavioural issues. He was left to wait hours in emergency rooms.

Genomic testing finally confirmed a diagnosis of Pitt-Hopkins Syndrome. This informed a management plan between his hospital's paediatrics, neurology, and respiratory team: ensuring when Josh needs help, he gets it fast.

We're developing a framework to guide hospitals in implementing genomics safely and effectively.

This can greatly reduce the time it takes to diagnose complex conditions like Pitt-Hopkins.

Watch Josh's story at diagnosisday.org.au.



Melbourne Genomics/Rodney Dekker

Progress report



Finding the right model for each health service

Are hospitals ready for genomics yet?

Genomics requires multi-level change. Hospitals tell us they need guidance to navigate that change safely and effectively.

Informed by a group of healthcare change experts, we are building a framework and maturity model to guide hospital leaders in implementing genomics. Our framework addresses quality, safety, clinical effectiveness, workforce, and consumer participation.

We are also road-testing different models of care through our statewide and clinical change projects. This will help each health service choose a model that's right for them.



Melbourne Genomics/Zayne D'Crus



Eddy has had extensive surgeries, which leave him vulnerable to superbug infections when he goes to hospital.

Testing without travel: what's right for regional patients?

Genomics can make cancer treatment more precise, but regional Victorians commonly travel to larger tertiary hospitals to get a test and their results.

Our Cancer Statewide project aims to make it easier for oncologists to use genomics in cancer care. It compares three models of care across six regional and metropolitan hospitals. The first model will see oncologists continue to request genomic tests and receive reports from the Peter MacCallum Cancer Centre. The second and third models test the value of providing oncologists with additional support to interpret test results and use them in patient care: either through telehealth consultations with Peter Mac genomics specialists, or by training a local genomics 'superuser' based at the hospital.

This project will inform the broader rollout of genomics in oncology – meaning more Victorians can access precision treatment for cancers, closer to home.

Hospitals can stop a superbug transmissions before they reach patients like Eddy – by sequencing a microbe's genome to understand where it came from, and overlaying that with patient movement data to understand how it's moving around the hospital.

It's detailed detective work, with the potential to transform the way hospitals maintain and extract information from their electronic medical records.

Superbug super-sleuths resolve supersized superblock

Superbugs are antibiotic-resistant microbes, considered one of the world's biggest health threats.

In principle, a hospital can track superbug transmission by sequencing the bug's genome, and then cross-reference it with patient movement data. Infection control teams can determine what type of bug it is, who's carrying it, and how it's moving through the hospital, thus stopping a single transmission from becoming an outbreak.

In practice, we hit a few roadblocks.

The Controlling Superbugs project team was able to rapidly sequence and analyse superbug genomes – but extracting patient movement data from hospitals turned out to be even harder. Each hospital has its own way of storing patient movement data in its electronic medical record (EMR) system. This meant days wasted trying to reconcile differences in datasets.

The team has developed a standardised process that can extract patient movement data across multiple hospitals, so long as essential data hygiene steps are followed. This will enable hospitals to control superbug outbreaks in real time, protecting vulnerable patients.

The Controlling Superbugs project also systematically collected data from pathology labs to produce a genomic snapshot of the most significant antibiotic-resistant microbes in Victoria.



A genomic test changed the course of Susan's cancer journey.

It enabled her oncologist, Dr Wasek Faisal, to prescribe a targeted immunotherapy course that eliminated her tumours.

Regional hospitals are exploring ways to access genomics expertise without requiring patients like Susan to travel for testing.

We are testing different models of embedding genomics in regional oncology services: including telehealth consultations and local 'superusers' with genomics expertise.



Melbourne Genomics/Terry Hope

Solutions for the real world

Solving old problems while breaking new ground

This year saw the start of three projects that road-test practical solutions to the challenges of implementing genomics.



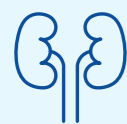
The first project offers genomic testing to people receiving **liver and kidney transplants**, to prevent adverse drug

reactions and inform pre- and post-operative care. This project will test how proactive genomic sequencing can inform long-term patient care.



The second project explores how to bring genomics into the care of people with **early-onset dementia and cognitive disorders**. Genetic counsellors will

join the neurology teams that support patients and families before and after a diagnosis, helping people to understand and act on information about their health and risk factors in a timely way.



The final project supports health services to provide genomic testing for **kidney diseases**, now covered by Medicare. Local 'kidney genomics

champions' will be trained at both larger and peripheral hospitals, while a statewide multidisciplinary team of experts will be available to discuss challenging cases.

A consistent model of change will be applied to each project. Lessons from their implementation will guide other health services in introducing genomics across different disease areas.



For years, Scott endured the pain of kidney stones. What he found harder to endure was not knowing why.

Genomic testing pinpointed the cause of Scott's kidney disease, and also suggested a simple way to manage it – high doses of vitamin B6. Watch his story at diagnosisday.org.au.

Evidence from Melbourne Genomics contributed to Medicare funding for genomic testing for kidney disease.

The next step is to ensure health services can keep up with demand, by trialling ways to access genomic expertise.



Melbourne Genomics/Rodney Dekker

The gap between knowing and doing

While there's a growing interest in genomic testing within many medical specialties, doctors say they don't always have the confidence to use it in patient care.

Building knowledge

This year, 718 professionals built their knowledge through our genomics education. This included:

- making genomics education readily accessible, through self-directed and blended learning courses
- taking genomics to regional clinicians, through interactive in-person workshops
- new speciality workshops and webinars: using genomic testing for suspected familial cancer and for paediatric oncology; and assisting paediatricians in interpreting exome reports and talking with parents about genomic testing
- advanced training in variant interpretation
- introducing genomics as a career option for data scientists, medical scientists and other professionals, through targeted webinars

Post-event surveys showed that 97% of doctors felt confident in at least one relevant genomic skill after clinical education.

Putting knowledge into practice

We're also exploring ways for health professionals to put their knowledge into practice, with support available when it's needed.

- Hospitals identified 'immersive implementation' projects that can build genomics expertise through supervised internships or by tackling barriers to implementation.
- Other projects are trialling alternative ways for doctors to seek advice on using genomics. This includes upskilling local 'genomics champions' who can assist their colleagues; placing genetic counsellors within specialist clinics; using telehealth consultations to explain genomic testing and deliver results to patients; and building connections between geneticists and regional medical specialists, to open the door to future discussion of cases.



