



**HEALTH OPERATIONS CENTRE NEWSLETTER**  
**July 2008**

**Introducing the Health Operations Centre**

Welcome to the first Panel Member's Newsletter published under our new name – the Health Operations Centre (HOC).

In February 2008, the Health Operations Centre incorporated the work of the Global Medical Unit (GMU), the Local Clearance Unit (LCU) and the Health Assessment Service (HAS).

HOC amalgamates the processing and assessment of offshore medical results with the management of the international Panel doctor network, along with some other functions. It provides a single point of contact for all offshore immigration health related enquiries for clients, Panel members and other stakeholders.

Please send all your email correspondence to our new external address:

Email: Health.Operations.Centre@immi.gov.au

Forward medical and/or radiological examination results processed by HOC to our postal or courier addresses:

Health Operations Centre SYDNEY DIAC  
By post: GPO Box 9984, Sydney, NSW 2001, AUSTRALIA  
By courier: Level 3, 26 Lee St, Sydney, NSW 2000, AUSTRALIA

We are looking at ways to improve our newsletter, to provide you with the information you need and are interested in. Please forward any comments to HOC.

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**Why do you need to record a medical or radiology clinic name on the forms?**

HOC officers check a central database to confirm a Panel member's appointment before they accept health results for processing. If your signature is difficult to decipher, officers will refer to your clinic name. If you complete a large number of DIAC examinations, we suggest you use a stamp that includes your clinic's name and address details.

**Radiologists in particular...**

DIAC now appoints radiology clinics to the Panel as a single entity through the "Chief Radiologist". If a radiology clinic appointed a Chief Radiologist, they can authorise appropriately qualified and experienced doctors within their practice to undertake DIAC radiological examinations. (Please note, *only* clinics with an approved Chief Radiologist can allow additional staff radiologists to complete the form 160. If your radiology clinic has not completed this process yet, please contact HOC.)

As a result, HOC will now no longer list all staff radiologists on our database. Only the Chief Radiologist and any radiologist(s) on audit or suspended for a serious clinical oversight will be individually listed for a clinic. Therefore, it is essential that radiologists clearly print their clinic's name on the form 160, as this will be the sole means of checking if a staff radiologist works at a Panel clinic.

**2008 Panel Instructions**

The 2008 edition of the Panel Instructions distributed by HOC in January this year signified a change in approach to the specialist referrals and recommendations doctors should make in some cases. Most significantly, specialist referral is not required for routine medical conditions if they are well controlled and there is no evidence of complications.

Please review in particular *Attachment 4: Guidelines for Specific Medical Conditions*. This provides details on the recommendations to make for commonly seen conditions. Contact HOC if you do not have this edition of the Instructions or if you have any clinical or administrative questions.

## A Message from the Chief Medical Officer of the Department of Immigration and Citizenship

The recent changes experienced by the health processing areas and the subsequent naissance of the Health Operations Centre have pleasingly resulted in the revival of site visits to Panel members throughout the world.

As a result, our Senior Medical Officers of the Commonwealth (MOCs) have recently had the opportunity to experience, first-hand, the great contribution made to the Panel Network by its members through visits to their clinics.

Senior MOCs have visited Panel members in Bangladesh, India, Nepal, Bhutan, Sri Lanka, the Maldives, Fiji, Kiribati, New Caledonia, Samoa, Tonga, Vanuatu, South Africa, Mozambique, Lesotho, Swaziland, Namibia and most of Indonesia. The visits were very productive, providing Panel members with an information session as well as individual clinic assessments.

Site visits are a condition of ongoing Panel appointment and vital to the integrity of our migration program. I would like to thank all Panel members for their support and enthusiasm in hosting our staff at your clinics. We greatly appreciate the time Panel members take from their schedule to meet privately with a visiting Senior MOC or DIAC Manager to discuss health policies or procedures, and to answer your questions. We also enjoy meeting and speaking with staff during the clinic tour.

As part of our site visit program, we are also reviewing the size, composition and location of our Panel. By consolidating Panel clinics in some places, we aim to ensure the integrity of the health examination process and improve our communication and support.

In the next couple of months, we are planning visits to the rest of Indonesia, Northern and Eastern Europe, East Asia and Central America. I look forward to meeting some of you personally.

Dr. Paul Douglas  
Chief Medical Officer  
DIAC

### Forms 26 and 160

#### Clients Complete Applicant Details Online

The DIAC website has made available Portable Document Format (PDF) file forms that applicants may fill in online. The new forms are identical in appearance to the previous downloadable forms with the exception that clients can actually complete the forms on their computer. Client cannot electronically lodge these forms. Clients will be able to download and save copies of the PDF forms from the DIAC website, if they have a full version of Adobe Acrobat Professional installed on their computer. Therefore, you may be presented with forms that have had "Part A – Applicant's details" completed online by a client.

#### Outdated Forms

Please do not use very outdated forms. If an applicant provides a form that is more than 1-2 years out of date, your clinic should print a new version of the form from the DIAC website: <http://www.immi.gov.au/allforms/application-forms/index.htm>. Please search under the "Numerical List" to locate the latest versions of the forms 26 and 160.

ehealth forms 26EH and 160EH will now automatically update at the same time as the generic forms 26 and 160. Therefore, please always use the 26EH and/or 160EH provided by a client. This facilitates form processing.

#### Recent Changes

- It is no longer necessary to record the passport or national identity document number in the top right hand corner of each page, nor is it necessary for Panel doctors to initial each page of the forms. The current versions of the forms no longer include these two boxes.
- Form 26 and 160, Page 3: Please complete additional boxes to record the details of identity cards for clients who are unable to present a passport for the reasons outlined on page one of the forms.