



**HEALTH OPERATIONS CENTRE NEWSLETTER**  
**October 2008**

**Intergovernmental Immigration Health Working Group (IIHWG) Conference**



DIAC hosted the fifth gathering of the Intergovernmental Immigration Health Working Group (IIHWG) in Sydney earlier this month.

The working group assists intergovernmental collaboration on immigration medical processing between Australia, Canada, the United Kingdom, New Zealand and the United States. The objective of the group is to improve the efficiency, quality assurance and management of immigration health screening programs through collaboration amongst the immigration and public health agencies of the participating countries.

Many Australian Panel members already conduct health screening for several other countries including IIHWG members. For example, Immigration New Zealand incorporates Australian Panel members into its Panel doctor list and DIAC directs some Australian visa applicants located in the Caribbean to use a Canadian Designated Medical Practitioner (DMP) for their medical examination.

Co-operation currently takes the form of IIHWG members disclosing information relating to Panel activities to each other, such as Onsite Audit reports, or joint visits to Panel clinics.

The outcomes from this years conference include a continuing commitment to improve Quality Assessment tools for Panel Doctor audits, develop minimum laboratory standards for TB, build on the working relationship with the International Organisation for Migration (IOM), and a collaborative visit to India next year.

**What is “front end loading?”**

You may hear the term “front end loading” from applicants or their migration agents. DIAC uses this term to describe applicants who attend their health examinations prior to lodging a visa application shortly afterwards. Applicants do this with the expectation that it will expedite the processing of their visa application after lodgement.

HOC does not encourage applicants to attend their health examinations prior to lodging their visa application. However, we recognise that some applicants may have re-arranged their personal schedule and/or travelled some distance to undergo their health examinations.

Therefore, please complete the health examinations the client has requested, or if they are uncertain about their health requirements, conduct the health screening based on standard permanent visa requirements. For adults, this is usually a form 26 medical examination, including an HIV test, and a form 160 radiological examination. Clients may be required to return to your clinic for additional tests at a later date if their visa-processing officer requests they do so.

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## The Onsite Audit Program

The Onsite Audit program for this year continues apace. Thank you to the more than 200 Panel clinics we have visited since January. The program has ushered in a more strategic and comprehensive approach to improving the quality and integrity of the offshore health assessments. Analysis of Panel clinic files, intelligence from local Posts and onshore desk audits of medical and radiological examinations inform the intensive schedule of site visits by Medical Officers of the Commonwealth (MOCs) and HOC managers.

Prior to arranging a specific time to visit your clinic, HOC will contact you to request the completion of a Clinic Assessment. The Clinic Assessment provides HOC with an updated overview of your Panel work, including current Panel staffing, contact details, your affiliated clinics and your Australian visa caseload. On receipt of the Clinic Assessment, please complete the form and return it promptly by email or fax to HOC.

Countries we intend to visit during the next 6 months include:

**Middle East and Africa:** Algeria, Bahrain, Cyprus, Egypt, Iran, Jordan, Kuwait, Libya, Morocco, Lebanon, Oman, Qatar, Saudi Arabia, Sudan, Syria, Tunisia, Turkey, UAE, Yemen

**Americas:** Argentina, Bolivia, Brazil, French Guyana, Guyana, Paraguay, Suriname, Uruguay, Venezuela, Jamaica, Cuba, Costa Rica, El Salvador, Mexico, Guatemala, Honduras, Panama, Nicaragua

**Europe:** Denmark, Norway, Finland, France, Sweden, Switzerland, United Kingdom

**East and South East Asia:** Cambodia, Laos, Malaysia, Myanmar, Thailand, Vietnam, Philippines, Brunei

**Please note:** Participation in the Onsite Audit program is a requirement for continued Panel appointment. If a Panel doctor is unavailable for a scheduled appointment, a MOC or HOC manager will conduct the Onsite Audit with other staff or the local DIAC office may audit the clinic at a later date. The absence of a Panel doctor on consecutive audits may result in removal from the Panel.

**Reminder...** Please remember that examination results should only be sent to HOC or your local DIAC office outside of Australia (Embassy/Consulate/High Commission).

## Female chaperones

If the Panel doctor is male, a female chaperone *must* be available, and her presence during the medical examination offered to all female applicants. Even if a family member accompanies a female applicant, it is advisable to have a female member of a male doctor's own staff present.

Additionally, in countries where the breast exam is not routine, a Panel doctor or clinic staff member should advise adult female applicants when they schedule their appointment, or at reception, that a breast exam may be required if clinically indicated. If a client is anxious or upset about a breast exam, please annotate the form accordingly and do not insist. A "B" recommendation should be made if there is a risk based on the family medical history, or if otherwise clinically indicated.

## Annual MOC Conference

More than thirty Medical Officers of the Commonwealth (MOCs) from HOC and Health Services Australia (HSA) attended the annual MOC conference in Sydney in September 2008. HSA medical officers conduct DIAC health examinations for visa applicants at clinics in Australia.

The conference was opened by Dr Paul Douglas, Chief Medical Officer for DIAC who said that the annual conference is vital to the development of health processes for the department. One important conference aim was to support the consistent application of departmental policy in MOC opinions about health cases.

## Consolidation of the Panel network

DIAC has almost 3500 Panel doctors appointed in approximately 170 countries. HOC monitors the size and composition of the Panel through site visits, client complaints and Post feedback.

One of the expected outcomes of our extensive program of site visits over the next two years is to ensure that Panel coverage continues to accommodate client demand, by considering the number, location, accessibility and composition of Panel doctors, while at the same time maintaining the integrity of the health screening process.

In this context, HOC is currently reviewing the size and location of the Panel network in order to meet the changing and evolving migration and visitor programme. At present, HOC considers the Panel coverage adequate in all but a few limited locations and is working towards decreasing the number of Panel clinics in some areas.

As explained in the Panel Instructions (pg 5), Panel members should bear in mind that doctors may be removed from the Panel at the discretion of HOC. Reasons for removal include where there is a decreased need for Panel members in a region, where technological developments alter local Panel requirements, or where a change in policy or regulatory structure takes place. HOC will provide notice to an individual Panel member of their impending removal from the Panel as a result of changes to Panel composition and clinic numbers.