718

professionals built their genomics expertise as a result of our education.



97%

of doctors felt confident in at least one genomic skill after clinical education.

One platform, 15,000+ tests

Managing the big data from genomic tests is one of the most critical challenges facing the digital health system. Our clinical platform – currently called GenoVic – was created to tackle this challenge head on.

GenoVic has supported over 15,000 clinically-accredited genomic tests, with a third of those in 2022. Six medical laboratories now use the platform to test for both inherited conditions and cancer.

Major upgrades in 2022 made GenoVic a platform that can be used by health services in multiple jurisdictions across Australia.



GenoVic now supports data sharing between laboratories.

With consent from patients, laboratories can now share their clinical genomic data with other labs (to ensure continuity of care for patients) or with researchers (to power new insights and advances). This critical feature is supported by strong data governance and privacy procedures, developed through extensive stakeholder consultations.



Onboarding new users is easier.

Austin Health became the sixth pathology provider to use GenoVic, while Alfred Health added a new workflow in the system during the year. Both laboratories chose GenoVic for its process efficiencies, leading-edge genomic tools, and data sharing capacity.



Software improvements were delivered more predictably and efficiently.

Twelve new GenoVic releases were delivered in the past year.



A new portal gives users more control

Laboratories can now audit their actions in the platform, and more easily manage individual users and their level of access.



Cybersecurity ramped up.

GenoVic was audited and tested by independent experts to ensure it complies with best-practice security measures. Security is an ongoing journey, and each audit helps us take steps to stay ahead of cyberthreats.



A health integration engine was introduced.

This enables GenoVic to communicate with electronic medical records such as EPIC: meaning it will be easier for doctors to use their existing records system to request genomic tests and receive reports.



GenoVic has supported over

15,000

genomic tests, with a third of those in 2022.



For every

1,000

tests conducted through GenoVic, a lab can save the equivalent of two full-time

employees, freeing up their time for testing rather than administration.



GenoVic now enables a lab to share a patient's genomic data with another

lab, to conduct a new test if the patient needs one.

With patients at the centre

There's evidence and funding. What's missing?

The evidence is there: genomic tests can provide answers about many different childhood conditions. The funding is there: Medicare covers genomic testing for children with specific characteristics. What's missing is the widespread use of these tests.

In 2022, we conducted research with paediatricians, parents and geneticists to understand what barriers are limiting the use of genomic tests. Three key issues emerged. First, doctors don't always know when genomic sequencing is the right test to use. Second, it can be difficult for paediatricians to access geneticists for advice, especially if it's needed during a patient consultation. Third, genomic sequencing is a complex test to explain to parents.

Doctors, parents, geneticists and rare disease support groups will now engage in a co-design process to create and test solutions. These include ways to enable timely access to genetic experts, education and on-the-job support for paediatricians, and resources and referrals for patients and parents.

What story do the numbers tell?

Many people face barriers to healthcare relating to language, culture and discrimination. Genomics is still new: we can address these barriers at every step of its implementation.

This begins by understanding who's currently accessing genetics services, who isn't, and why.

By auditing records from Victorian genetic services, we may be able to see whether First Nations and culturally and linguistically diverse (CALD) families are accessing these services at an expected and equitable rate. Data will be analysed for common patterns and themes. This work will be led by Dr Angeline Ferdinand at the University of Melbourne.

Meanwhile, we are supporting the establishment of a Victorian node for the MRFF-funded National Indigenous Genomics Network, led by Prof Alex Brown. Its work will include engaging with Victorian Aboriginal community-controlled health organisations, to better understand their genomic health priorities and capacity requirements, as well as barriers to accessing genetics services and models that can improve access.

Six families search for answers

A study provides the evidence for change. A model shows people how to make the change. But a story makes people want to change.

That's why we teamed up with the Genetic Support Network of Victoria to tell the story of six families living with rare genetic conditions. Together we created a seven-episode series, Diagnosis Day, that follows the families on their search for answers, the moment of diagnosis, and the impact of diagnosis on their future.

These stories are a powerful advocacy tool. They help clinicians understand why diagnosis matters, and how to support families with rare and undiagnosed conditions.

Our Community Advisory Group, consumer advocates and genetic counsellors guided the entire process: from recruiting participants to developing interview questions, and reviewing scripts and rough cuts.

Diagnosis Day was released on LinkedIn and YouTube in November 2022, attracting well over 40,000 views. It is being shared widely within the rare disease sector, and has been used to support education for paediatricians who need to discuss genomic testing with families.

Watch the series at diagnosisday.org.au.



"Language when you're receiving

a diagnosis is so important," says Deanna.

"'Go home and make memories' is a phrase they used. It told me there's nothing you can do as a parent."

Deanna and Andrew's son was diagnosed with Niemann-Pick Type C Syndrome. They shared their experience at diagnosisday.org.au to help clinicians understand the challenges of communicating a potentially fatal diagnosis.

Real-life stories and clinical case studies underpin our education events for paediatricians, oncologists and other medical specialists.

The Diagnosis Day stories informed a new workshop for paediatricians on how to discuss genomic testing with families.



Melbourne Genomics/Rodney Dekker

Thinking nationally

Melbourne Genomics provides evidence to inform national decisions about genomics. Our members also support and enhance nationwide genomics projects.



\$1.9M in value was generated for Victoria in 2022 through Medicare rebates for genomic testing of Victorians.

Melbourne Genomics studies informed the decision to fund testing for childhood syndromes kidney disease and heritable cardiomyopathies.



We are supporting the Victorian node of a National Indigenous Genomics Network.

Led by First Nations researchers, the network will help ensure genomics explicitly benefits Aboriginal and Torres Strait Islander peoples.



More than \$16M was awarded to Melbourne Genomics member organisations through the Genomics Health Futures Mission.

This is part of the Federal Government's Medical Research Future Fund. Victorian researchers including our executive director Clara Gaff are also supporting two national projects: ethical governance for genomic data, and a National Indigenous Genomics Network.



We brought a clinical perspective to national policy discussions on the management of genomic data.

These discussions were led by Australian Genomics to create a federated ecosystem of genomic, health and research solutions, linked by interoperability and guided by shared standards. Our clinical data platform, GenoVic, will be a vital component of the nationwide ecosystem.

The people taking genomics forward



Our Board of Directors

The Melbourne Genomics Board comprises senior leaders from each of the 10 Alliance members, plus an Independent Director and an Independent Chair.

The Board includes a Finance, Audit and Risk Committee, and a Business Development and Commercialisation Committee.

The Board met four times in 2022, providing invaluable guidance on strategic planning, allocation of resources, and commercialisation of program assets.

Catherine Walter AM
Independent Chair
Appointed: Jul 2016

Prof Christine Kilpatrick
Chief Executive,
The Royal Melbourne Hospital
Appointed: Oct 2015

Bernadette McDonald
Chief Executive Officer,
The Royal Children's Hospital
Appointed: Sep 2021

Prof Mike McGuckin
Associate Dean Research,
Faculty of Medicine,
Dentistry and Health Sciences, The
University of Melbourne
Appointed: Mar 2018

Prof Doug Hilton
Institute Director, WEHI
Appointed: Oct 2015

Prof Kathryn North AC
Director, Murdoch Children's
Research Institute
Appointed: Oct 2015

Dr Rob Grenfell
Health Director of the Health and
Biosecurity Business Unit, CSIRO
Appointed: Dec 2016
Retired from Board: Sep 2022

Lynne Cobiac
Health Director of the Health and
Biosecurity Business Unit, CSIRO
Appointed: Sep 2022

Joe Baini
Chief Executive Officer, Australian
Genome Research Facility
Appointed: Dec 2021

Prof Shelley Dolan
Chief Executive Officer,
Peter MacCallum Cancer Centre
Appointed: Dec 2019

Adam Horsburgh
Chief Executive Officer,
Austin Health
Appointed: Mar 2017

Andrew Stripp
Chief Executive, Monash Health
Appointed: May 2016

Dr Dan Grant
Independent Director
Appointed: Dec 2021

[Visit our website for profiles of Board Members](#)

Finance, Audit and Risk Committee

Adam Horsburgh (Chair)
Chief Executive Officer,
Austin Health
Appointed: May 2021

Lucy Franzmann
Chief Finance Officer, Peter
MacCallum Cancer Centre
Appointed: May 2021

Joh Kirby
Head – Governance,
Risk and Compliance, WEHI
Appointed: May 2021

Prof Matt Sabin
Chief Medical Officer and
Executive Director – Medical
Services and Clinical Governance
The Royal Children's Hospital
Retired from committee: Aug 2022

Business Development and Commercialisation Committee

Dr Dan Grant
Chair
Appointed: Dec 2021

Dr Angus Henderson
Director, Enterprise Strategy &
Development, Monash Health
Appointed: May 2022

Dr Anne-Laure Puaux
Head, Biotechnology and
Commercialisation, WEHI
Appointed: May 2022

Dr Janet Fox
Business Development Manager,
CSIRO
Appointed: May 2022

Joe Baini
Chief Executive Officer, AGRF
Appointed: May 2022

Kathryn Thomas
General Manager,
Victorian Clinical Genetics Services
Appointed: May 2022
Retired from Committee: Aug 2022

Community Advisory Group (CAG)

This group advises on how we involve consumers and communities in our program.

Its members are champions of consumer rights in healthcare.

The group met four times in 2022: advising when community engagement was needed for a project, how to approach it, and whose voices must be heard.

Jane Bell (Chair)
Appointed: Nov 2016
Retired from CAG: May 2022

Kellie-Ann Jolly (Chair)
Appointed: Aug 2022

Louisa Di Pietro
Appointed: Jan 2014

Stacey Ong
Appointed: Aug 2022

Heather Renton
Appointed: Jan 2014

Margaret Sahhar AM
Appointed: Jan 2014

Spase Veljanovski
Appointed: May 2022

Dr Janney Wale
Appointed: Jan 2014

Christine Walker
Appointed: Jan 2014

Pamela Williams
Appointed: May 2018
Retired from CAG: May 2022

[Visit our website for member profiles](#)

Hospital Implementation Reference Group

This group was convened in 2022 to provide strategic advice on the implementation and sustained use of genomics in Victorian hospitals.

Dr Jason Goh
Director Medical Services,
Monash Health
Appointed: Mar 2022

A/Prof Tom Connell
Chief of Medicine,
Royal Children's Hospital
Appointed: Mar 2022

Dr Charlotte McArthur
Executive Director – Strategy,
Performance and Improvement,
Austin Health
Appointed: Mar 2022
Retired from group: Apr 2022

Rachel Meehan
Executive Director – Strategy,
Performance and Improvement,
Austin Health
Appointed: Apr 2022

Dr David Speakman
Chief Medical Officer, Peter
MacCallum Cancer Centre
Appointed: Mar 2022

Prof Kirsty Buising
Medical Director of Medical
Services, Royal Melbourne Hospital
Appointed: Mar 2022

Experts across and beyond Victoria

Every Melbourne Genomics project is a collaboration with leading clinicians, researchers and academics from our Alliance members and further afield.

Here are some of the external experts who worked alongside our team in 2022.

Genomics in Practice stream

The **Paediatrics Statewide** project has benefited from the expertise of **Dr Natasha Brown** of the Murdoch Children's Research Institute, **A/Prof Michael Fahey** from Monash Health, **Heather Renton** of SWAN and paediatrics trainee **Calder Hammill**. Experts from the University of Melbourne's MISCH Hub – **Jennifer Bibb**, **Victoria Palmer**, **Roxanne Kritharidis**, **Erin Davis**, **Cathy Vaughan** and **Julie Simpson** – informed the co-design processes used in this project.

The **Cancer Statewide** project is led by **Prof Jayesh Desai** and **Dr Kortnye Smith** of Peter MacCallum Cancer Centre, together with **Dr Laura Forrest**, **Prof Stephen Fox** and **Dr Lavinia Tan** of Peter Mac, **A/Prof Natalie Taylor** from UNSW, and **Dr Michelle Tew** from the University of Melbourne.

Infectious disease experts from Austin Health lead the **Controlling Superbugs** project: **Prof Lindsay Grayson**, **Prof Rinaldo Bellomo**, **A/Prof Jason Kwong**, **Dr Norelle Sherry** and **A/Prof Natasha Holmes**. Additional expertise comes from **Dorothy Ling**, **Sean Mace**, **Jordana Flude** and **Kartik Kishore** at Austin Health.

Three new Clinical Change projects were conceived by Alliance clinicians. The **Nephrology** project is led by **Dr Kushani Jayasinghe** of Monash Health, the **Dementia** project by **Dr Aamira Huq** at the Royal Melbourne Hospital, and the **Transplant** project by **Prof Paul James** at the Royal Melbourne Hospital. Each project is supported by experts from across the Alliance.

A/Prof Cate Kelly is advising on governance and guiding our **Hospital Implementation** project, bringing together a wide range of healthcare leaders, implementation scientists and other experts.

Prof Angeline Ferdinand from the University of Melbourne will lead research into how Aboriginal, Torres Strait Islander and CALD patients access genetic services in Victoria. **Prof Alex Brown** and **Louise Lyons** from the National Indigenous Genomics Program lead engagement with Aboriginal community-controlled health organisations.

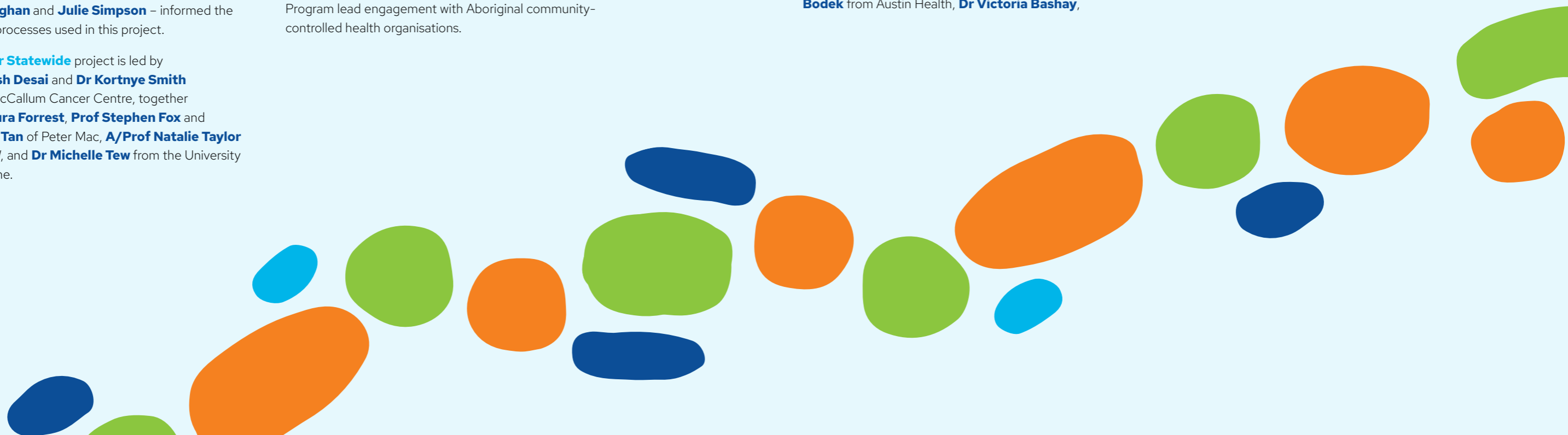
Genomics Workforce

Our genomics education programs were informed by an advisory group that includes **Prof John Christodoulou** from The University of Melbourne, **A/Prof Amy Gray** from The Melbourne Academic Centre for Health, **A/Prof Femke Buisman-Pijlman**, **Dr Jennifer Weller-Newton** and **Prof Steve Trumble** from The University of Melbourne, and **Prof Stephen Fox** from Peter MacCallum Cancer Centre. **Michelle Barrett** from the VCCC Alliance, **A/Prof Catherine Quinlan** from the Royal Children's Hospital, **A/Prof Sebastian Lunke** from Victorian Clinical Genetic Service and **Dr Angus Henderson** from Monash Health also advised on an enduring education strategy.

Dr Bryony Thompson from The Royal Melbourne Hospital, **A/Prof Cathy Quinlan** and **Dr Dong Anh Khuong Quang** from The Royal Children's Hospital, **A/Prof Yoland Anthill** from Cabrini Family Cancer Clinic, Monash Health Familial Cancer Centre and Parkville Family Cancer Centre, **Dr Simon Bodek** from Austin Health, **Dr Victoria Bashay**,

Dr Kortnye Smith, **Dr Lavinia Tan** and **Dr Huiling Xu** from Peter MacCallum Cancer Centre, **Dr Joep Vissers** from The University of Melbourne, and **Professor Zornitza Stark**, **Professor Tiong Tan**, **Professor Sue White**, **A/Prof Sebastian Lunke**, **Dr Naomi Baker**, **Dr Belinda Chong**, **Dr Dean Phelan**, **Lisette Curnow**, **Justine Elliot**, **Lyndon Gallacher** and **Elly Lynch** from Victorian Clinical Genetics Services made major contributions to our education events over the year.

The following people also presented or facilitated group work at events: **Prof Paul James** and **Dr Mark Cleghorn** from The Royal Melbourne Hospital, **Heather Chaliner** from Austin Health, **Dr Georgina Ryland** from Peter MacCallum Cancer Centre, **Dr Kushani Jayasinghe** from Monash Health, and Professor **David Amor**, **Professor Martin Delatycki**, **Dr Megan Ball**, **Dr Oliver Heath**, **Dr Chloe Stutterd**, **Dr Sok Kun Tae**, **Manny Jacobs**, **Nitzan Lang** and **Yana Smagarinsky** from Victorian Clinical Genetics Services.



Genomic Information Management

GenoVic's ongoing evolution has been shaped by its key users across the Alliance and beyond. They include **Jane Lin** and **Adam Ivey** from Alfred Health; **A/Prof Kerry Ireland-Jenkins**, **Dr Jonathon Clark** and **Dr Rishu Agarwal** from Austin Health; **Dr Giles Kelsey** and **Dr Bryony Thompson** from The Royal Melbourne Hospital; **George Cozaris** from The Royal Melbourne and Royal Women's Hospitals; and **Paul Kalitsis**, **Dr Simon Sadedin** and **Anthony Marty** from Victorian Clinical Genetics Services.

An Innovation and Prioritisation Committee helps ensure GenoVic can swiftly incorporate technological innovations. Its members include **Dr Angus Henderson** from Monash Health, **Dr David Hansen** from CSIRO, **Revital Rosenburg** from Murdoch Children's Research Institute, **Dr Vineesh Khanna** from the Victorian Department of Health, **Dr Cath Moore** from the Australian Genome Research Facility, and **Prof Paul James** from The Royal Melbourne Hospital.

Program team

Our support team continues to evolve to meet the needs of the program.

The **Genomic Information Management** team worked intelligently and cohesively to strengthen GenoVic as a product, improve user experience and support, and engage a broad range of stakeholders. The team added health system integration and cloud software engineering to its already-impressive skillset. Six team members became certified health informaticians, greatly increasing their ability to help laboratories onboard and customise GenoVic.

The **Genomics in Practice** team grew considerably. Team members with expertise in clinical practice, research and project management are supporting implementation and evaluation of the complex projects led by Alliance member organisations. A key focus this year was supporting ethics and governance submissions for all projects.

The **Genomics Workforce** team further developed its capability to deliver a range of online, hybrid and in-person education activities. The team grew to include more learning design and event management expertise.

A business development manager joined us this year, working across all streams to ensure the sustainability of our clinical genomics system and education assets. Meanwhile, ongoing investment in evaluation and communication helps us capture the right information and use it to tell a compelling story.

Recognising brilliance

Dr Natalie Thorne of Melbourne Genomics was recognised as one of 25 Brilliant Women in Digital Health in 2022.

The Brilliant Women awards, presented by Telstra Health, recognise women who have made outstanding achievements in digital health and aged care.

Natalie was celebrated for more than a decade's contribution to IT systems that enable genomic testing in healthcare, most significantly the GenoVic clinical system that's now used by six leading laboratories.

Dr Kushani Jayasinghe, Flagship clinician on the Genetic Kidney Disease Clinical Project, received the American College of Medical Genetics and Genomics (ACMG) Foundation's 2022 Richard King Award for Best Publication by a Trainee.

The award highlights articles published by trainees who were either a first or corresponding author in the ACMG's official journal, *Genetics in Medicine*.

Dr Jayasinghe's paper on the work of the Kidney Flagship – **Clinical impact of genomic testing in patients with suspected monogenic kidney disease** – was considered to have the most merit out of all the articles published by trainees.

A paper from our **Superbugs Flagship** was recognised at IDWeek, the annual meeting of several leading infectious disease groups.

The 2021 paper – **Pilot study of a combined genomic and epidemiologic surveillance program for hospital-acquired multidrug-resistant pathogens across multiple hospital networks in Australia** – won the William Jarvis Award for the best international manuscript in the *Infection Control and Hospital Epidemiology* journal.

Dr Amy Nisselle was recognised in Trinity College's 2022 Oakleaf Awards for her contribution to the advancement of medical science through education.



Dr Natalie Thorne at the Brilliant Women in Digital Health Awards.

Where you saw us in 2022

Date	Details	Presenter
22/04/2022	Ethics of Paediatric Genomics Symposium, Genetic health professionals' and parents' perspectives on offering additional findings to children with hearing loss	Danya Vears
22/04/2022	Ethics of Paediatric Genomics Symposium, Offering genomic sequencing and additional findings to children with hearing loss	Lilian Downie
22/04/2022	Ethics of Paediatric Genomics Symposium, Offering additional findings in the Acute Care Genomics Program	Clara Gaff
12/05/2022	The Royal Australasian College of Physicians Congress 2022: A Climate for Change, Genomics: How it can transform your practice (panel)	Cathy Quinlan
1/06/2022	2022 Digital Health Festival, Data challenges of genomic medicine	Natalie Thorne
12/06/2022	European Society of Human Genetics Annual Scientific Meeting 2022, Invited workshop: What are patients' experiences with being offered Opportunistic Screening?	Melissa Martyn
12/06/2022	European Society of Human Genetics Annual Scientific Meeting 2022, Invited oral: How do we deliver genomics education for all?	Clara Gaff
21/06/2022	Illumina Genomics Summit 2022, Using genomics to control the spread of pathogens	Benjamin Howden
31/08/2022	Australian Institute of Medical and Clinical Scientists' VIC Branch Annual General Meeting 2022, Medical scientist career discovery session (panel)	Amy Nisselle
23/09/2022	Human Genetics Society of Australasia's SA Branch 2022 Symposium, Invited presentation: Responding to Workforce Challenges – Insights from Research and Education	Clara Gaff
24/11/2022	Human Genetics Society of Australasia 45th Annual Scientific Meeting, Genomic data in the digital health system: how can it happen? (workshop)	Natalie Thorne

Peer-reviewed publications

"Shariant platform: Enabling evidence sharing across Australian clinical genetic-testing laboratories to support variant interpretation"

Emma Tudini, James Andres, David M. Lawrence, Sarah L. King-Smith, Naomi Baker, Leanne Baxter, Jogn Beilby, Bruce Bennetts, Victoria Beshay, Michale Black, Tiffany F. Boughtwood, Kristian Brion, Pak Leng Cheong, Michael Christie, Jogn Christodoulou, Belinda Chong, Kathy Cox, Mark R. Davis, Lucas Dejong, Marcel E. Dinger, Kenneth D. Doig, Evelyn Douglas, Andrew Dubowsky, Melissa Ellul, Andre Fellowes, Katrina Fisk, Cristina Fortuno, Kathryn Friend, Renee L. Gallagher, Song Gao, Emma Hacket, Johanna Hadler, Michael Hipwell, Gladys Ho, Georgina Hollway, Amanda J. Hooper, Karin S. Kassahn, Rahul Krishnaraj, Chiyun Lau, Huong Le, Huei San Leong, Ben Lundie, Sebastian Lunke, Anthony Marty, Mary McPhillips, Lan T. Nguyen, Katie Nones, Kristen Palmer, John V. Pearson, Michael C.J. Quinn, Lesley H. Rawlings, Simon Sadedin, Louisa Sanchez, Andreas W. Schreiber, Emanouil Sigalas, Aygul Simsek, Julien Soubrier, Zornizta Stark, Bryony A. Thompson, James U, Cassandra G. Vakulin, Amada V. Wells, Cheryl A. Wise, Rick Woods, Andrew Ziolkowski, Marie-Jo Brion, Hamish S. Scott, Natalie P. Thorne, Amanda B. Spurdle, on behalf of the Shariant Consortium. *American Journal of Human Genetics* (2022) <https://doi.org/10.1016/j.ajhg.2022.10.006>

"Clinicians' views and experiences with offering and returning results from exome sequencing to parents of infants with hearing loss", Lauren Notini, Clara L. Gaff, Julian Savulescu and Danya F. Vears, *Journal of Clinical Medicine* (2022) <https://doi.org/10.3390/jcm11010035>

"Multi-site implementation of whole genome sequencing for hospital infection control: A prospective genomic epidemiological analysis"

Norelle L. Sherry, Claire L. Gorrie, Jason C. Kwong, Charlie Higgs, Rhonda L. Stuart, Caroline Marshall, Susan A. Ballard, Michelle Sait, Tony M. Korman, Monica L. Slavin, Robyn S. Lee, Maryza Graham, Marcel Leroi, Leon J. Worth, Hiu Tat Chan, Torsten Seemann, M. Lindsay Grayson, and Benjamin P. Howden. *The Lancet Regional Health – Western Pacific* (2022). [doi: 10.1016/j.lanwpc.2022.100446](https://doi.org/10.1016/j.lanwpc.2022.100446)

"Structured approaches to implementation of clinical genomics: A scoping review", Helen L. Brown, Isabella A. Sherburn, Clara Gaff, Natalie Taylor and Stephanie Best, *Genetics in Medicine* (2022) <https://doi.org/10.1016/j.gim.2022.03.017>

Other publications

"Transforming the genomics workforce to sustain high value care", Janet C. Long, Clara Gaff and Chrissy Clay, *Deeble Perspectives Brief* (2022) https://ahha.asn.au/sites/default/files/docs/policy-issue/perspectives_brief_no_20_genomics_workforce_0.pdf

Melissa Martyn, Amy Nisselle, Elly Lynch and Clara L. Gaff (2022), 'Chapter 1: Theories and models for genomics education and training' in Dhavendra Kumar **Genomic Medicine Skills and Competencies**, Academic Press.

Operations

Our focus in 2022 was to develop pathways to sustainability for program assets and establish our clinical projects.

Funding and governance

The Melbourne Genomics Health Alliance Collaboration Agreement was revised, incorporating changes to Alliance Governance, administering department of the Victorian State Government and incorporating the current program of work.

The Business Development and Commercialisation Committee was established in 2022 to help maximise value and deliver long-term benefits from the program. This committee has been critical in the development of strategy and plans to ensure program assets, and their ongoing benefit to Victoria, can be sustained beyond 2025.

Following the Victorian state election in November 2022, administration of the program will revert to the Victorian Department of Health from 1 January 2023.

Engagement

Expansion of the Melbourne Genomics Community Advisory Group has enhanced both the expertise and integration of lived experience into program delivery.

Enabling member organisations to embed change, the establishment of critical statewide and clinical change projects were planned, and supporting agreements executed.

Business Development

In 2022 we engaged with sector experts and industry leaders to prepare for the commercialisation of *Genomical*. Prospective customers and investors were identified, and early negotiations commenced. We developed business cases to sustain program assets – such as the *Genomical* platform and our education and training modules – beyond 2025.

A review of Program IP has ensured rigorous capture, management and protection of Melbourne Genomics assets.

The Licensing model for education and training materials was further expanded, including interstate and international licensing agreements.

These are the foundations to translate commercial opportunities.

Efficiency

A focus on operational efficiency has enabled both a reduction in administrative overheads and improved reporting capability, particularly financial reporting.

Financial Statements

for the year ended 31 December 2022



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Statement of profit or loss and other comprehensive income

for the year ended 31 December 2022

	Note	2022 \$'000	2021 \$'000
Operating revenue			
Grant revenue		6,588	3,477
Member contributions		2,500	1,666
Interest income		199	7
Sundry income		26	-
Total operating revenue		9,313	5,150
Operating expenditure			
Staff costs	2	2,832	2,925
Apparatus and equipment		-	29
Consumable supplies		48	1
Consultancy		5,866	1,990
Other expenses		567	205
Total operating expenditure		9,313	5,150
Surplus from operations		-	-

The financial statements are to be read in conjunction with the notes to, and forming part of the financial statements.

Statement of financial position

for the year ended 31 December 2022

	Note	2022 \$'000	2021 \$'000
Assets			
Current assets			
Cash and bank balances	5(a)	8,422	9,079
Term deposits	5(a)	4,000	-
Other financial assets		6,000	-
Trade and other receivables		2,045	1,617
Total current assets		20,467	10,696
Total assets		20,467	10,696
Liabilities			
Current liabilities			
Trade and other payables	3	2,478	864
Unearned grant income	4	17,989	9,832
Total current liabilities		20,467	10,696
Total liabilities		20,467	10,696
Net assets		-	-
Total funds		-	-

The financial statements are to be read in conjunction with the notes to, and forming part of the financial statements.

Statement of cash flows

for the year ended 31 December 2022

	Note	2022 \$'000	2021 \$'000
Cash flows from operating activities			
Receipts from sundry income		26	-
Receipt from granting bodies		14,745	9,578
Receipt from member contributions		2,092	49
Payments to suppliers and employees		(7,799)	(4,656)
Interest received		279	7
Net cash generated by operating activities	5(b)	9,343	4,978
Net cash used in investing activities			
Investments in financial assets		(6,000)	-
Net cash used in financing activities		-	-
Net increase in cash and held		3,343	4,978
Cash and cash equivalents at the beginning of the period		9,079	4,101
Cash and cash equivalents at the end of the period	(5a)	12,422	9,079

The financial statements are to be read in conjunction with the notes to, and forming part of the financial statements.

Statement of changes in equity

for the year ended 31 December 2022

	Total Funds 31 December 2022 \$'000
Balance at 1 January 2021	-
Operating surplus for the period	-
Balance as at 31 December 2021	-
Operating surplus for the period	-
Balance at 31 December 2022	-

The financial statements are to be read in conjunction with the notes to, and forming part of the financial statements.

Notes to the financial statements

1. Statement of significant accounting policies

The entity is an unincorporated alliance, and has prepared the financial statements on the basis that it is a non-reporting entity because there are no users dependent on a general-purpose financial report. The financial report is therefore a special-purpose financial report that has been prepared in order to meet the requirements of the unincorporated alliance.

Basis of preparation

The financial report has been prepared on the basis of historical cost except for the revaluation of certain non-current assets and financial instruments. Cost is based on the fair values of consideration given in exchange for assets.

The financial statements have been prepared in accordance with the recognition and measurement requirements specified by all Australian Accounting Standards and Interpretations, and the disclosure requirement of Accounting standards:

- AASB 101 Presentation of Financial Statements
- AASB 107 Statement of Cash Flows
- AASB 108 Accounting Policies Changes in Accounting Estimates and Errors
- AASB 1048 Interpretation and Application of Standards
- AASB 1054 Australian Additional Disclosures,

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

A funding agreement between the Alliance and the State of Victoria was signed on 9th June 2021. The funding agreement of \$35 million is for the contribution to the continuation of the Melbourne

Genomics Health Alliance. The current executed collaboration agreement between the Alliance members has been extended until December 2025 after a new collaboration agreement was fully signed on 11th February 2022. The financial statements are presented on a going concern basis.

The financial statements are presented in Australian Dollars.

The financial statements include all the activities of Phase 3 of Melbourne Genomics Health Alliance.

Principal address of the Alliance is:
1G Royal Parade
Parkville, Victoria, 3052

Accounting policies

The following significant accounting policies have been adopted in the preparation and presentation of the financial report:

(a) Revenue recognition

Research Grants

When the Alliance receives government grants that are within the scope of AASB 1058 (being a transaction where the consideration paid to acquire an asset is significantly less than fair value principally to enable the Alliance to further its objectives), it performs an assessment to determine if the contract is 'enforceable' and contains 'sufficiently specific' performance obligations.

In cases where there is an 'enforceable' contract with a customer with 'sufficiently specific' performance obligations, the transaction is accounted for under AASB 15 where income is recognised when (or as) the performance obligations are satisfied.

Member contributions

Member contributions are recognised each quarter when received under AASB 1058 (being a transaction where the consideration paid to acquire an asset is significantly less than fair value principally to enable the Alliance to further its objectives). Member contributions are accrued on a quarterly basis as per Section 11 of the collaboration agreement.

(b) Cash and cash equivalents

Cash comprises cash on hand and on demand deposits. Cash equivalents are short-term, highly liquid investments that are readily convertible to known amounts of cash, which are subject to an insignificant risk of changes in value and have a maturity of six months or less at the date of acquisition.

(c) Trade and Other Payables

Trade and other payables are initially measured at fair value on inception and then subsequently carried at amortised cost. They are recognised when the Alliance becomes obliged to make future payments resulting from the purchase of goods and services. The Alliance derecognises financial liabilities when, and only when, the Alliance's obligations are discharged, cancelled or have expired. The difference between the carrying amount of the financial liability derecognised and the consideration paid and payable is recognised in profit or loss.

(d) Goods and Services Tax (GST)

Revenue, expenses and assets are recognised net of the GST amount except:

- (i) where the amount of GST incurred is not recoverable from the taxation authority, it is recognised as part of the cost of acquisition of an asset or as part of an item of expense; or
- (ii) for receivables and payables which are recognised inclusive of GST.

The net amount of GST recoverable from, or payable to, the taxation authority is included as part of receivables or payables. Cash flows are included in the statement of cash flows on a gross basis.

(e) Critical accounting judgements and key sources of estimation uncertainty

In the application of the Alliance's accounting policies, which are described above, management may from time to time make judgements, estimates and assumptions about the carrying values of assets and liabilities that may not be readily apparent from other sources. The estimates and associated assumptions are based on historical experience and various other factors that are believed to be reasonable under key circumstances, the result of which form the basis of making the judgement. Key areas in which management has exercised judgement include the calculation of the carrying value of employee benefits.

(f) Impact of new and revised Accounting Standards

In the current period, the Alliance has adopted all of the new and revised standards and interpretations issued by the Australian Accounting Standards Board (the AASB) that are relevant to its operations and effective for the current reporting period.

In the current year, the Alliance has applied the below amendments to AASB Standards and Interpretations issued by the Board that are effective for an annual period that begins on or after 1 January 2022. Their adoption has not had any material impact on the disclosures or on the amounts reported in these financial statements.

- Amendments to IAS 1 - Classification of Liabilities as Current or Non-current
- Amendments to IFRS 3 - Reference to the Conceptual Framework
- Annual Improvements to IFRS Standards 2018-2020 Cycle - Amendments to IFRS 1

The issued but not yet effective standards above are not expected to have a material impact on the Alliance in future reporting periods and on foreseeable future transactions. The Alliance anticipates applying these new standards in the year they become effective. The standards listed above are only those relevant to the Alliance.

2. Operating expenses

	2022 \$'000	2021 \$'000
The following items of expense are included in the net surplus.		
Remuneration of auditors		
Auditing the financial report	42	40
Employee benefits expense		
Employee benefits expense	2,832	2,925

3. Trade and other payables

	2022 \$'000	2021 \$'000
Trade and other payables	1,363	245
Accrued expenses	1,115	619
	2,478	864

4. Unearned grant income

	2022 \$'000	2021 \$'000
Grants already committed and applicable to future periods	17,989	9,832
	17,989	9,832

5. Notes to statement of cash flows

(a) Reconciliation of cash

For the purposes of the statement of cash flows, cash includes cash on hand and cash at bank, net of outstanding bank overdrafts.

Cash at the end of the financial period as shown in the statement of cash flows is reconciled to the related items in the statement of financial position as follows:

	2022 \$'000	2021 \$'000
Cash	8,422	9,079
Term deposits	4,000	-
	12,422	9,079

(b) Reconciliation of net surplus to net cash flows from operating activities

	2022 \$'000	2021 \$'000
Net surplus	-	-
Changes in net assets and liabilities:		
(Increase) in assets:		
Trade and other receivables	(428)	(1,617)
Increase in liabilities:		
Trade and other payables	1,614	494
Other current liabilities (Grants)	8,157	6,101
Net cash from operating activities	9,343	4,978

6. Events after the reporting period

The directors are not aware of any other matter of circumstance which has arisen since the end of the financial year which has significantly affected or may significantly affect the operations of Melbourne Genomics Health Alliance, results of those operations or the state of affairs of Melbourne Genomics Health Alliance in subsequent financial years.

Directors' declaration

As detailed in note 1 to the financial statements, the Alliance is not a reporting entity because in the opinion of the Directors there are unlikely to exist users of the financial report who are unable to command the preparation of reports tailored so as to satisfy specifically all of their information needs. Accordingly, this special purpose financial report has been prepared to satisfy the Directors' reporting requirements.

The Directors declare that:

- In the Directors' opinion, there are reasonable grounds to believe that the Alliance will be able to pay its debts as and when they become due and payable; and
- In the Directors' opinion, the attached financial statements and notes thereto comply with accounting standards in Note 1 and give a true and fair view of the financial position and performance of the Alliance.

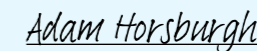
Signed in accordance with a resolution of the Directors.

On behalf of the Directors

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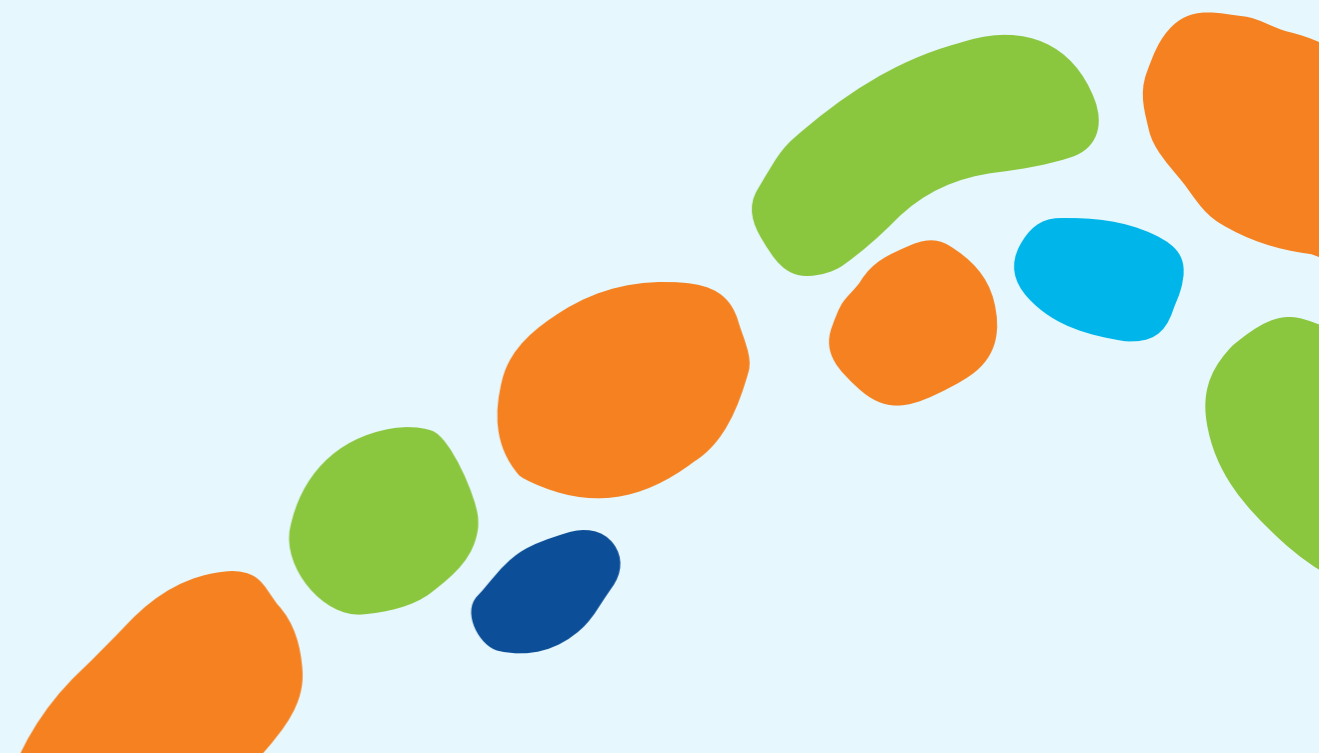
Catherine Walter
Director (Board Chair)

1 June 2023

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Adam Horsburgh
Finance, Audit and Risk Committee (Chair)

1 June 2023



Independent Auditor's Report to the Members of Melbourne Genomics Health Alliance

Opinion

We have audited the financial report, being a special purpose financial report of Melbourne Genomics Health Alliance ("MGHA" or the "Entity"), which comprises the statement of financial position as at 31 December 2022, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the declaration by the Directors.

In our opinion, the accompanying financial report presents fairly, in all material respects, the Entity's financial position as at 31 December 2022, and of its financial performance and its cash flows for the year then ended in accordance with the Funding Agreement between the Department of Jobs, Precincts and Regions and MGHA.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Entity in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including independence standards)* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Other Information

The Directors are responsible for the other information. The other information comprises of the information included in the annual report, but does not include the financial report and our auditor's report thereon.

Our opinion on the financial report does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information; we are required to report that fact. We have nothing to report in this regard.

Emphasis of Matter – Basis of Accounting and Restriction on Distribution and Use

We draw attention to Note 1 to the financial report, which describes the basis of accounting which states that the financial report has been prepared in accordance with the recognition and measurement requirements by specified accounting standards for meeting the reporting requirements of the underlying funding agreement. The financial report has been prepared to assist the Entity to meet the financial reporting requirements of the Alliance under this agreement. As a result, the financial report may not be suitable for another purpose. Our report is intended solely for the Alliance and should not be distributed or used by parties other than the Alliance. Our opinion is not modified in respect of this matter.

Responsibilities of the Directors for the Financial Report

The Directors of the Entity are responsible for the preparation of the financial report in accordance with Australian Accounting Standards to the extent described in Note 1 and for such internal control as the Directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the Directors are responsible for assessing the ability of the Entity to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intend to liquidate the Entity or to cease operations, or has no realistic alternative but to do so. The Directors are responsible for overseeing the Entity's financial reporting process.

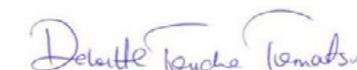
Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Directors.
- Conclude on the appropriateness of the Directors' use of the non-going concern basis of accounting. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the Directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.



DELOITTE TOUCHE TOHMATSU



Sandra Lawson
 Partner
 Chartered Accountants
 Melbourne, 1 June 2023

Melbourne Genomics

Health Alliance

Melbourne Genomics
Health Alliance

c/o WEHI

1G Royal Parade, Parkville VIC 3052

enquiries@melbournegenomics.org.au
melbournegenomics.org.au

Melbourne Genomics acknowledges the Wurundjeri people of the Kulin Nation, on whose lands we work, and all Aboriginal and Torres Strait Islander peoples across Victoria. We pay respect to Elders past and present.

We also acknowledge the First Nations health professionals, researchers and leaders who are shaping the future of genomic medicine.